



COVID-19 Nursing Homes Expert Panel Impact Assessment

Report for Nursing Homes Ireland

August 2021

CONTENTS

LIST OF FIGURES	3
LIST OF TABLES	4
EXECUTIVE SUMMARY	5
1. INTRODUCTION	17
1.1 The Pivotal Role of the Nursing Home Sector in the Health System	17
1.2 The Impact of Covid-19 on the Nursing Home Sector	19
1.3 Comprehensive, Efficient and Empathetic Response	19
2. APPROACH AND METHODOLOGY	24
2.1 Data, Policy and Strategy Review	24
2.2 Stakeholder Consultations	28
2.3 Interpretation and analysis of Expert Panel Report Recommendations	29
3. IMPACT OF IMPLEMENTING EXPERT PANEL RECOMMENDATIONS	33
3.1 Community Integration	33
3.2 Strategic Workforce Planning and Education	36
3.3 Funding	39
3.4 The Built Environment	41
3.5 Technology Capabilities and Enablers	42
3.6 Clinical Governance and Reporting	43
3.7 Clinical and Operational Processes and Procedures	46
3.8 Support required to address key sectoral challenges	48
4. MAKING IT HAPPEN	52
4.1 Establish single multi-agency group with adequate representation from across the continuum of care	53
4.2 Establish structures and dedicated resourcing	54
4.3 Mobilise the programme	55
4.4 Clear outcome-based performance metrics	56
4.5 Conclusion	56
Appendix A – Glossary of Terms	58

LIST OF FIGURES

<i>Figure 1: 15 Functional Areas, with 86 Individual Recommendations.....</i>	<i>6</i>
<i>Figure 2: Proposed Programmes of work.....</i>	<i>15</i>
<i>Figure 3: Key Demographic Statistics</i>	<i>18</i>
<i>Figure 4: Key Challenges with a Growing Aging Population.....</i>	<i>18</i>
<i>Figure 5: Nursing Home Sector at a Glance.....</i>	<i>18</i>
<i>Figure 6: Key Government Strategies, Policies and Guidelines in light of COVID-19</i>	<i>22</i>
<i>Figure 8: Community Integration Heat Map.....</i>	<i>34</i>
<i>Figure 9: Strategic Workforce Planning and Education Heat Map</i>	<i>38</i>
<i>Figure 10: Funding and The Build Environment Heat Map</i>	<i>41</i>
<i>Figure 11: Technology Capabilities and Enablers Heat Map</i>	<i>42</i>
<i>Figure 12: Clinical Governance and Reporting Heat Map.....</i>	<i>45</i>
<i>Figure 13: Clinical and Operational Processes and Procedures Heat Map.....</i>	<i>47</i>
<i>Figure 14: Proposed Governance Structure.....</i>	<i>54</i>
<i>Figure 15: Implementation Programme Structure.....</i>	<i>56</i>

LIST OF TABLES

<i>Table 1: Approach and Methodology.....</i>	<i>6</i>
<i>Table 2: Established Teams / Groups and their Remit / Purpose</i>	<i>13</i>
<i>Table 3: Established Teams / Groups and their Remit / Purpose</i>	<i>21</i>
<i>Table 4: Key Strategies and Reports Published</i>	<i>22</i>
<i>Table 5: Datasets Reviewed</i>	<i>24</i>
<i>Table 6: Reports Reviewed.....</i>	<i>25</i>
<i>Table 7: Case Studies Reviewed</i>	<i>27</i>
<i>Table 8: Nursing Homes Consultation.....</i>	<i>28</i>
<i>Table 9: Impact Heat Map Categorisation</i>	<i>32</i>
<i>Table 10: Proposed Programmes of Work</i>	<i>55</i>

EXECUTIVE SUMMARY

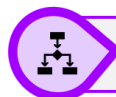
Introduction

The Covid-19 pandemic has disproportionately affected older people and has had a profound impact on the nursing home and residential care sector in Ireland and worldwide. Covid-19 has also exposed weaknesses in how our health systems support the nursing home sector that must be addressed. The National Public Health Emergency Team (NPHE) recommended the establishment of an Expert Panel to examine the issues regarding the management of Covid-19 in nursing homes. The '*Covid-19 Nursing Homes Expert Panel: Examination of Measures to 2021*' Report¹ was published in August 2020 and contains a range of recommendations in line with lessons learned and best practice, aiming to safeguard the residents in nursing homes over an immediate period of 12-18 months and thereafter, into the longer term¹.

Nursing Homes Ireland (NHI) commissioned Accenture to undertake a review and analysis of the Covid-19 Nursing Homes Expert Panel Report and its 86 recommendations. The objective of this Accenture review was to:



Understand the impact that implementing the recommendations will have on the nursing home sector: including additional supports required



Outline an implementation framework to deliver the recommendations and realise sustainable change and improvement for the sector and its residents

This review is person-centric in its focus and outlines tangible steps that should be undertaken to deliver on the recommendations of the Expert Panel. The report assesses the implications these recommendations will have on the nursing home sector and essential considerations for their effective implementation. It details the necessary commitment, leadership and collaboration needed for implementation, ultimately, supporting the delivery of real and sustainable improvements through transformation across the continuum of care for older people.

While the long-term timeline and impacts of Covid-19 are still unknown, it is clear that health and social care services need to plan for future healthcare emergencies and the long-term sustainability of sector. This pandemic and the Expert Panel's recommendations have reinforced the urgent need to create systems where collaborative actions and integrated care is resident focussed and will ensure 'care is better planned, better coordinated, better delivered and easier to access'²

Background and Context

Nursing homes form a vital part of the tapestry of our health system and a critical component of a well-functioning health service, providing compassionate, high-quality residential care to our most vulnerable population³.

¹ Department of Health. (2020). COVID-19 Nursing Homes Expert Panel: *Examination of Measures to 2021*.

² HSE. (2013) Making a start in Integrated Care for Older Persons: *A practical guide to the local implementation of Integrated Care Programmes for Older Persons*.

³ National Clinical & Integrated Care Programmes. (2018). Implementing Integrated Care for Older Persons in Ireland: *Early stage insights and lessons for scale up*.

- There are currently **over 32,000 registered nursing home beds** in Ireland, 80% of these are private and voluntary, with the balance operated by the Health Service Executive (HSE).⁴
- In Ireland, **94.5%** of all nursing home residents are aged **65 and older**, and **49.2%** aged **85 years and older**⁵. The significant majority of residents have underlying health conditions and co-morbidities and have been assessed by multidisciplinary teams as requiring residential care⁶.
- Based on the current service models, the requirement for long-term care admissions is expected to increase by 50% in the next 12 years. **An estimated 7,500 additional nursing home beds** required to be delivered by 2026, simply to address the projected population growth⁷.

The Expert Panel undertook a detailed assessment and described the impact of Covid-19 for Nursing Home Providers as *'both shattering and frightening'*. Through a combination of in-depth data analyses, stakeholder engagement/submissions, literature and evidence reviews, 86 recommendations, across 15 related areas are specified in the Expert Panel Report. Associated timelines for implementation were also included. Each recommendation has an assigned agency, who is either wholly or partly responsible for its implementation. Figure 1 below summarises the 15 areas covered by the Expert Panel Report with associated number of Expert Panel recommendations per area:

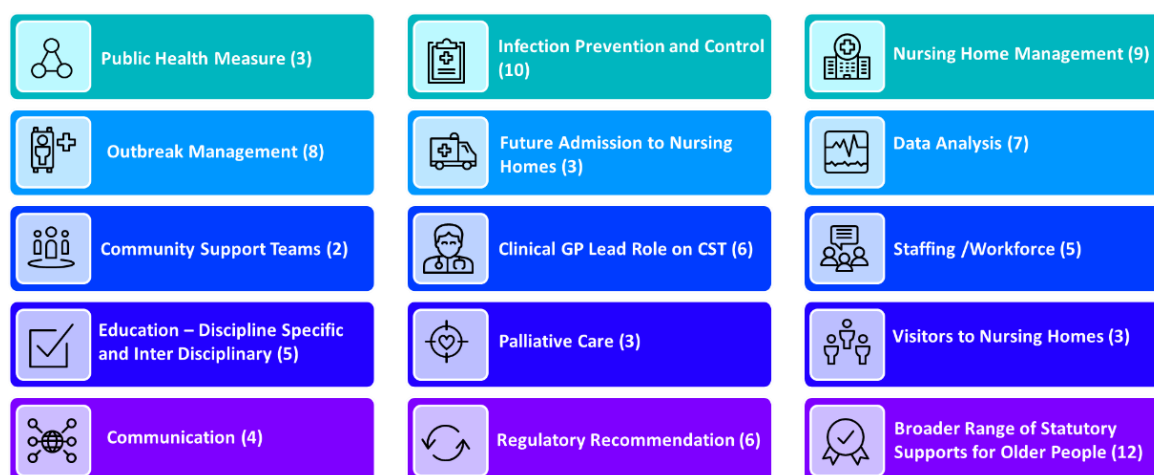


Figure 1: 15 Functional Areas, with 86 Individual Recommendations

This Accenture report for NHI was developed through engagement with a wide range of stakeholders and a review of relevant sectoral data and reports, as outlined in the table below.

Table 1: Approach and Methodology

Over 40 hours of consultations with multiple stakeholders, Including:	<ul style="list-style-type: none"> ✓ Individual Nursing Homes ✓ Nursing Home Groups ✓ Department of Health ✓ HSE ✓ HIQA ✓ Expert Panel Representatives ✓ NHI Clinical and Non-Clinical Representatives
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⁴ BDO. (2019). A financial overview of the private nursing home sector.

⁵ Department of Health. (2019). Health in Ireland – Key Trends 2019

⁶ National Clinical & Integrated Care Programmes. (2018). Implementing Integrated Care for Older Persons in Ireland: *Early stage insights and lessons for scale up*.

⁷ CBRE. (2020). Shortage of Nursing Homes Expected to become more acute. – [Link](#)

Data, Literature and Documentation Reviews	<ul style="list-style-type: none"> ✓ Analysis of sector data and epidemiology statistics ✓ Healthcare policies, strategies and points of view ✓ International best practices and lessons learned ✓ Relevant progress reports, briefings, minutes, and status updates
Interpretation and analysis of recommendations	<p>In-depth examination of the 86 Expert Panel recommendations with NHI clinical advisors to define;</p> <ul style="list-style-type: none"> ✓ Key activities and deliverables required by nursing homes to deliver the recommendations ✓ The desired outcomes for each activity ✓ The impact of the Expert Panel recommendations implementation on nursing homes ✓ A structured Programme of work to support the delivery of the recommendations

The Impact of Covid-19 on the Nursing Home Sector: Supports provided and required on a sustainable basis

The pandemic has brought significant challenges to health and social care services. This has been acutely felt by the nursing home sector due to the vulnerable resident population it serves, having a profound emotional and physical effect. As of the 9th March 2021, 4,160 deaths from Covid-19 have been recorded in Ireland, with over 92% of those deaths in the 65+ age group⁸.

The Expert Panel acknowledged the 'significant efforts made by nursing home staff in their care of residents throughout the pandemic' and recognised that 'healthcare staff worked tirelessly and with admirable resilience to continue to provide care to residents'.

In response to the pandemic a suite of wide-ranging measures was established for all public, private and voluntary nursing homes. These supports included;

- Area Crisis Management Teams established the COVID 19 Response Teams (CRT). The CRTs are a vital component to the management of outbreaks within long-term care facilities (LTCF) working with centres to upskill staff in IPC guidance implementation, PPE provision, public health advice, provision of staff and support with governance⁹.
- A temporary Covid-19 Financial Support Scheme (TAPS) was introduced by government to support the critical services provided by nursing homes. The Scheme was introduced to contribute towards the additional operational costs experienced by private and voluntary nursing homes in the management of Covid-19¹⁰.
- Bi-weekly serial testing is now conducted for all staff in nursing homes and a quick turnaround of results is provided within 24-48 hours.
- The HSE and NHI worked closely to plan and co-ordinate the roll-out of the Covid-19 vaccine to all residents and staff in nursing homes across the country.

Following confirmation of the first case of Covid-19 in Ireland, NHI took an immediate and proactive approach to support private and voluntary nursing homes residents;

- On March 6th 2020 they recommended the introduction of nationwide visiting restrictions for private and voluntary nursing homes. Following visitor restrictions, NHI compiled a list of the

⁸ HPSC. (2021). Weekly Report on the Epidemiology of COVID-19 in Ireland Week 9. – [Link](#). Please note this is an ever-evolving figure and was taken from a point in time.

⁹ HSE. (2020). Winter Planning within the COVID-19 Pandemic: *October 2020 – April 2021*.

¹⁰ HSE. (2020). Temporary Assistance Payment Scheme for nursing homes (Covid-19). – [Link](#)

types of additional activities that staff could offer to continue to support nursing home residents and ways of ensuring residents could remain in contact with their families.

- NHI launched a similar recruitment drive to the HSE's 'Be on call for Ireland' campaign, for private and voluntary nursing homes, requesting healthcare professionals from all disciplines not currently working in the public health system to come forward and support the fight against Covid-19. This was to ensure a staffing complement is consistently available to meet the needs of nursing home residents especially at a time of emergency.

In as far as was practicable, nursing home providers also made significant changes to the physical layout of their nursing homes to adhere to the IPC guidelines around social distancing, isolation and cohorting. Several nursing homes developed a separate ward/unit for isolation and cohorting of residents and had separate staff rosters for the unit to effectively isolate residents and staff.

These Covid-19 driven support measures have been crucial in supporting nursing home residents, staff and providers during the crisis. The increased collaboration, communication, and support from the DoH, HSE and Community Health Organisations (CHO) has been greatly valued by the sector. It is now necessary to ensure the structures are embedded and in place to maintain these supports on an ongoing basis. In 2021, an additional €42.5m has been allocated to continue to provide this support through the TAPS scheme. An exercise is now required to understand the cost of these additional supports on an ongoing basis, and to ensure these ongoing costs are reflected in an updated funding model for the nursing home sector and its residents.

Impact of Implementing Expert Panel Recommendations

This report analysed and categorised the 86 Expert Panel Recommendations into seven related programmes of work:

1. Community Integration
2. Strategic Workforce Planning and Education
3. Funding
4. The Built Environment
5. Technology Capabilities and Enablers
6. Clinical Governance and Reporting
7. Clinical and Operational Processes and Procedures

The impact of implementing each of these programmes of work was analysed and assessed using an impact heat map.

This report summarised the objectives of each programme of work as follows;

1. Community Integration

- Greater access to acute and community services for nursing home residents.
- Greater partnerships and collaboration across the continuum of care, based around the needs and preferences of residents.
- Greater integration of voluntary and private nursing homes into the wider framework of public health and social care.

2. Strategic Workforce Planning and Education

A Workforce Strategy and Plan that considers recruitment and retention, training and qualifications, continuous learning, skill development, appropriate reward and the overall "employee proposition" to meet current and future needs.

3. Funding

A funding model that ensures funding is based on an assessment of resident needs and dependency levels, irrespective of ownership model. It should also reflect the rising costs in delivering high-quality care in nursing homes. Over a five-year period from 2015 to 2020 operating costs for nursing homes have risen by 37.6% while Fair Deal Rates have increased by 11.12% over the same period¹¹.

4. The Built Environment

The suitability of the physical environment to enable nursing homes to meet the needs of the residents and regulatory requirements.

5. Technology Capabilities and Enablers.

Acceleration of the development and use of digital health technologies to facilitate sharing of resident care information across the continuum of care for older persons providing access to the right data, to the right person, in the right setting and at the right time.

6. Clinical Governance and Reporting

Clinical governance models and standards across the continuum of care for older persons which facilitate and enable community integration and ensure adequate oversight, in line with international evidence review and best practices.

7. Clinical and Operational Processes and Procedures

Adequate supports and collaboration across the continuum of care to ensure a robust model of care and supporting operational processes and procedures are agreed.

Support required to address Key Sectoral Challenges

Delivering the Expert Panel's 86 Recommendations will result in significant improvements to the care of nursing home residents. This report outlines a programmatic approach to enable the delivery of these specific recommendations. To complement the delivery of these recommendations, and to underpin a system wide transformation in care for older persons, there are a number of structural and sectoral challenges that also need to be addressed and prioritised.

1. An updated **integrated model of care** for older persons is required to address the inconsistent, fractured and unstructured access nursing home residents have to community care services.
2. The **funding model for nursing home needs to be reviewed**, ensuring funding is based on an assessment of resident needs and dependency levels. The funding model also needs to take account of the significant additional costs that will arise in meeting the Expert Panel Recommendations on an ongoing basis.
3. A comprehensive Nursing Home **workforce strategy** is required to attract and retain staff in the sector long-term, and to ensure appropriate staffing mixes are maintained to support high quality resident-centric care. The challenge of private and voluntary nursing homes "losing" staff to both the wider healthcare system and other sectors entirely due to better terms and conditions also needs to be considered. The workforce strategy needs to address recruitment and retention, education and training and options for career development.

¹¹ Nursing Home Sector Financial Review, JPA Brenson Lawlor Limited

1. Inconsistent, Fractured and Unstructured Access to Community Care Services

The Expert Panel Report acknowledged nursing homes as *'an integral part of the health and social care system, which has never been fully recognised in policymaking in Ireland'* stating that this *'needs to change immediately'*¹². The Expert Panel Report highlights the pressing need *'for guidance, protocols, or clarity at national level'* as to how *'formalised communication and oversight links within the healthcare ecosystem'* can be established.

- Currently, nursing home residents have limited and/or delayed access to the community-based services including pathways of service access, service availability and networks of support. Nursing homes, in particular private and voluntary homes, operate as part of a community care system that is fragmented and uneven in the supports that are available to nursing homes residents.
- The pandemic has reinforced the need to accentuate integration and establish integrated partnerships. The COVID 19 Response Teams (CRT), set up in response to the impact of Covid-19 on nursing homes, saw much greater collaboration, communication, and support from the relevant HSE Community Health Organisations for all nursing homes. This had a direct and positive impact in the provision of services to older persons and was overwhelmingly welcomed by the nursing home sector, with a requirement for this collaboration to be continued and developed. The necessary policy frameworks and resources are now needed to ensure this integration can be formalised and sustained. These frameworks must ensure the continued access to the full suite of community services for all nursing home residents, and their care givers, irrespective of geography or ownership model. The Expert Panel Report confirms establishment of new integrated Community Support Teams (CST) in line with Covid-19 Response Teams model. These need to be embedded and resourced in a consistent manner across the board ensuring equity of access irrespective of geographic area.

Given that nursing homes are the primary residence for approximately 32,000 Irish citizens, it is crucial that all nursing home residents have access to the full suite of local community support services that are available to citizens in the community. This requirement – which is consistent with the Sláintecare vision of an integrated health system accessible to all – needs to be prioritised and resourced.

2. Challenges with the Funding Model

Action is required to review and evolve the nursing home funding model so that it is 'fit for purpose' in a post-pandemic environment, and to ensure it supports the sustainability of this critical sector in the health system.

- The Fair Deal Support Scheme is the state's support scheme established to financially support those residents requiring LTRC. The sector is heavily reliant on the Fair Deal Support Scheme with 82% of residents in private and voluntary nursing homes supported by Fair Deal¹³. There are differences in the Fair Deal funding rates for nursing homes across the country, resulting in a significant variance in providers ability to fund and invest in provision of services.
- Directly related to the viability and sustainability of the private and voluntary nursing home sector is the distribution and allocation of fees across HSE nursing homes, and private and voluntary nursing homes. As per the C&AG report, published in 2020, in 2018 the average fee

¹² Department of Health. (2020). Covid-19 Nursing Homes Expert Panel – Examination of Measures to 2021.

¹³ BDO survey (2020)

payable in respect of residents in HSE nursing homes under fair deal was €1,564 per resident per week, while the average fee in respect of private and voluntary nursing homes residents was €968¹⁴. Examination of fees allocated across the public and private sector would indicate that there is circa 62% difference in the rate payable in respect of residents in public homes in comparison to those paid to private and voluntary homes¹⁵. The Fair Deal rates do not appear to take into consideration dependency levels, standards of care provided or the increases in staff costs year-on-year.

- According to a Comptroller and Auditor General (C&AG) Special Report on the Fair Deal Support Scheme (May 2020), the HSE have determined the higher average weekly rate for public nursing homes is ascribed to several reasons, including better pay and conditions and higher staff-to-resident ratios in public nursing homes. However, the report states that the HSE has not undertaken any formal analysis of these cost drivers. Further review is therefore required. The Committee of Public Accounts (PAC) also undertook an examination of the C&AG special report on the Nursing Homes Support Scheme (NHSS), and their findings and recommendations further echo the existing challenges with the funding model.
- The review of the Nursing Home support scheme carried out by DoH acknowledged the requirement to review NHSS Pricing with a view to increasing the transparency of the pricing mechanism¹⁶. Following the review, the DoH is carrying out a value-for-money review of the nursing home sector¹⁷. Commenced in 2018, the purpose of the review is to compare private, voluntary, and public nursing home care costs and to identify, quantify, and analyse the reason for any cost differential between public and private/voluntary sectors. The publication of this review and its associated report should be expedited.
- The National Treatment Purchase Fund (NTPF) is responsible for the contract negotiations in relation to the Fair Deal Support Scheme fee under the NHSS. It is unclear on the level of gerontological expert input that is provided into this process, or on the level of mapping of funding to the needs of nursing home residents.
- The Health Information and Quality Authority (HIQA) regulatory requirements, added to the implementation of the Expert Panel Recommendations and learnings from Covid-19, are going to put significant additional financial pressure on the nursing home sector in the coming years. It is critical that the funding model and approach is updated to reflect this. The National Average Fair Deal Rate for private and voluntary nursing homes increased from €902 in 2015 to €1,007 in 2020 (an increase of 11.2%) while the average cost per bed has risen from €35K to €48K over the same period – an increase of 37.6%¹⁸.
- It is clear that an examination and evolution of the Fair Deal Support Scheme is required. Central to this should be a reliable assessment tool to ensure the complexity and dependency levels of residents are considered, irrespective of ownership model. The funding model also needs to reflect the rising costs required to deliver high-quality care in nursing homes - including delivering the Expert Panel Recommendations, ensuring appropriate staffing levels / staffing mix can be maintained in all settings, and supporting nursing homes in maintaining the enhanced facilities required to meet regulatory and public health guidelines.

3. Significant Workforce Challenges

A long standing and serious concern to the nursing home sector, exacerbated by the pandemic, is the challenge in the recruitment and retention of staff:

- Staffing regulation requires nursing homes to maintain adequate numbers and skills mix to meet the care needs of residents. Notably, the regulation does not provide guidance on how

¹⁴ Comptroller and Auditor General Special Report – The Nursing Homes Support Scheme (Fair Deal)

¹⁵ Comptroller and Auditor General Special Report – The Nursing Homes Support Scheme (Fair Deal)

¹⁶ Review of Nursing Homes Support Scheme, A Fair Deal

¹⁷ Comptroller and Auditor General Special report – Nursing homes support scheme

¹⁸ Nursing Home Sector Financial Review, JPA Brenson Lawlor Limited

staffing levels should be determined or what the minimum staffing and skills-mix requirements should be. A framework for Safe Nurse Staffing and Skill Mix published in 2018, sets out the key information to guide services on how to determine safe nurse staffing and skill mix in general and specialist medical and surgical care settings¹⁹. This framework is now being prioritised and developed to cover the nursing homes sector in line with the Expert Panel Recommendations.

- The nursing home environment is challenging, with older residents increasingly having complex health and care needs including progressive frailty and end-of-life care²⁰. This increased complexity of care requires nursing homes to have greater access to the specialist skills needed to provide high-quality care.
- Due to the acute shortage of appropriately skilled nursing staff, nursing homes are compelled to hire a large proportion of nursing staff through agencies at a premium cost during the pandemic. In common with the wider health service, nursing homes are also very dependent on securing staff from overseas. Considering the nature of recruitment from abroad, the sector has indicated that the average staff tenure for most staff nurses in nursing homes is about two and a half years. This is creating significant instability in the staffing model which impacts the continuity of care delivery as well as an ability to build expertise and competence.
- In many cases, staff in the private sector are lost to the public sector with private nursing homes highlighting that they are unable to match the terms and conditions and overall remuneration of the public sector. The need to review and reduce and fund gaps in pay, and overall remuneration across the public, private and voluntary nursing home sector is imperative to addressing the serious challenge in attracting and retaining staffing in the private and voluntary sector.
- The impact on residents of this fluid turnover of staff and retention crisis is not to be overlooked. It is reported that organisational difficulties hinder the ethos of person-centredness as limited staff and high turnover are major barriers to implementing care practices that promote autonomy and independence and, consequently, individualised care²¹.
- The pandemic has also had a profound impact on the psychological well-being of staff due to increased workload owing to a lack of resources, self-isolation during the crisis, increased infections and high mortality within nursing homes. A year into the pandemic, the consistent message from all nursing home providers is that staff are at a high risk of burnout and of emotional and physical exhaustion.

The pandemic has highlighted the urgent need to address the staffing challenges in the sector. Recruitment and retention, training and qualifications, continuous learning, skill development, career development, appropriate reward and the overall “employee proposition” must be considered in a Workforce Strategy and Plan to meet current and future needs. Affiliation with educational institutions and universities, to establish the ‘teaching nursing home’ (TNH) model, wherein the home is a training site for student nurses and care assistants is a proven model internationally and should be explored and evaluated further. The model has resulted in improved quality of care, enhanced education of students and most importantly it encouraged participants to continue working in the nursing homes thereby creating an on-going pipeline of skilled staff as well as reduced turnover rates.

¹⁹ Framework for Safe Nurse Staffing and Skill Mix in General and specialist Medical and Surgical Care settings in Ireland - 2018

²⁰ The Kings Fund, Enhanced health in care homes

²¹ NHI - Ulster University - The Lived Experience of Nursing Home Residents in the context of Nursing Home as their ‘Home’

Making it Happen

This pandemic must be considered as a catalyst for strategic change. While Covid-19 has exposed fragilities in our health systems that need addressing, it has reinforced the pivotal role nursing homes play within our health and social systems.

A huge amount of good work has commenced and there is strong commitment and goodwill to deliver on the Expert Panel Recommendations across the board. There have been several teams and groups established in response to the recommendations, with varying remits and purpose, outlined in the table below.²²

Table 2: Established Teams / Groups and their Remit / Purpose

IMPLEMENTATION OVERSIGHT TEAM (IOT)	An inter-agency team established by Minister of Health to oversee the implementation of recommendations of the report. Their purpose is to determine an approach to and oversee the implementation of the relevant Covid-19 Nursing Homes Expert Panel Recommendations, and report on a monthly basis to the Minister for Health and the Minister for Mental Health and Older People
REFERENCE GROUP	An inter-agency group to facilitate engagement with key national stakeholders/experts. Their purpose is to provide an engagement mechanism for stakeholders to discuss issues of specific interest directly relating to the implementation of the Expert Panel's Recommendations and to provide a structured process for the engagement and feedback to the Implementation Oversight Team
BI-LATERAL REGULATION PROJECT GROUP	Established to facilitate engagement between the DoH and HIQA on suggested amendments in relation to the regulatory framework for nursing homes. The purpose of the Bilateral Project Group is to support the consideration by the Department of possible legislative amendments to the regulatory framework

The challenges and findings presented in this report do not reflect a 'novel' view. It is widely documented that extensive system transformation is required to deliver a health system that is more resilient, person centric and sustainable over time^{23,24,25}. There are well established views on what needs to happen.

The challenge therefore is not about defining "What needs to happen". The challenge is in the "how" - putting the right structures and supports in place to deliver the change that has been envisioned and championed by so many. Implementing the Expert Panel Recommendations, in parallel with an ongoing pandemic, a national vaccination strategy, and the routine activity taking place across the wider, already constrained, health care system is not straightforward. Collaborative actions and partnership across multiple agencies are needed to deliver on the Expert Panel Recommendations. This requires navigating the often siloed and complex web of relationships between all the organisations and individuals involved in the delivery of care for older people.

Therefore, a 'new way' of integrating the efforts of all involved to ensure there is a coordinated and consistent approach to deliver the transformation is required, and at speed. By putting the right

²² Covid-19 Nursing Homes Expert Panel Report – Implementation Oversight Team, Reference Group – www.gov.ie

²³ Government of Ireland. (2018). Sláintecare Implementation Strategy.

²⁴ The Integrated Care Programme for Older Persons (ICPOP)

²⁵ Department of Health. (2018). Health Service Capacity Review.

structures and supports in place to “make it happen”, a fit for purpose health service for older people that delivers on the Expert Panel Recommendations while also addressing the key structural challenges impacting the sustainability of the sector, can be delivered.

To “make it happen”, the following are recommended:

1. Establishing a single multi-agency group with adequate representation from across the continuum of care for older persons, who have sole accountability and responsibility for delivering the change

A single multi-agency group should be established for delivering the programme of change required for older persons. This group should have responsibility for:

- Defining an updated Integrated Model of Care for Older Persons, with a specific focus on the nursing home sector, that outlines how services and resources across the continuum of care are organised to deliver a more integrated, person-centric health service that our older people need. This updated Integrated model of care should act as the “North Star”; a vision and blueprint to guide in the development of significant clinical and operational reconfiguration, including the delivery of the specific actions outlined in the Expert Panel Report. Once defined, this group should subsequently take responsibility for its successful implementation.
- Designing the revised funding model required for the sector. This new funding model needs to address the well documented challenges with the current funding model, while also considering the ‘uplifts’ required to deliver on the Expert Panel Recommendations, and to deliver on the updated model of care requirements for Older Persons. Once defined, this group should subsequently take responsibility for its successful implementation.
- Designing a new workforce strategy and model for the sector, that provides clarity on the required staffing mix and levels in nursing homes and creates a more compelling employee value proposition for all those working in the sector. Once defined, this group should subsequently take responsibility for its successful implementation.
- “Owning” the implementation of the Expert Panel Recommendations, and all subsequent recommendations and actions that will arise from other initiatives (such as the updated model of care). It is also critical to ensure timeframes are determined and agreed to ensure accountability and to be able track and monitor progress being made.

The work required to design an updated integrated model of care for older persons, a new funding model and new workforce strategy may currently reside either wholly or partly with other agencies. To ensure clear line of sight on the delivery of these, and to help ensure cohesion across all activities, unambiguous reporting lines should be established so that responsibilities and accountabilities are clear. Where possible, it is recommended that the principle of a single body being accountable for all activities should apply. Associated timelines for overall programme delivery should also be determined and agreed to ensure accountability to adequately track and monitor programme progress and benefits realisation.

2. Under the new single multi-agency group, mobilise the appropriate programme structures and resources to deliver the change

Delivering a programme of this scale will not happen by accident. It also will not happen as an additional activity, where resources assigned to the implementation already have significant other responsibilities. A dedicated full-time implementation capacity is required to deliver these changes - resources *whose sole focus and responsibility* is on implementation. This implementation capacity

should be organised under a new Delivery Office under the new single multi-agency group identified above, with the funding made available to sustain this delivery capability for the multi-year duration of implementation.

3. Mobilise the programme to manage the delivery of the Expert Panel Recommendations in an integrated and cohesive way

The Delivery Office should mobilise the programme to deliver the Expert Panel Report in a cohesive way. This report suggests seven programmes of work, that provide structure to deploy the correct skills, assets and technologies, required to deliver the Expert Panel Recommendations.



Figure 2: Proposed Programmes of work

The seven programmes of work alone will not fully deliver the sustainable transformation required to improve our system of care for older people. As the updated integrated model of care, the new funding models and new workforce strategies described above are completed, the delivery of any new recommendations or actions from these should be incorporated into the Delivery Office to take responsibility for delivering the changes envisioned.

4. Clear outcome-based performance metrics should be identified to track progress, and to ensure a constant focus on improved outcomes for older persons is maintained

As the Transformation Programme evolves, it is critically important that the right controls and assurance mechanism are in place to validate that the actions being taken are delivering the intended benefits and improvements to the care of older persons. A regular assessment should be undertaken to assess progress and identifying any changes or corrective actions required to deliver the intended benefits.

Closing

The Covid-19 pandemic has disproportionately affected older people across the globe and has had a profound impact on the nursing home sector in Ireland. Impacts felt by residents, families, staff and providers. Additionally, Covid-19 has exposed weaknesses across our health systems that must be addressed. While the long-term timeline and impacts of Covid-19 are still unknown, it is clear that health and social care services need to plan for future healthcare emergencies and the long-term sustainability of sector.



Delivering the Expert Panel's 86 Recommendations will result in significant improvements to the care of nursing home residents. To complement the delivery of the Expert Panel Recommendations, and to underpin a system wide transformation in care for older persons, there are a number of structural and sectoral challenges that also need to be addressed and prioritised.

1. An updated **integrated model of care** for older persons is required to address the inconsistent, fractured and unstructured access nursing home residents have to community care services.
2. The **funding model for nursing home needs to be reviewed**, ensuring funding is based on an assessment of resident needs and dependency levels. The funding model also needs to take account of the rising operational costs for nursing homes, coupled with the significant additional costs that will arise in meeting the Expert Panel Recommendations on an ongoing basis.
3. A comprehensive Nursing Home **workforce strategy** is required to attract and retain staff in the sector long-term, and to ensure appropriate staffing mixes are maintained to support high quality resident-centric care. The challenge of private and voluntary nursing homes "losing" staff to public nursing homes due to better public terms and conditions also needs to be considered.

1. INTRODUCTION

The Covid-19 pandemic has disproportionately affected older people and has had a profound impact on the nursing home sector in Ireland. Covid-19 has also exposed weaknesses in how our health systems support the nursing home sector that must be addressed. The National Public Health Emergency Team (NPHE) recommended the establishment of an Expert Panel to examine the issues regarding the management of Covid-19 in nursing homes. The 'Covid-19 Nursing Homes Expert Panel: Examination of Measures to 2021' Report²⁶ was published in August 2020 and contains a range of recommendations in line with lessons learned and best practice, aiming to safeguard the residents in nursing homes over an immediate period of 12-18 months and thereafter, into the longer term¹.

Nursing Homes Ireland (NHI) commissioned Accenture to undertake a review and analysis of the Covid-19 Nursing Homes Expert Panel Report and its 86 recommendations. The objective of this Accenture review was to:

-  Understand the impact that implementing the recommendations will have on the nursing home sector: including additional supports required
-  Outline an implementation framework to deliver the recommendations and realise sustainable change and improvement for the sector and its residents

This review is person-centric in its focus and outlines tangible steps that should be undertaken to deliver on the recommendations of the Expert Panel. The report assesses the implications these recommendations will have on the nursing home sector and essential considerations for their effective implementation. It details the necessary commitment, leadership and collaboration needed for implementation, ultimately, supporting the delivery of real and sustainable improvements through transformation across the continuum of care for older people.

In this Introductory section, the report outlines:

1. The pivotal role of the nursing Home sector in the health system
2. The health impact Covid-19 has had on the nursing homes
3. The initial response and supports provided to nursing homes

1.1 The Pivotal Role of the Nursing Home Sector in the Health System

As life expectancy and complexity of care rise, the demands on the health system to provide high-quality, affordable and accessible health and social care services for the older person will continue to rise²⁷.

"The largest proportional increases in the population in Ireland will be in the category of those aged 85 years and older. The number of people aged 65 and over will grow from one-fifth to over one-third of the working population over the next two decades which will have implications on how we fund our health services. This is a good thing – people are living longer, but we need to ensure they live well."

- **Former Minister for Health, Simon Harris**

People are living longer, and with an increase in the ageing population, rates of chronic conditions such as dementia and diabetes, as well as frailty and multi-morbidities, increase.

²⁶ Department of Health. (2020). Covid-19 Nursing Homes Expert Panel: *Examination of Measures to 2021*.

²⁷ Department of Health. (2020). Covid-19 Nursing Homes Expert Panel: *Examination of Measures to 2021*.

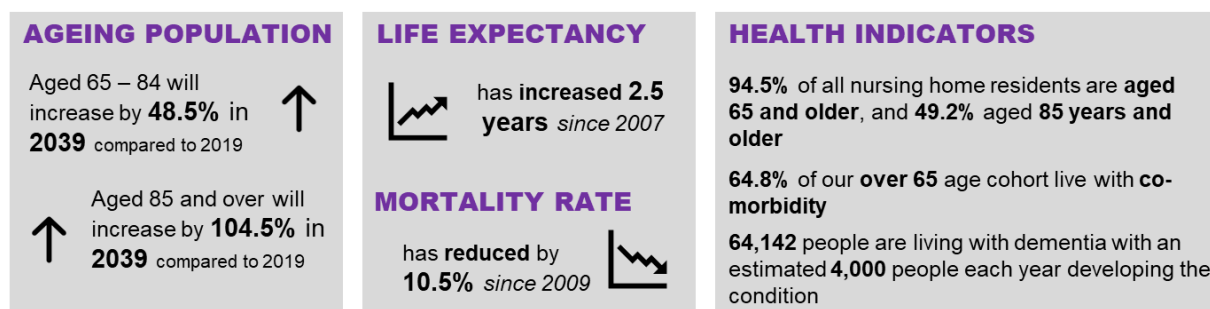


Figure 3: Key Demographic Statistics ^{28,29,30}



Figure 4: Key Challenges with a Growing Aging Population³¹

Older people with complex care needs rely on diverse forms of cross-sectoral support from General Practitioners (GPs), medical specialists, hospitals, pharmacists, allied health professionals and community services. Rising acuity and complexity of care needs for older persons requires a model that can better integrate services across the continuum of care addressing their healthcare, social care, and community care needs.

Nursing homes play a critical role in addressing these challenges. They form a vital part of the tapestry of our health system, providing compassionate, high-quality care to our most vulnerable population.

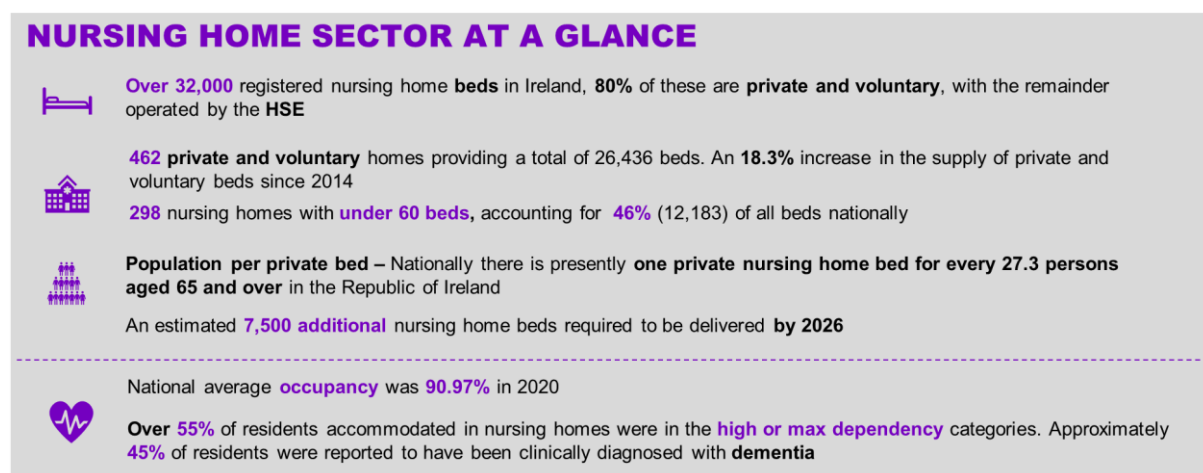


Figure 5: Nursing Home Sector at a Glance

²⁸ Department of Health. (2019). Health in Ireland - Key Trends 2019.

²⁹ HSE, Facts and Figures – [Link](#)

³⁰ Irish longitudinal study on ageing, TILDA. (2020). Wave 5. – [Link](#)

³¹ HSE. (2018). Implementing Integrated Care for Older Persons in Ireland.

The sector plays a critical role in alleviating some of the pressures on the acute system³². People who are aged over 65 currently occupy 54% of acute hospital inpatient bed days, whilst people who are aged over 75 spend three times longer in emergency departments than those below the age of 65³³. Moreover, 35% of people aged over 70 who are admitted to acute hospitals show functional loss at the time of discharge, compared to pre-hospital admission³⁴. Research has shown for patients aged 65 years and over, a 10% increase in per capita Long Term Residential Care (LTRC) bed supply was associated with a 1.3 – 2.2 per cent reduction in average length of stay (ALOS), which equates to 19,000 fewer inpatient bed days per annum or freeing up 53 inpatient beds daily³⁵. Based on the current service models, the requirement for long term care placements is expected to increase by 50% in the next 12 years³⁶. To meet the health system requirements of continuing to provide high quality compassionate care for older persons outside of a hospital setting, it is estimated that 7,500 additional nursing home beds are required by 2026³⁷.

1.2 The Impact of Covid-19 on the Nursing Home Sector

The Covid-19 pandemic has brought significant challenges to health and social services, profoundly impacting citizens the world over. This has been acutely felt by the nursing home sector due to the vulnerable resident population it serves.

In European countries, 42-57%³⁸ of Covid-19 deaths are attributed to persons living in nursing homes. Nursing home deaths in Ireland account for approximately 56% of all deaths from Covid-19 in Ireland³⁹.

Case numbers in healthcare workers across all settings continue to be problematic – the incidence of infection amongst healthcare workers is 12.32% of the total population as of week 9, 2021⁴⁰.

Several factors have been reported and identified by the sector for the high numbers of Covid-19 deaths in nursing homes in wave 1 including;

- Focus on the hospitals and discharges of older persons to nursing homes
- Inadequate supplies of personal protective equipment (PPE)
- Lack of Covid-19 testing prior to admission to nursing home/discharge from hospitals

1.3 Comprehensive, Efficient and Empathetic Response

The first case of Covid-19 in Ireland was confirmed on 29th February 2020.

On 6th March 2020, NHI recommended nationwide visiting restrictions on private and voluntary nursing homes.

Following on from the visitor restrictions NHI conducted a survey of nursing homes to understand how best to continue support residents, acknowledging the challenges of the restrictions, resulting isolation, and other negative impacts. As a result of the findings, NHI compiled a list of the additional types of activities that staff could offer to nursing homes residents and ways of ensuring residents could remain in contact with their families. 'Comfort Words', a national initiative encouraging children to write to older people residing in nursing homes was launched by the NHI in late March.

A suite of wide-ranging measures was also established for the nursing home sector, including:

³² Dyer, S.M., et al., Review of Innovative Models of Aged Care. 2020, Flinders University: Adelaide, Australia; Available from: [Link](#)

³³ National Clinical & Integrated Care Programmes. (2018). Implementing Integrated Care for Older Persons in Ireland: *Early stage insights and lessons for scale up*.

³⁴ HSE. (2021). National Clinical Programme for Older People.

³⁵ ESRI. (2019). An Analysis of the Effects on Irish Hospital care of the supply of care inside and outside the hospital.

³⁶ Department of Health. (2018). Health Service Capacity Review.

³⁷ CBRE. (2020). Shortage of Nursing Homes Expected to Become More Acute. – [Link](#)

³⁸ Mortality associated with Covid-19 outbreaks in care homes: early international evidence - [Link](#)

³⁹ Houses of Oireachtas, Interim Report on Covid-19 in Nursing Homes

⁴⁰ HPSC. (2021). Weekly Report on the Epidemiology of COVID-19 in Ireland Week 9. – [Link](#)

- Recruitment Drives
- Temporary Assistance Payment Scheme (TAPS) for private and voluntary nursing homes
- COVID 19 Response Teams
- Expert Panel on Nursing Homes
- Serial Testing
- Vaccination Programme
- PPE

These are summarised below.

Recruitment Drives

The HSE launched a campaign 'Be on call for Ireland' requesting healthcare professionals from all disciplines who are not currently working in the public health system to come forward and support the fight against Covid-19. They also encouraged students studying to be healthcare professionals and volunteers to sign-up and come forward to remediate the challenges posed by the pandemic. NHI also launched a similar recruitment drive for private and voluntary nursing homes to ensure a staffing complement is consistently available to meet the day-to-day social care needs of nursing home residents especially at a time of emergency.

Temporary Assistance Payment Scheme (TAPS) for private and voluntary nursing homes

The Minister for Health announced on 4th April 2020 that a temporary Covid-19 Financial Support Scheme was to be introduced by government to support the critical services provided by nursing homes. The TAPS scheme provides support to private and voluntary nursing homes to cope with the additional operational costs due to Covid-19 and has been extended until the end of June 2021.

The Government made €92.5m available under TAPS in 2020 and €42m in 2021. The draw down on TAPS as of 31st December 2020 is €72.7. It has been reported that 70% of nursing homes are claiming the threshold limit provided by the scheme.

COVID 19 Response Teams

In order to provide additional supports to the Long-Term Residential Care (LTRC) settings, the Area Crisis Management Teams (ACMT) established the COVID 19 Response Teams (CRT). The CRTs are a vital component to the management of outbreaks, working with centres to upskill staff in IPC guidance implementation, PPE provision, public health advice, provision of staff and support with governance⁴¹. The CRTs, as recommended by the Covid-19 Oireachtas Committee and others is an imperative Community Health Organisation (CHO) support structure. The HSE is required to continue with this support to Long Term Care Facilities (LTCF) in preparing them for future outbreaks and in managing any LTCFs potential Covid-19 outbreaks throughout the coming months⁴¹. As recommended by the Expert Panel, the CRT should evolve to more permanent, sustainable structure in the form of Community Support Teams.

Expert Panel on Nursing Homes Recommendations and Implementation

NPHET recommended the establishment of an Expert Panel on nursing homes to examine the issues regarding the management of Covid-19 in nursing homes. The 'Covid-19 Nursing Homes Expert Panel: Examination of Measures to 2021' Report⁴² was published on the 19th August 2020. A series of guidance and recommendations around Infection prevention and control and public health measures have been published by the government from time to time.

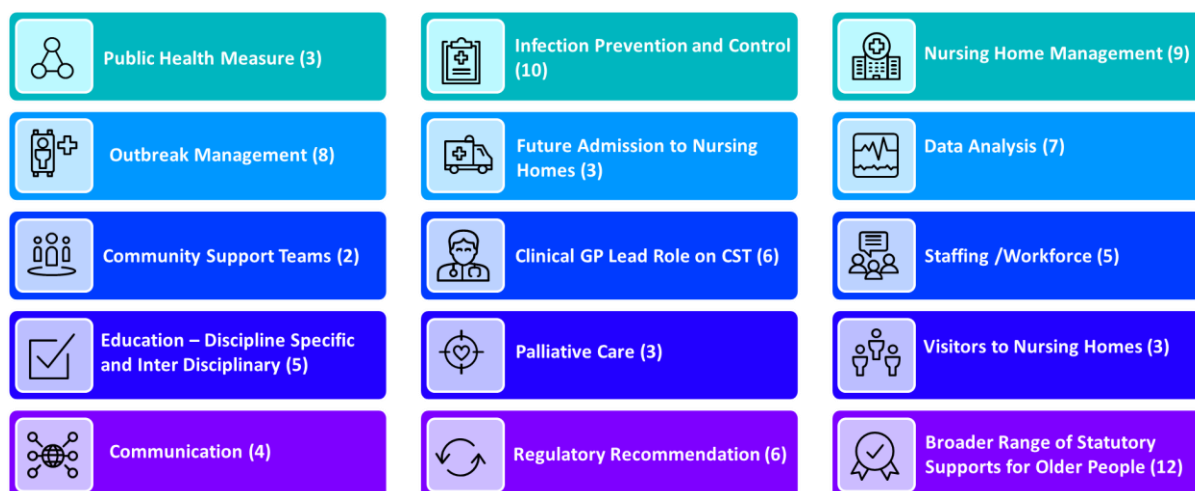
The Expert Panel undertook a detailed assessment and described the impact of Covid-19 for Nursing Home Providers as 'both shattering and frightening'. The Expert Panel also acknowledged the 'significant efforts made by nursing home staff in their care of residents throughout the pandemic' and recognised that 'healthcare staff worked tirelessly and with admirable resilience to

⁴¹ HSE. (2020). Winter Planning within the Covid-19 Pandemic: *October 2020 – April 2021*.

⁴² Department of Health. (2020). Covid-19 Nursing Homes Expert Panel: *Examination of Measures to 2021*.

continue to provide care to residents’.

Through a combination of in-depth data analyses, stakeholder engagement/submissions, literature and evidence reviews, 86 recommendations, across 15 related areas are specified in the Expert Panel Report. Associated timelines for implementation were also included. Each recommendation has an assigned agency, who is either wholly or partly responsible for its implementation. The figure below summarises the 15 areas covered by the Expert Panel Report with the associated number of Expert Panel Recommendations per area:



The HSE, DoH, Health Information and Quality Authority (HIQA), NHI, individual nursing homes (public, private and voluntary) and other key stakeholders are now focused on implementing the recommendations. The following teams/groups have been established to provide oversight, guidance and implementation support.

Table 3: Established Teams / Groups and their Remit / Purpose

IMPLEMENTATION OVERSIGHT TEAM	An inter-agency team established by Minister of Health to oversee the implementation of recommendations of the report. Their purpose is to determine an approach to and oversee the implementation of the relevant Covid -19 Nursing Homes Expert Panel Recommendations, and report on a monthly basis to the Minister for Health and the Minister for Mental Health and Older People
REFERENCE GROUP	An inter-agency group to facilitate engagement with key national stakeholders/experts. Their purpose is to provide an engagement mechanism for stakeholders to discuss issues of specific interest directly relating to the implementation of the Expert Panel’s Recommendations and to provide a structured process for the engagement and feedback to the Implementation Oversight Team
BI-LATERAL REGULATION PROJECT GROUP	Established to facilitate engagement between the DoH and HIQA on suggested amendments in relation to the regulatory framework for nursing homes. The purpose of the Bilateral Project Group is to support the consideration by the Department of possible legislative amendments to the regulatory framework

Serial testing

Serial Covid-19 testing has been introduced in all nursing homes. Currently, bi-weekly testing is conducted for all staff in nursing homes and a quick turnaround of results is provided within 24-48 hours.

Vaccination Programme

The Government established the High-Level Task Force (HLTF) in November 2020 to develop a strategy, implementation plan and to monitor the roll-out of a safe vaccination programme which will play a central part in Ireland's exit from the pandemic⁴³. The vaccine allocation strategy, based on recommendations of the National Immunisation Advisory Committee (NIAC) and NPHE, provides the provisional sequencing for groups to be vaccinated based on clinical priorities and ethical values⁴⁴. It established that adults aged ≥65 years who are residents of long-term care facilities (all residents and staff onsite) were the top priority group for vaccinations. The HSE and NHI worked closely to plan and co-ordinate the roll-out of the vaccine to residents and staff across 582 long-term care facilities.

Other reports providing recommendations, strategies and guidelines for nursing homes.

In addition to the Expert Panel Report, a series of other reports have been published outlining recommendations, key strategies and guidelines for nursing homes. These are summarised below.

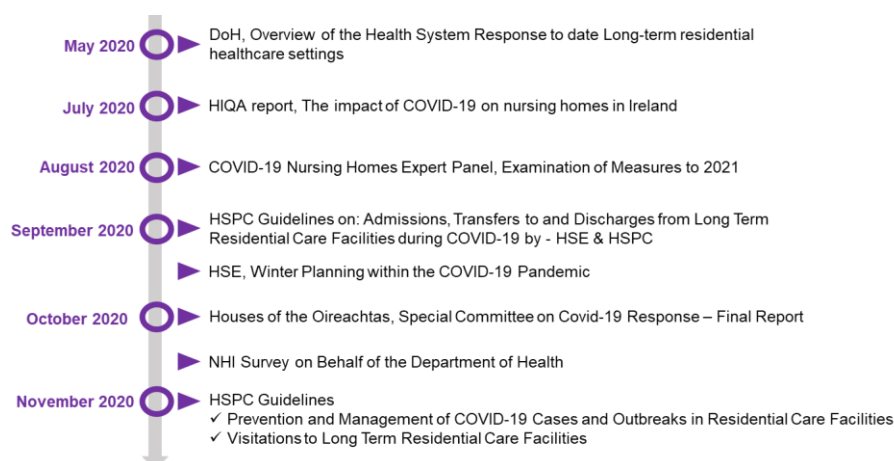


Figure 6: Key Government Strategies, Policies and Guidelines in light of COVID-19

Table 4: Key Strategies and Reports Published

Strategy	Description
HIQA Report, The Impact of Covid-19 on Nursing Homes in Ireland	This report has sought to describe the experiences of nursing homes during the Covid-19 pandemic to date through the lens of residents, their relatives and staff. This has been done by using information gathered by inspectors from HIQA and from concerned members of the public. HIQA also undertook a risk assessment and inspection of 44 nursing homes that had reported confirmed cases of Covid-19 and have outlined their findings from a compliance perspective. The report outlines the range of measures taken by the Chief Inspector of Social Services in response to the outbreak of Covid-19 in nursing homes in Ireland.

⁴³ HSE, National Covid-19 Vaccination Programme: Implementation Plan

⁴⁴ HSE, National Covid-19 Vaccination Programme: Implementation Plan

Strategy	Description
COVID-19 Nursing Homes Expert Panel Report: Examination of Measures to 2021	This report contains a range of recommendations in line with lessons learned and best practice, aiming to safeguard the residents in nursing homes over an immediate period of 12-18 months and thereafter, into the longer term.
HSPC Guidelines on: Admissions, Transfers to and Discharges from Long Term Residential Care Facilities during the COVID-19 Pandemic, by HSE and HSCP	This report provides on-going and up-to-date guidance to long-term residential care facilities on putting processes in place that facilitate the return of residents from an acute setting and the admission of new residents, where it is clinically safe to do so. The report outlines a range of standard precautions which require careful attention. Key elements include: hand hygiene, respiratory hygiene and cough etiquette, use of PPE, for example wearing disposable gloves when in contact with blood or other body fluids, non-intact skin or mucus membranes and regular environmental cleaning.
HSE, Winter Planning within the COVID-19 pandemic	The HSE's Winter Plan has been developed within the context of delivering essential healthcare in a COVID-19 environment. The Plan sets out a range of initiatives what will be undertaken to support the delivery of care, which will aim to enhance community capacity and decrease acute hospital demand. Through the prioritisation of Primary Care and Community Services, the plan outlines how the goals of Sláintecare will be advanced, and the impact of COVID-19, mitigated.
House of the Oireachtas, Special Committee on Covid-19 Response	This report examines the State's response to the Covid-19 pandemic as it evolved since early 2020. It highlights areas requiring ongoing oversight and accountability that will now need to be undertaken by the various sectoral joint committees of the Houses of the Oireachtas. This report examines the systemic weakness in our care of the elderly and outlines recommendations to address them.
NHI Survey on Behalf of the Department of Health	As requested by the DoH, to help in identifying progress in advancing the recommendations as set out in the COVID-19 Nursing Homes Expert Panel report, a survey was undertaken consisting of 10 questions in total. An additional question, seeking comments and NHI members' views on what specific support the state should be focussed on implementing, in order to support nursing homes in managing COVID-19 was also included.
HSPC Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in, and Visitors to, Long Term Residential Care Facilities	This report provides on-going and up-to-date guidance to long-term residential care facilities on controlling the risk of introduction, spread and harm from COVID-19. Guidance is also provided in relation to visitors to these facilities and the importance of strict adherence to infection prevention and control practices.
Department of Health, Overview of the Health System response to date	This paper sets out the challenges and actions taken to support those residents in LTRC settings and particularly on the nursing homes sector due to the level of impact of Covid-19 both nationally

Strategy	Description
to Long-Term residential Healthcare settings	and internationally. It examines the impact of the pandemic and measures undertaken and implemented by nations globally. Finally, it outlines the key measures implemented by the Government, regulatory and other supports provided to the sector to combat the crisis.

2. APPROACH AND METHODOLOGY

The analysis for this report was completed over a two-month period, between November and January 2021. During this period, there was three parallel phases of analysis completed.

- *Phase 1* involved a review of available data, and relevant strategy and policy documentation
- Phase 2 involved consultations with multiple stakeholders across the health system. The target stakeholders for consultation were identified in collaboration with NHI.
- *Phase 3* involved a detailed analysis and interpretation of the Expert Panel Recommendations, with a particular focus on understanding the impact on nursing homes of implementing these recommendations.

The approach taken for each of these phases is described below.

2.1 Data, Policy and Strategy Review

The purpose of this phase was to review available private & voluntary nursing home data and relevant literature to support the reports analysis. The following table includes the datasets reviewed.

Table 5: Datasets Reviewed

Datasets reviewed	Categories
Nursing Home numbers	<ul style="list-style-type: none"> • Region • Size of Nursing Home Facility • Bed numbers
Region wise	<ul style="list-style-type: none"> • Demographics (Population ≥65 per private Bed) • Number of Homes, Supply growth (2014 to 2020) • Number of Private vs Public beds • Size of Nursing Home Facilities • Occupancy Levels • Average Weekly rates • Average Training costs • Average Staff costs as a % of turnover • Turnover per registered bed by Location
Nationally	<ul style="list-style-type: none"> • Profile of residents <ul style="list-style-type: none"> ○ By funding classification (Contract, Fair Deal, Private, Other) ○ Age Profile ○ Dependency levels • Average ratio of staff to beds (nursing staff, HCAs and other staff) • Covid-19 Epidemiology data

The table below includes the reports, strategies and documents reviewed.

Table 6: Reports Reviewed

Organisation	Report Title	Published Year
Australian Government	Residential Aged Care – Better access to healthcare information for you and your residents	2019
Barnett K	Exploring the Teaching Nursing Home Model: literature review to inform the national evaluation of the TRACS program	2014
BDO	Health's Aging Crisis: Time for Action, A Future Strategy for Ireland's Long-term Residential Care Sector	2014
Bristol Inquiry	"Learning from Bristol: the report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995"	2001
CARDI	Models of Care	2011
CBRE	Shortage of Nursing Homes Expected to Become More Acute, Ireland Nursing Home Market, 2020	2020
Comptroller and Auditor General Special Report	The Nursing Homes Support Scheme (Fair Deal)	2020
Covid-19 Nursing Homes Expert Panel	Examination of Measures to 2021: Report to the Minister for Health	2020
Crowe	Final Report to Nursing Homes Ireland (NHI), Workforce Review	2019
Deloitte	Connected Health: How Digital Technology is Transforming Health and Social Care	2015
DoH	Review of the Nursing Homes Support Scheme, <i>A Fair Deal</i>	2015
DoH	Health Service Capacity Review 2018: Review of Health Demand and Capacity Requirements in Ireland to 2031	2018
DoH	Health in Ireland: Key Trends 2019	2019
DoH	Consolidate international interventions - A timeline of state interventions taken in response to COVID-19 is provided for 28 countries with specific information on nursing homes	2020
DoH	Overview of the Health Response to date: Long Term Residential Healthcare Settings' – Paper submitted to NPHET	2020
ECDC	Surveillance of COVID-19 at long-term care facilities in the EU / EEA	2020
ESRI	Projections of Demand for Healthcare in Ireland, 2015-2030: First Report from the Hippocrates Model	2017
ESRI	An Analysis of the Effects on Irish Hospital Care of the Supply of Care Inside and Outside the Hospital	2019
Health Service Insights	An International Mapping of Medical Care in Nursing Homes	2019
HIQA	Overview Report on the Regulation of Designated Centres for Older Persons – 2018	2019
HIQA	Annual Report 2019	2020
HIQA	The Impact of COVID-19 on Nursing Homes in Ireland	2020

Organisation	Report Title	Published Year
HIQA	Protocol for the Identification and Review of Public Policy Responses to COVID-19	2020
HIQA	Rapid Review of Public Health Guidance for Infection Prevention and Control Measures in Residential Care Facilities in the Context of Covid-19	2020
HIQA	Report of NF01 and NF02 Notifications to HIQA	2020
HIQA	Rapid review of protective measures for vulnerable people	2020
Houses of the Oireachtas	Special Committee on Covid-19 Response: Final Report	2020
HPSC	HPSC Guidelines on: Admissions, Transfers to and Discharges from Long Term Residential Care Facilities during the COVID-19 Pandemic	2020
HPSC	COVID-19 Interim FAQs for the interpretation and subsequent action related to repeat testing	2020
HPSC	Weekly Report on the Epidemiology of COVID-19 Outbreaks/Clusters in Ireland: Week 9, 2021	2021
HPSC	Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units V6.2	2021
HRB	Evidence Search: COVID-19 and Nursing Homes	2020
HSE	Making a start in Integrated Care for Older Persons: A practical guide to the local implementation of Integrated Care Programmes for Older Persons	2017
HSE	Implementing Integrated Care for Older Persons in Ireland: <i>Early stage insights and lessons for scale up</i>	2018
International Long-Term Care Policy Network	England: Estimates of Mortality of Care Home Residents Linked to the COVID-19 Pandemic	2020
Mirella M.N. Minkman / Kluwer, Deventer	Developing Integrated Care: Towards A Development Model for Integrated Care	2011
Mitchell, G., et al.	A review of safe-staffing models and their applicability to care homes	2017
NHI - Ulster University	The Lived Experience of Nursing Home Residents in the context of Nursing Home as their 'Home'	2017
NHI	Submission from Nursing Homes Ireland On Revision of GP Contract	2015
NHS	The Framework for Enhanced Health in Care Homes	2016
NPHET	COVID-19: Comparison of Mortality Rates between Ireland and Other Countries in EU and Internationally	2020
NPHET Sub-group: Evidence and Guidance	Evidence and Guidance Sub-group Database Extract: Summary Reports (Evidence Briefs and Guidelines) Considered Relevant to the Nursing Home Expert Group	2020
Office of the Ombudsman	Who Cares? An Investigation into the Right to Nursing Home Care in Ireland	2010
Queen's University Belfast	A review of safe-staffing models and their applicability to care homes	2017

Organisation	Report Title	Published Year
Royal Commission into Aged Care Quality and Safety	Review of Innovative Models of Aged care	2020
Royal Commission into Aged Care Quality and Safety	Models of Integrated Care, Health and Housing	2020
TILDA	TILDA Report to Inform Demographics for Over 50s in Ireland for COVID-19 Crisis	2020
TILDA	TILDA Nursing Home Data: A Short Report to Inform COVID-19	2020
The Kings Fund	The courage of compassion: Supporting nurses and midwives to deliver high-quality care	2020
WHO	Integrated Care Models: <i>An Overview</i>	2016
WHO	Infection Prevention and Control Guidance for Long-Term Care Facilities in the Context of COVID-19: Interim Guidance	2020
WHO	Guidance on COVID-19 for the Care of Older People and People Living in Long-Term Care Facilities, Other Non-Acute Facilities and Home Care	2020

The table below includes a sample of the publicly available case studies reviewed.

Table 7: Case Studies Reviewed

#	Topic	Case Study
1	Community Integration	Connolly Hospital / Mater / Dublin NW Nursing Home Outreach Model – Ireland
2	Community Integration	Enhanced Healthcare Programme Service Delivery Model: <i>A whole system approach to health services in Care Homes – UK</i>
3	Strategic Workforce Planning & Education	Safe-staffing models for care homes, Rhys Hearn (1970) model – Northern Ireland
4	Strategic Workforce Planning & Education	Safe-staffing models for care homes, National Services Scotland Care Home Staffing Model
5	Strategic Workforce Planning & Education	A mutual aid approach to flexible staffing during the pandemic: NHS Lothian
6	Strategic workforce planning & Education	Interventions to tackle stress at work – The Kings Fund, The courage of compassion
7	Strategic workforce planning & Education	Teaching nursing homes (TNH) in Australia: Teaching and Research Aged Care Services – Case Study
8	Technology Capabilities and Enablers	Impact and benefits of Electronic health records: My Health Records – Residential Aged Care in Australia

#	Topic	Case Study
9	Technology Capabilities and Enablers	Apps identified by the Department of Health as bringing together patient and clinical information in UK
10	Technology Capabilities and Enablers	Using TEC to connect care homes to hospital services to deliver better outcomes and more cost-effective care in the UK
11	Monitoring and Reporting	Reporting and Monitoring: NHS Arden rolls out care homes Dashboard
12	Monitoring and Reporting	Long-Term Care Home Performance in Ontario

2.2 Stakeholder Consultations

In collaboration with NHI, a range of stakeholders were identified for consultation. These included a sample of private and voluntary nursing homes, and stakeholders from the DoH, HSE, HIQA, the Expert Panel and Clinical specialists.

Nursing Home Consultation

A sample matrix was developed in collaboration with NHI to identify a suitable number and variety of nursing homes for consultation within the timeframes. 13 individual nursing homes and 2 Groups were identified for consultation, as outlined in the table below.

Table 8: Nursing Homes Consultation

Region	Size categories			
	<25	25-39	40-59	≥60
Individual Nursing homes				
Dublin/Kildare/Wicklow		1		3
Midlands	1		1	
North			1	1
South			1	1
South-East			1	1
West			1	
Group Nursing Homes	2			

The purpose of these consultations was to hear first-hand the impact Covid-19 has had on individual nursing homes, and to understand the impact that implementing the Expert Panel Recommendations will have on them.

The consultations were all conducted virtually, and typically lasted between 1.5 – 2 hours. Prior to the consultations, a information sheet was shared with nursing homes, covering the key topics to be addressed. The information sheet covered the following topics:

Topic area	Objective
1. Strategic Workforce Planning and Education	<ul style="list-style-type: none"> To understand the 'Human impact': ✓ Workforce challenges

	<ul style="list-style-type: none"> ✓ Psychological impact of the pandemic on residents, their families and staff ✓ Training and education requirements and their implications for nursing home-owners and staff
2. Care pathways and Integrated Model of Care	<ul style="list-style-type: none"> • To understand what an updated Integrated Model of Care should look like for the sector and how can that be delivered in terms of: <ul style="list-style-type: none"> ✓ Access to community services ✓ Care pathways and partnerships <p>Alignment with other HSE Programmes underway (For example: Integrated Care Programme for Older Persons (ICPOP), Integrated Care Programme for the Prevention and Management of Chronic Disease (ICPCD))</p>
3. Operational Processes and Procedures	<ul style="list-style-type: none"> • To understand “what’s working, not working, could be better” in their day-to-day operations in: <ul style="list-style-type: none"> ✓ Infection Prevention and Control ✓ Mass Testing ✓ Facilitating Visitations ✓ Access to PPE and other supplies ✓ Access to FLU vaccinations
4. The Built Environment	<ul style="list-style-type: none"> • To understand the implications of physical adaptations required by nursing homes to adhere to guidelines around management of entry and exit points, isolation and cohorting of residents, social distancing measures and visitations
5. Technology Capabilities and Enablers	<ul style="list-style-type: none"> • To understand the technology capabilities /ICT solutions currently being used in the sector
6. Clinical Governance and Reporting	<ul style="list-style-type: none"> • To understand the operating model, clinical governance accountabilities and views on the newly proposed roles (GP Lead, IPC lead) • To gather feedback on the monitoring and reporting mechanisms in place to meet the regulatory requirements
7. Other Challenges	<ul style="list-style-type: none"> • To elicit views on any other challenges faced by the sector

Other

In addition to nursing homes, we engaged with relevant personnel from the HSE, DoH, HIQA, the Expert Panel, and clinical specialists in the care for older persons. Multiple conversations were conducted, and the insights from these have been important considerations informing the analysis for this report.

2.3 Interpretation and analysis of Expert Panel Report Recommendations

A detailed analysis and interpretation of the 86 recommendations from the Expert Panel Report was conducted in collaboration with NHI clinical representatives.

The focus of this analysis was to:

1. Understand the intended outcome for each recommendation, so that a holistic view on what they would mean for nursing homes and nursing home residents when implemented in totality.
2. Translate the benefit of implementing the recommendations into a number of high-level resident journeys.
3. Structure the recommendations into a series of related programmes of work, to support implementation.
4. Develop an impact heat map for each programme of work to help understand the high-level the impact on nursing homes.

2.3.1 Understand the Intended Outcome for Each Recommendation

An analysis and interpretation of all the 86 recommendations from the Expert Panel Report was conducted through a collaborative approach with NHI clinical representatives.

To help understand what is required to deliver each recommendation, each recommendation was reviewed to:

- Identify the actions required to deliver the recommendation
- Understand the Desired Outcomes for each recommendation once it is delivered

This exercise was completed to help understand the effort and resourcing implications required to deliver on the recommendations.

2.3.2 Translate Impact to High-Level Future State Resident Journeys

To help “visualise” the positive impact of implementing the recommendations, two high-level future state resident journeys were developed highlighting how a more seamless experience can be delivered for the resident.

Resident journeys are typical life stories, to understand the “resident centric” elements of care and service delivery. The high-level journeys mapped the journey of a resident through their care pathway from the detection of any Covid-19 related symptoms through to the continuity of care provided on recovery. Each step on the journey illustrates a key “touch point”, helping to visualise the building blocks required to deliver a more seamless, integrated experience for the resident. Although the resident journeys reflect a Covid-19 example, these journeys can be applicable to other scenarios ultimately highlighting that implementing the 86 recommendations are supporting the transition to a more a collaborative and integrated model of care for older persons.

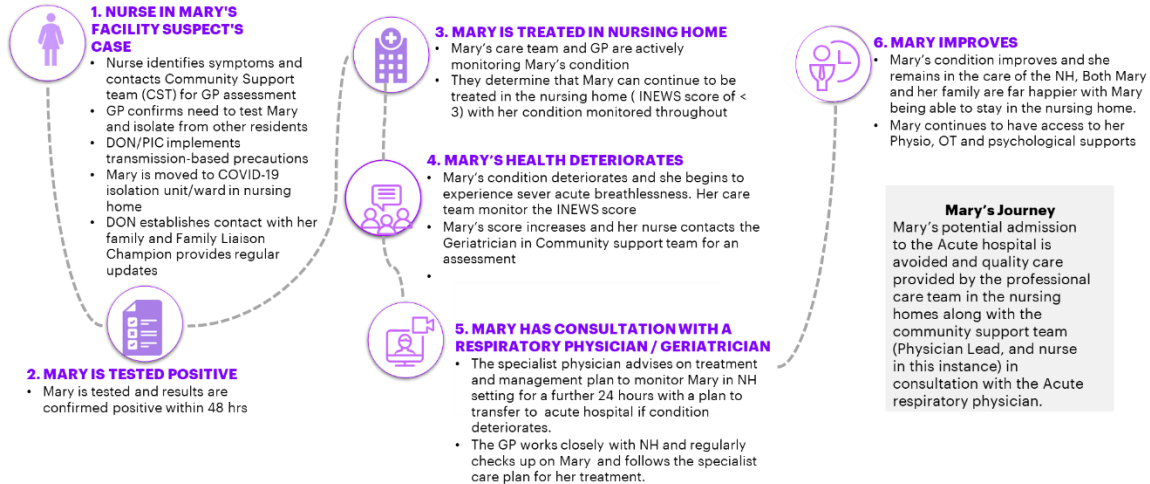
The sample resident journey includes the experience of Mary, who is 65 years of age and is a suspected case of Covid-19 in a Nursing home. She is relatively healthy and was managed in the nursing home, in the professional care of the nursing home staff in line with her wishes and care plan.

01. CARE IN NURSING HOME COVID-19 SUSPECT

Mary is a resident in a nursing home with a suspected case of Covid-19



Age: 75
Overall Health : Good



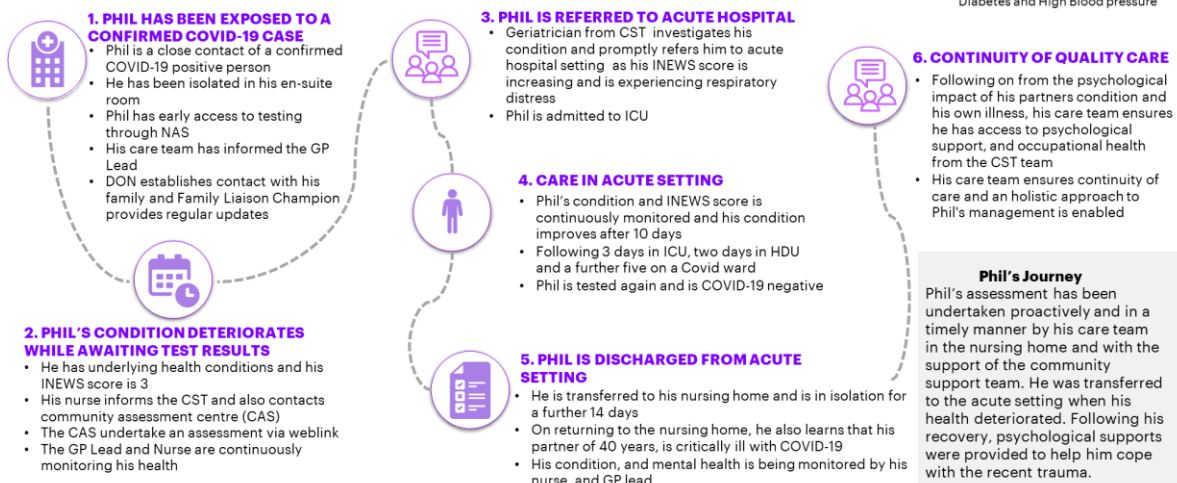
The second journey represents Phil, a resident in a nursing home who has been exposed to a confirmed case of Covid-19. He has long term medical conditions i.e. diabetes and high blood pressure. He needed acute care and had to be admitted to the hospital.

02. RESIDENT TRANSFERRED TO ACUTE HOSPITAL COVID-19 SUSPECT

Phil is a resident in a nursing home and has been exposed to a confirmed case of Covid-19



Age: 80
Long term Medical condition:
Diabetes and High Blood pressure



2.3.3 Structure the Recommendations into related programmes of work

To support implementation and a better understanding of overall impact on nursing homes and its residents, the analysis organised the recommendations into seven programmes of related work, as follows.

1. Community Integration
2. Strategic Workforce Planning and Education
3. System Reform: Funding
4. The Built Environment
5. Technology Capability and Enablers
6. Clinical Governance and Reporting
7. Clinical and Operational Processes and Procedures




A description for each programme of work, and the impact on implementing them in nursing homes is described in Chapter 3 of this report.

2.3.4 Develop an Impact Heat Map

The next phase of the analysis developed an impact “heat map” for each of the seven programmes of work. The purpose of the heat map was to identify the high-level impact of implementing each programme – and the associated Expert Panel Recommendations – on nursing homes.

The impact heat map categorisation approach that was followed is outlined in the following table.

Table 9: Impact Heat Map Categorisation

High Impact = Fundamental Change from Current State 	<ul style="list-style-type: none"> • Remediation steps are of high complexity and will require additional resources and a high level of effort and commitment to implement. • Advanced level of training required to deliver on Expert Panel Recommendations. • High level of process change. • High level impact to technology and systems.
Medium Impact = Moderate Change from Current State 	<ul style="list-style-type: none"> • Remediation steps are of moderate complexity and will require a moderate level of effort to implement • Moderate level of training required to deliver on Expert Panel Recommendations. • Moderate level of process change. • Moderate level impact to technology and systems.
Low Impact = Minimal Change from Current State 	<ul style="list-style-type: none"> • Any remediation steps identified are not complex and will require a low level of effort to implement • Basic level of training required to deliver on Expert Panel Recommendations • Minimal process change expected • Minimal level impact to technology and systems

The impact determined for each Programme of Work is provided in Chapter 3 below.

The impact assessment has been undertaken by a qualitative approach and have been informed by our stakeholder engagement and Implementation Oversight team progress reports (Oct and Dec 2020). The heat maps developed are an effective agile tool as it can be continuously updated as the Programmes evolve to reflect progress being made and highlight areas where further attention may be required.

3. IMPACT OF IMPLEMENTING EXPERT PANEL RECOMMENDATIONS

As outlined in Chapter Two, the 86 Expert Panel Recommendations were analysed and categorised into seven related programmes of work. The impact of implementing each of these programmes of work was then analysed and assessed using an impact heat map. The impact assessment summary for each programme of work is outlined in this Chapter, and is structured as follows:

1. Impact of implementing the “**Community Integration**” programme and related recommendations.
2. Impact of implementing the “**Strategic Workforce Planning and Education**” programme and related recommendations.
3. Impact of implementing the “**System Reform: Funding**” programme and related recommendations.
4. Impact of implementing the “**The Built Environment**” programme and related recommendations.
5. Impact of implementing the “**Technology Capability and Enablers**” programme and related recommendations.
6. Impact of implementing the “**Clinical Governance and Reporting**” programme and related recommendations.
7. Impact of implementing the “**Clinical and Operational Processes and Procedures**” programme and related recommendations.

To support the analysis for each programme of work, the impact assessment summary outlines:

- The key challenges nursing homes have in that area
- The impact of implementing the Expert Panel Recommendations
- A summary of the key actions and supports required to implement the recommendations.

This chapter also summarises the three underlying sector challenges that need to be addressed to support the implementation of all 86 Expert Panel Recommendations:

- An updated integrated model of care for older persons
- A revised funding model to better support the nursing home sector
- A comprehensive workforce strategy and plan to address the workforce challenges across the sector.

3.1 Community Integration

The definition of ‘integrated care’ for nursing homes has different interpretations amongst stakeholders. The underlying principles are consistent – the need for strategies and approaches to overcome the often fragmented and siloed services, providing greater access to acute, and community-based services that will improve health outcomes, service delivery, efficiency and the long-term sustainability of older persons care. The increasingly complex nature of nursing home residents requires a multidisciplinary, collaborative effort between agencies, carers, providers and residents.

Key Integration challenges for Nursing Homes

Access to Community Care Services

Nursing homes, and in particular private and voluntary homes, operate in a community care system that is often fragmented in the supports that are available to nursing homes residents.

A large proportion of nursing home residents qualify for a medical card and are entitled to free GP services. Community care services including physiotherapy, occupational therapy, chiropody, speech

Key Integration challenges for Nursing Homes

therapy, dietitians, and social workers are additional services that those with medical cards are entitled to free of charge. However, currently, some nursing homes residents have limited and/or delayed access to these community-based services. In certain cases, these must be sourced independently by providers with the additional costs borne by the nursing home providers or paid for by the resident or their families.

The COVID 19 Response Teams set up in response to Covid-19 saw much greater collaboration, communication, and support from the relevant HSE CHO with nursing homes. The sector believes that this had a direct and positive impact in the provision of services to older persons and should be continued.

Heat Map Assessment

Eighteen of the Expert Panel's Recommendations were categorised under the theme of "Community Integration. Following assessment, the implementation of most recommendations under this category are determined as having a high impact on nursing homes.

Community Integration	Nursing Home Management	5.9 Integration of private and voluntary nursing homes					
	Community Support Teams	7.1 Establishment of new CST	7.2 Availability of CST during outbreaks				
	Clinical-General Practitioner lead	8.1 GP Lead in CST	8.2 GP Lead appointment	8.3 GP Lead Contract			
	Palliative Care	11.1 NHs linked to Palliative Care units	11.3 HSE-IHF collaborative national programme				
	A broader range of statutory care supports for Older People	15.1 Integration of private NH into public health framework	15.2 Promote advocacy services	15.4 Promote Advocacy services available to residents	15.5 Medical Card eligibility	15.6 Access to Home supports	15.7 Care Needs Assessment
		15.8 Incentives for care models	15.10 Transparent funding system payable to the beneficiary	15.11 National integrated care needs assessment and care planning policy	15.12 National Care Experience Programme		

Figure 7: Community Integration Heat Map

Collectively these recommendations require a multi-agency transformation to accentuate Integration. The Expert Panel Report acknowledged nursing homes as *'an integral part of the health and social care system, which has never been fully recognised in policymaking in Ireland'* stating that this *'needs to change immediately'*⁴⁵. To deliver on the Expert Panel Recommendations - as well as other ongoing programmes such as ICPOP, Integrated Care Programme for the Prevention and Management of Chronic Disease (ICPCD) and Community healthcare network developments - regulatory and legislative changes are required to establish a single integrated system of long-term support and care, that better integrates private and voluntary nursing homes and its residents into the wider framework of public health and social care.



Successful implementation of the "Community Integration" Programme of work requires:

- Consistent access to community services for nursing home residents

⁴⁵ Department of Health. (2020). Covid-19 Nursing Homes Expert Panel: *Examination of Measures to 2021*.

- Greater partnerships and collaboration across the continuum of care, based around the needs and preferences of residents
- Greater integration of voluntary and private nursing homes into the wider framework of public health and social care.



The specific impact of implementing the high priority recommendations to deliver Community Integration, and the actions and supports required are outlined in the Table below.

Category	Actions Required to Deliver on the Recommendations
Integration of private and voluntary nursing homes into wider health and social care systems 	<ul style="list-style-type: none"> • Regulatory and legislative changes are required to support the Integration of private and voluntary nursing homes into the wider framework of public health and social care. Such a policy should: <ul style="list-style-type: none"> ✓ Review existing policy/legislation and its merits and opportunities for improvement ✓ Detail the required governance and operational structures for a single integrated system ✓ Confirm a funding model to cover the required care ✓ Undertake RIA (Regulatory Impact Assessment) • The implementation of the integrated Care Programme for Older Persons (ICPOP), developed by the HSE in 2015, to improve patient care and outcomes should be accelerated to include the nursing home sector. To remove barriers to integration the funding model for nursing homes - irrespective of ownership model - needs to be reviewed to provide a single source funding model based on an assessment of resident needs. Further detail is provided in Section 3.3 below. <p><i>Please refer to the following case study - Connolly Outreach Model in Ireland ⁴⁶. Also, refer to case study on the integrated delivery of long-term care in Denmark⁴⁷.</i></p>
Community Support Teams 	<p>The successful CRT model needs to be embedded and resourced for the long-term, with a framework developed for these teams, outlining:</p> <ul style="list-style-type: none"> • Composition of team, responsibilities and governance • Evolving of the existing Covid -19 response teams into a more permanent structure in the form of the Community Support Teams • Knowledge sharing between care facilities, other local healthcare or service providers (e.g. pharmacies, medication delivery services) and these new teams • Funding and resourcing of the new teams • Alignment on key strategies including IPC strategy <p><i>Please refer to the case study Enhanced Healthcare Programme Service Delivery Model in UK⁴⁸</i></p>
Clinical-General Practitioner Lead	<ul style="list-style-type: none"> • There is a need to assess and establish a consistent national framework for GP services across private and public nursing homes to address the current challenges and define the role of the GP Lead.

⁴⁶ HSE, Making a start in Integrated Care for Older Persons.

⁴⁷ WHO, Denmark – Country case study on integrated delivery of long-term care

⁴⁸ NHS, The Framework for enhanced health in care homes, September 2016

Category	Actions Required to Deliver on the Recommendations
	<ul style="list-style-type: none"> This requires appropriately funded GP contracts applicable to both the private and public sector, that clearly outline the role and remit of GPs, including clinical governance and accountabilities.
Care Needs Assessment 	<ul style="list-style-type: none"> A standardised care needs assessment should be incorporated into a new integrated care system policy to identify care solutions for individuals in a uniform way. The roll-out of InterRAI and Standard Assessment tool should address the requirement of a standards care needs assessment. This could include a review of different types of care, such as at-home support, rehabilitation, nursing care, or other options. The criteria and pathways for each of these types of care should be outlined. Resource allocation models should be examined and developed to ensure that the integrated care system is resourced appropriately to deliver the required outcomes.

3.2 Strategic Workforce Planning and Education

While the pandemic has had a profound human impact on nursing home residents and their families, it has also had a significant impact on the workforce. The following sectoral challenges are addressed in detail below:

- Staff Recruitment and Retention
- Training and Education including clear Career Pathways
- Psychological Impact on Residents and Staff

Key workforce challenges
<p><i>Staff Recruitment and Retention</i></p> <p>The pandemic has exposed long-prevailing staffing challenges affecting the nursing home sector. As evidenced in the NHI survey of Nursing Homes conducted in October 2020, staffing and contingency plans were the biggest issue for NHI members, with 59 of the 101 respondents raising concerns in relation to recruitment and retention of staff.</p> <p>Nursing homes have worked tirelessly to maintain appropriate levels of staffing throughout the pandemic, engaging numerous recruitment strategies. Maintaining the right skill-mix has been especially challenging.</p> <p>Staffing regulation requires nursing homes to maintain adequate numbers and skill-mix to meet the care needs of residents. Currently, the regulation does not provide specific detail on how staffing levels should be determined, or what the minimum staffing and skill-mix requirements should be.</p> <p>Across the sector, there is significant differentiation between the terms and conditions available to staff working within the public and private sectors, particularly the HCA role. The sector has also indicated that the average staff tenure for most staff nurses in nursing homes is approximately two and a half years. In many cases, staff are lost to the public sector soon after this time frame. To meet their resourcing needs during the pandemic, nursing homes are hiring a proportion of nursing staff through</p>

Key workforce challenges

agencies at a premium cost. These factors all create instability in the staffing model which impacts the continuity of care delivery as well as an ability to build expertise and competence.

This fluid turnover of staff also has a direct impact on continuity of care for residents. It is reported that organisational difficulties hinder the ethos of person-centeredness as limited staff and high turnover are major barriers to implementing care practices that promote autonomy and independence and, consequently, individualised care⁴⁹. Research has shown that residents do not like high staff turnover nor different staff members coming into either their rooms or their home environment⁵⁰.

Training and Education including clear Career Pathways

The Expert Panel Report outlines recommendations for training requirements and needs including gerontology training for senior nursing staff, infection control, palliative care & end of life and dementia, QQI level 5 for HCAs. In response to Covid-19 all nursing homes gained access to HSELand, which has proven to be very useful in providing virtual training during the pandemic.

The sector needs commitment and support to guide them in how best to incorporate these additional training and education requirements on an ongoing basis. For example, some of the challenges identified include:

- How should this training be incorporated into the working day? Some staff use work hours to undertake the training, whereas others undertake training in their own time.
- The cost implications of all new training, including: the cost of the course modules, the time required to complete new training, and additional staff cover required while other staff are training.
- The career path for staff as they undertake training: As staff upskill, how should this be reflected in roles and remuneration? In some cases, the sector has indicated there is ambiguity regarding interpretation of the recommendations. For example; the required level of qualification needed to meet certain training requirements - certificate vs diploma level courses.
- The need to raise professional standing of social care staff, where staff are valued and rewarded for the professionalism and contribution to high quality person centred care.

Psychological Impact on Staff, Residents and their Families

Like other healthcare settings, staff in nursing homes experienced high levels of stress during the pandemic. The main factors that impacted psychological well-being of healthcare workers include: increased workload due to lack of resources, self-isolation during the crisis, increased infections and high mortality within nursing homes.

The consistent message from all nursing homeowners is that staff are at a high risk of burnout and of emotional and physical exhaustion.

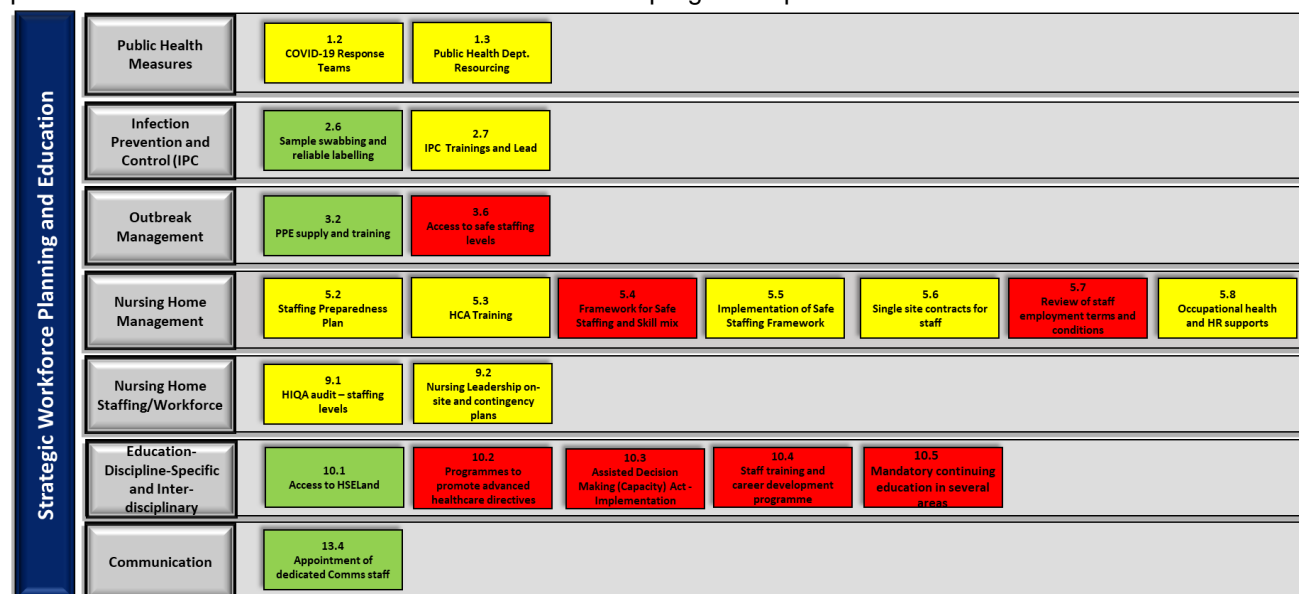
Heat Map Assessment


This report has categorised twenty-four of the Expert Panel's Recommendations under the theme of "Strategic Workforce Planning and Education". Following assessment, many recommendations under this category are classified as having a medium implementation impact on nursing homes, with a moderate change from the current state. Delivered collectively, their implementation will have a significant positive impact on the residents and the sector.

⁴⁹ NHI - Ulster University - The Lived Experience of Nursing Home Residents in the context of Nursing Home as their 'Home'



⁵⁰ NHI - Ulster University - The Lived Experience of Nursing Home Residents in the context of Nursing Home as their 'Home'

Work is already underway to develop and implement the framework for safe staffing and skill mix, with a plan and milestones outlined in the October 2020 IOT progress report⁵¹.



Category	Actions Required to Deliver on the Recommendations
Workforce Planning 	<ul style="list-style-type: none"> The framework for Safe Nurse Staffing and Skill Mix, initially published in 2018, is being prioritised and developed to apply in the nursing homes sector. <i>Please refer to examples of safe staffing models for care homes - Rhys Hearn (1970) model – Northern Ireland⁶² and National Services Scotland Care Home Staffing Model (2009)⁵³</i> To address the gap in retention across the sector, the overall remuneration across the public, private and voluntary nursing home sector should be reviewed. The current funding model must look at the feasibility of aligning staff costs between the public and private sector. <i>Please refer to case study from the NHS on a mutual aid approach to flexible staffing during the pandemic⁵⁴.</i> A defined career model, and pathways for progression, should be developed for care assistants. Consideration should be given to the option of recruiting qualified HCAs from abroad where required. A strategy focused on the overall employee value proposition of the sector is required.

⁵⁴ The Kings Fund, *The courage of compassion, supporting nurses and midwives to deliver high-quality care*

Training and Education 	<ul style="list-style-type: none"> Investment in staff development initiatives is required, including a formal training and career development programme with dedicated training plans for each member of clinical staff. The establishment of a regional or national education and training network should be considered including the required operating model and oversight. These networks could help in promoting existing training resources and support the development of a more formal programme in nursing homes, including: Sharing training material, best practices and templates; establishing webinars for reflective practice sessions, etc. <i>Please see Skills for care model in the UK⁵⁵.</i> Affiliation with educational institutions and universities, to establish the 'teaching nursing home' (TNH) model, wherein the home is a training site for student nurses and care assistants should be considered. The model has proven to be very effective in other countries. <i>Please refer to case study on Teaching Nursing Homes in Australia⁵⁶.</i>
Psychological supports 	<ul style="list-style-type: none"> Staff should have access to a confidential, independent support service as required. Staff wellbeing should be actively monitored, with guidance provided on how best to do this. All staff should also be offered and encouraged to undertake training in 'psychological first aid'. <i>Please refer to case study from the King's Fund – supporting nurses and midwives to deliver high-quality care and interventions to tackle stress at work⁵⁷.</i>

3.3 Funding

A number of the Expert Panel Recommendations relate to the introduction of a single integrated system of long-term support and care, spanning all care situations with a single source of funding.

Funding Model - The funding model for nursing home needs to be reviewed, ensuring funding is based on a fair assessment of resident needs, irrespective of ownership model. The funding model also needs to take account of the additional costs/ resources that will arise in delivering the Expert Panel Recommendations. Over a five-year period from 2015 to 2020 operating costs for nursing homes have risen by 37.6 % while Fair Deal Rates have increased by 11.12% over the same period⁵⁸.

Key challenges

3.3.1 Funding Model

The Fair Deal Support Scheme is the state's support scheme established to financially support those residents requiring LTRC. The sector is heavily reliant on the Fair Deal Support Scheme with 82% of residents in private and voluntary nursing homes supported by Fair Deal⁵⁹. There are differences in the

⁵⁵ Skills for Care, <https://www.skillsforcare.org.uk/Home.aspx>

⁵⁶ Barnett K, Exploring the Teaching Nursing Home Model: literature review to inform the national evaluation of the TRACS program. 2014, Australian Workplace Innovation and Social Research Centre, The University of Adelaide: Adelaide

⁵⁷ The Kings Fund, The Courage of Compassion – Supporting nurses and midwives to deliver high-quality care

⁵⁸ Nursing Home Sector Financial Review, JPA Brenson Lawlor Limited

⁵⁹ BDO survey (2020)

Fair Deal funding rates for nursing homes across the country, resulting in a significant variance in providers ability to fund and invest in provision of services.

Directly related to the viability and sustainability of the private and voluntary nursing home sector is the distribution and allocation of fees across HSE nursing homes, and private and voluntary nursing homes. As per the C&AG report, in 2018 the average fee payable in respect of residents in HSE nursing homes under fair deal was €1,564 per resident per week, while the average fee in respect of private and voluntary nursing homes residents was €968⁶⁰. Examination of fees allocated across the public and private sector would indicate that there is circa 62% difference in the rate payable in respect of residents in public homes in comparison to those paid to private and voluntary homes⁶¹. The Fair Deal rates do not appear to take into consideration dependency levels, standards of care provided or the increases in staff costs year-on-year. Furthermore, the National Fair Deal Rate has increased by 11.12% from 2015 to 2020, while the average cost per bed has increased by 37.60% for the same period⁶².

According to a Comptroller and Auditor General (C&AG) Special Report on the Fair Deal Support Scheme (May 2020), the HSE have determined the higher average weekly rate for public nursing homes is ascribed to several reasons, including better pay and conditions and higher staff-to-resident ratios in public nursing homes. The Committee of Public Accounts (PAC) also undertook an examination of the C&AG special report on the Nursing Homes Support Scheme (NHSS), and their findings and recommendations further echo the existing challenges with the funding model.

The review of the Nursing Home support scheme carried out by DoH acknowledged the requirement to review NHSS Pricing with a view to increasing the transparency of the pricing mechanism⁶³.

Following the review, the DoH is carrying out a value-for-money review of the nursing home sector⁶⁴. Commenced in 2018, the purpose of the review is to compare private, voluntary, and public nursing home care costs and to identify, quantify, and analyse the reason for any cost differential between public and private/voluntary sectors. The publication of this review and its associated report should be expedited.

The NTPF is responsible for the contract negotiations in relation to the Fair Deal Support Scheme fee under the NHSS. It is unclear on the level of gerontological expert input that is provided into this process, or on the level of mapping of funding to the needs of nursing home residents.

⁶⁰ Comptroller and Auditor General Special Report – The Nursing Homes Support Scheme (Fair Deal)

⁶¹ Comptroller and Auditor General Special Report – The Nursing Homes Support Scheme (Fair Deal)

⁶² Nursing Home Sector Financial Review, JPA Brenson Lawlor Limited

⁶³ Review of Nursing Homes Support Scheme, A Fair Deal

⁶⁴ Comptroller and Auditor General Special report – Nursing homes support scheme

This report has categorised two of the Expert Panel's Recommendations with a particular focus on "Funding".

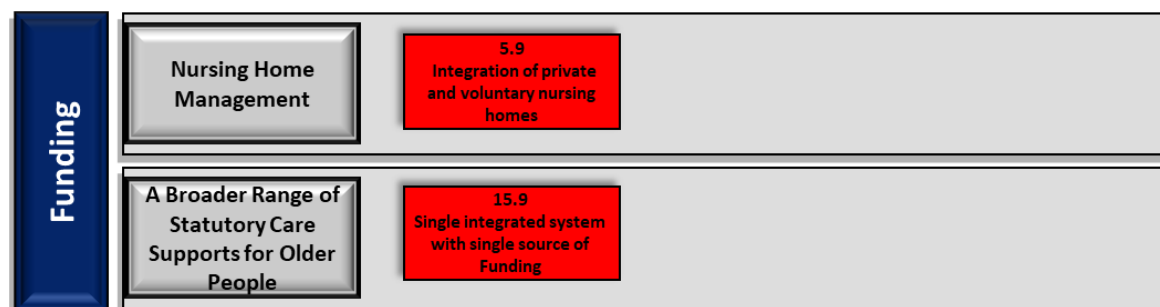



Figure 9: Funding Heat Map

The impact of implementing the key Expert Panel Recommendations to deliver Funding are outlined below.

Category	Actions Required to Deliver on the Recommendations
Funding Model 	<ul style="list-style-type: none"> The funding model recommendations are outlined in Section 3.8. below.

3.4 The Built Environment

Of the Expert Panel Recommendations, five relate to the physical layout of nursing homes

The Built Environment – In some instances, major infrastructural adaptations were required in nursing homes to adhere to Covid-19 guidelines

This report has categorised five of the Expert Panel's Recommendations under the theme of "The Built Environment".

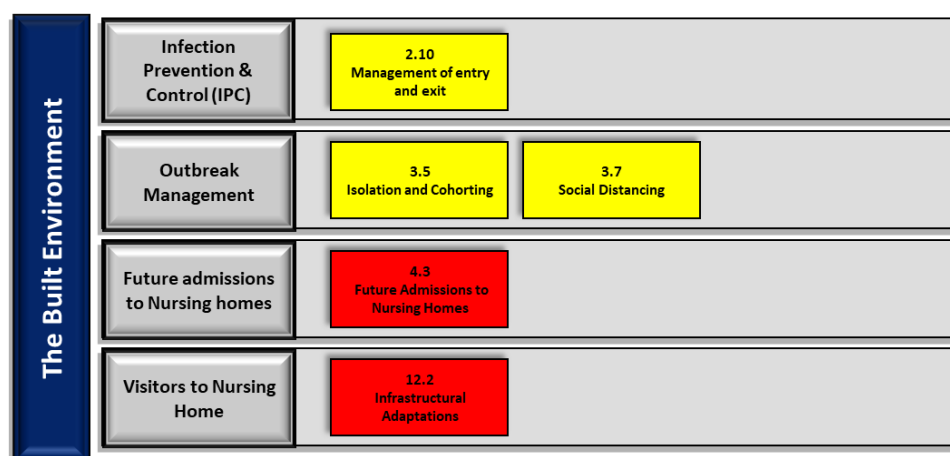



Figure 10: The Build Environment Heat Map

The impact of implementing the key Expert Panel Recommendations to deliver The Built Environment are outlined below.

Category	Actions Required to Deliver on the Recommendations
The Built Environment 	<ul style="list-style-type: none"> Implement various recommendations around infrastructure adaptations including management of entry and exit points, isolation and cohorting of residents, social distancing measures and adaptations to facilitate visitations. Nursing homes require financial supports to ensure they can adapt their facilities in line with recommendations and updated regulatory requirements

3.5 Technology Capabilities and Enablers

As outlined in Sláintecare, the current system of health and social care delivery in Ireland requires significant reform, with technology playing a critical role in enabling this. Covid-19 has accelerated the development and use of digital health technologies and there are opportunities to further foster their use to improve public health and disease surveillance, clinical care, research and innovation⁶⁵.

Key challenges
<p>While many nursing home providers have deployed specific IT solutions for their nursing homes, a large number still operate from a paper-based system.</p> <p>The current mix of isolated systems and manual paper-based processes across the continuum of care for older persons is a significant barrier to delivering high quality integrated care. It also impedes the ability to provide up to date real time information for the sector.</p>

The Expert Panel outlined seven recommendations under the heading of Data Analysis.

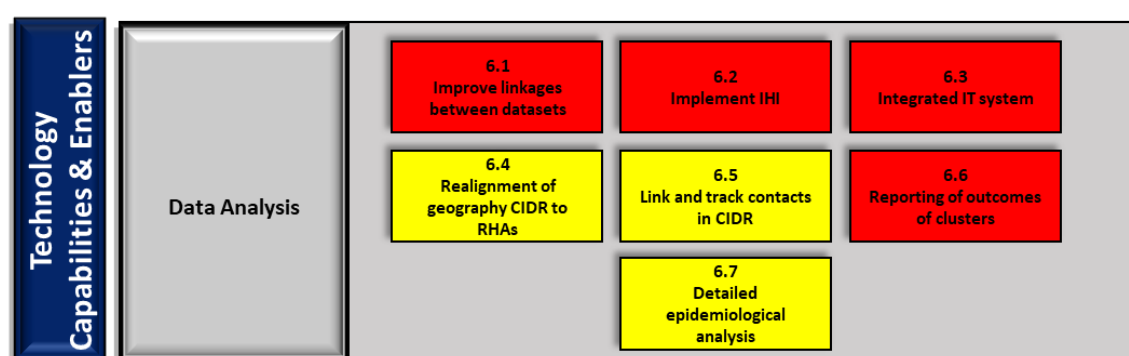



Figure 11: Technology Capabilities and Enablers Heat Map

⁶⁵ European Commission, Digital health technologies addressing the pandemic - <https://ec.europa.eu/digital-single-market/en/digital-health-technologies-addressing-pandemic>

The impact of implementing the key Expert Panel Recommendations to deliver these recommendations are outlined below.

Category	Actions Required to Deliver on the Recommendations
ICT solution for Older person's care 	<p>The Expert Panel's technology recommendations require the development of a shared record solution supporting the delivery of integrated care across the continuum of care for older persons, and providing access to the right data, to the right person, in the right setting and at the right time. <i>Please refer to case study on the impact and benefits of electronic health records in residential aged care in Australia</i>⁶⁶.</p> <p>As per the IOT October 2020 progress report, it has been acknowledged that developing an integrated IT system for older persons including residential, home support, day care, needs assessment and care planning is a major undertaking. It will take significant resourcing and time to implement.</p> <p>To deliver on the recommendations of the Expert Panel, and to enable a new integrated model of care across the continuum of care for older persons, the development of this integrated shared care record should be prioritised and expedited.</p> <p>This sharing of resident care information will aid the transition to an efficient and collaborative resident centric healthcare delivery model and also enhance collaboration and communication between care providers. Moreover, the workflow efficiencies would be enhanced in terms of time and effort spent searching for information, unnecessary duplications and delays due to waiting on information to be found. As highlighted in the ICPOP publications, ICT is a key enabler for integrated model of care and sharing of information across health and social care organisations is an essential component of MDT working and case management.⁶⁷</p> <p><i>Please refer to case studies from the UK on the use of Apps and TEC to connect care homes to hospital services to deliver better outcomes and more cost-effective care</i>⁶⁸.</p>

3.6 Clinical Governance and Reporting

The HIQA report, 'The impact of Covid-19 in Nursing Homes in Ireland', in its assessment of 44 nursing homes (public, private and voluntary) that experienced outbreaks, stated the high rate of non-compliance of 58% in Governance and Management, as inspectors believed that structures in some of the 44 centres assessed were not sufficient to withstand the challenges posed by Covid-19 outbreaks. HIQA inspectors reported poor contingency planning, identification of staff replacement, lack of communication and supervision as key issues that contributed to outbreaks.

The following sectoral challenges are addressed in more detail below:

- Clinical Governance and Oversight
- Monitoring and Reporting

⁶⁶ Residential Aged Care – Better access to healthcare information for you and your residents

⁶⁷ HSE, Implementing Integrated Care for Older Persons in Ireland

⁶⁸ Deloitte. (2015). Connected Health: *How Digital Technology is Transforming Health and Social Care*. – [Link](#)

Key challenges

Clinical Governance and Oversight

HIQA highlighted that the private and voluntary nursing home sector has no clinical governance oversight by or relationship with the HSE⁶⁹. The Expert Panel has recommended the appointment of a GP Lead to work with the Person in Charge (PIC) and other senior nursing home staff to support the nursing home's general oversight and governance.

Owing to constraints related to the GMS scheme, nursing home providers are unable to have a consistent approach for engaging with GPs and there is variance in relation to the terms and conditions of access to GP services.

Some nursing homes providers expressed concerns regarding the recommendations relating to a GP Lead role. Current HIQA Standards request that nursing homes facilitate residents retaining their GP of choice. Furthermore, selecting one GP from the multiple practices which serve their residents, potentially impacts their long-standing existing relationships with multiple practices. Additionally, some GPs expressed concerns regarding the role, remit and additional qualifications (gerontological training) required.

The Expert Panel also recommends appointing an IPC Lead on each shift. This should ideally be a full-time role for at least one person in facilities that have more than 100 beds. Nursing staff trained in IPC may be appointed as an IPC Lead. The IPC Lead will be responsible for developing IPC policies and procedures, performing infection surveillance, providing competency-based training of staff, and auditing adherence to recommended IPC practices. This Lead will work with necessary stakeholders such as Community Support Teams, GP/Gerontologist Lead, staff, residents, and families to address identified risks or issues. Most nursing homes mentioned adherence to IPC protocols as per the guidelines, however identified that IPC resources with both the required qualification and experience are few in number and hard to come by.

Monitoring and Reporting

Nursing homes are required to register under legislation subject to continuous inspection as a part of HIQA's framework for quality assurance. The aim of regulators is to continuously learn from experiences, incidents and any other clinical failure, and thereby support the development of improvement processes of clinical practices and care delivery. Nursing homes expressed concerns regarding the onerous reporting requirements, which add to the workload and administrative burden of stretched staff.

In line with the technology recommendations outlined above, the development of a single integration IT solution across nursing homes and the community will significantly ease the reporting administration for nursing homes.

Thirteen of the Expert Panel's Recommendations fall under the theme of clinical governance and reporting. As per the heat map outlined below, many of the recommendations are complex and require additional resources and a high level of effort to remediate.

- The development of a national framework for GP Lead role will require collaboration between the department/HSE and ICGP.

⁶⁹ HIQA, The impact of Covid-19 in Nursing Homes in Ireland

- As per the IOT October 2020 progress report, detailed planning has not yet commenced on the development of quality indicators and outcomes/resident safety model. Operationalising this will have significant resource implications.
- The development of clinical governance models for the community in line with international evidence review and best practices requires more scoping work.

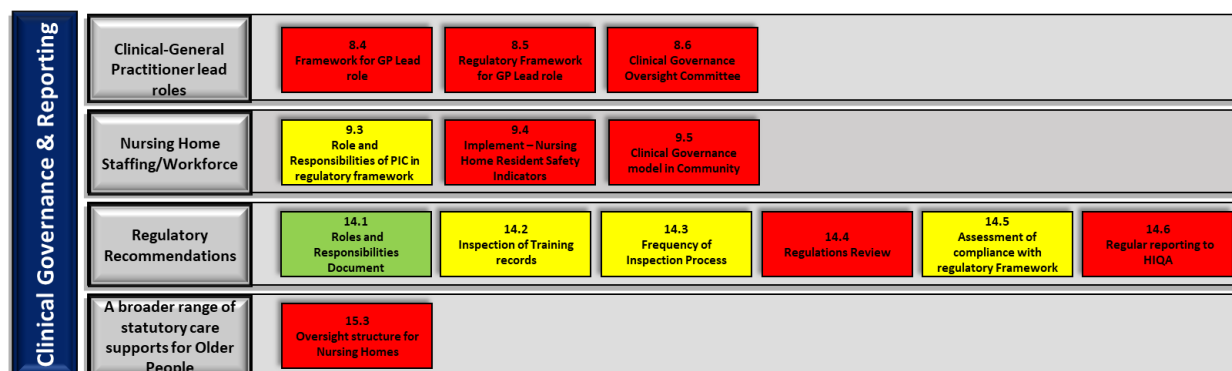





Figure 12: Clinical Governance and Reporting Heat Map

The table below includes the impact of implementing the key Expert Panel Recommendations to deliver Clinical Governance and Reporting, and the actions and supports required for the same.

Category	Actions Required to Deliver on the Recommendations
Clinical Governance – GP Lead 	<ul style="list-style-type: none"> • A national framework outlining the role, responsibilities, accountabilities, remuneration, and sessional commitment of the GP Lead role is required. • The establishment a Clinical Governance oversight committee in nursing homes is required, including guidance on terms of reference • Agreement across the sector on the role and remit of the GP Lead is required.
Community Clinical Governance Models 	<ul style="list-style-type: none"> • Recommendations should be provided to nursing homes on the appropriate clinical governance model to be adopted, including guidance on their implementation. • Determine required regulatory or legislative changes to support any governance structures.
Monitoring and Reporting 	<ul style="list-style-type: none"> • Establishment at a national level, an agreed set of Resident Safety Indicators based on Clinical Activity, Clinical Incidents, Quality of Life Indicators and Clinical Outcomes. Parties must agree and ensure the indicators are clinically robust, relevant and have been described in consultation with relevant and key stakeholders: <ul style="list-style-type: none"> ○ frontline nursing staff ○ GP Lead ○ CHO representatives ○ Nursing home management • To ensure consistency in reporting, and to support a culture of transparency, development of real time reporting dashboards on key clinical and operational performance indicators is required.

Please refer to case studies outlining reporting and monitoring procedures and dashboards in NHS Arden⁷⁰ and Ontario⁷¹. These dashboards are used to enhance the collection of standardised facility-based long-term care and complex continuing care information for national comparative reporting.

3.7 Clinical and Operational Processes and Procedures

A robust infection prevention and control programme is vital for all nursing homes considering the congregated setting, age profile of residents and the potential for rapid transmission of virus in homes.

Since the onset of the pandemic, significant work has progressed in this area to ensure adherence with guidelines around IPC, outbreak management, admissions to nursing homes, visitations and communications. In a recent survey by HIQA, 87% of providers reported that recommendations are “fully implemented”.

Key challenges

Infection Prevention and Control

There has been a heightened focus on IPC and increased demands on nursing home staff on infection prevention and control measures around screening, testing, isolation and cohorting. It was indicated by the sector that in wave 1 of the pandemic, lack of adequate testing, new admissions and hospital transfers (who were not tested), PPE supply shortages and asymptomatic spread of the virus within the facilities mainly contributed to the rapid transmission of the disease. Early in the pandemic there was a limited understanding regarding the transmission and all healthcare settings including many nursing homes struggled to contain the spread of the virus.

The serial testing programme, IPC and other measures have been effective in reducing the nursing home outbreaks and fatalities. Nursing home providers consulted for this report, are also content with the fluid on-going PPE supplies that have been delivered.

HPSC has been publishing guidelines on public health measures on key topics including:

1. Admissions, Transfers to and Discharges from LTRCF during the Covid-19 by - HSE & HPSC
2. Guidelines on the Prevention and Management of Covid-19 Cases and Outbreaks in Residential Care Facilities
3. Guidance on visitations to LTRCF

It has been recommended that nursing homes must adapt to adhere to these guidelines, and also develop and adopt clear IPC strategies in-line with HSE's Community IPC strategy. To meet this recommendation, the sector requires more information and guidance on the HSE's community IPC strategy.

HIQA has also published “*HIQA - An assurance framework for registered providers - preparedness planning and Infection prevention and control measures*” to support registered providers providing effective infection prevention and control practices⁷².

⁷⁰ <https://www.digitalhealth.net/2014/06/nhs-arden-rolls-out-care-homes-dashboard/>

⁷¹ Health Quality Ontario, Long Term Care Home Performance - <https://www.hqontario.ca/System-Performance/Long-Term-Care-Home-Performance>

⁷² HIQA, Covid-19 An assurance framework for registered providers - preparedness planning and Infection prevention and control measures

Facilitation of visitors to nursing homes

Stringent restrictions have been in place since the onset of Covid-19. In line with public health guidance, nursing homes are cautiously facilitating visitations, following a thorough risk assessment and on compassionate grounds for critical or end of life. An MDT approach has been taken in most cases when preparing for end of life visits, with each case reviewed using clinical judgement and input from the residents' primary care givers.

The disproportionate impact on the sector, surge of cases and fatalities, has also heightened anxiety among residents and their families alike. Proactive and transparent communication with families has proven effective to minimise some of this.

Covid-19 restrictions including social distancing measures have come at a cost of 'Loneliness' to many residents. Loneliness is associated with a myriad of adverse health outcomes including impaired immune functioning and impacts on residents' overall health and well-being⁷³. Nursing homes have worked tirelessly to develop strategies to help residents maintain connections and to help promote and maintain social, mental and physical health during this pandemic.

Of the 86 recommendations, 23 relate to Clinical and Operational Processes and Procedures particularly around IPC, outbreak management, admissions to nursing homes and communications. As indicated in the IOT Dec 2020 progress report, significant progress has been made in this area, hence the impact for this category is low as the remediation steps identified are not complex and will require low level of additional effort to implement.

The processes relating to testing and screening have been addressed. Nursing homes have processes in place to adhere to the guidelines and measures for the management of Covid-19 in the event of an outbreak.


The main outstanding action in this area is the development and implementation by the HSE of the Community IPC strategy.

Clinical and Operational Processes and Procedures	Public Health Measures	1.1 Enhanced Public Health Measures						
	Infection Prevention and Control (IPC)	2.1 IPC strategy in community	2.2 Adopt IPC strategy in line with community IPC strategy	2.3 Rapid testing	2.4 Monitoring of periodic testing	2.5 Rapid turnaround of testing results	2.8 PPE and Other equipment supply and ordering	2.9 FLU vaccines
	Outbreak Management	3.1 Access to rapid testing	3.3** Protocols for self-isolation, quarantine, cohorting and referral	3.4** Isolation of suspect cases	3.8 Preparedness plans for HIQA inspection			
	Future Admissions to Nursing Homes	4.1 Admissions and Transfers	4.2 Compliance with IPC measures for admissions					
	Nursing Home Management	5.1** Visitors/Staff Log						
	Palliative Care	11.2 Visitor Guidelines on Compassionate Visits						
	Visitors to Nursing Homes	12.1 Review of Visitor Guidelines	12.3 End of life visits					
	Communication	13.1** Comms with residents and Families	13.2** Clear Comms Plans	13.3** Communication staff and channels				

Figure 13: Clinical and Operational Processes and Procedures Heat Map

⁷³ HSE National Health Library & Knowledge Service - <https://hselibrary.ie/what-is-the-impact-of-the-coronavirus-pandemic-on-the-mental-health-of-elderly-nursing-home-residents/>

The table below includes the impact of implementing the key Expert Panel Recommendations to deliver Clinical and Operational Processes and Procedures and the actions and supports required.

Category	Actions Required to Deliver on the Recommendations
<p>Adopt IPC strategy in line with community IPC strategy</p> 	<ul style="list-style-type: none"> • Upon publication of HSE's Community IPC strategy, nursing homes to update and adapt their IPC strategy as required, in line with the national strategy. This should include; <ul style="list-style-type: none"> ✓ testing and self-isolation strategies ✓ training in IPC measures to be provided to all staff ✓ risk assessment(s) for any staff members identified as at risk ✓ monitoring of IPC practices ✓ applying standard precautions for all residents including deep cleaning protocols

3.8 Support required to address key sectoral challenges

Delivering the Expert Panel's 86 Recommendations will result in continued improvements to the care of nursing home residents. This report outlines a programmatic approach to enable the delivery of these specific recommendations. To complement the delivery of these recommendations, and to underpin a system wide transformation in care for older persons, there are a number of structural and sectoral challenges that also need to be addressed and prioritised. These areas underpin many of the recommendations and programmes of work outlined above and are summarised further below.

1. An updated **integrated model of care** for older persons is required to address the inconsistent, fractured and unstructured access nursing home residents have to community care services.
2. The **funding model for nursing home needs to be reviewed**, ensuring funding is based on an assessment of resident needs and dependency levels. The funding model also needs to take account of the significant additional costs that will arise in meeting the Expert Panel Recommendations on an ongoing basis.
3. A comprehensive Nursing Home **workforce strategy** is required to attract and retain staff in the sector long-term, and to ensure appropriate staffing mixes are maintained to support high quality resident-centric care. The challenge of private and voluntary nursing homes "losing" staff to public nursing homes due to better public terms and conditions also needs to be considered.

1. Inconsistent, Fractured and Unstructured Access to Community Care Services

The Expert Panel Report acknowledged nursing homes as '*an integral part of the health and social care system, which has never been fully recognised in policymaking in Ireland*' stating that this '*needs to change immediately*'⁷⁴. The Expert Panel Report highlights the pressing need '*for guidance, protocols, or clarity at national level*' as to how '*formalised communication and oversight links within the healthcare ecosystem*' can be established.

As highlighted earlier in this Chapter:

- Currently, nursing home residents have limited and/or delayed access to the community-based services including pathways of service access, service availability and networks of support. Nursing homes, in particular private and voluntary homes, operate as part of a community care system that is fragmented and uneven in the supports that are available to nursing homes residents.

⁷⁴ Department of Health. (2020). Covid-19 Nursing Homes Expert Panel – Examination of Measures to 2021.

- The pandemic has reinforced the need to accentuate integration and establish integrated partnerships. The CRT, set up in response to the impact of Covid-19 on nursing homes, saw much greater collaboration, communication, and support from the relevant HSE CHOs for nursing homes. This had a direct and positive impact in the operation of services to older persons and was overwhelmingly welcomed by the nursing home sector, with a general call for this collaboration to be continued and developed. The necessary policy frameworks and resources are now needed to ensure this integration can be formalised and sustained. These frameworks must ensure the continued access to the full suite of community services for all nursing home residents, and their care givers, irrespective of geography or ownership model. The Expert Panel Report confirms establishment of new integrated CSTs in line with Covid-19 Response Teams model. These need to be embedded and resourced in a consistent manner across the board ensuring equity of access irrespective of geographic area.

Given that nursing homes are the primary residence for approximately 32,000 Irish citizens, it is important that all nursing home residents have access to the full suite of local community support services that are available to citizens in the community. This requirement – which is consistent with the Sláintecare vision of an integrated health system accessible to all – now needs to be prioritised.

2. Challenges with the Funding Model

Action is required to review and evolve the nursing home funding model so that it is ‘fit for purpose’ in a post-pandemic environment, and to ensure it supports the sustainability of this critical sector in the health system. As highlighted earlier in this Chapter:

- The Fair Deal Support Scheme is the state’s support scheme established to financially support those residents requiring LTRC. The sector is heavily reliant on the Fair Deal Support Scheme with 82% of residents in private and voluntary nursing homes supported by Fair Deal⁷⁵. There are differences in the Fair Deal funding rates for nursing homes across the country, resulting in a significant variance in providers ability to fund and invest in provision of services.
- Directly related to the viability and sustainability of the private and voluntary nursing home sector is the distribution and allocation of fees across HSE nursing homes, and private and voluntary nursing homes. As per the C&AG report, in 2018 the average fee payable in respect of residents in HSE nursing homes under fair deal was €1,564 per resident per week, while the average fee in respect of private and voluntary nursing homes residents was €968⁷⁶. Examination of fees allocated across the public and private sector would indicate that there is circa 62% difference in the rate payable in respect of residents in public homes in comparison to those paid to private and voluntary homes⁷⁷. The Fair Deal rates do not appear to take into consideration dependency levels, standards of care provided or the increases in staff costs year-on-year.
- According to a Comptroller and Auditor General (C&AG) Special Report on the Fair Deal Support Scheme (May 2020), the HSE have determined the higher average weekly rate for public nursing homes is ascribed to several reasons, including better pay and conditions and higher staff-to-resident ratios in public nursing homes. However, the report states that the HSE has not undertaken any formal analysis of these cost drivers. Further review is therefore required. The Committee of Public Accounts (PAC) also undertook an examination of the C&AG special report on the Nursing Homes Support Scheme (NHSS), and their findings and recommendations further echo the existing challenges with the funding model.

⁷⁵ BDO survey (2020)

⁷⁶ Comptroller and Auditor General Special Report – The Nursing Homes Support Scheme (Fair Deal)

⁷⁷ Comptroller and Auditor General Special Report – The Nursing Homes Support Scheme (Fair Deal)

- The review of the Nursing Home support scheme carried out by DoH acknowledged the requirement to review NHSS Pricing with a view to increasing the transparency of the pricing mechanism⁷⁸. Following the review, the DoH is carrying out a value-for-money review of the nursing home sector⁷⁹. Commenced in 2018, the purpose of the review is to compare private, voluntary, and public nursing home care costs and to identify, quantify, and analyse the reason for any cost differential between public and private/voluntary sectors. The publication of this review and its associated report should be expedited.
- The National Treatment Purchase Fund (NTPF) is responsible for the contract negotiations in relation to the Fair Deal Support Scheme fee under the NHSS. It is unclear on the level of gerontological expert input that is provided into this process, or on the level of mapping of funding to the needs of nursing home residents
- The Health Information and Quality Authority (HIQA) regulatory requirements, added to the implementation of the Expert Panel Recommendations and learnings from Covid-19, are going to put significant additional financial pressure on the nursing home sector in the coming years. It is critical that the funding model and approach is updated to reflect this. The National Average Fair Deal Rate increased from €902 in 2015 to €1,007 in 2020 (an increase of 11.2%) while the average cost per bed has risen from €35K to €48K over the same period – an increase of 37.6%⁸⁰.
- It is clear that an immediate examination and evolution of the Fair Deal Support Scheme is required. Central to this should be a reliable assessment tool to ensure the complexity and dependency levels of residents are considered, irrespective of ownership model. The funding model also needs to reflect the rising costs required to deliver high-quality care in nursing homes - including delivering the Expert Panel Recommendations, ensuring appropriate staffing levels / staffing mix can be maintained in all settings, and supporting nursing homes in maintaining the enhanced facilities required to meet regulatory and public health guidelines.

3. Significant Workforce Challenges

A long standing and serious concern to the nursing home sector, exacerbated by the pandemic, is the challenge in the recruitment and retention of staff. As highlighted earlier in this chapter:

- Staffing regulation requires nursing homes to maintain adequate numbers and skills mix to meet the care needs of residents. Notably, the regulation does not provide guidance on how staffing levels should be determined or what the minimum staffing and skills-mix requirements should be. A framework for Safe Nurse Staffing and Skill Mix published in 2018, sets out the key information to guide services on how to determine safe nurse staffing and skill mix in general and specialist medical and surgical care settings⁸¹. This framework is now being prioritised and developed to cover the nursing homes sector in line with the Expert Panel Recommendations.
- The environment of care homes is challenging, with older residents increasingly having complex health and care needs including progressive frailty and end-of-life care⁸². This increased complexity of care requires nursing homes to have greater access to the specialist skills needed to provide high-quality care.
- Due to the acute shortage of appropriately skilled nursing staff, nursing homes are compelled to hire a large proportion of nursing staff through agencies at a premium cost during the pandemic.

⁷⁸ Review of Nursing Homes Support Scheme, A Fair Deal

⁷⁹ Comptroller and Auditor General Special report – Nursing homes support scheme

⁸⁰ Nursing Home Sector Financial Review, JPA Brenson Lawlor Limited

⁸¹ Framework for Safe Nurse Staffing and Skill Mix in General and specialist Medical and Surgical Care settings in Ireland - 2018

⁸² The Kings Fund, Enhanced health in care homes

In common with the wider health service, nursing homes are also very dependent on securing staff from overseas. Considering the nature of recruitment from abroad, the sector has indicated that the average staff tenure for most staff nurses in nursing homes is about two and a half years. This is creating significant instability in the staffing model which impacts the continuity of care delivery as well as an ability to build expertise and competence.

- In many cases, staff in the private sector are lost to the public sector with private nursing homes highlighting that they are unable to match the term and conditions and overall remuneration of the public sector. It's clear that the current funding model creates a staffing challenge for the private & voluntary sector. The need to review and reduce gaps in pay, and overall remuneration across the public, private and voluntary nursing home sector is imperative to addressing the serious retention problem in the private and voluntary sector.
- The impact on residents of this fluid turnover of staff and retention crisis is not to be overlooked. It is reported that organisational difficulties hinder the ethos of person-centredness as limited staff and high turnover are major barriers to implementing care practices that promote autonomy and independence and, consequently, individualised care.⁸³
- The pandemic has also had a profound impact on the psychological well-being of staff due to increased workload owing to a lack of resources, self-isolation during the crisis, increased infections and high mortality within nursing homes. A year into the pandemic, the consistent message from all nursing home providers is that staff are at a very high risk of burnout and of emotional and physical exhaustion.

The pandemic has highlighted the urgent need to address the staffing challenges in the sector. Recruitment and retention, training and qualifications, continuous learning, skill development, appropriate reward and the overall "employee proposition" should be considered in a Workforce Strategy and Plan to meet current and future needs. Affiliation with educational institutions and universities, to establish the 'teaching nursing home' (TNH) model, wherein the home is a training site for student nurses and care assistants is a proven model internationally and should be explored and evaluated further. The model has resulted in improved quality of care, enhanced education of students and most importantly it encouraged participants to continue working in the nursing homes thereby creating an on-going pipeline of skilled staff as well as reduced turnover rates.

⁸³ NHI - Ulster University - The Lived Experience of Nursing Home Residents in the context of Nursing Home as their 'Home'

4. MAKING IT HAPPEN

This pandemic must be considered as a catalyst for strategic change. While Covid-19 has exposed fragilities in our health systems that need addressing, it has reinforced the pivotal role nursing homes play within our health and social systems.

A huge amount of good work has commenced and there is strong commitment and goodwill to deliver on the Expert Panel Recommendations across the board. There have been several teams and groups established in response to the recommendations, with varying remits and purpose⁸⁴. Please refer to Table 3 in Chapter 1 for more detail.

The challenges and findings presented in this report do not reflect a ‘novel’ view. It is widely documented that extensive system transformation is required to deliver a health system that is more resilient, person centric and sustainable over time⁸⁵. There are well established views on what needs to happen to support the integration and collaboration across services across the continuum of care for older persons care⁸⁶.

Numerous health policies, both nationally and internationally, support the need to drive health system reform, through integrated, coordinated care. Sláintecare’s Action Plan aims to ‘deliver a universal health service that offers the right care, in the right place, at the right time, with a priority focus on developing primary and community services within a national policy context’⁸⁷.

The challenge is not defining “what needs to happen?”, the challenge is in the “how” – putting the right structures and supports in place to deliver the change that has been envisioned by so many.

By putting the right structures in place to “make it happen”, the opportunity exists to develop a fit for purpose health service for older people. Improving how care is delivered and putting the needs and perspectives of each resident and their families at the centre of care planning and outcome measurement.

Implementing the Expert Panel Recommendations, in parallel with an ongoing pandemic, a national vaccination strategy, and the routine activity taking place across the wider, already constrained, health care system will not be straightforward. Collaborative actions and partnerships across multiple agencies are needed to deliver on the recommendations. This will require navigating the often siloed and complex web of relationships between all the organisations and individuals involved in the delivery of care for older people.

Therefore, we need to find a ‘new way’ of integrating the efforts of all involved to ensure there is a coordinated and consistent approach to deliver the transformation required, and at speed. By putting the right structures and supports in place to “make it happen”, we can develop a fit for purpose health service for older people that delivers on the Expert Panel Recommendations while also addressing a number of the structural challenges impacting the sustainability of the sector.

To “make it happen”, the following are recommended:

1. Establishing a single multi-agency group with adequate representation from across the continuum of care with sole accountability and responsibility for delivering the change
2. Under the new single multi-agency body, mobilise the appropriate programme structures and resources to deliver the change
3. Mobilise the programme to manage the delivery of the Expert Panel Recommendations in an integrated and cohesive way

⁸⁴ Covid-19 Nursing Homes Expert Panel Report – Implementation Oversight Team, Reference Group – www.gov.ie

⁸⁵ Department of Health. (2018). Sláintecare Implementation Strategy.

⁸⁶ Department of Health. (2019). Sláintecare Action Plan 2019.

⁸⁷ Department of Health. (2019). Sláintecare Action Plan 2019.

4. Clear outcome-based performance metrics should be identified to track progress, and to ensure a constant focus on improved outcomes for older persons is maintained

4.1 Establish single multi-agency group with adequate representation from across the continuum of care

In order to move forward in any meaningful way, concrete commitment and senior sponsorship is required to ensure delivery. The creation of a new single, multi-agency body, with adequate representation from across the continuum of care with the specific and sole remit of delivering on the recommendations in the context of an updated integrated model of care for older persons is essential.

This group should have responsibility for:

- Defining an updated Integrated Model of Care for Older Persons, with a specific focus on the nursing home sector, that outlines how services and resources across the continuum of care are organised to deliver a more integrated, person-centric health service that our older people need. This revised Integrated model of care should act as the “North Star”; a vision and blueprint to guide in the development of significant clinical and operational reconfiguration, including the delivery of the specific actions outlined in the Expert Panel Report. Once defined, this group should subsequently take responsibility for its successful implementation.
- Reviewing and updating the funding model to address the well documented challenges that exist with the current model, while also considering the ‘uplifts’ required to deliver on the Expert Panel Recommendations, and to deliver on the updated model of care requirements for Older Persons. Once defined, this group should subsequently take responsibility for its successful implementation.
- Designing a new Workforce Strategy and Model for the sector, that provides clarity on the required staffing mix and levels in nursing homes and creates a more compelling employee value proposition for all those working in the sector. Furthermore, a strategy that addresses the need to attract staff into the sector. Once defined, this group should subsequently take responsibility for its successful implementation.
- ‘Owning’ the implementation of the Expert Panel Recommendations, and all subsequent recommendations and actions that will arise from other initiatives (such as the updated model of care). It is also critical to ensure timeframes are determined and agreed to ensure accountability and to be able track and monitor progress being made.

The work required to design an updated integrated model of care for older persons, a new funding model and new workforce strategy may currently reside partly or wholly with other agencies. To ensure clear line of sight on the delivery of these, and to help ensure cohesion across all activities, clear reporting lines should be established so that responsibilities and accountabilities are clear. Where possible, it is recommended that the principle of a single body being accountable for all activities should apply. Alongside, a single multi-agency body, it is critical to ensure timeframes are determined and agreed to ensure accountability and to be able track and monitor progress being made.

The scale of transformation and collaboration required is considerable. It will mean fundamental changes in how people and different agencies work together to deliver services. To succeed, it is critically important that this new multi-agency group:

- Secures the **right level of commitment** at government and policy level to succeed
- Gets broad **leadership alignment** on the improvements and outcomes it is setup to achieve. There should be alignment on the new older persons “experience” it is striving to achieve i.e.

what the vision and ambition “looks like and feels like” for nursing home residents, and for all involved in the delivery of high quality care across care continuum

- Recognises that success is not only about delivering new processes or new structures in the delivery of care to older persons in residential care. A critical element of success is about embedding a **new culture and way of working** across the system, that places the resident at the centre of all policy and operational decisions
- Is empowered with the **right level of delegated decision making** to ensure progress against agreed outcomes can be made at the appropriate pace and scale
- Brings a **relentless focus** on delivering these outcomes and this meaningful change across the sector.

4.2 Establish structures and dedicated resourcing

Delivering a programme of this scale will not happen by accident. It also will not happen as an additional activity, where resources assigned to the implementation already have significant other responsibilities. A dedicated full-time implementation capacity is required to deliver these changes - resources *whose sole focus and responsibility* is on implementation. This implementation capacity should be organised under a new Delivery Office under the new single multi-agency group identified above, with the funding made available to sustain this delivery capability for the multi-year duration of implementation.

A proposed Programme Structure is outlined below;

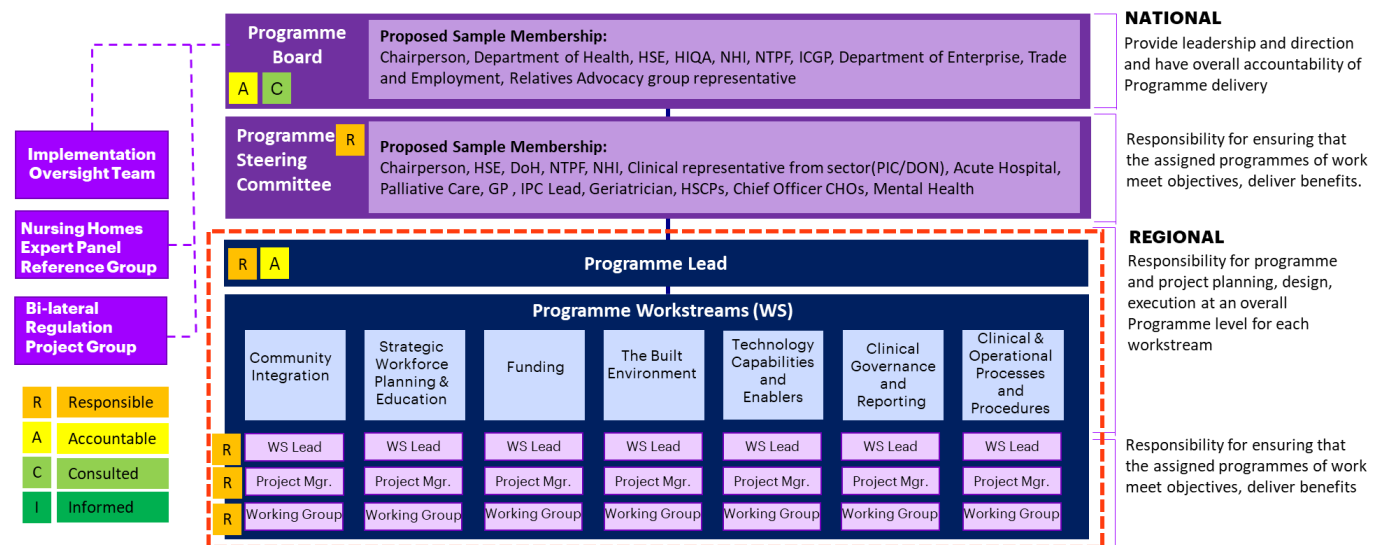


Figure 14: Proposed Governance Structure

The Programme Board will provide leadership, sponsorship and have accountability of the Programme and will include senior leaders and key decision makers from the various involved agencies i.e. DoH, HSE, HIQA, NHI, NTPF etc. The Programme Board will act as a point of escalation for decisions which cannot be reached at the Steering Committee. Formal terms of reference to be agreed for the Programme Board and Steering Committee.

Programme Steering Committee, the key decision-making forum will be responsible for delivering the Programme. The Steering Committee’s role will be pivotal in ensuring delivery and alignment across the Programme and agencies and will be the point of escalation for the workstreams. The Steering Committee will also be responsible for managing inter dependencies and conflicts to ensure that the overall Programme does not have any unintended consequences.

A Programme Lead will be responsible for the overall delivery of the Programme and to oversee the progress of each individual workstream. The Programme Lead will report to the Steering Committee and should be supported by project teams for each workstream. Within each workstream, a Lead and Implementation Project Managers will be required to support and oversee the working groups which will be established to deliver and implement the recommendations. The Leads will be senior staff with expertise in key areas and will be accountable for each workstream.

4.3 Mobilise the programme

Considering the complex nature of the programme, and the multi-agency approach required, a strong and robust Programme Management approach is key to ensure successful delivery of Programme. The Delivery Office should mobilise the programme to deliver the Expert Panel Report in a cohesive way while also playing a key role in ensuring the Programmes deliver the intended benefits.

As outlined in Chapter 3, this report suggests seven programmes of work to deliver the Expert Panel recommendations. These proposed programmes provide the structure for deploying the correct skills, assets and technologies required to deliver the Expert Panel Recommendations and are listed in the table below.

Table 10: Proposed Programmes of Work

	Community Integration Design, develop and implement integrated care programmes for the sector thereby providing residents greater access to acute, and community-based services as a way of improving health outcomes, service delivery, efficiency and long-term sustainability of older persons care.
	Strategic Workforce Planning and Education Address the 'human' challenges in terms of staff recruitment and retention, psychological effect of the pandemic on staff and residents and impact of training and education for the sector.
	System Reform: Funding Ensure equity through the funding model to support the viability and sustainability of the sector.
	The Built Environment Address the requirements related to various recommendations around infrastructure adaptations
	Technology Capabilities and Enablers Implement and adapt technology needs to deliver an integrated health and social care system that puts the person at the centre of care design.
	Clinical Governance and Reporting Ensure appropriate governance, leadership structures are in place. Design and deliver real-time monitoring and reporting.
	Clinical and Operational Processes and Procedures

	Adoption and implementation of effective processes and procedures in line with Government strategies, recommendations and guidelines.
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These programmes of work address each of the 86 Expert Panel Recommendations as outlined in the graphic below.

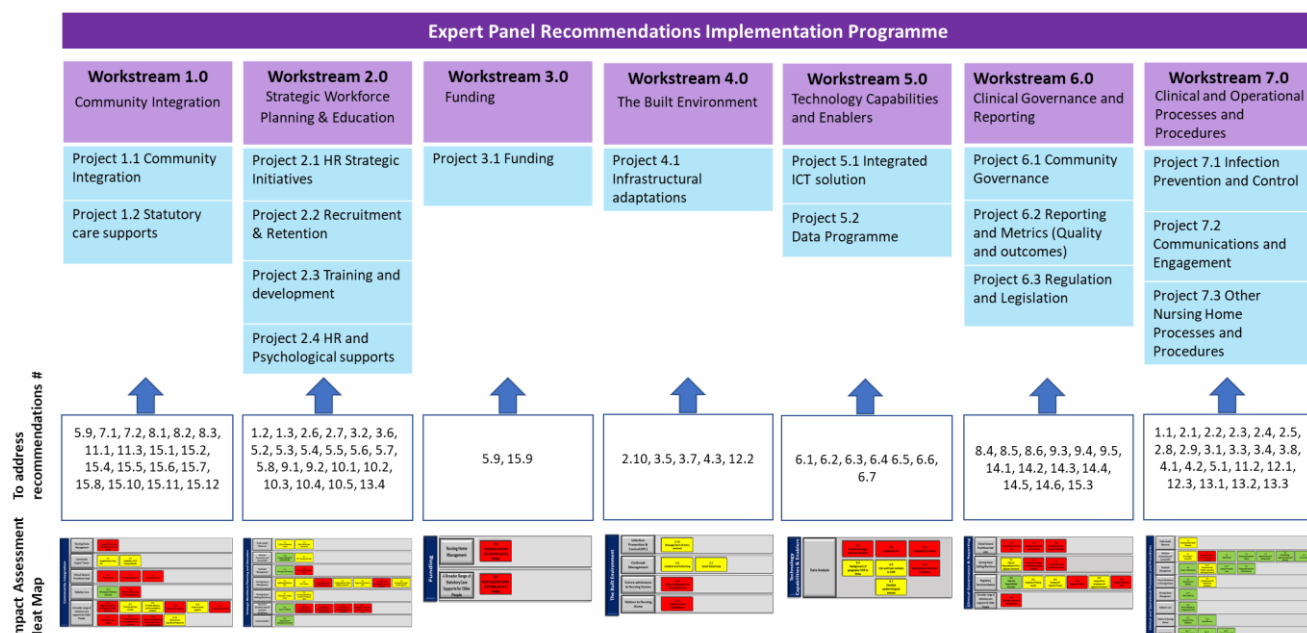


Figure 15: Implementation Programme Structure

4.4 Clear outcome-based performance metrics

As the Transformation Programme evolves, it is critically important to put the right controls and assurance mechanism in place to validate that the actions being taken are delivering the intended benefits and improvements to the care of older persons and within the agreed timeframes. A regular assessment should be undertaken to assess progress and identifying any changes or corrective actions required to deliver the intended benefits.

4.5 Conclusion

The Covid-19 pandemic has disproportionately affected older people across the globe and has had a profound impact on the nursing home sector in Ireland. Impacts felt by residents, families, staff and providers. Additionally, Covid-19 has exposed weaknesses across our health systems that must be addressed. While the long-term timeline and impacts of Covid-19 are still unknown, it is clear that health and social care services need to plan for future healthcare emergencies and the long-term sustainability of sector.

Delivering the Expert Panel's 86 Recommendations will result in significant improvements to the care of nursing home residents. To complement the delivery of the Expert Panel Recommendations, and to underpin a system wide transformation in care for older persons, there are a number of structural and sectoral challenges that also need to be addressed and prioritised.

1. An updated **integrated model of care** for older persons is required to address the inconsistent, fractured and unstructured access nursing home residents have to community care services.
2. The **funding model for nursing home needs to be reviewed**, ensuring funding is based on an assessment of resident needs and dependency levels. The funding model also needs to take

account of the rising operational costs for nursing homes, coupled with the significant additional costs that will arise in meeting the Expert Panel Recommendations on an ongoing basis.

3. A comprehensive Nursing Home **workforce strategy** is required to attract and retain staff in the sector long-term, and to ensure appropriate staffing mixes are maintained to support high quality resident-centric care. The challenge of private and voluntary nursing homes “losing” staff to public nursing homes due to better public terms and conditions also needs to be considered.

This pandemic offers significant opportunities to learn lessons for health system preparedness, resilience, collaboration and integration. Covid-19 has reinforced the need for transformational change across the continuum of care for older people. Systems where collaborative actions and integrated care will ensure ‘care is better planned, better coordinated, better delivered and easier to access’⁸⁸ are needed. This pandemic must be considered as a catalyst for strategic change and the challenge therefore is not about defining “What needs to happen”. The challenge is in the “how” - putting the right structures and supports in place to deliver the change that has been envisioned by so many.

To “make it happen”, the following are recommended:

1. Establishing a single multi-agency group with adequate representation from across the continuum of care with sole accountability and responsibility for delivering the change
2. Under the new single multi-agency group, mobilise the appropriate programme structures and resources to deliver the change
3. Mobilise the programme to manage the delivery of the Expert Panel Recommendations in an integrated and cohesive way
4. Clear outcome-based performance metrics should be identified to track progress, and to ensure a constant focus on improved outcomes for older persons is maintained

“It is time for a reset. As we build a strong recovery, we must seize the opportunity for change”

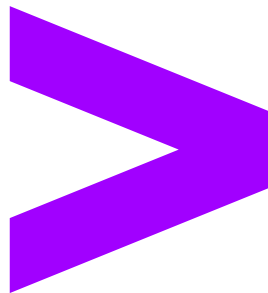
- **António Guterres, Secretary-General of the United Nations**

⁸⁸ HSE. (2013 Making a start in Integrated Care for Older Persons: *A practical guide to the local implementation of Integrated Care Programmes for Older Persons*.

Appendix A – Glossary of Terms

ABBREVIATIONS	
ALOS	Average Length of Stay
ACMT	Area Crisis Management Team
BRM	Benefits Realisation Management
CGA	Comprehensive Geriatric assessments
C&AG	Comptroller and Auditor General
COPD	Chronic Obstructive Pulmonary Disease
CGA	Comprehensive geriatric Assessment
CHO	Community Health Organisation
CHSM	Care Home Staffing Model
CRT	COVID 19 Response Team
CST	Community Support Team
DoH	Department of Health
DON	Director of Nursing
ED	Emergency Department
EHCH	Enhanced Health in Care Homes
EIB	European Investment Bank
ESRI	Economic and Social Research Institute
EU	European Union
GP	General Practitioner
HCA	Healthcare Assistant
HIQA	Health Information and Quality Authority
HLTF	High Level Task Force
HR	Human Resources
HSE	Health Service Executive
HSCP	Health Protection Surveillance Centre
ICPCD	Integrated Care Programme for the Prevention and Management of Chronic Disease
ICPOP	Integrated Care Programme for Older Persons
ICT	Information and Communications Technology
IHI	Individual Health Identifier
INMO	Irish Nurses and Midwives Organisation
ioRN	Indicator of Relevant Need
IOT	Implementation Oversight Team
IPC	Infection Prevention and Control
LTCF	Long Term Care Facility
LTRC	Long Term Residential Care
MDT	Multidisciplinary Team
NHI	Nursing Homes Ireland
NHS (UK)	National Health System
NHSS	Nursing Home Support Scheme
NIAC	National Immunisation Advisory Committee
NPHET	National Public Health Emergency Team
NTPF	National Treatment Purchase Fund
OPNS	Older People Nurse Specialist
PAC	Committee of Public Accountants
PIC	Person in Charge
PPE	Personal Protective Equipment
QQI	Quality and Qualifications Ireland
RACI	Responsible, Accountable, Consulted and Informed
RQIA	The Regulatory and Quality Improvement Authority
SLA	Service Level Agreement
TAPS	Temporary Assistance Payment Scheme
TILDA	Irish Longitudinal Study on Ageing

TNH	Teaching Nursing Home
WTE	Whole Time Equivalent



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