NHS Board Meeting 29th July 2020

Lanarkshire NHS Board Kirklands Fallside Road Bothwell G71 8BB



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### SUBJECT: COVID-19 CARE HOME SUPPORT - UPDATE

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By: Gabe Docherty, Director of Public Health.

#### 3. SUMMARY OF KEY ISSUES

The Health Protection Team continues to support care homes across Lanarkshire. At 20 July 2020, six care homes had an active COVID-19 outbreak.

Care homes who had been 28 days 'COVID free' were able to open to Stage 2 outdoor visiting on 3 July 2020. The HPT and care home team worked collaboratively to review and approve all 93 designated visitor risk assessments and outdoor visiting protocols. A move to Stage 3 visiting (multiple outdoor and one designated indoor visitor) is scheduled for the end of July (provisionally 27 July 2020). Plans are in place to request and review updated risk assessments and indoor visiting protocols for those care homes who are eligible to recommence indoor visiting at this time.

The Crown Office Care Home Deaths Investigation Team has made its first request to Public Health for information to aid its investigations. Information requested relates to: shielding, outbreaks, number of symptomatic and confirmed resident cases, number of confirmed cases in staff, number of resident deaths and other relevant information. Data will be extracted from HPZone, shielding lists and National Records for Scotland (for data on care home deaths). The care home tactical group will have oversight of Crown Office Care Home Deaths Investigation Team information requests and submissions.

A daily care home safety huddle has been introduced to allow for oversight of emerging issues, challenges and best practice. A programme of supportive visits is being

undertaken by the care home team.

There are plans to move to the electronic safety huddle tool (around 4 August 2020) which will allow care homes to report daily (and weekly for testing) into a web-enabled platform which will facilitate electronic collation of data for Scottish government and other relevant organisations.

Weekly testing of asymptomatic care home staff continues. Between 10-16 July 2020, 92 care homes reported that 3,872 staff were tested, 348 staff declined and 4,235 tests are planned for the forthcoming week. A small number of asymptomatic test positive staff are being reported and these are investigated by the HPT to assess whether they are new or historical infections or false positive results.

Testing regime	No. care homes tested	No. residents sampled	No. residents COVID confirmed	No. staff sampled	No. staff COVID confirmed
Outbreak	3	15	0	29	4
Sample surveillance	26	434	0	0	0

Table 1: care home testing

All care homes in Lanarkshire received a letter on 11 June to offer weekly staff testing 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.

Ninety-two care homes returned templates on Monday 20th July with data relating to the previous week 10 to 16 July, reporting that 3872 staff and 453 residents were tested (please see Table 2 below). We follow up non-returns and returns from care homes where the incorrect template has been used. The Scottish Government has issued a safety huddle tool which includes collection of testing data. The plan is to web-enable this tool to allow for a central data hub that all relevant partners can access, rather than numerous reporting lines.

Reporting	Number of	Number of	Number of	Number of	
week (w/c)	care homes	staff tested	staff declined	staff tests	
	submitting		testing	planned next	
	data			week	
8 June	65	435	0	1768	
15 June	74	1937	31	3194	
22 June	75	2747	186	3201	
29 June	93	3855	311	4541	
3 July	93	4034	248	4458	
10 July	92	3872	348	4235	

Table 2: weekly staff testing

The above data are self-reported by care homes.

#### 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives		AOP	Government policy	
Government directive	$\boxtimes$	Statutory requirement	Achieving Excellence/	
			local policy	
Urgent operational issue		Other		

## 5. CONTRIBUTION TO QUALITY

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

## Three Quality Ambitions:

Safe	$\times$ I	Effective	$\boxtimes$	Person Centred	
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### Six Quality Outcomes:

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

#### 6. MEASURES FOR IMPROVEMENT

As detailed in the tables above.

### 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. Resources to support the programme of testing in care homes are now in place.

### 8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

- There is a risk that care homes are unable to staff homes and look to NHSL/HSCPs for assistance to maintain patient care and outbreak management and control.
- There is a risk of delay in transfer of COVID-19 recovered patients to care homes, despite being clinically well enough for discharge, due to national guidance requiring two negative tests prior to discharge.
- Expanded testing may result in more care homes declaring COVID-19 test positive cases and outbreaks, resulting in restrictions on patient and staff movement, including patient admissions and transfers. This may increase delayed discharges and impact on the staffing and financial stability of care homes.

- There is a risk of significant political and media pressure, and reputational damage, if expanded testing is not delivered to the required scale and at the required pace. Public expectation in relation to testing has increased significantly following Scottish Government announcements. This risk is increased due to the absence of an overall Scottish Government strategy for testing, the availability of testing capacity and the capacity of the Public Health department to deliver.
- There is a risk that clinical and professional roles, commissioning and regulatory responsibilities and accountability become blurred in light of new oversight responsibilities.

The risks outlined are being monitored and the actions being taken (referenced above and in the strategic 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	Effective partnerships	Governance and accountability	
Use of resources	Performance Management	Equality	
Sustainability Management			

### 10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Not currently required.

#### 11. CONSULTATION AND ENGAGEMENT

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

### 12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	Endorse	Identify further	
		actions	
Note	Accept the risk identified	Ask for a	
		further report	

The Board is asked to: note the update, and the significant support being provided.

#### 13. FURTHER INFORMATION

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

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