

National Public Health Emergency Team (NPHEM)

COVID-19 Subgroup on Workforce - Meeting 5

Note of Meeting and Actions Arising

Meeting Date: Thursday 23 April 2020

Time: 11:45 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 Younge, Industrial Relations (IR)
John Seery, Industrial Relations
Paddy Barrett, Industrial Relations
Stephen Brophy, Governance and Performance Unit (GPU)
Kieran Cashman, Professional Regulation Unit (PRU)
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
Bernadette O'Donnell, Primary Care/Dental
Alison Green, NPHEM 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
Dr Lynda Sisson, Consultant and Accredited Specialist in Occupational Medicine, National Clinical Lead in Workplace Health and Well-being

Department of Public Expenditure & Reform(DPER):

Mairead Emerson, Civil Service Human Resources
Kevin O'Farrell, Public Service Pay and Pensions
Cian McCarthy, Health Vote

Apologies

Siobhan Kennan, Professional Regulation Unit, DoH
Teresa Maguire, Research and Development and Health Analytics, DoH
Dympna Kavanagh, Primary Care/Dental, DoH
Colette Walsh, National Ambulance Service, Head of Human Resources, HSE

1. Welcome

The Chair welcomed everyone to the meeting. Agreed Actions from the previous meeting.

2. Confidentiality & Conflict of Interest Declarations

No conflicts of interest were declared by members. The Group was asked to update the Secretariat of any conflicts of interest that arose.

3. Committee Membership

Group agreed that appropriate additional briefings take place with staff representatives. DoH IR representative to attend bi-weekly meetings with HSE and staff representatives and bring any issues back to Group. Awaiting confirmation of Communications representative.

4. DoH update

Update given on progress made on Childcare, COVID related absence payments for private sector HCWs, student nurses and other students. Discussion held around supports for all HCW including prisons, homeless hubs and those working in private facilities.

5. HSE update

Update given on recruitment of students nurses and interns, redeployment, testing in long-term care facilities. HSE advised that long-term care area is a HSE priority.

Update was provided on policies and procedures, guidance documents circulated to HCWs, COVID testing for HCWs, private hospital consultants and online training courses for HCWs.

In respect of recruitment, HSE advised that they are prioritising bringing applicants with healthcare skills through the National Recruitment Service (NRS) and local recruitment areas.

DOH confirmed progress in respect of private consultants signing up to help.

Dr Lynda Sisson, Consultant and Accredited Specialist in Occupational Medicine, National Clinical Lead in Workplace Health and Well-being, gave a presentation on update for (i) Health and Safety, (ii) Occupational Health and (iii) Mental Health among HCWs.

(i) Health and Safety: Guidelines issued for HCWs on working from home, cleaning regimes, social distancing at work, tips for call-centre staff, supporting staff suffering fatigue. Also advised on guidelines issued for HCWs working in COVID positive areas.

(ii) Occupational Health: Contact tracing moving to an electronic contact resource management. Guidance issued in relation to at-risk workers and derogation. HCW Helpline established 5 weeks ago which is open to private and public HCWs and a private Occupational Health for nursing homes which advises on, for example, sourcing PPE and accessing mental health supports. Clearing and mobilising new placements, prioritising vaccinations for measles, etc., and carrying out return to work assessments.

(iii) Mental Health: Building on available supports both internal and external. Telephone counselling available to HSE staff on topics such as family and domestic conflict, the lack of PPE at the start of the emergency. Direct and individual supports are available for those staff with existing mental health problems. Posters and information sheets are issued and support comes from the EAP.

Oversight of supports provided for Residential Care Facilities, that a staff care-line is available and current plans will remain in place for the long-term. This work is carried out with internal and external colleagues.

Discussion was held around NIMS and the recording of COVID positive HCWs both in public and private facilities. CRM in Public Health is moving into Occupational Health. The script for callers is more complex but is being trialled and tested live today.

Discussion held on COVID testing for HCWs in nursing homes.

6. Update from other subgroups and areas

Vulnerable People Subgroup will take points from this meeting back to their group.

Governance and Clinical Indemnity provided an update paper prior to the meeting and spoke ongoing issues related to SNA indemnity.

Social Care Unit representative provided update on SNA Garda Vetting. SNAs expected to commence early May.

Professional Regulation Unit submitted an update paper prior to the meeting. Advised on redeployment numbers, Dental Council figures and also noted numbers of enquiries regarding registration have reduced.

7. Research

Group to consider HCW areas for research.

Acute Hospitals Preparedness addressed questions around research in respect of staffing. Views of HCWs and Clinicians to be sought. The Group had nothing to add but Chair advised that today's discussions would feed into that research.

8. Risk Register

The Risk Register would be circulated to Group members for updates. To be returned to Secretariat by close of business tomorrow.

9. AOB

No AOB.

Chair advised that a more concentrated Group to meet on occupational health and HCWs. Chair to contact members bilaterally.

Next meeting proposed for 7 May 2020 @11.30am

Actions Arising from Meeting on 23 April 2020		
	Action	Owner
1.	Finalise engagement in respect of funding/COVID related absence payments for private sector HCWs.	DOH/DPER
2	Further update on implementation of local and national level Childcare supports	DOH/HSE/PER
3.	LTC/RCF – update on impact of COVID testing on staff and actions taken to ensure continuity of service	HSE
4.	Weekly data/updates on online training courses for HCWs	HSE
5.	Update in relation to Nursing Home and LTC staff supports including data on level of HSE support to private nursing homes, Volunteer movement	HSE

6.	Progress data entry on NIMS in respect of HCWs contracting COVID to 100% and SCA to produce report, engagement with HIQA in relation to settings outside NIMS finalise on OH elements of contract tracing & CRM (Call 3)	DOH/HSE/SCA
7.	Submission to NPHE on ongoing work across the HSE in relation to HCW infection, supports and mitigating actions. To include occupational health, health and safety and mental health actions. Data on pattern of infection, NIMS and HIQA data, international comparison, continuity of service, redeployment and recruitment, PPE training and other training.	DOH/HSE
8.	Research questions – Group to explore potential research in relation to workforce during COVID19. HSE to consider and confirm potential workforce topics to be included. Revert to Secretariat by C.O.B. tomorrow (24 April 2020)	DOH/HSE/DPER
9.	Risk Register – to be circulated to group for observations/input and updated by C.O.B. tomorrow (24 April 2020)	ALL
10.	Final comments on all Meeting Notes circulated (cob 24 April)	ALL