

Progress Report
Implementation of the recommendations of the
COVID-19 Nursing Home Expert Panel
October 2020

1. Background

Since COVID-19 first emerged in China in December 2019, the Government has taken decisive actions in response to this virus, advised by the National Public Health Emergency Team (NHPET). People living in Long-term Residential Care facilities (LTRCs) are particularly vulnerable populations in the context of COVID-19 and have been identified by the World Health Organisation (WHO) to be at a higher risk of being susceptible to infection from this disease and for subsequent adverse outcomes.

On foot of a NPHET recommendation, on 23rd May the Minister for Health established a COVID-19 Expert Panel on Nursing Homes, to examine the complex issues surrounding the management of COVID-19 among this particularly vulnerable cohort.

The terms of reference of the Panel were to:

- (i) Provide assurance that the national protective public health and other measures adopted to safeguard residents in nursing homes, in light of COVID-19, are appropriate, comprehensive and in line with international guidelines and any lessons learned from Ireland's response to COVID-19 in nursing homes to date;
- (ii) Provide an overview of the international response to COVID-19 in nursing homes utilising a systematic research process; and
- (iii) Report to the Minister for Health by end June 2020 in order to provide immediate real-time learnings and recommendations in light of the expected ongoing impact of COVID-19 over the next 12-18 months.

The COVID-19 Nursing Home Expert Panel's report was published on 19th August 2020. It includes 86 recommendations in total, over 15 thematic areas, with associated timelines for implementation over the short, medium and long term.

2. Establishment of Implementation Structures

The Minister for Health established an oversight structure to progress the important recommendations contained in the Expert Panel's Report. This encompassed the establishment of both an Implementation Oversight Team and a Reference Group. There is a key focus on the implementation of recommendations that require immediate action to ensure ongoing preparedness as we move into the winter months.

2.1. Implementation Oversight Team

The purpose of the Implementation Oversight Team is to determine an approach to, and oversee the implementation of, the relevant COVID-19 Nursing Homes Expert Panel recommendations, and report regularly to the Minister for Mental Health and Older People and the Minister for Health.

The terms of reference of the Implementation Oversight Team are to:

- Oversee and report on the Nursing Homes COVID-19 Plan – Immediate Actions. These immediate actions are the urgent short-term recommendations outlined in the Expert Panel’s Report. The Team will provide the Minister with a set of priority actions for implementation and commencement in 2020.
- Oversee, report on and highlight the extent of progress being made on the implementation of the complete set of 86 recommendations outlined in the Expert Panel’s Report.
- Compile a register of the recommendations (implementation plan).
- Ensure that, where relevant, recommendations are progressed in an integrated way.
- Consult with Reference Group as appropriate.
- Prepare a monthly progress report for the Minister.
- Publish progress reports.

In line with existing governance frameworks between the Department and its agencies, the Implementation Oversight Team is chaired by the Assistant Secretary, Social Care Division, Department of Health with membership from across the Department, the HSE, HIQA and the NTPF. There is also a public interest representative on the group, along with the Chair of the Reference Group as an *ex officio* member.

The Team has met 5 times to date. From its inception, participants have emphasised the need to examine the most immediate recommendations with a view to preparing for winter and ensuring all required measures remain in place to support nursing homes in line with current epidemiological data in relation to the transmission of the virus. A finalised list of recommendations requiring priority focus has been agreed by the Team, in consultation with the Reference Group.

Lead agencies tasked with overseeing implementation are establishing internal processes in order to progress recommendations under their remit.

2.1.1 Reference Group

A Reference Group to facilitate ongoing early and focused engagement and involvement in the implementation process with key national stakeholders/experts has also been established. The Reference Group will provide feedback, information and views on matters referred to it by the Implementation Oversight Team in the context of the implementation of the Panel’s report. The purpose of the Reference Group is to provide an engagement mechanism for stakeholders to discuss issues of specific interest directly relating to the implementation of the Expert Panel’s recommendations and to provide a structured process for the engagement and feedback to the Implementation Oversight Team.

The Reference Group has had two meetings to date. There was a consensus on the importance of implementation of the recommendations of the report and a willingness of stakeholders to engage in detail with the process. The urgency of ensuring the immediate and ongoing recommendations around public health measures, infection prevention and control, and key issues around visitor guidelines was similarly endorsed. A framework for effective communication was strongly supported by stakeholders. The Reference Group considered the proposed prioritisation of recommendations from the Implementation Oversight Team and it was broadly supportive of the proposal.

The Reference Group will hold its next meeting in the second half of November.

2.2. Membership of Groups

2.2.1. Implementation Oversight Team

- Chair
 - Assistant Secretary, Social Care Division
- Department of Health
 - Chief Nursing Officer
 - Principal Officer, Patient Safety Surveillance, National Patient Safety Office
 - Principal Officer, GP Services and GMS Contract
 - Principal Officer, Older Persons Policy Development
 - Assistant Principal, Older Persons Policy Development,
 - Principal Officer, Older Persons Services Oversight & Planning
 - Assistant Principal, Acute Hospitals Division
 - Principal Officer, Unscheduled Care
- HSE
 - National Director, Project Lead, HSE Implementation
 - National Director, Community Strategy
 - National Clinical Advisor and Group Lead, Older Persons, HSE
 - Assistant National Director, Public Health, HSE
 - National Director, Public Health, HPSC
 - Director of Nursing/National Lead Older Persons Services, Office of the Nursing & Midwifery Service Director (ONMSD)
- HIQA
 - Chief Inspector
 - Deputy Chief Inspector
 - Head of Regulatory Practise Development
- NTPF
- Patient/Public Interest Representative
- Chair of Reference Group (*ex officio*), attending as required/agreed.

2.2.2. Reference Group

- Chair
 - Former Chair of Expert Panel
- Consultant geriatrician (retired) and Expert Panel member
- Director of nursing representation, acute hospital groups and Expert Panel member
- Professor of Psychiatry
- Nursing representation – public nursing homes

- Nursing representation – private and voluntary nursing homes
- Nursing Homes Ireland
- Sage Advocacy
- National Advocacy Service/Patient Advocacy Service
- HSE National Lead for Health Care Associated Infection and Antimicrobial Resistance
- Irish College of General Practitioners (ICGP)
- Irish Hospice Foundation
- TBD Communications and IT expertise

3. Costings

The agencies have highlighted the challenges in accurately costing some of the national strategic recommendations in the short-term as greater detail on operationalisation and policy direction of the recommendations will need to be developed further over the coming months. It is noted that a number of the recommendations require new policy development and, in some cases, primary and/or secondary legislation. Additionally, some of the recommendations relate to strategic reform commitments contained in the *Programme for Government – Our Shared Future*, underlining the strategic developmental work required in the first instance before definitive costings can be assessed. It is intended to develop costings for as many of the recommendations as possible in the short-term with a view to developing the full costings base as the required developmental work progresses.

It should also be noted that in a number of instances, implementation of recommendations will also achieve or contribute towards commitments set out in the *Government’s Resilience and Recovery 2020-2021: Plan for Living with COVID-19*. In line with the Government commitment to progress the recommendations of the Expert Panel, as set out Plan, €40m in funding has been secured to directly progress national recommendations into and throughout 2021. To support and contribute to individual nursing homes’ implementation of the recommendations that fall within their responsibility, the Temporary Assistance Payment Scheme has been further extended with the principal focus of the extension to contribute towards the nursing homes’ implementation – see further below.

4. Highlights of Early Key Progress

4.1. Extension of the TAPS scheme

The Temporary Assistance Payments scheme for nursing homes, also known as TAPS, provides financial assistance to private and voluntary nursing homes to contribute towards their preparedness in relation to COVID-19 and to manage outbreaks, if and when they present.

The TAPS for private and voluntary nursing homes was approved and sanction of up to €72.5m was provided on the 3rd April 2020. The intention to establish the scheme was announced on 4th April and the scheme first opened for applications on 17th April. The scheme underwent a detailed review in June 2020, following which it was agreed to extend the scheme for a further 3 months to the end of September 2020. On the 29th September, the scheme was further extended until the end of June 2021. The Government has made €92.5m available under TAPS in 2020 and €42m in 2021.

4.2. Continuation of Enhanced Public Health Measures

One of the key recommendations of the Expert Panel is the continuation of the range of enhanced supports to nursing homes including:

- Provision of staff accommodation
- Support to nursing homes through 23 HSE COVID-19 Response Teams
- Provision of PPE free of charge to nursing homes

In line with the recommendations (1.1 and 1.2) of the Expert Panel, these enhanced supports are being actively implemented and will remain in place for the foreseeable future.

4.3. Establishment of Bi-lateral Regulation Project Group

A Bilateral Project Group has been established to facilitate engagement between the Department and HIQA on suggested amendments in relation to the regulatory framework for nursing homes. The purpose of the Bilateral Project Group is to support the consideration by the Department of possible legislative amendments to the regulatory framework by:

- Examining the suggested amendments contained in HIQA's report and the recommendations of the *COVID-19 Nursing Home Expert Panel – Examinations of Measures to 2021*.
- Considering and identifying the means by which any proposed regulatory change may be made (e.g. primary or secondary legislation).
- Developing an outline set of regulatory proposals for each proposal
- Developing a paper for consideration by the Department

The Group held its first meeting on 2nd October.

The work of this Group will directly contribute towards implementation of Recommendation 14.4, but will also contribute towards the implementation of a significant number of other recommendations.

4.4. HIQA Business case approved for additional inspectors

In its business case to the Department, HIQA outlined the current impact on regulatory activity, the current designation of resources, and the expected increase in resources necessary to adequately deliver on its statutory role as regulator to year end and into next year.

There has been a return to onsite inspections in nursing homes, in line with public health guidelines. However, the impact of COVID 19 earlier in the year has resulted in a significant increase in the number of regular inspections that remain outstanding, as well having impacted on the regulatory requirements on HIQA in relation to the renewal of a nursing home's registration. HIQA estimates that 49% of the 574 nursing homes currently registered as Designated Centres for Older People will be due to renew their registration between July 2020 and June 2021. For each renewal, HIQA carries

out a complete review of the regulatory history of the centre, as well as usually carrying out an inspection in the centre to verify that residents in the nursing home continue to be safe and well cared for. The majority of these reviews are due to be conducted between October 2020 and January 2021.

HIQA has outlined that there will be an expected impact on regulatory activity in implementing recommendations of the Nursing Home Expert Panel Report, in particular an increased frequency of HIQA inspections.

The Department has considered and approved the business case, 7 additional inspectors, and additional support staff to assist the inspectorate. HIQA has commenced the recruitment process.

This contributes towards the implementation of recommendation 14.3 (increased frequency of HIQA inspections)

4.5 IPC business case – funding approved

The very contagious nature of COVID-19, coupled with the lack of treatments present risks across all settings and can impact on patients, residents, service users and health care workers alike. This has resulted in a very significant increased requirement for infection prevention and control (IPC) capacity across the system since the start of the year.

In August 2020 there was continued engagement between the Department and the HSE in relation to a number of measures, mandated by the National Public Health Emergency Team (NPHE) for COVID-19 and substantial work progressed through the subgroups. This culminated in the submission by the HSE of proposals for the provision of enhanced IPC supports as fundamental enablers to the safe delivery of both COVID-19 care and the resumption of non-COVID-19 health and social care; including the support for the upcoming winter

The HSE proposals have been approved and additional funding will be provided to increase IPC and Occupational Health capacity and for immediate minor capital requirements across both acute and community services, aligned to the measures recommended by the NPHE and Ireland's National Action Plan in response to COVID-19. Funding of **€3,862,141** will be provided to the HSE in 2020.

These measures will help to address IPC deficits in the immediate/short term to facilitate the full resumption and ensure the delivery of safe COVID-19 and non-COVID-19 health and social care services. They will also ensure that a consistent, multi-disciplinary core IPC team is in place across each Community Health organisation (CHO), resulting in a co-ordinated national approach in community settings regardless of geography.

4.6 Safe Staffing Framework

Phase 3 (general non-acute care setting) of the Safe Staffing Framework commenced in August 2020. Its initial focus will be on Adult Long-Term Residential Care (LTRC) settings including Nursing Homes. Funding has been provided to extend the research contract supporting this work for another 3 years

and the process has begun with an international evidence review. This evidence review is key for informing the adaptation of the Framework for the LTRC setting. It will be complete before the end of 2020. It is intended to start pilot testing in Q1 2021.

This relates to recommendation 5.4 (Safe Staffing Framework and Skill mix should be prioritise and urgently developed to apply to nursing homes)

4.7. Training and development

All nursing homes and relevant multidisciplinary teams can access HSEland, webinars, HSE training and ongoing regular education programmes. Antimicrobial Resistance and Infection Control and Community Operations Webinars have been ongoing since March and were repeated when guidance changed. IPC video resources are available on the HPSC's website. The Office of the Nursing and Midwifery Services Director (ONMSD) has delivered regional IPC training, which was open to wider participation. The HSE IPC Link Practitioner Programme is being finalised, which will be opened to private providers in November/December following a pilot of the programme.

This relates to recommendation 10.1 (HSE training programmes, such as e.g. HSEland, should continue to be made available to private nursing homes)

4.8. New visiting guidance in line with the 5-level framework

The HPSC has developed new guidance, which fully aligns with the 5 level framework of restrictive measures as outlined in the Government's Living with COVID-19 Plan, to support long-term residential care providers in the discharge of their responsibilities and to support in the safe visiting, to the greatest extent possible, having regard for the challenging times in which we are living. The guidance provides public health support and advice for the 5 levels of restrictive measures, when outbreaks/clusters are being experienced and visiting in compassionate and critical circumstances.

It provides guidance on the measures required to be adopted by nursing homes and by visitors to mitigate risks associated with visiting. It also re-emphasises that in circumstances where visiting may need to be restricted or suspended in nursing homes for the protection of residents and staff, alternative arrangements such as "window visiting" is acceptable across all 5 levels of the framework of restrictive measures, providing a nursing home can safely facilitate them, and that arrangements should be in place to support virtual visiting (telephone or video-link) to the greatest extent possible.

The publication of this guidance supports the implementation of recommendation 12.1(HPSC should proactively/regularly review visiting guidelines).

4.9. Access to home support

Home support services are front line, essential services for many people.

The 2020 National Service Plan provides for;

- 18.9m home support hours to be delivered to 53,700 people inclusive of 770,000 hours/2,210 home support packages funded under the Winter Initiative 2019/2020, and 230,000 hours relating to the Home Support Pilot Scheme in 2020
- Intensive Home Care Packages delivered to approximately 235 people with approximately 360,000 hours delivered in the full year

Home Support had reduced from Q1 2020 due to individuals either being unable or unwilling to avail of the service. Preliminary activity data currently available reflects the period to the end of July 2020. As of this date, over 11.2 million support hours were delivered nationally to 51,945 people. However, also as of this date, there were 4,030 people waiting for funding for new or additional home support. It should be noted that as of 31st December 2019 there were 6,120 people waiting for new or additional home support. All those waiting are assessed and provided with a service, if appropriate, as soon as possible having regard to their assessed needs. In addition, people being discharged from acute hospitals, who are in a position to return home with supports, are prioritised.

The spread of COVID-19 throughout our communities has posed significant challenges for many areas of our Older Person's Services, including Home Support Services and as the country moves through the phases of the easing of Government restrictions, the HSE continues to work closely with providers and community staff to identify where service is most required. This is to ensure, insofar as possible, that Home Support Services can continue where needed most.

The HSE's Winter Plan which was published on 24th September places a focus on providing more home care in 2021. €150 million is being provided in Budget 2021 to deliver 5 million additional home support hours to enable people with care needs to live independently at home for as long as possible. This will bring the total investment in home support, including winter funding, to nearly €640 million in 2021 and will deliver 24 million hours of home support. This increased funding will also provide for the establishment of a National Home Support Office to manage the implementation of a home first model of service delivery, which will in turn inform the development of a statutory scheme for the regulation and financing of home support services.

It is intended that the new scheme will provide equitable and transparent access to high-quality services based on a person's assessed care-needs, and that it will also provide transparency about service allocation while ensuring that the scheme operates consistently and fairly across the country. The Department is in discussions with the HSE in relation to plans to pilot a reformed model of service delivery to inform the development of the scheme.

This relates to recommendation 15.6 (access to home support should be expanded and prioritised)

5. Progress in relation to implementation

In addition to the early key progress outlined in section 4, significant process has been made in relation to the implementation of the recommendations as a whole. The table attached at appendix A reflects a range of key national recommendations and thematic progress updates. For the purposes of this progress report, focus is placed on the strategic national recommendations to be implemented by State agencies. It is intended that future progress reports will report on a thematic basis including the progress being made by individual nursing home providers on the implementation of recommendations falling within their responsibility.

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current status
1.1.	Continue the enhanced public health measures for COVID-19 Disease Management in Long-term Residential Care (LTRC) adopted by NPHET at its meetings of 31st March 2020 and 3rd April 2020, including PPE supply to nursing homes; staff accommodation; contingency staffing teams; preparedness planning etc. (see appendix 2)	HSE, HIQA, Each Nursing Home Provider as relevant	Ongoing	<p>HSE: All activity continuing including infection prevention and control (IPC) supports, clinical supports, PPE, accommodation, etc. Each Chief Officer has oversight of their own area and are actively supporting the significant number of nursing homes currently dealing with Outbreaks. This is combined with Public Health support, along with significant clinical supports from Acute Services to ensure that all available resources are deployed to assist residents in those homes. Significant support from HIQA is used to ensure that resources are targeted appropriately.</p> <p>HIQA: Steps taken by HIQA across all regulated providers continue. HIQA published the “COVID 19 - An assurance framework for registered providers - preparedness planning and Infection prevention and control measures”. HIQA will hold a webinar on the framework and will subsequently produce a short video which will also be available on our website.</p>
1.2.	HSE COVID-19 Response Teams have been a critical initiative. These teams must remain in place. These teams should be standardised in terms of operation and composition and must be overseen jointly by HSE CHOs and Hospital Groups, who should have joint responsibility and accountability for their operation.	HSE and Hospital Groups	Immediately and ongoing	<p>HSE: 23 COVID-19 Response Teams (CRTs) continue in operation. The CRT workstream forms a critical part of HSE implementation plan. A review of COVID-19 Response Teams has been undertaken internally which will feed directly into the HSE Workstream to deliver on this recommendation. The existing national monitoring group remains in place to provide support and guidance to the individual CRTs.</p>
1.3.	<p>It is critical that regional public health departments are provided with sufficient resources to have a staff complement and skill mix of team members in place to provide local support.</p> <p>The Crowe Howarth recommended implementation process should continue on a timely basis.</p>	HSE	<p>Immediately</p> <p>Ongoing</p>	<p>HSE: This Review is subject to discussions between the HSE and Department. The review is wide ranging and will require significant additional resources for training pathways and staffing as it is implemented.</p> <p>DOH: The Department of Health and the HSE are fully committed to implementing the recommendations of Crowe Horwath, and work to finalise the future model for Public Health continues. However, with the onset of COVID-19, the focus of our Public Health teams has been directed towards managing and containing the spread of this virus in our communities. The immediate priority is therefore to ensure there is a robust and sustainable health protection function appropriately resourced to respond effectively to the challenges of the current pandemic, through the implementation of a Pandemic Workforce Plan.</p>

2.1.	Develop an integrated infection prevention and control strategy in the community with particular focus on all nursing homes, public, private or voluntary.	HSE	Within 1 month of publication of this report	<p>HSE: A key deliverable in relation to this recommendation is the growth of the professional IPC resource in the community to support long-term residential care providers. The HSE's Community Infection Prevention & Control Team Development Strategy has now been agreed and is moving to implementation. This strategy will involve substantial workforce upskilling and training due to current trained workforce shortages.</p> <p>It is strongly noted that building specialist IPC capacity will take time as the trained expertise is not currently available in sufficient numbers.</p> <p>Recommendation 2.1 forms a key workstream within the HSE's Implementation Structures. The leadership and professional expertise of AMRIC will be a core component of the workstream as it develops an integrated infection prevention and control strategy for the community.</p>
2.3.	In line with public health and ECDC guidance, nursing home residents should continue to be prioritised for testing with rapid reporting of results.	HSE (HPSC)	Immediate and ongoing	<p>HSE: HSE Testing Programme will incorporate these needs and the HSE will continue to respond to NPHE guidance in relation to this vulnerable group.</p>
2.4.	A plan for and monitoring of a programme of periodic testing for healthcare workers in nursing homes should be continued. Associated protocols should identify the periods.	HSE (HPSC)	Within 1 month of publication of this report – monitoring and review ongoing	<p>HSE: HSE Testing programme will continue to follow HSPC guidance in this regard. This process is ongoing and testing will continue on fortnightly cycles for the foreseeable future. The serial testing programme is now in its fourth cycle.</p>
2.5.	Ensure there is rapid turnaround capacity in testing and contact tracing system.	HSE (HPSC)	Ongoing	<p>There continues to be an active focus on the testing and tracing system.</p> <ul style="list-style-type: none"> • Community referral to appointment – 85% with 24 hrs; mean 0.7 days • Swab taken to lab result – 1.2 days (mean) • Swab taken to result communicated – 1.4 days (mean) • Referral to laboratory result – 74% with 48 hrs (less than 7% more than 72 hrs) • Time to complete all calls, cases and contracts – mean 1.8 days • End to end – median 2.8, mean 3.7.
2.8.	A user-friendly, consistent protocol for ordering and for the ongoing supply of additional COVID-19 related PPE to nursing homes by the HSE needs to be refined.	HSE Each nursing home provider	Ongoing	<p>HSE: PPE infrastructure is in place and will be reviewed as part of CRT process. Large quantities of PPE continue to be supplied to nursing homes in line with needs. The workstream leading on CRTs will incorporate the long-term requirement for this role.</p>

	Similar protocols must be put in place for the ordering and supply of other essential COVID-19 management related equipment. These protocols should be kept under review during the pandemic.			HSE: The HSE continues to supply a range of appropriate products to providers and will continue to use the interface locally between providers and the CRT to ensure a timely response to appropriate needs.
	Each nursing home is responsible for and should have an emergency supply of PPE and other COVID-19 related equipment in the event of a cluster. This should be included in preparedness plans.			HSE: As supply issues have eased it is now possible to ensure that providers have sufficient contingency stock on hand. It is noted that though that each provider maintains responsibility for ensuring that they have adequate supply to safeguard
2.9.	Influenza vaccine should be prioritised for all residents unless medically contraindicated of all nursing homes once it becomes available and consider making it mandatory for staff.	HSE and Department of Health	Planning should commence immediately	HSE: HSE Flu programme underway. Targeted uptake for 2020 is significantly increased from 2019. Flu vaccine is currently being distributed in nursing homes.
3.1	Access to rapid testing with fast tracked results, as above.	HSE	Ongoing	HSE: HSE Testing Programme will continue to do this in conjunction with Public Health colleagues.
5.4.	Framework for Safe Staffing and Skill mix (published 2018) should be prioritised and urgently developed to apply in nursing homes - public and private, nationally.	Department of Health	Within 18 months of publication of this Report	DOH: Phase 3 (general non-acute care setting) of the Safe Staffing Framework commenced immediately in August 2020. Its initial focus will be on Adult Long-Term Residential Care (LTRC) settings including Nursing Homes. Funding has been provided to extend the research contract supporting this work for another 3 years and the process has begun with an international evidence review. This evidence review is key for informing the adaptation of the Framework for the LTRC setting. It will be complete before the end of 2020. It is intended to start pilot testing in Q1 2021
5.5.	While Phase 3 of the Safe Staffing Framework is developed, in the interim, evidence and learnings from earlier phases of the Framework should be examined and used to inform interim changes to staffing in nursing homes. These learnings should also be used to develop guidance on staffing levels and skillmix in surge situations arising from COVID-19. These changes should be readjusted as Phase 3 develops and is rolled out.	Department of Health	2020	DOH: A draft guidance proposal had been developed and requires a validation process. The draft document is now with the HSE for review and there are engagements scheduled to progress this in the coming weeks. Once validated, this guidance document will be made available to all LTRCs.

5.7.	A review of employment terms and conditions of nurse and healthcare assistant staffing grades in nursing homes should be undertaken with a view to ensuring future capacity and the supply of qualified staff.	Department of Enterprise, Trade and Employment	Within 18 months	DOH: The Department will engage with the Department of Enterprise, Trade and Employment to examine this recommendation.
5.9.	Increased integration of private and voluntary nursing homes into the wider health and social care systems requires enhanced transparency of operation, funding and finances of these nursing homes. The funding and expenditure (public and private monies) utilisation by private and voluntary providers in providing and improving services should be clearly transparent and measures should be considered to ensure this.	Department of Health, NTPF, HSE.	Planning should commence immediately	Significantly broad piece of work requiring further consideration and scoping. NTPF: NTPF is engaged with the Department and HSE in relation to this recommendation. Work is underway in collaboration with the HSE to capture and ultimately report on, the measures taken by private and voluntary nursing homes that have utilised the Temporary Assistance Payments scheme to date, in their efforts to prevent and/or contain COVID-19 outbreaks in their facilities.
6.1.	Improve linkage amongst different datasets such as CIDR with HIQA and GRO datasets. This may include updating the CIDR outbreak file data fields to include a HIQA ID.	HSE (HPSC) and HIQA	Planning should commence immediately with a view to completing linkages in 2020	HSE: This action is currently being considered by this HSE's Office of the Chief Information Officer (OCIO). HIQA: Additional capacity requirements for this project have been identified and submitted to the Department and these are currently being assessed.
6.2.	Implementation of Individual Health Identifier (IHI) as a matter of priority to enable tracking of patients between community and acute hospital sectors.	HSE and Department of Health	Progress should be made without delay	HSE: currently under consideration by HSE OCIO.
6.3.	Develop and introduce an integrated IT system for older persons services including residential, home support, day care, needs assessment and care planning, so as to support the provision, management, delivery and reporting of services, and especially for planning alternative service provision and planned capacity development in the event of evolving public health measures.	HSE	Introduce Within 18 months or sooner	HSE: This major initiative will support the continuum of care for older persons. Critically, plans to rollout InterRai are at an advanced stage. Enhanced system capability to manage home support resources is urgently needed. Planning for this is a clear priority of the HSE's OCIO. DOH: This is a major undertaking. The investment required is likely to trigger the DPER (Digital Government Oversight Unit) peer review process for IT investment. The suggested timeline (18 months) will be challenging having regard to the procurement process obligations.
6.4.	Realignment of geography used in CIDR to Regional Health Areas (RHAs), counties or other, in line with current health system structures as they evolve.	HSE (HPSC)	Planning should commence immediately	HSE: currently under consideration by HSE OCIO

6.5.	Introduction of the ability to link and track contacts into CIDR or using another data programme.	HSE (HPSC)	Planning should commence immediately	HSE: currently under consideration by HSE OCIO
6.6.	Having regard to improved data linkages (6.1), the HSE (HPSC) should produce a detailed report on the management and outcomes of the multiple clusters that occurred during the COVID-19 pandemic with learnings on causal factors and preparedness for infection prevention and control.	HSE (HPSC)	Within 9 months of the publication of this Report	HSE: currently under consideration by HSE
6.7.	HPSC, HSE and HIQA should produce a detailed epidemiological analysis comparing both risk and protection factors associated with having an outbreak or not at all in HIQA regulated facilities.	HSE (HPSC) and HIQA	Within 3 months of the publication of this Report	Initial trilateral engagement between DoH, HSE and HIQA has taken place with the Chair of the Expert Panel to clarify intended scope, objective and detail of the recommendation. Further interagency scoping work is now required to identify an approach to implementing the recommendation.
7.1.	Establish new integrated Community Support Teams (CSTs) with clearly defined joint leadership and responsibility across each CHO and hospital group area on a permanent basis, in line with the discussion in this chapter. In the interim, the existing COVID-19 Response Teams should remain in place.	HSE and Hospital Groups	Planning to commence immediately	<p>HSE: Initial scoping work is underway in relation to the longer-term establishment of community support teams (CRTs remain in place in the interim, see 1.1), including their integration and interface with other critical community teams, e.g. Integrated Care Programme for Older People (ICPOP). This scoping work will assist in informing the planning phase for establishment of the teams.</p> <p>In the interim, all activity is continuing including IPC supports, clinical supports, PPE, accommodation, etc. Each Chief Officer has oversight of their own area and are actively supporting the significant number of nursing homes currently dealing with Outbreaks. This is combined with Public Health support, along with significant clinical supports from Acute Services to ensure that all available resources are deployed to assist residents in those homes. Significant support from HIQA is used to ensure that resources are targeted appropriately.</p> <p>The HSE Implementation Steering Group in relation to the recommendations of the Expert Panel is now in place. This recommendation forms a key part of the Operational Work stream under the auspices of the Steering Group</p>
7.2.	In the event of a COVID-19 surge, a designated member of the future Community Support Team (CST) should always have 24/7 availability for the nursing homes in the catchment area.	HSE and Hospital Groups	Immediately	HSE: Chief Officer or their delegate is available 24/7 and there is an on-call arrangement in place.

8.1.	A GP will be a key member of each Community Support Team (and in the interim each COVID-19 Response Team)	HSE	Within 3 months of publication of this Report	HSE: This will require joint approaches across HSE, the Department and Irish College of General Practitioners (ICGP). The Department (GP Services and GMS Contract) and the HSE have had an initial discussion in relation to the steps necessary to commence implementation of this recommendation
8.4.	A national framework describing the role and responsibilities of the GP lead, including the elements outlined above, should be developed by as a matter of urgency, so that providers can operate within a consistent and clear set of requirements.	Department of Health and HSE	Within 18 months of publication of this Report	HSE: This recommendation will require work between the Department/HSE and ICGP. DOH: The Department (GP Services and GMS Contract) and the HSE have had an initial discussion in relation to the steps necessary to commence implementation of this recommendation. In particular, the structures which will be necessary to examine implementation, including the range of actors to be involved have been discussed.
8.5.	The Department of Health with support from HIQA should explore, whether the particulars of this framework should be incorporated into the regulatory framework.	Department of Health	Within 18 months of publication of this Report	DOH: The Department (GP Services and GMS Contract) and the HSE have had an initial discussion in relation to the steps necessary to commence implementation of this recommendation. In particular, the structures which will be necessary to examine implementation, including the range of actors to be involved have been discussed.
9.1.	HIQA should carry out and publish a detailed audit of existing staffing levels (nursing and care assistant) and qualifications in all nursing homes – public, voluntary and private.	HIQA	Within 6 months of publication of this Report	HIQA: Achievement within timeline requires initial clarification on baseline staffing to address the issues that require clarification. Initial bilateral engagement has taken place with the DoH on the clarifications and support is being provided by the CNO to agree the required approach.
9.3.	There should be national criteria on roles and responsibilities of the Person in Charge (PIC) and registered nursing staff in nursing homes. This should be incorporated into the regulatory framework.	Department of Health	Within 9 months of publication of this Report	DOH: Initial consideration of this recommendation is underway within the Department.
9.4.	Considering the nursing metrics and the HPSIR, a quality indicators and outcomes/resident safety model should be developed for nursing homes, requiring each nursing home to publish regular reports and to provide copies to HIQA. HIQA should establish a public register of all such reports provided by nursing homes, and oversight and validation checks should be incorporated into the regulatory framework.	Department of Health (model). Each Nursing Home Provider (Implementation). HIQA (compliance oversight)	Planning for and the development of a model and process should commence immediately with a system developed within 9 months and operational	Detailed planning has not yet commenced, as some preliminary scoping research is being undertaken.

			within 18 months	
9.5.	The development, in the medium-term, of clinical governance models in the community should be explored further by the Department of Health in conjunction with the HSE, supported by an international evidence review of models of clinical governance in nursing home settings.	Department of Health and HSE	Within 12 months	HSE: The current plans including Community Health Networks, ICPOP, COVID-19 Response Teams, Chronic Disease Management programmes all contribute to this as referenced above. The Department will shortly commence some scoping work to determine scope and content of the evidence review.
10.1.	HSE training programmes, such as e.g. HSElanD, should continue to be made available to private nursing homes and an appropriate governance structure established,	HSE	Ongoing	HSE: HSElanD remains available across the Health Family. It is recognised that this is an important resource across public and private services. The HSE is committed to maintaining and developing this facility.
10.2.	To promote the wider implementation of advanced healthcare directives (AHDs), education programmes, including some virtual, should be put in place and providers should facilitate greater staff participation	The Decision Support Service and HSE. Each Nursing Home provider (facilitating staff participation)	Planning should commence immediately	HSE: The HSE has undertaken considerable work in relation to this recommendation and is available to progress the necessary actions alongside the Department and other partners. Some examples of work carried out by the HSE include the drafting of 3 codes of practice on AHD's on behalf of the Department of Health and the delivery of ADM information sessions, which includes information on advance healthcare directives, to over 15,000 staff since 2016.
10.3.	Implement relevant aspects of the Assisted Decision Making (Capacity) Act 2015, once enacted, in areas such as capacity assessment, recognising each resident's will and the wider use of advanced healthcare directives.	Department of Justice and Equality in consultation with the Department of Health	Within 6 months of publication of this Report	HIQA: HIQA has completed some preparatory work on amendments that would be required as part of the capacity legislation. DOH: The Department will engage with the Department of Justice and Equality in relation to this recommendation.
10.5.	Mandatory continuing education for all staff in areas such as infection control, palliative care & end of life and dementia should be introduced and a phased pathway towards achieving this should be in place with clear targets set, and regulatory oversight provided to ensure that targets are met.	Department of Health (Regulation if required). HIQA (Compliance oversight).	Phased pathway and targets should be developed within 9 months with regulation as required	HSE: HSE is currently assessing the impact of this requirement. HIQA: This process is in place through HIQA's Inspection assessment framework. DOH: Regulatory specifications will be examined through the established DoH-HIQA Bilateral Regulatory Project Group.

		Each Nursing Home Provider (compliance plan and pathway for all staff).	(Department of Health regulatory and HIQA compliance oversight). Each Nursing Home Provider should have a compliance plan within 3 months thereafter.	
11.3.	Initiate a joint HSE-IHF collaborative national programme on palliative, end-of-life and bereavement care for the nursing home sector that engages all stakeholders and improves quality of care across the sector. This initiative would be established along the same lines as the HSE-IHF Hospice Friendly Hospitals Programme (2017 to date).	HSE and Irish Hospice Foundation	Planning should commence immediately.	HSE: A productive meeting with IHF took place. The IHF are considering an approach based on both their experience of the Hospice Friendly Hospital programme and their CEOL programme in long term care with a view to developing a specific programme to meet the requirements of this recommendation.
12.1.	HPSC should proactively/regularly review visiting guidelines in order to achieve a balance between individual freedoms and protective public health measures, in line with the Department of Health ethical guidance.	HPSC	Ongoing	Revised visiting guidance was developed and published on 1 st October. The new guidance fully aligns with the 5 levels of the framework of restrictive measures contained within the Government's Living with COVID-19 Plan.
14.1.	A clear document outlining the roles and responsibilities of key stakeholders should be developed to include a clear overview of the roles and responsibilities of NPHET, the Department of Health, HSE, HIQA, and individual providers. This should take into account the recommendations in this Report. The ongoing approach to nursing homes should be coordinated in line with this. Official guidelines, key updates and important news relating to COVID-19 should be coordinated and distributed to providers from one statutory source to avoid duplication and confusion. Requests for information from providers should be coordinated similarly subject to existing legal requirements.	Department of Health in consultation with HSE and HIQA	Document should be developed Within 1 month of publication of this report and HIQA or the HSE should be designated as sector communications coordinator. HSE and HIQA should agree a written protocol on	DOH: A draft document is being finalised by the Department following extensive consultation with the agencies and referral to the Reference Group. A final version is expected to be submitted to the Implementation Oversight Team shortly. It is intended that it will be a living document and will be regularly updated as required.

			communication within 1 month thereafter.	
14.2.	HIQA itself identified a deficit in infection control and risk management expertise in this sector. Mandatory training records including infection control should be included consistently in the inspection process.	HIQA	Planning should commence immediately	<p>HIQA: HIQA published the “COVID 19 - An assurance framework for registered providers - preparedness planning and Infection prevention and control measures”. HIQA will hold a webinar on the framework and will subsequently produce a short video which will also be available on our website.</p> <p>HIQA has an eLearning available publicly, "National Standards for Infection prevention and control in community services: Putting the standards into practice eLearning".</p> <p>DOH: Regulatory specifications will be examined through the established DoH-HIQA Bilateral Regulatory Project Group.</p>
14.3.	There are currently 22 inspectors overseeing approximately 576 facilities with a visit frequency of 18 months. While onsite inspections are labour intensive, the frequency of these should be increased.	HIQA	Immediately	<p>HIQA: Approvals from the first business case are being actioned. 2 inspectors have been offered jobs and recruitment is ongoing for the balance. Interviewing completed on 1st and 2nd October. A second business case has been submitted to the Department.</p> <p>DOH: The additional business case submitted by HIQA is currently being assessed by the Department following Budget 2021.</p>
14.4.	The legislation underpinning nursing homes registration and operation and empowering HIQA is in place, but the current regulations need to be modernised and enhanced with additional powers and requirements. These regulations should be reviewed, including to give full effect to the recommendations of this report.	Department of Health with input from HIQA	Within 6 months of publication of this report.	<p>DOH: The Department has established a Bilateral Project Group with HIQA to examine the regulatory framework underpinning the operation of nursing homes.</p>

14.5.	Assessment of compliance with the regulatory assessment framework of the preparedness of designated centres for older people for a COVID-19 outbreak should be part of the inspection process.	HIQA	Immediately and ongoing	<p>HIQA: The "Infection Prevention and Control Framework for registered providers" is complete and was issued to the sector recently. See comment within Recommendation 2.2.</p> <p>Risk Inspections of designated centres of older peoples are continuing. Since May 2020, 138 inspections have been completed. These inspections include a focus on contingency planning and infection prevention and control.</p>
14.6.	Provision should be made for regular mandatory reporting to HIQA of key operational data by each nursing home provider including data on staff numbers and grades, qualifications, occupancy levels. This data should be available to health agencies including the Department of Health to inform ongoing planning for residential care services. HIQA should ensure streamlined processes are in place for the collection, collation and reporting of such data.	<p>Department of Health (Regulation if required)</p> <p>HIQA (operational processes)</p> <p>Each Nursing Home Provider (submission of data)</p>	Within 6 months of publication of this Report	<p>HIQA: The current regulations would require amendment to facilitate this. HIQA would recommend a review of the statutory notifications and will share a HIQA research paper "Exploring Statutory Notifications in other Jurisdictions" with the Implementation Oversight Team and the Bilateral Project Group on the regulatory framework for nursing homes.</p> <p>DOH: Regulatory specifications will be examined through the established DoH-HIQA Bilateral Regulatory Project Group.</p>
15.1.	Integration of private nursing homes into the wider framework of public health and social care should be advanced. This should be prioritised in the short-term with the implementation of the recommendations in this Report, and longer-term reform should be pursued as a key component of the intended Commission on Care.	<p>HSE and Each Nursing Home Provider in the short term</p> <p>Government, HSE, Department of Health (long-term reform)</p>	<p>In line with timelines for relevant recommendations in this report.</p> <p>Planning should commence in line with the Commission on Care process</p>	<p>HSE: This recommendation will require significant work across the Department/HSE and other relevant interests. The HSE is committed to achieving the required integration. This will clearly be supported by the recommendations in this report regarding CRTs and also the ICPOP, ICCDM and community healthcare network developments.</p>
15.2.	The Department of Health and HIQA should explore introducing a requirement that all nursing home providers promote, facilitate and engage meaningfully with independent advocacy services	Department of Health and HIQA	Within 6 months of publication of this Report	<p>DOH: The National Patient Safety Office will contribute in relation to the role of the Patient Advocacy Service. The Patient Advocacy Service, established in 2019, has started work supporting residents in one nursing home on an exceptional, pilot basis. It is planned to roll out this service to the whole community sector in time and learning from this initial case will be valuable in moving forward with this expansion of service.</p> <p>DOH: Regulatory considerations will be examined through the established DOH-HIQA Bilateral Regulatory Project Group.</p>

15.3.	The Department of Health should explore a suitable structure and process for external oversight of individual care concerns arising in nursing homes, once internal processes have been exhausted without satisfaction.	Department of Health	Within 12 to 18 months of publication of this Report	DOH: Broadly, work has commenced on policy development around complaints and investigations of individual care concerns across the health sector, including possible amendments to legislation that may be required.
15.4.	HIQA and each nursing home provider should continue to highlight and promote independent advocacy services available to residents.	HIQA and Each Nursing Home Provider	Ongoing	HSE: The HSE is committed to the independent role of advocates for residents and will work with other partners to implement. HIQA: Review of access to advocacy services is within the current regulatory assessment approach
15.5.	Provide nursing home residents with full medical card eligibility equality of access to services available to community-based peers.	HSE	Immediately and ongoing	HSE: Sláintecare clearly mandates a move from hospital-based care to community provision where appropriate. Community in this sense includes residents in nursing homes. The HSE has a number of very significant projects that will, on delivery, transform how community-based services are delivered. Community Health Networks will provide more standard type care to a scale not currently available. This will directly benefit long term care residents. ICPOP and ICCDM covering older persons and chronic diseases will provide more specialised inputs to this same group. These plans are currently being implemented through NSP 2020 and the 2020/21 HSE Winter Plan.
15.6.	Access to home support should be expanded and prioritised.	HSE and Department of Health	Immediately	HSE: Home support services are critical to keeping people where they belong, at home. Significant investment through NSP 2020 and the 2020/21 Winter plan will add significantly to this resource allowing more people to avoid long term care. Significant work in relation to a statutory scheme is also underway. DOH: Expanded access to home support is a priority focus in Budget 2021 with an expected additional 5m hours of home supports to be provided in 2021, one of the single biggest increases in this service. The Department is in the process of developing a new statutory scheme for the financing and regulation of home-support services which will be underpinned by a reformed model of service delivery. It is intended that the new scheme will provide equitable and transparent access to high-quality services based on a person's assessed care-needs, and that it will also provide transparency about service-allocation while ensuring that the scheme operates consistently and fairly across the country. The Department is in discussions with the HSE in relation to plans to pilot a reformed model of service-delivery to inform the development of the scheme.

15.7.	Standardised care needs assessment should be developed and rolled out. Consideration of a person's suitability for rehabilitation and/or reablement services should be mandatory prior to admission to nursing home and an opportunity for access to such services should be available. The consideration and outcome should be documented.	HSE, Overseen by the Department of Health	Develop models and pathways within 9 months of publication of this Report. Ensure longer term integration within 24 months of publication of this Report.	<p>HSE: InterRai pilot to commence.</p> <p>DOH: The HSE has selected interRAI as the standardised clinical care needs assessment of choice within Services for Older People and as such it is a key enabler for the programme of reform for Older People including the development of a statutory homes support scheme.</p> <p>To support this the HSE's Services for Older People section has established an interRAI Ireland National Office. Implementation will require process changes and new operational policy and protocols underpinned by an information system platform, to enable improved outcomes for older persons and a wider transformation of services.</p> <p>A significant increase in the implementation of interRAI is planned over a 2 to 3 year period (2020 - 2023) and the HSE has sought additional resources to ensure that implementation is both sustained and significantly increased.</p> <p>Funding of €9 million has been announced as part of Budget 2021 to roll out the use of InterRAI as the single assessment tool for Older Persons.</p>
15.8.	Incentives, including financial, must be explored to help provide a wider range of service and ownership models for both care in the home and in smaller congregated units/settings. This would acknowledge and reflect most people's preferred wishes.	Government, Department of Finance, Department of Public Expenditure and Reform, in consultation with Department of Health	Within 18 months of publication of this Report	<p>DOH: The Department will engage with the Department of Finance and the Department of Public Expenditure and Reform in relation to this recommendation.</p>
15.9.	Review and as appropriate following review develop policy and underpinning legislation, as necessary, for the introduction of a single integrated system of long-term support and care, spanning all care situations with a single source of funding.	Government and Department of Health	Planning for the review should commence in line with the Commission on Care process	<p>DOH: Planning for the review will commence in line with the Commission on Care process once established.</p>

15.10.	This choice model would be payable to the beneficiary for use either to support further care in their own home, in alternative home-based supportive care or in residential care.	Government and Department of Health	Planning for the review should commence in line with the Commission on Care process	DOH: Planning for the review will commence in line with the Commission on Care process once established.
15.11.	To support this policy initiative, and in line with 15.7 national integrated care needs assessment and care planning policy and structures should be developed for older persons services. Examination of the role of resource allocation models should be undertaken including an international evidence review.	Department of Health and HSE	Policy development and commence roll out within 9 months of publication of this Report Review of Resource Allocation Modelling within 18 months of publication of this Report	DOH: Consideration of the policy development has commenced within the Department.
15.12.	The National Care Experience Programme expansion to nursing home residents should be progressed at pace.	HIQA	Within 18 Months of publication of this Report.	HIQA: The National Care Experience Programme has commenced the development of a National End of Life Survey. An international review is currently underway that will identify the ideal scope. Initial research suggests Acute Hospitals, Nursing Homes and Hospices. The first Programme Board will meet in January 2021 to oversee the design, planning and implementation of the survey and is dependent on funding. A contribution of funding has been made by the Irish Hospice Foundation to support the project initiation (development of the tool and methodology).