

Nursing Home Expert Panel Report
Implementation Oversight Team (IOT)
Meeting: 24th 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
-----------	---

Secretariat:

Stephen Dunk	Executive Officer, Older Persons Policy Development Unit, DOH
--------------	---

Also in Attendance:

Dr Martin Cormican (AMRIC) and JP Nolan (HSE)

DISCUSSION and ACTION POINTS

	Agenda Item	Discussion and Actions Agreed
1.	Adoption of minutes of previous meeting	The minutes from the previous meeting were adopted.
2.	Conflict of Interest	There were no issues raised in this regard at this meeting.
3.	Update on Epidemiological Data	<p>Recent outbreaks and the number of COVID-19 cases in nursing homes were discussed.</p> <p>A query was raised regarding data in relation to excess deaths and whether it might be possible to compare recent data with data from a year ago. It was noted that this could be examined, with the caveat that it might be difficult to accurately do so in the short-term. There is currently a requirement to notify a death within 3 months to the general registrars office, however a significant percentage are notified later than 3 months (approximately 20%).</p> <p>Due to delays in notification of deaths through the Deaths registration process, the analysis of excess deaths using the official data is difficult in Ireland. For this reason much of the analysis of excess mortality over the last year has relied on unofficial data sources such data scraped from RIP.ie</p> <p>A query was also raised as to whether the data demonstrated any regional differences that could be considered. The data team confirmed that they will examine the possibilities.</p> <p>The HSE confirmed that the overall position concerning trends in outbreaks in nursing homes is showing positive signs. The HSE is currently closely monitoring 30 nursing home outbreaks of concern. This figure is down from 120 at the height of the recent surge.</p> <p>The Chair acknowledged the significant positive impact of the supports provided by the Community Response Teams (CRTs) and HIQA and the interagency working in supporting the management of outbreaks by individual nursing homes during the current epidemic wave.</p> <p><u>Action:</u> Secretariat to circulate epidemiological data presentation to the group.</p>
4.	IPC Update (HSE Community Ops and AMRIC joined discussion)	<p>The HSE Community Operations and AMRIC team gave a joint presentation on the work of the IPC Subgroup noting that:</p> <ul style="list-style-type: none"> - Building on substantive ongoing IPC community work across all services including nursing homes the purpose of the subgroup is to consider and propose the HSE approach to the relevant recommendations of the Nursing Home Expert Panel Report including an integrated community strategy for IPC. - COVID-19 will be integrated into the comprehensive IPC approach being taken - The 3 elements of IPC (1) prevention, i.e. to keep infection out, (2)

		<p>minimise the risk of spread if it gets in and (3) minimising harm where highlighted.</p> <ul style="list-style-type: none">- IPC can be challenging in congregated settings such as LTRFs.- Even with vaccination fundamental IPC practice is essential within LTRCs.- The HSE has made significant progress in recruiting skilled IPC staff in line with agreed funding including an ADON IPC (in post already), a significant number of CNSs as well as anti-microbial stewardship (AMS) pharmacists etc.- HSE AMRIC provides guidance and educational support is available to all public and private providers.- The IPC Community Strategy Paper is expected to be reviewed internally by the HSE in April.- The IPC Subgroup is taking a multi-disciplinary approach, involving consultant microbiologists, nurses, scientists and general practitioners.- The importance of mandatory IPC training for all providers will be highlighted in the Strategy.- IPC training for agency staff will also be covered.- In relation to ICT tools, information systems to support IPC work is important at a systems level and is currently being rolled out in some regions with the intention to scale up in the coming year. <p>The Strategy will be sent to AMRIC and the HSE implementation steering group for review and will be then sent to the Department of Health for consultation.</p> <p>The need for private nursing home and care providers to be included in these recommendations was highlighted and discussed by the group.</p> <p>There was discussion on important aspects of policy and regulatory reform work and the potential for integration of enhanced IPC requirements in the updating to the regulatory framework that is currently under development. It was also noted that it was intended in this regulatory update to provide additional enforcement and oversight powers for the regulator, as well as new obligations on providers to provide and publish key data. DoH outlined that new primary and secondary legislation will be advanced this year.</p> <p>A shadowing or mentoring exercise for new community based IPC / AMS staff by the acute services was suggested at the meeting. It was also noted that many of the new community staff have moved from hospital based posts and so have experience within the acute sector. Two projects are already in train where this may be explored further: the forthcoming Community IPC Strategy and Ireland's second national Action Plan on Antimicrobial Resistance (iNAP 2).</p> <p>It was noted that the Strategy should be integrated in its focus and approach i.e. across both acute and community settings.</p> <p>The Chair thanked the team for their presentation.</p>
--	--	--

<p>5.</p>	<p>COVID-19 Vaccine Rollout Update</p>	<p>The HSE gave an update on the COVID- 19 vaccine rollout noting that:</p> <ul style="list-style-type: none"> - 93,500 1st doses and 69,000 2nd doses in cohort 1 will be completed by the end of next week. - In relation to HCWs - anyone not already encompassed can use the online portal to access vaccination appointments. This should be finalised by end of next week – c.200,000 in total. - In light of the Government decision regarding the sequencing of cohorts, the HSE confirmed they are working through this and its implications for vulnerable groups. - The HSE has administered over 150,000 dose 1 & 2 to those in LTRCs to date and confirmed that the overall uptake has been very high. <p>The Chair acknowledged the HSE’s professional operation and significant logistical achievement in the administration of the vaccine rollout in nursing homes to date.</p>
<p>6.</p>	<p>Updates/Matters Arising</p> <p>(a)General</p> <p>(i)Update on serial testing (HPSC)</p> <p>(ii) Update on second progress report</p> <p>(b)Update on Safe Staffing (CNO)</p>	<p>(a)(i) The HSE gave an update on serial testing noting:</p> <ul style="list-style-type: none"> - Serial testing continues to operate well and captures the recent positive epidemiological trends with a positivity rate of less than 0.5% in the current cycle. - The HSE confirmed that the influenza vaccine programme is also going very well with a high percentage of residents in LTRCs now vaccinated. The uptake in over 65s in the general population is also going well. <p>(a)(ii) OPPDU gave an update on the second progress report noting:</p> <ul style="list-style-type: none"> - The 2nd Progress Report has been approved by the Minister. The Secretariat has been engaging with the Department’s press office and the report will be published on the website in the coming week. <p>Action: Second Progress Report to be published in the coming week, once cleared by OGCI0.</p> <p>(b) The Deputy Chief Nursing Officer (DCNO) provided an update on Safe Staffing noting:</p> <ul style="list-style-type: none"> - In relation to recommendation 5.5 it was confirmed that the 6 identified pilot sites have been contacted and data collection sheets have issued. - As there is currently a response from 50% of the sites, the CNO’s team hope to have progress to report at next IOT. - In relation to recommendation 5.4 the Taskforce has held its first meeting and will meet monthly for the rest of 2021. - The Taskforce will be examining what kind of staffing model will be appropriate and identifying the criteria for 8 – 10 pilot sites. The research team is working on this at present. - The draft terms of reference have been sent out for review and it is intended to have those signed off at next Taskforce meeting.

	<p>(c)Update on Communications Campaign</p> <p>(d)Update on the Communications Protocol under recommendation 14.1 (HSE & HIQA)</p> <p>(e)Update from the Chair of the Reference Group</p>	<p>(c) The HSE gave an update on the communications campaign noting:</p> <ul style="list-style-type: none"> - It was confirmed that there have been over 3,000 hits on the website to date. - OPPDU confirmed that the website links have been added to the IOT website to broaden the scope of access. <p><u>Action:</u> Communications Campaign Team to examine the possibility of additional messaging/communications re visiting guidance in light of the vaccination rollout, once the new visiting guidance has been developed and published.</p> <p>(d) Update on the Communications Protocol under recommendation 14.1 (HSE & HIQA)</p> <ul style="list-style-type: none"> - Work is ongoing between the HSE and HIQA to finalise the MOU. <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 work is on-going in preparation of the Mental Health and Wellbeing submission to the IOT. <p><u>Action:</u> HSE National Director Community Strategy to engage with Reference Group subgroup with regard to GPs.</p> <p><u>Action:</u> Reference Group preparing a submission to the IOT on Mental Health and Wellbeing.</p>
7.	HPSC Visiting Guidance	<p>The Chair confirmed that visiting guidance was discussed at NPHE and AMRIC has been asked to review the guidance in light of evolving international and national evidence, the vaccine rollout and community transmission rates. HIQA has provided an update on international approaches to visiting. DoH and AMRIC is aiming to meet Scottish authorities to hear their experience.</p> <p>It was noted by the group that there is anecdotal evidence of some centres taking a cautious approach to visiting beyond that which is recommended in the guidance.</p> <p>The Chair noted that Minister for Older Persons had corresponded with nursing homes in relation to ensuring visiting is maximised in a safe way. DoH also raised the issue with NHI at a recent bilateral meeting.</p>
8.	Matters for Referral to Reference Group	There were no matters for referral to the Reference Group
9.	AOB	There was no AOB