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TO: EXECUTIVE

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EXECUTIVE PAPER: OVERVIEW OF HEALTH IN CARE HOMES

Introduction

1. This paper provides an overview of the response to, and management of, COVID-19 in nursing and residential care homes. It provides an update on key issues, in particular:-
 - a) arrangements for reporting deaths in care homes;
 - b) the availability of PPE in care homes;
 - c) testing of staff and residents in care homes; and
 - d) package of measures in place or under development to support care homes manage and respond to COVID-19

Reporting deaths in care homes

2. High Covid-19 infection rates and deaths have sadly been witnessed in care homes across Europe. Care home providers and their staff continue to work extremely hard to keep some of the most vulnerable people in our society safe and their commitment and dedication should be recognised.
3. The Care Home Sector will continue to be provided with the up to date guidance and support they need through dedicated arrangements. The PHA continues to working very closely with local care homes, providing expert support and detailed advice in the event of infections and outbreaks occurring.
4. The process for registering deaths in the community takes a number of days. It involves a doctor completing a death certificate and then the death being registered by the General Register Office and the Northern Ireland Statistical

and Research Agency (NISRA). It takes up to 5 days to register a death – and may take even longer.

5. NISRA publishes a weekly bulletin on all Deaths Registered in Northern Ireland. This bulletin has been recently amended to provide information on Covid-19 related deaths registered across hospital and community settings.
6. From the 17th April, this bulletin will reflect deaths up to and including the 10th of April to give deaths by place of occurrence i.e. hospital setting and non-hospital setting.
7. Where a further breakdown (such as care homes and other settings) can be provided without compromising confidentiality NISRA will provide this. It is in everyone's interests for published statistics to give as full a picture as possible on Covid-19. Maximum public awareness is needed on the seriousness of the virus and its potentially devastating consequences.

PPE

8. Concerns have been raised about the availability, inconsistencies of supply and the approach by Trusts. The focus continues to be on ensuring Trusts step in and support independent providers running care homes and providing domiciliary care where they are unable to secure their own PPE.
9. All Trusts are now proactively, rather than reactively, supplying PPE. This approach of ensuring providers have a 'buffer' will be included in revised Care Home guidance currently being drafted. Officials have had positive feedback recently from the IHCP (the largest industry body) and from individual providers (such as 4 Seasons, the largest Care Home provider). All Trusts have been working hard to ensure that over 700 care homes have access to what PPE they need. In the week ending 11th April, 1.7 million items of PPE were delivered to the independent sector.
10. Departmental officials along with those from the HCSB are undertaking a joint piece of work to ensure a more consistent and transparent approach. This will focus in particular upon how a 'buffer' is calculated.
11. New PPE guidance (reflected in the recently published domiciliary care guidance) is likely to see significantly higher usage of PPE in both domiciliary care settings and in care homes. This means a greater flow of PPE will need to be maintained to ensure providers continue to feel supported.
12. All Trusts are operating to the revised PPE guidance and providing stocks of PPE in line with it. Trusts cannot necessarily issue 1-2 weeks PPE stocks at a time given they aren't receiving such volumes from BSO. They provide regular supplies to providers, usually 2-3 days stock at a time (though providers are often required to pick these up themselves).
13. In addition to continuing to ensure Trusts provide PPE where needed (without charge), Departmental officials have also set up an additional source of supply.

Department of Finance's CPD and RQIA have set up a system to link the independent home care sector with small businesses supplying PPE. This process gives Independent Sector companies additional opportunities to purchase stocks of PPE.

14. Departmental officials continue to keep supply of PPE to providers under review.

Testing of staff and residents in care homes

15. Supporting the work of the care home sector during the pandemic is an absolute priority for the HSC.

16. An Interim Testing Protocol was first circulated on 17 March with an updated version issued on 28 March. In line with the Protocol, testing is reserved for a number of priority groups – these are unwell patients admitted to hospital, essential health and care workers, and residents in residential or care settings such as care homes or prisons. Care workers can therefore access testing to ensure they are able to continue to work.

17. Testing in care homes has been facilitated from the earliest opportunity in this phase of our pandemic response. One of the key circumstances in which testing is undertaken is to support the risk assessment and management of outbreaks/clusters in residential and other care settings (including care homes and prison settings) and to provide appropriate clinical care for residents and testing of staff in these situations.

18. The PHA has established protocols and procedures for risk assessing and managing outbreaks within care homes and these have been updated to take account of COVID 19. The PHA's Health Protection Team will liaise with homes and provide all required advice and assistance, including facilitating the testing of residents and staff.

19. At its meeting on the 10th April, the NI Expert Advisory Group on Testing recommended that testing be extended in care homes to test all symptomatic residents. Appropriate consideration is also given to testing of staff in care homes – either as part of the risk assessment of a potential outbreak or incident or if individual staff members are self-isolating because they or a member of their household have symptoms.

20. The position on testing is fast moving and as a result the protocol is kept under regular review.

Financial support

21. Guidance issued to Care Home providers on the 17th March sets out the financial support available to all Providers during the currency of the pandemic. The measures are being taken to provide financial support to care home providers in the event they experience a loss of income as a result of COVID-19.
22. As a result of the COVID-19 outbreak, where 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 from 17th March. 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.
23. As we move through the pandemic, modelling will need to continue to take account of the financial resilience care home providers. This is because the Care Home sector will in addition, play a vital role in accepting those being discharged from hospital both to aid recuperation in non-acute settings, and to enable hospitals to have sufficient beds to treat those who are acutely ill.

Regulatory flexibility

24. Alongside the support from the HSC Trusts for independent providers, the RQIA under Departmental Direction, has reduced the frequency of its statutory inspection activity, including at Nursing and Residential Care Homes. RQIA continues to monitor homes and to consider when site visits or enforcement action may be necessary.
25. We have provided the RQIA broad flexibilities to work with providers to come to solutions to issues that may be outwith the letter of standards or regulations but provide safe, pragmatic remedies to issues that could never have been planned for on this scale.
26. In addition, the Northern Ireland Social Care Council has been clear that its fitness to practice process will focus on the most serious cases.

RQIA Service Support Team

27. This approach has enabled the RQIA staff to be freed up to provide professional support to the HSC, including provision and coordination of support to independent sector providers of nursing homes, residential care homes and domiciliary care agencies through a Service Support Team (SST).
28. This will involve (a) provision of guidance, advice and resolution, collation and coordination of information from Trusts for providers; and (b) collation of information for Trusts and Department from the sector to support clarity.
29. Independent sector providers contact a central phone number or use an update app for all matters related to operational management of services. The SST service is available 7 days a week from 8.00am to 6.00pm and is supported by a range of inspectors with knowledge and expertise of the sector.
30. RQIA is currently developing a new App to capture defined data from Nursing Homes and Residential Care Homes, which can be shared across the Department of Health, HSC Trusts, the HSC Board and the Public Health Agency (PHA).
31. The PHA continue to provide expert advice and support when an outbreak occurs in a home.

Workforce issues

32. To assist care homes continue to provide safe and effective care we have been clear that Trusts should coordinate mutual aid arrangements, including the provision of their own staff into homes if needed. This has already happened and we understand staffing pressures on homes are continuing to increase.
33. As part of this approach the HSCB's Director of Social Services wrote to all Trusts on the 15th April, activating a 4 Stage Mutual Aid and Resilience Planning process that ranges from activation of homes contingency plans to direct recruitment of volunteers.
34. Alongside this we intend to prioritise the provision of professional staff who are returning to the profession to the care homes – and to do likewise with volunteers coming forward.
35. We have also made it easier for new employees to be brought in. Legislation has been changed so that workers can start after a barred list check and check of the NI Social Care Council (NISCC) register, provided they are appropriately supervised and the normal pre-employment vetting information has been requested.

36. NISCC registration fees have also been deferred.

Revised Nursing Home Guidance

37. Revised Nursing Home Guidance is currently in development. As well as updating the position on the use of PPE we intend to consider a number of developments in other jurisdiction. For instance Ireland announced a package of care home measures on 4 April 2020 – while most elements of that package are in place here already (with more work ongoing around financial support) we will consider the recommendation that all care home staff should be screened (i.e. have a temperature check and be asked about symptoms) twice a day.
38. In addition, the Social Care Strategy published by England states that they will begin a policy of testing all residents who move into care homes, starting with those being discharged from hospital. In addition, the strategy recommends isolation for 14 days on going into a care home, even where there has been a negative test. This revised approach to discharge will be consider as we finalise revised guidance in the next few days.
39. The RQIA has already been asked to begin a process of checking which homes have the capacity to safely isolate people on discharge from hospital.

Personal Data

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