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FROM THE MINISTER OF HEALTH



Department of  
**Health**

An Roinn Sláinte  
Mánnystrie O Poustle

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

Mr Eddie Lynch  
Commissioner for Older People NI  
7-9 Shaftesbury Square  
BELFAST  
BT2 7DP

Castle Buildings  
Stormont Estate  
BELFAST BT4 3SQ  
Tel: Irrelevant & Sensitive  
Email: [private.office@health-ni.gov.uk](mailto:private.office@health-ni.gov.uk)

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Dear Mr Lynch

Further to our meeting on 1<sup>st</sup> May to discuss the response to COVID-19 in care homes, I wanted to write to provide an update on the continuing actions to support the care home sector and to try to prevent and mitigate the impact of COVID-19 on care home residents and the staff that care for them.

You will be aware of a number of developments since we spoke, most recently the further expansion of testing to all care home residents and staff. It is my intention that testing of all care home residents will be completed by the end of June, and my officials are currently assessing the scientific evidence to inform a programme of testing for all care home staff. This expansion of testing will build on the testing already in place for care home staff and residents, whereby testing is available for everyone being discharged from hospital to a care home or anyone entering a care home from their own home or supported living facility; care home staff or members of their household with symptoms; any suspected case in a care home; all residents and staff in homes where there is an outbreak; and all residents and staff in homes where there have been previous outbreaks that have not been resolved. In addition to testing, all care homes have been asked to make sure they carry out symptom checks on residents twice a day, and—in light of emerging evidence—to be vigilant for symptoms which are atypical.

I have been clear that testing alone—while a crucial measure—will not in itself address the risks posed by COVID-19 to care home residents and staff. However, coupled with rigorous infection prevention and control measures as well as continued support to the sector on issues such as the provision of PPE and staffing, I am determined that we will be able to work together to mitigate the ongoing effects of the pandemic. Cumulatively, up to 16<sup>th</sup> May, HSC Trusts have provided in excess of 8 million items of PPE, at an estimated cost of around £3.6m, to independent sector care homes free of charge.

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Trusts have also provided thousands of hours of free staffing support to care homes. This support has included additional nursing staff to assess and treat residents who have increased health care needs, ward rounds with primary care which have involved medical practitioners assessing and recommending treatment and management plans for individual residents, infection prevention control nurses to support management within the units, social workers supporting family liaison work to maintain good communication between the resident and family members, palliative care staff who have supported the treatment and management of residents with end of life care, and dementia support staff who have provided guidance and direct care to residents with complex needs associated with their dementia.

In addition, COVID-19 training has been provided free of charge to care homes throughout NI. This training has been provided by Clinical Education Centre and included a range of practical nursing skills, the assessment and management of acutely ill patients, assessment and management of the resident in a nursing home setting, support for staff redeploying to the care home sector, palliative and end of life care, verification of death, infection prevention and control etc. Online training has also been made available to the sector on a no charge open access basis by the Northern Ireland Social Care Council (NISCC). This training has been on a range of subjects including infection control.

Since mid-April information on international learning and evidence on COVID-19 and care homes has begun to emerge. This has reinforced the importance of testing, basic good hygiene and the use of PPE. It has also highlighted the movement of staff between different homes as a particular risk factor. A number of key measures identified as a result of this evidence review have already been, or are being, implemented in Northern Ireland. For example, Trusts have been continuing to provide additional support to care homes including through repurposing existing acute care at home teams to help provide additional clinical support to care home residents. Plans are also in place to establish mechanisms to create virtual wards within care homes and work alongside GPs, COVID-19 centres and other clinical professions. And I recently launched guidance on the Safe at Home model, detailing how care homes might adopt an enhanced approach to try to prevent the spread of COVID-19 in care homes by supporting care home staff to live in homes for a period of time.

I know that we are both in absolute agreement about the importance of data to help us evaluate the impact of these measures, and to inform future decisions about other actions that may be necessary. I understand my officials have been sharing available information with your office on a confidential basis. I have asked officials to continue to urgently build the range of data available to us and continue to share this with you. Recognising the importance of timely and effective communication, the Chief Social Work Officer has recently written to all care home providers emphasising the need to communicate effectively with residents' families, particularly when a home is experiencing an outbreak.

Finally, while the pandemic has drawn particular attention to the fragility of the care home sector, it has also highlighted—for anyone who was in any doubt—the level of commitment and selflessness of care home staff in caring for some of the most vulnerable people in Northern Ireland. I am clear that now is the time to press ahead with reform of the sector, beginning with additional support for staff as an immediate priority. I intend bringing proposals to the Executive on this issue in the coming weeks.

I trust that this letter assures you of our shared commitment to protect care home residents, support the staff who work so diligently and selflessly to care for them, and to maintain open and transparent communication with you, your clients and the wider population.

Personal Data

**Robin Swann MLA**  
**Minister of Health**