



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

15th July 2022

Deputy Deputy Cullinane,

Dáil Éireann
Leinster House
Dublin 2.

Rannan na nOspideil Ghearmhíochaine
Aonad 4A – Áras Dargan
An Ceantar Theas
An Bothar Mileata
Cill Mhaighneann
BÁC 8

Acute Operations
Health Service Executive
Unit 4A - The Dargan Building
Heuston South Quarter
Military Road
Kilmainham
Dublin 8.

[35597/22](#) To ask the Minister for Health the number of beds and by bed type in each hospital; the number of staff employed in each level 4 hospital by staff grade; the total HSE revenue funding allocated to each hospital for 2021 and 2022; the number of hospital procedures and appointments carried out in each hospital in 2021 and to date in 2022; the number of cancellations of appointments and procedures in each hospital in 2021 and to date in 2022, in tabular form; and if he will make a statement on the matter.

[35598/22](#) To ask the Minister for Health the number of beds and by bed type, the number of staff and by staff grade employed in each level 3 hospital, broken down by hospital; the total HSE revenue funding allocated to each hospital for 2021 and 2022; the number of hospital procedures and appointments carried out in each hospital in 2021 and to date; the number of cancellations of appointments and procedures in each hospital in tabular form; and if he will make a statement on the matter.

[35599/22](#) To ask the Minister for Health the number of beds and by bed type, the number of staff and by staff grade employed in each level 1 and 2 hospital, broken down by hospital; the total HSE revenue funding allocated to each hospital for 2021 and 2022; the number of hospital procedures and appointments carried out in each hospital in 2021 and to date; the number of cancellations of appointments and procedures in each hospital in tabular form; and if he will make a statement on the matter.

Dear Deputy Cullinane,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Questions, which you submitted to the Minister for Health for response.

Response

Details relating to the Hospitals that are Model 4, 3 and 2 are provided in terms of Model 1 Hospitals these are based in the Community as such information in relation to same has not been provided.

Details relating to the number of beds and by bed type in each hospital are provided in **“Attachment I Bed Census March 2022 PQ 35597, 98, 99”**. This information is based on the bed census for March 2022.

Details relating to the number of staff employed in each level 4 hospital by staff grade in each hospital are provided in **“Attachment II Hospital Staffing Report by Grade PQ 35597, 98, 99”**.

Details relating to the total HSE revenue funding allocated to each hospital for 2021 and 2022 **“Attachment III funding allocated for each hospital PQ 35597, 98, 99”**. This information has been provided by Acute Hospital Finance, National Finance Division.

Details relating to the number of hospital **(a) procedures** and **(b) appointments** carried out in each hospital in 2021 and to date in 2022;

(a) Procedures

Details relating to the hospital procedures carried out are provided in **“Attachment IV Procedures Carried Out PQ 35597, 98, 99”**. Note data is only available for 2021 as activity is not reported on open reporting cycles e.g. 2022 reporting cycle is still open. The information provided shows both surgical procedures (as defined by the clinical program for surgery) and all procedures. Included in the data is total discharges for comparative purposes. In the attachment the following tables are provided, each broken down by patient type, hospital and admission type:

- Table 1: Number of in-patient discharges reported to HIPE for 2021, by hospital and admission type
- Table 2: Number of in-patient discharges reported to HIPE for 2021 which had a procedure, by hospital and admission type
- Table 3: Number of in-patient discharges reported to HIPE for 2021 with a surgical principal procedure, by hospital and admission type
- Table 4: Number of daycase discharges reported to HIPE for 2021 which had a procedure, by hospital and admission type
- Table 5: Number of daycase discharges reported to HIPE for 2021 which had a procedure, by hospital and admission type
- Table 6: Number of daycase discharges reported to HIPE for 2021 with a surgical principal procedure, by hospital and admission type

(b) Appointments

The HSE does not hold central data relating to the volume of OPD appointments that were issued, as such the data being provided reflects the number of OPD attendances that took place. This information prepared by the BIU is provided in **“Attachment V Hospital OPD Activity PQ 35597, 98, 99”**.

Details relating to the number of cancellations of appointments and procedures in each hospital are provided in “**Attachment VI Hospital Cancelled Elective Activity PQ 35597, 98, 99**”.

In terms of cancellation data Hospitals and Hospital Groups are working to develop a robust process for the collection and collation of data on cancellations. In this context, the data for prior to April 2022 which is included, was at the early stages of this data collection process. The data in April 2022 and May 2022 shows more detail however work is ongoing to validate this data and as such a number of caveats associated with same. This data has been provided by the BIU and it should be noted that the data presented may be subject to change in this context. This data relates to hospital initiated cancellations for planned/elective activities is attached.

Definition of a hospital initiated inpatient/day case cancellation

A hospital initiated cancellation of an inpatient/day case procedure is defined as the rescheduling of a patient To Come In (TCI) date by the hospital due to circumstances beyond its control.

Reasons for cancellation of scheduled care appointments

Hospitals may have to cancel scheduled care appointments due to factors outside their control including the following;

- Increased ED attendances and admissions resulting in a requirement for surge inpatient bed capacity
- Unforeseen circumstances e.g. Weather events, infection outbreaks or industrial action.

Rescheduling hospital appointments

Hospitals endeavour to provide the patient with as much notice as possible in relation to the cancellation of elective appointments. The National Inpatient, Day Case, Planned Procedure (IDPP) waiting list management protocol 2017 issued by the National Treatment Purchase Fund (NTPF) requires hospitals to reschedule elective care appointments within six weeks of cancellation, subject to patient confirmation regarding their availability to attend. Clinical guidance must be sought when managing and rescheduling patients cancelled by the hospital. This is necessary to ensure that urgent and vulnerable patients are rescheduled appropriately. Patients cancelled by the hospital will not have their waiting list date reset.

I trust that this answers your question.

Kind Regards,



Trish King
General Manager
Acute Operations

