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PQ – 2906/24

Deputy Pat Buckley
Dail Eireann
Leinster House
Kildare Street
Dublin 2

To ask the Minister for Health if he is aware of concerns that accident and emergency services at Cork University Hospital will be overwhelmed following the closure of the paediatric services at Mercy University Hospital; and what resources will be put in place to expand capacity and avoid the prospect of children on trolleys in waiting areas.

Dear Deputy Buckley

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. Thank you for your interest in improving paediatric services in Cork. Cork University Hospital (CUH) is also the Model 4 hospital for HSE South West. In addition to proudly serving the local population of Cork, we also provide a range of supra-regional services to the southern one third of the Irish population. Indeed 98% of acute paediatric care can be delivered in Cork, without the need to transfer patients and their families to Dublin.

The 2010 HSE reconfiguration of Acute Hospital Services Cork and Kerry recommended that “Paediatric hospital services in Cork city should be centralised at CUH as soon as possible”. CUH is also designated as a regional centre in the 2016 Model of Care from the National Clinical Programme for Paediatrics and Neonatology. Achieving this will deliver higher quality care for children and will provide much needed paediatric care consistent with Clinical Care Pathways and the Model of Care. CUH is working with HSE South West, the South/South West Hospital Group (SSWHG) and the Mercy University Hospital (MUH) to plan the transfer and consolidation of paediatric services from MUH to CUH in 2024.

The clinical need to transfer inpatient acute services from MUH to CUH in 2024 has the full support of the respective Hospital CEOs and Clinical Directors. In advance of the physical transfer of services from MUH, the staff already now work together as a unified paediatric service through an extended

paediatric clinical governance structure led by a single Clinical Director for the combined city services. It is our collective view that services will be considerably safer once centralised at CUH. Paediatric staff working at MUH will transfer to CUH when the service transfers. Additional resourcing required in support services (portering, catering, diagnostics etc.) at CUH is also being scoped and addressed by the project. Until the date of transfer has been confirmed, paediatric services will continue to be delivered at MUH.

In terms of your question about managing the additional activity at CUH once the service transfers, new capacity and investment is being provided to ensure that CUH has the capacity to deliver. CUH has recently opened a new dedicated Children's Emergency Department which has been designed to physically accommodate the combined activity from both sites once the transfer is completed. This new Children's Emergency Department is state of the art and provides a safe dedicated space for triaging and treating children. Work is ongoing to ensure that the new children's emergency department at CUH is adequately staffed to accommodate this development, and we have made it clear that this must be addressed prior to the transfer of services from MUH. We are also in the process of constructing a heli-pad on site which will further improve access to and the transfer of children to and from CUH.

In terms of inpatient accommodation on existing children's wards, adjacent non-clinical areas of the hospital at CUH are currently being converted to add clinical capacity for children, which once completed will be much improved on current facilities at MUH. These will include facilities to deliver chemotherapy and infusions at CUH. Should additional capacity be required beyond this, it may be that up to 12 additional beds will be transferred from adult use to accommodate children. Plans to mitigate this potential loss of adult capacity are being developed by the South/South West Hospital Group in advance of the transfer of services. Ultimately the decision will be based on the balance of risk between the current arrangement and the future centralised service at CUH.

In terms of parking, this is managed at campus level, with various staff and clinical services moving on and off the campus over time with various service reconfigurations. CUH has recently commenced a park and ride service for staff which has received very positive feedback. There are now 670 park and ride spaces and overall our parking (on and off-site) has had a net increase of 220 spaces in recent months which is more than adequate to accommodate the transfer of the current paediatric service from the MUH.

Long-term, the government has committed significant additional investment for CUH to build world class facilities for children in the South. Phase 1 of the paediatric capital project at CUH already delivered a new OPD, day unit and academic floors in 2017. Phase 2 and 3 (incorporating completely new inpatient wards and theatres) has planning permission and is due to start construction in 2024, with estimated completion in 2027. This will deliver 82 single inpatient rooms, haematology/oncology unit, paediatric assessment unit, 4 operating theatres, a therapy facility and space for MRI, ultrasound and plain film x-ray. The fully completed CUH Children's Centre will support the centralisation of all paediatric medical and surgical care in the city on one site at CUH in a child and family focused modern facility.

I trust this information is of assistance to you but should you have any further queries please do not hesitate to contact me.

Yours sincerely,


Mr. David Donegan
Chief Executive Officer