

Nursing Home Expert Panel Report

Implementation Oversight Team (IOT)

Meeting: 03 November 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
Clodagh Murphy	Assistant Principal, Acute Hospitals, DOH
Paul Rowe	Principal Officer, Older Persons Strategy Unit, DoH
Cormac Fitzgerald	Higher Executive Officer, Older Persons Service Oversight & Planning, 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
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
Susan Cliffe	Deputy Chief Inspector, HIQA
Carol Grogan	Chief Inspector, 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
Dr. John Cuddihy	National Director, Public Health, HSE
Malachy Corcoran	Principal Officer, Unscheduled Care, DoH

Secretariat:

Graham Mooney	Administrative Officer, Older Persons Policy Development, DoH
Stephen Dunk	Executive Office, Older Persons Policy Development, DoH

	Agenda Item	Discussion and Actions Agreed
1.	Adoption of minutes of previous meeting	<p>HIQA and CNO requested some amendments to the minutes. These will be incorporated into the minutes.</p> <p>Chair welcomed Paul Rowe to the meeting. He is Principal Officer for Older Persons Strategy in the Department and replaces Louise McGirr.</p> <p><u>Action:</u> Secretariat to incorporate changes to minutes and circulate final version to group before publication.</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>Some key points:</p> <ul style="list-style-type: none"> - 14-day incidence rate almost doubled since last IOT meeting now 695 per 100,000; - 7-day incidence > 50% of 14-day incidence – increasing incidence; - Ireland has 10th highest incidence compared with other EU/UK; - 5-day moving average is now 2,811 cases; - Increasing incidence across almost all age groups – but some decline/stability for 85+ and 74-85 age groups; - Numbers in hospital and ICU high; - 42 new NH outbreaks in past 4 weeks; - 51 deaths linked to NH outbreaks recorded in September and 30 in October (to midnight 26th Oct); <p>The chair inquired if there had been any change to hospitalisation figures in terms of nursing homes in this wave.</p> <p>It was noted that the vaccination program acts as a strong prevention to hospitalisations, ICU admissions and deaths. This is being seen in the data.</p> <p>HIQA noted that there has been a reduction in the number of positive residents. Had been running at 180 – 200 over the last number of weeks. Down to 100. Positivity in staff is now higher than positivity in residents.</p> <p>While a lot of nursing homes are reporting positive cases in staff, they are very small numbers and more able to cope with those kinds of outbreaks.</p> <p>General sense is that nursing homes (83.6%) which have had</p>

		<p>an outbreak during Wave 4 have kept the outbreak to 10 or less cases, which was highlighted as very positive.</p> <p>The biggest challenge is staffing in centres which experience high numbers of positivity among staff members or staff members identified as close contacts, as they are then deemed unavailable for work. This is only the case in a minority of nursing homes. In some cases, as a mitigant and for the purpose of safe care, positive staff have been assigned to work with positive residents, which is a balancing of risk with care requirements.</p> <p><u>Action:</u> Secretariat to circulate the epidemiological data presentation to the IOT and Reference Group members.</p>
4.	Update / Matters Arising	<p>(a) General</p> <p>The Chair of the IOT updated the members as follows:</p> <ul style="list-style-type: none"> - Substantial engagement is taking place across the various agencies and Department at present; - Ministers for Health and Mental Health and Older People have met with NHI to obtain Nursing Homes' perspective on current situation. - Minister Butler convened an interagency meeting with HSE and HIQA to assess current situation and the supports and action being taken; - A number of IPC webinars for nursing homes have been delivered by HPSC and by HIQA in recent weeks. All have been very well attended. - Thematic IPC inspections by HIQA due to start. - The Chair reiterated the value in putting together some case studies based on the experience of the COVID-19 response teams, noting the Minister's recent request to the HSE for this. - It was noted that the HSE CEO has advised a process is being put in place to integrate some of those case studies into the work being developed on the data analysis recommendation (rec. 6.6) <p>HIQA confirmed that the standalone IPC specific inspections will be commencing in the near future. It is expected that 25% of the centres will have one of these inspections in 2022.</p> <p>Dr Siobhan Ní Bhriain briefly joined the meeting as the HSE lead on Clinical Governance under the office of the Chief</p>

		<p>Clinical Director. Dr Ní Bhriain provided some comments on the Clinical Governance Scoping Paper presented at the previous meeting.</p> <ul style="list-style-type: none"> - Wider governance needed. Medical representative from the HSE on the governance group would be beneficial. - Siobhan has been nominated by Dr Colm Henry for membership of this governance group going forward. <p>The Chair advised that a further bilateral discussion with the Department and Dr Ní Bhriain should be convened in the coming weeks to further explore next steps.</p> <p>Action: Secretariat to arrange meeting with Dr Ni Bhriain.</p> <p>(i) Update on Serial Testing (HSE)</p> <p>Kevin Kelleher gave an update on serial testing.</p> <ul style="list-style-type: none"> - A month into the present cycle. - 190 nursing homes in the serial testing program. <p>A discussion was held on restarting serial testing and the benefits of the programme in the context of vaccination levels in nursing homes. The general consensus was that priority focus should be on the rollout of booster vaccines rather than serial testing. Both HIQA and HPSC noted that nursing homes have not been seeking the reinstatement of a wider serial testing programme. The Chair noted recent decision by the Minister to request the HSE to complete a once-off single four-week cycle (i.e. two rounds of testing over four weeks) to provide important information on the distribution of cases and risk across the nursing home setting and to further inform the optimal approach to serial testing in this setting.</p> <p>Following discussion there was general consensus that the use of serial testing should be informed by an evidence based approach.</p> <p>(ii) Update on Safe Staffing</p> <p>Karen Greene gave updates on Phase 3 of the Safe Staffing Framework.</p> <ul style="list-style-type: none"> - Local implementation Group (LIG's) are currently being established. - Currently awaiting sign off on terms of reference from the taskforce. - From 8th November, with approval in place, and terms
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		<p>of reference approved, establishment of LIG's may commence.</p> <ul style="list-style-type: none"> - Significant investment and funding has been secured to test the framework, so it is important to have a robust Service Level Agreement in place. - Service Level Agreement is being progressed and is in the final stages of ensuring the funding piece is workable both in terms of the funding holder and the providers. - Team will be working with sites to flag staffing adjustments that are expected as early as they possibly can. <p>The Chair commended this work and the progress that has been made in all aspects of the Safe Staffing Framework.</p> <p>(iii) COVID-19 Vaccine Rollout Update</p> <p>David Walsh of the HSE provided an update on the vaccine rollout</p> <ul style="list-style-type: none"> - Approximately 25k booster vaccines in long term care settings for residents aged 65 and over have been completed thus far. - Approval now has been received to offer booster vaccine to residents aged 60-69; HSE will be going back out to those facilities to offer a booster to that cohort. - NIAC has advised that all Health Care Workers can avail of the booster vaccine, prioritising frontline health care workers. This will commence in the coming days, contingent on a revised statutory instrument authorising the vaccination and also the medicines protocol and updates to online information. - 4 channels will be used for health care workers: Vaccination centres, in-hospital, in-nursing homes, community pharmacy. - Also developing a channel to capture those that are health care workers now that were not health care workers during the initial vaccine rollout. - General population aged 60-69 also need booster. - Intention is to complete all of this before Christmas. - Vaccination of other groups, including immuno-suppressed, people at home, poor uptake areas is also underway. - HSE have established a mobile team to administer vaccines to a cohort that cannot make it to a vaccination centre. - Those aged 70-79 will be offered a vaccine through
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		<p>their GP.</p> <p>(iv) Update on HIQA Surveys</p> <p>Carol Grogan of HIQA gave an update on the HIQA Surveys</p> <ul style="list-style-type: none"> - Third provided survey issued last week - 570 invites issued, 166 (29%) have initiated, 127 (22%) have completed it. - Minister Butler wrote to each nursing home provider encouraging participation. - Two additional reminders will issue to prompt engagement with the survey. - Requirement has been agreed with vendor for analysis of the three provider surveys which will commence once data from closed third survey is made available. <p>(v) Update Budget 2022</p> <p>The Minister for Mental Health and Older People secured circa €18m in budget 2022 to continue to progress implementation of the Panel's recommendations. The Chair thanked everyone involved in developing the business cases to secure this funding.</p> <p>This investment will support, <i>inter alia</i>:</p> <ul style="list-style-type: none"> - establishment of Community Support Teams (CSTs); - IPC specialists support for the CSTs, - adult safeguarding social workers to integrate with CSTs with a focus on nursing homes, - progression of the safe staffing pilot, - a once off programme of psychosocial supports for nursing home staff and residents among other projects were achieved; - establishment of a National Hospice-Friendly Residential Care Settings Programme (NHFRCSP) <p>This is clear demonstration of government commitment to advance these pieces of work over the course of the months and years ahead.</p>
5.	Matters for Referral to the Reference Group	<p>The HSE confirmed that a written update on GP engagement/GP lead work is now available and will be circulated.</p> <p><u>Action: Secretariat to circulate the HSE Update on GP Lead recommendation to the Implementation Oversight Team and the Reference Group.</u></p>

6.	Update from the Chair of the Reference Group	<p>The Chair acknowledged and recognised the level of progress that has been made across the board as well as the work done by all parties to secure the €22.1m in funding which includes €4.5m for HIQA and €4.5m for Safe Staffing in Budget 2022.</p> <p>The Reference Group discussed the IPC situation and the primacy of ensuring vaccination rollout of boosters as well as the flu vaccine was emphasised.</p> <p>The Psychosocial program and joint HSE / IHF program were also highlighted as very significant developments</p> <p>The importance of the research around recommendations 6.6 and 6.7 was highlighted as crucial.</p> <p>The forthcoming joint workshop was highlighted as a useful step to take stock of where the Reference Group and IOT are in terms of progress</p>
7.	Final Progress Report Sub-Group Update	<p>Some updates have been received with regard to the actions that have been taken since the third progress report. Agencies will be contacted again for another round of updates.</p> <p>This will provide the basis of the update document to be circulated in advance of the workshop planned for the 1st December. A consensus view will be formed from the IOT and Reference Group feedback on the status of the recommendations as preparation for the final progress report.</p> <p>Action: Secretariat to circulate the Recommendations Progress Table to the Agency leads for any further updates. These updates will be collated and referred to the Reference Group and the IOT on the 17th November.</p>
8.	Update on the 1st December Workshop	<p>A workshop proposal document is currently being finalised and will issue by the end of the week.</p> <p>It has been determined that the workshop will be virtual, given the epidemiological situation.</p> <p>The update report on each of the 86 Recommendations will be circulated in the coming days. Work has been undertaken by the subgroup to review implementation status of all recommendations and projected position at year end. Four progress status categories were agreed as follows:</p> <p>1= Implemented 2= Implementation ongoing in line with PH/HPSC advice requirements 3= Implementation will not be completed by end 2021 but will continue in an identified structure/process 4= Implementation will not be completed by end 2021 and in light of the strategic reform nature of this recommendation, an appropriate programme of work requires further consideration</p>

		<p>Recommendations which are more long-term including service reform such as regulatory, clinical governance, permanent CSTs and Infection Prevention and Control need to be embedded and mainstreamed and considered further. There will be an opportunity at the workshop to express views on what this could look like as well as identifying priorities, next steps, future progress and plans to continue reform beyond the structures of the IOT and Reference Group lifetime.</p> <p>Action: Secretariat will circulate the outline of proposal document on the 1st December workshop to the IOT and Reference Group for feedback.</p>
9.	AOB	<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> <hr/> <p>The second One Health National Action Plan on Antimicrobial Resistance 2021-2025 (iNAP2)¹ is currently being finalised and due to be published on 18th November. It was also confirmed that recommendation 2.1 of the expert panel report has been assimilated into this report.</p> <p>It was noted that the implementation structures would be complete in Q1 2022 following the development of the final progress report and that the secretariat would circulate dates for the final meetings in due course.</p> <p>Action: Secretariat to re-circulate the Guidance Document developed by the office of the CNO in response to Recommendation 5.5 relating to the Safe Staffing Framework.</p> <p>Action: Secretariat to confirm the dates for the final January/February meetings in 2022.</p>

¹ <https://www.gov.ie/en/publication/d72f1-joint-action-on-antimicrobial-resistance/#irelands-second-one-health-action-plan-on-antimicrobial-resistance-2021-2025-inap2>