Nursing Home Expert Panel Report

Implementation Oversight Team (IOT)

Meeting: 9th June 2021, 11.00 am

Meeting note

Attendees:

Kathleen Mac Lellan	Chair, Assistant Secretary, Social Care Division, DOH
David Walsh	Implementation Lead, HSE
Dr Kevin Kelleher	Assistant National Director, Public Health, HSE
Deirdre Lang	Director of Nursing/National Lead Older Persons Services, HSE
Janette Dwyer	Assistant National Director, Strategy and Planning, Services for Older People & Palliative Care, HSE
Fiona Walsh	Fair Deal Specialist, NTPF
Susan Cliffe	Deputy Chief Inspector, HIQA
Kelly Jones	Project Manager, HIQA
Brigid Doherty	Public Interest Representative
Prof. Cecily Kelleher	Chair of Reference Group
Niall Redmond	Principal Officer, Older Persons Policy Development Unit, DOH
Deirdre King-De Montano	Project Officer, 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
Helena Keleher	Principal Officer, Older Persons Strategy Unit, DOH

Apologies:

Mary Dunnion	Chief Inspector of Social Services, HIQA
Carol Grogan	Head of Programme Regulatory Practice Development, HIQA

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**	The Chair welcomed all attendees given the impact of the cyberattack and acknowledged the limitations and restrictions on accessibility of data. Minutes from meeting of 16th March were adopted without any changes. Minutes from joint meeting of IOT and RG will be circulated to group once finalised. **Action:** Secretariat to circulate the minutes for the Joint IOT & Reference Group meeting which took place on the 29th April for electronic sign off.
2.	**Conflict of Interest**	There were no issues raised in this regard at this meeting.
3.	**Update on Epidemiological Data**	A reduced presentation was given on the epidemiological situation owing to constraints caused by the cyberattack in accessing systems. - Data has been provided by HPSC to maintain overview of the national situation, however, there breadth of content is reduced. - 7-day incidence averaging between 100 and 125 per 100,000 since the beginning of March. - From 13th May case numbers being reported using information from the contact tracing system. - 76 people in hospital with Covid-19, continuing on a downward trend - 27 people in ICU. - Less than 2% of cases in the last 14 days have been over 65 - In nursing homes, there has been 1 outbreak notified this week. - Continue to see the positive impact of vaccinations on case numbers. It was noted that vaccination doesn't totally prevent infection - people who have been vaccinated can still get COVID-19 albeit indications suggest that a very mild infection is generally experienced. **Action:** Secretariat to circulate epidemiological data presentation to the group.

4.	**Updates/Matters Arising (a)General**	(a) General - It was confirmed that the second progress report is now available on the Implementation Oversight Team Webpage.
	(i)Update on serial testing (HPSC)	(i) Update on Serial Testing - Over half of nursing homes have met the national criteria for discontinuation of participation in the serial testing programme (i.e. over 80% of residents fully vaccinated, no cases detected in last testing cycle and 28 days without an outbreak). The completion of the assessment of the application of the criteria to nursing has been delayed due to the cyberattack (reduced access to data). - There is no data available on the nursing homes that are still involved in the serial testing programme. It was noted by HSE that people don't need to be serial tested if they are vaccinated or have been previously positive in the previous 9 months. This can cause issues with the serial testing numbers.
	(ii) Update on Safe Staffing	The Taskforce has given endorsement to bring the "nursing hours per resident day model" into pilot testing of the Framework. The instrument that is being used for this is the RUG-4 classification system, which is a resident dependency classification system. It has been used to determine staffing levels in other countries but not yet in Ireland. The model has 7 levels of dependency, for the purposes of this pilot 6 will be brought forward. The research team supporting the Safe Staffing Framework have devised a tool to support the calculation of the nursing hours per resident in real time within a care setting. In advance of pilot testing there will be a short pre-pilot exercise in one public and one private nursing home. This will allow early review of the tool that has been developed in terms of usability and reliability as well as providing a sense of training needs and completion time. Pre-pilot testing has commenced with staff training last week. Training has been delivered onsite to one public and one private facility. Data collection is scheduled to happen this week and next week and will require onsite visits to the facility. For the pilot itself, invites will be circulated to public and private facilities in the coming weeks. The next taskforce meeting planned for the end of June. However it was noted that subsequent to the pilot phase, assessing longer-term cost implications is critical and that early engagement with stakeholders (NTPF, HSE) is required. The Chair acknowledged the continued engagement at local level and the contingencies that had been put in place to ensure business continuity following the recent ransomware attack.

		The Reference Group Chair stated that the joint meeting was very useful and a good forum for exchange of ideas.
	(b)Update from the chair of the Reference Group	The Reference Group has tabled a short progress document which is the culmination of discussions that have been ongoing in the reference group.
		The Reference group welcomes and endorses the frameworks that have been put in place to deal with recommendations 7,8 and 15.
		The Group is keen that progress is sustained around recommendations 7.1 and 7.2.
		The Reference Group also acknowledged the progress being made around the central role of the GP, and the need to ensure focus in progressing this further.
		Next steps endorsed by the Reference Group: - Ensure engagement in the HSE implementation progress with key stakeholders including NHI, ICGP and advocacy bodies; - Clear and focused emphasis on alignment and accessibility of services around disease, mental health and older persons; - That progress on wider reform of nursing homes and older persons services remains aligned to the Expert Panel recommendations; - Comprehensive resourcing will be essential going forward; - Align occupational health supports around rec 5.8 with mental health proposals being made by Brian Lawlor; - Expand the analysis of the causal factors associated with outbreaks undertaken by HIQA/HPSC, to include wave 3, and progress recommendation 6.6; - The package of public health supports in place for nursing homes (COVID-19 Response Teams, PPE, Guidance etc.) should continue for now.
		Action: Secretariat to circulate Ref Group position paper to IOT members.
	(c) COVID-19 Vaccine Rollout Update	HSE provided a verbal update on the vaccine rollout and acknowledged the data challenges posed by the cyberattack.
		- Vaccination programme has accelerated over the last number of weeks; - Next week it is hoped to vaccinate 300,000 people with a significant proportion of those being dose 2 including accelerated dose 2 for health care workers; - Acceleration of Astra Zeneca dose 2 back to 8 weeks now from 16 weeks. 400,000 vaccinations will need to be drawn forward over the next few weeks; - 3 New vaccination centres coming online in the coming weeks; - Vaccination registration system for new healthcare workers has been impacted by the loss of email accessibility, but HSE is formulating a workaround for this; - Housebound over 70's outstanding vaccinations being carried out;

		- The programme itself has now passed the 3m threshold of vaccines delivered.
		Community pharmacies will be administering Janssen vaccine for over 50's in the next week.
		NTPF provided an update on TAPS. TAPS extended from initial June 2020 lifespan to the end of June 2021. It's expected completion was confirmed and NTPF noted this has caused concern among providers.

(d)Update on proposed costings		**Payment Stats and Trends:**
		- Outbreak assistance payment has decreased over the last number of months;
		- Claims fluctuated over the pandemic, rising in January and tapering off again due to vaccination programme;
		- Payments made to date as of end of May totalling €101m;
		- Staffing costs accounted for 76% of all <u>outbreak assistance claims</u>, with cleaning costs accounting for 20%;
		- Overall staffing costs accounted for 70% of claims and cleaning 15%.
		Visitor Infrastructure Grant
		- The purpose of this grant was to assist with the cost of works completed to facilitate visiting to nursing homes;
		- open for applications from October – Dec 2020;
		- In January 96 centres and 72 in February received the visitor infrastructure grant at a cost of €200k overall;
		- Since its introduction.191 nursing homes out of 450 claimed this grant
		    o Homes with 25-75 beds received the greatest amount of funding for the visitor infrastructure grant
		    o 36% of smaller facilities (0-50 beds) received funding;
		    o 47% of medium facilities (50-100 beds) received funding;
		    o 49% of larger homes (100+ beds) received funding;

		The Department confirmed that the Ministers have secured sanction to maintain a contingency fund for outbreak assistance payments until the end of the year.
		It was also confirmed that all the other supports put in place during this pandemic for public and private nursing homes, will continue until the end of the year such as: - Multidisciplinary clinical supports at Community Healthcare Organisation (CHO) level through 23 COVID-19 Response Teams; - Substantial support and advice through the Departments of Public Health and Outbreak Control Teams; - Access to supply lines for PPE - Access to staff from community and acute hospitals - Free temporary accommodation to nursing home staff to support measures to block the chain of transmission; - Infection Prevention and Control (IPC) support and advice

	(e) Second Provider Survey and Staffing Survey Update	- HSE training and development resources, including the opening up of HSELanD[1] to private and voluntary providers - Temporary HSE governance arrangements for some non-public nursing homes; - A substantial suite of publicly available guidance, developed to support the sector and updated regularly as new evidence emerges and the epidemiological profile changes. The NTPF pricing review has been published which will be helpful in terms of long-term pricing for nursing homes. It will also align with and inform the work of Safe Staffing and the rollout of the Care Needs assessment going forward. **Staffing Survey:** - Survey closed at the end of March with a response rate of 42%; - Report has been drafted and a copy has been sent to the Department. **Action:** Staffing Survey: HIQA to undertake supplementary analysis. In the interim secretariat to circulate the current draft output document relating to the staffing survey to IOT and Reference Group. **Action:** HIQA will give a presentation on the Second Provider Survey and Staffing Survey at the next IOT meeting. Secretariat to engage with HIQA on possible dates for the next IOT meeting to ensure survey work has concluded in advance. **Second Provider Survey:** - Survey closed on the 10th May; - There was a response rate 45%; - Draft report currently in development, will be finalised and shared with the Department in the first instance; - HIQA to then commence planning on phase 3 of the survey which will be an amalgamation of the questions asked in phases 1 and 2. **Action:** HIQA will share the questions that will make up the next stage (Autumn/Winter) of the provider survey with IOT and Reference Group for feedback and comments prior to initiating survey.
5.	**Matters for Referral to the Reference Group**	Minutes of Joint IOT-Reference Group for obs and sign off.
6.	**Third Progress Report**	Third progress report is being drafted. Output of HIQA's second provider survey will be integrated into the progress report. Expected that Third Progress Report will be finalised in mid-Summer and circulated for feedback prior to submission to Ministers and publication.

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[1] HSE's online training portal and learning resources

		Action: Secretariat to circulate the draft copy of third progress report to IOT and Reference group members for comments and feedback before publication.
7.	**Schedule**	Chair asked that members of IOT give focused consideration on the progress on the implementation of recommendations in order to inform the next progress report and the next steps of the IoT. Areas that will require funding in 2022 and for inclusion in estimates process also need to be examined urgently. Business cases are required to support such funding commitments. In addition, members were asked to consider how work should be scheduled and prioritised over the coming months in the IOT and Reference Group, and to ensure that intensified efforts are continued to progress implementation. It was outlined that there is a need to make as much progress as possible on the recommendations and to determine the recommendations that have already or will transition into other implementation and governance processes as part of longer-term strategic reform of older persons services. It was agreed that it will be necessary to comprehensively capture the progress made and the implementation transition to wider reform programme work in a substantial final progress report in late 2021, prior to the conclusion of the implementation structures in Jan/Feb 2022. The Autumn/Winter Provider Survey will be a key input to this final progress report and will need to comprehensively capture provider progress. **Action:** OPSOP, OPPDU and NPSO to engage on the Safe Staffing Framework development, costings and alignment with Pricing Review Implementation.
8.	**Matters for Referral to Reference Group**	There were no matters for referral to the Reference Group at this time other than the issues of the minutes as mentioned in item 1 above.
9.	**AOB**	The group discussed the schedule for future meetings over the summer period and highlighted the need to allow sufficient time for actions to be undertaken as we move into a phase of further developmental work, whilst cognisant of annual leave considerations etc. In addition, the need to align IOT meetings with Reference Group meetings was outlined. Action: Secretariat to prepare schedule of meetings for coming months.