

2020/21

Lothian Care Home Annual Report

East Lothian
Health & Social Care Partnership



Edinburgh Health and
Social Care Partnership



West Lothian
Health & Social Care Partnership
www.westlothianhscp.org.uk

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Executive Summary

2020/21 has been an incredibly challenging year. The global Covid-19 pandemic has had a devastating impact across all parts of our society, but particularly among our older and most vulnerable people. The impact on Health and Social Care services has been unprecedented.

At the onset, and during the peaks of the pandemic, it was hard to see how we would get through each day. Care homes were particularly impacted with residents, their loved ones and staff having to quickly adapt to new ways of living and working to reduce the risk of Covid-19 transmission. We also had to adjust to new governance arrangements with NHS Directors of Nursing being asked to oversee responsibility for infection prevention control measures, training and guidance in care homes from May 2020.

However, it is thanks to the dedication and commitment of all staff across Health and Social Care working hard together that I am confident we are in a better place moving forward.

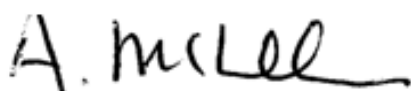
Throughout the last year we have developed a much greater understanding of:

- Our national and local pandemic response
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- Covid-19 outbreak management
- Vaccinations
- Public Protection
- Human Rights
- Staffing requirements
- Physical and mental health impact of the pandemic
- Legal frameworks
- Roles and responsibilities
- Partnership working

This will help inform how we manage care homes in future alongside learning from new ways of working we implemented this year including:

- The new operational, strategic and governance arrangements to ensure quality standards in infection prevention control
- Our strengthened relationships across Health and Social Care and the care home sector
- Utilising new relationships with key stakeholders
- Tried and tested new ways of working and models of care

I would like to take this opportunity to thank all the staff involved in supporting Lothian care homes over the past year and particularly the care home staff themselves. Moving forward in 2021/22 we will continue to support and work together to learn from each other, support improvement work and support staff and resident well-being.



Professor Alex McMahan
Executive Director, Nursing, Midwifery and AHPs



Introduction

The Lothian Care Home Annual Report gives a high level overview of the NHS Lothian and four Health and Social Care Partnerships' (HSCPs) response to the additional responsibilities for multi-professional oversight of care homes related to the Covid-19 pandemic.

This report compliments the Care Home Supportive Framework which gives a very detailed account of developments, including systems and processes put in place at HSCP, Lothian and Scottish Government level.

This report will include an overview of:

- Our priorities for 2021/22
- The timeframe of developments relevant to care homes in Lothian
- The pan Lothian and HSCP governance arrangements
- The role of Health Protection
- The epidemiology across Lothian
- An overview of IPC, testing, education and training, Covid-19 vaccinations and mutual aid arrangements

Demographics of care homes in Lothian

The requirements placed on NHS Lothian were primarily focussed on older people care homes but also extended to other types of care homes in Lothian, detailed in Table 1.

Type of Care Home	Registered Establishments	Registered Places	Total Beds
Alcohol & Drug Misuse	1	10	10
Blood Borne Virus	1	10	10
Children & Young People	39	268	184
Learning Disabilities	26	161	150
Mental Health Problems	1	15	15
Older People	109	5214	4492
Physical and Sensory Impairment	9	67	65
Respite Care and Short Breaks	1	23	23
All	188	5768	4949

Table 1: Lothian Registered Establishments (May 2020)

Introduction

The number of registered establishments has changed over time with a small number of closures of older peoples care homes and one new care home.

In May 2020 the number of registered places in older peoples care homes was 5214 with a total of 4492 beds, detailed in Table 2.

Type of Care Home	Registered Establishments	Registered Places	Total Beds
Older People	109	5214	4492

Table 2: Lothian Registered Places (May 2020)

The current number and registered provider type of older peoples care homes in Lothian is detailed in Table 3.

	Private	Local Authority	Voluntary/Not for Profit	Total
East Lothian (Nursing)	11	2	0	13
East Lothian (Residential)	4	2	1	7
Edinburgh (Nursing)	30	0	4	37
Edinburgh (Residential)	10	9	8	27
Midlothian (Nursing)	6	1	1	8
Midlothian (Residential)	0	1	1	2
West Lothian (Nursing)	12	0	0	12
West Lothian (Residential)	0	4	0	4
Total	73	19	15	107

Table 3: Distribution of Older People Care Homes in Lothian by HSCP and Registered Provider (April 2021)

This report focuses on older peoples care homes as this was the main focus for proactive support in 2020. Other social care homes are part of routine oversight arrangements at NHS Lothian and HSCP level.

Priorities for 2021/22

Continue enhanced oversight arrangements

The enhanced multidisciplinary arrangements are in place until at least March 2022, therefore we will continue to support care homes in Lothian with our responsibilities for support and professional oversight with the current structures, systems and processes which are efficient and effective.

The close working relationships between the Lothian care homes and all of the key stakeholders has been key in pre-empting, identifying and resolving issues. This has also been key in offering and providing timely support.

The Pan Lothian Operational Huddle and Strategic Oversight Group has been effective in:

- sharing best practice
- problem solving
- encouraging cross team working
- respecting difference whilst achieving consensus
- achieving a consistent approach across Lothian
- strengthening and creating new relationships

Lothian Care Academy

For a number of years there has been a vision to develop across organisations a health and social care workforce delivering person centred care to people in a variety of care settings. The need for this has now been recognised nationally with the publication of the Scottish Government's Independent Review of Adult Social Care in Scotland.

The concept of a Lothian Health and Social Care Academy evolved from a Pan Lothian workshop held in December 2019 with key stakeholders from Health and Social Care (H&SC). At this workshop it was agreed that person centred care must be at the heart of a Lothian Care Academy Programme. The aim being to have the right staff with the right skills and knowledge to support an individual, at the right time regardless of the individual's employer.

A consequence of the Covid-19 pandemic in 2020 has highlighted the demand for a Lothian Care Academy.

The programme's objectives are to:

- Agree core training requirements for care delivery across the Health and Social Care Partnerships
- Identify the process whereby shared learning can take place
- Standardise training and content to enable a more cost-effective approach
- Enhance career pathways for care staff across Health and Social Care
- Stabilise the care workforce (recruitment and retention) making Health and Social Care a positive and attractive place to be employed

Continue to listen, learn and collaborate

We will continue to work with care homes in Lothian and key stakeholders to help identify areas for improvement and support the testing and implementation of innovation and change when appropriate. We will also continue to share learning with other Health Boards across Scotland.

Priorities for 2021/22

New resources

New corporate investment from Scottish Government has enabled us to invest in existing and new teams to support care homes in Lothian. The investment has been used to maximise support and improvement through the following teams/roles:

- IPC team, to continue to support improvements with IPC and outbreak management.
- Tissue Viability team to support prevention and early detection of tissue damage.
- Clinical Education Team to develop and deliver education and training specific for the care home sector.
- Quality Improvement and Standards to support improvement across the sector.
- Programme Manager, Programme Support Officer and Project Manager

The Chief Nurse for Research and Development continues to support the Care Home Programme Team during the Covid-19 pandemic.

Figure 1 identifies the Lothian Corporate Teams that are supporting care Homes.

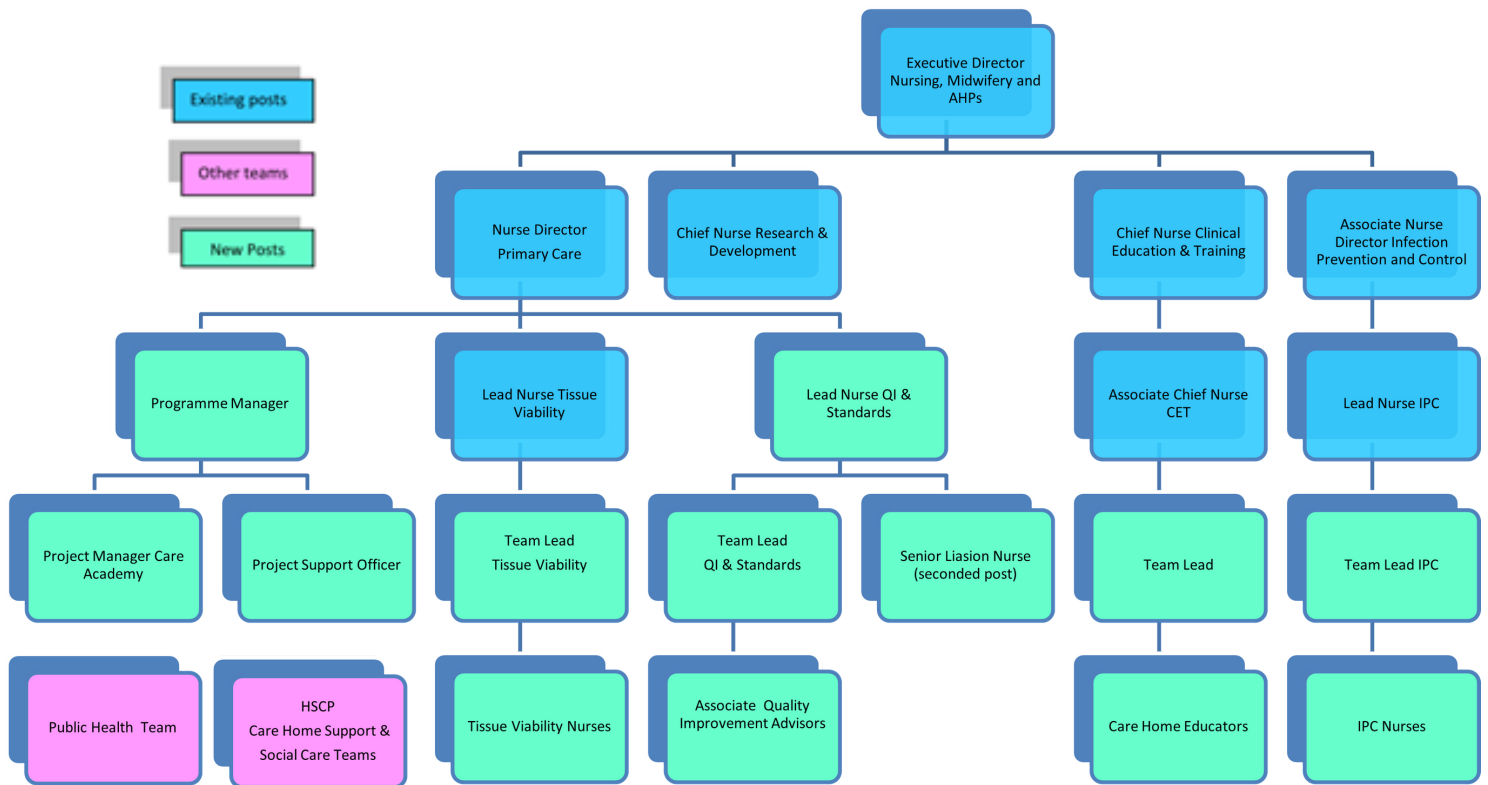


Figure 1: Proposed Care Home Teams in Lothian

We will continue to build our support infrastructure with the aim of developing and sustaining a collaborative model of support for care homes, their staff and residents. We will continue to develop clear roles and responsibilities to ensure the most efficient and effective utilisation of these new services with our key stakeholders pan Lothian.

Chronology

Timeline and Government Communication

Autumn 2019

Scottish Government Pandemic plan consultation with health and social care partnerships, & Boards. Disseminated for comments by Health Protection Team (HPT) and NHS Lothian/ local HSCPs comments were collated and sent into SG.

January 2020

Scottish Government contacted by HPT to see if Scottish pandemic plan would be updated in light of Autumn consultation with HSCPs & Boards.

23 January 2020

First PPE guidance issued.

25 February 2020

"It remains very unlikely that people receiving care in a care home or the community will become infected... There is no need to do anything differently in any care setting at present". Public Health England and UK Government advice

29 February 2020

First Covid19 case identified as infected within UK in Surrey, England.

1 March 2020

First confirmed Covid19 case in Scotland admitted to Western General Hospital, Edinburgh.

2 March 2020

USA reports Covid19 cases and deaths in a long-term care facility in Kirkland, Seattle, Washington.
<https://www.cidrap.umn.edu/news-perspective/2020/03/seattle-hot-spot-covid-19-us-cases-hit-100>.

11 March 2020

UK BBC reports two cases linked to care homes in England.

11 March 2020

WHO Director General declares a pandemic with rapid increase in cases outside China.

11 March 2020

Recommendation by Scottish Care to suspend non-essential visits to care homes.

12 March 2020

Health Protection Scotland (HPS) Guidance issued V1.0.

Chronology

Timeline and Government Communication

15 March 2020

First media coverage of care home Covid-19 cases in Scotland.

Six Covid-19 cases reported at Lanarkshire care home (BBC News) Lanarkshire care home outbreak discussed at next National Incident Management Team (IMT), request from Boards for guidance and PPE advice for care homes in Scotland.

19 March 2020

NHS Lothian HPT chaired a multidisciplinary care home preparedness meeting with geriatricians, chief nurses, HPT nurse.

23 March 2020

Lockdown commences across the UK.

24 March 2020

HPT sent coronavirus update letter to NHS Lothian care homes included advice on symptoms in older people, testing, PPE, links to HPS guidance.

25 March 2020

All Lothian GPs received article written by Conor Maguire, Royal College Physicians on Coronavirus & care homes.

26 March 2020

National IMT Boards subgroup: provision of PPE for care homes was raised as a major issue.
Clinical guidance issued for care home residents.

2 April 2020

NHS Lothian HPT chaired multidisciplinary care home preparedness meeting with geriatricians, chief nurses, HPT nurse.

First minister announces 'move to test all symptomatic patients in care homes'

7 April 2020

SG publication - Clinical guidance for all NHS staff working in the community and Health and Social Care Partnerships during COVID-19.

16 April 2020

Letter from Chief Nursing Officer (CNO) to Board Chief Executives that all symptomatic care home residents should be tested (previously policy was first few residents in care home to establish an outbreak).

17 April 2020

Letter from Chief Executive, NHS Scotland to Board Chief Executives. Directors of Public Health (DPH) to lead, plan, initiate, coordinate and provide a weekly report

Letter from Chief Medical Officer (CMO) to GPs re GP support to care homes.

Chronology

Timeline and Government Communication

20 April 2020

Letter from Interim Chief Executive NHS Scotland to Board Chief Executives on initial assessment of every care home and a programme of visits to every care home

26 April 2020

HPS guidance for Care Home Settings issued

1 May 2020

Letter from Interim Chief Executive NHS Scotland to Chief Executive testing in care homes expansion. To be enacted by 4 May

Letter from Scottish Government to DPH and Integrated Joint Board (IJB) Chief Officers regarding DPH weekly returns review and template.

14 May 2020

Interim guidance on care home testing from HPS.

15 May 2020

Scottish Government publishes an update to the National Clinical and Practice Guidance for Adult Care Homes in Scotland during the COVID-19 Pandemic

17 May 2020

The Cabinet Secretary for Health and Sport issued a letter and further guidance on new and additional support and oversight arrangements for care homes to NHS Board Chief Executives, Local Authority Chief Executives, IJB Chief Officers, Local Authority Chief Social Work Officers, and NHS Board Directors of Public Health, Medical Directors and Nurse Directors.

A variation to the roles and responsibilities of Executive Nurse Directors, effective from 18 May 2020 to 30 November 2020, specified accountability for the provision of nursing leadership, support and guidance with the care home sector.

Chronology

Timeline and Government Communication

20 May 2020

Interim Chief Medical Officer wrote to encourage Health Boards to secure the involvement of geriatricians in supporting the medical care of older people in care homes.

Stage 2 amendments to the Coronavirus (Scotland) (No.2) Bill make provision for emergency intervention orders in the case of failing care homes.

25 May 2020

The Executive Medical Director, Medical Director Primary Care and Associate Director Pharmacy published a document outlining possible future models of medical and pharmacy input into care homes

An integrated pharmacy service will continue to be led by community pharmacists and pharmacy technicians in the HSCPs with support of specialist clinical pharmacy services in hospital-based medicine of the elderly and mental health, focusing on:

- medicines reconciliation
- monitoring the safe use of high risk medicines
- poly pharmacy review.

National guidance around care home support from medical specialties has been implemented as required, including for residents admitted to hospital and those with Covid-19 being cared for within care homes, including by hospital at home and Lothian Unscheduled Care Service (LUCS).

21 September 2020

The Cabinet Secretary wrote to Executive Nurse Directors to announce that the variation in their roles and responsibilities would be extended to the 30th of June 2021.

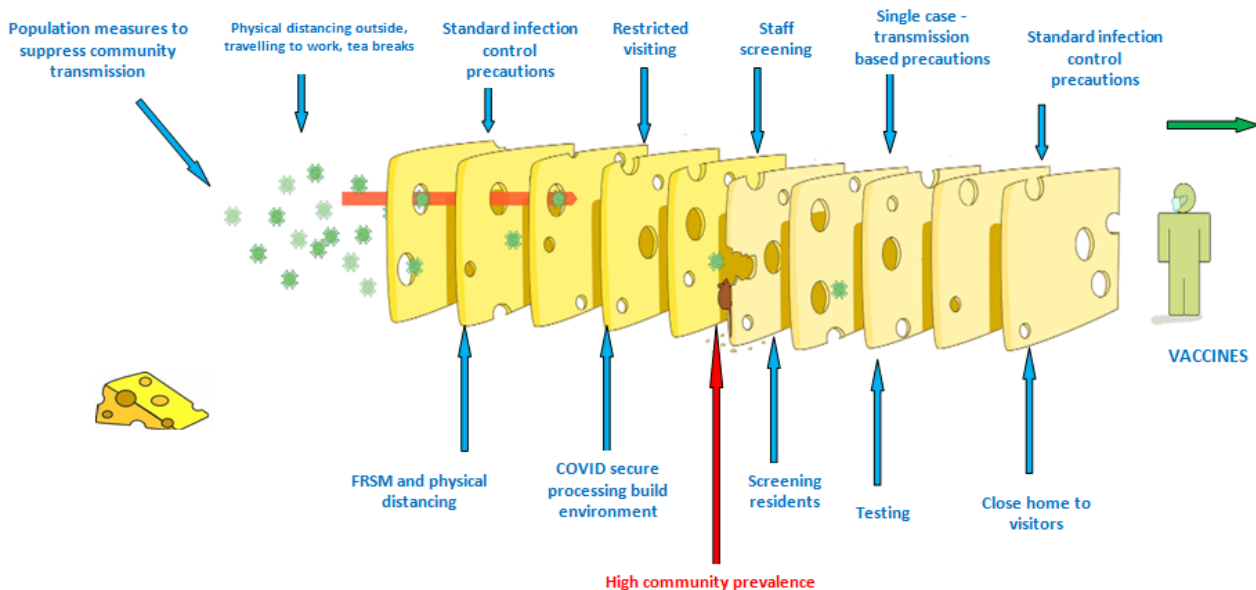
November 2020

CARE HOME REVIEW: A rapid review of factors relevant to the management of COVID-19 in the care home environment in Scotland published.

Lothian assessed its position in relation to the risk factors and recommendations identified in the Care Home Review. Overall the Care Home Review reiterated the unprecedented challenges for the care home sector during the Covid-19 pandemic. New interventions, relatively rapid changing and emerging guidance from learning and evidence based research led to many new interventions which were introduced over a relatively short period of time (Figure 2).

Chronology

Figure 2: The 'Swiss Cheese' COVID-19 defences in care homes
Recognising that no single intervention is perfect at preventing spread



Each intervention (layer) has imperfections (holes). Multiple layers improve prevention success.

Based on COVID-19 version by Jan M. Mackay (Micrologydownunder.com).
Ref: Reason J (1990) Human Error, Cambridge University Press
Adapted with permission from Professor Jacqui Reilly

16 December 2020

Scottish COVID-19 Care Home Infection Prevention and Control Addendum V1.0 issued

15 January 2021

NHS Scotland Chief Operating Officer and Director of Mental Health and Social Care wrote to Board Chief Executives 'Promoting Partnership - Support for Care Homes and Delayed Discharge Winter 2021'. The letter emphasised the need for ongoing support to care homes and social care more broadly. Annex A of the letter included actions required to provide ongoing support that included:

- leadership at local level
- Infection Prevention & Control and care standards and practice in care homes
- resilience support for struggling/failing care homes and impact on residents and wider services
- GP and primary care support.

Chronology

22nd January 2021

PROMOTING PARTNERSHIP, Support for care homes and delayed discharge Winter 2021 letter.

3rd February 2021

Independent review of Adult Social Care in Scotland (Feeley Report) published.



24 February 2021

'Open with Care - supporting meaningful contact in care homes' guidance published



Checklist: Conditions for resuming indoor visiting

1 No Outbreak	No active outbreak in the home or outbreak declared over and Health Protection Team sign off	<input type="checkbox"/>
2 IPC Compliance	<ul style="list-style-type: none"> Compliance with Infection Prevention Control measures Physical distancing in place 	<input type="checkbox"/>
3 PPE	<ul style="list-style-type: none"> Adequate supplies of Personal Protective Equipment in place Visitors supervised for donning and doffing 	<input type="checkbox"/>
4 Visitor Screening	Exclusion of visitors with COVID symptoms	<input type="checkbox"/>
5 Visitor Testing	Lateral Flow Device testing of asymptomatic designated visitors	<input type="checkbox"/>
6 Staff Testing	Testing of staff as recommended	<input type="checkbox"/>
7 Designated Visitors Agreed	<ul style="list-style-type: none"> Agreed between care home and resident/proxy Individualised visiting care plan agreed 	<input type="checkbox"/>
8 Residents' Vaccination	High level coverage and a robust process to ensure continued coverage of staff and residents	<input type="checkbox"/>
9 Clinical Oversight Team	No concerns about care home quality assurance indicators	<input type="checkbox"/>
10 Directors of Public Health	Local public health oversight and advice on visiting policies	<input type="checkbox"/>

Proceed with visiting

Chronology

23 March 2021

Cabinet Secretary wrote confirming that enhanced multidisciplinary arrangements would continue until March 2022. The letter outlined some variation in the extent and focus of these arrangements including:

- ensuring care home residents and staff health and wellbeing
- monitoring, support and oversight to the return of routine activities such as visiting
- planned and co-ordinated reintroduction of health, social care and other services in care homes
- ensuring the scope of interest is extended to wider social care provision
- monitoring sustainability and resilience of the social care sector as it adjusts to new business as usual
- taking into account of the Independent Review recommendations that oversight, through the use of the safety huddle tool, support a partnership-based approach to ongoing improvement in care homes.

Governance Arrangements

Strategic and Operational Structures

In March 2020 a Lothian Care Home Covid-19 Management Group, chaired by HPT was instigated. This group was superseded by the Tactical Group (that brought together the HSCPs, NHS Lothian, care inspectorate and was looking at extending membership to police and others) that convened for the first time from mid-April 2020 after initial discussion with Chief officers.

Two new groups were established on the 18 May 2020

- Care Home Strategic Oversight Group (evolved from the Tactical Group) weekly meetings chaired by Executive Nurse Director
- Pan Lothian Operational Group, daily meetings (Monday-Friday) chaired by Director of Nursing Primary Care or one of the senior nurses in the Care Home Programme Team

Strategic Oversight Group

The role of this group is to:

- Provide oversight and professional scrutiny in relation to IPC standards across all care homes in Lothian
- Agree a set of metrics to be used for weekly oversight of care standards.
- Provide oversight, professional leadership and support in relation to clinical and care governance standards
- Seek assurance through the daily Pan Lothian Operational Group and the individual HSCP huddles that local intelligence and data is being used to ensure there is a clear line of sight to each care home in Lothian
- Provide assurance to the Strategic Management Group that there is a robust system in place in relation to care homes.

Through the oversight group the Chair provides assurance to the NHS Lothian Healthcare Governance Committee and the NHS Lothian Board through briefings and appropriate reports. The Strategic Oversight Group has met weekly since the 26th of May 2020, moving to fortnightly on the 15th of March 2021.

Pan Lothian Operational Group

The role of this group is to:

- Identify, review and discuss all suspected and confirmed outbreaks of Covid-19 in care homes. This includes:
 - Health Protection contact and co-ordination of Problem Assessment Groups and Incident Management Teams
 - Co-ordination of Community Outreach Testing in the event of a confirmed or suspected outbreak
 - Specific requirements and requests for input from specialist teams such as IPC and Clinical Education
- Provide feedback of current staffing levels at care homes and escalate concerns that require the provision of mutual aid
- Provide feedback of progress and outcomes of supportive visits at each HSCP. Escalate any issues and actions that require attention.
- Provide feedback on any PPE concerns and escalate where appropriate.
- Raise and address any issues concerning IPC
- Ensure effective communication with external agencies such as the Care Inspectorate and Scottish Care
- Provide oversight and any agreed response in the event of a Covid-19 outbreak to non older peoples care homes, community and residential services (from February 2021)

The Pan Lothian Operational Group has continued in 2020/21 with some variation in frequency, in response to changes in the outbreak situations.

Governance Arrangements

Escalation

Figure 3 outlines the governance and escalation arrangements from each HSCP established in April 2020 to standing organisational committees, Covid-19 strategic management groups and the provision, when necessary, for the establishment of a Multi Agency Task Force.

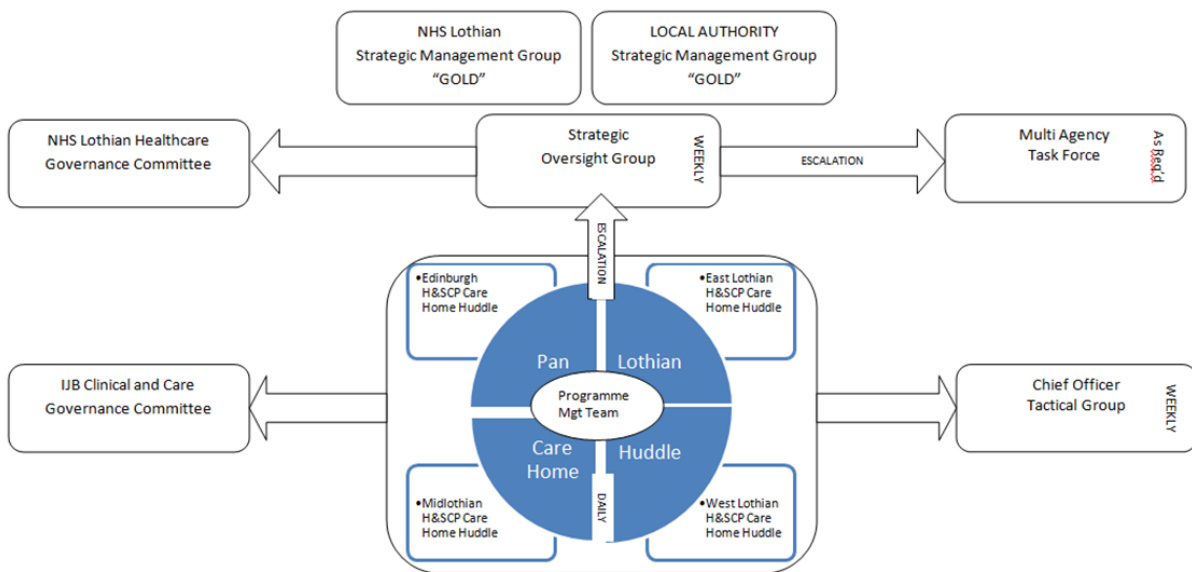


Figure 3: Lothian Care Home Governance and Escalation

Multi Agency Task Force

The Multi Agency Task Force is a group which is led and chaired by the IJB Chief Officer. The group is convened in the event of intervention being recommended or where risks and issues cannot be resolved elsewhere.

The group is scenario driven with three main scenarios evident that will call for the group to take action:

1. There is a risk that the registered provider of a care home will walk away from the responsibilities of running the care home.
2. There is an active and conscious decision from the partnership to discuss the possibility of taking over responsibilities of the running of a failing care home.
3. There is significant care concerns or a significant Covid-19 outbreak.

These scenarios can be driven by escalation from the Pan Lothian Operational Group via the Strategic Oversight Group or through the HSCPs.

The Multi Agency Group's role is to:

- Provide a point of escalation for the Strategic Oversight Group where risks and issues cannot be resolved.
- Convene to discuss the scenario of a care home failing.
- Convene to discuss the possibility of care home registered provider walking way from responsibilities of the home and the consequences there off.
- Provide a platform for multi agencies to discuss said scenarios.
- Agree legislation and authority of actions to address scenarios.
- Provide oversight and professional leadership and support in relation to clinical and care governance standards (within the care home and care at home context).

Governance Arrangements

Escalation to the Care Inspectorate

In the event of a multi agency task force being convened the Care Inspectorate is an integral member of the group. Routinely the Care Inspectorate is part of the ongoing discussions regarding any care home that is a concern. Escalation to Care Inspectorate is via direct contact from the relevant stakeholder or via the Operational/ Strategic Oversight Group.

Reporting to the Scottish Government

An initial assurance on care homes was required to be reported to Scottish Government on 24 April 2020 by the Director of Public Health.

The Scottish Government requested the weekly submission of a report from the Director of Public Health on their assessment of outbreak management and support in each of the four HSCPs. This report, submitted to the Scottish Government Care Home Rapid action Group covers:

- RAG rating of the position in each care home in relation to: outbreaks, PPE, IPC, staffing
- Judgement of overall performance of each care home
- Identification of care homes of immediate concern
- Care home clinical and professional support
- Any identified concerns
- Examples of good practice
- Since March 2021 the report has included staff PCR screening issues

This report is populated by the HSCPs and collated by the Care Home Programme team. From the 7 March 2021 responsibility for this report changed from the Director of Public Health to the Executive Nurse Director.

Healthcare Governance Committee

Reports have been presented to the Healthcare Governance Committee as follows:

- 30 June 2020
- 10 November 2020
- 12 January 2021
- 25 May 2021 (pending)

A Board members briefing session was delivered on the 19th of November 2021

Governance Arrangements

Corporate Risk Register and Risk Management Strategy

A Risk Management Strategy and risk register were created to capture risks for the programme. Risk is defined in the Integrated Risk Management Approach (IRMA) as the chance of something happening that will have an impact on objectives.

The purpose of the Risk Management Strategy was to:

- Provide a risk management approach which can be consistently implemented across the programme;
- Ensure that reliable, up to date information regarding risks affecting the care home programme is available to those managing relevant aspects and components;
- Ensure that before key decisions are taken by the Care Home Strategic Oversight Group, full consideration is taken of the risks involved;
- Clarify roles and responsibilities in the risk management process;
- Ensure there are processes in place to regularly monitor and manage risks across the programme;
- Continuously improve the risk management approach within the programme and ensure the quality of risk inform

Key risks on the register include:

- Duplication of data collection and management requirements
- Engagement with and access to care homes
- Experience of NHS staff to understand care home contexts
- Relationships with care home managers and owners
- Financial risk on the cost of the programme
- Sustainable workforce within care home support teams
- Care home staff receiving financial remuneration when required to self-isolate

The Risk Registered is reviewed at the Strategic Oversight Group on a regular basis. In addition to the risk registered a number of risks have been escalated to the Corporate Risk Register.

A formal entry to the NHS Lothian Corporate Risk Register (5034) was submitted to the Healthcare Governance Committee in July 2020 (High risk) and subsequently updated in October 2020 (High risk) and April 2021 (High risk).

Health Protection

Role of Health Protection

Prevention and management of outbreaks

- HPT worked with colleagues in NHS Lothian, Health and Social Care Partnership professionals, care home and social care providers and community staff to prevent and manage complex outbreaks in care homes and social care during the covid-19 pandemic.
- HPT organized and lead on 184 care homes and social care Incident Management Team (IMT) in between 2020-21. 145 of these were for care homes (116 in 2020 and 49 in 2021). For social care, there were 19 IMTs in 2020-21 (9 in 2020 and 10 in 2021).
- HPT led and coordinated the rapid set up of a care home specific team to provide infection control advice (See section on infection control)
- HPT led the development of the Enhanced Outbreak Response (EOR) to ensure care homes testing was set up and results were conveyed in a timely manner. HPT and EOR took on various quality improvement projects linked to testing, results management and staff well being for care home staff (see section on Enhanced Outbreak Response)
- Contribution and significant input into the national process of Covid – 19 guideline development and subsequent revisions, particularly in the early stages of the pandemic

On call

- Public Health provided on- call cover giving 24/7 access to health protection advice, for 365 days a year, for the effective control of the pandemic and ensuring protection of health of care home and social care population.

Surveillance

- HPT implemented a daily sitrep to collate key information on cases and outbreaks in care homes. and inform the partnership response.

Evidence based approach and Partnerships working

- HPT received, interpreted, provided and advised on highly complex epidemiological and statistical information about the health of care home and social care population to the NHS, Local Authority and voluntary organisations.
- HPT provided expert public health advice to support and inform and evidence-based approach within ethical frameworks to care homes and social care settings.
- HPT influenced external agencies in their public health policy decisions by working with complex professional, managerial and population groups and other organisations in the statutory, non-statutory and private sectors working in care home and social care sector.

Health Protection

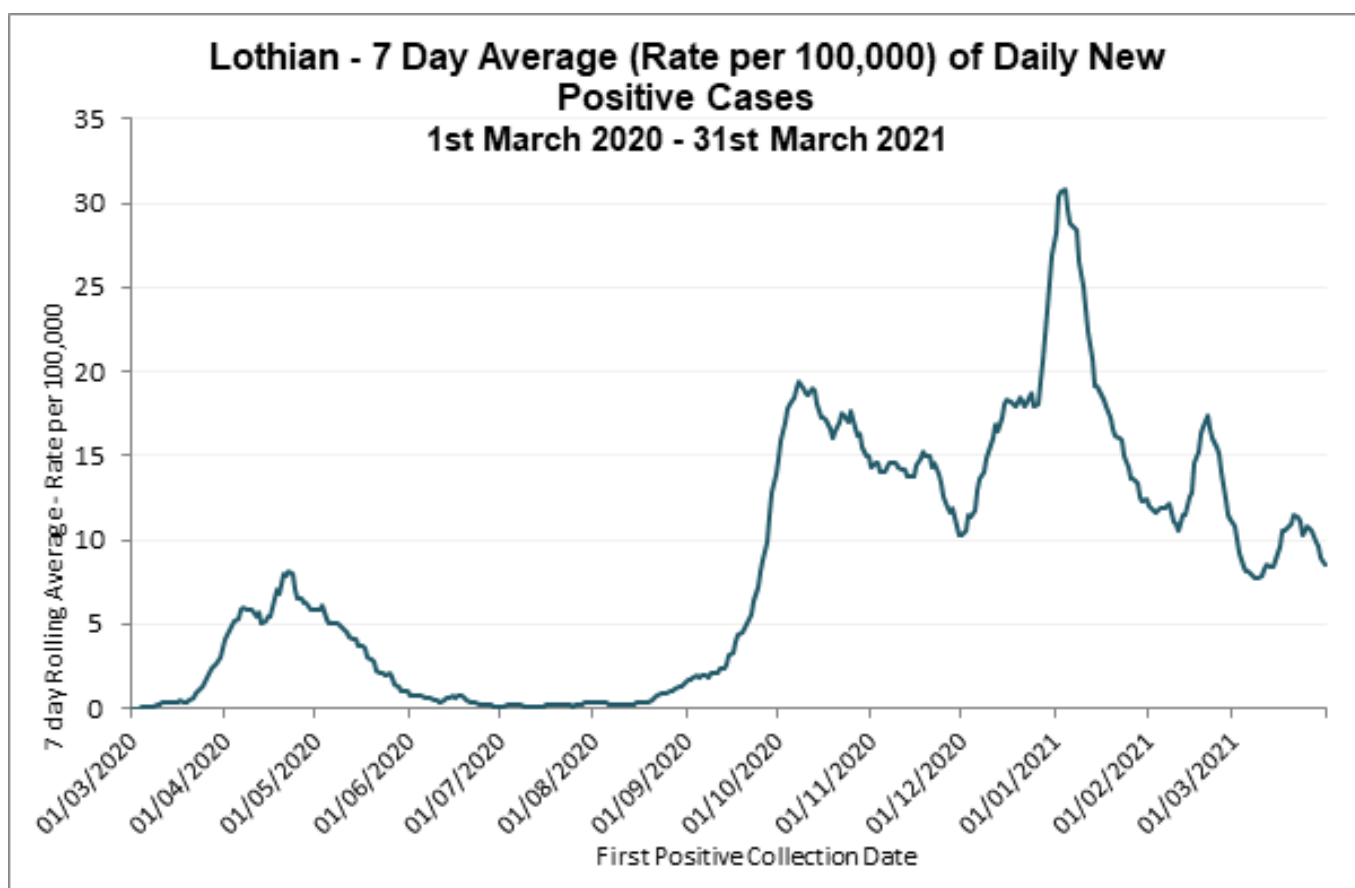
Role of Health Protection

Academic Public Health

- HPT contributed to an in-depth peer reviewed scientific analysis with University of Edinburgh on the first wave in care homes, which allowed practical advice on expected second wave (The Lancet Healthy Longevity Volume 1 Issue 1 Pages e21-e31 (October 2020))

Health Protection

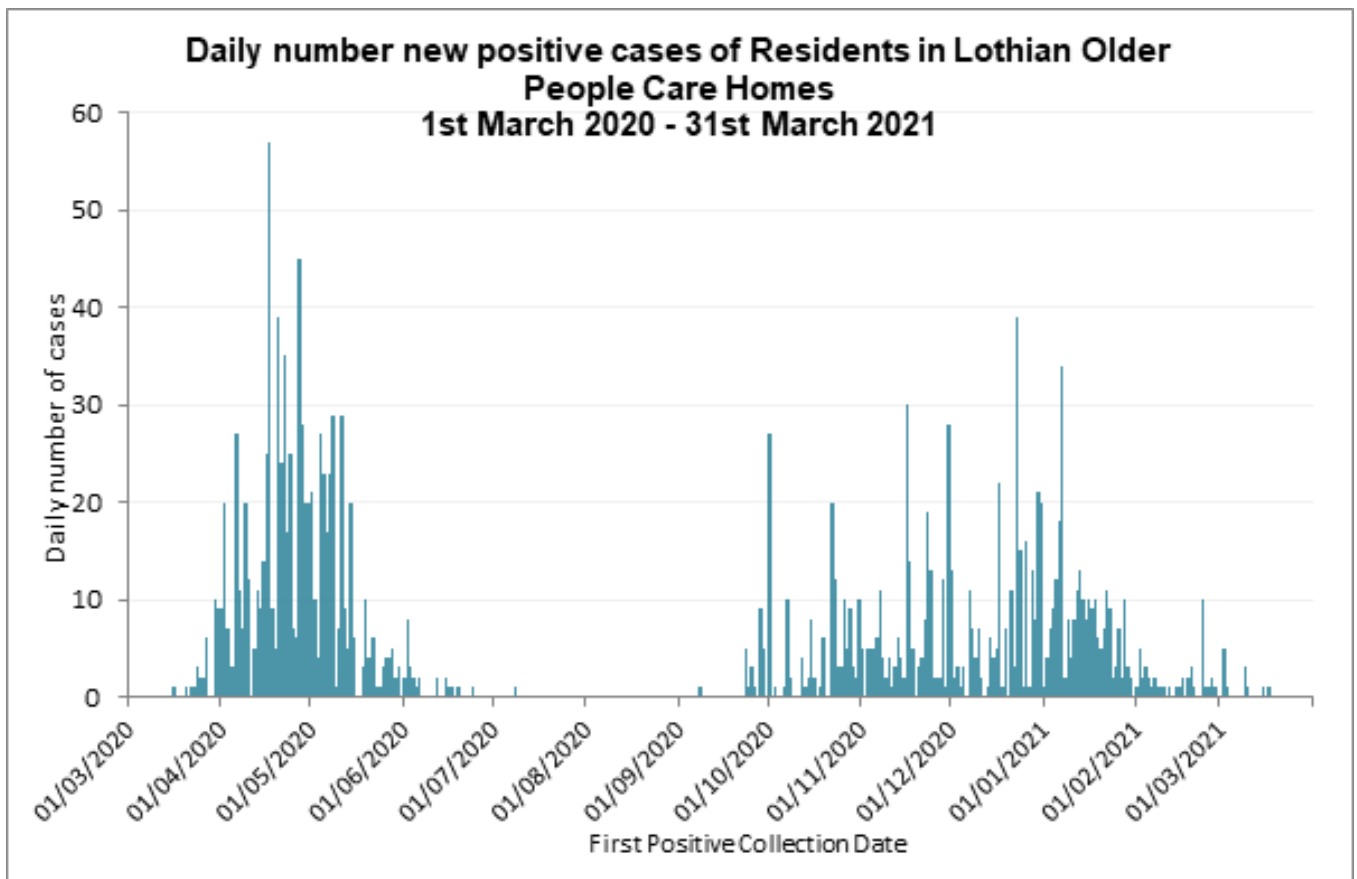
Epidemiology



The 7-day moving average of number in Lothian with a confirmed positive case rose rapidly at the onset of pandemic, peaking on April 2020, then falling again.

- Wave 2 had a more rapid rise from September 2020 and had several peaks, with December 2020/ January 2021 period showing the biggest peak.
- The first test for SARS-CoV-2 in a care home resident was undertaken in the week beginning March 9, 2020 (week 11) and the first positive test was in the week beginning March 16, 2020 (week 12).
- 55 outbreaks were recorded in weeks 12–16 (weeks starting March 16 to April 13), with a further 15 outbreaks in weeks 17–22 (weeks starting April 20 to May 25).

Health Protection

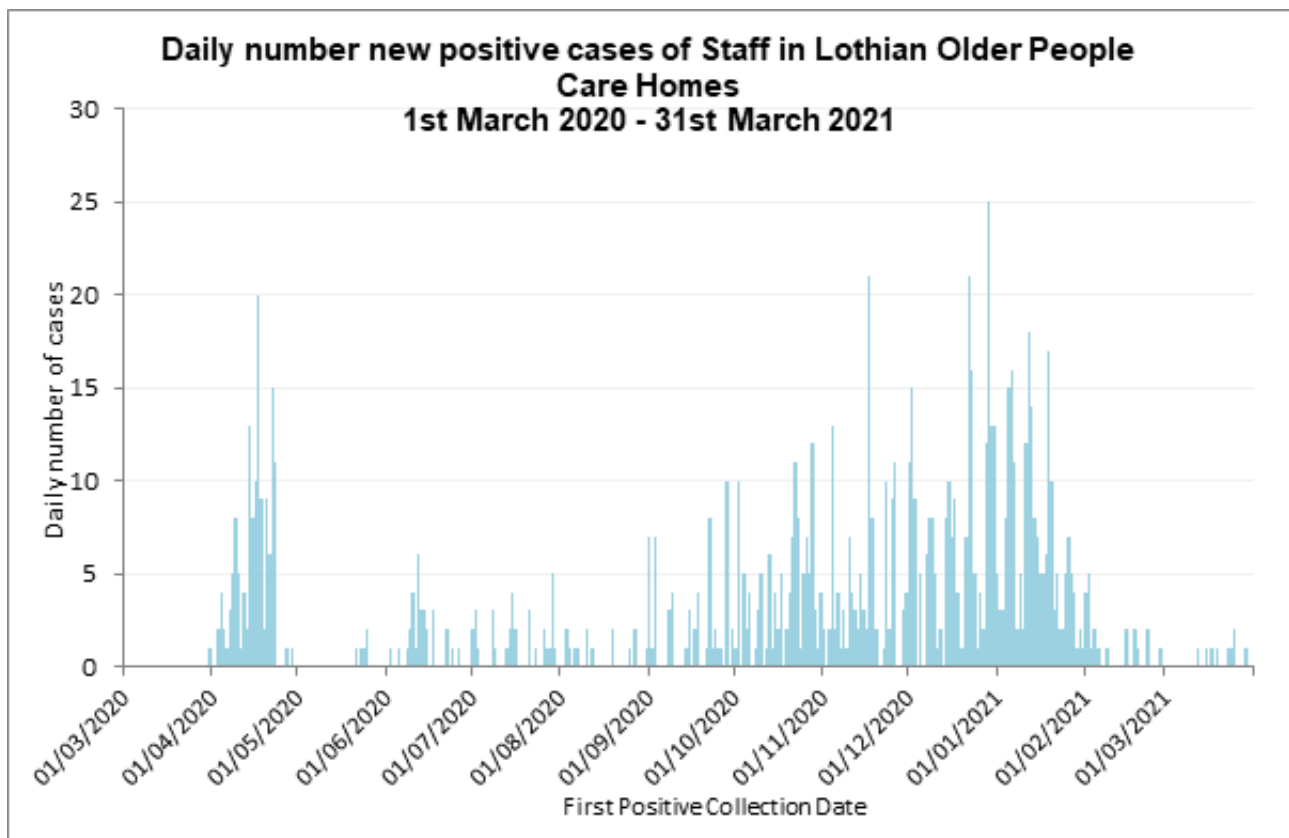


The number of care home residents tested per day rose rapidly, peaking towards the end of April 2020. This was as a result of national policy change on 16 April from testing the first few individuals with symptoms in each care home to testing all people with symptoms.

Thereafter, in Wave 1, the number of residents tested per day fell until a change in NHS Lothian policy to test all residents in care homes with ongoing outbreaks at the end of May 2020.

In Wave 2, the testing pattern broadly resembled the case rate in Lothian population.

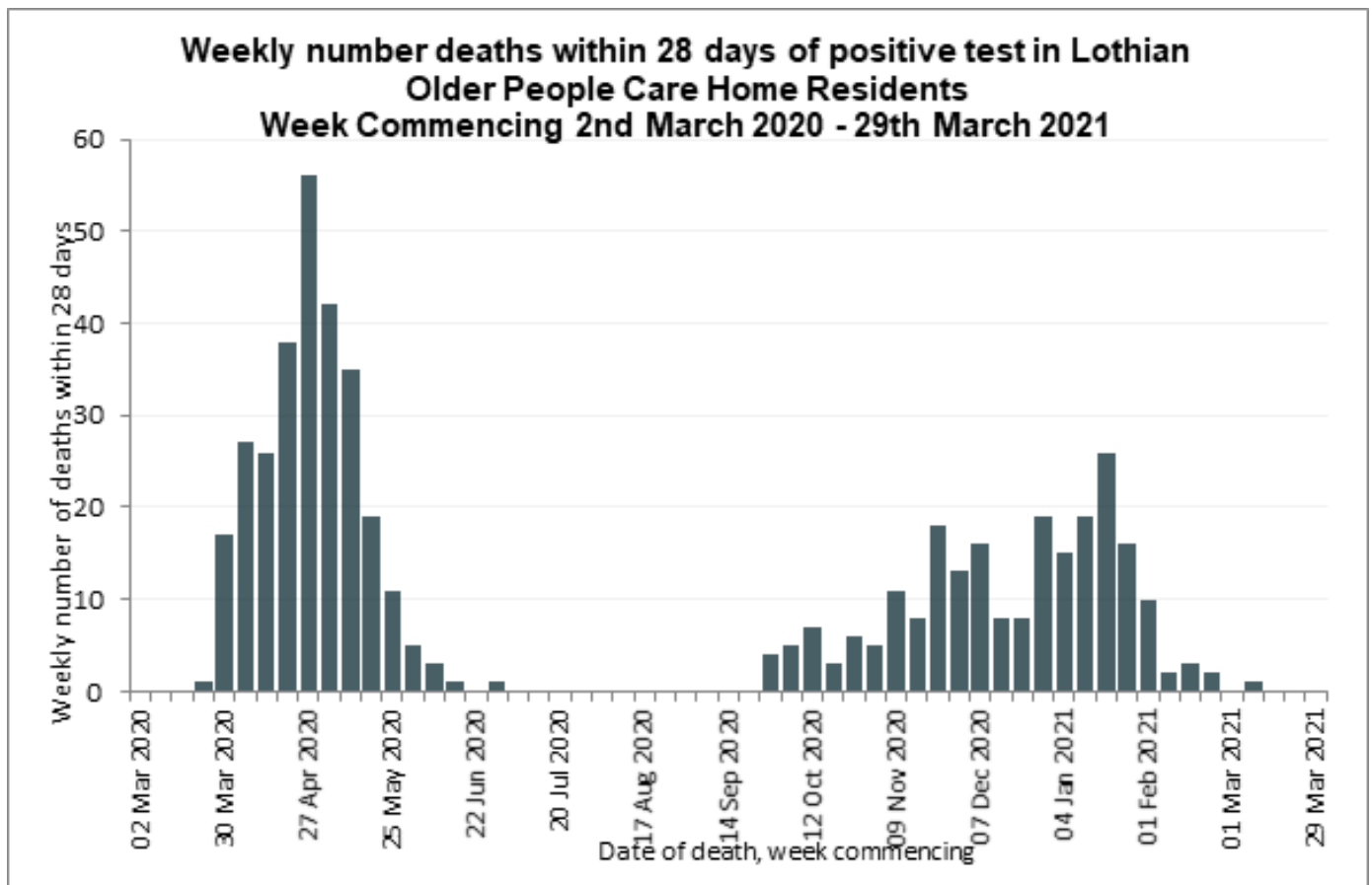
Health Protection



The number of care home staff positive per day rose rapidly, peaking towards the end of April 2020.

There was an ongoing number of staff cases between Wave 1 and Wave 2, which seems to be higher than Lothian cases or cases in older people.

Health Protection

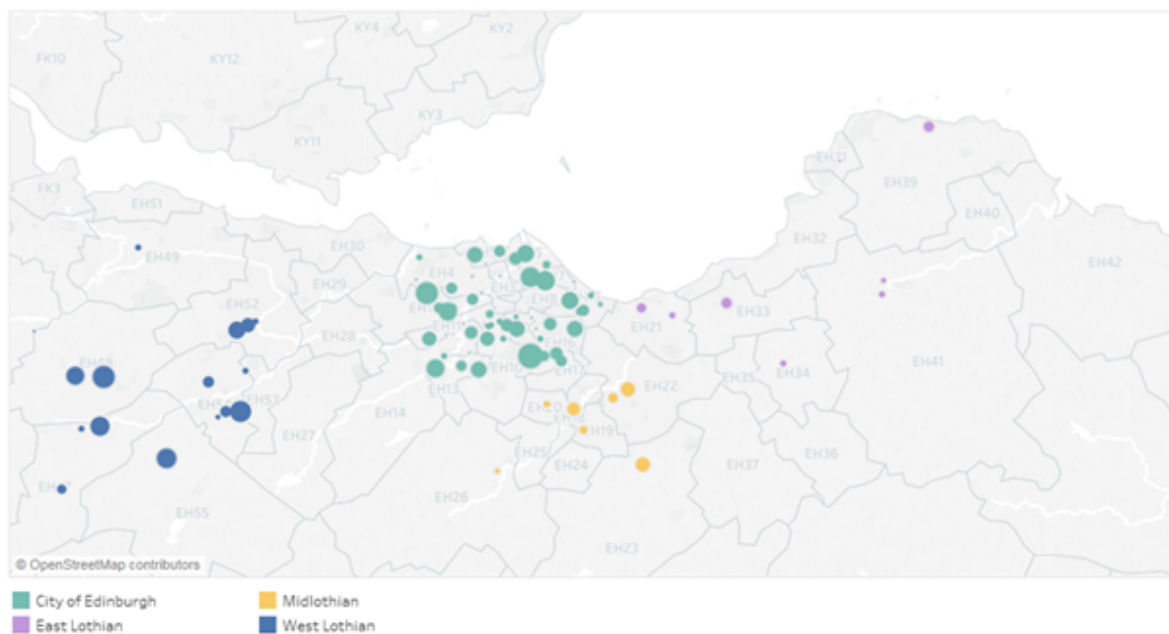


Deaths were in line with the positive care home resident cases in Wave 1 and Wave 2.

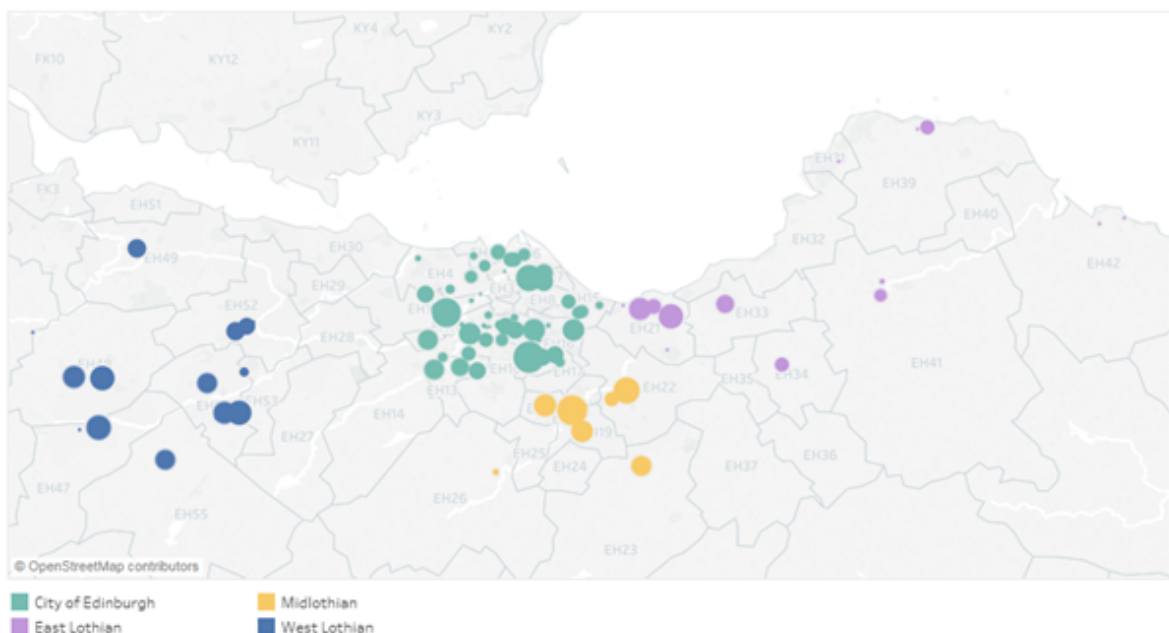
Health Protection

Geographical spread

The following map show the overall Lothian Care Home staff cases between March 2020 – 2021. (Note: bigger the bubble, more the number of cases)

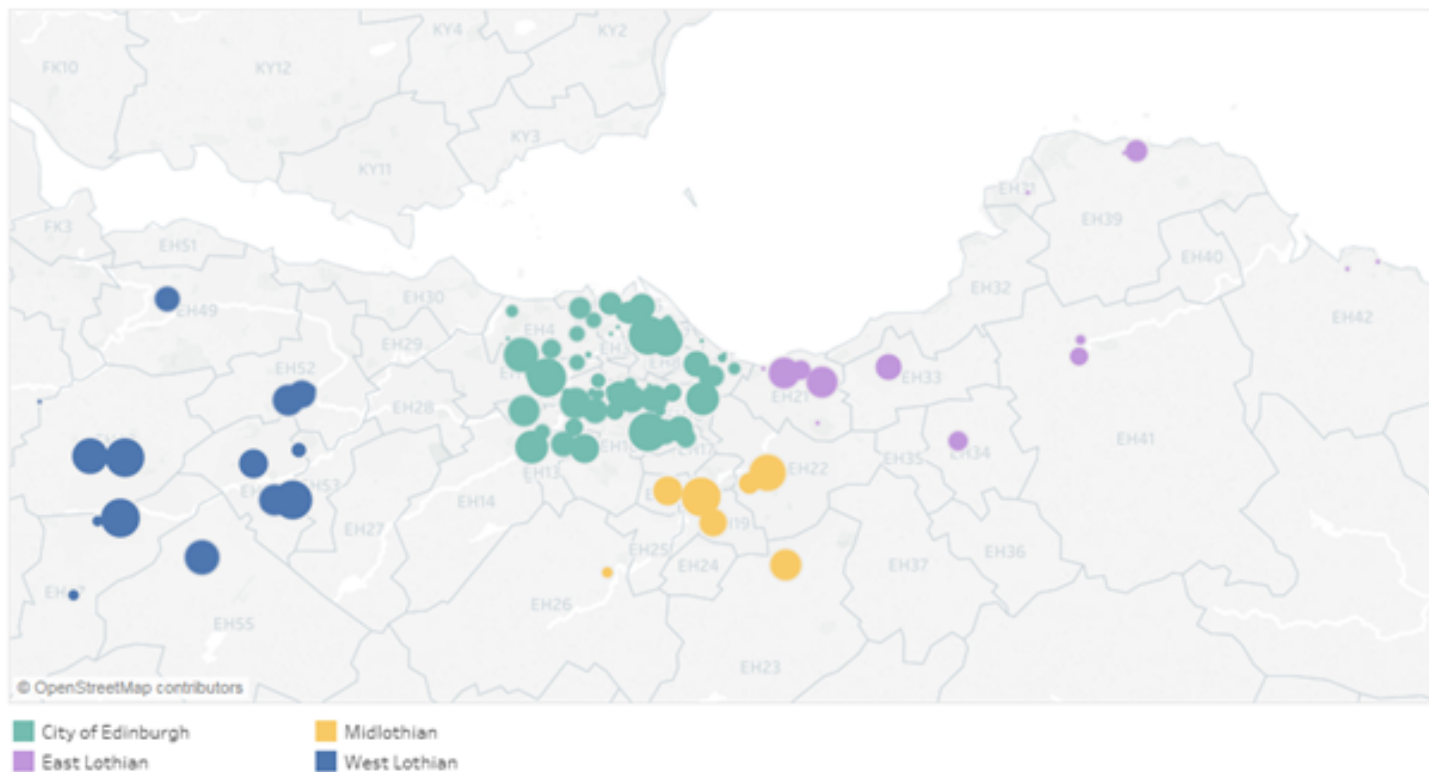


The following map show the overall Lothian Care Home resident cases between March 2020 – 2021. (Note: bigger the bubble, more the number of cases)



Health Protection

The following map show the overall Lothian Care Home staff and resident cases between March 2020 – 2021. (Note: bigger the bubble, more the number of cases)



Infection Prevention and Control

Health Protection Team

From March 2020, HPT led and coordinated the rapid set up of a care home specific team using staff from other areas of the organisation. The staff were trained by HPT to support care homes through each outbreak by providing daily in-depth IPC advice. Initially a weekday service, the service adapted flexibly and innovatively to provide 7 days a week cover for 12 hours a day.

HPT attended care home team meetings in East and Mid Lothian from when they were set up in mid April 2020, and provided updates on guidance and advice regarding IPC measures through this way, as well as directly to care homes through daily calls with care homes. as well as working with a pan Lothian care home group.

HPT was also involved in supporting care homes to get PPE and access to testing in the early days of the pandemic. HPT was also involved in training and education on infection prevention and control measures. IPC will be transitioning to the newly set up Care Home IPC Team, under the Executive Nurse Director in the summer of 2021.

Infection Prevention and Control Team

Prior to 2020, IPC advice for care homes had been provided by NHS Lothian Health Protection Team. The availability of staff with a recognised qualification in IPC and capacity to provide proactive IPC support was limited, and recognised risk for the team. This has been exacerbated by the exponential increase in HPT workload in response to the wider public health management of Covid 19. The role of infection prevention & control.

Staffing & Recruitment

Following the Cabinet Secretary letter of May 2020 and the allocation of additional Infection Prevention and Control Nurse (IPC�) posts (4x Band 6 IPC�, 1 x Band 7) it was agreed that the remit for IPC in adult care homes and training of new IPC�s would be supported by the NHS Lothian Infection Control Team.

- 2 x Band 6 posts are being appointed to (in post April & May 2021)
- 2 x Band 6 posts are being shortlisted for interview (May 2021)
- 1 x Band 7 post is being shortlisted for interview (May 2021)

The band 6 posts are training posts and these staff will be supported to complete the local IPC� competency based framework and the required Masters level qualification (this is mandatory requirement of the Vale of Leven Inquiry report).

By increasing the overall IPC team, support for care homes will be provided in the short and medium term by the existing qualified and experienced IPC� who will simultaneously support the development of IPC� in training across all acute, community and adult care home settings.

Infection Prevention and Control

Structure & workplan

NHS Lothian IPCT is configured across a geographical structure, and already have responsibility for community hospitals and close working relationships with the Health & Social Care Partnerships who manage these.

Allocation of responsibility for care homes within the geographical areas aligns with this existing structure. To address existing gaps in service cover, and ensure equitable distribution of care home case load, a new geographical team is being established for Edinburgh City:

- West Lothian Team – based at SJH covering West Lothian HSCP
- North Lothian Team – based at WGH covering North Edinburgh area Adult Care Homes
- South & East Team – based at RIE covering East Lothian HSCP
- Midlothian Team – based at RIE/RHCYP covering Mid Lothian HSCP
- Edinburgh City – to be based at REH covering South & Central Edinburgh HSCP Adult Care homes

Each team is led by a qualified Band 7 IPCN and the new Band 6 IPCN posts have been absorbed into this geographical structure.

A work programme (Figure 4) has been developed and endorsed at the Care Home Strategic Oversight

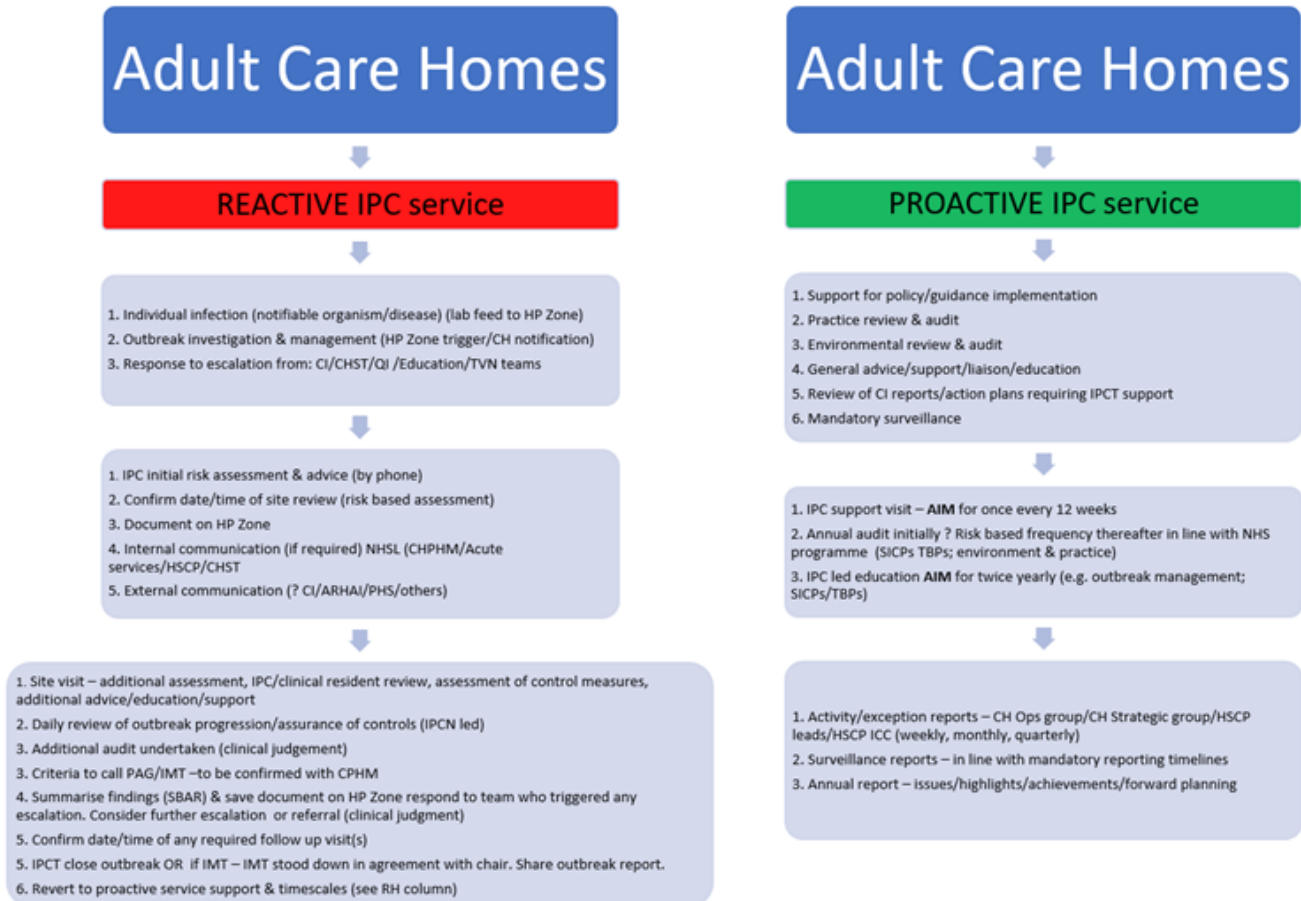


Figure 4: Draft IPC Workplan for Lothian Care Homes

Infection Prevention and Control

Discussion is continuing with other stakeholders to confirm the remit & responsibility for all aspects of infection prevention & control and outbreak management and address practical aspects of implementation.

Care Home Support & Advice

To date, the IPCT have supported reactive visits to 19 Care Homes across the 4 partnership areas. This has been at the request of the Care Inspectorate, Care Home Support Teams or the Health Protection Team in response to concerns or issues requiring further IPC advice & support.

The increased capacity associated with successful appointment of additional IPCNs the team will allow further proactive support visits to be scheduled over the coming months and ahead of winter 2021.

Priorities & Next Steps

- Complete outstanding recruitment & appointment to IPCN posts
- Support education & training for IPCN in training (competency framework & Masters level qualification)
- Finalise roles & responsibilities and hand over of remit from HPT to IPCT
- Arrange access to, and training for, HPZone public health electronic management system
- Schedule introductory visits to all care homes in conjunction with the Care Home Support Teams
- Support the development & delivery of IPC education in conjunction with the Care Home Education team & Care Home Support Teams
- Support and advise on the implementation of the Care Home National Infection Prevention & Control Manual and National Cleaning Specifications (imminent)
- Agree & develop a local framework for IPC audit which aligns with, and complements national IPC audits tools (pending) and existing monitoring frameworks
- To continue to provide direct liaison between National Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) and Scottish Government led IPC working groups and NHS Lothian on matters of IPC policy and PPE.

Testing

Care Home Routine Staff Testing

Prior to September 2020, weekly care home staff testing pan Lothian was carried out by the Light House laboratory in Glasgow. NHS Lothian progressed with a plan to take some lab capacity away from the Lighthouse lab and into NHS Lothian labs for a number of reasons;

- Reduce demand on national services to allow improvement in providing results timely
- Ensure local capacity is fully utilised
- Improve the testing regime for care homes
- Develop a robust governance structure
- Support early intervention and outbreak management

It was decided that Care Home staff in Midlothian and East Lothian Health and Social Care Partnerships would be tested weekly and their tests submitted to NHS labs in RIE. This involved 11 care homes in Midlothian and 19 care homes in East Lothian. Care Home staff in West Lothian and Edinburgh Health and Social Care Partnerships would continue to be tested via the National Lighthouse.

The testing within NHS Labs required a different process, as labels to identify tests had to be printed prior to the testing and the type of test kits were ordered through the partnerships.

Figure 5 shows the process for NHS Labs weekly testing.

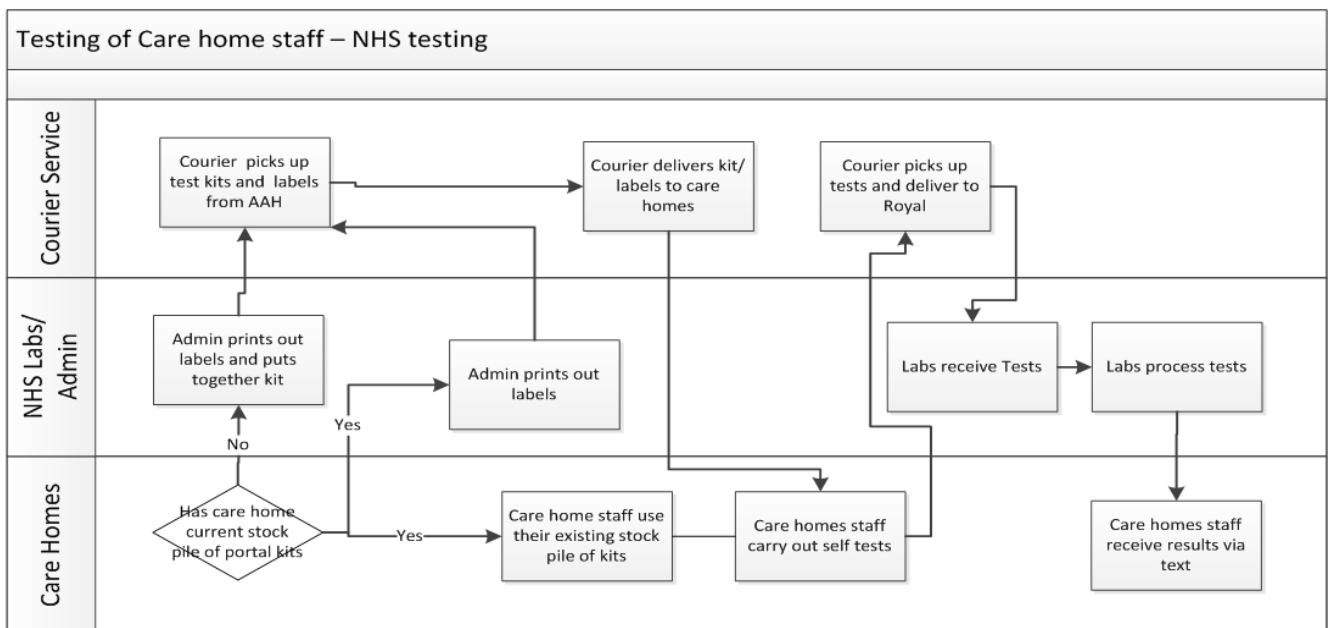


Figure 5: Care Home Staff Routine Testing

Community Outreach Testing

Community Outreach Testing Team

The Community Outreach Testing Team (COT) was set up in March 2020 to carry out resident and staff testing in Lothian care and residential homes. COT increased staffing to meet demand and all care homes had testing carried out within 1-2 days from outbreak declared. The main challenge was receiving staff and resident details to allow testing to go ahead and this occasionally delayed testing.

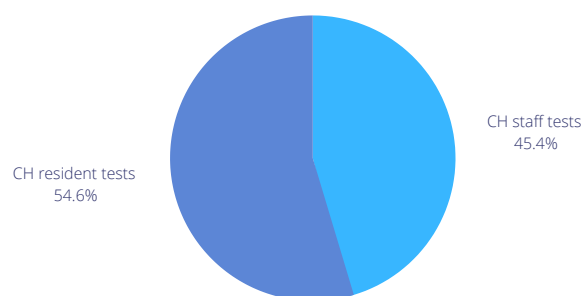
COT was part of the NHS Lothian Covid-19 testing team set up for HCP/household contacts. This testing team was made up of the following staff who had been repurposed:

- 1.0 WTE Band 7 Team Lead
- 3.0 WTE Band 6 Supervisors
- 9.0 WTE Band 5
- 2.0 WTE band 5 pediatric nurses
- 5.0 WTE Band 2 HCSW
- 6.0 WTE admin and clerical

The team also had support of 18 WTE staff from other services by way of mutual aid secondments from dentistry and the Staff Bank. The service was run as one team across the many strands of Covid-19 testing work including COT which allowed for scalability in all areas as needed.

For the year 2020/2021 the COT carried out the following Care Home tests

- 9,227 staff tests
- 11,117 resident tests



At the peak of outbreaks in Care Homes in Lothian a testing triage system (Table 4) was introduced to prioritise testing arrangements and COT met these standards.

Care Home Testing Triage	
Triage 1	New outbreak: Aim: to be tested by COT team within 24hrs of receiving staff/resident lists
Triage 2	New outbreak: Aim: to be tested by COT team within 48hrs of receiving staff/resident lists
Triage 3	Existing outbreak where first round of testing completed. Aim: to be tested by COT team within 7-8 days from last round of testing
Triage 4	Existing outbreak where first and second round of testing completed. Aim: to be tested by COT team within 8-9 days of last round of testing

Table 4: Care Home Testing Triage

Enhanced Outbreak Response

As care home outbreaks increased the Enhanced outbreak response (EOR) was set up alongside COT. EOR was delivered by HPT from 1 May 2020 and focused on supported care homes following results and staff isolating and household contacts, management of residents and infection control measures.

The team consisted of five core staff, primarily from sexual health improvement plus a clinician. They worked closely with a variety of partners, including Environmental Health Officers from the Local Authority teams.

- 0.8 WTE Band 7
- 3.0 WTE Band 6
- 1.0 WTE Contact Tracer

EOR and COT worked closely, and the main challenges were from the IT systems for results management. This was mainly due to care homes not having robust staff details. Establishing a smooth pathway for results was a key EOR role. EOR would keep managers up to date with results as they came in, and also speaking to those staff who had tested positive, making sure they understood isolation advice etc.

HPT and EOR team took on various quality improvement projects linked to testing and results management. Areas worked on included - poor understanding of the guidance around isolation, about how this affected family members (as well as the positive individual), how some families were struggling financially due to having to be off work, and perceived pressure to attend work due to staffing pressures. This information proved useful around messaging and information to care home management and staff, as well as informing work on ensuring staff had access to financial compensation for time off work.

Care home agency staff were also encouraged not to work in multiple homes and testing was offered before moving between homes and also included in homes with outbreaks.

NHS Lothian Staff Bank staff supplying mutual aid were also offered testing and asked to not work in multiple homes or hospital sites to minimise risks.

Partnership Working

Partnership working, relationship building and trust has been key in identifying and enabling timely support and effective communication across the care home sector.

Care Inspectorate

The partnership working with the four Lothian HSCPs and NHS Lothian was strengthened during the pandemic. The Care Inspectorate (CI) is a key stakeholder of the Strategic Oversight Group and the Operational group, reinforcing the CI core purpose of providing scrutiny, assurance and improvement support for care homes, and more recently to housing support and care at home providers. In doing this, the CI played and will continue to play a crucial role in protecting people, and importantly, provide assurance of this for relatives, friends and local communities.

As part of the Strategic Oversight Group the CI contributed to the shared vision of human rights based care. They promoted the principles of the Health and Social Care Standards and CI quality framework for care homes, in particular the key area of COVID-19 preparedness. Reviewing how CI scrutiny and inspection compliments assurance visits was important. In the early part of the pandemic this included NHS Lothian staff supporting CI inspectors during inspection visits. CI knowledge and understanding of the social care sector and in particular care homes was and remains an important contribution.

CI promoted care and support that is focused on human rights and is person led, although during this last year these fundamental principles have been challenged by the pandemic. This was particularly difficult when balancing the dangers of Covid-19 with promoting people's rights. People living in care homes have been effected more than most and our role was always to constructively challenge decisions that compromised people's human rights. This resulted in advice and support to the care home staff that helped them to understand and implement guidance in a way that reduced as much as possible constraints on people's rights. Most recently this has related to supporting managers to 'open with care' so that relatives can visit their loved ones again.

The partnership working has meant that the CI have been able to focus their scrutiny and improvement support activities based on evidence and intelligence to support all aspects of the operational group, but particularly the assurance, support and educational teams who visited care homes. CI inspections have been instrumental in identifying areas for improvement in services, but working with the operational group has meant support to improve have been targeted, focused and greatly enhanced locally.

Collectively CI work with providers and the operational group has built capacity and capability for improvement in the care home sector pan Lothian.

In the summer of 2020 it was agreed that Boards would support and contribute to Care Inspectorate and Health Improvement Scotland unannounced inspections with a focus on Covid-19 and IPC. There were many benefits from this arrangement however due to a potential conflict of interest regarding scrutiny versus support, NHS Lothian withdrew from this arrangement at the start of winter in line with other Scottish Health Boards.

Partnership Working

As the review and transformation of social care gains momentum, CI partnership work will contribute towards “a system of social care where everyone in Scotland has the opportunity to flourish” (Feeley 2020). CI work will continue to ensure this includes people living in care homes, who are often nearing the end of their life and deserve to have safe and compassionate care and support.

Scottish Care

Scottish Care is committed to supporting providers to ensure the health, safety and wellbeing of the individuals they support and their workforce.

Scottish Care’s knowledge and understanding of the social care sector underpinned by the promotion of human rights for residents in care homes over the last year has been challenging against the backdrop of national guidance in respect of care homes.

Scottish Care's vision is to shape the environment in which care services can deliver and develop the high quality care that communities require and deserve. Core to Scottish Care strategy is to create the strongest possible alliance and collective voice to protect and promote the interests of all independent care sector providers in Scotland, and those who access independent sector care services.

Scottish Care is committed to supporting a quality orientated, independent sector that offers real choice and value for money. The aim is to create an environment in which care providers can continue to deliver and develop the high quality care that communities require and deserve.

Scottish Care objectives are:

- To develop a positive partnership with key stakeholders
- To support members in key areas of business and professional activity
- To effectively lobby, negotiate and represent the sector
- To ensure providers’ ability to develop and deliver quality care services

Scottish Care has also been a key stakeholder in the Strategic Oversight Group and the Operational Group representing the sector and influencing change in Lothian and nationally.

Health and Social Care Partnerships

HSCP arrangements

Each of the four HSCPs have similar governance and leadership arrangements:

- Daily huddles/rapid rundowns
- Action logs
- Regular HCSP reporting governance reporting arrangements
- Integrated Joint Board reports
- Engagement with pan Lothian Operational huddle and Strategic Oversight Group
- Monitoring and support to maximise the Safety Huddle Tool (TURAS) data
- Collation of Executive Nurse Director weekly return to Scottish Government
- Maintenance of risk register
- Care Home forums

Additional activity

- Care Home Supportive Assurance visits using the agreed Lothian Care Home Assurance Tool. The model includes a self evaluation exercise in advance of visit and action planning improvement when appropriate. The HSCPs are currently undertaking a second round of assurance visits.
- Support care homes to implement national guidance
- Support care homes following unannounced Care Inspectorate inspections
- A variety of teams to support discharge planning arrangements and flow seven days a week
- Rapid redeployment of Local Authority staff when required

Each HSCP has its own infrastructure to support care homes. There are four different models for the Care Home Support Teams which have been integral to the pandemic response.

Pan Lothian discussions are taking place to maximise the collaborative effort and impact of the enhanced pan Lothian Care Home support teams, which include:

- Clinical Education
- Tissue Viability
- Quality Improvement and Standards
- Infection Prevention and Control

East Lothian HSCP

East Lothian HSCP Care Home Team (CHT) was established in 2015 initially to provide a education service to local Care Homes, however in 2017 a nurse practitioner element of the team was developed to support the GPs with the medical management of residents within care homes. The team's aim is to ensure that the residents are provided with continuous support with weekly clinics within the care homes and outcomes for residents are resident focused. At present the East Lothian care home team provide medical management for 13 care homes, this is expanding to provide the same service across the county. The education team offer support and education to all care home staff including the care home managers.

Prior to the development of a local Covid-19 response, a great deal of progress had already been made to establish a coordinated, multidisciplinary approach to identifying and acting on the needs of older people. Within Primary Care this included the development of the Care Home teams which continue to work in conjunction with local GP Practices to support local Nursing and Care Homes. In addition, the development and close collaboration of the Care Home Review Team (ELHSCP) and the secondary care Hospital to Home and Hospital at Home Teams has resulted in a wider range of community based options for individuals' care while reducing demand on secondary care services, but provides good support for the care home team to access to ensure that residents are supported within the home as far as possible limiting transfer to secondary care services. The clinical Care Home team service directly supports 13 East Lothian care homes and delivers prompt and continuous care to these residents. This involves nursing expertise, augmented with clinical decision-making capabilities and prescribing, which has led to more seamless ongoing and acute care. The Care Home Education and Liaison Team (CHET) provides support to all 19 facilities in East Lothian and aims to improve the quality of care through ongoing education and support that they tailor to the needs of the home. The Nurse practitioners in the clinical team are expected to be competent in Clinical Decision making and either have or be working towards V300 independent prescribing. The Clinical Lead is a fully qualified Advanced Nurse Practitioner.

The role of the CH practitioners involves routine weekly or bi weekly medical review rounds (traditionally known as ward rounds). They will medically assess, review routine prescriptions, request tests and investigations for residents – similar to the GP role. In addition they will review acutely unwell residents and use clinical decision making to plan the medical management of these residents and they may arrange hospital admission if required. Nurse practitioners arrange and plan for end of life care including completing DNACPR and Advanced Care Planning (ACP) prescribing and holding person centred conversations with residents and family members. In addition they may also refer to other specialities including ELCHASE (Mental Health team) dietetics and other secondary care services. They will aim to have a holistic review of residents but may also refer to either the CHET side of the team and or other nursing services for ongoing support and management such as tissue viability, bladder and bowel management and ongoing palliative care including syringe drivers.

There is a mixed model across East Lothian. Care Home Nurse Practitioner medical management team supports 12 care homes comprises off:

- 1 Advanced Nurse Practitioner band & clinical lead
- 8 Nurse practitioners (6 full time & 1x28.5hrs, 1x30hrs)
- Administrative support 22.5hrs Mon- Wednesday for both sides of the team.

With GP services supporting 6 care homes but recruitment is ongoing to bridge this gap and provide equity from the Care Home Practitioner medical management team across East Lothian.

East Lothian HSCP

Covid-19 response

A support/liaison service was temporarily available at the beginning of the pandemic to all 19 care homes to include Sat/Sun. The remit for was to arrange testing, support with PPE and IPC and provide swab results.

The CHET work in close partnership with the Care Home practitioners and provide an ongoing education programme to all care home. The team promote the implementation of national health protection and infection control guidance, and facilitate and support the training and delivery of the yearly flu vaccination programme to care home staff. They also work closely with the Care Home Review Team (ELHSCP) to investigate concerns in individual facilities and address issues as needed.

The education programme is supported with input from the NHS Lothian Clinical Education Team at Comely Bank. The education team also work closely with the Care Home practitioners, advising on tissue viability and complex urological situations. They provide an ongoing education programmes to care home staff, and also monitor all hospital admissions from care homes and investigate and report on these. Examples of education topics delivered by Care home Education team include:

- Contenance awareness
- Male, Female and Supra Pubic catheterisation (via Comely Bank)
- Food, Fluid and Nutrition
- Diabetes management
- Tissue Viability advice for complex wounds supported by e clinic service by NHS Lothian TVN
- Oral Care supported by NHS Lothian Smiles team
- Nurse Verification of Expected Death- NVOED (via Comely Bank)
- Infection Prevention & Control and use of PPE within Care Homes – including outbreak management
- Pressure Ulcer Prevention and Wound management : right product for right wound
- Eye, Foot and Skin care
- Use of Emollients, creams and barrier films
- NEWS and SBAR
- Communication
- End of life Care

The CHT's roles now encompass activity to deliver assurance around standards of care and to meet requests from Care Homes for education and training.

CHT Education Team:

- Responding to identified training needs, providing local programmes to support the care home staffs develop and to address any education gaps or requests that the care home managers have indicated have been required for their area of responsibility.
- Ensuring best practice by offering a forum for discussion, and information sharing across the care homes to ensure that good practice is shared.

East Lothian HSCP

- Signposting the care home managers to other services that can support them.
- Providing a monthly forum for discussion across the care home managers that helped to build relationships and strengthened communication.
- Support the care homes across EL to maintain standards through regular audits and reviews and providing feedback to care home managers and staff that enable them to put mechanisms in place to address any shortfalls and support them to review changes.

Mechanisms that were put in place to support the care homes during the pandemic:

- Care home huddles looking at any staffing issues within the care homes, IPC, PPE and outbreak information and discussion on what support can be provided.
- Daily care home huddles chaired by the Chief Nurse and a wide range of different professional teams to identify any covid related issues that the care homes were facing, to look at what support could be put in place or provided.
- Provide support through the strategy officer to roll out of the TURAS safety huddle tool, monitor returns and support the care home with returns. Report produced daily that is discussed at the care home huddle.
- Provide direct clinical support and advice across a number of areas including tissue viability, end of life care, food fluid and nutrition including referrals to the dietician.
- Delivering Covid Vaccination for new residents and staff – on going.
- Continue the yearly flu vaccination programme to residents and staff across all care homes.
- Continue to providing ongoing education and training programmes for the care homes in conjunction with NHS Lothian Clinical Education Team and other multidisciplinary teams such as ELCHASE.
- Providing care home staff with support with support in relation to outbreak management, visiting throughout the outbreak to provide clinical support if needed and also to provide any further advice required to ensure that standards, guidelines and legislation was fully implemented.
- Providing the care homes with support in relation to the frequently changing guidelines, daily information was being sent after the care home huddle each day with up-dates but also signposting the managers directing them to where they could access additional support or resources. The care home educational team would assist the managers in the implementation of these and would audit compliance.
- Working with NHS Lothian infection, prevention and control nursing staff to support care homes with compliance with practice and providing ongoing education to support any gaps in practice.
- Provide Covid tests for those being admitted to care homes either from the community, supporting care homes to undertake all home testing at the beginning of the pandemic when required.
- Support the care homes across the county with the implementation of both lateral flow and PCR testing and the completion of the returns the care homes have had to do, this has been challenging given the changes to the systems that have taken place. Both business support and the administration staff at ELCH have worked collaboratively to support the care homes with testing kits and the labels for these.
- The CHT's most significant challenge has been delivering the Covid vaccine and supporting the care homes in terms of compliance with delivering and implementing infection prevention and control standards. Staffing pressures has been a continuous challenge due to the delivery of routine practitioner visits to care homes being suspended in order to support the roll out of the Covid vaccine; this was supplemented with staff from other areas such as the wards to ensure that this was delivered timeously.

East Lothian HSCP

East Lothian Care Home Oversight Group.

A daily multidisciplinary care home huddle was very quickly established early in the pandemic as directed by the Scottish Government providing a continuous structured focused approach to reviewing, and reporting a number of areas in relation to care homes and how the pandemic has and is affecting the delivery of care. The meeting is chaired by the Chief Nurse or her deputy, takes place on Microsoft Teams and consists of a structured agenda that includes information from the daily Turas returns.

The meeting discusses the following:

1. New outbreaks or suspected outbreaks.
2. Any PPE Issues.
3. Any issues faced or being experienced by the centralised PPE Hub.
4. Infection, prevention and control issues.
5. Staffing or workforce issues that may not always be nursing.
6. Any need for mutual aid.
7. Any testing issues or non compliance with testing and the uptake of this in each home.
8. Feedback from the NHS Lothian operational group and weekly oversight group.
9. Feedback from both the care home team and review team.
10. Discussion around the support visits and themes and agreed actions to support the care home to address any shortfalls.
11. Any Care Inspectorate inspections.
12. Feedback from the Care Home Manager's Forum.
13. To discuss the latest visiting guidelines and how the partnership can support the care homes to implement these successfully to support residents and families.

The group discuss changes in guidance and agree how they can support implementation of these, and review and monitor any emerging trends, or concerns. The group maintains an action log, monitors TURAS, and completes the weekly DPH return. The huddle has proven to be very successful in further establishing and building working relationships across a number of teams within the partnership that all contribute to support the care homes but may have not connected as well before the pandemic. Working practices and ways of working have changed that enable greater and more streamlined processes and practices due to greater and more defined processes and joint up thinking. The Chief Nurse has put in place monthly MS Team calls with the care home managers to build and further establish relationships, to discuss pressures and areas of concern they have but also to invite speakers who can give further information and generate discussion around topic or concerns they have. These have proved very helpful and have allowed for discussion and feedback around the support visits and the themes emerging from these, including learning that everyone can share.

Edinburgh HSCP

Edinburgh Care Home Support Team

The service was mobilised due to the Covid-19 pandemic and tasked with providing ongoing support to the 65 Older Adults Care Homes in Edinburgh. As there had been no Care Home Support Team previously they had to make contact with the 65 care homes to explore what support they needed this has now reduced to 62 due to closures. The Scottish Government asked that assurance visits take place in all older adults care homes with a tight timescale for these to be carried out. The visits were mainly focusing on infection control measures, donning and doffing of PPE, resident wellbeing and supporting staff. Logistically planning and undertaking the visits was a huge task and also trying to encourage the care home managers to allow the visits to happen as a lot of the homes had experienced big outbreaks and were very anxious about anyone coming into the care homes. The team are now in the process of completing the assurance visits for a second time and it is planned that these will take place on an annual basis in the future.

The teams current establishment is:

- 1 x Team Lead (Band 7)
- 1 x Deputy Team Lead (Band 6)
- 10 x Registered Nurses (Band 5).

More than half the team have previous care home experience and all have varied experiences and skills to support care homes.

This team has been a constant and consistent support to care homes and it has achieved this by visiting homes and delivering ongoing training and guidance in our response to offer continued support during the pandemic.

Throughout this challenging year, this new service has built links and meaningful working relationships with Care Homes in order to support and advise on the correct use of PPE and promote robust Infection control compliance.

Edinburgh HSCP

Edinburgh Care Home Support Team

As the team has progressed certain elements of its role have been adapted. This now includes undertaking preadmission Covid-19 testing for people within the community who are awaiting a care home placement. Another element of the team's role is undertaking baseline reviews of care homes for older adults, in helping understand the impact of the covid-19 pandemic. This is achieved by the use of the assurance/supportive tool which the team use while undertaking there visit.

The role of the team also includes engagement and liaison with Hospital at Home Teams, Allied Health Professionals, Health Protection Scotland, Care Inspectorate, Scottish Care, General Practice Surgeries, NHS Education Services, Residential Review Team and the third sector. In working together with these services the team is able to utilise this network to help support care homes.

The 10 Band 5 Registered Nurses are on a 1 year fixed term contract however looking past Covid-19 this team could provide support to the older adults care homes in Edinburgh, providing education and support to allow development of care home staff, in turn resulting in quality care. The team would be able to provide assurance to the Partnership about the care being provided and continue to be integral in the liaison with other services who have input into the care homes.

Midlothian HSCP

Midlothian Care Home Support Team

Midlothian Health and Social Care Partnership's Care Home Support Team (CHST) was established in 2017 to provide both a proactive and a reactive service for local Care Homes. The team's aim is to ensure good outcomes and experience for people living in a care home in Midlothian and to model NHS Lothian values while providing support to staff and managers.

The CHST's roles now encompass activity to deliver assurance around standards of care and to meet requests from Care Homes for education and training. A significant challenge is the release of care home staff from direct care work to undertake education sessions – the team continues to discuss with Care Home Managers how they can support staff to upskill as group sessions are generally poorly attended. Education sessions are developed with the support of the Corporate Nursing Clinical Education Team which has expanded its direct input to Care Homes.

Prior to the Covid-19 pandemic, the team's activities centred on:

- Responding to identified training needs by providing local training or signposting to resources relating to training and clinical support.
- Encouraging best practice and offering a forum for discussion information sharing to enable care home staff deliver the best possible care.
- Acting as a channel to communicate between care homes and other stakeholders.
- Building working relationships and developing a community of practice among care home managers in Midlothian.
- Assisting the care homes to maintain standards by undertaking regular audits and reviews and providing feedback to care home managers and staff in a constructive manner.

Additional activities initiated to respond to COVID 19:

- Daily phone calls to every Care Home with a focus on staffing, IPC, PPE and outbreak identification and management.
- Weekly face to face visits with manager and staff including a walk round and completion of a checklist.
- Facilitation of a weekly Care Home Managers Catch Up (MS Teams) – for wellbeing support and to discuss current issues.
- Supporting roll out of the TURAS safety huddle tool, monitoring returns and supporting greater accuracy in completion.
- Provision of direct clinical support and advice e.g. wound care, palliative and end of life care, management of stress and distress, falls, specialist seating, meaningful activity.
- Supporting care plan reviews for every resident looking at physical, mental and psychosocial health and rolling out a programme of anticipatory care planning.
- Providing Covid-19 PCR tests for housebound people at home prior to Care Home admission.
- Delivering Covid-19 Vaccination for new residents and staff (i.e. those not covered by mass vaccination).
- Delivering Flu vaccination for residents and staff.
- Providing education and training in conjunction with Midlothian Council Learning and Development Team and NHS Lothian Clinical Education Team.

Midlothian HSCP

Midlothian Care Home Support Team

- Providing care home staff with emotional wellbeing support, including structured reflection and debriefing.
- Development of protocols e.g. Covid Clinical Checklist – co-created for implementation in event of residents or staff being symptomatic and/or returning a positive PCR or LFD tests.
- Supporting Outbreak Management – daily visit throughout to provide clinical support if needed and to provide support, advice and signposting for care home staff wellbeing.
- Adapting to frequently changing guidelines, communicating the changes, ensuring awareness and appropriate changes in practice.

The team's overarching reflection on the year that has past is that reflection, learning and innovation have enabled them to adopt new and improved ways of working and that they are able to adapt and be flexible in the way they provide support.

The CHST's most significant challenge and learning resulted from detecting and supporting a significant outbreak in a local care home. This learning has enabled improved support to be provided in other care homes subsequently experiencing a Covid-19 outbreak. Particular improvements have been implemented around 'recognition of deterioration', with plans now in place to implement the RESTORE2 approach which will upskill care staff to undertake and record observations of vital signs and improve communication of key information with health care professionals. Engagement sessions will be undertaken with 2 early adopter Care Homes commencing mid May 2021. Implementation is reliant on agreement of sign-off of competencies for non-NHS employed care staff. This is understood to be within the scope of the NHS Lothian Care Academy Project Board.

Midlothian CHST Staffing Establishment May 2021

Role	WTE
CHST Team Manager (Adult Nursing)	1.0 WTE
Community Mental Health Nurses	2.0 WTE
Occupational Therapist	1.0 WTE
Quality Assurance Officer	1.0 WTE
Specialist Palliative Care Nurse Practitioner	1.0 WTE**
Community Staff Nurse	4.0 WTE (3.0 WTE ***)
Total CHST	10.0 WTE

(** and *** funded as additional posts from April 2021)

Table 5: Midlothian CHST Establishment

The CHST has well established working relationships with multidisciplinary teams across Midlothian including District Nursing, Dietetics, GPs, Hospital at Home, Palliative Care Nurse Specialists, Social Work, Physiotherapy and Occupational Therapy, Psychiatry and wider mental Health and Dementia teams, Speech and Language Therapy, the voluntary sector and the Care Inspectorate.

West Lothian HSCP

Care Home Clinical and Care Professional Oversight Group in West Lothian

It is recognised that significant challenges have been experienced by the care home sector in West Lothian and nationally. Close partnership working has ensured that challenges have been managed in a proactive manner with no concerns identified indicating the need to exercise powers associated with Coronavirus (Scotland) (no.2) Act 2020.

The West Lothian Care Home Clinical and Care Professional Oversight Group

The oversight group continues to meet daily to consider and evaluate information relating to the Covid-19 status of older people and adult care homes in West Lothian. This is supplemented by direct contact with care homes and oversight of information available through the TURAS system. It is anticipated that the enhanced multi-disciplinary arrangements will be required to be in place for the foreseeable future. A range of tasks have been undertaken by the Care Home Clinical and Care Professional Oversight Group over the last year, these include:

- Engagement with NHS Lothian Operational and Strategic group, Health Protection, Care Inspectorate and Scottish Care. Daily communication with GPs, Nursing teams and the dedicated NHS Care Home team.
- Hosted and chaired virtual fortnightly care home forum for independent/internal care homes to share experiences, guidance and provide support. The forum is well attended and feedback received is very positive.
- Completed a second round of assurance visits to each care home by a dedicated team consisting of social work and NHS care home team. Assurance visits evaluated each care home in West Lothian in the following areas:
 - a. IPC measures – Environment; PPE; Laundry and Waste Management
 - b. Health and Care needs during COVID-19 including – anticipatory care plan; people who are unwell and at the end of their life; caring for people with cognitive impairment during lockdown.
 - c. Workforce – staffing levels and multi-disciplinary working
 - d. Staff wellbeing
- Assurance reports are presented and scrutinised by the group with follow up actions agreed and a RAG status awarded to each care home. The third round of care home assurance visits commenced on 3 May 2021.
- Care home staff weekly Covid-19 testing performance continues to be monitored by the oversight group. Care homes follow current government guidance where staff are required to participate in LFD testing twice weekly and a PCR test weekly.
- Actively supported care homes to implement the 'Open with Care' visiting guidance to enable residents to receive regular, meaningful contact with friends and family. Care homes were able to resume indoor visiting for up to two visits per resident, per week, providing that the care home met a set of safety conditions. This included analysis of the qualitative and quantitative information associated with open with care visiting.

West Lothian HSCP

Care Home Clinical and Care Professional Oversight Group in West Lothian

- Additional support was provided to care homes to enable safe admission where residents were unable to self-isolate due to dementia or 'walking with purpose'.
- The Covid-19 vaccination programme has been successfully delivered to residents and staff across all care homes in West Lothian, protecting those most at risk by achieving high vaccine uptake amongst these priority groups. The oversight group have been instrumental in monitoring uptake rates and coordinating additional vaccination 'mop up' sessions for staff ensuring high level coverage.
- Provision of onsite IPC audits and feedback to support care homes.
- Analysis of fortnightly Care Inspectorate reports for themes and any learning for our quality assurance teams to consider.

The care home clinical and care oversight group was implemented in West Lothian as determined by Scottish Government on 18 May 2020. There are constructive and robust relationships with all care home providers enabling the early alerting of issues and provision of any required support. Clinical and care senior oversight arrangements to date have not led to the identification of significant provider concerns in West Lothian requiring the need to exercise powers associated with Coronavirus (Scotland) (no.2) Act 2020. Contact has been made daily with each care home over a 7-day period since May 2020 which has ensured 100% compliance across all care homes with the daily Scottish Government question set. In circumstances where any difficulties or risks emerge, the professional oversight group have coordinated activity to ensure that any required improvement actions are supported.

West Lothian HSCP

West Lothian Care Home Support Team

The West Lothian Care Home Support team was established in 2019. The team is aligned to the Community and Mental Health Teams and comprises of

- Advanced Nurse Practitioners
- Community Nurse Practitioners
- Staff Nurse

The team adapted throughout Covid-19 to ensure they were able to provide the care homes in West Lothian with the support they required at the right time. This included:

- Supporting mass testing
- Providing advice and information on IPC in conjunction with Public Health Team
- Providing training and support on Restore mini tool, NEWS 2 and SBAR to help staff identify and support symptoms for those residents with Covid-19.
- Support care home staff with wound care, palliative care and management of Long Term Conditions
- Supporting the Covid-19 vaccination programme

The team provide Hospital @ Home level of support to residents at risk of hospital admission and support a period of transition when residents are newly admitted to a care home. The team facilitated the use of NHS Near Me to allow care homes to discuss residents health, and provided face to face assessment where appropriate.

The team provided clinic support and advice to care home staff during Covid-19 outbreaks where residents had difficulty to manage symptoms, supporting staff with clinical decision making and promoting use of updated Scottish palliative care guidelines, liaising with GPs and other specialists for advice where required. They also supported the winter flu vaccination programme for care home residents and staff and continue to support the Covid-19 vaccination programme in Care Homes.

The team also undertook the Care Home Assurance visits to ensure Care Homes were prepared and able to respond appropriately if an outbreak of Covid-19 occurred.

Corporate Care Home Programme Team

Corporate Nursing Care Home Programme Team

The Corporate Nursing Care Home Programme Team was put in place in May 2020 under the direction of the Executive Nurse Director and the Nurse Director Primary and Community Care.

Following some initial secondments four posts have subsequently been made substantive:

- Programme Manager
- Senior Project Manager (Care Academy)
- Lead Nurse, Quality Improvement and Standards
- Project Support Officer

The Programme Team is also supported by:

- Chief Nurse, Research and Development, Corporate Nursing
- Deputy Director of Nursing
- Senior Nurse Older People/Dementia, seconded from acute services

The team has been instrumental many areas including:

- Developing the assurance visit tool and co-ordinating the approach of the assurance visits including input from all key stakeholders.
- Developing a JISC survey tool for the assurance visits to give an overview of both HSCP level and pan Lothian outcomes and identify areas for improvement and support.
- Updating and developing the assurance tool for the second round of assurance visits and recording this on JISC.
- Developing a JISC survey for the care home experience over the last year and using the evidence from this to prioritise and drive support going forward.
- Supporting and leading the dissemination of new information from all stakeholders to care homes.
- Developing the care home website to improve communication and ensure the most up to date information is readily available.
- Leading various groups relevant to enhanced oversight responsibilities.
- A conduit for improvement, change and information sharing locally and nationally.
- Programme and project management
- Administrative support

Assurance visits

A key requirement of the Cabinet Secretary letter on 17th May 2020 was for the Executive Nurse Director to set up a system and process for a supportive visit in each older people care home in the Board area. A Supportive Visit Assurance Tool was developed by the Care Home Programme Team in consultation with stakeholders in the HSCPs, Care Inspectorate and Scottish Care. The tool was based on the principles of support rather than scrutiny and focussed on three elements: infection prevention and control, health and care needs during the Covid-19 pandemic and workforce.

There were two components to the tool and process:

1. Self-assessment by the care home manager for each of the three elements based on open questions on what had worked well and what could be better/could have been improved.
2. An assurance tool with the following criteria.
 - Infection Prevention and Control (37 criteria)
 - Health and Care Needs during the Covid-19 (26 criteria)
 - Workforce (9 criteria)

Supportive Visits

The supportive visits were undertaken by the HSCP Care Home Support Teams with involvement of a range of other HSCP staff with experience of the older people care homes

Following the visit there was verbal feedback with the care home manager followed by the issue of a written report and agreed action plan. Each HSCP had their own internal governance process for review of the reports and follow up of action plans.

All reports were submitted to the Care Home Programme Review for entry into an online survey tool that identified the HSCP but not the individual care home. This permitted collation of findings and identification of themes and recommendations for ongoing support. The key themes were:

- Environment of care
- Infection prevention and control
- Waste management
- Laundry services
- PPE
- Resident's health and wellbeing – including walking with purpose
- Social isolation/activities
- Recognising deterioration/escalation process
- End of life care
- Falls
- Food, fluid and nutrition
- Skin/pressure care
- Education
- Staffing
- Staff wellbeing

A second round of assurance visits is underway.

Supporting Care Homes

New and enhanced elements to support care homes

The new responsibilities placed on NHS Boards build on existing HSCP infrastructure as well as those provided by key agencies such as the Care Inspectorate, Scottish Care and Scottish Social Services Council (SSSC).

NHS Lothian has instituted a number of elements to extend this care home support. These include:

- provision of mutual aid staffing support through the Staff Bank
- co-ordination of contact details for weekend cover
- introduction and analysis of supportive assurance visits
- provision of support to the Care Inspectorate when undertaking unannounced inspections
- provision of secure email accounts
- establishment of Care Home Website Group
- establishment of Care Home Reference Group
- establishment of pan Lothian HSCP Care Home Support Team meeting
- establishment of Care Home Education and Training Group
- initial scoping work for the establishment of a Care Academy
- workforce development planning including the expansion of the infection prevention and control, tissue viability, clinical education teams
- establishment of a Care Home Improvement Team
- outbreak management
- community outreach testing team

Working Groups

Care Home Website Group

Communication with care home managers and other staff was identified as an essential component of the care home programme support. There was also a recognised need of co-ordinating the care home programme support activities with existing specialists who provide specialist clinical care to care home residents. A decision was made to set up a Lothian care home website.

A short life working group was established in September 2020 to identify the website content and structure. The website (<https://services.nhsllothian.scot/CareHomes/Pages/default.aspx>) has continued to evolve and develop after being launched in October 2020. It is maintained by the Care Home Programme Team and updated on a very regular basis to include the following information identified in figure 6



Lothian Care Home, Home Support & Social Care Webpages

Now available for all health and social care staff to access useful information and recent guidance
Google: NHS Lothian Care Homes Webpage or link <https://services.nhsllothian.scot/CareHomes/Pages/default.aspx>

Latest News 	Lothian Care Homes 	Supporting Resident's Needs - Specialist Services 	Supporting Resident's Needs – Referral Pathways 
Education & Training 	Staff Wellbeing 	Care Home Research 	Quality Improvement 

The website is available via your phone – simply search for the Lothian Care Home page and save to your screen for quick access and keeping up to date!

For more information or comments on content please contact carehomes@nhsllothian.scot.nhs.uk

Figure 6: Webpages Poster/Information

Working Groups

Care Home Reference Group

In order to ensure that the work of the NHS Lothian Care Home Programme Support meets the needs of care home managers and HSCP partners, a Care Home Reference Group was established and met for the first time on the 16th of November 2020. The Group focuses on a collaborative approach through discussion and consultation on key topics such as:

- Supportive visits assurance tool
- Care Home Review Report
- Care home website
- IPC support checklist
- Professional to professional escalation to NHS24

Pan Lothian HSCP Care Home Support Team Meeting

Partnership Care Home Support Meeting. This meeting is held every four to six weeks and is a supportive forum where the leads of the four HSCP care home support teams meet with the Clinical Education and Quality Improvement and Standards Teams. This meeting offers a chance to network, share learning and developments and reflect and support each other.

Care Home Education and Training Group

In the early part of the pandemic a webpage was set up by the NHS Lothian Clinical Education Team to provide education and training relating to the Covid-19 pandemic. Given the range of education and training opportunities available from the clinical education team and other specialist practitioners a Care Home Education and Training Sub Group was set up in November 2020.

There have been monthly meetings which have focussed on scoping the wide range of education and training opportunities in order to develop a structured approach to dissemination of information via the care home website.

There has also been opportunity for sharing information between specialists, educators, the HSCP care home support teams and care home managers.

COVID-19 Vaccinations

The Chief Medical Officer letter dated 4 December 2020, identified 3 key objectives for the vaccination programme

- To commence the COVID-19 vaccination programme in line with Joint Committee on Vaccination and Immunisation (JCVI) prioritisation.
- To protect those most at risk by achieving high vaccine uptake amongst the first priority groups.
- To make best use of the limited initial doses of vaccines available, recognising the particular requirements relating to the vaccine, as set out in conditions of authorisation

Care homes across Lothian had been at the frontline of the pandemic reporting up to 53% (residents/staff) of all population positive cases in the first 4 months of the pandemic. Older age care homes have seen a significant impact, with 93% of all Care Home positive cases. Care home residents are at high risk of catching Covid-19 due to the age of residents and higher level of frailty with a poorer outcome compared to the wider population. The risk of spread is higher due to the environment, footfall of staff, some residents walking with purpose and healthcare professionals required to enter premises to provide essential care and assessment.

The number for Care Home staff and Care Home residents with Lothian was estimated to be 6000 and 4250 respectively. Due to the fluid nature of people leaving and joining employment and for residents joining and leaving care homes these numbers are estimates.

Pfizer vaccine was the only approved vaccine when vaccination began within the care homes in December 2020. Vaccination teams from the HSCPs visited care homes from December 2020 to the present to vaccinate staff and residents. Staff were also offered a choice to book themselves into a staff clinic being run at vaccination centres.

Figure 7 shows the prevalence of first dose (green) and second dose (purple) through the months from December 2020 to May 2021 for residents with in Care Homes

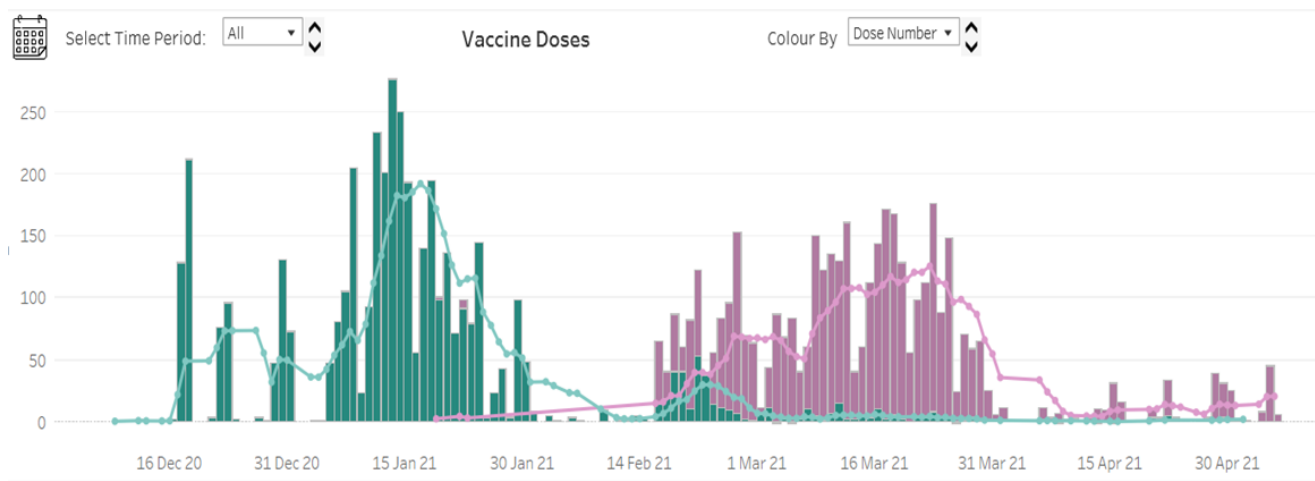


Figure 7: Residents Vaccination

COVID-19 Vaccinations

Figure 8 shows the prevalence of first dose (green) and second dose (purple) through the months from December 2020 to May 2021 for residents with in Care Homes

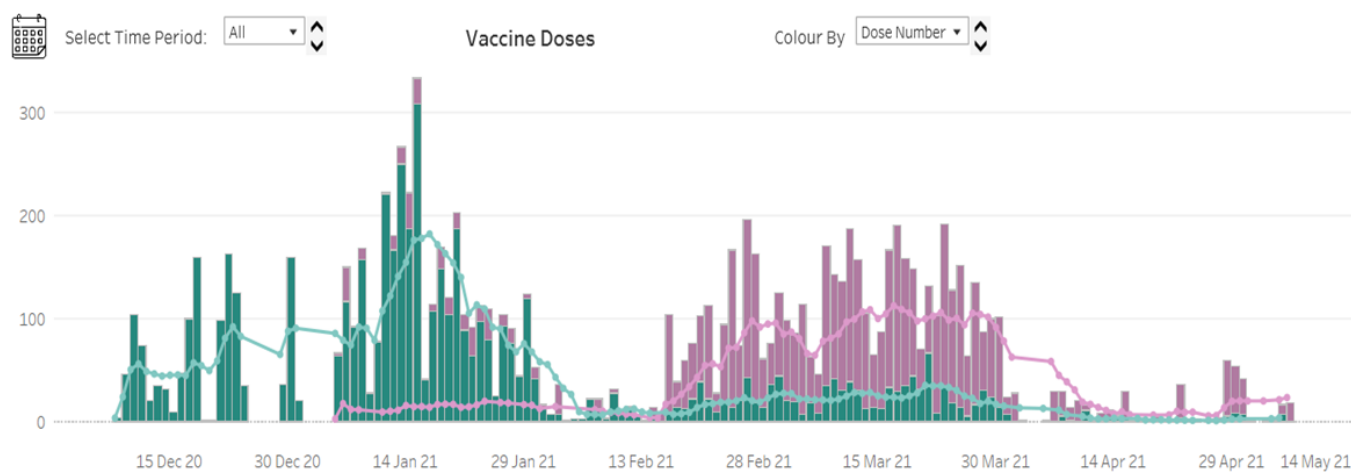


Figure 8: Care Home Staff Vaccination

As vaccination proceeded at pace, risk assessments were carried out for vaccinating in care homes that had Covid within the care home. The risk assessment was carried out by the HSCP and the Health Protection Team. Factors included:

- There are no other homes without an outbreak that could be vaccinated first.
- There are residents eligible for vaccination in line with Green Book requirements. That is:
 - Residents who are Covid recovered (i.e. confirmed positive ≥ 14 days ago with clinical improvement/apyrexial in the absence of antipyretic etc)
 - Residents who are not deemed proximity contacts of a confirmed case
- The care home has a laboratory confirmed outbreak
- The HPT are content that all outbreak control measures required are in place and robust (e.g. PPE, environmental cleaning, ventilation, case & contact management)
- Ensuring those who have had a positive Covid test within previous 4 weeks are not vaccinated

Vaccination of first and second doses was completed at all care homes within Lothian by April 2021. However a mop up exercise continues to vaccinate those who could not be vaccinated during the vaccination team visits, due to illness, new residents, new staff etc.

Due to the difficulty in calculating the denominator for staff and residents within care homes due to the fluid nature of residency and employment the following is an estimate for vaccination completion as of May 2021.

Residents

- 1st dose = 98.5%
- 2nd dose = 91%

COVID-19 Vaccinations

Care home staff

- 1st dose = 90%
- 2nd dose = 79%

Vaccine hesitancy

Vaccine hesitancy has been defined by the World Health Organisation (WHO) as a 'delay in acceptance or refusal of vaccines despite availability of vaccine services. Vaccine hesitancy is complex and context specific, varying across time, place and vaccines. It is influenced by factors such as complacency, convenience and confidence'.

Attitudes towards vaccination can be classified as:

- those willing to be vaccinated;
- those unsure and/or wanting more information, i.e. the vaccine hesitant and;
- those who will definitely refuse a vaccine (anti-vaxxers).

Within NHS Lothian a Vaccination Hesitancy Group was established to address any issues and ways that hesitancy could be mitigated. Further actions include:

- Developing and maintaining the NHS Lothian care home website has helped to overcome some issues of hesitancy arising from people not knowing how to access the vaccine and/or having reliable, up-to-date information on the vaccine/side effects etc. And this includes having vaccine information available in different languages/formats.
- The programme offering staff vaccinations in care homes alongside resident vaccinations has also addressed some of the hesitancy arising from convenience/accessibility of the vaccine.
- Scottish Care hosted an online vaccine webinar with Q&A in January 2021 that was attended by Prof Jason Leith, National Clinical Director and Dr Syed Ahmed, Senior Medical Officer.

Care Home Mutual Aid

NHS Lothian Provision of Supplementary Staffing

From May 2020, NHS Lothian provided an agreement to provide mutual aid to care homes to support during the COVID 19 pandemic. A clear demand and escalation process was agreed and implemented (Figure 9)

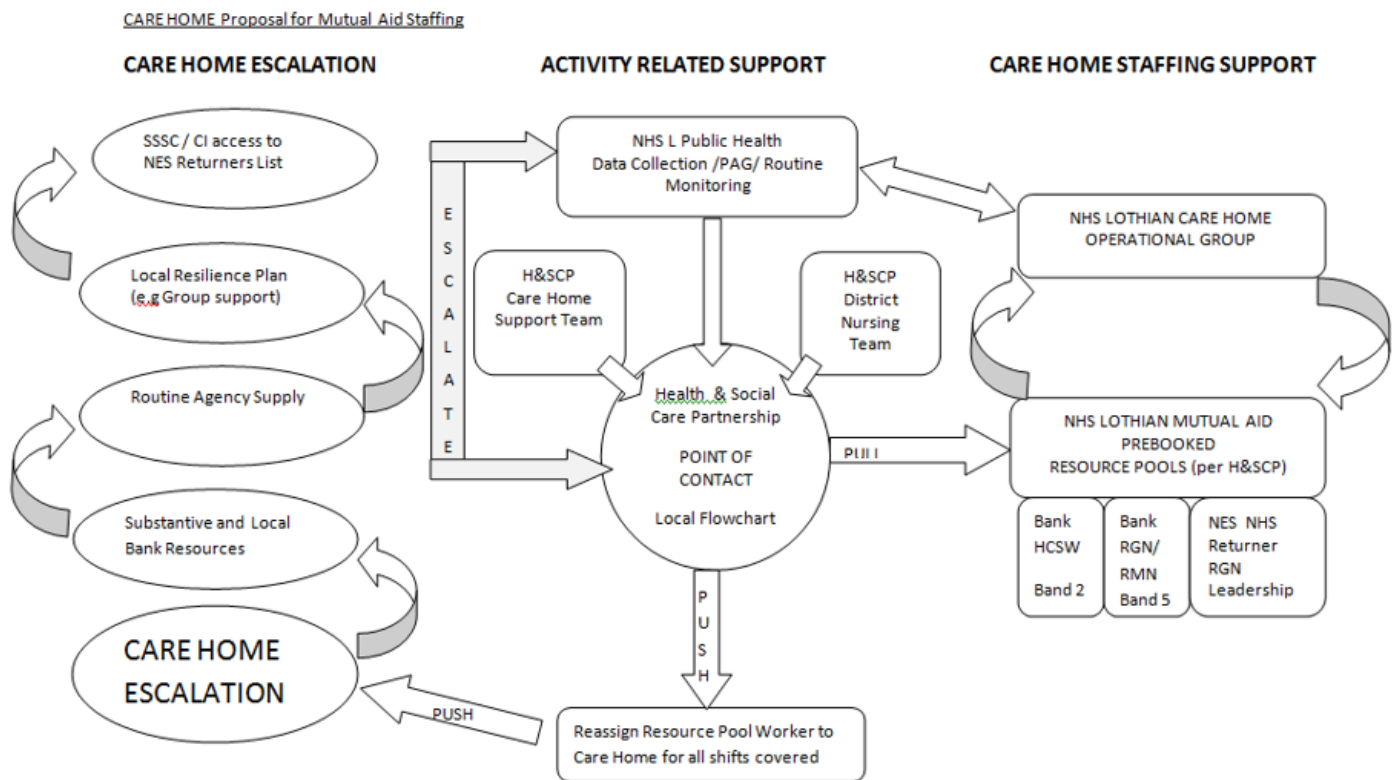


Figure 9: Care Home model for Mutual Aid Staffing

Over this period of time 1591 shifts were requested for both registered and unregistered nurses and 809 shifts were filled at a cost of £170,174 (Table 6)

Hours Requested	Filled Hours						Overall Fill Rate	Unfilled		
	Bank Filled			Agency Filled				Hours	%	
	Hours	%	Cost	Hours	%	Cost				
Quarterly Summary										
Quarter 1	3505.50	3505.50	100.00 %	£88,759	0.00	0.00 %	£0	100.0 %	0.00	0.00 %
Quarter 2	2722.75	2699.75	99.16 %	£55,491	0.00	0.00 %	£0	99.2 %	23.00	0.84 %
Quarter 3	7385.25	1360.75	18.43 %	£31,369	0.00	0.00 %	£0	18.4 %	6024.50	81.57 %
Quarter 4	5020.00	561.50	11.19 %	£14,555	0.00	0.00 %	£0	11.2 %	4458.50	88.81 %
Totals	18633.5	8127.5	43.62 %	£170,174	0	0.00 %	£0	43.6 %	10506	56.38 %

Table 6: Associated Bank Costs

Mutual Aid

Demand aligned itself with the Waves of the pandemic. During Wave 1 fill rates were good, with all demand being met. Specific staff were identified to support from a variety of settings to focus on Covid-19 related activity therefore demand for supplementary staffing across NHS settings settings was lower. We also had a large cohort of student nurses available over the summer months. As we moved into Wave 2, demand increased across the whole system including care home mutual aid however the remobilisation of staff and students to substantive positions had a negative impact on availability of supplementary staff availability to meet the demand (Figure 10).

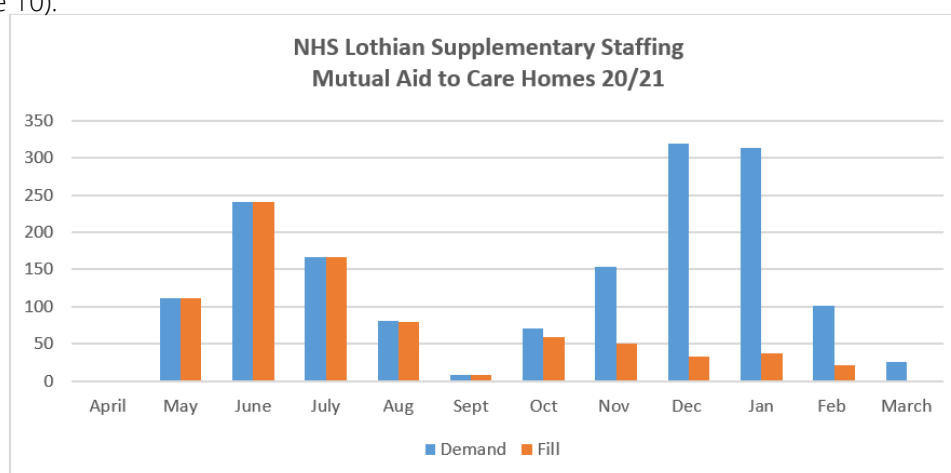


Figure 10: Demand and Fill by Shift

Building on experiences throughout the Covid-19 pandemic and the opportunity for care homes to accept mutual aid from NHS Lothian Supplementary Staffing Service, it was felt that there was an opportunity for NHS Lothian to be a provider of bank workers to all sectors of Lothian Care Homes.

Project staff, staff side and management are working together to create a staff bank within Lothian whose purpose is to provide bank staff for care homes, resulting in a high standard of quality care, staff will be competent with the appropriate skills required to provide a level of care relevant to their grades to care homes

The programme's objectives are:

- Create staff bank
- Provide staff who are competent and trained
- Comply with care home legislation
- Meet expectations of care homes

During initial scoping the primary focus will be to create a staff bank for Local Authority owned care homes in the first instance.

Education and Training

NHS Lothian Clinical Education Team

NHS Lothian Clinical Education Team (CET) started to offer training and support to care homes working collaboratively with the HSCPs, Care Home Support Teams and existing local authority learning and development teams. Staff within the existing CET establishment were identified to support timely and consistent education and training to the care homes across Lothian.

During 2020 input from this team was mainly responsive to action planning following supportive visits, Care Inspectorate visits and as part of outbreak management. CET facilitators provided education resources and face to face education sessions to care home staff relating mainly to IPC and PPE. Any concerns regarding visits were highlighted at the HSCP huddles and the Pan Lothian Operational meeting.

Resources relating to IPC education and training were hosted on the Care Home Website and a generic email address was set up for queries and requests to allow prompt contact, planning and delivery of education sessions. Both these resources were promoted to all care homes in Lothian and any requests for specialist education were signposted to the relevant NHS Lothian team.

CET established a dedicated resource for the ongoing support of Care Home education by appointing a Team Leader and 3 Clinical Practice Facilitators in January 2021. January to March 2021 saw the decline of outbreaks within the care homes and an increase in requests via the generic email address for wider education, as well as IPC/PPE requests, including clinical skills training, vital signs, tissue viability & person-centred documentation (Figure 11)

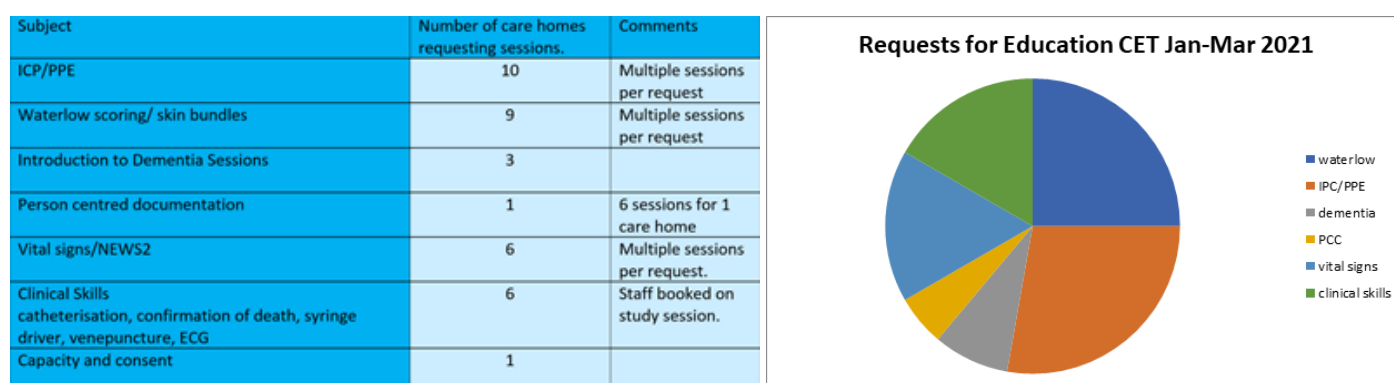


Figure 11 - Education requests and sessions delivered

Care Home Experience

Reflecting Back, Thinking Ahead Survey

The Care Home Programme Team undertook an online survey (using JISC survey tool) in April 2021 to collate feedback over the last year from care home managers and deputy managers in Lothian in 107 older people care homes. 72 responses were received from across the four HSCPs; 54 were managers, 7 deputy managers and 10 'other', which included residential workers, social care workers and group managers. If the care home manager are taken as a proxy measure of the number of individual care homes submitting a response, the response rate is estimated to be approximately 50%.

Key findings

- Over all, the responses indicated that most staff who completed the survey had rated the services they were asked about as satisfactory to very satisfactory. Those who had received advice or support had over all found this helpful to extremely helpful.
- Many of the comments that expressed concerns or highlighted issues were around the impact of the extra workloads involved in care homes already under pressure some indicated dissatisfaction with information whether it was overload or lacking in clarity.
- Many spoke about time being a factor for example in waiting for test results or trying to book staff for vaccinations.
- Those who responded also felt restrictions and isolation impacted negatively on residents. Staff indicated that in the future they would like to have more training and support on people living with dementia in care homes and stress/distress.
- They also reported that more education around the wellbeing of staff and how best to support staff would be welcomed as well as the wellbeing of residents.

The findings of the survey are pan Lothian and have been used to form the basis of the report "Reflecting Back, Thinking Ahead"; the individual partnerships will receive their own copy of the findings from the survey relating to their own areas. The report will also be shared with Care Homes and with the Executive Nurse Director as well as other key stakeholders.

Expected outcome

Each of the four HSCPs will have access to the full findings for their HSCP and it is expected that they will be key to taking any actions forward. The positive feedback, concerns and issues that have arisen during the last year and reflected in the survey will support corporate decision making regarding areas for improvements and changes going forward.

Wellbeing

Existing specialist services for care home resident mental health and behaviour support

Lothian had existing specialist psychology-led multidisciplinary teams in three of the four HSCPs as part of local Older People Mental Health provision in place prior to COVID-19 pandemic. All three teams; Edinburgh, Edinburgh Behavioural Support Services (EBSS); West Lothian – West Lothian Psychological Approach Team (WeLPAT); East Lothian – East Lothian Care Home Assessment Support & Education team (EL-CHASE) have qualified psychology and mental health nursing, with two of the teams having assistant psychologist practitioners and/or specialist occupational therapy staff. Midlothian do not have a psychology led service at present. A core remit of these teams was to provide direct assessment and needs led formulation interventions and case management for distressed behaviour in people with dementia; care home staff training programme, including leading on the delivery of the NHS Education Scotland (NES) Essentials in Psychological Care Dementia training; drop-in/consultation clinics to support early & proactive strategies and support.

Pre-pandemic, a large proportion of each team's clinical, support and education work was front facing and in situ. Due to staff and access restrictions, each team had to move to use of virtual/remote delivery for clinical support. Not all levels of intervention can be effectively provided this way, increasingly a hybrid approach of in situ visits and remote delivery has been adopted. Translating existing training workshops into alternative formats for small scale or remote delivery was challenging, although staff release and availability and other competing demands were key issues. WeLPAT has recently been successful as a pilot site for the NES remote version of the Essentials programme, increasing options for care home staff with computer access to attend this level of stress & distress training.

Psychology and mental health nursing staff in EBSS developed a Caring for People with Dementia – Covid-19 resource pack including a range of brief resource guides for care staff on topics such as walking with purpose, meaningful activity during restrictions, settling in, having conversations about Covid-19. These were widely disseminated to all care homes directly and added to the Care Home Website and relevant Scottish Care, Health Board and HSCP sites. Other Health Boards and NHS Trusts have requested to use this Resource Pack.

Psychology Leads in the Edinburgh and East Lothian teams provided psychology representation to relevant groups e.g., Care Home Education and Training and local care home huddles. The Professional Lead for Older Adult Psychology is a co-opted member of the Strategic Oversight Group.

Staff wellbeing & support developments

- Specialist care home psychology staff compiled a Wellbeing Resource Pack of original and recommended resources specifically aimed at supporting care home managers and staff. These were widely distributed across the mediums above and accompanied by a visual aid/poster.
- Psychology Leads in each specialist care home team offered support calls to their local CH managers. Frequency and content was needs led, although a core theme was managers discussing staff and personal wellbeing.
- The NHS Lothian Here4U Helpline, staffed by psychology practitioners, has been available to all Health & Social care staff including those working in care homes, since March 2020. This offers individual consultation, with follow-up and/or signposting for support aligned with the principles of Psychological First Aid.

Wellbeing

- A collaborative funding bid secured funding from Edinburgh & Lothians Health Foundation and Scottish Government to establish and expand staff support services available. A dedicated staff support psychology team has recently been recruited (March 2021) and a programme of work alongside existing partnerships and workstreams including HR/OD within NHS and HSCPs, peer support programmes is underway.
- 5% of Here4U Helpline calls up to Feb 2021 were from care home aligned staff. In March/April 2021, calls to Here4U or requests to the Staff Support Service rose to 11%. Themes included work pressure or stress, home/personal stress, physical safety concerns, resource or signposting queries and seeing difficult situations during work.
- Reflecting Back, Thinking Ahead survey: questions about care home resident and staff mental health and wellbeing support and development were included.



HERE FOR YOU

NHS Lothian Staff wellbeing
helpline during COVID-19

0131 451 7445

Here4U@nhslothian.scot.nhs.uk

Scottish Government

The Scottish Government, National Wellbeing Hub is offering psychology led support to care home managers over the Spring of 2021.

Aims of the sessions are to support and explore:

- The impact of pressure, stress, grief and other possible psychological health issues on individuals and their wellbeing
- Tips for line managers on self-care and also how to support staff who might be showing signs of stress/distress
- What support is available currently available and how managers can reduce barriers to access support

JISC Survey feedback on wellbeing and support

Figure 12 identifies the additional wellbeing support accessed by care homes over 2020/21

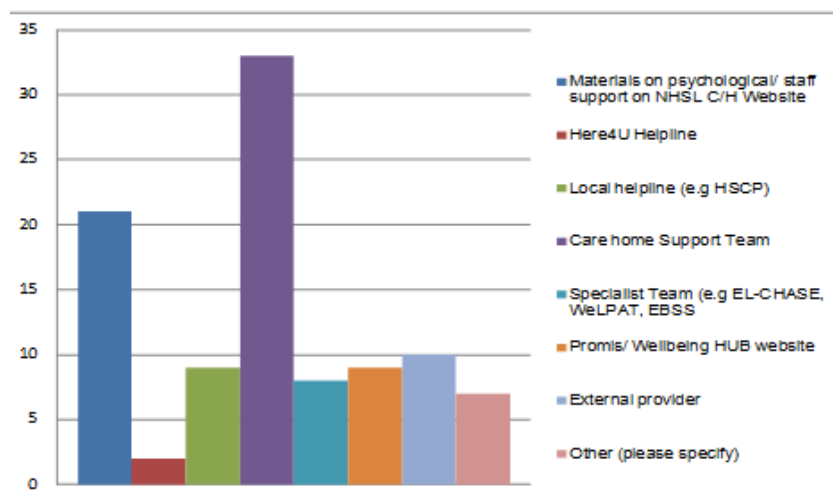


Figure 12: Additional wellbeing support accessed by care homes in Lothian (JISC survey May 2020)

Wellbeing

Online Supportive Conversations and Reflection Sessions



Background

In response to the pandemic, the previously established in-person Reflective Debriefing Sessions delivered to some Care Homes within Lothian needed to be delivered online. The remit of the sessions expanded from focussing on the death of a single resident within a care home to reflecting on the impact of multiple deaths in a care home.

Care Home Assurance visits and subsequent funding

Roll out of the OSCaRS was one of the main recommendations from the analysis of the Supportive Visits to Care Homes in Lothian. This has been supported by £99,000 from the Edinburgh and Lothian Health Foundation (ELHF), led by Dr Susan Shenkin, Clinical Senior Lecturer, University of Edinburgh & Hon Consultant Geriatrician, NHS Lothian. The funding includes a project manager and support for care home staff through OSCaRS, to train facilitators, to increase the availability of the sessions across Lothian, and for an evaluation of the service by Lucy Johnston at Edinburgh Napier University. The initial sessions, and training of the facilitators, is being done by Dr Jo Hockley and Dr Julie Watson, University of Edinburgh.

Where we are

Since the post funding launch in February, a Project Manager (0.5 WTE) has been recruited. Currently there are 15 care homes from across Lothian actively engaged in the OSCaRS and several other homes have expressed interest, with the aim to engage with up to 50 Care Homes across Lothian.

Expected Outcomes

The OSCaRS offer a safe space for staff to talk about their experiences including around death and dying, be actively listened to, and have their experiences and feelings acknowledged and understood by their peers. Staff particularly appreciate that the sessions are facilitated by external practitioners with an understanding of care homes and expertise in palliative and end of life care. The benefits for staff and residents will come from working collaboratively and building relationships to embed recovery and empower longer-term resilience.

Finance and Resources

2020/21 Budget

The May 2020 change to the Executive Nurse Director's accountabilities resulted in a dedicated allocation of finance from Scottish Government to support NHS Lothian with the additional areas of responsibility. Table 7 highlights the costs for 2020/21 and deferral into 2021/22.

Care Homes - 20/21 Finance and Resources

Funding Source		20/21 Allocation	Notes	
		£000's		
SG L9/786 ASC Nurse Director support IPC		960		
SG L9/786 ASC Nurse Director support IPC deferred to 21/22		(960)		
Non recurring NHS Lothian Nursing contribution to 20/21 costs		428		
Total		428		
Expenditure	Description	WTE	20/21 Cost £000's	Notes
Pay	Care Homes Team	10.30	148	
	Care Homes Tissue Viability Team	5.00	0	
	Care Homes Education Facilitators	5.71	55	
	Care Homes Infection Control	2.80	42	
	Testing Costs - Staff Bank & Agency Costs	0.00	9	
	Mutual Aid Staff Bank & Agency Costs	0.00	169	Staff Bank support for local Care Homes struggling with staff shortages due to Covid-19 isolations. Support was arranged via the four Health & Social Care Partnerships
Non Pay			5	Majority of Non Pay costs were picked up centrally by NHS Lothian. Because of this, the cost shown may not reflect the entirety of Care Home related non pay expenditure in 20/21
Total		23.81	428	
(Shortfall)/Surplus			0	

Notes:

- > Due to recruitment delays majority of these posts were not in place for the full 20/21 financial year
- > **Projected pay cost for 21/22 is £1.439m**, funding carried forward from 20/21 will therefore be fully utilised along with anticipated in year allocation
- > The Non Pay Costs for 20/21 included the cost of laptops and travel. It is recognised that the £5k is not representative of the true non pay costs for this team, with much of the costs in 20/21 being covered by the central COVID funding. **The costs for 21/22 are currently being assessed.**

Table 7: NHS Lothian Care Homes Finance

Contributing Authors

Special thanks to the following stakeholders who have contributed to the content of this report

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