



Chief Executive

19th October 2020

Colm Gildernew MLA
Chairperson
Committee for Health
Room 410
Parliament Buildings
Stormont, Belfast BT4 3XX

Dear Mr Gildernew,

COVID-19 and Care Homes

I refer to your letter of 23 September seeking evidence on the steps required to minimise infections in care homes and care for those infected, while prioritising the care of all residents in the broadest sense as well as the wellbeing of staff.

I have set out the evidence sought in line with the headings structure provided in the attached Appendix 1, while a graphic to summarise the overall support arrangements to Care Homes is also attached in Appendix 2.

It may be helpful if I first set out the actions taken by the Trust in the context of the **Northern Ireland COVID-19 Regional Action Plan for the Care Home Sector**. This Action Plan, which I am sure you will have had sight of, sought to focus on:

Prevention: Reduce the number of outbreaks and the number of individuals infected in each outbreak.

Mitigation: Provide robust integrated Care home, Primary Care and HSC response including Medical, Nursing, AHP, Pharmacy and Social Care response commensurate with resident health care needs including acute clinical management of COVID-19 in residents.

Resilience (service continuity): work in partnership with and strengthen Care Homes to ensure safe, person-centred care continues to be delivered to all residents irrespective of COVID-19 status.

The Action Plan also set in place a matrix as a point of reference for Care Homes and Trusts to guide decision making on when additional targeted support may be required. The matrix used a range of variables including COVID Cases, Workforce status and availability of PPE and other essential equipment to classify the service pressures and risks faced by care homes. This enabled homes to be classified as Green (Low COVID related Pressures), through to Amber and Red (High COVID related pressures) status.

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"To deliver excellent integrated services in
partnership with our community"

The Trust continues to monitor all homes within the Northern Trust area and to classify risk in accordance with this regional matrix; this then informs the level of intervention the Trust should seek to put in place dependent on the risk status of each home.

I trust the attached meets your requirements at this stage, however I would be happy to address any further issues which may arise in the course of your Inquiry.

Yours sincerely,

Jennifer Welsh
Chief Executive

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Appendix 1

Northern Health and Social Care Trust

Evidence to Committee for Health

COVID and Care Homes

19 October 2020

1) Discharge from hospitals to care homes

In line with the regional guidelines patients are swabbed within the 48 hours period in preparation for discharge to care homes. This has contributed to supporting Green homes to remain Green. Significant coordination is required in achieving timely discharges, engaging laboratory staff, ward and community discharge staff, in this transition process. This process is applicable to patients returning to their place of residency, moving for a period of temporary placement or for a period of rehabilitation. It should be noted that the ongoing changes to guidance was challenging for Care Homes and the Trust in keeping in line with requirements.

Isolation within Care Homes

Isolation can be challenging among residents with dementia or cognitive impairment. This requires Care Homes to consider increased 1:1 support for these residents during the isolation period. The Trust communicates with each Care Home upon discharge of each individual to ensure the isolation requirements of each resident is clearly understood and can be safely implemented.

Step Down Facilities

The Trust initially block purchased beds in community settings to facilitate discharge from Acute settings. It became clear however, that the management of infection prevention and control was more effective if managed through a COVID positive discharge pathway. We have therefore identified COVID Recovery specific pathways.

2) Access to PPE

The Trust established a partnership hub in March 2020, to give Care Homes a single point of contact within the Trust with which to raise issues of concern, including access to PPE. Care Homes are invited to advise the Trust through the single point of contact what their requirements are for the provision of PPE during the COVID 19 period. Arrangements were been put in place for the delivery or collection of these products on regular intervals. Whilst some care homes have maintained their own supply chain in respect of PPE, the majority have made use of this Trust support.

Costs

A summary of the volume and cost of PPE made available to the **133** care homes within the Northern area, between 30 March and 30 September 2020, is set out below:

PPE Item	Qty Issued	Cost of Issue (£)
Alcohol free wipes	15,780	674
Alcohol hand sanitiser	828	4,388
Alcohol wipes	5,480	2,921
Aprons	1,135,251	124,878
Eye protection - disposable	19,801	0
Eye protection - reusable	7,265	0
Face Mask FFP3 - 9332+ Each	894	3,576
Face Shield Mask	1,678,056	2,517,084
FFP3 1863 mask	5,242	20,968
FFP3 1873v mask	2,133	8,532
FFP3 1895V+ (8835+) mask	535	2,354
FFP3 8833 mask	1,283	3,875
Gloves	3,351,000	92,711
Gown	7,700	9,625
Hat - Cap/Hood Disposable	6,121	735
Scrubs	4	98
Visor - Face Shield	48,805	73,208
Total	6,286,178	2,865,625

Security of Supply

At the outset there was general concern about the security of supply. The Trust, in cooperation with colleagues across the region, developed a detailed model setting out estimated weekly requirements. This model has informed the procurement strategy of Procurement colleagues in BSO. At this stage the Trust is confident, based on assurance from Procurement colleagues within BSO, that the supply chain required to deliver PPE to Care Home partners is secure, particularly in the items of highest demand, i.e. Aprons, Face Shield Mask, Gloves and Visors.

Procurement: Central vs Individual

It is reasonable to assume that the significant central purchasing power of HSCNI will lead to better Value for Money in procurement than would be expected to the achievable by individual care homes establishing and maintaining their own supply chain.

3) Testing in Care Homes

The Trust established a testing team through redeployment of staff who supported a Trust wide testing service including to Care Homes.

A drive through hub was set up in Ballymena for staff that could drive and a community swabbing team was coordinated from a single point to support swabbing in care homes across the entire Trust area. The Trust also provided a limited mobile testing service for staff unable to access the drive through facility. The management of results, health monitoring and advice was coordinated through the central team by professional staff.

This model incorporated various stakeholders, with a multidisciplinary approach in partnership with the NHSCT care home support team and NHSCT laboratory services.

Effective Frequency and Management

The Trust supported the introduction of the rolling programme in Care Homes with training and practical help for homes to undertake swabbing. The team supported three strands of COVID19 swabbing to assist with the implementation of an interim COVID19 testing solution. These are as follows:

- a) Symptomatic Health and Social Care Workers from within the Trust, Independent Sector, Primary Care and Care Homes.
- b) Support for Care Homes including
 - a. Outbreak testing - Symptomatic Residents and/ or staff within care homes.
 - b. Whole home testing of residents and staff as directed by Department of Health and PHA; and
- c) Pre admission to care homes for short break, temporary or permanent placements, movement between homes and admission/attendance to hospital for diagnostic procedures.

These teams supported the roll out of whole home testing in all care homes within the Trust area in line with the Whole Home Testing guidance issued in April 2020.

Staff currently undertake the testing of symptomatic residents and staff and outbreak testing as per the “COVID-19 TESTING IN RESIDENTIAL AND NURSING HOMES WITH A SUSPECTED OR CONFIRMED COVID-19 OUTBREAK” guidance issued on 20th August 2020. This currently equates to approx. 1,000 residents/month and approximately 1,200 Care Home staff/month in response to 14 outbreaks. Staff also provide results, health monitoring and advice to those who have been tested via direct telephone contact.



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The Trust is currently exploring options to ensure these arrangements, to improve the resilience of these arrangements with regard to staffing and physical environment.

Symptom Monitoring

The Trust put in place the PartnerHub as a single point of contact for all Care Homes and provided Nursing and Infection Prevention and Control advice through clinical support enabling supported decision making with escalation as required. The Trust monitored each home using the regional care home monitoring matrix and ensured regular and proactive engagement with each home to ensure their needs were promptly met with regard to staffing, PPE, clinical support, cleaning and advice. The care home status summary produced by the matrix is regularly reviewed and shared within the Trust.

Consent Issues

There were concerns raised in relation to consent to testing from residents and staff in care homes. The Trust ensured that the relevant Health and Safety guidance was shared with Care Homes and professional staff emphasized the importance of proactive testing for residents.

4) Funding and Increased Costs in Care Homes

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

For the Residential and Nursing sector there have been 3 key strands of financial support announced by the Minister for Health:

i) Grant Support

Regionally a grant was paid to 370 Independent Sector Care Homes on 15 May 2020 totaling £5.4m, from the Minister's April announcement of £6.5m, the NHSCT element was £1.5m.

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



ii) Claims Funding

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:

- 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.
- To support Care Homes to increase their level of **environmental cleaning hours from June to August 2020** as set by the PHA.
- 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 £0.7m.

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

As of 02/10/2020	NHSCT £'000	Regional Total £'000
Value of 80% sickness reimbursed (£)	16	57
Value of additional cleaning reimbursed (£)	272	807
Value of essential equipment reimbursed (£)	121	389
TOTAL PAID ON CLAIMS TO DATE (£)	409	1,253

A number of Care Homes had not made any claim as at the end of August and all were again invited to claim with local support offered to assist. At the time of writing there are 28 Care Homes which have not claimed for any element of this support package from NHSCT and 20 for which no evidence of the additional costs has been provided to allow reimbursement to be made by NHSCT. Regionally all Trusts are writing to these Care Homes again in October offering further support and encouragement.

iii) Cash Flow Support

'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



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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.

The total amount of interim cash payment on account paid from April to September to Care Homes by NHSCT was £0.95m.

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.

Cleaning

In addition to the regional financial support claims process in respect of additional cleaning within Care Homes, the Trust also established arrangements to provide Trust staff to undertake cleaning in Care Homes where this was required.

Other Infection Control Measures

The Trust has also provided significant Infection Prevention and Control advisory services to homes, both in person where required and virtually.



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Technology

The Trust implemented and supported the regional support for technological solutions to enable communication between residents and families.

5) Staffing Issues and Levels

Additional Staffing Requirements

The Trust has supported workforce requirements within Care Homes since April 2020. This has been a particularly challenging process given the unpredictable fluctuations in demand across Care Homes for a wide range of staff roles, particularly during weekend periods. The following provides a breakdown of the shifts covered across the Trust area by profession.

Month/ Profession	Total No. of shifts covered
Admin	4
Care Assistant	77
Domestic	38
HCA	55
Nursing	48
Grand Total	222

This includes Nursing and Social Care shifts covered as well as other interventions in specific homes such as Cleaning, Family Liaison, Senior Managers and Administration in Homes, Safeguarding, Care Home Swabbing, IPC, AHP's, Psychology and other Nursing Support (District Nursing, Hospital Diversion, Dementia etc.).

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

In addition to this on-call rotas have been made available over weekends and Public Holidays; dependent on the number of homes with outbreaks or with the potential requirement for emergency workforce support.

Recruitment & Regulation

The Workforce Governance team within the Trust currently manage a list of available staff. This list is made up of individuals who applied to the HSC Workforce Appeal & also individuals who already hold posts within the Trust offering support by doing additional hours via an internal workforce appeal.

Planning for further surges & the winter months is currently on-going, to ensure there are sufficient staff available across all professions & localities. A further Internal Workforce Appeal was issued and the HSC Workforce appeal



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has re-opened, which will enable the existing list to be augmented. The Trust is also considering the resourcing of peripatetic teams to support Care Homes staffing in the next COVID surge.

Staff movement, shifts, roles

The movement of staff is tightly monitored. Upon asking staff to work shifts within the care home sector, they are asked to notify us of any work within the past number of weeks within covid-19 environments. Staff are also advised to inform any other employers if they undertake shifts within care homes with confirmed covid-19 cases. There are also tight controls in place to minimize staff working between different facilities.

Training & Guidance

All staff working within the Care Homes are invited to attend an on-boarding induction session. This provides a welcome & appreciation for those who have expressed an interest in providing support. The session also includes psychological support & information on self-care. Regular live updates are sent to staff as required including details on how they can be tested for covid-19, access to the Trust Occupational Health Service & how to obtain a flu vaccination. Clear guidance is also incorporated for staff on the use & availability of PPE.

6) Staff Pay and Conditions

The Trust has been proactive in identifying staff who have and continue to support care homes where they have been unable to sustain services. Processes are in place to ensure, where possible, that staff are contacted in a timely fashion for their deployment to cover uncovered shifts. During the 1st wave this was facilitated in part through stepping down some Trust services, thus creating capacity for Trust staff to undertake these duties.

The Trust have Designated Leads & Link Workers in place who ensure that once a staff member has confirmed they will work in a care home that management within the home are available on their arrival to provide an induction prior to commencing their first shift.

Time sheets are completed in the Care Homes to ensure staff are paid for the additional shifts undertaken. This is processed through the Trust's HR terms and conditions team.

Sick Pay

In line with DoH guidance the Trust has introduced a Claims process 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. See Paragraph 5 above.

Environment including staff changing facilities

Care Homes are able to either set their Grant towards any adjustment required to their care environment to address pressures arising from COVID including any requirements in respect of staff changing facilities and associated equipment.



7) Visitors

Care homes have been supported in a number of approaches by the Trust in relation to securing meaningful visiting arrangements based on the COVID risks at any point in time.

Virtual Visiting

During the March to June period, and the resultant access to funds to support care homes to secure technical solutions, the Trust has been proactive in engaging with those care homes who have not made use of this resource and provided IT staff to assist in the setting up of this technology. Likewise, during periods of outbreaks Trust staff have facilitated virtual contact between family members and residents and providing a liaison service with families providing daily updates on residents' health and wellbeing.

Socially Distanced Visiting

More latterly, the Trust, on receipt of the revised visiting principles on 24th Care homes have been supported in a number of approaches by the Trust in relation to securing meaningful visiting arrangements based on the COVID risks at any point in time.

8) Regulation

The Trust developed and implemented a COVID response and surge plan to support Care Homes in our area (**125** Independent sector care homes).

The Trust established a Link Worker for each Care Home (to provide a direct line of communication and access to support) and a multidisciplinary surveillance and support team lead by a Director, meeting daily to review status of Care Homes and provide direct support, including deploying Trust staff to a Care Home in critical situation due to COVID impact.

The Trust Care Homes surge plan identifies the steps to escalate support in event of surge and draws in local General Practice, both in and out of hours, to respond to health needs of residents.

RQIA role including Inspections & Advice

Ongoing surveillance is supported by the care homes uploading data onto the RQIA website which in turn is shared and considered daily in the form of a Trust developed dashboard. This also supports link worker calls to care homes in completing checklists, dealing with queries and addressing any areas of concern. Where IPC advice is required this is facilitated through both verbal advice and site visits. Where site visits are undertaken, an IPC report is provided to the care home and is shared with RQIA which enhances partnership working.



Risk Factors

The Trust has implemented the **Northern Ireland COVID-19 Regional Action Plan for the Care Home Sector**. This Action Plan set in place a matrix as a point of reference for Care Homes and Trusts to guide decision making on when additional targeted support may be required. The matrix used a range of variables including COVID Cases, Workforce status and availability of PPE and other essential equipment to classify the service pressures and risks faced by care homes. This enabled homes to be classified as Green (Low COVID related Pressures), through to Amber and Red (High COVID related pressures) status.

9) Medical Care within Homes

Medical care within care homes is substantially provided through the GMS contract. During periods of outbreaks the Trust has taken the lead in facilitating virtual MDT home rounds through technology and liaising with GP practices to set these up. Follow up communication also follows these rounds. Likewise, post COVID MDT home rounds are also established to address any areas of further intervention which could be provided by a range of Trust services.

Where a resident becomes ill, access to acute medical advice is available to enable residents to continue to be appropriately looked after in their care home. Where this is not possible step up of residents to COVID wards will be facilitated, as will acute admissions.

In respect to advanced care planning, the Trust has two approaches in place, one in the Causeway Locality and the other in a number of care homes in East Antrim locality. This work will continue to be a focus in the months ahead with ongoing surveillance and bespoke medical support as required in partnership with Primary Care.

In-reach teams / support from Trusts and GP

The Northern Trust has a well-established Nursing Home 'REACH' Team which provides skills development and capacity/ resilience building and support for Nursing Homes, added to with virtual training via ECHO/ video conferencing. This REACH service has not to date been resourced to also provide this support to Residential Care Homes, and this is now being developed (subject to approval / funding) as a key part of our Northern area 'No More Silos' response, developing and expanding direct support for all Care Homes in this area.

As a response to COVID pandemic, the Trust established Link Workers, aligned to each Care Home (both Nursing and Residential – see further detail below). This role, combined with data received daily from Care Homes via an app developed by RQIA, has given the Trust a daily surveillance insight into the health status of residents, staff availability and other key factors. In



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response the Trust provide staff to Care Homes with staff shortages and at times of residents increased health care needs due to COVID. Trust staff are deployed to assist in filling Care Home staff rotas and along with clinical staff to lead and co-ordinate additional in-reach clinical staff including Nursing, Dietetics, Pharmacy and others as well as Family Liaison staff (social work) to ensure contact is maintained with families.

GPs are facilitated to continue to meet the medical needs of residents through virtual consultations and 'ward round' supported by Trust MDT as required.

Advanced care planning

Anticipatory Care services are in place in Nursing Homes that are located in two of the four Federation areas in the Northern Trust. This means that the residents have an Anticipatory Care plan that has aimed to take account of their wishes, their health needs, and input from family and care homes staff. This informed then their individual care plan.

General Practice remain the primary decision maker in terms of assessing and meeting the health care needs of residents, including advanced care planning, in co-operation with the residents, family and care home staff.

10) Preparedness within HSC and in Care Homes : Pre COVID baselines and Future Requirements

Coordination & Communication between DoH, Trusts and Care Homes

The Trust established a Link Worker for each Care Home, to provide a direct line of communication and access to support. The Link Worker is a Trust professional who is aligned to a group of nursing/residential/supported living facilities.

The aim of the Link Worker is to establish a relationship with the Care Homes they are assigned to and to actively support the care homes to maintain safe service delivery and to assist to help resolve arising issues through access to a range of Trust Multi-Professional services and signposting to regional services such as PHA/RQIA. The key responsibility of the Link Worker includes conducting in the first instance telephone support (daily at high of COVID surge and at a minimum of weekly) and surveillance calls using information already gathered from the RQIA App which has been completed by the care home staff. The link worker is supported by an aligned designated lead who agrees the level of support intervention the Trust will input so to maintain care home stability; at critical times this can include trust workforce support and coordinated MDT/Primary Care GP interventions. The Trust strategic Community COVID overview meeting is convened on a minimum of



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three times weekly to provide an oversight of all supports across are facilities Trust wide and risk assessed accordingly.

The Trust established a single point of contact for provision of PPE to all Care Homes (and others) and a point to check to seek guidance on local operational arrangements, support with swabbing/testing, other general advice and guidance on responding to COVID pandemic. The Partnerhub operates weekdays now and during peak of surge also operates weekends, with out of hour's arrangements.

Standards in place for infection control

The Trust has allocated two dedicated senior Infection Prevention and Control Nurses to provide support Care Homes in the Northern Trust area. Homes experiencing an outbreak of COVID 19 are prioritised for onsite visits and continued virtual support which is provided in collaboration with Public Health Agency to assist with timely management of outbreaks.

In order to maintain good standards of infection control in Care Homes, the Infection Control Team has, where possible, endeavoured to visit all Care Homes in the area and has provided verbal feedback on findings and a written report to support improvements where required, particularly focusing on control measures for COVID 19.

Staff training, including Infection Control, dealing with Infectious Disease Outbreak

The Infection Control Nurse works closely with the Trust Link Workers (see response to co-ordination and communication with Care Homes) and Home Managers to provide ongoing advice and support. Virtual training has been made available for Infection Prevention and Control including safe and effective use of PPE.

PPE Stock

PPE stock levels are reviewed as part of the regular self-assessment undertaken by each Care Home in line with the Regional Action Plan and the Trust Partnerhub remains available to assist in addressing any identified shortfalls.

