



SIPTU Health Division

**Opening Statement to the
Joint Oireachtas Committee on Health
Regarding the overcrowding crisis in the hospitals**

Reference

Ref: JCH-i-840

SIPTU Health Division Representatives:

John Mc Camley - Sector Organiser

Ted Kenny – Sector Organiser

Date:

Wednesday 9th March 2022

1.0 Introduction

1.1 Cathaoirleach, Members of the Committee thank you for the opportunity to highlight some observations on this important matter on behalf of the SIPTU Health Division. My name is John McCamley and I'm here today with my colleague Mr Ted Kenny.

2.0 Background

2.1 The SIPTU Health Division represents 40,000 workers across private and public health organisations including many grades involved in the delivery of emergency and acute hospital services across the country. Included in these grades are nurses and midwives, health care assistants (HCA), paramedics, porters and diagnostics staff.

3.0 Return to pre-pandemic crisis

3.1 Healthcare workers having gallantly worked through the unprecedented events of the last 2 years which tested the very foundations of our health service and those who work within it but are now facing a return of the pre-pandemic overcrowding crisis which is enveloping our hospitals nationally.

3.2 In many of the hospitals across the country the numbers presenting themselves in emergency departments (ED) have drastically increased, having a knock-on effect on the rest of the hospital and community services.

3.3 While the ongoing issues with overcrowding have always had a detrimental effect on healthcare workers, the years of the pandemic have led to higher feelings of burnout, fatigue and low morale. Now that they are facing yet another crisis, we are receiving increased reports of healthcare workers considering leaving their roles. Coupling this with the normal delays around recruitment we could see this crisis deteriorating further.

4.0 How has the crisis developed

4.1 As alluded to SIPTU represents a number of different grades and how this crisis is developing can be seen uniquely through their experiences, these can be placed in four main areas,

- Pre-hospital emergency services (ambulances)
- Emergency departments
- Inpatient wards
- Community services

5.0 Pre-hospital emergency services (ambulance service)

5.1 Staff Members working for the National Ambulance Service and Dublin Fire Brigade provide pre-hospital emergency services to the public and are critical to the delivery of care and emergency services in our communities. For example, the HSE National Ambulance Service provides Emergency

Ambulance Service, Intermediate Care Transport, Mobile Intensive Care Ambulances, Neo-Natal Intensive Care Ambulances and the Aero Medical Service.

6.0 Increase in call volume Call

6.1 Call volume through the national emergency operations centre (NEOC) has increased as you will note from the figures below.

	2019	2020	2021	2022
January	25658	25689	30850	31115
February	22529	24155	23503	23776

It is a fair assumption that any increase in call volume on its own would cause a knock-on effect in respect to the availability of ambulances, but this combined with the delays at ED departments has caused additional pressures on the service and on ambulance crews.

6.2 During the Pandemic turnaround times increased due to the introduction of both Non Covid and Covid Pathways in Eds, with Ambulance's turnaround times ranging from 1 hour to 5 hours. This is resulted in ambulances being dispatched from further away to deal with the non-availability of ambulances nearer. The national average for turnaround times at ED now stands at 54mins and 38 seconds although below are some examples of additional delays in January 2022.

Waterford University Hospital - Ambulance cleared at Hospital

- 4 to 5 hours – 8 occasions,
- 3 to 4 hours - 7 occasions,
- 2 to 3 hours – 52 occasions
- 1 to 2 hours – 195 occasions

Letterkenny General Hospital- Ambulance cleared at Hospital

- 7 to 14 hours – 3 occasions,
- 6 to 7 hours – 4 occasions,
- 5 to 6 hours – 4 occasions
- 3 to 4 hours – 17 occasions,
- 2 to 3 hours – 54 occasions,
- 1 to 2 hours – 326 occasions

Sligo General Hospital- Ambulance cleared at hospital

- 6 to 7 hours – 1 occasion,
- 5 to 6 hours – 1 occasion,
- 4 to 5 hours – 5 occasions,
- 3 to 4 hours – 5 occasions,
- 2 to 3 hours – 29 occasions,
- 1 to 2 hours – 163 occasions

It must be stated categorically that the delays are not the result of the tireless effort of the staff in any of these emergency departments but an overall systems failure in dealing with a number of areas that I will touch on later on in this submission.

7.0 Emergency Departments

7.1 It is frequently stated the unique nature of the emergency department is that it does not close, it is open 24/7, patients can arrive at any time with any type of condition. Members of the public know they will be seen by dedicated and skilled professionals, be it with increased waiting times.

7.2 As a result of this the ED has become a choke point for wider issues within the health service and while it is crucial that those issues particular to ED are resolved as a matter of urgency there is a need to look at alternative pathways to care.

8.0 Staffing

8.1 SIPTU representatives have noted an increase in the number of complaints around staffing in ED departments in particular but not exclusively both from nursing and HCA members in the last few months. There is no doubt that staff are under increased pressure and the HSE and health employers need to do more in relation to filling deficits in EDs.

8.2 Additionally, radiographers are seen an increase in cases, with one Dublin hospital up 30% compared to 2019. There has been an increase in difficulties filling deficits for radiographers in some locations. We believe this is down to offering short-term contracts instead of permanent contracts.

8.3 While the reliance on agency is always a feature within the health service, if recruitment and retention is not given priority there will be additional reliance on agency staff along with it an increasing costs to the exchequer.

8.4 Other locations have had difficulties in relation to staffing in catering and household. Overcrowding and the need for the increased transfer of patients has also affected the availability of portering grades who are essential in the transport of patients within a hospital.

9.0 Access to hospital beds

9.1 Healthcare workers in EDs have seen an increase in the number of patients waiting for a bed recently with numbers exceeding those in 2019. It is highly likely that a patient left on a trolley for a long period of time can have a significant knock-on effect on their health. The HSE and health employers including the Department of Health need to do more to develop additional bed capacity in acute hospitals to relieve the ED departments.

10.0 Delayed discharges and community services

10.1 To increase the turnaround in beds within an acute hospital there needs to be provision of proper public community services either in a residential setting or with homecare packages. Through the years we've seen a cycle of temporary increases in homecare packages only for the funding to be reduced in tandem with the hours allocated to a particular patient resulting in them needing to go

back in ED. SIPTU members would regard the delay waiting for homecare packages to be one of the biggest factors for delayed discharges together with the allocation of a bed within the community. Other factors for the delayed discharges can be the need for housing alterations to cater for patients.

10.2 Pathways also have to be developed within the community to deal with patient needs which will reduce reliance on ED departments like the expansion of primary care centres and minor injury units.

10.3 Additional, utilisation of pre-hospital care by ambulance staff can also reduce the need for a referral to the emergency department, for example the expansion of community paramedics.

11.0 Conclusions

6.1 In conclusion, we would like a consideration on the following going forward.

- Implementation of the ambulance service review on roles and responsibilities which will result in the further professionalisation of the ambulance service
- Funding to be made available for additional ambulance staff and vehicles.
- Expansion of community paramedics and other pre-hospital care initiatives
- Fast track the filling of deficits within ED department for both Nursing, HCA and support grades.
- Incentivise roles for ED staff, with a view of stemming the drain of staff from the service.
- Express rollout of the phase 2 of the task force on safe staffing in all EDs to assist and maintain adequate staffing of Nurses and HCAs.
- Expansion of enhanced care teams into EDs to free up HCAs presently carrying out enhanced care.
- Implementation of the radiographer review recommendations to deal with adequate safe staffing for radiography departments and advanced practice.
- Full roll out of the Sláintecare strategy across the health service.
- Continued investment in the rollout of homecare packages in line with Slaintecare and HSE Service delivery plans with focus on delivery of hours via direct HSE employees.
- Clear commitment from Government to directly provide Home Care Support including a more focused emphasis on HSE recruitment of home care support assistants.
- Increase the number of publicly owned community beds reducing the reliance on private nursing homes.

Thank you for your attention.