

Leopardstown Park Hospital Strategic Plan



and Beyond



Mission

To deliver quality specialist services for older people, with a very high standard of clinical care, within a social care model and on a person centred basis

Vision

To be a leading provider of high quality, person-centred services for older people within a compliant, enabling and empowered environment

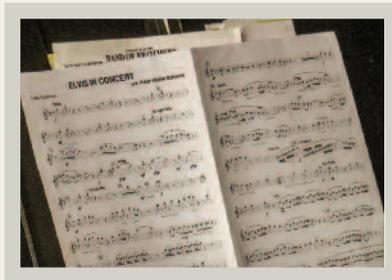


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Introduction by Chairman/CEO



We at Leopardstown Park Hospital (LPH) are pleased to present our updated strategy. We do this in the context of our century of care, of the more demanding demographic and the urgent requirement to modernise our offering to match current expectations. We are at this stage in the final phase of planning the provision of a new 125 bed facility with the capability to provide a wide range of appropriate services. This will amount to the requirement for very significant capital investment in facilities and technology

We are a healthcare provider of services for older people in the Dublin/South Leinster Region, supporting older people in their communities, which includes:

- Providing transition from acute care to their own homes through rehabilitation.
- Providing "home from home" long term care.
- Providing respite care for people in the community and supporting them to remain at home for as long as possible.
- Providing day services to support people in the community to live, engage and thrive.

This strategy highlights our emphasis on quality and excellence in all our endeavours to ensure that our residents, clients and patients can continue to lead active and fulfilled lives in our care. We are committed to a healthy, caring and happy workplace. The recruitment environment is competitive and challenging so our emphasis on retention of our dedicated and professional staff underpins all that we do in this area. Our objective in this strategy is to have in place a modern infrastructure serving the expanding cohort of older people in our catchment area and meeting the needs of an ageing public requiring top quality care and treatment. In this we honour the generosity of the original benefactor to the Leopardstown Park Hospital (LPH) Trust and the legacy of our support from LPH Trust, the Department of Health and the HSE since 1979. Finally in presenting this strategy we gratefully acknowledge the support and dedication of our management and staff in all departments in maintaining and developing an ethos of quality care, which the strategy intends to build upon.

Eugene F. Magee
Chairman,
Leopardstown Park Hospital

Ann Marie O'Grady
Chief Executive
Leopardstown Park Hospital

the beginning

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1917

House & grounds donated to provide a Hospital for wounded war veterans.
Leopardstown Park Hospital Trust established

Moving into a second century of care giving and Healthcare provision

1974

Opened to general (non military) admissions

1979

Leopardstown Park Hospital (Establishment) Order enacted. First LPH Board appointed by Minister for Health

1980

Clevis Welfare Home opened. Deed of Licence to operate Hospital was signed

1982

Women first admitted

1992

Day Services commenced - Glencairn Centre

1994

Dementia specific Day Services commenced - Carmen Centre

2002

Glen units opened - Additional residential beds

2009

Inpatient rehabilitation service opened

2011

Registered Centre with Health Information & Quality Authority (HIQA)

2016

HSE Capital Development Plan announced - LPH redevelopment

2017

Centenary '1917-2017'

2017

Approval of Protective Development Control Plan for the Hospital site by LPH Trust

2019

Appointment & commencement of design team for Hospital redevelopment

2020

the future

& Beyond

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Services provided

Residential

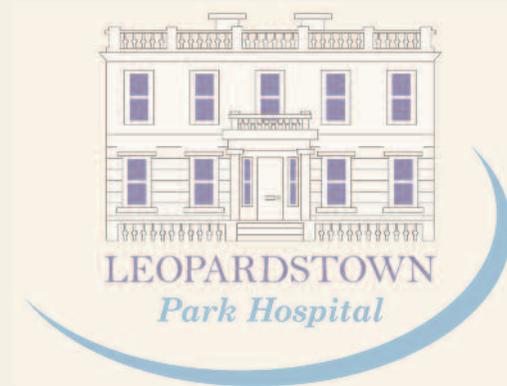
Meals on Wheels

Rehabilitation

Welfare Home (supported living)

Day Services (including dementia specific)

Respite (including dementia specific)



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Key Challenges to delivering on the Hospital Strategy

Sustainable Funding Base

Public Health Services are funded by the exchequer on a single year basis. This leads to significant difficulties in terms of future planning both in terms of service and also investment. Sufficient revenue resources to meet the needs of care delivery and corporate governance requirements, while having sufficient capital funding for equipment replacement and minor capital works, as part of the funding envelope, has posed a consistent challenge. Changes in government policy, or the funding available to the government, could therefore have implications for LPH. Similarly, changes in the policy direction of the HSE, and the funding available to it, could also have implications for the hospital.

Policy and Public Health Services Environmental Context

While there have been a range of reports over the period (Appendix 1) and some work is in progress by the HSE in relation to integrated care for older persons, there is no published strategy in relation to older persons' services. The future models of care that will be required to give a flexible service delivery model to meet the needs of older persons are not, as yet, defined. The *Health Service Capacity Review 2018* stated that "it is neither feasible nor appropriate to plan investments around the current pattern of delivery" and that "significant reform is needed". The lack of clear pathway poses challenges for the Hospital in its identification of the best future configuration of services to meet the very clear demographic demand. While the *Sláintecare Report 2017* is an all-party agreed vision for the healthcare service, the strategic implications for older persons' services will only develop over time with the development of its implementation plan. While some capital funding has been made available for regulatory compliance, the healthcare capital budget is dominated by major capital infrastructural developments such as the National Children's Hospital

and the relocation of the National Maternity Hospital to the St. Vincent's University Hospital site. LPH's infrastructure is required to be upgraded to a specific legislatively determined standard by 31st December 2021, when a current derogation on the environmental element of this legislation expires.

Over the last number of years there has been ongoing and significant changes in HSE structures and personnel. In addition the Minister for Health has appointed an independent Board of the HSE. These ongoing changes have potential implications in relation to policy, direction and the personnel with whom the Hospital will interact.

Governance and Accountability

The Hospital is regulated and inspected by a wide range of agencies including HIQA, Health & Safety Authority, HSE (Environmental Health Officers), Data Protection Commissioner, fire services, professional regulators (for individual professions) and Higher Educational Institutes, among others. It is audited by the Comptroller and Auditor General. It has a Service Arrangement with the HSE in relation to provision of services and there is a very stringent compliance process as part of that arrangement. As with all agencies the challenge of compliance with existing and future legislative and regulatory requirements, within the framework of existing resources, is ongoing and the Hospital continues to work with our regulators and funders to ensure that strong governance and accountability is in place and is responding to future needs. The demands of demonstrating compliance and keeping pace with an ever changing regulatory and compliance landscape is placing a very high burden on the existing resources of LPH.

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Key Challenges to delivering on the Hospital Strategy

Under the Leopardstown Park Hospital Board Deed of Licence (1980) the Leopardstown Park Hospital Trust licences the Hospital Board to use the premises to carry out the management and operation of the Hospital for the care of patients. Eligible veterans of the British armed forces, along with their spouses, continue to have priority of admission to LPH. The Leopardstown Park Hospital Board is appointed by, and accountable to, the Minister for Health.

Infrastructure

The Hospital is now entering its second century of operations, with a very old and obsolete infrastructural base that does not meet the modern and expected standards. The Hospital acutely recognises the need to develop a fit for purpose Hospital that meets the needs of existing and future populations and ensures compliance with regulatory/legislative standards. The existing infrastructure means that there are currently challenges in maintaining full occupancy. Currently there is a derogation to the legislation in relation to the regulatory environmental standards. This derogation expires on the 31st December 2021. The development of a Protective Development Control Plan, in collaboration with the Leopardstown Park Hospital Trust and the HSE, for the ordered future development of the site, lays out the development phasing, not only to meet regulatory compliance for existing residential services, but also provides significant options for future development to meet demographic and service need. In addition, the very limited ability to fund investment in replacement of equipment, minor capital works and ICT infrastructure over significant number of years has resulted in a high level of replacement requirement which is fundamental to delivering modern care, and is a critical challenge at this stage within the current funding envelope.

Changing Societal and Individual Expectations

The public are generally more informed, more knowledgeable and have higher expectations than ever before. People now have significantly greater choice of service provider to meet their care needs and it is likely this will increase further in the future. The private sector is competing directly for clients with the public sector and specifically LPH. A shift from the traditional clinical focus to a very high standard of clinical care within a social care model is expected. An individual's ability to have choice and make those choices is now enshrined in the Assisted Decision Making (Capacity) legislation which replaces the Lunacy Regulations Act (1871). In 2018, a rapid increase in case law has occurred around an individual's autonomy and choice which, along with the legislation, fundamentally changes how health service professionals approach and work with clients, patients, residents and indeed their families.

Recruitment and Retention

All the services delivered in the hospital are delivered by people. The quality, calibre and capability of every staff member, in every role, is fundamental to how we deliver services. Attracting and retaining the best of staff who deliver their role consistently, and to the highest standard, in a highly competitive recruitment environment is a very significant challenge. Supporting staff in their demanding roles and creating an environment where staff are empowered and supported is essential.



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Strategic Priorities/Goals

Develop, commission and manage a modern infrastructure that meets the needs of people who avail of our services now and in the future.

To continue to build on existing strengths of the staff and services that we provide while ensuring a seamless transition to new infrastructure, by collaboratively identifying, developing and incorporating new ways of delivering or operating services that meet the changing needs and expectations of current and future clients

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Strategic Objectives

1. Infrastructure: To ensure that the physical infrastructure of LPH meets the needs of our clients and regulatory requirements and supports the delivery of excellent care in an excellent workplace.

a. Achieved by:

- i. Carrying out a capital development plan in collaboration with the HSE and other stakeholders to replace existing residential bed capacity with compliant accommodation that is fit for purpose.
- ii. Developing and implementing a clear ICT upgrade plan to sustain, support and enhance all LPH services into the future.

b. Indicators of success

- i. Completed 125 bed first phase of Protective Development Control Plan by 2022.
- ii. LPH identified for additional services as part of health service developments for older persons.
- iii. Reliable, robust, modern ICT systems that meet the needs of the services and are user friendly for staff and clients.

2. Partnership: Engage actively with key stakeholders to deliver existing services and develop future services/role/contribution to delivery of older persons' services in the region.

a. Achieved by:

- i. Continuing to work with HSE to deliver existing services and to ensure that a sustainable funding model is in place.
- ii. Further developing engagement with key HSE leaders in relation to the opportunity for LPH to meet demographic demands for expanded services across the spectrum of services for older persons.
- iii. Developing links with key local community and other stakeholders, including volunteers.
- iv. Further developing existing partnership with Community Consultant Care of the Elderly services to enhance services available to clients.
- v. Further developing relationships with defence force veteran organisations to meet the needs of ex-service personnel.
- vi. Further developing existing clinical and education partnerships supporting the provision of training, education and research.
- vii. Continue to engage with clients and families around service provision and future developments

b. Indicators of success

- i. Strong, effective and constructive relationships with the HSE that allow for ongoing and sustainable service provision into the future.
- ii. LPH identified as core to supporting delivery of services to meet additional demographic demand. Development of a broader and more engaged stakeholder group supporting LPH.
- iii. Greater visibility of services of LPH ensuring high level of demand for services and high occupancy level.
- iv. Consultant led services, with Non Consultant Hospital Doctors (NCHDs), on accredited training schemes, delivering core clinical services.
- v. Clinical training programmes maintained and research published/presented at conferences enhancing visibility of LPH. Involvement in national programmes.
- vi. Evidence of engagement with clients and families, e.g. fora, surveys.



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Strategic Objectives

3. Quality & Governance: To ensure that high quality and excellence permeates all activities.

a. Achieved by:

- i. Being actively aware of current and emerging clinical and corporate regulatory standards, guidelines and best practice.
- ii. Utilising both clinical and corporate audit processes to assess existing services against current standards and acting on recommendations.
- iii. Working in partnership with national clinical programmes/quality initiatives, as appropriate.
- iv. LPH representation at policy development/consultation stages of relevant future developments.
- v. Recognising and identifying the areas where existing processes and systems require modification in order to meet desired quality, excellence and efficiencies.
- vi. Ensuring that all governance structures, processes and outcomes are critically and continuously evaluated, through the application of evidence-based, best practice evaluations, techniques and tools, thereby fostering learning and improvement culture.

b. Indicators of success

- i. Introduction and effective implementation of relevant standards, guidelines and legislative requirements.
- ii. Progress based on audit recommendations.
- iii. Uptake on clinical programme/quality initiatives.
- iv. Representation on key national/local clinical and quality programmes.

4. Staff – Ensuring a healthy and caring workplace where staff are supported, developed and empowered to deliver the highest quality of service provision and outcomes and where all staff have a strong sense of connection to all goals and strategies of the service, take personal responsibility for achieving better outcomes and support team colleagues to deliver results.

a. Achieved by:

- i. Maintaining and further building a workplace that cares for the health and wellbeing of our staff.
- ii. Identifying the supports required and publicising the availability of these supports for staff to maintain and optimise their health and wellbeing.
- iii. Supporting staff in developing their skills and knowledge.
- iv. Building enhanced communication channels to ensure that all staff, irrespective of grade, communicate effectively across the organisation.
- v. Creating strong consultative and engagement structures to allow for active engagement around change and future developments.
- vi. Supporting line managers, including senior managers, to deliver on their roles, including initiating and leading change, as appropriate.

b. Indicators of success:

- i. That LPH is considered to be a great place to work.
- ii. That LPH continues to attract and retain highly qualified and committed staff
- iii. That staff feel supported and empowered within their role.
- iv. That staff are working to the highest level of professionalism and skill level.
- v. That communication across the organisation is open, respectful and collaborative.
- vi. Staff in all areas are enabled to perform to the best of their ability, delivering an excellent service.

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Strategic Objectives

5. To empower and actively support our clients to achieve what they determine is important for themselves.

a. Achieved by:

- i. Understanding our clients and respecting and facilitating their choices, to the best of our ability.
- ii. Provide key supports to assist in communication, understanding and decision making.
- iii. Actively involving family members and friends, in line with clients' wishes, where possible.
- iv. Enabling staff to adapt to a changing requirement for a social model of care while continuing to deliver the required comprehensive and quality clinical care.

b. Indicators of success:

- i. Holistic care plans clearly identifying client choice and how LPH can support those choices.
- ii. Engagement with clients about their lives in LPH, e.g. Residents' Forum, satisfaction surveys, shared care planning.

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Implementation

This Strategy outlines the vision and priorities for Leopardstown Park Hospital for 2020 – 2023. Responsibility for implementation of this Strategy and for the development of operational plans will lie with the Hospital’s Executive Team. Involvement and collaboration with the relevant stakeholders will be key features of the implementation process in the coming months and years. Reports and updates will be presented to the Board and relevant stakeholders at regular intervals.



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Appendix A - Key Policies, Reports and Legislative Changes Impacting on Leopardstown Park Hospital

<p><i>Health Act 2007 and related Regulations</i></p>	<p>LPH is required to be reregistered every 3 years by HIQA in order to operate as a designated centre. LPH’s existing infrastructure does not currently comply with specific environmental regulations. There is a derogation in place to allow time to meet these standards. This derogation expires on 31st December 2021.</p>
<p><i>Slaintecare Report – Report from the Committee on the Future of Healthcare – Department of Health 2017</i></p>	<p>The Sláintecare Report identified a wide range of broad recommendations for healthcare for the next 10 years, however these are, as yet, not funded. Initial costs are reported as €2.7 billion in the first 5 years of implementation nationally. In addition transitional/legacy funding requirement of €3 billion is identified.</p>
<p><i>Projections of Demand for Healthcare in Ireland, 2015-2030: First Report from the Hippocrates Model – ESRI</i></p>	<p>The demographic impact of an ageing population for the provision of healthcare in the future is extremely significant in relation to ongoing and increasing demand for health services. This includes specifics in relation to some of the areas where LPH currently provide services, i.e. intermediate and residential care, which show not only an increase in demand but a shift in the age profile of those who will be requiring services to an older cohort, i.e. the 80+ age cohort. South Dublin has a particularly high demographic of an ageing population.</p>
<p><i>Health Service Capacity Review 2018 Executive Report - Review of Health Demand and Capacity Requirements In Ireland To 2031 – Findings And Recommendations</i></p>	<p>Identified that:</p> <ul style="list-style-type: none"> ■ There was a growth in demand ■ Occupancy levels in acute hospitals are far in excess of international norms ■ A sharp rise in capacity will be required across all sectors, including specifically social care (which includes older persons) ■ Reform needed to drive more appropriate care models and protect sustainability <p>Recommendations include:</p> <ul style="list-style-type: none"> ■ Investment in out of hospital care ■ Short term hospital bed capacity ■ Capital investment

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Appendix A - Key Policies, Reports and Legislative Changes Impacting on Leopardstown Park Hospital

Assisted Decision Making (Capacity) Act 2015

This Act applies to everyone and is relevant to all health and social care services. It represents a significant change in approach to decision making which was previously guided by the Lunacy Regulations Act (1871). The Act is about supporting decision making and maximising a person’s capacity to make decisions. While not enacted at the time of publication of this strategy, its principles should be adhered to.

HSE Guide to Local Implementation of Integrated Care Programmes for Older Persons

This is the HSE’s 10 step framework to improve integration of older persons’ services;

1. Establish Governance Structures
2. Undertake Population Planning for Older Persons
3. Map Local Care Resources
4. Develop Services & Care Pathways
5. Develop New Ways of Working
6. Develop Multidisciplinary Teamwork and Create Clinical Network Hub
7. Person Centred Care Planning and Service Delivery
8. Supports to Live Well
9. Enablers
10. Monitor and Evaluate

A black and white photograph of two elderly women sitting on a park bench. The woman on the left is wearing a dark zip-up jacket and dark pants, with her hands clasped in her lap. The woman on the right is wearing a dark cardigan over a patterned blouse and a dark skirt, holding a walking stick. They are both smiling slightly. The background shows dense foliage and a park setting. The text is overlaid on the left side of the image.

*Develop, commission
and manage a modern
infrastructure that meets
the needs of people who
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and in the future.*



**We rely on
our history
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