

PNHS Board Meeting
30th June 2020

Lanarkshire NHS Board
Kirklands
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SUBJECT: CARE HOME TESTING PLAN

1. PURPOSE

This paper is coming to the Board:

For approval	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input type="checkbox"/>
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The NHS Board is asked to approve the enclosed Care Home Testing Plan (Appendix 1).

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 Scottish Government has asked all NHS Boards to submit their care home testing plans by 30 June 2020. Thereafter, Board's have been asked to arrange for local plans to be published on each respective health board's public-facing website by 10th July.

Following the First Minister's announcement on 1st May 2020, testing in newly identified care home outbreaks commenced, involving testing of all asymptomatic residents and staff (subject to consent). As part of this approach, residents and staff in linked homes where staff members may still be working across homes, have been offered screening.

A care home testing team had been established to deliver a rolling programme of sample surveillance across care homes in Lanarkshire. This involved screening a sample of residents and staff (subject to consent) who were asymptomatic. Since the introduction of weekly asymptomatic care home staff testing, week commencing 8th June, sample surveillance of care home staff has ceased. Sampling of residents continues.

Weekly testing of asymptomatic care home staff commenced in Lanarkshire from 11 June. There are approximately 5,700 staff across 93 adult care homes in Lanarkshire. Care homes have been allocated to one of two sampling streams: the UK government social care portal (Glasgow Lighthouse lab) and SALUS occupational health (NHS labs); 4,500 samples and 1,200 samples respectively.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input type="checkbox"/>	AOP	<input type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	Achieving Excellence/ local policy	<input type="checkbox"/>
Urgent operational issue	<input 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 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 type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input type="checkbox"/>
Best use is made of available resources. (Effective)	<input type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

Table 1 below shows the number of asymptomatic residents and staff screened as part of enhanced outbreak investigation or sample surveillance, as at 24 June 2020.

Testing regime	No. care homes tested	No. residents sampled	No. residents COVID confirmed	No. staff sampled	No. staff COVID confirmed
Outbreak	16	520	58	785	41
Sample surveillance	69	1,156	10 (312 results outstanding)	349	<5

Table 1: care home testing

During week commencing 15 June 2020, care homes reported 902 staff were tested as part of the weekly testing programme. Work is underway to quality assure this data and the NHS Board will be provided with updated figures prior to its meeting.

In addition to data recording issues, there have been a range of teething problems with the introduction of testing via the UK government social care portal, which will impact on testing numbers.

7. FINANCIAL IMPLICATIONS

Additional resources are in place to support the organisation and data management requirements of the above testing programmes.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

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. Whilst all care homes now have access to weekly staff testing, ensuring adequate take up, and the operational and data management aspects associated with the testing programme, remain challenging. There is a risk that the technical limitations of the test and the challenge with interpreting the results, leads to unnecessary restrictions placed on care home residents and staff, or indeed false reassurance being provided.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

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

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Not required at this time.

11. CONSULTATION AND ENGAGEMENT

Engagement with care homes is undertaken weekly, including feedback on their experience of operationalising the weekly testing programme.

12. ACTIONS FOR THE BOARD

The Board is asked to approve the enclosed Care Home Testing Plan.

Approve	<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"/>

13. FURTHER INFORMATION

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

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