

Nursing Home Expert Panel Report

Implementation Oversight Team (IOT)

Meeting: 08 September 2021, 11.00 am

Meeting note

Attendees:

Niall Redmond	Interim Chair, Principal Officer, Older Persons Policy Development Unit, DoH
Karen Greene	Deputy Chief Nursing Officer, DoH.
Deirdre King-De Montano	Project Officer, Older Persons Policy Development Unit, DoH
Rosarie Lynch	Head of Patient Safety Surveillance, NPSO, DoH
Fiona Larthwell	Principal Officer, Older Persons Services Oversight & Planning, DoH
Louise Mc Girr	Principal Officer, Older Persons Strategy Unit, DoH
Nuala O'Reilly	Assistant Principal, Older Persons Policy Development, DoH
Georgina Bassett	Nursing Project Manager, Older Persons Policy Development, DoH
Malachy Corcoran	Principal Officer, Unscheduled Care, DoH
David Walsh	Implementation Lead, HSE
Dr Kevin Kelleher	Assistant National Director, Public Health, HSE
Siobhan Ni Bhriain	National Clinical Advisor & Group Lead Older Persons, HSE
Poul Olesen	Interim General Manager, Older Persons Services, HSE
Deirdre Lang	Director of Nursing/National Lead Older Persons Services, HSE
Dr. John Cuddihy	National Director, Public Health, HSE
Janette Dwyer & Palliative Care, HSE	Assistant National Director, Strategy and Planning, Services for Older People
Susan Cliffe	Deputy Chief Inspector, HIQA
Carol Grogan	Head of Programme Regulatory Practice Development, HIQA
Kelly Jones	Project Manager, HIQA
Prof. Cecily Kelleher	Chair of Reference Group
Brigid Doherty	Public Interest Representative
Fiona Walsh	Fair Deal Specialist, NTPF
Also in attendance :	Sheona Gilsenan, Statistics and Analytics Service, DoH

Apologies:

David Noonan	Principal Officer, GP Services and GMS Contract, DoH
Clodagh Murphy	Assistant Principal, Acute Hospitals, DOH
Mary Dunnion	Chief Inspector of Social Services, HIQA

Secretariat:

Stephen Dunk Executive Officer, Older Persons Policy Development, DoH
Anne- Marie Executive Office, Older Persons Policy Development, DoH
Hearne

	Agenda Item	Discussion and Actions Agreed
1.	Adoption of minutes of previous meeting	Minutes from meeting of 14 th July 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 presentation was given on the epidemiological situation. The CIDR case and outbreak notifications system has been restored since September 2nd. Additional work is ongoing on linking vaccination status to CIDR data.</p> <ul style="list-style-type: none">- The 7- and 14-day incident rates, which have been increasing since June, are now seeing a stabilisation.- The 7-day incidence rate is half the 14-day incidence rate.- The daily 5-day moving average is now under 1,400 cases- The incidence in older age groups remains low but is increasing.- Ireland has the second highest 14-day incidence rate in the EU, after the UK.- The majority of cases are in the 20-24 age cohort, with males at 7,356 and females at 6,367.- The younger age groups have the highest 14-day incidence rate but there is also a steady increase in the 14-day incidence rate among the older age groups.- The number of confirmed cases in hospital and the 7-day moving average are both seeing a slight decrease.- The highest rates of hospitalisation are to be seen in the 85 to 89 age group.- The number of hospitalised cases and cases in the ICU are stabilising.- There were 10 new outbreaks in nursing homes in week 35.- There were 44 outbreaks in the last 6 weeks.- There have been 700 cases in the last 6 weeks.- There have been 21 deaths in the same period. <p>Following the presentation, the following points were made:</p> <ul style="list-style-type: none">- The level of severity of illness in comparison to wave three appears to be lower, however, there is a need to monitor the situation closely.

		<ul style="list-style-type: none"> - HIQA noted that it is starting to see an increase in notifications of unexpected deaths. - Concern was raised, on foot of anecdotal information, that in some instances nursing home adherence to good standards of IPC may have slipped notwithstanding the significant education, training and advice resources that have been invested in combating these issues. - The Chair noted the need to get detailed data, perhaps from the CRTs on the causal factors for outbreaks in Nursing Homes during this wave in order to better inform tailored interventions. - The overall context of the pandemic in nursing homes over the past 18 months was referenced and discussion took place on the ongoing recruitment and staffing challenges. - It was agreed that there was a need for consistent messaging around key points on IPC that agencies need to convey to providers and the Chair requested that key messages, as winter and influenza season approach, are reiterated. HSE confirmed CRTs continue to provide support, however the HSE has limited capacity to provide staff to private nursing homes. HIQA confirmed it has already issued communications to providers in August. <p><u>Action:</u> Secretariat to circulate the epidemiological data presentation to the IOT and Reference Group members</p> <p><u>Action:</u> Chair to engage with CNO's office regarding potential refreshed PIC communications on public health measures in nursing homes.</p>
4.	Updates/Matters Arising (a) General	<p>(i) Update on Serial Testing (HSE)</p> <ul style="list-style-type: none"> - A third of nursing homes remain within serial testing. Generally, the protocol is for testing only of unvaccinated staff. - It is expected that as case numbers continue to decline there will be a corresponding reduction in serial testing; Testing is currently in Cycle 15. with 1.5% detection rate. - HIQA provided update in relation to experience on the ground, in particular where it was noted in some outbreaks there was evidence of asymptomatic staff may have contributed to the spread of infection. In other units it was noted that good IPC practice prevented spread of

		<p>the disease once positive cases were identified. HIQA also reported on staffing issues where in some cases where a number of staff are on COVID-19 leave in smaller units the capacity (including via agency staff) wasn't available to flex staff.</p> <ul style="list-style-type: none"> - The need and obligation of individual nursing homes to have robust contingency plans (including for staffing) was discussed. - HSE confirmed that a new IPC checklist to support residential care facilities in the prevention and management of outbreaks would be published on Friday at and supported by an AMRIC webinar led by Prof. Cormican. <p>The Chair stated that staffing resources to support NH must be made available and the importance of sustaining IPC measures in line with Public Health advice.</p> <p>(ii) Update on Safe Staffing (CNO)</p> <p>DCNO provided the update on safe staffing. Some key points:</p> <ul style="list-style-type: none"> - Following the international evidence review and international consultation the chosen model is ready for the testing stage. A pre-pilot has been completed, and with some minor modifications the proposed model was agreed and an expression of interest issued to NH Providers. - Nine pilot sites have been selected, and endorsed by the taskforce. Following introductory meetings at each pilot site next week with Dr Drennan and the research team and local ethical approval, baseline data collection will commence from October onwards. - Next steps: A paper on the Skill Mix requirements in line with the proposed model will be prepared for the Taskforce with recommended requirements. - It is expected that any staffing adjustments in line with resident care requirements and proposed NHpRD staffing model required in the pilot site will commence by year end with the main uplift in 2022. - The research team and the CNO will prepare impact reports, which will be sent to the Taskforce and Minister. <p>The Chair commended the visibility of the work and progress being made.</p> <p>(iii) COVID-19 Vaccine Rollout Update (HSE)</p> <ul style="list-style-type: none"> - HSE reported that at the peak there were 350,000
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5.	Community Support Teams (HSE)	<p>The HSE gave a presentation on the Community Support Teams (CSTs).</p> <ul style="list-style-type: none"> - Documents have been shared with the group ahead of the meeting. Internal HSE and external stakeholder engagements are ongoing, including meeting with the Reference Group (RG) on 30 August. - It was noted that the development of the CSTs is a key enabler for the progress of other recommendations. - There is a phased approach to the development of the CSTs with an initial focus on nursing homes. - It is envisaged that the CSTs will not address all of the challenges but will be part of the solution. - From the early stakeholder engagement helpful feedback was gained. The Reference Group has broadly endorsed the work done to date. - The importance of InterRai as a critical component in identifying need and providing an integrated response was noted. - The Chair noted that the CSTs will be a key part of community services in the future and that effective integration with ICPOP and Community Health Network Teams is critical. <p><u>Action:</u> Secretariat to circulate the HSE presentation on CST to IOT members</p> <p><u>Action:</u> Feedback on the CST proposals is to be submitted to the Secretariat by the 22nd September.</p> <p><u>Action:</u> Secretariat will collate and issue feedback on CST to HSE.</p>
6.	Regulatory Reform (DoH)	<p>OPPDU gave a presentation on the Regulatory Reform Programme.</p> <ul style="list-style-type: none"> - The Ministers established a bilateral project group (BPG) with the Department and HIQA to look at the reform requirements coming out of pandemic learning and the Expert Panel report and analysis done by HIQA.

		<ul style="list-style-type: none"> - Two-phased approach to the Regulatory Reform Programme agreed: <ul style="list-style-type: none"> o Phase 1 consisting of interim amendments and developments, which has been the main focus of the work so far. o Phase 2, which will begin next year will involve a long-term overhaul of regulatory reform with the possibility of moving towards a licensing form of service provision. - Good progress has been made so far, the Department is hoping to have proposals to Government by the end of this year. - The main focus to date has been on primary legislation with work going on in the background on secondary. - Within the primary legislation there are two main themes: enforcement and regular reporting, sharing and publication of data. - In terms of the regular reporting, sharing and publication of data is important to capture key operational data in order to support planning and delivery of services, inform integration, national policy development, oversight and compliance and provide a fuller transparency. - Regarding the secondary legislation, there are 5 thematic areas at an earlier stage of consideration: <ul style="list-style-type: none"> o Preparedness, Infection Prevention and Control and Risk Management; o Governance and Staffing; o Resident-centred regulations; o Operational matters; and o Technical amendments. - Generally, many amendments will focus on clarifying and reinforcing established requirements. - Intention is to submit the proposal to government in late autumn or winter and seek government approval for the development of a draft general scheme of Bill and get government general scheme of Bill by Christmas. - Primary focus is enhancement and additional measures, not to replace existing mechanisms but to add to the Chief Inspector's enforcement toolbox to allow early intervention when there are issues around compliance and get away from the punitive measures and ensure the resident is protected. <p>Action: Secretariat to circulate the DOH presentation on Regulatory Reform.</p> <p>Action: Feedback on the DOH Discussion paper on Regulatory Reform is to be submitted to the Secretariat by the 17th September.</p> <p>Action: Secretariat will collate and issue feedback on</p>
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		Legislative Reform to DoH
7 & 8	Matters for Referral to Reference Group and Update from the Chair of the Reference Group	<p>These two agenda items were taken together. The Chair of the Reference Group provided the update.</p> <p>The RG met on 30th August and had a very busy agenda including presentations on CST and Regulatory Reforms. Prof Lawlor also provided an update on the work of the subgroup regarding Recommendation 5.8 and HSE proposed psychosocial supports for private/voluntary nursing homes pending resource approval by DoH.</p> <p>The work of the HSE on the CSTs was commended. It was confirmed that the group broadly endorsed the work and that further feedback would be given.</p> <p>A paper prepared by ICGP/NHI mapped to the NHEP recommendations will be forwarded to the IOT.</p> <ul style="list-style-type: none"> - The work of OPPDU on the Regulatory Reform Programme was commended, and a commitment was made to provide feedback within the allotted timeframe. - The Chair of the RG reiterated concern regarding the current situation and how important it is to hear of progress being made commenting there is an urgent need to obtain information on vaccination rates in nursing homes and the relevance of Recommendation 2.9. The importance of surveillance throughout the booster programme was also noted and welcomed indication that L. Jessop's group are reviewing. - The need for systematic information on the drivers/causes of outbreaks is ongoing. An update on progress of Recommendations 6.6 and 6.7 is needed. A further updated report is necessary which includes information on Wave 3 and 4 as we are aware of the major practical challenges faced by providers. - Despite the major practical challenges on the ground, it is important that progress continues across all recommendations. - Progress on Recommendations 5.4 and 9.1 was welcomed. <p>The Chair thanked the Reference Group for the substantial work it has undertaken recently.</p> <ul style="list-style-type: none"> - HIQA clarified that it is not tracking vaccination data but that inspections are finding high rates of vaccination among staff. HIQA have not had any reports of centres of concern from the HSE. They also have had no reports from providers on delays in new staff vaccination and their intel indicates high level of vaccination amongst residents and staff.

		<p><u>Action:</u> Chair to issue ICGP/NHI paper to IOT.</p> <p><u>Action:</u> Chair and HSE Implementation Lead to discuss the data analysis. (Rec 6.6 & Rec 6.7)</p>
9.	Third Progress Report and Implementation Plan for the coming months	<ul style="list-style-type: none"> - The Chair thanked members for their feedback on the Third Progress Report. - A final draft of the report has been submitted to the Minister for consideration, this can be circulated to the IOT and RG once it is signed off. The report will be published on the dedicated webpage. - The Chair advised that Ministers plan to highlight the progress that has been made and underline messages of preparedness for winter planning when the report is launched. <p><u>Action:</u> The Third Progress report is to be circulated to the IOT and Reference Group once it has been approved by the Ministers.</p>
10.	Update Final Progress Report Sub-Group	<p>The Chair reiterated need for a final push by all agencies over the next six months as the 18-month timeframe indicated in the Panel's report expires. This will entail developmental work as well as looking at some of the processes for mainstreaming the reform work that will be multi-annual and longer-term in nature.</p> <p>Establishment of a Sub-Group of the IOT was previously agreed and this group has now met for the first time. Once finalised the terms of reference for this group will be circulated to members of the IOT.</p> <p>The Sub-Group reported that a template based on the progress of the Expert Panel Report recommendations has been developed, to capture which recommendations will be implemented by year end.</p> <p>The Chair confirmed that the Sub-Group will capture a clear sense of progress on the 86 recommendations in a structured way and the work that needs to happen post the 18-month period and the winding down of the implementation structures. The chair also reiterated that the completion of the dedicated IOT and Reference Group structures was not a sign that implementation of the principles and recommendations of the Panel's report would cease, rather there is a need to mainstream implementation and recognise that some recommendations required longer-term developmental work, many needing their own governance structures.</p> <p>It was noted that there is also a Programme for Government</p>

		<p>commitment to the Commission on Care. Scoping work is ongoing to progress this and some of the Expert Panel's recommendations may require a pathway into the work on the Commission..</p> <p><u>Action:</u> The Secretariat will circulate the Terms of Reference for the Sub-Group, once finalised.</p>
11.	AOB	No issues were raised