NHEP Rec. No.	NHEP Recommendation	Lead Agency	Status Update	Commentary
Resident voice - advocacy/complaints/care experience (4 Recommendations)				
15.2.	The Department of Health and HIQA should explore introducing a requirement that all Nursing Home providers promote, facilitate, and engage meaningfully with independent advocacy services	Department of Health and HIQA	Complete	A new contract for the continued delivery of the Patient Advocacy Service and the expansion of the service to private nursing homes is in place. Amendments have been made to the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, to underpin access rights to advocacy services, which came into force on the 1st of March, 2023.
15.3.	The Department of Health should explore a suitable structure and process for external oversight of individual care concerns arising in Nursing Homes once internal processes have been exhausted without satisfaction.	Department of Health	Complete	Amendments have been made to the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, to strenthen complaints processes, which came into force on the 1st of March, 2023.
15.4.	HIQA and each Nursing Home provider should continue to highlight and promote independent advocacy services available to residents.	HIQA and Each Nursing Home Provider	Complete	As per Recommendation 15.2
15.12.	The National Care Experience Programme expansion to Nursing Home residents should be progressed at pace.	HIQA	Complete	https://yourexperience.ie/nursing-homes/national-results/
IPC (2 Recommendations)				
2.1.	Develop an integrated infection prevention and control strategy in the community with particular focus on all Nursing Homes, public, private, or voluntary.	HSE	Complete	https://www.lenus.ie/bitstream/handle/10147/631787/HSE-Community%20Infection%20Control%20Manual%20March%202022_%20ELECTRONIC%20VERSION.pdf?sequence=1&isAllowed=y
2.7.	(a) Infection control training should be mandatory for all grades of nursing home staff. (b) Nursing home staff should have access to 'train the trainers infection control' training programme approved by the HSE. (c) Commitment required by healthcare agencies to formally confirm evidence of IPC, including PPE training prior to allocating staff to nursing homes. Nursing home providers should not contract an agency staff without evidence of IPC/PPE training. Each provider should have documentary assurance from the agency that the staff member has had the requisite training. HIQA should undertake compliance checks (d) Every nursing home requires onsite access to a trained infection control lead on each shift. That lead will ensure IPC protocols are implemented and will support staff to do so.	Infection Prevention & Control (a) Each Nursing Home Provider. (b) Each Nursing Home Provider. (c) Staff Agencies and each Nursing Home Provider. (d) Each Nursing Home Provider.	Complete	(a) will be provided for in a further revision of the Care and Welfare Regulations. (b) (c), and (d) are ongoing and mainstreamed into normal operations.
Regulatory/Compliance Framework (5 Recommendations)				

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9.4.	Considering the nursing metrics and the HPSIR, a quality indicators and outcomes/resident safety model should be developed for Nursing Homes, requiring each Nursing Home to publish regular reports and to provide copies to HIQA. HIQA should establish a public register of all such reports provided by Nursing Homes, and oversight and validation checks should be incorporated into the regulatory framework.	Department of Health (model). Each Nursing Home Provider (Implementation). HIQA (compliance oversight)	Work in progress	Working group established, proposal developed and stakeholder consultation to take place before end year.
14.2.	HIQA itself identified a deficit in infection control and risk management expertise in this sector. Mandatory training records including infection control should be included consistently in the inspection process.	HIQA	Complete	Ongoing as part of inspection processes.
14.3.	There are currently 22 inspectors overseeing approximately 576 facilities with a visit frequency of 18 months. While onsite inspections are labour intensive, the frequency of these should be increased.	HIQA	Complete	Funding for 21 additional inspectors has been provided and they have been recruited.
14.4.	The legislation underpinning Nursing Homes registration and operation and empowering HIQA is in place, but the current regulations need to be modernised and enhanced with additional powers and requirements. These regulations should be reviewed, including to give full effect to the recommendations of this report.	Department of Health with input from HIQA	Work in progress	In October 2022, the Government approved the General Scheme of a Health (Amendment) Bill to provide for initial enhancements across two thematic areas: (1) a broader suite of enforcement tools available to the Chief Inspector of Social Services and (2) the collection, sharing and publication of key operational data on designated centres to support service planning and policy development. The Department is currently engaging with the Office of Parliamentary Counsel on developing the Bill.
14.6.	Provision should be made for regular mandatory reporting to HIQA of key operational data by each nursing home provider including data on staff numbers and grades, qualifications, occupancy levels. This data should be available to health agencies including the Department of Health to inform ongoing planning for residential care services. HIQA should ensure streamlined processes are in place for the collection, collation and reporting of such data.	Department of Health (Regulation if required) HIQA (operational processes) Each Nursing Home Provider (submission of data)	Work in progress	As per Recommendation 14.4
NH integration/Clinical Governance (14 recommendations)				
5.9.	Increased integration of private and voluntary Nursing Homes into the wider health and social care systems requires enhanced transparency of operation, funding, and finances of these Nursing Homes. The funding and expenditure (public and private monies) utilisation by private …. clearly transparent and measures should be considered to ensure this.	Department of Health, NTPF, HSE	Work in progress	Following the completion of the NTPF Pricing Review, consideration on progressing its recommendations including in respect of a revised pricing mechanism is ongoing in the Department of Health.
7.1.	Establish new integrated Community Support Teams (CSTs) with clearly defined joint leadership and responsibility across each CHO and hospital group area on a permanent basis, in line with the discussion in this chapter. In the interim, the existing COVID-19 Response Teams should remain in place.	HSE and Hospital Groups	Work in progress	CRT currently transitioning to CST. Phase 1 implementation is in progress.

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7.2.	In the event of a COVID-19 surge, a designated member of the future Community Support Team (CST) should always have 24/7 availability for the Nursing Homes in the catchment area.	HSE and Hospital Groups	Work in progress	As per recommendation 7.1
8.1.	A GP will be a key member of each Community Support Team (and in the interim each COVID-19 Response Team)	HSE	Work in progress	As per recommendation 7.1
8.2.	One of the GPs, already caring for their patients in a Nursing Home, will be appointed to the additional role as a Nursing Home's GP Lead, and working with the Person-in-Charge and other senior Nursing Home staff will contribute to the Nursing Home's general oversight and governance. The Person in Charge has overall responsibility for clinical governance.	Each Nursing Home Provider and GPs	Work in progress.	Progress is dependent on GP capacity, contract negotiations and agreement on the funding stream. Related initiatives: - The Terms of Reference for a Strategic Review of General Practice has been published in April 2023. - GP contract negotiations
8.3.	The sessional commitment and remuneration for the post will be specified in a contract between the Nursing Home and GP lead; functions would include promoting the use of instruments like the InterRAI Single Assessment Tool and the Clinical Frailty Score and optimising medication management, ensuring full compliance with e.g. influenza vaccine uptake for residents and staff in the Nursing Home and close liaison with community services and outreach services of acute Hospital Groups.	Each Nursing Home Provider and GPs	Work in progress	As per recommendation 8.2
8.4.	A national framework describing the role and responsibilities of the GP lead, including the elements outlined above, should be developed by as a matter of urgency, so that providers can operate within a consistent and clear set of requirements.	Department of Health and HSE	Work in progress	As per recommendation 8.2
8.5.	The Department of Health with support from HIQA should explore, whether the particulars of this framework should be incorporated into the regulatory framework.	Department of Health	Work in progress	As per recommendation 8.2
8.6.	A clinical governance oversight committee should be established in all Nursing Homes and its inclusion in the regulatory framework should be considered – in the interim guidance on the role and composition should be developed. In time, one of the functions of this oversight committee should be to review quality indicator/resident safety reports and action appropriate follow-up. (see rec. 9.4)	Each Nursing Home Provider, HSE (Guidance), Department of Health (Regulation, if Required), HIQA (compliance oversight)	Work in progress	The Initial proposal was to undertake a clinical governance pilot in this area but this has not progressed.
9.5.	The development, in the medium-term, of clinical governance models in the community should be explored further by the Department of Health in conjunction with the HSE, supported by an international evidence review of models of clinical governance in Nursing Home settings.	Nursing Home Staffing/ Workforce	Work in progress	As per recommendation 8.6
11.1.	Every Nursing Home should be linked with the Community Palliative Care Team in their catchment area	HSE and each nursing home provider	Complete	Ongoing and linked to 11.3
11.3.	Initiate a joint HSE-IHF collaborative national programme on palliative, end-of-life and bereavement care for Nursing Home sector that engages all stakeholders and improves quality of care across the sector along the same lines as HSE-IHF HFH Programme (2017 to date).	HSE and Irish Hospice Foundation	Complete	Caru was launched in November 2022 and has been funded for 5 years. The learning programme was developed by the Irish Hospice Foundation (IHF), in partnership with the All Ireland Institute of Hospice and Palliative Care (AIIHPC), and the HSE.
15.1.	Integration of private Nursing Homes into the wider framework of Public Health and social care should be advanced. This should be prioritised in the short-term with the implementation of recommendations in this report, and longer-term reform should be pursued as a key component of the intended Commission on Care.	HSE and each nursing home provider in the short term	Work in progress	Community Support Teams are being established as per 7.1 above. In addition, HSE are proposing a "flexing" of the ECC model to provide a specific interface with public and private nursing homes.

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15.5.	Provide Nursing Home residents with full medical card eligibility equality of access to services available to community-based peers.	HSE	Work in progress	As per recommendation 15.1
Workforce (9 Recommendations)				
5.3.	All Healthcare Assistants (HCAs) should have a relevant QQI Level 5 qualification or be working towards achieving it. A phased pathway towards achieving this should be in place. The requirement's inclusion in the regulatory framework should be considered.	Nursing Home Management	Work in progress	Options to support uptake of Level 5 qualifications under consideration
5.4.	Framework for Safe Staffing and Skill mix (published 2018) should be prioritised and urgently developed to apply in Nursing Homes - public and private, nationally.	Department of Health	Work in progress	The SSF taskforce is in place. A research team have published their first report and the second report is due to be published in Q4, 2023. 8 pilot sites with a mix of public/voluntary and private, urban/rural are part of the project and 5 sites have received an uplift in funding/staffing. It is anticipated that the pilot will continue into 2024.
5.7.	A review of employment terms and conditions of nurse and healthcare assistant staffing grades in Nursing Homes should be undertaken with a view to ensuring future capacity and the supply of qualified staff.	Department of Enterprise Trade and Employment DOH	Work in progress	The terms and conditions of Health Care Assistants have been reviewed, and recommendations made in the Strategic Workforce Advisory Group that was published in September 2022. A cross-agency Implementation Working Group is overseeing implementation of recommendations. The report on the Expert Review Body on Nursing and Midwifery was published in March 2022 and contained 47 recommendations which are being led out by the Chief Nursing Office
9.1.	HIQA should carry out and publish a detailed audit of existing staffing levels (nursing and care assistant) and qualifications in all Nursing Homes – public, voluntary, and private.	HIQA	Complete	https://www.gov.ie/pdf/?file=https://assets.gov.ie/227617/9b628def-71d6-4600-bb1c-46ec88aaf9fb.pdf#page=null
9.3.	There should be national criteria on roles and responsibilities of the Person in Charge (PIC) and registered nursing staff in Nursing Homes. This should be incorporated into the regulatory framework.	Department of Health	Work in progress	Working group established and stakeholder consultation complete. A report with recommendations is being considered by the Department of Health.
10.1.	HSE training programmes, such as e.g. HSELanD, should continue to be made available to private Nursing Homes and an appropriate governance structure established,	HSE	Complete	www.hseland.ie
10.2.	To promote the wider implementation of advanced healthcare directives (AHDs), education programmes, including some virtual, should be put in place and providers should facilitate greater staff participation	The Decision Support Service and HSE.	Complete	DSS in operation, ADMCA is now enacted.
10.4.	Staff training and career development programme with a requirement that senior nursing staff will have undertaken post-graduate gerontological training and show general evidence of training competency. A phased pathway towards achieving this should be in place with clear targets set, and regulatory oversight provided to ensure that targets are met.	Each Nursing Home Provider Department of Health and HIQA (Regulation if required) HIQA (Compliance oversight)	Work in progress	As per 9.3, a report with recommendations has been submitted by the working group for DoH consideration. 118 RNs (public/voluntary) were funded by the DOH in 2021 to complete a PG Dip in Gerontological Nursing. A similar pilot is being considered in 2024 for private nursing homes.

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10.5.	Mandatory continuing education for all staff in areas such as infection control, palliative care & end of life and dementia should be introduced and a phased pathway towards achieving this should be in place with clear targets set, and regulatory oversight provided to ensure that targets are met.	Department of Health (Regulation if required). HIQA (Compliance oversight). Each Nursing Home Provider (compliance plan and pathway for all staff).	Work in progress	Will be considered as part of further regulatory reforms. Training in IPC widespread, palliative and end-of-life care is being delivered by the Caru programme.
Broader OP Service (7 Recommendations)				
6.3.	Develop and introduce an integrated IT system for older persons services including residential, home support, day care, needs assessment and care planning, so as to support the provision, management, delivery and reporting of services, and especially for planning alternative service provision and planned capacity development in the event of evolving Public Health measures.	HSE – Lead with HIQA contributions	Work in progress	Integrated Community Case Management System (ICCMS) under development.
15.6.	Access to home support should be expanded and prioritised.	HSE and Department of Health	Work in progress	There has been a significant increase in funding for home support over recent years. This has faciltated an increase in level of home support delivered from 17.5m hours in 2020 to c. 21.5m hours in 2023. Recruitment and retention challenges are being addressed by the recommendations of the Strategic Workforce Advisory Group.
15.7.	Standardised care needs assessment should be developed and rolled out. Consideration of a person's suitability for rehabilitation and/or reablement services should be mandatory prior to admission to Nursing Home and an opportunity for access to such services should be available. The consideration and outcome should be documented.	HSE, Overseen by the Department of Health	Work in progress	InterRAI has been selected as the standardised care needs assessment tool and the Department of Health is engaging with the HSE in relation to its roll-out across older person services.
15.8.	Incentives, including financial, must be explored to help provide a wider range of service and ownership models for both care in the home and smaller congregated units/settings. This would acknowledge and reflect most people's preferred wishes.	Government, Department of Finance, Department of Public Expenditure and Reform, in consultation with Department of Health	Will be considered by the Commission on	Establishment of Commission approved by Government. Will be established in early 2024.
15.9.	Review and as appropriate following review develop policy and underpinning legislation, as necessary, for the introduction of a single integrated system of long-term support and care, spanning all care situations with a single source of funding.	Government and Department of Health	Will be considered by the Commission on	
15.10.	This choice model would be payable to the beneficiary for use either to support further care in their own home, in alternative home-based supportive care or in residential care.	Government and Department of Health	Will be considered by the Commission on	
15.11.	To support this policy initiative, and in line with 15.7 national integrated care needs assessment and care planning policy and structures should be developed for older persons services. Examination of the role of resource allocation models should be undertaken including an international evidence review.	Department of Health and HSE	Will be considered by the Commission on	
Broader health service - PH, IHI, ADM (5 Recommendations)				

NHEP Rec. No.	NHEP Recommendation	Lead Agency	Status Update	Commentary
1.3.	It is critical that regional Public Health departments are provided with sufficient resources to have a staff complement and skill mix of team members in place to provide local support. The Crowe Howarth recommended implementation process should continue on a timely basis.	HSE	Complete	Significant progress made. As of end-August 2023, 242 new WTEs posts, including public health doctors, nurses, scientists, and support staff have now been recruited to multi-disciplinary teams. A further 89 posts, of which 55 are in place, have been approved for infectious disease surveillance, mainly to be located in the HPSC. As part of this, senior PH management posts now in place, and a significant number of the 84 consultant posts filled and recruitment underway for the remainder.
6.2.	Implementation of Individual Health Identifier (IHI) as a matter of priority to enable tracking of patients between community and acute hospital sectors.	HSE and Department of Health	Work in progress	The HSE is actively integrating the IHI into all major patient management administration systems.
6.4.	Realignment of geography used in CIDR to Regional Health Areas (RHAs), counties or other, in line with current health system structures as they evolve.	HSE (HPSC)	Work in progress	Will be finalised in Q1 2024 (this is a substantial piece of work). In the interim the HSE is employing a manual process to align data with RHAs until the electronic fix is in place.
6.5.	Introduction of the ability to link and track contacts into CIDR or using another data programme.	HSE (HPSC)	Work in progress	The procurement of a platform that facilitates both the collection of data in the Public Health Areas in the context of outbreaks and incidence, and integrates with the national surveillance programme, is underway. It is likely that the new system will have a “go live” date in 2025.
10.3	Implement relevant aspects of the Assisted Decision Making (Capacity) Act 2015, once enacted, in areas such as capacity assessment, recognising each resident’s will and the wider use of advanced healthcare directives	Department of Justice and Equality in consultation with the Department of Health	Work in progress	ADMCA enaced, work underway across the health service to implement its provisions.