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Ospidéal na hOllscoile, Luimneach,
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CC/ROD/MC

17th June 2022

Mr Richard O'Donoghue TD
Dáil Eireann,
Leinster House,
Kildare Street,
Dublin 2

Re: PQ 28556/22

To ask the Minister for Health when the issue of the average waiting time in the emergency department of University Hospital Limerick will be addressed, in view of the fact that the University Hospital Limerick emergency department average waiting time is one of the highest in the country; and if he will make a statement on the matter. -Richard O'Donoghue

Dear Deputy O'Donoghue

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.

We deeply regret that many patients have been experiencing lengthy wait times for a bed in University Hospital Limerick (UHL). These are not the circumstances in which we wish to provide care, and we are doing everything we can to ensure that wait times are minimised.

The Emergency Department at UHL continues to be exceptionally busy. We continue to follow our escalation plan at UHL, which includes additional ward rounds, accelerating discharges and identifying patients for transfer to our Model 2 hospitals. We are also working with our colleagues in HSE Mid-West Community Healthcare, in order to expedite discharges. However, it should be noted that patients being admitted to UHL at this time are generally very sick with complex conditions, and require longer inpatient stays to recover.

All patients who present to the ED with minor injuries at this time—such as suspected broken bones, cuts, bruises, sprains and strains—are being redirected to the Injury Units in Ennis, Nenagh and St John's for treatment.

However, we want to reassure the people of the Mid-West that anyone who requires emergency treatment for heart attacks, strokes and other serious illnesses will continue to be treated, 24/7, in the Emergency Department at UHL.

As you are aware, we added an additional 98 beds at UHL and an additional 10 critical care beds in response to the Covid-19 pandemic during 2020/2021.

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-positive patients. These new beds have allowed to keep the hospital safe in a way that results in a minimum number of beds blocked due to infection prevention and control guidelines.

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We had at all times said the 60-bed block would only go some of the way in meeting the acknowledged historical shortage of inpatient bed capacity in the Mid-West. In addition to bed capacity, reducing overcrowding in our hospitals depends on whole system approaches around integrated care, admissions avoidance, community access to diagnostics and patient flow initiatives, all of which are committed to under Slaintecare.

As well as allowing us to care for more patients, the additional single room capacity has allowed us to protect our most vulnerable patients. It has also allowed us to better manage outbreaks and follow best practice around infection prevention and control. The value of this additional capacity must not be underestimated.

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.

The reconfiguration of health services in the region a number of years ago led to bed closures in Nenagh and Ennis Hospitals. Unfortunately, new capacity was not provided to make up for these shortcomings namely due to the global financial crisis of 2008.

Below is a breakdown of how inpatient bed capacity and emergency attendances at UHL compare to other Model 4 hospitals:

Hospital	Inpatient beds	ED attendances 2021
St James' Hospital	698	48,397
UHL	530	76,473
Mater	614	89,335
SVUH	510	60,748
GUH	618	68,887

It is the belief of UL Hospitals Group that the Mid-West must have an elective hospital to serve the well described needs of patients in the Mid-West.

Admissions through the ED at UHL account for 83% of inpatient bed days, leaving limited capacity for elective activity. Frequent cancellations of elective activity to accommodate increases in demand for emergency care have resulted in long and growing inpatient/ day-case waiting lists.

We welcome the recent significant investment and bed capacity provided in response to the COVID-19 pandemic, however it does not sufficiently address the well-documented bed capacity shortcomings in the Mid-West region, nor does it adequately address the continuing growth in demand for emergency care.

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

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Total	68.00

Our next significant project in terms of bed capacity is the 96-bed block for UHL. This project has full planning permission, fire certification and is fully designed. Construction of this four storey, single room inpatient facility will take approximately 18 months to complete. 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 the longer term, we have worked with HSE MidWest Community Healthcare to formalise a governance structure to deliver on the investment in community care, hospital avoidance, chronic disease management and older persons. Under the joint governance structure of this project, a number of sub-committees have been formed. These are jointly chaired by staff from UL Hospitals Group and Community Healthcare Mid-West and will help us put into effect the necessary reforms identified in Slaintecare.

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

Yours sincerely,

pp Noreen Spillane

Colette Cowan
Chief Executive Officer
UL Hospitals Group