



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Terms of Reference

**Independent review to inform decision-making
around the design and delivery of urgent and
emergency healthcare services in the mid-west
region of Ireland**

August 2024

Terms of Reference – Independent review to inform decision-making around the design and delivery of urgent and emergency healthcare services in the mid-west region of Ireland

To be conducted pursuant to Section 8(1)(e) of the Health Act 2007 as amended. This section of the Act enables the Health Information and Quality Authority (HIQA) to:

"at the request or with the approval of the Minister to review and make recommendations as the Authority thinks fit in respect of the services, to ensure the best outcomes for the resources available to the Executive"

Introduction

Overcrowding at the emergency department (ED) at University Hospital Limerick (UHL) has represented a cause of concern for a number of years. Significant investment in capacity is underway, and the hospital has been subject to a number of external interventions aimed at supporting its internal capability to manage this issue.

In May 2024, the Minister for Health requested that HIQA, as the independent health and social care regulator, conduct a review of urgent and emergency care in Ireland's mid-west region with the primary objective of ensuring safe quality acute care in the region.

As part of this review, HIQA was requested to consider the case for a second emergency department within the region in the context of the population changes in recent years and ongoing pressures at the ED at UHL.

HIQA was also requested to consider the recommendations of a HSE-commissioned review by former Chief Justice Frank Clarke into the circumstances surrounding the death of Aoife Johnston from sepsis in the ED at UHL in December 2022 in conducting this review.

This document sets out the Terms of Reference of HIQA's independent statutory review.

Context

The emergency department (ED) at University Hospital Limerick (UHL) has experienced significant overcrowding in recent years. Over the past decade, contributory factors to the overcrowding are understood to include the pre-existing level of healthcare service capacity combined with population and demographic changes in the region. Overcrowding in the ED at UHL is not unique, with a number of other hospitals also experiencing overcrowding. However, the scale of overcrowding at UHL has consistently been greater than that at other impacted hospitals.

HIQA, through its national inspection programme, has identified the issue of overcrowding and noted that some hospitals have successfully worked to reduce or eliminate overcrowding. Interventions that have contributed to sustained improvement in other sites include governance and operational grip, changes to process and work practices, allied to addition of resources and inclusive of extra bed capacity – either within the hospital or in step-down or non-acute facilities in each hospital's respective region. Many of these changes have not yet been fully realised in UHL, and while recent HIQA inspections there have noted some incremental progress, work on this reform agenda is continuing.

Of relevance, UHL has routinely experienced the second highest number of presentations to the ED per annum compared to other hospitals, while also having the second lowest number of inpatient beds of the Model Four hospitals in the State.

In 2008, work was initiated within the Health Service Executive (HSE) to review the way urgent and emergency services in the mid-west region were delivered. This ultimately resulted in a reconfiguration of urgent and emergency care services in the region. This led to the closure of three EDs in the region in smaller hospitals (Ennis, Nenagh and St John's in Limerick City), with consolidation of these services at a single site at UHL. This consolidation of services in the region preceded a wider change in government policy at that time, as outlined in *Securing the Future of Smaller Hospitals: A Framework for Development* (2013). This prompted a movement towards a reduction in the number of EDs across Ireland in smaller hospitals. Such an approach was also in keeping with the HSE National Emergency Medicine Clinical Programme Model of Care published in 2012.

The decision to close the EDs in smaller hospitals in the mid-west region was also informed by a statutory investigation conducted by HIQA at Ennis Hospital which had been initiated following a number of serious service failures at the hospital. This HIQA Investigation Report¹ – published in 2009 – found that the current

¹ Report of the investigation into the quality and safety of services and supporting arrangements provided by the Health Service Executive at the Mid-Western Regional Hospital Ennis.

configuration of urgent and emergency services at the hospital, as provided through the ED, was unsafe and required reconfiguration. The report also determined that providing extra resources to the hospital would not address the fundamental problem of insufficient activity required to maintain clinical skills for staff.

In order for the hospital at Dooradoyle (now called UHL) to safely assume the added workload that would emerge through the closure of the three smaller EDs, and a change to the location where urgent and acute healthcare services in the region was provided, centralisation of acute services at UHL was proposed. To enable this, extra bed capacity at UHL was identified as being required. At the time, this was estimated to be an increase of 267 inpatient beds at UHL. Such an investment did not occur prior to the reconfiguration of services. In response to the economic downturn post-2008, healthcare budgets, including capital budgets, were severely curtailed and the additional capacity was not provided at UHL, or at other hospitals.

In 2020-21, very significant capital investment occurred at UHL with the building of a new ED, a critical care block and 98 new beds. A further 96 bed block is currently in the advanced stages of construction, and a second 96 bed block is also at an early stage of development. Further beds are to be provided in line with the recently-published Acute Hospital Inpatient Bed Capacity Expansion Plan, including step-down transition and rehabilitation beds. Additional opportunities to add further capacity are also being actively progressed.

Additional bed capacity has also been accompanied by additional workforce. Since 2019, UHL has had an increase in staffing by approximately 30%, or 1,200 staff. This has included additional emergency consultants, non-consultant hospital doctors (NCHDs) and nurses in the ED. Accordingly, at the time of the initiation of this review, the full impact of the cumulative investment in capacity on overcrowding at UHL is still to be realised. This review will aim to identify what additional capacity, if any, above that which has been delivered or which is in train, would be required.

Recent inspections by HIQA at UHL have identified scope to:

- improve management practices and internal processes to enhance operational effectiveness (operational grip)
- progress alternative pathways for patients to reduce length of stay and to avoid ED presentations where possible.

Inspections by HIQA at UHL since 2020 have identified some incremental progress in this regard, with further work required to progress.

In terms of population and demographic change, the population of Ireland continues to grow and age. Between 2014 and 2023, the population grew by 13.7%. During the same time frame, the number of people aged 65 and over has grown by 37%.

Such growth has occurred across the country, and it has placed significant extra demands on overall health and social care utilisation, inclusive of acute hospital presentations.

Relevant policy developments

The following policy developments as set by Government will be relevant to this review:

- Implementation of the Health System Capacity Review (2018) which has recently been updated to take into account changes to population demographics
- Ongoing reform of the National Ambulance Service – further to recommendations arising from HIQA’s review of services in 2014 and 2016 – inclusive of the incremental introduction of alternative care pathways which are designed to avoid conveyance where possible to emergency departments
- Sláintecare, inclusive but not limited to, the development of Regional Health Areas arising out of the Sláintecare plan, and significant investment in community services and admission avoidance initiatives
- Planned developments relating to the addition of extra critical care capacity to the Irish health system (2020)
- A Trauma System for Ireland (2018)
- The latest population census figures (Central Statistics Office - CSO) and projected health demand and capacity review 2040 underway (Economic and Social Research Institute - ERSI)
- The Strategy for Elective Ambulatory Care (2022) which includes a surgical hub in Limerick under the governance of UHL and national elective centres which are planned to provide care to patients from the mid-west region
- The development and implementation of a three-year Urgent and Emergency Care Plan (2024-2026) to support the delivery of continued service improvement across four pillars of actions: hospital avoidance, ED operations, in-hospital care delivery and discharge management
- The Acute Hospital Inpatient Bed Capacity Expansion Plan 2024-2031. This plan intends to increase inpatient hospital bed capacity in the mid-west region to bring the number of beds per head of population in line with all other regions
- Digital for Care: A Digital Health Framework for Ireland 2024-2030
- The HSE’s Enhanced Community Care (ECC) Programme.

In addition to these policy initiatives, other relevant factors, including the addition of capacity in the private sector in the region, are also progressing. Therefore, this review will need to consider relevant policy decisions and associated changes and

investments underway and in planning, alongside other relevant changes that might impact on service use and capacity in the region.

Scope and objective of the review

This independent statutory review will inform decision-making around the design and delivery of urgent and emergency healthcare services in the mid-west region, as requested by the Minister for Health in correspondence to HIQA.

The review will be conducted in a programmatic manner, through the delivery of a number of separate work streams. These streams may either be directly conducted by HIQA or overseen by HIQA. As such, the individual work streams will be conducted in either a parallel or sequential manner to enable the delivery of the overall programme of work required to inform this review.

Specifically, the review will determine current evidence-based best practice in the design and delivery of urgent and emergency care services, as applied on a population-wide basis within comparable health services. This will involve a structured approach to evidence gathering and synthesis, allied to engagement with relevant clinical and operational experts and clinical leaders for key specialties. An extensive stakeholder engagement plan will be developed and implemented, which will involve key interested parties, including patients and healthcare professionals in the region and nationally. The review will also consider inputs and initiatives already in place or in the process of implementation to improve urgent and emergency care services in the region, including planned additional bed capacity at UHL, and recent and ongoing reforms and related review reports. A consideration of relevant parallel policy decisions by Government as already referenced will also inform this analysis.

In addition, an independent expert evaluation of current and projected population demand for urgent and emergency healthcare services in the HSE mid-west region of Ireland will be undertaken and the outputs will be considered by HIQA in conjunction with the outputs from other HIQA work streams. Projection of such demand will utilise an evidence-based and valid methodology which will lend itself to broader application in service planning and delivery across the region. Consideration of work previously conducted or underway by the Department of Health, the HSE, or other relevant state bodies of a similar nature will likewise be considered in the design and delivery of this analysis, as will an analysis of patient-level data and relevant quality and safety indicators.

Terms of Reference

The following terms of reference have been determined for the conduct of this review:

- 1. To review the current relevant national and international evidence** – to ensure an evidence-based rationale to inform the potential future configuration of comparable urgent and emergency healthcare services.
- 2. To establish an Expert Advisory Group** – which contains patient representatives and operational, clinical and nursing expertise to inform HIQA's overall approach in the conduct of this review.
- 3. To consult and engage with key stakeholders in the region and nationally** – through the implementation of an extensive stakeholder engagement plan with key interested parties, including patients and healthcare professionals in the region and nationally.
- 4. To engage with the relevant clinical community in the region and nationally to inform clinical considerations** – through the establishment of a Clinical Advisory Forum with relevant clinical and nursing representatives including but not limited to, emergency medicine, acute medicine, surgery, anaesthetics, paediatrics, the National Ambulance Service and local general practitioners (GPs) to inform the review.
- 5. To monitor compliance with the *National Standards for Safer Better Healthcare*, in accordance with Section 8(1)(c) of the Health Act 2007, as amended** – Such an analysis will build upon the prior body of monitoring work HIQA has conducted at UHL and seek to identify any further areas of progress achieved in working to meet the requirement of the national standards. This will seek to evaluate the potential impact and benefits of process improvement and operational effectiveness initiatives on available capacity across the UL Hospitals Group, having regard to national and international evidence on this issue. This is consistent with the focus in the Health Service Capacity Review (2018) whereby a proportion of the capacity requirement was imputed from expected efficiencies, but where it was also agreed that such work needed to be timed against the backdrop of delivering on a maximum 85% bed occupancy rate.
- 6. Utilising appropriate specialist expertise external to HIQA, to review health service capacity in the HSE mid-west region.** The outputs from this work will be considered along with the other work streams to inform key considerations and assumptions around best practice in the

design and delivery of population needs relating to urgent and emergency care, aligned to current and project population numbers.

7. To consider the findings and recommendations of the Report of the Independent Investigation at UHL by Mr Frank Clarke.

- 8. To give advice to the Minister on appropriate course(s) of action –** to ensure optimal quality and safety in the delivery of future urgent and emergency care services for the population of the mid-west region – informed by evaluation of all of the above factors. In the interests of wider service improvement, national recommendations may be made where HIQA considers it appropriate.

Governance

The review will be carried out pursuant to Section 8(1)(e) of the Health Act 2007, as amended. The capacity work stream will be conducted by an external body with expertise in this area and appropriate arrangements will be put in place to enable the outputs to be considered by HIQA as part of the overall review. In conducting the review, HIQA may exercise all of the powers available to it pursuant to the Health Act 2007, as amended. In addition, where necessary, HIQA will engage the advice of specialist experts in the conduct of the review.

The review will be conducted and sponsored by the HIQA Executive Management Team, with governance oversight and sign off on outputs provided by the Board of HIQA.

Intended output from this review

A preliminary briefing will be provided to the Minister for Health, within six months from the initiation of the review. A final report will be provided to the Minister in Summer 2025, which will then be published on HIQA's website www.hiqa.ie.

Produced by the Health Information and Quality Authority (HIQA).

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