

## Private & Confidential

8<sup>th</sup> April 2024

Deputy Brendan Griffin TD,  
Dail Eireann,  
Leinster House,  
Kildare St, Dublin 2

PQ Number: 2271/24

Dear Deputy Griffin,

### PQ Question:

To ask the Minister for Health for clarification on a matter (details supplied); and if he will make a statement on the matter. -Brendan Griffin

To ask the Minister for Health if he will examine the current practice at UHK where patients in the ED are moved on trolleys towards when the trolley count reaches 20; if he can outline who sanctioned this practice; when it began; what the rationale is for this practice; what impact this is having on patient outcome; and if he will make a statement on the matter. -Brendan Griffin

Please see response below from Mr Berand Gloster, CEO, HSE

Thanks indeed for your concern regarding University Hospital Kerry (UHK) and particularly the use of extra trolleys on ward areas of the Hospital.

There are a couple of important points in responding and I will try to keep them brief and focused and also to assure you that if you would like more detail or indeed a discussion with me on the issue I will be delighted to facilitate same.

As a baseline position the HSE and certainly I as the CEO since March of 2023 will never accept that people waiting for hours on a trolley after a decision has been made to admit them for care is acceptable and that must remain our first priority.


- Recognising the many years of problems with people on trolleys every effort is being made to reduce this problem in a meaningful way. Despite an increase in attendances at Emergency Departments (ED) and in many sites an increase in admissions we have this year since July managed to reduce the number of people on Trolleys both in ED and up on Ward areas by 22%. This includes very serious improvements on last winter/Christmas periods (20220 and so is not just a summer phenomenon. I make this comment by way of improvement but by no means complacent as we have a very long way to go.
- I am sure you and many public representatives will agree that we have had a particular challenge with the amount of older people admitted and waiting on trolleys in ED (with many anecdotes of high numbers waiting more than 24 hours and having often poor experience

while waiting.) Again this year we have worked hard to improve that and have seen major progress, again never enough but in the right direction by any measure.

- In 2015 a national protocol (Full Capacity Protocol) was introduced and this allowed for the use of patients waiting on trolleys in ED to be moved through different parts of the hospital only to ensure better patient safety by distributing the risk more evenly. Risk to patients awaiting in ED and particularly in high numbers is well proven in the international evidence and indeed in tragic situations here in Ireland. The protocol is not the only measure and comes as one of many measures to manage risk in pressured times. There has been some view in the past that this was done to avoid counting those patients as trolleys. I can assure you they are not only counted but reported on publicly each day to show the public the exact position we are responding to.
- Our improvements come as we moved away from a 'Winter Plan' to now having an all year round plan because it is an all year round challenge. Our new approach to planning moves beyond the ED and indeed the hospital, because that is where many of the solutions rest. We are now very clear on priorities in the community for people to avoid ED where necessary and also leave hospital more timely than before. All of these measures help the overall position.
- Some hospitals have relied on the Full Capacity Protocol more than others but where we say a sustained pressure in ED we need to ensure each hospital uses all measures. That perhaps is where my discussions with UHK have come to your attention. Each day of the seven days for a number of weeks and continuing through January we have a call with our six hospital groups (in your case South South West) and nine Community Healthcare Areas (in your case CHO 4 Cork Kerry). On Sunday 31<sup>st</sup> I held a special additional call with two sites under particular pressure including Kerry. I visited the Hospital January 4<sup>th</sup> meeting the management, clinical and nurse leadership, the Chief Officer and also the South South West Group. This was my second visit to UHK in the nine months I have been in post and I assure you it was out of my wish to support them and also recognise the many fine efforts they put in each day. In this context I raised the use of the Full Capacity Protocol and asked the nursing management to go and look at its use elsewhere and consider. I did advise that it would be good to set a threshold for when this would be used and while I may have suggested a number it would have been by example not specific as I wouldn't have the local knowledge to know what would be correct. I did advise the hospital ultimately that if they were not using the protocol at times of pressure then I would have to ask why given the direct connection to patient safety.
- It is true to say that there are many views about the use of such measures and I respect them all, I trust you will understand I ultimately have to ensure the best possible responses of all our services to the situation presenting on any one day.

I trust this response is to your satisfaction; should you have any further queries however, please do not hesitate to contact me.

**Yours sincerely,**

A handwritten signature in cursive script that reads "Mary Fitzgerald". The signature is written in dark ink and is positioned above a horizontal line.

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**Mary Fitzgerald  
General Manager  
University Hospital Kerry**