

NHS Board Meeting
27th May 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 approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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The NHS Board is asked to note the on-going and additional support being provided to care homes in response to COVID-19 by NHS Lanarkshire, and both North and South HSCPs, and the very recent request from the Cabinet Secretary around the changes to the accountability of the Executive Director of Nursing in relation to Care Homes.

The letters from the Cabinet Secretary and the associated guidance are attached, along with the Board's response. This has been prepared as a joint response by the Chief Executives of both Local Authorities, and the NHS Board.

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, Ashley Goodfellow, Consultant in Public Health and Trudi Marshall, Director of Nursing, North Lanarkshire Health & Social Care Partnership.

3. SUMMARY OF KEY ISSUES

On 17 April, 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.

A further letter was received on 20 April from the Chief Performance Officer of NHS Scotland to ask Health Boards to undertake an initial assessment of all care homes, followed by a risk-assessed, prioritised programme of engagement with care homes to assess the adequacy of preparedness and response to the prevention and management of COVID-19, and identify areas where further support and guidance may be required. This letter also asked for assurance that a robust pathway was in place for testing of care home staff.

Both strategic and operational care home groups have been established within the NHSL command structure. These are multiagency groups and include representatives from

Public Health, HSCPs (including Nursing and Primary Care), the Care Inspectorate, Infection Prevention and Control, and care home sector representatives. The strategic Care Home Assurance Group is chaired by the Director of Public Health.

Given the impact of COVID-19 on the care home workforce (due to illness, shielding or self-isolation and increasing demands during outbreak situations), a bronze command workforce group has been established to specifically focus on the staffing support required for the care home sector.

On 17th May, a letter was received from the Cabinet Secretary which set out (1) revised guidance for care homes, (2) amendments to the Coronavirus Bill, which gives Scottish Ministers and public bodies the power to intervene if a care home is unable to continue to deliver care, and (3) 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.

The Scottish Government guidance document sets out new arrangements that must be put in place to ensure appropriate clinical and care professionals across Health and Social Care Partnerships (HSCP) take direct responsibility for the clinical support required for each care home in their Board area recognising that Covid-19 is a public health crisis in social care settings.

The benchmarking exercise against the guidance has been completed and is attached. The benchmarking return, and the covering letter, makes it clear that there are 93 adult care homes in Lanarkshire; 80 providing care for older adults. It is our understanding that the guidance relates to these 80 Care Homes for Older People. It is also our understanding that the guidance does not extend to Care at Home Services which come under a wholly separate jurisdiction.

Routine governance arrangements for care home provision remains unchanged. Private sector and local authority responsibilities remain in place, including those which relate to the reporting of adverse events and fulfilling the legislative requirements of Duty of Candour.

It is noted in the return that the guidance places additional leadership responsibilities and duties on Health Boards and Health & Social Care Partnerships and their Executive Teams and as such, requires to be assessed and fully costed. It is anticipated that there will be a requirement for additional healthcare professionals, administrative and support staff, facilities and supplies and additional input from Public Health Teams.

A Gap Analysis has been undertaken of arrangements that are currently in place to provide oversight and support for Care Homes during the Covid-19 Pandemic, against those arrangements that we believe are required to fulfil the recent guidance in the context of the above assumptions. The findings and recommended actions are set out in the response to Scottish Government.

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

These are set out in the Care Home Plan. It has the following objectives:

- To optimise the safety, health and wellbeing of all residents and staff.
- To further strengthen preventative action to reduce the risk of COVID-19 mortality and morbidity in Lanarkshire care homes.
- To further strengthen the support and advice provided to care homes for the identification and management of COVID-19 outbreaks that occur.
- To continue to ensure care homes have access to the education, training and equipment required to prevent and manage COVID-19 outbreaks.
- To further support the sustainability of care homes in Lanarkshire, including increasing access to appropriately trained staff.
- To apply, where appropriate, the principles and actions of this plan to supported living, care at home services and unpaid carers.
- To continue to review and evolve responses and the plan in light of current evidence relating to care homes.

Programme of engagement

A risk assessment was undertaken to prioritise a programme of engagement with care homes based on local data and intelligence and information provided by the Care

Inspectorate. Engagement teams include HSCP staff, care home liaison, the Care Inspectorate and Infection Prevention and Control nurses. A supportive conversation takes place with the 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 are recorded in an action plan following the engagement and these will be thematically analysed to inform further strategic action/s.

The programme of engagement was completed by Friday 22 May. As at 19 May 2020, engagement had taken place with 64 of 80 older adult care homes in Lanarkshire. Common issues raised were around staffing (particularly in smaller homes), financial sustainability (additional costs incurred in relation to staffing and PPE), appropriate use of PPE (although the arrangement for access to emergency supplies is working well), challenges with implementing social distancing amongst some residents, and the psychological impact of the current situation on both residents and staff.

Personal Protective Equipment

On 1 May 2020, strategic command approved the recommendation from the strategic Care Home Assurance Group to strengthen the use of PPE in all care homes and care at home services in Lanarkshire, in line with national guidance. This involves the universal use of PPE for all direct care (within 2 metres) of residents, whether symptomatic or not.

Dashboard

The data being requested from care home providers has been streamlined and is submitted daily to a central point. Care home data is now presented in the strategic command dashboard and includes data on confirmed cases, possible cases, deaths, staff absence and data completion

Testing

Following the announcement on 1 May by the First Minister, a programme of testing in care homes commenced in Lanarkshire. Since 5 May 2020, eight care homes with evidence of a new COVID-19 outbreak have undergone expanded testing where all residents and staff are tested (subject to consent), whether or not they are symptomatic. Where care homes have formed part of a chain or group of homes and there is evidence of staff movement across homes, outbreak investigation has been extended to these linked homes. Planning is underway to increase the physical capacity needed for testing (in line with laboratory capacity) across other care homes, for example, care homes with no current outbreak where prospective sampling may be beneficial. Testing will be prioritised (in line with national guidance) and with NHSL testing prioritisation plan where physical and/or laboratory capacity becomes limited. It should be noted that the parameters for care home testing have evolved quickly and are subject to future policy change and further government directives.

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.

In order to implement a programme of testing in care homes, at the required pace and scale, a dedicated care home testing team is required and a proposal is currently being worked up to outline the financial resource required.

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 that 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, and the availability of testing capacity;
- 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	<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 is on-going.

12. ACTIONS FOR THE BOARD

The Board is asked to:

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

1. note the report;
2. note the joint response by the Chief Executives of both Local Authorities, and the NHS Board;
3. accept the risks identified; and
4. seek 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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