

## Nursing Home Expert Panel Report

### Implementation Oversight Team (IOT)

Meeting: 16<sup>th</sup> December 2020, 11.00 am

#### Meeting note

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##### Attendees:

Kathleen Mac Lellan	Chair, Assistant Secretary, Social Care Division, DOH
Niall Redmond	Principal Officer, Older Persons Policy Development Unit, DOH
Karen Greene	Chief Nursing Officer, Department of Health, DOH
Rosarie Lynch	Head of Patient Safety Surveillance, NPSO, DOH
David Noonan	Principal Officer, GP Services and GMS Contract, DOH
Georgina Bassett	Nursing Project Manager, Older Persons Policy Development, DOH
Malachy Corcoran	Principal Officer, Unscheduled Care, Department of Health, DOH
Clodagh Murphy	Assistant Principal, Acute Hospitals, DOH
Fiona Larthwell	Principal Officer, Older Persons Services Oversight & Planning, DOH
Helena Keleher	Principal Officer, Older Persons Policy Development Unit, DOH
Nuala O'Reilly	Assistant Principal, Older Persons Policy Development Unit, DOH
David Walsh	Implementation Lead, HSE
Dr Kevin Kelleher	Assistant National Director, Public Health, HSE
Deirdre Lang	Director of Nursing, HSE
Dr Siobhán Kennelly	National Clinical Advisor and Group Lead, Older Persons, HSE
Gerry Clerkin	General Manager, Community Operations, HSE
Susan Cliffe	Deputy Chief Inspector, HIQA
Margaret Cahill	Regulation Directorate, HIQA
Carol Grogan	Head of Programme Regulatory Practice Development, HIQA
Ms. Brigid Doherty	Public Interest Representative
Prof. Cecily Kelleher	Chair of Reference Group

##### Apologies:

Mary Dunnion	Chief Inspector of Social Services, HIQA
Pat Healy	National Director Community Strategy, HSE
Malachy Corcoran	Principal Officer, Unscheduled Care, Department of Health, DOH
Dr. John Cuddihy	National Director, Public Health, HSE
Fiona Walsh	Fair Deal Specialist, NTPF

##### Secretariat:

Deirdre O'Riordan	Executive Officer, Older Persons Policy Development Unit, DOH
Graham Mooney	Administrative Officer, Older Persons Policy Development Unit, DOH

## DISCUSSION and ACTION POINTS

	Agenda item	Discussion and Actions Agreed
1.	<b>Adoption of minutes of previous meeting</b>	The minutes of the previous meeting were adopted without amendment.
2.	<b>Conflict of Interest</b>	There were no issues raised in this regard at this meeting.
3.	<b>Update on Epidemiological Data</b>	<p>Recent outbreaks and the increasing number of COVID-19 cases in nursing homes were discussed. The Group expressed concern that the overall incidence rate is increasing as well as the 7-day average rates.</p> <p><a href="#">Action 3.1</a> Secretariat to circulate epidemiological data presentation to IOT and Reference Group.</p>
4.	<b>ECDC Risk Assessment - long-term care facility</b>	<p>It was confirmed that a paper on nursing homes, which will include a comparison between the ECDC options for response (from its recently published risk assessment) and the State's response will be submitted to NPHET on 17 December. The inputs of the agency leads into the ECDC options response was noted and any final inputs sought.</p> <p><a href="#">Action 4.1:</a> The ECDC options table will be finalised and incorporated into a paper on nursing homes preparedness and ongoing response to COVID-19 to be brought to NPHET this week.</p>
5.	<b>Matters for Referral to Reference Group</b>	<p>While acknowledging that many nursing home providers both public and private were supporting effective visiting in line with the new guidance, concerns were raised that the new guidance is not being consistently observed across all nursing homes. This information is anecdotal and the importance of consideration of data sources which can provide quantitative data on adherence to visiting guidance was noted. The webinars provided on visiting and the need to support nursing home providers to build their confidence in supporting visiting was acknowledged. Members were asked to consider if additional measures could be developed to assist nursing homes with interpretation of the visiting guidance.</p> <p>It was agreed that the Reference Group will be asked to consider the visiting guidance to see if further actions could be taken in relation to the support around visiting guidance.</p> <p><a href="#">Action 5.1:</a> Consideration of adherence to visiting guidance is to be referred to the Reference Group.</p> <p>The Chair suggested that it may be possible to gather information regarding visiting activity through HIQA's inspection process.</p> <p><a href="#">Action 5.2:</a> DOH to engage with HIQA regarding the possibility of using data from the inspection programme to inform the discussion regarding visiting activity.</p> <p>The Chair of reference group confirmed that the Reference Group would be</p>

		<p>discussing a survey Sage Advocacy carried out at their next meeting (21/12/20) which may also provide some insight.</p> <p><b>Action 5.2</b> Chair of IOT asked members to consider data sources which can provide quantitative data on adherence to visiting guidance.</p> <p><b>Action 5.3:</b> Chair asked IOT members to consider if measures could be developed to assist nursing homes with interpretation of the visiting guidance.</p> <p>It was proposed that the persons in charge campaign could be utilised to provide some clarity on interpretation of the visiting guidance.</p> <p><b>Action 5.4:</b> Persons in Charge Communications Campaign team to draft a Q&amp;A or similar material on the interpretation of the visitation guidelines and consider how this can be integrated into their planned mailshot to nursing homes.</p> <p><b>Action 5.5:</b> Visiting Guidance to become a standing agenda item.</p>
6.	Updates/Matters Arising	<p>(a) General</p> <p>The HSE provided an update on the COVID-19 vaccination programme noting that:</p> <ul style="list-style-type: none"> <li>• the scheduling document has been published. It is anticipated that EMA vaccine authorisation will be granted shortly with the arrival of the vaccine into Ireland shortly after.</li> <li>• Adults aged 65 years and older who are residents of long-term care facilities (LTRCs) have been prioritised for vaccination.</li> <li>• A number of elements need to be in place in order for the vaccination programme to commence including training for those administering the vaccine, enrolment and informed consent.</li> <li>• The conditions and obligations attached by the EMA to the vaccine will inform the consent and enrolment process.</li> </ul> <p>A discussion followed on the importance of planning for and ensuring informed consent. The issue of consent in the context of residents with dementia or other cognitive challenges and the importance of communication with their families was raised. The importance of taking the appropriate time to inform residents and families was emphasised including the consideration that some residents and their families will need to have more than one communication interaction in order to gain informed consent.</p> <p>It was raised as to whether the consent process for those residents could start ahead of the vaccination approval and rollout. The HSE stated that consent can't be finalised until the information is received post approval by the EMA.</p> <p>The Chief Nursing Office (CNO) provided an update of student nurses working in nursing homes noting that:</p> <ul style="list-style-type: none"> <li>• student nurses have reported that employment opportunities as healthcare assistants in nursing homes have narrowed due to risk</li> </ul>

		<p>concerns.</p> <ul style="list-style-type: none"> <li>• CNO has engaged with colleagues in the UK to discuss the approach being taken there. UK is taking a similar approach to Ireland.</li> <li>• working as healthcare assistants by healthcare students is considered safe subject to a local risk assessment by the register providers/persons in charge of the nursing home.</li> <li>• it is the responsibility of registered providers/persons in charge to undertake such risk assessments.</li> <li>• any healthcare student working in nursing homes as healthcare assistants should be provided with PPE by the registered provider/person in charge</li> <li>• once on site any healthcare student will be included in the serial testing.</li> </ul> <p>(i) Update on flu vaccine uptake (HPSC)</p> <ul style="list-style-type: none"> <li>- Vaccine rates in over 65's stands at 69%</li> <li>- Vaccine rates for health care workers (HCWs) in acute settings is over 60%.</li> <li>- Vaccine rates for HCWs working in nursing homes vaccination rates is over 50%</li> </ul> <p><b>Action 6.1:</b> Secretariat to recirculate the Flu Vaccine update.</p> <p>(ii) Update on serial testing (HPSC)</p> <ul style="list-style-type: none"> <li>- Detection rates among staff low.</li> <li>- Infection rate currently at 0.38%</li> <li>- 16% of nursing homes have 1 or more positive case</li> <li>- 84% of nursing homes are negative</li> </ul> <p>(b) Update on the Interagency meeting on the HIQA Risk Assessment Report</p> <p>There was a discussion on the content of the revised risk assessment report. HIQA provided clarification on the context of the data in the report. The risk assessment is focused on <u>potential</u> risk based on information that HIQA holds through its regulatory model should a nursing home have a COVID-19 outbreak based on the type of registered provider, size of the centre, compliance with a set of six regulations and regulatory history.</p> <p>HIQA utilises the risk data in combination with its daily notifications from nursing homes in order to create triggers for (i) HIQA inspections and (ii) to provide live information to the HSE in order to inform its ongoing response to COVID-19 for its own public units and its support role for private nursing homes.</p> <p>It was noted by HSE that the daily communication between HIQA and the HSE on daily escalations is very useful.</p> <p>On a broader note of the situation, assurances were provided by both HIQA and the HSE that, where potential risk is identified, action is being taken and appropriate supports are being provided.</p>
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7.	<b>Overview of HIQA survey of providers implementation progress (HIQA)</b>	<p>HIQA confirmed that the survey of providers regarding the implementation of a subset of recommendations is completed. HIQA has provided a report of the results of the survey. Work will begin on Phase 2 of the survey shortly. HIQA highlighted the necessity for their regulatory framework to be strengthened to provide for powers to request mandatory information from providers.</p> <p>It was confirmed by DOH that work is currently being undertaken supported by the bi-lateral Project Group with regards to the regulatory framework and that the plan is to bring forward a package of primary and secondary legislative regulatory reforms in 2021.</p> <p>Chair acknowledged and thanked HIQA for their work thus far.</p> <p><a href="#">Action 7.1:</a> HIQA to provide update on the second phase of the Providers Implementation Progress Survey at the next meeting of the IOT.</p>
8	<b>Second Progress Report</b>	<p>Draft progress report was circulated to Group members. Some updates have been received from agencies which will be incorporated into an updated draft. Chair requested that any outstanding comments be submitted by lunchtime on 18 December.</p> <p><a href="#">Action 8.1:</a> Outstanding comments on the second progress report to be submitted by lunchtime on Friday 18 December. Secretariat to finalise second progress report with a view to submitting it to the Ministers next week.</p>
9.	<b>HPSC Visiting Guidance</b>	<p>This matter was discussed under item 5 of the agenda. See Item 5 above</p>
10.	<b>A.O.B.</b>	<p>Chair confirmed that the Department will be meeting with the Clinical Advisory Group (CAG) of the RCPI to discuss concerns raised by CAG in relation to governance of COVID-19 response teams.</p> <p><a href="#">Action 10.1:</a> Chair to provide update of meeting with RCPI Nursing Home CAG at the next meeting.</p>