

CORRESPONDENCE
MEETING OF METROPOLITAN DISTRICT OF LIMERICK
DECEMBER 2014

- Letter received on 14th November 2014 from the Office of the Minister for Health in reply to resolution adopted by the Metropolitan District regarding St. John's Hospital.



12 November 2014

Mr Eugene Griffin
Meetings Administrator
Corporate Services and Change Management
Limerick City & County Council
Merchants Quay
Limerick



Dear Mr Griffin,

The Minister for Health, Leo Varadkar, T.D., has asked me to thank you for your recent letter concerning St. John's Hospital and acute services in the Mid West provided by the University of Limerick Hospitals Group (ULHG).

In June of this year HIQA published a report on governance arrangements at the ULHG. This was the first review of a hospital group against the National Standards for Safer Better Healthcare. This independent assessment of services against explicit standards will, it is hoped, help drive improvement in the quality and safety of our health services. The HIQA report indicates that overall, significant progress has been made in the governance and operation of the Group since 2012, allowing movement towards a single provider entity and improving the delivery of services within the Group.

The report highlights both the risks and challenges that require attention at both Group and national HSE level. The key risk area identified is unscheduled care and the ongoing pressures on the University of Limerick Hospital ED are acknowledged. In relation to risks identified, the HSE has identified actions that have, and will be taken to address the concerns raised and to provide an improved and safer service to patients. A new ED will open in 2016 and, in the interim, the HSE has put in place a number of initiatives to address current limitations for patients and staff in the ED. In particular:

- a separate paediatric area has opened, to provide a child-friendly facility for emergency treatment;
- the new €35 million critical care unit at UHL is a major step forward in the development of acute hospital services across the region;
- the 17 bed short stay unit, managed by the acute medicine physicians, provides for patients who can be discharged within 48 hours of admission;
- the acute medical and surgical assessment units take referrals from GPs and the ED;
- local information campaigns will advise GPs and the public of the local injury and medical assessment units in Ennis, Nenagh and St John's Hospitals.

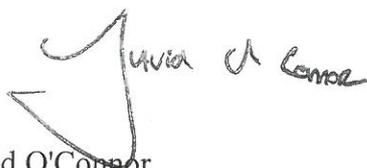
ULHG, serving a population of some 400,000, is the smallest of the hospital groups and is unique as it does not include a Model 3 hospital. However, it is noted that the Group's Strategic Plan 2014-2016 does not propose any reconfiguration of services to provide a Model 3 facility. It is also noted that HIQA did not raise any concerns over the fact that the ULHG does not include a Model 3 hospital. In the circumstances, it is considered that the current arrangements are satisfactory. There is of course an ongoing need to ensure that services are balanced within the Group in order to achieve optimal use of the Model 4 and Model 2 hospitals. By maximising the use of the clinical facilities available in the Model 2 hospitals, the pressures on the University of Limerick Hospital ED, arising from inappropriate referrals and attendances, can be alleviated. The question of the need, if any, for a Model 3 hospital might be considered at a future stage as the configuration of services across the Group is progressed and finalised.

Attention should be drawn to a corporate governance risk that was highlighted in the HIQA report i.e. the continued parallel governance arrangements with St John's Hospital. In order for the ULHG to function with a common purpose and direction, it is important that, in advance of legislative changes, all efforts should be made to ensure that governance arrangements, strategic directions and operational services across all hospitals within the Group should be agreed, concurrently designed and implemented, to guarantee the best use of resources and delivery of services to all patients in the catchment.

The Minister fully recognises the challenge involved in integrating corporate and clinical governance in hospital groups with voluntary hospitals. However, he believes that the ULHG is in an excellent position to explore and advance a shared strategic direction which will lead to the delivery of more responsive and equitable access to high quality hospital services for the population served by the Group.

I trust that this clarifies the matter for you.

Yours sincerely

A handwritten signature in black ink, appearing to read "David O'Connor". The signature is stylized and written over a large, faint, stylized letter 'D' that serves as a background or watermark.

David O'Connor
Private Secretary