

Meeting: National Crisis Management Team Meeting. **Meeting #28**, COVID-19.

Date: Thursday 30th April 2020 @ 09:00am.

Attendance:

Member - Paul Reid, CEO HSE; Ann O'Connor, COO; Colm Henry, CCO; Dean Sullivan, CSPO; Martin Dunne, Director National Ambulance Service; Tom McGuinness, AND National Emergency Management; David Walsh, ND Community Operations; Geraldine Smith, ND Internal Audit; John Kelly, Head of Corporate Affairs; Fran Thompson, CIO; Stephanie O'Keefe, ND Strategic Planning and Transformation; Joe Ryan, ND National Services; Anne Marie Hoey, ND Human Resources; Niamh O'Beirne, EMT HSE; Patrick Lynch, ND QAV; Stephen Mulvany, CFO; Paul Connors, ND Communications.

Subject Matter Experts - Dr Kevin Kelleher, AND Public Health; Ciaran Browne, Acute Operations; Dr Lorraine Doherty, National Clinical Director HPSC; Annmarie Part, Environmental Health.

In Attendance - Dr Trish Markham, HSE National Office for Emergency Management; Cahir O'Byrne, HSE National Office for Emergency Management; Amanda Prior, National Emergency Management; Ray Mitchell, Parliamentary Affairs; Denise Long, HSE National Office for Emergency Management.

Apologies: Dr Siobhán Ní Bhriain, National Lead Integrated Care.

Topic	Discussion	Action	Owner
1.			
<u>INTRODUCTION:</u>	<p>The CEO Mr Paul Reid, opened the 28th Meeting of the NCMT.</p> <p>The CEO approved the appointment of Dr Lorraine Doherty, National Clinical Director HPSC and Dr Siobhán Ní Bhriain National Lead Integrated Care to the NCMT.</p> <p><u>Mortality Reporting HSE Board:</u> CEO asked JR to review this process to ensure that HSE Board receive the most up to date figures. CEO asked that a daily summary report is prepared.</p>	<p>Dr Doherty and Dr Ní Bhriain to be added to NCMT distribution listings.</p> <p>JR will ensure daily summary report is prepared and made available to HSE Board.</p>	<p>HSE National Emergency Management – Amanda Prior</p> <p>National Services – Joe Ryan</p>
2.			
<u>MINUTES FROM PREVIOUS MEETING:</u>	Minutes from NCMT #27 held on the 27th April were approved.		
3.			
<u>NPHET ACTION LOG:</u>	<p>TMcG provided an update on NPHET actions. No additional NPHET actions were issued by CMO following the meeting held on Tuesday 28th April 2020</p> <p>CEO requested that TMcG consolidates those actions that are similar or linked in NPHET action log.</p>	<p>The CEO requested a summary note on position of NPHET Actions.</p> <p>Duplicated NPHET actions to be reviewed and consolidated as appropriate.</p>	<p>AND Emergency Management – Tom McGuinness John Kelly Corporate Affairs</p> <p>AND Emergency Management – Tom McGuinness</p>

	In addition, CEO asked that LW and CCO to raise the matter of duplication of actions issued by NPHEH, to see how that might be better aligned.	Matter to be raised with NPHEH	ND Acute Operations – Liam Woods CCO Dr Colm Henry
4.			
<u>NCMT ACTION LOG:</u>	There are no outstanding items on current NCMT action log.	The action list will be updated as necessary to include new actions and status of existing ones.	HSE National Emergency Management – Cahir O’Byrne
5.			
<u>NATIONAL INTEGRATED OPERATIONS HUB:</u>	<p><u>Community Operations:</u> Arrangements are now in place to allow the reassignment of Home Care Workers to assist in Long Term Residential Care (LTRC). This will be implemented by ACMT’s beginning 30/04/2020. Approximately 40,000 hours may be available.</p> <p>CRM infrastructure is available for LTRCs. The challenge is to implement this across a wide range of sites. In order to assist, work is underway to upload a seed data file based on data captured during the widespread testing across LTRC. However, there is a large volume of data (40k records) which was not processed via Swift Queue. This data is being cleaned and input by PCRS but it will take a number of days to complete this action. Community operations, Siobhan</p>	<p>CEO asked that DW translate the available hours of Home Care Workers to potential WTEs and to text him that WTE figure.</p> <p>The CEO requested regular updates on the status of CRM.</p>	<p>Community Operations - David Walsh</p> <p>Community Operations – David Walsh Chief Information Officer - Fran Thompson</p>

	<p>McArdle, is working to ensure that processes are adhered to, so data for future large-scale testing is input to SwiftQueue prior to swabbing being undertaken.</p> <p><u>Acute Operations:</u> 148 private hospital consultants have signed contracts to date. Work is ongoing to sign an additional 124. 3 contracts have been withdrawn by the individual consultants.</p> <p>A list of clinical priorities is being compiled to assist in identifying those patients who are in most clinical need and who can be treated within the private hospitals. The NPTF have identified 5,000 suitable patients for treatment with 4,000 under the age of 70.</p> <p>Discussions are ongoing regarding the best means to leverage use of private hospitals. CFO asked that he be included in the work of this group which is led by COO.</p> <p><u>Clinical Update:</u> As above (Acute Operations)</p>	<p>ND Acute Operations will continue to monitor position regards sign up of private hospital consultants and inform COO, CEO and HSE Board.</p> <p>CFO to join Private Hospital Working Group.</p>	<p>Acute Operations - Liam Woods</p> <p>Chief Operations officer – Ann O’Connor Chief Clinical Officer – Dr Colm Henry Chief Financial Officer – Stephen Mulvany</p>
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	<p>Testing & tracing: An update was provided by HSE EMT, Niamh O’Beirne.</p> <p>Irish labs have increased capacity, performing over 9000 tests 29/04/2020. German lab is scheduled to begin testing from 30/04/2020 which will increase capacity by additional 5,000 tests per day.</p> <p>The COO advised that work is well advanced at a national level to develop a single national list of LTRC facilities based on data received from HIQA. When list is compiled and verified, this will be sorted by CHO and distributed to individual ACMT’s for action. Processes are in place to ensure increased coordination between Community Ops, NAS and ACMTs.</p> <p>All the above assists in establishing sustainable processes for ongoing testing in LTRC. This will continue to be a large demand on HSE resources and may need to be extended into other settings.</p> <p>PPE: The supply issue for Type IIR surgical masks remains. The HSE does not have sufficient supply on hand to provide masks to all HCWs as per NPHE</p>	<p>CEO requested that Niamh O’Beirne finalise a paper on testing and tracing processes to include indicative costs. This is to go to CEO prior to Friday’s Cabinet Meeting (1st May).</p> <p>Daily Summary Report on Testing: Pending the availability of full data on Dashboard, CEO requested a short daily report listing the number of referrals, the numbers of swab tests carried out, the number of lab tests carried out and volume of tests outstanding.</p> <p>Update at next NCMT.</p>	<p>HSE EMT – Niamh O’Beirne HSE Chief Financial officer – Stephen Mulvaney</p> <p>HSE EMT – Niamh O’Beirne HSE National Services – Joe Ryan</p> <p>HSE - Procurement Sean Bresnan HSE QAV - Patrick Lynch</p>
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	<p>recommendation (300k per day released to system, demand expected to peak at 1.2m per day). The supply will be constrained until May 15th and even then, will require a steady and consistent supply to meet demand.</p> <p>As per NCMT # 27, there are three strands to resolve the requirement for additional supply of Type IIR surgical masks to address increasing demand:</p> <ol style="list-style-type: none"> 1. ██████████ run rate of 500k per day due from May 3rd 2. ██████████ 1m a day from May 15th. 3. ██████████ 4m masks due 4th May with additional 4m due 11th May <p>Forecast modelling for overall PPE requirements to be discussed by EMT. There is a significant ongoing cost associated with PPE supply. CFO noted that spending on PPE is now well beyond that sanction to date by DoH /DEPR. Further details on costs will need to be submitted to government. CFO has kept ██████████ of increasing cost implications.</p>	<p>Engagement to continue with DoH and DEPR to continue to keep them apprised of cost escalations in particular due to large increase in demand.</p> <p>Formal approval will be sought from DOH / DEPR for additional costs due to be incurred.</p>	<p>HSE Procurement - Sean Bresnan HSE QAV - Patrick Lynch HSE Chief Financial Officer - Stephen Mulvany</p>
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	<p><u>OCIO:</u> The CEO noted that the contact tracing app currently under development, requires formal government approval prior to any launch.</p> <p><u>Parliamentary Affairs:</u> Concerns have been raised by the volume and duplicate nature of PQs.</p> <p>CEO stated that PQs must be responded to and are likely to increase given the level of media and public interest in aspects of the response to COVID-19.</p> <p><u>HR:</u> An update was provided by ND Human Resources, on the implications of the absence of childcare for HCWs. Managers and staff have been very creative in creating agile working solutions. However, ultimately some staff will not be available to work in healthcare facilities due to childcare commitments. Where these staff remain available to work from home, they will continue to be paid. DEPR have confirmed that this pay policy position is in line with national policy.</p> <p>CEO stated that he remains very concerned about the absence of</p>	<p>CIO is to liaise with DoH to ensure that a memo to government is drafted by DoH and submitted to government as a matter of urgency.</p> <p>RM is to speak with the DoH to see how PQs can be filtered to minimise duplication.</p> <p>ND HR is to draft a letter for CEO setting out the current position, the pressing and urgent need for a solution to childcare for HCWs and implications for service delivery if this does not happen.</p> <p>CEO asked Liam Woods and Colm Henry to raise the urgent and significant concerns of the HSE</p>	<p>HSE Chief Information officer – Fran Thompson</p> <p>HSE Parliamentary Affairs – Ray Mitchell</p> <p>HSE Human Resources – Anne Marie Hoey</p> <p>HSE Chief Clinical officer – Dr Colm Henry</p>
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	<p>childcare, both due to the impact on staff personally, but equally the impact on the HSEs capacity to maintain patient care standards. He has raised this repeatedly at Cabinet Committee over the last seven weeks. The Dept. of Children and Youth Affairs are supportive of the need for childcare for HCWs and he believes that there is support across government. The risk to Public Health must be balanced against the risk to patient care and the stresses being placed on families of HCWs. ND Acute Operations noted that the current flexible approach by staff will not last due to the strains it is placing on individuals. He noted as an example that the crèche on campus in Tallaght hospital remains closed.</p>	<p>regarding provision of childcare to HCWs at NPHET. Colm to ensure it is discussed as agenda item (currently listed under guidance for consideration). The balance of the risk to public health must be weighed against impact of fall in staffing levels in provision of patient care.</p>	<p>HSE Acute Operations – Liam Woods</p>
6.			
<u>AOB</u>	<p>CEO noted that some key workstreams such as testing and contact tracing, PPE supply are of significant scale with associated costs. Contact tracing and testing for example is reliant on support from a range of volunteers and other state bodies as well as redeployment of HSE staff and these are services that will have to continue for some time. These areas alone have costs in the region of €2 billion. CEO asked if cost is discussed</p>	<p>Costs to Date: CFO is to prepare a short sharp paper for NPHET and HSE Board to provide an overview on the costs incurred to date and future estimated costs for the response to the COVID-19 Public Health Emergency.</p>	<p>Chief Financial Officer - Stephen Mulvany</p>

	<p>at NPHE. CCO noted that discussions focus on best evidence and guidance and decisions are made on that basis. There is not reference to costs implications nor has NPHE sought cost advice prior to making these decisions. CEO note that both he and the HSE Board have concerns in particular as the HSE plans for its future operations dealing with COVID-19 alongside normal, business as usual delivery of health services.</p>		
7.			
<u>NEXT MEETINGS</u>	<p>The next meeting of the NCMT will be as follows:</p> <p>NCMT #29 Monday 4th May 2020 @ 09:00am</p>		HSE National Emergency Management – Amanda Prior