

**Nursing Home Expert Panel Report**  
**Implementation Oversight Team (IOT)**  
**Meeting: 16<sup>th</sup> March 2021, 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
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
Georgina Bassett	Nursing Project Manager, Older Persons Policy Development, DOH
Malachy Corcoran	Principal Officer, Unscheduled Care, Department of Health, DOH
Helena Keleher	Principal Officer, Older Persons Policy Development Unit, DOH
Matthew Hornsby	Assistant Principal, Older Persons Services Oversight & Planning, DOH
David Walsh	Implementation Lead, HSE
Dr Kevin Kelleher	Assistant National Director, Public Health, HSE
Deirdre Lang	Director of Nursing, HSE
Gerry Clerkin	General Manager, Community Operations, HSE
Sheilagh Reaper-Reynolds	Community Strategy, HSE
Fiona Walsh	Fair Deal Specialist, NTPF
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

**Apologies:**

Pat Healy	National Director Community Strategy, HSE
Mary Dunnion	Chief Inspector of Social Services, HIQA
Prof. Cecily Kelleher	Chair of Reference Group
David Noonan	Principal Officer, GP Services and GMS Contract, DOH
Clodagh Murphy	Assistant Principal, Acute Hospitals, DOH
Fiona Larthwell	Principal Officer, Older Persons Services Oversight & Planning, DOH
Neil Kavanagh	Assistant Principal, Older Persons Services Oversight & Planning, DOH
Dr. John Cuddihy	National Director, Public Health, HSE
Dr Siobhán Kennelly	National Clinical Advisor and Group Lead, Older Persons, HSE

**Secretariat:**

Graham Mooney	Administrative Officer, Older Persons Policy Development Unit, DOH
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## DISCUSSION and ACTION POINTS

	Agenda Item	Discussion and Actions Agreed
1.	<b>Adoption of minutes of previous meeting</b>	<p>Minutes from the previous meeting were adopted (with some small edits from Rosarie re IPC)</p> <p><a href="#">Action: Secretariat to circulate updated minutes for e-mail sign off.</a></p>
2.	<b>Conflict of Interest</b>	<p>There were no issues raised in this regard at this meeting.</p>
3.	<b>Update on Epidemiological Data</b>	<p>Recent outbreaks and the number of COVID-19 cases in nursing homes were discussed.</p> <p>Points of note:</p> <ul style="list-style-type: none"> <li>- 5 day moving average down significantly but figures plateauing.</li> <li>- There has been an increase in cases in younger age groups.</li> <li>- At present Ireland has the 3<sup>rd</sup> lowest 14 day incidence rate in the EU.</li> <li>- Hospital numbers are declining, 355 in hospital and 85 in ICU.</li> <li>- 184 nursing home outbreaks since the beginning of January, but only 3 new outbreaks in the last week.</li> <li>- 21 deaths linked to nursing home outbreaks in March.</li> <li>- 92 open outbreaks at the moment. 477 deaths linked to those, 3,645 confirmed cases and 1,457 of those are health care workers.</li> </ul> <p><a href="#">Action: Secretariat to circulate epidemiological data presentation to the group.</a></p>
4.	<p><b>Updates/Matters Arising</b></p> <p><b>(a)General</b></p> <p><b>(i)Update on serial testing (HPSC)</b></p> <p><b>(b)Update on the Communications Campaign</b></p>	<p>(a) General</p> <ul style="list-style-type: none"> <li>- It was confirmed that the second progress report is now available on the Implementation Oversight Team Website.</li> </ul> <p>(i) Update on Serial Testing</p> <ul style="list-style-type: none"> <li>- Currently in the 9<sup>th</sup> cycle of testing. 587 nursing homes targeted. 0.2% detection rate with 76% uptake rate. This is back to the June/July/August rates.</li> <li>- A call will be made on the continuation of the serial testing program once the data on scale of vaccination uptake in nursing homes is available.</li> <li>- The decline in number of outbreaks as well as the scale and severity of them is encouraging.</li> <li>- The frequency of serial testing will be reviewed when the vaccination program has progressed more.</li> </ul> <ul style="list-style-type: none"> <li>- The number of visitors to the site has remained consistent.</li> <li>- Analysis has revealed that the website is being used more for information about processes rather than clinical information.</li> <li>- It is the intention to do a one-page poster concerning visiting and decision-making around this. The message will be positive and aligned to HPSC guidelines.</li> </ul> <p>The Chair thanked the team for their work and asked them and the group to think about other issues that may need to be considered.</p>

	<p><b>(d) Update on the Communications Protocol under recommendation 14.1 (HSE &amp; HIQA)</b></p> <p><b>(e) Update on Safe Staffing</b></p>	<p>HIQA confirmed that they are waiting on the MOU document to be returned from HSE, but that the protocols were in place and working well.</p> <p>Karen Greene provided a substantive update on the Safe Staffing Framework and the guidance document that has been created.</p> <p>Some key points:</p> <ul style="list-style-type: none"> <li>- The draft guidance was developed with the HSE. The feedback and validation from 6 nursing homes is now complete including direct engagement with Directors of Nursing.</li> <li>- To ensure that the document reflects the lived experience of responding to the surge across the sites, small changes will be made based on feedback.</li> <li>- 5 out of 6 nursing homes provided survey returns, 2 Directors of Nursing provided additional verbal feedback.</li> <li>- 3 out of 5 nursing homes had experienced COVID, 2 of them recent cases. 3 of them public and 2 were private nursing homes.</li> <li>- It is very concerning that agency staff are still being used.</li> <li>- 3 out of 5 nursing homes made adjustments to baseline staffing levels. Any nursing homes with outbreaks required WTEs on a weekly basis.</li> <li>- Directors of Nursing emphasised the support of CRTs and confirmed that the document would support them in a leadership capacity.</li> <li>- Strong local governance is critical. Higher bed numbers and occupancy and multi-occupancy rooms appears to link with outbreaks.</li> <li>- Additional staffing has been required as a result of outbreaks.</li> <li>- The guidance document is not intended to determine baseline staffing requirements. Professional judgement and autonomy of Directors of Nursing is critical.</li> <li>- First taskforce meeting has taken place and the terms of reference have been agreed. The results of the international evidence review will be considered at the next meeting.</li> <li>- Pilot site locations to be determined in the coming weeks to ensure a representative mix.</li> </ul> <p>The Chair highlighted the need to think about the interface to join these pieces of work with additional IPC resources, surge capacity resources and CRT's.</p> <p>It was noted that this document will be a support to later development of the overall Framework and will also assist with estimates and costings.</p> <p>It was noted as a concern that nursing homes are reducing their staff baselines to low levels again as the surge passes and as vaccination ramps up.</p> <p>It was confirmed that the staffing model will be linked to acuity/care needs.</p>
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	<p><b>(f)Update from the Chair of the Reference Group</b></p>	<p>Direct care hours will be measured, but it is not at that stage yet.</p> <p>The scale of this undertaking and others currently underway (INterRAI, statutory home care scheme, care needs assessment was acknowledged as the biggest reform of older persons care in over a decade and the importance of getting it right was highlighted.</p> <p>The chair stated that COVID has provided an impetus to make the needed changes and make progress. Good progress has been made with regards the recommendations but there might be a requirement for a review and regroup in terms of new governance structures.</p> <p>The Reference group had their most recent meeting on Monday 15<sup>th</sup>, no update available at the time.</p>
<p>5.</p>	<p><b>COVID-19 Vaccine Rollout Update</b></p>	<p>An update was provided on the status of the Covid-19 vaccine rollout. Points of note were the following:</p> <ul style="list-style-type: none"> <li>- Cohort 1 was estimated to be 75,000 people but this has expanded as patients in different settings were added to this cohort. As of March 12 105,680 people have received dose 1 and 73,000 have received dose 2. This includes residents and staff.</li> <li>- Almost all nursing home residents have received dose 1. Dose 2 to be finished over the course of the next week.</li> <li>- With regards Cohort 4, there are a significant number of people with down syndrome living in care settings and these have been reached, although the Astra Zeneca deliberations will slow this down.</li> <li>- If there is a decision at EU level taken this week, the Irish decision will need to be taken subsequent to that, resulting in another 1-2 weeks before the program can recommence.</li> </ul> <p>The Chair noted her satisfaction with the vaccine rollout in nursing homes and also the impact that it is having on case numbers and outbreak rates.</p> <p>It was also commented that over 70s in acute or step down care are also being targeted as well as those who are bed bound at home. GP referral and National Ambulance Service call outs are being utilised to provide the vaccination.</p> <p>An issue was raised, concerning patients currently in hospital expecting to transfer to nursing homes and how their vaccine will be delivered. It was confirmed that hospitals are being asked to administer dose 1 and 2 but this could pose logistic difficulties. HSE are working on a protocol to ensure smooth transition from hospital to nursing home.</p> <p>It was confirmed that this will only be a short-term issue as that cohort is fully vaccinated.</p> <p>The Chair confirmed that this issue was discussed at NPHET last week and it was confirmed that public health advice is required to address this.</p>

6.	<b>Second Provider Survey Proposal (HIQA)</b>	<p>HIQA thanked all everyone for their feedback and comments. The survey document has now been finalised. The survey will cover 12 of the report's recommendations.</p> <p>It was confirmed that this phase of the survey will issue in late April. It was also confirmed that the next phase of the survey will be an amalgamation of the questions in the first two phases and will be carried out every 6 months.</p>
7.	<b>Visiting Guidance</b>	<p>New visiting guidance was approved by NPHE last week, published last Friday and will come into effect on 22<sup>nd</sup> March.</p> <p>Features of new guidance:</p> <ul style="list-style-type: none"> <li>• 2 visits per week in Levels 3, 4, 5 where there are good vaccine rates for residents/staff (8 out of 10 in the nursing home population). This is approximately 80%. It has been made clear in the guidance so it can be used to inform risk assessments for providers. People who have had COVID in last 6 months, irrespective of their vaccination status can be included in this 80%.</li> <li>• Residents who don't accept the vaccine are still permitted to have visits.</li> <li>• Each resident will have a visitation plan, which is a good longer term aspect of a care plan beyond the pandemic.</li> <li>• Minister Butler wants to do some communications with providers to ensure the spirit of the guidance is upheld as it is implemented.</li> </ul> <p>It was noted that there are still quite a high number of active outbreaks and there will need to be some flexibility for roll out of the guidance in these settings.</p> <p>It was confirmed that AMRIC would return to NPHE in 4-6 weeks for review of guidance.</p> <p><b>Action:</b> Communications campaign team asked the group to send any queries or questions they have with regards visiting guidance to Secretariat, so they can include it in their forthcoming communications campaign.</p>
8.	<b>Joint Committee on Health (DoH)</b>	<p>The Department will be appearing at the joint committee on Health next week. It will be a good opportunity to report on progress.</p> <p>The Chair thanked the agencies for their response on this.</p> <p><b>Action:</b> DOH to follow up with HIQA and HSE regarding the updates.</p>
9.	<b>Matters for Referral to Reference Group</b>	<p>There were no matters for referral to the Reference Group</p>
10.	<b>AOB</b>	<p>There was no AOB.</p>