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Ms Aileen Fallon
Clerk to the Committee
Special Committee on Covid-19 Response
Leinster House
Dublin 2

Re: Special Committee on Covid-19 Response

Dear Ms Fallon,

We refer to your letter of the 16 June 2020 to our General Secretary Mr Joe Cunningham.

We wish to submit SIPTU's submission to the Special Committee on Covid-19 Response.

Yours sincerely,

PAUL P. BELL
DIVISIONAL ORGANISER

Yours sincerely,

KEVIN FIGGIS
SECTOR ORGANISER

SIPTU Health Division Submission to COVID-19 Oireachtas Committee

Introduction

SIPTU Health Division representatives welcome the opportunity to present this submission to the COVID-19 Oireachtas Committee as requested.

SIPTU Health Division represents over 42,000 health workers in nursing and midwifery, radiography, the National Ambulance Service, health care assistants in both hospital and community settings, cleaning, catering, porter and technical services, all of which are critical to the delivery of care. SIPTU Health Division represents members working in both the public and private nursing home sector.

SIPTU representatives have deep concerns over the high number of COVID-19 infections contracted by nursing home staff. It is also a cause of great distress to our members that approximately 50% of all COVID-19 fatalities have been identified by the Department of Health as having occurred in nursing home settings.

This submission aims to assist the COVID-19 Oireachtas Committee in their deliberations by providing members with a background on the sector, our members experience in the sector, and detail the workplace and public health and safety issues presented to SIPTU representatives via our Union's dedicated COVID-19 helpline, dedicated email service, and social media by a large sample of members, non-union workers, residents, residents and member of the public.

The Model of Nursing Home Care

HIQA published their overview report on the regulation of designated centres for older persons in August 2019. The report provided data of the nursing home sector as of the 31st December 2018. Within the body of the overview, HIQA confirmed there were 581 regulated nursing homes in the sector and in excess of 31,250 residential places. The report also confirmed 444 inspections had taken place which accounted for 76% of the overall compliment.

Nursing Homes in Ireland are owned and regulated by a variety of organisations. These are primarily 1) the HSE 2) HSE Funded Section 38 or 39 Organisations as per Health Act 2004 and 3) Private Providers. HIQA advises within their report of the 581 regulated nursing homes referred to above 121 are HSE facilities, 20 are HSE funded section 38 or 39 organisations and 440 are private providers. The breakdown of beds associated with this demographic is 1) HSE - 5,880 2) HSE Funded – 1,124 and 3) 24,127 – Private Provider.

In SIPTU's opinion, the above-mentioned data demonstrates a failure on the part of the state to fully invest in a structured publicly owned model of long-term residential care for our elderly citizens. We suggest it is evident the focus to date has been to have long term residential care services provided to our elderly citizens through private service options rather than through state provided services.

As a result, the outcome for our elderly citizens and their families can be financial worry which we contend should not be their focus at a vulnerable time of their lives.

SIPTU has repeatedly called on the State to refocus its attention to Long Term Residential Care through directly provided, publicly owned organisations which are not for profit in their intent. We welcome the recommendations provided within SlainteCare and the Joint Action Programme on Capacity & Access in Redesign and Implementation of Integrated Care.

We trust SIPTU will have an opportunity to engage within these processes on behalf of our membership working within the sector.

Age Demographics

Our population is getting older. While there are several factors associated with this reality, there is no doubt our aging population will put a significant demand on service, the way it is provided and who provides it.

In a recent study, the Economic & Social Research Institute projected the population of citizens who are over 80 years of age would increase 94% by 2030. Furthering this projection, within the Department of Public Expenditure & Reform Spending Review it was suggested more than 250,000 people within our communities would be aged over 80 years by 2031.

Following the same trend, the Central Statistics Office has projected an increase of 65+ year olds from 629,000 in 2016 to 1.6 million by 2051. The Economic & Social Research Institute contend the demand for nursing home care will increase by 54% in the years ahead, as will demand for Home Help services by 48% and Home Care Packages by 66%.

These statistics demonstrate a significant shift in demand in the years ahead to assist our citizens requiring support in their home or in a residential care setting.

SIPTU believe the opportunity should be taken to plan for these needs in a timely way which places our citizens first and ensures they have the care and support they need, when they need it and not by what is in their pocket.

Profile of Care in Public and Private Nursing Home

The profile of patients within public and private nursing homes is critical to explain the differential in terms of the cost base for public and private facilities. Across the scale of dependency among patients, those with greatest dependency can typically be only cared for in public nursing homes. Comparable facilities on such a scale typically do not exist in the private nursing home sector.

The Department of Public Expenditure & Reform Spending Review in 2017 cited costs of public provided nursing home beds at approximately 1.5 times the cost of private care. The Department suggested the difference in cost base may be associated with complexity of care within the public system. SIPTU believe staffing and skill-mix may also be a factor in the difference of cost base arising between public and private sector which we will go into more detail in a later section.

In addition, there is a far higher concentration of long stay beds across public nursing homes. The DKM, RDJ, Aecom 2015 report on the nursing home sector found that some 26% of all beds in public nursing homes were long stay, relative to just 8% in the private nursing homes.

It is therefore logical that greater dependency levels among the patient profile and a greater concentration of long stay beds implies a greater cost base for public nursing homes.

HSE Service Plan 2020

The HSE Service Plan 2020 outlines a significant number of commitments within the sector.

The total net budget for the sector is €2.07 billion. Within the plan it provides for Older Person Services it commits 4,980 long stay and 1,720 short stay public residential care beds will be available in the course of the year. The plan also seeks to utilise a system of transitional care, mainly through private providers, which will accommodate 11,335 people temporarily while they are awaiting longer term residential care placement.

Safe Staffing & Skill-Mix

It is important to state at the outset, SIPTU supports the establishment of a Taskforce to examine an appropriate Framework for identification of Safe Staffing Levels and Skill-Mix within Care of the Older Person settings. We look forward to our participation within the process.

SIPTU has previously called for such an examination to be undertaken within this sector given the previous focus of the HSE was to introduce a model which was not based on care but on finance.

In 2014/15 the HSE sought to introduce a model of funding which committed a maximum amount of money to the patient. It was not a model which was centred on care, safe staffing levels or appropriate skill-mix. At the time, SIPTU challenged the model proposed given nearly 90% of existing care centres would have been deemed to be in financial deficit immediately upon its introduction. It was our view this was a crude model which was focused on enforcing cutbacks within the system.

SIPTU called for a Taskforce to be introduced which would undertake similar work to ascertain safe staffing levels such as had occurred in Adult Surgical/Medical, Paediatrics, Emergency Departments and Maternity.

This demand was outlined because we believe:

- Staffing Level and Skill mix must be appropriate to the defined Care Needs of Individual Residents.
- Must be Fair to the Workforce.
- Must be Cost Effective.

We also argued several considerations would arise:

- Public Service provided care is the ultimate fall back where private operators do not provide service.
- Private sector generally accepts the less acute.
- Accommodation and Buildings not always ideal.
- HIQA regulated to achieve minimum standard but not a limit or maximum.
- Lessons learned from Leas Cross & Mid-Staffordshire Trust UK

SIPTU also argued for national standards for appropriate skill-mix within Care of the Older Person settings. Safe Staffing level and appropriate skill-mix are an essential requirement for the delivery of safe, sensitive and Quality Care.
Alongside Nurses, Health Care Assistants are essential care givers and in residential care settings. SIPTU has maintained the need for minimum standards of attainment of FETAC Level 5 for Health Care Assistants working within the Care of the Older Person Sector.

There are no national standards for safe staffing and skill-mix within the Care of the Older Person setting. While the HIQA National Standards for Residential Care Settings for Older People in Ireland (2016) outlines several themes including Workforce Standards, they do not provide appropriate clinical guidance for the safe staffing of a unit or appropriate skill-mix between disciplines.

Within HIQA Theme 7: Responsive Workforce Standards, it includes:

- 7.1 Safe and effective recruitment practices are in place to recruit staff.
- 7.2 Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents.
- 7.3 Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.
- 7.4 Training is provided to staff to improve outcomes for all residents.

Given the deficit of minimum standards for the provision of safe staffing and skill-mix within a Care of the Older Person setting, we welcome the commitment to development of a Taskforce to ascertain and set guidelines for this area. Similar work which has been undertaken in other disciplines of the nursing workforce has positively embraced the workplace, given confidence to the nursing and health care assistance workforce and ultimately better & safer care to patients.

While this may be the case currently in Ireland, we note the Royal College of Nursing UK recommends the following skill-mix for Care of the Older Person settings: "*Propose nursing homes staffed so that over 24-hour period there is an average of 35 per cent registered nurses and 65 per cent care assistants."*

SIPTU believe the following considerations must form part of determining safe staffing and skill-mix:

- Overall resident dependency in the long-term care facility
- Size and layout of the facility
- A competent workforce which is fit for purpose and provides the patient with appropriate care and is delivered by the right person, at the right time and in the right environment.
- Appropriate regulatory guidelines for the long-term care of older people in Ireland.
- National guidelines for staffing levels and skill mix.
- Appropriate monitoring system, inspection and enforcement.

Unfortunately, events have occurred which while tragic must result in learning to ensure they are not repeated for future generations. Examples of such events are Leas Cross and Mid-Staffordshire Trust UK.
Within the documents published on these events, we note The Leas Cross report states

"*The staffing and qualification as documented at Leas Cross were clearly deficient in terms of specialist expertise, nursing numbers and nursing infrastructure. This is perhaps the single most grievous area of concern of practice within the nursing home and it is not unreasonable to infer that many of the other problems arise from this fact*".

Equally, the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry highlighted reduced skill mix, implemented to reduce costs, contributed significantly to a decline in standards which was found to be associated with inadequate staffing levels and skills.

It was also noted that decisions to reduce staff numbers and dilute the skill mix were completed without a thorough assessment of risk to patients.

Health Care Assistants

It is worth noting that in the Independent review of the Roles and Responsibilities of Health Care Assistant (HCA) that it is recommended that HCA should have a protected title and formal regulation to protect the interests of the public by ensuring that safe practice standards are being upheld.

A state sponsored apprenticeship for Health Care Assistants would be welcomed.

This apprenticeship should be designed and underpinned by the Department of Health who have the ultimate responsibility for the health and welfare of all the people who live and work in Ireland.

From a Frontline Perspective

SIPTU Health Division over a twenty year period has confronted issues which are prominent within what is essentially a commercial and "for profit" sector.
SIPTU representatives believe that the care model and funding model used by successive Governments to providing care for older people in residential settings without direct oversight of care or labour standards has fed into a situation which has overtly manifested itself over the COVID 19 period.

<u>An overview of the sector from a workers' perspective identifies a number of factors:</u>

Like most public and private care services the workforce is made up of high numbers of female workers and migrant workers across all grades.

From a trade union perspective, the following factors characterise the experience of the workforce. **Factors we believe has an impact on staff moral and quality of care:**

- Low pay and no national wage rate applicable.
- Minimum wage work prevalent amongst support staff and Health Care Assistants.
- Precarious contracts of employment are widespread, as is use of agency staff.
- Aggressive resistance in most cases to trade unions and workers trying to organise.
- The training of Health Care Assistants to a FETAC Level 5 is not universal. Unlike, public health facilities. We believe this should be a national standard.
- Nursing career paths and management structures are not consistent across the Sector
- In some cases, workers are charged for uniform provision and external training.
- Staff ratios are not regulated throughout the Sector.
- Skill mix ratios are not adopted throughout the Sector.

It is our opinion, that these factors did contribute and undermine the private nursing home sector response to the COVID 19 response.

To ignore these factors would be wrong. The reality is Government policy has determined the price of care in the Sector. This coupled with soft regulation and no direct oversight by the Department of Health has contributed to the issues experienced by the workforce.

The provision of quality health care is dependent on quality jobs which attract and retain the best and most highly motivated health care workers. Health workers must also have rights and supports to enable them address matters in the workplace, some of which relate to care of residents.

Much of what is outlined in this section of our submission can be cross referenced through an in depth independent study, which should also compare the model of care and treatment of staff in public and private nursing home settings.

Under a previous Government, a study was commissioned by the former Minister for Health James Reilly, on public nursing home provision versus private nursing home provision.

The study concentrated on the price of nursing homes care and not the factors behind the cost such as model of care which include staffing ratios, skill mix and treatment of workers.

However, the study was not published. We believe that this report should be made available to the COVID-19 Oireachtas Committee in order to assist this review.

Impact of COVID-19

The effects of COVID-19 within long term residential centres has been devastating to the lives of residents, their families, staff and providers.

The latest data available to SIPTU at the time of writing this report suggest community and local transmission account for 98% of infections with 256 clusters in nursing homes and 29 in long stay units. It is also important to note Health Care Workers account for 8,130 of all infections which is a 32.3% breakdown. There are 7 Health Care Worker deaths associated with COVID-19.

SIPTU notes the challenges arising for the health service and particularly Care of the Older Person services during COVID-19.

We contend the following issues have played a part in the experience of COVID-19 within this sector:

- **Communication Breakdown:** Confusion over on visitor lockout policy, how it was to be enforced and by whom. The management of staff, in particular communication to and training of staff about COVID-19 and how the disease is transmitted.

No clear communication line for health workers to express concerns to the HSE, Department of Health or HIQA.

- **Lack of Training**: appropriate training does not appear to have been widely available within the sector.
- **Availability of PPE**: it is broadly accepted PPE was not available when the crisis first hit in mid-March. The effect of this was felt across the health service including long term residential services. Select distribution of PPE in some facilities dependent on grade in several cases.
- **Safe Staffing/Skill-Mix:** the earlier mentioned challenges with staffing and skill-mix were exacerbated due to staffing deficits when staff had to take leave due to COVID-19 infection or awaiting test results. In many cases reports suggested a significant reliance on a small number of staff in long term residential centres and a reliance on redeployment from elsewhere within the public health system. As a result, fatigue became a factor which would also have contributed to the challenge in containing the spread of the virus.
- **Decanting of Acute System**: it is evident the focus of the health system was to free up bed space to ensure there was enough capacity if the surge from COVID-19 was worse-case scenario. While it is welcomed this did not occur, it does suggest patients were transferred to long stay centres if they were not well enough to go home or care for themselves. This may have been a detrimental factor in the spreading of the virus and formation of clusters within the sector.
- **Delay in Availability of Testing**: SIPTU was at the forefront in calling for robust testing within the nursing home sector. While capacity was an issue and resources were required to be put in place, both in Ireland and abroad, this may have been a detrimental factor in the spreading of the virus and formation of clusters within the sector.
- **Agency:** Over-reliance on agency staff in all grades frequenting numerous nursing homes facilities.
- **Occupational Health:** Staff report little access to Occupational Health and a lack of COVID-19 screening of staff.
- **Workplace Anxiety:** Exposure to stress and anxiety as health workers had no choice but to assist patients at end of life situations and family members could not be present with their loved ones.
- **Financial supports:** Unavailability of financial support for health workers with underlying health issues or those presenting COVID-19 symptoms.

Concluding Remarks

In contributing to the work of the COVID-19 Oireachtas Committee, it is important to note that the issues presented in this submission outline and highlight concerns which are not normally featured in reviews on the provision of health care and the essential link between quality jobs and quality care.

We note that issues presented in this submission have also been raised by trade unions in the United Kingdom and European Union.

In this regard, fundamental issues, concerning the provision of care for our older people in residential settings and demographic projections confirming a steady and increased level in the demand for elder care, must be resolved as a matter of urgency.

The commodification of care of the elderly is troubling. The sector is now developing at speed through multinational organisations with wealthy investors accountable to shareholders establishing themselves in the "market".

Government policy going forward, must base itself on disposing of what has failed in the past.

A failure which resulted in this growing area of care provision widely reported to be the weakest link in the fight against COVID-19. It is not suggested in this submission that care providers acted negligently and ignored or failed to assess their vulnerability in defending residents against the ruthlessness of the disease.

However, funding of the sector, staffing related issues and the desire of Government to maintain an arms-length distance from the care providers through the application of soft regulation has led to a public disquiet on why so many patients and staff contracted COVID-19 in the nursing home sector and why so many clusters and fatalities occurred amongst its service users.

We sincerely hope that our genuine contribution will not be interpreted as pointing the finger but rather pointing a way forward, ensuring that service users in the nursing home sector and staff are respected and supported by robust protections.

We trust you will find this submission of assistance to your extremely important work.

Yours sincerely,

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PAUL P. BELL
DIVISIONAL ORGANISER

Yours sincerely,

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KEVIN FIGGIS
SECTOR ORGANISER