National Public Health Emergency Team (NPHET)

COVID-19 Subgroup on Workforce - Meeting 4

Note of Meeting and Actions Arising

Meeting Date: Thursday 9 April 2020
Time: 11:30 am
Location: Teams Teleconference

In attendance:
Department of Health:
Paul Bolger, Chair, Director, Resources Division
Gerry O’Brien, People Pay & Superannuation Unit (PPSU)
Eilish Timoney, People Pay & Superannuation Unit
Paul Howard, People Pay & Superannuation Unit
Samantha Kenny, People Pay & Superannuation Unit
Amanda Young, Industrial Relations (IR)
John Seery, Industrial Relations
Paddy Barrett, Industrial Relations
Stephen Brophy, Governance and Performance Unit (GPU)
Siobhan Kennan, Professional Regulation Unit (PRU)
Kieran Cashman, Professional Regulation Unit
Aidan Tumbleton, Professional Regulation Unit
Patsy Carr, Social Care Unit
David Noonan, Primary Care
David O’Connor, Disability Unit
Ray Healy, Nursing Policy
Derek McCormack, Office of the Chief Nursing Officer
Joan Regan, Acute Hospitals and Policy
Dympna Kavanagh, Primary Care/Dental
Alison Green, NPHET Workforce Subgroup
Tracey Phelan, People Pay & Superannuation Unit (Secretariat)
Emer Hanney, People Pay & Superannuation Unit (Secretariat)

HSE:
Anne Marie Hoey, National Director, Human Resources
Philippa Withero, Assistant National Director of Human Resources
Jackie Nix, Community Operations, Human Resources

Department of Public Expenditure & Reform:
Mairead Emerson, Civil Service Human Resources
Kevin O’Farrell, Public Service Pay and Pensions
Cian McCarthy, Health Vote

Apologies
Department of Health:
Teresa Maguire, Research and Development and Health Analytics
Bernadette O’Donnell, Primary Care/Dental
1. Welcome
The group was welcomed to the meeting. Agreed Actions from the previous meeting.

2. Confidentiality & Conflict of Interests Declarations
No conflicts of interest were declared by members. The Group was asked to update the Secretariat of any conflicts of interest that arose. Conflict of Interest Form will be circulated.

The Group was reminded that discussions held were confidential. If any queries are received from the media, they are to be directed to the department/agency Press Office.

3. DoH update
Update given on student nurses, entry of Interns to the workforce, contracts for private hospitals and consultants, childcare issues, HR related barriers to entry to the workforce, people abroad wishing to return to volunteer and engagement with Vulnerable Persons Subgroup.

4. HSE update
Update given on issues being experienced, i.e., pressures across system, recruitment, absenteeism. Problems being experienced mainly at long-term care premises. CHO’s are trying to deal. The National Directors of HSE Acute Operations and Community Operations have sought information from the system in relation to staffing capacity.

The Group was advised that an up to date proposal was being finalised in relation to childcare.

Discussion was held in relation to indemnity for nursing home staff (private and Section 39), SNAs, senior officials grades and other government departments that are affected. DoH (Chair) advised the Group that the issue of indemnity was being discussed at senior level and that efforts would be made to remove any barriers.

Governance and Performance Unit undertook to provide an update from the Senior Officials Group in due course.

The HSE provided update on recruitment challenges in respect of staff being assigned to community care.

5. Update from other subgroups and areas
Acute Hospital Preparedness Subgroup advised that while hospitals were managing the current challenges, there is a growing concern in respect of workforce as hospitals are being impacted by staff absenteeism brought about by illness/self-isolation. In addition, capacity is being triped for critical care which requires upskilling of nurses. This is leaving a nursing deficit for general acute /surge beds. Group was advised that there is need for the acute sector to provide support for nursing homes, so workforce will be increasingly stretched.

It is anticipated that additional staff will come on board through the private hospitals agreement; the HSE will need to explore how that resource can be optimised, e.g., how best to deploy ophthalmologists / orthopaedic doctors given the reduced activity in those specialties at present. It is clear that Be On Call for Ireland needs to be accelerated.
The high prevalence rate of COVID-19 amongst healthcare workers is a concern. A paper has been submitted to NPHET to mandate a focus on outbreak prevention in the acute sector.

Concerns of the National Cancer Control Programme were raised in relation to nurses remaining in cancer care. Children’s Health Ireland has confirmed capacity in children’s facilities, e.g., Tallaght children’s services had relocated to other hospitals freeing capacity at Tallaght. The Group was advised that advice has been taken on board that pregnant healthcare workers should not be put at risk.

Vulnerable People Subgroup advised that a support package had been agreed for nursing homes. Cases of COVID had increased in the nursing/disability areas, half of which are provided by Section 39 organisations. The DoH informed the Group that concerns in respect of Section 39s being considered.

Vulnerable People Subgroup confirmed that PPE is available to nursing homes. They confirmed that the HSE is making accommodation available for staff, but concern was still for staff in shared living accommodation.

The HSE advised that a resolution to staff testing is actively being pursued.

Professional Regulation Unit provided an updated on progress in respect of registration and restoration. Acute Hospital Preparedness Subgroup representative advised that staff in certain roles do not require registration.

HSE asked about specific terms on waiver for first time registration. CNO’s Office undertook to send specifics to the HSE.

Professional Regulation Unit confirmed that consideration was not being given to a waiver for other professions but that if it became an issue Regulators would inform the DoH.

Primary Care advised the Group that there had been no reports of staff shortages at GP offices or Pharmacists due to illness. There is some confusion at some primary care centres which are now being used for other purposes, as normal services are not available. There are 12-15 hubs operative this week. In other centres services are reduced to by appointment only.

Primary Care confirmed that telephone consultation numbers are in line with expectation so far. There have been no concerns from GPs on it. Queries have been received as to whether GPs can see private patients. This is to be considered and work to be done on putting a system in place.

6. **Risk Register**

   Group asked to review Risk Register and revert with any other identified risks and mitigating factors.
7. **AOB**

HSE guidance document on COVID19 Staffing Accommodation is to issue today (9 April 2020). The HSE will provide an update at the next meeting.

DoH suggested that, in respect of communications being issued, a Comms representative be present at next meeting.

The Group advised that pay policy is a risk with regard to private hospitals and staff. DoH advised on contracts for consultants and nurses. COVID payment is available to them.

DoH IR advised that they will follow up with the HSE bilaterally on the nursing agreement.

On the question of Childcare and talking to other sectors, clarification was given to the Group that childcare workers come under the auspices of the DCYA.

HSE confirmed that the Department of Education is arranging a meeting with FORSA for next week in respect of SNA temporary assignments. HSE advised Group that the PAS portal was working well.

DoH summarised the key issues of the meeting:

- Community is a huge focus
- Staffing
- Indemnity
- Acute Hospital preparedness
- Childcare
- Workforce expansion
- Occupational Health
- Accommodation and guidance
- Risk register

The Group was reminded that minutes for meetings of the 12th and 27th March 2020 had been circulated. Observations were invited and if none received by close of business today they would be taken as agreed.

**Actions Arising**

<table>
<thead>
<tr>
<th>Action</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conflict of Interest Declaration Form to be circulated to Group</td>
<td>DoH</td>
</tr>
<tr>
<td>2. Governance and Performance Unit to provide update on indemnity from</td>
<td>DoH</td>
</tr>
<tr>
<td>Senior Officials Group when available</td>
<td></td>
</tr>
<tr>
<td>3. CNO to send HSE specifics on waiver for first time registration</td>
<td>DoH</td>
</tr>
<tr>
<td>4. HSE to provide an update at next meeting on workforce mental</td>
<td>HSE</td>
</tr>
<tr>
<td>health/living with vulnerable people</td>
<td></td>
</tr>
<tr>
<td>5. DoH to invite Comms representative to next Group meeting</td>
<td>DoH</td>
</tr>
<tr>
<td>6. HSE to update on staff accommodation at the next meeting</td>
<td>HSE</td>
</tr>
<tr>
<td>7. Risk Register to be updated with feedback</td>
<td>DoH</td>
</tr>
</tbody>
</table>

Next meeting proposed for 23rd April 2020 @11.30am