

NHS GRAMPIAN

Care Homes - Enhanced Professional Clinical and Care Oversight Governance

1. Purpose

The purpose of this paper is to update NHS Grampian's Board on the Scottish Government's directions that require NHS Boards and Local Authorities to establish enhanced professional clinical and care oversight arrangements for care homes and to note the additional responsibility and accountability placed on the Executive Nurse Director, Director of Public Health, Medical Director and Chief Social Worker to deliver against these new roles.

2. Report Summary

In May 2020, the Scottish Government gave additional responsibility and accountability to the Executive Nurse Director, Director of Public Health, Medical Director and Chief Social Worker with operational leadership from the Health and Social Care Chief Officer, to deliver against an extension of their duties with specific focus on enhanced oversight of care homes.

This paper is intended to highlight to the Board, the new and extended roles and associated responsibilities for the senior team.

2.1 Situation

The Scottish Government requires NHS Boards and Local Authorities to establish enhanced professional and clinical and care oversight arrangements for care homes from May 2020 in the context of the COVID-19 pandemic (Appendices 1 & 2).

"these senior leaders will be responsible and accountable for the provision of professional oversight, analysis of issues, development and implementation of solutions required to ensure care homes remain able to sustain services during this pandemic and can access expert advice on, and implementation of, infection prevention and control and secure responsive clinical support when needed".

<https://www.gov.scot/publications/coronavirus-covid-19-care-home-oversight/>

In addition, NHS Board Nurse Directors received a variation letter (Appendix 3) to their accountability on 17 May 2020 with a clear direction from the Cabinet Secretary:

"to be accountable for the provision of nursing leadership, support and guidance within the care home and care at home sector."

The Executive Nurse and Medical Directors are required to take direct responsibility for the clinical support required for each care home in their Board in collaboration with Directors of Public Health. Additionally, Nurse and Medical Directors, in conjunction with Healthcare Associated Infection (HAI) leads, require to provide practical expert advice and guidance on infection prevention and control.

The required oversight arrangements have been provided in a governance framework and are applicable to the care home sector across NHS Grampian with the purpose of ensuring a clear understanding of the new accountabilities and responsibilities. (Appendix 4)

2.2 Background

The Scottish Government expects NHS Boards and Local Authorities to ensure appropriate clinical and care professionals across Scotland take direct responsibility for the professional support required for each care home in their areas; recognising that care homes may require more clinical input to manage residents' needs at this time. NHS Boards and Health & Social Care Partnerships are expected to work closely together to ensure those needs are met.

The range of factors and provisions that must be taken into account in the admission of any person into a care home are; the arrangements that must be in place to maintain effective clinical standards to prevent outbreak or to manage an outbreak if it occurs; testing; workforce planning and deployment; staff support and wellbeing; support and engagement with General Practice; support for palliative and end of life care.

In NHS Grampian the current profile of Care Homes (Care of the Elderly) across the 3 Health & Social Care Partnerships is as follows;

- Aberdeen City: 29
 - Aberdeenshire: 45
 - Moray: 14
- Total: 88

2.3 Assessment

Key issues for consideration:

2.3.1 Quality/resident care

The purpose of the enhanced professional clinical and care governance arrangements is to support the quality of care being provided to care home residents at this time across all care homes, not just those who are experiencing COVID challenges. This is in the context of not medicalising care homes as these are residents' homes.

2.3.2 Workforce

The governance framework provides guidance with regard to additional staffing that may be required to support care homes at this time. In relation each partnership has business continuity plans in place to facilitate care homes seeking mutual aid. Additional support is available from the NHS Grampian Staff bank.

2.3.3 Financial

In December 2020, the Scottish Government provided additional funding, to support the nursing infrastructure to respond to the added demands. To date, Care Home Lead Nurses have been appointed for each of the Partnerships and recruitment is ongoing for Infection Prevention and Control Associate Practitioners.

2.4 Recommendation

For noting: The Board is asked to note the additional responsibility and accountability placed on the Executive Nurse Director, the Medical Director to support the Director of Public Health and ultimately the Chief Executive and Board.

3 Responsible Executive Director and Contact for Further Information

If you require any further information in advance of the Board meeting, please contact:

Dr June Brown
Interim Executive Nurse Director
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January 2021

Additional Supporting Information

The following appendices are included with this report:

- Appendix 1: 17 May 2020 letter
- Appendix 2: Enhanced professional clinical and care oversight directions
- Appendix 3: Nurse Director variation of accountability letter
- Appendix 4: NHS Grampian Care Home Professional Clinical and Care Oversight Governance Framework

APPENDIX 1

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NHS Board Chief Executives
Local Authority Chief Executives
IJB Chief Officers
NHS Board Directors of Public Health
NHS Board Medical Directors
NHS Board Nurse Directors
Local Authority Chief Social Work Officers

17 May 2020

Dear Colleagues

These are exceptional times for us all requiring every one of you and your staff to go well beyond the call of duty in public service. I want to extend my sincere thanks to all of you, and would ask that you convey my gratitude to your staff as well.

It is recognised that adults living in care homes often have multiple health and care needs and many are frail with varying levels of dependence. Current estimates are that over 40,000 residents live in the 1083 adult care homes across Scotland. The vast majority of adult care homes are for older people (75%) and 75% of these care homes are run by the private sector, with the remainder run by voluntary sector and local authority/ health board sectors. As you know, adults living in care homes often have multiple health and care needs and many are frail with varying levels of dependence. Many are inevitably at greater risk of poorer outcomes if they were to contract COVID-19 due to conditions such as frailty, multiple co-morbidity, pre-existing cardio-respiratory conditions or neurological conditions.

Care homes are environments that have proved to be particularly susceptible to Coronavirus and this has regrettably and sadly led to too many deaths and as such we require urgent additional whole system support to protect residents and staff. This additional support will come from the Scottish Government, Local Authorities, Health Boards, and the regulatory and improvement bodies.

This introductory note sets out in summary the detail within the attached pack that constitutes the Scottish Government's comprehensive support arrangements for care homes to date and what still needs put in place. This is expected to ensure

appropriate clinical and care professionals across Scotland take direct responsibility for the professional support required for each care home in each area.

Much has been put in place already at a local and national level, including the emergency legislation, an assortment of guidance, provision of PPE, commitments around workforce salaries and the real living wage; £50m of initial investment for provision of resilience and sustainability of services; roll out of testing for staff and residents and the establishment of a Care Home Rapid Action Group advised by a CMO/CNO led Care Homes Clinical and Professional Advisory Group.

Support and oversight going forward

Care Homes for older people are a vital part of the panoply of provision in our communities and will be so for years to come. Residents, staff and communities need to have confidence that the care provided in every care home is as clinically safe as it possibly can be in the context of Coronavirus. There is still much to do. In the accompanying pack there is:

1. Revised and final version of guidance for care homes.

In summary, this guidance sets out:

- That care homes may require more clinical input to manage residents' needs at this time. NHS Boards and Health and Social Care Partnerships must work closely together to ensure those needs are met.
- That decisions about care and treatment for residents should be on an individual basis, based on the person's best interests and in consultation with the individual or their families/representatives, taking account of any expressed wishes contained in their Anticipatory Care Plan
- The range of factors and provisions that must be taken into account in the admission of any person into a care home; the arrangements that must be in place to maintain effective clinical standards to prevent outbreak or to manage an outbreak if it occurs; testing; workforce planning and deployment; staff support and wellbeing; support and engagement with General Practice; support for palliative and end of life care.

2. Amendments to the Coronavirus Bill

In summary these amendments allow for:

- A package of measures/ powers as part of the Coronavirus Bill to provide assurance to those involved in the care home sector, including staff and particularly those using these services and their families, so that in the event there is significant risk to those using services, or a provider was unable to continue to deliver care due to failure, Scottish Ministers and public bodies have the power to intervene.

3. A clear statement on expectations providing enhanced clinical and care professional oversight during Covid-19.

In summary this document sets out:

- The expected new and additional responsibilities on clinical and professional leads in every local authority and Health Board that will provide daily support and oversight of the care provided in care homes in their area.
- This includes arrangements for testing and Infection Prevention Control arrangements, PPE in particular.

Thank you again for all you and your teams are doing to help ensure Scotland's care homes can be safe environments for their residents and staff through the Covid emergency.

Jeane Freeman

Coronavirus (COVID 19): enhanced professional clinical and care oversight of care homes

17 May 2020

Introduction

The nature of the Covid 19 pandemic means that care homes in particular need extra support to help them ensure the wellbeing of people who live there, and the staff who care for them. In particular, straightforward and transparent Covid-related oversight for every care home is vital. This document sets out arrangements that must be put in place to ensure appropriate clinical and care professionals across Health and Social Care Partnerships (HSCP) take direct responsibility for the clinical support required for each care home in their Board area.

Professional roles

Every Health Board and its Health and Social Care Partnership colleagues in the Local Authority must put in place a multi-disciplinary team comprised of the following professional roles:

- The NHS Director of Public Health
- Executive Nurse lead
- Medical Director
- Chief Social Work Officer
- HSCP Chief Officer: providing operational leadership

Support and role

The Health Board and Local Authority will provide support to the Care Home Clinical and Care Professional Oversight team to enable it, in conjunction with the healthcare associated infection (HAI) lead, to hold daily discussions about the quality of care in each care home in their area, with particular focus on infection prevention and control, but also to provide appropriate expert clinical support to residents who have Coronavirus:

1. Care needs of individual residents
2. Infection prevention and control measures, including PPE and cleaning requirements
3. Staffing requirements including workforce training and deployment
4. Testing arrangements for outbreak management and ongoing surveillance

These senior leaders will be responsible and accountable for the provision of professional oversight, analysis of issues, development and implementation of solutions required to ensure care homes remain able to sustain services during this pandemic and can access expert advice on, and implementation of, infection prevention and control and secure responsive clinical support when needed. The

Executive Nurse and Medical Directors may devolve these roles where appropriate but will retain accountability through clinical governance arrangements. Close relationships will be maintained between this group and the Care inspectorate relationship manager.

This will be done by continually taking account of up to date data and the latest guidance available, published 15 May <https://www.gov.scot/publications/coronaviruscovid-19-clinical-and-practice-guidance-for-adult-care-homes/>, national reporting requirements and operating framework as set out at **Annex 1**; and via reporting on the additional measures as set out at **Annex 2**. The reviews may require to be a mix of in person visits and remote reviews where the care home remains stable.

Via the Health and Social Care Mobilisation Plans, Chief Officers have already provided in their local areas assurance that:

- care home support processes have been active in accordance with HSCP
- mobilisation plans to create a 'wrap around' effect
- arrangements for testing are in place and these are following the most recent extensions put in place
- arrangements are in place for response to Covid 19 outbreaks
- redeployment plans have been activated to maximise local staffing support for care homes

Each oversight team will build on this activity and detail to ensure granular scrutiny and support as required. Each oversight team will:

- hold a daily discussion covering each home in their area and decisions on any additional direct clinical or IPC support needed
- ensure testing guidance is clarified urgently, and maintained as a priority, with clear routes and responsibilities set out to ensure:
 - staff are tested in accordance with the guidance and regardless of impact on staff rotas
 - patients and service users are also tested in accordance with the guidance in relation particularly to admissions to care homes
- ensure a range of responsibilities are fulfilled:
 - NHS Boards take direct responsibility to ensure staff are tested
 - NHS Boards ensure contact tracing is undertaken where required
 - NHS Boards ensure linked home testing is delivered
 - NHS Boards and Local Authorities ensure clinical and care resource is provided to care homes to ensure staff rotas are maintained to deliver safe and effective care
 - Joint inspection visits are undertaken as required by the Care Inspectorate and Healthcare Improvement Scotland (HIS), working together, to respond to priorities and concerns

These arrangements will be put in place in every area in the week beginning 18

May.

All organisations including care providers (statutory, third sector and independent sector) are responsible for effective and safe care in their services and are expected to work closely together and at pace to give effect to these arrangements.

There are specific responsibilities that Health professionals will need to deliver within these whole system arrangements. This is because Covid-19 is a public health crisis in our social care settings, and therefore clinical colleagues have a critical role to play in assuring the safety of people who live in care homes. These responsibilities are:

- Nurse and Medical Directors taking direct responsibility for the clinical support required for each care home in their NHS Board area in collaboration with Directors of Public Health
- Nurse and Medical Directors, in conjunction with HAI leads, providing practical expert advice and guidance on infection prevention and control

Escalation

Where the Care Home Clinical and Care Professional Oversight team believes there is a significant issue that requires onward escalation – i.e., which cannot easily be resolved through routine local reporting and support mechanisms – that should be escalated by the Director of Public Health to the Chief Executives of the Health Board and local Authority. Such issues should also be escalated to the Care Inspectorate and Scottish Government, and ultimately if required, to use emergency powers held by Ministers.

Safety Huddle

Based on activity, dependency and acuity care homes will be asked to work through the template to identify care needs and if staffing levels are adequate to be able to deliver safe and effective care. The questions that will be asked are

Local information

H&SCP

Name of Residential/Care Home

Bed Number

No of Residents

Covid-19 related Information

Total number of positive COVID-19 residents

Total No of Covid-19 symptomatic residents

Active outbreak

Adequate PPE equipment

Ability to comply with IPC measures

Total number of deaths (COVID-19 related)

Additional Information to aid staffing decision making

No of 1:1 care

End of Life Care

No of deteriorating Residents –

No of residents with cognitive impairment

Workforce

Staff absences

Additional team requirements

Registered Nurse,

Senior Social Care Worker,

Social Care Worker

Testing

How many residents tested

If not tested why not

How many staff tested

If not tested why not

Testing completed by care home staff yes/no

The professional judgement template set out below should also be used by care homes to identify staffing requirements. Care homes with sophisticated electronic rostering may get the same functionality from that.

Care Home Clinical and Professional Oversight team should develop a process for care homes in their area similar to that detailed below from NHS Forth Valley

Situation	Actions
Homes currently in green	<p>Homes will have a joint visit with nursing and senior social care staff.</p> <p>Nursing will assure:</p> <ul style="list-style-type: none"> • infection control measures – PPE, cleaning solutions and matrix, hand hygiene • documentation of patients normal abilities, DNACPR/AWI/ACP • fundamental care – personal hygiene, FF&N, medicines are being met • communication – with families, virtual visiting <p>Care home will either be doing really well in which care assurance is achieved or standard information can be shared at this point – infection prevention posters, SOP's on setting up PPE stations/cohorting if required. This will allow forward planning in the event of patient contracting Covid-19</p>
Homes who have patients testing positive (amber and green)	<p>Joint visit with nursing and social care staff to:</p> <ul style="list-style-type: none"> • clarify all of the above are in place • assess for other services to support: palliative care, dementia, mental health, infection control • supply any other helpful resources eg palliative care • mobilise other relevant services – this will require one person to co-ordinate • are residents conditions being documented • are relatives being kept informed • are PPE stocks adequate and being used correctly • has cohorting/zoning been put in place • do residents have appropriate medicines • are staff aware of just in case medication accessed via PSD and COVID medication pathway for care homes • are patients receiving appropriate fundamental care • have the ANP's/GP's reviewed all symptomatic patients • staffing arrangements have been considered if there is increasing acuity and care needs
<ul style="list-style-type: none"> • leadership within the care homes will remain with the care home staff. Wherever possible a senior member of the care home staff should be on site and there should be access to a detailed handover on all residents • significant staffing levels will be supported via NHS/HSCP staffing flowchart • utilise grab box with clinical information for major incident • Head of Nursing for HSCP will provide leadership and link with the care home and determine support an expert advice required from other teams including care home liaison, PDU and palliative care, psychological therapy 	

Additional measures for monitoring progress

Additional measures	Lead	Timescale – all additional measures reviewed every two weeks from implementation	How will we know it has been delivered
Nurse and Medical Directors take direct responsibility for the clinical support required for each care home in their Board area in collaboration with Directors of Public Health These Directors will lead in providing practical expert advice and guidance on infection prevention and control Boards will provide DHPs with the resources needed	Nurse Director Medical Director	Immediate	Reports on safety huddles and visits to be included in weekly DPH return to SG.
Daily discussion covering each home in their area and decisions on any additional direct clinical or IPC support needed	Nurse Director	Immediate	Reports to SG on outcomes to be included in weekly DPH return to SG
Testing guidance for staff to be clarified urgently with clear routes and responsibilities set out to ensure staff are tested regardless of	DPH	Immediate	Reports on staff testing to be included in weekly DPH return to SG.

impact on staff rotas - including any guidance issued by HSCPs			
Boards to take direct responsibility to ensure staff are tested	DPH	Immediate	Reports on staff testing to be included in weekly DPH return to SG
Boards will ensure that contact tracing is undertaken where required	DPH	Immediate	Reports on staff tracing to be included in weekly DPH return to SG
Boards will ensure linked home testing is delivered	DPH	Immediate	Reports from Boards to be included in weekly DPH return to SG
Boards to ensure clinical resource is provided to care homes to ensure staff rotas are maintained to deliver safe and effective care	Nurse Director	Immediate	Reports and data from safety huddles to be included in weekly DPH return to SG
Direct inspection visits to care homes by CI and HIS, including unannounced inspections	CI	Immediate	Reports from CI to be included in weekly DPH return to SG
Testing requirements on all admissions	DPH	Immediate	Reports from safety huddles
Significant adverse event	HIS and CI	Immediate	Proposals to be discussed and advice on implementation
CI and HIS joint inspections	As above		

Cabinet Secretary for Health and Sport
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17 May 2020

Executive Nurse Director Role During COVID 19

As an executive member of the NHS Board and the most senior nurse in the health and social care setting your leadership and expertise are pivotal to our management of the Covid19 Pandemic.

Your role in the management of infection prevention and control and the provision of nursing decision making skills and the identification of care delivery requirements are now required outwith the boundaries of the NHS Board and Health and Social Care Partnership.

I am therefore writing to advise that from 18 May 2020 to 30 November 2020 I will vary the roles and responsibilities of your appointment as an Executive Nurse Director. This variation is in line with the new requirements set out in my letter of 17 May 2020, regarding the multi-professional oversight of care homes. I therefore require you to be accountable for the provision of; Nursing leadership, support and guidance within the care home and care at home sector.

Whilst retaining overall accountability you may, with appropriate professional governance arrangements, delegate roles and responsibilities to the Senior Nurse within the individual Health and Social Care Partnerships within your NHS Board area.

Specifically I would like you and your officers to support the Director of Public Health to review the information required to be submitted to them by care homes, identify specific issues and support the development and implementation of solutions to ensure residents are provided with safe high quality services. This will include reviewing care home safety huddle data to;

- identify where specific nursing support may be required and to develop and implement solutions where required. This will include clinical input to ensure that there are effective community nursing arrangements in place to support increasingly complex nursing care requirements.


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- identify where specific infection prevention and control support may be required this will include recommendations and review re cleaning to prevent transmission and appropriate use of PPE.
- Support the development and implementation of testing approaches for care home and care at home settings
- Identify and support sourcing of staffing as required by the care home and care at home setting as defined the requirements set out in DL (2020)10 and DL(2020)13

During this unprecedented time your help, support and leadership in these areas are invaluable and will contribute to our ability to ensure the most vulnerable in our communities are safe, protected and get the care and support they deserve.

Kind regards

JEANE FREEMAN

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Grampian Health and Care System Assurance and Support Structure

