Safety huddle tool oversight of care homes required process for all areas
SAFETY HUDDLE TOOL OVERSIGHT OF CARE HOMES BY HSCP AREA

**Anticipatory Action**

- Care homes input daily to SHT and submit as required. Including formal recording of suspected case.

  - HSCP reviewers/analysts review CH data on a daily basis and draw out those CHs to flag (*1) to daily oversight huddle (*2).

  - Daily oversight huddle agrees support actions (*3) for each flagged CH.

  - Provide update to HB Oversight Board (*5) and escalate care homes of serious concern as appropriate.

**Response Action**

- CH has 1 suspected Coronavirus case.

  - Immediately phone the PH Team and report to HB HPT/DPH.

  - Case is investigated with LFD alongside PCR test. If LFD test is positive whole home testing is undertaken, subject to PH risk assessment.

  - If negative PCR result awaited. If PCR is positive whole home testing is undertaken, subject to PH risk assessment.

  - Assure above processes underway/implemented.

  - Consider arrangements for PAG/IMT as appropriate/required.

  - Ensure where required HB level clinical support team provide mutual aid.

- Weekly HB CH Oversight Board considers Board-wide level response to hotspot CHs using detail provided through the above two routes. Considers and agrees content of weekly DPH report to SG. (*6) Escalates to HB/Council CEOs as required for critical situations and where mutual aid is expected. (*7)
Membership of the daily huddle at HSCP (as per 17 May 2020 Cabinet Secretary announcement re Enhanced Clinical and Professional Oversight Arrangements) level should include CO (or delegated senior officer) (Chair); HSCP Chief Nurse (on behalf of DN); HSCP Clinical Director (on behalf of MD); CSWO or delegated lead in HSCP; HPT representative; CI representative as appropriate (see *3)

A designated individual(s) and substitute(s) (probably a small team for large partnerships) should be identified by the HSCP who on a daily basis, reviews every care home SHT input and should be looking for anticipatory information such as: 1) spotting and logging an escalation point by a care home. Where things are not escalated by the care home, noting 2) staffing levels; 3) staff testing levels and if there are changes to trend; 4) dependency concerns/issues; 5) levels of compliance with PPE/IPC (is it always 100%?); 6) occupancy levels; 7) levels of dependency and complexity of residents

Potential actions that may come from huddle to flagged care homes: 1) Consider DPH community based data and analysis re virus spread for/within the HSCP 2) telephone contact from within the HSCP deemed most able to ask the appropriate questions (e.g a nurse, contract manager, social worker) re flagged issues of concern to seek clarity, gather intelligence and understand support needs; 3) Provide agency lists and health and social care support to care home as appropriate; 4) escalate to DN to seek to deploy HB/HSCP clinical support team to a particular care home; 5) ensure physical care needs of residents are being met via existing arrangements (DN, GP, AHP's) if required escalate to DoN or use Board processes to seek to deploy H@H team to any particular care home to ensure appropriate and timely therapeutic interventions for acutely unwell residents thereby preventing unnecessary admissions to hospital where the appropriate level of care can be provided in the care home 6) Ensure supply of PPE etc; 7) consider recommendations to DPH; 8) commission assurance visits from HSCP CH assurance team; 9) refer to CI for immediate inspection to be undertaken 10) log the actions taken for each care home 11) this list is not exhaustive

This requires a regular flow of information to the CO of the HSCP of DPH community based data and analysis re virus spread for/within the HSCP

Membership of the Oversight Board includes DN (Chair), DPH, MD, CO(s) HSCP(s), CSWO(s) partner Councils; Care Inspectorate.

These reports continue to require to be submitted and should be signed off by the DN on behalf of the HB and Partnership area.

This reaffirms that ultimate accountability for wellbeing within and performance of care home sits with CEOs for Health Board and respective Council.