

Bóthar Naomh Neasáin, Tuar an Daill, Luimneach V94 F858 Teil: 061 301111 Facs: 061 301165

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### University Hospital Limerick,

St. Nessan's Road, Dooradoyle, Limerick V94 F858 Tel: 061 301111 Fax: 061 301165

# CC/DS/MC

15th August 2022

Mr Duncan Smith TD, Dàil Eireann, Leinster House, Kildare Street, Dublin 2.

### PQ 38346/22

To ask the Minister for Health his plans to address the current funding imbalance for University Hospital Limerick compared to other model 4 national hospitals to bring it to the national average; the projected cost for same in 2023; and if he will make a statement on the matter. -Duncan Smith

Dear Deputy Smith,

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

UL Hospitals Group is currently engaging in the estimates process for 2023. Please see below, however data relating to staffing resources and for the overall budget allocation for University Hospital Limerick in recent years.

## WTE (staffing) Position for University Hospital Limerick

Month/Year	WTE
May 2022	3,598
Dec 2019	2,792
Dec 2018	2,822
Dec 2017	2,695
Dec 2016	2,365

## **Budget Figures for University Hospital Limerick**

Year	Amount
2017	€207,600,284
2018	€234,863,857
2019	€265,216,636
2020	€328,253,774
2021	€364,721,822





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an our committees concerned

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As you can see, UHL has experienced an uplift in its budget allocation and in its staffing resources in recent years. We are grateful for the support of government and of the HSE in achieving this.

However, it remains our belief that UHL and the UL Hospitals Group remains under-resourced relative to the rest of the Country and we continue to play catch-up.

UL Hospitals Group faces unique challenges in that it is the only Hospital Group that functions with one Model 4 Hospital and no Model 3 Hospital. Consequently, it has a single ED to serve the entire catchment area population.

ED attendances at UHL are among the highest in the country with 76,473 presentations in 2021. Only the Mater Hospital in Dublin has a higher number of attendances. UL Hospitals Group and the Mid-West also has the lowest number of inpatient beds compared with other Model 4 hospitals and the lowest number of inpatient beds per head of population of any of the Hospital Groups and indeed of any of the Regional Health Areas as defined by Slàintecare. Please see below a recent analysis of the breakdown of inpatient capacity versus ED attendances for selected model 4 hospitals.

Hospital	No of In-patient Beds	ED Attendances 2021	ED attendances to inpatient bed ratio
St. James' Hospital	698	48,397	69.3
UHL	530 (incl. 49 paed beds)	76,473	144.3
Mater	614	89,335	145.5
SVUH	510	60,748	119.1
GUH	618	68,887	111.5

University Hospital Limerick is the only model 4 hospital serving a region that has a higher proportion of over 65's than the national average, higher levels of frailty and disability than the national average and serves a city with above average levels of social deprivation.

Another factor to consider is that UHL also manages secondary care paediatrics which the Dublin adult hospitals in the above table do not. This is also an important consideration as paediatrics account for approximately 25% of the population.

Recent analysis shows that, in addition, UL Hospitals Group has relatively low Consultant staff both at hospital level and at a Group level. Comparing Consultant staffing in UHL to the Mater Hospital, UHL has 38% fewer consultants and 52% fewer than St James's Hospital. In addition, UHL has a relatively low nursing WTE and relatively low HSCP (Health and social care professionals) WTE with almost 50% less than St James's Hospital.

We welcome the recent intervention from the Minister for Health and the support of the HSE National Support Team. We are committed to working with all stakeholders in bringing about the necessary changes in patient





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flow, hospital avoidance, closer integration with community services to improve patient experience. We also welcome the comments of the Minister that UHL will receive the additional resources it requires to sustain necessary improvements in our services.

Again, it is important to state that UHL has received considerable support in recent years, not only in terms of staffing and budgetary uplift as detailed above, but also in terms of additional inpatient bed capacity.

Since the start of the COVID-19 pandemic, we have added an additional 98 inpatient beds and an additional 10 critical care beds at UHL. This new capacity has enabled us to keep vulnerable patients safe, including haematology, oncology and renal patients; to provide a safe pathway for people attending UHL for surgery; and to isolate COVID-19 positive patients.

While additional beds are welcome, the Group has consistently stated that even sizeable ward block developments of the kind opened at University Hospital Limerick in the past two years would not fully address the long-standing, well-documented hospital bed shortfall in the Mid-West.

Historical bed capacity shortages in the Mid-West region have been well documented. ULHG has the lowest inpatient bed capacity when benchmarked per population against other Model 4 Hospitals, an additional 200 inpatient beds would be required to bring ULHG in line with the national average.

Our next significant project in terms of bed capacity is the 96-bed block for UHL. The development of the new four-storey, 96 single bed acute inpatient ward block extension at University Hospital Limerick has full planning permission, fire certification and is fully designed.

It is envisaged that when the new 96-bed block opens, approximately half the beds will be used to replace older bed stock on the UHL site. This stems from a long-identified need to move away from nightingale wards to single en-suite rooms in hospitals due to cross-infection issues.

In addition to inpatient bed capacity shortages, there is a need to significantly increase the number of NCHDs employed at University Hospital Limerick in order to alleviate growing pressures and to support new consultant posts approved by government in recent years. An additional 68 NCHDs are required to adequately address the shortcomings outlined above. Please see below for a breakdown:

Staff Grade	WTE required
Registrar	31.00
Senior House Officer	31.00
Senior House Officer (ED)	6.00
Total	68.00

We continue to engage with the HSE Support Team, the team is working jointly with UL Hospitals Group and HSE Mid-West Community Healthcare to respond to current pressures faced at UHL. The role of the support team is to drive a programme of work to respond to the unprecedented levels of demand for services in the Mid-West Region and to support and oversee the implementation of rapid improvements.





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I trust this clarifies the position, please contact me if you have any further queries.

Yours sincerely,

Prof Colette Cowan
Chief Executive Officer
UL Hospitals Group

