Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Stakeholder Involvement Report

Work stream 4 of the review of urgent and emergency healthcare services in the Health Service Executive Mid West health region

Publication date: 30 September 2025

Acknowledgement

We would like to thank the patients, family members, members of the public, healthcare professionals, patient representative groups and interested parties in the Mid West region for their remarkable response to inform this review. The scale of participation demonstrates the substantial public interest in the provision of urgent and emergency healthcare services in the Mid West region.

In particular, we would like to express our most sincere gratitude to all who contributed, most notably the patients and their families who responded in huge numbers through emails, letters and survey responses. Your participation, along with your generosity and willingness to share your personal lived experiences of using healthcare services in the Mid West region has been essential to the delivery of this report. While many of these experiences were undoubtedly very personal and understandably difficult to relay, your engagement is an important input to this process.

Thank you also to the staff and healthcare professionals who provided feedback on healthcare services in the Mid West region. Your willingness to provide insights from the frontline has been invaluable.

Finally, we also wish to extend our sincere thanks to the staff and patient representative groups who took the time to meet with HIQA as part of this process. Your preparation of extensive feedback and willingness to discuss your opinions and experiences is deeply appreciated.

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory body established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

Reporting to the Minister for Health and engaging with relevant government Ministers and departments, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector of Social Services within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of permanent international protection accommodation service centres, health services and children's social services against the national standards. Where necessary, HIQA investigates serious concerns about the health and welfare of people who use health services and children's social services.
- **Health technology assessment** — Evaluating the clinical and cost effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health and social care services, with the Department of Health and the HSE.

Visit www.hiqa.ie for more information.

Acknowledgements

HIQA would like to thank all of the individuals and organisations who provided their time, advice and information in support of this report.

Particular thanks are due to the Expert Advisory Group (EAG) and the individuals within the organisations listed below who provided advice and information.

Membership of the EAG was as follows:

Maria Bridgeman*	Integrated Healthcare Area Manager, Limerick City and North Tipperary, HSE
Sandra Broderick	Regional Executive Officer, Mid West health region, HSE
Prof John Browne	Professor of Epidemiology & Public Health, University College Cork
Prof Sara Burke†	Associate Professor and the Director of the Centre for Health Policy and Management, Trinity College Dublin
Ian Carter	Mid West Integrated Healthcare Area Manager, Acute and Older Person Services, HSE
Dr Sheelah Connolly	Senior Research Officer and Joint Research Area Coordinator for Health and Quality of Life Research, Economic and Social Research Institute (ESRI)
Margaret Costello*	Head of Service, Primary Care, HSE Mid West Community Healthcare
Prof Gary Courtney	Clinical Lead, National Clinical Programme for Acute Medicine, HSE
Dr Gino De Angelis†	Manager, Clinical Research, Canada's Drug Agency (L'Agence des medicaments du Canada)
Dr Michael Dockery	Clinical Lead, National Clinical Programme for Anaesthesia, HSE
Sean Egan	Director of Healthcare Regulation, HIQA
Dr Des Fitzgerald	Consultant in Emergency Medicine, University Hospital Waterford *Nominated by:* National Clinical Programme for Emergency Medicine
Patrick Glackin	Area Director, Nursing and Midwifery Planning and Development (Mid West, West and North), HSE
Prof Liam Glynn	Professor of General Practice, University of Limerick

	Nominated by: Irish College of General Practitioners
Janet Grene■	Honorary Secretary, University of Limerick Hospitals Group Patient Council
Dr David Hanlon	National Clinical Advisor and Group Lead Primary Care, HSE
John Hannifin♦	Chairperson, University of Limerick Hospitals Group Patient Council
Dr Patricia Harrington	Deputy Director, Health Technology Assessment, HIQA
Dr Martina Healy	Clinical Lead, National Clinical Programme for Critical Care, HSE
Dr Orla Healy	National Clinical Director of Quality and Patient Safety, HSE
Dr Terence Hennessy❖	Regional Clinical Lead for Strategy and Development for Mid West, HSE
Joe Hoare	Assistant National Director, Capital & Estates Mid West, HSE
Dr Graham Hughes	Clinical Lead, National Clinical Programme for Older People, HSE
Dr Paul Kavanagh	Consultant in Public Health Medicine, National Health Intelligence Unit, HSE
Ruth Kilcawley	Assistant National Lead of Health & Social Care Professions, HSE
Sinead Lardner	National Lead for Safe Nurse Staffing & Skill Mix, HSE
Dr Margie Lynch*	Medical Director, ShannonDoc *Nominated by:* Irish College of General Practitioners
Dr Mai Mannix	Regional Director of Public Health, Public Health Mid West, HSE
Dr Ciara Martin	National Clinical Advisor and Group Lead for Children and Young People, HSE
Prof Peter McCarthy	Consultant Radiologist, Former Dean of the Faculty of Radiologists and Radiation Oncologists
Claire McMahon*	Clinical Quality and Nurse Manager, ShannonDoc
Dr David Menzies	Deputy Clinical Director (Emergency Care), National Ambulance Services and Consultant in Emergency Medicine

Niall Murray	General Manager, National Ambulance Services Operations, Mid West Region
Kate O'Flaherty	Director of the National Patient Safety Office, Department of Health
Michelle O'Neill	Deputy Director, Health Technology Assessment, HIQA
Anne O'Shea Clarke	Patient representative, SAGE Advocacy
Dr Catherine Peters	Mid West Clinical Regional Director, HSE
Dr Máirín Ryan (Chair)	Director of Health Technology Assessment and Deputy Chief Executive Officer, HIQA
Prof Eamonn Rogers	Co-Lead of the National Clinical Programme for Surgery, HSE
Grace Rothwell	National Director for Access and Integration, HSE
Dr Nigel Salter	Consultant in Emergency Medicine, St. Vincent's Hospital *Nominated by:* Irish Association for Emergency Medicine
Mr Keith Synnott	National Clinical Lead for Trauma Services, HSE and Consultant Orthopaedic Surgeon at the Mater Misericordiae Hospital
Dr Conor Teljeur	Chief Scientist, Health Technology Assessment, HIQA
Dr Kieran Walsh	Deputy Director, Health Technology Assessment, HIQA
Patricia Whelehan	Assistant National Director, Older Person Services, National Office Access and Integration, HSE *Nominated by*: Director of Community Services, HSE
Jo Williams	Patient representative, Patients for Patient Safety Ireland

*Alternate nominee for programme; ■EAG member from 23 January 2025; ♦EAG member until 23 January 2025; †EAG member from 18 February 2025; ⁘EAG member from 7 April 2025.

Members of the Healthcare Regulation Directorate

This report was led by staff in HIQA's Healthcare Regulation Directorate. The following individuals contributed to the management, technical writing or dissemination of this report: Sean Egan, John Tuffy, Maeve McGarry, Dolores Dempsey-Ryan, Eilish Browne, and Angela Moynihan.

Conflicts of Interest

None reported.

List of figures

List of tables

Key Points

- In 2024 the Minister for Health requested HIQA to conduct a review of urgent and emergency care in Ireland's HSE Mid West region with the primary objective of informing safe quality acute care in the region.
- This report summarises the stakeholder engagement carried out as part of this review.
- Feedback was sought from stakeholders in two phases, firstly a stakeholder consultation was carried out, followed by stakeholder meetings to consult with organisations, individuals and service providers.
- The findings outlined in this report are reflective of those who elected to participate in the stakeholder engagement process and should not be considered as a comprehensive representation of the views of all the people in the Mid West. As such, this report sets out to convey the views of those who contacted HIQA and those with whom HIQA met.
- In addition, opinions expressed in this report, including extracted survey quotes, may reflect past and sometimes legacy experiences of using urgent and emergency care in the Mid West and therefore may limit representation of the current status of healthcare delivery.

Phase 1: stakeholder consultation

- The stakeholder consultation was launched on 4 December 2024 and closed on 15 January 2025.
- Qualitative research methods were used to identify the main themes and sub-themes raised in the responses from the open-ended consultation questions.
- Of the 1,121 responses received, 75% were from patients and their families who were using or have used urgent and emergency care in the region.
- In terms of what is and is not currently working well, the main themes which emerged from the consultation responses related to capacity and patient flow; workforce and management; regional characteristics of the Mid West; public confidence in services; quality of care; environment; alternative urgent and emergency care.
- From the stakeholder consultation the three most commonly expressed opinions on measures that would alleviate the current problems were:
    - The opinion that another emergency department (ED) would alleviate the current problems in the Mid West, with Ennis and Co. Clare most frequently cited as the suggested location.
    - The opinion that the region needs improved healthcare staffing levels.

- The opinion that improvements could be made to care or services provided at University Hospital Limerick (UHL).

Phase 2: stakeholder meetings

- Phase 2 of the stakeholder engagement process involved a series of meetings to consult with key stakeholders to capture a broad representation of perspectives to inform HIQA's review.
- HIQA met with: health professional representative groups, HSE representatives, patient representative groups and private healthcare providers currently operating in the Mid West Region.
- Key issues highlighted by stakeholders at meetings included:
  - Stakeholders were consistent in their view that the deficit in inpatient bed capacity remains the key challenge in the region.
  - The negative impact that overcrowding has on patient care.
  - Perceived lower levels of staffing compared with other regions, with HIQA being informed that morale of healthcare staff in the region is low.
  - Some health professional representative groups informed HIQA that the issues have been characterised as an urgent and emergency care problem, rather than what they believed to be a wider hospital overcrowding and capacity problem.
- Opinions shared at the stakeholder meetings on measures which stakeholders believed would alleviate the current problems:
  - The view that a long-term strategic plan for the region involving significant additional inpatient bed capacity is needed. This view was consistent across stakeholders, though opinion diverged on how and where this capacity should be delivered.
  - Many of the health professional groups with whom HIQA met had no official position or consensus from their members on how future healthcare services should be shaped in the region and whether or not a second ED is needed.
  - Some health professional stakeholders expressed concerns around the safety of developing a second ED and Model 3 hospital based on staffing challenges experienced in other similar services across the country.
  - It was the view of the Irish Association of Emergency Medicine (IAEM) that capacity in the region should be increased, supported by a single ED. They believed that a second ED would dilute the provision of emergency medicine in the Mid West.
  - A submission by the HSE Mid West independently proposed the staged development of a new Mid West healthcare campus in Limerick, phasing

developments at the existing UHL site in Dooradoyle and an adjacent site.
    - Patient representative groups who met with HIQA were seeking a second ED in the region, and believe that a Model 4 hospital including an ED is needed in Co. Clare.
    - Many stakeholders agreed that an uplift in staffing levels was needed in the region, including GPs.
    - Some stakeholder groups welcomed the expansion of private healthcare provision in the region; with a new private hospital facility under construction at the time of the meeting in Limerick by the Bon Secours Health System to include 99 inpatient beds, 20 bay day surgical beds, elective and diagnostic capacity as well as a medical assessment unit (MAU) service.
    - Some short to medium-term suggestions made to enhance services in the region included: modular builds, buying private bed capacity, improving access to diagnostics, increasing the number of GPs, improving communication between community and acute services, development of surgical hubs, increasing Pathfinder services and community paramedic resourcing, expansion of the Integrated Care Programme for Older People (ICPOP) service, optimisation of the medical assessment units and acute surgical assessment unit and optimisation of the use of Model 2 sites by improving coordination and communication.

Overall feedback

- The considerable response to the stakeholder consultation reflects the public's awareness of the risks of overcrowding in UHL and ardent appeal for change.
- Stakeholder feedback generally indicated that patients and families perceived the current issues at UHL as an urgent and emergency care problem, suggesting that another ED would alleviate problems in the region. Healthcare professional groups attributed the problems to wider hospital overcrowding and capacity problems, rather than an emergency care issue.
- Differing perceptions of the causes of the problems in the region resulted in different solutions proposed by stakeholders to improve future healthcare service provision.
- Healthcare professional groups with whom HIQA met lacked consensus on the future design and delivery of urgent and emergency healthcare services for the Mid West, while some expressed concern around the safety of decentralisation of urgent and emergency care.

- All stakeholders with whom HIQA met were consistent in their view that the deficit in inpatient bed capacity is the key driver of ED and hospital overcrowding at UHL.
- Many themes emerging from the stakeholder engagement process were somewhat anticipated, such as capacity and workforce. However, public confidence concerns and potential hesitancy in using the healthcare system as suggested by stakeholders, is something that should continue to be addressed in the region.

List of abbreviations used in this report

EAG	Expert Advisory Group
ED	Emergency Department
GP	General Practitioner
HIQA	Heath Information and Quality Authority
HSE	Health Service Executive
HSCP	Health and Social Care Professional
IAEM	Irish Association of Emergency Medicine
ICGP	Irish College of General Practitioners
IHA	Integrated Healthcare Areas
IHCA	Irish Hospital Consultants Association
IMO	Irish Medical Organisation
INMO	Irish Nurses and Midwives Organisation
LIU	Local Injury Unit
MAU	Medical Assessment Unit
NCHD	Non-Consultant Hospital Doctor
REO	Regional Executive Officer
UHL	University Hospital Limerick

1. Introduction

In May 2024, the Minister for Health requested HIQA to conduct a review of urgent and emergency care in the HSE Mid West region with the primary objective of informing safe, quality, acute care. The terms of reference of this review include separate work streams; one of which was to consult and engage with key stakeholders through the implementation of an extensive stakeholder engagement plan with key interested parties, including patients and healthcare professionals. The purpose of this engagement was to collate the views, concerns and opinions of a diverse range of stakeholders. These perspectives were intended to be considered alongside regulatory, capacity and data findings as part of HIQA's review to inform the advice to the Minister and the subsequent decision-making process for the region.

This report of stakeholder involvement outlines the process by which HIQA consulted with stakeholders, and the key feedback received throughout this engagement process. Further to the stakeholder engagement outlined in this report, an Expert Advisory Group (EAG) was also established. Membership of the EAG was drawn from a large body of stakeholder groups to support HIQA in this review.

Stakeholders were consulted in two phases. Firstly a stakeholder consultation was carried out, followed by stakeholder meetings with organisations, individuals and service providers.

Phase 1: Stakeholder consultation	1,121 submissions received
Phase 2: Stakeholder meetings	Meetings with 17 organisations, individuals and service providers

2. Considerations and limitations

Due to the voluntary nature of the consultation participation, the findings outlined in this report are reflective of those who elected to participate and should not be considered as a comprehensive representation of all views of all the people in the Mid West region. As such, this report sets out to convey the views of those who contacted us or those with whom we met.

This report aims to summarise stakeholder opinions and views gathered during the stakeholder engagement process. These opinions and views have not been independently validated and do not necessarily represent the position of HIQA.

The opinions expressed in this report, including quotes extracted from stakeholder consultation responses, may reflect recent experiences of using urgent and emergency care. However, they may also reflect experiences in the past, meaning that the relevance and applicability of these perspectives to the current status of healthcare in the Mid West region may vary.

This report serves to summarise the themes from submissions and as such, does not detail the full extent of the significant volume of submissions received from stakeholders as part of this engagement process. Some information received was beyond the scope of this review, while others detailed information relevant to different work streams in this review, such as capacity and population predictions. These were additionally considered by the Review Team as part of the deliberations and within the body of work conducted.

This report has been published alongside HIQA's most recent inspection report of University Hospital Limerick (UHL), which provides an independent evaluation of regulatory findings from January of this year.

3. Phase 1: stakeholder consultation

Phase 1 of this stakeholder engagement process consisted of a stakeholder consultation. The purpose of this phase was to gain a broad understanding of the views of key stakeholders and interested parties, and to invite the local community in the Mid West region to input as part of HIQA's independent review. The consultation was run in parallel with other work streams in the review, commencing on 4 December 2024 and closing on 15 January 2025. There was a significant response to the consultation, with 1,121 submissions received. This section presents an overview of the analysis of responses received from the stakeholder consultation.

3.1 Stakeholder consultation methodology

An online survey was published on the HIQA website as the primary channel of feedback. For accessibility purposes, word and editable pdf versions of the survey were also made available on the website, with an email address provided for correspondence. A press release was issued upon commencement of the consultation and key organisations were notified, including some patient representative groups in the Mid West Region.

All survey responses were saved in an online database, with the survey consisting of two sections. Section 1 captured survey respondent characteristics, while Section 2 consisted of three open-ended questions seeking opinions and considerations on the design and delivery of urgent and emergency healthcare services in the region. The format was purposefully unstructured to facilitate flexibility of responses and levels of depth. The maximum word limit per question was 20,000 characters. A copy of the survey is provided in Appendix 1.

- Section 1: Survey respondent characteristics
- Section 2: Responses on opinions and considerations about the design and delivery of urgent and emergency healthcare services in the region;
  - Question 2.1: What do you think is currently working well in the delivery of urgent and emergency healthcare services in the Mid West region?
  - Question 2.2: What do you think are the current challenges in the delivery of urgent and emergency healthcare services in the Mid West region?
  - Question 2.3: Please provide any opinions, views or additional information that you think might be helpful to inform HIQA's review into the urgent and emergency healthcare services in the Mid West region.

Following this, qualitative research methods were used to identify the main themes and sub-themes raised in the responses from the open-ended questions (Section 2 of the survey). This involved reviewing and coding each response to identify

common themes across contributors. The Braun and Clarke 6-step guide to data analysis was followed[1]:

- Step 1 - Familiarisation: Team members familiarised themselves with the survey results by reading through the data collected.
- Step 2 - Coding: Each team member independently derived initial codes, using mixed deductive and inductive coding. Survey questions aided in the identification of relevant information and team members were open to the identification of additional codes within the data. Initial codes were discussed, and codes were finalised to create a codebook which subsequently facilitated data coding.
- Step 3 - Theme development: Each team member generated initial themes.
- Step 4 - Theme review: Team members reviewed, modified and developed each theme to ensure accuracy.
- Step 5 - Theme refinement: All themes were refined to derive the finalised set of themes and identify subsequent themes and sub-themes.
- Step 6 – Write-up: Data write-up was undertaken and representative survey respondent quotes were selected to elicit the findings.

Additionally, a random sample of 10 responses was coded independently by all four team members to validate that the data groupings were consistent with the original data. Multi-dimensional coding was deployed for themes with a high variance of opinion to reflect whether the sentiment being expressed was positive or negative in relation to a given issue. While survey question 2.1 asked about positive feedback and question 2.2 asked about challenges, both positive and negative opinions were expressed across all three question responses. Therefore, relevant feedback was collated and coded across all three question responses. Individual themes were extracted from comments expressing multiple themes. The main themes identified in responses to the stakeholder consultation are described in sections 3.2.1 and 3.2.2 below.

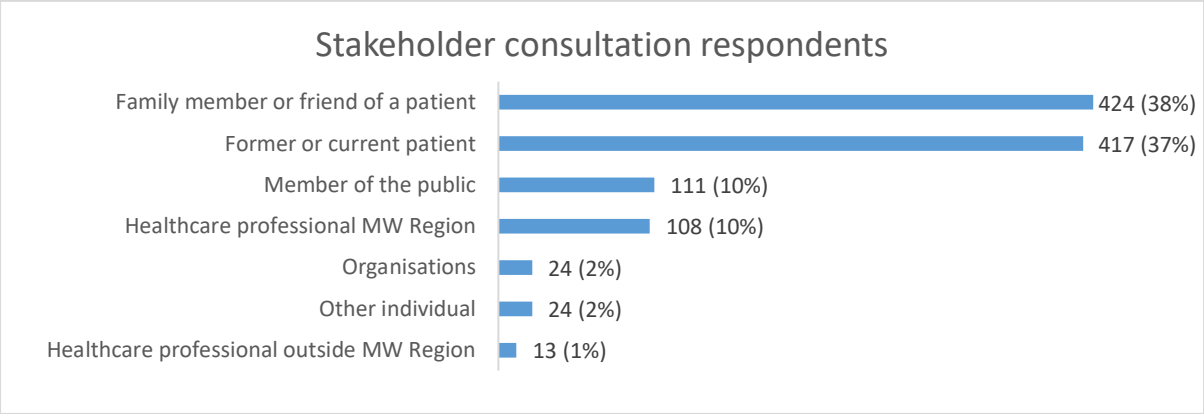
3.2 Who responded to the consultation?

A total of 1,121 submissions were received through the stakeholder consultation process; 1097 (98%) from individual respondents, with 24 (2%) respondents indicating they were responding as part of an organisation. The responses were mostly received in the stakeholder survey format, with 1,100 (98%) responses via survey and 21 (2%) submissions received in a different format.

Graphical analysis was conducted to present respondent characteristics in bar charts, where appropriate. Figure 1 summarises those who responded to the stakeholder

consultation. Of the 1,121 responses, 424 (38%) were from those who identified as a family member or friend of a person who had used or was currently using urgent and emergency care in the Mid West region, while 417 (37%) were from patients who were currently using or had previously used urgent and emergency care services in the region.

Figure 1. Respondents to the stakeholder consultation

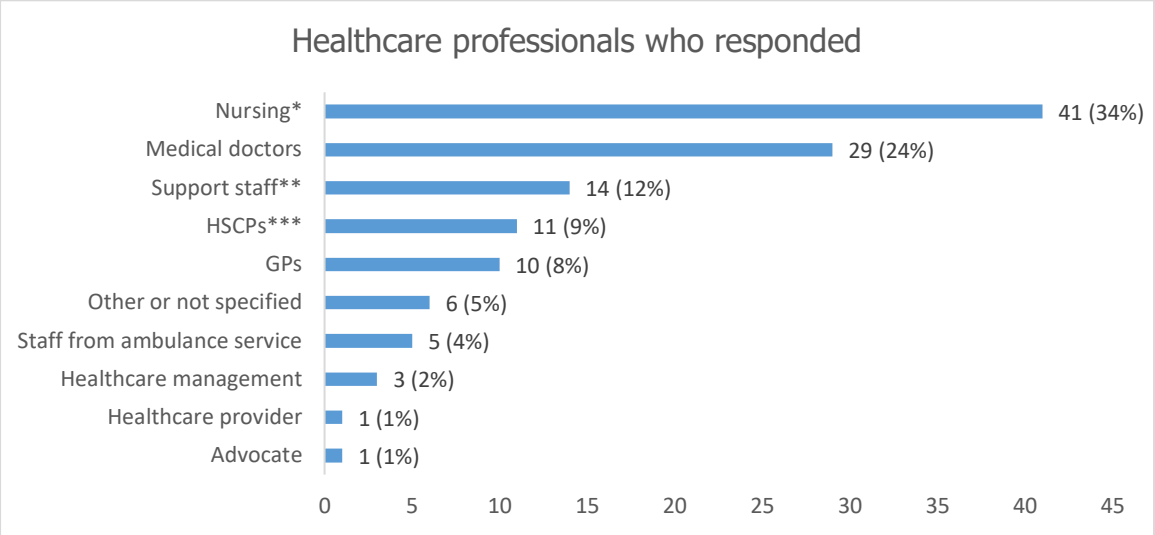


***MW: Mid West**

In total, 24 (2%) of respondents indicated they were responding on behalf of an organisation, but included some submissions made by individual members or staff. Types of organisations included patient representative groups, public representatives, GP services, non-acute healthcare services, community resident groups and Clare County Council.

In total, 121 (11%) of stakeholder consultation responses were received from healthcare professionals working in and outside the Mid West who responded in an individual capacity. Descriptions of their roles were provided and are summarised in Figure 2 below.

Figure 2. Breakdown of the types of healthcare professionals who responded to the stakeholder consultation



Terms above included those who identified as:
***Clinical nurse managers/clinical nurse specialists/staff nurses/student nurses**
****Healthcare assistants/support staff/porters/care supervisors/hygiene staff**
*****Health and Social Care Professionals including social workers, occupational therapists, pharmacists, radiographers, pathology staff and medical scientists**

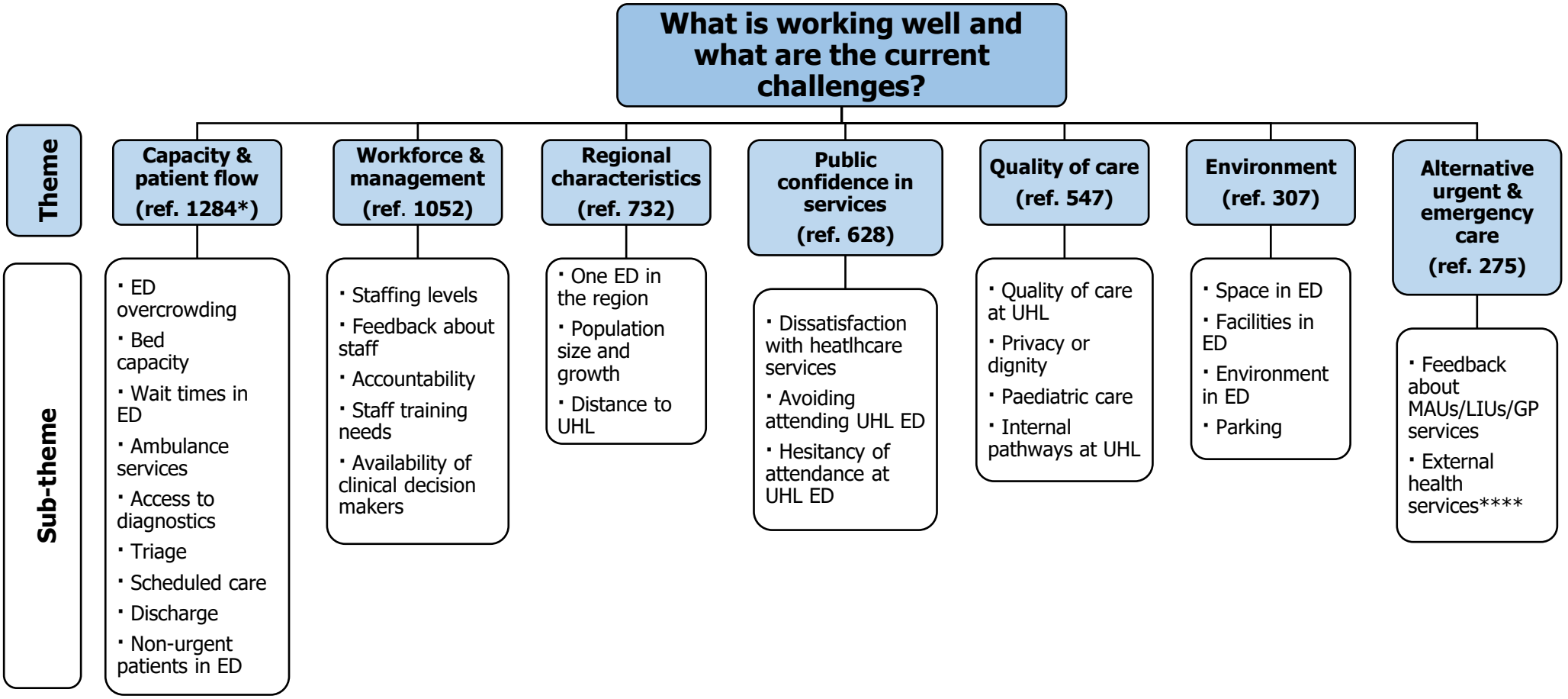
3.2.1 Key themes relating to 'challenges' and 'what is working well'

As outlined in the opening statement of this report, many patients and their families expressed their personal experiences of using urgent and emergency healthcare services in the Mid West region through the stakeholder consultation process. While examples of specific personal experiences were not extracted to protect anonymity, emergent themes within the experiences were coded and are captured as part of the analysis in Figure 3 and in the following sections of this report.

A number of comments were received from which no theme could be identified. These general comments were grouped and coded. Some examples of the general comments are provided in Appendix 2.

Question 2.1 and 2.2 of the stakeholder survey asked respondents what they thought was currently working well, and what they believed to be the current challenges in design and delivery of urgent and emergency healthcare services in the Mid West region. The key themes that emerged are summarised in Figure 3 below; ordered by overall frequency which represents the number of times the topic was referenced, not the number of responses.

Figure 3. Key themes as identified in stakeholder consultation responses to 'what is working well' and 'what are the current challenges'



Figures refer to the number of times the theme was identified in the submissions received, **MAU: Medical Assessment Unit, ***LIU: Local Injury Unit, * External health services included community pharmacy, national ambulance led service pathways and private minor injury services.**

The findings attributable to each theme are summarised below, supported by representative consultation respondent quotes to illustrate the three sub-themes most frequently referenced by respondents. See Appendix 2 for representative quotes for remaining sub-themes not included in the section below.

Theme 1: Capacity and patient flow

Nine sub-themes were identified in relation to capacity and patient flow. These included:

- ED overcrowding
- bed capacity
- wait times in ED
- ambulance services
- access to diagnostics
- triage
- scheduled care
- discharge
- non-urgent patients in ED.

ED overcrowding, bed capacity and wait times in ED were the three sub-themes most frequently referenced in relation to capacity and patient flow in the consultation responses.

ED overcrowding

Respondents highlighted overcrowding in the ED at UHL and the impact they felt this had on patient safety and care.

"UHL consistently records the highest levels of overcrowding in the country, with patients often waiting on trolleys for prolonged periods"

"The overcrowding is so bad that trolleys line the corridors making access for staff, and patients needing to move by wheelchair, almost impossible…."

Bed capacity

A lack of inpatient bed capacity was frequently cited by respondents as one of the core issues at UHL.

"Insufficient inpatient capacity prevents timely transfers from the ED to appropriate wards, causing bottlenecks that impact care delivery."

While some respondents acknowledged recent investment in inpatient bed capacity in the region, respondents deemed this insufficient.

"Recent investments to expand bed capacity at UHL and recruit additional staff have been steps in the right direction, though they are not sufficient to address the scale of the problem".

Wait times in ED

Respondents described wait times in the ED.

"The capacity of the Emergency Department is causing major issues in the ability to deliver care to our patients. It's leading to longer wait times for those who are ill and compromised care".

"The ED is unable to cope with demand and a result long, dangerous and potentially life-threatening, or life-changing waits for treatment are being faced by patients".

While the above illustrates the three most frequently-recurring sub-themes related to capacity and patient flow; further relevant sub-themes including ambulance services, access to diagnostics, triage, scheduled care, discharge and non-urgent patients in ED are outlined in Appendix 2.

Theme 2: Workforce and management

Five sub-themes were identified in relation to workforce and management. These included:

- staffing levels
- feedback about staff
- accountability
- staff training needs
- availability of clinical decision-makers.

Staffing levels

In relation to the workforce, a lack of available staff across different disciplines was frequently cited by respondents as a problem in the ED, impacting service delivery and access to timely care.

"The situation in UHL is appalling, the emergency department is completely understaffed, under-resourced, existing staff are overworked and patients are not seen within an acceptable time frame."

Respondents expressed concerns about staffing levels across hospital services and the impact on this on delivery of care.

"Urgent care is not just care in the ED but across the hospital wards 24/7. There is simply not enough experienced staff there to ensure a safe hospital for all patients"

Feedback about staff

Some stakeholder responses made reference to the difficult conditions under which healthcare staff were working, particularly in UHL, with resounding empathy for staff who experienced such work conditions on a day-to-day basis.

"Dedication of Healthcare Staff: The commitment and professionalism of frontline staff, particularly nurses and doctors, stand out as a cornerstone of the healthcare system. Despite resource constraints, staff manage high volumes of complex cases, consistently delivering quality care. Patients frequently praise the exceptional dedication of nurses in UHL's Emergency Department (ED), even when they are under significant pressure"

"The staff are excellent but they are run off their feet due to the overcrowding."

Accountability

Respondents perceived that accountability in healthcare service delivery could be strengthened to promote safe care for patients.

"Accountability is something that will have to be addressed for any A&E to learn from past mistakes."

"A holistic approach to be taken with all patients, accountability to be clearly outlined and clear and consistent communication."

While the above illustrates the three most frequently-recurring sub-themes related to workforce and management; further relevant sub-themes including staff training needs and availability of clinical decision makers are outlined in Appendix 2.

Theme 3: Regional characteristics

Three sub-themes were identified in relation to regional characteristics. These included:

- one ED in the region
- population size and growth
- distance to UHL.

One ED in the region

Respondents generally connected perceived capacity and overcrowding issues to the fact that there is only one ED in the region. The reconfiguration of services in 2009 was regularly cited in tandem with the region having only one ED, with some respondents stating that the lack of capacity investment at the time of reconfiguration had impacted the local healthcare system.

"The position in University Hospital Limerick (UHL) is particularly severe due to the reconfiguration of services in 2009 when ED services in Ennis and Nenagh were closed without adequate capacity available in UHL to meet local population needs, leaving only one fully functioning ED for the region, and channelling all urgent and emergency care through one ED creates a bottleneck."

"The reality is that the Emergency Department delivery was reconfigured ie smaller A&Es were closed without providing increased capacity in the single ED in Limerick, never mind it failed to take account of current or future population growth. The net result for people in the Mid West area is a poorer service, with longer waits, greater stress and less faith in the service provided."

Population size and growth

In addition to there being only one ED in the Mid West Region, a perception relating to population size and potential growth was frequently cited by respondents as a key issue.

"The current and projected population for the region has now reached a level that will be very difficult to serve with just one Emergency Department."

"Capacity, an area with a population of 400,000 patients is served by UHL, the emergency department does not have the capacity to cope with this population and further predictable population aging and local population growth will cause further chaos in the department."

Distance to UHL

The other regional characteristic frequently cited by respondents was the distance to UHL, with particular reference to West Clare.

"My nearest Accident and Emergency Department is at University Hospital Limerick which is approximately 110 kilometres from my home. This means from point of emergency call to arrival at hospital people in my locality face a minimum time of approximately two and a half hours. This is an outrageous time and distance in an emergency situation. This also places a heavy reliance on paramedics for a significant protracted period of time transporting a patient."

Respondents also referenced the challenge posed by living outside the 'golden hour'; the concept that rapid clinical investigation and care within 60 minutes of a traumatic injury is associated with better patient outcomes.[2]

"West Clare has no access to hospital ED in Golden Hour."

Theme 4: Public confidence in services

The theme of public confidence was identified from the three sub-themes below:

- dissatisfaction with healthcare services
- avoiding attending UHL ED
- hesitancy to attend UHL ED.

Dissatisfaction with healthcare services

The first question in the survey asked respondents to convey their views in relation to what was currently working well in the design and delivery of urgent and emergency healthcare services in the Mid West Region and a large volume of respondents expressed the view that *'nothing was working well'*. This was the most frequently referenced sub-theme from the stakeholder consultation in relation to what was working well and what the key challenges were.

"Under staffed/ oversubscribed hospital cannot ever be 'working well'."

"At the moment nothing is working correctly in the mid-west region. There is no dignity for people who are in a care of the university hospitals Limerick."

Avoiding attending UHL ED

Some respondents expressed concerns in attending the emergency department at UHL, sharing that they or their family members avoid or delay attendance, or travel

to EDs outside the region for care.

"People are avoiding going to hospital or delaying going to hospital because of the overcrowding in UHL."

"People are scared to go to Limerick A&E and I am aware of people who needed urgent emergency care trying to avoid Limerick A&E by getting driven to Galway A&E by family members/friends rather than phone for an ambulance.

Hesitancy to attend UHL ED

Some respondents expressed that there is a hesitancy around attendance of urgent and emergency care services in UHL.

"There is a real fear about going to UHL….".

"The lack of dignity really traumatised my elderly mother for a long time afterwards. The impact of an experience like this has a ripple effect on so many people- the fear of having to go to A&E and avoiding it at all costs… are we putting ourselves at risk by staying at home and putting it off, or by going into A&E? We should feel safe and looked after when we arrive at a hospital when we are ill".

Theme 5: Quality of care

Four sub-themes were identified in relation to quality of care. These included:

- quality of care at UHL
- privacy or dignity
- paediatric care
- internal pathways at UHL.

Quality of care at UHL

One of the most frequently referenced sub-themes in the stakeholder consultation responses was relating to quality of care at UHL. Respondents generally reflected positive experiences of care received outside of the ED setting, particularly on the wards.

"Once you get onto a ward the care is generally very good and follow up appointments are efficient."

Experiences of poor quality of care experiences were expressed through the personal experiences shared by respondents, as outlined previously in this report

and mostly related to experiences when accessing urgent and emergency care services. Respondents related poor care experienced to overcrowding, shortage of staff, lack of beds and poor facilities.

" Dedicated staff who are doing as much as they can to prioritise and deliver care to patients, however the acuity and volume of patients is such that the system is overwhelmed and the care patients need cannot safely be delivered"

"Patients are not getting the care and attention that they require because UHL is so overcrowded".

Some respondents attributed ED care issues to the volume of admitted patients in ED.

"The ED would actually function very well if it was allowed to function as an ED, i.e. no admitted patients. Excellent medical and nursing staff committed to the delivery of high quality, safe and effective care".

Privacy or dignity

Many respondents reported that standards of privacy, dignity and autonomy did not align with their expectations of using urgent and emergency care services, with many feeling that a lack of dignity and respect had been afforded to them.

"the lack of respect or dignity afforded to people is shocking."

"The lack of dignity afforded to patients is not acceptable to the patient or their family. First-hand experience seeing patients given very bad news in view of other patients and public very distressing."

Paediatric Care

Respondents were generally positive about paediatric care received when accessing urgent and emergency care services.

"Had fabulous experience with paediatric nurses in Limerick in particular for urgent paediatric cases things seemed to move quickly."

"Having the paediatric a&e separate is working very well for uhl. Very friendly and hard working staff from the paramedics, the reception staff, nurse and doctors."

See Appendix 2 for a sample of comments relating to the sub-theme of internal pathways at UHL.

Theme 6: Environment

Four sub-themes were identified in relation to the environment in which care is delivered. These included:

- space in ED
- facilities in ED
- environment in ED
- parking.

Space in ED

Respondents relayed that both overcrowding and patient boarding in the ED presented a significant strain on space and facilities, and contributed to an unsafe environment.

"Boarding patients in the ED means the clinical space they occupy is not available for those who are awaiting assessment by the emergency medicine team".

"..it can't work well because there are too many patients admitted to A&E and not enough staff or space to deal with them."

Facilities in ED

Respondents frequently referenced their experience of inadequate facilities in ED at UHL.

"Need more individual private cubicles in the treatment area and more and better facilities to lie down, it's a hospital when you are sick you need to be able to lie down."

"No toilet or showering facilities whilst sick on a trolley."

ED environment

Some respondents also reported issues with the ED environment.

"Space. Fire and safety is a huge issue. There were lines of beds on both sides of the corridor….

"Please review and think of other options for anyone with addiction issues and substance abuse".

See Appendix 2 for a sample of comments regarding parking.

Theme 7: Alternative urgent and emergency care

Two sub-themes were identified in relation to alternative urgent and emergency care. These included:

- medical assessment units (MAUs), local injury units (LIUs) and GP services
- external health services

MAUs, LIUs and GP services

When respondents were asked what was working well in the region, much of the positive feedback related to MAU, LIU and GP services, including out-of-hours GP services in the Mid West region.

"The MAUs are an excellent service but it makes life difficult that the one in UHL is mainly used as A&E overflow."

"The local injury unit is an amazing asset to Ennis. Had to use it last May in an emergency situation and I was brought straight in to be seen, no waiting. On another occasion I had cause to use the MAU service in Ennis. So well run, it's a vital part of our health service in Clare."

External health services

Positive feedback was also received in relation to external health services outside of the hospital system that provide alternative urgent and emergency services including private LIUs operating in the region.

"Late night pharmacies are excellent but more needed. Private care clinics ….are well equipped for adults."

Respondents also praised alternative ambulance-led service pathways such as Pathfinder and community paramedic services, where available.

"The introduction of Pathfinder via 999 calls has taken pressure of GPs to attend house visits for elderly patients who've had a fall at home."

3.2.2 Other opinions emerging from the stakeholder consultation

Question 2.3 of the stakeholder survey asked respondents their opinions, views or additional information which might be helpful to inform HIQA's review. Many respondents took this opportunity to provide their opinion on how they believed healthcare services could be provided in the future in the Mid West region. Opinions were collated and coded across all three question responses, though these were mostly provided in response to question 2.3. The opinions most frequently are summarised in Table 1 below, ordered by the overall coding frequency. This represents the number of times the topic was referenced, not the number of responses. The opinions shared below are reflective of those who opted to participate in the consultation and hence may not be considerate of the views of all the people in the Mid West region.

Table 1. Opinions from stakeholder consultation on future healthcare service provision

Themes	Coding frequency*
Opinion that a second ED would address the issues	544
Staffing levels could be improved	208
Services/care at UHL could be improved	163
MAU/LIU services could be expanded	119
Opinion that a the Mid West needs a new hospital	118
Enhance community/GP services	108
Expand Model 2 services	105
Enhance pathways	77
Increase bed capacity	70
Opinions on additional solutions	66
Improve the IT infrastructure	64
Improve communication	62
Resourcing	62
Improve care/pathways for elderly	54
Enhance leadership, government and management	51
Increase radiology/diagnostics and testing capacity	34

***Figures refer to the number of times the theme was identified in the submissions received**

The three most frequently cited opinions on future healthcare service provision expressed by respondents in the stakeholder consultation were:

- opinion that a second ED would address the issues
- opinion that staffing levels could be improved
- opinion that services/care at UHL could be improved.

Opinion that a second ED would address the issues

One of the opinions most commonly referenced by the stakeholder consultation respondents was that the Mid West Region needs another ED. Ennis and Co. Clare were most-frequently cited as potential locations in the responses received.

"We need an ED in Ennis as the distance from most of west Clare is outside the GOLDEN HOUR in emergency from an ED."

"To provide a modern efficient service it is absolutely necessary to have twenty four hour A&E in both Ennis and Nenagh."

While a second ED was frequently referenced as a possible solution to alleviate the issues in the region, most respondents did not outline the context in which an additional ED would function. However, some respondents highlighted that staffing and additional services would be required to resource an ED.

"I think the only possible solution is a new General Hospital in a green field site near Ennis With Full AE and fully staffed by Consultants Doctors Nurses Also with all the necessary Emergency equipment to deliver a proper Health Care Service to the people of Clare Indeed when possible we also need our own Maternity Hospital restored to Co Clare. However for now If we had a proper 24 hour Emergency dept with all back up services It would be a major improvement."

Staffing levels could be improved

Some respondents were also of the opinion that healthcare staffing levels could be improved. Suggestions were made regarding improvement of recruitment processes and initiatives to incentivise Irish healthcare staff abroad to relocate back to Ireland.

"Need more staff in all areas - particularly decision makers (senior doctors) 24/7 to efficiently admit, discharge or refer patients to out patient clinics 24/7 access to testing including scans etc."

"Staff Retention and Wellbeing: Provide additional support for staff, including mental health resources and workplace wellbeing initiatives, to combat burnout and improve morale. Develop recruitment strategies to attract talent and address

existing shortages"

Services/care at UHL could be improved

Respondents identified that care and services in UHL could be improved and would require additional resources to do so.

"The focus needs to be not just on urgent and emergency care but also on rapid and significant expansion of ULHG resources and staff numbers to meet the needs of the current population..."

"Improved oversight of resource allocation and operational practices is necessary to optimise patient flow and reduce delays".

3.2.3 Key stakeholder consultation findings by respondent group

Stakeholder consultation responses were received from three groups of respondents:

- patients, families and other individuals (n=976)
- healthcare professionals (n=121)
- organisations (n=24).

Survey responses were evaluated to identify if broad agreement on key issues was consistent across respondent groups. The five sub-themes most frequently coded per respondent group are outlined in Table 2 below.

Across respondent groups, a key challenge highlighted was the existence of just one ED in the region. Staffing levels also emerged as a key sub-theme identified by all three respondent groups.

In terms of differences in the key sub-themes identified, organisations highlighted lack of bed capacity, while healthcare professionals highlighted positive feedback for MAUs, LIUs and or GP services. Dissatisfaction with healthcare services was frequently identified in responses received from patients, their families and other individuals who completed the consultation, but was not one of the leading sub-themes identified by organisations and healthcare professionals.

Table 2. Most frequently coded sub-themes per respondent group

Key themes	Organisations	Healthcare professionals	Patients/families /other
1	Opinion that a second ED would address the issues	Staffing levels	Opinion that a second ED would address the issues
2	One ED in the region	Feedback about staff	Dissatisfaction with healthcare services
3	ED overcrowding	Feedback for MAU's/LIU's/GP services	Feedback about staff
4	Population size and growth	Opinion that a second ED would address the issues	Staffing levels
5	Staffing levels	Quality of care at UHL	ED overcrowding

***Figures refer to the number of times the theme was identified in the submissions received**

4. Phase 2: Stakeholder meetings

This section describes key outcomes from phase 2 of the stakeholder engagement process which involved a series of meetings to consult key stakeholders and groups. The aim of the stakeholder meetings was to capture a broad representation of perspectives to inform HIQA's review. The purpose of the meetings was to listen to the views, concerns, local knowledge, experience and suggestions for improved healthcare services in the Mid West region. Section 4.2 below summarises the feedback and suggestions from across the stakeholder meetings broadly under the themes of positives identified, key challenges and solutions offered by stakeholders.

4.1 With whom did HIQA consult?

Many of the groups with whom HIQA met had provided a submission as part of phase 1, the stakeholder consultation. Stakeholder groups were contacted to nominate representative meeting participants. Sessions were facilitated by HIQA's Healthcare Regulation Team and took place either in-person or virtually. The aim of the stakeholder meetings was to gain a deeper understanding of the perspective of stakeholders in relation to what was currently working well, challenges and opinions on potential solutions. In addition, respective stakeholder consultation submissions were also explored as part of the discussions. The stakeholders with whom HIQA met included:

- health professional representative groups
- HSE representatives
- patient representative groups
- private healthcare providers

See Appendix 4 for a list of stakeholders who met with HIQA pertaining to the stakeholder meetings phase of the stakeholder engagement process.

Health professional representative groups

HIQA consulted with a number of professional representative groups representing nursing, doctors and hospital consultants. Invitations were based on feedback received through the stakeholder consultation process, with the addition of the Irish Association of Emergency Medicine (IAEM). HIQA met with:

- Irish Association of Emergency Medicine (IAEM)
- Irish College of General Practitioners (ICGP)
- Irish Hospital Consultants Association (IHCA)
- Irish Medical Organisation (IMO)

- Irish Nurses and Midwives Organisation (INMO)
- Medical Board University Hospital Limerick Group.

The IAEM, IHCA, IMO and the INMO are national professional representative groups and the Medical Board UHL group is an entity which represents hospital consultants working in the UHL group.

In terms of general practitioners (GPs), HIQA held a meeting with six GPs working in the Mid West region, via an invitation extended from the ICGP representative on the Expert Advisory Group, to discuss their views on urgent and emergency care provision.

HIQA also met with Shannon Doc, an out-of-hours, HSE-funded cooperative of GPs to discuss the provision of out-of-hours primary care in the region. As part of this review, HIQA also engaged with Limerick Doc, which also offers an out-of-hours service but were unable to meet with HIQA.

HSE representatives

On commencement of the stakeholder engagement process, HIQA met with the HSE Mid West Regional Executive Officer (REO) and the Regional Clinical Lead for Strategy and Development. At this meeting, HIQA provided an overview of this independent review and the process involved. Subsequently, a report commissioned by the REO was submitted to HIQA for consideration as part of this review. Following on from receipt of this submission, HIQA met with representatives of HSE Mid West Management to discuss. The submission reported findings from an internal consultation involving 25 structured focus groups across all staff and clinician cohorts. This comprised of internal groups working in the Mid West including the clinical directorates and or departments at UHL, the Model 2 and specialist hospitals of the Region, community services (Primary Care, Disability, Older Persons, Health and Wellbeing, Mental Health Services), GPs, public health and National Ambulance Service representatives.

Other HSE representatives HIQA met with included the Chief Executive Officer, the Chief Clinical Officer and the IHA manager of the Mid West, CEO of UHL. HIQA also met with the National Director, Access and Integration and the former National Clinical Lead for Sepsis. Both of these individuals had involvement in previous reviews relating to individual and collective aspects of urgent and emergency care at UHL, and HIQA met with them to gain their insight to inform this review.

Patient representative groups

Meetings with patient representative groups provided an opportunity to engage directly with groups actively campaigning for improved healthcare services in the Mid West region. HIQA met with the following groups:

- a representative of the UHL patient council
- Friends of Ennis Hospital group
- the Mid West Hospital campaign group.

HIQA also consulted with the Protest of UHL group, who were unable to meet with HIQA due to unforeseen circumstances, but provided a written submission for consideration.

Private healthcare providers

To gain an understanding of private healthcare provision in the Mid West region, HIQA met with private healthcare providers currently operating in the regional area. These included:

- Bartra Healthcare
- Blackrock Health (Limerick clinic)
- Bon Secours Health System.

These meetings included discussion of current service provision, and any future plans to expand or further develop services which would impact overall provision of healthcare services in the region. At the time of the meeting, Bon Secours Health System was operating Bon Secours Hospital Limerick at Barringtons. At the time of the meeting, Bartra Healthcare was the service provider at Nenagh Transitional Care Unit, where 50 post-acute inpatient rehabilitation beds were procured by the HSE for one year, up to September 2025. The Limerick Clinic is a diagnostic outpatient facility operated by Blackrock Health in Limerick city.

4.2 Feedback from phase 2 stakeholder meetings

Feedback from the phase 2 stakeholder meetings was collated and is summarised narratively below. Meetings focused on feedback from the groups in relation to what was working well, what they believed the challenges to be and perspectives on potential solutions.

4.2.1 Stakeholder meetings: positive aspects identified

Health professional representative groups highlighted the positive contribution made by all dedicated healthcare staff in the Mid West region working in challenging circumstances. HIQA was informed by healthcare professional groups that they believed responsibility for issues relating to urgent and emergency care had been unfairly attributed to staff, while staff working in the services perceived that they, along with patients, had been failed by the system. HIQA was informed that staff morale was extremely low and that additional support for staff was needed.

Healthcare professional representatives outlined aspects of services which they felt were working well. Areas which were reported to be working well included, for example; a new virtual ward at UHL, an acute fracture clinic, MAUs, injury units and the use of a unique patient identifier across services which ensured easy access to test results across sites. Healthcare professional representatives pointed out that outside urgent and emergency care, UHL was a well-performing and efficient hospital when compared to similar services. In addition, the Model 2 services were noted to be working well by healthcare professionals and HSE Mid West representatives. Patient representative groups also highlighted that LIU and MAU services were working well. From a community services perspective, staff felt that avoidance pathways such as the Integrated Care Programme for Older People (ICPOP) worked well, as did alternative pathways provided by the national ambulance services.

Stakeholders welcomed the proposed Limerick Surgical Hub, which at the time of stakeholder meetings was under development in Limerick city and projected to manage 28,000 procedures per year. It was noted that two of the potential four theatres were being fitted out, and if all four were operational, it would further help to meet service demand.

In relation to GP provision in the Mid West region, feedback from stakeholder groups was positive, with health professional representative groups highlighting the dedication and hard work carried out by GPs in the area. GPs working in the Mid West with whom HIQA met conveyed the role they play in urgent and emergency care and the work they do to manage patients in the community, which impacts ED avoidance. Shannon Doc indicated that it had 170 GP members. The service operates on an appointment-only basis, seven days a week (6pm-8am Monday to Friday and 24 hours at weekends and bank holidays). It noted a year-on-year increase in demand for its service, as well as an increased volume of patients categorised as urgent on presentation. Shannon Doc reported a 90% hospital-avoidance rate, supporting the reduction of low-acuity, non-urgent presentations to the ED in UHL. Some HSE representatives noted low level of GP referrals and high

level of self-presentation to UHL ED. Some patient representative groups highlighted challenges in accessing GPs and out-of-hours services in the region, and called for services to be further resourced and extended.

The Bon Secours Health System is currently operating in Limerick at the Barrington's site, but is expanding its service and bed capacity with the development of a new hospital facility at a different location in Limerick. The new purpose-built hospital will include 99 private inpatient rooms and a 20-bay day surgical unit. In addition to the new hospital, Bon Secours Health System plans to open a new clinical services hub for ambulatory diagnostics adjacent to it in Q4 of 2025 that will provide a range of diagnostic services. The new private hospital facility was welcomed by stakeholder groups as it represents an expansion of the current private healthcare offering in the region, with additional elective and diagnostic capacity as well as a medical assessment unit service. While overall stakeholders were optimistic about the potential impact of increased private healthcare provision in the region, others were cautious about the impact noting that the services may address potential unmet need.

4.2.2 Stakeholder meetings: key challenges identified

A number of stakeholders outlined to HIQA that the issues in the Mid West are commonly characterised as an urgent and emergency care problem, but expressed that the problem is a hospital overcrowding and capacity issue which is impacting urgent and emergency care delivery. Reflecting this, the key challenges outlined in the stakeholder meetings were hospital capacity, hospital overcrowding and staffing levels.

Hospital capacity deficits

There was agreement across all stakeholders and groups with whom HIQA met that the key challenge in the Mid West was a bed capacity deficit, which was understood to be the leading cause of hospital and ED overcrowding. It was highlighted by stakeholders that while capacity and overcrowding were particularly challenging in the Mid West, the region was a microcosm of a wider national problem, with reference made to bed numbers nationally being among the lowest in the Organisation for Economic Co-operation and Development (OECD).[3]

While there was consensus around capacity deficits as a key issue, some stakeholders and HSE management representatives believed that the deficit was specifically caused by a gap in Model 3 and 4 inpatient bed capacity. Other groups highlighted the lack of capacity across the wider system including the Model 2 hospitals, community and rehabilitation bed capacity.

Stakeholder groups made reference to various estimates in the shortfall of inpatient beds, with these ranging from 300 to 1,000. Healthcare professional and patient representative groups outlined capacity estimates with reference to changing demographics, perceptions of population growth and an increasingly ageing population in the Mid West Region. Two of the patient representative groups highlighted their view that Co. Clare particularly had an ageing population demographic with associated healthcare needs.

Stakeholders raised a specific concern that a HSE contract which was in place at the time of the meeting with a private facility in Nenagh providing 50 step-down beds was due to cease later in 2025. Stakeholders were concerned about the adverse impact this would have on regional capacity and subsequent knock-on effect for acute services.

Health professional representative groups highlighted the adverse impact that capacity deficits were having on the provision of scheduled care. Most stakeholders were critical of the practice of cancelling scheduled care to accommodate fluctuations in ED presentations. The potential adverse patient health outcomes due to cancellation of scheduled care was noted, which stakeholders believed in turn led to more complex ED presentations.

Hospital overcrowding

Stakeholders outlined how insufficient bed capacity has led to a serious overcrowding issue at UHL. Patient representatives felt that hospital overcrowding, particularly in the ED, was a key patient safety issue. Many healthcare professional representatives believed that overcrowding in the ED was a hospital crowding rather than emergency medicine problem, and that the ED in UHL would function well if admitted patients were not boarded in the ED awaiting beds in wards.

Patient representative groups highlighted the significant consequences ED overcrowding had on patient safety and care. They noted that overcrowding was now a feature in services outside UHL in the Mid West, with patients also being accommodated on trolleys in Ennis General Hospital and Nenagh Hospital. Health professional representative groups highlighted the potential negative outcomes for patients who were cared for on trolleys and the association between overcrowding and preventable death. It was also noted that these patient safety issues applied to patients on trolleys in the ED and surge capacity elsewhere in hospitals.

One stakeholder highlighted that the clinical governance of admitted patients within the ED was challenging. Admitted patients boarding in the ED were under the clinical

governance of the admitting team, yet were under the nursing care of ED nursing staff.

Stakeholders conveyed that MAU services are also impacted by hospital overcrowding. While a number of stakeholders including the GPs and the National Ambulance Service (NAS), gave positive feedback about the MAU model of care, HIQA was informed that access to the model of care was inconsistent due to staffing levels and overcrowding in the hospitals where the MAUs were located. GPs also noted that the acute surgical assessment unit in UHL was not always accessible for referrals.

Patient representative groups attributed ED and hospital overcrowding to the size of the population in the region relative to the capacity of just one ED. They pointed out that Ennis was the largest town in Munster and that Co. Clare was the only county in Munster without an ED; although it has an international airport, large industrial area and important tourist attractions.

Staffing

Healthcare professional representative groups highlighted that staffing levels were another issue in the region both in acute and community services. They also believed that a shortage of consultants, GPs, nurses and health and social care professionals existed. Lower numbers of consultants per 100,000 of the population were highlighted compared with other health regions and lower numbers of advanced nurse practitioners. Some local staff groups expressed concerns relating to future service provision, given the current gaps in medical manpower.

In terms of staffing planning, stakeholders proposed that staffing planning and recruitment needed to be carried out up to one year in advance of additional bed capacity coming on-stream. One stakeholder outlined how staffing of doctors in the ED should be calculated based on numbers of presentations and how many patients each doctor can see per hour to ensure adequate cover.

Health professional representative groups outlined that due to the challenging work environment, recruitment was an issue. The Mid West was described as being an unattractive option for non-consultant hospital doctors (NCHDs) and GPs in training. The lack of specialty services at UHL was also cited as a deterrent, as was the volume of scheduled care cancellations due to capacity fluctuations. Representatives of management at HSE Mid West had concerns regarding the ability to provide staffing for two EDs should the need arise.

HIQA was also informed that there were issues accessing GPs in the region due to both a lack of available GPs and the fact that a large proportion of incumbent GPs in

the Mid West were now approaching retirement. GPs pointed out increased expectations of their role in managing chronic diseases, while the impact of the acute sector care deficits was also adding to their workload indirectly.

Nursing professional representatives discussed issues around nurse staffing and the absence of legislation underpinning staffing levels. Representatives highlighted issues around maintaining safe staffing levels and how staffing levels needed to account for additional patients accommodated on trolleys in wards.

The new private hospital facility currently under development in Limerick was welcomed by stakeholders from a staffing perspective, which HIQA was informed would present an alternative employment option for healthcare staff living in the region. However, stakeholders warned of the potential impact on retention and recruitment at ULHG and subsequent challenges in ensuring adequate skill mix going forward. Representatives noted that if nurses were to be backfilled from outside the jurisdiction, time for orientation should be factored into recruitment strategies.

One of the key messages from stakeholders was that healthcare staff in the region were suffering from high levels of stress and burnout, and that morale was very low. Professional groups urged that staff in the region needed support, as they were working under very difficult conditions.

Confidence in health services

Professional and staff representatives, including GPs with whom HIQA met, echoed in their feedback that public confidence in urgent and emergency care services was low. GPs noted that convincing patients to go to the ED could be challenging. Patient representative groups echoed the sentiment that people in the Mid West were hesitant about attending the ED at UHL, particularly older people.

4.2.3 Stakeholder meetings: opinions on future healthcare service provision offered by stakeholders

Capacity

There was uniform agreement across all stakeholders with whom HIQA met that a long-term strategic plan for healthcare provision in the region was needed, incorporating significant additional bed capacity. However, there were differing views on how and where this capacity should be delivered. While some groups believed that bed capacity going forward was most needed in Model 3 and 4 hospital settings, HIQA was also informed that additional respite, step-down and rehabilitation bed capacity outside the acute settings was also required.

Role for a second ED

Patient representative groups with whom HIQA met believed that the addition of a second ED in the region was imperative, but outlined that an ED could not operate in the absence of wider clinical support. Similarly, one HSE representative outlined that because an ED could not be attached to the existing Model 2 services, the discussion in relation to a second ED was in fact a discussion about a Model 3 service, at a minimum, being developed in the region. Some of the patient representative groups outlined that a Model 4 hospital, with associated service provision, was needed in the Mid West in the longer term, and called for necessary planning for this new Model 4 hospital in County Clare to begin now.

Most of the health professional representative groups did not have a position or consensus on whether a second ED was needed. One consultant group stated that half of its members favoured additional capacity at the current UHL site at Dooradoyle, while the other half were in favour of developing a new Model 3 or 4 hospital with an ED on a green field site. It was highlighted that a second ED would lead to duplication of staff, such as critical care and cardiac staff across two sites. It was noted that while this was the case in other regions, the Mid West was the smallest of the health regions. The IAEM believed that patient safety would be optimised if capacity was increased, supported by a single ED, while a second ED would dilute the provision of emergency medicine in the region. Some stakeholders expressed concerns around the viability of staffing a Model 3 hospital to support a second ED in the Mid West, in addition to ensuring adequate workforce resources at UHL.

Expansion of services at UHL

The expansion of capacity at the UHL Dooradoyle site was supported by a number of health professional representative groups, but some concerns were raised around the adequacy of space available to meet long-term bed capacity requirements. Stakeholders flagged that allocation of space at the Dooradoyle site for co-location of maternity services should be considered in any future plans. It was noted by stakeholders that an appeal (active at the time of writing) was lodged with An Coimisiún Pleanála against the decision of the planning authority in respect of planned development at the UHL site at Dooradoyle.

The submission to HIQA from the HSE Mid West outlined a proposed future service model which, HIQA was informed, aimed to meet rising levels of demand, and support the Mid West to bring bed and resourcing into line with other health regions. The proposal sought the phased development of a new Mid West healthcare campus in close proximity to the current UHL site over a ten-year period; to deliver a Model 4 hospital service across two sites, under the common governance of UHL. The proposal outlined a phased plan to decant services from the existing UHL site to a

newly constructed facility on a greenfield site, providing one hospital service across two sites. The rationale for the proposal provided to HIQA from HSE Mid West representatives was that with the addition of capacity and services, the existing Dooradoyle site will become congested, while there is a lack of outpatient space currently and a need to develop outpatient diagnostics. HIQA was informed that the submission was an internally-driven approach that took into account staffing considerations, congestion at the present UHL site, the necessity to relocate maternity services, and the demand for an outpatient diagnostic service.

Staffing levels

Stakeholder groups had a view that an uplift in staffing levels across healthcare professionals should be put in place in conjunction with, and in advance of, additional capacity increases in the region. HIQA was informed that staffing levels needed to be considered across acute and community services including public health nurses, GPs, consultants, nurses and HSCPs. One stakeholder outlined that there are challenges in staffing Model 3 hospitals nationally and reflected the high volumes of locum consultants in such services.

Elective surgical hospital

There was overall consensus from health professional representative groups that an elective surgical hospital would be beneficial to the Mid West region in addressing the regular cancellation of elective procedures at UHL, and prioritising the provision of outpatient and elective services. HIQA was informed by a health professional representative group that such a hospital would free up bed capacity at UHL and would also make the region more attractive from a consultant recruitment perspective. Stakeholders expressed disappointment in relation to a Government policy decision not to plan for an elective-only hospital in the Mid West region.

Short and medium-term suggestions made by stakeholders

While stakeholders highlighted the need for a long-term strategy, there were some perceived short and medium-term solutions suggested. These included increasing access to high-quality GP care, the number of GPs and provision of out-of-hours GP services in the community; with particular reference to Co. Clare. Improving access to diagnostics was also cited as a shorter-term solution, which stakeholders suggested could be improved by the establishment of dedicated diagnostic centres. A suggestion was also made to increase the number of surgical hubs and day-case procedures in the region. Additionally, in the short to medium term, it was suggested to build off-site capacity, including the use of modular builds and buying of private beds.

The submission made by the HSE Mid West outlined a range of short and medium-term actions which could be taken to improve the functioning of urgent and emergency care. These included for example, the scaling up of admission avoidance pathways; optimisation of the acute medical assessment unit (AMAU) and acute surgical assessment unit (ASAU); and optimising the use of Model 2 sites by improving coordination and communication. Representatives outlined to HIQA that the ICPOP service could be further developed.

GPs suggested communication between community and acute sectors could be improved, for example, improving dashboards and by involving GPs in protocols for medical and surgical assessment unit access.

Other opinions

Opinion diverged on whether process improvement in health services should be considered in the region. Some stakeholders highlighted that to date, a strong focus on process improvement and patient flow had resulted in UHL being an efficient hospital, notwithstanding the overcrowding and capacity issues. One group suggested to HIQA that the answer no longer lay only in the management of existing resources, but in the building of new resources. Other stakeholders, however, noted that process improvement could be continued in relation to expedition in transfers of care and ensuring operational grip was maintained alongside continuous improvements to patient flow and bed management.

In terms of opportunities, the establishment of the Integrated Healthcare Areas (IHAs) was highlighted as a positive development for the region. HIQA was informed that the new HSE structures currently being established in the Mid West region had the potential to optimise resource allocation and service delivery across the health system, with improved integration of acute, primary and community services.

4.2.4 Stakeholder meetings: policy considerations

HIQA met with representatives of the Department of Health to consult on policy developments relevant to this review that may impact on the future provision of healthcare services in the Mid West. The representatives outlined a number of policy considerations which may interact with potential changes to service delivery for HIQA's consideration including;

- Cancer
- Trauma
- Capital planning considerations
- Maternity strategy
- Emergency medicine

- Pre hospital emergency care.

5. Discussion

The key themes that emerged from the stakeholder consultation in relation to what was working well or presented a challenge included capacity and patient flow; workforce and management; quality of care; environment in which care is delivered; and alternatives to urgent and emergency care. More broadly, the outputs of the stakeholder consultation also identified the individual characteristics of the region when compared to other health regions, and issues with public confidence in healthcare in the Mid West.

It is worth noting that the two phases of stakeholder engagement offered diverging views of current issues. Differing perceptions of the causes of the problems in the region resulted in stakeholders proposing differing solutions to improve future healthcare service provision.

Feedback from those who responded to the stakeholder consultation, mostly patients and their families, largely framed the issues within the context of urgent and emergency care. This perspective was based on their personal experiences of using the ED, with themes emerging from the stakeholder consultation including ED overcrowding, waiting times in ED, quality of care at UHL and the region's reliance on one ED. Individuals responding to the stakeholder consultation focused on a second ED as a solution to alleviate current issues.

In contrast, some health professional representative groups informed HIQA that the issues have been characterised as an urgent and emergency care problem, but they believe the problems are attributable to hospital-wide capacity and overcrowding. Some stakeholder groups believed that the ED at UHL would function as intended if admitted patients were not boarded in the ED awaiting a bed. The solutions posed by stakeholders with whom HIQA met focused on the need for improved capacity.

Stakeholder groups with whom HIQA met agreed that a long-term strategic plan for healthcare provision in the region was needed and that this plan should include a significant increase in acute and community inpatient bed capacity. However, views diverged on how and where this additional capacity should be delivered.

From feedback received, patients and families who responded to the stakeholder consultation believed that a second ED would alleviate issues in the region. Similarly, patient representative groups sought a second ED at an alternative location to UHL. However, there was a lack of consensus across health professional representative groups as to the need for a second ED. Some health professional representatives believed that a single ED served by significantly increased bed capacity would be optimal. Others relayed that planning should commence for a Model 3 or 4 hospital

with an ED, in addition to Model 4 services at UHL to serve the Mid West in the longer term. The submission from HSE Mid West proposed short and medium-term measures and the staged development of a new Mid West healthcare campus in Limerick comprising phased developments at the existing UHL site in Dooradoyle and an adjacent site.

Some stakeholder groups had the view that an elective hospital would have been of great benefit to the region, noting disappointment around the planned locations of elective-only hospitals.

Feedback from both phases of stakeholder engagement suggested the view that staffing levels should be increased alongside any capacity increases, and that staffing levels across healthcare professions should be considered. Stakeholder feedback indicated that morale was low among staff in the region and that the public had empathy for staff working in challenging work environments.

The stakeholder consultation and stakeholder meetings highlighted the need to resolve capacity, overcrowding and staffing deficits as primary objectives. Actions and measures taken in response to this review should also consider how public confidence can be restored in healthcare services in the region, alongside a focus on resourcing and operational solutions. The public confidence concerns were evidenced by the sentiment of personal experiences shared, and a lack of trust in using urgent and emergency care in the region. This was also reflected by patient and health professional representative groups who outlined that trust issues may be impeding patients in proactively addressing their health concerns.

The significant response to the stakeholder consultation indicated the substantial public interest in how urgent and emergency healthcare services are provided in the Mid West region, particularly from patients and families who have used urgent and emergency care services in the Mid West. The volume and sentiment of responses validates the need to address the current issues, and reflects an ardent appeal for change. Engagement from stakeholders also demonstrates their willingness to engage with changes that impact them on an everyday basis and offer input on how services should be delivered. This should be considered in any response to the wider advice provided as part of this review.

References

1. Braun V CV. Using thematic analysis in psychology. Qualitative research in psychology,. 2006;3(2):77-101.
2. World Health Organisation. Aiming for the "golden hour" of health emergency response.: [Available from: https://www.who.int/about/accountability/results/who-results-report-2022-mtr/rapid-reaction-aiming-for-the-golden-hour-of-health-emergency-response.]
3. Walsh B, Brick A. Inpatient bed capacity requirements in Ireland in 2023: Evidence on the public acute hospital system. ESRI; 2023.

Appendix 1: Copy of the stakeholder consultation survey

1. About you

1.1 Are you providing a response:

☐ as an individual

☐ on behalf of an organisation

1.2 If answer is "on behalf of an organisation", please combine all feedback from your organisation into one submission form.

Please give the name of the organisation:

Please state your role in the organisation:

1.3 If answer is "an individual"

Which of the following best represents you?

☐ a person who has used or is currently using urgent and emergency healthcare services in the Mid West region

☐ a family member or friend of a person who has used or is currently using urgent and emergency healthcare services in the Mid West region

☐ a member of the public, other than a person who has used urgent and emergency healthcare services in the Mid West region

☐ a healthcare professional involved in healthcare services in the Mid West region (please specify profession/discipline below)

☐ a healthcare professional involved in another healthcare service region (please specify profession/discipline below)

☐ other (please specify below)

If selected "**other**" or "**healthcare professional**" above, please give details here:

2. Responses

In May 2024, the Minister for Health requested that HIQA 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. To inform this review, we would like to hear your opinions and considerations about the design and delivery of urgent and emergency healthcare services in the region.

2.1 What do you think is currently working well in the design and delivery of urgent and emergency healthcare services in the Mid West region?

2.2 What do you think are the current challenges in the design and delivery of urgent and emergency healthcare services in the Mid West region?

2.3 Please provide any opinions, views or additional information that you think might be helpful to inform HIQA's review into the design and delivery of urgent and emergency healthcare services in the Mid West region.

Appendix 2. Additional sub-themes derived from stakeholder consultation feedback

Theme	Sub-theme	Representative quote
Capacity & patient flow	Ambulance services	*"The National Ambulance Service is exceptional in this region in relation to prompt dispatch of services."* *"The waiting time for an Ambulance here in west Clare is outrageous for instance a 2 hr wait, then another 1 to 2 hrs journey to Limerick A&E."*
	Access to diagnostics	*"Patients face barriers in accessing timely diagnostic testing and imaging due to restricted service hours and limited human resources."* *"Many diagnostic services are not available 24/7 during weekends which causes a delay in diagnosing and treating."*
	Triage	*"Triage doesn't always work, due to overcrowding."* *"Patients are triaged, reviewed and tested within a reasonable amount of time."*
	Scheduled care	*"Outpatient clinics cannot continue to be cancelled when hospitals are overcrowded."* *"On several occasions this has happened Surgical day wards in Ennis Nenagh and John's were cancelled to allow A&E to use these beds as overflow for medical patients…"*
	Discharge	*"Clinical decisions and decisions to discharge patients are not always made late at night or at weekend."* *"Multiple failed discharges back to community then returned to A&E and not necessarily seen by same team so investigations start over again very ineffective communication."*
	Non-urgent patients in ED	*"There are too many non-critical patients being sent to A&E who should be treated in other medical facilities. Not urgent casualties should be treated elsewhere."* *"Patients present to A&E for a number of preventable reasons. Many are purely frustrated that they have been on a waiting list for months or years and feel like their illness isn't a priority. They are desperate and want to skip the queue and get seen by a consultant more urgently. The A and E in UL was full of people who didn't need to be there."*
Workforce & management	Staff training needs	*"Lack of training of junior staff, almost no senior staff left, young people with no experience left to make decisions."*

		"Communication difficulties …. important medical data is being lost in translation."
	Availability of clinical decision makers	*""Reduced level of medical staff on duty to meet the needs and decision make particularly out of hours and weekends."* *"Lack of senior decision makers visible and accessible resulting in over reliance of diagnostics and high admission rate. Poor access to consultants via OPD resulting in ED attendance to access timely healthcare."*
Quality of care at UHL	Internal pathways at UHL	*"The STEMI service is best in class nationally Direct access Acute Oncology service for Cancer services Stroke protocol service."* *" When patients are fast tracked to specialized clinics eyes/skin these work well, and patients receive good levels of care."*
Environment	Parking	*"The current parking facilities are not fit for purpose. Cars parked everywhere blocking ambulance access to the hospital. But they have to park somewhere. You could drive around for an hour before getting a parking space."* *"Is there adequate parking space in Raheen for patients/staff/visitors if capacity is expanded? I hear of staff and patients arriving much earlier than necessary to secure parking."*
General comments	General comments	*"Government needs to ramp up investment, keep the people here and give them the support they need."* *"There is a total lack of honesty about the scale of the problem, about any plan to fix it, about where the barriers are that prevent resolution, at all levels, in all organisations connected with the Health Care Services in the Mid West..".*

Appendix 3. Additional opinions on future healthcare provision proposed from consultation feedback

Theme	Sub-theme	Representative quote
Other opinions emerging from the stakeholder consultation	MAU/LIU services could be expanded	*"LIU should accept minor injuries that can end up in ambulance. MAU needs greater capacity. Referral pathway needs to be extended."* *"Re-open 24 hour minor injuries injured in Clare and Nenagh to take the pressure off UHL."*
	Open a new hospital in the Mid West	*"The region with its large population has one Model 4 Hospital and three Model 2 Hospitals. It seems to me that the region should have at least one Model 3 Hospital, which I believe, should be located in County Clare and specifically Ennis. Consideration should also be given to the current site of the Model 2 hospital at Ennis for upgrade to Model 3 and if not found suitable, a green field site should be identified in close proximity to the current hospital at Ennis."* *"Another Hospital should be built in the mid west region to provide for people in the mid west."*
	Enhance community/GP services	*More support in nursing homes keep people in the community by supporting GPS and improving access to health areas from community."* *"Greater GP coverage would reduce the number of unnecessary visits to or demands on emergency healthcare."*
	Expand Model 2 services	*"Develop regional hospitals to cope with local emergencies. Also we need these facilities to be open 24/7 including scans and x-ray to speed up the process."* *"We need more services at Ennis hospital to serve the people in its surrounding areas."*

	Enhance pathways	*"Try and redirect persons attending a&e in UHL for non-emergency care to injury units/GPs etc."* *"Need to improve: More community services like pathfinders, frailty at the door in UHL in collaboration with community services running 7 days."*
	Increase bed capacity	*"Investment would be best spent on expanding the bed base across the region rather than building a brand-new level three Hospital. Funds could also be spent on developing services as they currently exist."* *"Increase bed capacity."*
	Additional solutions	*"The review needs to factor in the culture within the HSE when addressing these issues..."* *"Please consider the patient journey, presentation, referral, treatment, and discharge planning. It needs not just doctors/nurses etc. but also radiology, lab staff, porters, social workers, physios. Don't just try to force through reform without a team approach."*
	Improve the IT infrastructure	*"...the hospital structures in place can increase their efficiency with a modern digital hospital health record, this will be vital."* *"In general if the system was digitalised, doctors and nurses would all have the status and would save time and move the flow of people more efficiently. Also would be more comfort for patients not repeating themselves."*
	Improve communication	*"Introduce training for staff in effective communication, focusing on patient engagement and managing expectations."* *"Prioritise rebuilding public trust through transparent communication and visible service improvements."*
	Improve care/pathways for elderly	*"Elderly need a separate access route."* *"I think greater emphasis should be placed on developing pathways for GPs to access specialist services for patients in order to avoid emergency departments. Elderly patients requiring iv antibiotics for infections is a large*

		cohort of patients who should have easier access to admission. A GP is able to recognise that oral antibiotics have not worked and this patient now requires admission for iv antibiotics and as such should have a pathway to Ennis/Nenagh/St Johns and Croom for these kind of beds."
	Enhance leadership, governance and management	*"Good management and co-operation is essential with clear duties and responsibilities understood by all."* *"Why not apply Lean Management principles. Sort out management, learn from other well run A&E Units."*
	Increase radiology/diagnostics and testing capacity	*"Diagnostics should be run through the night for both inpatients and people presenting at the ED."* *"X-rays, scans etc should also be 24/7.."*
	Resourcing	*"Lack of resources and space in UHL. There are not enough staff or beds."* *"Provide more funding for emergency departments to assist in improvement of facilities, resources and quality of the services they provide."*

Appendix 4. Phase 2: stakeholders who met with HIQA

Name of group/organisation	Attendees/representatives
Bartra Healthcare	Chief Executive Officer, Bartra Healthcare Clinical Nurse Manager, Nenagh Rehabilitation Unit, Bartra Healthcare
Blackrock Health (Galway Clinic)	Chief Executive Officer, Blackrock Health, Galway Chief Operating Officer, Blackrock Health, Galway Patient Safety Executive, Blackrock Health, Galway
Bon Secours Health System	Group Chief Executive
Friends of Ennis Hospital	Representatives of the Friends of Ennis Hospital
General practitioners	Representative of the ICGP and five general practitioners practicing in the Mid West region
Heath Service Executive representatives	Chief Executive Officer, HSE Chief Clinical Officer, HSE National Director Access and Integration, HSE Director of Strategic Programmes, HSE Regional Executive Officer, HSE Mid West Regional Clinical Lead for Strategy and Development for HSE Mid West Clinical Director, Medicine at UL Hospitals Group

	Integrated Healthcare Area Manager, Acute and Older Person Services, HSE Mid West
Irish Association of Emergency Medicine (IAEM)	President of the IAEM and two IAEM representatives (Consultants in Emergency Medicine)
Irish Hospital Consultants Association (IHCA)	Vice President, IHCA Chief Executive Officer, IHCA Senior Policy and Research Executive, IHCA
Irish Medical Organisation (IMO)	Vice President of the IMO Former president of the IMO, Consultant in Emergency Medicine in Beaumont Hospital Assistant Director of Policy and International Affairs, IMO IMO general medical practitioner representative Head of GP industrial relations, IMO
Irish Nurses and Midwives Organisation (INMO)	General Secretary of the Irish Nurses and Midwifery Organisation Assistant Director of Industrial relations, UHL, Nenagh Hospital and St John's Hospital
Medical board University Hospitals Limerick Group	Chair Medical Board, General and Colorectal Surgeon Vice Chair Medical Board, Consultant Rheumatologist and General Physician Secretary Medical Board, Consultant Paediatrician
Mid West Hospital Campaign	Representatives of the Mid West Hospital Campaign

National Clinical Lead for Sepsis	Consultant in Anaesthesia and Intensive Care and former National Clinical Lead for Sepsis
Representatives from the Department of Health	Assistant Secretary, Health Infrastructure Director, National Patient Safety Office Chief Nursing Officer Assistant Secretary, Acute Hospitals Oversight and Performance Principal Officer, Blood and Organ Transplant Policy Principal Officer, Maternity & Gynaecology Policy Assistant Secretary, Unscheduled Care Performance Principal Officer, Social Care, Mental Health and Unscheduled Care
Shannon Doc	Clinical Nurse and Quality Care Manager
The National Women and Infants Health Programme (HSE)	National Programme Director, National Women and Infants Health Programme National Clinical Directors, National Women and Infants Health Programme Director of Midwifery, National Women and Infants Health Programme Quality and Safety Manager, National Women and Infants Health Programme
UHL Group Patient Council	A representative of UHL Group Patient Council

*An invitation was also extended to the Protest of UHL group on foot of consultation submissions made to HIQA however, the group were unable to meet with HIQA and provided further written feedback following on from the consultation submission which was considered as part of the focused consultation feedback.