

Fourth Progress Report: Implementation of the COVID-19 Nursing Homes Expert Panel Recommendations



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Message from Minister

The COVID-19 Nursing Homes Expert Panel report published in August 2020 has provided the guiding framework for the pandemic response in nursing homes over the last two years and more broadly it sets out a wide-ranging programme of improvement and reform for older persons' care. This progress report, the fourth of its kind, marks an important milestone in the implementation process and provides a comprehensive overview of the significant progress that has already been achieved across the 86 recommendations in the Expert Panel report. Importantly, it also details the processes and structures that have been established to drive continuing reform, including detailed targets and milestones.

Proactive and positive inter-agency collaboration and stakeholder engagement has been a key feature of the process to date. There has been a genuine, collective desire and commitment to progress the recommendations, ensuring an effective response to COVID-19 continues and that the groundwork for reform is laid and progressed. A huge amount of commitment has been demonstrated through an extremely difficult period of time.

I would like to recognise and thank all those who have been involved including in our nursing homes, across our State agencies and advocacy groups. A special thank you to members of the Implementation Oversight Team and the Reference Group who brought considerable expertise and unwavering commitment to this work, and to the members of the original Expert Panel for providing us with such a comprehensive programme of change.

The impact of COVID-19 on our nursing homes has abated in recent months. But this should not mean that there is any less focus on the continuing implementation of the Expert Panel's recommendations. Experience shows that we must remain alert and prepared for further outbreaks of disease, while a significant programme of reform remains to be developed and embedded.

The pandemic shone a light on older persons care and highlighted many fragilities within our system. It is incumbent on all of us that we ensure that an enhanced system of care, including in areas of preparedness, service integration and clinical governance to name a few, emerges as a positive legacy from the pandemic. I look forward to continuing to work with the Department, HSE, HIQA and stakeholders in further delivering on this crucially important and extensive programme of work.



A handwritten signature in black ink that reads "Mary Butler".

Mary Butler
Minister for Mental Health and Older People

Executive Summary

Introduction

Older persons were identified early in the pandemic as particularly vulnerable to higher morbidity and mortality arising from COVID-19. Throughout the pandemic, the overall national response to COVID-19 has had a specific and sustained focus on older persons, and in particular, those resident in nursing homes. The Minister for Health established an independent COVID-19 Nursing Homes Expert Panel in May 2020 to review the experience in nursing homes nationally and internationally at that time and to provide real-time learnings and recommendations to inform the ongoing approach to the management and mitigation of risk to older persons resident in nursing homes as the pandemic evolved.

The Expert Panel published its report in August 2020, including 86 recommendations. Dedicated implementation oversight structures were established to support the implementation process over an 18-month timeframe and three progress reports have been published to date. This is the final progress report of the Implementation Oversight Team to conclude this phase of implementation. It sets out the status of progress across the breadth of the Expert Panel's recommendations and details the plans and structures in place for continued implementation. The development of this final progress report has been informed by a series of surveys of nursing home providers and by significant and detailed engagement and consultation with members of the Implementation Oversight Group and the Reference Group comprising key stakeholders.

Implementation Progress

The recommendations in the Expert Panel report were two-fold in nature: firstly, immediate actions required for the ongoing protection and support for nursing home residents during the pandemic and, secondly, medium- and longer-term recommendations in relation to broader system reforms to enhance and better integrate nursing home care and older persons care more broadly.

Some highlights of progress made are set out here. The main body of the report includes a broader summary of progress within the context of provider-led and nationally led recommendations. Greater detail of progress across each of the individual 86 Expert Panel recommendations is set out in Appendix 1 of the report.

There has been a priority focus over the last 18 months on the immediate COVID-19 response related recommendations, which can for the most part be classified as complete or mainstreamed into normal operations. These recommendations are broadly aimed at continuing to safeguard and support nursing home residents in the context of the pandemic. Many of these are provider led, in recognition that ultimate responsibility for clinical and other governance matters rests with the nursing home provider. A series of surveys of nursing home providers over the 18-month period has provided an important mechanism for understanding provider perspectives on implementation progress, including identifying any gaps or challenges that require further attention. Overall, the findings of these surveys are positive. The most recent survey shows a high level of self-reported implementation - across the vast majority of recommendations, a minimum of 75% of respondents report that implementation is fully/substantially completed. There is also evidence of improvement in implementation rates for the vast majority of provider led recommendations across the three surveys undertaken from December 2020 to November 2021. Further details of survey results are set out in the report and Appendices.

It is important to recognise and acknowledge that this progress has been achieved due to the ongoing commitment of nursing home staff in the face of multiple waves of COVID-19 which brought significant challenges in staffing due to illness with COVID-19 and requirements to isolate.

In addition to provider actions, a comprehensive suite of enhanced operational supports to all nursing homes by the government via state agencies was established early in the pandemic in line with the Expert Panel recommendations, with the majority of supports still in place with the majority of supports still in place at the end of May 2022. These include access to expert advice (including public health and IPC) and clinical support through the Covid-19 Response Teams, comprehensive guidance on visiting and IPC, education and training materials, personal protective equipment, additional funding to support outbreak management, accommodation for nursing home staff, serial testing programme for staff, and prioritised access to vaccines.

As set out above, the Expert Panel also made a range of medium- to longer-term strategic reform recommendations, to deliver improvement and reform across a range of areas, such as better integration of private and voluntary nursing homes with the wider health and social care system, clinical governance, quality and safety of care, enhancements to the regulatory framework, along with a deeper and broader reform of models of care and underpinning financing schemes across the continuum of older persons care. It is accepted that this broad programme of wide-ranging and complex reform will take time to implement. It is also accepted that the scale and importance of some of these measures will require their own implementation and governance structures to progress them. There has already been considerable progress, including:

- Budget 2022 includes significant funding of over €22 million for implementation and mainstreaming of a range of Expert Panel recommendations – this includes over €14m to the HSE, €5m to HIQA and €4.5m to support the development of the Safe Staffing Framework.
- Building on the success of the COVID-19 Response Teams (CRTs), the HSE has received funding to transition these into 9 permanent Community Support Teams (CSTs) in 2022. These will provide continued support for preparedness planning and outbreak management along with facilitating closer integration of all nursing homes with the wider health and social care system. Significant preparatory work is underway to support the roll-out of CSTs, including the development of operational guidance, a process of engagement with GP representative bodies in relation to the proposed lead GP role, and the commencement of recruitment to CSTs with reassignment where possible of existing CRT staff.
- A range of initiatives are underway to address recommendations in relation to clinical governance. This includes the provision of funding to the HSE to pilot a clinical governance committee model, a Department of Health led working group to review and make recommendations in relation to the role and responsibilities of the person-in-charge, and a process of engagement with GP representative bodies on the role envisaged for GPs.
- A process to review and enhance the regulatory framework is underway. Interim enhancements will be legislated for in 2022 to enhance governance and oversight of nursing homes, including additional enforcement powers and tools for the Chief Inspector and the requirement for reporting of key operational data by registered providers. A broader review of the regulatory model will also be commenced in the second half of 2022.
- The inaugural National Nursing Home Experience Survey launched in March 2022.
- A National End of Life Survey is under development by HIQA with the aim to survey bereaved relatives in early 2023.
- The Patient Advocacy Service was extended in February 2021 (covering the period from June 2021 to November 2022) to incorporate support for residents of HSE and Section 38 nursing homes in making a complaint regarding their care. A new contract has been awarded (which will run from November 2022 to 2027) to the Patient Advocacy Service through which the expansion of the Patient Advocacy Service in providing support to all nursing home residents will continue. This is both a positive and essential development to empower residents in shaping and improving their care. This service is in addition to independent advocacy services provided by SAGE who have continued to provide front line supports and services throughout the pandemic.

- Preparations for commencement of the Assisted Decision Making (Capacity) Act 2015 continue with the HSE, NHI and advocacy services providing training, education & support, including in relation to Advanced Healthcare Directives.
- A range of new education and training initiatives/supports are being rolled out in 2022, including in relation to gerontology training for nurses, a multi-annual end-of-life care programme, and a programme of psychosocial supports for non-HSE nursing homes.
- Phase 3 of the Safe Staffing and Skill Mix Framework which is focused on nursing homes is well underway, with a final evaluation expected by end 2022.
- A cross-Department Strategic Workforce Advisory Group is examining workforce challenges in front-line carer roles in home support and nursing homes and will report in September 2022. A significant programme of stakeholder consultation has already been completed.
- An external researcher has been commissioned by the HSE to produce a detailed report on the management and outcomes of the multiple clusters that occurred during the COVID-19 pandemic to better understand the key contributing/protective factors in the management of COVID-19 outbreaks.
- The programme of recruitment for public health is well underway, with 84% of posts recruited by end March 2022.
- Significant additional funding was provided for home care in 2021/2022 and work is advancing to develop a statutory home care scheme. Improvements to the Nursing Home Support Scheme are also being advanced, focussed on a closer alignment of needs and resources, reflecting the dependency levels of residents, once appropriate systems are in place.
- Preliminary work has commenced to develop the scope and work programme of a Commission on Care, this will continue to be progressed as part of the Department of Health's priorities in 2022.

It is acknowledged that there has been some slippage in the original timeframes for some recommendations as initially envisaged in the Expert Panel report. However, the above achievements do represent significant progress across a range of important areas and have taken place against a backdrop of an already complex sector undergoing other major reforms (e.g. introduction of Enhanced Community Care Programme), and the requirement to continue to manage COVID-19 specific challenges in nursing homes over subsequent waves of disease. The complexity of some of the programmes of work should not be understated, along with persistent recruitment and retention challenges across the nursing home sector and within the GP community.

The Expert Panel report also made a number of recommendations that will require much deeper and broader reform of older persons care relating to models of care and financing schemes. A significant and wide-ranging multi-annual programme of work is required to ensure a coherent reform of service, policy, and legislation. The scale and importance of many of these reform measures means that they will require their own implementation and governance structures to progress them, including through processes such as the Commission on Care.

Mainstreaming implementation and the next steps

A significant level of consultation was undertaken with lead agencies and key stakeholders in developing this final progress report. This provided important feedback on the status of implementation, and it also provided key learnings for implementation going forward. Some key areas of feedback include:

- The Expert Panel process has brought a necessary and system wide focus and spotlight on the nursing home sector.
- The process has involved unprecedented levels of successful collaboration and cooperation across key stakeholders including state agencies, nursing home providers, staff across the sector, independent advocacy groups, and expert advisors, all of whom worked tirelessly to safeguard and protect nursing home residents.
- The level of progress achieved to date is widely acknowledged and welcomed. However, slippages in some areas have been highlighted, with areas such as the full establishment of CSTs, enhancements to clinical governance, greater integration of private nursing home within the wider health and social care system, and broader reforms to models of care and funding schemes cited as being especially critical to achieving the overall vision of the Expert Panel report.
- Agreement that it is timely to stand down current implementation structures and that ongoing implementation should be mainstreamed into existing or newly established structures and processes. However, it will be essential that there continues to be clear and visible leadership and oversight for ongoing reforms.

The publication of this final report and the standing down of current implementation structures does not, in any way, signal an end to the implementation of the findings of the Expert Panel report. It rather marks a transition into a further phase focused on mainstreaming implementation into existing or newly established structures and processes, reflecting wider reform considerations. The pandemic shone a light on the frailties and challenges in the system of older persons care and has resulted in the garnering of significant commitment to and momentum for wide-scale change and improvements across all stakeholders, including providers and staff. The Expert Panel process has played a fundamental role in steering and shaping the progress achieved so far and this has only been possible through the dedication of all lead agencies and key stakeholders and the constructive and collaborative approach which has underpinned the implementation process to date.

It will be essential that the urgency and commitment that has characterised work to date remains as an enduring feature of continuing processes and initiatives. It is also important that there is clarity and visibility on the structures and processes engaged by the lead agencies and key stakeholders to continue to progress Expert Panel recommendations. The Department of Health will continue to provide a leadership and oversight role in relation to the ongoing process of implementation across the breadth of the NHEP recommendations. The Department will continue to work with the agencies under its aegis (HSE, HIQA and NTPF) via established statutory relationships and performance oversight structures, and through newly formed processes, groups, and work programmes. The Department will also continue to work and engage with key stakeholders regarding the continuing examination of policy and legislative reform. Both HIQA and the HSE have put in place revised implementation governance arrangements to reflect this transition to a mainstreaming approach, and these are detailed in the report. Finally, nursing home providers will continue to implement the Expert Panel recommendations in line with Regulations, Public Health advice and National Standards supported by the lead agencies as set out in policy and regulations.

1. Context

1.1 Introduction

Evidence in Ireland and globally has shown that older people, particularly those who are medically compromised or frailer are at significant risk for poorer outcomes from COVID-19, and that congregated settings such as long-term residential care facilities have been severely impacted, given the highly infectious nature of the virus. Throughout the pandemic, the policy and operational response aimed at protecting and supporting, in so far as possible, nursing homes and their residents and staff has been a core element of the overall State response to COVID-19.

In May 2020, as recommended by the National Public Health Emergency Team (NPHET), the Minister for Health established an independent COVID-19 Expert Panel on Nursing Homes (Expert Panel), to examine the complex issues surrounding the management of COVID-19 among this particularly vulnerable cohort. The Report of the Expert Panel was published in August 2020. It includes 86 recommendations in total, over 15 thematic areas, with associated timelines for implementation over the short, medium, and long term. The Expert Panel set out an 18-month timeframe for implementation of the short- and medium-term recommendations and commencement of the foundational work for wider reforms in the health sector as pertaining to nursing homes in particular. It was recognised that many of these longer-term reform recommendations encapsulate wider considerations of the model of care supporting older persons and will involve wide-ranging policy and legislative considerations beyond nursing home services and would therefore require longer timeframes to implement.

Following publication of the report, the Minister for Health established an oversight structure to progress the recommendations contained in the Expert Panel Report, comprising an Implementation Oversight Team (IOT) and a Reference Group which would remain in place for an 18-month timeline. Three progress reports have already been published since the establishment of the Expert Panel implementation structures. It was agreed by the IOT that a fourth and final progress report would be developed at the end of the 18-month period. While previous progress reports focused on specific aspects of the Expert Panel's recommendations, this report, as agreed by the IOT and Reference Group, presents a comprehensive update on each of the 86 recommendations. It also sets out, as appropriate and where possible, the plans for continued implementation, in light of the wider evolution of the pandemic response, and outlines plans for mainstreaming the continued consideration and/or implementation of longer-term reform recommendations.

Report Format

In keeping with the collaborative and consultative approach adopted throughout the Expert Panel process, a number of important consultations and analyses have been undertaken to inform ongoing implementation and the preparation of this final progress report. The report is set out across seven chapters.

Chapter 1 provides an overview of the Expert Panel and the Implementation Structures established by the Minister for Health in 2020.

Chapter 2 provides an Epidemiology of COVID-19 in Nursing Homes in Ireland, while **Chapter 3** provides a brief summary of previous progress reports. **Chapter 4** presents details of the process of engagement and development of the final progress report.

Chapters 5 and **6** detail the progress in implementation of Provider-Led and Nationally-Led Recommendations respectively.

Chapter 7 summarises how the continued implementation of the recommendations has now been mainstreamed by the lead agencies including the governance and accountability framework going forward, through which key stakeholders will continue to focus on delivery of the Expert Panel Recommendations.

Appendix 1 contains the detailed update on each of the 86 recommendations
Appendix 2 provides a summary of the status of each recommendation against the original timelines, a summary of next steps and target timelines for successful implementation of these recommendations.

Appendices 3, 4 and **5** include the reports on findings from the recent Provider Surveys.

Appendix 6 presents the report on Analysis of Factors Associated with outbreaks of COVID-19 in Nursing Homes in Ireland, Waves 1, 2 & 3.

1.2 Overview of COVID-19 Nursing Homes Expert Panel and Implementation Structures

The independent COVID-19 Expert Panel on Nursing Homes was established to review the COVID-19 response in nursing homes in Ireland and internationally and to provide immediate real-time learnings and recommendations in light of the expected ongoing impact of COVID-19.

The Expert Panel adopted an evidence-informed and consultative approach to completing five inter-related areas of work:

1. Review and analysis of available epidemiological data;
2. Rapid systematic review of measures to protect older people in LTRCFs;
3. A three-part consultation process involving meetings with stakeholders, inviting written submissions from stakeholders, and a public consultation;
4. Site 'visits' to three nursing homes; and,
5. Engagement with several residents/relatives, identified from independent advocacy organisations, who expressed the desire to share their thoughts and experiences with the Expert Panel.

The report of the Expert Panel was published in August 2020. This comprehensive report included a review and analysis of available epidemiological data, a rapid systematic review of measures to protect older people in nursing homes, and an overview of the international response to COVID-19, along with 86 recommendations. This substantial package of recommendations was based on real-time learnings and, what was felt, is required to ensure ongoing protection and support for nursing homes residents. The recommendations also reflect that systemic reform is required in the way nursing home care and older persons care more generally is resourced and delivered. Many of the issues identified in the report have been amplified by the arrival of COVID-19 and focused and sustained attention is required in the context of the ongoing response to COVID-19 but also more generally in terms of the provision of safe, quality care for Ireland’s ageing population.

The Panel’s recommendations centre around 15 thematic areas which are set out in Appendix 1. The approach to implementation has been two-fold:

- the implementation of recommendations that required immediate action to ensure ongoing preparedness within the nursing home sector and timely, appropriate response to any disease outbreaks, and
- the initiation of foundational and developmental work on the strategic reform recommendations, which has commenced through a range of processes.

1.2.1 Implementation Oversight Team

The Implementation Oversight Team (IOT) was established in August 2020 and is chaired by the Department of Health with membership from across the Department, the HSE, HIQA, the NTPF and a public interest representative. In addition the former Chair of the COVID-19 Nursing Homes Expert Panel is a member of the IOT in their role as Chair of the IOT Reference Group.

The purpose of the IOT is to determine an approach to, and oversee the implementation of, the relevant COVID-19 Nursing Homes Expert Panel recommendations, and report to the Minister for Mental Health and Older People and the Minister for Health. The IOT Terms of Reference may be found at <https://www.gov.ie/en/publication/c7f5b-covid-19-nursing-homes-expert-panel-report-implementation-oversight-team/#terms-of-reference>.

The group met 20 times since the publication of the Nursing Homes Expert Panel Report in August 2020 and oversaw the preparation and publication of all four progress reports, including this report.

1.2.2 Reference Group

Whilst the response to the COVID-19 pandemic is public health-led, information exchange and expert knowledge achieved through engagement with and amongst key stakeholders has shaped and informed the implementation of the recommendations of the Expert Panel.

The Reference Group, established at the same time as the IOT, provides an engagement mechanism for stakeholders to discuss issues of specific interest directly relating to the implementation of the Expert Panel’s recommendations and provides a structured process for the engagement and feedback to the Implementation Oversight Team.

The Reference Group is chaired by the former Chair of Expert Panel and includes the following representation thus ensuring that key stakeholders have been fully integrated into the overall implementation framework for the critical recommendations of the Expert Panel:

Member	Title and organisation
Professor Cecily Kelleher (Chair)	Professor of Public Health Medicine and Epidemiology at UCD
Professor Cillian Twomey	Consultant geriatrician
Professor Brian Lawlor	Professor of Psychiatry, St. James’s hospital
Rachel Simons	Director of Nursing/Manager for Clinical Strategy & Development Older Persons Services Community Health Organisation (CHO) DNCC
Anita Garner	Chairperson, NHI National Nursing Committee, Clinical Operations Manager, Newbrook Nursing Home Group
Tadhg Daly	CEO, Nursing Homes Ireland
Sarah Lennon	Executive Director, Sage Advocacy
Louise Loughlin	National Manager, National Advocacy Service for People with Disabilities
Professor Martin Cormican	HSE National Lead for Health Care Associated Infection and Antimicrobial Resistance
Dr Lucinda Dockeray	Chair of the ICGP Special Interest Group in Nursing Home Care
Sharon Foley	CEO, Irish Hospice Foundation
Petrina Donnelly	Chief Director of Nursing & midwifery, RCSI

This Group met 12 times since the publication of the Expert Panel Report and has engaged throughout the period with the IOT on a range of issues. The Reference Group has made a significant contribution to the ongoing implementation of the Expert Panel’s recommendations and informing planning and developmental work for longer-term strategic reform recommendations.

The Reference Group has considered papers and proposal documents relating to the implementation of recommendations referred to it by the Implementation Oversight Team and has provided feedback and input to the IOT across the breadth of the Expert Panel’s recommendations.

The Reference Group formed four interim sub-groups to consider further the recommendations in light of its own terms of reference.

These Groups have completed their work. The areas considered by each group were broken down into the following:

Sub-Group 1
Public Health Measures, Infection Prevention and Control, Outbreak Management and Data Management.

Sub-Group 2
Outbreak Management, Future Admission to Nursing Homes, Nursing Home Management, Nursing Home Staffing/Workforce, Visitors and Regulation.

Sub-Group 3
Community Support Teams, Clinical, General Practitioner lead roles on Community Support Teams and in Nursing Homes.

Sub-Group 4
Occupational Health and HR support, Education-Discipline Specific and Inter-disciplinary, Palliative Care, Communication, a broader range of Statutory Care Supports for Older People.

In addition, there were specific engagements with the Reference Group over the last year in relation to key areas of reform recommended in the Expert Panel report, including in relation to regulatory reform proposals, Community Support Teams, clinical governance, and patient advocacy services.

1.2.3 Joint Engagements between IOT and Reference Group

In March 2021, a joint meeting of the Implementation Oversight Team and the Reference Group took place. This meeting highlighted the synergies between both groups and recognised the work that had been carried out to date, along with the commitment shown towards the strategic policy and operational directional response to the pandemic.

There was a further joint workshop in December 2021 which provided an opportunity for IOT and Reference Group members to provide comments and updates on the recommendations, prioritise the recommendations for action in the coming months and to discuss what structures and processes need to be put in place to facilitate implementation. Further detail is provided in Section 4.4.

1.2.4 Stakeholder Collaboration

Interagency cooperation has been a key and effective component of the response to COVID-19 in nursing home settings throughout the pandemic. In response to Recommendation 14.1 of the Nursing Homes Expert Panel Report, the Department of Health published a summary document outlining the roles and responsibilities of key stakeholders in the ongoing response to COVID-19 in nursing homes, including the NPHET, the Department of Health, HSE, HIQA, NTPF and individual providers. This document is available on the Department’s website¹. As well as outlining the legal role and functions of the various stakeholders, the document also outlines and provides detail on the enhanced support and other measures developed by agencies throughout the pandemic to support nursing homes and residents in managing the challenges of COVID-19.

Informed and timely decision making is key to risk mitigation and management. Through an understanding of the key roles and responsibilities of stakeholders, an effective programme of collaboration and engagement was established nationally, regionally, and locally which resulted in effective, flexible, and timely responses to COVID-19 over the course of the pandemic. The commitment to maintain good communication and to exchange information within and across key stakeholder organisations made a significant contribution to the overall response.

¹ Department of Health, 2020, “COVID-19 Response: Nursing Homes, Overview of Roles of Key Stakeholders”, available at: <https://www.gov.ie/en/publication/c7f5b-covid-19-nursing-homes-expert-panel-report-implementation-oversight-team/#covid-19-response-nursing-homes-overview-of-roles-of-key-stakeholders>

2. Epidemiology of COVID-19 infection in Nursing Homes

2.1 Introduction

The COVID-19 pandemic has disproportionately affected residents in nursing homes worldwide and Ireland was no exception to this phenomenon. In its Policy Brief on the Impact of COVID-19 on Older Persons², the WHO recognised that while the pandemic spreads among persons of all ages and conditions, older persons are at a significantly higher risk of mortality and severe disease following infection. Furthermore, people living in nursing home settings are vulnerable populations and have been identified by the World Health Organization (WHO)³ and the European Centre for Disease Control (ECDC)⁴ to be at a higher risk of being susceptible to infection from COVID-19 and for subsequent adverse outcomes (WHO)⁵. This is most likely due to their age, the high prevalence of underlying medical conditions, the congregated nature of nursing home settings, and the level of physical contact given the high dependency needs of some residents.

Experience in Ireland and internationally demonstrates that outbreaks of COVID-19 have commonly spread rapidly in nursing home settings. There is also clear evidence of high case fatality rates in particular during the earlier waves of the pandemic and in advance of the COVID-19 vaccination programme.

In addition, while the transmission of the virus into and within nursing homes is multifactorial, both national and international experience demonstrates the particular impact that high levels of community transmission have on older people living in nursing homes. In their report, "Analysis of factors associated with outbreaks of SARS-CoV-2 in nursing homes in Ireland"⁶ HIQA and the HPSC report that "where there is high incidence of COVID-19 circulating in the community, the risk to long-term residential care facilities, including risk of experience of an outbreak increases significantly" (further details in Section 2.4). This is also consistent with the ECDC's risk assessment, wherein it stated: *"the probability of COVID-19 introduction into a Long Term Care Facility depends on the level of SARS-CoV-2 circulation in the community, with a higher risk associated with higher incidence rates in the community"*⁷.

Public health advice and guidance throughout the pandemic has included a specific and sustained focus on protecting older persons including those resident in nursing homes in Ireland, given their particular vulnerability to infection and the effects of COVID-19.

2 WHO, 2020. 'Policy Brief on the Impact of COVID-19 on Older Persons' available at <https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/05/COVID-Older-persons.pdf>

3 World Health Organization. Regional Office for the Western Pacific. (2020). Guidance on COVID-19 for the care of older people and people living in long-term care facilities, other non-acute care facilities and home care. WHO Regional Office for the Western Pacific. <https://apps.who.int/iris/handle/10665/331913>

4 European Centre for Disease Prevention and Control. Increase in fatal cases of COVID-19 among long-term care facility residents in the EU/EEA and the UK. 19 November 2020. ECDC: Stockholm; 2020. <https://www.ecdc.europa.eu/sites/default/files/documents/Increase-fatal-cases-of-COVID-19-among-long-term-care-facility-residents.pdf>

5 WHO 2020, Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19 Interim guidance (21st March 2020) available at <https://apps.who.int/iris/handle/10665/331508>

6 HIQA/HPSC, May 2021. Analysis of Factors Associated with outbreaks of SARS-CoV-2 in Nursing Homes in Ireland. Accessed 14th January 2022 at <https://www.hiqa.ie/reports-and-publications/health-technology-assessment/factors-associated-outbreaks-sars-cov-2>

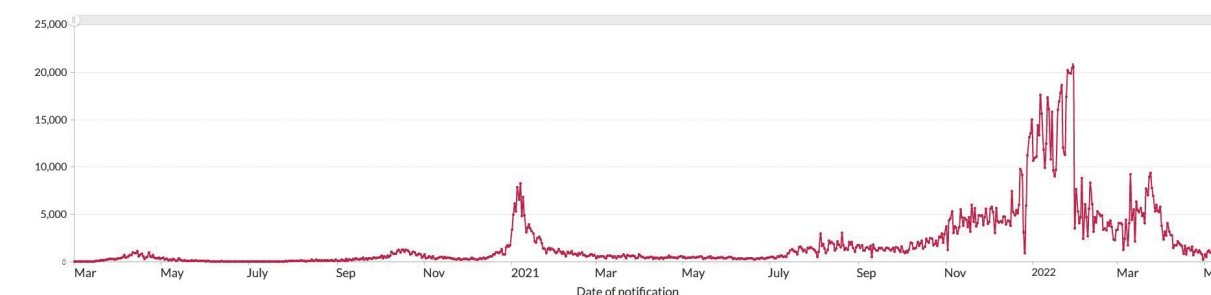
7 ECDC, November, 2020. Rapid Risk Assessment: Increase in fatal cases of COVID-19 among long-term care facility residents in the EU/EEA and the UK Accessed at <https://www.ecdc.europa.eu/en/publications-data/rapid-risk-assessment-increase-fatal-cases-covid-19-among-long-term-care-facility>

2.2 Summary of COVID-19 Outbreaks in Nursing Homes over course of pandemic

A summary of the overall epidemiological experience of COVID-19 in Nursing Homes over the course of the pandemic in Ireland is presented below (up to early May 2022), followed by a brief summary of each individual wave of the pandemic. For context, Figure 1 shows the trajectory of confirmed cases nationally in Ireland across the population since the commencement of the pandemic on 2nd March 2020, depicting 5 waves of infection:

- Wave 1: 2nd March to 2nd August 2020
- Wave 2: 3rd August to 22nd November 2020
- Wave 3: 23rd November 2020 to June 2021; influenced by Alpha variant
- Wave 4: 27th June 2021 to 18th December 2021; influenced by Delta variant
- Wave 5: 19th December 2021 to date; influenced by the Omicron variant

Figure 1 Epidemic curve of COVID-19 cases notified in Ireland

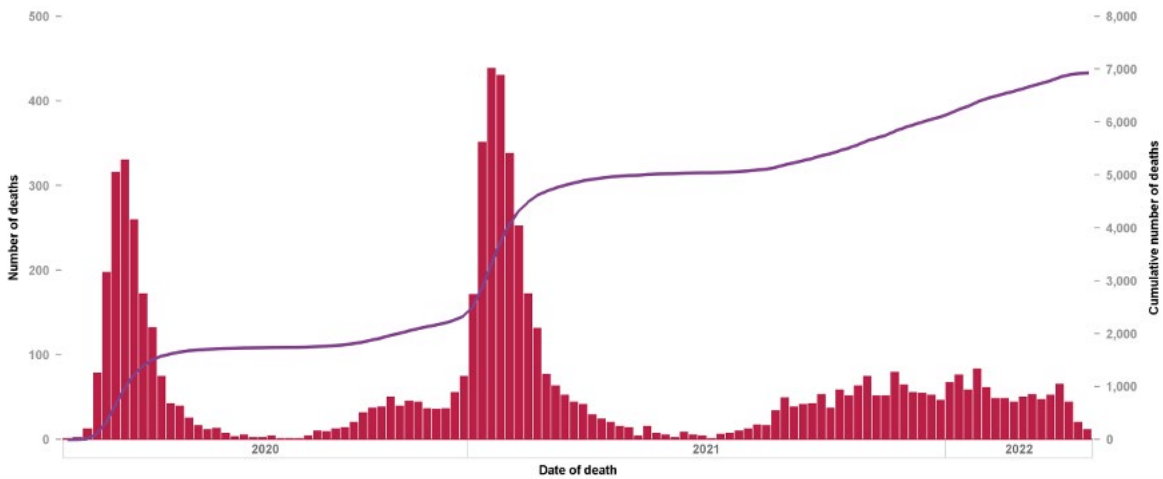


Source: HPSC, 2020

Epidemiology of COVID-19 in Ireland accessed on 22/4/22 at: <https://epi-covid-19-hpscireland.hub.arcgis.com/>

Figure 2 shows total deaths nationally across the population by month across the 5 waves. It should be noted that a number of studies examining excess mortality in Ireland in the context of the COVID-19 pandemic have been published since 2020, which indicate that Ireland appears to have experienced lower excess mortality during the COVID-19 pandemic than many other countries in Europe and globally.

Figure 2 Total number of COVID-19 deaths in Ireland and cumulative number by week of death, cases with a date of notification from 01/03/2020 to 16/04/2022. Date of death reported for 6,933 of deaths.



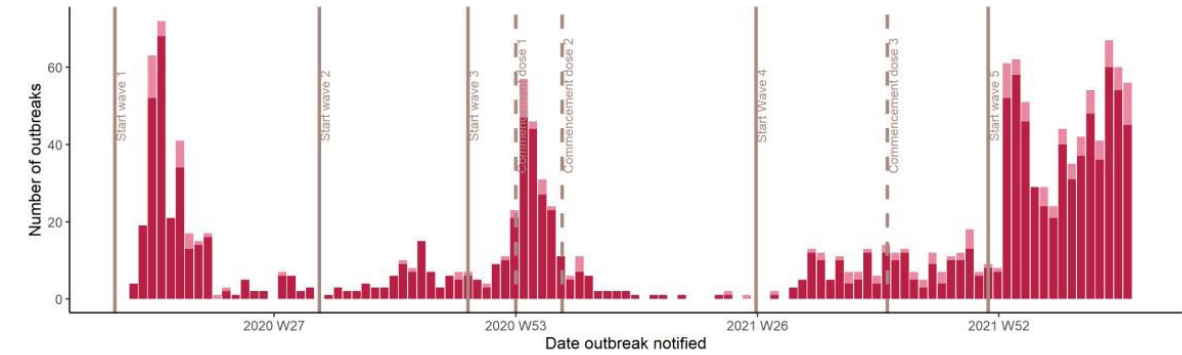
Source:HPSC,2022.
Weekly report on COVID-19 deaths reported in Ireland, Health Protection Surveillance Centre, produced 19th April 2022. accessed 22/4/22 at https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/weeklyreporton-covid-19deathsreportedinireland/COVID-19_Weekly_Death_Report_Website_v1.6_19-04-2022.pdf

Outbreaks of COVID-19 in nursing homes⁸ commenced early in Wave 1 of the pandemic and continued through all the waves of COVID-19 infection (Figure 3). In particular, large peaks occurred in the number of outbreaks in wave 1 (72 outbreaks in a single week), wave 3 (57 outbreaks in a single week) and wave 5 (62 outbreaks in two consecutive single weeks), highlighting the influence of high community transmission rates on the level of outbreaks in nursing homes as reported in the HIQA/HPSC analysis referenced earlier.

For context, there were 566 nursing homes registered in Ireland as of 24th Feb 2022. Approximately 32,000 beds were registered in Ireland across the nursing home system with a mix of long- and short-stay beds. The average capacity for a nursing home is 56 beds while the median is 50 beds.

8 Data provided in this report in relation to outbreaks in nursing homes also includes data on outbreaks in Community Hospitals.

Figure 3 Weekly number of COVID-19 outbreaks in Nursing Homes and Community Hospitals Waves 1-5



Source: HPSC,2022.
Weekly Report on COVID-19 Outbreaks in Nursing Homes and Community Hospitals Week 14 2022 Health Protection Surveillance Centre, April 12th 2022 accessed 22/4/22 at https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/covid-19outbreaksclustersinireland/nursinghome-covid-19outbreaksreport2022/NH%20OUTBREAKS%20SLIDESHOW%20WEEK%2014%2020220412%20FINAL_website.pdf

Details of the number of outbreaks of COVID-19 in Nursing Homes during Waves 1-5 along with the number of hospital and ICU admissions and deaths are set out in Table 1. Table 2 provides a comparison of disease severity among cases linked to outbreaks in nursing homes and community hospitals by age groups across the 5 waves.

Table 1 COVID-19 outbreaks in Nursing Homes and Community Hospitals, Waves 1-5

Wave	Outbreak		Linked confirmed cases				
	Number of outbreaks	Number of cases*	Number	Number hospitalised	Number admitted to ICU	Number hospitalised and died	Number who died
Wave 1 (weeks 10-31 2020)	301	6658	6251	476	16	195	886
Wave 2 (weeks 32-47 2020)	80	1571	1555	90	<5	25	134
Wave 3 (weeks 48 2020 - weeks 25 2021)	267	8375	8328	577	12	199	1027
Wave 4 (weeks 26-50 2021)	202	2818	2708	190	<5	50	206
Waves 5 (weeks 51 2021 - week 14 2022)	672	12487	8629	342	6	37	164
Total	1522	31909	27471	1675	38	506	2417

* the larger between the aggregate number of confirmed cases reported or the number of confirmed linked cases. In Wave 5, includes cases confirmed by PCR or Antigen testing

Source: HPSC,2022.
Weekly Report on COVID-19 Outbreaks in Nursing Homes and Community Hospitals Week 14 2022 Health Protection Surveillance Centre, April 12th 2022 accessed 22/4/22 at https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/covid-19outbreaksclustersinireland/nursinghome-covid-19outbreaksreport2022/NH%20OUTBREAKS%20SLIDESHOW%20WEEK%2014%2020220412%20FINAL_website.pdf

Table 2 Comparison of disease severity among cases linked to outbreaks in Nursing Homes and Community Hospitals by wave and age group

Age	Wave	Number of Cases	Number Hospitalised	% Hospitalised	Number admitted to ICU	% ICU	Number who died	% died
<65 yrs	Wave 1	2672	88	3.3%	5	0.2%	20	0.7%
	Wave 2	779	15	1.9%	<5	0.0%	<5	0.1%
	Wave 3	4032	101	2.5%	8	0.2%	18	0.4%
	Wave 4	1177	16	1.4%	<5	0.2%	7	0.6%
	Wave 5	3509	56	1.6%	<5	0.0%	<5	0.1%
65+ yrs	Wave 1	3577	388	10.8%	11	0.3%	866	24.2%
	Wave 2	776	75	9.7%	<5	0.1%	133	17.1%
	Wave 3	4296	476	11.1%	<5	0.1%	1009	23.5%
	Wave 4	1531	174	11.4%	<5	0.1%	199	13.0%
	Wave 5	5120	286	5.6%	5	0.1%	160	3.1%
All ages	Wave 1	6251	476	7.6%	16	0.3%	886	14.2%
	Wave 2	1555	90	5.8%	<5	0.1%	134	8.6%
	Wave 3	8328	577	6.9%	12	0.1%	1027	12.3%
	Wave 4	2708	190	7.0%	<5	0.1%	206	7.6%
	Wave 5	8629	342	4.0%	6	0.1%	164	1.9%

Source: HPSC, 2022.
Weekly Report on COVID-19 Outbreaks in Nursing Homes and Community Hospitals Week 14 2022 Health Protection Surveillance Centre, April 12th 2022 accessed 22/4/22 at https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/covid-19outbreaksclustersinireland/nursinghomecovid-19outbreaksreport2022/NH%20OUTBREAKS%20SLIDEST%20WEEK%2014%2020220412%20FINAL_website.pdf

In summary over the period since March 2020 to 9th April:

- It should be noted that case definitions, testing strategies and resources for testing have changed as the pandemic has evolved and therefore comparisons between waves need to be reported with caution.
- There were large peaks in the number of outbreaks in wave 1 (72 outbreaks in a single week), wave 3 (57 outbreaks in a single week) and wave 5 (week 14 with 56 outbreaks⁹).
- Waves 1 and 3 were associated with highest case fatality rates, particularly in those aged over 65 years, accounting for 80% of all deaths in nursing homes since the beginning of the pandemic.
- Both the rate of hospitalisation and mortality has fallen since the roll-out of COVID-19 vaccines in early 2021, with a particularly significant decrease during wave 5 following booster vaccination¹⁰. This is particularly pronounced in the 65 years or older cohort where the percentage of cases who died among cases linked to outbreaks notified in wave 4 was 12.9% and in wave 5 was 3.0%, compared to between 17.1% and 24.2% in waves 1-3.

⁹ HPSC, 2022, Weekly Report on COVID-19 Outbreaks in Nursing Homes and Community Hospitals Week 14 2022 Health Protection Surveillance Centre, April 12th 2022 at https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/covid-19outbreaksclustersinireland/nursinghomecovid-19outbreaksreport2022/NH%20OUTBREAKS%20SLIDEST%20WEEK%2014%2020220412%20FINAL_website.pdf

¹⁰ However, it is important to note that there will be a lag with disease severity information and deaths may still accrue among known cases in Wave 5.

- In addition, the nature of outbreaks also changed following vaccination. The median outbreak size has remained relatively low since the vaccination programme commenced in January/February 2021. The median outbreak size for outbreaks reported in January 2022 increased to 19 and reduced to 11 in April¹¹ (Note: data for March and April likely incomplete).
- The pattern of outbreaks during Wave 3-5 is heavily influenced by the COVID-19 primary vaccination and booster campaigns. Other variables that are likely to have impacted the trajectory of infection in nursing homes over the course of the pandemic include other population-based control measures (e.g. visitor restrictions, stay at home orders), improved infection prevention and control measures, testing strategies, immunity that might arise from previous outbreaks at facilities, survival bias, or possible reduced occupancy in facilities in later periods of the pandemic.
- The HPSC and HIQA undertook an analysis of factors contributing to COVID-19 outbreaks in nursing homes during Waves 1, 2 & 3 – their findings are summarised in Section 2.4 and the full report is available in Appendix 6.

2.3 Evolution in Profile of COVID-19 in Nursing Homes and community hospitals across 5 Waves

The profile and public health management of COVID-19 has evolved over the course of the pandemic and continues to do so. This section of the report presents a summary of each wave.

Wave 1 (2nd March to 2nd August 2020)

A total of 302 outbreaks of COVID-19 were reported in nursing homes and community hospitals during Wave 1. The percentage of cases linked to these outbreaks that were hospitalised was 7.6% and the case fatality rate was 14.1% across all ages but 24% in those over 65 years, the highest rate observed through all waves of the pandemic to date. It should be noted that overall national testing capacity was initially limited, but widespread testing of staff in nursing homes was introduced later in wave 1, including a serial testing programme for staff since June 2020.

Wave 2 (3rd August to 22nd November 2020)

During Wave 2 there were a total of 80 outbreaks of COVID-19 reported in the nursing home and community hospital sector. From early August a slow but steady increase in cases emerged. The percentage of cases linked to these outbreaks that were hospitalised was 5.7% and the case fatality rate was 8.5% (all ages) and 17% in over 65 years. There was a notable difference between the first and second waves, with both a reduced likelihood of an outbreak occurring in these facilities, and smaller outbreaks during the second wave compared with the first. However, it should be noted that case definitions, testing strategies and resources for testing have changed as the pandemic has evolved, with significant changes during 2020 and therefore comparisons between waves need to be reported with caution.

¹¹ Weekly Report on COVID-19 Outbreaks in Nursing Homes and Community Hospitals Week 17 2022 accessed on 5th May 2022 at https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/covid-19outbreaksclustersinireland/nursinghomecovid-19outbreaksreport2022/NH%20OUTBREAKS%20SLIDEST%20WEEK%2017%2020220503%20FINAL_website.pdf

During Wave 1 and Wave 2, the control of COVID-19 infection and outbreaks was dependent on population wide public health measures in place nationally (to limit community transmission) and strict infection prevention and control (IPC) measures within each facility, supported by a range of State interventions and supports. The HSE issued IPC Guidance to Long Term Residential Care Facilities which was informed by guidance from the European Centre for Disease Prevention and Control (ECDC) and the World Health Organisation (WHO) and was updated regularly as more information about the virus became available.

Lessons learnt during the first wave of COVID-19 in nursing home settings i.e. enhanced IPC practices, closer relationships with COVID-19 Response Teams (CRTs), increased vigilance and staff adhering to IPC measures both inside and outside of work are likely to have contributed to reduced impact during the second wave.

Wave 3 (23rd November 2020- June 26th, 2021)

The third wave of COVID-19 in Ireland commenced on 22 November 2020 influenced by a relaxation of general social restrictions and increased social mixing in December 2020/January 2021 and the emergence of the Alpha variant. A total of 267 outbreaks were notified in Nursing Homes and Community Hospitals during Wave 3; 6.9% of cases linked to these outbreaks were hospitalised and the case fatality rate was 12.2%.

During this wave, there was a sharp increase in cases nationally and especially in nursing homes. Over the course of late December, January, and early February, there was a sharp rise in nursing home outbreaks, with a concurrent increase in cases among nursing home residents and staff. The number of notified outbreaks in nursing homes peaked significantly in mid to late January, and the highest single weekly increase in new outbreaks during the third wave was recorded in the week ending 18 January with a total of 57 outbreaks recorded in a single week. The number of open and newly reported outbreaks remained high over the course of January and February 2021. This mirrored trends generally in community transmission.

In addition to the national public health measures and the IPC measures in place as in the previous waves, the national COVID-19 vaccination campaign commenced in December 2020 during Wave 3. Priority was given to staff and residents in nursing homes with vaccination commencing in early January 2021 and by the end of February the majority had completed the primary vaccination course which had a significant impact on infection levels. The number of deaths in Wave 3 reduced significantly after the end of February coinciding with widespread immunity in this group following vaccination.

Wave 4 (June 27th 2021 - 18th December 2021)

Wave 4 was mainly influenced by the Delta variant which became dominant in Ireland in April 2021¹². A total of 202 outbreaks were notified in Nursing Homes and Community Hospitals during Wave 4; 7% of cases linked to these outbreaks were hospitalized and the case fatality rate was 7.5%. In Wave 4, the number of linked cases of all ages peaked at 226 cases in week 35 (week beginning 29/08/2021), followed by a sharp decline from week 43 (week beginning 24/10/2021) to just 36 linked cases in week 49 (week beginning 5/12/2021). In addition, there was an increase in deaths notified during August/September 2021. This is thought to be due to the influence of waning immunity and the effect of the Delta variant. This trend was halted by the commencement of the booster programme for residents at the beginning of October 2021, in which there was a very high uptake rate.

Wave 5 (19th December 2021 to date)

Wave 5 of the pandemic in Ireland commenced on 19th December 2021 (week 51) and is ongoing. This wave has been influenced by the emergence of the Omicron variant(s) in December 2021/January 2022.

Data notified on the HPSC's Computerised Infectious Disease Reporting (CIDR) to midnight 9th April 2022 (week 14) shows that there have been 672 outbreaks in Nursing Homes and Community Hospitals during this current wave. This represents a significant increase in infection levels compared to wave 4 and reflects increased transmissibility of the Omicron variant and increases in incidence nationally. However, this has been matched by a significant change in severity of infection. To date, 4% of cases linked to these outbreaks were hospitalised and the case fatality rate was 1.9% across all ages and 3% in those over 65 years. This demonstrates a significant reduction in severity in wave 5 compared to previous waves, and clearly shows the impact of the booster vaccination programme and population immunity more generally from vaccination and previous infection.

It should be noted that this wave of infection is ongoing, and data are provisional and subject to ongoing review, validation and updating. For this reason, data reported may not match data previously reported or outbreaks data reported in the future for the same time period. Furthermore, the number of linked cases is based on the number of linked cases at the time of extraction from CIDR and an outbreak may increase in size since the time of extraction due to more cases occurring or more information becoming available on CIDR. Finally, it is important to note that disease severity information is only available for 5185/7106 (73%) cases in wave 5, and deaths may still accrue among known cases.

12 HPSC, NVRL, 2022. Summary of COVID-19 Virus Variants in Ireland accessed on 7th February 2022 at <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/summaryofcovid-19virusvariantsinireland/Virus%20Variant%20report.pdf>

2.4 Analysis of factors associated with outbreaks of COVID-19 in Nursing Homes in Ireland

The Nursing Homes Expert Panel recommended that HIQA and the HPSC undertake a detailed epidemiological analysis of factors associated with the occurrence of outbreaks of COVID-19 in these settings.

HIQA and the HPSC completed an initial analysis in May 2021, including data up to 21 November 2020 (that is, the first and second waves of the epidemic in Ireland). Findings were reported in the third progress report. This analysis was updated in March 2022 to capture data from 22 November 2020 to 11 May 2021, which includes the third wave of the epidemic. The primary outcome of interest was the occurrence of an outbreak while the secondary outcome was the extent of an outbreak, that is, the number of residents infected. The impact of morbidity and mortality was outside the scope of the analysis. The full report is available in Appendix 6.

Key points

The results of this updated analysis largely reflect the findings of the original report in that:

- The probability of the occurrence of an outbreak of COVID-19 in a nursing home on any given day was significantly associated with community incidence of COVID-19, the size of a nursing home, and being in close proximity to other nursing homes.
- The extent of an outbreak increased with the number of beds in a home. Where more than one outbreak occurred in a home, the extent tended to decrease with subsequent outbreaks.
- The type of nursing home (that is, publicly or privately operated) was not significantly associated with either the probability of an outbreak occurring or the extent of an outbreak.
- There was a notable difference between the first and second wave, with both a reduced likelihood of an outbreak occurring, and smaller outbreaks within the second wave. Overall, the patterns of association observed in the first wave were less pronounced in the second wave.

A number of differences are noted within the updated analysis, they are:

- There were more outbreaks in the third wave than in the first two waves combined; however, there were fewer nursing homes that had more than one outbreak.
- Vaccination was significant with the roll out of the second dose in particular associated with a reducing probability of an outbreak occurring within a nursing home and a decreasing extent of outbreak when they did occur.
- The probability of an outbreak was noted to reduce with having had experienced previous outbreaks and with an increasing population density in the locality.
- The changing geography of the pandemic was more pronounced: relative to nursing homes in Dublin city, those in rural areas and cities other than Dublin were associated with a lower probability of an outbreak. Nursing homes in cities other than Dublin were associated with an increased probability of experiencing an outbreak in waves two and three relative to wave one.
- A reducing extent of outbreak was associated with an increasing local incidence and a reducing deprivation level of the locality.
- Some of the associations that emerged within this analysis, such as deprivation and population density, may reflect adjustment within the models for heterogeneity within area types.

It should be noted that there was substantial uncertainty in the magnitude of the observed associations. The results of the analysis should overall be considered to be exploratory in nature due to the lack of availability of relevant data for establishing causal relationships, and due to the model being designed to assess factors that may have been associated with the outbreaks as opposed to examining individual causal relationships. Potentially important resident-level and facility-level factors are not routinely collected and may be important in explaining the observed incidence of outbreaks among residents. While these data may be challenging to collect, such information would greatly facilitate future analyses of this nature and may have ongoing value when considering other viral outbreaks.

Overall, while the third wave provided substantially more information for analysis, each wave of the epidemic in Ireland has been associated with distinct nuances which influence the overall findings of this analysis including changing levels of community incidence, emergence of variants, the geographical and demographic distribution of cases, the stringency and public compliance and adherence to public health measures and the vaccination roll out. Therefore, the overall applicability of these findings to current and future time periods is limited.

2.5 Ongoing National Response to COVID-19

Both in Ireland and internationally, there are clear signs of the impact of the disease waning with the current Omicron variant. The European Centre for Disease Control (ECDC) notes that *“In comparison with earlier circulating variants, Omicron infections appear less likely to lead to a severe clinical outcome that requires hospitalisation or ICU admission...Although the reduction in severity is partially due to inherent characteristics of the virus, results from vaccine effectiveness studies have shown that a significant role in preventing severe clinical outcomes from Omicron infection is played by vaccination, with effectiveness against severe illness increasing significantly among people having received three vaccine doses”*¹³.

In January 2022, the National Public Health Emergency Team (NPHE) advised that the prevailing profile of COVID-19 in Ireland and the available evidence and experience of Omicron internationally allowed for a fundamental change in the management of COVID-19, allowing for a transition, in broad terms, from a focus on regulation and population wide restrictions to a focus on public health advice, personal judgement and personal protective behaviours. This advice was based on evidence that, in comparison to previous variants, Omicron is associated with a significantly reduced population level of severe disease despite continuing high levels of transmission. NPHE has noted that Ireland is in this much improved situation as a result of the population’s engagement with the vaccination programme, high levels of adherence to public health measures combined with the relatively reduced virulence of the Omicron variant. Based on this advice, the Government has now removed all remaining mandatory measures.

The ECDC¹⁴ has also noted that in light of the experience of Omicron and where there are high levels of population immunity that it may be time to consider adapting the broad strategy for addressing the pandemic, from one focused on managing transmission to one that aims to manage outcomes of COVID-19.

13

European Centre for Disease Prevention and Control. Assessment of the further spread and potential impact of the SARS-CoV-2 Omicron variant of concern in the EU/EEA, 19th update - 27 January 2022. ECDC: Stockholm; 2022. Available at [accessed on 14/02/2022] <https://www.ecdc.europa.eu/sites/default/files/documents/RRA-19-update-27-jan-2022.pdf>

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European Centre for Disease Prevention and Control. Assessment of the further spread and potential impact of the SARS-CoV-2 Omicron variant of concern in the EU/EEA, 19th update - 27 January 2022. ECDC: Stockholm; 2022. Available at [accessed on 14/02/2022] <https://www.ecdc.europa.eu/sites/default/files/documents/RRA-19-update-27-jan-2022.pdf>

It is important to reflect that the WHO, ECDC, NPHET and the Government have highlighted that the pandemic has not concluded and at both national and individual level continued vigilance, monitoring and risk assessment is required to continue to respond to COVID-19. A focus on Infection Prevention and Control (IPC) measures in healthcare settings, system preparedness, sectoral specific measures and continued promotion of vaccine uptake remain critical elements of the response to the virus as it evolves and transitions into new phases of the pandemic. This is especially important for nursing home settings given the continued vulnerability of residents.

As set out above, there continues to be a significant level of infection nationally and there continues to be new outbreaks in nursing home settings reported on a weekly basis. Fortunately, it is being reported that residents who are COVID-19 positive have largely remained well. The situation continues to be monitored and the range of state supports for nursing homes remains in place.

3. Previous Progress Reports

Three progress reports have been published since the Expert Panel implementation structures were established. A summary of the key achievements presented in these reports is outlined below.

3.1 First and Second Progress Report Key Achievements

The First Progress Report was published in October 2020 and focused on the strategic national recommendations to be implemented by State Agencies. The Second Progress Report was published in December 2020 which focused on advances by individual nursing homes, across the public, private and voluntary sectors in implementation of specific recommendations. Provider progress was identified through a structured voluntary survey developed by HIQA and approved by the IOT, as well as early progress surveys overseen by NHI for the private system and the HSE for the public system. This report also captured the further high-level progress made in relation to the strategic national recommendations since the first progress report. Key highlights of progress from first and second progress reports over the period to December 2020 are summarised below, reflecting progress at the time of publication:

- Continuation of the range of **enhanced supports** to nursing homes including CRTs, Personal Protective Equipment (PPE), public health and IPC advice, and staffing supports.
- **The extension of the Temporary Assistance Payment Scheme (TAPS):** By end 2020, up to €92.5m was made available in 2020 and up to up to €42m for 2021.
- **Infection Prevention and Control enhanced supports for HSE approved** 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 NPHET and Ireland's National Action Plan in response to COVID-19.
- **Education, Training, Information and Resources:** All nursing homes and relevant multidisciplinary teams may access HSE LanD, the HSE's online learning and development portal including IPC Link Practitioner Programme and Anti-microbial Resistance and Infection Control eLearning programmes. In addition the HSE has developed and delivered webinars, HSE training and ongoing regular education programmes.
- **Information Campaign Targeting Persons In-Charge (PIC)** Four webinars were developed and delivered in consultation with the Integrated Care Programme for Older People every Thursday evening over 4 weeks during November and December 2020 to harness the experience of those caring for residents in Long-Term Residential Care settings and to provide relevant clinical updates on care issues to support the care of residents in nursing homes. In addition, this online guidance resource includes "Safety Pause" leaflets specifically developed for use as Patient Safety Toolbox Talks to address COVID-19 safety aspects¹⁵;
- **Approval of additional resources for HIQA including funding for additional inspectors** to support management of the expected impact on regulatory activity in implementing recommendations of the Nursing Homes Expert Panel Report, in particular an increased frequency of HIQA inspections.
- **Additional home support hours** for people living at home funded under the Winter Initiative and Home Support Pilot Scheme - to enable people with care needs to live independently at home for as long as possible.

¹⁵ Department of Health, 2020. Information Campaign Targeting Persons in Charge. Available at <https://www.gov.ie/en/publication/c7f5b-covid-19-nursing-homes-expert-panel-report-implementation-oversight-team/#information-campaign-targeting-persons-in-charge>

Visiting guidance: The Health Protection Surveillance Centre (HPSC) in consultation with key national stakeholders developed and regularly reviewed COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCFs).

- **Establishment of Bi-lateral Regulation Project Group:** A Bilateral Project Group was established to facilitate engagement between the Department and HIQA on suggested amendments in relation to the regulatory framework for nursing homes.
- Commencement of **Phase 3 of the Safe Staffing Framework.** An international rapid evidence review conducted by Professor Jonathan Drennan in UCC was completed. A taskforce to oversee the development of a Framework for Safe Staffing and Skill-mix for long term residential care settings for older persons was established.
- Early surveys **conducted on Progress on Implementing Recommendations in Nursing Homes by HSE and NHI** to provide insight into the readiness of nursing homes for the approaching winter months.
- **Survey of Nursing Home Providers - Phase 1** the targeted survey facilitated by HIQA, consisted of 25 mandatory questions that correlate to 23 of the 40 provider-led recommendations of the Expert Panel Report. Registered providers were asked to assess their progress against these recommendations. HIQA provided a report to the IOT on the results of this first survey. The output of the survey indicated a substantial level of progress with regard to the implementation of the recommendations included in the survey.

- **The development of a National Nursing Home Experience Survey**, with a view to surveying nursing home residents in 2022;
- **Phase 3 (general non-acute care setting) of the Safe Staffing and Skill Mix Framework** well underway with piloting of a proposed model planned, commenced late 2021.
- **Continued recruitment of staff to Public Health roles** under the Public Health Pandemic Workforce Plan;
- Completion by HIQA of **voluntary Nursing Home Provider Surveys including**
 - **Staff Survey** aimed at establishing the number of staff by Grade, Qualifications and Experience;
 - **Phase 2 voluntary Nursing Home Provider Survey** on COVID-19 Preparedness;
- **Publication** by HIQA and HPSC *“Analysis of factors associated with outbreaks of SARS-CoV-2 in nursing homes in Ireland” which includes Wave 1 & Wave 2 of the pandemic* and a research protocol for the extension of this analysis to include wave 3;
- **Publication** by Department of Health of **Guidance Document to assist Long Term Residential Care Facilities for Older Persons to develop a Staffing Plan for surge situations arising from COVID-19** in June 2021.
- Development of proposals for **interim enhancements to primary and secondary legislation** for nursing homes by the Bi-lateral Regulation Project Group.

3.2 Third Progress Report Key Achievements

The Third Progress Report was published in September 2021 and highlights the key achievements and progress in implementing nationally focused recommendations since implementation commenced. The report also contains the findings of Phase 2 of the Voluntary Provider Survey on their progress with implementation of the provider-led recommendations of the Expert Panel.

The Report highlights that many of the short and medium-term recommendations have already been implemented or operationalised. It also outlines the progress being made on the necessary developmental work required to progress longer-term strategic reform of older persons services. Key achievements reported in the Third Progress Report included:

- Continued provision of **enhanced supports** to nursing homes, including CRTs and an extension to some elements of the Temporary Assistance Payments Scheme (TAPS), and the commencement of preparatory work for the establishment of permanent Community Support Teams;
- The delivery of a range of **Infection Prevention & Control (IPC)** supports, including the development of an IPC Strategy, a range of education, training and information supports, and the development of the IPC Link practitioner programme;
- **Visiting guidance:** With the benefit of the vaccine programme, revised guidance provided for more normalised opportunities for visiting in LTRCFs;
- **The phased roll out of the Patient Advocacy Service** to nursing homes commenced from June 2021, with roll out to HSE-operated nursing homes;
- **An international and national evidence review** was undertaken to inform the **scope of The National End of Life Survey**;

4. Development of Final Progress Report

4.1 Introduction

This is the fourth and final progress report on Implementation of the COVID-19 Nursing Homes Expert Panel recommendations. As the end of the Expert Panel 18-month implementation timeline was drawing near, it was agreed by the IOT to complete a final comprehensive progress report that would:

- a) identify and report on progress to date
- b) identify planned pathways for the mainstreaming, within the relevant health agencies, of the continuation of the developmental work required to progress longer-term reform recommendations and
- c) identify any residual areas of recommendation requiring further consideration as to the future approach.

There was a significant level of engagement with IOT and Reference Group members over recent months to ensure the progress being reported in this report is accurate and to provide members with the opportunity to inform the ongoing implementation of recommendations. This engagement process, along with other key pieces of analysis which informed the development of this final progress report, is detailed further in this chapter.

The following two chapters set out progress in relation to the implementation of recommendations in the Expert Panel report. As with previous progress reports, recommendations have been broadly grouped into those that are nursing home provider-led recommendations and those that are national level actions. Chapter 5 concentrates on nursing home provider recommendations and presents the summary results of Phase 3 of the voluntary Provider Survey (Appendix 3), a detailed analysis of the results across all three provider surveys (Appendix 4), along with a detailed analysis on the nursing home workforce survey (Appendix 5) conducted in May 2021.

Chapter 6 concentrates on national level actions and includes highlights of the continuing supports being provided nationally to nursing homes, key achievements, and progress in implementing nationally-led reform focused recommendations. Chapter 7 provides clarity on the transition arrangements for the lead agencies to continue to progress Expert Panel recommendations beyond the life of the IOT and Reference Group and plans for continued implementation of key reform elements into the future through mainstreaming activities into other established existing or new structures.

Finally, the report presents an update on each of the 86 Expert Panel recommendations by the lead statutory agencies and as self-reported in the third survey by individual nursing home providers in Appendix 1.

4.2 Key Inputs that Informed Progress Report

In keeping with the collaborative and consultative approach adopted throughout the Expert Panel process, a number of important consultations and analyses have been undertaken to inform ongoing implementation and the preparation of the final progress report. This includes a series of engagements with IOT and Reference Group members over the period November 2021 - January 2022 to obtain a consensus view on the status of implementation of the COVID-19 Nursing Homes Expert Panel recommendations. This consensus view, and final progress updates on each recommendation along with the provider survey findings have all contributed to this Final Progress Report. Key pieces of work include:

- Agency leads provided initial progress updates on implementation of all 86 recommendations.
- The Department issued a survey to IOT and Reference Group members in November 2021 seeking views on those areas where most progress and impact had been made, those areas where renewed effort or further work was needed, and whether the reporting of progress on recommendations was fair and accurate. Further details of this survey are presented below.
- The Department prepared a report of the findings of the survey and held a virtual joint IOT/Reference Group Workshop in December 2021 to share progress on implementation to date, gather further input and views on that progress and to explore key considerations for the implementation of the longer-term reform recommendations. Further details of this workshop are presented below.
- Following on from the December workshop there was further engagement with lead Agencies and stakeholders who had helpfully provided feedback across a range of the initial progress updates for each recommendation as well as with those who had identified additional actions that have been taken which contribute towards the implementation progress of various recommendations. Stakeholders were invited to provide a submission with as much information as possible on work undertaken in these actions. The information received was then considered by the Department in the context of the full range of inputs being examined for inclusion in the final progress report so as to capture, to the fullest extent possible, an outline of progress to date.
- A third Nursing Home Provider survey was undertaken in October/November 2021, to establish the level of provider self-reported progress with implementation of the Expert Panel recommendations. A summary of findings is presented in Section 5.2
- An analysis of all three Provider surveys has also been undertaken to contribute to greater understanding of the impact and learnings from the response to COVID-19 in nursing homes. A summary of findings is presented in Section 5.3.
- A detailed analysis of existing staffing levels (nursing and care assistants) and qualifications in all nursing homes based on the March 2021 survey was undertaken on behalf of HIQA in line with Recommendation 9.1. A summary of findings is presented in Section 5.4.

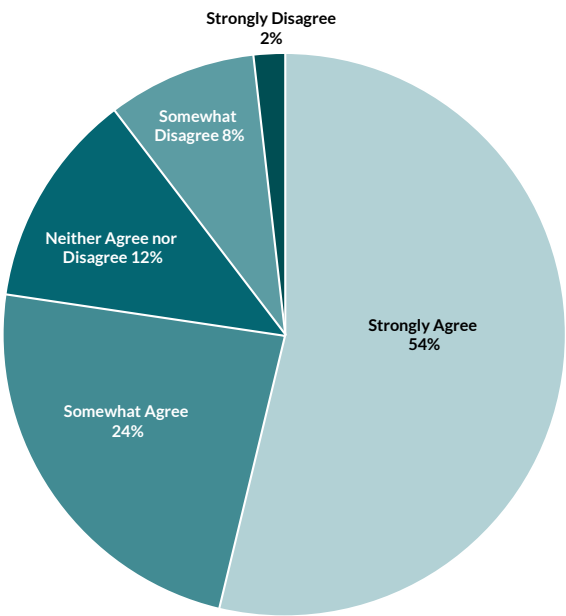
4.3 Joint Survey of the Implementation Oversight Team and Reference Group

Members of the Implementation Oversight Team and Reference Group were invited to participate in a survey on the COVID-19 Nursing Homes Expert Panel Recommendations. The survey was based on a working document of November 2021 which detailed progress updates on all recommendations. The feedback contributed to achieving a view from the Implementation Oversight Team and Reference Group members on the status of implementation of the COVID-19 Nursing Homes Expert Panel recommendations.

The stakeholder responses to the survey showed a very strong consensus / high level of agreement with the stated progress across all recommendations with 78% of respondents “strongly agreeing” or “somewhat agreeing”. In contrast 10% or less of survey respondent stated they “strongly disagree” or “somewhat disagreeing” with the statements on progress.

Figure 4 Summary of agreement across all 86 recommendations

Overall Agreement with stated progress updates:
Summary of agreement across all 86 recommendations



Analysis of the survey results also showed high levels of agreement at thematic level as outlined in Figure 5.

Overall Agreement levels by Recommendation Theme

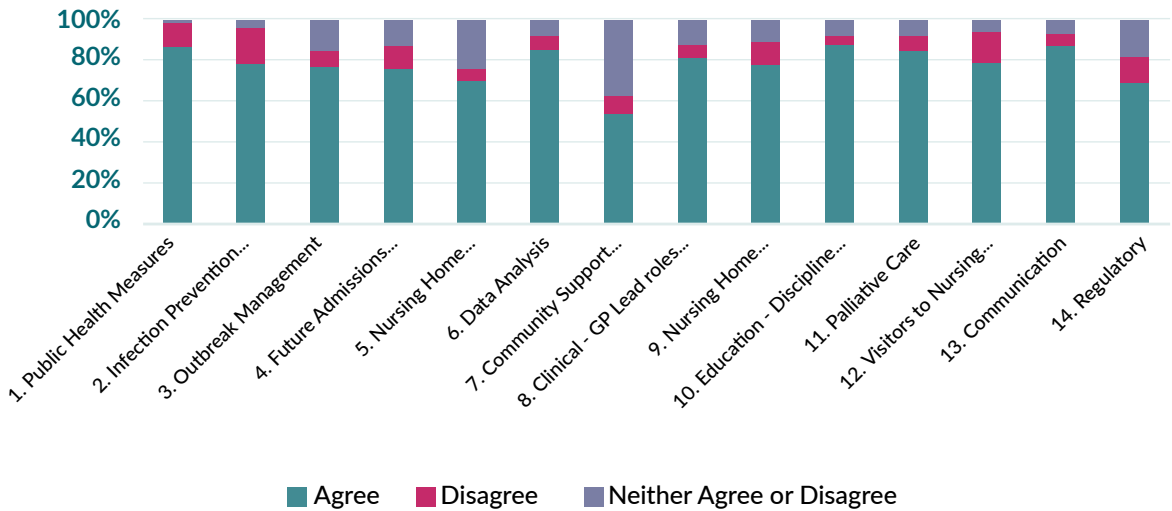


Figure 5 Level of agreement by recommendation theme

The survey also provided an opportunity for key stakeholders to provide their views and feedback on the top achievements they believe have most benefited older persons residing in nursing homes – key areas highlighted include:

- Positive overall focus and spotlight that the Expert Panel process brought to nursing home care;
- Significant and collaborative engagement across all stakeholders;
- Access to and availability of Public Health, Infection Prevention & Control and outbreak management advice and supports;
- Engagement and evolution of visiting guidance to ensure rights of residents are upheld and strong focus on advocacy services more generally;
- Focus on safe staffing levels in nursing homes.

Sample of quotes from survey

“Coming together of all relevant statutory agencies and government departments working to ensure the care and welfare of residents in Nursing Homes.”

“The work of the CRTs has ensured that all citizens have been given equal access to the expertise, skills and resources required to provide safe effective care during the pandemic”

“The establishment of COVID Response Teams has been instrumental in safeguarding nursing home residents as well as provide critical networks between public and private service provision.”

“The spotlight the Expert Panel report has provided on the sector has I believed provided the necessary focus to drive beneficial changes for Residents and their families”

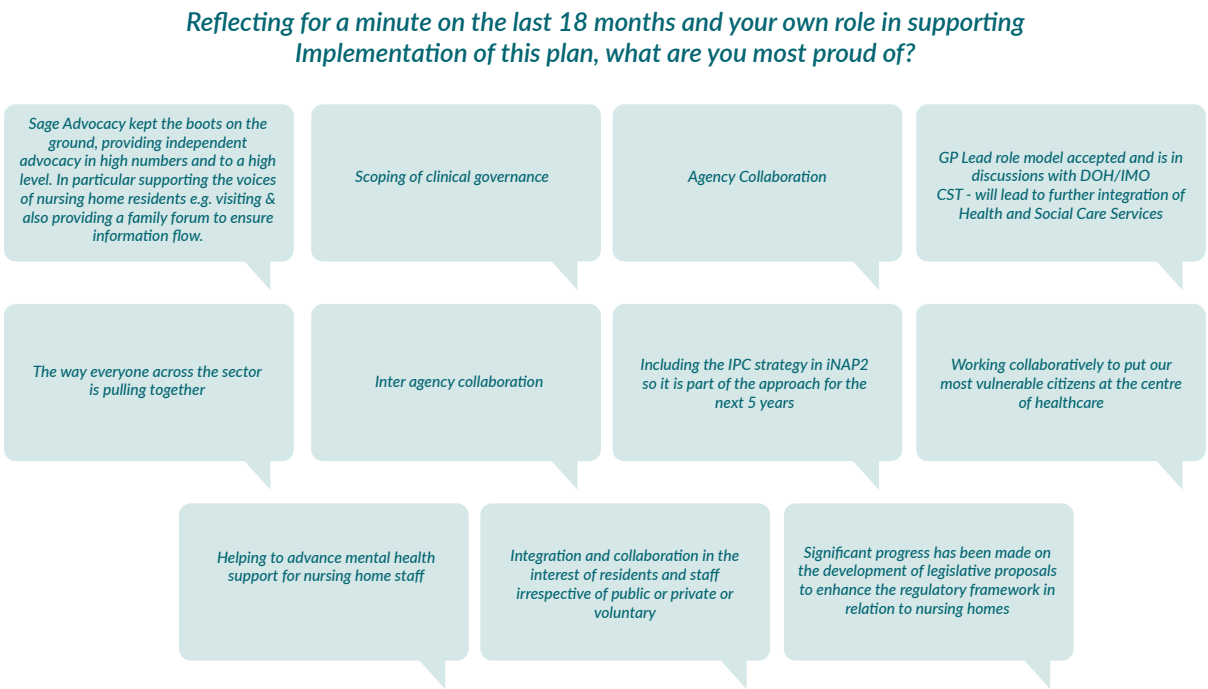
“Top achievements can be broken down to short, medium and long term. The short-term top achievements were in Outbreak Management, track, and trace systems, IPC, and training. It will however be the medium-term projects that will make the most impact in the long term - further integration with the Health and Social Care services especially Community Support Teams, Clinical Governance Structures and a GP Lead.”

4.4 Joint Implementation Oversight Team / Reference Group Workshop

Following the survey exercise, a joint workshop of IOT and Reference Group members was held virtually on the 1st December 2021. The workshop sought to:

- Present progress to date on recommendations, provide an account of actions taken and obtain consensus of these statements for inclusion in the final progress report.
- Use the opportunity to explore what additional action may be taken to support implementation of the recommendations in a timely, effective manner. In addition, to identify views from stakeholders on the mechanisms to mainstream residual recommendations into longer-term policy and operational processes.
- To provide structured content for the final progress report.

At the outset of the workshop, IOT and Reference Group members were asked to comment on what they were most proud of in their own role supporting implementation of the Expert Panel Recommendations – a sample of responses is detailed below. Responses reflected feedback received already from the Survey process.



During the workshop, participants were asked that if the feedback received in the survey and workshop were incorporated into the progress updates on recommendations, how confident they were that the progress being reported on the nationally led recommendations is reflective of the actual situation - respondents indicated they were 78% confident the stated progress was reflective of the status of nationally led recommendations. This again is similar to feedback received in the survey of IOT and Reference group members.

The workshop also considered in detail a range of nationally led recommendations and sought feedback from participants on how these recommendations could be implemented quicker or better. The workshop captured a rich and diverse range of observations and practical suggestions, and these are now being taken into consideration by the national lead agencies as they progress initiatives for policy and operational reform. There has also been further engagement with the survey respondents since the workshop to seek clarifications on information received to ensure progress reported across all recommendations in this final progress report is as comprehensive and accurate as possible.

5. Progress on Nursing Home Provider Recommendations

5.1 Introduction

Nursing homes are people’s homes as well as places where healthcare and support are provided. The earlier account in this report of the progression of the disease throughout the pandemic gives a broad understanding of the challenges faced by frontline staff in nursing homes to respond and adapt to the evolving public health advice. The urgent focus on keeping residents safe and protecting residents and staff from disease infection and transmission has resulted in a broad range of public health and infection prevention and control measures being rolled-out across nursing homes.

In recognition that ultimate responsibility for clinical and other governance rests with the relevant individual registered provider, the Expert Panel report included a substantial package of recommendations, 40 in total, that fall within the responsibility of individual nursing home providers (public, voluntary, and private), and are broadly aimed at continuing to safeguard and support nursing home residents in the context of the pandemic.

In August 2020, the Minister for Health requested HIQA to examine the Expert Panel Report and develop a mechanism to report on providers' progress with the relevant recommendations targeted at individual nursing homes providers. The purpose of the request envisaged that HIQA would be able to provide a view to the IOT on an ongoing basis as to the preparedness of the sector and progress across the sector on implementation of recommendations. Following a proposal from HIQA to fulfil this important requirement, the IOT approved the undertaking of a series of three surveys to capture individual nursing home provider progress with implementation of the Expert Panel recommendations. The first two surveys were undertaken during 2020 and 2021 and results were published as part of the second and third progress reports respectively. The third and final survey was undertaken in October 2021. Summary findings are presented below with the full findings available in Appendix 3. In addition, an analysis across all three provider surveys has been undertaken and is also detailed below, with the full findings available in Appendix 4.

This collection of reports provides a very useful provider perspective on progress with implementation on the provider-led recommendations and provided an important opportunity for all providers to highlight implementation progress and to identify any gaps requiring further attention.

5.2 Report on findings of the Third Nursing Homes Provider Survey

The third provider survey examined progress across 38¹⁶ of the 40 provider focused recommendations. Due to the importance of providers giving feedback on their progress, the Minister for Mental Health and Older People wrote to each provider encouraging their participation in the survey.

16 Recommendation 8.3 on the GP lead Role in CSTs was excluded as deliberations are ongoing to agree the GP Lead role in CSTs. Recommendation 10.4 on staff training and career development was also excluded given the separate survey concluded in March 2021.

Methodology:

The survey consisted of 51 questions that correlate to 38 provider-led recommendations of the COVID-19 Nursing Homes Expert Panel Report. The survey ran during October/November 2021. As with the other surveys, providers were asked to self-assess their progress with the recommendation using one of four descriptors:

- Not Commenced;
- Work in Progress;
- Substantially Complete;
- Fully Implemented.

The 51 survey questions were themed with a varying number of questions posed as follows:

- Preparedness and contingency- 22
- Social Distancing - 6
- Staffing and Supports - 11
- Testing- 2
- Visiting- 6
- Advocacy- 1
- Reporting- 2

Response Rate: Of the 570 invitations to nursing home providers, 50% (284) completed the final survey. Sector engagement by provider type varied with 47% (n=209) of private providers, 56% (n=63) of statutory centres and 71% (n=12) of voluntary providers completing the survey

Presentation of Findings:

The survey findings are reported in three formats for each question in the report,
(i) overall results across all respondents,
(ii) results by provider type and
(iii) results by number of beds in the facility.

The report presents summary results in a table by question and response category i.e. “fully implemented, substantially complete, work in progress and not yet commenced. The report also presents the survey finding in bar chart providing the summary finding. This is then broken down into two further sets of bar charts showing response received by each provider type and number of beds in the facility respectively. This visual presentation of the findings readily demonstrates the positive findings of the survey on the level of self-reported nursing home provider’s implementation of the NHEP Recommendations.

Key Findings:

Overall, the report presents a high level of self-reported implementation of the Expert Panel recommendations by providers who responded to the survey, across all provider types and facility sizes. This is true across each of the aforementioned themes with a minimum of 75% of respondents self-reporting that the vast majority of recommendations are “fully implemented” or “Substantially completed”. This high level of self-reported implementation establishes a level of assurance that the additional supports put in place and recommended measures for providers to safeguard their staff and residents are being implemented.

Areas of high self-reported implementation of the recommendations (“Fully Implemented” or “Substantially Completed”) were as follows:

Preparedness and contingency: In general, there were high levels of implementation reported across all questions in this category;

- 93% of providers self-reported “fully implemented” and 5% “substantially complete” having designation of a team or full-time staff member to lead the covid response in their facility;
- adequate supplies of PPE (97% and 2% respectively);
- clear IPC strategy as part of its preparedness plan (92% and 7% respectively),
- provider’s preparedness plans include outbreak management plan (91% and 8%)
- admissions are only accepted where IPC measures are such to ensure there is no risk of onward infection (99% and 1%)
- access to emergency supply of PPE and other equipment in case of a cluster of infection (99% and 1%);

Social Distancing: In all 6 questions well over 80% of respondents indicated they had fully implemented the recommended measures.

Staffing and Supports: In general, there were good levels of implementation reported across all questions in this category;

- provider is actively promoting the use of Advanced Healthcare Directives¹⁷ by facilitating staff to attend training programmes - 61% fully implemented and 20% substantially complete;
- the provider ensures that new HCA’s have QQI Level V qualifications – 69% and 21%;
- the provider has an arrangement with a GP for general oversight and governance – 74% and 5% respectively;
- the provider ensures that staff do not work across multiple sites – 79% and 20%;
- high levels of mandatory training for staff across key areas such as IPC, End of Life Care, Dementia Care and Palliative care were self-reported by survey respondents with only 5 providers responding that they had “none of the above mandatory continuing education established for staff”.

Testing for COVID: High levels of implementation in relation to staff available in-house that can undertake COVID-19 test swabbing

- 93% fully compliant/6% substantially completed) and
- 98% and 2% respectively have access to COVID-19 test results for all new residents coming from the community or proposed transfers from hospital prior to admission.

Visiting arrangements: The high level of self-reported implementation of recommendations in relation to visiting arrangements for older persons resident in nursing homes was also very positive with 94% (fully implemented), 86% and 99% fully implemented across Recommendations 11.2, 12.3 & 12.3. An open question on whether there are any challenges/barriers to implementing visiting assessments in the centre was also included with 31.3% of survey participants providing general comments or feedback on visiting. These comments are available in the full report (Appendix 3).

17 It is important to note that legislation to fully support the use of AHDs has not yet commenced.

Reporting: The third survey included two new questions on collection of key data and overall most providers confirmed the collection of some or all of the specified data. A high proportion of respondents i.e. 99% regularly reporting on staffing numbers, grades, vacancies, agency staffing, resident numbers, bed occupancy, resident demographics etc. (Recommendation 9.4). In addition, 97% of providers self-reported as collating data to inform the quality and safety of care and outcomes for residents on elements such as Skin Integrity, Nutrition and Hydration, Pain Assessment and Management and Medication Administration. (Recommendation 10.6)

Key areas for improvement:

- There are a small number of areas in which the level of implementation of recommendations although significant, did in a limited number of cases also show some providers self-reporting as “not yet having commenced” or as “work in progress”– these mostly relate to:
- provision of staff accommodation, including accommodation to isolate for staff with COVID and/or needing to isolate (16% not commenced, 9% work in progress)
 - provider and staff accessing the HSE Train the Trainer IPC Programme (8% not commenced, 18% work in progress),
 - onsite access to a trained Infection Prevention and Control lead for each shift (2% not commenced, 20% work in progress)
 - education plan in place for each healthcare attendant (1% not commenced, 21% work in progress),
 - an arrangement with a GP for general oversight and governance in the nursing home (14% not commenced, 7% work in progress)

5.3 Analysis of the Three Nursing Homes Provider Surveys

HIQA facilitated a request by the Implementation Oversight Team, for an analysis of all three nursing home provider surveys to explore progress over time on the Expert Panel recommendations. The report details the analysis of the findings of each survey that was undertaken. It also includes a comparative analysis between Survey 1 versus Survey 3 and Survey 2 versus Survey 3. A summary of the key findings is presented below. The full report is available in Appendix 4.

Survey Number Date Issued	No. of Nursing Homes invited to participate in the Survey	No. of Nursing Homes that completed the Survey	Nursing Home respondents to Survey as % of all Nursing Homes invited to participate
Survey 1 Nov/Dec 2020	571	317	56%
Survey 2 Apr/May 2021	571	255	45%
Survey 3 Oct/Nov 2021	570	284	50%

Response Rates:

At the time of each survey all of the registered providers of nursing homes were invited via email to participate in the online survey. It should be noted that Providers remained under pressure with COVID-19 when each of the surveys was completed. Response rates for each survey are detailed as follows:

Findings

A minimum of three quarters of the responding nursing home population in Survey 3 (October/November 2021) reported full implementation of the majority of recommendations in each of the themed areas across Public Health Measures, Infection Prevention & Control, Outbreak Management, Future Admissions to Nursing Homes, Nursing Home Management, GP Roles, Nursing Home workforce, Staff Education, Palliative Care, Visitors to Nursing Homes and broader reform recommendations.

In almost all cases where there was a difference between the benchmark survey and the follow up, there was an uplift in the proportion claiming to have implemented the recommendation in Survey 3 (Oct/Nov 2021). Statistically significant uplifts between the relevant benchmark and Survey 3 (Oct/Nov 2021) were noted for full implementation of the recommendations listed below:

- Rec. 1.1: The provider has implemented enhanced public health measures to include a designated team or at least one full-time staff member as lead for COVID-19 preparedness response
- Rec. 2.1: The provider's preparedness plan includes the management of entrances and exits to facilitate zoning in the nursing home
- Rec. 2.2: The provider has a clear Infection Prevention and Control (IPC) strategy as part of its preparedness plan
- Rec. 2.7: The provider and staff have accessed 'train the trainers' infection control' training programme approved by the HSE.
- Rec. 3.7: Social distancing facilities for residents and staff are in place and maintained
- Rec. 5.2: The provider has a clear written back-up (contingency) plan to maintain a safe service when staff cannot work or fail to turn up for work.
- Rec. 5.3: An education plan for each healthcare assistant is being developed or in place.
- Rec. 8.2: The provider has an arrangement with a GP to support general oversight and governance of the nursing home.
- Rec. 8.6: A clinical governance oversight committee is established in the nursing home.
- Rec. 10.2: The Provider is actively promoting the wider implementation of advanced healthcare directives (AHDs) by facilitating staff to participate in related education programmes.
- Rec. 11.1: There are established and effective links with the Community Palliative Care Team in your catchment area.
- Rec. 12.2: The provider has identified and addressed infrastructural adaptations required to facilitate visits.
- Rec. 13.1 & 13.2: The provider has ongoing, clear, and meaningful communications with residents and families in relation to visiting protocols and all public health measures.
- Rec. 13.3: The provider ensures communication pathways are maintained and/or enhanced through technology solutions (E.g. tablets, Wi-Fi or otherwise) for residents and their families.
- Rec. 13.4: The provider has dedicated staff to facilitate and document social activities and communication for residents with family.
- Rec. 15.4: Residents are aware of and are provided access to independent advocacy services.

Three recommendations saw reduced reported implementation levels between the benchmark study and the follow up Survey 3 (Oct/Nov 2021), namely:

- Rec. 1.1: The provider has implemented enhanced public health measures to include contingency staffing teams
- Rec. 2.7: All staff including newly recruited staff have received mandatory Infection Prevention and Control (IPC) training.
- Rec. 5.6 The provider ensures that staff do not work across multiple sites.

5.4 Nursing Home Workforce Analysis

Recommendation 9.1 of the Expert Panel report called for HIQA to carry out a detailed audit of existing staffing levels (nursing and care assistants) and qualifications in all nursing homes – public, voluntary, and private. In the absence of a centralised coordinated national data reporting mechanism in respect of staffing numbers and profiles, it was agreed by the IOT that HIQA would facilitate an online survey to gather this information. An initial report on the findings of this survey was included in the Third Progress Report.

At the request of the Department of Health, further analysis of the findings of the survey was undertaken and a Staff Workforce Planning 2020 Evaluation report has been completed. This report provides an important snapshot in time as voluntarily reported by nursing home providers of information on staffing within nursing homes in Ireland pre and during the pandemic. The report findings demonstrate high levels of qualifications amongst a good portion of staff working in nursing homes. The key findings are presented below. The full report is available in Appendix 5.

Methodology:

The survey consisted of 12 questions requiring nursing homes to report details of their accommodation, staffing and qualifications as well as resident dependency tools used on the 28th of February 2020, pre-COVID-19, and report the impact of COVID-19 on resident numbers and staffing on the date that they completed the survey. The survey closed in March 2021.

Response Rate:

The response rate was 42%. Analysis found that the sample composition is proportional to the profile of registered nursing homes in terms of bed size and urban and rural locations. Statutory nursing homes are slightly overrepresented in the sample and private nursing homes are slightly underrepresented relative to their incidence in the population of nursing homes invited.

Summary of findings:

Pre-COVID-19 accommodation

The average occupancy for all registered beds was 82% and the average occupancy was 83% for long term beds. Statutory providers were statistically significantly more likely to report a 98% or more occupancy rate for long term beds.

All participating nursing homes reported provision of single occupancy rooms, 88% reported at least one multi-occupancy room (2-4 residents) and 3% reported provision of larger multi-occupancy rooms (4+ residents).

Impact of COVID-19 on resident numbers

Across the responding sample the number of residents reported decreased from 11,007 pre-Covid 19 to 10,397 post-COVID-19 (on the date of survey completion). There was decrease in residents across all nursing home types, bed sizes and geographical area. The largest percentage decrease was reported amongst statutory providers (10%).

Staffing Levels

Pre-COVID-19 Staffing levels were self-reported by providers and average employment rates by staff discipline and grade are detailed in the survey report. Although there is a lot of commonality in staffing reported, the data shows some differing patterns of staffing across nursing home types, sizes, and locations.

Staffing vacancies were reported across all grades with the exception of Clinical Nurse Managers (Grade 3) and Nursing Interns. Vacancies were most likely to be reported for Healthcare Assistants/Care Attendants with 33% reporting at least one vacancy for this staff grade.

Responding providers reported limited additional resources with just 9% reporting to have used additional staffing in the w/c 28th February 2020. Usage of agency/bank and/or overtime per week in the period Jan 1st to Dec 31st 2019, was reported by a significant minority of nursing homes.

Impact of COVID-19 on staffing

The reported impact of COVID-19 on staffing is different across staffing type. The most popularly cited response in the case of registered nurses was no change at 62% but 33% claimed to have increased staffing levels, a minority 5% claimed to have decreased the staffing of this cohort. Of those who did increase the average WTE increase was 1.7.

In the case of healthcare assistants the most popularly reported impact of COVID-19 was to increase the staffing of these personnel. 49% claimed to have increased the staffing of healthcare assistants and the average WTE increase amongst those who did was 2.9.

Other changes in WTE were balanced evenly been increases in personnel and no change, respectively 49%.

Qualifications

Out of the nursing homes surveyed, the most popular level of the qualification held by the Director of Nursing/ Person in Charge is a diploma (28%), followed by certificate (26%) and then a Master's Degree (20%). 8% of nursing homes reported that their Director of Nursing Homes/Person in Charge did not hold a qualification.

Undergraduate Bachelor's degree in Nursing was the most popular reported qualification for registered nurses with 91% of nursing homes reporting that at least one registered nurse in their employ held this qualification. 69% of responders claimed at least one registered nurse in their employment had a post graduate qualification in gerontological or older person care.

FETAC or QQ I Level 5 was the most popularly cited qualification for Health care assistants with 91% of nursing homes reporting that at least one healthcare assistant had this qualification only. Of the nursing homes surveyed, the total number of Healthcare Assistants/Care Attendants that hold a FETAC or QQI Level 6 or above qualification is 327. Statutory providers were statistically significantly more likely to have no Healthcare Assistants/Care Attendants with a FETAC or QQI Level 6 or above qualification.

In analysis of these findings it needs to be borne in mind that many responding nursing homes appear to have to disregarded the word only in the questionnaire, reporting not the highest qualification that the registered nurse had achieved but all grades. (See report for further details)

6. Progress on National Level Measures

In addition to the recommendations of the Expert Panel that fall within the responsibility of service providers to progress, the Panel's report contains a substantial package of recommendations that have a national focus and fall within the remit of the various State entities to progress, including the Department of Health, the HSE, HIQA and the NTPF. These actions are comprised of a blend of short-term and operationally focused recommendations, as well as longer-term strategic reform and system developmental recommendations. Progress on many of these recommendations has continued since the previous progress reports, some of which have separate dedicated implementation and governance structures to oversee and drive their implementation. Detailed updates for each recommendation are included in the update table in Appendix 1 of this report. This section of the progress report presents highlights of the achievements across these recommendations, firstly in terms of ongoing operational supports and secondly in relation to medium- and longer-term reforms required to support the vision of health services supporting older persons to live full and independent lives irrespective of their domicile.

6.1 Ongoing supports to the Nursing Home Sector

The State's responsibility to respond to the public health emergency led to the establishment of a structured nursing home support system, in line with National Public Health Emergency Team (NPHE) recommendations, to provide enhanced supports to public and private nursing homes. A comprehensive package of direct and indirect supports was established in early 2020 and many of these remain active across the country to support nursing homes on a proactive basis and to respond in the event of a COVID-19 outbreak.

The Temporary Assistance Payments Scheme (TAPS) was introduced by the Department of Health to contribute towards costs associated with COVID-19 preparedness, mitigation, and outbreak management in private and voluntary nursing homes. The full Scheme closed in June 2021, but the Outbreak Assistance component of the Scheme has been extended up to the end of June 2022. More than €128 million has been paid to nursing homes under the Scheme up to March 2022.

HSE provided supports

General supports by the HSE to nursing home continue for now, including:

- Supply of precautionary and enhanced Personal Protective Equipment (PPE), free of charge to providers at a cost up to 31st Jan 2022 of over €77m (approximately 63m private NH, 11m Statutory NH and 2m for Voluntary NH);
- Multidisciplinary clinical supports at Community Health Organisation (CHO) level through 23 COVID-19 Response Teams.
- Access to specialist advice from Public Health and Infection Prevention & Control specialists through the CRTs, and the development of a suite of Public Health and IPC guidance, advice, training resources and other supports;
- In particular, the HPSC has published detailed and evolving guidance on visiting and on Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities, and these are regularly reviewed;
- Where necessary, appropriate, and possible to support nursing homes with staffing shortages arising from COVID-19, the HSE are providing access to staff from community and acute hospitals;
- Temporary accommodation is available to nursing home staff to support measures to block the chain of transmission, with spending up to end 2021 of approximately €3.6m (€0.7m relating to HSE staff and €2.9m for staff from private nursing homes);

- Enhanced HSE engagement with non-HSE nursing homes through COVID Response Teams engagement;
- Prioritised access to COVID-19 vaccination for residents and staff;
- Continued access to testing for those with symptoms and as part of outbreak management, and continuation of the serial testing programme for staff;

HIQA provided supports

The supports provided to nursing homes to date by HIQA and the Chief Inspector include:

- Publication of regulatory information notices and the distribution of communiques from other organisations to ensure that registered providers of nursing homes and their staff were aware of relevant information;
- design and publication of a COVID-19 specific notification form which facilitated registered providers to submit daily updates on the status of suspected and confirmed cases of COVID-19 among residents and staff to the Chief Inspector. This provided important information which is used on a daily basis to identify nursing homes that were under particular pressures or at risk of substantial pressure resulting from the impact of COVID-19;
- Maintained regular telephone contact with all nursing homes to share information, provide advice and escalated requests for assistance to the regional and national HSE teams.
- Established the Infection Prevention and Control Hub on 6 April 2020, to provide support and assistance to providers and staff of centres. 54% of the 617 queries managed by the hub were from designated centres for older people. The hub support was operational for a period of time up to July 2020, with the dedicated email remaining in place to date.
- Issued guidance and held information sessions and webinars on IPC and preparedness planning.
- Established and maintained a communication pathway with the HSE at a national level to facilitate sharing of information to assist in the support of nursing homes.
- Published:
 - The "COVID 19 - An assurance framework for registered providers - preparedness planning and infection prevention and control measures". This included guidance, an educational video, and a self-assessment tool for providers to assess how prepared they were for an outbreak of COVID-19 in their nursing home.
 - Guidance and an assessment framework for risk inspections focused on Regulation 27: Infection control, Health Act 2007 (Care and welfare of Residents in Designated Centres for Older People) Regulations 2013.
 - The impact of COVID-19 on nursing homes in Ireland report in July 2020.
- Increased the resources available in the Information Handling Centre to support engagement with those who contacted HIQA with concerns. The number of concerns received increased with the majority of those concerns pertaining to nursing homes.
- Throughout the pandemic HIQA's Health Technology Assessment Directorate worked closely with the Department of Health and the National Public Health Emergency Team (NPHE) to carry out and publish evidence synthesis and rapid reviews of guidance pertinent to the public health response to the pandemic much of which was relevant to residential care facilities.
- HIQA's Health Information and Standards directorate developed tools designed to support nursing homes during the pandemic, including:
 - Infection Prevention & Control (IPC)
 - Advocacy in Nursing Homes
- Development of e-learning modules for staff on infection prevention and control, adult safeguarding and a human-rights based approach in health and social care.

6.2 Dedicated funding in 2022 for Expert Panel report implementation

As detailed above, the State has provided a broad suite of supports to nursing homes in addition to significant funding throughout the pandemic, recognising the impact of COVID-19 on the sector. Given the continuing circulation and impact of COVID-19, these will continue in the near term. In addition, Budget 2022 includes significant funding of over €22 million for implementation and mainstreaming of a range of Expert Panel recommendations – this includes over €14m to the HSE, €5m to HIQA and €4.5m to support the development of the Safe Staffing Framework.

It is important to reflect that State investment in enhancing the sector and supports to service providers is wider than the direct financial supports. The initiatives outlined below will make a considerable and lasting impact on nursing home services and reflects the continued public funding investment in supporting all nursing home providers and, particularly, users of the nursing home services. Details of this investment are summarised in the table below and detailed updates on each initiative are set out later in the report.

Project #	Project Title	WTE	2022 Funding (€m)
1	Establish Community Support Teams for Older Persons resident in Nursing Homes	86.08	8.19
2	Develop a model and Pilot Clinical Governance Committees for Nursing Homes		1.00
3	Provide Gerontological Training for 118 nursing staff working in Nursing Homes		1.09
4	Establish an IHF/AlIHPCHSE Programme – The National Nursing Home Programme supporting Palliative, End of Life and Bereavement Care		1.13
5	Employ additional Infection Prevention and Control Staff to support Nursing Homes ¹⁸	18	0.80
6	Employ additional Social Workers to provide Safeguarding supports to Older Persons resident in Nursing Homes	18	0.62
7	Deliver once-off Psychosocial Support through Education and Training for staff and residents of Nursing Homes		0.28
8	In-depth Data Analysis of COVID-19 outbreak clusters – causal factors and key learnings		0.20
9	Safe Staffing and Skill Mix Pilot		4.3
10	HIQA – additional staff, including 43 permanent posts, of which 12 are permanent inspector posts		5
Totals			€22.61

18 This is in addition to additional and wider IPC investment under Ireland’s National Action Plan on Antimicrobial Resistance.

6.3 Progress on Medium to Long Term Actions by Lead Agencies

The Expert Panel, in addition to making recommendations for the immediate and ongoing response to COVID, identified medium- and long-term reforms required to support the vision of health services supporting older persons to live full and independent lives irrespective of their domicile. In this section a summary of these key areas of reforms is presented.

6.3.1 Community Support Teams

COVID-19 Response Teams (CRTs) were established by the HSE Area Crisis Management Teams (ACTs) during March 2020 to provide additional support to long term residential care facilities by providing clinical and other supports for the prevention, identification, and management of COVID-19 outbreaks. The 23 CRT teams continue to operate in accordance with national operational guidance. A national CRT Leads forum is also in place which is convened monthly or more frequently if required, to ensure a nationally consistent approach and sharing of learning. In line with Expert Panel recommendations (1.2, 7.1, 7.2, 8.1), these teams will be transitioned into permanent Community Support Teams (CSTs), one in each CHO area, during 2022.

CSTs will provide continued support in terms of preparedness planning and outbreak management, and, importantly, will also facilitate closer integration of nursing homes, regardless of public/private/voluntary status, with the wider health and social care system contributing to enhanced integration of older person’s services. This was a key recommendation in the Expert Panel report, and these new CSTs will provide a central resource for nursing homes regarding information on access to relevant clinical supports, including expert advice and identification of appropriate referral pathways.

Over €8m has been allocated for the establishment of CSTs in 2022. This will provide over 80 core staff to the nine CSTs established. Each CST will have a core full-time staffing of a Director of Nursing (CST Lead); CNS Gerontology; CNS Palliative Care; Health and Social Care Professional; Education and Training Manager; Information Manager and CST Administrator. These will be supported by clinical expertise of Consultant Geriatricians and GP Leads who will provide sessional commitments to the CSTs. Significant preparatory and developmental work has already been undertaken to inform the development of the CSTs, including engagement with the key stakeholders through the IOT and Reference Group (including receipt of written submissions from the members of the Reference Group) and the development of operational guidance. The implementation of the CSTs will progress under the remit of the Residential Care Working group. A National Implementation Team is being established to work alongside CHO Implementation Teams in order to provide oversight, ensure national consistency, facilitate sharing of learning, provide additional guidance where required, and to identify and mitigate implementation risks. The National Implementation Team will give particular priority to continued engagement and communication with all relevant stakeholders, including providers, staff, residents and family members on the role and responsibilities of these new teams.

There is a requirement for CRTs to remain in place until the CSTs are fully operational and resourced to perform required functions. Recruitment to CST roles is commencing with reassignment where possible of existing CRT staff to CSTs. Given on-going challenges in accessing appropriately skilled and qualified candidates, it is acknowledged there will be lead-in time from the commencement of recruitment to full CST operational capacity. In addition to the €8m being provided for the establishment of the CSTs, a further €1.4m is being made available for the recruitment of IPC staff and Social Workers as integral elements of these Teams.

An additional 9 IPC Clinical Nurse Specialists and 9 Anti-microbial Stewardship Coordinators are being progressed as new posts forming part of the CST’s core team to advance the objective of supporting providers to build their capacity to effectively self-manage in terms of prevention, preparedness planning and effective outbreak management in the event of further COVID-19 surges or other infectious outbreaks. The Community IPC & AMS Strategy¹⁹ sets out a roadmap and priority actions to 2023 for the establishment of community-based teams to ensure Infection Prevention and Control (IPC) & Antimicrobial Stewardship (AMS) expertise is available at CHO and Community Health Network (CHN) levels. The strategy also covers what support may be provided to colleagues in the private sector to deliver their own effective IPC & AMS programme of work, including making HSE content and tools available free of charge through open source to the private and voluntary sector. The IPC roles within the CSTs will continue the collaboration across the sector, beyond the experience of COVID, to create an inclusive community of practice responding to the IPC recommendations of the Expert Panel. A provider IPC Network to engage and work with providers is to be established during 2022, the planning of which has commenced under the Community Operations IPC Team.

An additional 18 Social Worker posts (9 Social Worker Leads and 9 Social Workers) will be funded to provide a structured presence in relation to safeguarding in each CST. These posts will provide social work expertise, support, and guidance to nursing homes and will assess risks and respond to concerns raised with regard to vulnerable residents, including liaison with CHO Safeguarding Protection Teams.

Finally, the Expert Panel report also recommended (Recommendation 8.4) that a GP will be a key member of each Community Support Team. The HSE and the IMO are engaged in a process of discussion with the focus in the initial phase, on developing a framework and agreed GP role which would provide the basis for GPs to be more involved in a structured way in supporting clinical governance and providing advice and support to the private nursing home sector. An outline job description is being developed and the intention is that an overall framework agreement would be settled in Quarter 2-3, 2022 with the intention of commencing implementation in Q4 2022.

6.3.2 Clinical Governance

The Expert Panel report made a number of recommendations targeted at improving structures and processes of clinical governance within the nursing home sector. A number of workstreams are underway to progress consideration of these recommendations:

- The Department of Health has established an inter-agency working group to examine the current role and responsibilities of the person in charge and registered nursing staff. This group will develop national criteria and educational requirements for the roles (Recommendation: 9.3).
- Discussions are ongoing between the HSE and IMO in relation to the recommendation that every nursing home would have a designated GP lead who would support the Person in Charge and other senior nursing staff and contribute to the nursing home’s general oversight and governance (Recommendations: 8.2 – 8.4).
- The HSE has established a Clinical Governance Working Group to consider issues relating to clinical governance in nursing homes generally and specifically to support the development and piloting of a model of Clinical Governance Committees for Nursing Homes. €1 million has been provided to the HSE to progress the design and piloting phase in 2022. (Recommendation: 8.6)

19 HSE, 2021. HSE Community Health & Social Care Infection Prevention and Control and Antimicrobial Stewardship Strategy 2021-2023 Available at <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/resources/general/ipc-link-practitioner-programme-framework.pdf>

- The overall work of the HSE Nursing Home Clinical Governance Working Group on behalf of the Office of Chief Clinical Officer, and the position paper on clinical governance for the planning, oversight, and delivery of clinical care for all older people in nursing home services in Ireland, will be an important input and inform the governance model and associated engagements with GP representative bodies and will also require engagement with the nursing home sector.
- Preparatory work has commenced on the development of a framework of metrics for measuring and reporting resident outcomes and quality of care as a core element of the overall clinical governance system in the nursing home sector (Recommendation:9.4). The Department of Health has commissioned an international evidence brief on frameworks in place internationally which will report in Q2 and has also commenced scoping work in relation to data already available nationally.
- More broadly, the Department of Health has commenced a process to develop an overarching policy in relation to clinical governance for Older Persons Care in Residential Care Settings (Recommendation: 9.5). A scoping paper has been developed and there has already been engagement with stakeholders through the Reference Group. An Interagency Steering Group will be convened by the Department of Health in Q2 2022, and this group will oversee a process of structured engagement with relevant stakeholders to ensure a range of experience and perspectives is considered. Complementary work in relation to the role of Persons in Charge, GPs, Clinical Governance Committees, and the development of an outcomes framework will inform this work.
- Following completion of the necessary policy considerations across all the actions outlined above, legislative proposals if required will be developed to fully implement the Expert Panel recommendations.

6.3.3 Regulatory Reform

There are a number of recommendations in the Expert Panel report that may require changes to the regulatory framework for nursing homes. More broadly, the Expert Panel also recommended that the current regulations require modernisation and enhancement (Recommendation: 14.4, 14.6). The need for reform of the model of regulation of health and social care services had also been identified by HIQA prior to the pandemic. Building on this work and taking learnings from the impact of COVID-19 on social care sector, HIQA published a paper on “The Need for Regulatory Reform”²⁰ in February 2021 which is also informing work on legislative change.

The Minister for Health and the Minister for Mental Health and Older Persons have established a two-phased approach to this reform work. In the first phase, interim amendments will be introduced to enhance governance and oversight of nursing homes, including additional enforcement powers and tools for the Chief Inspector of Social Services, HIQA, and the introduction of legislative provisions for the reporting of key operational data by registered providers to support more integrated planning for the nursing home sector as a whole. A consultation process on the proposals for interim regulatory enhancements was completed in Autumn 2021 with the IOT and stakeholders via the Reference Group. Further consultation will be conducted during the parliamentary process.

The Government approved the inclusion of a Health (Amendment) Bill 2021 on its legislative agenda to provide for these interim legislative amendments and gave further approval in March 2022 for the drafting of a General Scheme, which is underway.

A second phase, comprising a wider, root and branch review of the regulatory model will commence in the second half of 2022. An international evidence review of nursing home regulatory models has been commissioned from HIQA to inform this work and it is expected to conclude in September 2022.

20 HIQA, (2021), ‘The Need for Regulatory Reform: A Summary of HIQA Reports and Publications Examining the Case for Reforming Regulatory Framework for Social Care Services’ <https://www.hiqa.ie/sites/default/files/2021-02/The-Need-for-Regulatory-Reform.pdf>

6.3.4 Resident Voice

There are a number of recommendations in the Expert Panel report that relate to improved processes and systems to ensure that residents and families can better input into service design, planning and delivery. The following outlines progress across these important initiatives:

- The National Nursing Home Experience Survey launched in March 2022. This is the first national survey asking nursing home residents and their family members about their experiences of nursing home care in Ireland. The programme board membership includes independent organisations such as Sage Advocacy. The findings of the Survey will enable a greater understanding of the experiences of nursing home residents in Ireland, identifying areas of good experience and providing an evidence base to drive improvements. The survey results will be published later this year (Recommendation: 15.12).
- A National End of Life Survey is under development by HIQA. This will be the first survey of its kind in Ireland, and it will provide an opportunity for bereaved relatives to outline their experience of end-of-life care. The findings will be used to improve care services, inform regulation, national policies, and standards. This survey is currently being developed with the aim to survey bereaved relatives in early 2023 (Recommendation: 15.12).
- The Patient Advocacy Service was extended in February 2021 (covering the period from June 2021 to November 2022) to incorporate support for residents of HSE and Section 38 nursing homes in making a complaint regarding their care. A new contract has been awarded (which will run from November 2022 to 2027) to the Patient Advocacy Service through which the expansion of the Patient Advocacy Service in providing support to all nursing home residents will continue. This is both a positive and essential development to empower residents in shaping and improving their care. This service is in addition to independent advocacy services provided by SAGE who have continued to provide front line supports and services throughout the pandemic. In preparation for the new contract, the Department has commissioned a review of complaints policies of nursing homes in Ireland and internationally. This review will include engagement with all stakeholders and will inform the development of any necessary enablers, including policy, legislative and/or guidance instruments, to support best practice and standardisation of complaints processes and to facilitate the effective rollout of the Patient Advocacy Service across the nursing home sector (Rec: 15.2 – 15.4). This service is in addition to independent advocacy services provided by SAGE which have continued to provide front line supports and services throughout the pandemic²¹.
- Nursing Home Residents - Family Forum was established by Sage Advocacy to provide support and information to nursing home residents and their families. The Forum enables both residents and relatives of nursing home residents to discuss issues of concern with Sage Advocacy and get relevant information and support (Recommendation 13.1).
- Preparations for commencement of the Assisted Decision Making (Capacity) Act 2015 continue at pace. Part 8 of the Assisted Decision-Making (Capacity) Act 2015 provides a legal framework for, amongst other things, an Advance Healthcare Directive and an enhanced legal framework for an Enduring Power of Attorney. Nursing Home providers continue to provide support for residents and staff training in Advanced Healthcare Directives (AHD). The HSE, NHI and advocacy services have implemented a number of training and education initiatives, including webinars, on-line information, and support as well as the launch of e-learning programme Supporting Decision-Making in Health and Social Care on the 7th of April 2022 (Recommendation: 10.2-10.3).

21 Full details of SAGE Advocacy’s work is available in their Annual Report at <https://www.sageadvocacy.ie/media/2151/sage-advocacy-annual-report-2020-sl.pdf>

6.3.5 Education, Training, Information & Resources

As outlined earlier in the report, a range of education, training, information, and resources were put in place early in the pandemic and continue, particularly in relation to IPC, preparedness, and outbreak management. A number of further initiatives are being funded in 2022 to respond to Expert Panel recommendations and enhance nursing home care. This includes:

- Budget 2022 includes over 1m funding to support post graduate Gerontology Nurse education for 118 HSE nurses, commencing in September 2022. Work is ongoing to promote participation amongst Nursing Home staff and to progress programme design with higher education institutions. Separately a training needs analysis survey is being undertaken which will inform the wider sectoral needs for training and the establishment of a wider sectoral gerontological training programme for the academic period 2023-24 (Recommendation:10.4);
- A range of psychosocial supports were put in place over the course of the pandemic to support health care workers. Dedicated funding has been provided in 2022 to deliver once-off Psychosocial Support through Education and Training for staff and residents of non-HSE Nursing Homes;
- Over €1m has been provided to the HSE and the Irish Hospice Foundation in 2022 to establish a multi-annual End of Life Care Education Training and Support Programme for nursing homes. The programme will be staffed by a national programme office, and importantly will be supported by regional Palliative, End-of-Life, and Bereavement care Coordinators (PEBCs), one of whom will be based in each of the nine Community Healthcare Organisation (CHO) regions. The programme will deliver training to improve the competence and confidence and resilience of staff of residential care settings to deliver excellent, compassionate palliative, end-of-life, and bereavement care, in particular staff capacity to engage with residents on advance care planning and end-of-life care as per the residents wishes. Recruitment has commenced.
- The HSE has developed an IPC Link Practitioner Programme²² for front line staff. The IPC Link programme content and Facilitators Toolkit 2021 – 2022 (IPCLP work plan) is available to private and voluntary providers where the foundation course and ongoing support can be delivered by a qualified IPCN working for or on behalf of the private provider. Where resources have allowed, CHOs have offered training places to private providers.
- HIQA has developed e-learning modules for staff on Infection, prevention and control, adult safeguarding and a human-rights based approach in health and social care. An additional course on advocacy is currently being developed.

6.3.6 Workforce and Safe Staffing and Skill Mix

There have been significant challenges to staffing levels during the pandemic, especially during periods of significant waves of infection across public, private, and voluntary providers. Supports have been provided to nursing homes to mitigate, insofar as possible, COVID-19 related staffing shortages including provision of staff from HSE to all nursing homes (public, private, and voluntary) experiencing staffing difficulties arising from COVID infection/ requirements to isolate.

22 HSE, 2021. Infection Prevention & Control Link Practitioner Programme Framework Community Health & Social Care Settings 2021/2022. Accessed online on 7th April 2022 at <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/resources/general/ipc-link-practitioner-programme-framework.pdf>

Moreover, workforce retention and recruitment has been, and will continue to be a challenge across the sector. There are two major initiatives underway to address these challenges:

- A Cross-Departmental Strategic Workforce Advisory Group was convened in March 2022 to examine strategic workforce challenges in front-line carer roles in home support and nursing homes. The Department of Health is leading the work of the Group and is joined on the Group by representatives from various Departments (Enterprise, Trade & Employment, Justice, Further & Higher Education, Research, Innovation and Science, Social Protection, Children, Equality, Disability, Integration and Youth, Public Expenditure and Reform,) and HSE, HIQA and SOLAS. Significant preparatory work has already been undertaken by the Department of Health including consultation with stakeholders. The Group is due to report to the Minister for Mental Health and Older People in September 2022 (Recommendation: 5.7).
- Phase 3 of the Safe Staffing and Skill Mix Framework commenced in August 2020 with the appointment of a research team led by Professor Jonathan Drennan, UCC who has conducted an international review of the evidence. A National Taskforce was established in February 2021 and is initially focused on long-term residential care settings for older persons. This framework seeks to establish a national policy on appropriate staffing levels and skill mix in the nursing home sector based on resident care needs. The Taskforce has representation from key stakeholders and agencies including national and international academic experts in older persons. A staffing model has been selected for piloting across 9 sites, with a mix across public, private, and voluntary. The pilot phase has now commenced by establishing the required local governance structures to oversee the testing of the Framework on each of the pilot sites. The research team have commenced baseline data collection and have provided training to eligible staff at the pilot sites to undertake the necessary resident assessments using a standardised instrument. It is expected that any necessary adjustments to the staffing and skill mix will be undertaken soon with a final impact assessment and evaluation to be complete by the end of 2022 (Recommendation: 5.4).

6.3.7 Public Health Resourcing

The Department of Health and the HSE are committed to delivering on the recommendations that were made for public health medicine in the Crowe Howarth²³ and Scally Reports²⁴. Both reports recognised the very important role that public health medicine plays in the health of our population and in how our health service is managed and delivered. In September 2020, the Government committed to significant investment in the public health workforce with the announcement to double the then public health workforce by recruiting an additional 255 permanent staff, at an annual cost of over €17m. This included public health doctors, nurses, scientists, and support staff. Significant progress has been made in this recruitment to date, as of 28th of March 2022, 209.6 posts have been accepted, bringing the level of Recruitment Completion to 84%. To date 197.6 posts have been on-boarded.

In addition, a Public Health Reform Expert Advisory Group chaired by Prof. Hugh Brady was established in January 2022, comprising national and international experts with experience across a range of disciplines. The Expert Group has been tasked with initially identifying learnings from the public health components of the response to the COVID-19 pandemic in Ireland with a view towards strengthening health protection generally and future public health pandemic preparedness specifically. The Expert Group will also identify lessons from international best practice regarding reform and strengthening of other core public health functions, including the promotion

23 Department of Health, 2018. Crowe Horwath Report on the Role, Training and Career Structures of Public Health Physicians in Ireland available at <https://www.gov.ie/en/publication/ae088f-crowe-horwath-report-on-the-role-training-and-career-structures-of-p/>
24 Department of Health, 2019. Scoping Inquiry into the CervicalCheck Screening Programme accessed at <https://www.gov.ie/en/collection/030b53-scoping-inquiry-into-the-cervicalcheck-screening-programme/>

of health and wellbeing, population health research and health intelligence and health service improvement. The Expert Group will produce a final report, which will be submitted to the Minister for Health by mid-2022.

6.3.8 Broader System Reform

Learning from the pandemic has identified a range of critical issues with the current configuration of nursing home services and oversight, and in particular, identified the problems that have arisen as a result of the lack of integration between private nursing homes (who provide services to the vast majority of publicly funded services users) and the local and wider public health system. This has been a core focus of findings and recommendations from the Expert Panel. A series of specific initiatives, such as the development of CSTs, are underway to address these challenges and are outlined above.

In addition, the Expert Panel report also made a number of recommendations that will require much deeper and broader reform of older person’s care relating to models of care and financing schemes. A significant and wide-ranging multi-annual programme of work is required to ensure a coherent reform of service, policy, and legislation. The scale and importance of many of these reform measures means that they will require their own implementation and governance structures to progress them, and this was acknowledged at the outset of the Expert Panel report implementation process. Stakeholders accept that this programme of work will encompass a multi-annual timeframe.

6.3.8.1 Models of Care within the Residential Care setting

The HSE has established a Residential Care Project Working Group to look at Models of Care within the Residential Care setting. Building on pre-pandemic work and work accelerated by the pandemic (e.g. telehealth) to roll out new models of care focused on the individual and fundamental to addressing the demand and capacity gap and building a sustainable service longer-term is a key focus for healthcare delivery organisations in 2022. This includes significant enhancement of community-based care to bring care closer to home and rolling out the integrated programmes for older persons and chronic disease. A review of costing structure will be aligned to recommendations in relation to Models of Care. A Community Nursing Unit (CNU) review has been completed in Q1, 2022, with data in relation to different types of care currently being delivered collated. Further work is required in the next phase to determine classifications of different care models and associated costs. This has been incorporated into the Residential Care Project Working Group work plan, with aim to complete by Q3, 2022.

6.3.8.2 Statutory Home Care Scheme

Supporting older people to live in their own home with dignity and independence for as long as possible is a key Government priority. A major action in this regard is the development of a statutory scheme for the financing and regulation of home-support services, which the Department of Health is bringing forward. 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 operate consistently across the country.

2021 saw substantial progress in the “Home First” initiative to support people to live in their own homes for longer, including investment in 5 million additional hours of home care to be delivered across 2021 and 2022. In July 2021 a new Home Support Pilot was announced commencing in August 2021 to test a reformed model of service-delivery for home support which will underpin the development of the statutory scheme for the financing and regulation of home support services. In addition, plans for the establishment of a National Home Support Office were advanced to support the testing of the reformed model of service delivery, and a recruitment campaign was initiated for 128 interRAI assessors to support the national rollout of the InterRAI Ireland system, which the home support pilot will test as the standard assessment tool for care needs. In parallel, work is ongoing by the Department of Health to progress other aspects of the scheme, including

the development of a regulatory framework, and the examination of options for the financing model. A report commissioned from the ESRI Home Support Services: Exchequer and Distributional Impacts of Financing Options was published in February 2022 and is the final output from a programme of research, on the demand for and cost of home support. This research will enhance the evidence base for the development of the funding options for the new scheme.

This programme of work will continue into 2022 and includes:

1. Introduction and roll out of the InterRAI assessment tool has commenced (Recommendation: 15.7).
2. HRB have commenced an international evidence review on care banding.
3. Home Support Pilot: The HSE is currently undertaking a Home Support Pilot in 4 CHO areas. The pilot phase is to continue for 6 months and will be evaluated over a 12-month period from commencement.
4. Integrated Decision-Making Forums: A Steering Group has been established to oversee the implementation of the Integrated Decision-Making Forums.
5. The Department has completed the targeted stakeholder consultation on draft regulations (minimum requirements) that will form the criteria against which a home support provider's eligibility to hold a licence will be determined. A public consultation is planned for Q2 2022 (June). A regulatory impact analysis will be undertaken by the Department in 2022 to ensure effectiveness and mitigate risks.
6. HIQA has commenced the development of evidence-based national standards for home care and support services and has convened an Advisory Group, with representation from the Department of Health, to assist in the process of developing the Draft National Standards.

Learning in relation to the development of the home care system, especially in relation to the roll-out of the InterRAI assessment tool and development of care banding approaches will inform the potential application of these approaches across other areas of care, including residential care.

6.3.8.3 Statutory Scheme for Residential Care

Alongside the programme of work to develop a statutory scheme for homecare, work is also underway to deliver improvements to the existing statutory funding scheme for long-term residential care, the Nursing Home Support Scheme. These improvements are focussed on a closer alignment of needs and resources, reflecting the dependency levels of residents, once appropriate systems are in place.

This includes:

- **The NTPF Pricing Review** – The NTPF's review of the pricing system for private and voluntary nursing homes²⁵ was published in 2021. The review made four recommendations for reform of the pricing system. Implementation of these recommendations is now being taken forward under an implementation steering group.
- **Value for Money Review** – the Final Report of the Value for Money and Policy Review (VFMPR) of Nursing Home Care Costs²⁶ was published on 21 December 2021. The report made nine recommendations to address the issues identified, all of which are now being taken forward. These include, for example, undertaking a detailed audit of costs in public nursing care homes and developing a model for allocating funding based on the different dependency levels of nursing home residents.

25 Department of Health, 2021.Review of Pricing System for Long Term Residential Care Facilities available at <https://www.gov.ie/en/publication/41377-review-of-pricing-system-for-long-term-residential-care-facilities/>

26 Department of Health, 2021. Final Report of the Value for Money and Policy Review (VFMPR) of Nursing Home Care Costs available at <https://assets.gov.ie/207532/45745dcf-c907-4227-808e-667c4d4286b8.pdf>

6.3.8.4 Commission on Care

The Programme for Government commits to the establishment of a Commission on Care in respect of older persons services and work to scope and establish the Commission in 2022 is ongoing. It is envisaged that cross-cutting reform recommendations arising from the pandemic learning and the Expert Panel, throughout the continuum of care, will be further considered in the context of the Commission. Preparatory work is underway in the Department of Health to determine the scope and process for this Commission.

7. Mainstreaming Implementation and Continuing Response to COVID-19

When established, it was envisaged that the oversight structures set up to ensure continued progress and support for the implementation of the Nursing Homes Expert Panel report would remain in place for an 18-month period, as recommended by the Expert Panel itself. It has been agreed that this will be the final progress report from this process and the IOT and Reference Group structures have now concluded. This does not, in any way, signal an end to continued implementation of the findings of the Expert Panel report, rather a transition into a further phase focused on mainstreaming implementation into existing or newly established structures and processes, reflecting wider reform considerations.

The pandemic shone a light on frailties and challenges in the system of older persons care and has resulted in the garnering of significant commitment to and momentum for wide-scale change and improvements across all stakeholders including providers and staff. The Expert Panel process has played a fundamental role in steering and shaping the progress achieved so far and this has only been possible through the dedication of all lead agencies and key stakeholders and the constructive and collaborative approach which has underpinned the implementation process to date. While substantial progress has already been made across the breadth of the Expert Panel recommendations, there is a need for a continued focus on and support for nursing home in relation to the management of COVID-19 and there remains a significant programme of reform to be developed and embedded. It will be essential that the urgency and commitment that has characterised work to date remains as an enduring feature of continuing processes and initiatives. It is also important that there is clarity on the structures/processes engaged by the lead agencies and key stakeholders to continue to progress Expert Panel recommendations. These are set out below.

7.1 Nursing Home Providers

In line with the existing regulations and standards of care, nursing home providers (public, private, and voluntary) continue to be directly responsible for the care and welfare of residents within their facilities. In general, nursing home providers have, throughout the pandemic, demonstrated their ability to respond to the evolving disease, stepping up Infection Prevention and Control measures to mitigate against risk of infection and/or manage incidents of disease within their facilities, responding to the latest visiting guidance and the introduction of serial testing and vaccination programmes, all of which are aimed at protecting older persons within their care. Nursing home providers and staff were tasked with adapting to all these changes in an unprecedented state of emergency and immense pressure. Their commitment and resilience is acknowledged and commended.

This duty of care continues beyond the life of the Expert Panel in line with the nursing home management's legal responsibilities, and nursing home providers will continue to progress implementation of the Expert Panel recommendations in line with regulatory requirements, appropriate standards of care and in accordance with the latest public health advice on management of the disease until such time as the pandemic is declared over by the W.H.O. Enhancements to the regulatory framework will continue to support further improvements and embedding of learning from the pandemic.

7.2 Department of Health

In general, the Department's role is to provide overall strategic leadership for the health service and to ensure that government policies are translated into actions and implemented effectively, including through policy development and legislation. During the course of the pandemic, the Department has had a leadership and oversight role across all aspects of the health service response to COVID-19 and it has been instrumental in developing and leading an oversight and implementation framework for the implementation of the Expert Panel recommendations. In addition, the Department has specific responsibilities for areas of reform that require policy development and legislative change.

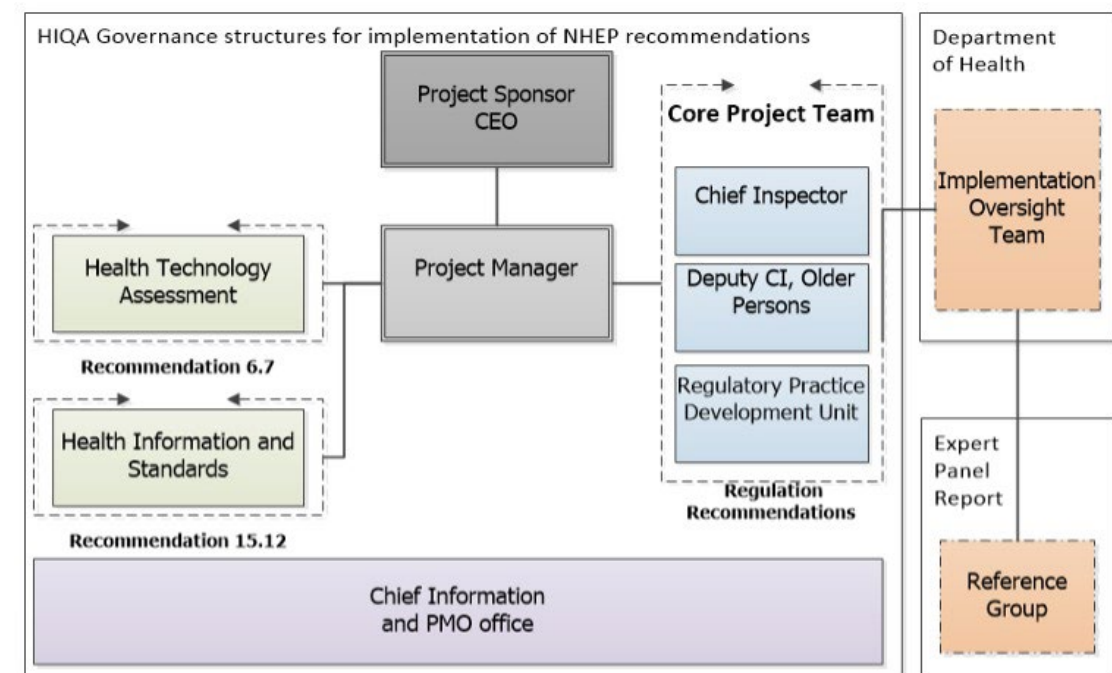
The Department will continue to provide leadership and oversight in relation to the ongoing process of implementation across the breadth of the Expert Panel recommendations and will continue to work with the agencies under its aegis (HSE, HIQA and NTPF) via established statutory relationships, pathways, and performance oversight structures, and through newly formed groups and work programmes.

The Department will also continue to work and engage with key stakeholders regarding the continuing examination of policy and legislative reform. The Department has already established a number of work programmes with the necessary dedicated implementation and governance structures, and these are advancing detailed work. Updates from these work programmes are provided elsewhere in the report and under each individual recommendation update in Appendix 1. These work programmes will continue to be progressed during 2022 and beyond, in line with Sláintecare and Programme for Government commitments.

7.3 HIQA

HIQA established a governance structure to oversee the implementation of those Expert Panel recommendations for which HIQA is the lead agency and to facilitate and support the work of the Implementation Oversight Team.

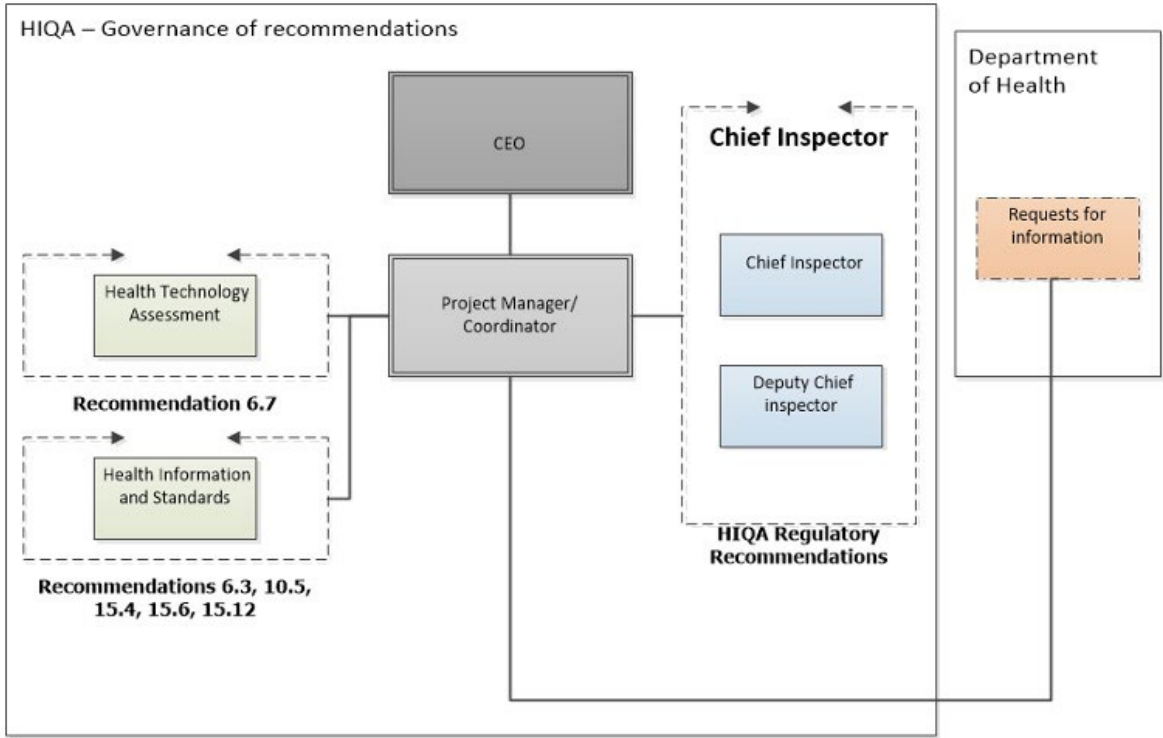
Figure 6: HIQA governance structures for implementation of Expert Panel recommendations 2020-21



This structure was revised at the beginning of 2022 as set out in Figure 7. HIQA, through its new governance structure, will continue to focus on and have oversight of implementation of relevant Expert Panel recommendations for which it has responsibility and provide progress updates to the Department of Health until implementation of these recommendations is achieved, or they are superseded.

Where recommendations are put on a legislative footing through reform of or additions to existing regulations, HIQA's inspection methodologies will be amended to reflect this. Thereafter, it will be possible to monitor compliance with any revised or new regulations through our business intelligence processes. In addition the published reports of inspections will set out compliance for each nursing home providing public assurance.

Figure 7: HIQA governance structure for implementation of Expert Panel Recommendations 2022 onwards

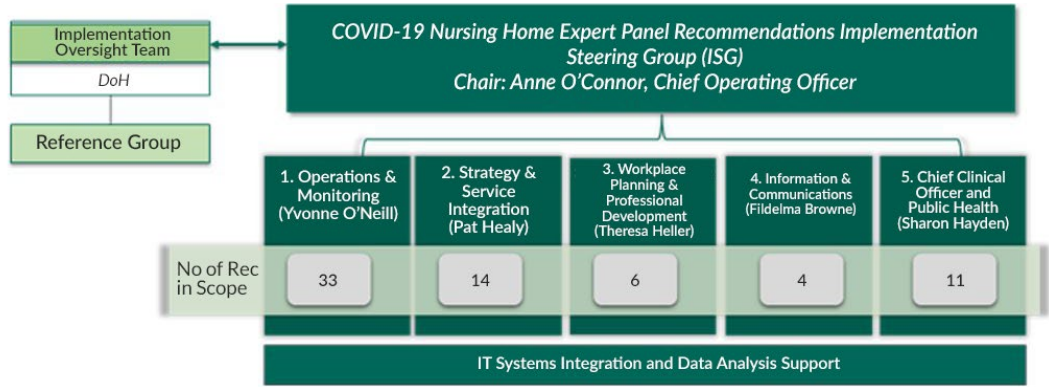


7.4 HSE

The Report of the Expert Panel placed a considerable onus on the HSE to implement meaningful change in relation to both how services are provided to older persons directly in HSE care, as well as how the HSE supported other providers to ensure that the required standard of care is delivered to all individual residents in nursing homes. Of the report's 86 recommendations, 68 involved the HSE as the accountable body either as the lead agency or as a nursing home service provider.

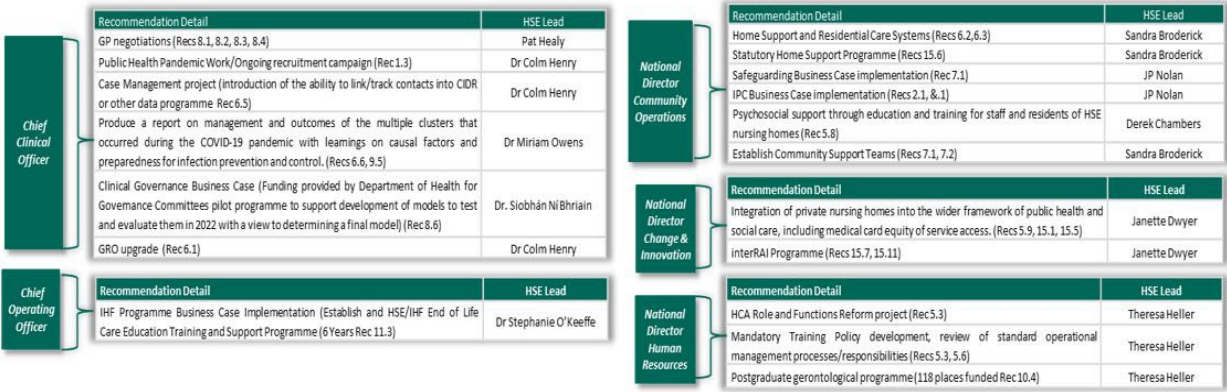
The HSE established the COVID-19 Nursing Homes Expert Panel Recommendations Implementation Steering Group (ISG), in September 2020, to ensure full coordination and support for the implementation of the Expert Panel Report recommendations. The ISG, chaired by Anne O'Connor, Chief Operations Officer, provided the governance and oversight structure to ensure that the appropriate checks were in place for the prioritisation and implementation of the Expert Panel report recommendations across the HSE. Five workstreams were set up under the governance of the ISG to drive the implementation of the 68 recommendations across the HSE as detailed in Figure 8.

Figure 8: HSE governance structure for implementation of the recommendations



In line with the agreed approach to stand down the national implementation structures after an 18-month period, the ISG programme structure is standing down in April 2022 and a mainstreaming plan has been agreed with HSE Leads assigned to support implementation of the Expert Panel recommendations that continue to be progressed. These initiatives, and the assigned HSE Lead are listed in Figure 9 below. This list also includes the eight initiatives which received Expert Panel funding. The HSE's National Service Plan for 2022 also contains a number of priority actions items to continue the implementation of the Expert Panel recommendations including those relating to the HSE's responsibilities as providers of long stay residential care facilities.

Figure 9: HSE governance structure for implementation of the recommendations 2022 onwards



The HSE have expressed their commitment to driving forward this work and the Chief Operations Officer has noted that she will continue to remain updated on the ongoing initiatives via follow up monitoring and evaluation meetings throughout 2022 with the HSE Leads.

Appendix 1:

Summary Progress by Recommendation under Each Theme

1. Public Health Measures

Public Health plays a critical role in the individual and collective health of the population. The pandemic has highlighted the global threat to population health posed by novel infectious agents and the critical importance of public health workforce to provide a robust, resilient, and responsive health protection response to those threats. The COVID-19 NHEP made three recommendations under this theme relating to enhanced public health measures, continued resourcing and support for the Covid-19 Response Teams (CRTs) and implementation of the recommendations of the Crowe Horwath report as related to resourcing of Public Health in Ireland.

Implementation of the recommendations under this theme is ongoing. In line with Public Health advice, the additional support measures for nursing home providers continue to remain in place. Through the CRTs, PPE, staff accommodation, and other key supports including expert IPC advice and guidance, education and training continue to be delivered supporting proactive prevention and where necessary appropriate response to outbreaks of COVID-19 in nursing homes.

Greater detail is provided hereafter on progress with each individual recommendation. In summary:

- Nursing Home providers report they have access to adequate supplies of PPE and other necessary equipment.
- The CRTs remain in place and through them a suite of supports has continued to be made available to all nursing home providers including free PPE, staff accommodation, staffing when appropriate and available, along with expert Public Health, Infection Prevention and Control, Geriatric specialist advice.
- Recruitment of Public Health staffing is progressing at pace.

Recommendation 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.

The requirement for enhanced Public Health measures for COVID-19 disease management in Long-term Residential Care (LTRC) was adopted by NPHET at its meetings of 31st March 2020 and 3rd April 2020. In its report, the NHEP recognised the significant value of these measures in supporting the COVID response in Nursing Homes and recommended they be continued in line with evolving Public Health advice as the pandemic progressed. The specific supports for LRTC identified by NPHET and ratified by the NHEP for Nursing Homes in this recommendation includes the supply of Personal Protective Equipment to nursing homes, providing alternative accommodation for staff (to limit disease transmission to their loved ones at home) contingency staffing teams (in case of significant staff shortages due to staff absences arising from COVID or related illness) as well as advice and support to ensure nursing homes are sufficiently prepared to prevent and manage outbreaks of COVID in their facilities.

While the HSE does not have legal oversight of or a role in the provision of services by private and voluntary residential centres, it stood up a host of supports for private and voluntary providers as part of its overall COVID-19 response. These supports continue to date assisting all facilities.

Supports to Nursing Homes:

General supports to nursing homes continue, including:

- Overall enhanced HSE engagement with private nursing homes.
- Supply of precautionary and enhanced PPE, free of charge.
- Multidisciplinary clinical supports at CHO level through 23 COVID-19 Response Teams.
- Suite of focused public health and IPC guidance and training resources developed and made available to all nursing homes.
- 'Access to specialist advice from Public Health and Infection Prevention and Control specialists through the CRTs.
- Prioritised investigation and management of outbreaks in nursing homes by public health departments.
- Where necessary, appropriate, and possible provide support to nursing homes with staffing shortages arising from COVID, the HSE are providing access to staff from community and acute hospitals.
- Temporary accommodation is available to nursing home staff to support measures to block the chain of transmission.
- Temporary Assistance Payments Scheme (TAPS) to contribute towards costs associated with COVID-19 preparedness, mitigation, and outbreak management. While the full Scheme closed in June 2021, the Outbreak Assistance component of the Scheme has been extended up to the end of June 2022. More than €128 million has been paid to nursing homes under the Scheme up to March 2022.
- Programme of serial testing for staff in nursing homes for COVID-19 which commenced in June 2020 and is continuing.

Separately, HIQA published a guidance and assessment judgment framework focused on compliance with Regulation 27 Infection Prevention and Control. A series of virtual training Webinars were undertaken to support nursing home staff. All regulatory risk inspections include assessment of compliance with Regulation 27; IPC inspections against the newly published judgment framework commenced in November 2021.

In addition to the aforementioned, individual nursing home provider progress in implementation of the NHEP provider-led recommendations has been measured through a series of voluntary surveys where the rate of implementation is self-assessed and reported by providers. HIQA has facilitated the development and distribution of three provider surveys, the last of which was issued in October 2021 exploring progress across provider-led recommendations. The full survey report may be found in Appendix 3.

Six questions were posed in the survey on Recommendation 1.1. The self-reported levels of implementation of the public health measures are very positive overall, particularly with relation to nursing homes having a full-time designated staff member as Lead for COVID-19 preparedness - 93% self-reported as fully implemented, 5% indicating “substantially complete”, and just four providers reporting it as a “work in progress”. With regards to providers having adequate access to PPE supplies, 97% reported as fully implemented with a further 2% reporting as “substantially complete” and four providers indicating that this is a “work in progress”.

The third question on Recommendation 1.1 refers to having implemented “enhanced public health measures to include staff accommodation” to which 65% self-reported as “fully implemented”, 18% reported as “substantially complete” and 6% as “work in progress”. Notably 11% (32) providers reported that they had “not yet commenced”. 59% of providers self-reported having “fully implemented” enhanced public health measures to include contingency staffing teams, whilst a further 26% and 13% reported as “substantially implemented” or “work in progress” respectively. A small number of providers - 1% (4) -reported implementation of this recommendation as “not yet commenced”.

The final question on Recommendation 1.1. focused on providers having enhanced public health measures in place to include preparedness planning. 88% of providers self-reported as having fully implemented this recommendation, with a further 11% noting it as “substantially complete” and 1% (4 providers) reporting it as a “work in progress”.

Next Steps

One of the key focuses for healthcare delivery organisations in 2022 is to maintain service responses to COVID-19 which includes maintaining surge and escalation capacity as well as flexibility and resilience to develop any new service requirement in response to COVID-19 demands.

Nursing Home providers will continue to implement this recommendation.

The HSE will continue to provide a range of enhanced Public Health and mitigation measures across all facilities in line with direction given by the National Public Health Emergency Team and current Public Health guidance. The Chief Inspector (HIQA) will continue to fulfil her statutory responsibility and assess compliance with regulation and national standards.

The Chief Inspector will review and update all relevant guidance as required including:

- “COVID 19 - An assurance framework for registered providers - preparedness planning and Infection prevention and control measures”
- Guidance and assessment judgment frameworks focused on compliance with Regulation 27 Infection Prevention and Control.

In addition, the Department of Health is considering legislating for preparedness plans in phase 1 of the regulatory reform programme. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.

Recommendation 1.2

HSE COVID-19 Response Teams (CRT) 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.

Progress to date

In response to the Covid-19 pandemic in the Irish health system, and in accordance with recommendations from National Public Health Emergency Team (NPHE), Covid-19 Response Teams (CRTs) were established by the Area Crisis Management Teams, during March 2020, to provide additional support to long term Residential Care Facilities (LTRCFs) inclusive of older adult, intellectual disability, and mental health, public or private as well as Home Support settings. An operational guidance document for these multi-disciplinary teams was issued to all HSE areas on 9th April 2020.

A HSE National Monitoring group was also formed comprising of senior management, Public Health, IPC specialists, Older Person’s Nursing Lead, ONMSD and HSE National Clinical Advisory Group Lead for Older People, for the oversight of these actions.

In June 2020, in order to evaluate the effectiveness of these teams, and to identify any subsequent learning for the system, a review of their activities was commissioned by the National Monitoring Group. The “Review of the Operational Guidance and future of Covid-19 Response Teams in Residential Care Unit” was published in February

2021 outlining a number of recommendations including the retention of the CRTs with their existing membership and integration into the governance structures at CHO level including testing, gerontological support and IPC guidance. Further recommendations were made in relation to IPC structures, staffing and governance as well as the development of a national network of CRTs, with draft KPI’s for monitoring of activity.

The CRT teams continue to operate in accordance with national operational guidance and a National Forum with all CRT Leads is convened monthly (or more frequently if required) to ensure a nationally consistent approach and sharing of learning.

NHEP recommended that Community Support Teams be established to build on the significant work of the CRTs and continue the integration of services for older persons resident in nursing homes on a permanent basis supporting reform of services within the community towards a person-centred model of care.

Next Steps

As recommended by the Expert Panel, the CRTs will remain in place up until recruitment and establishment of the Community Support Team (CST) core staff complement have been sufficiently advanced and these are fully operational to perform the required functions. Significant funding of over 8 million euros has been provided in 2022 to employ 86 WTE across various disciplines and grades to establish permanent CSTs – one in each CHO area. The transition from CRTs to CSTs is being carefully planned in collaboration with each CHO area, in order to ensure service continuity until such time as the CRTs are stood down and CSTs are stood up. Full update on CSTs provided under Recommendation 7.1.

Ongoing engagement regarding the transition and operational model for CSTs will continue in line with Department of Health approval processes.

Recommendation 1.3

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.

Progress to date

The Department of Health and the HSE are deeply committed to delivering on the recommendations that were made for public health medicine in the Crowe Horwath and Scally Reports. Both reports recognised the very important role that public health medicine plays in the health of our population and in how our health service is managed and delivered. This came into sharp focus as a result of the COVID-19 pandemic, which highlighted the need for a greater resourced public health workforce.

In September 2020, the government committed to significant investment in the public health workforce with the announcement to double the then public health workforce by recruiting an additional 255 permanent staff, at an annual cost of over €17m. This included public health doctors, nurses, scientists, and support staff. Significant progress has been made in this recruitment to date, as of 28th of March 2022, 209.6 posts have been accepted, bringing the level of Recruitment Completion to 84%. To date 197.6 posts have been on-boarded.

Recruitment will continue to on-board all roles in the Pandemic Workforce Plan. Priority focus is on on-boarding consultant posts by June 2023.

The HSE Public Health Service will continue to provide a range of enhanced Public Health and mitigation measures across all facilities, regardless of whether operated by public, private and voluntary providers.

2. Infection Prevention and Control (IPC)

Infection prevention and control is the discipline and practice of preventing and controlling healthcare-associated infection and the spread of infectious diseases in a health or social care service. Many of these infections are avoidable if simple measures are taken to address risks that have the potential to cause such infection. The goal of Infection Prevention and Control is to support delivery of essential healthcare with the lowest practical risk of healthcare associated infection for service users/patients and for healthcare workers.

In July 2020 HIQA published an assessment of the impact of COVID-19 on Nursing Homes reporting that “It is the opinion of the Chief Inspector that the current regulation on infection prevention and control in nursing homes are not commensurate with what is required to respond and manage a COVID 19 outbreak. Nursing homes would have previous experience of disease outbreaks such as norovirus (known as the winter vomiting bug) or influenza; but these outbreaks would not have prepared them for an event such as COVID-19”.

COVID-19 NHEP placed significant focus in their recommendations on ensuring good IPC practice is adhered to in nursing homes along with significant education and training supports for nursing home staff with a view to ensuring the ability of nursing home providers to prevent and control the transmission of COVID-19 as well as tackling the spread of COVID-19 in facilities where the virus is present.

The NHEP made eight individual recommendations on Infection Prevention and Control. Further recommendations relating to other aspects of infection prevention and control are also included in subsequent thematic areas. Details of achievements and plans for 2022 are set out below. The following is a summary of progress made:

- The HSE has published, as recommended by NHEP, a Community Infection Prevention and Control and Anti-Microbial Stewardship Strategy.
- A very significant body of work has been and continues to be undertaken by agencies including the Chief Nursing Office, the HSE, HIQA, and indeed representative bodies to communicate and promote education and training in IPC within nursing homes since the outset of the pandemic. Guidance and training materials are reviewed as necessary to keep pace with the latest expert advice. This has been made freely available to all nursing home staff irrespective of ownership type.
- In addition a significant testing and contact tracing programme was established nationally with approximately 20 serial testing cycles being carried out in nursing homes to monitor and manage levels of infection and transmission within this setting.
- Nursing Home Provider implementation recommendations relating to IPC theme is noted to be high as regards to having an IPC plan including protocol for ongoing supply and access to PPE in place, having access to emergency supplies of PPE etc. in the event of a cluster, plans for management of entry and exits in the event of an outbreak. Good compliance is also noted in relation to recommendations that all staff have completed mandatory IPC training, that there is an IPC lead on every shift and that proof of completion of mandatory IPC training is sought before agency staff commence duty.

Recommendation 2.1

Develop an integrated infection prevention and control strategy in the community with particular focus on all nursing homes, public, private, or voluntary.

Progress to Date

- Multidisciplinary Community IPC/AMS teams are currently being established in each of the nine community healthcare organisations. An Assistant Director of Nursing is in position in each CHO to lead the IPC nursing function and recruitment of community IPC nurses is ongoing. Senior Antimicrobial Pharmacists and designated Grade IV administrative support staff been appointed in each CHO. Recruitment of Consultant Microbiologists

in acute hospitals with a remit for CHO's is in progress. Recruitment of epidemiologists (1 wte per CHO) is in progress. These teams are operationally managed within the Quality and Patient Safety function in each CHO. Heads of Quality, Safety and Service Improvement have been appointed in each CHO.

- The work of IPC/AMS teams is aligned to National HSE service delivery priorities, National Standards, CHO level operational plans and the Second Irish National Antimicrobial Resistance Plan (INAP 2). INAP 2 strategic objectives have specific HSE actions with associated deliverables as described in the HSE AMRIC Action Plan 2022-2025 which includes implementation of the Community IPC/AMS strategy.
- The Community IPC/AMS Strategy published in 2021 sets out a roadmap to 2023 for the establishment of community-based teams to ensure IPC and AMS expertise is available at CHO and Community Health Network (CHN) levels. The priority actions are outlined in the strategy document as well as the proposed reporting structures with room for flexibility as Sláintecare Implementation continues. The strategy focuses on what the HSE can and should do to support colleagues in the private sector to deliver their own effective IPC and AMS programme of work. This includes making HSE content and tools available open source to the private sector and working to create an inclusive community of practice supported to the greatest degree in a way that is practical with resources available at the time, and in line with agreed governance structures which are under development. The strategy makes it clear that while the HSE can and will continue to support providers, effective IPC and AMS in the private sector is the responsibility of the providers themselves. It will take some time before the investment in these new posts delivers the expert capacity and capability required. In the interim incremental gains are anticipated that will reduce the burden of harm associated with avoidable infection, poor antimicrobial stewardship and antimicrobial resistance and demonstrate that those investments can deliver value for money.
- Implementation of the HSE AMRIC Action Plan 2022-2025 is guided at National level by the AMRIC Implementation Team and overseen by the AMRIC Oversight Group.
- Community IPC nurses have provided support and advice to services throughout the pandemic and have implemented the HSE's Infection Prevention and Control Link Practitioner programme framework to develop and support a network of IPC link practitioners.
- IPC Link Practitioner foundation education programme content updated and expanded.
- Community IPC manual published to support IPC link practitioners and their colleagues to implement the HSE's National guidance in relation to standard and transmission-based precautions.
- Monthly monitoring and reporting of a minimum data set in relation to HCAI/AMR and antibiotic consumption in place across HSE Residential Care Facilities for Older Persons.
- A Point Prevalence Survey of Antibiotic Use led by community antimicrobial pharmacists has been completed in HSE Residential Care Facilities for Older Persons to establish baseline information against which progress in relation to quality improvements can be assessed. A report of findings and recommendations for practice has been published.
- A broad range of National community antimicrobial prescribing guidelines and resources to guide antibiotic usage have been developed and are available on the website www.antibioticprescribing.ie
- Antimicrobial use audit findings and engagement with prescribers and dispensers of antimicrobials has informed the content of educational sessions in relation to safe use of antimicrobials which has been delivered at National level to GPs (via the ICGP) and community pharmacists (via the IIOIP).

- Education around safe antibiotic use has been delivered at local level to residential care facility staff and prescribers with the aim of promoting the use of National community antibiotic prescribing guidelines and reducing the volume of antibiotic usage including prophylactic antibiotic usage. A reduction in antibiotic consumption and prophylactic antibiotic prescribing has been achieved across HSE Older Persons Residential Care facilities.
- A suite of educational modules to support staff and service providers to implement best practice in relation to IPC and AMS are available on HSE LanD with open access for non-HSE services.
- Education delivered regarding dipstick urinalysis to residential care facilities with the objective of reducing harm due to inappropriate antibiotic use and signposting staff/service providers to Nationally available prescribing guidelines and associated resources.

Next Steps

- Recruitment of additional posts in each CHO; IPC liaison nurse (1 wte) and administrative support -Grade V (1 wte) to support the operation of Community Support Teams in their role in line with the recommendations of the COVID-19 Nursing Homes Expert Panel Report.
- Continue to recruit and develop community IPC nurses and their competencies to build IPC capacity at CHO level.
- Development of additional tools and resources to support services to implement National IPC guidelines.

Recommendation 2.2

Each Nursing Home should adopt a clear IPC strategy, including deep clean protocols, for itself which should be incorporated into its preparedness plan. It should be reviewed regularly to ensure consistency with the HSE's community IPC strategy.

The primary responsibility for the provision of safe care and service to residents in RCFs rests with the registered service provider. Registered providers must provide appropriate medical and health care, including a high standard of evidence-based nursing care in accordance with professional guidelines and regulations, and they must do so having regard to their own resources and business models. Registered providers are required to have sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. The service provider appoints a person in charge who has both clinical or social and operational responsibilities and must have the knowledge, skills and necessary leadership qualities required to engage in effective governance, operational management, and administration of the designated centres.

Progress to date

Nursing Home provider progress with implementation of this recommendation was assessed through voluntary surveys undertaken over the past 2 years, the last of which was completed in October/November 2021. An invitation to participate in the survey was issued to 570 providers and a response rate of approximately 50% was achieved (284 completed the survey). Of the 284 who responded 92% (261) indicated they had fully implemented this recommendation with 7% reporting it as substantially completed and 1% reporting it as a work in progress. Zero (0) provider reported this as “not yet commenced”.

Separately HIQA developed and published an assessment framework and guidance for residential care facility providers on Regulation 27. At the time of preparing this report, HIQA Inspectors have completed 446 inspections of nursing homes where compliance with Regulation 27 was assessed. As of 10 November 2021:

- 30% were compliant
- 46% were substantially compliant
- 24% were non-compliant

In all cases where non-compliance was identified the registered provider was required to take action to come back into compliance. Compliance will continue to be monitored in line with the regulatory framework and associated processes.

Next Steps

Nursing Home providers will continue to implement this recommendation.

The Chief inspector (HIQA) will continue to monitor compliance in relation to IPC regulations. Enhancements to Regulation 27 (IPC) are being considered by the Dept. as part of phase 1 of the regulatory framework review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.

Recommendation 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.

Progress to date

Public health protocols in relation to testing, contact tracing, isolation and outbreak management have evolved over the course of the pandemic, with a significant expansion in capacity since the early days of the pandemic. At all stages, the investigation of cases and outbreaks of COVID 19 in RCFs has remained a priority focus for the HSE. Covid Response Teams remain in place and continue to actively support prevention, preparedness, and management of outbreaks, irrespective of whether facilities are operated by public, private or voluntary providers.

On 17th February 2022 as part of the NPHET advice to step down measures, it was noted that while nothing should replace or constrain clinical judgement that a test is required on a particular person in a particular clinical context, henceforth public health indications for testing will differentiate between those at high risk of severe disease who may benefit from early treatment and other people.

NPHET recommended that:

- Serial Testing continues to be offered in residential care facilities for older people through the transition period until such time as a facility meets set criteria.
- Admission testing of unscheduled adult admissions to hospital by laboratory or laboratory supervised near-patient testing. Admission testing of scheduled admissions and transfers to hospital and residential care facilities based on current national IPC guidance and institutional risk assessment.
- Contact tracing will be limited to those contacts readily identifiable as at risk based on individual characteristics or context, public health risk assessment and settings where further transmission is likely and could have serious impact.

Currently those in nursing homes with respiratory symptoms have PCR test for Covid-19 and an influenza test as per Public Health Guidance. The nursing home serial testing programme for staff is ongoing, but nursing homes can opt out once they reach agreed criteria in relation to interval since last case and immunisation uptake.

Next Steps

Testing protocols and public health advice will be kept under continuing review and will remain responsive to the evolving epidemiological position.

Recommendation 2.4

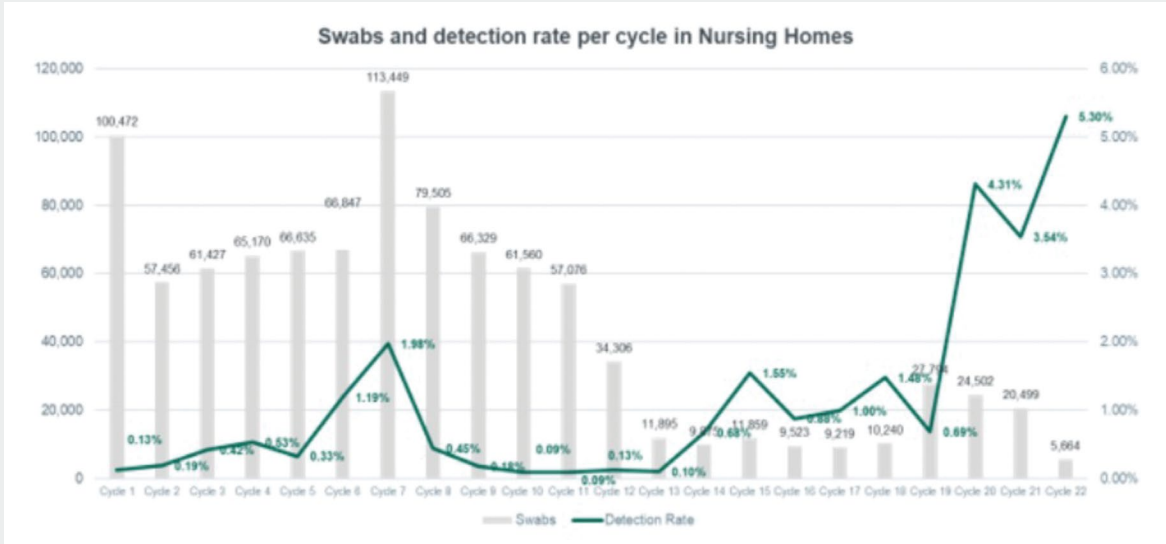
A plan for and monitoring of a programme of periodic testing for healthcare workers in Nursing Homes should be continued. Associated protocols should identify the periods.

Progress to date

Serial PCR testing of staff was introduced in nursing homes in June 2020. The testing programme was a critical part of the ongoing response to COVID-19 in nursing homes and allowed for the early detection of cases and targeting of the early intervention of COVID-19 Response and Outbreak Control Teams. The HSE have reported over 972,000 swabs have been completed in 598 facilities, identifying 7,643 detected cases, resulting in an 0.79% detection rate since the beginning of testing (Figure 1). The latest Cycle commenced on xx. To date, Cycle 22 has completed 5,664 swabs and identified 300 detected cases. This results in a 5.3% detection rate.

As the number of cases detected waned and following discussion at NPHET, continued inclusion in the programme was not required for a number of nursing homes from April 2021, based on nationally agreed criteria including vaccination status of staff and residents, recent outbreaks status, and no cases detected in the most recent serial testing round.

Figure 1 Serial Testing Swabs and Detection rates per Cycle in Nursing Homes



The criteria for discontinuation of serial testing in Nursing with any subsequent re-entry to the programme is to be made on the basis of a formal Public Health Risk Assessment (PHRA). General serial testing can stop in a LTRCF when the LTRCF can confirm:

- 80% of residents and 80% of staff are ≥14 days post COVID-19 vaccination i.e. ≥14 days post their second dose of a two-dose vaccine;
- No COVID-19 cases were detected in the LTRCF during the last cycle of serial testing (i.e. in the last 4 weeks/2 ‘not detected’ tests);
- There is no open outbreak in the last 28 days in the LTRCF.

Where general serial testing is continued, staff who are ≥14 days post their second dose of vaccine should be exempted from testing.

As Wave 3 ended and cases were peaking in Wave 4 it was decided that Nursing Home serial testing re-commence in December 2021 on a two-weekly basis over a 4-week period.

Currently those in NHs those with respiratory symptoms have PCR test for Covid-19 and an influenza test as per Public Health Guidance. The NH serial testing programme for staff is ongoing, but NHs can opt out once they reach agreed criteria in relation to interval since last case and immunisation uptake.

Next Steps

As part of recent changes to national testing protocols aligned with an overall transition in the approach to the management of COVID-19, it was agreed that serial testing in residential care facilities for older people will continue to be offered to these facilities through the transition period until such time as a facility meets the criteria for exiting the serial testing programme.

Testing protocols and public health advice will be kept under continuing review and will remain responsive to the evolving epidemiological position.

Recommendation 2.5

Ensure there is rapid turnaround capacity in testing and contact tracing system.

Progress to Date

See updates under 2.3 & 2.4.

The response to serial testing and the testing strategy is dynamic and has to date responded to the epidemiological needs. Testing and contact tracing processes have been established. Antigen Testing has been implemented as per recommendations of the HSE COVID-19 Antigen Testing Working Group. Continuous service improvement and development is ongoing (Walk in in Centres stood up across the country since 27.04.21). These processes are continuously being reviewed.

Daily Covid-19 Testing and Contact Tracing Updates are available on www.HSE.ie

Next Steps

Decisions surrounding testing and tracing will continue to be based on ECDC guidance considered by NPHET who will then recommend policy decision to the Minister for Health.

When the current cycles of serial testing are complete an evaluation will be undertaken to inform future policy decisions.

Recommendation 2.6

It is essential that in-house staff who can undertake sample swabbing and reliable labelling are available, and that there is proximal access to a laboratory with Laboratory Information Management Systems (LIMS) follow up for contact tracing for both residents and staff.

Progress to date

NPHET requested that the HSE implemented a programme to perform regular PCR/RNA testing for COVID-19 of staff working in LTRCFs. This serial testing programme has been in operation since June 20th, 2020 and involved fortnightly testing of all staff. The positivity rate ranged from 0.13% (July 2020) to 5.3% (March 2021). Cycle 22 commenced on xx. To date (xx March), the cycle has completed 5,664 swabs and identified 300 detected cases. This results in a 5.3% detection rate.

Nursing Home providers progress with implementation of this recommendation was assessed through voluntary surveys issued over the past 2 years, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in the survey with a response rate of approximately 50% achieved (284 completed the survey). 93% of respondents stated that they have fully implemented this recommendation, with a further 6% reporting it as substantially complete. 1% (2 providers) reported not yet having commenced this recommendation with a further 1 provider reporting it as a work in progress.

Next Steps

Nursing home providers will continue to implement this recommendation in line with the latest Public Health advice.

The HSE will continue to provide necessary programmes of support in line with latest Public Health advice.

Recommendation 2.7

- (a) Infection control training should be mandatory for all grades of nursing home staff.*
- (b) Nursing home staff should have access to 'train the trainers infection control' training programme approved by the HSE.*
- (c) Commitment required by healthcare agencies to formally confirm evidence of IPC, including PPE training prior to allocating staff to nursing homes. Nursing home providers should not contract an agency staff without evidence of IPC/PPE training. Each provider should have documentary assurance from the agency that the staff member has had the requisite training. HIQA should undertake compliance checks*
- (d) Every nursing home requires onsite access to a trained infection control lead on each shift. That lead will ensure IPC protocols are implemented and will support staff to do so.*

Progress to date

Ensuring staff have the necessary skills and knowledge relevant to their role falls within the remit of assessment of the Inspections carried out by HIQA under Regulation 16 Training and staff development and/or Regulation 27 infection prevention and control. Assessment is carried out in a structured format. As part of these focused inspections, HIQA have produced self-assessment questionnaires and regulatory guidance for nursing home providers. Each focused inspection is unannounced and carried out over one day. Inspection reports are produced and published for each of the inspections. Practice guidance and self-assessment tools, designed to assist providers to measure their performance and identify areas for improvement are also provided.

Separately, Nursing Home provider’s progress with implementation of this recommendation was assessed through three voluntary surveys issued over the past 2 years, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey).

Within the responses received 77% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 20% indicating that it is “substantially complete” with 1 facility reporting “not yet commenced” for all staff, including new recruits, having completed mandatory IPC training. Furthermore in relation to the recommendation that staff should have accessed the “train the trainer IPC training” of the 284 respondents to the survey, 64% self-reported as “fully implemented”, with a further 11% and 18% reporting as “substantially complete” or “work in progress” respectively. Of note 8% (22 providers) reported implementation of this recommendation had “not yet commenced”.

With regards to each provider having on-site access to a trained IPC Lead for each shift, 63% self-reported as “fully implemented” with a further 15% and 20% reporting as “substantially complete” or “work in progress respectively. Of note 2% (6 providers) self-reported as not yet having commenced implementation of this recommendation. Finally with respect to engaging agency staff and ensuring they have had the requisite IPC training before engaging their services, 73% self-reported this recommendation as fully implemented with a further 16% reporting as substantially complete and a further 7% reporting implementation as a work in progress; 5% (13 providers) self-reported as not yet having commenced implementation of this recommendation.

The HSE developed an IPC Link Practitioner Programme for front line staff which comprises an initial one-week foundation programme delivered by qualified IPC staff followed by regular meetings with a qualified IPC nurse. IPC Link Practitioners are not qualified IPC nurses, they are trained to provide support within their facility or service to deliver hand hygiene training, PPE training, to audit practice and to champion effective IPC.

As of the end of December 2021, 32 programmes have been delivered to 343 front line staff. Attendees were predominantly nurses; however a small number of health and social care professionals also completed the programme. While the majority of staff trained are working in HSE Older Persons Residential Care Facilities, staff have also been trained in HSE residential mental health and intellectual disability services. Where resources have allowed, CHO’s have offered the course to private providers.

The IPC link practitioner programme content and Facilitators Toolkit 2021 – 2022 (IPCLP work plan) can be shared with private providers where the foundation course and ongoing support can be delivered by a qualified IPCN working for or on behalf of the private provider.

<https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/resources/general/ipc-link-practitioner-programme-framework.pdf>

Next Steps

Nursing Homes will continue to implement this recommendation.

Enhancements to Regulation 27 (IPC) are being considered by the Dept. as part of phase 1 of the regulatory framework review as the requirement for nursing home staff to have access to a ‘train the trainers infection control’ training programme approved by the HSE. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.

Recommendation 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. 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. 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.

Progress to date

HSE continues to supply PPE to all providers (Private, Public, Voluntary) in line with established protocols developed in response to COVID-19 and early difficulties in procurement.

Nursing Home providers progress with implementation of this recommendation was assessed through voluntary surveys issued over the past 2 years, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey).

Within the responses received 98% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 2% indicating that it is “substantially complete” or “work in progress”. Zero (0) facilities reported this recommendation as “not yet commenced” with respect to having a consistent protocol for ordering and ongoing supply of additional COVID-19 related PPE.

Similarly when asked about having an emergency supply of PPE and other COVID related equipment in the event of a cluster, 99% responded that this recommendation was “fully implemented” with 1% responding that this recommendation is “substantially complete”.

For Residential Care Facilities (RCFs) – Older Person operated by the HSE this now forms part of business-as-usual activities. Any performance issues regarding the ongoing implementation and adherence to same will form part of the regular Older Persons Services performance engagement process.

Next Steps

Nursing Homes will continue to implement this recommendation.

One of the key focuses for healthcare delivery organisations in 2022 is to maintain agile service responses to COVID-19, maintain surge and escalation capacity, and maintain flexibility and resilience to develop any new service requirement in response to COVID-19 demands.

The HSE will continue to provide a range of enhanced Public Health and mitigation measures across all facilities, regardless of whether operated by public, private and voluntary providers. This includes provision of Personal Protective Equipment.

Recommendation 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.

Progress to date

The HSE community teams continue to support and implement the seasonal flu vaccination programme to achieve 75% uptake amongst HCWs and those over 65 years as well as promoting uptake amongst at risk vulnerable groups and children aged 2-17 years.

Up to the week ending March 20th 2022 (week 11 2022), the most recent influenza surveillance data indicate that the number of confirmed cases notified to HPSC stabilized but remained high. One hundred and ninety-two (192) confirmed influenza cases were notified during the most recent week, compared to 268 cases in the previous week (ending March 13th). The median age of the 192 notified cases in the past week was 36 years.

The overall influenza positivity rate reported from the National Virus Reference Laboratory is 7.6% for the most recent week and was 21.8% for week 10 compared to 18.8% during week 9 2022.

Since October 2021 (2021/2022 influenza season to date), 1,134 laboratory confirmed influenza cases have been notified to HPSC. Fifteen influenza outbreaks have been notified including three nursing home outbreaks.

Influenza A (H3N2) is the predominant virus circulating in Ireland, with only sporadic influenza A(H1)pdm09 and influenza B cases detected.

Respiratory syncytial virus (RSV) continues to circulate in Ireland. COVID-19 epidemiology reports are published on www.hpsc.ie
<https://scanner.topsec.com/?d=2120&r=show&t=dd668c9ecf613147289f1169b3425254728e0211&u=www.hpsc.ie>
<https://scanner.topsec.com/?d=2120&r=show&t=b7a08ec1cbca3e5f6f9f92b7ee5db61bc6d14a66&u=https%3A%2F%2Fwww.hpsc.ie%2Fa-z%2Frespiratory%2Fcoronavirus%2Fnovelcoronavirus%2Fsurveillance%2F>

Current provisional hospital data from the HSE on flu vaccine percentage uptake figures for HCWs and residents by location, up to the 22nd of December is as follows:

- Healthcare Workers 61.6%,
- Long Term Residential Care Facilities Healthcare Workers 57.3% and
- Residents in Long Term Residential Care Facilities 85.5%.

With respect to mandatory vaccination, the NPHET discussed a paper on this issue in the context of COVID-19 vaccination at its meeting in February 2022. The NPHET noted the complex ethical and human rights considerations involved and that mandatory vaccination policies represent a considerable interference with individuals' liberties and autonomy and as such require strong justification and supporting evidence that the measure will achieve the intended goal, is proportionate to the intended benefit and that no less restrictive measure would be effective.

It was recognised that the successes Ireland has already achieved in relation to COVID-19 have been largely based upon trust and transparency rather than penalties and enforcement. On balance, in the context of the current epidemiological situation and given the high levels of immunity in the population as a result of vaccination and natural infection, and in light of vaccine waning and vaccine escape in the context of Omicron, the NPHET:

- does not recommend a population wide vaccine mandate on the basis of necessity or proportionality. It is vital that continued efforts be made to engage, listen with respect, communicate effectively, and offer practical and targeted support to those who have yet to be vaccinated.
- does not recommend a vaccine mandate for Healthcare Workers (HCWs) and considers the current "intervention ladder" approach as sufficient and proportionate.

While the NPHET did not specifically discuss mandatory vaccination for flu, similar consideration would need to be given to the range of ethical and human rights implications.

Next Steps

Continue to promote flu vaccine uptake amongst staff and residents in healthcare facilities.
Implement the HSE National Service Plan Priority Areas for Action 2022 in Public Health / Health Protection i.e.

- Continue to support the National Vaccination Programme for COVID-19
- Continue to support the seasonal influenza vaccination programme for relevant target populations, including increasing awareness in hospital and long-term care facilities to meet the target for flu vaccine uptake amongst staff
- Continue work on addressing vaccine hesitancy and improving vaccine confidence in Ireland.
- Align consent for COVID-19 vaccinations across different age groups and across demographics for different vaccinations to ensure that people are enabled to make a values judgement on the risks / benefits of vaccination for them and the wider community.

Recommendation 2.10

Management of entry and exit: Examine options for zoning within care homes so different entrances/exits can be used for different parts of the home. This examination should be documented with results and actions incorporated into preparedness plans.

Progress to date

The management of entry and exit points and the requirement to zone a nursing home is not contained within the existing regulatory framework however; assessment of compliance with Regulation 27 infection prevention and control is included in the current regulatory framework and as such incorporated into the Chief Inspectors regulatory guidance and assessment methodologies.

Nursing Home providers progress with implementation of this recommendation was assessed through voluntary surveys issued over the past 2 years, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey).

Within the responses received 94% of nursing home providers who responded self-reported this recommendation as “fully implemented”, with 5% indicating that it is “substantially complete” and 1% reporting implementation of this recommendation as a “work in progress”. Zero (0) facilities reported this recommendation as “not yet commenced”.

Next Steps

Nursing Home providers will continue to implement this recommendation.

The Chief Inspector (HIQA) will continue to monitor compliance with Regulation 27 thus ensuring that procedures consistent with the National Standards for infection prevention and control in community services (2018) are implemented by staff in nursing homes.

3.Outbreak Management

Outbreaks¹ of infection involving both residents and healthcare workers (HCW) have been frequent in RCFs during the major community surges of COVID-19. The control of spread of the SARS-CoV-2 virus, the cause of COVID-19, in RCFs in this context continues to be challenging even after vaccination. The primary responsibility for managing the risk of infection with COVID-19 and Influenza and for control of outbreaks lies with the RCF, within their responsibilities for resident care and infection prevention and control (IPC). All RCFs should have in-house IPC expertise and should have outbreak management plans in place. This responsibility is referred to in the 2016 National Standards for Residential Care Settings for Older People in Ireland. The 2018 National Standards for infection prevention and control in community services are also relevant.

Residents of nursing homes have been identified as a particularly vulnerable group. They have a significantly higher risk of contracting COVID-19 than the general population of similar age. Particular attention is needed when caring for Older People to support the prevention of Covid-19, identification of symptoms and clinical management of residents in these settings. Residential Care Facilities (RCF's) operate in accordance with the latest Public Health & Infection Prevention and Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities.

The NHEP made 8 recommendations in relation to this Theme. Further details of implementation progress for each recommendation is documented below. In summary, at all stages during the pandemic, the investigation of cases and outbreaks of COVID 19 in RCFs has remained a priority focus. Throughout the pandemic the Health Protection and Surveillance Centre (HPSC) has provided specific guidance for residential care facilities including nursing homes on how to take measures to isolate and treat residents and staff positive for infection with COVID, as well as measures to be taken to mitigate the risk of transmission to other residents and staff. This guidance has been developed in line with ECDC advice and reviewed on a regular basis as new information about the disease transmission and changing circumstances in Ireland have evolved.

Nursing Home Providers have self-reported high levels of implementation of the NHEP recommendations relating to Outbreak Management (over 90% fully implemented”) with the exception of “access to safe staffing and required skill set on each shift” (80% fully implemented with a further 15% substantially implemented). Further details in relation to progress with these recommendations are documented in below.

Recommendation 3.1

Access to rapid testing with fast tracked results, as above

See updates under 2.3 & 2.4

Progress to Date

Testing and contact tracing processes have been established to respond to the ongoing needs at Community and Acute level. Continuous service improvement and development is ongoing (Walk in Centres stood up across the country since 27.04.21).

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1 “The declaration of an outbreak in LTRCF is made by the Medical Officer of Health guided by general principles and taking account of all the circumstances... The declaration of an outbreak is considered when:

- Two or more cases of infection with the same pathogen (COVID-19, Influenza or other respiratory virus) are confirmed by an appropriate method and there is reason to consider that they may be epidemiologically linked in place and time. OR
- A cluster/outbreak, with two or more cases of illness with symptoms consistent with the same pattern of infection related illness, and at least one person is laboratory confirmed and there is reason to consider that they may be epidemiologically linked in place and time”. HPSC, 2022.” Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities V1.4” accessed at <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/IPC%20and%20PH%20guidance%20for%20outbreaks.pdf>

Antigen Testing implemented as per recommendations of the HSE COVID-19 Antigen Testing Working Group. Daily Covid-19 Testing and Contact Tracing Updates available on www.HSE.ie. Processes are continuously being reviewed.

Next Steps

The HSE will continue to maintain service responses to COVID-19, maintain surge and escalation capacity, and maintain flexibility and resilience to develop any new service requirement in response to COVID-19 demands.

Recommendation 3.2

PPE to be readily available and staff training with onsite supervision on every shift to ensure PPE being used correctly. Training should be documented and records available for inspection by HIQA.

Progress to date

See updates under Recommendations 1.1 and 2.8.

Nursing Home provider’s progress with implementation of this recommendation was assessed through voluntary surveys, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey). Three questions were posed in relation to this recommendation: Firstly, with regards to PPE being readily available - Within the responses received 98% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 2% indicating that it is “substantially complete” and zero providers reporting implementation of this recommendation as a “work in progress” or “not yet commenced”.

The second question related to on site supervision being available on every shift to ensure PPE is being used correctly. Within the responses received 91% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 7% indicating that it is “substantially complete” and 2% of providers reporting implementation of this recommendation as a “work in progress”. No provider reported this recommendation implementation as “not yet commenced”.

Finally the third question related to staff training on the use of PPE being documented. Within the responses received, 92% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 6% indicating that it is “substantially complete” and 2% of providers reporting implementation of this recommendation as a “work in progress”. No provider reported this recommendation implementation as “not yet commenced”.

Next Steps

Nursing Homes will continue to implement this recommendation.

In line with direction given by the National Public Health Emergency Team and current Public Health guidance, the HSE will continue to provide a range of enhanced Public Health and mitigation measures across all facilities. The Chief Inspector (HIQA) will continue to monitor compliance with Regulation 27 thus ensuring that procedures consistent with the National Standards for infection prevention and control in community services (2018) are implemented by staff in nursing homes.

Recommendation 3.3

Sustain protocols for self-isolation, quarantine, cohorting and referral to GP Lead.

Progress to date

HSE has published specific Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities since early in the pandemic. These guidelines are regularly reviewed and updated by Public Health at hspc.ie.

Nursing Home providers progress with implementation of this recommendation was assessed through voluntary surveys issued over the past 2 years, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey).

Within the responses received 95% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 5% indicating that it is “substantially complete” and zero providers reporting implementation of this recommendation as a “work in progress” or “not yet commenced”.

Next Steps

Nursing Home Providers will continue the implementation this recommendation.

Enhancements to relevant regulation are being considered by the Dept. as part of phase 1 of the regulatory framework review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.

Recommendation 3.4

Suspect cases and close contacts need to be isolated pending the results of rapid testing.

Progress to date

See update under Recommendation 3.3

Nursing Home providers progress with implementation of this recommendation was assessed through voluntary surveys issued over the past 2 years, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey).

Within the responses received 98% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 2% indicating that it is “substantially complete” and one provider reporting implementation of this recommendation as a “work in progress” with no provider indicating implementation of this recommendation had “not yet commenced”.

Next Steps

Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report.

Recommendation 3.5

Facilities must have ability and space to isolate and cohort residents and a clear plan on how this will happen. This plan should be incorporated into preparedness plans.

Progress to date

The ability to isolate and cohort residents is a function of the staffing model of the centre and therefore informed by Regulation 15: Staffing. The facilities to isolate and cohort residents is a function of the premises which accommodates the centre informed by Regulation 17: Premises, Schedule 6, and SI 293. Neither Regulation 15 nor Regulation 17 currently includes a specific requirement for the ability and space to isolate and cohort residents. Regulation 27 requires that the registered provider ensures that procedures, consistent with the National Standards for infection prevention and control in community services (2018) are implemented by staff.

Nursing Home providers progress with implementation of this recommendation was assessed through voluntary surveys issued over the past 2 years, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey).

Within the responses received 83% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 15% indicating that it is “substantially complete” and 5% providers reporting implementation of this recommendation as a “work in progress”.Two providers indicated that implementation of this recommendation had “not yet commenced”.

Next Steps

Nursing Home providers will continue to implement this recommendation.

Enhancements to relevant regulations are being considered by the Dept. as part of phase 1 of the regulatory framework review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.

Recommendation 3.6

Access to safe staffing levels at all times and to include required skill set on every shift.

There have been challenges to providing safe staffing levels at all times during the pandemic, especially during periods of significant waves of infection across public, private, and voluntary providers. Significant supports have been provided to nursing homes to mitigate staffing shortages as detailed above under recommendation 1.1. Workforce retention and recruitment has been and will continue to be a challenge across the sector. In addition the ability to expand the skilled workforce at a sufficient pace and scale to increase service capacity and deliver reform programmes remains very challenging given workforce supply and availability constraints both nationally and internationally.

In June 2021² the Department of Enterprise, Trade and Employment with a view to supporting the healthcare sector enacted amendments Employment Permits (Amendment) Regulations 2021, Statutory Instrument No. SI 286 of 2021, thus removing the role of Health Care Assistant from the Ineligible Occupations List. Within the amendment it also set out a minimum wage and qualification requirement for HCAs already working in Ireland for 2 years i.e. requirement to hold a QQI Level 5 qualification.

2 Employment Permits (Amendment) Regulations 2021, Statutory Instrument No. SI 286 of 2021, introduced the following changes as of 14 June 2021 accessed on 24th March 2022 at <https://enterprise.gov.ie/en/What-We-Do/Workplace-and-Skills/Employment-Permits/Latest-updates/>

Nursing Home providers progress with implementation of this recommendation was assessed through voluntary surveys issued over the past 2 years, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey).

Within the responses received 80% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 15% indicating that it is “substantially complete” and 5% providers reporting implementation of this recommendation as a “work in progress”. No providers indicated that implementation of this recommendation had “not yet commenced”.

Next Steps

There are a number of relevant actions/processes ongoing including:

- Significant HSE recruitment campaigns
- The establishment of a Cross-Departmental Strategic Workforce Advisory Group to examine strategic workforce challenges in front-line carer roles in home support and nursing homes. The Group is due to report in September.
- The development and piloting of a Safe Staffing Framework for Nursing Homes to establish a national guidance on appropriate staffing levels and skill mix based on resident care needs.
- Review of currently regulatory provisions under Regulation 15 which sets out the staffing requirements for nursing homes.

Recommendation 3.7

Social distancing facilities for residents and staff should be in place and maintained.

Progress to date

See update under Recommendation 3.3

The requirement for a registered provider to ensure social distancing facilities for residents and staff is not contained in the current regulatory framework. Regulation 27 requires each registered provider to ensure that procedures, consistent with the National Standards for infection prevention and control in community services (2018) are implemented by staff. Although this recommendation is a feature of the HPSC guidance, that guidance uses language such "where possible" "if possible" or "consider the use of".

Implementation of this recommendation was assessed through voluntary surveys issued over the past 2 years, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey).

Two questions were posed in the survey with regards to this recommendation. Firstly with regards to provider having plans in place to isolate and cohort residents - Within the responses received 95% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 5% indicating that it is “substantially complete” and 2 providers reporting implementation of this recommendation as a “work in progress”. No provider indicated that implementation of this recommendation had “not yet commenced”.

Secondly in relation to social distancing facilities for residents and staff being in place and maintained- Within the responses received 89% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 11% indicating that it is “substantially complete” and 1 provider reporting implementation of this recommendation as a “work in progress”. No provider indicated that implementation of this recommendation had “not yet commenced”.

Next Steps

Nursing Home Providers will continue the implementation of NHEP Recommendations in line with the latest Public Health advice.

The Bilateral Project Group established between the Department of Health and HIQA will continue to examine both interim and longer-term legislative and regulatory reforms.

Recommendation 3.8

Each provider should incorporate written plans on each of the above into their preparedness plan for review by HIQA.

Progress to date

The requirement for a registered provider to incorporate written plans on each of the above into their preparedness plan for review by HIQA is not currently part of the regulatory framework.

Nursing Home providers progress with implementation of this recommendation was assessed through voluntary surveys issued over the past 2 years, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey).

Within the responses received 91% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 8% indicating that it is “substantially complete” and 3 providers reporting implementation of this recommendation as a “work in progress”. No provider indicated that implementation of this recommendation had “not yet commenced”.

Next Steps

Nursing Home providers will continue implementation of the COVID-19 Nursing Homes Expert Panel Recommendations in line with Public Health advice, Regulations and National Standards.

The Bilateral Project Group established between the Department of Health and HIQA will continue to examine both interim and longer-term legislative and regulatory reforms.

4. Future Admissions to Nursing Homes

The European Centre for Disease Control has provided risk assessments and guidance to member states on management of COVID-19 throughout the pandemic. Early on it identified that options for response can be summarised across 5 thematic areas which included “Minimising risk of COVID-19 transmission within LTCFs”. NPHET acting on this assessment and in consideration of the local circumstances recommended isolation of older persons who are “new” or “return” admissions to nursing homes from other healthcare facilities.

The HPSC issued guidance on isolation and cohorting of new admissions to nursing homes as part of its overall guidance for LTRCFs to mitigate risk of infection transmission. The guidance advised that persons that were being admitted to nursing homes, be they “new” or “return”

- a.** be tested for COVID-19; and
- b.** be isolated to ensure that if they do present with the disease during isolation, the risk of transmission to other residents and staff is minimised. Public Health IPC Guidance is kept under continuing review by the HSE and HPSC.

Updated guidance came into effect on 21 February, providing updated advice on the management of admissions and transfers to and from nursing homes during an outbreak. Suspension of admissions now need only last for 7-10 days after the latest case is detected. This means that, following public health advice, a nursing home may not need to wait for the outbreak to be declared over before it can reopen to new admissions.

There are 3 recommendations by NHEP under this theme. Further details of implementation across this theme are documented below.

In summary Nursing Home Provider progress with implementation of these recommendations was self-reported through a number of surveys the latest of which was conducted in October 2021 and showed that 99% of respondents only accept admissions where measures are of a sufficient standard to ensure there is no risk of onward infection and 97% indicated that new residents are isolated in line with HPSC guidance. Further details on progress with these recommendations is presented below.

Recommendation 4.1

Ensure all new residents coming from the community or proposed transfers from hospital are tested for COVID-19 prior to admission

Progress to date

The requirement for a registered provider to ensure that all new residents coming from the community or proposed transfers from hospital are tested for COVID-19 prior to admission is not contained in the current regulatory framework. Nor do registered providers have independent access to testing and tracing systems in order to implement this recommendation.

The emergence and spread of COVID-19 disease raised concerns regarding risks related to transfer of patients between acute hospital services and residential care facilities. Concerns were raised that patient movement may result in the introduction of the disease from an acute hospital to a residential care facility. In view of this the HSE/HPSC issued guidance document for all registered providers of designated centres, including nursing homes in March 2020 to support safe transfer of persons between healthcare facilities. The document provides advice on the transfer of hospitalised patients from an acute setting to a residential care facility and from residential care to an acute hospital, during the COVID-19 global pandemic.

Nursing Homes continue to operate in accordance with Public Health Guidance and direction given by the National Public Health Emergency Team which as of 30.11.2020 i.e. increase emphasis on testing in the context of transfers and admissions of fully vaccinated people. See Recommendation 2.3 for current PCR testing in RFCs.

Nursing Home providers progress with implementation of this recommendation was assessed through voluntary surveys issued over the past 2 years, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey).

Within the responses received 98% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 2% indicating that it is “substantially complete” and 2 providers reporting implementation of this recommendation as a “work in progress”. No provider indicated that implementation of this recommendation had “not yet commenced”.

Throughout the pandemic Public Health Departments have worked closely with the HSE Chief Officers, relevant Heads of Discipline and testing leads to identify resources and capacity to address the PCR testing requirements in the CHO areas.

Next Steps

Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report.

Implement the HSE National Service Plan 2022 stated Priority Areas for Action 2022 on Public Health / Health Protection which includes developing the Health Threats Programme and a comprehensive After-Action Review in 2022 of the public health responses to the COVID-19 pandemic and establishment of a multi-disciplinary advisory group on health protection emergency preparedness.

Recommendation 4.2

Admissions should only be made to Nursing Homes who can demonstrate their infection control measures are of sufficient standard to ensure there is no risk of onward infection. HIQA should maintain a register of those Nursing Homes it deems to have demonstrated sufficient infection control standard reached, to support informed decision on admission in this regard.

Progress to date

Regulation 27 requires that a registered provider ensures that procedures, consistent with the National Standards for infection prevention and control in community services (2018) are implemented by staff. Assessment of compliance with Regulation 27 infection prevention and control is included in the current regulatory framework and as such incorporated into the Chief Inspectors regulatory guidance and assessment methodologies.

Throughout the pandemic HSE Public Health Departments have worked closely with the Chief Officers, relevant Heads of Discipline and testing leads to identify resources and capacity to address the PCR testing requirements in the CHO areas.

Nursing Home providers progress with implementation of this recommendation was assessed through voluntary surveys issued over the past 2 years, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey).

Within the responses received 99% of nursing home providers who responded self-reported this recommendation as “fully implemented” with the remaining 1% indicating that it is “substantially complete”.

Nursing Homes continue to manage admissions in accordance with Public Health Guidance. Further updated guidance came into effect on 21 February 2022, providing updated advice on the management of admissions and transfers to and from nursing homes during an outbreak. Suspension of admissions now need only last for 7-10 days after the latest case is detected. This means that, following public health advice, a nursing home may not need to wait for the outbreak to be declared over before it can reopen to new admissions.

Next Steps

Nursing Home Providers will continue to manage nursing home admissions in line with Public Health advice and progress the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report. Implement the HSE National Service Plan 2022 stated Priority Areas for Action 2022 from a Public Health / Health Protection developing the Health Threats Programme including a comprehensive After-Action Review in 2022 of the public health responses to the COVID-19 pandemic and establishment of a multi-disciplinary advisory group on health protection emergency preparedness.

Recommendation 4.3

New Residents must be isolated according to HSPC protocol.

Progress to date

Regulation 27 requires that the registered provider ensures that procedures, consistent with the National Standards for infection prevention and control in community services (2018) are implemented by staff. Although this recommendation is a feature of the HPSC guidance, that guidance uses language such "where possible" "if possible" or "consider the use of".

Nursing Homes are required to operate in accordance with the latest Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities. These guidelines are regularly reviewed and updated by Public Health at hspc.ie,

Practical measures to reduce the risk of the virus spreading have been adopted by RCFs with processes in place to minimise the risk of harm to residents and staff if the virus is introduced and spreads. Isolation plans and protocols in place and available for HIQA inspections.

Nursing Home providers progress with implementation of this recommendation was assessed through voluntary surveys issued over the past 2 years, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey).

Within the responses received 97% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 2% indicating that it is “substantially complete” and 2 providers reporting implementation of this recommendation as a “work in progress”. No provider indicated that implementation of this recommendation had “not yet commenced”.

Next Steps

Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report.

Public Health / Health Protection will be developing the Health Threats Programme including a comprehensive After-Action Review in 2022 of the public health response to the COVID-19 pandemic and establishment of a multi-disciplinary advisory group on health protection emergency preparedness.

5.Nursing Home Management

The NHEP made 9 recommendations under this theme focusing on keeping a log of staff on duty, safe staffing levels and appropriate skill mix being available on each shift, contingency plans for when staff fail to attend for duty due to COVID etc., minimum qualifications and professional development of healthcare attendants as well as occupational health supports for staff. Finally NHEP also recommended greater integration within the nursing home sector and greater transparency around operation and funding of nursing homes. Details of implementation progress across each of the nine recommendations are documented individually, with a summary of progress below.

The Chief Nursing Office of the Department of Health is leading a safe staffing pilot project to determine a model of staffing to provide appropriate staffing levels and skill mix relative to individual older persons resident in

nursing home care needs. Whilst this work is being completed, an interim guidance document that was drafted in consultation with community operations input in the HSE and service level input “Guidance Document to assist Long Term Residential Care Facilities for Older Persons to develop a staffing plan for surge situations arising from COVID-19”.

Nursing Home provider’s progress with implementation of Provider Led recommendations was assessed through a series of voluntary surveys, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey).

Within the responses received nursing home providers who responded self-reported as 99% having fully implemented maintaining a log of staffing; 82% reporting having fully implemented documented contingency staffing plans, with a further 14% having reported this as substantially complete. Almost 79% reported ensuring that new HCA's have a QQI Level V qualifications, with 57% reporting education and training plans for each individual HCA has been developed or is in place. A further 21% reported “substantially complete” implementation of both ensuring QQI Level V qualification and training plans in place.

Recommendation 5.1

Log of all persons/staff entering Nursing Homes should be maintained by each Nursing Home and available for inspection by HIQA.

Progress to date

Nursing Homes are required to operate in accordance with the latest Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities. These guidelines are regularly reviewed and updated by Public Health at www.HPSC.ie. The current regulatory framework facilitates an assessment of compliance with this recommendation.

Practical measures to reduce the risk of the virus spreading have been adopted by nursing homes with processes in place to minimise the risk of harm to residents and staff if the virus is introduced and spreads. Nursing Home provider’s progress with implementation of this recommendation was assessed through voluntary surveys, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey).

Within the responses received 99% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 1% indicating that it is “substantially complete” and only 1 providers reporting implementation of this recommendation as a “work in progress”. No provider responded that they “not yet commenced” implementation of this recommendation.

Next Steps

Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report.

The Chief Inspector (HIQA) will continue to monitor compliance with existing regulations and standards.

Recommendation 5.2

Nursing Homes should have a clear written back-up plan when regular staff cannot work or fail to turn up for work. This should be incorporated into the Nursing Home’s preparedness plan for review by HIQA.

Progress to date

Regulation 15 sets out the staffing requirements for nursing homes. The limitations of the current iteration of this regulation and the need to strengthen have been raised by HIQA.

Nursing Home providers report that preparedness plans are in place and available for HIQA inspections. Their progress with implementation of this recommendation was assessed through voluntary surveys, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey). Within the responses received 82% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 14% indicating that it is “substantially complete” and only 4% providers reporting implementation of this recommendation as a “work in progress”. No provider responded that they “not yet commenced” implementation of this recommendation.

Next Steps

Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report.

The Chief Inspector (HIQA) will continue to monitor compliance with existing regulations and standards during inspections.

Enhancements to relevant regulations are being considered by the Department as part of phase 1 of the regulatory reform programme.

Recommendation 5.3

All Healthcare Assistants (HCAs) should have a relevant QQI Level 5 qualification or be working towards achieving it. A phased pathway towards achieving this should be in place. The requirement’s inclusion in the regulatory framework should be considered.

Progress to date

The requirement for a registered provider to ensure that all Healthcare Assistants (HCAs) should have a relevant QQI Level 5 qualification or be working towards achieving it is not contained in the current regulatory framework. In June 2021, the Department of Enterprise, Trade and Employment with a view to supporting the healthcare sector enacted amendments Employment Permits (Amendment) Regulations 2021, Statutory Instrument No. SI 286 of 2021³, thus removing the role of Health Care Assistant from the Ineligible Occupations List. Within the amendment it also set out a minimum wage and qualification requirement for HCAs already working in Ireland for 2 years i.e. requirement to hold a QQI Level 5 qualification.

Nursing Home provider’s progress with implementation of this recommendation was assessed through voluntary surveys, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey).

3 Employment Permits (Amendment) Regulations 2021, Statutory Instrument No. SI 286 of 2021, introduced the following changes as of 14 June 2021 accessed on 24th March 2022 at <https://enterprise.gov.ie/en/What-We-Do/Workplace-and-Skills/Employment-Permits/Latest-updates/>

Within the responses received 57% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 21% indicating that it is “substantially complete” and 21% providers reporting implementation of this recommendation as a “work in progress”. 1% (2 providers) responded that they “not yet commenced” implementation of this recommendation.

A Cross Departmental Strategic Workforce Advisory Group, chaired by the Department of Health, has been established to examine strategic workforce challenges in publicly and privately provided front-line carer roles in home support and nursing homes, which will include consideration of issues relating to education, training, and career development.

The HSE is also implementing a programme of work to deliver on the Review of Role and Function of Health Care Assistants 2018 recommendations. It is estimated that it will take two years to complete the full programme of work. A working group has been established under National Human Resources oversight to continue progression of the implementation of outstanding elements across recommendations 5.3, 5.6, 10.4 and 10.5.

Next Steps

Nursing Home Providers will continue to progress implementation of this recommendation.

The Strategic Workforce Advisory Group will complete its programme of work by September 2022.

Following completion of the necessary policy considerations, legislative proposals, if required, will be developed to fully implement this recommendation as part of phase 2 of the regulatory framework review.

Recommendation 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.

Progress to date

Phase 3 (general non-acute care setting) of the Safe Staffing and Skill Mix Framework commenced in August 2020. Phase 3 includes three distinct stages; the first stage will focus on long-term residential care settings for older persons based on this NHEP recommendation. This is a unique stage of the framework development as it is the first time it will span across public, private, and voluntary care settings. The subsequent stages of Phase 3 will include community and rehabilitation / step down care settings.

A National Taskforce has been established by the Minister and is meeting regularly to develop a Framework for Safe Staffing and Skill Mix in long-term residential care settings for older persons. The Taskforce has representation from key stakeholders and agencies. An International Evidence Review has been completed. Evidence based Staffing Model has been selected and approved by the Taskforce. Skill mix has also been determined for the pilot. A Pilot Site expression of interest process was undertaken nationally, and 9 sites selected to participate in the pilot following evaluation of the submissions received.

A Local Implementation Group (Local Governance structure) has been established on each of the pilot sites. Staff Training has been undertaken at each site and baseline data collection and resident assessments have commenced. Once sufficient baseline data has been collected, it will be presented to the National taskforce which will allow the pilot to move to the next milestone of determining nursing staffing and skill mix requirements based on resident need.

Next Steps

Staffing adjustments in pilot sites in line with staffing model being tested – Q2 2022
Complete first impact assessment - End Q3 2022
Complete Final impact assessment and evaluation - End Q4
Policy Development – End Q4 2022

Recommendation 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 skill mix in surge situations arising from COVID-19. These changes should be readjusted as Phase 3 develops and is rolled out.

Progress to date

This recommendation is implemented. A guidance document was developed in consultation with the HSE. Following final approval in June 2021 the document was issued to both public and private providers.

Next Steps

On completion of the piloting of the safe staffing model a national policy document will be progressed by the Chief Nursing Office of the Department of Health.

Recommendation 5.6

For the next 18 months or until the declaration of the end of the Global pandemic by WHO, staff employed by a Nursing Home should be precluded from working across multiple sites and adequate single-site employment contracts should be put in place to support this.

Progress to date

This recommendation is not contained in the current regulatory framework. Guidance was issued, by the HSE to all LTRCFs in April 2020, to advise movement of staff across multiple sites be minimised. To support single site working, unit level management teams have worked with staff to identify where individuals work across services/ sites and increase hours rostered were possible.

To assist in maintaining essential safe care as circumstances dictate a risk-based approach aligned to the HSE Integrated Risk Management Policy is undertaken to support safe care for residents and appropriate staffing levels and skill mix on each shift.

Nursing Home providers progress with implementation of this recommendation was assessed through voluntary surveys issued over the past 2 years, the latest being conducted in October/November 2021.

Nine in ten (89%) of surveyed nursing homes in Survey 2 (April/May 2021) reported they had fully implemented ensuring that staff do not work across multiple sites. Nine percent reported they had the work substantially complete at that time and 2% reported that it was a work in progress.

When surveyed in Survey 3 (October/November 2021) 79% of nursing homes reported they had fully implemented staff not working across multiple sites, a statistically significant decrease as compared with Survey 2 (April/May 2020).

The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (20%) or a work in progress (20%).

Nursing homes with more than 100 beds were statistically significantly less likely to have fully implemented ensuring that staff do not work across multiple sites in Survey 3.

Next Steps

Nursing Home Providers will continue to implement this recommendation in as far as possible and where circumstances limit this possibility, risk management shall continue to be employed to mitigate risk of infection/ transmission of infection whilst ensuring safe resident care and appropriate staffing and skill mix on each shift. The HSE has established a working group under National Human Resources oversight to continue progressing the implementation of outstanding elements across recommendations 5.3, 5.6, 10.4 and 10.5. Through the NSP 2022, the HSE is increasing focus and commitment to supporting services through a number of streams, including:

- Expansion of recruitment capacity and recruitment planning
- Continued development and provision of employee support services
- Continued strategic development of workforce planning
- Training and development of staff through provision of internal and external educational supports
- Supporting staff through the provision and signposting of professional advisory services
- Supporting managers through the provision of compliance and reporting frameworks to support them in meeting the requirements of their roles.

Recommendation 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.

Progress to Date

Recruitment and retention of workers is a significant issue across the sector, but this is interdependent on broader strategic workforce challenges being experienced in the sector. A Cross Departmental Strategic Workforce Advisory Group, chaired by the Department of Health, has been established to examine strategic workforce challenges in publicly and privately provided front-line carer roles in home support and nursing homes. The Group will explore the issues and identify solutions to address the current workforce challenges in these sectors. The Department of Health is leading the work of the Group and is joined on the Group by representatives from various Departments (Enterprise, Trade & Employment, Justice, Further & Higher Education, Research, Innovation and Science, Social Protection, Children, Equality, Disability, Integration and Youth, Public Expenditure and Reform,) and HSE, HIQA and SOLAS. The work of the Group is well advanced and there has already been significant engagement with key stakeholders, including through written submissions, one-on-one meetings, and a facilitated workshop.

Next Steps

The Strategic Workforce Advisory Group is working to a tight timeline and is committed to providing a set of recommendations to Minister Butler by September 2022.

Further engagement by the Group with key relevant stakeholders in the sector will be undertaken in the next 2 to 3 months, in the form of one-on-one meetings with Stakeholders during March and facilitated workshops with Stakeholders during April.

Recommendations 5.8

Occupational health and HR support, including psychological supports, for all staff is necessary and access should be put into place.

Progress to Date

Nursing home providers recognise that staff are their most valuable resource; each health service employee plays a valuable role in providing health services to the public. Providers also recognise and value the immense contribution and dedication of staff, particularly demonstrated throughout the COVID-19 pandemic, the on-going response and recovery period.

In April 2020, under the auspices of the Chief Operations Officer, a formal work stream under HSE’s Covid-19 Integrated National Operations Hub (INOH), was established tasked with the development of the “Health Sector Psycho-Social Plan in response to Covid-19.”

The aim was to bring together the different strands of existing services, to ensure that there was a fully integrated strategic plan in place, to develop a health sector psychosocial response to Covid-19 for both the immediate and long term. Specifically, the group focused on the psychosocial responses needed for; members of the public exposed to a range of psychological distress due to the ongoing exposure to Covid-19 and all Health and Social Care staff across the HSE and related service providers, who may have experienced significant distress as they deal with the challenges presented by Covid-19. This work stream produced two significant reports which were approved by HSE senior management:

1. “Guidance for Acute Crisis Management Teams: Bereavement Response for Residential and Acute Setting Impacted by High Mortality Rates due to Covid-19” in April 2020. This report was developed to enable an immediate, co-ordinated, and comprehensive psychological support response to the high incidence of mortality rates in nursing homes and residential settings. This report was approved by the COO and put in place structures, guidelines, and processes for providing psychosocial support to nursing home residents, families, and staff.
2. “HSE Psychosocial Response to Covid-19 Pandemic”, report was developed following widespread national consultation across all areas of the health sector and by harnessing international and local evidence and research.. This report published in January 2021 provides both; a layered care approach to address the psychosocial consequences of Covid-19, across the population and also a roadmap on how to provide enhance psychosocial supports at the community level, across the health care sector and for those groups of people most vulnerable to the negative psychological impacts of Covid-19.

Nursing home provider progress with implementation of this recommendation was examined through the question of whether providers facilitate access for staff to supports such as occupational health and HR including psychosocial supports. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey). Within the responses received 79% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 21% indicating that it is “substantially complete” and 1% providers reporting implementation of this recommendation as a “work in progress”, One provider indicated that implementation of this recommendation had “not yet commenced”. Additionally, HSE staff have access to an Employee Assistance Programme (EAP) and to bespoke online content. These supports sit within the wider policy, legislative and guidance context, including:

- HSE Policy for Prevention and Management of Stress in the Workplace 2018
- Supplementary note to the HSE Policy for Prevention and Management of stress in the Workplace 2018
- HSE Policy for the Prevention and Management of Critical Incident Stress
- Safety, Health and Welfare at Work Act 2005

- The HSE Open Disclosure Policy 2013.
- HSE Corporate Safety Statement 2020

In 2021, NHI engaged with Aware, one of Ireland’s leading mental health charities. Educating and empowering people to look after their mental health is an integral part of Aware’s work. Aware subsequently recommended the roll out of a bespoke version of their Life Skills Programme aimed specifically at people working in the healthcare sector. The programme is designed to equip people with the knowledge and skills to build resilience and to look after their mental health. Ten programmes were made available to individuals working in nursing homes across the country in 2021 that required a commitment on behalf of each individual to attend and see out each module of the programme.

Eight out of ten programmes were completed in 2021. These two life skills programmes will be made available again this year to nursing homes. In addition to the collaboration with Aware, NHI have partnered with Heroes Aid to extend their services to nursing home staff. Services include a free 24-hour helpline, counselling services, online support tools and well-being information. NHI has also circulated information about the services offered via Turn2Me.ie and have collaborated with researchers at University of Dublin, Trinity College to capture information about nursing home staff mental health during the pandemic. Phase 1 of this work resulted in the publication of an article⁴ and phase 2 of this work is currently underway.

Next Steps

As part of the NSP 2022 funding has also been confirmed for the Psychosocial Supports business case to provide a choice of supports to address the range of needs within a nursing home from group to individual sessions for residents, families, and staff, based on the principals of Psychological First Aid (PFA) in 2022. Planning is in progress to fund the provision of counselling for Nursing Homes across CHOs. A Psychosocial response webinar is also being held in May 2022 for Nursing Homes.

National HR in the HSE is focused on contributing to a culture of increased organisational effectiveness, which continues to support the vision of the Corporate Plan 2021-2024, the Health Services People Strategy 2019-2024, and the objectives of the NSP 2022. It is committed to demonstrating how the organisation values and supports our staff, through:

- Providing for staff who need occupational health support services to promote health, safety and wellbeing and assist in preventing staff becoming ill or injured as a result of hazards (including COVID-19)
- Physical, psychological, and personal supports for employees through implementation and integration of the Healthy Workplace Framework nationally and engagement with the World Health Organisation
- Educational and guidance supports through facilitating and guiding service managers in managing their service recovery activities
- Workforce planning and employee relations matters and managing and supporting staff through personal and professional difficulties, goals, and achievements
- Development of a new model for Diversity, Equality and Inclusion which will support the organisation
- Expansion of our staffing resources, building stronger teams to support the increasing demands on services and staff
- Progression and implementation of industrial relations agreements and the appropriate recommendations arising from reviews of roles and functions of staff, in order to ensure the development, standardisation and efficacy of staff skills, roles and goals

4 Brady, C. et. al., 2021. Nursing home staff mental health during the Covid-19 pandemic in the Republic of Ireland accessed on 4th March 2022 at <https://pubmed.ncbi.nlm.nih.gov/34729818/>

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 clearly transparent and measures should be considered to ensure this.

Progress to date

The HSE has established a Residential Care Project Working Group to look at Models of Care within the Residential Care setting. Building on pre-pandemic work and work accelerated by the pandemic (e.g. telehealth) to roll out new models of care focused on the individual and fundamental to addressing the demand/capacity gap and building a sustainable service longer-term is a key focus for healthcare delivery organisations in 2022. This includes significant enhancement of community-based care to bring care closer to home and rolling out the integrated programmes for older persons and chronic disease.

Next Steps

A review of costing structure will be aligned to recommendations in relation to Models of Care. A CNU review has been completed in Q1, 2022, with data in relation to different types of care currently being delivered collated. Further work required in the next phase to determine classifications of different care models and associated costs. This has been incorporated into the Residential Care Project Working Group work plan, with an aim to complete in Q3, 2022.

The Value for Money’s recommendation is being examined as part of the implementation of that review.

6.Data Analysis

To fully understand COVID-19, its transmission and evolution in Ireland and internationally, along with the profound impacts it has had across society, it is important to reflect on and consider the available data, epidemiological trends, case demographics and mortality. Prompt, effective public health surveillance and response is critical to the identification and control of outbreaks in healthcare settings. The NHEP noted that *“it is in the reflection on and the analysis of this data that we can learn further about COVID-19 presentation, particularly in nursing homes, to inform recommendations for the continued response to the virus to safeguard nursing homes residents⁵”*.

In its report to the Minister, NHEP stated that “Ireland [i]s one of the very few countries to take a comprehensive approach and use this data to inform public health actions in a measured, decisive and scientific manner”.

The NHEP made 7 recommendations in relation to data analysis specifically recommending, given the strong position Ireland is in with such valuable data sources, that the data sources be linked up in such a manner as to further contribute to and develop understanding and learning from analysis of the key causal factors of clusters/ outbreaks in Nursing Homes in Ireland. A summary of progress is presented below with greater detail provided under each recommendation in the following sections of the report.

5 Department of Health, 2020. “COVID-19 Nursing Homes Expert Panel Examination of measures to 2021 Interim Report to the Minister for Health 30th June 2020” accessed on 4th March 2022 at <https://assets.gov.ie/100347/34e4f80c-2cfb-497b-a853-276725e812ac.pdf>.

In summary:

- The HSE and GRO have collaborated to create linkages between data sets. Technical updates to embed this are being progressed.
- HIQA/HPSC have produced two reports on Analysis of Factors Associated with Outbreaks of SarCOVID-19 in Nursing Homes^{6,7}.
- Separately the HPSC is engaged in a collaborative project with Public Health Wales to deliver a communicable disease case and incident management system and surveillance system.
- With regards to recommendation 6.6 the focus of public health teams and the HPSC has been on leading and supporting management of the COVID pandemic. A plan is in place to produce a detailed epidemiological analysis comparing both risk and protection factors associated with having an outbreak or not at all in registered designated centres.
- The HSE has advised that linkages between CIDR, the HSE Facility Code and the HIQA OSV identification number are complete. In addition the Assessment Phase of an Integrated Community Case Management System (ICCMS) is underway.
- There is ongoing engagement with the Individual Health Identifier Team to ensure this is integrated into the Integrated Community Case Management System (ICCMS) in the HSE.

Recommendation 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.

Progress to date

This recommendation is complete.

Technical updates of the General Register Office (Government) systems as well as across the HSE and HIQA systems to allow for the use of the HSE facility code and the HIQA OSV ID number linkages to CIDR thus allowing the HPSC team to code infectious disease outbreaks.

Next Steps

The GRO office is progressing further linkages having provided the HSE with the code linked to the death register and death data.

6 HIQA/HPSC, 2021. Analysis of factors associated with outbreaks of SARS-CoV-2 in nursing homes in Ireland. [Online] Available at: <https://www.hiqa.ie/reports-and-publications/health-technology-assessment/factors-associated-outbreaks-sars-cov-2> [Accessed 4 February 2022].
7 HIQA/HPSC, 2021. Analysis of factors associated with outbreaks of SARS-CoV-2 in nursing homes in Ireland Waves 1, 2 &3. Available as an appendix to this report

Recommendation 6.2

Implementation of Individual Health Identifier (IHI) as a matter of priority to enable tracking of patients between community and acute hospital sectors.

Progress to date

The Health Identifier Service provides the HSE with an identity management service for Individuals and Health Services. The importance of the HIDs Service has significantly increased with the onset of COVID-19 and there is an increased reliance in receiving accurate and timely data. The Individual Health Identifier (IHI) is a number that uniquely and safely identifies each person that has used, is using or may use a health or social care service in Ireland. It lasts for the lifetime of the individual, is uniquely assigned, and will never be allocated to anyone else. Benefits of an IHI include patient safety, efficiency, enabling eHealth applications and privacy. The Health Directory is the basis for the provision of identifiers for Health Service Providers - Practitioners, Locations, People and Organisations (not all currently in place but a strategy is in place to implement these categories).

This work forms part of Integrated Community Case Management (ICCS) project being led by National Director, Community Operations, via Community Digital Oversight Group (CDOG) in the HSE.

Next Steps

From an Integrated Community Case Management System (ICCMS) perspective engagement is ongoing with the IHI team. Significant progress has been made in respect of this work and it is planned that IHIs will be integrated as part of the initial phase of the Integrated Community Case Management System (ICCMS). Direct interfacing between ICCMS and IHI will be facilitated by an HL7 (V2 or FHIR) API, served by the IHI Register and reachable via Healthlink messaging services.

2022 IHI Priority Areas for action include:

- Continued collaboration with Department of Health partners to enact additional elements of the Health Identifiers Act to further deliver on IHI benefits.
- Continued deployment of IHI services within the eVaccination Programme (Covid Care Tracker and COVAX Seeding, and IHI Integration, of GP Practice Management Systems with IHI).
- Seeding of PCRS systems with IHI.
- Seeding PAS systems with IHI, thereby enabling downstream seeding to MN-CMS, Med LIS, and NIMIS.
- Progress the functionality for the provision of IHI numbers for new-born babies in conjunction with MN-CMS.
- Continue to progress the provision of the IHI for the NTPF to support the Scheduled Care Transformation Programme in relation to the management of waiting lists
- Continue deployment of IHI to existing health solutions to enable the shared care record and the citizen health portal.
- Roll out recruitment programme in order to stabilise the HIDs service

Recommendation 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.

Progress to date

This work forms part of Integrated Community Case Management (ICCMS) project being led by National Director, Community Operations, via Community Digital Oversight Group (CDOG)

A detailed requirements phase has been completed in respect of an Integrated Residential and Home Support Management System as part of the overall Integrated Community Case Management (ICCMS) project being led by National Director, Community Operations, via Community Digital Oversight Group (CDOG). The initial entry point to accessing Residential Care and/or Home Support Services is via a needs assessment (InterRAI) which is currently facilitated through an existing platform within Older Persons Services. CDOG has recommended continuing with the existing platform and engagement is currently underway to understand if those needs can be met by the vendor. A joint working group across strategy and older persons has been formed to progress this work.

HIQA has undertaken development of Recommendations to the Minister for Health on the ICT enablement of older persons services in Ireland — that is, a suite of agreed measures that support the broader national change required to embed these capabilities into service delivery across the full public and private, for all populations including older persons, and that contribute to a sound foundation for broader national eHealth goals under Sláintecare.

These Recommendations are informed by national and international evidence, as well as by the analysis and findings of The Need to Reform Ireland’s Health Information System (HIQA 2021). After undertaking a review of international best practice and of the excellent work undertaken to date at national level by the HSE and others, HIQA convened a special Advisory Group which met in September 2021 and January 2022, to advise on development of the Draft Recommendations. The Advisory Group has 32 members drawn from the Department (older persons’ policy and ICT enablement) the HSE (Clinical and Integrated Care Programmes, Operations, Change and Innovation, OCIO), representatives of health and social care professionals, and of patients, and others.

Currently available for public consultation, the Draft Recommendations cover four important aspects that have been identified as crucial for the successful ICT enablement of older persons services: Strategy and governance; Vision and roadmap; Standardised sharing of information; and User engagement. Targeted engagement is also being carried out with key informants and networks, and all feedback received will be analysed, and the Draft Recommendations amended appropriately.

Next Steps

HIQA is currently developing draft recommendations for public consultation. Themes identified for Recommendations included Strategy, Governance, Crucial ICT enablers, Standardized sharing of information and Improvement of user experience. Following discussion of the recommendations at the Advisory Group a public consultation will be undertaken. The final recommendations are expected in Q3 2022. The project has been included in HIQA's business plan for 2022.

A joint working group across HSE Older Persons Change and Innovation and Operations has been formed to progress this work throughout 2022.

Recommendation 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.

Progress to date

CIDR has the capacity to realign the geographical areas in the system. This work will be undertaken as soon as there are indications in relation to the timeframes for the introduction of the RHAs and will then be prioritised.

Next Steps

Implementation is dependent on RHA go live date.

Recommendation 6.5

Introduction of the ability to link and track contacts into CIDR or using another data programme.

Progress to date

Progress has been made in relation to the procurement of a case management and incident management IT system for Health Protection to align or replace CIDR.

The Public Health Reform Programme has mobilised an Outbreak Management System Project Group, which has captured high level requirements and commenced an options appraisal process.

Next Steps

The Outbreak Management System Project Group will determine potential solutions and support the public health reform programme to select a preferred option.

Recommendation 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.

Progress to date

The Public Health Service, in accordance with Medical Officer of Health legislation, protects our population from threats to health and wellbeing through the provision of national immunisation and vaccination programmes, the prevention and control of infectious diseases, and response to environmental hazards and emergencies. It seeks to deliver measurable health improvement and provides public health assessment and advice to health and social care service planning, all of which is underpinned by health intelligence. Capacity constraints impacted on the progressing of this recommendation in early 2021.

A Working Group was established in Q4, 2021 under the Governance of the Chief Clinical Officer of the HSE to produce a Report and Case Studies on the management and outcomes of the multiple clusters that occurred during the COVID-19 pandemic.

The focus for this report will be to learn from the frontline teams' experience across Long Term Residential Care Facilities (LTRCFs) over the course of the pandemic to understand the key contributing/protective factors in the management of COVID-19 outbreaks.

The HSE/HPSC did not have the capacity to complete this work during the pandemic and it was agreed to fund a third party to undertake this work on behalf of the HSE. The working group is currently commissioning research support to ensure delivery of this recommendation.

Next Steps

A report will be published on completion of a series of focus groups and analysis of experiences reported from specific case studies undertaken as part of this work.

Recommendation 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.

Progress to date

This recommendation is complete.

HIQA/HPSC published a report "Analysis of factors associated with outbreaks of SARS-CoV-2 in nursing homes in Ireland", examining Wave 1 and Wave 2 of the Pandemic.

HIQA and HPSC undertook a follow-on analysis of factors associated with outbreaks in HIQA regulated nursing homes during Wave 3 of the Pandemic. Datasets were provided by the HPSC team to HIQA. A copy of the final report is now available in Appendix 6.

7.Community Support Teams

The pandemic has brought systemic issues within the nursing home sector into sharp focus. The limited levels of integration between HSE/public health services and private/non-HSE nursing homes and their residents has been identified as a major flaw in the health system structures. In response to the need created by the pandemic the HSE moved from a position whereby the private nursing home sector which is an entirely separate system to a position whereby the HSE is now providing a significant level of support both nationally and locally in response to COVID-19.

Ultimately the pandemic learning has identified a range of critical problems with the current configuration of nursing home services and oversight, and in particular has identified the problems that have arisen as a result of the lack of integration between the private nursing homes services (who provide services to the vast majority of publicly funded services users) and the local and wider public health system.

The establishment of Community Support Teams is seen by the NHEP as a critical mechanism through which older persons services will be improved and much needed integration and streamlining of access to services can be achieved, whilst providing equity of access to all older persons, irrespective of their domicile. In their report, the Expert Panel noted the significant contribution made by HSE's Covid-19 Response Teams (CRTs) and recommended the establishment of *‘new integrated Community Support Teams with clearly defined joint leadership and responsibility across each CHO and hospital group area on a permanent basis’* (Recommendations 7.1 and 7.2).

Progressed as part of the HSE's Operation and Monitoring work stream, significant preparatory work and stakeholder engagement was undertaken in 2021 to gather learning from the pandemic response to date, to ensure integration with the wider reform programme, and to inform the role, functions, and key working relationships of these new teams. Separately the HSE undertook a review of CRTs which contributed to this learning.

As part of the 2022 National Service Plan, additional funding of over €8 million has been provided under the auspices of the NHEP recommendations to facilitate the establishment of one Community Support Team (CST) to be stood up in each of the nine Community Health Organisation (CHO) areas. Each CST will, within available resources and taking into account overall support needs within the CHO area, work collaboratively with providers of residential care for older persons to build their capacity to effectively self-manage in terms of prevention, preparedness planning and effective outbreak management in the event of further Covid-19 surges or other infectious outbreaks.

In line with NHEP recommendations (1.2, 7.1, 7.2, 8.1), CRTs will be transitioned into permanent Community Support Teams (CSTs) during 2022. CSTs will provide continued support in terms of preparedness planning and outbreak management, and will also facilitate closer integration of nursing homes, regardless of public/private/voluntary status, with the wider health and social care system contributing to enhanced integration of older persons services.

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.

Progress to date

In their report, the Nursing Homes Expert Panel noted the significant contribution made by HSEs Covid-19 Response Teams (CRTs) and recommended the establishment of ‘new integrated Community Support Teams with clearly defined joint leadership and responsibility across each CHO and hospital group area on a permanent basis’s (Recommendations 7.1 and 7.2).

Over €8m has been allocated for the establishment of CSTs in 2022. Significant preparatory and developmental work has already been undertaken to inform the development of the CSTs, including engagement with the key stakeholders through the IOT and Reference Group. Written submissions have been received from members of the Reference Group. Operational Guidance has been developed.

Next Steps

The implementation of the CSTs will progress under the remit of the Residential Care Working group, a National Implementation Team will be established to work alongside CHO Implementation Teams in order to provide oversight, ensure national consistency, facilitate sharing of learning, provide additional guidance where required, and to identify and mitigate implementation risks. The National Implementation Team will give particular priority to continued engagement and communication with all relevant stakeholders, including providers, staff, residents and family members on the role and responsibilities of these new teams.

In Q1 2022 dedicated HSE Older People Operations resources with a focus on Long Term Care and Integration will work closely with Older Persons Strategic Planning and Transformation to provide a platform for CSTs standardization across policy development, implementation, operational guidance, and activity monitoring. They will also have responsibilities in relation to regulatory compliance, cost of care monitoring and efficiency reviews.

Recommendation 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.

Progress to date

As noted with regard to recommendation 7.1, work is ongoing on the establishment and implementation of Community Support Teams (CSTs).

Next Steps

The CST operational guidance will document the clearly defined protocols for activating the team in the event of renewed surges and other infectious disease outbreaks of significant concern, including during out of hours.

8. Clinical – General Practitioner Lead Roles on Community Support Teams and in Nursing Homes

The NHEP report detailed significant gaps in clinical governance and oversight among private nursing homes and community nursing units which were exacerbated during the COVID-19 pandemic. To address this in the first instance it recommended a GP lead to work with the Person in Charge and other senior nursing home staff to strengthen clinical governance in each private nursing home/CNU.

This will strengthen clinical governance and oversight by enhancing clinical inputs from GPs, including participating in the Clinical Governance Oversight Committee, with the clerical support to assist the Person in Charge or Director of Nursing in meeting the increased administrative and reporting requirements in HSE Community Nursing Units and Section 38 Facilities.

Recommendation 8.1

A GP will be a key member of each Community Support Team (and in the interim each COVID-19 Response Team).

Progress to date

The HSE have engaged with key stakeholders through the IOT structures on the operating model for CSTs this includes the NHI, ICGP and Consultant Geriatrician. In addition, NHI have collaborated with ICGP to prepare and share a joint position paper on the role of GPs in nursing homes. This document has been shared with the HSE to further inform the development of the GP Lead role and the operating model for the CSTs.

This Recommendation has dependency on GP Negotiations (see Rec 8.4) and CST (Rec 7.1, 7.2) implementation. GP negotiations are progressing, details of which will be provided once they have concluded.

Next Steps

On completion of the negotiations and engagements with key stakeholders recruitment of GPs to the agreed role will commence.

Recommendation 8.2

One of the GPs, already caring for their patients in a nursing home, will be appointed to the additional role as a nursing home's GP Lead, and working with the Person-in-Charge and other senior nursing home staff will contribute to the nursing home's general oversight and governance. The Person in Charge has overall responsibility for clinical governance.

Regulation 23 Governance and management does not include a requirement for a GP Lead to contribute to the nursing home's general oversight and governance.

Progress to date

Many facilities already have arrangements in place with GPs or incorporating the Medical Officer and Nursing Management complemented by Quality and Patient Safety Committees as was evident from a survey of Nursing Home provider's in October/November 2021. A total of 570 registered providers were invited to participate in this survey with a response rate of approximately 50% achieved (284 completed the survey). Providers were asked to respond to the following question:

" The provider has an arrangement with a GP to support general oversight and governance of the nursing home. (This refers to a GP supporting the designated centre as a whole in relation to clinical governance, not specifically with a focus on individual service users.) (Recommendation 8.02)"

Within the responses received 82% of nursing home providers who responded self-reported this recommendation as "fully implemented" with 7% indicating that it is "substantially complete" and 8% providers reporting implementation of this recommendation as a "work in progress". 3% i.e. 9 providers responded that they "not yet commenced" implementation of this recommendation.

The HSE have engaged with key stakeholders through the IOT structures on the operating model for CSTs this includes the NHI, ICGP and Consultant Geriatrician. In addition, NHI have collaborated with ICGP to prepare and share a joint position paper on the role of GPs in nursing homes. This document has been shared with the HSE to further inform the development of the GP Lead role and the operating model for the CSTs.

This Recommendation has dependency on GP Negotiations (see Rec 8.4) and CST (Rec 7.1, 7.2) implementation.

GP negotiations are progressing, details of which will be provided once they have concluded.

Next Steps

On completion of the negotiations and engagements with key stakeholders recruitment of GPs to the agreed role will commence.

Recommendation 8.3

The sessional commitment and remuneration for the post will be specified in a contract between the nursing home and GP lead; functions would include promoting the use of instruments like the InterRAI Single Assessment Tool and the Clinical Frailty Score and optimising medication management, ensuring full compliance with e.g. influenza vaccine uptake for residents and staff in the nursing home and close liaison with community services and outreach services of acute Hospital Groups.

Progress to date

The HSE have engaged with key stakeholders through the IOT structures on the operating model for CSTs this includes the NHI, ICGP and Consultant Geriatrician. In addition, NHI have collaborated with ICGP to prepare and share a joint position paper on the role of GPs in nursing homes. This document has been shared with the HSE to further inform the development of the GP Lead role and the operating model for the CSTs.

This Recommendation has dependency on GP Negotiations (see Rec 8.4) and CST (Rec 7.1, 7.2) implementation. GP negotiations are progressing, details of which will be provided once they have concluded.

Next Steps

On completion of the negotiations and engagements with key stakeholders recruitment of GPs to the agreed role will commence.

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.

Progress to date

The HSE have engaged with key stakeholders through the IOT structures on the operating model for CSTs this includes representation from NHI, the Irish College of General Practitioners and an eminent Consultant Geriatrician, former member of the NHEP. In addition, NHI have collaborated with ICGP to prepare and share a joint position paper on the role of GPs in nursing homes. This document has been shared with the HSE to further inform the development of the GP Lead role and the operating model for the CSTs.

The HSE and the IMO are engaged in a process of discussion with the focus in the initial phase, on developing a framework and agreed GP role which would provide the basis for GPs to be more involved in a structured way in supporting clinical governance and providing advice and support to the private nursing home sector. Learning from the development of the GP lead role in Community Healthcare Networks (CHNs), which operates within the HSE Primary care service governance, the approach has been to develop a leadership and co-ordinating role in nursing homes which distinguishes the operational line management responsibilities in the nursing home from the clinical advice, support, and input that the GP Lead would provide in the service. In that context, this has helpfully provided an option to separate the nature of the role from the 'Medical Officer' role that currently exists in the public community hospitals involving a more direct and ongoing clinical interventions while also enabling continuation of individual GP responsibilities under the GMS contract.

An outline job description is being developed and the intention is that an overall framework agreement would be settled in Quarter 2-3, 2022 with the intention of commencing implementation in the Q4 2022.

The overall work of the HSE Nursing Home Clinical Governance Working Group on behalf of the Office of the Chief Clinical Officer and the position paper on clinical governance for the planning, oversight, and delivery of clinical care for all older people in nursing home services in Ireland will be an important input and inform the governance model and associated engagements with GP representative bodies and will also require engagement with the nursing home sector.

It should be noted that concerns exist for the IMO and General Practice on the current on scale of demands on general practice in the system including the increased workload arising from the pandemic i.e. vaccination programme & test and trace system, as well as planned expansion of eligibility in respect of 6-12 year olds and contraception services together with development of new service models such as the very successful roll-out of chronic disease management in general practice. In this context they want to ensure that the various new roles being implemented are structured and phased in a way that does not negatively impact on the day-to-day delivery of service. These will also have to take account of existing arrangements that already apply in the public sector with individual GPs and how these would be addressed going forward; require consultation and engagement with the nursing home sector to ensure an overall co-ordinated approach and will need to be full aligned to recommendations related to clinical governance emerging from the HSE and DoH processes referenced in this document.

Next Steps

Following completion of the necessary policy considerations, legislative proposals if required will be developed to fully implement this recommendation as part of phase 2 of the regulatory framework review.

Agreement will be secured between the HSE and GP representation on the GP Lead Role with a view to commencement by Q4 2022.

Funding has been provided to the HSE (€1.1M) in 2022 to progress the design and pilot testing of clinical governance committees to determine the design of a GP led model, in consultation with key stakeholders.

Recommendation 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.

Progress to date

This Recommendation has dependency on GP Negotiations (see Rec 8.4) and CST (Rec 7.1, 7.2) implementation.

Next Steps

Following completion of the necessary policy considerations, legislative proposals if required will be developed to fully implement this recommendation as part of phase 2 of the regulatory framework review work.

Recommendation 8.6

A clinical governance oversight committee should be established in all nursing homes and its inclusion in the regulatory framework should be considered – in the interim guidance on the role and composition should be developed. In time, one of the functions of this oversight committee should be to review quality indicator/resident safety reports and action appropriate follow-up. (See Rec. 9.4)

Progress to date

Regulation 23 Governance and management does not include a requirement for a clinical governance oversight committee in all nursing homes to review quality indicator/resident safety reports and action appropriate follow-up. However, many facilities already have arrangements in place with GPs or incorporating the Medical Officer and Nursing Management complemented by Quality and Patient Safety Committees.

Nursing Home provider's progress with implementation of this recommendation was assessed through voluntary surveys, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey). Within the responses received 82% of nursing home providers who responded self-reported this recommendation as "fully implemented" with 7% indicating that it is "substantially complete" and 8% providers reporting implementation of this recommendation as a "work in progress". 3% i.e. 9 providers responded that they "not yet commenced" implementation of this recommendation.

The HSE has established a Clinical Governance Working Group to consider issues relating to clinical governance in nursing homes generally and specifically to support the development and piloting of a model of Clinical Governance Committees for Nursing Homes. €1 million has been provided to the HSE to progress the design and piloting phase in 2022.

More broadly, the Department of Health has commenced a process to develop an overarching policy in relation to clinical governance for Older Persons Care in Residential Care Settings (Recommendation: 9.5). A scoping paper has been developed and there has already been engagement with stakeholders through the Reference Group.

Next Steps

Nursing home providers will continue their present arrangements with GPs/MOs to implement the recommendations of the COVID-19 Nursing Homes Expert Panel Report, including those relating to the HSE's responsibilities as providers of long stay residential care facilities pending development of national policy.

The HSE will progress the funded work programme on clinical governance in collaboration with the Department of Health during 2022.

A Clinical Governance Interagency Steering Group will be convened by the Department of Health in Q2 2022 to take forward work in relation to a clinical governance framework for the nursing home sector. This will include a process of structured engagement with relevant stakeholders to ensure a range of experience and perspectives is considered. Informal exploratory discussions have occurred with relevant stakeholders and invitation letters will be sent to cross departmental agencies for the inaugural meeting of the Clinical Governance Interagency Steering Group which will be held in Q2 2022, along with the draft scoping document and draft terms of reference. Consultation with stakeholders will commence in Q2 2022.

It should be noted that dependencies remain on work ongoing across other Recommendations (8.2, 8.3, 8.4 and 9.5) related to the GP Lead role and which will need to be aligned.

Following completion of the necessary policy considerations, legislative proposals if required will be developed to fully implement this recommendation as part of phase 2 of the regulatory framework review work being undertaken by the Department.

9. Nursing Home Staffing / Workforce

The Covid-19 pandemic has put an increased burden on LTRC and nursing homes, with outbreaks of the novel virus within these settings calling for standards of care and staffing within the facilities to be reviewed. The recent report by the Expert Panel report, identifies nursing home staffing and workforce as one of the key thematic areas for consideration and notes that “The role of staff and the conditions of employment in nursing homes are critical areas identified that need focused attention”.

There are 5 recommendations under this theme in the NHEP report focusing on the roles and responsibilities of the Person in Charge of nursing homes (the lead nurse manager for nursing home) including as part of a wider clinical governance model for nursing homes with development of a suite of resident safety metrics as a core measure that should be publicly available for each registered nursing home. The Department of Health has convened a working group to explore the roles and responsibilities of Persons in Charge with a view to developing national guidance on the PIC role. A recent survey of nursing Home Providers survey indicates that 99% of nursing home providers collate some indicators in order to inform the quality and safety of care and outcomes of residents. Similarly 97% of nursing home providers reported recording operational metrics (Staffing numbers, qualifications, grades; resident demographics, Bed occupancy etc.).

The Department of Health has developed a scoping paper which outlines the policy context, challenges with current service, risks and quality care metrics for older person care and the Health Research Board has been commissioned to undertake an international evidence brief of outcomes/residential safety models to help inform the policy approach to ensuring a patient-centred methodology to monitoring resident safety and outcomes. Further details of progress in each recommendation are provided below.

Recommendation 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.

Progress to date

Recommendation 9.1 required HIQA to conduct an audit of staffing levels and qualifications in nursing homes (nursing and healthcare assistants).

Regulation 15 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 offers some guidance on staffing for nursing homes. This regulation requires the staffing and skill mix to have regard to the needs of residents and the size and layout of the centre. However, in the absence of a national dependency tool to guide staffing models and lack of national staffing frameworks for use by providers to guide staffing levels in nursing homes, it is hoped this report will inform Recommendation 5.4 and future regulatory amendments. In the absence of a national framework by which to benchmark, a voluntary survey of Nursing Home Providers was agreed as the most appropriate methodology to fulfil this recommendation. The survey was developed in conjunction with the Department of Health and University College Cork (UCC). The full report was published in the Third Progress Report.

Following discussion at IOT it was agreed that further analysis of the findings be undertaken. A third party was engaged by HIQA to complete this work. The full report is presented in Appendix 5.

Next Steps

This recommendation is complete.

The findings of the detailed analysis will be used to inform the work of the Safe Staffing Taskforce, Strategic Workforce Advisory Group and Persons In Charge Working Group.

Recommendation 9.2

It is essential to have strong informed nursing leadership on site in all nursing homes with a documented contingency plan for when leaders are absent. These plans should be incorporated into preparedness plans. They should be available for inspection by HIQA.

Progress to date

The person in charge role is pivotal and must be supported to ensure that there are good clinical governance systems in place and that the residents receive safe and appropriate care in all residential centres for older people. The person in charge through the regulations is responsible for the quality of care being delivered, either social and or clinical, and must have delegated authority, accountability, and responsibility for providing the service⁸ (HIQA, 2020). However, the registered provider under the Act has primary responsibility for the care and welfare of all residents. Regulation 14 sets out the requirements for the Person in Charge. The Act is silent on what fitness means, so the Chief Inspector produced and published guidance on what fitness means in the context of the Act. The requirement to be a fit person therefore extends to both the provider and all persons participating in management including persons in charge.

The Bilateral Project Group established between the Department and HIQA is examining proposals in relation to this area and enhancements to relevant regulations are being considered as part of phase 1 of the regulatory framework review.

The NHEP recommended strong informed nursing leadership on site. In view of the lack of a standardised national criteria on roles and responsibilities of the Person in Charge and registered nursing staff in nursing homes, a working group has been established by the Department of Health to determine a suitable policy framework for the PIC role.

During COVID-19 in particular the vital role of the PIC leading individual nursing home responses to the pandemic has been acknowledged widely. The HSE hosted webinars⁹ aimed at informing PICs on COVID-19 outlining the specific responsibilities of nursing home providers and persons in charge in residential care settings that must be adhered to, in particular measures to prevent and/or control the spread of COVID-19.

Nursing Home provider's progress with implementation of this recommendation was assessed through voluntary surveys, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey). Within the responses received 96% of nursing home providers who responded self-reported this recommendation as “fully implemented” with the remaining 4% indicating that it is “substantially complete”.

Next Steps

Nursing home providers will continue to implement this recommendation. The PIC Working Group will continue development of roles and responsibilities of PIC. The Bilateral Regulatory Reform Group will progress proposals to modify regulations cognisant of the outputs of the working group in due course.

8 HIQA, 2020. Key Reports and Investigations -The impact of COVID-19 on nursing homes in Ireland accessed on 7th February 2022 at <https://www.hiqa.ie/reports-and-publications/key-reports-and-investigations/impact-covid-19-nursing-homes-ireland>
9 HSE, 2020. Nursing Home Resources COVID-19 accessed on 4th March 2022 at https://www.hiqa.ie/sites/default/files/2020-08/54.200420_MD_Registered%20providers%20re%20webinar%20on%20behalf%20HSE%20attachment_Redacted.pdf

Recommendation 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.

Progress to date

Regulation 14 sets out the requirements for the Person in Charge while Regulation 15; Staffing addresses the wider issue of staffing in a nursing home. Neither of these regulations currently set out criteria on roles and responsibilities of the Person in Charge (PIC) and registered nursing staff in nursing homes.

The Department of Health has convened a working group with the Chief Nursing Office (CNO) and the HSE Office of Nursing and Midwifery Services Director (ONMSD), HIQA and NMBI to examine the current role and responsibilities of the person in charge and registered nursing staff and to develop national criteria and educational requirements for the roles going forward in order to meet the recommendations of the Nursing Homes Expert Panel Report.

Next steps

The working group has met on two occasions and invitation letters will be sent out to relevant stakeholders for submissions and further consultation in Q2 along with a questionnaire to establish the challenges and requirements in the sector. Consideration of any necessary changes to the regulatory framework will be undertaken once a framework on the roles and responsibilities has been agreed.

Recommendation 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.

Progress to date

The current regulatory framework does not include a requirement to publish regular reports of compliance with nursing metrics, the HPSIR, quality indicators or resident safety outcomes.

The third provider survey issued in October 2021, included a question on provider use of metrics in nursing home management including quality metrics and patient outcomes, as recommended by NHEP in recommendations 9.4 and 14.6. This served to establish if metrics such as falls, pressure sores, nutrition and hydration, person centred care; psychological supports etc. are currently being recorded by nursing home providers.

The results of this survey indicate that 99% of nursing home providers collated some indicators in order to inform the quality and safety of care and outcomes of residents. Only 1% of providers i.e. 2 nursing home providers did not collect any data on care/quality indicators in order to inform the quality and safety of care and outcomes of residents.

Similarly 97% of nursing home providers reported recording operational metrics (Staffing numbers, qualifications, grades; resident demographics, Bed occupancy etc.) whilst only 3% i.e. 8 nursing home providers reported not gathering any of these metrics.

Preparatory work has commenced on the development of a Quality and Safety Outcomes Metrics Framework as a core element of the overall clinical governance system in the nursing home sector (Rec: 9.4).

The Department of Health has developed a scoping paper which outlines the policy context, challenges with current service, risks and quality care metrics for older person care. The paper notes that a Resident Safety Model/

Outcomes Framework will facilitate the setting and communication of priorities and performance standards for the sector in addition to supporting performance oversight structures to hold the system to account through clear goal definition, monitoring, evaluation, and impact assessment.

The Department of Health commissioned an international evidence brief on frameworks in place internationally. The evidence brief examined the approaches in 5 countries (USA, Germany, The Netherlands, New Zealand, and Australia) to implementing frameworks for quality and safety indicators in older persons' residential care settings. The initial findings were presented to the Department of Health in March 2022 and the first draft report was submitted for review in April. The final evidence brief is expected to be submitted in May 2022. The evidence gathered will help inform the policy approach to ensuring a patient-centred methodology to monitoring resident safety and outcomes.

Two exploratory meetings have taken place between the Department of Health and key stakeholders to examine the indicators which are already being collected in nursing homes nationally and how they might be amended for the development of a Quality and Safety Outcomes Metrics Framework. The findings of the draft international evidence brief were discussed, and suggested indicators are being considered.

Next Steps

Nursing Home Providers will continue to collate and review quality indicators/resident outcome metrics pending the development of the national policy and regulation.

The Department of Health will continue work already commenced in relation to the consideration of policy options with regard to resident safety models, this will include engagement with all stakeholders.

Following completion of the necessary policy considerations, legislative proposals if required will be developed to fully implement this recommendation. [as part of phase 2 of the regulatory framework review.

Recommendation 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.

Progress to date

Regulation 23 Governance and management does not include a requirement for a clinical governance oversight committee in all nursing homes to review quality indicator/resident safety reports and action appropriate follow-up. However, many facilities already have arrangements in place with GPs or incorporating the Medical Officer and Nursing Management complemented by Quality and Patient Safety Committees.

The HSE has established a Clinical Governance Working Group to consider issues relating to clinical governance in nursing homes generally and specifically to support the development and piloting of a model of Clinical Governance Committees for Nursing Homes. €1 million has been provided to the HSE to progress the design and piloting phase in 2022. More broadly, the Department of Health has commenced a process to develop an overarching policy in relation to clinical governance for Older Person Care in Residential Care Settings (Rec: 9.5). A scoping paper has been developed and there has already been engagement with

More broadly, the Department of Health has commenced a process to develop an overarching policy in relation to clinical governance for Older Person Care in Residential Care Settings (Rec: 9.5). A scoping paper has been developed and there has already been engagement with stakeholders through the Reference Group.

Next Steps

An Interagency Steering Group will be convened by the Department of Health in Q2 2022 and this group will oversee a process of structured engagement with relevant stakeholders to ensure a range of experience and perspectives is considered. Complementary work in relation to the role of Persons in Charge, GPs, Clinical Governance Committees, and the development of an outcomes framework will inform this work. Informal exploratory discussions have occurred with relevant stakeholders and it is expected that the Steering Group will be established shortly. The HSE will progress the funded work programme on clinical governance in collaboration with the DoH during 2022. It should be noted that dependencies remain on work ongoing across other Recommendations (8.2, 8.3, 8.4 and 9.5) related to the GP Lead role and which will need to be aligned.

Following completion of the necessary policy considerations, legislative proposals if required will be developed to fully implement this recommendation as part of phase 2 of the regulatory framework review.

Next Steps

Following completion of the necessary policy considerations, legislative proposals if required will be developed to fully implement this recommendation as part of phase 2 of the regulatory framework review.

10. Education-Discipline-Specific and Inter-disciplinary

An important and significant element of the response to COVID-19 has been the development and sharing across the whole nursing home sector of expert advice and training programmes to ensure staff in nursing homes have the relevant knowledge to support best practice in the care of older persons resident in nursing homes.

NHEP made 5 recommendations relating to Education placing considerable focus also on ensuring that nursing and healthcare attendants working in nursing homes have a suitable training and education as well as career structure, to develop their knowledge and skills and thus provide the best possible care for residents.

A key focus of education and training has been on Infection Prevention and Control to prevent, manage and mitigate infection where it arises within the nursing home population.

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 2020 and repeated when guidance changed. IPC video resources are available on the HPSC’s website.

The HSE IPC Link Practitioner Programme was developed and roll-out commenced in 2021. The Programme is now available for use by all nursing home providers. The Office of the Nursing and Midwifery Services Director (ONMSD) delivered regional IPC training, which was open to wider participation.

HIQA has also hosted a number of webinars to support providers implementing the “assurance framework for registered providers - preparedness planning and Infection prevention and control measures” for nursing homes and designated centres for people with disabilities. HIQA also developed an infection prevention and control specific inspection framework in line with Regulation 27 for designated centres for older people and people with disabilities. A series of webinars were also hosted to implement this framework.

Staff education and training in Advanced Healthcare Directives and Assisted Decision Making to support older persons exercising their right to make choices regarding their care has also been progressed through freely available programmes including on HSeLanD. Advocacy agencies and representative bodies have also provided training for staff in this regard.

Recommendation 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.

Progress to date

All nursing homes in the Republic of Ireland and relevant multidisciplinary teams may access all available learning resources on HSeLanD (www.hseland.ie), which includes over 200 e-learning programmes, recorded webinars, HSE training and ongoing regular education programmes. A hse.ie email address is not required for registration.

To date there are over half a million registered users on HSeLanD. Of these 170,000 are considered as active users (i.e. user active on the site within the last two months). Since offering access to private nursing homes in 2020, 27,146 new users have registered under the Private Care Home Category with 10,928 deemed currently as active users.

On satisfactory completion of learning programmes on HSeLanD a certificate of completion for that specific programme is generated for each individual learner and stored in electronic format within their individual learning record. If required for compliance or other purposes a copy of a bespoke certificate for that programme with that individual's name can be printed off or sent as an electronic copy by the individual to their employer or other interested party to verify completion.

In addition, from June – December 2021 NHI organised 13 dedicated webinars open to NHI members and non-members. Table 1 below provides details of the webinars and attendance on the day. It must be highlighted that multiple staff may have attended some of the webinars under 1 registration. The webinars were recorded and are available on the NHI website to view. As a result, numbers indicated below may in fact be higher. Throughout the pandemic NHI have circulated information about HPSC webinars and have encouraged NHI members to undertake further training and education in relation to Infection, Prevention & Control (IPC). In addition NHI collaborated with LHP Skillnet to provide to members, free of charge courses as set out in Table 1 below.

Webinar:	Registered:	Attended:	%Attendance
Care of the Nursing Home Resident post COVID-19 Outbreak	215	91	42%
Nutritional Considerations in the Post COVID Period	92	53	58%
The Assisted Decision Making (Capacity) Act 2015 (ADMA): Focus on Nursing Homes	253	208	82%
Nature as a Therapeutic intervention	89	42	47%
Arts & Crafts in Nursing Homes	159	149	94%
Indwelling Urinary Catheterisation: Troubleshooting	261	209	80%
Supporting Staff Health & Wellbeing - Building resilience and developing coping mechanisms for staff working in end of life care	263	85	32%
Palliative Care in Nursing Homes	357	292	82%
Movement Disorders with a Focus on Parkinson's Disease	176	146	83%
Respiratory Illnesses in Nursing Homes	240	128	53%
Restrictive Practices in Nursing Homes	455	341	75%
Dementia Care in Nursing Homes	358	126	35%
Arts & Crafts: A Christmas Workshop for Activities Co-Ordinators & Residents	128	65	51%

Course:	Registered:	Attended:	%Attendance
Fire Management	267	132	49%
Wound Management	281	152	54%
IPC Management	298	164	55%

Next Steps

HSELandD will continue to be available to all nursing home staff in line with policy and guidance.

Recommendation 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.

Progress to date

On 30 December 2015, President Higgins signed into law the Assisted Decision-Making (Capacity) Act 2015. According to its long title, it is: ‘An Act to provide for the reform of the law relating to persons who require or may require assistance in exercising their decision-making capacity, whether immediately or in the future...’ The signing of the 2015 Act came about after a protracted legislative process and extensive consultation and it has been broadly, if not unreservedly, welcomed as reforming, human rights-based legislation. It has been described as ‘a seismic cultural shift away from a paternalistic and ‘best interests’ approach...to a right-based approach of choice, control and consent’ (Inclusion Ireland). Although fully enacted, the 2015 Act is largely not yet operational.

Intensive work is ongoing to prepare for its commencement. At present, an amending bill is being progressed. The HSE has established the Assisted Decision-Making Implementation Steering Group who held their inaugural meeting in October 2021. The focus of this Steering Group is to prepare to respond to the requirements under the Act once it is implemented.

COVID-19 presented many new challenges with respect to Advanced Care Planning and Advanced Healthcare Directives (AHD). Residents of residential care facilities were disproportionately affected by COVID-19 and early on in the pandemic, healthcare workers came under great pressure to make urgent, clinically complex decisions at short notice. ‘HSE Guidance Regarding Cardiopulmonary Resuscitation and DNAR Decision-Making during the COVID-19 Pandemic’ was developed by the HSE National Office for Human Rights and Equality Policy to support healthcare workers in this area. The guidance sought to clearly outline how advanced care planning, CPR and DNAR decision making needs to be undertaken in a way which keeps the person always at the centre of decisions- in keeping with the principles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), good clinical practice and non-discrimination. It also provided guidance on Advanced Healthcare Directives.

The HSE National Office for Human Rights and Equality Policy has also undertaken the following:

- Worked in partnership with the Irish Hospice Foundation on a revision to its "Think Ahead" forum which includes advanced care planning and advanced healthcare directives.
- Delivered three webinars on the guidance, advanced care planning and supported decision making in June and July 2020 and four webinars in Autumn 2020 on consent and assisted decision making, including advanced care planning. Over 7000 people registered for the webinars. Three further e-learning modules on the provisions of the Act are in development.
- Completed and launched the Assisted Decision-Making Explainer. This video is now available on www.assisteddecisionmaking.ie for services to use.
- Assisted Decision-Making (Capacity) Act 2015: Personal and Professional Reflections – collaborative collection of essays launched 3 November 2021- HSE/UCC/DSS.
- Commencement of preparatory work on a revision to the HSE DNAR Policy which will address Advanced Healthcare Planning and Advanced Healthcare Directives (building on the work completed in May 2020 with the development of ‘HSE Guidance Regarding Cardiopulmonary Resuscitation and DNAR Decision-Making during the COVID-19 Pandemic’).
- Continuing to deliver information and briefing sessions on the Assisted Decision-Making (Capacity) Act 2015, including information on Part 8 of the Act, to staff and services.

- Working with Bioethics in the Department of Health and the Decision Support Service in relation to Part 8 of the Assisted Decision-Making (Capacity) Act 2015 prior to commencement scheduled for June 2022. In addition the National Office for Human Rights and Equality Policy in conjunction with the School of Law, UCC and the Decision Support Service, launched a collection of essays titled The Assisted Decision-Making (Capacity) Act 2015: Personal and Professional Reflections on Wednesday 3rd November 2021. ”¹⁰ This collection of essays, written from both personal and professional perspectives, highlights the importance of this ground-breaking piece of legislation. The powerful essays demonstrate the scale of impact that the Act may have on people’s lives – from the ability to write a legally binding advance healthcare directive to being supported to make their own decisions if they have difficulties with decision-making capacity.

Nursing Home providers progress with implementation of this recommendation was assessed through voluntary surveys, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey). Within the responses received as to whether nursing home providers were facilitating staff to attend training to facilitate wider implementation of the Assisted Decision-Making Act - 61% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 20% indicating that it is “substantially complete” and only 18% providers reporting implementation of this recommendation as a “work in progress”. 1% i.e. 4 providers responded that they “not yet commenced” implementation of this recommendation.

An impact assessment action plan has been developed by the HSE for sites to support the development of a national implementation plan. To date three sites have completed the assessment, with more planned during 2022. Separately, Nursing Homes Ireland have taken a number of steps during 2021 supporting its members to prepare for full commencement of the Assisted Decision Making (Capacity) Act 2015, meeting with representatives of the Decision Support Service, arranging a webinar, facilitating and supporting a survey of NHI members by the DSS on preparedness for the ADMA.

Next Steps

Continue to develop education and training programmes to support staff to comply with the Assisted Decision-Making (Capacity) Act 2015, the HSE National Consent Policy, Part 3 of the Disability Act 2005, the Irish Human Rights and Equality Act 2014 (Public Sector Duty) and other human rights and equality policy and legislation. Develop and implement a plan on Advance Healthcare Directives, including education and training programmes for staff and services, practice guidelines and research in the area.

Recommendation 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.

Progress to date

Subject to commencement of the Act.

The Department for Children, Equality, Disability, Integration and Youth is primarily responsible for this act and aims to commence the remaining sections of the 2015 Act in 2022. Part 8 of the 2015 Act which deals with advance healthcare planning, is the responsibility of the Department of Health.

The DCEDIY chairs the Inter-Departmental Steering Group (IDSG), previously under the remit of the Department

10 HSE, UCC, DSS, 2021. The Assisted Decision-Making (Capacity) Act 2015: Personal and Professional Reflections accessed on 4th March 2022 at <https://decisionsupportservice.ie/assisted-decision-making-capacity-act-2015-personal-and-professional-reflections>

of Justice and Equality, which includes the Decision Support Service. Its remit is to ensure that IDSG members are taking the actions necessary to ensure that the 2015 Act is commenced in 2022. Part 8 of the Act provides a legislative framework for Advance Healthcare Directives. Implementation of Part 8 requires that Codes of Practice are first drafted, to assist stakeholders in implementing its provisions.

As per the provisions of Part 8, the Department has previously established a Multidisciplinary Working Group, who prepared detailed recommendations on draft Codes. These have since been submitted to the Decision Support Service (DSS), who have responsibility under the Act for finalising the draft Codes and initiating a public consultation.

The Director of the DSS has recently commenced this consultation. Once this process is complete, the final Codes can be published by the Director, with the consent of the Minister of Health, in accordance with the process outlined in the Act.

Next Steps

The final Codes to be published by the Director, with the consent of the Minister of Health, in accordance with the process outlined in the Act.

Recommendation 10.4

Staff training and career development programme with a requirement that senior nursing staff will have undertaken post-graduate gerontological training and show general evidence of training competency. A phased pathway towards achieving this should be in place with clear targets set, and regulatory oversight provided to ensure that targets are met.

Progress to date

Regulation 16 sets out the current legal standards for training of staff who work in nursing homes. This does not include a requirement for senior nursing staff to have undertaken post-graduate gerontological training or to show general evidence of training competency.

A Working Group has been established under HSE National Human Resources oversight to progress the implementation of this recommendation 10.4 and on related recommendation 5.3, 5.6, and 10.5. Funding was approved to support post graduate Gerontology Nurse education for 118 HSE nurses, commencing in September 2022 together with an accompanying training needs analysis survey. Work led by the OMNSD is currently ongoing on the development of a Training Needs Analysis questionnaire which will issue to HSE RCFs - Older Persons in Q2 2022 to identify existing nursing staff education and training levels, additional education, and training requirements (covering mandatory elements).

Discussions have also begun with the Higher Education Authorities on programme capacity levels for Gerontological Nurse education September 2022 and programme content. This work includes engagement with Heads of Services Older Persons in CHO's to ask that they promote, support, and monitor nurse education programme uptake in their services.

Post collaboration with the NHI National Nursing Committee, LHP Skillnet provided reduced rates to members to attend the Foundation Course in Gerontological Nursing provided by St James's Hospital and Mercer's Institute for Successful Ageing.

Next Steps

Quantifying the number of training places required will be informed by accurate workforce planning data, availability of appropriate education programmes and/or competency frameworks and outcomes from the Safe Staffing and Skill Mix Framework Phase 3 and Recommendation 9.3.

Work will continue across the nursing home sector to encourage and support nursing staff participation in this education programme.

Following completion of the necessary policy considerations, legislative proposals if required will be developed to fully implement this recommendation as part of phase 2 of the regulatory framework review.

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.

Progress to date

Nursing Home Providers are committed to creating and maintaining a positive and safe working environment, ensuring that employees have the right skills, knowledge, and ability to undertake their roles to the required standard and minimise the risk to themselves, service users, visitors, and colleagues. Providers will continue to review and plan to implement further mandatory training requirements when agreed.

A working group has been established by the HSE under National Human Resources oversight to continue progressing the implementation of outstanding elements across recommendations 5.3, 5.6, 10.4 and 10.5. In relation to mandatory training, the HSE's National HR team has initiated the development process for a Statutory and Mandatory Training Policy which will be progressed, via consultation by National Employee Relations, during 2022.

HIQA's contribution to education has been via the development of e-learning programmes. Infection prevention and control (IPC) e-learning module developed by the HIQA Standards team to support staff to implement the National IPC standards in community settings. Targeted dissemination of module to staff in residential care settings conducted. Social media campaign conducted for international infection prevention week in September 2021. Module completed by over 37,000 people to date. Module available on HSE LanD and on HIQA website and this will continue to be available in 2022.

Nursing Home providers progress with implementation of this recommendation was assessed through voluntary surveys, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey). Providers were asked if they had established a mandatory suite of continuing education for staff in Infection Prevention & Control, End of Life Care, Dementia Care, Palliative Care. Overall 98% reported having such training requirements for staff in IPC, 73% for End-of-Life Care, 78% for Dementia Care and 61% for Palliative Care. 2% i.e. 6 providers reported they did not have mandatory continuing education requirements for staff in any of the aforementioned areas.

Next Steps

Nursing home providers will continue to support the development of a sustainable clinical workforce by addressing key challenges around the education, professional development, specialist, and advanced practice, recruitment, and retention of HSCPs, and nursing staff.

Nursing home providers will support the development of the nursing resources from graduate to specialist and advanced practice through education, guidance, advice and monitoring of numbers in the post of advanced nurse practitioner.

An overarching framework for progressing advanced practice across HSCPs working on strategic reform programmes to deliver enhanced senior clinical decision-making capacity and timely access to care for residents of nursing homes will be progressed through the HSE Education Working Group.

11. Palliative Care

The Report of the National Advisory Committee on Palliative Care, adopted as Government policy in 2001, outlines the requirement to provide appropriate levels of palliative care to patients with any illness, not just cancer¹¹. Appropriate palliative care for older people has been recognized as a vital challenge internationally by the World Health Organisation. The Health Information and Quality Authority (HIQA) has developed standards for residential homes including Standard 16 on End-of-Life Care (EOLC).

The experience of nursing homes in responding to COVID-19 has demonstrated that strong partnership between all stakeholders at national and community level is essential to ensuring excellent care.

An improvement programme is being undertaken jointly by the HSE with the Irish Hospice Foundation and its partners CEOL and ECHO AIIHPC, to support delivery of compassionate, person-centred palliative, end-of-life, and bereavement care in the residential care setting.

The programme will deliver training to improve the competence and confidence and resilience of staff of residential care settings to deliver excellent, compassionate palliative, end-of-life, and bereavement care, in particular staff capacity to engage with residents on advance care planning and end-of-life care as per the residents wishes.

Recruitment of a Senior Director to lead this programme is underway and the initial communication plan is also in development.

Recommendation 11.1

Every Nursing Home should be linked with the Community Palliative Care Team in their catchment area

The HSE National Clinical Programme for Palliative Care was established in 2010 as a joint initiative of the HSE Clinical Strategy and Programmes Division and the Royal College of Physicians.

The programme aims to ensure that persons with life-limiting conditions and their families can easily access a level of palliative care service that is appropriate to their needs regardless of care setting or diagnosis.

Progress to date

There is no statutory tool in place for the Chief Inspector (HIQA) to establish compliance with this recommendation.

A Community Health Organisation based directory mapping nursing homes to their local palliative care inpatient and community service has been issued system wide. Nursing Home provider’s progress with implementation of this recommendation was assessed through voluntary surveys, the latest being conducted in October/November 2021. A total of 570 registered providers were invited

to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey). Within the responses received 94% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 4% indicating that it is “substantially complete” and only 1% (2) providers reporting implementation of this recommendation as a “work in progress”. 1% (4) providers responded that they “not yet commenced” implementation of this recommendation.

Next Steps

Nursing Home providers will continue to progress implementation of this recommendation.

The HSE and Irish Hospice Foundation have received funding to progress the roll out of a five-year education and training programme on End of Life and Bereavement Care. This has direct synergies with the Palliative Care programme and opportunities to link and promote the palliative care education and training supports will be used over the course of the programme to support nursing home providers and staff to engage with and complete palliative care education and training.

Recommendation 11.2

Visitor guidelines – individual assessments should be undertaken and documented, and compassionate visiting should be followed as recommended by the HSE and in line with HPSC visiting guidance. They should be available for inspection by HIQA.

Progress to date

Residents in nursing homes and other residential care facilities have a right to maintain meaningful relationships with people who are important to them. Visiting is an essential part of that right.

In 2020 Government policy suspended visiting for the purpose of managing the risk of severe disease and death from COVID-19 in nursing homes. The vaccination rollout in nursing homes has greatly reduced the risk of severe disease and death due to COVID-19 in this setting.

Nursing Home Providers in general comply with the HPSC visiting guidelines and have restored visiting rights in line with current HPSC guidance. See also 12.1

Nursing Home provider’s progress with implementation of this recommendation was assessed through voluntary surveys, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey). Within the responses received 94% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 4% indicating that it is “substantially complete” and only 2% providers reporting implementation of this recommendation as a “work in progress”. One provider responded that they “not yet commenced” implementation of this recommendation.

Next Steps

Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report in line with direction given by the National Public Health Emergency Team and current Public Health guidance.

The Chief Inspector (HIQA) will continue to ensure that residents have been facilitated to receive and welcome visitors in line with public health guidance.

11 DoHC, 2001. Report of the National Advisory Committee on Palliative Care accessed on 14th January 2022 at <https://www.gov.ie/en/publication/06aecd-report-of-the-national-advisory-committee-on-palliative-care/>

Enhancements to relevant regulations are being considered by the Dept. as part of phase 1 of the regulatory framework review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.

Recommendation 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).

The joint initiative proposed by Irish Hospice Foundation (IHF) and All-Ireland Institute of Hospice and Palliative Care (AIHPC) in partnership, is based on data indicating that the 23% of Ireland's population who die in our residential care settings should receive excellent palliative, end-of-life, and bereavement care.

IHF and AIHPC believe that one can improve the palliative, end-of-life and bereavement care received by residents. This will be achieved by stimulating, enabling, and encouraging settings to develop the systems and cultures to support the provision of such care, and by ensuring that individual staff members are personally equipped to deliver it.

To ensure that the diverse needs of the residential care sector with regard to quality improvement in this area can be met, a multi-strand programme has been devised (see Table One). This will ensure that different residential care settings (RCS) can engage at a level which is appropriate to them.

There are approximately 580 RCS (private, voluntary, and public) providing an estimated 32,000 places for residents. On average 7,000 deaths take place each year in RCS, this number is anticipated to increase as the population ages and are living with more comorbidities.

The proposed multi-strand programme will ensure that, despite the size, diversity and geographical spread of the sector, and the modest budget available for this programme, every setting / nursing home will be reached in some way.

This programme is focussed on the nursing home. The programme will be staffed by a national programme office, and importantly will be supported by regional Palliative, End-of-life, and Bereavement care Coordinators (PEBCs), one of whom will be based in each of the nine Community Healthcare Organisation (CHO) regions. The PEBCs will drive the initiative locally and provide a key point of contact for RCS and specialist palliative care (SPC) in each region.

Progress to date

A detailed proposal to enhance end of life, bereavement and palliative care in nursing homes has been developed by the IHF and its partners. This in turn has been approved and agreed with the HSE and Department of Health. In Budget 2022 provision of over 1m euros has been allocated to progress this important project. This programme is being led within the HSE by National Palliative Care, Integrated Operations-Planning. An overall programme lead for the IHF, has been appointed. and recruitment of the Regional Leads for Nursing Homes Programme (Supporting Palliative, End of Life & Bereavement Care) is currently underway.

Next Steps

Recruitment of 9 Regional Leads for Nursing Homes Programme (Supporting Palliative, End of Life & Bereavement Care) is currently underway.

Networks of practice will be created for all nursing homes through which End of Life and Bereavement Training will be facilitated.

Work will continue to progress establishment of the National Hospice-Friendly Residential Care Settings Programme in partnership with the Irish Hospice Foundation and the All-Ireland Institute for Hospice and Palliative Care, in line with the NHEP recommendation.

12. Visitors to Nursing Homes

Residents in nursing homes and other residential care facilities have a right to maintain meaningful relationships with people who are important to them. Visiting is an essential part of that right. In 2020, Government policy suspended visiting for the purpose of managing the risk of severe disease and death from COVID-19 in nursing homes. This gave rise to a need for clear communication on these issues with residents and families to form a shared commitment to working together to maximise meaningful contact for residents with the lowest practical level of risk.

The NHEP made 3 recommendations in relation to ensuring resident's right to visitors is upheld, along with making recommendations in relation to the physical accommodation of visiting during periods of restricted access in nursing homes. Over 86% of nursing home providers who took part in the Third Provider Survey reported having fully implemented these changes, with a further 9% reporting as substantially complete and 5% as a work in progress.

The HPSC, on foot of the NPHET recommendation to suspend visiting to nursing homes, developed practical guidance for nursing home staff.

In the Third Provider Survey 99% of Nursing Home Providers who responded indicated they have implemented visiting on compassionate grounds.

The vaccination rollout in nursing homes has greatly reduced the risk of severe disease and death due to COVID-19 in this setting. In that context, it is appropriate to make additional progress towards normal visiting rights while recognising that there is a continuing level of risk and uncertainty.

At its meeting on 20th January 2022, the NPHET reiterated its previous advice that, while accepting that there will be broader operational and staffing considerations, and noting that everyone who accesses healthcare facilities, including nursing homes, should adhere to directions on essential infection prevention and control practices, there is a clear need to make rapid progress on resuming social activity within residential centres and outings for residents, given that there are no longer any public health reasons for not doing so. There is a need for reasonable access for family and friends in all healthcare settings including acute hospitals. The HPSC has also developed a communication for residents to support them and their family's providing advice on how to manage the risk of infection with COVID-19 in Nursing Homes as well as a brief explanation of why HSE-AMRIC advises that visiting should start going back towards normal.

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.

Progress to date

Visiting in nursing homes and other residential care facilities is very important to the health and wellbeing of residents, their families, and friends. It is important for residents in a nursing home or residential care facility to have regular visits from the people who are most important to them. The resident will decide if they want visits and who they want to see.

Throughout the pandemic Health Protection Surveillance Centre (HPSC) in consultation with nursing home providers, the HSE and NPHET has developed and provided guidance on visiting in long term residential care settings including nursing homes.

This has evolved from a ban on visiting in Wave 1 of the pandemic to a gradual easing of restrictions when the disease has waned and especially since the successful roll out of a vaccination programme for residents and staff in nursing homes.

The restrictive infection prevention and control measures were necessary to mitigate the risk of older persons residing in nursing homes contracting the virus and/or transmission through the congregated living environment. In line with the Ethical guidance published by NPHET, and with due regards for residents’ rights and freedoms, HPSC has continuously reviewed and updated visiting guidance to support visiting in nursing homes.

The Health Protection Surveillance Centre (HPSC) latest updated guidance on visiting in long-term residential care: COVID-19: Normalising Access in Long Term Residential Care Facilities (LTRCFs) came into effect on 8 February 2022.

The guidance takes account of the significant changes to national public health measures in general, whilst also recognising the need for continued vigilance in healthcare settings, including nursing homes due to the increased vulnerability of people receiving care and/or living in these settings. The guidance continues to recognise the importance of visiting and meaningful social contact for residents. Key features of the revised visiting guidance include:

Nominated Support person
In order to support the mental health, wellbeing, and social connection for residents the guidance has introduced a “nominated support person”, who should normally have regular and unrestricted access to the resident in the nursing home for whom they are nominated, except if that person is a specific risk to residents (e.g. is subject to self-isolation) or there is specific public health or infection prevention and control advice to limit visitors. This will be in addition to regular visiting.

Further key changes of note to the guidance are as follows:

- Visits can be expected to occur daily at a minimum;
- The minimum level of visiting should normally be daily visits by up to 2 people at one time;
- Unless specifically advised by public health, at an early stage of outbreak, the nominated support person should continue to have access for some part of each day. If a resident does not have a nominated support person, visiting should generally not be less than 2 visits per week by one person during an outbreak;
- Limitations on visiting should be justified by an up-to-date risk assessment and should be reassessed twice each week;
- There should be no restrictions on movement of residents within the nursing home after going on outings or visits outside of the nursing home, unless a significant exposure risk occurred during the outing;
- There will no longer be a need for visitors to show immunity through vaccination or previous infection;
- In line with established guidance, there remains no infection prevention and control requirement to restrict window visits.

This revised visiting guidance is yet another significant step forward in the return to more normalised access and visiting for people living in nursing homes and their families. It is expected that all nursing home providers will ensure that they facilitate visiting in line with this new guidance to the greatest extent possible.

Visitors are reminded of their responsibilities with regard to self-checks for COVID-19 in advance of visits, and infection and prevention control and social interaction with others other than the resident they are visiting whilst in the nursing home.

The Visiting Guidelines are communicated via Public Health and the Nursing Home Providers to Residents and their Families as well as by advocacy groups such as the National Advocacy Service and Sage Advocacy who communicate updates through their Nursing Home Family Forum.

The COVID-19: Normalising Visiting in Long Term Residential Care Facilities (LTRCFs) Guide is available on the HSPC website which is regularly updated. <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/Normalising%20visiting%20in%20nursing%20homes%20%20and%20residential%20care%20facilities.pdf>

Next Steps
HPSC will continue to update guidance as required in line with latest epidemiology and Public Health advice. Nursing Home Providers will continue to facilitate visiting for families and friends of nursing home residents in line with HPSC and Public Health advice.

The Chief Inspector (HIQA) will continue to monitor compliance with regulations and standard during inspections.

Recommendation 12.2

Infrastructural adaptations may be needed including visiting rooms that can facilitate visits from friends and family.

Progress to date
Visiting facilities are a function of the premises which accommodates the centre informed by Regulation 17: Premises, Schedule 6, and SI 293 and compliance with continue to be monitored by HIQA during inspections. In addition Nursing Home Providers progress with implementation of this recommendation was assessed through voluntary surveys, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey).

Within the responses received 86% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 9% indicating that it is “substantially complete” and 5% (15) providers reporting implementation of this recommendation as a “work in progress”. No provider responded that they “not yet commenced” implementation of this recommendation.

Nursing home providers continue to actively review any physical infrastructure needs to support minor capital projects which improve infrastructure in a manner which facilitates IPC and enables safe care.

Next Steps
Nursing Home providers will continue to implement this recommendation. The Chief Inspector (HIQA) will continue to monitor compliance during inspections. Following completion of the necessary policy considerations, legislative proposals if required will be developed to fully implement this recommendation as part of phase 2 of the regulatory framework review.

Recommendation 12.3

End of life visiting must be arranged on compassionate grounds based on clinical judgement and take account of public health measures.

Progress to date

Refer also to Recommendation 12.1

Compliance with the implementation of this recommendation can be assessed via the current regulatory framework.

The required arrangements to facilitate visitors within the guidelines, is recognised as an essential aspect of overall care, have been put in place.

Nursing Home provider’s progress with implementation of this recommendation was assessed through voluntary surveys, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey). Within the responses received 99% of nursing home providers who responded self-reported this recommendation as “fully implemented” with one provider indicating that it is “substantially complete” and 1 provider reporting they “not yet commenced” implementation of this recommendation.

Next Steps

Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report in line with Public Health and HPSC guidance.

The Chief Inspector (HIQA) will continue to monitor compliance with regulations and standard during inspections.

13. Communication

In times of rapid change, as is the case throughout the pandemic, there is a need for clear and effective communication between nursing home providers and older persons resident in nursing homes, as well as with their relatives and friends to explain what changes are being brought in, why they are necessary and how residents themselves may be affected and the actions they/their families may take in the changing circumstances. This was particularly true when visiting was suspended except in circumstances of end of life.

NHEP made 4 recommendations relating to communication with residents and facilitating resident communication with their loved ones.

Nursing Home compliance with these recommendations was measure through a series of voluntary surveys of nursing home providers, the latest being conducted in October 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey).

Within the responses received 99% of nursing home providers who responded self-reported having clear and meaningful communication with residents and their families in relation to visiting arrangements and public health measures whilst 97% reported having “fully implemented” maintaining resident communication with their families through assistive technologies. Further information is available below relation to implementation of these recommendations.

Recommendation 13.1

Meaningful communications with residents and families should take place regularly in relation to visiting protocols, changes in processes and explanations relating to same.

Heightened measures around infection prevention and control resulted in nursing homes becoming more clinical in nature, and rapid re-introduction of a more medical model of care for older persons in nursing homes. Visiting restrictions were put in place, along with physical distancing measures in line with public health advice which at times changed rapidly in line with the evolution of the pandemic. This was challenging for residents, families and staff in nursing homes. Good communication of the new visiting arrangements and the reason for introduction of changing measures in such circumstances is essential for residents, their families and staff.

Progress to date

Communication during the initial phases of the COVID-19 pandemic was a crisis response and was particularly challenging in longer term care and nursing homes for all involved (Residents, their families, and the staff). The teams quickly pivoted to support and enable new virtual communication methods which they continue to provide. Provision of digital communication devices for units to assist in maintaining Resident communication with their families and friends was undertaken.

The HPSC has provided and regularly reviewed visiting guidelines with a view to ensure residents in Nursing Homes and other residential care facilities can maintain meaningful relationships with people who are important to them, while at the same time ensure that necessary public health measures are adhered to.

Individual nursing home providers are responsible for keeping residents and families informed of changes to visiting protocols/processes. An assessment of nursing home provider progress with implementation of this recommendation was conducted through a series of voluntary provider surveys the last of which issued in October 2021. One question was included in the survey covering Recommendation 13.1 and 13.2.

Within the responses received 99% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 1% indicating that it is “substantially complete” and no providers reporting implementation of this recommendation as a “work in progress” or “not yet commenced”.

While there is a regulation for communication difficulties (regulation 10) HIQA advocated for this regulation to be enhanced in its submission to the Minister in July 2020.

Next Steps

Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report in line with good practice and current Public Health advice. HPSC will continue to engage with key stakeholders in the development of up-to-date date visiting guidance in line with Public Health advice.

The HSE is developing Communication Guidelines to be finalised and issued in early 2022 to offer nursing home managers and teams a practical guide to communications within the facility, and an emphasis on learning from our shared experience with COVID-19. The guide will be voluntary, self-guided, and suitable for private and public facilities.

Enhancements to relevant regulations are being considered by the Dept. as part of phase 1 of the regulatory framework review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.

Recommendation 13.2

Clear communications plans with residents to provide information on the ongoing situation should be developed and documented regularly. HIQA should examine these as part of the inspection process. Providers should provide regular updates about residents to families.

In its report on the Impact of COVID-19 on Nursing Homes HIQA advised that “Nursing homes are often busy places with visitors coming and going throughout the day to visit family and friends. Visits such as these are extremely important for residents, and nursing homes are encouraged to be connected to the community as much as possible. The limitation on visits caused by COVID-19 — while necessary from a public health perspective — caused anxiety and worry for residents and their loved ones”.

Progress to date

Communication during the initial phases of the COVID-19 pandemic was a crisis response and was particularly challenging in longer term care and nursing homes for all involved (Residents, their families, and the staff). The teams quickly pivoted to support and enable new virtual communication methods which they continue to provide. Provision of digital communication devices for units to assist in maintaining Resident communication with their families and friends was undertaken.

Individual nursing home providers are responsible for implementation of this recommendation. An assessment of nursing home provider progress with implementation of this recommendation was conducted through a series of voluntary provider surveys the last of which issued in October 2021. One question was included in the survey covering Recommendation 13.1 and 13.2.

Within the responses received 99% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 1% indicating that it is “substantially complete” and no providers reporting implementation of this recommendation as a “work in progress” or “not yet commenced”.

Next Steps

Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report.

The HSE is developing Communication Guidelines to be finalised and issued in early 2022.

Enhancements to relevant regulations are being considered by the Dept. as part of phase 1 of the regulatory framework review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.

Recommendation 13.3

Phone lines must be maintained- and additional reception / communications staff planned for at busy periods. Purchase tablet computers if relevant and review IT solutions for use by individual residents to assist with family and friend communication and review of facilities to ensure all have access to Wi-Fi facilities. Each provider should document its review and action plan in this regard and make it available to residents, families, and HIQA. 6.1

Progress to date

Communication during the initial phases of the COVID-19 pandemic was a crisis response and was particularly challenging in longer term care and nursing homes for all involved (Residents, their families, and the staff). The teams quickly pivoted to support and enable new virtual communication methods which they continue to provide. Provision of digital communication devices for units to assist in maintaining Resident communication with their families and friends was undertaken.

Individual nursing home providers are responsible for implementation of this recommendation. An assessment of nursing home provider progress with implementation of this recommendation was conducted through a series of voluntary provider surveys the last of which issued in October 2021.

Within the responses received 97% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 3% indicating that it is “substantially complete” and only 1 provider reporting implementation of this recommendation as a “work in progress”. No provider responded that they “not yet commenced” implementation of this recommendation

Next Steps

Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report.

While there is a regulation for communication difficulties (regulation 10) HIQA advocated for this regulation to be enhanced in its submission to the Minister in July 2020.

Enhancements to relevant regulations are being considered by the Dept. as part of phase 1 of the regulatory framework review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.

HIQA will continue to work with the Department of Health to progress both interim and longer-term legislative and regulatory reforms.

Recommendation 13.4

Dedicated staff should be assigned/appointed to facilitate social activities and communication with families. Assignments/ appointments should be documented with clear activity and communication plans and records in place and available for HIQA inspection.

Progress to date

Individual nursing home providers are responsible for implementation of this recommendation. An assessment of nursing home provider progress with implementation of this recommendation was conducted through a series of voluntary provider surveys the last of which issued in October 2021.

Within the responses received 92% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 7% indicating that it is “substantially complete” and only 4 providers reporting implementation of this recommendation as a “work in progress”. No provider responded that they “not yet commenced” implementation of this recommendation.

Records are kept and provided to HIQA for inspection purposes.

A sample of activities supporting staff with resident activity includes:

- **Caring Together** was a national campaign delivered by NHI to bring to public attention real life stories telling positivity of nursing home care and provide assurance for people requiring such. The stories of care and community solidarity with nursing home residents during Covid19 were promoted via national radio, print and social media channel. Care stories inspired by Covid19 achieved two million ad impressions on social media, reaching 52% of the adult population via radio and garnering 25,000 visits to campaign landing page.
- Nursing Homes Ireland partnered with Age & Opportunity for its annual **Bealtaine Festival** celebrations

to bring into effect **the inaugural National Arts in Nursing Homes Day**, celebrated 21st May. Over 140 nursing homes participated, encompassing hundreds of nursing home residents having artworks exhibited and celebrated in nursing homes.

- The **Pen Pal Project**: 8,000 nursing home residents were connected through the NHI supported initiative which saw residents paired with members of the public who took opportunity to write expressing their support for people in nursing homes during Covid19 and to introduce themselves.
- **Comfort Words**: NHI partnered with NUI Galway for an initiative that saw students write open letters to residents in nursing homes by way of intergenerational engagement and solidarity.
- Mobile Music: Concerts have been performed in nursing homes across the country by travelling musicians Mobile Music Machine, with star performers joining the group to entertain residents and staff.
- **Christmas solidarity**: NHI partnered with the US charity Stars of Hope to support 100+ volunteers from the United States come together to create 1,000 uniquely different postcards that were sent to residents in nursing homes across the country.
- **Christmas gifts**: Over 30,000 gifts and letters were sent to nursing home residents through the Carepack.ie initiative, with members of the public giving generously to residents to express solidarity and express goodwill during the Christmas season. NHI supported the initiative.
- Two **webinars focusing on arts and crafts** in nursing homes were arranged one to train activities co-ordinators and the other aimed at helping residents make decorations.
- NHI supported the **provision of iPads** to every nursing home in the country. This was vital during periods of strict restrictions and assisted nursing home residents in maintaining contact with family and friends during this period.

Next Steps

Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report in line with Public Health advice and national standards.

The Chief Inspector (HIQA) will continue to monitor provision of resident activities at inspection.

Enhancements to relevant regulations are being considered by the Dept. as part of phase 1 of the regulatory framework review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.

14. Regulatory Recommendations

In its report, the NHEP identified that the regulations underpinning the regulatory framework for nursing homes require modernisation and enhancement with additional powers and requirements. The NHEP made 6 recommendations under this theme across a range of issues including enhancing HIQA powers, increasing on-the-ground nursing home inspections, clarifying roles and responsibilities of the key stakeholders as well as inclusion of mandatory training records including infection control consistently forming part of the inspection process. The NHEP recommended that the regulations should be reviewed, including to give full effect to the recommendations in its report. Overall, the NHEP's report, and many of its recommendations require amendments to the regulatory framework for nursing homes to provide clarifications, enhancements and/or reforms.

Notwithstanding the significant challenges posed by the pandemic on our systems and society, the pandemic has underlined both the need and the opportunity for learning and reform. The Health Information and Quality Authority (HIQA) has published a number of reports that reinforce the learning and the need for regulatory enhancement. In its report, "The impact of COVID-19 on nursing homes in Ireland" (July 2020), the Chief Inspector provides an overview of the experience of the impact of COVID-19 up to that point on nursing homes, residents and staff. In the report it stated: "...Reform of the regulatory framework and current models of care for older

people is essential. As a country we must explore alternative, more suitable models of care, such as homecare and assisted living, and integrate clinical oversight in nursing homes. The 2013 nursing home regulations need to be strengthened to protect older people into the future, particularly with regard to staffing numbers, skill-mix, and expertise in infection prevention and control".

In February 2021, HIQA published a paper on "The Need for Regulatory Reform" which provides further evidence of this need. The report calls for inter alia the reform of the Health Act 2007 and a review of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. In the report, HIQA argued for a regular review of these regulations, citing "substantial literature"⁵ on the subject of regulatory review, including the Organisation for Economic Cooperation and Development (OECD)'s advice for a "systematic... review...of...the stock of regulations periodically to identify and eliminate or replace those which are obsolete, insufficient or inefficient."⁶

HIQA's February 2021 paper provides a detailed look at the regulatory framework as a whole (including in relation to disability residential services). It highlights a range of areas that the HIQA has identified as requiring review, reform, and enhancement. In concluding comments, the paper states "[a]lthough COVID-19 has exposed further weaknesses in the regulations given the significant impact it has had on nursing homes in Ireland, we cannot lose sight of the fact that these weaknesses have been present for a significant period of time. The pandemic has only served to highlight the critical importance of the need for regulatory reform". The paper provides commentary and insight on the regulatory framework under a number of thematic headings, some of which are the particular focus of this discussion paper and will be referenced in further detail in later sections of this paper, including the strong emphasis on the requirement for the Chief Inspector to have an enhanced toolbox of oversight, enforcement, and compliance tools to respond to regulatory issues in a more agile, timely and proportionate way. This message is further outlined in HIQA's 2020 Annual Report, "*The rigidity of some aspects of the Act and regulations as currently written created significant challenges for the Chief Inspector to effectively respond in a timely manner to the evolving situation*".

The Oireachtas Special Committee on Covid-19 Response took considerable time to examine the impact of COVID-19 on nursing homes and considered inputs and evidence from a range of stakeholders. It too concluded that there is a need for urgent regulatory reform. In its interim report, it recommended "*that the Department of Health urgently review current regulations and standards relating to the care of older people in nursing homes to assess whether they fully/adequately protect patients' health and welfare in discharging patients to nursing homes which have been determined by HIQA to be non-compliant with infection control requirements*". In its final report (October 2020) the Committee recommends "[a] full review of the regulatory frameworks in respect of HIQA and the [Health and Safety Authority] HSA should be undertaken and include the adequacy of both the powers of and resources available to each body".

In June 2020, HIQA submitted to the Department some of its suggested interim amendments to the Health Act 2007 and the regulations for designated centres for older people and adults and children with a disability (HIQA document) outlining a number of suggested amendments to the legislation (at both primary and secondary level), governing the operation of designated centres for older people and designated centres for people with disabilities, that, in the Chief Inspector's experience and learning, are required to further improve the governance and delivery of services and ensure that the protections afforded to residents are responsive.

In its document, HIQA states "*the public health emergency in Ireland resulting from COVID-19 identified opportunities to enhance the Health Act, 2007 as amended and the regulations made thereunder*". HIQA also reiterates that "*the rigidity of some aspects of the Act and the Regulations as currently written created significant challenges for the Chief Inspector to effectively respond in a timely manner to the evolving situation*."

HIQA's document further states "*while there is a requirement for more radical reform of the regulatory framework which governs the registration and inspection of residential service, [its] paper primarily focuses on the immediate changes required to the Act and the regulations to help sustainably deliver a quality service to residents during the public health emergency.*"

Phase 1 will bring forward interim primary legislative proposals in 2021, subject to Government approval, focusing on a range of identified issues in relation to reporting of key operational data, enhanced oversight, and powers for the regulator. It is important to reflect that these interim legislative enhancements are not intended to address the full suite of regulatory reform or pandemic learning, but rather are aimed at making initial improvements to the regulatory framework in advance of a more comprehensive programme of regulatory review. Phase 1 will concentrate, in particular, on improving the options available to the regulator to deal with non-compliance: to drive continuing adherence to and improvements in respect of the existing regulatory requirements; to clarify and enhance existing regulations and to aid more integrated and national planning, as well as overall transparency, through the reporting and notification framework. The proposals developed will align with NHEP recommendations, broader pandemic learning and the learning identified by the regulator.

In January 2021, the Government included a Health (Amendment) Bill 2021 on its legislative agenda, aimed at legislative amendments to enhance the oversight and regulation of nursing homes.

Recommendation 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.

Progress to date

Complete.

Recommendation 14.1 of the COVID-19 Nursing Homes Expert Panel report recommended the development of a clear document outlining the roles and responsibilities of key stakeholders in the ongoing response to COVID-19 in nursing homes, including a clear overview of the roles and responsibilities of the National Public Health Emergency Team (NPHET), the Department of Health, HSE, HIQA, and individual providers.

A document COVID-19 Response: *Nursing Homes, Overview of Roles of Key Stakeholders* has been developed by the Department in consultation with relevant agencies, the Implementation Oversight Team and the Reference Group established to support the implementation of the Expert Panel's recommendations. The document outlines the roles and responsibilities of the NPHET, Department of Health, HSE, HIQA, NTPF, and individual nursing homes providers and gives a clear overview of the measures that have been put in place to help reduce the impact of COVID-19 in nursing homes, as well detailing the existing functions of stakeholders in the provision of nursing home care. COVID-19 Response: Nursing Homes, Overview of Roles of Key Stakeholders provides a valuable background to the COVID-19 response in nursing homes and ensures that the roles of each of the stakeholders in providing safe long-term residential care in the context of the COVID-19 pandemic are clearly described. As well as outlining the legal role and functions of the various stakeholders the document also outlines and provides detail on the enhanced support and other measures developed by agencies throughout the pandemic to support nursing homes and their residents to manage the challenges of COVID-19.

Next Steps

COVID-19 Response: Nursing Homes, Overview of Roles of Key Stakeholders is a living document and will be updated periodically, where the need arises, as the response to COVID-19 and the implementation of the Expert Panel's recommendations evolves.

Recommendation 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.

Progress to date

Guidance and assessment judgment frameworks focused on compliance with Regulation 27 Infection Prevention and Control. Webinars are complete. All regulatory risk inspections include assessment of compliance with Regulation 27; IPC inspections against the newly published judgment framework commenced November 2021. HIQA Inspectors have completed 446 inspections of nursing homes where compliance with Regulation 27 was assessed. As of 10 November 2021:

- 30% were compliant
- 46% were substantially compliant
- 24% were non-compliant

In all cases where non-compliance was identified, registered providers were required to take action to achieve compliance.

Enhancements to relevant regulations are being considered by the Dept. as part of phase 1 of the regulatory framework review.

During 2021 HIQA received approval for additional staffing including 12 inspectors to support its inspectorate role in the nursing home sector. HIQA have confirmed that recruitment of these posts was completed at the end of quarter 1 2022. Going forward rolling recruitment programmes will be maintained to fill any vacancies which arise as a consequence of natural attrition.

Next Steps

The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.

Regulation 27 will continue to be assessed at inspection in 2022. Recruitment to inspectorate will be completed and impact of these additional roles will be monitored during 2022.

Recommendation 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.

Progress to date

The HIQA team which inspects nursing homes was reconfigured on 03 August 2021 to create 6 regional teams and a national team comprised of 2 inspectors with expertise in IPC and two with expertise in fire safety.

To date they have recruited 12 inspectors to replace inspectors who had retired, were promoted, or left the organisation and to fill newly sanctioned posts. There remains a deficit of 5 inspectors to achieve a full team; recruitment is ongoing to address this.

The expected increase in the frequency of inspections will not be fully realised until the middle of next year when all the new inspectors are recruited and have completed induction and probation and will be authorised as inspectors of social services.

Next Steps

Recruitment will continue to ensure that the older person's pillar can fill vacant posts and replace staff that leave or retire.

Recommendation 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.

Progress to date

The Government is committed to the reform of the regulatory framework governing nursing homes and approved the inclusion of a Health (Amendment) Bill on its legislative agenda.

Having regard to the “COVID-19 Nursing Homes Expert Panel: “Examination of Measures to 2021”^[1], HIQA's paper on “The Need for Regulatory Reform”^[2] and learning from the pandemic, Ministers Donnelly and Butler approved a two-phased approach to examining the legislation with a view to proposing enhancements to the primary and secondary legislation governing nursing homes.

Phase 1, currently ongoing is bringing forward interim enhancements to the primary legislative framework to enhance governance and oversight of nursing homes. Following engagement with HIQA through a Bilateral Project Group, proposals have been developed which will, amongst other things, provide new and enhanced enforcement powers for the Chief Inspector; reduce timelines and processes for regulatory actions and introduce a new reporting system for the reporting and publication of key operational data to support national planning in an integrated way and improve the information available.

A consultation process on the proposals for interim regulatory enhancements was completed in Autumn 2021 with the IOT and stakeholders via the Reference Group. Further consultation will be conducted during the parliamentary process. A Memorandum for Government on the principles and policies seeking Government approval to draft a General Scheme of a Bill has been approved, with work ongoing to draft a General Scheme of a Bill at the earliest possible date.

Next Steps

A General Scheme is being prepared to be submitted to Government for approval.

It is expected that, subject to Government approval, a draft General Scheme will be published in Q2 2022, with a Bill being developed and published thereafter.

In addition, proposed enhancements to secondary legislation arising from the Bilateral Project Group’s examination will be further developed and considered for approval by the Department and the Ministers by summer 2022.

[1] ‘Covid-19 Nursing Homes Expert Panel: Examination of Measures to 2021’ <https://www.gov.ie/en/publication/3af5a-covid-19-nursing-homes-expert-panel-final-report/>
[2] HIQA, (2021), ‘The Need for Regulatory Reform: A Summary of HIQA Reports and Publications Examining the Case for Reforming Regulatory Framework for Social Care Services’ <https://www.hiqa.ie/sites/default/files/2021-02/The-Need-for-Regulatory-Reform.pdf>

Phase 2, a wider, root and branch review of the regulator model will commence in Q3 2022, considering a programme of longer-term strategic reform considerations arising from inter alia pandemic learning.

At the request of the Minister for Health and the Minister for Mental Health and Older People, HIQA is undertaking an international evidence review of nursing home regulatory models. Progress to date includes the commencement of an international literature review, two rapid reviews, and the launch of an online survey and interviews with key informants. The International Evidence Review is due to conclude in September 2022. This evidence review will support, with necessary evidence the longer-term reform of the regulatory framework.

Recommendation 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.

Progress to date

Complete

Between 29 April and 26 May 2020, inspectors completed a total of 189 compliance assessments across 189 centres that were free from COVID-19 to ensure they had contingency measures in place for a COVID-19 outbreak. These assessments were based on the regulatory assessment framework for the preparedness of designated centres for older people for a COVID-19 outbreak.

The Chief Inspector published a COVID-19 assurance framework to support social care services in ensuring effective infection prevention and control practices are in place. This framework was developed using the National Standards for Infection Prevention and Control in Community Services (2018). It focuses on the national standards, providing a tool to enable providers to tailor their approach to meeting national standards effectively in their centre. It does this by focusing on the critical aspects of care to ensure the efficacy of:

- infection prevention and control governance and management arrangements
- preparedness and contingency plans
- staffing arrangements
- knowledge and confidence of staff in care services in implementing infection prevention and control measures and audit and review arrangements.

On 26 May 2020 COVID19 Risk Inspections of nursing homes recommenced. These inspections primarily focused on nursing homes that had reported an outbreak of COVID-19. The findings from these assessments in nursing homes are set out in a report entitled “The impact of COVID-19 on nursing homes in Ireland”. Assessment of compliance with the regulatory assessment framework of the preparedness of designated centres for older people for a COVID-19 outbreak was a discrete program carried out at the beginning of the pandemic. That program was completed, and the team have reverted to risk-based inspections.

Recommendation 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.

Progress to date

As part of phase 1 of the examination of the legislation governing nursing homes (see recommendation 14.4), legislative proposals have been developed in relation to reporting key operational data. It is proposed that enabling provisions will be included in the Act to allow for the reporting of key operational data. This will allow for the making of regulations specific to the different designated centres under the Act.

This data will be reportable to the Chief Inspector, who will, as part of a new proposed function under the Act, establish and maintain a reporting mechanism. The data will be collated, anonymised and/or pseudonymised and available to the Department of Health and other relevant agencies as appropriate to inform long-term sectoral planning, including in areas such as workforce planning, operational interventions, and service planning. In addition, it is intended that certain data, subject to appropriate anonymisation and/or pseudonymisation of personal information will be published by the Chief Inspector with a view to improving transparency and to support prospective residents and their families to make an informed choice regarding their nursing home choice.

A consultation process on the proposals for interim regulatory enhancements, including the proposed reporting provisions, was completed in Autumn 2021 with the IOT and stakeholders via the Reference Group. Further consultation will be conducted during the parliamentary process.

As part of the legislative process the Department is exploring the type of data protection safeguards necessary to protect staff and residents' data protection rights and is conducting ongoing engagement with its legal advisor on the matter. In addition, the Department will consult with the Office of the Data Protection Commissioner in the drafting of the Heads and seek legal input from the Office of the Attorney General as appropriate.

A Memorandum for Government on the principles and policies seeking Government approval to draft a General Scheme of a Bill has been approved, with work ongoing to draft a General Scheme of a Bill at the earliest possible date.

Next steps

A General Scheme is being prepared to be submitted to Government for approval.

It is expected that, subject to Government approval, a draft General Scheme will be published in Q2 2022, with a Bill being developed and published thereafter.

15. A Broader Range of Statutory Care Supports for Older People Recommendations

The NHEP made 12 recommendations under this theme across a range of issues including continued progress with nursing home sector integration across the healthcare system, development of policy for a “choice model” 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. Key stakeholders accept that development of such a model will take a number of years aligned with other key reform programmes including Sláintecare whose broad aims are to improve the experience of patients/service users, improve the experience of clinicians, lower healthcare costs and achieve better healthcare outcomes; along with the Programme for Government which is committed to “ensuring that the best possible safeguards are in place to protect our friends and family in nursing homes”.

Work is ongoing within Department to determine the optimal approach to the development of a statutory scheme for the financing and regulation of home support, within the broader ongoing reform of health and social care systems per Sláintecare. This programme of work will continue into 2022.

In addition recommendations relating to development of a standardised assessment tool for care needs assessment of older persons, promotion of advocacy services and expansion of the national care experience programme to nursing homes were also recommended by NHEP.

InterRAI, an international collaboration to improve the quality of life of vulnerable persons by promoting evidence-based practice and policy is being established as a programme in Ireland and recruitment of assessors is underway. This programme will continue to be established in 2022 with the onboarding of assessors and commencement of this assessment methodology across each CHO area.

Under the national care experience programme two new surveys have been introduced to capture the experiences of nursing home residents and their families – the National Nursing Home Experience Survey has been developed and piloted in March 2022. A National End of Life Care Survey is also progressing well.

Nursing Home providers progress with implementation of the advocacy related recommendation as self-reported in a recent voluntary survey showed 89% of nursing home providers who responded had “fully implemented” this recommendation with 11% indicating that it is “substantially complete”.

Finally the Expert Panel also recommended that a suitable structure and process be explored for external oversight of individual care concerns arising in Nursing Homes once internal processes have been exhausted without satisfaction. The Department of Health is currently working on a policy and legislative framework to provide a fit for purpose streamlined and consistent clinical complaints and patient safety incidents scheme that meets the needs of patients and families across the health and social care service, and not just patients and families receiving services from the HSE.

Pending completion of broader work on the clinical complaints and patient safety incidents policy, priority is being given to providing a discretionary power to the Health Information and Quality Authority's Chief Inspector of Social Services to carry out a review of certain serious patient safety incidents which have occurred during the provision of health care in a nursing home.

It was agreed by Government on the 12 October 2021 to amend the Patient Safety (Notifiable Patient Safety Incidents) Bill 2019 to provide for these new powers. This Bill has previously passed the first and second stage of the Dáil and is currently due before Committee Stage. The Heads for the new amending provisions are currently with the Office of Parliamentary Counsel for drafting and it is intended to introduce the proposed amendment at Report Stage in the Dáil.

Recommendation 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.

Progress to date

As part of the short-term response to COVID the HSE established COVID 19 Response Teams (CRTs) reporting to the Area Crisis Management Teams (ACMT) for Residential Care and Home Support to address COVID -19 outbreaks in their area. The CRTs provide support in the prevention, identification, and management of COVID 19 outbreaks across residential care facilities and Home Support services, access to specialist advice and support including free PPE.

The Oireachtas Special Committee Report on the Response to COVID-19 reported that the HSE “believes that a key factor in the enhanced response was the improved communication and working relationship between the HSE, HIQA, Department of Health and the private nursing home sector”

In addition it was reported that through the CRTs the HSE implemented a Covid-19 care pathway across hospitals and the community as a response to managing the pandemic crisis and to organise the setting up of new services. HIQA told the Committee that it believed that the creation of crisis management teams was crucial in protecting residents:

It must be acknowledged that the creation of crisis management teams in each CHO area and the resources provided by the HSE at the community level played a significant part in supporting the private sector, and importantly, in protecting residents.

The Committee concluded

One of the most troubling aspects of the crisis was the fragmented relationship between public health authorities and the private nursing sector. As nursing homes were seen to be external to the overall public health system, the system was slower to respond, as it did not know the sector or play a role in clinical oversight of the sector. The Committee believes this was a key factor that contributed to the spread of outbreaks in nursing homes and the unfortunate loss of life during the Covid-19 pandemic.

It also concluded that the formation of Covid-19 response teams had a positive impact in supporting nursing home staff and residents providing through the AMTs an opportunity for additional oversight of the sector, and a vital missing link between the private and public healthcare sectors.

HSE Older Person teams continue to work with the Department of Health and HIQA on the remaining recommendations to further re-enforce integration between the statutory, voluntary, and private nursing home sectors while respecting the autonomy of such providers and the role of the Regulator.

Next Steps

In line with NHEP recommendations (1.2, 7.1, 7.2, 8.1), these teams will be transitioned into permanent Community Support Teams (CSTs) during 2022 with one CST to be established in each of the nine Community Health Organisation (CHO) areas. CSTs will provide continued support in terms of preparedness planning and outbreak management, and will also facilitate closer integration of nursing homes, regardless of public/private/voluntary status, with the wider health and social care system contributing to enhanced integration of older persons services.

Recommendation 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

The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 provides that a registered provider shall, in so far as is reasonably practical; ensure that a resident has access to independent advocacy services. HIQA's National Standards for Residential Care Settings for Older People in Ireland notes¹² that:

The use of formal and informal feedback mechanisms and independent advocacy services to gain the views of those living in residential services and their relatives will provide residential services with essential information about the service they provide and opportunities for improvement.

One of the elements of respecting the rights and diversity of each resident is that “each resident is facilitated in accessing advocacy services and receives information about their rights”¹³.

Part 9 of the Health Act 2004 (which came into effect on 1 January 2007) established the existing statutory complaints system within public hospitals in Ireland. Under Part 9 of the Act, any person seeking or receiving hospital services either from a HSE hospital, or another service provider acting on behalf of the HSE (such as HSE-operated nursing homes), has a statutory right to make a complaint if they consider that the actions of the hospital, or service provider, in delivering that service, did not accord with fair and sound administrative practice and they were adversely affected as a result. There is a 12-month time limit for making a complaint, running from the date of the action complained of, although there is also discretion to waive this requirement.

The Patient Advocacy Service provides a free and independent service to help users of public acute hospitals making or intending to make a formal complaint through the HSE investigation process in "Your Service Your Say". The Programme for Government contained a commitment to 'examine extending the remit of the Patient Advocacy Service to residents of long-term residential care facilities. There was also a focus on advocacy in the Nursing Homes Expert Panel Report, which highlighted the need to roll out advocacy services into nursing homes in early course.

This recommendation links to a number of Programme for Government Commitments, namely, to continue to support the National Patient Advocacy Service and the work of the National Patient Safety Office (NPSO) in overseeing a programme of patient safety improvements and reforms and to examine extending the remit of the Patient Advocacy Service to residents of long-term residential care facilities.

This recommendation directly links also to the Sláintecare action – “to continue the rollout of National Patient Advocacy Service to HSE-operated nursing homes”.

Progress to date

The Patient Advocacy Service is an independent health complaints advocacy service which was established by the Department of Health (DoH) in 2018. Following a competitive tendering process, the contract to operate the new service was awarded to the National Advocacy Service for People with Disabilities (NAS) in December 2018 until June 2021, with an option for extension.

12 HIQA -National Standards for Residential Care Settings for Older People in Ireland, 2016, p.18 <https://www.hiqa.ie/sites/default/files/2017-01/National-Standards-for-Older-People.pdf>
13 Ibid p.19

In February 2021, the original contract was extended to incorporate community settings covering the period from June 2021 to November 2022. During this timeframe, the service will be offered to HSE-operated nursing homes and nursing homes operated under arrangement pursuant to Section 38. In these nursing home settings, the Patient Advocacy Service provides a free and independent service to help nursing home residents to make complaints.

Services may include one to one representative advocacy, one to one empowerment advocacy, long arm empowerment advocacy, information provision and signposting. The level of service provided to all people seeking the support of the Patient Advocacy Service is determined on a case-by-case basis, taking into account the individual circumstances of the case. The service receives no funding from the HSE and is therefore fully independent of the HSE.

Active promotion of the Patient Advocacy Service in nursing homes commenced in June 2021 on a phased, iterative basis. As the service intends to take learning from each phase of its development, the initial engagement will aim to be targeted at a representative mix of nursing homes based on size, locality, and experience in relation to COVID-19 outbreaks.

The learning and experience of Patient Advocacy Service in their roll out to HSE-operated nursing homes will inform future policy development and the subsequent rollout to private nursing homes and any legislative amendments which may be required to give full effect to same. This learning has supported and informed the tendering arrangements and scope of service for the procurement of the service post 2022, when the current contract expires.

The Office of Government Procurement issued a tender for the delivery and expansion of the service in late December 2021, to incorporate the movement towards private nursing homes and mental health services over a five-year contract, with the potential for two more years. To deliver the additional new developments specified in the 2020 Programme for Government, it is projected that the cost of the expanded service going forward will be in the region of €4.5m per annum.

It is anticipated that a considerable amount of legislative and regulatory work will be required to facilitate the expansion of the service to private nursing homes. The Department has commenced a review of the requirements which would give effect to the Patient Advocacy Service rollout in private and voluntary nursing homes. As detailed above, Part 9 of the Health Act only provides for a statutory complaints system for HSE and HSE-operated services. The complaints pathway in public acute hospitals and HSE-operated nursing homes is Your Service Your Say. The current HSE complaints policy, procedures and obligations are supported by both primary and secondary legislation. It is highly likely that similar legislation will be required to be established to specify non-HSE provider processes and obligations under nursing home related primary and secondary legislation in order to give full effect to any proposed future expansion of the Patient Advocacy contract

Enhancements to relevant regulations are being considered by the Dept. as part of phase 1 of the regulatory framework review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.

Next Steps

A new Patient Advocacy Service contract will be put in place from November 2022 and as part this contract, it is intended to extend the Patient Advocacy Service to all nursing homes. An approach and the phases for this will be agreed once the successful tender has been selected. The intended expansion of the Patient Advocacy Services' remit to all nursing homes in the lifetime of the next PAS contract is a significant initiative.

In preparation, the Department has commissioned a review of complaints policies of nursing homes in Ireland and internationally. This review will include engagement with all stakeholders and will inform the development of any necessary enablers, including policy, legislative and/or guidance instruments, to support best practice and standardisation of complaints processes and to facilitate the effective rollout of the Patient Advocacy Service across the nursing home sector (as enabled by legislative and regulatory structures).

Although a complaints procedure is required by all nursing homes under the Care and Welfare Regulations 2013, a standardised approach is not prescribed. As part of its review, Crowe will be engaging with key stakeholders such as the HSE, HIQA, a representative body for private and voluntary nursing home providers, the Office of the Ombudsman and advocacy groups to gain their perspectives on current complaints procedures, suggestions for improvement and their views on what possible components of an ideal complaints process.

Recommendation 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.

Progress to date

Clinical Complaints and Patient Safety Incidents Policy

A key patient safety priority for the National Patient Safety Office (NPSO) in the Department of Health is progressing the development of an improved integrated clinical complaints and patient safety incidents policy in line with Programme for Government commitments. It is envisaged that this policy development will involve consultation with health systems stakeholders including public and private nursing home services to develop draft clinical complaints pathways for public and private health and social care services (including the role of the Ombudsman in managing clinical complaints).

There are several work streams that are aligned with developing the Clinical Complaints and Patient Safety Incidents Policy. Work that has been undertaken to date includes:

1. International research evidence brief has been completed by the Health Research Board in October 2021 which has provided an overview on approaches taken in 5 OECD countries to pathways for clinical complaints for hospital patients and nursing home residents.
2. A scoping workshop was undertaken in December 2021 with the Independent Patient Safety Council (IPSC) to ascertain their views and opinions on the management of clinical complaints and patient safety incidents. The IPSC was appointed by the Minister in 2020 and comprises members from a wide variety of backgrounds with expertise in patient safety issues. The opinions of the IPSC will be integrated into the research tender process for clinical complaints and patient safety incidents and will help shape research policy in this area.

Pending completion of broader work on the clinical complaints and patient safety incidents policy, priority is being given to providing a discretionary power to the Health Information and Quality Authority's Chief Inspector of Social Services to carry out a review of certain serious patient safety incidents which have occurred during the provision of health care, where some or all of the care of a patient was carried out in a nursing home.

It was agreed by Government on the 12 October 2021 to amend the Patient Safety (Notifiable Patient Safety Incidents) Bill 2019 to provide for these new powers. This Bill has previously passed the first and second stage of the Dáil and is currently due before Committee Stage. The Heads for the new amending provisions are currently with the Office of Parliamentary Counsel for drafting and it is intended to introduce the proposed amendment at Report Stage.

This amendment will seek to support patients and their families when something goes wrong with the clinical care, they received in a nursing home and will ensure that appropriate external processes are in place to review serious patient safety incidents.

This recommendation links to a Programme for Government commitment - “to expand the remit of the Office of the Ombudsman to consider clinical decisions in health and social care complaints”.

Next Steps

Future work will include consultation directly with nursing home staff, residents and families which will be important in the further scoping phases of the research process to identify person-centred views and opinions on the culture and values that underpin clinical complaints and patient safety incidents relating to nursing homes services. It is intended that the clinical complaints policy and legislation will ensure a suitable standardised structure and process is implemented across the Irish healthcare system.

Continue to progress amendments to the Patient Safety Bill to enactment.

Recommendation 15.4

HIQA and each nursing home provider should continue to highlight and promote independent advocacy services available to residents.

Progress to date

In order to provide high-quality care, it is essential that providers continually engage with patients and service users to ensure that their views, concerns, and experiences, and those of their families, are at the centre of service delivery. Work is ongoing to strengthen the culture of partnership through patient and service user involvement in the planning, design, delivery, and evaluation of services, enabling collaborative working with people who use our health service.

Nursing Home provider’s progress with implementation of this recommendation was assessed through voluntary surveys, the latest being conducted in October/November 2021. A total of 570 registered providers were invited to participate in this latest survey with a response rate of approximately 50% achieved (284 completed the survey). Within the responses received 89% of nursing home providers who responded self-reported this recommendation as “fully implemented” with 11% indicating that it is “substantially complete” and only 2 providers reporting implementation of this recommendation as a “work in progress”. No provider responded that they “not yet commenced” implementation of this recommendation.

Patient engagement continues through the *Partnering with People who use Health Services* Programme. This facilitates meaningful engagement at a strategic level through the National Patient and Service User Forum, Patients for Patient Safety Ireland, National Patient Representative Panel and other advocacy and patient support groups.

In addition, engagement continues with the Independent Patient Advocacy Service which encourages patients to communicate with the health service about any concerns. We will also strengthen this partnership through newly appointed patient / service user partnership leads across our Community Healthcare Organisations (CHOs) and Hospital Groups.

A suite of four e-learning modules was developed by the HIQA Standards Team in 2021 to assist staff to implement the national guidance on a human rights-based approach in health and social care. Access to independent advocacy services has been promoted throughout all modules, using case studies. Module 3 highlights self-advocacy, with a video produced by service-users from the Galway Advocacy Council. Over 53,000 participants have undertaken

these e-learning modules to date. A video animation for service users has been viewed 4,690 times and the video produced by Galway Advocacy Council has been viewed 2,533 times. Social media campaign conducted for International Human Rights Day in December 2021.

The HIQA Standards Team has also developed an e-learning module with the Mental Health Commission (MHC), to help staff working in health and social care services to put the National Standards for Adult Safeguarding into practice in their day-to-day work. The module has been completed by over 18,000 participants to date. Social media campaign conducted for Adult Safeguarding Day in November 2021.

See also Rec 10.2 for work ongoing to promote Advanced Healthcare Directives and the Decision Support Service.

Next Steps

Enable service users to have a meaningful and active role in service innovation and design by Building on the existing patient engagement within the national clinical programmes to expand the co-design of services

Engaging with the Patient Advocacy Service in order to enable learning and drive service improvement. E-learning modules are available on both HSE LanD and on HIQA website to optimise reach. Module uptake and dissemination will continue to be reviewed by HIQA Standards team in 2022, including an evaluation survey with participants of e-learning modules, to assess if any updates required.

The HIQA Standards Team will develop an additional e-learning module on the Fundamentals of Advocacy for health and social care staff in 2022. The aim of this e-learning module is to ensure all staff working in nursing homes understands what advocacy is, the different levels of advocacy and their role in relation to advocacy. A project team is in place for 2022 to develop this.

Recommendation 15.5

Provide nursing home residents with full medical card eligibility equality of access to services available to community-based peers.

Progress to date

The Minister for Health has published a Waiting List Action Plan 2022¹⁴ which in addition to setting out a plan in place to manage Acute Hospitals Waiting Lists including acute diagnostics, the plan also places significant focus on developing systems and processes to address waiting lists within community services.

Work is ongoing to scope this action as eligibility issues are dependent on Government policy. HSE work in this area is being led by Assistant National Director, Change and Innovation, Services for Older People & Dementia Care together with Colleagues in Community Operations. A Residential Care Project Working Group has been established which incorporates a number of development areas including this work which is due to complete its work by end Q4 2022.

Next Steps

Implement action plan for community waiting lists – specifically as set out in Table 2 below extracted from the Waiting List Action Plan 2022 which are due to be completed by Q4 2022.

14 Department of Health, 2021. Waiting List Action Plan 2022.accessed on 4th March 2022 at <https://www.gov.ie/en/publication/323b5-the-2022-waiting-list-action-plan/>

Table 2 Addressing Community Care Access and Waiting Lists

Addressing Community Care Access and Waiting Lists				
Actions		Lead (Support)	Timeframe	Funding Source*
41	Design and implement the Integrated Community Case Management System (ICCMS) as a foundational case management system which will also support communication between healthcare providers and effective management, planning and delivery of services. Business case complete and permission to proceed will be sought in Quarter 3 2022.	HSE	Q1-Q3	NSP
42	To participate in the modernised scheduled care pathway programme of work related to current acute waiting lists, as set out in Appendix ii, and support the feasibility and implementation planning of pathway proposals to deliver more services in the community in line with the Sláintecare vision.	HSE	Q1-Q4	NA
43	Develop a process to complete a capacity and demand analysis across community waiting lists.	HSE	Q4	WLF'22
44	To undertake an options appraisal of wider reforms, in line with the Sláintecare vision which may provide additional measures to reduce community waiting lists.	HSE (DoH)	Q3-Q4	NA
45	Define and develop an implementation plan for agreement of appropriate maximum wait-time targets for community services in scope. The scope of which is to be agreed.	DoH/HSE	Q4	NA

HSE Services for Older Persons will contribute to the continued enhancement of community care services by implementing and delivering a new integrated Model of Care for Older Persons. This will enable increased access to care and supports at home and in the community, thus reducing the requirement for long-term residential care and acute services. Integrated care service model key priority actions for 2022 include:

- Continuing the roll-out of 30 community specialist teams for older persons in tandem with enhancing front-door frailty teams
- Operationalising priority care pathways for falls, frailty, and dementia in tandem with enhanced CHNs
- Establishing one community support team in each of the nine CHOs to proactively support providers of long-stay residential care facilities for older persons, as recommended by the COVID-19 Nursing Homes Expert Panel Report.

This Recommendation has dependency on GP Negotiations (see Rec 8.4) and CST (Rec 7.1, 7.2) implementation.

Recommendation 15.6

Access to home support should be expanded and prioritised.

Progress to date

The HSE's Older Persons team are progressing the continued enhancement of community care services by implementing and delivering a new integrated model of care for older persons. This enables increased access to care and supports at home and in the community, thus reducing the requirement for long-term residential care and acute services.

Additional Home Support hours, including Reablement and Long-Term Care Avoidance packages were delivered across all 9 CHOs throughout 2021. The HSE Winter Plan 2021 funded an additional 5million home support hours to be delivered by the end of 2022. However, despite efforts to increase service provision, CHO areas encountered challenges in relation to capacity across both direct and indirect services.

Work is ongoing within Department to determine the optimal approach to the development of a statutory scheme for the financing and regulation of home support, within the broader ongoing reform of health and social care systems per Sláintecare. This programme of work will continue into 2022 and includes:

- Developing a new model of intensive home supports for 1,150 people by year end 2022 to support acute hospital discharge and as an alternative to long-term residential placement
- Completion of the home support pilot in early Q2 2022 to provide 230,000 additional hours
- Provision of 250 ongoing reablement packages for service users to build functional capacity to remain at home, as part of a new model of service, with 3,000 people benefiting by year end
- Undertaking a review of the model of service delivery in preparation for the statutory home support scheme to include workforce and public / private provision.

The Standards Team in HIQA has commenced the development of National Standards for HomeCare and Support services, to support the regulations being developed by government. The standards are centred around the principles of responsiveness, safety & wellbeing, a human rights-based approach, and accountability. An international review and a literature review on homecare and support services has been carried out. A public scoping consultation to inform the draft standards was carried out in September - October 2021, which received 182 submissions. 22 focus groups with 122 stakeholders took place in November and December 2021. An advisory group has been convened and held its first meeting on 3 November 2021 and second meeting on 10 March 2022.

Next Steps

During 2022, in support of older persons, the HSE will also continue to take forward the implementation of new integrated models of home and community support. This will enable increased access to care and supports at home and in the community, thus reducing the requirement for long-term residential care and acute services.

The proportion of the population over 65 who are in Nursing Homes Support Scheme (NHSS) long-stay care will be reduced by repurposing existing or developing additional intermediate, rehabilitation, reablement and outreach services and providing more home support hours. Specific actions include:

- Undertake a review of the model of service delivery in preparation for the statutory home support scheme to include workforce and public / private provision
- Design, pilot, and evaluate the proposed reformed delivery model to inform the new home support statutory scheme, supported by the national roll-out of the InterRAI assessment system
- Progress development of a Home Support Management System based on the recruitment gathering needs identified to date via the Integrated Community Case Management (ICCS) project. See Rec 6.3

A public consultation will be conducted on the draft standards for homecare and support in 2022, following the DoH public consultation on the draft government regulations.

Recommendation 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.

This recommendation links to a number of Sláintecare actions, namely, to progress the rollout of InterRAI care needs assessment and commence supporting policy development and to complete the development of draft care needs assessment policy for older persons.

Progress to Date

Standardising care needs assessment is a priority for the HSE and the Department of Health and is a key action in the HSE’s National Service Plan for 2021. The full roll out of InterRAI and its supporting policies and procedures to older person’s services will be a multi-year programme of work.

- Funding of €9 million was provided in the National Service Plan 2021 for the recruitment of approximately 128 posts for the national rollout of InterRAI as the single assessment tool for care needs in the community.
- The HSE have advised that that recruitment for these posts will commence in 2022.

In 2022 work will continue to roll-out InterRAI to all CHOs as the standard tool for assessing care needs of older people in the community. Key to this will be: (1) the recruitment, onboarding, and training of 128 InterRAI Care Needs Coordinators who will work in the community; and (2) the development of operational policies/ procedures to deliver the operationalisation of the assessment through to service provision across the community and acute settings.

The implementation of InterRAI is a substantial and significant project which will bring huge transformative change to the way services are delivered to people. It is a key enabler of the home support scheme and reform of residential services.

Next Steps

In order to fully support the use of InterRAI as the assessment methodology and process for assessing care needs vis-à-vis home support and residential care, the Department of Health, with the support of the HSE, will develop an overarching national policy framework. This will include, where appropriate, the translation of key principles of operational protocols and policies into a national policy, in line with the COVID-19 Nursing Homes Expert Panel recommendation. A national policy will support the coherent and consistent use of InterRAI nationally. This core policy framework will also inform and support additional policy development over time, including the development of care banding, resource utilisation groups and other related policy work (e.g., a reformed system of pricing for residential care under the Nursing Homes Support Scheme).

The InterRAI Care Needs Coordinator role has been approved. The Care Needs Coordinator role will be multi-purpose. The role will facilitate the introduction and integration of InterRAI into the care process and pathways. They will be the centre point for InterRAI within the team, promoting its use and familiarising staff with InterRAI. The role will also collaborate with the wider multidisciplinary team in the development and implementation of care plans across the care continuum in conjunction with the client and their family.

A joint HSE-DoH Care Needs Assessment Policy Development Working Group has been established by the Department to assist in informing the development of national assessment policy, having regard to the HSE operational policy, and learning from the statutory home support testing. The Group has met 3 times to date. A series of stakeholder workshops are being planned in the coming months in order to outline the vision of a standardised care needs assessment policy and to determine the key barriers and enablers for change.

Recommendation 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.

Progress to date

Key stakeholders accept that development of such a model will take a number of years. Given the wide-ranging nature of this recommendation, reflecting the continuum of care, this recommendation will be further explored and advanced through wider reform processes.

Work is ongoing within Department to determine the optimal approach to the development of a statutory scheme for the financing and regulation of home support, within the broader ongoing reform of health and social care systems per Sláintecare. A key principle underpinning Government housing policy is to support older people to live in their own home with dignity and independence for as long as possible. The aim is to ensure that older people will have access to a greater range of residential choices by developing a variety of housing options that are better suited to their needs. This means that older people can plan ahead and, where feasible, choose the right home for them. Varying levels of support are needed to enable older people to continue living in their own homes and communities.

A major action in this regard is the development of a statutory scheme for the financing and regulation of home-support services, which the Department of Health is bringing forward. 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 operate consistently across the country.

This will enable many older people to continue to live as independently as possible in their own community. 2021 has seen substantial progress in the “Home First” initiative to support people to live in their own homes for longer, including investment in 5 million additional hours of home care to be delivered across 2021 and 2022; the commencement of the pilot for a reformed model of service delivery for home support; initiation of the recruitment campaign for 128 interRAI assessors and preparation for the establishment of the National Home Support Office. Substantial investment continues to be made in HSE capacity to offer additional hours of home support including packages that are targeted at long-term care avoidance.

This provides a test case of the scenario envisaged by this recommendation, whereby additional funding has been made available to support those who would otherwise have entered long-term residential care.

Next Steps

This programme of work will continue into 2022 and includes:

- Introduction and roll out of InterRAI assessment tool has commenced as outlined in Recommendation 15.7.
- HRB have commenced an international evidence review on care banding.
- Home Support Pilot: The HSE is currently undertaking a Home Support Pilot in 4 CHO areas. The pilot phase is to continue for 6-month and to be evaluated over a 12-month period from commencement.
- The publication of the ESRI Report entitled, Home Support Services: Exchequer and Distributional Impacts of Financing Options (March 2022). This report is the final output from a programme of research, on the demand for and cost of home support. This research will enhance the evidence base for the development of the funding options for the new scheme.
- Regulations Consultation: In collaboration with HIQA, the Department will develop draft regulations with a targeted stakeholder consultation being undertaken in January 2022. This feedback will inform amendments in the draft regulations in advance of a public consultation planned in Q2 2022. A regulatory impact analysis will be undertaken by the Department in 2022 to ensure effectiveness and mitigate risks.
- Development of quality standards: HIQA has convened an Advisory Group, with representation from the

- Department of Health, to assist in the process of developing the Draft National Standards.
8. A Cross-Departmental Strategic Workforce Advisory Group will be established to examine strategic workforce challenges, in front-line carer roles in home support and nursing homes. The Group will provide a forum for agreement on strategic approaches to address the workforce challenges in the sector and develop a report for Minister Butler’s consideration outlining the Group’s key findings, recommendations, and a proposed action plan to support implementation of these recommendations to include periodic monitoring of progress.

Alongside the programme of work to develop a statutory scheme for homecare, work is also underway to deliver improvements to the existing statutory scheme for residential care, the Nursing Home Support Scheme. This includes:

1. The NTPF Pricing Review – The NTPF’s review of the pricing system for private and voluntary nursing homes was published in 2021. The review made four recommendations for reform of the pricing system. Implementation of these recommendations is now being taken forward under an implementation steering group.
2. Value for Money Review – the Final Report of the Value for Money and Policy Review (VFMPR) of Nursing Home Care Costs was published on 21 December 2021. The report made nine recommendations to address the issues identified, all of which are now being taken forward. These include, for example, undertaking a detailed audit of costs in public nursing homes and developing a model for allocating funding based on the different dependency levels of nursing home residents.

Recommendation 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.

Progress to date

Key stakeholders accept that development of such a model will take a number of years. Given the wide-ranging nature of this recommendation, reflecting the continuum of care, this recommendation will be further explored and advanced through wider reform processes.

Work is ongoing within Department to determine the optimal approach to the development of a statutory scheme for the financing and regulation of home support, within the broader ongoing reform of health and social care systems per Sláintecare. This programme of work will continue into 2022 and includes:

1. Introduction and roll out of InterRAI assessment tool has commenced as outlined in Recommendation 15.7.
2. HRB have commenced an international evidence review on care banding.
3. Home Support Pilot: The HSE is currently undertaking a Home Support Pilot in 4 CHO areas. The pilot phase is to continue for 6-month and to be evaluated over a 12-month period from commencement.
4. The NTPF Pricing Review – The NTPF’s review of the pricing system for private and voluntary nursing homes was published in 2021. The review made four recommendations for reform of the pricing system. Implementation of these recommendations is now being taken forward under an implementation steering group.
5. Value for Money Review – the Final Report of the Value for Money and Policy Review (VFMPR) of Nursing Home Care Costs was published on 21 December 2021. The report made nine recommendations to address the issues identified, all of which are now being taken forward. These include, for example, undertaking a detailed audit of costs in public nursing homes and developing a model for allocating funding based on the different dependency levels of nursing home residents.

Next Steps

Work is underway in the Department which will assist with the design of a bespoke case mix classification/resource allocation model for Ireland’s statutory home support scheme and residential care service. This includes the commissioning of an evidence review which will examine linking care bands to resource allocation for home support and long-term residential care. Data collected from the testing of a reformed model of home support service delivery will enhance the evidence base in this regard.

In order to fully support the use of interRAI as the assessment methodology and process for assessing care needs vis-à-vis home support and residential care, the Department of Health, with the support of the HSE, will develop an overarching policy framework.

The National Home Support Office that will collect and analyse data from InterRai assessments which will be critical in determining how to integrate care needs assessment into the NHSS. The use of care needs assessment to determine funding under the Nursing Homes Support Scheme is to be determined in the context of the implementation of the NTPF Pricing Review’s recommendation to amend the pricing process to allow for high dependency residents, which draws together a number of workstreams.

Progress will be monitored through existing NHSS oversight structures. It must be recognised that any change to the funding model will require legislative amendments, which must be considered carefully in order to avoid any undesirable consequences or interactions.

Recommendation 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.

Progress to date

Key stakeholders accept that development of such a model will take a number of years. Given the wide-ranging nature of this recommendation, reflecting the continuum of care, this recommendation will be further explored and advanced through wider reform processes.

Next Steps.

The Department is preparing to engage in a multi-annual programme of work that will inform the strategic direction and policy which in turn will underpin the model of service and funding in line with the agreed vision, and a system to support its implementation.

Recommendation 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.

This recommendation links to the Sláintecare action to progress the development of a funding framework and costing model to support population-based resource allocation.

Progress to date

A joint HSE-DoH Care Needs Assessment Policy Development Working Group is being established by the Department to assist in informing the development of national assessment policy, having regard to the HSE operational policy, and learning from the statutory home support testing. It is envisaged that the first meeting will take place at the end of January 2022.

InterRAI is being used as the assessment tool in the pilot of the reformed model of service-delivery for the new home-support scheme, which commenced on 1 November. The Department is working with the HSE on its roll out of InterRAI, Home Care Office and review of local placement fora to identify requirements and issues arising. Funding was provided in 2021 for the recruitment of approximately 128 InterRAI Care Needs Coordinators to progress the rollout of InterRAI as the standard assessment tool for care needs in the community -The HSE have advised that recruitment of these posts is expected to commence in early 2022.

The HRB report, Linking Care Bands to Resource Allocation for Home Support and Long-term Residential Care: An Evidence Review, commissioned by the Department of Health was published in July 2021. It is envisaged that the findings of the pilot of the reformed service-delivery model for home support will assist to inform the development of a system of care-banding for Ireland.

At the request of the Minister for Health and the Minister for Mental Health and Older People, HIQA is undertaking an international evidence review of nursing home regulatory models. Progress to date includes the commencement of an international literature review, a rapid review, and the drafting of an online survey for engagement with key informants.

Next Steps

The InterRAI Care Needs Coordinator will collaborate with the wider multidisciplinary team in the development and implementation of care plans across the care continuum in conjunction with the client and their family. The International Evidence Review is due to conclude in September 2022. This evidence review will support, with necessary evidence the longer-term reform of the regulatory framework.

Recommendation 15.12

The National Care Experience Programme expansion to Nursing Home residents should be progressed at pace.

The **National Care Experience Programme** seeks to improve the quality of health and social care services in Ireland by asking people about their experiences of care and acting on their feedback. It is a joint initiative by HIQA, the Health Service Executive (HSE) and the Department of Health.

Under the National Care Experience Programme HIQA is leading the development of two new surveys on people’s experience of healthcare services, the first on **Care Experience in Nursing Homes** and the second on **End of Life Care**.

Progress to date

National Nursing Home Experience Survey

The survey aims to learn from and understand the experiences of nursing home residents in Ireland. The survey will provide individuals with an opportunity to share their experiences of care in Irish nursing homes, identifying areas of good practice and areas needing improvement. The National Nursing Home Experience Survey will be implemented in 2022.

Governance: A National Nursing Home Experience Survey Programme Board was established to oversee the design and implementation of the survey. The National Nursing Home Experience Survey Programme Board has met on five occasions as part of their role in overseeing the design and implementation of the National Nursing Home Experience Survey.

Progress to date

A representative sample of 68 nursing homes have been selected to take part in the National Nursing Home Experience Survey.

The survey was officially launched on 7 March 2022 and will run until mid-May 2022.

Next steps

The National End of Life Care survey will run until mid-May 2022.

National End of Life Survey

This is the first time a national survey will ask about the experience of care in a person’s last months of life in Ireland. Bereaved relatives, which can include the closest relatives or friends of those who have died, will be invited to tell us about the experience of end-of-life care from their perspective.

The survey will include people who were cared for and died in a number of settings, such as hospitals, nursing homes, hospices and in their own homes. The findings will be used to improve care services, inform regulation, national policies and standards. The National End of Life Survey will commence in 2022.

Governance: A National End of Life Survey Programme Board was established to oversee the design, planning and implementation of the survey and have agreed the methodology of the National End of Life Survey (NELS):

Progress

The survey questionnaire has been developed and approved. The survey methodology has been agreed. A Data Protection Impact Assessment has been completed.

Engagement with the General Registration Office (GRO) is at an advanced stage, to ensure that HIQA can leverage the GRO’s dataset for the contact details of the sample population’s next of kin.

Ethical Approval: Ethical Approval has been attained.

Communications and Stakeholder Engagement: A Communications and Stakeholder Engagement Plan is in place.

Stakeholder engagement in the development of the survey has involved:

- 11 Focus Groups with 68 key stakeholders taking part
- A two round Delphi Study with 163 people participating in the Delphi study Round 1 and 141 in Delphi Round 2 with great representation from all stakeholders by region, role and sector.
- Cognitive interviews with 8 bereaved people
- Review by Picker Institute Europe

Communications also focused on the development and launching of the National End of Life Survey website with representative sensitive illustrations for the survey. Significant and ongoing engagement in regular meetings with key stakeholders such as GRO, Palliative care, Hospices, Acute Hospitals Network, Irish Hospice Foundation and VOICES MaJam team.

Information sessions with key stakeholders will be held in advance of the survey going live.

Next Steps

A Project plan for 2022 outlining key tasks and timelines, along with a draft reporting plan for the survey has been developed and is being implemented.

Appendix 2:

Table with Summary of next Steps

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
1.1.	Continue the enhanced public health measures for COVID-19 Disease Management in Long-term Residential Care (LTRC) adopted by NPHE T 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	Implemented and Ongoing in line with Public Health advice	<p>One of the key focuses for healthcare delivery organisations in 2022 is to maintain service responses to COVID-19 which includes maintaining surge and escalation capacity as well as flexibility and resilience to develop any new service requirement in response to COVID-19 demands.</p> <p>Nursing Home providers will continue to implement this recommendation.</p> <p>The HSE will continue to provide a range of enhanced Public Health and mitigation measures across all facilities in line with direction given by the National Public Health Emergency Team and current Public Health guidance.</p> <p>The Chief Inspector (HIQA) will continue to provide support and inspect facilities in line with regulation and national standards.</p> <p>The Chief Inspector (HIQA) will review and update all relevant guidance as required including</p> <ul style="list-style-type: none">- "COVID 19 - An assurance framework for registered providers - preparedness planning and Infection prevention and control measures"- Guidance and assessment judgment frameworks focused on compliance with Regulation 27 Infection Prevention and Control. <p>In addition, the Department of Health is considering legislating for preparedness plans in phase 1 of the regulatory reform review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.</p>	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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	Implemented and Ongoing	<p>As recommended by the Expert Panel, the CRTs will remain in place up until recruitment and establishment of the Community Support Team (CST) core staff complement have been sufficiently advanced and these are fully operational to perform the required functions. Significant funding of over 8 million euros has been provided in 2022 to employ 86 WTE across various disciplines and grades to establish permanent CSTs – one in each CHO area. The transition from CRTs to CSTs is being carefully planned in collaboration with each CHO area, in order to ensure service continuity until such time as the CRTs are stood down and CSTs are stood up.</p> <p>Ongoing engagement regarding the transition and operational model for CSTs will continue in line with Department of Health approval processes.</p>	Q4 2022
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 Horwath recommended implementation process should continue on a timely basis.</p>	HSE	Immediately and ongoing	Implemented and Ongoing	<p>Recruitment will continue to on-board all roles in the Pandemic Workforce Plan. Priority focus is on on-boarding consultant posts by June 2023.</p> <p>The HSE Public Health Service will continue to provide a range of enhanced Public Health and mitigation measures across all facilities, regardless of whether operated by public, private and voluntary providers.</p>	Q4 2023

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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	Work Ongoing	Recruitment of additional posts in each CHO; IPC liaison nurse (1 wte) and administrative support -Grade V (1 wte) to support the operation of Community Support Teams in their role in line with the recommendations of the COVID-19 Nursing Homes Expert Panel Report. Continue to recruit and develop community IPC nurses and their competencies to build IPC capacity at CHO level. Development of additional tools and resources to support services to implement National IPC guidelines.	Q4 2022
2.2.	Each nursing home should adopt a clear IPC strategy, including deep clean protocols, for itself which should be incorporated into its preparedness plan. It should be reviewed regularly to ensure consistency with the HSE's community IPC strategy.	Infection Prevention & Control Each Nursing Home Provider	Within 1 month of publication of this report	Implemented and Ongoing	Nursing Home providers will continue to implement this recommendation. The Chief Inspector (HIQA) will continue to monitor compliance in relation to IPC requirements. Enhancements to Regulation 27 (IPC) are being considered by the Dept as part of phase 1 of the regulatory framework review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.	Q4 2022
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	Implemented and Ongoing	Testing protocols and public health advice will be kept under continuing review and will remain responsive to the evolving epidemiological position.	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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	Implemented and Ongoing	As part of recent changes to national testing protocols aligned with an overall transition in the approach to the management of COVID-19, it was agreed that serial testing in residential care facilities for older people will continue to be offered to these facilities through the transition period until such time as a facility meets the criteria for exiting the serial testing programme. Testing protocols and public health advice will be kept under continuing review and will remain responsive to the evolving epidemiological position.	Q4 2022
2.5.	Ensure there is rapid turnaround capacity in testing and contact tracing system.	HSE (HPSC)	Ongoing	Implemented and Ongoing	Decisions surrounding testing and tracing will continue to be based on ECDC guidance considered by NPHET who will then recommend policy decision to the Minister for Health. When the current cycles of serial testing are complete an evaluation will be undertaken to inform future policy decisions.	Q4 2022
2.6.	It is essential that in-house staff who can undertake sample swabbing and reliable labelling are available, and that there is proximal access to a laboratory with Laboratory Information Management Systems (LIMS) follow up for contact tracing for both residents and staff.	Infection Prevention & Control Each Nursing Home Provider	Ongoing	Implemented and Ongoing	Nursing home providers will continue to implement this recommendation in line with the latest Public Health advice. The HSE will continue to provide necessary programmes of support in line with latest Public Health advice.	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
2.7.	<p>(a) Infection control training should be mandatory for all grades of nursing home staff.</p> <p>(b) Nursing home staff should have access to 'train the trainers infection control' training programme approved by the HSE.</p> <p>(c) Commitment required by healthcare agencies to formally confirm evidence of IPC, including PPE training prior to allocating staff to nursing homes. Nursing home providers should not contract an agency staff without evidence of IPC/PPE training. Each provider should have documentary assurance from the agency that the staff member has had the requisite training. HIQA should undertake compliance checks</p> <p>(d) Every nursing home requires onsite access to a trained infection control lead on each shift. That lead will ensure IPC protocols are implemented and will support staff to do so.</p>	<p>Infection Prevention & Control</p> <p>(a) Each Nursing Home Provider.</p> <p>(b) Each Nursing Home Provider.</p> <p>(c) Staff Agencies and each Nursing Home Provider.</p> <p>(d) Each Nursing Home Provider.</p>	Immediate and ongoing	Implemented and Ongoing	<p>Nursing Homes will continue to implement this recommendation.</p> <p>Enhancements to Regulation 27 (IPC) are being considered by the Dept. as part of phase 1 of the regulatory framework review as the requirement for nursing home staff to have access to a 'train the trainers infection control' training programme approved by the HSE. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.</p>	Q4 2022
2.8.	<p>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.</p> <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</p> <p>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.</p>	<p>HSE</p> <p>Each nursing home provider</p>	Ongoing	Implemented and Ongoing	<p>Nursing Homes will continue to implement this recommendation.</p> <p>One of the key focuses for healthcare delivery organisations in 2022 is to maintain agile service responses to COVID-19, maintain surge and escalation capacity, maintain flexibility and resilience to develop any new service requirement in response to COVID-19 demands.</p> <p>The HSE will continue to provide a range of enhanced Public Health and mitigation measures across all facilities, regardless of whether operated by public, private and voluntary providers. This includes provision of Personal Protective Equipment</p>	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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	Implemented and Ongoing	<p>Continue to promote flu vaccine uptake amongst staff and residents in healthcare facilities.</p> <p>Implement the HSE National Service Plan Priority Areas for Action 2022 in Public Health / Health Protection i.e.</p> <ul style="list-style-type: none"> Continue to support the National Vaccination Programme for COVID-19 Continue to support the seasonal influenza vaccination programme for relevant target populations, including increasing awareness in hospital and long-term care facilities to meet the target for flu vaccine uptake amongst staff Continue work on addressing vaccine hesitancy and improving vaccine confidence in Ireland. Align consent for COVID-19 vaccinations across different age groups and across demographics for different vaccinations to ensure that people are enabled to make a values judgement on the risks / benefits of vaccination for them and the wider community across different age groups and across demographics for different vaccinations to ensure that people are enabled to make a values judgement on the risks / benefits of vaccination for them and the wider community. 	Q4 2022
2.10.	Management of entry and exit: Examine options for zoning within care homes so different entrances/exits can be used for different parts of the home. This examination should be documented with results and actions incorporated into preparedness plans.	Each Nursing Home Provider	Within 3 months	Implemented and Ongoing	<p>Nursing Home providers will continue to implement this recommendation.</p> <p>The Chief Inspector (HIQA) will continue to monitor compliance with Regulation 27 thus ensuring that procedures consistent with the National Standards for infection prevention and control in community services (2018) are implemented by staff in nursing homes.</p>	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
3.1.	Access to rapid testing with fast tracked results, as above.	HSE	Ongoing	Implemented and Ongoing	The HSE will continue to maintain service responses to COVID-19, maintain surge and escalation capacity, maintain flexibility and resilience to develop any new service requirement in response to COVID-19 demands.	Q4 2022
3.2.	PPE to be readily available and staff training with onsite supervision on every shift to ensure PPE being used correctly. Training should be documented and records available for inspection by HIQA.	Each Nursing Home Provider HIQA (compliance oversight)	Ongoing and all staff should be trained within 2 months	Implemented and Ongoing	Nursing Homes will continue to implement this recommendation. In line with direction given by the National Public Health Emergency Team and current Public Health guidance, the HSE will continue to provide a range of enhanced Public Health and mitigation measures across all facilities. The Chief Inspector (HIQA) will continue in its role as Chief Inspector to monitor compliance with Regulation 27 thus ensuring that procedures consistent with the National Standards for infection prevention and control in community services (2018) are implemented by staff in nursing homes.	Q4 2022
3.3	Sustain protocols for self-isolation, quarantine, cohorting and referral to GP Lead.	Each Nursing Home Provider	Ongoing	Implemented and Ongoing	Nursing Home Providers will continue the implementation of this recommendation. Enhancements to relevant regulation are being considered by the Dept as part of phase 1 of the regulatory framework review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.	Q4 2022
3.4	Suspect cases and close contacts need to be isolated pending the results of rapid testing.	Each Nursing Home Provider	Ongoing	Implemented and Ongoing	Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report.	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
3.5	Facilities must have ability and space to isolate and cohort residents and a clear plan on how this will happen. This plan should be incorporated into preparedness plans.	Each Nursing Home Provider	Ongoing	Implemented and Ongoing	Nursing Home providers will continue to implement this recommendation. Enhancements to relevant regulations are being considered by the Dept as part of phase 1 of the regulatory framework review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.	Q4 2022
3.6	Access to safe staffing levels at all times and to include required skill set on every shift.	Each Nursing Home Provider	Ongoing	Implemented and Ongoing	There are a number of relevant actions/ processes ongoing including: <ul style="list-style-type: none"> • Significant HSE recruitment campaigns • The establishment of a Cross-Departmental Strategic Workforce Advisory Group to examine strategic workforce challenges in front-line carer roles in home support and nursing homes. The Group is due to report in September. • The development and piloting of a Safe Staffing Framework for Nursing Homes to establish a national guidance on appropriate staffing levels and skill mix based on resident care needs. • Review of currently regulatory provisions under Regulation 15 which sets out the staffing requirements for nursing homes. 	Q4 2022
3.7	Social distancing facilities for residents and staff should be in place and maintained.	Each Nursing Home Provider	Ongoing	Implemented and Ongoing	Nursing Home Providers will continue the implementation of NHEP Recommendations in line with the latest Public Health advice. The Bilateral Project Group established between the Department of Health and HIQA will continue to examine both interim and longer-term legislative and regulatory reforms.	

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
3.8	Each provider should incorporate written plans on each of the above into their preparedness plan for review by HIQA.	Each Nursing Home Provider HIQA Compliance Oversight	Ongoing	Implemented and Ongoing	Nursing Home providers will continue implementation of the COVID-19 Nursing Home Expert Panel Recommendations in line with Public Health advice, Regulations and National Standards. The Bilateral Project Group established between the Department of Health and HIQA will continue to examine both interim and longer-term legislative and regulatory reforms.	Q4 2022
4.1.	Ensure all new residents coming from the community or proposed transfers from hospital are tested for COVID-19 prior to admission	Each Nursing Home Provider and HSE	Ongoing	Implemented and Ongoing	Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report. Implement the HSE National Service Plan 2022 stated Priority Areas for Action 2022 on Public Health / Health Protection which includes developing the Health Threats Programme and a comprehensive After-Action Review in 2022 of the public health responses to the COVID-19 pandemic and establishment of a multi-disciplinary advisory group on health protection emergency preparedness.	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
4.2.	Admissions should only be made to nursing homes who can demonstrate their infection control measures are of sufficient standard to ensure there is no risk of onward infection. HIQA should maintain a register of those nursing homes it deems to have demonstrated sufficient infection control standard reached, to support informed decision on admission in this regard.	Each Nursing Home, HSE and HIQA	Ongoing	Implemented and Ongoing	Nursing Home Providers will continue to manage nursing home admissions in line with Public Health advice and progress the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report. Implement the HSE National Service Plan 2022 stated Priority Areas for Action 2022 from a Public Health / Health Protection developing the Health Threats Programme including a comprehensive After-Action Review in 2022 of the public health responses to the COVID-19 pandemic and establishment of a multi-disciplinary advisory group on health protection emergency preparedness.	Q4 2022
4.3.	New Residents must be isolated according to HSPC protocol.	Each Nursing Home Provider	Ongoing	Implemented and Ongoing	Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report. Public Health / Health Protection will be developing the Health Threats Programme including a comprehensive After-Action Review in 2022 of the public health response to the COVID-19 pandemic and establishment of a multi-disciplinary advisory group on health protection emergency preparedness.	Q4 2022
5.1.	Log of all persons/staff entering nursing homes should be maintained by each nursing home and available for inspection by HIQA.	Each Nursing Home Provider/ HIQA (compliance oversight)	Ongoing	Implemented and Ongoing	Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report. The Chief Inspector (HIQA) will continue to monitor compliance with existing regulations and standards.	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
5.2.	Nursing homes should have a clear written back-up plan when regular staff cannot work or fail to turn up for work. This should be incorporated into the nursing home's preparedness plan for review by HIQA.	Each Nursing Home Provider/ HIQA (compliance oversight)	Immediate	Implemented and Ongoing	Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report. The Chief Inspector (HIQA) will continue to monitor compliance with existing regulations and standards during inspections. Enhancements to relevant regulations are being considered by the Dept as part of phase 1 of the regulatory framework review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.	Q4 2022
5.3	All Healthcare Assistants (HCAs) should have a relevant QQI Level 5 qualification or be working towards achieving it. A phased pathway towards achieving this should be in place. The requirement's inclusion in the regulatory framework should be considered.	Nursing Home Management	Each Nursing Home Provider.	Work in Progress	Nursing Home Providers will continue to progress implementation of this recommendation. The Strategic Workforce Advisory Group will complete its programme of work by September 2022. Following completion of the necessary policy considerations, legislative proposals, if required, will be developed to fully implement this recommendation as part of phase 2 of the regulatory framework review (during 2023).	Q4 2022
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	2020 Planning should commence immediately	Work in Progress	Staffing adjustments in pilot sites in line with staffing model being tested – Q2 and Q 3 2022 Complete impact assessment and evaluation - Q4 2022 Policy Development – End Q4 2022	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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		Complete	On completion of the piloting of the safe staffing model a national policy document will be progressed by the Chief Nursing Office of the Department of Health.	

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
5.6.	For the next 18 months or until the declaration of the end of the Global pandemic by WHO, staff employed by a nursing home should be precluded from working across multiple sites and adequate single-site employment contracts should be put in place to support this.	Each Nursing Home Provider (employment). HIQA (compliance oversight).	Planning should commence immediately	Implemented and Ongoing	<p>Nursing Home Providers will continue to implement this recommendation in as far as possible and where circumstances limit this possibility, risk management shall continue to be employed to mitigate risk of infection/ transmission of infection whilst ensuring safe resident care and appropriate staffing and skill mix on each shift.</p> <p>The HSE has established a working group under National Human Resources oversight to continue progressing the implementation of outstanding elements across recommendations 5.3, 5.6, 10.4 and 10.5. Through the NSP 2022, the HSE is increasing focus and commitment to supporting services through a number of streams, including:</p> <ul style="list-style-type: none">- Expansion of recruitment capacity and recruitment planning- Continued development and provision of employee support services- Continued strategic development of workforce planning- Training and development of staff through provision of internal and external educational supports- Supporting staff through the provision and signposting of professional advisory services- Supporting managers through the provision of compliance and reporting frameworks to support them in meeting the requirements of their roles.	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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	Work in Progress	<p>Further engagement by the Group with key relevant stakeholders in the sector will be undertaken in the next 2 to 3 months, in the form of one-on-one meetings with Stakeholders during March and facilitated workshops with Stakeholders during April.</p> <p>The Strategic Workforce Advisory Group is working to a tight timeline and is committed to providing a set of recommendations to Minister Butler by September 2022.</p>	Q3 2022
5.8	Occupational health and HR support, including psychological supports, for all staff is necessary and access should be put into place.	Each Nursing Home Provider	Immediately	Implemented and Ongoing	<p>As part of the NSP 2022 funding has also been confirmed for the Psychosocial Supports business case to provide a choice of supports to address the range of needs within a nursing home from group to individual sessions for residents, families, and staff, based on the principals of Psychological First Aid (PFA) in 2022. Planning is in progress to fund the provision of counselling for nursing homes across CHOs. A Psychosocial response webinar is also being held in May 2022 for nursing homes.</p> <p>National HR in the HSE is focused on contributing to a culture of increased organisational effectiveness, which continues to support the vision of the Corporate Plan 2021-2024, the Health Services People Strategy 2019-2024, and the objectives of the NSP 2022. It is committed to demonstrating how the organisation values and supports our staff, through:</p> <ul style="list-style-type: none">• Providing for staff who need occupational health support services to promote health, safety and wellbeing and assist in preventing staff becoming ill or injured as a result of hazards (including COVID-19)	

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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	Work in Progress	<ul style="list-style-type: none">• Providing for staff who need occupational health support services to promote health, safety and wellbeing and assist in preventing staff becoming ill or injured as a result of hazards (including COVID-19)• Physical, psychological, and personal supports for employees through implementation and integration of the Healthy Workplace Framework nationally and engagement with the World Health Organisation• Educational and guidance supports through facilitating and guiding service managers in managing their service recovery activities• Workforce planning and employee relations matters and managing and supporting staff through personal and professional difficulties, goals, and achievements	Q3 2022
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	Implemented and Ongoing	TThe GRO office is progressing further linkages having provided the HSE with the code linked to the death register and death data.	Q3 2023

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
6.2.	Implementation of Individual Health Identifier (IHI) as a matter of priority to enable tracking of patients between community and acute hwsospital sectors.	HSE and Department of Health	Progress should be made without delay	Work in Progress	From an Integrated Community Case Management System (ICCMS) perspective engagement is ongoing with the IHI team. Significant progress has been made in respect of this work and it is planned that IHIs will be integrated as part of the initial phase of the Integrated Community Case Management System (ICCMS). Direct interfacing between ICCMS and IHI will be facilitated by an HL7 (V2 or FHIR) API, served by the IHI Register and reachable via Healthlink messaging services.	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
					2022 IHI Priority Areas for action include: <ul style="list-style-type: none">Continued collaboration with Department of Health partners to enact additional elements of the Health Identifiers Act to further deliver on IHI benefits.Continued deployment of IHI services within the eVaccination Programme (Covid Care Tracker and COVAX Seeding, and IHI Integration, of GP Practice Management Systems with IHI).Seeding of PCRS systems with IHI.Seeding PAS systems with IHI, thereby enabling downstream seeding to MN-CMS, Med LIS, NIMIS.Progress the functionality for the provision of IHI numbers for new-born babies in conjunction with MN-CMS.Continue to progress the provision of the IHI for the NTPF to support the Scheduled Care Transformation Programme in relation to the management of waiting lists.Continue deployment of IHI to existing health solutions to enable the shared care record and the citizen health portal.Roll out recruitment programme in order to stabilise the HIDs service.	
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 – Lead with HIQA contributions	Introduce Within 18 months or sooner	Work in Progress	A joint working group across HSE Older Persons Change and Innovation and Operations has been formed to progress this work throughout 2022. HIQA is developing draft recommendations on the ICT enablement of older persons services. Themes identified for Recommendations included Strategy and Governance, Vision and roadmap, Standardized sharing of information and Improvement of user experience. The project has been included in HIQA's business plan for 2022. The final recommendations are expected in Q3 2022.	2022/23

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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	Work in Progress	Implementation is dependent on RHA go live date.	Q1 2023
6.5.	Introduction of the ability to link and track contacts into CIDR or using another data programme.	HSE (HPSC)	Planning should commence immediately	Work in Progress	The Outbreak Management System Project Group will to determine potential solutions and support the public health reform programme to select a preferred option.	Q2 2023
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	Work in Progress	The HSE Working Group is currently commissioning research support to ensure delivery of this recommendation. A report will be published on completion of a series of focus groups and analysis of experiences reported from specific case studies undertaken as part of this work.	Q4 2022
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	Complete		

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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	Work in Progress	A National Implementation Team will be formed by the HSE Head of Operations – Older Persons Services on behalf of the National Director – Community Operations to work alongside CHO Implementation Teams in order to provide oversight, ensure national consistency, facilitate sharing of learning, provide additional guidance where required, and to identify and mitigate implementation risks. The National Implementation Team will give particular priority to continued engagement and communication with all relevant stakeholders, including providers, staff, residents and family members on the role and responsibilities of these new teams. In Q1 2022 dedicated HSE Older People Operations resources with a focus on Long Term Care and Integration will work closely with Older Persons Strategic Planning and Transformation to provide a platform for CSTs standardization across policy development, implementation, operational guidance, and activity monitoring. They will also have responsibilities in relation to regulatory compliance, cost of care monitoring and efficiency reviews.	Q4 2022
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	Implemented and Ongoing	The CST operational guidance will document the clearly defined protocols for activating the team in the event of renewed surges and other infectious disease outbreaks of significant concern, including during out of hours.	Q4 2022
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	Work in Progress	On completion of the negotiations and engagements with key stakeholders recruitment of GPs to the agreed role will commence.	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
8.2	One of the GPs, already caring for their patients in a nursing home, will be appointed to the additional role as a nursing home's GP Lead, and working with the Person-in-Charge and other senior nursing home staff will contribute to the nursing home's general oversight and governance. The Person in Charge has overall responsibility for clinical governance.	Clinical - GP Lead Roles in CST and NH	Each Nursing Home Provider and GPs	Work in Progress	On completion of the negotiations and engagements with key stakeholders recruitment of GPs to the agreed role will commence. Following completion of the necessary policy considerations, legislative proposals, if required, will be developed to fully implement this recommendation as part of phase 2 of the regulatory framework review.	Q4 2022
8.3	The sessional commitment and remuneration for the post will be specified in a contract between the nursing home and GP lead; functions would include promoting the use of instruments like the Inter RAI Single Assessment Tool and the Clinical Frailty Score and optimising medication management, ensuring full compliance with e.g. influenza vaccine uptake for residents and staff in the nursing home and close liaison with community services and outreach services of acute Hospital Groups.	Clinical - GP Lead Roles in CST and NH	Each Nursing Home Provider and GPs	Work in Progress	On completion of the negotiations and engagements with key stakeholders recruitment of GPs to the agreed role will commence.	Q4 2022
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	Work in Progress	Funding has been provided to the HSE (€1.1M) in 2022 to progress the design and pilot testing of clinical governance committees to determine the design of a GP led model, in consultation with key stakeholders. Agreement will be secured between the HSE and GP representation on the GP Lead Role with a view to commencement by Q4 2022. Following completion of the necessary policy considerations, legislative proposals if required will be developed to fully implement this recommendation as part of phase 2 of the regulatory framework review.	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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	Work in Progress	Following completion of the necessary policy considerations, legislative proposals if required will be developed to fully implement this recommendation as part of phase 2 of the regulatory framework review work.	Q4 2022
8.6.	A clinical governance oversight committee should be established in all nursing homes and its inclusion in the regulatory framework should be considered – in the interim guidance on the role and composition should be developed. In time, one of the functions of this oversight committee should be to review quality indicator/resident safety reports and action appropriate follow-up. (see rec. 9.4)	HSE Guidance Department of Health (Regulation, if Required)	Within 6 months of publication of this Report Within 18 months of publication of this Report	Work in Progress	<p>The Clinical Governance Interagency Steering Group will be convened by the Department of Health in Q2 2022. To advance its work, the Steering group will oversee a process of structured engagement with relevant stakeholders to ensure a range of experience and perspectives is considered and agree and implement a suitable engagement process.</p> <p>Informal exploratory discussions have occurred with relevant stakeholders and invitation letters will be sent to cross departmental agencies for the inaugural meeting of the Clinical Governance Interagency Steering Group which will be held in Q2 2022, along with the draft scoping document and draft terms of reference. Consultation with stakeholders will commence in Q2 2022.</p> <p>The HSE will progress the funded work programme on clinical governance in collaboration with the DoH during 2022. It should be noted that dependencies remain on work ongoing across other Recommendations (8.2, 8.3, 8.4 and 9.5) related to the GP Lead role and which will need to be aligned.</p>	

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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	Complete	<p>Nursing home providers will continue their present arrangements with GPs/MOs to implement the recommendations of the COVID-19 Nursing Homes Expert Panel Report, including those relating to the HSE's responsibilities as providers of long stay residential care facilities.</p> <p>Following completion of the necessary policy considerations, legislative proposals if required will be developed to fully implement this recommendation as part of phase 2 of the regulatory framework review work being undertaken by Bilateral Project.</p> <p>The findings of the detailed analysis will be used to inform the work of the Safe Staffing Taskforce, Strategic Workforce Advisory Group and Persons In Charge Working Group.</p>	
9.2.	It is essential to have strong informed nursing leadership on site in all nursing homes with a documented contingency plan for when leaders are absent. These plans should be incorporated into preparedness plans. They should be available for inspection by HIQA.	Each Nursing Home Provider. HIQA (compliance oversight)	Ongoing	Implemented and Ongoing	<p>Nursing home providers will continue to implement this recommendation.</p> <p>The PIC Working Group will continue development of roles and responsibilities of PIC.</p> <p>The Bilateral Regulatory Reform Group will progress proposals to modify regulations cognisant of the outputs of the working group in due course.</p>	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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	Work in Progress	The Department of Health led working group has met on two occasions and invitation letters will be sent out to relevant stakeholders for submissions and further consultation in Q2 along with a questionnaire to establish the challenges and requirements in the sector. Consideration of any necessary changes to the regulatory framework will be undertaken once a framework on the roles and responsibilities has been agreed.	Q4 2022
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 within 18 months	Work in Progress	Nursing Home Providers will continue to collate and review quality indicators/resident outcome metrics pending the development of the national policy and regulation. The Department of Health will continue work already commenced in relation to the consideration of policy options with regard to resident safety models, this will include engagement with all stakeholders. Following completion of the necessary policy considerations, legislative proposals if required will be developed to fully implement this recommendation. [as part of phase 2 of the regulatory framework review.	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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.	Nursing Home Staffing/ Workforce	Department of Health and HSE	Work in Progress	The Clinical Governance Interagency Steering Group will be convened by the Department of Health in Q2 2022. To advance its work, the Steering group will oversee a process of structured engagement with relevant stakeholders to ensure a range of experience and perspectives is considered and agree and implement a suitable engagement process. The HSE will progress the funded work programme on clinical governance in collaboration with the DoH during 2022. It should be noted that dependencies remain on work ongoing across other Recommendations (8.2, 8.3, 8.4 and 9.5) related to the GP Lead role and which will need to be aligned. Following completion of the necessary policy considerations, legislative proposals if required will be developed to fully implement this recommendation as part of phase 2 of the regulatory framework review work being undertaken by Bilateral Project.	Q4 2022
10.1.	HSE training programmes, such as e.g. HSELandD, should continue to be made available to private nursing homes and an appropriate governance structure established,	HSE	Ongoing	Complete	HSELandD will continue to be available to all nursing home staff in line with policy and guidance.	

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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.	Planning should commence immediately	Implemented and Ongoing	Continue to develop education and training programmes to support staff to comply with the Assisted Decision-Making (Capacity) Act 2015, the HSE National Consent Policy, Part 3 of the Disability Act 2005, the Irish Human Rights and Equality Act 2014 (Public Sector Duty) and other human rights and equality policy and legislation. Develop and implement a plan on Advance Healthcare Directives, including education and training programmes for staff and services, practice guidelines and research in the area.	Q4 2022
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	Work in Progress	The final Codes to be published by the Director, with the consent of the Minister of Health, in accordance with the process outlined in the Act.	Q2 2022
10.4.	Staff training and career development programme with a requirement that senior nursing staff will have undertaken post-graduate gerontological training and show general evidence of training competency. A phased pathway towards achieving this should be in place with clear targets set, and regulatory oversight provided to ensure that targets are met.	Each Nursing Home Provider Department of Health and HIQA (Regulation if required) HIQA (Compliance oversight)	Phased pathway and targets should be developed within 9 months (provider, with regulation developed as required (Department of Health)). Each Nursing Home Provider should have a compliance plan within 3 months thereafter	Work in Progress	Quantifying the number of training places required will be informed by accurate workforce planning data, availability of appropriate education programmes and/or competency frameworks and outcomes from the Safe Staffing and Skill Mix Framework Phase 3 and Recommendation 9.3. Work will continue across the nursing home sector to encourage and support nursing staff participation in this education programme. Following completion of the necessary policy considerations, legislative proposals if required will be developed to fully implement this recommendation as part of phase 2 of the regulatory framework review.	Q2 2024

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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). Each Nursing Home Provider (compliance plan and pathway for all staff).	Phased pathway and targets should be developed within 9 months with regulation as required (Department of Health regulatory and HIQA compliance oversight). Each Nursing Home Provider should have a compliance plan within 3 months thereafter.	Implemented and Ongoing	The recommendations of the Strategic Workforce Advisory Group will be presented to the Minister for Health for consideration and implementation. Nursing home providers will continue to support the development of a sustainable clinical workforce by addressing key challenges around the education, professional development, specialist, and advanced practice, recruitment, and retention of HSCPs, and nursing staff. Nursing home providers will support the development of the nursing resources from graduate to specialist and advanced practice through education, guidance, advice and monitoring of numbers in the post of advanced nurse practitioner. An overarching framework for progressing advanced practice across HSCPs working on strategic reform programmes to deliver enhanced senior clinical decision-making capacity and timely access to care for residents of nursing homes will be progressed through the HSE Education Working Group.	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
11.1	Every nursing home should be linked with the Community Palliative Care Team in their catchment area	HSE and each nursing home provider	Within 2 months	Complete	Nursing Home providers will continue to progress implementation of this recommendation. The HSE and Irish Hospice Foundation have received funding to progress the roll out of a five-year education and training programme on End of Life and Bereavement Care. This has direct synergies with the Palliative Care programme and opportunities to link and promote the palliative care education and training supports will be used over the course of the programme to support nursing home providers and staff to engage with and complete palliative care education and training.	
11.2	Visitor guidelines – individual assessments should be undertaken and documented, and compassionate visiting should be followed as recommended by the HSE and in line with HPSC visiting guidance. They should be available for inspection by HIQA.	Each Nursing Home Provider. HIQA (Compliance oversight).	Immediately and ongoing	Implemented and Ongoing	Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report in line with direction given by the National Public Health Emergency Team and current Public Health guidance. The Chief Inspector will continue to ensure that residents have been facilitated to receive and welcome visitors in line with public health guidance. Enhancements to relevant regulations are being considered by the Dept as part of phase 1 of the regulatory framework review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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.	Work in Progress	Recruitment of 9 Regional Leads for Nursing Homes Programme (Supporting Palliative, End of Life & Bereavement Care) is currently underway. Networks of practice will be created for all nursing homes through which End of Life and Bereavement Training will be facilitated. Work will continue to progress establishment of the National Hospice-Friendly Residential Care Settings Programme in partnership with the Irish Hospice Foundation and the All-Ireland Institute for Hospice and Palliative Care, in line with the COVID-19 Nursing Homes Expert Panel Report recommendation.	Q4 2026
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	Implemented and Ongoing	HPSC will continue to update guidance as required in line with latest epidemiology and Public Health advice. Nursing Home Providers will continue to facilitate visiting for families and friends of nursing home residents in line with HPSC and Public Health advice. The Chief Inspector (HIQA) will continue to monitor compliance during inspections.	Q4 2022
12.2	Infrastructural adaptations may be needed including visiting rooms that can facilitate visits from friends and family.	Each Nursing Home Provider	Immediately	Implemented and Ongoing	HPSC will continue to update guidance as required in line with latest epidemiology and Public Health advice. Nursing Home Providers will continue to facilitate visiting for families and friends of nursing home residents in line with HPSC and Public Health advice. The Chief Inspector (HIQA) will continue to monitor compliance during inspections.	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
12.3	End of life visiting must be arranged on compassionate grounds based on clinical judgement and take account of public health measures.	Each Nursing Home Provider	Ongoing	Implemented and Ongoing	Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report in line with Public Health and HPSC guidance. The Chief Inspector (HIQA) will continue in its role as Chief Inspector to monitor compliance during inspections.	Q4 2022
13.1	Meaningful communications with residents and families should take place regularly in relation to visiting protocols, changes in processes and explanations relating to same.	Each Nursing Home Provider	Ongoing	Implemented and Ongoing	Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report in line with good practice and current Public Health advice. HPSC will continue to engage with key stakeholders in the development of up-to-date date visiting guidance in line with Public Health advice. The HSE is developing Communication Guidelines to be finalised and issued in early 2022 to offer nursing home managers and teams a practical guide to communications within the facility, and an emphasis on learning from our shared experience with COVID-19. The guide will be voluntary, self-guided, and suitable for private and public facilities. Enhancements to relevant regulations are being considered by the Dept as part of phase 1 of the regulatory framework review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
13.2.	Clear communications plans with residents to provide information on the ongoing situation should be developed and documented regularly. HIQA should examine these as part of the inspection process. Providers should provide regular updates about residents to families.	Each Nursing Home Provider HIQA (Compliance Oversight)	Ongoing	Implemented and Ongoing	Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report. The HSE is developing Communication Guidelines to be finalised and issued in early 2022. Enhancements to relevant regulations are being considered by the Dept as part of phase 1 of the regulatory framework review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.	Q4 2022
13.3.	Phone lines must be maintained- and additional reception / communications staff planned for at busy periods. Purchase tablet computers if relevant and review IT solutions for use by individual residents to assist with family and friend communication and review of facilities to ensure all have access to Wi-Fi facilities. Each provider should document its review and action plan in this regard and make it available to residents, families and HIQA	Each Nursing Home Provider	Within 3 months of publication of this report	Implemented and Ongoing	Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Homes Expert Panel Report. While there is a regulation for communication difficulties (regulation 10) HIQA advocated for this regulation to be enhanced in its submission to the Minister in July 2020. Enhancements to relevant regulations are being considered by the Dept as part of phase 1 of the regulatory framework review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area. The Chief Inspector (HIQA) will continue to work with the Department of Health to progress both interim and longer-term legislative and regulatory reforms.	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
13.4.	Dedicated staff should be assigned/ appointed to facilitate social activities and communication with families. Assignments/appointments should be documented with clear activity and communication plans and records in place and available for HIQA inspection.	Each Nursing Home Provider HIQA (Compliance Oversight)	Within 3 months of publication of report	Implemented and Ongoing	Nursing Home Providers will continue the implementation of the key recommendations from the Covid-19 Nursing Home Expert Panel Report in line with Public Health advice and national standards. The Chief Inspector (HIQA) will continue to monitor provision of resident activities at inspection. Enhancements to relevant regulations are being considered by the Dept as part of phase 1 of the regulatory framework review. The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area.	Q4 2022
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 NPHEI, 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 communication within 1 month thereafter.	Complete	COVID-19 Response: Nursing Homes; Overview of Roles of Key Stakeholders is a living document and will be updated periodically, where the need arises, as the response to COVID-19 and the implementation of the Expert Panel's recommendations evolves.	

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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	Implemented and Ongoing	The Bilateral Project Group established between the Department and HIQA will examine proposals in relation to this area. Regulation 27 will continue to be assessed at inspection in 2022. Recruitment to inspectorate will be completed and impact of these additional roles will be monitored during 2022.	Q4 2022
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	Implemented and Ongoing	Recruitment will continue to ensure that the older person's pillar can fill vacant posts and replace staff that leave or retire.	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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.	Work in Progress	<p>A General Scheme is being prepared to be submitted to Government for approval.</p> <p>It is expected that, subject to Government approval, a draft General Scheme will be published in Q2 2022, with a Bill being developed and published thereafter.</p> <p>In addition, proposed enhancements to secondary legislation arising from the Bilateral Project Group's examination will be further developed and considered for approval by the Department and the Ministers by summer 2022.</p> <p>Phase 2, a wider, root and branch review of the regulator model will commence in Q3 2022, considering a programme of longer-term strategic reform considerations arising from inter alia pandemic learning.</p> <p>At the request of the Minister for Health and the Minister for Mental Health and Older People, HIQA is undertaking an international evidence review of nursing home regulatory models. Progress to date includes the commencement of an international literature review, two rapid reviews, and the launch of an online survey and interviews with key informants. The International Evidence Review is due to conclude in September 2022. This evidence review will support, with necessary evidence the longer-term reform of the regulatory framework.</p>	Q4 2022
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	Implemented and Ongoing		Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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	Work in Progress	<p>A General Scheme is being prepared to be submitted to Government for approval.</p> <p>It is expected that, subject to Government approval, a draft General Scheme will be published in Q2 2022, with a Bill being developed and published thereafter.</p>	Q4 2022
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 longer-term reform should be pursued as a key component of the intended Commission on Care.	HSE and each nursing home provider in the short term	Inline with timelines for relevant recommendations in this report.	Work in Progress	In line with NHEP recommendations (1.2, 7.1, 7.2, 8.1), these teams will be transitioned into permanent Community Support Teams (CSTs) during 2022 with one CST to be established in each of the nine Community Health Organisation (CHO) areas. CSTs will provide continued support in terms of preparedness planning and outbreak management, and will also facilitate closer integration of nursing homes, regardless of public/private/voluntary status, with the wider health and social care system contributing to enhanced integration of older persons services.	Q4 2022
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	Implemented and Ongoing	A new Patient Advocacy Service contract will be put in place from November 2022 and as part this contract, it is intended to extend the Patient Advocacy Service to all nursing homes. An approach and the phases for this will be agreed once the successful tender has been selected. The intended expansion of the Patient Advocacy Services' remit to all nursing homes in the lifetime of the next PAS contract is a significant initiative.	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
					<p>In preparation, the Department has commissioned a review of complaints policies of nursing homes in Ireland and internationally. This review will include engagement with all stakeholders and will inform the development of any necessary enablers, including policy, legislative and/or guidance instruments, to support best practice and standardisation of complaints processes and to facilitate the effective rollout of the Patient Advocacy Service across the nursing home sector (as enabled by legislative and regulatory structures).</p> <p>Although a complaints procedure is required by all nursing homes under the Care and Welfare Regulations 2013, a standardised approach is not prescribed. As part of its review, Crowe will be engaging with key stakeholders such as the HSE, HIQA, a representative body for private and voluntary nursing home providers, the Office of the Ombudsman and advocacy groups to gain their perspectives on current complaints procedures, suggestions for improvement and their views on what possible components of an ideal complaints process.</p>	

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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	Work in Progress	<p>Future work will include consultation directly with nursing home staff, residents and families which will be important in the further scoping phases of the research process to identify person-centred views and opinions on the culture and values that underpin clinical complaints and patient safety incidents relating to nursing homes services. It is intended that the clinical complaints policy and legislation will ensure a suitable standardised structure and process is implemented across the Irish healthcare system.</p> <p>Continue to progress amendments to the Patient Safety Bill to enactment.</p>	Q4 2022
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	Implemented and Ongoing	<p>Enable service users to have a meaningful and active role in service innovation and design by building on the existing patient engagement within the national clinical programmes to expand the co-design of services.</p> <p>Engaging with the Patient Advocacy Service in order to enable learning and drive service improvement.</p> <p>E-learning modules are available on both HSElanD and on HIQA website to optimise reach. Module uptake and dissemination will continue to be reviewed by HIQA Standards team in 2022, including an evaluation survey with participants of e-learning modules, to assess if any updates required.</p> <p>The HIQA Standards Team will develop an additional e-learning module on the Fundamentals of Advocacy for health and social care staff in 2022. The aim of this e-learning module is to ensure all staff working in nursing homes understand what advocacy is, the different levels of advocacy and their role in relation to advocacy. A project team is in place for 2022 to develop this.</p>	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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	Work in Progress	<p>Implement action plan for community waiting lists – specifically as set out in Table 2 below extracted from the Waiting List Action Plan 2022 which are due to be completed by Q4 2022.</p> <p>· HSE Services for Older Persons will contribute to the continued enhancement of community care services by implementing and delivering a new integrated Model of Care for Older Persons. This will enable increased access to care and supports at home and in the community, thus reducing the requirement for long-term residential care and acute services. Integrated care service model key priority actions for 2022 include:</p> <p>Continuing the roll-out of 30 community specialist teams for older persons in tandem with enhancing front-door frailty teams</p> <p>Operationalising priority care pathways for falls, frailty, and dementia in tandem with enhanced CHNs</p> <p>Establishing one community support team in each of the nine CHOs to proactively support providers of long-stay residential care facilities for older persons, as recommended by the COVID-19 Nursing Homes Expert Panel Report.</p> <p>This Recommendation has dependency on GP Negotiations (see Rec 8.4) and CST (Rec 7.1, 7.2) implementation.</p>	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
15.6.	Access to home support should be expanded and prioritised.	HSE and Department of Health	Immediately	Implemented and Ongoing	<p>During 2022, in support of older persons, the HSE will also continue to take forward the implementation of new integrated models of home and community support. This will enable increased access to care and supports at home and in the community, thus reducing the requirement for long-term residential care and acute services.</p> <p>The proportion of the population over 65 who are in Nursing Homes Support Scheme (NHSS) long-stay care will be reduced by repurposing existing or developing additional intermediate, rehabilitation, reablement and outreach services and providing more home support hours. Specific actions include:</p> <ul style="list-style-type: none">• Undertake a review of the model of service delivery in preparation for the statutory home support scheme to include workforce and public / private provision• Design, pilot, and evaluate the proposed reformed delivery model to inform the new home support statutory scheme, supported by the national roll-out of the InterRAI assessment system• Progress development of a Home Support Management System based on the recruitment gathering needs identified to date via the Integrated Community Case Management (ICCS) project. See Rec 6.3 <p>The second advisory group meeting will take place in March 2022 and the third meeting in September 2022.</p> <p>A public consultation will be conducted on the draft standards for homecare and support in 2022, following the DoH public consultation on the draft government regulations.</p>	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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.	Work in Progress	<p>In order to fully support the use of InterRAI as the assessment methodology and process for assessing care needs vis-à-vis home support and residential care, the Department of Health, with the support of the HSE, will develop an overarching national policy framework. This will include, where appropriate, the translation of key principles of operational protocols and policies into a national policy, in line with the COVID-19 Nursing Homes Expert Panel recommendation. A national policy will support the coherent and consistent use of InterRAI nationally. This core policy framework will also inform and support additional policy development over time, including the development of care banding, resource utilisation groups and other related policy work (e.g., a reformed system of pricing for residential care under the Nursing Homes Support Scheme).</p> <p>The InterRAI Care Needs Coordinator role has been approved. The Care Needs Coordinator role will be multi-purpose. The role will facilitate the introduction and integration of InterRAI into the care process and pathways. They will be the centre point for InterRAI within the team, promoting its use and familiarising staff with InterRAI. The role will also collaborate with the wider multidisciplinary team in the development and implementation of care plans across the care continuum in conjunction with the client and their family.</p> <p>A joint HSE-DoH Care Needs Assessment Policy Development Working Group is being established by the Department to assist in informing the development of national assessment policy, having regard to the HSE operational policy, and learning from the statutory home support testing.</p>	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
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	Ongoing	Work in Progress	<p>This programme of work will continue into 2022 and includes:</p> <ol style="list-style-type: none">1. Introduction and roll out of InterRAI assessment tool has commenced as outlined in Recommendation 15.7.2. HRB have commenced an international evidence review on care banding.3. Home Support Pilot: The HSE is currently undertaking a Home Support Pilot in 4 CHO areas. The pilot phase is to continue for 6-month and to be evaluated over a 12-month period from commencement.5. The publication of the ESRI Report entitled, Home Support Services: Exchequer and Distributional Impacts of Financing Options (March 2022). This report is the final output from a programme of research, on the demand for and cost of home support. This research will enhance the evidence base for the development of the funding options for the new scheme.6. Regulations Consultation: In collaboration with HIQA, the Department will develop draft regulations with a targeted stakeholder consultation being undertaken in January 2022. This feedback will inform amendments in the draft regulations in advance of a public consultation planned in Q2 2022. A regulatory impact analysis will be undertaken by the Department in 2022 to ensure effectiveness and mitigate risks.	Q4 2022

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
					7. Development of quality standards: HIQA has convened an Advisory Group, with representation from the Department of Health, to assist in the process of developing the Draft National Standards. 8. A Cross-Departmental Strategic Workforce Advisory Group will be established to examine strategic workforce challenges, in front-line carer roles in home support and nursing homes. The Group will provide a forum for agreement on strategic approaches to address the workforce challenges in the sector and develop a report for Minister Butler's consideration outlining the Group's key findings, recommendations, and a proposed action plan to support implementation of these recommendations to include periodic monitoring of progress. Alongside the programme of work to develop a statutory scheme for homecare, work is also underway to deliver improvements to the existing statutory scheme for residential care, the Nursing Home Support Scheme. This includes: 1. The NTPF Pricing Review – The NTPF's review of the pricing system for private and voluntary nursing homes was published in 2021. The review made four recommendations for reform of the pricing system. Implementation of these recommendations is now being taken forward under an implementation steering group.	

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
					2. Value for Money Review – the Final Report of the Value for Money and Policy Review (VFMPR) of Nursing Home Care Costs was published on 21 December 2021. The report made nine recommendations to address the issues identified, all of which are now being taken forward. These include, for example, undertaking a detailed audit of costs in public nursing homes and developing a model for allocating funding based on the different dependency levels of nursing home residents.	
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	Work in Progress	Work is underway in the Department which will assist with the design of a bespoke case mix classification/resource allocation model for Ireland's statutory home support scheme and residential care service. This includes the commissioning of an evidence review which will examine linking care bands to resource allocation for home support and long-term residential care. Data collected from the testing of a reformed model of home support service delivery will enhance the evidence base in this regard. In order to fully support the use of interRAI as the assessment methodology and process for assessing care needs vis-à-vis home support and residential care, the Department of Health, with the support of the HSE, will develop an overarching policy framework.	Q4 2024

#	Recommendation	Suggested Lead Agency	Suggested Timeframe	Current Status	Next Steps	Planned Timeline
					The National Home Support Office that will collect and analyse data from Inter Rai assessments which will be critical in determining how to integrate care needs assessment into the NHSS. The use of care needs assessment to determine funding under the Nursing Homes Support Scheme is to be determined in the context of the implementation of the NTPF Pricing Review's recommendation to amend the pricing process to allow for high dependency residents, which draws together a number of workstreams. Progress will be monitored through existing NHSS oversight structures. It must be recognised that any change to the funding model will require legislative amendments, which must be considered carefully in order to avoid any undesirable consequences or interactions.	
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	Work in Progress	The Department is preparing to engage in a multi-annual programme of work that will inform the strategic direction and policy which in turn will underpin the model of service and funding in line with the agreed vision, and a system to support its implementation.	Q4 2024
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	Work in Progress	The Inter RAI Care Needs Coordinator will collaborate with the wider multidisciplinary team in the development and implementation of care plans across the care continuum in conjunction with the client and their family. The International Evidence Review is due to conclude in September 2022. This evidence review will support, with necessary evidence the longer-term reform of the regulatory framework.	Q4 2024
15.12.	The National Care Experience Programme expansion to nursing home residents should be progressed at pace.	HIOA	Within 18 Months of publication of this Report.	Work in Progress	The National End of Life Care survey will run until mid-May 2022.	Q2 2023

