Borders NHS Board

Meeting Date: 7 May 2020

Approved by:	Dr Tim Patterson, Director of Public Health
Author:	Dr Keith Allan, Associate Director of Public Health

COVID-19 CARE HOMES

Purpose of Report:

The purpose of this report is for the Board to accept for information the accompanying letters and assurances given.

Recommendations:

The Board is asked to **note** the report.

Approval Pathways:

This report has been prepared for the Board.

Executive Summary:

Situation

On the 17 April 2020 the Chief Executive of NHS Scotland, Malcolm Wright, wrote to Health Board Chief Executives to ask that Health Boards take immediate action to deliver an enhanced system of assurance around the safety and wellbeing of care home residents and staff in response to Covid-19. This was followed up on 20 April with a letter from John Connaghan, Chief Performance Officer for NHS Scotland.

As the Scottish Borders already has a well-developed multiagency system for such assurance we were able to confirm in writing to Mr Connaghan on 24 April that we could meet the requests detailed in his and Mr Wright's letters.

Background

We were asked to respond to three sections detailed in Mr Connaghan's letter.

Firstly that we undertake an assessment of every care home in our area by 24 April with regard to:

  a) knowledge and implementation of infection prevention and control measures;
  b) knowledge and observance of social distancing measures, both for staff and residents;
  c) staffing levels at all times and for all functions;
  d) availability and quality of training for all staff in particular on infection control and the safe use of PPE; and

e) the effective use of testing.

Secondly, we were asked to undertake a programme of associated visits to each local care home on a risk prioritised basis.

Thirdly we were requested to, by 24 April, give assurance that there is a clearly communicated and robust pathway for workers, or people in their households, to access testing with a single point of access.

Assessment

Borders confirmed, by letter to Mr Connaghan, that we met the three points raised.

Within the Scottish Borders Council and NHS Borders there has been significant interagency and multidisciplinary work already undertaken to respond to the unprecedented pressures of COVID-19 within the care home sector. As we know that this virus is likely to have a significant impact on the most vulnerable people in our community, from early on in the epidemic we have taken particular steps to understand what additional support may be required by care home staff and residents.

The Scottish Border Council (SBC) Social Care and Social Work team implemented a robust online data collection and reporting system for all 23 internal and external care home providers at the beginning of the COVID-19 situation. The SBC Community Care Review Team (CCRT) makes daily contacts with all providers to provide support and guidance, with daily returns from care homes received around key performance areas. Training and an education tool kit have also been made available to each care home.

For a number of weeks the NHS Borders Community Infection Control Advisory Service (CICAS) has operated within the Scottish Borders to provide to give community infection control advice to all health and social care staff including care homes. CICAS has close working relationships with care homes in our area. Each day the CCRT provides CICAS with the names of any care homes that have issues identified by the daily RAG reporting and CICAS contact the homes to discuss the issues and offer support and advice.

Further assurance is given through the completion of Business Continuity Plans (BCPs) by each care home, and their subsequent evaluation by both CICAS and CCRT colleagues.

In addition all 23 care homes in the Scottish Borders have been contacted by CICAS and offered appropriate support in line with the recently published "Joint National Framework for Action – COVID-19 Care Home Settings". Infection control team personnel will visit any homes where this is risk assessed and felt appropriate e.g. continuing PPE issues or outbreak control.

With regard to testing we have the capacity to provide tests to care home staff and care at home staff or care home residents in line with guidance. This builds upon our established staff testing model in Borders (a robust pathway for workers, or people in their households, to access testing from a single point of contact), with Board testing staff attending in the first instance to provide tests but also training to appropriate staff within the care home. This rolling programme will limit additional footfall into vulnerable areas such as care homes.

In summary, we have established daily robust reporting arrangements from all care homes

and mechanisms of support where appropriate. This work involves considerable joint working by multidisciplinary groups and a new tactical oversight group, the Interagency Care Home Oversight and Support Group, which has been formed to facilitate information sharing and co-ordination. This is chaired by the Dr Tim Patterson, Borders Director of Public Health and the vice-chair is the Mr Rob McCullough-Graham, Chief Officer of the Borders Health and Social Care Partnership.

Impact of item/issues on:

Strategic Context	Government request.
Patient Safety/Clinical Impact	As contained within the report.
Staffing/Workforce	As contained within the report.
Finance/Resources	As contained within the report.
Risk Implications	Any appropriate risks are captured on the COVID-19 Risk Register.
Equality and Diversity	Not Applicable
Consultation	Not Applicable
Glossary	Personal Protective Equipment (PPE) SBC Community Care Review Team (CCRT) NHS Borders Community Infection Control Advisory Service (CICAS)