Western Health and Social Care Trust

Response to queries raised by the Committee for Health in conducting an inquiry into the impact of COVID-19 on Care Homes – WHSCT final submission, 19th October 2020

Indicator	Successful	Areas for Improvement	Recommendations
Discharge from hospitals to care homes	All discharges from hospital to a care home, patients are tested 48 hours prior to discharge. Care homes ensure isolation for 14 days from admission.	Step-down facilities within Trusts including rehab wards with single room facilities and the ability to isolate patients, should be considered as an appropriate alternative to reduce the pressure on homes, and this would enable the 14 day period (which itself we challenge, should be reduced to 7 days) to be undertaken before direct transfer to care home, thus enabling better flow out of hospitals and reducing the ability for care home providers to put barriers to transfer in place.	In addition to the 14-day period being undertaken outside the care home in a Trust facility (should capacity allow) with required measures in place, consideration of additional resources/measures to manage the supervision of those that 'walk with purpose' during the isolation period, given this was often a barrier to timely discharge cited by providers.
Access to PPE	• Identified PPE lead in Trust. • Modelling of PPE needed in each care home. • Delivery of PPE to care homes. • Spreadsheet to record PPE issued to each care home. • Responsive service for emergency items. • Centralised system for	Challenge for care homes to get normal supplies of PPE from existing suppliers, i.e. gloves and aprons. Trust providing and meeting costs.	The need to seek evidence that the care home cannot secure PPE items from existing suppliers, particularly given DOH has provided funding to support them to do this.

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	distribution. • Communication between Care Home Support Team and PPE lead re supply and demand.		
Testing in care homes	Trust has supported care homes with testing/advice in outbreak situations and have worked well in partnership to manage this process.	The National Testing Initiative was implemented and rolled out to all care homes on the 3rd August. There are a number of difficulties that have been highlighted to date • Delays in results, reported to be 4-7 days in some cases was up to at least 10 days. This includes positive results therefore increasing transmission risks. • Positive results are not communicated separately from negative results. • Logging of spreadsheets onto the system is time consuming and causing additional pressures to an already stretched care home workforce.	Additional PHA support for care home staff to enable a more efficient, safe and effective process. It is our observation that homes require financial support for additional administration. We know DOH has offered/provided this, however uptake of financial support has been we understand surprisingly low. Process the swabs regionally to improve result reporting. Escalation of positive result reporting - these should be phoned through to home manager immediately in order to put in place mitigating measures in a timely manner.
Increased cost for care homes/funding	• Additional financial support to this sector has been	• Decisions at regional level to be taken in a more	• Either a grant award based on bed capacity with retrospective

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	helpful. • One off Grant - Good process and a good way for Homes to have additional funding for Covid related costs. Would recommend this is proposed way forward, a single payment based on the size of Home awarded to providers to cover a list of appropriate costs, with a follow-up request of evidence to demonstrate appropriate use. • Additional funds re staff pay support, cleaning, equipment etc.	timely manner, to enable financial support to be available at the beginning of surge. • R&N additional funding (£11.7m), areas were somewhat prescriptive in departmental/HSCB/PHA communications. For example cleaning hours and payments to a contract cleaner were allowed, but not cleaning materials or cleaning equipment • Using information on dis-allowed items and areas where homes believe they would benefit most when allocating additional funding to homes. • Guidance re 80% support re bed occupancy levels requires strengthening, as providers are receiving this element of assured funding albeit with an option to claw back and review at a future stage.	review or claims based process on monthly basis for providers up to certain amount based on bed capacity also. An acknowledgement that providers within some sort of controlled auditable approach can adequately demonstrate what their Covid related costs are. From linking with providers some of their comments thus far have been; • They'd like to be permitted to use funding to secure additional staff for one to ones to assist with Isolation • Providers are also seeing increased agency rates per hour and this is putting additional financial strain on them • Providers would like to use claim process to improve Wi-Fi rather than buy more IT equipment • Providers already had appropriate amounts of equipment, the claim process was for therefore too late to be off benefit to them • Providers didn't see the importance of having access

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			AED's • Providers would like to be given the opportunity to purchase what they feel they require rather than their requirements being stipulated by the region • Retrospective ability to claim for Covid cleaning costs prior to 3rd June • Retrospective ability to claim for Staff sickness costings prior to June 2020 Type of Support / Equipment WHSCT recommend there is allowance for in future situations; • Slings for Manual Handling – purchase of Single use. • Disposable cuffs for BPs • ZOOM Links Licence for Trusts which benefits providers for their use • Booster boxes for Wi-Fi • Overwhelming recommendation the DoH is encouraged to make a decision that cover the next 6 month period as the frequent changes in approach require an intense amount of support from Trust teams to process and

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			administer. Definite need to move away from a month to month approach.
Staffing levels/issues	The Trust has effectively supported many of our local Nursing and Residential Care Homes in situations where the home's individual contingency plans have been exhausted and the emerging situation has been risk assessed as requiring immediate intervention and support. This was through redeployment of staff, both nursing and healthcare assistants.	We have exhausted our pool of volunteers and there are significant workforce pressures in acute and community sectors which will impact on our ability to provide staff to care homes. Even in launching the workforce appeal we are getting a limited response. In addition we have less staff in the system to be able to redeploy to care homes if we are not standing down services. Workforce contingency measures need to be responsive and equitable. An agreed level of safe staffing ratios and skill mixes needs to be reviewed and regionally implemented in all sectors to ensure safe provision of care to all regardless of their location/facility. This is an exercise that the Trust is undertaking in our own service areas and would welcome the PHA advising further on for	The Regional Trade Union position re the redeployment of staff being a voluntary process needs urgent review to manage the 2nd surge workforce challenges.

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		care homes.	
Staff pay and conditions	DoH support to providers to pay their staff on Covid related illness 80% of their previous 3 months wages. Trusts to provide top up from SSP amount. Claims process implemented for providers.	Process only implemented from 3rd June – 31st August, after first surge. Retrospective to 1st April would have been more helpful to providers as this is when most of their staff were absent.	Decision on whether this support will be available after August 2020 required from DoH.
Visitors	All care homes have worked hard to put appropriate measures in place to facilitate visiting, this includes face to face, remote/virtual visiting, outside pods, window visiting. There is however much fear across provider settings around the risks associated with visitor transmission. Our assessment of visiting indicates majority of homes have risk assessed and adapted their visiting policy, however increasingly few are facilitating in person visiting, which is a concern and through the winter, alternatives such as window visiting will become less possible.	Public messaging from the DOH/RQIA/PHA should highlight the challenges facilitating visiting presents to homes and ask for families and relatives cooperation and understanding. This should be linked to advice from the Patient/Client council and COPNI on how this should be rolled out regionally in a consistent way.	Greater larity and direction needed from DOH especially when R rate increases, and homes are in outbreak status. Engagement and clarity with providers regarding the Care Partner approach, with a tailored assessment implementation rather than a blanket approach.
Regulations: RQIA role, Inspections & Risk Factors	Initially the RQIA were supportive with inspectors	Feedback from providers indicates that RQIA should	Communication is currently done through emails/circulars, the level

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(incl public versus private ownership)	linking with homes to offer advice and guidance, this included flexibility in workforce skill mixes and ways to manage the pressures.	communicate more effectively in a proactive supportive way with providers, with clear guidance and updates. This should be done alongside trust colleagues.	and style of engagement and partnership working needs to be enhanced and developed based on the learning and feedback from care home providers.
Medical care within care homes including advance care planning	Care home across the area have linked with primary care, palliative care teams, residents, families and other relevant professionals to ensure person centred advanced care plans and anticipatory care plans are completed, documented and regularly reviewed.	Improved access to primary and secondary care clinical advice and guidance. This is a workforce challenge and a significant amount of work has been undertaken regionally to develop an anticipatory and responsive model of inreach to support care homes in situations where residents become medically unwell and to respond in a multidisciplinary team way, ideally preventing admissions to hospital where clinically appropriate.	Enhanced care is provided through a designated GP aligned to specific care homes. The ability to deliver the recommendations from regional work undertaken is largely dependent on having a workforce supply to undertake the anticipatory and rapid response model of provision – in some areas this workforce isn't available, for others a requirement to reassess and reprioritise the place and focus on care is an important next step e.g. consultant outreach from hospitals to work with community teams. As a region there appears to be collective commitment to do this.
Preparedness within HSC	**Early distribution of PPE:** Trust first issued masks and visors to all care homes on 20/03/20. Single point of contact established for care home support on 20/3/20	Resources and plans to include investment regionally for continued support measures.	Enhance IPC resources and expand Occupational Health capacity to meet the needs of care home staff during the 2nd wave and beyond to deal with the long-term impact on this workforce.

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Preparedness within care homes	Care homes all had a supply of PPE used daily including gloves and aprons; some had an emergency contingency supply. Weekly meetings between trust and providers.	Continue with weekly engagement and regular manager's forums to provide support, guidance and aide resilience.	Proactively promote a designated support platform for managers in charge of care homes, facilitated jointly by PHA/RQIA/TRUSTS.

Table 1: Quantity & Cost of PPE issued to Nursing & Residential Homes from March 20 to 09/10/20

PPE Item	Quantity	Cost Estimate
Gloves	766,860	£147,798
Aprons	350,638	£ 28,531
Gowns	6,250	£19,448
Fluid Resistant Surgcial Masks	1,105,026	£806,323
FFP3	10,224	£883
Visors	145,841	£217,306
TOTALS:	**2,384,839**	**£1,220,290**

95% of stock issued from PiPP (zero cost)

Table 2: Other Trust Costs

Western Health and Social Care Trust

Financial Support to Care Homes	£	£	Comments
Grant		700,000	One-off payment
Cash Payment on Account		266,340	As at 30/09/20
Reimbursement in respect of:			
Equipment	43,990		
Cleaning	133,384		
Staff Sickness	9,933		
		187,307	As at 30/09/20
Nursing staff seconded to Care Homes		66,369	As at 31/08/20
Total Cost		**1,220,016**	