

NHS Highland



Meeting: Highland Health and Social Care Committee

Meeting date: 27 April 2022

Title: Care Homes Oversight Group Annual Report 2021-2022

Responsible Executive/Non-Executive: Louise Bussell, Chief Officer, HHSCP

Report Author: Gillian Grant, Interim Head of Commissioning

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence <ul style="list-style-type: none"> • Improving health • Keeping you safe • Innovating our care 	X	Partners in Care <ul style="list-style-type: none"> • Working in partnership • Listening and responding • Communicating well 	X
A Great Place to Work <ul style="list-style-type: none"> • Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing 		Safe and Sustainable <ul style="list-style-type: none"> • Protecting our environment • In control • Well run 	X
Other (please explain below)			

2 Report summary

2.1 Situation

The Health and Social Care Committee (H&SCC) has requested to receive an assurance report from the Care Homes Oversight Group (CHOG), this being a group established in response to a Scottish Government requirement from May 2020, which set out that Partnerships should undertake enhanced professional clinical and care oversight for all care homes in their area and that an oversight group should be stood up.

Accordingly, the requested report has now been prepared and is provided at **Appendix 1**. The report sets out the following and is provided to the Committee for assurance:

- a reminder of the requirements relating to the Scottish Government mandated Care Home Oversight Group and provides assurance to the H&SCC as to the effective operation of this group during 2021-2022; and
- current care home issues and those anticipated during 2022-2023 and provides assurance to the H&SCC with regard to the plans in place to effectively address these issues.

2.2 Background

As per **Appendix 1**.

2.3 Assessment

As per **Appendix 1**.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

3 Impact Analysis

3.1 Quality / Patient Care

There has been a significant number of Covid-19 outbreaks in care homes over 2021-2022 (57 in total), and in a number of these situations, acute staffing shortages have been experienced.

Mutual aid from NHH has been provided from an expanded CRT team where resources have allowed, but where there have been simultaneous outbreaks with high staff absence levels, where providers have exhausted their contingencies and where mutual aid has been unavailable, there has been mutual aid unmet need. Providers have been supported in their contingency planning and to prioritise safe care to ensure that residents' needs have been met.

3.2 Workforce

There have been significant and sustained pressures on frontline staff working in care homes during the course of the pandemic.

These pressures have been exacerbated by pre-pandemic staffing recruitment and retention challenges, and also pandemic staff absence due to Covid or wellbeing issues.

There is a pressing need to attract and retain a sufficient number of staff into this employment area, and the attached advises of the need for urgent action in this regard.

3.3 Financial

There are no financial impacts / costs directly associated with the assurance report or Care Homes Oversight Group.

There are however indirect costs in terms of:

- undertaking oversight activities;
- the provision of mutual aid;
- the purchase of care home places; and
- the impacts arising from care home market instability.

3.4 Risk Assessment/Management

There are numerous risks associated with the delivery of care home services which have been overseen by the CHOG over the course of 2021-2022. These are as previously reported to the H&SCC on 3 March 2022.

The current risks are as noted in the attached **Appendix 1**, with the primary risks relating to staffing availability and financial sustainability.

There is an identified need for a CHOG formalised risk register going forward and for this to be reported to the H&SCC.

3.5 Data Protection

No data protection issues identified.

3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7 Other impacts

None highlighted.

3.8 Communication, involvement, engagement and consultation

In the preparation of this report, the Care Homes Oversight Group has been consulted on the content, as noted at 3.9 below.

In terms of the content of the report and the actions described within it, there has been ongoing communication, involvement and engagement with providers of care home services over the course of 2021-2022 both individually and strategically with the wider sector.

3.9 Route to the Meeting

This report has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report:

- Care Homes Oversight Group, 8 April 2022

4 Recommendation

This report is provided to the Health and Social Care Committee for **assurance** as to the operation of the Care Homes Oversight Group during 2021-2022.

4.1 List of appendices

The following appendices are included with this report:

- **Appendix 1:**
North NHS Highland Care Homes Oversight Group Annual Assurance Report 2021-2022

**Care Homes Oversight Group (CHOG)
North Highland
Annual Assurance Report to Highland Health and Social Care Committee
2021-2022
V1.1**

The purpose of this report is to:

- Provide a reminder of the requirements relating to the Scottish Government mandated Care Home Oversight Group (CHOG) and to provide assurance to the Highland Health and Social Care Committee (H&SCC) as to the effective operation of this group during 2021-2022; and
- Identify current care home issues and those anticipated during 2022-2023 and provide assurance to the H&SCC with regard to the plans in place to effectively address these issues.

Given the previous reporting by the CHOG to the H&SCC within various previous Chief Officer reports over the course of 2021-2022, this report intentionally includes a high level overview only of this period and is focussed on forward care home issues.

It is noted that the scope of this report does not cover care at home assurance, but it is highlighted that one of the recommendations within this report refers to care at home.

Background

The care homes governance framework was originally developed in June 2020 with the purpose of ensuring a clear understanding of the accountabilities and responsibilities for care homes following communication from the Cabinet Secretary on 17 May 2020.

The communication outlined the additional oversight required by NHS Boards and Local Authorities to undertake enhanced professional clinical and care oversight for care homes and that an oversight group should be stood up accordingly. This requirement applied to all care homes including independent, Council and NHS managed facilities across Highland. The intention was that these arrangements would complement rather than supplement existing Social Care, Social Work and Care Inspectorate responsibilities, accountabilities and oversight and activities relating to care homes

Further, NHS Board Nurse Directors received an additional variation letter from the Cabinet Secretary also on 17 May 2020, as follows: “Executive Nurse Directors’ role during COVID 19” with a clear direction “*to be accountable for the provision of nursing leadership, support and guidance within the care home and care at home sector, specifically to:*

- *Identify where specific nursing support may be required and to develop and implement solutions where required. This will include clinical input to ensure that*

there are effective community nursing arrangements in place to support increasingly complex nursing care requirements;

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

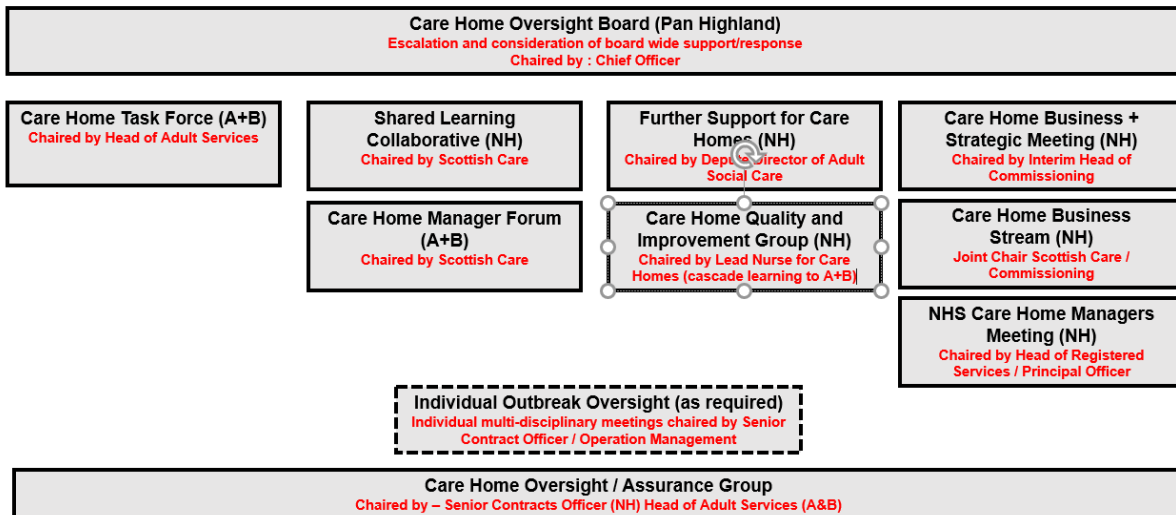
The original governance framework was ratified at EDG.

Further to this initial requirement as noted above, the Cabinet Secretary wrote on the 23 March 2021 to Chief Officers, Nurse Directors, Directors of PH and Chief Executive, to confirm that that enhanced multidisciplinary, clinical and professional oversight should remain in place until March 2022 at a minimum.

The summarised role of the CHOG therefore is to:

- provide oversight, professional leadership and support in relation to clinical and care governance standards and to support the health needs of care home residents;
- use information from the safety huddle tool and other mechanisms through the oversight arrangements to identify where specific nursing support may be required;
- seek assurance through the Daily Safety Huddle that local intelligence and data is being used to ensure there is a clear line of sight to each care home in Highland and oversight and professional scrutiny in relation to IPC standards across all care homes;
- maintain oversight of the overall status of each care home and include in the weekly compliance report to the Scottish Government;
- provide assurance that there is a robust system in place in relation to care homes.

The updated governance arrangements which NHS Highland has put in place to ensure effective, enhanced, multi professional clinical support and professional oversight in place for care home services over the course of the pandemic to support provision of high quality care, is provided in detail at **Annex A** and summarised below:



2021-2022 Issues and Challenges

- Over the course of 2021-2022, there has been a considerable level of care home related activity / supports within NHS Highland, across a wide number of NHSH service areas: adult social care, nursing, health protection, infection prevention and control, vaccination, testing, community operational teams, business support (and others), all of whom have had a pivotal role in supporting or overseeing commissioned or delivered care home services.
- The challenges faced by care home services have been multiple, sometimes simultaneous, fast changing and unrelenting, spanning across staffing, guidance, financial and regulatory areas.
- The primary challenges have undoubtedly been in relation to staffing and Covid status, particularly around recruitment, retention and Covid impacted absences.
- There were already insufficient numbers of staff in care home employment pre Covid. This has been exacerbated over the pandemic as exhausted staff seek to leave the sector for a less demanding and often better paid role.
- The impact of Covid within a home can acutely and rapidly decimate staffing levels, which is, at best, significantly challenging to plan for, and highly stressful to manage and coordinate, in terms of staffing cover, along with supporting residents and their relatives during these anxious periods. These situations also have a direct and negative impact on resident experience.
- Staffing issues have therefore dominated care home activity over 2021-2022, mainly arising from the significant number of care homes experiencing staff or resident related Covid cases.

- Over this period, the highest number of care homes “closed to new admissions” at any one time, was 47 (out of 69 care homes in north Highland) on 9 January 2022. The highest number of care homes in outbreak at any one time was 29 on 24 March 2022. The knock on impact on staffing availability for care homes in these situations, was significant. Despite an expanded and expanding mutual aid support team (CRT) there has been unmet need and providers have been supported to prioritise the delivery of safe care.
- During 2021-2022, this area of activity has been overseen by the Care Homes Oversight Group. The issues above and also those summarised in the attached **Annex B**, have been reported on a fortnightly basis to this group. In addition, regular update reports have been provided to the H&SCC.
- As a member of the CHOG, the Chief Social Work Officer has also been sighted on these issues and has ensured that The Highland Council has been appraised accordingly.
- A summary of Covid key issues and risks since March 2020, was presented to and considered by the CHOG on 6 November 2021.
- A staffing escalation protocol for care home services operating “in extremis” was considered and agreed by the CHOG in December 2021. Following initial use, this was revised and requires further consideration for effective use.

2021-2022 CHOG Assessment

- (Daily) clinical and care huddles have enabled timely flow of information to and between relevant stakeholders, assisting fast and effective decision making.
- Staffing availability, both substantive and Covid related, has been the primary challenge for care home provision in 2021-2022.
- Significant efforts and energy have been invested in provider liaison, relationships and supporting service continuity plans.
- A significant level of mutual aid has been made available but not service all demands have been able to be met.
- There has been a necessary focus on priorities of safe care for risk mitigation.
- Staffing escalation protocol has not been as effective as envisaged
- Sector sustainability issues are emerging, with confirmation of 3 short notice closures received in Q4 of 2021-2022, all sighting Covid related experience and costs, including the prohibitive expense of relying on agency staff when in staffing crisis or otherwise unable to recruit.
- Staff availability is also impacting on access to empty but unavailable beds, which providers need to fill to ensure ongoing viability and which NHSH need for flow.

- The CHOG has been well sighted on all of these key issues and has regularly reported on same to the H&SCC.

April 2022 Position Statement

In turning to the current April 2022 care home issues landscape, the following is highlighted:

- The care home sector in Highland is in significant distress in terms of staffing availability, which is impacting on bed vacancy levels, which in turn is affecting financial viability.
- Bed vacancy level is critical to provider viability.
- Access to the required level of permanent staff is critical to avoid prohibitive agency costs and be able to increase occupancy.
- The high level of instances of “closed to new admissions” status is exacerbating matters.
- Our ability to access currently “empty” but “unavailable” beds is crucial to NHSH flow.
- It is highly likely there will be further unplanned short notice closures.
- These short notice closures result in poor resident outcomes, are resource intensive to manage and require significant short notice and high level business and commercial input to support.
- A decisive and proactive plan is needed to ensure availability of and support to, care homes, in identified strategically important locations.

2022-2023 Anticipated Issues and Challenges

Following on from 2021-2022, the most recent arising issues, and the ongoing sector liaison, it is anticipated that the acute staffing issues experienced in 2021-2022 will continue, and in addition to quality related impacts, these challenges will also present increasing viability and sector sustainability issues.

The anticipated issues and challenges are as summarised below:

- Covid exhaustion + increasing staff exit to other sectors
- Destabilised provision
- More provider failure(s) / short notice closure(s)
- Single operator / rural remote provision contraction
- Some marginal opportunistic consolidation
- Further depressed / reduced bed availability
- Insufficient available beds for multiple provider failures
- Remaining provision by circumstance not design
- Staff training attendance implications
- Legacy impact of operating in extremis

- Lower grading scores when CI resume inspecting
- Continued open / closed status / frustrations
- Ongoing NHSH reactive measures / emergency response
- SG sector pay recognition but insufficient impact
- Need to build new approaches – interim/intermediate care

2022-2023 Proposed Action Areas

The current and anticipated care home landscape requires a strategic response of NHS Highland in order to:

- stabilise provision
- identify / confirm strategically important locations
- build resilience and flexible workforce
- secure activity in line with costed capacity plan
- improve efficiency / processes / data

The following proposed action areas are the currently suggested routes towards addressing the issues as described above:

1. Expeditious sector recruitment and retention support and joint strategy (with c@h) – to package and market working in social care.
2. Individual care home assessment of staffing, financial, building and quality issues, by geography, to identify potential locational contingencies required.
3. Costed capacity plan to confidently forward commission
4. Dedicated “business” support / and response team for improved market awareness and to manage any further care home failures
5. Immediate additional mutual aid - when it is identified it is needed.
6. Establish bed availability certainty.
7. Operational improvements to build trust / improve resilience.
8. Ongoing Scottish Government dialogue in terms of care home supports

Recommendations

In order to respond the changing issues and to be best positioned to address them, the following recommendations are intended specifically as the CHOG focus areas for the year ahead:

- a) Review CHOG role, remit and membership for a) continued relevance and alignment with governance / SG requirements and b) role and remit in the context of the current challenges, strategic issues and sector dynamics.
- b) Set key CHOG priorities for 2022-2023 as part of a shift from reactive to proactive operation and strategic oversight.

- c) Ensure alignment of membership and technical input, with the nature and scope of current issues.
- d) Establish and maintain a risk register with ongoing and more formal oversight of risk management.
- e) Develop and maintain a rolling action log to ensure oversight and accountability for requested and commissioned actions.
- f) Ensure appropriate resourcing to support the forward work programme, oversight and reporting arrangements.
- g) Agree, address and implement similar arrangements for **care at home** oversight

Summary

Going forward, the new financial year offers an opportunity to refocus towards the care home challenges within the current changing context, and to consider improvements going into 2022-2023.

This report has therefore sought to provide the H&SCC with assurance that there is an in depth understanding of current care home issues and that a range of actions and measures have been identified to appropriately address and respond.

Care Homes Oversight Group
19 April 2022

NHS Highland – Highland / Argyll and Bute HSCP

Care Home – Clinical and Care Professional Oversight Governance Framework

10th December 2021



Microsoft Word 97 -
2003 Document

Care Home Oversight – Key Activity Summary

Assurance / Monitoring Activity Area	Actions	Outcome / Impact / Comment
Quality assurance and oversight	<ul style="list-style-type: none"> - Adult Social Care daily dashboard and review of NES-designed Care Management System on TURAS, which allows care homes to escalate concerns, including requirements for additional staff through mutual aid. 	<ul style="list-style-type: none"> - Organisational visibility of care home RAG status.
	<ul style="list-style-type: none"> - Regular (daily / 3 x weekly) Clinical and Care Oversight Group safety huddle to identify, discuss and agree any required actions. 	<ul style="list-style-type: none"> - Organisational oversight by key stakeholders - Timely flow of information to and between relevant stakeholders, assisting fast and effective decision making.
	<ul style="list-style-type: none"> - 57 COVID-19 care home outbreaks in 2021 -2022. - During periods of outbreaks, there was daily / regular contact by Operational and Commissioning teams to discuss practical inputs, contingency actions/steps, and to facilitate any supports that may be necessary. - Care Home Assurance meetings conducted with all Care Homes classed as being in outbreak to review staffing levels, contingencies and ensure safe care provision. Number of assurance meetings held per quarter are in excess of: Q1 - 35; Q2 - 61; Q3 - 24; Q4 - 170 	<ul style="list-style-type: none"> - Support providers to ensure adequate staffing and safe levels of care. - Dynamic and responsive Covid / Community Response Team and Care Home Nursing Liaison input.
	<ul style="list-style-type: none"> - Attendance at Care Inspectorate feedbacks for all key Questions including Covid Specific Key Question 7 – <i>How good is our care and support during the COVID-19 pandemic?</i> 	

Assurance / Monitoring Activity Area	Actions	Outcome / Impact / Comment
	<ul style="list-style-type: none"> - Quality Assurance Visits (round 2) as mandated by the Scottish Government – consolidating actions from all visits, reviewing outcome reports for each care home, and following up on actions as part of contract monitoring process. 	<ul style="list-style-type: none"> - Completed.
Large Scale Investigations	<ul style="list-style-type: none"> - LSIs initiated with 6 separate care homes. 	<ul style="list-style-type: none"> - Escalation and liaison meetings with each provider during or after periods of LSIs to get a status update on the home, jointly look at improvements that are required, oversee issues and monitor progress, and discuss how NHS Highland can provide support or assistance.
Sector support	<ul style="list-style-type: none"> - Regular strategic and business meetings with care home providers to understand current issues and inform appropriate actions. Frequency tailored appropriate to level of activity. - Care home manager hotline, including 7 day cover where required. - Contingency planning support. 	<ul style="list-style-type: none"> - Open communications and clear points of contact. - Good sector intelligence.
Provider Sustainability	<ul style="list-style-type: none"> - Supplier Relief applications for all providers as part of the response to COVID-19. 	<ul style="list-style-type: none"> - Providers supported with additional costs due to covid-19 in line with Scottish Government requirement. - As at 21 March 2022, 1083 applications have been received and £6.8m paid (across all services).
Care Home closures	<ul style="list-style-type: none"> - In Q4 of 2021-2022 confirmation of 3 care home closures were received, arising from viability concerns. 	<ul style="list-style-type: none"> - NHS Highland is working in partnership with providers to ensure a person centred, safe and smooth transition to alternative provision for the residents affected.