



Older Person Services HSE Midlands

Information & Consultation Document May 2012



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Message from the Area Manager

I wish to invite you to participate in a public consultation process regarding the potential closure of two community nursing units, Abbeyleix Community Nursing Unit (“Abbeyleix”) and St. Brigids Hospital, Shaen (“Shaen”). Included in this document is information on the current services that are available for older persons in the Midlands and information on the future direction of a new more responsive service model.

We in HSE Dublin Mid-Leinster are committed to revitalising and strengthening the regions community support services and long term care and to increasing our focus on a client-centred service delivery.

The development of a strategy, and the proposals contained herein, are focused on enhancing the HSE’s ability to respond to the requirements of the ageing population as efficiently and effectively as possible within available resources. It is about challenging the current service models that are in existence and putting forward proposals that will benefit the greatest number of elderly and being responsive to individual needs. This may involve changing current models of care (e.g. reducing number of public long stay beds) to newer more responsive models (e.g. reablement model of homecare in an individual’s home) with the respective transferring of resources.

A new more responsive care model will provide for:

- Strengthening and expanding the provision of care in an individual’s home
- Make more efficient use of funding available
- Strengthening the Long Term Care service to meet the needs of highly dependent clients

This consultation document will provide us with an opportunity to discuss the challenges and potential solutions in the current long term care and community support services systems.

The sharing of your experiences and ideas are important as the feedback received will ensure that those people who most need our support get it. In this regard, letters will issue to residents, next of kin and interested parties in the coming days informing them of the date when they will get an opportunity to make their submissions on this consultation.

I look forward to positive discussions and to receiving your valuable input during the course of this consultation process.

If there are any further queries please do not hesitate to contact my office (details below):

HSE Midlands
Arden Road
Tullamore
Co. Offaly

Tel: 057-9315856

Fax: 057-9315855

Email: midland.consultation@hse.ie



Joseph Ruane
Area Manager HSE Midlands

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Introduction

This paper will provide a background to the detailed discussion on the consultation process relating to the potential closure of two community nursing units, Abbeyleix Community Nursing Unit (“Abbeyleix”) and St. Brigids Hospital, Shaen (“Shaen”).

The outcome of the consultation process will enable an informed decision to be made about whether the units should or should not close.

The overarching HSE National Policy is to support and enable older people to live in their own homes, with their families and within their communities. To do this a range of primary care initiatives will be available, where appropriate. This policy underpins the provision of services to older people and to the outcome of the consultation process.

Historically there has been a reliance on residential services as the main platform of provision and investment in terms of services for older people. As of April 2012, between the public and private sectors there are 1,732 beds available at the Long Term Care Units in Laois, Offaly, Longford and Westmeath. 1,600 of these beds are occupied and 130 beds are vacant. While investment in this important area is necessary, people are requesting alternate models of residential care that provide a focus on independent living.

There has also been, in recent years, a gradual shift in public policy with increased priority given to keeping people within their family and community networks. This change in the balance of provision is appropriate in relation to supporting the individual, but also in terms of economic considerations and value for money.

To help with the consultation process this document has been prepared to provide some important information. It will outline:

1. Why a strategic plan for the provision of older people services is needed
2. Detail on the current model of care for older people
3. How funding is accessed
4. Recommendations for consideration by the HSE
5. Information on the steps involved in the consultation process

It is our intention to provide services which are designed to meet the needs of the population served by the HSE Midlands, while also providing value for the funding allocated to older people services. Consultation is an important step in this process and your participation is encouraged and valued.

The Need for a Plan

The need for a strategic plan to develop Older People Services in the Midlands has become apparent in recent years. There are a number of reasons why.

Did you know?

There are 42,000 people 60+ in the Midlands

1. Past planning

Over the years the current services were developed independently in response to the various needs of the population. As a result, there are quality improvements needed to ensure individuals are able to access services and supports when needed to maximise their independence. It can be difficult for the services to adapt quickly enough for an individual to remain at home.

For example, there are times when an individual remains in hospital or moves to a long-term care facility instead of being able to access a more appropriate option, if one were available.

2. Changes in population growth

The 2011 census shows that Ireland is continuing to experience strong population growth with an increase of over eight percent since 2006. All four counties of the HSE Midlands show strong population growth with an increase of 12.1 percent since 2006, the largest increase of all eight regional authorities, this compares to a 7.82% increase for the rest of the DML region which includes Dublin South, Dublin, Dun Laoghaire, Wicklow and Kildare. This is a continuing trend that started back in the mid-1990s. Table 1 below outlines the population for the four HSE midland counties (Laois, Offaly, Longford, Westmeath) and the change over time. *Preliminary census figures

There is currently 1,732 Long Term Care beds in the Midlands

Year	2002	2006	2011
Population	225,363	251,664	282,410

Actual change	19,821	26,301	30,746
% change	+9.6%	+11.7%	+12.2%

Table1: Population HSE Midlands

Laois had the highest percentage increase (20 percent) in the region and was the fastest growing county between 2006 and 2011. Laois and Offaly combined saw a 14 percent increase in population in the last five years with Longford and Westmeath experiencing a 10 percent increase.

3. Changes in demographics

The percentage of people over 65 is growing, putting additional demands on health services. From a health service development perspective, the number and percentage of people in each age category is important to quantify as it is generally recognised that those people in the younger and older age categories have greater health needs. The population structure for the HSE Midlands can be seen in Figure 1 below.

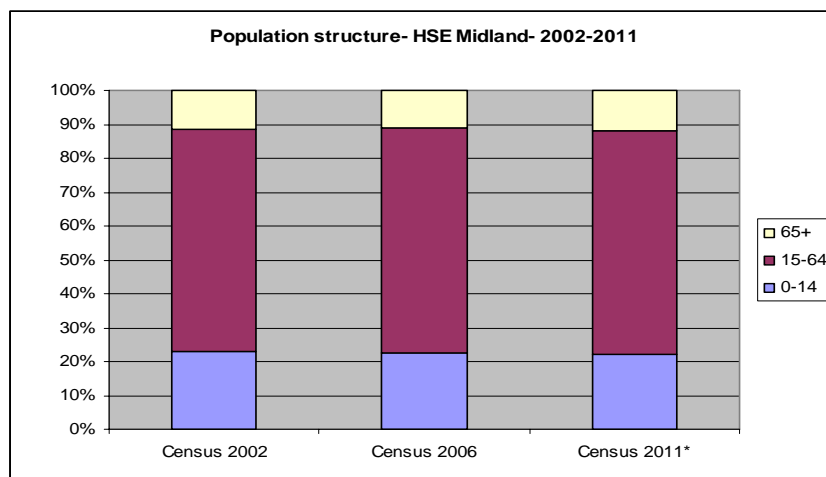


Figure 1: Percentage in HSE Midland population by age 2002-2011

While the percentage of people over 65 years category has not changed significantly in the last 10 years, the number of people in this age group has. In this timeframe, life expectancy in Ireland has also increased (76.8 year for males; 81.6 years for females) and is now about the EU average.

The HSE Midlands recognises that in order to respond to these and other changes that are occurring a strategic plan is needed. The reducing financial allocation is also an important consideration. This is in keeping with the HSE National Policy for Older Person Services which has committed to improving the pathway of care for older people as they access a range of services. This is to ensure that older people remain independent in their own home or within the community environment, for as long as possible.

The Current Model of Care

The Elderly Service Model in existence now supports the provision of a continuum of services for older people. Figure 2 illustrates the current model and services that are available depending on the level of care required.

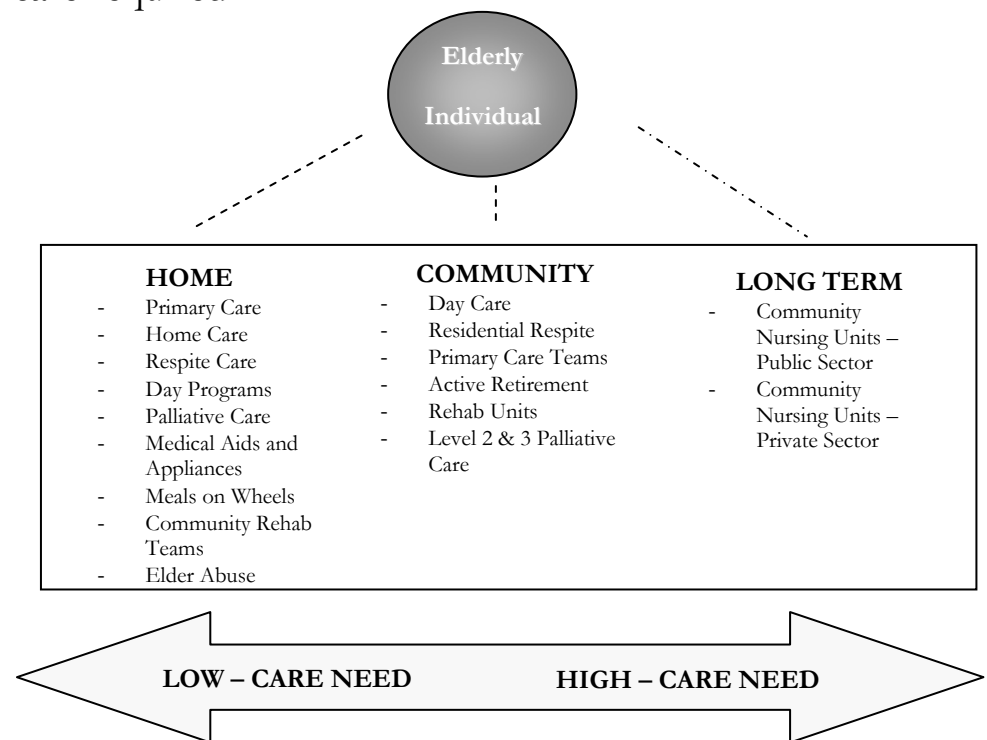


Figure 2: The current elderly services model of care

The current system is divided into services and programmes that are delivered in individuals' homes, community residential settings, and long term care facilities. As individuals' needs become more complex, they generally access a higher level of service.

The services provided aim to support older people to remain independent, in their home or within their community environment, for as long as possible. This is achieved through the provision of home and community based support services (including home help services, home care packages, respite care, day

care and meals on wheels). Where this is no longer possible, older people are supported in residential care under the Nursing Home Support Scheme.

As you can see from Figure 2, the services can be categorised into three main areas:

1. Home
2. Community Supports
3. Long Term Residential Services

Each of these is explained in more detail below.

32 Primary Care Teams in the Midlands – 16 in Laois/Offaly & 16 in Longford/Westmeath

1. HOME



1.1 Primary Care Services

A range of primary care services is available to those with a medical card including:

- GP visits
- Medicines
- Dental
- Optical
- Audiology
- Aids & Appliances

Access to a medical card is not automatic for people aged over 65. Eligibility for the medical card relies on satisfying set financial criteria.

Older people also have access, subject to priority and broad eligibility criteria, to the following services:

- Public Health nursing
- Physiotherapy
- Occupational therapy

- Speech & Language therapy
- Services of other Health and Social Care Professionals.

In line with the national primary care strategy, there is extensive coverage in the midland counties of primary care teams. The primary care teams involve multidisciplinary input. This allows for the multidisciplinary planning and delivery of services to individuals.

Over €12.2 million was spent on Home Help Services in the Midlands in 2011 providing 617,700 hours for 2,539 clients

1.2 Home Support Services

Allied to the primary care inputs are a range of multi-dimensional domiciliary services which are available. The main components in the midlands counties are home help and home care packages.

Home Help

This service includes the provision of personal care and domestic support for individuals. This is provided by combined HSE home help staff and the use of private sector organisations. The standards of service expected from private sector providers is agreed in a service level agreement.

590 homecare packages were provided per month at a cost of over €2.7m

Home Care Packages

Home care packages provide enhanced services for older people and are multidisciplinary in nature. They include: nursing, physiotherapy, dietetics and enhanced home help etc. Packages of care are designed to reflect the assessed needs of the individual.

1.3 Specialist Home Support Services

There are a number of specialist services available for older people. These include Palliative Care and the Elder Abuse Office.

243 Clients in the Midlands are in receipt of community palliative care

Palliative Care

The palliative care team provide in home support for people whose needs are palliative. They endeavour to ensure a quality and dignity for the individual in their homes through the management of symptoms and illness.

Elderly Abuse Office

The Elder Abuse Office provides investigative capacity to ensure that incidents of suspected abuse of older people are investigated and appropriately managed.

In 2011 the Elder Abuse Office recorded 96 referrals.



2. Community Supports

2.1 Voluntary Community Groups

The HSE supports a number of voluntary community groups in the provision of additional supports for older people. The services expected are set out in agreed service level agreements. The primary objective in supporting these groups is to deal with the issues of loneliness and nutrition often experienced by older people. Many of the indices of ill health arising for older people relate to poor nutrition and social isolation. Voluntary groups play a significant role through initiatives like Meals-on-Wheels, Active Retirement Groups, Friends Groups in addressing such issues.

The total spend in 2011 on Community Supports was over €403k

**1,225 people
attend Day Care
Services weekly in
the Midlands**

**195 clients
attend day care
weekly in two
non-long term
care facilities in
Clara &
Portlaoise**

2.2 Day Services

Eight of the nine public units in Longford/Westmeath and Laois/Offaly with the exception of St. Brigids, Shaen, have adjoining day centres. Occasionally residents from the long stay units avail of these facilities. Predominantly, day centres are used by older people from the local community. Services involve a range of activities and personal supports, for example, wound management, chiropody, personal hygiene and nutrition. The model of day care which includes a strong nursing component increasingly caters for a dependant population and is seen as an integral to maintaining older people in their family homes.

3. LONG TERM RESIDENTIAL SERVICES



Residential care primarily involves the provision of care and maintenance on a full time basis to residents.

The programme of care is personalised and is set out in an individual care plan. The care plan is a dynamic programme which encompasses all aspects of the individual resident's experience in the nursing home. This includes aspects such as physical, spiritual, emotional and recreational considerations.

Care plans are developed in consultation with the resident, family and staff and are adaptable in light of changing circumstances, choices and wishes. The delivery of goals set in care plans are regularly audited and subject to review by Health Information and Quality Authority.

The measures they use include:

- Physical wellbeing
- Access to activities
- Satisfaction with the service

The key objectives in the provision of long stay residential care are:

- Ensuring that adherence to Standards of Care is in keeping with National Standards and evidenced based best practice (*HIQA National Quality Standards for Residential Care Settings for Older People in Ireland*).
- Services provide value for money.

The funding of placements in long stay care, be it in private or public facilities, has been streamlined under the Nursing Home Support Scheme (Fair Deal). Further information on Fair Deal is available on page 22 of this document.

Residential services may fulfil a number of functions including:

- Long stay care
- Respite care
- Palliative care
- Care for young chronic sick (in exceptional circumstances)
- Rehabilitation care
- Dementia care

Some of these are discussed below:

3.1 Respite Care

Residential respite care involves the provision of periodic relief for families from the responsibility of supporting an older person in the home. This is a partnership arrangement designed, in support of families, to maintain the individual in the family home. Usually access to respite care is available following

**393 families
avail of
respite
services**

assessment. Patterns of provision may vary according to the support needs of the individual or legacy issues regarding service provision.

Respite care is provided by a combination of public and private settings. In Longford/Westmeath, all respite services are provided privately (i.e. contracted out by the HSE), while in the Laois/Offaly respite services are provided in public units. (See appendix 5)

3.2 Palliative Care

A number of units provide residential palliative care services. This provision offers end of life care and provides an alternative for people whose needs cannot be met at home. There is no charge for this service and its usage is variable. (See Appendix 6)

**67 admissions
into
Rehabilitation
care beds in
2011**

3.3 Rehabilitation Care

Rehabilitation services are available in one unit. This service offers a multidisciplinary approach to supporting older people in their rehabilitation following surgery and/or trauma such as stroke.

3.4 Dementia Care

The nine public residential units provide care for dementia sufferers. This would represent a significant percentage of the overall total of those in residence. Specialist dementia care services have been developed in St. Vincent's Community Nursing Unit in Mountmellick and St Brigids' Shaen.

For a breakdown of the bed types and numbers in each unit. (See Appendix 8)

Long term residential services: additional information

National projections indicate that approximately four percent of the population aged over 65 will require residential services as their needs cannot be met at home. The current provision of residential long stay care for older persons in the Midland counties is based on a mixed model of provision, i.e. public and private. (See appendix 4 for a full list of public and private beds available in the Midlands.)

Rehabilitation services are available in St. Mary's, Mullingar. Specialist palliative care and dementia specific services are also available in Mountmellick and St. Brigids, Shaen.

The HIQA approved bed capacity and occupancy as of 31 March 2012 is detailed in the table below.

Community Nursing Unit (CNU)	HIQA approved bed capacity	Bed occupancy
St Vincent's CNU Mountmellick	138	106
St Joseph's, CNU Longford	74	65
Birr CNU	90	70
St Mary's CNU Mullingar	65 *	52
St Vincent's CNU Athlone	44	42
Riada House CNU Tullamore	42	34
Edenderry CNU	47	34
St Brigids' CNU Shaen	31	26
Abbeyleix CNU	33	28
Total	564	457

*New unit coming on board

Table 2: HIQA approved bed capacity and occupancy as of 31/03/2012

Based on a four percent projection of need for residential care for older people and taking into account the current over 65 population in Laois, Offaly, Longford and Westmeath (30,688 as of census 2011 results) this would indicate a requirement for 1,228 available beds across the public and private sector.

County	4% of Over 65's	Capacity of Private Beds	Capacity of Public Beds	Total Bed Capacity	Variation
Laois	324	204	190	394	70
Offaly	316	248	144	392	76
Subtotal	640	452	334	786	
Longford	195	217	68	285	90
Westmeath	392	549	92	641	249
Subtotal	587	766	160	926	
Total	1228	1218	494	1712	484

Table 3: Bed Capacity Vs Population over 65's per area

The latest inspection at a Community Nursing Unit found “The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.”

Registration

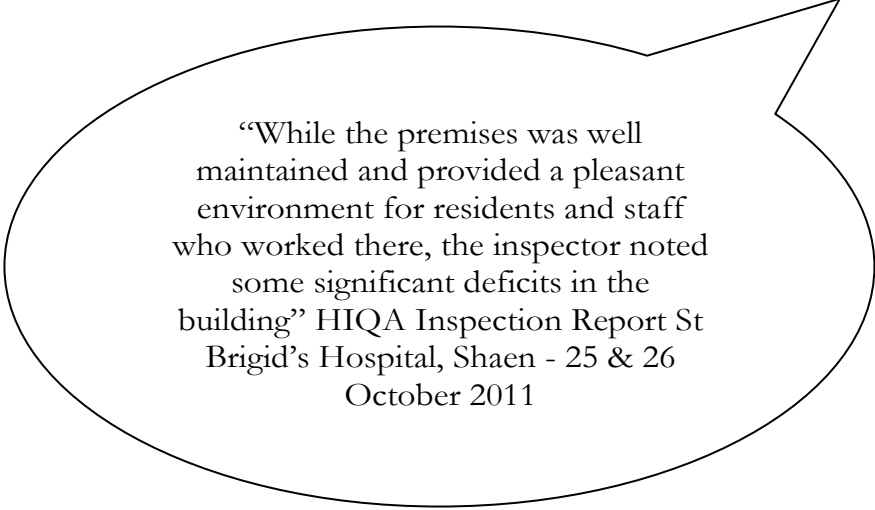
All nine public units are subject to HIQA Registration. Information concerning the inspections are available at www.hiqa.ie

The findings of the HIQA inspections have been largely positive, affirming the quality of care available in all nine public units. The reports also confirm the general satisfaction of residents and their families with the quality of care in all nine Public Units.

The most significant deficiency identified by HIQA relates to the physical environment of the units and in particular the extent of multi-occupancy facilities which do not meet the standards as set down by HIQA to be met by 2015. “Standard 25 pg 43-53” <http://www.hiqa.ie/standards/social/older-people>

A majority of the HSE Long Term Residential facilities were in operation prior to any consideration of HIQA requirements and require adaptation. St. Mary's Mullingar (new build 2012) and Birr CNU (2004) are the only two facilities built in the last decade.

There is ongoing maintenance and minor capital programmes in all units in order to meet current standards e.g. Health & Safety.



“While the premises was well maintained and provided a pleasant environment for residents and staff who worked there, the inspector noted some significant deficits in the building” HIQA Inspection Report St Brigid's Hospital, Shaen - 25 & 26 October 2011

The Challenges Ahead

1. A broad range of services are provided by the HSE Midlands with the overall aim of supporting older people to remain independent, in their home or within their community environment, for as long as possible.
2. Under the current model, individuals are assessed against what service presently exists rather than what could improve their independence if a greater range of options were available. Although there are times when sufficient support can be provided to enable a person with high care needs to remain at home, this is not always the case.
3. There are varying programs, admission criteria and costs for some services. There may be options not currently available that could offer a better response, allowing older persons to remain independent longer.
4. An analysis of the figures in Table 3 showing bed capacity versus bed requirement for older population indicates there is an almost 30 percent over supply of public/private beds for older people in the midland counties.
5. The age of the buildings will continue to give rise to increasing demands in relation to upkeep and running costs. The heat and insulation efficiency is less than satisfactory in these older buildings which results in increasing running costs.

The particular challenge for older people services in 2012 and beyond will be to respond to the increasing demand for health and social services which is resulting from the growth in the number of older people, particularly in the upper age group. In addition, there are reducing budgets and the need to ensure value for money.

For 2012, the HSE has prioritised improving the pathway of care for older people as they access a range of services which will be supported by the work of the clinical care programmes.

The funding will be focused on maintaining the delivery of homecare services, particularly home care packages. This re-focusing involves home help services to prioritise personal care while also working on optimizing the provision and quality of residential care.

How do individuals access services and how are they funded?

Access to health services in Ireland is based upon referral by the individual, family, GP or hospital. Professional staff will work with the individual to determine the services best suited to them. Health service staff in the Midlands provide professional care for needs that have been assessed, and other supportive services may be available through private service providers.

Access to residential care in public units is now governed by the Nursing Home Support Scheme (Fair Deal) which relies on the following criteria:

- Certification that the individual is in need of long stay residential care and,
- Meets the financial criteria under the scheme.

Individuals with the financial resources are expected to contribute towards the cost of the services being requested. If an individual is requesting financial assistance to help with the cost of a service, such as home support, they will have a financial assessment completed and may receive help with payment. If an individual is requesting access to the Fair Deal Scheme, as outlined above, payment for care is also determined by national regulation and the Fair Deal Scheme. Further information is available at www.dohc.ie/issues/fair_deal/information_booklet.pdf

The public health system is governed by the Health Act 2004 and delivered by the HSE.

Funding of Services

National Elderly Services Budget Framework 2012

The resource available for Older People Service across the HSE for 2012 is 1.433bn. This consists of a) Older People 0.390bn and b) Nursing Home Support Scheme (NHSS) 1.046bn. The corresponding figures for 2011 were a) 0.407bn and b) 1.026bn giving a total of 1.433bn

DML Regional Position

Arising from the total HSE budget, the **Financial Allocation** for DML Older People Services is a) Older People 0.118bn and b) NHSS 0.142bn.

The 2011 Budget Allocation for DML ISD was 2,718.746m. The Net Reduction in 2012 is, 124.817m which equates to 4.6% (excluding emerging pressures presenting in 2012.)

The HSE Midlands Community Financial Allocation for 2012 is €290,667,000. This is a reduction of 5.92 percent on 2011's allocation (€302,202,000).

Looking to the Future

The HSE is contemplating the future provision of services for the region and while doing so, is taking into account the following:

- International evidence that supports individuals continuing to live in their homes and prolong the requirement for nursing home care through home support and access to day services.
- International best practice that promotes support for individuals to be discharged earlier from hospital.
- The need to ensure that there is maximum efficiency in the public sector.
- The changing population demographic, particularly with regard to those over 65.
- The investment required in the Community Nursing Units (CNU) to meet HIQA criteria.
- The challenging financial and staffing environment and the increasing demands for services.

In summary, the HSE is currently focused on the following issues in the Midlands region:

1. Development of person centred model of care with a reablement component to homecare support in the Midlands. The funding and staffing to be released from existing services and retraining of staff.
2. Proposed consolidation of the number of community nursing units.
3. Ensuring that the HSE community nursing units are used to meet the needs of high dependency clients/residents with a focus on dementia care, palliative care and rehabilitation where possible.

4. Tendering out of respite beds in Laois Offaly to non-HSE Nursing Units and reuse the vacant beds as long terms beds.
5. Tendering out of day services to non-HSE providers and reusing the staff and their expertise for long term care.
6. Providing services based on the needs of current and future clients/service users e.g. facilitating clients/service users to remain in their home as opposed to having to enter community nursing units too early.
7. Reconfiguring staffing released from closed CNU's/tendered day services to address staffing deficits in various HSE services to help reduce/remove requirement for agency/overtime.
8. To ensure the most effective use of most resources.

Each of these recommendations is discussed in detail in the 'Strengthening Services' section that follows.

Strengthening Services

1. Person Centred Model

While there are high-quality services being provided as part of our current system which recognises the person as the central figure, optimising an individual's independence will require a person-centred model of care that is recognised across the region. The model acknowledges the strengths and capacities of an individual to identify the services required to improve independence.

The model will focus on working with individuals, to identify their needs in their home, or current living arrangements to match services. In this model, a broader and more varied range of services needs to be available to fulfil individuals' goals for support than the Midlands currently has available.

One of the primary goals of a person centred system, is to ensure individuals receive supports, early enough to prevent the need for more intensive supports or movement to a more restrictive care option.

Figure 3 below details this model of care.

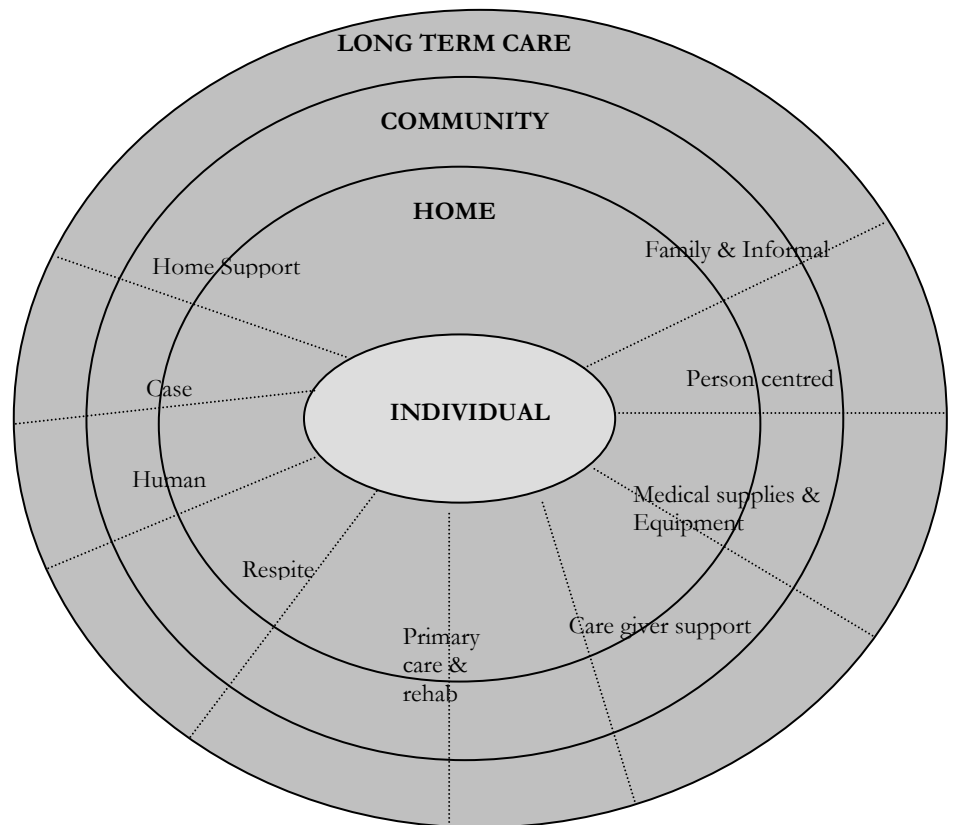


Figure 3. Person Centred Model of Care

The model depicts a framework for a person-centred model in which the emphasis is on increasing opportunities for individuals to maintain independence at home and in their community. In this model, long-term care facilities would be available for those who have the most significant care needs, but the focus is on supporting individuals in their homes and communities. This model is intended to illustrate the person-centered focus that is required. Increased emphasis is placed on enhancing existing and introducing new models of care for individuals, to allow them to remain in their place of residence, for as long as possible.

There is a focus nationally and internationally on the role of community nursing units and a service model that is weighted towards admitting individuals to nursing homes rather than first exploring and exhausting care at home. International evidence would

indicate a programme called “Reablement” as a social care model which can assist in alleviating pressures on residential services.

Reablement* can be defined as a “short term intensive programme of care, delivered in the person’s own home, with the aim of helping people to accommodate their illness by learning or relearning the skills necessary for daily living.”

It is a time limited intensive intervention – normally a six-week programme. The programme is a personalised approach specifically tailored to meet the individual’s needs.

It is a social care model as opposed to a medical model of care delivered in the person’s home with an active process of helping the person to recover the skills and confidence to live at home through intensive time limited intervention. It is an outcome-focused intervention to help people to return to or remain in their own home. It can be summarised as a service model of care focused on “doing with” as opposed to “doing for” the client thus providing them with the confidence to remain at home.

Research indicates the benefits and successes from this model of care:

- 53-68 percent discharged at end of programme needing no immediate homecare.
- 36-48 percent still needed no home care after two years.
- 34-54 percent of those requiring homecare had reduced homecare package two years later.

Amongst its benefits are that it will provide a ‘Value for Money’ alternative to the expensive acute hospital bed or cost burden of nursing home care. It provides a good opportunity to regain long term independence.

* Footnote: www.scie.org.uk/files/emergingmessages

2. Tendering out of Respite Services

The HSE is proposing to tender out the provision of respite beds in Laois/Offaly (this has already been done in Longford/ Westmeath) to non-HSE Nursing Units and reuse the vacant beds as long terms beds.

This would have the benefit of ensuring that the most effective use is made of limited resources as respite beds could be secured in the private sector for approximately €800 per bed per week as opposed to the cost of a public bed which is currently averaging €1,900 per bed per week.

It would increase the long term bed capacity in Laois Offaly and ensure that the expertise and skills are used by staff on higher dependent clients.

3. Consolidation of CNUs in Midlands

The HSE is proposing to consolidate the number of community nursing units in the Midlands. As part of this proposal the HSE is contemplating making a decision recommending to the Minister for Health that Abbeyleix and Shaen should or should not be closed and is engaging in a consultation process in relation to its potential decision.

This may result in three units in Longford/Westmeath: St Joseph’s, Longford; St Mary’s, Mullingar; and St Vincent’s, Athlone and four units in Laois/ Offaly:

Riada House, Tullamore; Mountmellick CNU; Birr CNU; and Ofalia House, Edenderry.

The HSE is contemplating making a decision to recommend to the Minister for Health the closure of Abbeyleix (n=28) and Shaen (n=27) by virtue of them having the least bed capacity in line with current 2015 HIQA requirements. A consultation process is being undertaken prior to any decision being made about whether Abbeyleix and Shaen may or may not close.

- **Implications for CNU Residents**

In the case of a unit which is subject to a consultation process and the outcome of that process is to close the unit then no residents will be placed in a more costly financial position, in terms of their care, than had they remained in the unit.

The care arrangements will be tailored to each individual's needs. These care arrangements are likely to be a combination of both private and public nursing services.

4. Ensure that the HSE Community Nursing Units are used to meet the needs of high dependency clients/residents with a focus on dementia care, palliative care and rehabilitation as much as possible

The staffing levels of public sector CNU's are high and these resources should be used to the full. In this regard the skills and expertise should be targeted at clients in greatest need such as dementia care, palliative care and rehabilitation as much as possible.

5. Tender out day services to non-HSE providers reusing the staff for other service needs

This process would involve tendering out day services for them to be provided by the private providers. For example, a number of private nursing homes have indicated an interest in providing such day services.

The benefit for this is that day services could become more targeted and bespoke. There would be an increase in the number of locations from which they are provided.

Existing HSE staff would be redeployed to other priority service needs

6. Reconfigure staffing released from closed CNUs/tendered out day services to address staffing deficits in various HSE services to help reduce/remove requirement for agency/overtime.

If a decision is made to close a CNU, then HSE staff will be redeployed.

The Croke Park Agreement provides that staff following discussions with themselves and their unions can be redeployed at least 45km from their current base.

The options for redeployment of HSE staff if a decision is made to close CNUs or tender respite/day services, would be targeted as follows (but not exclusively):

- Fill service gaps that continue to arise due to staff departure from existing services.
- Minimise/eradicate use of Agency/ Overtime/ Time Off In Lieu.
- Build/enhance the capacity of older person day services.
- Build/enhance the capacity of the home help services.

- Build/enhance the capacity of rehabilitation Services / short term intensive support services.
- Build/enhance the capacity for a community intervention service.

7. To ensure the most effective use of most resources

It is intended that the above will maximise the use of staffing that remains in the public sector and ensuring maximum use of monies.

The Consultation Process

The HSE Midlands is engaging in a consultation process that will give the residents/clients, general public and stakeholder groups an opportunity to discuss the potential closure of Abbeyleix and Shaen. The HSE values the input from these consultations.

The HSE acknowledges that the consultation process and the outcome of that process may cause anxiety for residents, their families and the staff. Bearing this in mind, the consultation process will be managed sensitively and with care.

The format of the consultation process is set out in detail in the HSE Protocol – Potential Closure of Public Long Stay Unit – see appendix 13 and a summary of the timeline for the consultation process is set out hereunder:

The following principles will be adhered to throughout the consultation process:

- Safety
- Minimising distress and disruption of services
- Dignity
- Choice
- Respect for family life
- Equality and diversity
- Privacy

The time period and format for consultation

The HSE will initiate a 12 week period of formal consultation which will include face to face contact with residents/clients and other interested parties explaining the reasons why the HSE is contemplating making a decision to recommend to the Minister for

Health that a unit should be closed. This consultation will include residents, their families, staff, stakeholders, unions and general public.

1. The timeline period for consultation

The total consultation and decision making process will run from 24th May 2012 – 14th August 2012. See appendix 1: Consultation Timetable for more detailed timelines but the following is the overview.

Month 1

The HSE will be issuing letters to residents notifying them that the HSE is contemplating making a decision to recommend to the Minister for Health the closure of a unit and providing them with an information document and inform them about the nature of the consultation process and format. Subsequently a letter with a proposed time and date for a meeting and an enclosed copy of the questionnaire to be discussed at the meeting will be issued to the resident. In addition, a similar letter will issue to staff and other interested parties. This will include a closing date for submission which will occur in the second month of the consultation process.

The HSE will also undertake a multidisciplinary health review of each resident and a report will be prepared. Separately an appropriate medical person, who is not involved with the unit, will carry out a paper based review of the multidisciplinary reports and prepare a medical assessment report for consideration by the person appointed by the HSE to make the decision about whether the unit should or should not be closed. The Designated Officer will recommend the decision to the Minister for

Health at the conclusion of the consultation process.

Month 2

The meetings will take place with residents and other interested parties including staff, unions, elected public representatives and action groups. All interested parties will be advised at the commencement of any meeting that their views and opinions may be included in a report published by the HSE and their consent to this will be obtained. The HSE will then advise that no personal information will be disclosed in any published report. However information may be made available under Freedom of Information.

The HSE will prepare a report following the conclusion of each meeting. The individual reports will include any written submissions received from the relevant interested party and in the case of the residents it will also include a completed questionnaire.

At the end of this 'individual meetings' process a composite meeting report will be prepared which will include all individual reports as sections in the overall report and include all copies of the written responses and questionnaire and this will be presented to the Designated Officer for consideration.

Month 3

The HSE may decide to publish documentation and information surrounding the consultation process with the exception of personal data and commercially sensitive data. The management of

the unit/service will submit a written response addressing any issues that have emerged during the course of the consultation process.

The person appointed by the HSE to make the decision about whether the unit should or should not be closed and to recommend that decision to the Minister for Health is called the Designated Officer and he/she will consider the following information prior to making their decision:

- The information document
- The composite meeting report including appendices
- The medical assessment report
- The management submission
- Any additional information which the Designated Officer deems relevant

The Designated Officer will then inform the National Director for Integrated Service Directorate/Performance and Financial Management of their decision for submission to the Minister. Once the Minister has communicated his decision to the HSE then it will be communicated to the residents/clients of the outcome of the consultation process. The HSE and the Minister for Health will announce the Ministers decision publicly.

The HSE Protocol – Potential Closure of Public Long Stay Unit – at appendix 13 sets out in more detail the nature and format of the consultation process.

Conclusion

Your participation is encouraged in this consultation process which enables moving towards a more fully integrated model of client-centred service delivery steered broadly by the HSE Service Planning for 2012 and beyond.

It is imperative that we deliver essential services to those most in need in the most appropriate setting. The HSE is also determined to ensure that the public's money is spent in the most efficient way.

Contact Information:

HSE Midlands
Arden Road
Tullamore
Co. Offaly

Tel: 057-9315856

Fax: 057-9315855

Email: midland.consultation@hse.ie

Website:

[http://www.hse.ie/eng/services/Publications/services/Older/Older Person Services Consultation and Information Document.pdf](http://www.hse.ie/eng/services/Publications/services/Older/Older%20Person%20Services%20Consultation%20and%20Information%20Document.pdf)

APPENDICES

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Acronyms Used

HSE	– Health Service Executive
HIQA	– Health Information and Quality Authority
NHSS	– Nursing Home Support Scheme
WTE	– Whole Time Equivalent
CNU	– Community Nursing Unit
CSO	– Central Statistics Office

Appendix 1: HSE Midlands Summary of Key Timelines

KEY ACTIONS / STAGES	Start	End
Issuing of Consultation Document	24 th May 2012	
Consultation with Residents & Next of Kin of Abbeyleix and St Brigid's Shaen	5 th June 2012	22 nd June 2012
Consultation with Staff and Unions	5 th June 2012	22 nd June 2012
Consultation with Elected Public Representatives	2 nd July 2012	13 th July 2012
Consultation with Interested Groups	2 nd July 2012	13 th July 2012
Closing Date for Submission of Written Responses	24 th May 2012	20 th July 2012
Preparation of report detailing the information supplied at the Consultation Process with Residents & Next of Kin, highlighting any themes as appropriate	25 th June 2012	29 th June 2012
Preparation of report detailing the information supplied at the Consultation Process with Staff and Unions	25 th June 2012	29 th June 2012
Preparation of report detailing the information supplied at the Consultation Responses from Elected Reps/Action Groups/Friends Of highlighting any themes as appropriate	13 th July 2012	20 th July 2012
Preparation of report detailing the information supplied at the Consultation response received in written format only	27 th July 2012	2 nd August 2012
Publication of Reports	27 th July 2012	27 th July 2012
Local Management Response to Reports of Consultation Responses and themes	31 st July 2012	7 th August 2012
Consideration by the Senior HSE Manager of: <ul style="list-style-type: none"> • Consultation Document • Consultation Responses • Reports on Consultation Responses highlighting themes • Local Management responses to Reports on Consultation Responses highlighting themes 	8 th August 2012	14 th August 2012
Submission of Decision by HSE to Dept for Decision	14 th August 2012	TBC
Announcement of Decision	TBC	TBC

Appendix 2: Information Document for Abbeyleix Community Nursing Unit

- **HSE Corporate & Service Plan Strategy overview**

Under the legislative framework of the Health Act, 2004, Section 31, the primary purpose of the annual HSE National Service Plan (NSP) is to set out how the Estimate (budget) allocated to the HSE will be spent in the given year on the type and volume of health and personal social services delivered to the people of Ireland, within the approved employment levels set out by Government. It is guided by the vision, mission, values and objectives of the organisation.

The National and Regional (i.e Dublin Mid Leinster) Service Plans are available by accessing the following web link.

<http://www.hse.ie/eng/services/Publications/corporate/nsp2012.html>

For ease of reference, the following links indicate PDFs of the:

National HSE Service Plan 2012 is available from:

<http://www.hse.ie/eng/services/Publications/corporate/nsp2012.pdf>

Executive Summary of the National HSE Service Plan 2012 is available from:

<http://www.hse.ie/eng/services/Publications/corporate/nspexecutivesummary2012.pdf>

Dublin Mid Leinster HSE Service Plan 2012 is available from:

http://www.hse.ie/eng/services/Publications/corporate/DML_Regional_Service_Plan_2012.pdf

- **Overview of Unit** – profile of Unit including description of and standard of the Unit, number and breakdown of beds, details and numbers of clients, dependency levels, accessibility etc.

The overview of the unit is taken from the most recent HIQA report of the 10 January 2012.

Abbeyleix Community Nursing Unit is a two-storey building with accommodation for 33 residents who have long term, respite and palliative care needs. There is a day-care centre attached to the building which accommodates approximately 25 older people from the local community each day.

The administrative, staff changing and seamstress facilities are on the first floor.

All residents live on the ground floor which is divided into two separate units, unit one and unit two. The centre has recently reduced its capacity and made changes to the bedroom accommodation. Currently there are eight single rooms, five twin rooms and five three-bedded rooms. None of these rooms have en suite facilities. There are nine assisted toilets and five assisted shower rooms.

Each unit has a sitting room-cum-dining room. The oratory is situated close to the main entrance. There is large visitors/multi-purpose room and a therapy room which is used by residents to do art work and relaxation sessions.

There are four sluice rooms with bedpan washers. The laundry is external to the building but within easy access. There is a well equipped kitchen which has adequate storage facilities.

The grounds are well maintained with flower beds, trees and shrubbery surrounding the centre. There is an enclosed garden which is easily accessible by all residents including those who use wheelchairs. Car parking is

to the front and rear of the building.

At the time of the Inspection the following are the dependency levels of the 28 clients (excluding the 3 Respite beds) were:

Max -15

High - 12

Medium - 1

Low – 0

- **Alternative Capacity** - details of the long stay capacity in the locality and the region. Consideration should also be given to demand/occupancy of the Unit over the past three year period.

There is capacity available in both private and Public Units locally. Geographically the closest unit to Abbeyleix CNU is located at Droimnin Nursing Home, Stradbally, Co Laois, where there are currently 32 beds available subject to a lead in commissioning time. Alternative capacity in the Private Nursing Home sector exists at Kilminchy Lodge Nursing Home Portlaoise, Ballard Lodge Nursing Home Portlaoise and neighbouring counties of Kildare, Tipperary and Kilkenny. The closest public unit is located at St. Vincent's Mountmellick (circa. 25 kilometres). The options considered will be the result of local discussions with Residents and Next of Kin.

- **Environmental Factors** – short, medium and long term viability of operating the unit eg. HIQA standards, requirement for minor or major capital, accessibility, transport, community.

The HSE Estates Department carried out an Audit based on information contained in the HIQA Standards.

It is the view of the HSE Estates Department that following reconfiguration to meet requirements, there will be end bed compliment of 27 beds with a capital investment of €1.7m.

- **Staffing** – the availability of adequate staffing to operate the Unit at a safe and effective level.

The Staffing level associated with the Unit is attached in the Appendix section.

It should be noted that this unit no longer requires use of agency to meet its need. This is reflected in a reduced number of beds.

- **Plan for existing staff if a decision is made to close the Unit.**

HSE Staff will be redeployed following any decision that may occur if a CNU is closed following consideration of the response from the Consultation Process.

The Croke Park Agreement provides that staff, following discussions with them and their unions, can be redeployed at least 45km.

The options for redeployment of HSE staff if a decision to close CNUs or tender respite/day services would be targeted as follows (but not exclusively):

- Fill service gaps that continue to arise due to staff departure from existing services
- Minimise/eradicate use of Agency/Overtime/ Time Off In Lieu

- Build/Enhance Capacity of Older Person Day Services
- Build/Enhance Capacity of the Home Help Services
- Build/Enhance Capacity of Rehabilitation Services / Short term intensive support Services
- Build/Enhance Capacity for a Community Intervention Service

- **Budget** – running costs and the continued availability of funding to ensure the unit can be operated at a safe and effective level.

The Budget and running costs of the Community Nursing Units are available of in the Appendix Section.

- **HSE Capital Strategy**

The HSE Capital Plan 2011 – 2016 is available by accessing the following weblink:

<http://www.hse.ie/eng/services/Publications/corporate/capitalplan20112016.pdf>

The Strategy details of all capital projects being progressed by the HSE are listed county by county.

- **Needs Assessment** – what will be required to ensure a smooth transition for residents should a decision be made to close. Social and healthcare assessment of each individual resident.

It should be noted that the HSE has been involved in the transfer of residents to alternative units in the past. The HSE will utilise these experiences for the benefit of residents in the Midlands where a CNU is identified for closure.

IF a decision is made to close the unit, then the HSE will ensure :

- The transfer will be overseen by a Project Team consisting of the Director of Nursing, Senior Management, Medical and Allied and Health Professionals.
- A key worker/contact will be assigned to all residents/next of kin to ensure ease of communication and ensure all issues are rapidly addressed.
- Discussion with residents and their next of kin on options
- Information received from the Consultation stage will be considered
- Facilitate visit of the Residents and next of kin to alternative private and public CNU's to make visit them
- Transfer of resident will take place to meet the needs of residents and these will be coordinated with needs of receiving public/private nursing unit.

- **Any other mitigating factors that need to be considered.**

There exists in the midlands as of March 2012, an excess of Public and Private Nursing Home beds in the midlands compared with 4% requirement of over 65 population

Appendix 3: Information Document for St. Brigid's Hospital/Community Nursing Unit, Shaen

- **HSE Corporate & Service Plan Strategy overview**

Under the legislative framework of the Health Act, 2004, Section 31, the primary purpose of the annual HSE National Service Plan (NSP) is to set out how the Estimate (budget) allocated to the HSE will be spent in the given year on the type and volume of health and personal social services delivered to the people of Ireland, within the approved employment levels set out by Government. It is guided by the vision, mission, values and objectives of the organisation.

The National and Regional (i.e Dublin Mid Leinster) Service Plans are available by accessing the following web link.

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Dublin Mid Leinster HSE Service Plan 2012 is available from:

http://www.hse.ie/eng/services/Publications/corporate/DML_Regional_Service_Plan_2012.pdf

- **Overview of Unit** – profile of Unit including description of and standard of the Unit, number and breakdown of beds, details and numbers of clients, dependency levels, accessibility etc.

The overview of the unit is taken from the most recent HIQA report of the 25th October 2011.

St. Brigid's Hospital is a two-storey over basement building that was originally opened as a tuberculosis sanatorium in 1932. It subsequently closed in 1968 and re-opened as a residential service for older people in 1970. The occupancy has since been reduced to 32 and there were 31 residents at the time of inspection, some of whom have dementia.

A large entrance area with seating leads onto the main corridor on the ground floor. The layout of the ground floor and first floor are similar in that both contain a nurse's station, clinical room, two adjoining day rooms, sluice room, cleaning room and store room. In addition to these facilities the dining room, main kitchen, sensory room, hairdressing room, which is also used for chiropody treatments, and a multi-denominational church are all located on the ground floor. A sensory room is available on the first floor and a visitors' room is located on the ground floor. Recreational activities take place in the day rooms and dining room.

The administration offices including the person in charge's office are situated in a secure area off the ground floor. There is a basement which contains a boiler room, separate male and female staff changing facilities, a sewing room and a file room used to archive old records. Access to the basement is controlled. Additional female staff changing facilities with locker storage are also provided on the first floor. A separate catering staff toilet and changing facilities are available beside the main kitchen.

Residents' bedrooms are located on both floors. Female residents occupy bedrooms on the ground floor and male residents live on the first floor. Bedroom accommodation had recently been reconfigured and now in

total there are two six-bedded rooms, one four-bedded room, one three-bedded room, four twin rooms and five single rooms. In addition there is an ante room on each floor and this is set aside for end-of-life care and in use only as required. There are no en suite bedroom facilities. There are nine toilets in total for use by residents and four of these are assisted toilets. A wheelchair accessible visitor's toilet is provided on the ground floor. A separate staff toilet is located on each floor. There are two assisted showers on each floor but no bath is provided.

The laundry room is located at the rear of the building. Additional facilities provided include a sensory garden and a mortuary which are also located at the rear of the main building. Ample parking for staff and visitors is located to the front of the building.

St. Brigid's Hospital is located in a rural setting approximately 7 kilometres from Portlaoise, County Laois.

At the time of the Inspection the following are the dependency levels of the 31 clients (excluding the 3 Respite beds) were:

Max -20

High - 5

Medium - 3

Low – 3

- **Alternative Capacity** - details of the long stay capacity in the locality and the region. Consideration should also be given to demand/occupancy of the Unit over the past three year period.

There is capacity available in both Private and Public Units locally. In terms of Public Units there is capacity at St Vincent's Mountmellick, Riada House Tullamore, Community Nursing Unit Birr and Ofailia House Edenderry. Whilst St. Vincents Mountmellick is geographically closest (circa. 10 kilometers), the three other Public Units located in County Offaly can offer accommodation for current residents at Shaen, who may wish to relocate closer to their homes. Private Nursing Home capacity in County Laois is available at Ballard Lodge Nursing Home Portlaoise, Kilminchy Lodge Nursing Home Portlaoise, Droimnin Nursing Home Stradbally, and Oakdale Nursing Home Portarlinton. The options considered will be the result of local discussions with Residents and Next of Kin.

- **Environmental Factors** – short, medium and long term viability of operating the unit eg. HIQA standards, requirement for minor or major capital, accessibility, transport, community.

The HSE Estates Department carried out an Audit based on information contained in the HIQA Standards.

It is the view of the HSE Estates Department following reconfiguration to meet requirements, there will be a bed capacity of 28 beds following an estimated capital investment of €2.0m.

- **Staffing** – the availability of adequate staffing to operate the Unit at a safe and effective level.

The Staffing level associated with the Unit is attached in the Appendix section.

It should be noted that this unit no longer requires use of agency to meet its need. This is reflected in a reduced number of beds.

- **Plan for existing staff if a decision is made to close the Unit.**

HSE Staff will be redeployed following any decision that may occur if a CNU is closed following

consideration of the response from the Consultation Process.

The Croke Park Agreement provides that staff, following discussions with them and their unions, can be redeployed at least 45km.

The options for redeployment of HSE staff if a decision to close CNU's or tender respite/day services would be targeted as follows (but not exclusively):

- Fill service gaps that continue to arise due to staff departure from existing services
- Minimise/eradicate use of Agency/Overtime/ Time Off In Lieu
- Build/Enhance Capacity of Older Person Day Services
- Build/Enhance Capacity of the Home Help Services
- Build/Enhance Capacity of Rehabilitation Services / Short term intensive support Services
- Build/Enhance Capacity for a Community Intervention Service

- **Budget** – running costs and the continued availability of funding to ensure the unit can be operated at a safe and effective level.

The Budget and running costs of the Community Nursing Units are available of in the Appendix Section.

- **HSE Capital Strategy**

The HSE Capital Plan 2011 – 2016 is available by accessing the following weblink:

<http://www.hse.ie/eng/services/Publications/corporate/capitalplan20112016.pdf>

The Strategy details of all capital projects being progressed by the HSE are listed county by county.

- **Needs Assessment** – what will be required to ensure a smooth transition for residents should a decision be made to close. Social and healthcare assessment of each individual resident.

It should be noted that the HSE has been involved in the transfer of residents to alternative units in the past. The HSE will utilise these experiences for the benefit of residents in the Midlands where a CNU is identified for closure.

IF a decision is made to close the unit, then the HSE will ensure :

- The transfer will be overseen by a Project Team consisting of the Director of Nursing, Senior Management, Medical and Allied and Health Professionals.
- A key worker/contact will be assigned to all residents/next of kin to ensure ease of communication and ensure all issues are rapidly addressed.
- Discussion with residents and their next of kin on options
- Information received from the Consultation stage will be considered
- Facilitate visit of the Residents and next of kin to alternative private and public CNU's to make visit them

- Transfer of resident will take place to meet the needs of residents and these will be coordinated with needs of receiving public/private nursing unit.

- **Any other mitigating factors that need to be considered.**

There exists in the midlands as of March 2012, an excess of Public and Private Nursing Home beds in the midlands compared with 4% requirement of over 65 population.

Appendix 4: Number of Public/Private Beds Available in Laois, Longford, Offaly and Westmeath as of 31/03/2012

Name	Town	County	Capacity
Private Provider	Stradbally	Laois	70
Private Provider	Portarlington	Laois	58
Private Provider	Portlaoise	Laois	24
Private Provider	Portlaoise	Laois	52
St Vincent's CNU	Mountmellick	Laois	130
Abbeyleix CNU	Abbeyleix	Laois	30
St Brigids CNU	Shean	Laois	30
Private Provider	Ballymahon	Longford	49
Private Provider	Edgeworthstown	Longford	61
Private Provider	Glebe	Longford	107
St Joseph's CNU	Longford	Longford	68
Private Provider	Banagher	Offaly	50
Private Provider	Shinrone	Offaly	56
Private Provider	Birr	Offaly	24
Private Provider	Ferbane	Offaly	51
Private Provider	Mucklagh	Offaly	67
Ofalia House	Edenderry	Offaly	34
Riada House	Tullamore	Offaly	34
Birr Community Nursing Unit	Birr	Offaly	76
Private Provider	Tyrrellspass	Westmeath	32
Private Provider	Athlone	Westmeath	17
Private Provider	Athlone	Westmeath	40
Private Provider	Athlone	Westmeath	55
Private Provider	Athlone	Westmeath	27
Private Provider	Killucan	Westmeath	50
Private Provider	Killucan	Westmeath	57
Private Provider	Moate	Westmeath	49
Private Provider	Castlepollard	Westmeath	21
Private Provider	Mullingar	Westmeath	52
Private Provider	Mullingar	Westmeath	52
Private Provider	Mullingar	Westmeath	37
Private Provider	Multyfarnham	Westmeath	60
St Mary's Nursing Home	Mullingar	Westmeath	48
St Vincents Nursing Home	Athlone	Westmeath	44
County	Capacity of Private Beds	Capacity of Public Beds	Total Bed Capacity
Laois	204	190	394
Offaly	248	144	392
Total	452	334	786
Longford	217	68	285
Westmeath	549	92	641
Total	766	160	926

Midlands Total

1218

494

1712

A number of private nursing units declined to provide the number in use thus at a minimum 130 beds were vacant in private sector at end April 2012.

As of 30th April 2012, the number of beds available in public long stay units was Laois/Offaly: 14, Longford/Westmeath: 3.

Appendix 5: Respite Beds, Provision, Activity, Spend & Families Benefiting

Name of Unit	Respite Bed Activity 31/03/2012	Contracted Private Respite Bed Activity	Pattern of Provision	Charge	No. of Families who Benefit
O'falia House	3	2	2 Weeks In	First 30 Days Free. €175 per week thereafter	12
Birr CNU	9	0	1 in 6 Weeks	First 30 Days Free. €175 per week thereafter	54
Abbeyleix CNU	5	0	2 in 2 Out	First 30 Days Free. €175 per week thereafter	9
Riada House	5	0	1 in 4 or 1 in 10	First 30 Days Free. €175 per week thereafter	29
Mountmellick CNU	5	0	Varied pattern	First 30 Days Free. €175 per week thereafter	30
St. Brigid's Shaen	2	0	1 in 1 out	First 30 Days Free. €175 per week thereafter	6
Longford Sector	Contracted	6	Varied pattern. Average of 5.5 weeks per client per year	First 30 Days Free. €175 per week thereafter	125
Athlone Sector	Contracted	2	Varied pattern. 5.5 weeks per client per year	First 30 Days Free. €175 per week thereafter	56
Mullingar Sector	Contracted	3	Varied pattern. 10 weeks per client per year	First 30 Days Free. €175 per week thereafter	72

Appendix 6: Residential Palliative Care Beds by CNU

Name of Unit	Palliative Care Beds	No of Admissions 2011
O'falia House	1	7
Birr CNU	1	5
Mountmellick CNU	2	3
St Joseph's	1	9
St. Vincent's (Level 3)	4	66

Appendix 7: Projected Direct Residential Care Staff WTE's on 01/03/12 (Not Including Day Care Staff)

	Nurse Management	CNM's	Nursing	Care Staff	Medical Officers	Chaplin	Hair dresser	Chiropody	Seamstress	Activity Person
Ofalia House Edenderry	1 wte	.94 x CNMII 1x CNMI (2 out 1/t sick & 1 Mat Leave)	13.55	27.49	0.37	0	Casual	Sessional	0	0.38
Birr CNU	1 X DON 1 X Asst.DON	4 X CNMII 3 X CNM1	22.78	18	1	0.3	0.38	Sessional	0	1.6
Abbeyleix CNU	1 x DON	2 x CNMII 2 x A/CNM 1	11.5	12.8	2	2	0.3	0	0.46	0.7
Riada House	1 x DON	1 x CNMII 2 X CNM1	10.74	15.06	0	0	0.38	0.08	0	0.79
St Vincents Mountmellick	1 x DON 1 x Asst.DON 1 x A/Asst DON	6.7 x CNMII 0.82 x CNM1 2.77 x A/CNM 1	40.76	48	2 X 15 hrs	1	0.69	Contracted	1	2
St Brigid's Hospital Shaen	1 x DON	1 x CNMII 1 x CNMI	14.46	14.98	1	0	0.25	Sessional	0.20	3 wte (1 CNS, 2 HCA'S)
St Josephs Care Centre	1 x A/DON	3 x CNMII 1 x CPC 3 x CNMI	30.11	38.74	0.4	1	1.15	Sessional	0.38	4.48
St Marys Mullingar	1 x DON 2 x A/DON	2 x CNMII 2 x CNMI	30.99	27.5	1	1	0.5	Sessional	0	3

St Vincents Athlone	0.5 DON 2 x A/DON	2 x CNMII 1 X CNS 2 x CNM1	18.58	17	0.84	0.18	0.27	0.75	0	2

Appendix 8: Public Community Nursing Units Direct Residential Care Bed Activity

Name of Unit	HIQA Registered Number of Beds	Total Beds in Use on 31/03/2012	Breakdown of Beds	Available Beds based on Staffing
Ofalia House Edenderry Opened in 1979	47	34	30 Long Stay 3 Respite 1 Palliative Care	2
Birr CNU New Purpose Built Facility Opened in 2004	90	70	60 Long Stay 9 Respite 1 Palliative Care	6
Abbeyleix CNU Opened in 1960	33	28	23 Long Stay 5 Respite	0
Riada House Opened in 1979	42	34	29 Long Stay 5 Respite	0
St Vincent's Mountmellick Opened in 1987	138	106	85 Long Stay 6 Dementia 8 YCS 10 Respite	8
St Brigid's Hospital Shaen Opened in 1970	32	26	24 Long Stay 2 Respite	4
St Joseph's Longford Built in 3 phases between 1967 & 1987	74	68	67 Long Stay 1 Palliative Care	0
St Mary's Mullingar Built in 1841 – a new purpose built facility (Cluain Lir) is due to open in April 2012	60*	52	46 Long Stay 6 Rehab	0
St Vincent's Athlone Built in 1946 – level 3 Palliative Care Unit attached with capacity of 4 beds built 2010	42	40	37 Long Stay 3 Palliative Care	3

* 48 beds long stay over period of time to increase to 60 with reciprocal reduction of psychiatry of later life bed

Appendix 9:

Income & Expenditure Account (Jan - March 2012)

	Tullamore	Abbeyleix	Birr	Edenderry	Mountmellick	Shaen	Mullingar	Longford	Athlone	Total Elderly Care
Income										
Fair Deal Estimated Income	431,102-	475,942-	806,611-	560,443-	1,658,576-	630,416-	1,016,800-	1,581,847-	941,993-	8,103,730-
Income from Patient Charges	77,432-	60,380-	203,959-	69,766-	282,935-	56,177-	108,455-	132,175-	106,040-	1,097,319-
Other Income (Canteen)	5,001-	669-	5,993-	5,598-	13,952-	4,964-	4-	26,198-	13,609-	75,987-
Total Income	513,535-	536,991-	1,016,563-	635,807-	1,955,463-	691,557-	1,125,258-	1,740,220-	1,061,642-	9,277,036-
Costs										
Direct Wages	559,935	562,007	1,116,662	664,654	2,029,858	710,696	1,221,640	1,622,572	903,476	9,391,500
Indirect Wages (Admin/Chaplain)	15,927	22,253	24,077	17,306	43,741	20,370	19,227	68,621	35,631	267,153
Total Pay Costs	575,862	584,260	1,140,739	681,959	2,073,599	731,066	1,240,867	1,691,193	939,107	9,658,653
Direct Non-Pay Costs										
Catering	19,166	16,578	35,675	16,423	57,321	16,314	65,883	51,660	24,295	303,314
Bedding / Clothing	70	300	270-	104-	1,461	2,047	4,891	772	172	9,337
Heat Power Light	20,267	34,915	54,912	30,802	74,184	24,168	57,967	103,970	52,629	453,814
Medical Supplies	10,907	5,378	14,322	9,292	39,313	7,516	20,043	31,073	16,088	153,934
Drugs	63	23,387	3,371	2,023	79,400	22,567	15,666	55,245	19,891	221,611
Telephone/Phone/Rates/Debts	982	12,585	13,175		18,729	4,916	21,231	35,087	10,337	117,043
Education			2,383		2,329	2,675	1,423	476		9,285
Furniture	400	818	641	494	2,321	660	2,274	1,550	241-	8,917
Capitation (Contract Respite)				20,805						20,805
Professional (HIQA)	2,379	2,257	5,490	2,867	7,940	2,986	4,236	2,535	1,830	32,520
Cleaning	8,963	12,154	21,331	10,410	54,358	10,637	13,123	29,936	12,975	173,887
Total Direct Non Pay	63,197	108,371	151,029	93,011	337,357	94,484	206,736	312,303	137,976	1,504,465
Indirect										
Maintenance	11,123	2,556	8,634	4,668	12,307	7,731	6,213	25,849	8,304	87,385
Travel	229	1,621	2,031	2,353	1,427	1,206	1,899	2,815	1,629	15,209
Patient Transport	527	59	1,482	1,011	5,527	1,000	10,366	23,317	3,945	47,233
Bank/Legal/Audit/Insurance	23		70	2,366	15	5	30	74	18	2,601
ICT Supplies		399	175		1,352			2,738	180-	4,484
Security	4,032	29	7,308	135-	1,512	30	2,217	10,394	6,132	31,520
Total Indirect Non Pay	15,934	4,665	19,699	10,263	22,140	9,971	20,724	65,188	19,847	188,432
Total Cost	141,458	160,305	294,904	149,427	477,634	143,964	343,070	328,464	35,288	2,074,514

Appendix 10: Summary of the Income & Expenditure Account (Jan - March 2011)

	Tullamore	Abbeyleix	Birr	Edenderry	Mountmellick	Shaen -	Mullingar	Longford	Athlone	Total Elderly Care
Total Income	- 513,535	- 536,991	- 1,016,563	- 635,807	- 1,955,463	- 691,557	- 1,125,258	- 1,740,220	- 1,061,642	- 9,277,036
Total Pay Costs	575,862	584,260	1,140,739	681,959	2,073,599	731,066	1,240,867	1,691,193	939,107	9,658,653
Total Direct Non Pay	63,197	108,371	151,029	93,011	337,357	94,484	206,736	312,303	137,976	1,504,465
Total Indirect Non Pay	15,934	4,665	19,699	10,263	22,140	9,971	20,724	65,188	19,847	188,432
Total Cost	141,458	160,305	294,904	149,427	477,634	143,964	343,070	328,464	35,288	2,074,514

Appendix 11: Average Cost Per Bed

Current Bed Numbers	34	28	70	34	106	26	52	65	42	457
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Average Costs per Bed	Tullamore	Abbeyleix	Birr	Edenderry	Mountmellick	Shaen	Mullingar	Longford	Athlone	Total Elderly Care
Average Weekly Cost per Bed	1,482	1,916	1,441	1,777	1,766	2,472	2,172	2,448	2,009	1,911
Average Staff Costs per Bed	1,303	1,605	1,254	1,543	1,505	2,163	1,836	2,001	1,720	1,626
Average Non Pay Costs per Bed	179	311	188	234	261	309	336	447	289	285
Average Weekly Income per Bed excl Fair Deal Income	175	166	224	158	205	166	160	156	194	185

Notes: Longford – Drugs costs are high due to Oncology drugs provided for one client
Maintenance and Paramedical staff are accounted for in the community budget.

Appendix 12: Bed Capacity vs Population by Area

County	65-69	70-74	75-79	80-84	Over 85	Total	4% of Over 65's	Capacity of Private Beds	Capacity of Public Beds	Total Bed Capacity	Variation
Laois	2664	1946	1556	1109	825	8100	324	204	190	394	70
Offaly	2870	2165	727	1183	964	7909	316.36	248	144	392	75.64
Total	5534	4111	2283	2292	1789	16009	640.36	452	334	786	
Longford	1633	1127	957	628	538	4883	195.32	217	68	285	89.68
Westmeath	3098	2364	1865	1310	1159	9796	391.84	549	92	641	249.16
Total	4731	3491	2822	1938	1697	14679	587.16	766	160	926	

Midlands

Total **10265** **7602** **5105** **4230** **3486** **30688** **1228** **1218** **494** **1712** **484**

Appendix 13:



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE Protocol Consultation Policy Document in relation to the Potential Closure of Public Long Stay Unit.

INTRODUCTION

This protocol has been drafted to provide a guide to HSE staff who are undertaking a consultation process in relation to a proposed closure of a public long stay residential unit (the “Unit”).

The protocol provides information on the consultation process that must be undertaken prior to any decision being reached on whether the Unit may or may not close.

This protocol has the following key sections:

1. **Guiding Principles**
2. **Consultation Process**
3. **Learning and outcomes**
4. **Appendix Documents: - Sample letters/Questionnaires/templates to be used in consultation process.**

SECTION 1 – GUIDING PRINCIPLES

- 1.1 The HSE acknowledges that the consultation process and the outcome of that process may cause anxiety for residents where the Unit is their home and also staff of the Unit. Bearing this in mind, the consultation process should be managed sensitively and with care.
- 1.2 The views of residents and/or named next of kin/representatives (“**Residents**”) are an important factor to be considered by the HSE prior to making a decision to recommend to the Minister for Health (the “**Minister**”) about whether a Unit should or should not close. There will be an open and transparent consultation process with

Residents. Other interested parties who will also be invited to participate in the consultation process including staff, unions, elected public representatives and action groups.

- 1.3 Information about the consultation process should be made available in a mode and language appropriate to the individuals involved. Where possible, information should be made available to Residents in a manner which allows them an opportunity to reflect upon it particularly in circumstances where information is given orally to Residents.
- 1.4 It is important that the HSE endeavours to communicate with Residents and other parties in the consultation process in a consistent and timely manner. It is also important that all written records about the consultation process are comprehensive, secured and archived.
- 1.5 Where a Resident is unable to consent or make an important decision because of mental or physical incapacity, arrangements should be put in place to ensure their next of kin or representative is consulted on behalf of the Resident.
- 1.6 The following principles should be adhered to throughout the consultation process:-
 - Safety
 - Minimising distress and disruption of services
 - Dignity
 - Choice
 - Respect for family life
 - Equality and diversity
 - Privacy
- 1.7 It also needs to be recognised that the HSE operates within the boundaries of resource constraints. Realistic expectations and planning should be utilised to make the best use of available staffing and resources.
- 1.8 Patient safety and health is of paramount concern in the conduct of any consultation process and the consultation process is focused on understanding the needs and preferences of the Residents.
- 1.9 The HSE may choose to publish documentation and information surrounding the consultation process with the exception of personal data and commercially sensitive data.

SECTION 2 – GENERAL GUIDELINES

- 2.1 This section of the protocol sets out the general guidelines that should be followed by the relevant HSE personnel in circumstances where the HSE is commencing a

consultation process in relation to its potential decision to recommend to the Minister for Health that a Unit should or should not be closed.

- 2.2 A 12 week period of formal consultation is recommended however a longer or shorter time frame may be necessary. This process should not be rushed and should include face-to-face contact with Residents and other interested parties (where appropriate) explaining the reasons why the HSE is contemplating making a decision to recommend the closure of the Unit. The consultation process should include Residents, staff, general public, stakeholders and Unions and any other interested parties as are deemed appropriate.
- 2.3 A Consultation Team should be put in place and should be made up of the appropriate HSE staff who are in a position to offer information and assistance to Residents throughout the consultation process.
- 2.4 During the course of the consultation process all interested parties should be given an opportunity to make representations or observations, either in writing or orally.
- 2.5 The purpose of the consultation process is to open a formal channel of communication with interested parties about the potential closure of the Unit and to facilitate consultations with each Resident about their needs (medical, psychological, physical and social).
- 2.6 The consultation process, and the conduct and outcome of that process, is of importance to the HSE. This is because the outcome of the consultation process will be a factor to be considered by the HSE in making its decision to recommend to the Minister for Health that the Unit should or should not be closed.
- 2.7 The purpose of this section of the guideline is to outline the eight stages of the consultation process. The stages can be summarised under the following headings which are expanded upon in this guideline:
 1. The purpose of the consultation process;
 2. The timetable/time period for consultation;
 3. Who is invited to participate in the consultation;
 4. Individual meetings with Residents and the format and outcome of those meetings;
 5. Who conducts the consultation interview with Residents;
 6. Consultation with other interested groups;
 7. The recommendation making process;
 8. The outcome of the consultation process and the next steps including communicating the outcome to Residents and/or interested groups.

Appendix 6 gives a diagram of the different phases of the Consultation Process.

CONSULTATION PROCESS

1. The purpose of the consultation

1.1 The HSE is contemplating making a decision to recommend to the Minister for Health that a Unit should be closed. Prior to making any decisions, the HSE wishes to engage in a meaningful consultation process with all interested parties.

1.2 The purpose of the consultation is to explore with Residents:

- (a) their physical, medical, psychological and any other requirements;
- (b) the alternative accommodation options available to suits their needs;
- (c) if applicable, any special transfer requirements;
- (d) if applicable, the format of the transfer itself; and

to also explore with Residents and/or interested parties the following topics:

- (e) to explain the reasons why the HSE is contemplating making a decision to recommend to the Minister for Health that a Unit should be closed.
- (f) to ascertain their views.

2. The timetable/time period for consultation

2.1 The HSE should write to each Resident informing them that the HSE is contemplating making a decision to recommend to the Minister for Health the closure of the Unit to notify Residents about the consultation process, its nature and the time period for consultation. A letter should also issue to other interested parties including, staff, unions, elected public representatives and action groups as appropriate. A three month consultation time period is suggested, however the consultation process may be shorter or longer depending on the circumstances of each case. Please see **appendix 1** for a copy of the consultation timetable.

2.2 The three month consultation period can be broken down into the following constituent parts:

(a) **Month 1**

(i) A letter should be sent to Residents notifying them that the HSE is contemplating making a decision to recommend to the Minister for Health the closure of the Unit and informing them about the nature of the consultation process and its format. Please see **appendix 2** for a copy of the notification letter to Residents.

(ii) A letter should be sent to Residents outlining the consultation meeting date and time and enclosing a copy of the

questionnaire to be discussed at the meeting. In certain circumstances the HSE should consider sending one letter to Residents outlining the information set out in 2.2(a)(i) and 2.2(a)(ii)

- (iii) A multi disciplinary health review of each Resident should be carried out and a report prepared. The HSE will appoint an appropriate medical person, who is not involved in the Unit, to carry out a paper based review of all the Residents multi disciplinary reports and prepare a medical assessment report for consideration by the person appointed by the HSE to make the decision to recommend to the Minister for Health (the “**Designated Officer**”) at the conclusion of the consultation process. The medical assessment report should not contain any information which would enable the patient to be identified
 - (iv) A letter should issue to staff in the Unit notifying them that the HSE is contemplating making a decision to recommend closure of the unit to the Minister for Health and informing them about the nature of the consultation process and its format.
 - (v) A letter should be sent to other interested parties including, unions, elected public representatives and action groups as appropriate notifying them that the HSE is contemplating making a decision to recommend to the Minister for Health the closure of the unit and informing them about the nature of the consultation process and its format.
 - (vi) The HSE should issue an “Information Document” which provides information on the Unit that is the subject of the consultation process. (See **appendix 3** which set out the information that should be included in the information document).
- (b) **Month 2**
- (i) Meetings should take place with Residents and other interested parties including staff, unions, elected public representatives, and action groups, as appropriate. The interested parties should be advised at the commencement of any meeting that their views and opinions may be included in a report published by the HSE and their express consent to this should be obtained. They should be advised that no personal information will be disclosed in any published report. They should also be advised that any information provided may be made available under a Freedom of Information request.
 - (ii) A report should be prepared following the conclusion of each meeting with the Residents and/or interested parties (“**Individual Reports**”). The Individual Reports should append any written submissions received from the relevant

interested party and in the case of Residents it should also include the completed questionnaires. The Individual Reports should not contain any recommendations and should not contain any personal information which would allow the Resident to be identified in a published report.

- (iii) The closing date for the submission of written responses from all interested parties should occur at the end of the second month.
- (iv) A composite meeting report should be prepared which includes all the Individual Reports as sections in the overall report and appended to the report should be copies of all the written responses and questionnaires. This report should be presented to the Designated Officer for consideration.

(c) **Month 3**

- (i) The HSE may decide to publish documentation and information surrounding the consultation process with the exception of personal data and commercially sensitive data.
- (ii) The management of the Unit should submit a written response addressing any issues that have emerged during the course of the consultation process.
- (iii) The Designated Officer at the conclusion of the consultation process consider the following information prior to the making their decision to recommend to the Minister for Health that the Unit should or should not be closed:
 - (A) The Unit Information Document (see section 2.2(a)(vi));
 - (B) The composite meeting report including appendices (see section 2.2(b)(iv));
 - (C) The medical assessment report (see section 2.2(a)(iii));
 - (D) The management of the Units submission on the potential closure (see section 2.2(c)(ii));
 - (E) Any additional information which the Designated Officer deems relevant.
- (iv) The Designated Officer should inform the National Director Integrated Services/Chief Executive HSE of their decision to recommend that the Unit should or should not be closed for submission to the Minister for Health.
- (v) Once the Minister for Health has communicated his decision to the HSE then it should inform each Resident of the Unit of the outcome of the consultation process.

- (vi) The HSE and the Minister/Department of Health should announce the Minister's decision publicly.

3. **Who is invited to participate in the consultation process**

- 3.1 The Residents are invited to participate in the consultation process. Each Resident is invited to attend a meeting and bring someone of their choice to the meeting.
- 3.2 Staff and unions should also be invited to participate in the consultation process.
- 3.3 Elected public representatives should be invited to participate in the consultation process.
- 3.4 Management of the Unit should be invited to participate in the consultation process.
- 3.5 Any other interested groups, such as action groups, may be invited to participate in the consultation process, as appropriate.
- 3.6 A newspaper advert should be placed in a newspaper which is local to the Unit and the advert should advise that a Consultation Process is taking place and inviting participation from interested parties.

4. **Individual meetings with Residents (format and outcome)**

- 4.1 During the course of the consultation process each Resident should be given the opportunity to attend a meeting in the Unit with a representative from the HSE and a nurse from the Unit. The Resident should be invited to bring a representative should they wish to do so. In advance of the meeting, the Resident should be provided with a copy of the questions to be addressed at the meeting (see section 2.2(a)(ii)). The purpose of the meeting is to address any questions the Residents may have, to explore with the Resident their needs and concerns in relation to the fact that the HSE is contemplating making a decision to recommend to the Minister for Health the closure of the Unit to explain why the HSE is considering the matter. The Resident should be given an opportunity to make any oral representations and can also submit written representations at or following the meeting. There is no obligation on the Resident to attend the consultation meeting and they can choose not to and make a written submission instead or alternatively do nothing.
- 4.2 As set out in section 2.2(b)(ii) an Individual Report should be prepared following the conclusion of each meeting with the Residents. The Individual Reports should append any written submissions received and it should also include the completed questionnaires. The Individual Reports should not contain any recommendations and should not contain any personal information which would allow the Resident to be identified.

5. **Who conducts the consultation interview with Residents**

- 5.1 The consultation interview with each Resident should be lead by a HSE representative. A nurse from the Unit should be the note taker and record the comments made and views of the Resident. The Resident should be advised

at the commencement of any meeting that their views and opinions may be included in a published report but no personal data would be included in that report which would enable them to be identified and their express consent to this should be obtained.

5.2 Prior to the commencement of the interview the HSE representative should present to the Resident the Data Protection Consent Form enclosed as **appendix 4**. It is prudent, and for compliance with the Data Protection Acts 1988 and 2003 for a formal consent to be obtained from each Resident to the collection of their data, together with an explanation of the proposed use of any data collected from them as part of the consultation process. The Resident should be advised at the commencement of any meeting that their views and opinions may be included in a published report but no personal data would be included in that report which would enable them to be identified. It should also be explained to Residents that their comments in an anonymous form, may be obtainable under the Freedom of Information Acts 1997 and 2003.

5.3 **Advice and Considerations for Interviewers**

- (a) Change is by its nature unsettling and particularly so for older people. The Residents concerns should be managed sensitively during interviews and interviewers should reassure Residents that their views are of concern to the HSE in making its decision.
- (b) If a Resident has a cognitive functioning deficit or issue this should be addressed in advance of the consultation.
- (c) If the Resident attends the consultation meeting with a number of parties it would be prudent to identify at the commencement of the meeting who is advocating on behalf of the Resident.
- (d) The interviewer should explain at the commencement of the interview that she/he will ask the questions, a response will be given and recorded. The interviewer should explain to Residents at the commencement of the interview that they can raise additional questions with the interviewer and the interviewer will do their best to respond to the questions but further clarification may be required in order to adequately respond to certain questions.

5.4 **Consultation Questionnaire**

- (a) Please find attached at **appendix 5** the questionnaire to be distributed to Residents in advance of the consultation interview.

6. **Consultation with other interested groups**

6.1 Consultation should take place with staff, including Management, Unions, Oireachtas Members, Local Elected Public Officials and other interested groups.

6.2 The HSE representative should arrange meetings with each interested party to outline the HSE's proposals and to address any questions as appropriate.

- 6.3 Written submissions can be made and they should be duly considered.
- 6.4 A report should be prepared following the conclusion of any meeting with any interested party and the Individual Reports should append any written submissions received.
- 6.5 The consultation with interested groups should not include discussion on specific Residents. The interest group should be advised at the commencement of any meeting that their views and opinions may be included in a published report and their consent to this should be obtained. They should also be advised that any information they provide may be made available under a Freedom of Information request.
- 6.6 Any meetings with staff and unions should follow normal guidelines and procedures.

7. The Recommendation Making Process

- 7.1 The Designated Officer should not be involved in the consultation process and should at the conclusion of the consultation process and prior to making any decision consider the documents below and then make a decision to recommend to the Minister for Health that the Unit should or should not be closed:-
 - (a) The Unit Information Document (see section 2.2(a)(vi)) ;
 - (b) The composite meeting report (see section 2.2 (b)(iv));
 - (c) The medical assessment report (see section 2.2.(b) (iii));
 - (d) The management of the Units submission on the potential closure (see section 2.2(c)(ii) .
 - (e) Any additional information that the Designated Officer deems relevant.
- 7.2 No HSE staff who are involved in facilitating the consultations should be involved in the recommendation making process.
- 7.3 Information submitted or provided during the consultation process, may be made available under a Freedom of Information request and interested parties should be advised of same.

8. The outcome of the consultation process and communicating the outcome to Residents

- 8.1 The Designated Officer should inform the National Director Integrated Care/Chief Executive HSE of their decision to recommend that the Unit should be or should not be closed for submission to the Minister for Health.
- 8.2 This decision to recommend that the Unit should or should not be closed should then be forwarded to the Minister for Health for consideration.

- 8.3 Once a decision has been made by the Minister, the decision should be communicated to the HSE who will then communicate with Residents and then a public statement should be issued by the HSE in conjunction with the Department of Health/Minister about the outcome of the consultation process.

SECTION 3 – LEARNING AND OUTCOMES

- 1.1 It is recommended that this protocol is formally reviewed annually.
- 1.2 To facilitate a continuous approach to learning and improvement, it is recommended that each time the protocol is utilised, the Lead Manager overseeing the process, following the debriefing of residents, their representatives and staff will complete a short learning report and make recommendations around any necessary changes required in the protocol.

This should be done within 3 months of the decision being announced.

APPENDIX 1

Suggested Time Table for Consultation Process

The start and end dates should be amended to suit the Consultation Process for the particular area involved to reflect the date the Consultation Process commences. The dates below are for guidance purposes only

KEY ACTIONS / STAGES	Start	End
Issuing of Consultation Document		
Consultation with Residents & Next of Kin		
Consultation with Staff and Unions		
Consultation with Elected Public Representatives		
Consultation with Interested Groups		
Closing Date for Submission of Written Responses		
Preparation of report detailing the information supplied at the Consultation Process with Residents & Next of Kin, highlighting any issues as appropriate		
Preparation of report detailing the information supplied at the Consultation Process with Staff and Unions		
Preparation of report detailing the information supplied at the Consultation Responses from Elected Reps/Action Groups/Friends Of highlighting any issues as appropriate		
Preparation of report detailing the information supplied at the Consultation response received in written format only		
Publication of composite reports		
Local Management Response to composite reports of Consultation Responses		
Consideration by the Designated Officer of: <ul style="list-style-type: none"> • The Unit Information Document • The composite meeting report • The medical assessment report; • The management of the Units submission on the potential closure • Any additional information which the Designated Officer deems relevant 		

KEY ACTIONS / STAGES	Start	End
Submission of the decision to recommend that the Unit should or should not be closed by Designated Officer to National Director Integrated Services/Chief Executive. HSE for submission to the Minister for Health		
Submission of decision to the Minister for Health		
The Minister makes his decision		
Communication of decision to Residents and Interested Parties		
Publication of decision by the Minister/HSE/Department of Health		

APPENDIX 2

[DRAFT LETTER TO RESIDENT OF NURSING HOME THE SUBJECT OF A POTENTIAL CLOSURE DECISION]

[insert name of resident]
[insert address]

[insert date]

Re: [insert name and address of nursing home]

Dear [insert name],

I write to inform you that the HSE is contemplating making a decision to recommend to the Minister for Health that the above nursing home should be closed and to arrange for your transfer to a suitable alternative nursing home. **[If a term other than “nursing home” is more appropriate, that other term should be substituted for the words “nursing home”].**

I also wish to inform you that before making a decision to recommend to the Minister for Health on whether or not to close the nursing home or making any transfer decisions, the HSE proposes to engage in a consultation process in relation to its potential recommendation in this regard. The HSE will be writing to you further in relation to that consultation process but, at this stage, I wish to inform you that if you or anyone authorised to act on your behalf wishes to make any representations or observations regarding any aspect of the potential recommendation of the HSE, there will be an opportunity to do so in the context of the consultation process. The HSE will, of course, have regard to any such representations or observations (and other relevant matters including your health and welfare, the wishes of individuals to remain together, medical and nursing input, staffing resources issues and financial issues) when making its recommendation(s) in relation to the nursing home.

If you have any queries in relation to the above, please do not hesitate to contact me.

Yours faithfully,

[insert name of representative of the HSE and his/her position in the HSE]

cc [the authorised / appointed representative of the above-named resident]

APPENDIX 3

Information Document (Part of Consultation Process)

The management overseeing the consultation process should prepare an Information Document which should include the following information:-

- **HSE Corporate & Service Plan Strategy overview**
- **Overview of Unit** – profile of Unit including description of and standard of the Unit, number and breakdown of beds, details and numbers of clients, dependency levels, accessibility etc.
- **Alternative Capacity** - details of the long stay capacity in the locality and the region. Consideration should also be given to demand/occupancy of the Unit over the past three year period.
- **Environmental Factors** – short, medium and long term viability of operating the unit eg. HIQA standards, requirement for minor or major capital, accessibility, transport, community.
- **Staffing** – the availability of adequate staffing to operate the Unit at a safe and effective level.
- **Plan for existing staff if a decision is made to close the Unit.**
- **Budget** – running costs and the continued availability of funding to ensure the unit can be operated at a safe and effective level.
- **HSE Capital Strategy**
- **Needs Assessment** – what will be required to ensure a smooth transition for residents should a decision be made to close. Social and healthcare assessment of each individual resident.
- **Any other mitigating factors that need to be considered.**

This document should be made available to all interested parties involved in the Consultation Process and should be available when the Consultation Process commences.

APPENDIX 4

DRAFT Resident Consent Form

Introduction

The HSE is contemplating making a decision to recommend to the Minister for Health to close the [NAME TO BE INSERTED] Community Nursing Unit (the “Unit”). Before reaching any decision the HSE proposes to engage in a consultation process. The HSE wishes to obtain your views as part of this consultation process. If you or anyone authorised to act on your behalf wishes to make any representations or observations regarding any aspect of the potential recommendation of the HSE, there will be an opportunity to do so in the context of the consultation process.

The HSE will, of course, have regard to any such representations or observations (and other relevant matters including your health and welfare, the wishes of individuals to remain together, medical and nursing input, staffing resources issues and financial issues) when making its decision to recommend that the nursing home should or should not be closed. For the avoidance of doubt, there is no obligation on you to engage in this consultation process nor to provide any submission to the HSE.

Reports

Your views and opinions which the HSE obtains as part of this consultation process may be included in certain reports prepared and published by the HSE and shared with the person ultimately responsible for making the decision in relation to the Unit. A report will be prepared following the conclusion of each meeting with each resident of the Unit and/or interested parties. Such individual reports will append any written submissions received from each resident together with a resident’s completed questionnaire. However the individual reports will not contain any personal information which would allow you or another resident to be identified in a published report. In addition a composite report will be prepared which includes all the individual reports as sections in the overall report and appended to the report will be copies of all the written responses and questionnaire. The HSE may publish a summary of the composite meeting report, less the appendices which contain written submissions and completed questionnaires received. This report will be presented to the Designated Officer appointed by the HSE for consideration as part of the consultation process. Again the composite reports shall not contain any personal information which would allow an individual resident or interested party to be identified in a published report.

Privacy and Confidentiality

Patient safety, health, confidentiality and privacy is of paramount concern in the conduct of any consultation process and this consultation process is focused on understanding the needs and preferences of those effected by any potential closure of the Unit, in order to reach the right outcome for all concerned. The Health Services Executive, shall comply with its obligations under the Data Protection Acts 1988 and 2003 in the collecting, processing, keeping, using and disclosing of your personal data. Please note that subject to compliance with privacy consideration, information submitted or provided during the consultation process may be made available under a freedom of information request.

By signing this form I give consent, pursuant to the Data Protection Acts 1988 and 2003, to the Health Services Executive collecting and processing¹ my personal data (which includes information regarding my health, my condition, and my treatment) for the purposes outlined, and in the manner described, in this form.

Date: _____

Signature of Consenting Individual: _____

Print Full Name of Consenting Individual: _____

Address of Consenting Individual: _____

¹ Any sharing of personal data envisaged should be identified.

APPENDIX 5

Draft Questionnaire

9. In advance, the two interviewers should have transcribed the following information into the questionnaire :
 - 9.1 Name of resident
 - 9.2 Home address of resident
 - 9.3 Next of kin – Contact details (address/phone number)
 - 9.4 Name of person accompanying resident at interview – (relationship to resident)
 - 9.5 Residents Date of admission
 - 9.6 Current accommodation type (Single/Double/other)
 - 9.7 Current GP (if different from Unit medical officer)
 - 9.8 Details of physical or cognitive ability/impairment
 - 9.9 Special requirements (equipment/medicines/therapies etc), if any?
 - 9.10 Regular visitors (who, how often, home address, means of transport etc)

Introduction and Outline of Interview

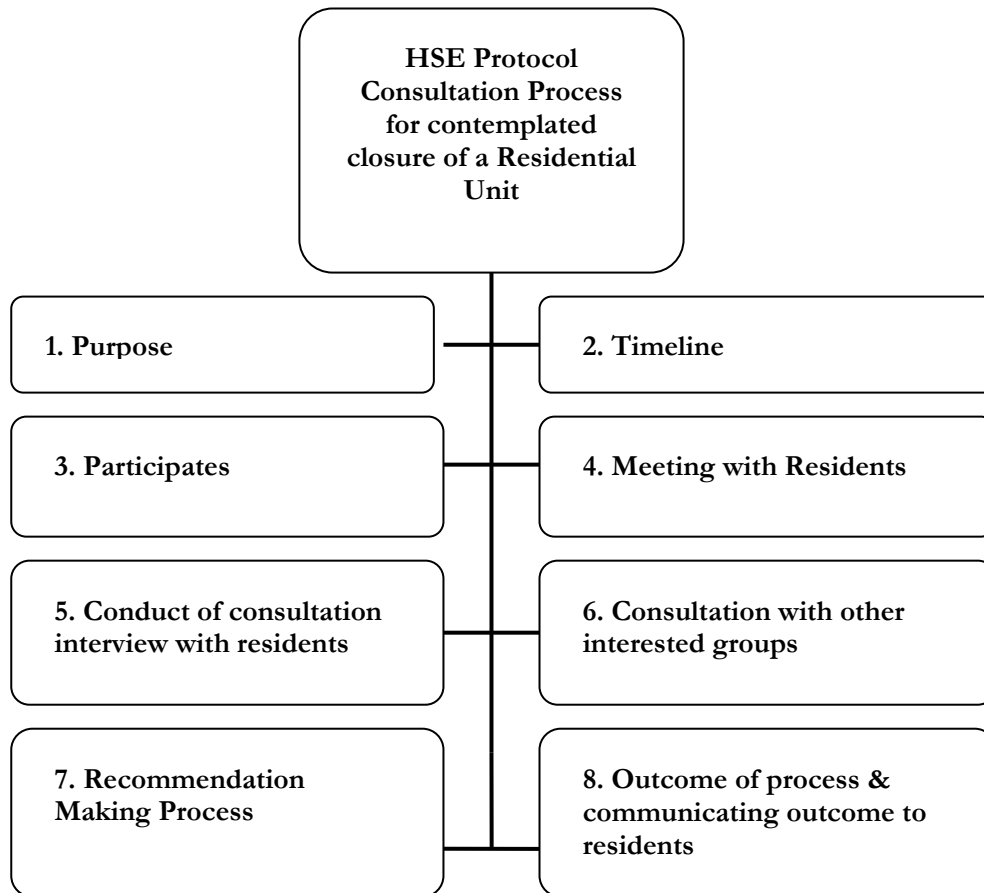
10. Explain who the interviewers are, their job title and role.
11. The interviewer is to explain why the HSE is contemplating making a decision to recommend the closure of the Unit (the factors relevant to that Unit) to the Minister for Health, the nature of the consultation process, where the interview fits in with the consultation process and what will occur after the interview has concluded including the decision making process and timing of same.

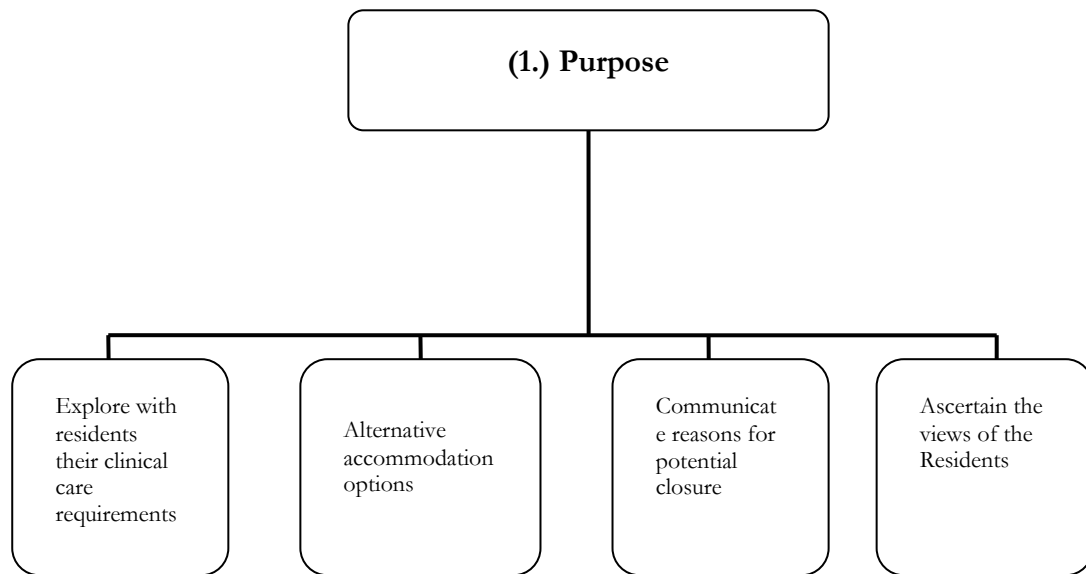
Proposed Questions :

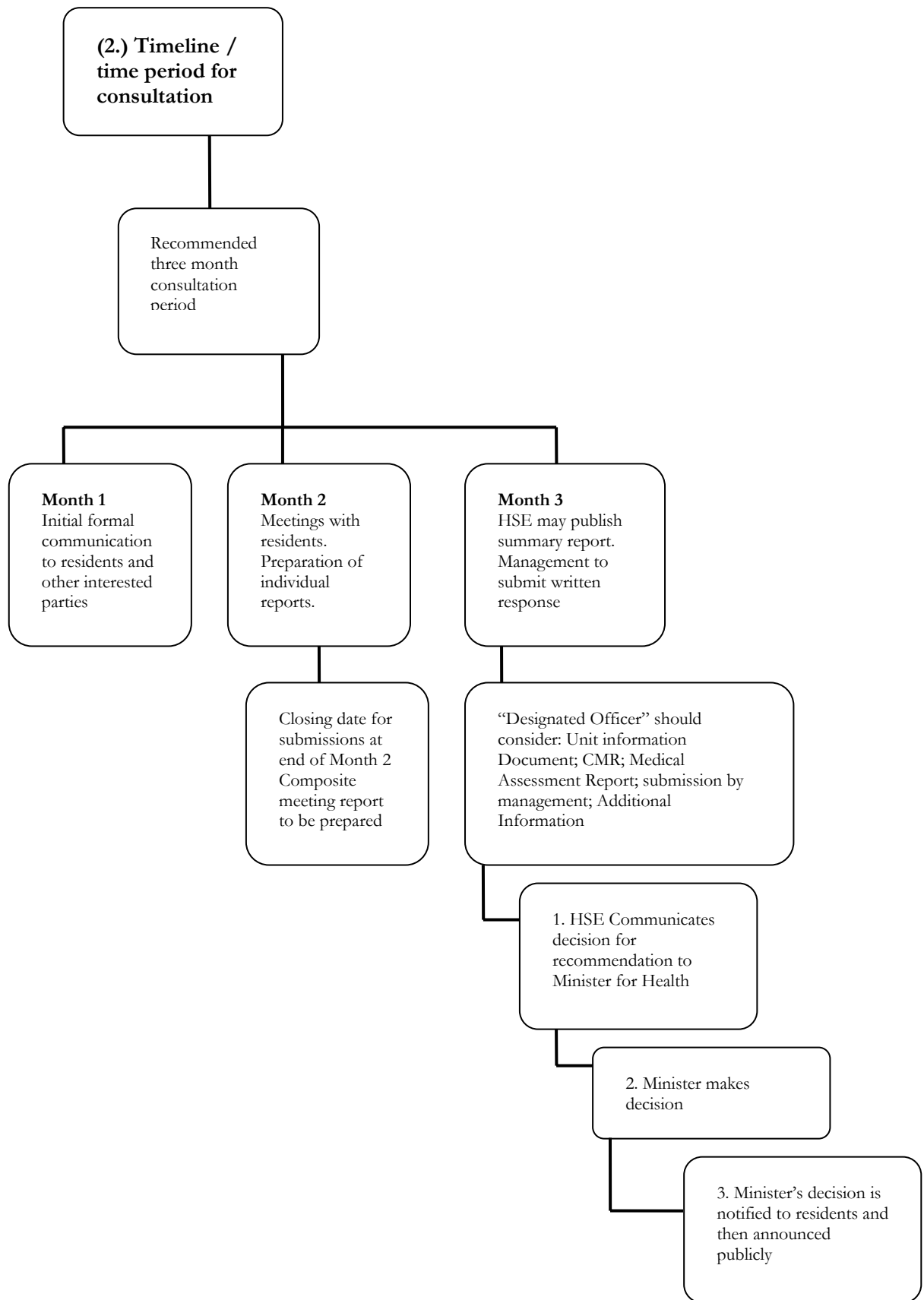
12. Why were you admitted to the Unit?
13. Why did you chose the Unit?
14. What do you like or not like about the Unit?
15. Do you have a view about the HSE's proposal to close the Unit?
16. If you were to move to another Unit what facilities would you like to have available to you?
17. If you were to move to another Unit what type of facilities are a priority for you?
18. What type of bedroom do you currently have? Are you open to sharing a bedroom if you currently don't share?

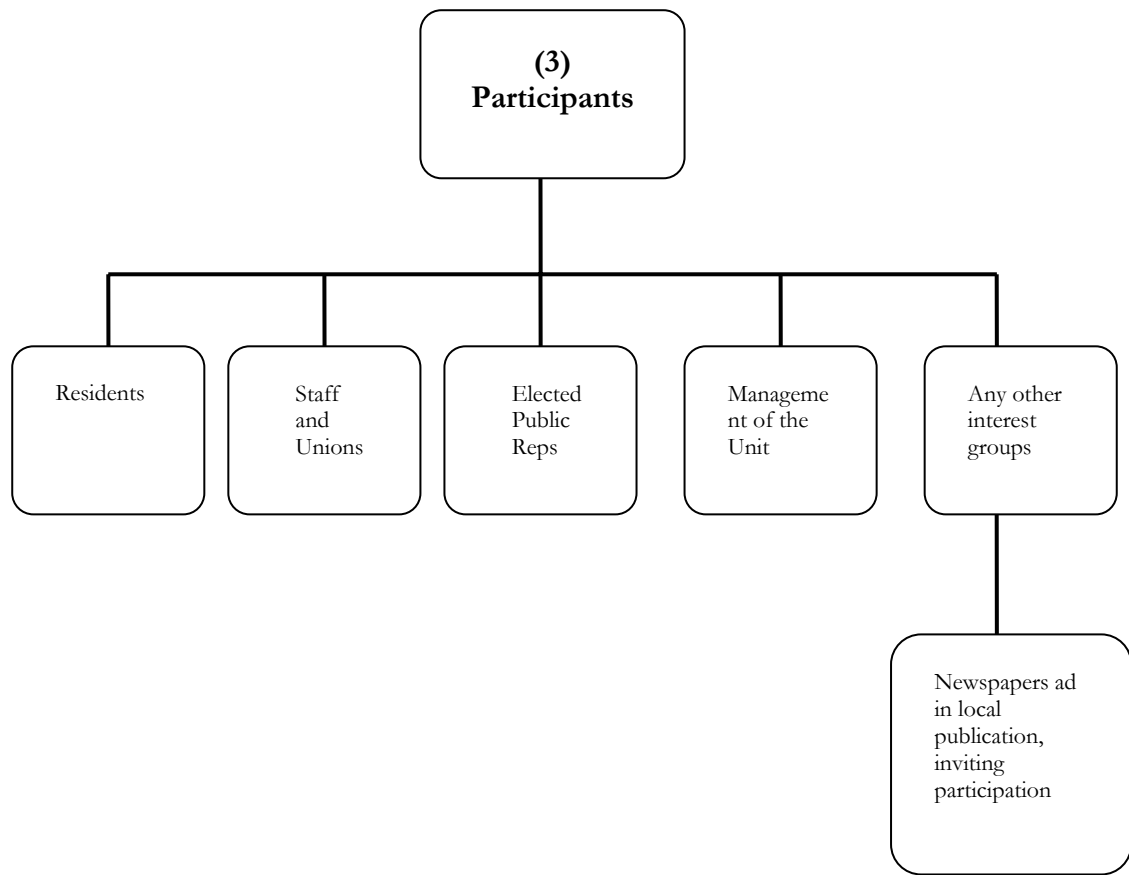
19. What are the important relationships for you?
 - 19.1 Good friends?
 - 19.2 Family?
 - 19.3 Staff?
20. What activities or events that take place in the Unit are important for you?
21. If you were to move to another Unit where would your first preference be out of the following options: [details to be included] and if this is not available what would be your second preference?
22. Do you have any questions – is there anything we haven't covered or anything you'd like to add?
23. You will have an opportunity until XXXXX to provide any further written information if you think of anything they would like to add.

APPENDIX 6

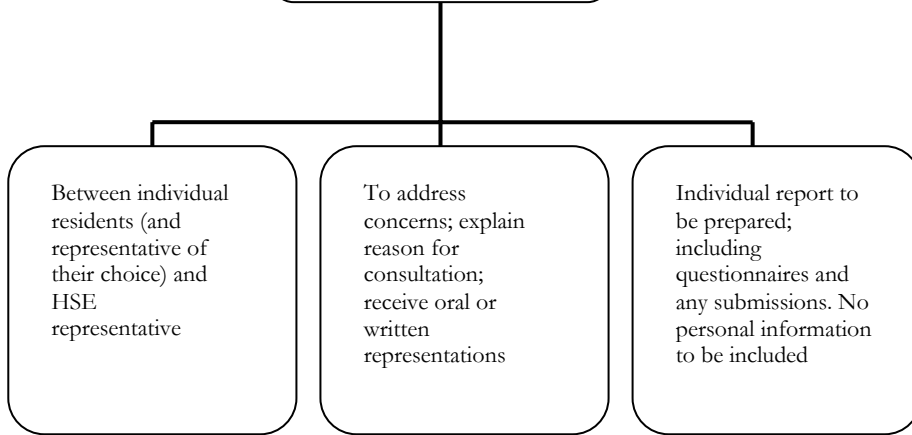


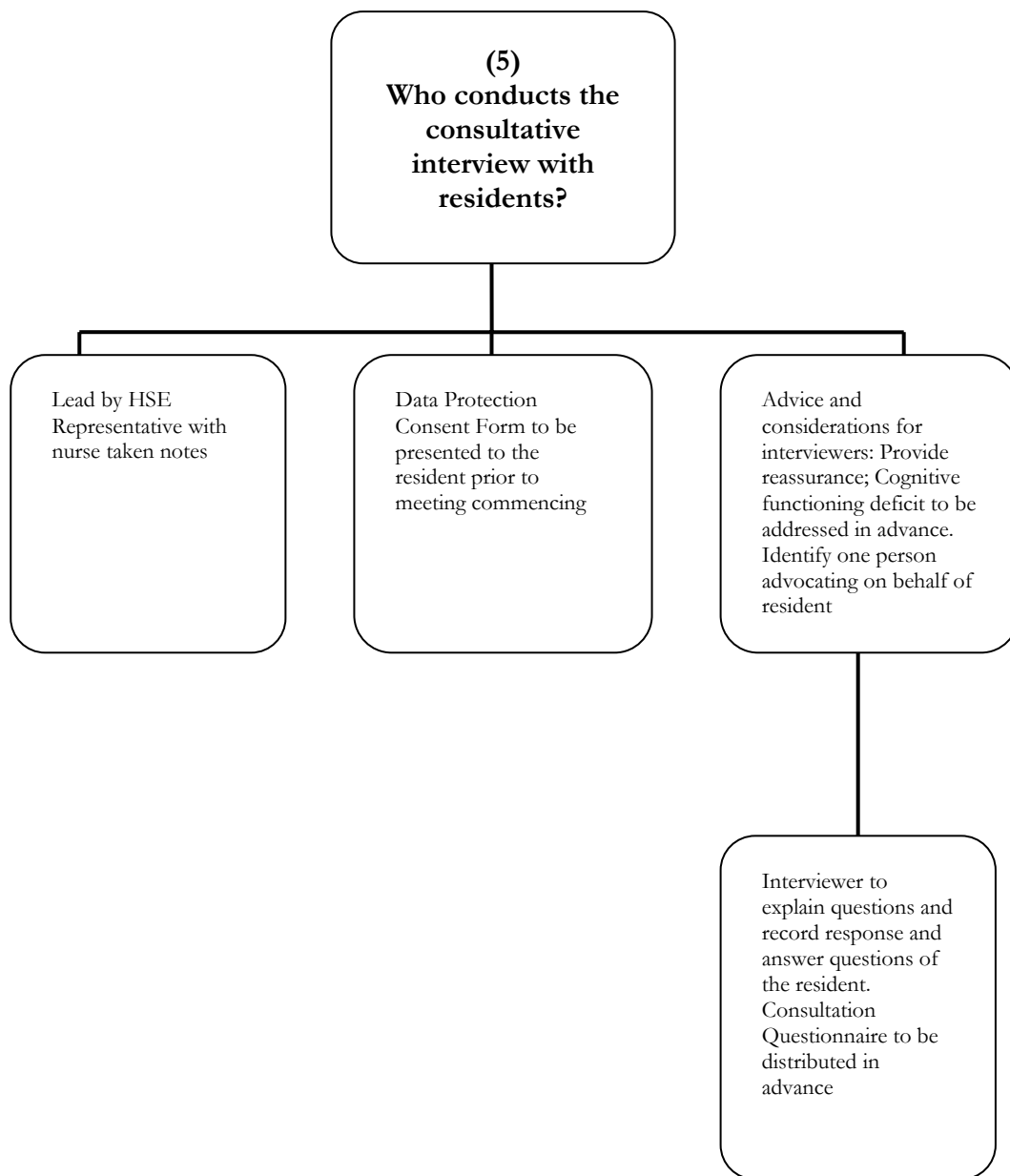




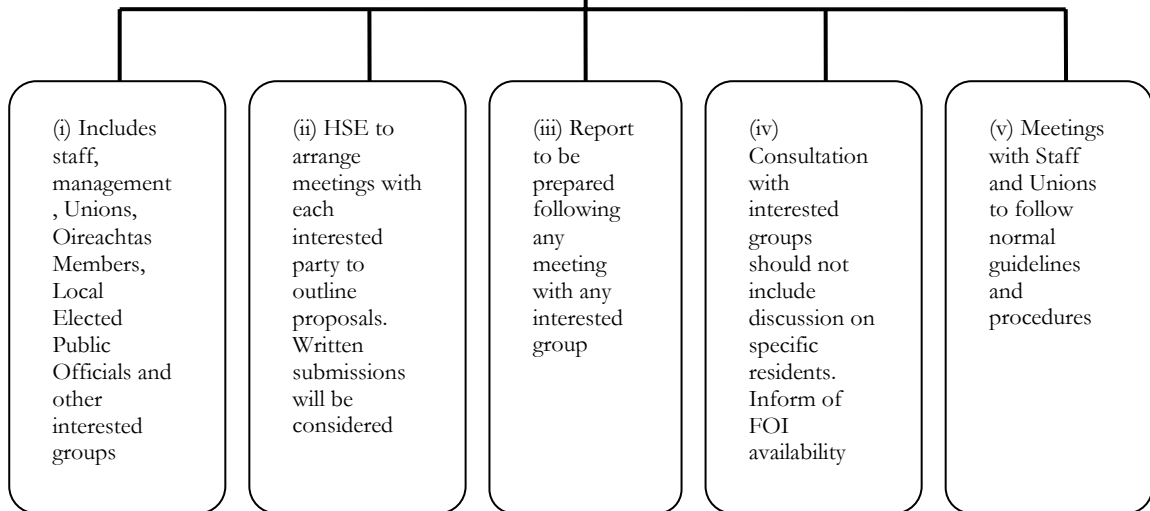


(4) Individual Meetings with Residents





**(6)
Consultation
with other
interested
groups**



(7) Recommendation Making Process

