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30th January 2023

Ms Roisin Shortall TD,
Dàil Eireann,
Leinster House,
Kildare Street,
Dublin 2.

PQ 1579/23

To ask the Minister for Health if additional measures will be taken in 2023 to address patient safety concerns in University Hospital Limerick (UHL), as outlined in a HIQA report; the steps being take to reduce trolley numbers in UHL; and if he will make a statement on the matter. -Róisín Shortall

Dear Deputy Shortall,

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.

Since the publication of the HIQA report on its March 2022 inspection of the ED at UHL, there has been progress made on a number of initiatives, facilitated both by our engagement with the HSE National Support Team and investment provided in the 2022-23 Winter Plan for healthcare in the Midwest region. The measures outlined below include progress made on the compliance plan arising from the HIQA report and measures agreed in the integrated winter plan. They include:

- **ED admission-avoidance for over-75s:** In October 2022, UL Hospitals opened the new Geriatric Emergency Medicine (GEM) unit at UHL, and expanded the OPTIMEND Allied Health-led assessment & admission-avoidance service for the over-75s, through the recruitment of an additional 25 WTE staff.
- **ED staff recruitment:** The Safer Staffing levels for ED nursing staff have been reviewed and approval has been received nationally to recruit additional resources. A number of nursing staff have commenced within the ED. Additional nursing resources to fully implement Safer Staffing in our ED will commence taking up post from May 2023. A review of NCHD resources has been completed and a submission for a further 10 SHOs and 10 Registrars was made nationally. Approval has been received to proceed and nine of these staff have taken up post in January 2023. Two additional ED Consultants have also been approved and are in post.
- **Pathfinder:** Q4 2022 has also seen the introduction of Pathfinder, a collaborative ED-avoidance programme run by the Group's allied health staff and the National Ambulance Service (NAS). Pathfinder aims to deliver safe alternative care at home for over-65s in the Limerick region, Monday to Friday, 8am-8pm.
- The **Medical Assessment Unit (MAU) pathway** for 112/999 patients commenced at Ennis Hospital on Monday, January 9th. This pathway will result in patients receiving medical treatment in a hospital closer to their home, will reduce patient presentations to Emergency Departments and will release ambulances more quickly to respond to other emergency calls. We have every expectation of success for this new pathway

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and we expect it to commence at Nenagh Hospital in February 2023 and at St John's Hospital in the coming weeks.

- An Interim **Head of Operational Services for UHL** is in post and this post will be filled permanently in February 2023
- A joint UL Hospitals Group and HSE Mid West Community Healthcare working group has been set up to enhance flow from our hospitals to rehab units across the Community Health Organisation. As part of addressing the unscheduled care demand, UHL has been approved for an additional 10 WTE to form a **Discharge Co-Ordination Team**. Six of these staff are already in post. In addition, a representative from older persons attends the daily operational safety huddle in UHL.
- **Red2Green** an electronic patient flow system is completed twice daily by ward managers and the information inputted is available to patient flow, bed management and senior nurse management in order to assist in managing patient flow on a daily basis. The focus is on predicted date of discharge, transfers and identifying complex discharges early and ensuring discharge plans are in place for all patients. This ensures there is a hospital wide focus on patient flow from our ED, Acute Medical Unit and Acute Surgical Assessment Unit.
- Weekly **discharge teleconference calls** are held with Community Healthcare Mid-West to manage and agree plans for patients who are Delayed Transfers of Care, as well as planning for complex cases who are not yet ready for discharge.
- All beds in **Nenagh Hospital** closed for refurbishment at the time of inspection have since been reopened and all available beds in **St John's Hospital** are similarly in operation

The joint UL Hospitals Group/HSE Mid West Community Healthcare Winter Plan 2022-23 outlines a series of targeted community measures designed to support older people, including:

- The **Integrated Care Programme for Older Persons (ICPOP)** service provides rapid access to a multidisciplinary delivered Comprehensive Geriatric Assessment (CGA) for older adults who have frailty or are developing frailty. Appointments are offered within one week of the referral being received. There is no active waiting list. Under ICPOP, an average of 740 assessments and interventions were completed each month in 2022, while 240 monthly Diagnostics, including MRI, CT, X-Ray and Dexa scans have been conducted.
- National expansion of **Community Intervention Teams (CITs)** has a particular focus on the Mid West and North West regions. These teams focus on hospital avoidance and early supported discharge to the person's home. Community Intervention Teams in the Mid-West are currently supporting an average of approximately 760 people each month.
- Increased funding is being provided for additional **GP access to diagnostics in primary care**, allowing for patients to be referred directly for x-rays or scans. In the Mid-West, more than 1,400 of these scans are being completed each month.

As mentioned above, we are currently working with a team of HSE experts on unscheduled care and ED management. This HSE support team has also been engaging with colleagues in HSE MidWest Community Healthcare. We await the team's report to include additional measures to improve patient streaming and hospital avoidance. This action plan will be a means of mitigating the risks to patient safety and addressing poor patient experiences in our ED, as highlighted by HIQA. We continue to work with the PMIU, the most recent meeting having taken place in UHL on January 6th, 2023.

We continue to work to mitigate the issues highlighted by HIQA. However, the challenges at UHL are unique. UHL has fewer inpatient beds, fewer consultants and fewer NCHDs than in comparable hospitals, and serves a

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region with a higher frailty index and a city with a higher deprivation index. These challenges are clearly set out in the Deloitte Report on Patient Flow at UL Hospitals Group, published on September 30 this year.

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 waiting lists. The Group met the targets for inpatient, day case and endoscopy waiting lists set out in the National Waiting List Action Plan. This was largely achieved through the use of private, virtual and extra out-of-hours clinics including various outsourcing and insourcing initiatives. However this is not financially sustainable nor is it fair on the many patients travelling outside of the region for their procedures.

The private sector is unable to mitigate demand effectively; private bed capacity in the Mid-West is the lowest in the country with only c. 50 beds within the Bon Secours Hospital, Limerick, compared with > 250 beds available at the Galway Clinic & Bon Secours Hospital, and >600 beds in the South / South West catchment area.

Our model 2 hospitals have an excellent track record in providing day surgery while Croom Orthopaedic Hospital is recognised as a centre of excellence in orthopaedics. The new theatre complex in Croom has allowed us to add to the surgical sub-specialties in Croom.

An elective hospital would ensure that scheduled care is no longer disrupted while at the same time creating much-needed capacity at UHL to deliver emergency and time-critical services.

Separately, the site masterplan for University Hospital Limerick provides for three 96-bed inpatient blocks to be built overhead and adjacent to the existing Emergency Department.

This will allow us to meet the growing demand for inpatient beds into the future and to replace outdated accommodation in older parts of the hospital, including nightingale wards. The Deloitte Report on Patient Flow commissioned by UL Hospitals Group identifies a need for 302 additional inpatient beds by 2036.

Work commenced on the first 96-bed block at UHL in October 2022 and the project will take two years to construct. Half of these beds will be additional capacity and the remainder are replacement beds.

A second 96-bed block, as provided for in the UHL site masterplan, is currently being planned with HSE Capital & Estates. We expect that plans will be submitted to the HSE nationally for the second 96-bed block in the first quarter of this year.

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