



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Future of Healthcare Committee

Meeting

Wednesday 16<sup>th</sup> November 2016

Opening Statement

by

Ian Carter

Chief Executive Officer

RCSI Hospital Group

IAN CARTER, CEO  
 PATRICK BROE, CD

### **Opening Statement: RCSI Hospital Group**

#### **RCSI Hospital Group Construct**

Comprising 7 hospitals:

- Beaumont Hospital (Level IV)
- Cavan Hospital: (Level III)
- Monaghan Hospital: (Level II)
- Rotunda Hospital
- Louth Hospital: (Level II)
- Connolly Hospital (Level III)
- Our Lady of Lourdes Hospital: (Level III)

#### **RCSI Control and Governance provisions**

Single governance construct successfully engaging 5 “HSE” and 2 Voluntary Hospitals (Beaumont / Rotunda ) through a Service Level Agreement - positions of CEO RCSI HG and CEO of Beaumont Hospital held simultaneously

#### **RCSI HG Key Objectives**

- Improve Access: Emergency / Elective
- Do no preventable patient harm
- Fiscal Prudence
- Develop Education and Research capacity and capability with academic partner (RCSI)
- Integration
  - concept of single delivery unit across 6 sites
  - migration of available capability to available capacity across 6 sites
  - community - hospital pathway with particular focus on chronic disease management

#### **Demographics**

The RCSI HG catchment area has experienced rapid population expansion in recent years, growing from 640,000 (2002) to 817,522 (2011). This population growth is projected to continue, reaching almost 875,000 by 2021.

Some areas within the catchment include higher proportions of older people. In particular, the area around Beaumont hospital (Dublin North Outer City) 15.4% of the population are aged 65+, while Cavan and Monaghan each have approximately 12% of the population aged 65+.

GP provision is low in the RCSI catchment area, particularly in Meath, Cavan and Monaghan. This may lead to increased hospital activity more appropriately carried out in a community setting

#### **Service Provision**

RCSI HG provides full range of secondary care services and is designated Cancer Centre, Regional Treatment Centre for ENT, Gastroenterology and also the National Referral Centre for Neurosurgery, Neurology, Renal Transplantation and Cochlear Implantation

#### **Performance Metrics 2016**

|                     |         |                      |
|---------------------|---------|----------------------|
| ED new attendances  | 165,893 | 8% increase 16 / 15  |
| Inpatient           | 100,805 | 13% increase 16 / 15 |
| Day Case            | 152,399 | 2% increase 16 / 15  |
| OPD new attendances | 127,773 | 1% increase 16 / 15  |

#### **ED access – patient waiting for bed accommodation volume (INMO Trolley Report)**

Overall significant volume reduction of ED patients waiting for bed accommodation 16 / 15 demonstrated by RCSI HG

### **Connolly Hospital**

September 2016 ED patients waiting **4** / September 2015 ED patients waiting **8** → **50% reduction**

### **OLOL Hospital**

September 2016 ED patients waiting **23** / September 2015 ED patients waiting **24** → **4% reduction**

### **Cavan Hospital**

September 2016 ED patients waiting **2** / September 2015 ED patients waiting **4** → **50% reduction**

### **Beaumont Hospital**

September 2016 ED patients waiting **15** / September 2015 ED patients waiting **33** → **54.5% reduction**

### **Elective access – waiting list**

Following performance improvement within ED departments it has been possible to increase IP.DC treatments during the second half of 2016 (2.1% cumulative increase n=2,534). Accordingly RCSI HG has commenced reduction of waiting lists particularly patients waiting >18 months. As such (1) projecting 95% compliance at year end with National Target and (subject to 2017 funding values) (2) achieving 12 month maximum wait time during 2017.

### **Budget Compliance / WTEs**

Budget €676m (Expenditure €828m less income €152m) / Workforce 8366 WTEs:

- Budget Management: Actual Expenditure Gross Expenditure Cap - < 0.8% deficit projected (*breakeven*) (income deficit projection 3.7 m).
- Work Force: WTE December 15 - 8228 / September 16 – 8336 – 1.7% increase (n = 138 of which 87 were new funded service development posts and 43 agency conversions).

### **Key clinical service developments of Group in 2016**

- Migration of Surgery → Cavan – transfer of patients requiring general surgery (DC) from Beaumont
- Migration of Endoscopy → Connolly / Cavan – transfer of patients requiring endoscopy from OLOL and Beaumont
- Creation of ambulatory Gynaecology centre on Connolly campus for all patients within catchment area – no longer requiring attendance to Beaumont or Rotunda
- Creation of Plastic Surgery (minor trauma) service on Connolly campus thereby negating need to attend Beaumont
- Creation of single campus concept between Beaumont and Connolly for specialties General Surgery, Urology, Gynaecology, Dermatology Plastic Surgery – “*benign / simple*” – Connolly / “*complex / cancer*” - Beaumont
- Development of Vascular Surgery on Louth Campus – transfer of patients requiring “*simple*” vascular surgery from Beaumont Services
- Transfer of complex upper GI surgery → Beaumont from Connolly
- Commencement of the development of “*Complex Discharge*” Facility (31 beds) – segregated unit on Beaumont campus, thereby freeing up acute beds (opening April 2017)
- Commencement of establishment of a Foetal scanning service (anomaly scan) for OLOL / Cavan with Consultant work force shared with the Rotunda (operational June 2017)
- progression of the development of a single image reporting service for Cavan whereby medical work force will be shared between Connolly and Cavan and images reported in Connolly (operational June 2017)

**Key Challenges for Group****Workforce**

Ongoing difficulty in recruitment / retention of medical staff (particularly Level III hospitals) nursing staff – consequent less than optimal reliance on agency staff.

**Hospital-centricity**

Overly hospital-centric delivery paradigm - particularly in relationship to Chronic Disease and requirement for “*work delivery*” shift to community.

**Community Services**

Insufficient timely consistent provision of community support particularly long term care and home care support.

**Funding**

Unrealistic “*stretch*” income targets set - generally not achievable.