Borders NHS Board

Meeting Date: 2 July 2020

Approved by:	Nicky Berry, Director of Nursing, Midwifery and Acute Services
Author(s):	Natalie Mallin, HAI Surveillance Lead, Sam Whiting, Infection Control Manager Philip Lunts, General Manager Laura Jones, Head of Clinical Governance and Quality

COVID-19 BOARD UPDATE REPORT

Purpose of Report

The purpose of this paper is to update Board members on COVID 19 across NHS Borders including specific Infection Prevention and Control issues
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Recommendations:

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

Approval Pathways:

This report has been reviewed and approved by the Director of Nursing, Midwifery and Acute Services. The care home section has also been noted by the Pandemic Committee. The content in this paper will also be submitted to the next meeting of the Clinical Governance Committee.

Executive Summary:

- Numbers of new COVID-19 positive cases across Scottish Borders have stabilised and remain low.
- The Infection Prevention & Control Team is supporting all Clinical Boards with recovery plans.
- Work is progressing to scope out the resource requirements for provision of an adequate specialist Infection Prevention & Control service for the Care Home and Care at Home sectors.

Impact of item/issues on:

Strategic Context	This report is in line with the NHS Scotland HAI Action Plan and requirements of the Scottish Government communications through the Chief Nurses Office relating to additional responsibilities for Care Homes during COVID 19.
Patient Safety/Clinical Impact	Infection prevention and control is central to patient safety.
Staffing/Workforce	This paper highlights requirement for additional staff

	required to provide specialist infection control support to care homes and care at home sectors.
Finance/Resources	This paper highlights investment required for provision of specialist infection control support to care homes and care at home sectors.
Risk Implications	All risks are highlighted within the paper.
Equality and Diversity	This is an update paper so a full impact assessment is not required.
Consultation	As with all Board papers, this update will be shared with the Area Clinical Forum for information.
Glossary	See Appendix A.

COVID-19 UPDATE

COVID-19 Cases

The following graph shows the cumulative number of COVID-19 positive cases per day in the Borders since 9th February 2020. As at 14th June 2020 there have been a total of 314 cases.

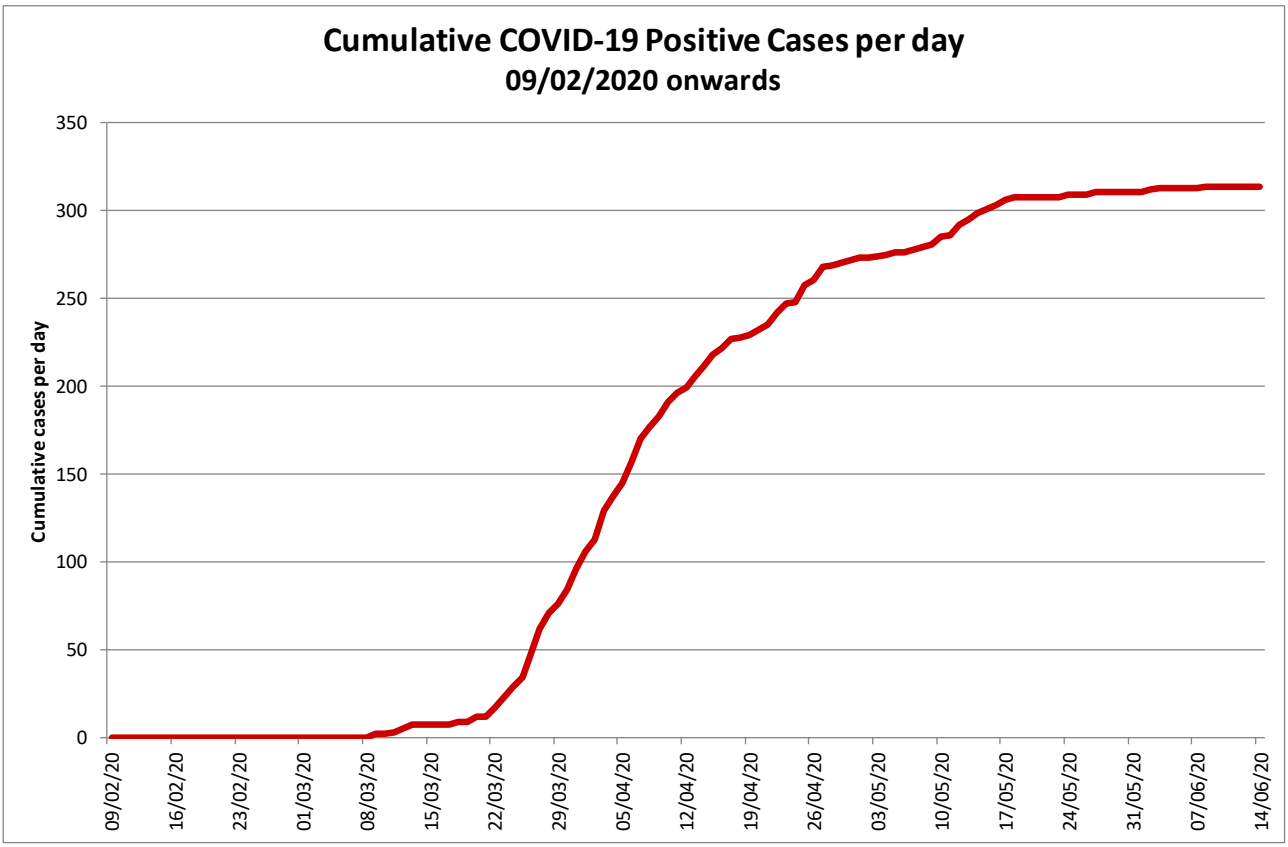

Figure 1: Cumulative Positive COVID-19 cases per day 09/02/2020 – 14/06/2020

Figure 2 shows the number of confirmed COVID-19 positive inpatient deaths per day in the Borders. As at 14th June 2020 a total of 39 people have sadly died.

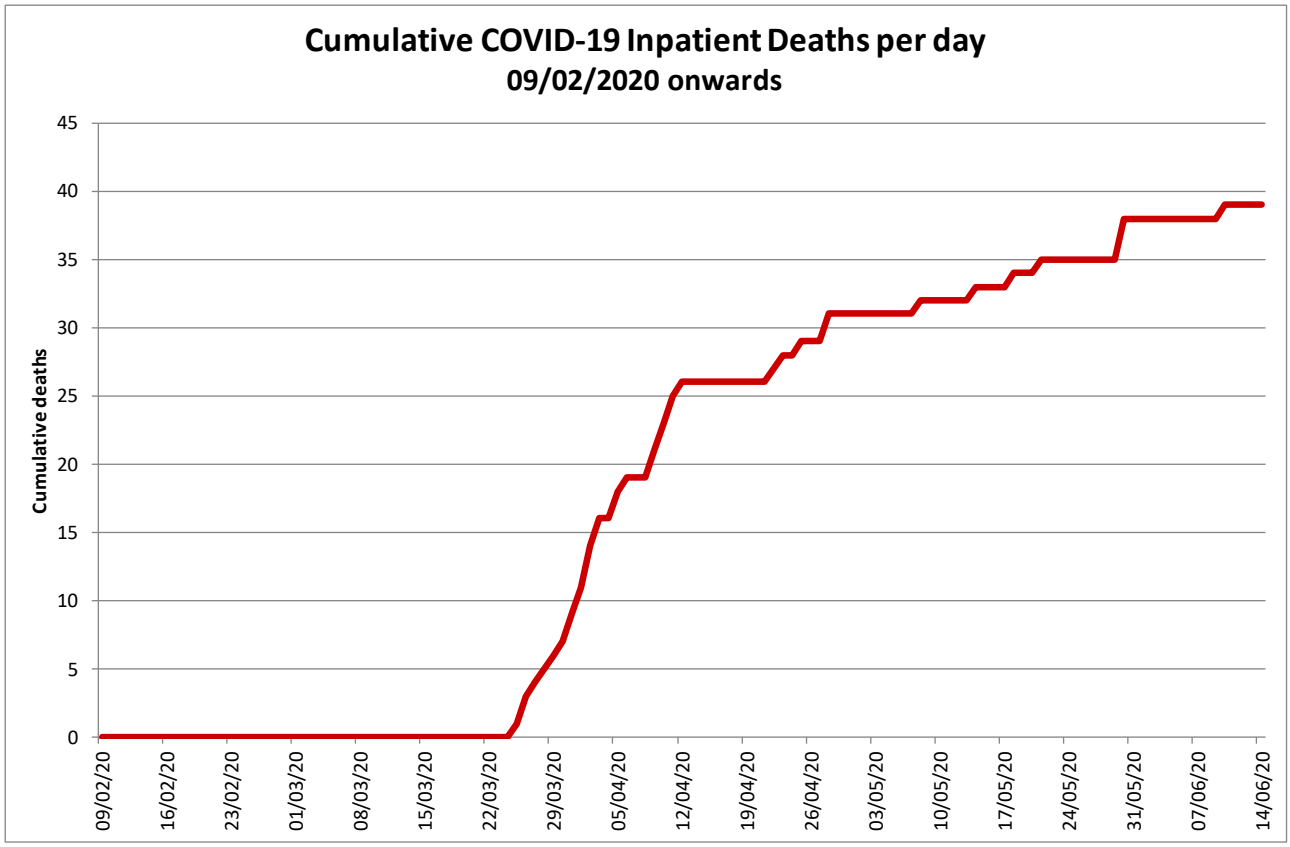

Figure 2: Cumulative COVID-19 deaths per day 09/02/2020 – 14/06/2020

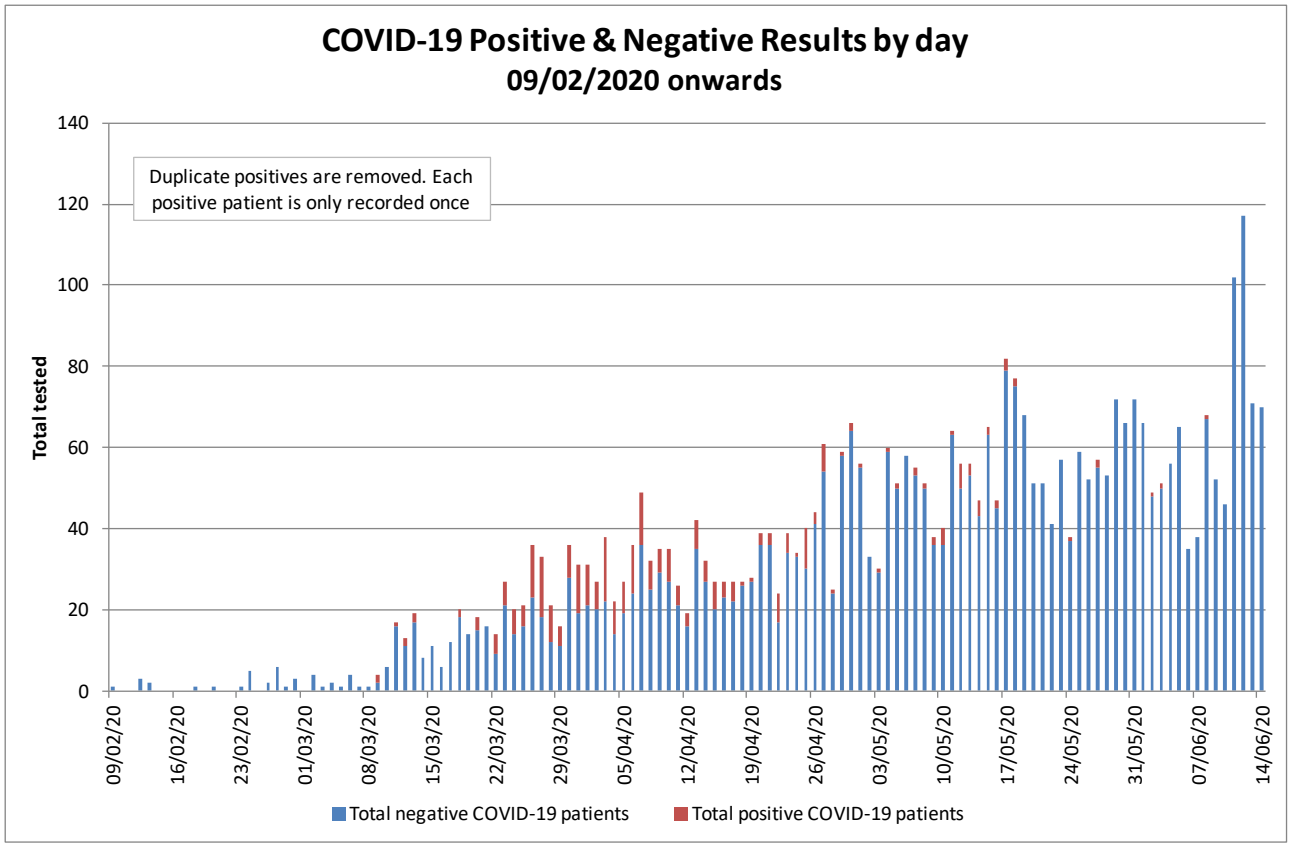

Figure 3: COVID-19 negative and positive results per day 09/02/2020 – 14/06/2020

Figure 3 shows the total number of people tested per day in the Borders for COVID-19 by result (positive or negative). As at 17th June 2020, a total of 4252 people have been tested.

Figure 4 shows the number of staff tested per week for COVID-19 by test outcome (positive or negative). In the most recent week, only one Health and Social Care staff member tested positive.

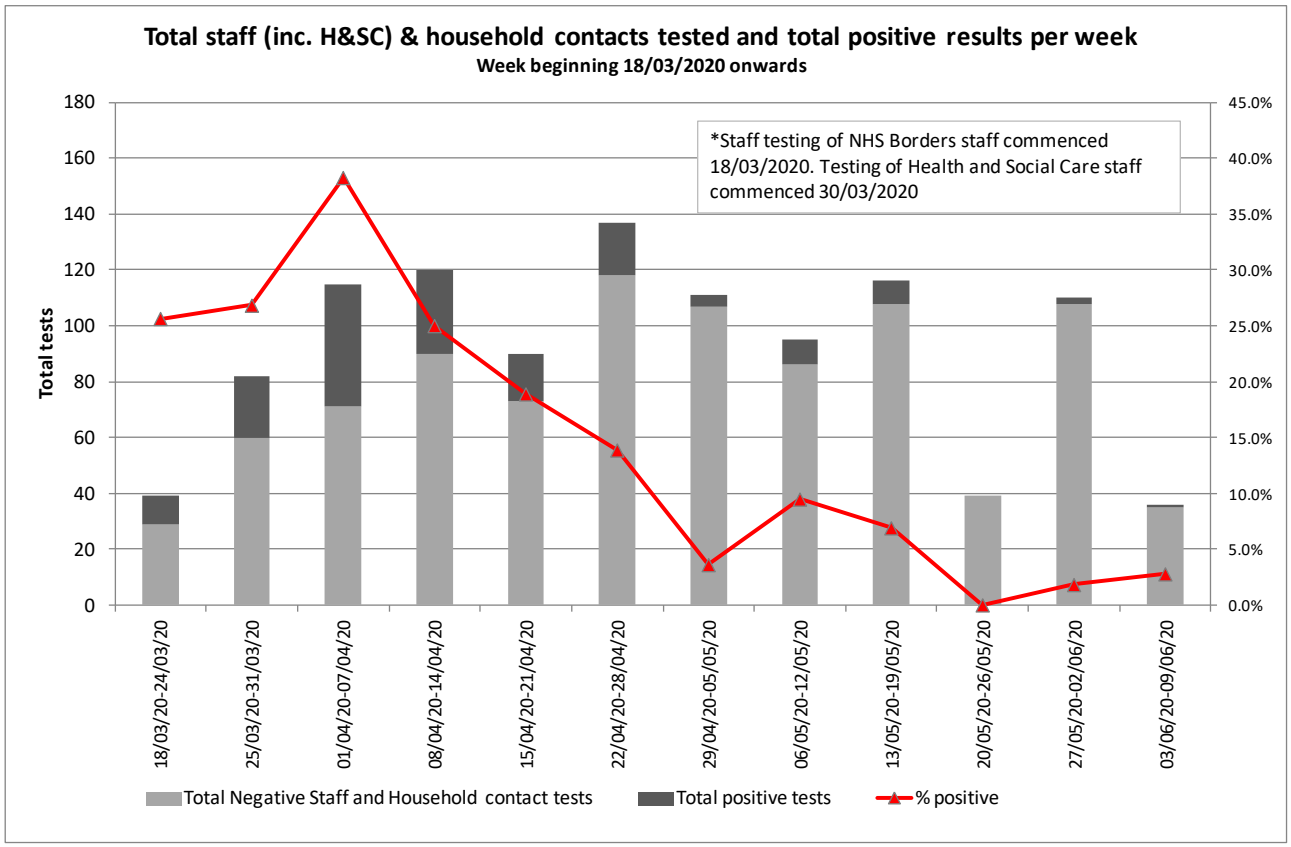

Figure 4: Total staff (including Health & Social Care) & household contacts tested and positive results per week 18/03/2020 – 09/06/2020

Care Homes

There has been significant justifiable public concern about the potential risk of patients being transferred from hospitals to care homes with COVID-19 and subsequent spread of the disease within the care home.

The Health Secretary announced on 21st April 2020 that COVID-19 patients discharged from hospital to a care home should have two negative tests before discharge and other new admissions to care homes should be tested once and isolated for 14 days. Formal guidance providing detail about these requirements was issued on 26th April.

A detailed analysis of all patients transferred from BGH and community hospitals to care homes between 29th February and 4th June has been completed. All transfers were reviewed by date of transfer, care home destination, tests undertaken prior to transfer, outcome of tests and any subsequent COVID-19 tests undertaken on patients following transfer.

The analysis has been split between the period up to 21st April, the date of the Ministerial announcement, and the period following the 21st April.

Between 29th February and 21st April, there were 69 patients transferred from hospital to care homes. This includes 12 patients transferred before the first known COVID-19 case in the Borders. The data indicates that:

- 53 patients (77%) were not tested for COVID-19 prior to transfer. Of these, 3 patients subsequently tested positive for COVID-19 but 23 to 40 days after admission to their care home.
- 14 patients (20%) had at least one negative test,
- 2 patients (3%) tested positive for COVID-19. However, both patients were transferred well beyond the 14 day assumed infectious period (21 days and 22 days) so would not have been infectious at this point

Between 22nd April and 4th June, 49 patients were transferred to care homes, of which:

- All but 2 patients were tested prior to transfer
  - 2 (4%) patients were not tested for COVID-19 prior to transfer. Their discharge dates were 22nd and 23rd April (i.e. before revised guidance was issued). Neither of these patients was transferred from a COVID-19 ward and neither subsequently have tested positive for COVID-19.
- All but 2 tested patients were negative on discharge
  - 2 patients were admitted from a care home with known COVID-19 and were subsequently transferred back to the same care home without further testing. These transfers were made following careful clinical assessment.
- 3 patients tested positive for COVID-19 either on or during their hospital admission. They were transferred to care homes after between 2 or 3 negative tests.

Over the course of the COVID-19 pandemic, the governance landscape and responsibilities in relation to the care home sector have been changed by the Cabinet Secretary and is now a complex multi sector, and within Health multi disciplinary arrangement with a directive from Scottish Government requiring enhanced professional clinical and care oversight of care homes by NHS Borders and the Health and Social Care Partnership.

The 5 areas of enhanced professional clinical and care oversight that the NHS is being asked to support care homes with are:

- Testing, outbreak management and ongoing surveillance
- Workforce requirements and supply of mutual aid
- Infection prevention and control, including PPE and cleaning requirements
- Education and training
- Supportive Review / Visits

Care Homes Governance Arrangements

Scottish Borders Health and Social Care Partnership (SBHSCP) have established an Executive Group for Clinical and Care Oversight of Care Homes. The Executive Group for CCOCH is a multi-disciplinary team comprised of professional key leaders across Scottish Borders Council (SBC) and NHS Borders (NHSB) formed in response to the Coronavirus (CV19) pandemic. Their intent is to ensure appropriate clinical and care professionals across the Health and Social Care Partnership (HSCP) take direct responsibility for the

clinical support required for each care home in the Scottish Borders. Membership includes the:

- Director of Nursing, Midwifery and Acute Services (Chair)
- Chief Officer SBC Social Care and Adult Social Work (Co-Chair)
- Medical Director
- Director of Public Health
- Chief Officer Health and Social Care
- Chief Social Work Officer
- Care Inspectorate(in attendance once per week)

In addition, the SBHSCP have established an Operational Group for Clinical and Care Oversight of Care Homes. The Operational Group for CCOCH is a multi-disciplinary team comprised of senior operational service managers, professional leads and health care infection control across Scottish Borders Council (SBC) and NHS Borders (NHSB) formed in response to the Coronavirus (CV19) pandemic. Their intent is to undertake assessment, analyse and identify risk, implement and escalate operational support mechanisms and provide overall assurance to the Executive Group for CCOCH regarding the quality of care and support requirements in all care homes. Membership includes the:

- Associate Director of Nursing/Chief Nurse (Chair)
- Operational Manager SBC Social Care (Co-Chair)
- Associate Director of Human Resources
- Associate Medical Director Primary and Community Services
- Social Work Team Lead
- Infection Control Nurse
- Community Infection Control Advisory Service Lead
- NHS Testing Services Coordinator

The Operational Group reports on a daily basis to the Executive Oversight Group. The Executive Oversight Group reports from an operational perspective into the Executive Management Team who have operational accountability for services commissioned by the Scottish Borders Health and Social Care Partnership.

From a scrutiny and assurance perspective the Clinical Directors (Director of Nursing, Midwifery and Acute Services, Medical Director, Joint Director of Public Health and Chief Social Work Officer) of the partnership will provide reports on how the NHS is supporting Care Homes to the NHS Borders Board Clinical Governance Committee and to Scottish Borders Council

Care Home Professional Accountability

The Director of Nursing, Midwifery and Acute Services supported by the Associate Director of Nursing/ Chief Nurse for the SBHSCP and the Chief Social Work Officer will provide senior professional nursing and social work leadership and guidance to the Chief Officer for the Health and Social Care Partnership and Chief Officer SBC Social Care and Adult Social Work.

The Chief Officer for SBC Social Care and Adult Social Work has initiated a daily operational reporting portal for all care provision including care homes, since the beginning of the pandemic which has been received daily with a daily RAG status. In addition the Social Work Team Lead for the Community Care Reviewing Team has been liaising directly with homes throughout this period through regular calls and briefings. In addition

the CICAS team was created working directly with Social Work Team Lead and have worked with all care homes since beginning of April. Building on the daily portal return is still used for data and the a Clinical Nurse Manager and Social Work Team Lead have been deployed to support the operational response and to lead the programme of care home support visits. The Clinical Nurse Manager and Social Work Team Lead have:

- initiated review visits to each of 23 care homes in the Scottish Borders with a focus on Infection Control and Prevention, Personal Protective Equipment and Fundamentals of Care, a summary report and improvement plan from each visit is provided for the Executive Oversight Group
- initiated a review of education / training needs identified through supportive visits and safety huddle data
- begun a review of the support resources already available to Care Homes in order to build and strengthen these as required
- developed the professional reporting mechanism for the resulting support themes and activity to the Director of Nursing, Midwifery and Acute Services

Care Home Staffing

Each care home has created and submitted a business continuity plan detailing staffing contingency plans during the pandemic. These plans consider scenarios and plan staffing requirements to cover COVID related sickness absence or in the event of an outbreak within the care home. These plans will now be further developed following the Scottish Government letter of 1 June 2020 to introduce the professional judgement staffing template.

Staffing continuity has been considered from two perspectives:

1. **Proactive and planned in response to potential positive COVID testing**- a pool of staff have been recruited ready for deployment should they be required over and above the care homes core staff. This group of staff will be tested on a weekly basis
2. **Reactive / rapid in response to an immediate care risk**- staff would be deployed from NHS Borders in the event that an immediate care risk arises. Staff who may be deployed in this urgent scenario may not have been tested and this risk will be managed by ensuring they provide care using PPE at all times until such time as the urgent risk has passed (max 24 hours) and staff can be deployed who are confirmed as COVID negative.

Infection Prevention and Control Team Impact and Resources

For care homes and care at home services, one of the significant challenges has been the very limited specialist infection control nurse capacity to provide support, advice, education and assurance. Historically, there was 1.0wte Community Infection Control Nurse jointly funded by SBC and NHS Borders to support care homes, care at home and schools. A number of years ago, SBC withdrew their share of the funding at which point this post reduced to 0.4wte funded by NHS Borders. In the context of COVID-19, the Community Infection Control Nurse is currently working full time with additional support of 0.8wte Infection Control Nurse who normally works for NHS Lothian.

A further development has been the establishment of a Community Infection Control Advisory Service (CICAS). This is an office based team which provides a point of contact for care homes and community services for advice and guidance.

Work is underway to scope the ongoing infection control resources required for these sectors to inform a business case for investment.

Prior to COVID-19, the Infection Prevention and Control Team had a broad scope providing specialist advice and focus across all clinical Boards and many support services including:-

- Antimicrobial prescribing
- Procurement
- Clinical practice – including selection and safe use of invasive devices
- Estates and facilities including water safety, ventilation, new build and refurbishment planning, implementation and specification
- Education and training
- Infection surveillance and case reviews
- Quality improvement and assurance including audits and spot checks
- Decontamination
- Clinical advice on patient management, treatment, precautions and patient flow
- Queries and questions
- Domestic services and cleanliness
- Hand hygiene
- Staff safety in partnership with the Work and Well being Team
- Outbreak management

Whilst much of this has continued, some activity was suspended to release capacity to focus on COVID-19. Some of the suspended work streams have subsequently resumed and plans are progressing to resume all elements by the end of August.

An initial priority was to support the development of detailed escalation plans with Clinical Boards which has subsequently switched to supporting the detailed recovery plans for each clinical service.

There are practical challenges for services to work through recognising that facilities currently used for the delivery of healthcare may no longer be able to support 'usual business'. There is a need for more spacing which can be achieved either through lower numbers of patient, reduced bed footprints or reduced occupancy within existing bed footprints. There are also constraints that require explicit consideration such as diagnostics and PPE.

As it is not possible to run BGH as a COVID-free site, all possible measures should be implemented to minimise the spread of this infection by using the available capacity to the best effect.

The Infection Prevention & Control Nurses continue to maintain high visibility in clinical areas with a significant focus on providing advice and support in relation to COVID-19.

A new spot check tool was implemented in April 2020 with a specific focus on precautions to reduce the risk of COVID-19 including PPE, hand hygiene and cleaning. The outcomes from these checks are used to inform further activity to support staff compliance to reduce the risk of infection to staff and patients. To date, there has been a high level of managment responsiveness and ownership to address any issues identified.