NHS Board Meeting
24th June 2020

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

1.   PURPOSE

This paper is coming to the Board:

For approval	☐	For endorsement	☐	To note	☒

The NHS Board is asked to note the strengthened partnership response and testing programme being provided to care homes in response to COVID-19.

2.   ROUTE TO THE BOARD

The paper has been:

Prepared	☒	Reviewed	☐	Endorsed	☐

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.
- Strategic and operational care home groups continue to meet to deliver the strategic care home plan objectives. The tactical care home assurance group will remain in place and report directly to the CMT, now that command structures have been stepped back.
- 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 expertise during inspection visits.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	☐	AOP	☐	Government policy	☐
Government directive	☒	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	☒	Effective	☒	Person Centred	☒

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

Programme of engagement

A risk assessment was undertaken to prioritise a programme of engagement with older adult care homes (n=80) based on local data and intelligence and information provided by the Care Inspectorate. Engagement teams included HSCP staff, care home liaison, the Care Inspectorate and Infection Prevention and Control nurses. A supportive conversation took place with care home managers to discuss key issues, good practice and areas of concern. Positive feedback has been received from care home providers about the value of this approach. Key actions and areas for follow up were recorded in an action plan following the engagement and these plans have now been thematically analysed to inform further strategic action.

Eight themes were identified and recommended action is now being agreed (much of which had been identified previously and is in progress):

- Business continuity arrangements and staff deployment (including use of agency staff)
- Support for staff mental health and wellbeing
- Testing of staff and residents
- Access to healthcare for residents
- Outbreak management – guidance, infection prevention and control, and reporting

- Staff training
- Access to, and appropriate use of, PPE
- Visitor management

Identified good practice

Engagement with care home providers has allowed the multiagency care home assurance group to identify good practice in relation to the COVID-19 response. Despite the substantial workforce challenges, providers are working across the sector to try and find local solutions.

The providers are engaging well with weekly conference calls; sharing solutions to the challenges faced and seeking support. Some examples of good practice are outlined below:

- Active and extensive promotion of staff wellbeing materials including the introduction of Wobble rooms for staff, introduction of dedicated appreciation walls (positive notes and thank you cards), staff social media pages and organised fun activities e.g. sports days and singer in car park for morale boosting.
- A wellbeing questionnaire has been issued to care home staff about how they could be supported, with the potential to train health and wellbeing champions who will be able to support other staff in emotional coping skills.
- Efforts to prevent weight loss in residents due to reduced dietary intake using new menus, individual meal choices, using the dining area with social distancing and 1:1 support during meal times.
- Staff living within the care home in vacant rooms to ensure the safety of residents and availability to cover all shifts.
- Minimising use of agency staff to reduce transmission of the virus and ensure that staff are alert and sensitive to any changes in the residents wellbeing.
- The catering company who supplies one of the care homes is providing provisions for staff and their families to avoid them having to go to shops to reduce risk of infection.
- Local businesses providing donations of hand sanitizers.
- A range of activities to motivate residents within their rooms
- Family calls, video calls and controlled visits to bedroom windows from relatives to ensure contact with families and friends is maintained.
- Use of gardens.
- Early appointment and deployment of additional ancillary staff, including domestics in preparation for the pandemic.
- Routine virtual ward rounds undertaken with GP practices on weekly basis and ongoing positive relationships with GPs.
- Care homes routinely reviewing care plans and deep cleaning bedrooms.
- Virtual seaside trips being offered to the residents.
- 'Walking with Purpose' is being used in the longer term as part of care planning for residents, as well as supporting residents with managing social distancing during the Covid-19 crisis.

<u>Testing</u>

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 or not they are symptomatic. 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 programme of sample surveillance in asymptomatic homes has also been implemented. Please see Table 1 below.

Testing regime	No. of care homes tested	No. residents sampled	No. residents COVID confirmed	% positive	No. staff sampled	No. staff COVID confirmed	% positive
Outbreak	14	489	52	10%	785	41	5%
Sample surveillance	24	441	<5	<1%	349	<5	<1.4%

Table 1: care home testing

Further to this, 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.

There have been some initial challenges in relation to the weekly asymptomatic care home staff testing programme:

- NHS Lanarkshire's social care portal allocation and guidance lacked clarity up until Thursday 11 June, when the letter went out to care homes to offer testing to staff. This delayed the introduction of testing which will be reflected in the data return.
- Care homes experience of accessing the social care portal has not be straightforward with telephone and email helplines not always responsive. This has been highlighted to Scottish government.
- UK government social care portal guidance has been adapted for Scotland but still contains some anomalies which have caused confusion and has resulted in some general compliance issues. This has also been highlighted to Scottish government. Local materials are being developed in order to provide further clarity.
- A number of initial test results have been returned as 'unclear'. We are currently exploring the reason(s) for this.
- There are concerns from care home managers about the time and workload associated with organising weekly staff testing.
- It is still unclear how data on weekly staff testing from both NHS laboratories and the UK government social care portal will be assimilated, other than relying

on self-reported weekly returns from care homes, which are often incomplete and rely on staff reporting their result to the care home manager.

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 single daily return to NHS Lanarkshire and HSCPs. The safety huddle tool will incorporate the testing data required, as referenced above. Once weekly testing is embedded, we will work with care homes, over the next few week, to introduce this tool. The Scottish government plan to web-enable this tool so that there is a central hub for care home data which is available to all relevant partners.

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.
- Universal use of PPE in care homes and all community health and social care settings, may result in demand for PPE outstripping capacity, impacting on safety for all staff and patients across NHSL.
- 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 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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