



Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

**Report to Board on the Review of
the College Health Service**

30-31 October 2014

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Table of Contents

1.	Reviewers' Report	4
2.	Response from the Director of the College Health Service	20
3.	Response from the Chief Operating Officer	23

Quality Review of Trinity College Dublin Health Service

January 2015

Final Report from the External Reviewers

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Table of Contents

- 1. Introduction/Executive summary**
- 2. Organisational structure and management**
- 3. Resources**
- 4. Systems and Processes**
- 5. Alignment to Strategy**
- 6. Performance**
- 7. Communication**
- 8. Governance compliance**
- 9. Recommendations**

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1. Introduction / Executive Summary

- 1.1** Trinity College Dublin (TCD) is one of the largest of institutions in the Higher Education (HE) sector in Ireland, providing teaching, learning and support services for students and staff, recognised internationally as Ireland's premier university and a key player in university world rankings. Resourcing, however, both in staffing and operational budgetary terms, has been severely restricted since austerity measures introduced in the public sector as a result of Ireland's economic recession. Support units continue to be faced with daily challenges to manage services with an eye on retaining *and enhancing* quality while their staff numbers are restricted, it is not possible to replace staff who are on leave (e.g. maternity or sick) and physical resources are limited.
- 1.2** In spite of this, October 2014 saw TCD launching its Strategy identifying a high level strategy for global relations, and, following the appointment of a Vice-Provost for Global Relations, the target of a 10% rise in international students by 2019 has been identified. Ambitious targets in the performance of undergraduates and graduate education, research and knowledge transfer ensure that a quality of service delivery is demanded. Staff sights in schools and units are now predicting the expectations of an incoming international stakeholder group, whilst the resourcing of their services is increasingly stretched, and planning accordingly.
- 1.3** On 30th and 31st of October, 2014, just after the 2014-19 TCD Strategy launch, the Review Team undertook a review of the Health Centre Services. Sitting within the Corporate Services Division (CSD) and reporting to the Chief Operating Officer (COO), the Health Services will be a particularly focus of international student expectations. The current incumbent of the COO role is filled by someone offering interim cover currently until a permanent appointment is made within the next few months. This offers an opportunity for a new COO to review the vision of the units within the CSD, especially the Health Services.
- 1.4** TCD, in spite of the economic pressures, has benefited significantly from a focus on providing mental health services over the past 2 years, including significant resourcing to its services of Counselling, Learning Development and Disability. However the Health Services have not undergone Quality Review and welcomed the opportunity to review practices and identify possible routes for enhancement in the changing climate.
- 1.5** The Review Team was impressed by the collegiality of the staff from all sections interviewed, and the determination of staff to work together, to fulfil the objective of delivering an excellent student experience. There was no evidence of a negative inter-unit competitive spirit, rather the goodwill to work collaboratively was evident. All staff interviewed commented on the good work of the current Health Centre staff, their commitment and dedication to the student experience, but also acknowledged their difficult physical context, with a common reference to the current physical facilities being "unfit for purpose". This was reiterated by students of TCD also.
- 1.6** The Review Team was struck by the level of positive spirit and determination exhibited by staff within the Health Centre itself, in spite of an environment which did not, in the opinion

of the Review Team, provide an adequate facility to meet demand and/or professional standards.

1.7 It is important that the Health Centre team are commended on their dedication to the Trinity student experience. The Review Team wish to stress that the comments contained herein are of a physical facility which is challenging the underlying solid dedication of the operational staff and is, in no way, a criticism of the staff themselves. Their commitment to professionalism was humbling to fellow colleagues watching them working in conditions which shocked the Review Team.

1.8 Recommendations

A list of 7 high level recommendations is attached at Section 9 of this report. Whilst conscious that the Review aim is not to focus inappropriately on the need for increased resources, and whilst aware that the economic pressures of the university and, indeed, the country has to be taken into account, it has proved impossible to avoid the question of physically resourcing the service. The obvious problem of the Health Centre – i.e. that of a building which is no longer fit for purpose, enforces a direct negative impact on all aspects of the provision and experience of care for the patients. Further, the constraints it places on staff numbers, on confidential and professional practice for patients and the resultant extra work pressure on the staff has had a knock-on effect which has disallowed for some of the improvements which we now additionally highlight.

2. Organisational structure and management

2.1 Management. TCD's healthcare provision is managed by the Director of the College Health Service who is a practising GP and who is supported in the day to day running of the service and decisions around the strategic direction of the service by the Assistant Director, Consultant Psychiatrist, Dr. Niamh Farrelly. The Director spends a significant amount of time in his directorate role, away from clinical duties, to attend various committee meetings representing the College Health Service. All team members report directly to the Director. The service has 2 Senior Executive Officers, who are based in the health services premises and oversee the day to day administrative operation of the service through the clerical staff.

2.2. The COO. The College Health Centre falls within the range of services under the responsibility of the Chief Operating Officer of TCD, for the purposes of budgetary and operational governance. The Director of the College Health Service reports directly to the COO. The Review Team noted that, notwithstanding the challenges posed by having an interim COO, a mutual benefit would be gained by more frequent and more direct contact with the COO to ensure that the office holder responsible for allocating budgets had a full and complete understanding of the challenges facing this frontline and vital service.

The Review Team were of the opinion that the internal departmental structures meet the current needs of the service. Any expansion of the size of the team in future may provide an opportunity to review these structures.

3. Resources

3.1 Staff composition

3.1.1 Current Levels. The team comprises 5 General Practitioners (3.3 wte), 3 Nurses (2 wte), A College Psychiatrist/ Assistant Director (0.7 wte), A Physiotherapist (0.7 wte), Health Promotion Officer (0.5 wte) and an Administrative unit (2.5 wte).

The College Health Promotion service is facilitated by a very dynamic individual but it is unclear how the health promotion service is integrated into the College Health Service. The service is responsible for the provision of the very wide range of services unique to the university environment. The medical staff's experience and understanding of the very particular challenges of an academic setting was deemed by all the interviewees as an essential for offering healthcare services to TCD's staff and students.

3.1.2 Doctor/Patient Ratios. As currently configured, the healthcare staffing provision is wholly inadequate in terms of the number of wte GPs, Nursing and Administrative staff, given that the service represents itself as a GP service available to the whole of College, students and staff. The recommended minimum based on national standards should provide one GP to 1500/2000 population, but the current Doctor:Patient ratio is approximately 1:6000. Expressed alternatively, the service should be providing approximately 6.5 - 7 whole time equivalent GPs to provide a service that is safe and equitable to the student and staff population.

3.1.3 Nursing Skills Considerations. An accompanying recruitment of nurses and administration staff to support the GPs could, and arguably should, include Clinical Nurse Specialists and/or Advanced Nurse Practitioners. The Clinical Nurse Specialist role is quite specific in its functions e.g. sexual health, whereas the Advanced Nurse Practitioner role is a broader role focusing on all aspects of the student's health and is an independent and autonomous practitioner with his/her own caseload of patients and is also a Registered Nurse Prescriber. Both roles could be easily integrated into the college health service, reducing the workload of uncomplicated student health for the GP and allowing time for the GP to provide more holistic and dedicated service to the students with complex health needs.

3.1.4 General recruitment considerations. The skill mix of all staff and the ratio of male to female GPs should be addressed when recruiting in the future as currently there is only one male GP within the service. As an interim measure, it is important that the existing practice nurse vacancy is filled. In addition, the Consultant Psychiatrist currently runs her service solely with no support from a Community Psychiatric Nurse (CPN) which sees the potential for inefficiencies of professional expertise. The skill mix for nursing staff should be expanded to include a Community Psychiatric Nurse to support the psychiatry service in providing the ongoing support and monitoring of students with enduring and chronic mental health disorders.

3.2 Staff training & development

3.2.1 Team Training. The opportunities for staff training and development appear adequate, given the current resource constraints, with the exception that there appears to be no

opportunity for whole team meetings in protected time. Consideration should be given to have at least one whole team meeting, once per term, during protected time.

3.2.2 Nursing. Currently, the practice nurses receive their education through membership of the Irish Practice Nurses Association and by attending various study days. It is recommended that at least one practice nurse undertakes, completes and develops the Nurse & Midwife Prescribing programme within the College Health service. This programme has demonstrated improved patient outcomes, reduced waiting times and increased patient satisfaction (An Bord Altranais, 2005). With the introduction of nurse prescribing, students could receive care that is appropriate, efficient and safe whilst their time spent in the health centre may well be reduced.

3.3 Additional Resources. The physiotherapy service is available to all students and staff, with a fee chargeable for services provided. It is provided by one Chartered Physiotherapist and is situated in the College Health Centre in a dedicated physiotherapy room. The service is easily accessible to students and does not have a long waiting list. The physiotherapist maintains her competencies/continued professional development through links with a local private physiotherapist

3.4 Physical facilities/infrastructure

3.4.1 The building. The greatest single challenge facing the College Health Centre is the woefully inadequate premises from which it operates. The premises were consistently reported by every single team member as unfit for purpose, and by every person that met with the Review team. It was also the number one priority for action identified in the College Health Centre's own Self-Assessment report.

3.4.2 Background. The history to the establishment of the premises is noteworthy in that the premises were built to cater for a university population anticipated to be no larger than 10,000. Furthermore it is understood by the Review Team that all costs associated with the building and equipping of the premises were covered by a philanthropic donation, amounting to some 220,000+ Punts at the time of construction.

3.4.3 What's the problem with the premises? The list is substantial and not exhaustive.

- Students and Staff (patients), requiring urgent attention, wait outdoors, often in inclement conditions, for up to 1 hour in the morning, and with no shelter.
- Inadequate waiting room space, leads to overcrowding and represents a considerable infection risk.
- No provision for confidentiality is possible at reception and check-in where everyone in the waiting area or in the queue can hear the patient report.
- Tiny consulting rooms with no storage space leads to trip hazards, increased cluttering around rooms represents an infection control risk, and directly impacts on the wellbeing of the team members working in these confined, cramped spaces.
- No specific treatment room exists for carrying out procedures.
- Administrators struggle to operate in cramped conditions with little space to organise their daily tasks.
- From a Health & Safety and Infection Control perspective, the College Health Service premises unfortunately do not comply with national standards.

3.4.4 New Premises? It is understood that there are plans to relocate the service in a purpose-built space as part of a new-build facing onto Pearse Street. If the university wishes to continue to provide Health Services, it is an absolute priority and a prerequisite for the delivery of a safe service that this relocation proceeds as soon as possible. Any new facility needs to be future proofed in terms of providing for an increase in the number of people cared for, and in the meantime thought has to be given to temporary space solutions to provide shelter for waiting students.

3.5 Financial activities.

3.5.1 Current status. The Department generates an income from charging fees for certain services. Currently, students do not pay for emergency services but do pay for some routine services. Staff can avail of the health service at a reduced rate. The College Health Centre has operated at a deficit/loss of 100,000+ consequent to increased backfill costs as a result of a number of Maternity Leave absences over the past few years. Increasing costs of Medical Indemnity and Consumables (Drugs/Vaccinations/Equipment) have also significantly contributed to this over-run, representing the reality that Medical Inflation significantly outstrips general inflation rate in society. The income generated is comparable to the income generated by a similar sized unit in UCC.

3.5.2 Future consideration. It is noted that with the Globalisation Strategy an annual subvention of 30K+ has been provided to support the delivery of care to International students. This is a welcome development but the subvention would need to increase significantly and be tracked to international-student attendance rates as well as linked to the complexity of the challenges these international students present and face.

4. Systems and Processes

4.1 Existing Business Processes.

4.1.1 Current Systems

These have largely been dictated and constrained by the challenges of providing services in inadequate premises. Further challenges are faced by the inadequate staffing levels described previously. Many fine examples are obvious of the team working above and beyond the call of duty to overcome these twin challenges. A fundamental internal review could consider the definition of core activities of the centre and make transparent declarations of what services they currently provide which will have to cease or be charged for. Furthermore, external expertise using LEAN principles could identify business processes worth reviewing and adapting over a broader framework.

4.1.2 Possible Efficiencies. There are a number of college related tasks/requests that could currently be reviewed and possibly reduced or eliminated to improve efficiency e.g.

- By introducing a self-certification system for students for missed class/first few days' absence
- The current "Sit & Wait" service for managing emergencies is currently unacceptable and requires urgent re-evaluation. Students who may be acutely ill are on occasions being turned away, and have to attend a local GP privately. This means that students are missing lectures and from a medico-legal perspective, an

acutely ill student might not be seen which could have potential catastrophic outcomes for the student and the College in personal, litigious and PR terms.

- Consultation duration is currently 10 minutes for GPs and nurses. An increase to 15 minutes should be considered in line with ICGP standards.

4.1.3 The current provision of care is unsustainable going forward. The College has a fundamental choice as to what model of care it wishes to provide in any future College Health Centre. It is an opportune time to consider that choice, given that the outline plans for the new-build on Pearse Street are under consideration and the Project Manager for that is the Dean of Students. The following options could be considered:

4.1.4 Option 1. Consolidation of core activities into pure “College Health”. This would be for the majority of the College population, with a commitment to the provision of complete primary care services only to those on the Director’s current GMS list. This would involve a considerable shift in practice, and a complete realignment of the service. It would require a moderate increase in staff complement, perhaps to 5.5 FTE doctors and a concomitant increase in nursing and admin staff. The advantage would be that it would reduce the current mismatch in expectations versus experience; it would also reduce medico-legal and patient safety risk, and allow the team to focus on Student/College Health with some elements of staff health. The disadvantages would be that there could be a considerable period of readjustment and reputational risk for the service and the College and it might no longer be seen as a “valuable service” willing to go the extra mile. In addition, it would not be likely to meet the expectations of students from outside the greater Dublin area, and especially not meet the expectations of International Students.

4.1.5 Option 2. This option would see continuation of the current arrangements, but considerable expansion to allow and encourage as many students and staff to join an expanded GMS list of the Director, as well as encouraging as many students and TCD staff to attend the College Health Centre as private patients. This would require considerable expansion in staff but would have the advantage that the College Health Centre may be in a position to meet the realistic expectations of all students and staff, and be safe on medico-legal and patient safety grounds. One possible disadvantage would be that it may further dilute the focus on “Pure Student/College Health”, and necessitate charges for students to be set at higher, more commercially realistic levels.

4.1.6 Option 3. This option is as Option 2 above but in addition, the College Health Service would seek to expand to have an outwards facing service, recruiting GMS and private patients from the passing trade, local inhabitants and tourists in the CBD of Central Dublin. This would have the advantage of potentially increasing income for the Service and the College, of having a real landmark Health Centre in the middle of Dublin City, and again actually matching the expectations of the Students and Staff of the city. Given the increased internationalisation planned, coupled with the need to be more commercially minded, this could be the option with most appeal to the College. The Director has indicated a desire to consider pursuing options 2 or 3 and it is the Review Team’s opinion that he has the drive and the ability to do it, given appropriate supports.

4.2 IT support and information systems

4.2.1 Continuity. The College Health Centre uses a bespoke clinical software package, provided and supported by the country's leading healthcare software provider. This is likely to continue indefinitely, given that the unique needs of a primary healthcare centre are unlikely to be met by any internal expertise in TCD. It is important that the licence continues to be funded and an asset replacement programme for the PCs and Printers be developed.

4.2.2 Possible Improvements. The Centre makes excellent use of the existing IT resources in terms of lab results and referrals etc. The Review team recommend that the use of IT and technology may be enhanced to improve business processes in the following areas:

- Integration of the College Software that hosts the students' demographic details, to allow overnight updating of the Health Centre clinical software
- The use of SMS messaging for communication with patients regarding their laboratory results/appointment times etc.
- Commissioning of waiting area self-check pods in with touch screen, for patients with a pre-booked appointments.
- On-line ordering of repeat prescriptions
- On-line booking of appointments (if available at some future time)

4.3 Procedures and policies

The College Health Centre has developed a wide range of administrative and clinical policies and procedures, with useful descriptive detail of steps to be followed and actions to be undertaken. However, these need to be further developed to include;

- Evidence based practice, reflecting current best practice
- Implementation and review dates
- Author / Owner responsible for their implementation
- Reference/Bibliography list

The Review team advise that the Health Centre consider developing a clear Statement of Service and to publish and disseminate it to all stakeholders

5. Alignment to Strategy

5.1 Specific reference. At the point of the Health Centre's Self-Assessment, their relationship with the University's Strategic Plan was identified as closely associated with the University's **previous** plan of 2009-2014. However the Review Team was disappointed to note that references to the College Health Centre and Student Health and Wellbeing appear to be missing from the newly launched Strategy in October 2014.

5.2 General Commitment. Although the Health Centre could be seen as important to the "Trinity Experience", it is not specifically identified as such by the Senior Management of the institution although there does exist some commitment to "promoting physical and mental wellbeing"¹. The major reference to Healthcare in the Strategic Plan states:

¹ <http://www.tcd.ie/strategy/promote-student-life/#a21>

“Trinity aims to promote healthcare excellence, underpinned by research and education, with innovation at its core”.²

However, on closer inspection, all references in this section, whilst giving the inference of being committed to promoting healthcare, are actually related to the academic experience and research partnerships rather than the operational student health.

5.3 Internationalization. In line with TCD’s Strategy, the institutional intention to internationalize³ was viewed by the Review Team as placing more emphasis on providing healthcare. The team, holding this to be the experience of other international universities, tested the perspective of current staff and students who reinforced that they, too, assumed that an international, high performance university would have to have an excellent Health Centre at its core to compete in an international market. “Personal Safety” is an essential consideration for parents of international undergraduate students considering engagement by their offspring with a distant university – basic and emergency healthcare has been seen as part of that consideration. There is a significant reputational risk to the institution which enables the poor personal statement of students returning home with repeated bad experiences of a core unit function.

5.4 Satisfaction. The Strategic Plan language of “21st Century universities”, “attracting students of the highest calibre from all continents” will need to have a support system which is of the 21st century calibre also.

5.4.1 The iGraduate survey of satisfaction in late 2013 offered a comparative benchmark for Ireland and for Trinity. All institutions with an international agenda indicated an overall worsening of satisfaction of international students with UK wide healthcare of 0.5%. However the satisfaction rating by Trinity students, with almost a 7% reduction in one year, reflects 14 times the UK rating. Although accepted to be a high level indicator of satisfaction in very broad terms only, and, arguably, a blunt tool in measurement, this iGrad rating should not be ignored as a clear voice of malcontent from the current international body.

5.4.2 In contrast, the other services were ranked consistently in line with an excellent, international, 21st Century centre of learning. Counselling, internationally ranked 1st with 93% satisfaction, and Disability, ranked 12th with 86.5% satisfaction, ranked 1st and 3rd respectively with TCD’s specific rivals. The Health Centre with 78.4% satisfaction was ranked 40th internationally and last when ranked against specific rivals. Once again, the mismatch in service requires addressing but, given the very positive verbal accounts of staff and student interaction with the professional staff, the dissatisfaction appears to be wholly centred on the physical facilities.

6. Performance

² <http://www.tcd.ie/strategy/build-valuable-partnerships/#b54>

³ <http://www.tcd.ie/strategy/strengthen-community/#a12>

6.1 Professional Standards. The College Health Centre performs to a level comparable to other leading Student Health Centres in Ireland. For the patients that avail of its service, for acute illnesses, course related health problems, mental health and consultant psychiatric care, course and travel vaccinations, sexual health, and physiotherapy, as well as an excellent health promotion arm, the College Health Centre is considered to be at the top end of the services in the country. There appears to be a real challenge however in trying to meet the full needs of a GP and a College Health Service of a population of nearly 20,000.

6.2 Appointment recommendations. The College Health Centre operates on the basis of booked appointments which are of 10 minutes duration.(6 patients booked per hour) Whilst acknowledging that many Student Health consultations may not be as complex as those of middle aged and elderly patients who have complex needs and multi-morbidity, the needs of College students can be complex. Thus although the true General Practice accepted gold standard consultation duration of 15 minutes (4 per hour) may be longer than is necessary, the Review Team recommend that the College Health Centre consider lengthening the routine appointment duration offered to book 5 patients per hour.

6.3 Management of Expectations - The Review team were impressed on interviewing patient users and Heads of cognate services and Academic Departments with the genuinely high regard held for the individual members of the College Health Team, with the Director held in particular regard. However, the results of the user-surveys indicate that expectations are not being met in terms of arrangements for managing urgent appointments, confidentiality in the waiting room, and waiting time for routine appointments. It is unlikely that these expectations can ever be met if the current premises and staff provision continues. It may be necessary to embark on a communication exercise around what the reasonable expectations of the service might be through the development of a statement of service. There were reported levels of dissatisfaction by some of the International students that met the Review Team, especially with the urgent clinic waiting and waiting room experience.

No dashboard of Key Performance Indicators exists for the College Health Centre

6.4 Evaluation of service level agreements;

No formal Service level agreements are in existence. The School of Dentistry reported very high levels of satisfaction with the professionalism and quality of service provided by the College Health Centre in screening and immunising their students.

6.5 Relationships with other college areas, academic and administrative;

Throughout the review, there were very positive comments from other college areas such as the Counselling Service and the Sports Centre in relation to the relationships with the health service. Much of the communication between the various areas is informal and tends to be at a time when the doctor “can be caught”. This is primarily due to time constraints. There appears to be a very positive liaison between the Counselling Department and the Consultant Psychiatrist. The Review team noted the expressed wish and willingness of the Student Counsellors to have facilitated case meetings with the Consultant Psychiatrist and the GPs.

6.6 Value for money and efficient use of resources. It is the view of the Review Team that the College Health Centre is delivering real value for money, given that the primary care needs of a possible 20,000 people are purported to being met by 3.3 wte doctors, and a comparably small nursing and administrative team. It is likely that this is being achieved through the efforts of the individuals involved. Unfortunately this is likely to lead to burnout in the medium term, with consequent inefficiency and poor use of both financial and human resources.

Currently, students do not pay for emergency services and do pay for certain routine services. It is recommended that this remains as it is. Should a fee be introduced for emergency services, it should be nominal eg €10-€15. However, it must be stated that the introduction of a fee for acutely ill students may deter them from attending for treatment and the return may not justify the risk involved.

The existing fee structure for staff is appropriate.

The introduction of a health and counselling levy should be considered. However, this may, in the short term, increase demands on the current under-resourced and over-stretched student health service.

7. Communication

7.1 Stakeholder Communication. This area would benefit from review to update tools to engage with an academic community of the 21st Century. Technology which allows contact at short notice would prove useful for patient management. Although social media is used currently in the Health Promotion work, consideration could be given to the extension of the use of Facebook, Twitter and the use of texting to mobile phones for immediate contact.

7.2 Stakeholder Information. The majority of the information on services is carried by word-of-mouth to colleagues in Counselling, Disability, Senior Tutors and throughout the wider staff. There was no doubt as to the excellent relations which have been built up over the years. However online information was less obvious. The staff at the Health Centre simply do not appear to have enough time to act “upstream” providing information for self-management of some medical conditions. They have very little information of specific detail on their website and the information there does not offer balance of emphasis, but rather offers accurate, but vague references to facilities on offer (e.g. clinic drop-ins). Students are empowered to find out information but there is no resource to commit to keeping the information there specific and up to date, where possible use of external links to information might cut down on inappropriate use by patients and other stakeholders

7.3 Collegiality. The Review Team were particularly impressed by the willingness of the Health Service staff to go the extra mile and work out of hours to support their colleagues in Academic departments. There is a long institutional memory from the excellent managerial staff in the Health Centre and they are regularly called on for assistance by academic, wardenial, and other support staff when working with students and staff who become ill. The staff is therefore regularly called on to assist and informally, or on extra overtime out of hours, they respond.

8. Governance/Compliance

8.1 Student Life Committee. The Health Centre Director sits on the Student Life Committee, a standing committee of University Council chaired by the Dean of Students, with 24 members. The information sharing of this committee was cited by many interviewees as critical to ensure the student experience is shaped as a cohesive entity. Although many universities have a similar concept, TCD is to be commended on the outcomes from this group and the active collegial spirit which permeates through the members assisting towards a positive drive. Fellow-members of the Student Life Committee that were interviewed by the Review team, along with their Chair, the Dean of Students demonstrated a real knowledge and awareness of the difficulties involved, with a keenness for practical and strategic solutions.

8.2 Other Groups / Fora. The Director of the Health Centre is appropriately placed on various committees, e.g. The Student Services Heads Forum, the Deans' Consultation Group and the Student Case Consultative Group. Again, these offer critical centres of shared information whilst also managing institutional risk by allowing the opportunity for case discussion where appropriate.

8.3 COO. The appointment of an interim COO has brought in a period of some uncertainty but interviewees have supported the functions of each in the interim and now look forward to offering support to, and being supported by, the permanent appointment.

8.4 Risk. The inherent risk in the practice of medicine is managed by an excellent clinical team. However interviewees also commented on the support they experienced from the College infrastructure, including policies and protocols. The Governance structure was identified by the Review team as comprehensive and seemed to cover all the bases in terms of cross-communication whilst encouraging the Health Centre's role as a support for the academic infrastructure.

9. Reviewers' recommendation

9.1 Recommendation – Location as Core Strategic Position. Although it has not been identified for particular attention currently, the Review Team identified that an internationalisation agenda will require certain fundamental facilities to attract and retain an international audience with international expectations. A Health Centre was seen as a fundamental core to that plan.

9.1.1 Senior recognition of the core position of the Health Centre in the University's strategy is encouraged with the consideration that the success of an international agenda, in particular, may rely on upgrading of the Health Centre facilities.

9.1.2 The Review Team recommend that the Health Centre is located in facilities which are not only fit for purpose now, but are capable of expansion to service a student/staff population extant in 20 years' time. A space has been identified for 2017 which would seem to be appropriate in principle, but the Review Team would urge that this plan is finalised and healthcare provision seen as a major priority within contesting proposals for these facilities.

9.2 Recommendation – Intermediary Space Provision. The current space, even if it is only to be used for the next 2 – 3 years, will challenge efficient service provision during that time. Current amelioration of the overstretched facilities could include two possible considerations:

9.2.1 Extra storage facilities in accommodation nearby may free up a little space to present a more comfortable / hygienic environment for both staff and students.

9.2.2 With a review of staff timetables, it might be possible to provide a satellite clinic elsewhere for students to drop in to avoid the current queueing system. Possible appropriate settings might include halls of residence or within other central unit space.

9.3 Recommendation – Model Review. It is suggested that, to enhance the sustainability of the service provision in the face of increasing demands, expectations of international students, and legislative/administrative demands from the profession, a university review, headed by the COO, consider alternative healthcare models. Options headlined by this Review Team are examined in Section 4 of this report:

- Option 1 – Consolidation into “College Health”. Increased provision of staff is required. This option is likely to address current mismatch between expectations and actual service delivery. However a considerable period of readjustment may be required.
- Option 2 – Expansion into a full GP Practice (solely for use by students/staff of the College) – encouraging as many students and staff as possible to register as private patients, whilst also seeking to expand the Director’s GMS list. This is likely to require considerable investment but could be designed to meet realistic stakeholders’ expectations and also meet safety and risk concerns on medico-legal grounds.
- Option 3 – Expansion into a full GP Practice (for College and Locality) As Option 2 but with even further expansion to have an external facing commercial access – allowing local townspeople, tourists, etc. to join as both GMS and private patients.

9.3.1 Operational funding models. Prior to any fundamental change in the nature of the service as per above, consideration should be given to increasing sources of funding. Some considerations might include:

- Charging a Student Consultation Fee or increase current charging for particular services. .
- Expand the provision for Staff members with associated charges attached?
- Some years ago a Health and Counselling budget was ring-fenced individually in the university core funding. This could be reinstated by charging students a levy to cover these areas of Student Support at source on admission.
- Increase the Subvention from the Global Relations and introduce a subvention from Access funding to reflect their disproportionate usage of the College Health Service.

9.4 Recommendation - Staffing Level. The staffing levels and skills would benefit from a review. Current staffing provision is dictated, as with other units, according to the

economic pressures and moratorium in automatic refilling of staff absences. However a further consideration in the Health Centre for some time has been the restriction of physical space for the staff to work from, with offices doubled, hot-desking, and all available space being used creatively for dual purposes. This has dictated staff restrictions even where possible creative staffing could meet increased demands. Initial impressions of the Review team include:

- 9.4.1 Staffing levels to increase, with a starting point being the reinstatement of recent staff losses.
- 9.4.2 The Skill mix might examine the balance between focus on mental health and physical health provision since the physical health demands seem to be the greatest. In addition Nurse Prescribing should be considered to expand the current nursing role ; essential to offer support to the GPs and cut through the pressing student demands.
- 9.4.3 In future staffing of the newly developed service in 2017 it has to be realistically acknowledged that increased staffing numbers will be required. A conservative estimate of a student / staff population of approximately 20,000 members would be 6.5 GPs with appropriate nursing and administration support.

9.5 Recommendation – IT Systems. Given the demands of the daily business, there is a danger that longer term solutions to systematic process challenges are not given a helpful focus.

- 9.5.1 The Review Team thought it could be beneficial to undertake a Business Mapping Exercise with the assistance of independent professional guidance. The expertise within the university itself could be utilised, e.g. LEAN, or IS consultancy.
- 9.5.2 Arrival Pods already held within the Centre but unavailable currently could be brought back into operation. Although the usage of this technology has been successful to different levels in different universities to date, TCD would be able to use it to their own specification and the Review Team had little doubt that it might facilitate operations to some level.
- 9.5.3 Integration of the College Database with the Health Centre database to allow overnight updating of the demographic data automatically should be considered.
- 9.5.4 Attention might be given to developing an online booking system. This would be particularly useful if satellite clinics are used in the next three years.

9.6 Recommendation – Clinical Care. This area of work causes the staff the most stress and leaves the institution exposed in terms of risk if students with potentially life-threatening conditions are inadvertently turned away at the service access point. The space offers no privacy or confidentiality for patients at point of presentation. Queues outside the building, often in inclement weather, see patients standing uncovered for up to an hour each morning. By sheer definition the people prepared to undertake such an unpleasant task may well be feeling unwell to start with.

It seems unacceptable for an excellent institution to provide a service which sees ill patients waiting for long periods of time in the rain, patients who are then embarrassed and/or unable to report their personal sensitive information and medical condition to staff when there is no area to do so. Some are told to come back another day for their needs

to be met. The Review Team, overall, considered this emergency drop-in service not fit for purpose. Specific suggestions for amelioration include:

- 9.6.1** Sensitive questions re. medical conditions should only be asked by a qualified nurse or doctor in a confidential setting.
 - 9.6.2** Consultation durations should change to reduce from 6 booked patients per hour to 5 booked patients per hour
 - 9.6.3** A ticketing system might be considered for introduction to manage the expectations of students in the queue and predict when waiting lists should be closed, turning students away in advance.
- 9.7 Recommendation – Development of Communication Strategy.** Expanding the service has not been a priority, given current demand. However an expansion of the communication to stakeholders will not only be necessary in any new facility, but may be an important tool in managing expectations in the meantime. Communicating the services accurately, stating limitations on “this is what we do” will help engage service users in the planning process of their own wellbeing, offering other options such as Counselling, Disability, Sports Centre and external private GP services.
- 9.7.1** Use of Social Media will engage students with focus on appropriate service usage.
 - 9.7.2** A Texting Service might offer access up to last minute client contact to managing extra appointments or deter from unnecessary and inappropriate appointments being offered.
 - 9.7.3** The current Health Promotion service is to be commended. The creative energy of the current staff member there should be harnessed, embedded as a permanent feature of the healthcare system and liaison back to the Health Centre should be maintained and expanded.
 - 9.7.4** Consideration should be given to supporting the Health Promotion Officer in seeking to ensure that TCD progress to becoming a HSE recognised Health Promoting University, in line with the emerging Healthy Ireland Healthy Colleges Network.

2. Response from the Director of the College Health Service

Introduction/overview:

The External Review of the College Health Service took place at the end of October 2014. The Director and staff at the Service wish to express their sincere thanks to the review team of Dr Christine Lusk, Dr Michael Byrne and Ms Ruth Morrow. The Reviewers applied themselves to their task in a thoroughly professional and dedicated manner. The Report and reviewers comments, which are warmly welcomed by the team, demonstrate a systemic understanding of the Service, its shortcomings and successes and outline a vision for the future of the College Health Service as a critical component for “Promoting Student Life” at Trinity.

Response to Recommendations

1 Location and Space requirements

The assessment of the Review Team that the current premises at House 47 are “woefully inadequate” and “unfit for purpose” is in line with comments made in each of my Annual Reports since 2007. The building was designed with a specification that the combined student and staff numbers would not exceed 10,000 and the current figure is in the region of 20,000.

This has led to poor access, overcrowding, difficulties with confidentiality at reception and cramped working conditions which are inadequate for a clinical setting.

The waiting room space was deemed far too small, and, with overcrowding, presents a “considerable infection control risk”.

The tiny nature of the consulting rooms, in addition to representing an infection control risk, were identified as “directly impacting on the wellbeing of the team members working in such confined, cramped spaces”.

The Administrators struggle to operate in cramped conditions with little space to organise daily tasks.

Outdoor queueing in inclement weather was deemed to be unacceptable.

The recommendation, 9.1.2 that the College Health Service be located in facilities which will be capable of serving an expanded student population for the next 20 years is critical to the future of the Service and its role as a core element of the Student experience.

2 Staffing Resources

The staffing provision is described as “wholly inadequate” in terms of the number of whole time equivalent GPs, Nurses and Administrators.

The recommendation of significantly increasing the Doctor and Nurse numbers is to be welcomed and hopefully, a start will be made to address this issue following the completion of the review process.

We have already made progress with a the appointment of a temporary EO to facilitate lunchtime opening and the avoidance of external queueing at lunchtime. One would anticipate that this short term measure will become a permanent feature.

Specific recommendations on embedding the Health Promotion Officer is timely and critical to us delivering on the Strategic Plan 2014-19 where we are tasked with “Promoting Student Health Awareness”, pg 19.

3 Clinical Care

The acknowledgement that the staff are under significant stress due to the work pressures placed upon them was most welcome as was the validation that ‘their commitment to professionalism was humbling to fellow colleagues watching them working in conditions which shocked the Review Team’.

In addition, there were strategic recommendations regarding the skill mix, which could be applied in the event of new recruitment and adaptation of the appointment system and these can be put in place immediately.

Specifically, the expansion of the Nurse triage system will reduce the risks regarding confidentiality at the reception desk and consultation length change will reduce stress amongst the staff, whilst creating time for the student and staff patients to have their medical issues thoroughly dealt with.

4 Health Care and Funding Models

The reviewers outlined a number of options as to how the Service might develop into the future. The ability of the Service to deliver on its obligations to “Promote Student Life” under the terms of the Strategic Plan 2014-19 seems to me to suggest that our primary aim should be to provide an excellent College Health Service for students and staff, recognising that student numbers are increasing and that the demographic of the student body is changing. In particular, we are fully committed to supporting the Globalisation Strategy of the College and providing medical supports for International Students. We recognise that these students are much more intensive users of our Service and have developed a funding model with the Global Relations Office.

The planned move of the College Health Service to the new development at Oisín House will require a review of the funding model.

It seems likely that this will involve a small charge to students for consultations, which up to now have been free of charge. If ring fenced for the Service, this charge would facilitate the implementation of the staffing recommendations made by the review group and would increase the availability of Health Care on the campus at a nominal cost.

5 Communication and Managing Expectations

The reviewers comment that “the majority of the information on services is carried by word-of-mouth to colleagues in Counselling, Disability, Senior Tutors and throughout the wider staff” is to be taken on board in respect of the lack of an adequate on-line presence of the Health Service, as

opposed to our Health Promotion branch, which is fully committed to the use of all elements of social media to deliver our health promotion message, <https://www.tcd.ie/collegehealth/promotion/>

The recognition by the reviewers that our collegiate working ethos is critical to internal communication within the University is something that is valued by the team. “The Review Team were particularly impressed by the willingness of the Health Service staff to go the extra mile and work out of hours to support their colleagues in Academic departments. There is a long institutional memory from the excellent managerial staff in the Health Centre and they are regularly called on for assistance by academic, wardenial, and other support staff when working with students and staff who become ill”. This collegiality is to be found across all areas of the College and is one of the great strengths of the Institution and should be fostered at all levels.

Conclusion

The College Health Service intends to work with the Chief Operating Officer and other appropriate College Officers to address the recommendations arising from the report and will prepare a detailed Implementation Plan outlining the timeframe for implementation.

Dr David McGrath
Director
College Health Service
Trinity College
Dublin

February 2015

3. Response from the Chief Operating Officer

Introduction/overview:

As Chief Operating Officer I want to offer my sincere appreciation for the work of the Review team in carrying out this review. The Health Centre is a key service area for Students of College, and the staff of the Health Centre recognise and are passionate about their role and its critical place in Student life. The recommendations outlined in the report provide a strong roadmap for the area and will provide an impetus for College in delivering for our students and staff.

The specific challenges of appropriate location, staffing levels, service provision model and costs are clearly outlined in the report and will form a key part of our response and implementation planning.

Specific Recommendations Identified:

The report has identified seven key areas requiring action and as COO I will be engaging with the soon to be appointed Director of Services and the management team in the Health Centre to develop a detailed implementation plan for the area. I have specifically noted the issues of:

- Location & space;
 - The need to recognise the implications of our growing campus and student cohort particularly taking into account the predicted growth in international student numbers and their specific needs as they attend Trinity;
 - The criticality of the Health Centre and its contribution to College strategy, and the need for a coherent space identification programme to meet existing and impending needs;
 - The emerging challenge of providing the right environment for meeting the medical needs of students.

- Healthcare & funding models;
 - I greatly appreciated the recognition in the review that having in place a sustainable Health service for our students will demand a new operating and funding model in the future. As resources have become constrained in the funding of the University, it is immensely important that we continue to provide for the medical needs of students in a manner that is achievable.
 - The newly appointed Director of Services in my area will be charged with working with the Health Centre leadership to determine the most effective funding model and submitting for approval a strategy to achieve and deliver that model.

- Staffing;
 - As identified by the Review team retaining the staffing compliment of the Health Centre has been a difficult challenge with falling funding and increased demand of service.
 - I would propose to have the staffing issues dealt with as part of the revised Health Centre strategy to be developed in conjunction with the Director of Services once appointed.

- Clinical care;
 - I take the points raised in this recommendation as critical elements of our service which we need to address as a matter of urgency, and while no easy answers are available it will be a priority to determine how to ensure compliance in this area.
 - The option of a ticketing system and levels of patient access to medical personnel will also be matters which could be addressed more quickly.

- Communication and managing expectations.
 - The recommendation under this heading provides very useful and helpful pointers which we will address as a matter of urgency.
 - I was also pleased to see the recognition of the commitment and professionalism of the staff of the Health Centre and the work of Health Promotion, and I look forward to having an opportunity to further develop the ideas and energy of the group to enhance our service and support.

Conclusions:

In conclusion I am committed as Chief Operating Officer in my determination to work with the Director of the Health Centre, the Director of Services, CSD and with other appropriate College Officers to address the recommendations arising from the report. We will move now to prepare a detailed Implementation Plan outlining the timeframe for implementation of the recommendations.