

NHS Board Meeting
26th August 2020

Lanarkshire NHS Board
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SUBJECT: COVID-19 CARE HOMES ENHANCED SYSTEM OF ASSURANCE

1. PURPOSE

This paper is coming to the Board:

For assurance	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input type="checkbox"/>
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The NHS Board is asked to note the strengthened partnership response to support care homes in response to COVID-19.

2. ROUTE TO THE BOARD

The paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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By: Gabe Docherty, Director of Public Health and Ashley Goodfellow, Consultant in Public Health

3. SUMMARY OF KEY ISSUES

- The Chief Executive of NHS Scotland requested that Health Boards deliver an enhanced system of assurance in relation to the safety and wellbeing of care home residents and staff in response to COVID-19, led by Directors of Public Health.
- On 17th May, a further letter was received from the Cabinet Secretary which set out expected new and additional responsibilities on clinical and professional leads in Health Boards and Local Authorities that provides daily support and oversight of the care provided in care homes in the local area.
- A service model has been developed to respond to these additional professional and clinical oversight responsibilities in relation to care homes, which was approved by the CMT on 8th June.
- Tactical and operational care home groups continue to meet to provide oversight and assurance, and deliver the care home work plan. The tactical care home assurance group reports directly to the CMT.
- We continue to work in partnership with the Care Inspectorate and support the programme of unannounced inspections in care homes by providing infection prevention and control support and expertise during inspection visits.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input type="checkbox"/>	AOP	<input type="checkbox"/>	Government policy	<input type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	Achieving Excellence/ local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

Care home assurance team

The care home assurance team is led by the Deputy Chief Nurse for care homes and comprises a senior nurse, care home liaison nurses, registered nurses and healthcare support workers responsible for testing, and data and administrative support. The team works collaboratively and in a co-ordinated way to ensure care homes are well supported, providing the clinical and care assurance mechanism as set out in the Cabinet Secretary's letter of 17 May 2020. Key responsibilities of the team include:

- Delivery of outbreak and surveillance testing
- Facilitating and supporting weekly asymptomatic care home staff screening
- Workforce requirements and supply of mutual aid
- Infection, prevention and control, including PPE and environmental cleaning
- Education and training
- Supportive reviews

Testing and care home staff screening

Following the announcement on 1 May by the First Minister, a programme of testing in care homes commenced in Lanarkshire. This includes testing in care homes with evidence of a new COVID-19 outbreak where all residents and staff are tested (subject to consent), whether they are symptomatic or not. Where care homes form part of a chain or group of homes and there is evidence of staff movement across homes, testing has been extended to these linked homes. A four-week rolling programme of sample surveillance in

asymptomatic homes has also been implemented. Please see Table 1 below. Note, staff are no longer tested as part of outbreak or surveillance testing, since weekly screening was introduced.

Testing regime	No. care homes tested	No. residents sampled	No. residents COVID confirmed	No. staff sampled	No. staff COVID confirmed
Outbreak	17	536	58	785	41
Sample surveillance	212	3371	15	354	<5

Table 1: care home testing

Further to this, all care homes in Lanarkshire received a letter on 11 June to offer weekly staff screening through either the UK government social care portal (circa 4,500 staff) or NHS laboratories SALUS testing route (circa 1,200 staff). Care homes are progressing with weekly staff testing from w/c 15 June 2020. Care homes submit a weekly return to NHS Lanarkshire every Monday on tests undertaken in the previous week and tests planned for the forthcoming week. Returns are collated and submitted to the Scottish Government. The care home assurance team have worked with care homes to resolve some of the initial challenges to weekly staff screening.

Ninety-two of 94 care homes returned performance templates by Monday 17 August 2020 with screening data relating to the previous week (7-14 August 2020). In summary, 3995 staff were screened and 93 staff declined testing. The Scottish Government has set NHS Lanarkshire a target of 3800 staff screened per week, which has been exceeded for the last seven weeks.

A small number of weak positive results in care home staff have been received from the Lighthouse laboratory for staff screening via the social care portal. The Health Protection Team has initiated a process of confirmatory testing through an NHS Lanarkshire laboratory in these instances, in order to avoid any unnecessary restrictions on care home staff or residents.

A survey has been undertaken with care homes to explore what further support is required in relation to staff screening and testing programmes. Responses are currently being analysed.

Supportive reviews

The care home assurance team has initiated a programme of supportive reviews with care homes. Nine visits were undertaken in July 2020 by care home liaison and infection prevention and control nurses. Care home staff have been receptive to these visits. The review teams observed positive interaction with all residents and staff, although work is required to strengthen delivery of meaningful activities with residents.

Overall, there was some concern regarding decontamination of the care home environment and compliance with staff training. The care home assurance team is working with care homes and the Care Inspectorate to address these issues. Advice has also been provided on physical distancing in the workplace and car sharing, where this is unavoidable.

Escalations were required for two care homes and these are being managed through established processes and in conjunction with the regulator.

Workforce requirements and mutual aid

Care home staffing is reviewed by the care home assurance team daily and, if required, escalated at the daily safety huddle (operational group) which includes the HSCPs and the Care Inspectorate. There have been no workforce escalations to date, however, the supportive visits have highlighted that meaningful activity coordinators are being redeployed to support visiting. This has been discussed at weekly meetings with care home managers and will continue to be monitored.

Staff wellbeing

NHS Lanarkshire staff care and wellbeing, St Andrew's Hospice and the community palliative care team have all offered support to care home staff. Improvement methodology is being employed to evaluate the use of this approach. Work is also being undertaken with care home liaison to build capacity and capability within the team.

Care home visiting

The Cabinet Secretary wrote to all care homes on Saturday 8 August 2020 to advise that stage 3 multiple outdoor visiting (up to three individuals from no more than two households) could restart from Monday 10 August. In order for this to happen, care homes must be deemed 'COVID-free' for 28 days, have completed the relevant risk assessment, and be actively participating in both the weekly asymptomatic staff screening programme and safety huddle tool. The Health Protection Team had already requested stage 3 risk assessments and has reviewed and approved these where appropriate and in a timely a way, as was possible.

Care homes were also asked to submit plans for the re-introduction of indoor visiting, which is scheduled to restart from 24 August 2020. Both the Health Protection Team and care home assurance team are working with care homes to ensure indoor visiting can restart safely.

Safety huddle tool

The Scottish Government has issued a safety huddle data collection tool to capture key data items relating to COVID cases, resident care, staffing issues and testing. Much of this mirrors the data currently being collated as part of the daily return to NHS Lanarkshire and HSCPs. The safety huddle tool will incorporate the weekly staff screening data required, as detailed above.

At 20 August 2020, 81 care homes had registered on the safety huddle tool. Of the 81 registered, 28 had recorded daily data and 4 had recorded weekly staff screening information. The performance dashboard associated with this data will be available to NHS boards and HSCPs on 24 August 2020.

7. FINANCIAL IMPLICATIONS

Significant levels of staff resource has been mobilised to support the response to COVID-19 in care homes, including supporting staffing in care homes, undertaking the programme of engagement and support for Care Inspectorate inspections where infection prevention and control expertise has been required. The care home assurance team is now in place to support this work.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

- There is a risk that care homes may have such significant problems with staffing levels that they are unable to staff the homes and look to NHS Lanarkshire/HSCPs for assistance to maintain patient care and outbreak management and control.
- There is a risk that screening asymptomatic care home residents and staff, as announced by the First Minister, may result in more care homes declaring a COVID outbreak and being closed. This may increase delayed discharge numbers putting additional pressure on acute site capacity and impacting on recovery plans.
- The Care Inspectorate has commenced its unannounced inspection of care homes which may result in requests for additional professional and clinical support to meet requirements of inspections. The current care home group has some capacity to provide this but as number of inspections increase there is a risk that we will not be able to support multiple care homes with significant support requirements, particularly if this is in relation to leadership and management.
- Scottish Government guidance on visiting in care homes has been issued but with the caveat that the Health Protection Team has to review and approve all 94 care home risk assessments and plans prior to homes proceeding with each stage of the visiting plan. Scottish Government has provided very little notice before enacting each stage and there is a risk that the Health Protection Team cannot review all risk assessments within the available timescale.
- Asymptomatic weekly screening of care home staff may lead to false/weak positive results which can result in unnecessary restrictions placed on care homes. This would result in restrictions on resident's movements and visiting. This may also impact on the credibility of the Test and Protect programme if, following further investigation, restrictions and guidance for cases and close contacts changes.

The risks outlined above are being monitored and the actions being taken (referenced above and in the care home assurance work plan) are being implemented in order to mitigate these risks where possible.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance Management	<input type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Not currently required.

11. CONSULTATION AND ENGAGEMENT

Consultation and engagement with care home providers, managers and staff is on-going.

12. ACTIONS FOR THE BOARD

Assurance	<input checked="" type="checkbox"/>	Endorse	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

The Board is asked to: note the report, accept the risks identified and ask for a further report on the care home response.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

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