

## **Nursing Home Expert Panel Report**

### **Implementation Oversight Team (IOT)**

**Meeting: 06 April 2022, 11.00 am**

#### **Meeting note**

---

##### **Attendees:**

Siobhan McArdle	Chair, Assistant Secretary, Head of Social Care and Mental Health
Laura Casey	Principal Officer, Older Persons Policy Development Unit, DoH
Karen Greene	Deputy Chief Nursing Officer, DoH
Gráinne Sheeran	Project Officer, CNO Office, DOH
Deirdre King-De Montano	Project Officer, Older Persons Policy Development Unit, DoH
Malachy Corcoran	Principal Officer, Unscheduled Care, DoH
Paul Rowe	Principal Officer, Older Persons Strategy Unit, DoH
David Walsh	Implementation Lead, HSE
John Cuddihy	Director of Public Health, HSE
Janette Dwyer	Assistant National Director, Strategy and Planning, Services for Older People & Palliative Care, HSE
Sharon Kennelly	Clinical Specialist, Primary Care Strategy and Planning, HSE
Susan Cliffe	Deputy Chief Inspector, HIQA
Mairin Ryan	Deputy Chief Executive, HIQA
Carol Grogan	Chief Inspector, HIQA
Kelly Jones	Project Manager, HIQA
Prof. Cecily Kelleher	Chair of Reference Group
Brigid Doherty	Public Interest Representative
Also in attendance:	Pauline White, Statistics and Analytics Service, DoH
	Conor Teljeur, Chief Scientist, HIQA
	Laura Comber, Senior Health Technology Assessment (HTA) Analyst, HIQA

##### **Apologies:**

David Noonan	Principal Officer, GP Services and GMS Contract, DoH
Fiona Larthwell	Principal Officer, Older Persons Services Oversight & Planning, DoH
Fiona Walsh	Fair Deal Specialist, NTPF
Clodagh Murphy	Assistant Principal, Acute Hospitals, DOH
Rosarie Lynch	Head of Patient Safety Surveillance, NPSO, DoH
Deirdre Lang	Director of Nursing/National Lead Older Persons Services, HSE
Siobhan Ni Bhriain	National Clinical Advisor & Group Lead Older Persons, HSE

##### **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.	Welcome	<p>The Chair welcomed the group to the meeting and acknowledged the significant work undertaken by the group to date.</p> <p>The Chair offered her thanks to Niall Redmond for his work as Interim Chair over the recent period and for his leadership and significant input throughout the work of the IOT and wished him the best of luck in his new role.</p>
2.	Adoption of minutes of previous meeting	The previous meetings minutes were agreed.
3.	Conflict of Interest	There were no issues raised in this regard at this meeting.
4.	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"> <li>- Change in testing policy &amp; the introduction of antigen portal means comparison of case data overtime is difficult.</li> <li>- 5 day moving average of PCR + antigen results now 7,612 (63% below peak of 20,650 on 25<sup>th</sup> March).</li> <li>- Declining incidence rate across all age groups.</li> <li>- Numbers in hospitals now declining from recent peak on 28<sup>th</sup> March (1634) to 1360 (5<sup>th</sup> April)</li> <li>- ICU remaining relatively stable.</li> <li>- 198 new NH outbreaks created in the past 4 weeks, but average size is relatively small.</li> <li>- % of NH Outbreak cases hospitalised is lower in wave 5.</li> <li>- 43 deaths linked to NH outbreaks recorded in February and 49 in March (to date).</li> </ul> <p>The Chair noted the positive changes in the reduction in severity of NH cases and acknowledged the challenges faced during the winter period.</p> <p><u>Action:</u> Secretariat to circulate the epidemiological data presentation to the IOT and Reference Group members.</p>

5.	Update / Matters Arising	<p>1. Presentation of Analysis of Factors associated with outbreaks of SARS-Cov-2 in nursing homes in Ireland: Waves 1 -3 (HIQA)</p> <p>HIQA gave a detailed presentation noting that:</p> <ul style="list-style-type: none"> <li>- The analysis was limited to an exploratory analysis and causal inference cannot be determined.</li> <li>- There is a higher probability of outbreak occurring with - Increasing number of beds, increasing local incidence, higher density of nursing homes.</li> <li>- Absolute extent of outbreaks increases with number of beds, but extent as proportion of residents decreases with number of beds.</li> <li>- Strong effect of vaccination reducing occurrence and extent of outbreaks.</li> </ul> <p>The Chair thanked HIQA for the detailed presentation and acknowledged the limitations of the data.</p> <p>The Chair noted the opportunity for learnings from this report and confirmed that this report would be incorporated into the final progress report.</p> <p>A query was raised relating to the impact of bed numbers/Square footage of facilities on the size of an outbreak. HIQA confirmed that they had no data on square footage/staff numbers and also no data on multi occupancy rooms.</p> <p>(2) Update on Serial Testing</p> <p>The HSE gave an update on Serial testing noting that:</p> <ul style="list-style-type: none"> <li>- Serial testing has been extended and the programme is under regular review.</li> <li>- Currently 81 Nursing Homes have submitted data for review.</li> <li>- There have been 23 completed cycles of testing since June 2020.</li> <li>- There was an increase in positivity with the lifting of restrictions.</li> <li>- HSE confirmed that public health has prioritised serial testing of staff in the testing framework.</li> <li>- HSE confirmed that the template for facilities to either opt in or opt out of the testing programme has been distributed.</li> </ul> <p>The Chair noted the importance of the early testing cycle and highlighted that 1m swabs was a testament to the</p>
----	--------------------------	--

		<p>testing programme.</p> <p>(3) Update on Safe Staffing (CNO)</p> <p>The CNO gave an update on Safe Staffing noting that:</p> <ul style="list-style-type: none"> <li>- The approach has been endorsed for phase 3 (Pilot Testing Phase).</li> <li>- The “Nursing Hours per Day “model will be used.</li> <li>- 9 pilot sites have been selected.</li> <li>- CNO will offer support to the sites to help establish governance structures if necessary.</li> <li>- Significant staff training at the 9 pilot sites will be undertaken and the training will be supported via a virtual platform.</li> <li>- The Research Team has commenced baseline data collection from the pilot sites.</li> <li>- The Taskforce will monitor the impact of the model every few months.</li> <li>- Some of the challenges were discussed such as establishing local implementation groups, the withdrawal of pilot sites, the impact of covid outbreaks and recruitment challenges.</li> </ul> <p>The Chair commended the tremendous work undertaken to date on development of a safe staffing model and establishment of the pilot to test the model.</p> <p>(4) Update on Vaccination Programme (HSE)</p> <p>The HSE gave an update on the vaccination Programme noting that:</p> <ul style="list-style-type: none"> <li>- 3.8m have received their first and second dose.</li> <li>- 2.93m have received a the first booster</li> <li>- HSE are currently administering 20k booster shots per week and the target is for 3m boosters in total.</li> <li>- HSE highlighted the correspondence received from NIAC and the CMO regarding the 2<sup>nd</sup> booster for +65 and immunity compromised.</li> <li>- HSE highlighted that the 2<sup>nd</sup> booster will be administered via Vaccination centres, mobile teams, GP’s and Pharmacists.</li> <li>- The HSE are currently working on a delivery plan but highlighted the challenges due to the current level of outbreaks in NH’s.</li> </ul> <p>The Chair welcomed the positive update and highlighted the value of the vaccination programme to date. The Chair highlighted the appetite of the public to engage with the</p>
--	--	---

		<p>programme and acknowledged the work that has gone into the delivery of approx. 10m vaccine doses.</p> <p>(5) Update on Surveys (HIQA)</p> <p>HIQA provided an update on the surveys noting that</p> <ul style="list-style-type: none"> <li>- The 3<sup>rd</sup> provider survey issued on the 20<sup>th</sup> October to 570 providers.</li> <li>- HIQA noted there was a 50 % response rate</li> <li>- The response rate was lower than the first survey but higher than the 2<sup>nd</sup> survey.</li> <li>- HIQA confirmed that they continue to engage with the external company on the detailed analysis of all three provider surveys.</li> <li>- The 3<sup>rd</sup> provider survey Final Report has issued to DOH and the overall analysis report of all three surveys will issue soon.</li> <li>- HIQA also confirmed that the detailed workforce analysis report has issued to the DoH.</li> </ul>
6.	<b>Update from the Chair of the Reference Group</b>	<p>Prof Kelleher confirmed that a Reference Group meeting took place on the 20<sup>th</sup> December following the Joint workshop on the 1<sup>st</sup> December.</p> <p>Prof Kelleher confirmed that the next and final Reference Group Meeting is scheduled for the 28<sup>th</sup> April and the main focus of the meeting will be discussions on the final progress report.</p>
7.	<b>Final Progress Report</b>	<p>The Project Officer confirmed that following issue of the final request for updates and collation of the information received, the first draft of the report has now been finalised.</p> <p>The draft report has been approved by the IOT subgroup for circulation. The draft report will be circulated to the Reference Group and IOT in the coming days seeking any feedback, observations and comments. The deadline for returns will be COB on the 27<sup>th</sup> April.</p> <p>The Project Officer confirmed it is anticipated that the report will be signed off at the final IOT meeting on the 11<sup>th</sup> May and will subsequently issue to the Minister for approval prior to publication at the end of May/early June.</p> <p>The Department highlighted the delivery of the final progress report was an important milestone and</p>

		<p>commended the interagency collaboration on the project.</p> <p>It was noted that the report provides strong assurances that show the implementation process is entering into a phase of transition.</p> <p>The Department confirmed that both the IOT and Reference Group will be stood down following the report publication but highlighted that the mainstreaming of this important work will continue thereafter. In addition, it was noted that progress will be monitored through existing mechanisms between the DoH and the HSE &amp; HIQA.</p> <p>Action: Draft report to be circulated to IOT and Reference Group for comments. Feedback from members is invited by 27<sup>th</sup> April.</p>
--	--	---