

Nursing Home Expert Panel Report
Implementation Oversight Team (IOT)
Meeting: 3rd February 2021, 11.00 am

Meeting note

Attendees:

Kathleen Mac Lellan	Chair, Assistant Secretary, Social Care Division, DOH
Niall Redmond	Principal Officer, Older Persons Policy Development Unit, DOH
Emily De Grae	Assistant Principal, Older Persons Policy Development Unit, DOH
Karen Greene	Deputy 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
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
Neil Kavanagh	Assistant Principal, Older Persons Services Oversight & Planning, DOH
Matthew Hornsby	Assistant Principal, Older Persons Services Oversight & Planning, DOH
David Walsh	Implementation Lead, HSE
Dr. John Cuddihy	National Director, Public Health, 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
Sheilagh Reaper-Reynolds	Community Strategy, HSE
Fiona Walsh	Fair Deal Specialist, NTPF
Mary Dunnion	Chief Inspector of Social Services, HIQA
Susan Cliffe	Deputy Chief Inspector, HIQA
Kelly Jones	Project Manager, HIQA
Carol Grogan	Head of Programme Regulatory Practice Development, HIQA
Brigid Doherty	Public Interest Representative
Prof. Cecily Kelleher	Chair of Reference Group

Apologies:

Pat Healy	National Director Community Strategy, HSE
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Secretariat:

Graham Mooney	Administrative Officer, Older Persons Policy Development Unit, DOH
Stephen Dunk	Executive Officer, Older Persons Policy Development Unit, DOH

DISCUSSION and ACTION POINTS

	Agenda item	Discussion and Actions Agreed
1.	Adoption of minutes of previous meeting	NPSO reverted with two small factual edits relating to link practitioners. Action 1.1 Minutes to be adopted with suggested changes.
2.	Conflict of Interest	There were no issues raised in this regard at this meeting.
3.	<p>(a) COVID-19 Vaccine Rollout Update</p> <p>(b) Update on the Communications Protocol under recommendation 14.1 (HSE & HIQA)</p>	<p>(a) HSE gave an update on the COVID – 19 vaccine rollout noting:</p> <ul style="list-style-type: none"> - The HSE welcomed the CMO’s advice that issued in relation to AstraZeneca. - As of the 2nd of February, there have been 79,000 vaccinations in LTRC settings delivered mainly via CHO teams but in some cases hospital groups. - The rollout has been successful so far but challenges relating to I.T. and logistical issues were acknowledged. - On foot of public health advice, 4 nursing homes have not yet received vaccinations due to significant outbreaks. - 117 Nursing Homes have been partially vaccinated (due to clinical decisions, e.g. resident or staff member was ill) with the expectation that they will be completed in the coming weeks - It is planned that the 2nd dose for cohort 1 will be completed in March. - There are a significant number of atypical settings (e.g. religious order homes) and data continues to be gathered on these settings and advice has been sought from the Chief Clinical Officer on this matter. It is intended that the rollout will be completed for these settings shortly. - It is intended that the GP-led vaccination programme for over 85s will commence in mid-February. - It was confirmed that Covid-19 vaccine uptake is higher than the flu vaccine uptake. - It is intended to finalise vaccinations for priority frontline HCWs by the end of the first week in March. The online portal for cohort 1 to be opened in the next week. Self-registration for other cohorts to begin shortly afterwards. <p>The Chair acknowledged the significant work to date on the vaccine rollout and noted the challenges relating to logistics. The HSE confirmed that home support workers are included in Cohort 2 and following initial guidance the schedule has been broken down into more detail.</p> <p>(b) HSE and HIQA gave a combined update on the Communications Protocol under recommendation 14.1 noting:</p> <ul style="list-style-type: none"> ○ It was confirmed that the communication pathways are working well at local, regional and national level. ○ HIQA confirmed the MOU is currently with the HSE and will be signed off once it has been approved. <p>The Chair acknowledged the extensive interagency work undertaken over the last year and the positive impact that this has had at a local level.</p>

<p>4.</p>	<p>Update on Epidemiological Data</p>	<p>Recent outbreaks and the number of COVID-19 cases in nursing homes was discussed by the group.</p> <ul style="list-style-type: none"> - The high level of community transmissions was discussed, noting the proportion of cases in the current wave. - The impact of community transmissions on the number of cases in nursing homes is evident and was also discussed. - A query was raised in relation to serial testing in nursing homes. The HSE confirmed that serial testing is now taking place fortnightly to coincide with the vaccination rollout, following a temporary increase in frequency in January. <p>The need for consistent messaging regarding the direct impact that community transmission has on older people and nursing homes was agreed.</p> <p>Action 4.1 Secretariat to circulate epidemiological presentation to group</p>
<p>5.</p>	<p>Presentation from HSE on the COVID-19 Response Teams and working towards Community Support Teams (HSE)</p>	<p>The HSE gave a presentation on the COVID- 19 Response Teams (CRTs) noting:</p> <ul style="list-style-type: none"> - 23 CRTs are currently supporting all LTRCS across all CHOs and are providing ongoing IPC expert advice. The PPE distribution process is now automated and is working well. - CRTs have offered practical and comms support along with expert guidance. - There has been expert guidance from specialists to include geriatricians and public health reps to support the management of an outbreak. - The process established with HIQA regarding the escalation of concerns shared by and between HIQA and the CRTs was described - The HSE is currently monitoring a large number of COVID outbreaks and is maintaining close contact with a number of nursing homes. - HSE acknowledged that the development of the document relating to Recommendation 14.1 has been extremely helpful in providing much needed clarity on the roles of different agencies. - HSE raised the issue of a very small number of nursing homes not complying with IPC/PPE requirements and that this is raised with HIQA as appropriate. - There has been rapid redeployment of multi-disciplinary CRTs which can be enhanced with additional expertise. - Wrap around supports have also been critical in supporting the Person in Charge (PIC) to contain and respond to an outbreak. - Increased engagement has resulted in improved working relationships between private nursing homes and local HSE teams. - HSE confirmed that a CRT workshop took place on the 22nd January and a second workshop will take place next week in relation to the review of CRTs and the Expert Panel recommendations. A final paper is expected in Q2. - The evolution of the Community Support Teams (CSTs) is currently been

		<p>considered.</p> <ul style="list-style-type: none"> - HSE have commenced a scoping exercise relating to the governance and clinical oversight of nursing homes. <p>The Chair acknowledged the role of the CRTs in the management and supports provided to date and welcomed the discussions relating to the evolution to CSTs. The Department will engage further with the HSE to discuss the work underway regarding CSTs and examine how this work will integrate with broader reform initiatives. The Chair welcomed the ongoing development of a business case on this matter.</p> <p>Extensive discussions took place in relation to the IPC Knowledge and training gaps that have been identified in some nursing homes. HIQA confirmed there is a substantial process of escalation and engagements between the HIQA, the HSE and the providers but acknowledged the challenges facing providers in adhering to IPC measures due to staffing levels as a result of the current epidemic wave.</p> <p>Action 5.1 Department and HSE to meet bilaterally to discuss the HSE development work on Community Support Teams and how this work will integrate with broader reform initiatives and the HSE's development of a business case.</p> <p>Action 5.2 HSE National Director Community Strategy to engage with Reference Group subgroup to arrange meeting with subgroup that looked at GP involvement.</p>
6.	<p>Updates/Matters Arising</p> <p>(a) Update on serial testing (HPSC)</p> <p>(ii) Update on second progress report</p> <p>(b) Update on Safe Staffing (CNO)</p> <p>(c) Update on Communications Campaign</p> <p>(e) Update from the Chair of the Reference Group</p>	<p>(a) (i) The HSE provided an update on serial testing noting:</p> <ul style="list-style-type: none"> - Serial testing has shown a spike in positivity rates throughout January; however, the rates have now started to slowly decrease. - Serial testing is working well overall and remains a critical aspect of the response in nursing homes. - that consideration will have to be given to the programme over the next 3 to 4 months in the context of vaccination levels. - That the HSE are currently undertaking Cycle 8 of the programme and that testing cycles will revert to being conducted fortnightly from weekly after the current cycle. <p>The Chair acknowledged the importance of serial testing in identifying early detection. It was also confirmed that the uptake of serial testing is in the high 70's, but it was also noted that there was mix of reasons for this, including staff may not be on site on the particular day of testing, staff may be off on COVID-19 related leave, may not require testing etc.</p> <p>Action 6.1 Secretariat to circulate report on serial testing</p> <p>(a)(ii) OPPDU gave an update on the second progress report noting</p> <ul style="list-style-type: none"> - that the 2nd Progress report has been completed and approved by the Minister. The report had been referred to the Reference Group for information and was discussed at their last meeting.

		<ul style="list-style-type: none"> - the report has a focus on provider self-reported progress on implementation to date. - that it is intended that the report will be published over the next 7 – 10 days. <p>The Chair acknowledged the substantial work of the IOT members in the progress made to date.</p> <p>Action 6.2 Second Progress Report to be published in the coming week</p> <p>(b) The Deputy Chief Nursing Officer (DCNO) provided an update on Safe Staffing noting:</p> <ul style="list-style-type: none"> - Ministerial approval has been received for establishment and membership of the task force panel with the first meeting of taskforce scheduled for mid-February. - In relation to Rec 5.5, the office of the CNO has been engaging closely with the HSE in finalising an interim guidance document for testing. - The office of the CNO is aware of the pressures in the system at the moment and the potential burden that could be placed on the 6 identified test sites by requesting data at this time, however the need to progress the document as quickly as possible was highlighted as it would support ongoing learning. - Development of the document will help PIC articulate their needs and plan for potential future surges accordingly. <p>While cognisant of the pressures nursing homes are currently experiencing, it was agreed that the team proceed with nursing homes that are currently not experiencing an outbreak and following up with the remaining nursing homes at a later date. It was noted that some early indicators for the task force group would also be beneficial.</p> <p>The Chair confirmed that supports would be available to advance this work if required.</p> <p>(c) HSE gave an update on the communications campaign noting:</p> <ul style="list-style-type: none"> - The webpage is been accessed, and it was confirmed that there have been over 1500 hits to date. <p>The Chair confirmed that links will be published on the IOT Webpage.</p> <p>Action 6.3 Communications programme material to be published on IOT website.</p> <p>(e) Update from the Chair of the Reference Group</p> <ul style="list-style-type: none"> - The Chair of the Reference Group confirmed that she will be writing to the Chair of the IOT in relation to some of the longer-term governance implementation pieces of work. - The Reference Group has been examining issues relating to mental health & wellbeing and confirmed that they will be engaging with the
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		<p>IOT on this matter.</p> <p>Action 6.4 Chair of Reference Group to prepare submission to the IOT on Mental Health and Wellbeing.</p>
7.	<p>Update on second phase of HIQA survey of providers implementation progress (HIQA)</p>	<p>It was confirmed that the HIQA draft survey phase 2 paper was reviewed by colleagues across the Department and there have been positive bilateral engagements in this regard.</p> <p>HIQA gave a presentation on the 2nd Phase of the survey noting that:</p> <ul style="list-style-type: none"> - 17 Recommendations not included in phase 1 with agreement of IOT. - Survey 2 proposes to cover 15 of these recommendations – 27 questions for the provider - It was proposed that 2 Recommendations (9.4, 14.6) would not be included in the survey as they are directly dependent on other recommendations requiring national policy and/or legislative action to be developed. - Report will be at a national level with no results attributable to an individual nursing home. <p>HIQA confirmed that participation by providers is voluntary and the anonymised data is not processed or used by the Chief Inspector to inform regulatory decisions.</p> <p>It was agreed that the secretariat would circulate the questions to both the Reference Group and the IOT for observations and feedback.</p> <p><u>Staff survey</u></p> <p>The Chair acknowledged the need for an extension of the timeframe for the staffing survey given the current pressures in the system due to the COVID-19 3rd wave surge and the limited response rate so far. It was suggested that clear communications with providers will be essential to ensure a higher response rate. It was noted that staffing data was critical for a range of operational and long-term strategic purposes. It was noted that the Expert Panel recommended regular reporting of staffing information should be mandatory. The Department outlined that new provisions will be included in interim legislative enhancements that are currently being scoped.</p> <p>It was agreed that an interagency meeting would take place to determine an extension date for the staff survey.</p> <p>Action 7.1 HIQA draft survey phase 2 paper to be circulated to IOT & Reference Group members for feedback and guidance on questions posed.</p> <p>Action 7.2 Department, HIQA and HSE to meet to determine extension date for Staff Survey taking into account current challenges in the system.</p>
8.	<p>HPSC Visiting Guidance</p>	<p>The Chair acknowledged the importance of visiting to the wellbeing of residents and the significant challenges that the current COVID-19 surge is having on visiting, and highlighted the additional funding available through the Temporary Assistance Payments Scheme (TAPS) for individual providers</p>

		for work relating to infrastructure.
9.	AOB	