

Nursing Home Expert Panel Report

Implementation Oversight Team (IOT)

Meeting: 06 October 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

Georgina Bassett Nursing Project Manager, Older Persons Policy Development, DoH
Malachy Corcoran Principal Officer, Unscheduled Care, DoH
Clodagh Murphy Assistant Principal, Acute Hospitals, DOH

David Walsh Implementation Lead, HSE
Dr Kevin Kelleher Assistant National Director, Public Health, 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

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 : Pauline White, Statistics and Analytics Service, DoH

Apologies:

David Noonan Principal Officer, GP Services and GMS Contract, 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

Siobhan Ni Bhriain National Clinical Advisor & Group Lead Older Persons, HSE
Janette Dwyer Assistant National Director, Strategy and Planning, Services for Older People & Palliative Care, HSE

Secretariat:

	Agenda Item	Discussion and Actions Agreed
1.	Adoption of minutes of previous meeting	<p>The Chair noted Mary Dunnion's retirement from her role as Chief Inspector for HIQA. The Chair highlighted Mary's significant contribution to work across the wider health system and her valued input to the work of the IOT.</p> <p>The Chair expressed his best wishes to Carol Grogan on her appointment as Chief Inspector.</p> <p>The Chair confirmed that the Secretariat had received some requested amendments from HIQA and DCNO to the minutes from the previous meeting. The minutes will be updated and re circulated to the group.</p> <p><u>Action:</u> Secretariat to incorporate changes in minutes and circulate final version to group.</p>
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 current epidemiological situation.</p> <p>Following the presentation the issue of high community cases was discussed by the group.</p> <p>Some concern based on some feedback from community teams was noted in respect of infection prevention and control IPC adherence and the risk associated with symptomatic staff attending work places, and the movement of staff between nursing homes was also discussed.</p> <p>The risk associated with influenza virus was raised and the need for a high uptake of the flu vaccine in conjunction with COVID-10 boosters was noted.</p> <p>The Chair highlighted that robust IPC processes is critical to mitigate the impact of the flu this year. The Chair noted the HIQA webinars on IPC and welcomed the opportunity to reinforce the messaging around IPC going forward. The Chair also reiterated that where there are concerns of poor IPC practice that this information be collated from the community teams in the form of case studies to inform any necessary action and follow up.</p> <p>HIQA confirmed that it is currently preparing for thematic IPC inspections to commence shortly, with a focus on Regulation</p>

		<p>27 (Care and Welfare Regulations 2013). HIQA has incorporated feedback from AMRIC/HPSC into the guidelines. HIQA also highlighted the current focus on Regulation 27. HIQA will target areas of concern but will also target areas of good practice to facilitate learnings going forward.</p> <p>The Chair suggested incorporating specific examples of poor IPC practice into their webinar's. HIQA confirmed that inspection reports will be used as part of the target examples for the webinars. HIQA also confirmed that the regulatory reminder issued 2 weeks ago.</p> <p>HSE confirmed that they are using various channels for continued IPC messaging (COVID-19 Response Teams/AMRIC).</p> <p>The HSE confirmed that the expected influenza strain was first recorded in India and Tibet and some cases arising in eastern Europe. The WHO will compare samples before matching to the recommended flu vaccine. These results are awaited to roll out the vaccination program in Ireland. HSE highlighted that the evidence from Europe shows that simultaneous flu and COVID-19 outbreaks are a risk.</p> <p>The Chair noted the need to manage and treat people within the community, given the current pressures on the hospital system.</p> <p>DCNO confirmed that through their engagements with the 9 pilot sites, there is an awareness of the IPC inspections in the system and that these are embraced.</p> <p><u>Action:</u> Secretariat to circulate the epidemiological data presentation to the IOT and Reference Group members</p> <p><u>Action:</u> HSE and HIQA to include real case studies to crystallise the importance of good IPC practice and vaccination as part of key messaging, and education & training campaigns in the coming months.</p>
4.	I. Update on serial testing (HPSC)	<p>(i) Update on Serial Testing (HSE)</p> <p>The HSE confirmed that serial testing programme is in the 16th cycle of testing and highlighted that they are currently at less than 10k swabs per cycle.</p> <p>HSE noted that less than one third of nursing homes remain in the programme following the application of the national</p>

		<p>criteria.</p> <p>The issue of risk that the programme may impact provider/staff behaviour in the context of maintaining good standards of IPC was raised. HSE Public Health noted a concern that in some cases there may be an over reliance by providers on the programme as a key mitigation measure at the detriment of good quality IPC practice. HSE public health noted that it wished to engage with the remaining participants with a view to facilitating their exit from the programme where the national criteria is met.</p> <p>The Chair noted the need for proactive engagements with providers regarding high standards of IPC to ensure they are prepared to leave the programme.</p> <p>The positive impacts of the testing programme were noted and the need to maintain rapid access to testing in case of outbreaks was highlighted.</p> <p>HSE noted the current protocols in place in relation to outbreaks and highlighted engagements with Nursing Homes still on the programme. .</p> <p>The issue of staff arriving to work in private facilities whilst symptomatic due to fact they do not get paid sick leave was raised. The Chair highlighted the duty of nursing home management on this matter.</p> <p>The Chair highlighted the need for proactive engagements with providers to communicate the supports in place. The Chair noted the importance of a bridging mechanism if the testing programme is to be stood down.</p> <p><u>Action</u> : As we move back to normality it is critical that HSE/PH/CRT/HPSC engagement with NH Persons in Charge builds confidence and capacity in IPC to ensure NH are resilient and capable of managing when Serial Testing Program ceases</p> <p>(ii) Update on Safe Staffing (CNO)</p> <p>DCNO provided the update on safe staffing confirming that the position paper has been submitted to the Taskforce.</p> <p>DCNO highlighted that there is strong evidence in support of nursing home residents/Skills Mix model which was</p>
	II. Update on Safe Staffing (CNO)	

		<p>presented to the Taskforce and feedback has been invited.</p> <p>Piloting the model will take place across a mix of units e.g. dementia units, where the staffing and skill mix requirements will be higher than those in other units, based on the individual resident's needs.</p> <p>Site visits have been completed to all 9 units in the pilot. Ethical approval is being sought for the research to be conducted over the course of the pilot.</p> <p>DCNO highlighted that a local implementation groups are to be established and will begin base line data collection once in place.</p> <p>The Chair acknowledged the progress on this work to date and noted the importance of the work in the context of future operational and regulatory models of care.</p> <p>(iii) COVID-19 Vaccine Rollout Update (HSE)</p> <p>HSE confirmed that the vaccine booster programme has been running since Monday 4th October and feedback from the teams so far has been positive. HSE confirmed that they are adhering to NIAC guidelines and only over 65s who had their second dose over 6 months ago are being offered the booster at this time. The HSE noted that the booster is only for residents as there are currently guidelines do not provide for staff vaccination.</p> <p>HSE confirmed that a third dose has been offered to the cohort of immune-compromised. A total of 17k people have been referred with 9k appointments made and 2k vaccinations administered. HSE estimate this will increase to approx. 50 – 100k with the majority being identified in hospitals settings and the minority have been G.P identified. HSE confirmed that it will take 5 – 6 weeks to complete this exercise.</p> <p>The HSE confirmed there are 15 pop up centres offering vaccinations in 3rd level institutions. A total of 9k vaccines have been administered.</p> <p>HSE are examining hard to reach communities and the next focus is on local electoral areas with lower levels of uptake of the vaccine. The HSE confirmed that unregistered residential services such as religious orders are included in the vaccine booster programme, as identified by CHOs.</p> <p>(ii) Update on HIQA Surveys</p>
	III.COVID-19 Vaccine Rollout Update(HSE)	

	<p>IV. Update on HIQA Surveys</p>	<p>HIQA confirmed that the detailed analysis of the staff survey analysis is currently underway. HIQA hope to have a draft report by the end of October. The third survey is comprised of questions from the first and second surveys and HIQA have proposed additional questions bringing the total to 51. It was noted that the survey can be completed over multiple sessions and does not need to be completed in one sitting.</p> <p>This survey includes questions from both Survey 1 and Survey 2 along with two questions on metrics and quality indicators and staffing grades not previously included.</p> <p>The survey will issue at the end of the month and will have the same implementation indicators as previous surveys. HIQA will publish a report on the findings of the third survey.</p> <p>It was agreed by the IOT that a timeframe of 3 weeks to complete the survey be provided to optimise engagement. It was noted that it would be practical if participants in the survey were able to copy and save their version of the survey. HIQA advised that providers may also save a copy of the completed survey for their own records. This may positively impact on the engagement in the survey.</p> <p>HIQA noted that they are meeting with the survey company on the 11th October and will raise the issue but highlighted that this could potentially have an impact on timelines.</p> <p>Specifications for the detailed analysis of all three surveys have not yet been agreed. Feedback was invited from IOT members on the specification.</p> <p>The issue of increasing survey engagement was discussed. The Chair noted NHI's leadership role in the sector and confirmed he will communicate with NHI with a view to exploring options for increasing engagement. A process for ensuring a copy of the final report is made available to NH providers to be explored.</p> <p>Action : Secretariat to circulate document regarding the specification for the analysis of the three provider surveys to the group for feedback, with a return date of COB Monday 11th October.</p> <p>Action: A process for ensuring a copy of the final report is made available to NH providers to be established.</p> <p>Action: DOH to communicate with NHI ahead of third provider survey commencing, with a view to encouraging leadership and participation in the survey among NHI members</p>
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5.	Update from the Chair of the Reference Group	<p>The Chair of the Reference Group highlighted that Reference Group members have been working individually and collectively to advance the work across a number of different Recommendations.</p> <p>The Reference Group welcomed the presentations on the development of Community Support Teams (CSTs), Interim Regulatory Reform in relation to Nursing Homes and the Patient Safety Bill - Nursing Home Patient Safety Incident Review at the meeting on the 30th August.</p> <p>The Chair of the Reference Group welcomed the progress to date across a number of different recommendations and confirmed that she will be engaging with the Project Officer on the development of the final progress report.</p>
6.	Presentation on Clinical Governance	<p>The Chair noted the comprehensive presentation recommended that the presentation be circulated to members to facilitate submission of any feedback or observations electronically.</p> <p>The integration of individual work streams into the wider framework was highlighted as critical, and a need to ensure that work already underway or planned within the HSE is aligned with this programme. The Chair noted that a sequencing exercise would be necessary and highlighted the substantial policy implications of the work of the programme. The research protocol guiding HRB work on clinical governance was discussed and once complete this will be shared with IOT members.</p> <p>The Chair acknowledged the significant work to date on this programme and highlighted the need for balance across policy, regulatory and operational work streams.</p> <p>The Chair confirmed that a scoping paper will be circulated to IOT/reference Group members for formal feedback.</p> <p><u>Action:</u> Secretariat to circulate presentation on clinical governance to the group along with the research protocol</p>

		guiding HRB work on clinical governance. Feedback welcomed from IOT members.
7.	Third Progress Report	The Chair thanked the IOT members for their contributions to the third progress report and confirmed that the final version has been circulated. The third progress report was published by Minister Butler and available on the DoH website.
8.	Final Progress Report Sub-Group Update	<p>The Project Officer confirmed that the subgroup had a substantial engagement on the 30th September, where updates on the 86 Recommendations were categorised into different groupings. This information will be collated and circulated to the IOT once it has been finalised.</p> <p>The Project Officer noted that the next subgroup meeting will include further discussions on the content of the final report as well as determining an engagement mechanism with the Reference Group.</p> <p>The project Officer confirmed that she is engaging with colleagues in DoH with regards to a proposed workshop to take place on the 1st December. It is envisioned that the workshop will be attended by members of the IOT and the Reference Group.</p> <p>A workshop proposal paper will be developed and circulated to IOT/Reference Group for feedback.</p> <p><u>Action:</u> Secretariat to circulate spreadsheet with feedback on NHEP recommendations from Agency Leads to the group once signed off.</p> <p><u>Action:</u> Secretariat to circulate short paper to IOT & RG members for feedback and observations regarding proposals for workshop to be held on 1st December. Diary placeholder will issue from Secretariat.</p>
9.	A.O.B	<p>Kevin Kelleher announced that he would be retiring from his role in early November.</p> <p>The Chair congratulated Kevin on his retirement and thanked him for his significant contributions to the work of the IOT and the COVID-19 response.</p>