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MEMORANDUM E (20) 187 (C)

**FROM: ROBIN SWANN MLA
MINISTER OF HEALTH**

DATE: 6 AUGUST 2020

TO: EXECUTIVE COLLEAGUES

FINAL EXECUTIVE PAPER: EXECUTIVE COVID-19 ACTION PLAN: QUANTITATIVE INFORMATION ON THE ACTIONS TAKEN WITHIN CARE HOMES TO REDUCE INFECTION AND THEIR EFFECT

Introduction

1. Action 112 of the Executive's COVID-19 Action Plan requests quantitative information on the actions taken within care homes to reduce infection and their effect.
2. This paper sets out a timeline of the range of actions taken to respond to the COVID-19 pandemic in care homes, and provides information on the course of the infection in care homes over the same period. However, it is important to emphasise that any direct correlation between specific individual or collective actions taken and rates of infection in care homes is not possible at this stage.
3. A separate piece of work is being taken forward to consider the learning from interventions put in place to help protect care home residents and staff, and how we build on that learning as we continue to plan for future waves of the virus. The Rapid Learning Initiative, which I announced on 02 June 2020, will identify important learning from the care home experiences of Covid-19. A task and finish group, comprising key stakeholders from across Health and Social Care services, representatives from the care home sector, and other sector representatives has been established to, hear the voices of care home staff, families and residents, learn from their experience and complete this work. The group's terms of reference are to:
 - a. Consider the learning to date in relation to the transmission of Covid-19 into and within the Care Home population.
 - b. Identify the underpinning monitoring and measurement processes that will assist in both understanding the current system and in identifying the appropriate way forward.
 - c. On the basis of the evidence, to propose recommendations for improvement.
4. The task and finish group is aiming to report on its findings to the Chief Nursing Officer shortly and I will share this with Executive colleagues when it has been completed.

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5. Under the direction of the Chief Medical Officer, I have also established a Task and Finish Group which includes key representation from across the Health and Social Care (HSC) sector. This Group actively monitors current and emerging scientific evidence to inform, direct and guide HSC colleagues on the care home testing programme and the epidemiology of COVID-19 as experienced across the care home sector. A core purpose of this Group is also to effectively determine future care home testing requirements.
6. As of 30 June 2020, residents and staff in all care homes across Northern Ireland have been offered COVID-19 testing (this includes the testing of residents and staff in care homes which, do not and have not had, a COVID-19 outbreak). The Public Health Agency in conjunction with Health and Social Care Trusts, are collating the significant volume of data relating to this round of care home testing and completing an in-depth quality assurance exercise before issuing the findings to the Department. On receipt of this information, the Department will also be arranging to undertake a detailed examination and analysis of the learning associated with the care home testing programme to date. In due course, a further paper to the Executive will be provided on the key learning arising from the care home testing programme.

COVID-19 in care homes

7. The PHA has been capturing data on COVID-19 outbreaks in care homes notified to the Health Protection Duty Room since the disease was first reported in mid-March. Since the 15 March 2020, a total of 180 suspected or confirmed COVID-19 outbreaks in care homes across Northern Ireland have been reported to the PHA (data accurate as of 24 July 2020).
8. As at 29 July 2020, there are a total of 12 care homes with a suspected or confirmed COVID-19 outbreak. A total of five care homes have confirmed outbreaks and the remaining seven care homes have suspected COVID-19—these seven care homes have now been tested for COVID-19 and continue to be closely monitored by the PHA.
9. A care home outbreak can be considered concluded once the following criteria are met:
 - a. no new cases for 14 days (one full incubation period for COVID-19) after the symptom onset of the most recent case;
 - b. a terminal clean of the care home has been fully completed; and
 - c. the PHA Duty Room has received a completed outbreak closure form from the care home.
10. A total of 170 care home outbreaks have been concluded since the start of the COVID-19 pandemic in care homes in mid-March.
11. Figures providing further information on care home outbreaks since the start of the pandemic attached at **Appendix 1**.

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12. Figure 1 shows the total number of care homes in Northern Ireland with a suspected or confirmed COVID-19 outbreak reported to the PHA Duty Room each week from the middle of March 2020.
13. Figure 2 provides information on active, suspected or confirmed COVID-19 outbreaks in care homes by day. As this shows, the number of active care home outbreaks peaked during the first two weeks in May, and has been decreasing slowly since.
14. Figure 3 details the percentage of care homes with an active, suspected or confirmed COVID-19 outbreak. This shows that, as at 19 May, 5.1% of care homes in Northern Ireland have an active outbreak of which 1.9% have laboratory confirmed cases of COVID-19. The number of homes with an active outbreak continues to decrease.

Actions taken to address COVID-19 in care homes

Timeline of actions

15. A range of actions have been taken to help the care home sector prepare for and support its response to the COVID-19 pandemic. A summary of the key actions taken and dates is shown below:

27 February 2020	- Guidance for social/ community care and residential settings—this guidance was based on what was known about the virus at that point in time, when there was still no evidence of community transmission in Northern Ireland. The guidance provided advice on: - how to help prevent spread of all respiratory infections including COVID-19 - what to do if someone with suspected or confirmed COVID-19 had been in a health or social care setting - individuals who had travelled from affected areas - risk assessments for undertaking domiciliary visits / providing care in residential settings; and - actions to take if staff come into contact with someone who is self-isolating or is a possible or confirmed case of COVID-19
13 March 2020	Updated interim guidance for social/ comm care and residential settings. This was a revised and updated version of the guidance issued on 27/02, to reflect updated public health advice on issues such as PPE, self-isolation, and visiting arrangements.

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17 March 2020	- Publication of COVID-19 Guidance for Nursing and Residential Care Homes. This guidance set out key messages to support planning and preparation for the delay phase of responding to the risk of widespread transmission of COVID-19. Key messages included: - HSC Trusts and care home providers to work in partnership to ensure an adequate supply of staff and PPE - no blanket ban on visiting, though restrictions advised - latest advice from Public Health England on use of PPE - admission and discharge arrangements—that nursing and residential homes should work closely with trusts to facilitate discharges from hospital, recognising that effective flow through hospitals important to ensure the best treatment for as many individuals as possible.
18 March 2020	DoH approved HSC social care surge plan, aimed at ensuring that, during the pandemic, services are targeted at people who are in need and those who are most vulnerable. It also aims to ensure the safety and quality of care.
20 March 2020	Departmental direction to RQIA to reduce the frequency of its statutory inspection activity and cease all non-statutory inspection activity, as a measure to reduce the footfall in registered facilities.
21 March 2020	Testing Protocol v.1 – included testing for clusters of disease in residential or care settings
25 March 2020	RQIA Service Support Team established to act as a single point of contact for providers of adult residential and nursing homes, domiciliary care and supported living services during the pandemic.
27 March 2020	Guidance on visiting restrictions for hospitals and other settings, including care homes – confirming that visits should cease, other than in a small number of exceptional circumstances.
28 March 2020	Testing Protocol v.2 – list of essential healthcare workers who could avail of

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	testing extended. Enabled testing of staff who work in care homes, and who were symptomatic or isolating as a member of their household was symptomatic. Updated advice on PPE issued to all health and social care settings (HSS (MD) 19/2020).
03 April 2020	Update advice on PPE issued to all health and social care settings (HSS (MD) 20/2020)
12 April 2020	Testing extended to include all symptomatic residents if/when a care home reported that it has two or more residents meeting the case definition – that is they are displaying/reporting symptoms consistent with COVID-19 infection, the presence of a new persistent cough and/or a fever. Prior to this change a maximum of 5 residents were tested in each care home reporting possible outbreaks of COVID-19 infection.
mid-April	All Trusts appointed single points of contact for storage, distribution and management of PPE, including a nominated lead for the Independent Sector coordination.
24 April 2020	- Testing extended to include all staff and residents in care homes when a home is identified to the Health Protection team in PHA as having a potential outbreak or cluster of infections. - All patients/ residents being transferred into a care home from any setting, whether that be from hospital, supported living or directly from their own home, will be tested 48 hours prior to admission to the care home.
26 April 2020	- Revised guidance for residential and nursing homes. This guidance Included detailed and updated advice on infection prevention and control measures, including: - that all new or returning care home residents should be subject to isolation for 14 days - further strengthening the restrictions on visitors that were in previous guidance - asking homes to check staff and residents twice a day for symptoms, including

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	temperature, recognising that symptoms in care home residents may be atypical ○ encouraging staff to live in, where this can be done safely ○ encouraging the restriction of residents to their rooms, avoiding use of communal areas and encouraging residents to eat in their room or in shifts ○ limiting the turnover in staff and block booking agency staff to limit movement of staff between care homes. And when staff are in the home, cohorting groups of staff to particular areas of the home or groups of residents ○ continuing to emphasise the need for staff to have updated recurrent training (including bespoke training where indicated) in PPE and infection prevention and control – something that we have been tracking through a daily app that all care homes are asked to complete. • Funding of up to £6.5m for care home providers, to meet additional costs associated with COVID-19.
4 May 2020	• Regional Care Home surge plan approved. The objectives of this plan are to reduce the number of outbreaks in care homes in Northern Ireland, and the number individuals in each outbreak; to provide robust integrated Medical, Nursing, and Social Care responses; and to work support partnership working between the HSC service and independent sector care home providers to ensure person centred care is delivered to all residents irrespective of whether they have COVID-19.
11 May 2020	• Expanded testing programme on a phased/ rolling basis: a risk based program of testing residents in staff in care homes where a previous outbreak has occurred begun with support from the Northern Ireland Ambulance Service.
18 May 2020	• Testing program extended to all care homes, including those that do not, and have not, had a COVID-19

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	outbreak, with testing to be completed by end June.
2 June 2020	Financial support package of £11.7m announced for care homes, to include up to £6.4m for additional cleaning and up to £2.2m for specialist equipment, including equipment to help track and monitor atypical symptoms among care home residents.
30 June 2020	publication of new visiting guidelines for all care settings, including specific guidelines to support safe visiting in care homes, to come into effect from 06 July 2020

Specialist Advice and Support

16. Throughout the pandemic, the Public Health Agency has provided specialist advice and support to care homes to help prevent the transmission of COVID-19 and to manage and take action to minimise the impact of COVID-19 outbreaks in care homes.
17. Specialist support has also been provided to care homes through the redeployment of HSC Trust infection prevention and control nurses and multidisciplinary acute care at home/ enhanced care home support teams to provide additional support to homes in caring for residents with COVID-19 and providing advice on necessary measures to reduce the spread of the virus in care home settings.
18. The Regulation and Quality Improvement Authority has also provided a dedicated support team for independent sector care home providers to discuss any concerns or issues experienced in responding to COVID-19 and to liaise with the HSC service as necessary to resolve those issues as quickly as possible.

Workforce support and training

19. Significant levels of staffing support have been provided to independent sector care home providers during the pandemic. As well as providing specialist care and advice, HSC Trusts have also provided more than 20,000 hours of direct staffing support to cover shifts in independent sector care homes. In addition, infection prevention and control training has been provided to care home staff.
20. Emergency provisions were also put in place during the pandemic to support the registration of social workers and social care workers. Information provided by the Northern Ireland Social Care Council indicates that, as at 26 June 2020, a total of 1,561 registrations had been completed as part of these emergency provisions—of these 559 were registered in adult residential care settings.

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PPE

21. During the pandemic, HSC Trusts have been providing PPE to independent sector care home and domiciliary care providers free of charge. At week ending 25 July 2020, more than 26m items of PPE had been provided to care homes and almost 17m items had been provided to domiciliary care.

Care Home Testing Programme

22. One element of the comprehensive package of measures in Northern Ireland aimed at controlling and managing clusters and outbreaks in care homes affected by COVID-19 and keeping the remaining care homes free of the disease, is the expansion of the care home testing programme. On 18 May 2020, the testing programme for care homes was extended with testing made available to all residents and staff across Northern Ireland, including testing in care homes which do not, and have not had, a COVID-19 outbreak during the first pandemic wave.
23. The current programme of testing in care homes across Northern Ireland has been delivered through two distinct pathways: testing in care homes with suspected or confirmed COVID-19 outbreaks, administered by the HSC/Consortium laboratory system (Pillar 1 of the Northern Ireland testing programme), and testing in care homes without outbreaks, administered by the National Testing Programme (Pillar 2 of the Northern Ireland testing programme).
24. As of 30 June 2020, residents and staff in all care homes across Northern Ireland have been offered COVID-19 testing (this includes the testing of residents and staff in care homes which, do not and have not had, a COVID-19 outbreak). This comprehensive care home testing programme was delivered through a collaborative multi agency approach involving the Health and Social Care Trusts, the Public Health Agency, the Regional Quality Improvement Authority, the Northern Ireland Ambulance Service and the independent providers. Figures available to date reveal that by the end of June 2020 more than 13,000 residents and 17,000 staff in care homes were swabbed during this initial round of care home testing.
25. The Public Health Agency in conjunction with Health and Social Care Trusts, are collating the significant volume of data relating to this round of care home testing and completing an in-depth quality assurance exercise before issuing the findings to the Department. On receipt of this information, the Department will also be arranging to undertake a detailed examination and analysis of the learning associated with the care home testing programme to date. In due course, a further paper to the Executive will be provided on the key learning arising from the care home testing programme.
26. Informed by the current and emerging scientific evidence relating to COVID-19, I have approved a regular programme of testing for all care home residents and staff. It is recommended that all care home staff are tested for COVID-19 every 14 days, and all residents are tested for COVID-19 every 28

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days. This programme will come into operation across Northern Ireland with effect from Monday 3 August.

27. This regular programme of testing for homes without a COVID-19 outbreak is in addition to the current testing protocol for care homes with a suspected or confirmed COVID-19 outbreak – this protocol will continue to operate.
28. The position on frequency of testing for staff and residents in care homes with no COVID-19 outbreak, and in care homes with a suspected or confirmed COVID-19 outbreak, will be kept under active review by the Department. Any requirement to vary the frequency of the testing undertaken in care homes will be clearly informed by emerging scientific evidence and other contributory factors, including local community transmission rates of the virus in Northern Ireland in the coming months.

International best practice

29. While learning about the pandemic is continuing to evolve, and the full impact of actions taken locally, nationally and internationally is still to be evaluated, a number of pieces of learning are emerging about best practice measures to respond to COVID-19 in care homes. The Department continues to keep this learning under review, and has implemented a number of measures that are recognised as best practice.
30. For example, the British Geriatrics Society (BGS) has provided advice and guidance for care home staff to help them support residents during the pandemic, and has made a number of recommendations which are in place in NI. For example, BGS recommends that all staff working with care home residents should recognise that symptoms among this group can be atypical, and should measure and monitor vital signs in order to help recognise deterioration in residents. This point has been formally communicated to care home providers here by way of regional guidance, and additional funding has been made available to provide for specialist equipment to measure and monitor residents' vital signs and symptoms.
31. The Long Term Care Policy Network (LTCPN) has also published a paper describing measures that have been put in place in fifteen International countries. The aim of the LTCPN paper is to provide a compilation and summary list of actions that have been reported as being taken in each country and that in time future versions of the paper will seek to cover any early or emerging evidence. It does not provide a measurement of the standardisation of these measures across countries or the effectiveness of these actions.
32. Comparative benchmarking indicates that NI has in place most measures which are being adopted in other international countries—for example, rapid response teams to support care homes, visiting restrictions, provision of PPE, use of telehealth, and redeployment of HSC staff—although there are international differences across countries in the implementation of these measures.

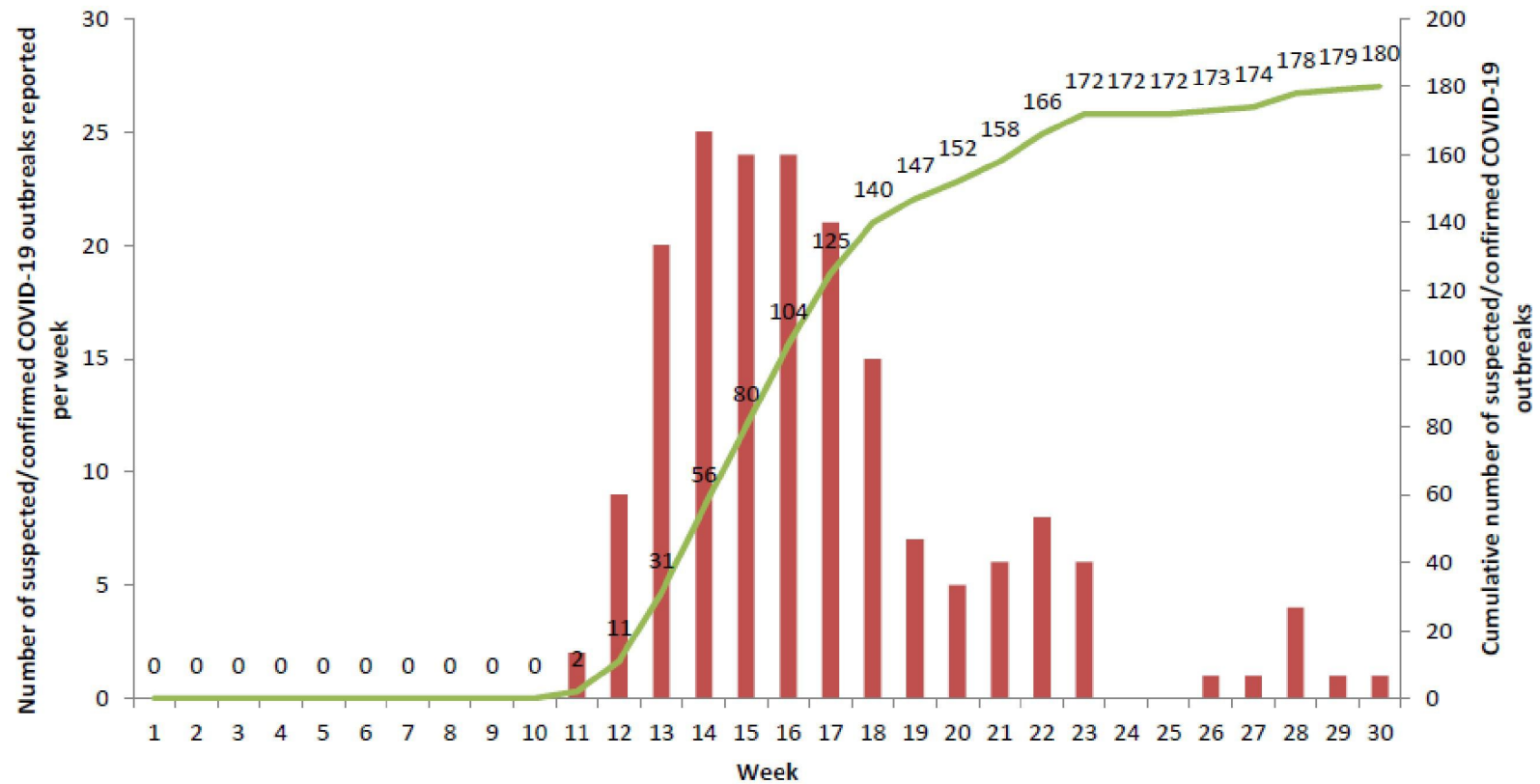
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Conclusions

33. While it is not yet possible to make a direct correlation between actions taken at a specific point in time and their impact on the infection rate in care homes, this paper highlights the significant and continuing efforts to try to mitigate the impact of virus in care homes, put in place the necessary infection and prevention control and public health protective measures to reduce the risk of spread, to help support those homes that have experienced a confirmed or suspected outbreak of COVID-19, and try to prevent the spread of the virus into those homes that have not had an outbreak.
34. The virus has undoubtedly had a significant impact on care home staff, residents and their families, with more than half the total deaths from COVID-19 being care home residents. It is essential that we recognise and acknowledge this deep personal and societal loss. However, it is also important that we recognise the significant work that has taken place within the care homes sector and across health and social care services to try to protect care home residents at this time.
35. As outlined at the beginning of this paper, further work is underway to evaluate and learn from the actions taken to date and I will provide further updates to the Executive when this work has been completed.

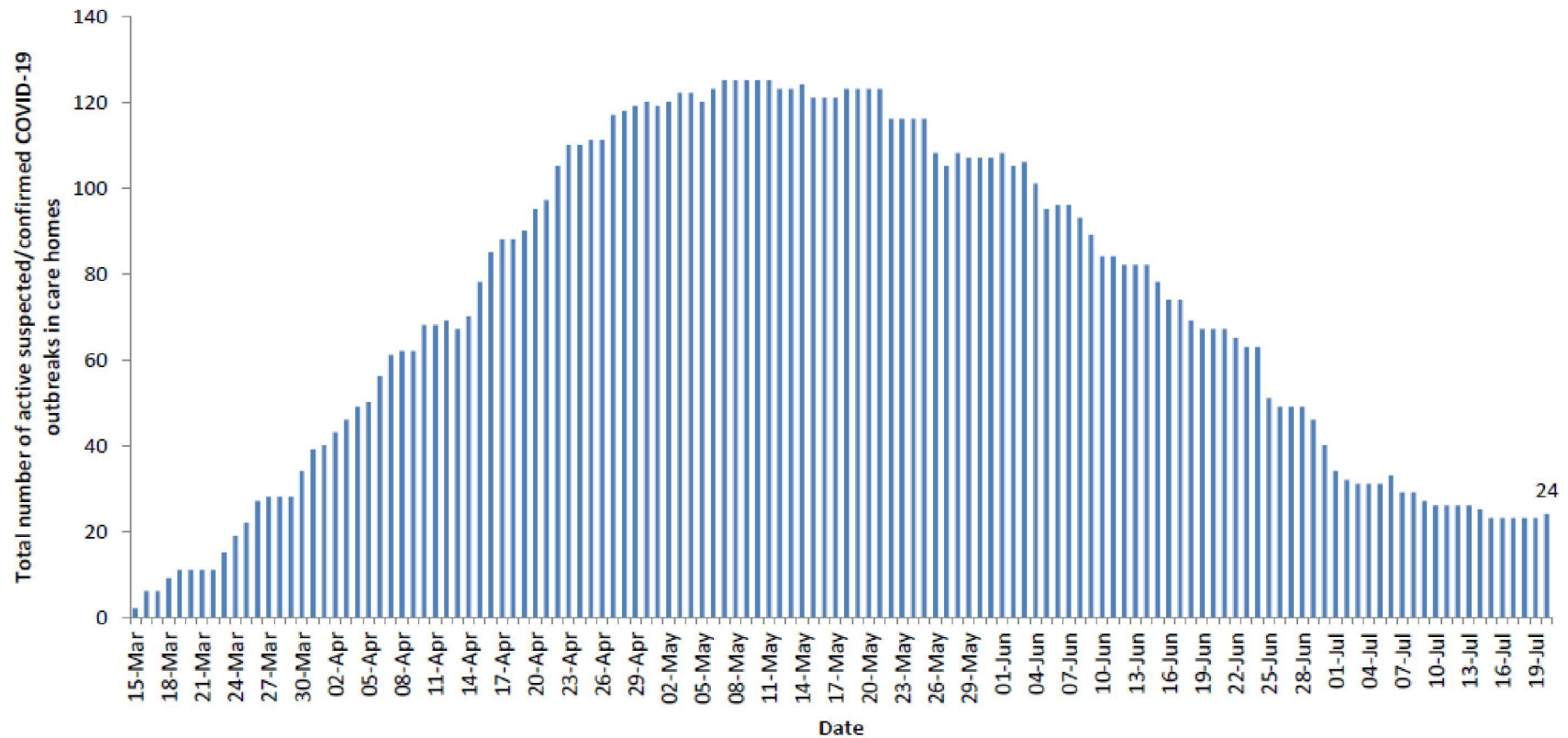
**Robin Swann MLA
Minister of Health**

Figure 1: Weekly Number of Care Homes in Northern Ireland Reporting Outbreaks to the PHA Duty Room



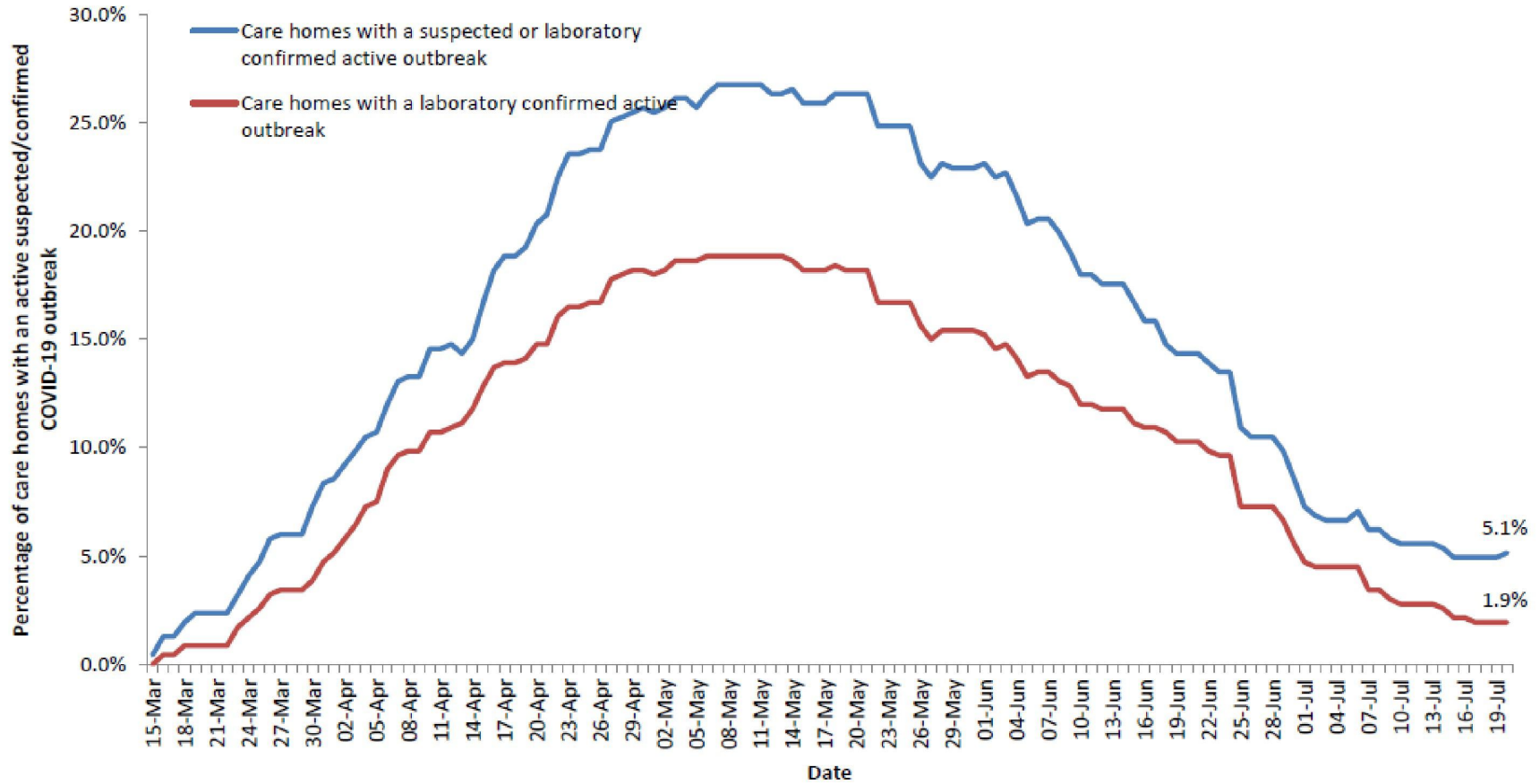
Source: Public Health Agency

Figure 2: Active, suspected or confirmed COVID-19 outbreaks in care homes by day



Source: Public Health Agency

Figure 3: Percentage of care homes with an active, suspected or confirmed COVID-19 outbreak



Source: Public Health Agency