



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Joint Committee on Health

Meeting

Wednesday 7th February 2018

Opening Statement

by

Mr. Tony O'Brien

Director General

Health Service Executive

Good morning Chairman and members of the Committee. Thank you for the invitation to attend the Committee meeting. I am joined today by my colleagues:

- Mr John Connaghan, Deputy Director General and Chief Operations Officer
- Ms Anne O Connor National Director ,Community Services
- Mr Liam Woods, National Director Acute Hospital Services

Each year our emergency departments (EDs) see close to 1.3m patients and on average 25% of these patients are admitted. The total number of ED attendances has increased year on year while bed capacity has remained largely unchanged. This has created significant challenges for hospitals which manifest primarily in emergency departments but it is also creating challenge in terms of elective access.

In the current year alone, ED attendances are up by 6.3% compared to the same period last year. This is on top of an increase in ED attendances of almost 3% during 2017 and 4.3% in 2016. A key additional challenge facing our hospital and GP services is the sustained increase in the number of older patients presenting to ED. During 2017 hospitals reported an increase of almost 6% in the number of older patients attending ED with some EDs experiencing upwards of 10%. This year to date, a further increase in this age group has been observed with the number of presentations up by a further 3.3% compared to the same period last year. Typically patients over 75 years have more complex care requirements and are more likely to need to be admitted to hospital for treatment and will have longer lengths of stay. This means that the available capacity is under increased pressure as we do not have sufficient patient discharges every day.

The numbers waiting on trolleys at 8am fell by 3% during 2017 when compared to the full year 2016. The number of patients on trolleys between October and December was consistently lower than for the same period 2016. These improvements were directly linked to increased capacity in a number of hospitals and sustained focus by Hospital Groups and Community Health Organisations in reducing delayed discharges and improving patient flow. Targeted funding for emergency services in 2017 enabled consistent improvements in the wait time for funding under the Fair Deal Scheme and an increase of up to 300 beds during the year. The trolley improvements were maintained to year end 2017.

The issue of overcrowding is a concern for both patients and staff compromising a safe environment for assessing and treating patients. Of equal concern is the length of time patients wait in ED. In 2017, HSE sought to tackle both issues through investment in emergency departments, with UL opening its new emergency department in June 2017 and upgrades were undertaken in St James Hospital and at Mullingar. The major capital development in Our Lady of Lourdes Hospital, Drogheda, is opening on a phased basis in 2018. This development includes 80 beds, plus theatres, and an expanded ED.

The HSE has continued to focus on full compliance with no patient waiting over 24 hours and improvements have been observed in this during the year. 14 hospitals (including the 3 Paediatric hospitals) achieved compliance of 98% or more in December 2017 and through our performance management process, we sought improvement plans from hospitals. A key challenge for most hospitals is the increasing requirement for isolation of patients to ensure that infection control issues are managed appropriately. The hospital system does not have sufficient isolation facilities or single rooms and as a result patients can wait for significant periods for suitable accommodation.

In 2017, funding of €5m was provided to support the cost of upgrades in EDs and wards aimed at addressing infection control, security and environmental issues.

In January 2018 the number of patients on trolleys increased due to increased attendances and the age and acuity of patients presenting. A key challenge this year has been the sustained increase in influenza cases with associated challenges in terms of providing appropriate isolation and consequential delays in discharge of patients to home and other community settings. At its peak this year the influenza rate was higher than last year and unlike last year, when it decreased sharply, it is expected that the high rates will continue for a number of weeks with continued pressure on hospitals. There have been two strains of flu present which has meant that the isolation requirements are more complex and most hospitals have had to create cohort wards to ensure that there is no cross contamination. This year a further challenge is the incidence of influenza in nursing homes which has prevented new admissions from hospitals during January. As of last week it was estimated that over 200 beds were out of use due to influenza cases in nursing homes. It is welcome and important that nursing homes are observing the national guidance in relation to infection control but in the short term it means that there are fewer discharges from hospitals.

A legitimate question that is posed by the public at this time of the year is whether we make appropriate provision for winter pressures including the flu and other infections. It is important to emphasise that all Hospital Groups and CHOs developed joint winter plans to ensure appropriate preparedness for winter surge. These plans included actions such as:

- Ensuring adequate medical and nursing staffing levels over the Christmas period
- Ensuring that senior decision -makers are available to the greatest extent possible to support timely and appropriate admission, review and discharge of patients. A key requirement here is to ensure that there is appropriate admission to emergency departments in an out of hours
- Increased access to diagnostics
- Staffing of surge capacity and targeting reduction in delayed discharges.
- Vaccination campaigns and initiatives for staff and high risk patient groups

From daily engagement with Hospital Groups , it is evident that these measures did have some impact over the winter period and this is evidenced in the fact that while the overall attendances increased by 6% resulting in increased admissions , our rate of admission remained broadly the same. Hospitals highlighted that there were no delays in diagnostics and the number of delayed discharges fell from 580 to 450 between December and January 2018. All Hospital Groups put flu plans in place. Vaccination uptake rates are up in all categories Health Care Workers, Over 65s, and Flu vaccinations by GPs and Pharmacists compared to the previous year. These combined initiatives have supported hospitals to address the sustained increase in attendances during this period

Funding of €40m was made available this winter to support surge pressures.

Of this, €30m was allocated to support additional home care packages, transitional care and aids and appliances. The main service areas include:

- Development of 30 additional transitional care beds in the Cork area
- Opening of the day hospital in Cashel
- 4 Rehab beds in Limerick
- Opening of 6 Neuro beds at NRH
- Increase in funding for Complex discharges
- Additional Transitional Care beds by 20 per week
- Additional Home care packages by 45 per week

The remaining €10m was allocated to support the opening of an additional 260 beds during 2018. So far 176 beds have opened across the Acute Hospital System and a further 84 are planned to open during the year. As part of our winter exceptional measures we have transferred 100 patients to private hospitals to alleviate pressures in public hospitals.

The key issue for our hospitals and community services is to develop sustainable solutions for access to services. The implementation of the Sláintecare Report and the publication of the National Capacity Review by the Department of Health in January are critical in this context. The Capacity Review Report acknowledges that our acute capacity is not sufficient to meet our current demands with hospitals operating at almost 100% capacity. It also highlights the requirement for significant investment in the community to ensure that the ageing population can be managed appropriately. The Report sets out a clear plan for delivery of 2,500 beds as well as sustained investment in primary and social care services. When it is considered in conjunction with Sláintecare, it offers a blueprint for the future delivery of hospital and community services over the next 10 years. It also affords an opportunity for better streaming of emergency and elective services. The HSE is working closely with the Department to agree a robust implementation plan for core recommendations of the Review with clear milestones for delivery of changes in the model of care delivery and investment in additional capacity.

This concludes my opening statement and together with my colleagues we will endeavour to answer any questions you may have.

Thank you.