

2nd April 2024

Deputy Holly Cairns, T.D.,
Dáil Éireann
Dublin 2

PQ ref 11730/24

“To ask the Minister for Health the number of respite places available in Cork from 2018 to date for patients aged over 65 years; in tabular form”.

Dear Deputy Cairns,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response.

Respite care offers temporary support, ensuring the well-being and comfort of those in need, as well as providing much needed breaks to those caring for them on a regular basis. Respite options include in-home care as well as care in residential facilities, daycare centres, and hospice care; respite services in Ireland cater to diverse needs and preferences.

With regard to residential respite, many of our community hospitals provide what we call short-stay beds as well as long-stay residential care. Part of the strategy associated with managing care in the community includes the use of such beds in the context of significant system reforms in recent years that aimed to, among other things, achieve greater integration in the Irish healthcare system via shifting care, where appropriate, from acute to non-acute settings and building capacity in primary, community and longterm care. Categorisation of short stay beds includes specialist geriatric rehabilitation beds, respite care beds, transitional care beds and convalescence beds and the people using these beds generally stay for a number of days or weeks.

For the purposes of this response, designated short stay beds for respite will be categorised as follows:

- Respite Beds
- Convalescent Beds

Short stay beds can be interchangeable for use in response to particular service needs in residential care units at any given time (i.e. temporary re-designation of a bed from respite to palliative care) - therefore it is important to note that the total number of respite beds in any one month can fluctuate.

The below table sets out short stay bed availability for beds categorised as respite beds and convalescent beds in Cork community hospitals/community nursing units from 2018 to the present time, noting that bed numbers can fluctuate from month to month subject to service needs;

Bed Designation – end of year:	2018	2019	2020	2021	2022	2023	2024*
Respite Beds	73	63	17	7	36	32	46
Convalescent Beds	41	28	5	24	29	20	23
Total	114	91	22	31	65	52	69

*February 2024 data.

It should be noted that these figures relate to publicly managed older persons residential units only and do not take into account respite beds sourced through contractual arrangement with voluntary and private providers. 2018 and 2019 data reflects the relevant public bed status prior to the outbreak of Covid-19 in 2020. 2020 and 2021 data reflects the impact of the pandemic on public respite services. From March 2020, due to the COVID pandemic, respite services were temporarily suspended to mitigate the high risk of infection moving in and out of residential services. The HSE worked towards the safe recommencement of respite care during the pandemic in consultation with Public Health and based on national guidance.

It should also be noted that there has been a reduction in total respite bed capacity within publicly managed facilities which is mainly attributable to adherence to regulations under Statutory Instrument 293 which necessitated the closure/reconfiguration of a number of community nursing units. The Capital Investment Programme was stood up to address this issue and ensure SI 293 compliance. Resources were also sourced through the voluntary/private sector to address any gap in service.

Many respite services which closed due to Covid-19 outbreaks have now returned but may continue to be affected by temporary closures where there is a requirement to designate short stay beds for isolation purposes in compliance with Public Health Guidelines. They may also be affected by rolling temporary closures as the Capital Investment Programme continues across many areas in this region to ensure CNU's are fully compliant with all required standards. Respite bed data reflects these temporary closures as refurbishment and reconfiguration works continue in many of our community hospitals.

Any temporarily closed beds should reopen when works are completed pending maintenance of adequate staffing levels to deliver optimal care to our residents. Extensive efforts continue to recruit staff for our community hospitals against the background of the current HSE recruitment pause and the significant challenges that recruitment to community hospitals in some of our more rural locations can present.

I trust this clarifies the position and if you require any further information, please do not hesitate to contact me.

Yours sincerely,



Jackie Daly
Head of Service for Older People