Southern Health and Social Care Trust

Quality Care - for you, with you

Chair
Roberta Brownlee, MBE

Chief Executive
Shane Devlin

Our ref: SD/bb/ew
Your Reference: C221/20

19 October 2020

Mr Colm Gildernew MLA
Chairperson
Committee for Health
Room 410
Parliament Buildings
Stormont
BELFAST
BT4 3XX

Dear Mr Gildernew

COVID-19 AND CARE HOMES

Thank you for your letter dated 23 September 2020, in which you requested that I share the views of the Southern Trust as they relate to the impact of COVID-19 on Care Homes.

You have advised that the Health Committee is seeking evidence to support the development of recommendations aimed at mitigating and managing a second surge in infections.

In response to your request, I am attaching a short report (Appendix One), which provides an overview of the Southern Trust position in respect of the headings you have provided. You also provided the Trust with an opportunity to include any additional suggestions, which we wished to make. These are respectfully included towards the end of our report.

If there is any further information, which you wish to see from the Trust please advise.

Thank you for your ongoing support.

Yours sincerely

SHANE DEVLIN
CHIEF EXECUTIVE

APPENDIX ONE

Southern Health and Social Care Trust

Quality Care - for you, with you

HEALTH COMMITTEE REQUEST FOR INFORMATION

Discharge from Hospitals to Care Homes

Care Homes are made-up of both Statutory Residential and Independent Sector Provided Residential and Nursing Homes. During Surge One of the Covid-19 Pandemic, to ensure that acute hospitals were not overwhelmed by demand, the process of effecting timely and safe discharge from hospitals to care homes, as well as from acute hospitals to rehab facilities, was particularly highlighted. It was identified as essential that the discharge process worked as smoothly, efficiently and effectively as possible, to ensure that there was sufficient bed capacity available within the acute hospitals to care for those individuals who were most acutely unwell.

To ensure hospital discharge and patient flow to care homes took place safely and in a timely fashion, a number of arrangements were put in place, as follows:

- **Testing prior to & post discharge -** To effect timely hospital discharge and at the same time protect any step-down rehab facilities and care homes, the Trust has worked in line with regional guidance in respect of swabbing residents 48 hours prior to planned discharge to other facilities. This has placed a significant demand on Trust staff across a range of departments, to ensure that practice kept up with changes in the guidance and associated requirements.

- **Isolation within Care Homes –** Ensuring that residents had a clear swab result prior to discharge (identified by Care Homes initially) was the first of a number of steps in returning an individual back to their normal place of residence. Regional guidance also stipulated a requirement for individuals to be managed through a period of isolation. The Trust supported rehab facilities and care homes with Infection Prevention Control (IPC) advice in respect of this requirement. The management of isolating residents was made difficult in some cases due to estate issues within some facilities, as well as due to some residents with delirium or dementia who had cognitive impairment and associated challenging behaviours, not being in a position to comply with isolation requirements. This resulted in many incidences of the Trust being requested to pay for additional one to one resident support, at a significant cost.

- **Step-Down Facilities –** During Surge One, the Trust managed discharge from acute hospitals to step-down beds within Trust non acute hospitals and statutory residential units.

Access to PPE

At a very early point in Surge One, it became apparent that ISP Care Homes were having difficulty securing adequate levels of PPE to ensure that they could manage residents safely and in compliance with IPC requirements. Although at this time, the Trust was working to establish logistics to manage PPE appropriately within our own facilities, the Trust responded to the call from ISP partners and established the following:

- Designated two senior PPE Leads as links for Domiciliary Care and Care Home ISPs. These staff dealt with PPE and other related enquiries (these staff worked across 7 days per week)
- Established centralised logistics to facilitate ISPs accessing PPE, including establishing a new central email, delivery of PPE and emergency access to PPE, if required.
- Agreed minimum PPE stock levels for each care home based on resident and staff numbers
- Commenced weekly teleconferences with ISP of Dom Care and Care Homes
- Produced a suite of PPE videos to support Donning and Doffing of PPE and swabbing techniques
- Increased IPC related training regarding swabbing technique and Fit testing of staff (where required)
- Increased Infection Prevention and Control (IPC) Nurse capacity in community to support ISPs and
- Kept all our providers aware of the most up to date guidance available from the DOH and PHA via the weekly teleconferences.

- **Costs -** NB: Please see section to follow entitled “Funding and Increased Costs for Care Homes".

- **Security of supply –** In the early stages of Surge One there was uncertainty in respect of PPE supplies generally and to ensure that the Trust managed the resources made available to us effectively, minimum stock levels were identified and delivered to care homes, initially ensuring care homes always had 3 days advanced supply. As the Trust accessed increased levels of PPE stock, the advanced stock levels were increased to allow implementation of a weekly online ordering system.

- **Procurement: Central v Individual –** The Trust can see the benefits of central procurement as this would support a more robust approach to ensuring access to sufficient stocks of PPE of the right standard going forward. Ideally if this is

taken forward, a centralised BSO procurement and delivery model would be implemented, as the requirement on the Trust to manage the supply to the ISP care home sector proved to be time consuming and distracting to a small staff group who were also dealing with requests for clinical support and guidance.

Testing in Care Homes

In the absence of a regional programme, the Trust responded early in Surge One to requests from ISP Care Homes for support with testing of symptomatic residents and staff. This support was offered by the Trust in the absence of an agreed business plan or funding to allow the Trust to establish capacity to deal with this demand going forward. This has proved challenging taking into consideration the level of staff required to deliver this work and our own staffing challenges.

- **Effective frequency and management – To ensure effective testing for Care Homes the Trust:**
  - Prior to the introduction of the rolling programme through the National Testing Initiative, provided direct support to test symptomatic residents and staff, through the redeployment of Trust staff from other service areas, which were stood-down. The Community Swabbing Team links with the Trust's Central Testing Team for support in terms of managing results and communication of the same to the Care Home Managers and to the Care Home Staff.
  - From August, supported the introduction of the rolling programme of testing in care homes with training and practical help.
  - Continues to provide testing for single symptomatic residents and/or staff and resultant programme of whole care home testing (all staff and residents) if the result is positive. Continues to provide whole home testing for all outbreaks in care homes inclusive of second round testing between day 4-7 and third round of testing at day 28..
  - Continues to work to secure additional staff to meet the level of demands experienced
  - Is working to identify suitable base accommodation to allow the Testing Team to work efficiently going forward

  and as stated earlier the Trust has:
  - Produced a suite of PPE videos to support Donning and Doffing of PPE and Swabbing/Testing techniques
  - Increased IPC related training regarding Swabbing technique and Fit testing of staff (where required) and
  - Increased Infection Prevention and Control (IPC) Nurse capacity in community to support ISPs.

- **Symptom monitoring –** From the outset of Surge One, **t**he Trust quickly established a Community Rapid Response Team. This approach to dealing with

the pandemic within the SHSCT was one of partnership between a number of existing Community based Teams. The Trust identified the enormity of the task at hand and therefore, allocated responsibilities to specific individuals in terms of dealing with queries relating to PPE, Infection Prevention and Control (IPC) and requests for support with staffing. Additionally, this Community Rapid Response Team included input from the Care Home Support Team (CHST), District Nursing Services (particular focus on support to residential care homes), the Specialist Palliative Care Team, the Heart Failure Team, the Community Respiratory Team, Community Physiotherapy and very significantly, the Acute Care @ Home Team (AC@H). These teams from the Older People and Primary Care Directorate worked closely with and alongside colleagues from the MHD Directorate, which included the MHD complex care team, as Care Home Support was provided across Directorates and Programmes of Care.

The Trust ensured that all residents within Residential and Nursing Care Homes who were experiencing covid-19 related symptoms, were referred to the AC@H Team, which the assumed responsibility for centralised monitoring and clinical oversight of these residents. Staff in the care homes were trained in carrying-out a range of observations and reporting the same. In a number of residential homes, in the absence of nursing staff, District Nurses supplemented the monitoring process.

The impacts of changes in symptoms were managed in two ways:

- Firstly, observations relating to individuals were monitored at the daily virtual ward round carried-out between the AC@H Team and the other staff who are part of the Community Rapid Response Team. This allowed clinical oversight, decision making and actions to be agreed as appropriate and implemented.
- Secondly, at the Care Home Information Support Hub, a summary of the clinical information was analysed against the information coming from the data from the RQIA Care Home self-reporting app and the insights of the Care Home Support Team (CHST). This allowed the Trust to review the status of each care home, taking into consideration the level of Covid +ve residents and/or staff in any home, as well as any concerns in respect of PPE, staffing cover, cleaning and IPC concerns etc… and then to plan how best to prioritise care homes for visits from specialist CHST or IPC staff to provide enhanced levels of support and guidance.

- **Personnel –** As stated in the sections above, providing support to care homes in terms of logistical support with PPE, provision on advice and guidance with IPC and carrying-out the various levels of swabbing and testing, plus the monitoring of symptomatic residents, particularly those in residential facilities,

has been very demanding on Trust staffing resources. There is a clear need for a more robust staffing arrangement going forward than has been possible to date.

- **Consent issues –** The Trust has been faced with issues around gaining consent for all individuals who require swabbing. Where possible Trust staff have shared current guidance in an attempt to gain informed consent, however this can be difficult with some individuals and particularly in the case of individuals who lack cognitive ability.

Funding and increased costs for Care Homes

Since March 2020 during the COVID-19 disruption period the HSC wanted to ensure that its Independent Sector Provider partners in care were supported financially to manage the cost pressures which they faced as a result of COVID-19.

Regionally a grant was paid to 370 Independent Sector Care Homes on 15 May 2020 totalling £5.4m, from the Minister's April announcement of £6.5m, the SHSCT element was £875K.

Regionally a balance of £1.1m has not yet been issued and is being discussed with HSCB and DOH.

This grant was to support Care Homes to manage any COVID-19 specific cost pressures, this was issued in bands (see table below), dependent on the number of beds in the facility. Governance arrangements have been on a 'light touch' basis with a monitoring return to the HSC to advise how the Care Home applied the grant. From a review of the returns there has been a wide variety of application, e.g. staffing support, loss of income, accountancy support ref the Government's Coronavirus Job Retention Scheme, PPE and essential equipment.

Beds in Home	Grant Award
0-30	£10k
31-50	£15k
>50	£20k

1. A mainly claims based process for Care Homes within a financial envelope of £11.7m announced by the Minister in June 2020. This financial package covered 3 key areas:
    a. To assist Care Homes to pay their employees at 80% of their pre-COVID-19 average salary if they had to shield, isolate or were ill as a result of COVID-19. The period of claim confirmed by DOH was from June to August 2020.
    b. To support Care Homes to increase their level of environmental cleaning hours from June to August 2020 as set by the PHA.

c. To support Care Homes to purchase additional essential equipment (Pulse Oximeters, Thermometers, Blood Pressure Monitors and Tablets/ Communication devices), the volume of each was informed by a survey completed by the PHA in May 2020. In addition to the claims element Trusts have separately ordered Defibrillator's for Care Homes which did not currently have one, as well as purchasing an additional stock of syringe drivers to support Care Homes when required, this has cost circa £0.6m.

The current level of reimbursement is set out below for SHSCT and the Region.

As of 09/10/2020	**SHSCT £'000**
Value of essential equipment reimbursed (£)	£78,174.41
Value of 80% sickness reimbursed (£)	£24,482.01
Value of additional cleaning reimbursed (£)	£117,419.06
TOTAL PAID ON CLAIMS TO DATE (£)	**£220,075.48**

A number of Care Homes had not made any claim as at the end of September and all were again invited to claim with local support offered to assist. At the time of writing there are 10 Care Homes, which have not claimed for any element of this support package from SHSCT and 22 Care Homes where claims submitted are awaiting processing or the Trust has requested information from the Care Home. Regionally all Trusts are writing to these Care Homes again in October offering further support and encouragement.

2. 'Guidance for Nursing and Residential Care Homes in NI' issued on 17/03/20 was supported by the application of the temporary cash Payments on Account (POA), to ensure that Care Homes were supported to maintain financial resilience during COVID-19 disruption. There were 2 key elements to this:
   a. The guidance indicated in section 4f – '*Planning will also need to take account of the financial resilience of care home providers. Where, as a result of the COVID-19 outbreak a nursing or residential care home's income reduces by greater than 20% below the past 3 months' average then Trusts should block purchase 80% of the vacated beds at the regional tariff. The Trust should then fill these beds as required over the next three months. If beds are still vacant at the end of that period a further review would be undertaken by the Trust working with the Health and Social Care Board*.'
   b. In a regionally agreed letter issued by Trusts to all Care Homes on 07/04/20 it was advised that during the period of disruption an interim cash POA would be issued to Care Homes, to bring the value of payments made to the Home to a minimum of 90% of the pre-COVID-19 average payment (adjusted for 2020/21 price uplifts). This would be achieved by 'topping up' any payment

for actual value of the monthly payment below 90%. If a Home's value of payment remained above 90% they did not receive any POA /cash contingency.

Putting this interim measure in place in April 2020, provided a supported, consistent cash flow for Care Homes until the collation, validation and processing of the conditions set out in '4f' (see above) could be actioned and for all monthly activity from April to be processed by Trusts, as payments for placements are generally in arrears. The expectation was that the impact of COVID-19 may have increased processing time.
Regionally Trusts have developed and agreed a methodology for the retrospective review of activity with the HSCB and DOH. All Care Homes will be provided with individual details on any adjustments required which may be an additional payment or retraction, the process commences in October relating to April's activity and will continue while the contingency arrangements are in place, or changed by the DOH.

Two caveats with this:

1. There could be a delay with September information reporting – so further hours may be added later;
2. The total hours and therefore costs include a mix of additional hours and costs [included in Covid-19 Monitoring returns as additional costs] and hours and costs of staff resourced by the Trust already but working normal hours in Care home instead [not included as a cost in Covid-19 Monitoring returns].

This excludes other support to Care Homes in general from the Trust such as senior management, professional advice, designated leads, link workers and the Care Homes Response Team.

- **Cleaning –** The Trust supported cleaning within care homes through two approaches. Firstly, the Trust Community Rapid Response Team acted as a point of contact for care homes requesting domestic support with cleaning. The Trust allocated domestic support to a number of care homes for routine and also for support with terminal cleaning. Secondly, the Trust supported care homes through the implementation of the regional support grants for enhanced cleaning regimes.

- **Other infection control measures -** Throughout the pandemic, the Trust has supported care homes through the provision of IPC advice relating to cleaning.

- **Technology –** The Trust worked with care homes to ensure that they were able to avail of the regional support grant for iPads, to support virtual visiting

approaches for residents. In summary the Trust deployed Digital Technology in Care Homes and were able to achieve the following:

- X10 ipads and SIM Cards funded via mPower EU funded project for Care Homes in the catchment area of the project, namely Newry South Armagh & South Down Areas in June 2020
- Proof of Concept informed by Care Home event Feb 2020 & Technology Scoping Exercise/ Consultation post C-19 with Care Homes in June 2020,resulting in a menu of 5 key areas uploaded to iPads:
- Social Contact/Connectivity e.g. Face Time, Zoom, Skype, Whats app to enable virtual visiting with family/loved ones & also connect with community eg spiritual thought for the day/ live stream services, read the paper on line, virtual museum/library tour
- Mental Health including music, storytelling, quizzes, apps
- Physical Activity including podcasts, dementia fitness instructor virtual and recorded classes, physical activity health messages
- Training & Useful Links for staff eg Covid 19, Project ECHO, NHS app library-sleep/Mental Health, nutrition, SHSCT bereavement helpline, psychology support, Trust UMatter (Health & Well Being App)
- Clinical Space to enable GP consultation, virtual ward round, updating care plans, MDT meetings etc…
- Operational details agreed re cleaning/storage and infection prevention control and minimum data set for quarterly monitoring, and "How to use guide"
- Updating of iPads can be done remotely by mPower team and on-going staff support as appropriate to develop competency and confidence using device via Care Home Project Echo
- X40 Lenova tablets donated by Connectforce (post GR application) and using mPower proof of concept uploading menu to all Care Home devices issued across Trust area.

Very positive feedback in advance of first Quarter due Nov 2020 regarding benefits to residents, with one family saying "been a real lifeline for us all and brought peace of mind to see loved one" and staff alike "really helping family and carers to see and hear their loved ones and allowing us to do more day to day work virtually and most importantly keep us all safe in this together". Another said "Covid 19 has enabled us to realise the benefits of digital technology that otherwise may have been untapped for a long time - thank you to the mPower team".

NB: There is information available in respect of an outcome questionnaire, relating to this project, which evidences the level of satisfaction with the project to date.

Staffing Issues & levels

To support the care homes through the pandemic, the Trust established a single point of contact that facilitated care homes making it known that they required support to cover gaps in their staffing rotas. In the first instance, it was the understanding of the Trust that ISP Care Homes should discuss their potential staffing gaps with RQIA to ascertain if there could be a temporary alteration made in respect of the expected staffing ratios within any care setting. Then having worked through this process, care homes could contact the Trust to submit a request for staffing support. These requests were then reviewed alongside the information available to the Care Home Information Hub meeting on a daily basis, where Trust staff had an overview of a range of pressures facing all care homes. This allowed the Trust to focus support to those in most need.

- **Additional staffing requirements –** Staff were made available to support requests for Domestic support, Nursing and Health Care Assistants. Arrangements were also put in place to establish an out of hours on-call system to allow the Trust to respond to emergency requests for support at weekends and bank holiday periods.

  Staff were allocated from a range of sources, including: the Regional Work Force Appeal, Redeployments from within the Trust from services, which had been stood-down, staff from District Nursing etc… working additional hours through an internal Trust appeal. Whilst the Trust responded to the majority of requests, this was very challenging and we were not always able to respond to every request. There was particular difficulty responding to requests for registered nurses. This piece of work is on-going and currently the Trust is working to add more staff to the list of those available to work in care homes if required. It is clear at this stage that there continues to be a lack of registered nurses available for such duties.

- **Recruitment, regulation –** RQIA fulfilled the role of providing support to care home providers in respect of advice in terms of managing staffing levels and ratios safely and in keeping with the RQIA's Regulatory expectations.

  Throughout the pandemic, the Trust managed to employ staff safely and efficiently from the Work Force Appeal lists and also through our own internal Trust arrangements and specific internal Expression of Interest workforce appeal for staff who would work shifts in Care Homes

- **Staff movement, shifts, roles –** It was identified as desirable to manage staff allocations on the basis that where possible, staff would not work across more than one care home and statutory setting, due to the lack of staff, in practice this proved very difficult.

- **Training & guidance** - The Trust also realised that it was important to prepare and support staff allocated to work in care home settings and therefore an induction programme was agreed for such staff. This was seen as essential for staff who had no previous experience of working in the independent care home sector.

  Staff working in these settings were made aware of the standards and guidelines that applied to these specific settings and where possible, staff were allocated to care homes through a buddying arrangement, whereby two staff were allocated together. Training was tailored to individual care homes, to ensure staff are as well prepared as possible.

Staff pay and conditions

The Trust has worked within all regional guidance issued in respect of how staff should be paid during the pandemic. This applies to how we have paid our own Trust staff redeployed to provide support to care homes and also how we paid any staff allocated to care homes by the Trust from the Regional Work Force Appeal waiting lists. Such staff have been paid subject to confirmation that they completed the allocated work. The Trust has also paid sick pay in accordance with regional expectations, as appropriate.

- **Environment including staff changing facilities –** The Trust has provided IPC advice and guidance to individual care homes, as well as making care homes aware of regional guidance. Through our IPC contact with individual care homes, the Trust has offered advice in respect of how best any care home could set-up "donning and doffing" areas within the care home, to achieve best effect and to make best use out of PPE, so ensuring that safe practice is supported.

Visitors

- **Virtual visiting –** The Trust has ensured that throughout the pandemic, that ISP Care Homes have been kept up to date in respect of all DOH and PHA guidance as it applies to the management of visitation of residents in care homes. However, it is important to note that typically care homes are responsible for making a risk assessed decision in relation to how best they should manage visitation, while at the same time keep staff and residents as safe as possible.

  For this reason virtual visitation is seen as an alternative to face to face in person visits. The Trust has worked with Care Homes to support access to iPads and other hardware to support virtual visits, where this is appropriate. The Trust has also encouraged the facilitation of visits for residents who are deemed to be at the end of life.

- **Socially distanced visiting –** Some Independent Sector Care Home Providers have introduced the idea of creating specific "visitation pods" with Perspex screening etc… to provide face to face visits as safely as possible, while supporting social distancing. Examples such as these are shared at the regular Trust and ISP Care Home Zoom conferences as Good Practice, to encourage other care homes to consider the potential for the same.

- **Wellbeing –** From the outset, the Trust has facilitated Care Home staff to be supported and if required, to be seen through Trust Occupational Health services.

Regulation
(including RQIA Role including inspections & advice/ Risk Factors and HSC-run versus privately-run homes, including impact/outcomes comparison)
The Trust has worked on the basis of partnership with RQIA during the pandemic. For example, the Trust has worked with Care Homes in respect of providing support for staffing absence, on the basis that in the first instance, Care Homes should seek advice and guidance from RQIA in respect of staffing levels and skill mix ratios. There are other examples where Trusts engage directly with Care Homes in the understanding that whilst we are working with Care Homes, which we are doing so in line with previously agreed regulatory standards and guidance.

The Trust continues to benefit from information shared by RQIA on a daily basis from the RQIA Care Home data portal. This information is analysed by the Trust Care Home Information Hub staff and influences how we target our resources, including IPC resources, to those in most need.

Medical Care within Care Homes

- **In-reach teams / support from Trusts & GPs –** Whilst the primary responsibility for the provision of medical services for individuals in care homes rests with the individual's own registered GP in keeping with the General Medical Services (GMS) contract, the Trust has during the pandemic been in a fortunate position to be able to focus additional medical oversight to symptomatic residents through the input and oversight of the Trust's Community Rapid Response Team, including the input of the Acute Care @ Home Team. This has allowed many residents to be managed within the care home setting, rather than having to be transferred to an acute setting. Residents were managed through a tiered approach, with some residents requiring active Consultant Geriatrician input and others requiring input by staff who monitor the condition of symptomatic residents through the completion of an agreed monitoring tool. This allows early identification of any resident whose vital signs are indicating a

worsening of their condition and allows timely escalation of this to the attention of the Consultant within the AC@H Team.

When required, the Trust can also provide support to families and staff from the Bereavement Support Team and for care home staff, from the Psychology Service, alongside input from the Trust Palliative Care Service.

- **Advanced care planning –** The responsibility for Advanced/Anticipatory Care Planning (ACPs), rests primarily with GPs. These are completed with the resident and any family/ carers as appropriate. This is a vital component of all care plans for residents living in Care Homes and the Trust will continue to encourage completion of ACPs in the months ahead.

Preparedness within the HSC and in care homes: pre-COVID baselines and future requirements.

As stated previously at the outset of Surge One, the Trust quickly established a Community Rapid Response Team. This approach brought a number of specific existing Community based Teams together under the banner of a Community Rapid Response Team. This allowed allocation of specific responsibilities to individuals in terms of dealing with queries relating to PPE, Infection Prevention and Control (IPC) and requests for support with staffing. Additionally, this Community Rapid Response Team included input from the Care Home Support Team (CHST), District Nursing Services (particular focus on support to residential care homes), the Specialist Palliative Care Team, the Heart Failure Team, the Community Respiratory Team, Community Physiotherapy and very significantly, the Acute Care @ Home Team (AC@H).

These teams from the Older People and Primary Care Directorate worked closely with and alongside colleagues from the MHD Directorate, as Care Home Support was provided across POCs. The benefits of this working together has been important, however there will be a need for additional resources to strengthen the support provided to the Care Home sector going forward. There has also been significant benefits achieved via the use of virtual conferencing and particularly ECHO educational sessions.

- **DoH consideration of Care Homes within pandemic plans –** The Trust has implemented all DOH guidance in respect of Care Homes as required.

- **Coordination & Communication between DoH, Trusts & Care Homes -** As detailed earlier, from the outset of the pandemic, the Trust established weekly Zoom Conferences with ISP Care Home representatives. This allowed the Trust to ensure that Care Home reps were keep up to date with all new DOH and

PHA guidance, as well as providing the Trust with an opportunity to listed to those present and often this supported the Trust in gathering insights in respect of the pressures being experienced within the sector. This allowed these insights to be shared widely at the weekly DOH, PHS, HSCB, RQIA and Trust Regional Directors meeting.

The Trust also has a Key Worker from the Care Home Support Team assigned as a named contact for every Care Home. Additionally, the establishment of a single point of contact and named senior staff member to deal with ISP PPE requests, has proved to be a very important part of our response to support Care Homes through the pandemic.

- **Care Homes:**
    - **Standards in place for infection control and Staff training including infection control, dealing with infectious disease outbreak -** In response to the level of demands placed by Care Homes for IPC advice, from the outset of the pandemic, the Trust redeployed an additional senior staff member into the role of Community IPC Nurse Advisor. This has proved very beneficial over the last 8 months. The post holder has worked alongside existing Trust IPC staffing and with PHA IPC staff as well, to provide timely advice and guidance, as detailed throughout this response.

      Inputs have included (detailed previously):
        - Producing a suite of PPE videos to support Donning and Doffing of PPE and Swabbing/Testing techniques
        - Increased IPC related training regarding Swabbing technique and Fit testing of staff (where required) and
        - Increased Infection Prevention and Control (IPC) Nurse capacity in community to support ISPs.

    - **PPE stocks typically in place and usual levels of need /cost –** As detailed under section “Access to PPE”, the Trust established at pace, a service to support issue and oversight of PPE to ISPs. In the early days of the pandemic the Trust provided three days advanced PPE supplies, moving to 1 week advanced supplies during April. Ordering for PPE is done via a single point of contact/ email account and a senior staff member is available 7 days per week to deal with concerns and emergency requests for PPE.

ADDITIONAL SUGGESTIONS

In the initial cover letter, respondents were invited to include anything seen as additional suggestions, which would improve our ability to deal with the second surge. The Trust would respectfully take this opportunity to suggest the following:

1. Trusts and Care Homes under pressure to manage Post Covid +ve residents who are "wandering with intent" and require expensive 1:1 staffing arrangements for a period of time, to ensure safety of staff and other residents. Consideration of enhanced funding to commission such placements would be welcome.
2. There is a need for clarity in respect of exactly what ISPs should be providing in terms of PPE versus what Trusts are expected to supply in addition.
3. Care Home representatives are reporting to Trust staff that the Care Home testing of staff every 2 weeks and residents every month, is placing a significant staffing burden on them from an admin perspective as well as on other staff. This will potentially need resourced going forward.
4. Financial support provided to care homes was reported by care home representatives as being essential and very welcome. This will need reviewed going forward and may need to include a mechanism to ensure it also encourages care homes to actively embrace requests for new residents to be admitted, in as timely a fashion as possible, so supporting hospital discharge.
5. Care Home representatives have advised that they would appreciate more freedom in respect of how they would access grants to purchase a wider range of equipment to improve the quality of placement, which they provide.
6. During Surge One, requests for Domestic Support was a recurring theme. This caused quite a bit of work for Trusts who were attempting to identify workers to place within the Care Homes. If it is possible to access professional cleaning companies and match them up with Care Homes now, that would be beneficial.
7. It is appreciated that Trust staff were provided with the freedom to refuse a request to be redeployed to work in a Care Home during Surge One. However, this resulted in an inability to respond to all requests for support and may need revisited due to work force challenges.
8. Trusts dealt with a number of complaints from the Public in respect of Visitation arrangements. It may be useful to engage in a wider Communications message regionally to explain the position of Care Homes in this regard.
9. The Trust stood-down a range of services during Surge One to allow us to respond to the Care Home request for support. It will be important that we build capacity in IPC, Care Home Support Team, the AC@H Team, Occupational Health Service, Covid Testing Team and a range of other services that together all support Care Homes.

End

19 October 2020

Committee for Health

Mr Shane Devlin
Chief Executive
Southern HSCT

By email: elaine.wright@southerntrust.hscni.net

Our Ref: C221/20

23 September 2020

Dear Mr Devlin

COVID-19 and Care Homes

The Committee for Health is conducting an inquiry into the impact of COVID-19 on Care Homes and is seeking the views of your organisation with a view to developing recommendations aimed at mitigating and managing a second surge in infections.

The Committee has gathered evidence from a wide range of stakeholders on this matter since March, which has informed the enclosed terms of reference and identified the following areas for particular consideration:

- Discharge from hospitals to care homes;
- Access to PPE;
- Testing in care homes;
- Funding and increased costs for care homes;
- Staffing issues & levels;
- Staff pay and conditions;
- Visitors;
- Regulation: RQIA role, inspections & risk factors including public versus private ownership;
- Medical care within care homes and advance care planning; and
- Preparedness within the HSC and in care homes.

The Committee feels it has a good sense of the problems experienced but is keen to develop constructive recommendations that will inform decision-making in coming months.

I would therefore be grateful if your evidence could focus on the steps required to minimise infections in care homes and care for those infected, while prioritising the care and wellbeing of all residents in the broadest sense as well as the wellbeing of staff. It would be very helpful if you could use the above headings to structure your response, subject to any additional suggestions you wish to make.

The above headings are supplemented overleaf by a list of sub-topics designed to illustrate, in a non-exhaustive way, the type of information that would be useful. Appendix 2 sets out the Committee's terms of reference.

I would grateful for your reply by 19 October in order to maximise the usefulness and timeliness of the Committee's report.

Yours sincerely,

Colm Gildernew MLA
Chairperson
Committee for Health

Enc.

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Appendix 1

Further information on topics of interest

- **Discharge from hospitals to care homes**
  - Testing prior to & post discharge
  - Isolation within care homes
  - Step-down facilities

- **Access to PPE**
  - Costs
  - Security of supply
  - Procurement: central v individual

- **Testing in care homes**
  - Effective frequency and management
  - Symptom monitoring
  - Personnel
  - Consent issues

- **Funding and increased costs for care homes**
  - Cleaning
  - Other infection control measures
  - Technology

- **Staffing issues & levels**
  - Additional staffing requirements;
  - Recruitment, regulation
  - Staff movement, shifts, roles
  - Training & guidance

- **Staff pay and conditions**
  - Sick pay
  - Environment including staff changing facilities
  - Other support

- **Visitors**
  - Virtual visiting
  - Socially distanced visiting
  - Wellbeing

- **Regulation**
  - RQIA role including inspections & advice
  - risk factors
  - HSC-run versus privately-run homes: impact/outcomes comparison

- **Medical care within care homes**
  - In-reach teams / support from Trusts & GPs
  - advance care planning

- **Preparedness within the HSC and in care homes: pre-COVID baselines and future requirements**
  - DoH consideration of care homes within pandemic plans
  - Coordination & communication between DoH, Trusts & care homes
  - Care homes:
    - standards in place for infection control
    - staff training including infection control, dealing with infectious disease outbreak
    - PPE stocks typically in place and usual levels of need /cost

Appendix 2

Aim of Inquiry

The aim of the Committee's inquiry is to produce recommendations to mitigate and manage the impact of a potential second surge of coronavirus on care homes.

Terms of Reference

The Committee will:

- Identify the key issues impacting care homes as a result of the COVID-19 pandemic;
- Identify domestic and international examples of best practice in arrangements to protect and care for residents of care homes during the pandemic; and
- Report to the Assembly on its findings and recommendations by **13 November 2020.**

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