

Nursing Home Expert Panel Report
Implementation Oversight Team (IOT)

Meeting: 14th July 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
Poul Olesen	Interim General Manager, Older Persons Services, HSE
Susan Cliffe	Deputy Chief Inspector, HIQA
Kelly Jones	Project Manager, HIQA
Mary Dunnion	Chief Inspector of Social Services, HIQA
Carol Grogan	Head of Programme Regulatory Practice Development, HIQA
Brigid Doherty	Public Interest Representative
Clodagh Murphy	Assistant Principal, Acute Hospitals, DOH
Deirdre King-De Montano	Project Officer, Older Persons Policy Development Unit, DOH
Rosarie Lynch	Head of Patient Safety Surveillance, NPSO, DOH
Georgina Bassett	Nursing Project Manager, Older Persons Policy Development, DOH
Dr. John Cuddihy	National Director, Public Health, HSE
Matthew Hornsby	Assistant Principal, Older Persons Services Oversight & Planning, DOH
Ray Healy	Nursing Project Officer, Department of Health, DOH

Apologies:

Niall Redmond	Principal Officer, Older Persons Policy Development Unit, DOH
Prof. Cecily Kelleher	Chair of Reference Group
Fiona Walsh	Fair Deal Specialist, NTPF
Malachy Corcoran	Principal Officer, Unscheduled Care, Department of Health, DOH
David Noonan	Principal Officer, GP Services and GMS Contract, DOH
Fiona Larthwell	Principal Officer, Older Persons Services Oversight & Planning, DOH
Neil Kavanagh	Assistant Principal, Older Persons Services Oversight & Planning, DOH
Karen Greene	Deputy Chief Nursing Officer, DoH.

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.	Adoption of minutes of previous meeting	Minutes from meeting of 9 th June were adopted without any changes.
2.	Conflict of Interest	There were no issues raised in this regard at this meeting.
3.	Update on Epidemiological Data	<p>A reduced presentation was given on the epidemiological situation owing to constraints caused by the cyberattack in accessing systems. The CIDR case and outbreak notifications system is paused since May 14th. COVID Cases reported currently using the Covid Care Tracker (CCT) data (Contact tracing system). Outbreaks continue to be notified on a daily basis by regional Public Health departments to the HPSC along with aggregate detail on cases associated with the Outbreak</p> <ul style="list-style-type: none"> - 14 day incidence rate increasing from end of June, latest is at 150 from a peak in January of 1500 case per 100,000 - 7 day incidence is now greater than 50% of the 14 day incidence, a cause for concern. It stands at 600 cases at the moment. - Variance across counties is evident with 14 day incidence highest in Donegal at 444, certain parts of the country will be monitored going forward. Increases are occurring across all counties but concentrated in several counties. - Incidence rates are increasing in Ireland, this is also the case across Europe. - 73 people in hospital nationally and there has been an upward trend in the last week. 22 new cases in last 24 hours with 17 in ICU which is relatively stable at present - Positivity rate increasing in all settings, averaging at 5.6% in community and 5.2% in mass testing settings. - Age specific incidence shows low rates in older age groups incidence rates, with case incidence concentrated very much within the younger age groups. - There have only been 2 outbreaks in nursing homes reported since the cyberattack and none in the last 3 weeks. This is evidence that older age groups are well protected by the vaccine. <p>Overall positivity rate is increasing in the Community as well as in the mass testing and walk in testing centres.</p> <p><u>Action:</u> Secretariat to circulate epidemiological data presentation to the group.</p>
4.	Updates/Matters Arising (a) General	Chair of Reference Group wrote to Chair of IOT acknowledging the HSE & HIQA report <i>Analysis of factors associated with outbreaks of SARS-CoV-2 in Nursing Homes in Ireland</i> in relation to rec 6.6 and 6.7. The Reference Group has requested further updates on progress in relation to Recommendations 6.6

<p>(i) Update on serial testing (HPSC)</p>	<p>and 6.7 as well as requesting an analysis of Wave 3 is conducted. The Chair of IOT has formally requested the HSE provide this.</p> <p>It was confirmed that the data for Wave 3 could from a methodological perspective be analysed in the same way as with the previous waves of the pandemic.</p> <p>In relation to recommendation 6.7 the HSE Steering group have sought CCO approval to gain external support to complete this work, under their stewardship. It is being progressed as a matter of urgency.</p> <p>(i) Update on Serial Testing</p> <p>Currently in cycle 13.</p> <ul style="list-style-type: none"> - At the moment, 6% positivity rate. - HSE actively engaging with nursing homes on serial testing programme; - Need to progress with nursing homes the full movement of testing being undertaken as a consequence of a case being reported or Public Health risk assessment - A small number of nursing homes in the west of the country have a low level of staff vaccine uptake which is a huge concern. - The established criteria for cessation of general serial testing was recalled and it was noted that this aligns with the progress and positive impact of vaccines in residential settings <p>Chair expressed concern as to whether more action is required to encourage vaccine uptake in such circumstances and suggested for example bespoke re-offerings of the vaccination in these sites.</p> <p>HSE confirmed action has been taken with HSE facilities and liaison with NHI regarding private facilities that have low vaccination uptake.</p> <p><u>Action:</u> HSE to send serial testing report to Secretariat.</p> <p><u>Action:</u> HSE to undertake bespoke actions to encourage vaccination uptake to be undertaken to address situations where low vaccination of uptake amongst residents and staff in Nursing Homes is identified.</p>
<p>(ii) Update on Safe Staffing</p>	<p><u>Action:</u> Ensure structured communication process between HSE and HIQA where HSE identifies low levels of vaccination uptake in a nursing home.</p> <p><u>Action:</u> HSE to share serial testing processes and procedures with HIQA.</p> <p>CNO provided the update on safe staffing. Some Key Points:</p> <ul style="list-style-type: none"> - Pre-pilot testing in two residential facilities (one public one private) has been completed. The feedback received was positive, the providers were very supportive of the proposed tool. It was felt that

	<p>(b) COVID-19 Vaccine Rollout Update</p>	<p>the tool gives a good reflection of the care hours required and was also very accurate.</p> <ul style="list-style-type: none"> - Next phase is full pilot testing. Applications for sites to join the pilot opened at the end of May and closed mid-July. A significant number of applications were received from all sectors - public private and voluntary, with a good geographical spread. The applications will now be processed to identify a representative sample for the taskforce to endorse and pilot testing is scheduled to begin in September. - First piece of work in the pilot will be the research team working with each pilot site to establish a robust baseline of data collected which consist of 12 months of retrospective data. - The next step will be a staff survey of demographic details, qualifications, emotional exhaustion, burnout, satisfaction with management among other things. - Other organisational and economic data will be collected. - Anticipated that by the end of the year the thorough assessment of the facilities will be complete. - Using the tool once a month in September, October and November, the care hours will be input so that by the end of the year workforce requirements to meet the residential care needs of each facility will be identifiable and enable the services to see what changes will be required going forward. <p>Chair welcomed the positive engagement and response to this project from public, private and voluntary nursing homes.</p> <p>Concern was raised regarding the financial element of this project. It was confirmed that a financial representative from HSE finance is on the taskforce and that there is regular engagement with Nursing Homes Support Scheme (NHSS) office and Social Care Division to identify not only a pilot fund but also to explore and assess long-term funding matters.</p> <p>Chair confirmed the support from the IOT for the safe staffing piece of work and invited the CNO to engage with the IOT for any advice or assistance, as required.</p> <p>The HSE provided an update on the vaccine rollout. Key Points are the following:</p> <ul style="list-style-type: none"> - Continuing to proceed with age related vaccination strategy - By the end of this week, hope to have completed 2nd doses for anyone awaiting Astra Zeneca and have brought back MRNA 2nd doses to a 4 week interval. - By next Wednesday everyone over the age of 30 will have been offered a vaccine. - This week vaccination centres will offer 320k – 330k appointments. - GPs are continuing to vaccinate as well as pharmacies offering the Janssen vaccine to anyone aged 18 and upwards. - Every 40k people who get a vaccination via a pharmacy is another 1% of the adult population fully vaccinated.
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	<p>(c)Presentation on Second Provider Survey and Staffing Survey Update</p>	<ul style="list-style-type: none"> - Use of Astra Zeneca will be finished at the end of this week with the exception of an opt-in model where people may opt for Astra Zeneca if the wait for MRNA is considered too long - In total there are 42 vaccination centres, 800 pharmacies, several hundred GP's still administering vaccines. - Planning process for vaccinating 12–15-year-olds has begun. - Vaccinations of the under 70's housebound cohort will commence this week. - In 60 – 69 age group the percentage vaccinated has gone from 30% - 90% in the last few weeks, due to this cohort being offered the second dose in this period. - In 85+ age group there have been little to no cases. - In the age groups over 45 we are seeing very low incidence per 100,00 population. - 80+% of cases now are under 45 - Still seeing high incidence in 19-24 age group. - Where aged groups are vaccinated, incidence reduces dramatically. - Delta variant accounts for 90% of the cases. <p>The Chair commended the vaccination program and congratulated them on the levels of vaccination that have been achieved.</p> <p>Summary of staff survey</p> <p><u>Response rate</u></p> <p>Public Providers – 67%</p> <p>Private Providers– 36%</p> <p>Voluntary Providers – 41%</p> <p>Private providers accounted for 65% of the actual responses with public accounting for 31.7% and voluntary 3%.</p> <p>There was an increase of between 5% and 9% in 2021 in terms of bed occupancy.</p> <p>Staffing vacancies in February 2020 were relatively low,</p> <ul style="list-style-type: none"> - 4 person-in-charge vacancies - 22 assistant directors of nursing vacancies - 218 registered nurse vacancies (47 staff nurses, 37 clinical nurse managers, 35 senior staff nurses) - 470 health care assistant vacancies, - 114 multitask assistants, 35 activity staff. <p>Survey asked if staffing levels had changed as a result of covid in relation to registered nurses</p> <ul style="list-style-type: none"> - 151 centres remained unchanged, 81 had increased, 11 had decreased. <p>The survey asked if staffing levels had changed as a result of covid in relation to health care assistants</p> <ul style="list-style-type: none"> - 118 centres had increased, 114 remained unchanged, 11 decreased.
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5.	Matters for Referral to the Reference Group	<p>There were no matters for referral to the Reference Group.</p> <p>It was confirmed however that the HSE would be engaging directly with the Reference Group as part of a broader consultation in relation to CST's.</p>

		<p>Action: HSE to engage directly with the Reference Group as part of a broader external stakeholder consultation in relation to CST's.</p>
6.	Third Progress Report	<p>Document is close to finalisation. Will be circulated to the members of the IOT for comments and feedback and circulated to the Reference Group. Both groups will be given two weeks to revert.</p> <p>Action: Secretariat to circulate draft progress report by COB Friday to members of the IOT for comments and feedback within 2 weeks. During the same period document will be shared with RG observations.</p>
7.	Schedule	<p>Chair confirmed the need to take stock, give consideration to a small subgroup being formed to work over together over the next few months to prepare the final report of this group as the 18 months identified in the Expert Panel draws to a close It was agreed that all members should seek an intensification of efforts to make as much progress as possible over the next 6 months.</p> <p>Action: Over the Summer break, Secretariat will establish an IoT subgroup with a member from each agency to work on driving implementation progress, progressing the final report of the Implementation Oversight Team including consideration of those actions completed, actions within other governance processes, or planned for other governance and those to be completed or considered and mainstreamed as part of wider reform processes, including in the context of scoping considerations of a Commission on Care.</p> <p>Action: Secretariat to circulate schedules of all of the remaining IOT and Reference Group meetings for 2021 and 2022 with final meeting expected for February 2022.</p>
8.	AOB	<p>HSE confirmed that the community IPC strategy has been signed off.</p> <p>HSE also at final point of consideration in relation to a proposal from IHF to promote higher standards of end-of-life care. It is under final HSE consideration and expected to be submitted to DoH shortly and specifically relates to one recommendations in the expert panel on end-of-life care.</p> <p>As part of the overall response, and noting the discussion in the Expert Panel report on enhanced safeguarding requirements the HSE is working on incorporating safeguarding proposals into their overall plans of support linked with Expert Panel recommendations.</p> <p>The Chair acknowledged and thanked the HSE for all their work in these areas.</p>