

## Care Home reporting framework for Gold and Silver resilience meetings

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## Purpose:

This paper is intended to provide information to support the Care Home Gold and Care Home Silver command group. It provides criteria for reporting data that will and to help in making decisions for the control of incidents and outbreaks and provide assurance that actions are leading to effective outcomes in care homes across North Yorkshire.

## Aim

The overarching aim for both command groups is to prevent, reduce or delay the transmission and/or outbreaks of Covid-19 in our care homes and reduce both the pace of the increase in the number of homes experiencing an outbreak and reduce the absolute number. This will be done in conjunction with the latest COVID- 19 information and Guidance for care homes.

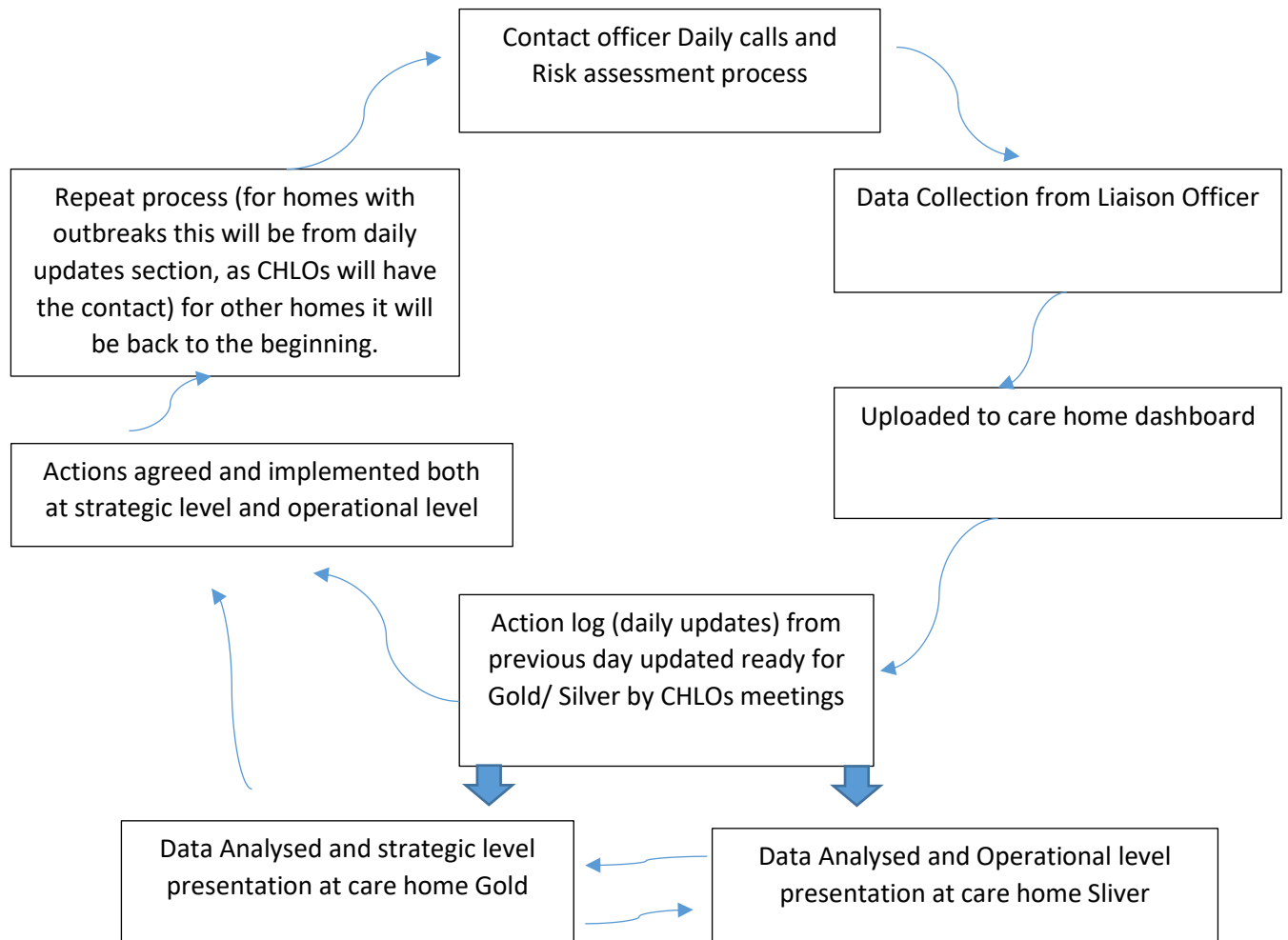
## Objectives:

- To identify Care Homes exhibiting risks associated with poor infection control
- To identify early detection, investigation and management of potential outbreaks.
- To enable the quality and assurance team to determine the issues with infection prevention and control.
- To create a culture and system that minimises susceptibility to COVID-19 and cross-transmission through Silver and Gold Command groups.

## Definitions:

<b>Possible case (resident)</b>	Individual with a temperature of 37.8oC or above, or a new continuous cough, or influenza-like illness, or worsening shortness of breath, or with non-respiratory tract symptoms, such as new onset/worsening confusion or diarrhoea
<b>Possible case (staff)</b>	Individual with a temperature of 37.8oC or above, or a new continuous cough (as per general public guidance)
<b>Confirmed case</b>	Individual with a positive COVID-19 swab result
<b>Outbreak</b>	Two or more cases (residents or staff) within 14 days who meet the case definition for possible or confirmed case (above)
<b>End of outbreak</b>	No new cases once 28 days have passed since the onset of symptoms in the most recent case

## Process for reporting



## Roles and Responsibilities

<b>Outbound Care Home Calls (U+ Team)</b>
<ul style="list-style-type: none"> <li>• Undertaking daily telephone calls to Care Home and recording responses to the approved questionnaire</li> <li>• Providing 7 day per week outbound call services</li> <li>• Undertaking targeted data quality reviews where exceptions are identified in daily CH responses</li> <li>• Undertaking weekly data cleans by running full questionnaires for each Care Home once per week</li> </ul>
<b>Strategy and performance team</b>
<ul style="list-style-type: none"> <li>• To use data products and dashboards to produce daily information on the outbound call metrics derived from the daily calls.</li> </ul>
<b>Quality and Market Improvement team</b>
<ul style="list-style-type: none"> <li>• To take a risk based approach to triage of Care homes referred to Silver and Gold meetings</li> <li>• To provide daily tracking information of Care Homes receiving support and identifying additional support requirements, including those no longer having infections and those exhibiting risk associated with poor infection control</li> <li>• To take timely and appropriate action to support Care Homes as soon as reasonably practical after risks are identified by the Contact Officers</li> <li>• To provide information to inform HASLT, CASLT, Resilience Group</li> </ul>
<b>Technology &amp; Change</b>
<ul style="list-style-type: none"> <li>• Building systems to capture data required to meet the needs of Care Home resilience</li> <li>• Produce data products and dashboards that minimise manual data processing and support the timely delivery of data analysis for Silver &amp; Gold groups</li> </ul>
<b>Public Health Team</b>
<ul style="list-style-type: none"> <li>• Provide specialist advice on requirements for outbreak management</li> </ul>

## Care Home Resilience- Gold and HAS Gold

### Aim

To provide strategic level data intelligence that will prevent, reduce or delay the transmission and/or outbreaks of Covid-19 in our care homes and reduce both the pace of the increase in the number of homes experiencing an outbreak and reduce the absolute number.

### Objectives

#### 1. To Outline the status outbreaks breakdown by:-

- **New outbreak** – care home has reported new cases needs input
  - One or more positive Covid-19 residents or staff
  - One or more residents or staff reporting Covid-19 symptoms
  - One or more residents acutely unwell (Covid-19 may not present with typical symptoms in older people)
- **Historical** – had COVID but closed
  - Previously reported to PHE, LA or CQC
  - Increase deaths above expected or rapid increase in number of deaths
- **Ongoing** – current managed and controlled
- **No outbreaks** - (not quite the same as COVID-free, which could mean no outbreak or historical outbreak)
- **COVID Free** –
- Outbreaks at CCG level
- Total Number of outbreaks reported to PHE
- Percentage by CCG area

#### 2. To outline case counts by: - N.B. The data maybe not include all care homes if the daily survey is not complete therefore coverage may not be 100%.

- Number of new cases since yesterday
- Cumulative deaths in care homes and
- Number of cases (suspected and positive)
- Trends and rates

#### 3. Number of test done at NY & CCG –N.B. include number of homes who have completed whole home testing too

- Positive
- Negative
- Awaiting results
- Timelines of testing (request to results) N.B. nothing capture at present on this request

4. **Stratify care homes in priority order** - based on an assessment of level of infection and level of concern raised during the call.

**Level of infection** is categorised as follows:

No. of symptomatic cases → single issue → outbreak - few confirmed cases → outbreak - widespread transmission

**Level of concern** is influenced by:

- Soft intelligence, known frequent outbreaks, poor infrastructure, staff sickness, CQC data etc.
- Data – e.g. response to questions, local clusters of outbreaks.

5. **Action log update**

- Progress
- Outstanding Issues

6. **Recommendations**

- Communications to Care homes
- Actions for the day ahead with a priority order

7. **Assurance**

- That the risk assessment, triage and risk stratification process is effective
- That the actions being taken to support Care Homes are effective and timely
- That multi agency approached to supporting Care homes are effective and timely

N.B. There will be a slide deck to support the Gold meeting (**insert slide deck template**)

## Care Home Resilience - Sliver

### Aim

To provide operational level data intelligence at individual level that will prevent, reduce or delay the transmission and/or outbreaks of Covid-19 in our care homes and reduce both the pace of the increase in the number of homes experiencing an outbreak and reduce the absolute number

### Objectives

1. **Outline the current case count of Covid-19 in care homes at**
  - County and district level
  - Individual level
2. **Highlight the care homes that have had an outbreak** (Two or more cases (residents or staff) within 14 days who meet the case definition for possible or confirmed case (above))
3. **Highlight the existing controls that are in place** N.B. this will include all that are in the handbook
  - Cleaning
  - Isolating
4. **Highlight other concerns**
  - Staffing
  - Wellbeing
5. **Highlight the epidemiological variables**
  - People
  - Place
  - Time
  - Contact tracing – (N.B. discussions are underway on this subject, no data currently available)
6. **Prioritise actions for the next 24 hours**
7. **Inform prevention strategies for Care Home Gold.**
  - Communications
  - Items to escalate to Gold
8. **Apply the learning and implement required outbreak prevention and control measures.**

**N.B.** There will be a slide deck to support sliver meetings (insert slide deck template)

## Governance

It is important that we work collaboratively as a system to ensure the necessary support is in place for care homes with minimal duplication. Where there are circumstances that it is in the best interests of our North Yorkshire population to share data and information, this will be done via the tiered command structure with the necessary data sharing agreements in place.

It is important that we have a regular flow of up to date and validated information feeding through the tiered command structure to ensure the necessary conclusions and decisions can be reached.

The presentations will also be fed through organisational governance structures for internal reporting.



## Appendices

### Appendix 1: Term of Reference - Care Home Resilience Gold Meeting

#### **Aims**

Prevent, reduce or delay the transmission and/or outbreaks of Covid-19 in our care homes and reduce both the pace of the increase in the number of homes experiencing an outbreak and reduce the absolute number. This should lead to a considerable impact on reducing mortality. Strategic support to Care Homes to support and enhance quality of care. To ensure that people get any end of life care or specialist support that is co-ordinated through the group.

#### **Objectives**

Our objectives are to:

- Keep the people using services and the workforce safe and well
- Provide safe services to people who do not have Covid-19
- Keep Covid-free settings shielded so that they remain Covid-free
- Prevent, contain and manage outbreaks
- Prevent and reduce deaths, where possible
- Ensure a consistent response to suspected or confirmed outbreaks
- Support the sustainability of the care market

#### **Meetings**

Care Home Resilience Gold meetings will take place at 8am seven days per week. Members will aim to attend all meetings. If they are unable to attend they will identify an alternative attendee from their agency.

Extra-ordinary or extended meetings may be called at the request of the meeting Chair.

The meetings will be chaired by – Adult Social Care Assistant Directors. Deputies are the Chief Nurses of CCGs.

## Outbreak Case Definitions

**Possible case (resident)** = individual with a temperature of 37.8oC or above, or a new continuous cough, or influenza-like illness, or worsening shortness of breath or with non-respiratory tract symptoms, such as new onset/worsening confusion or diarrhoea

**Possible case (staff)** = individual with a temperature of 37.8oC or above, or a new continuous cough (as per general public guidance)

Confirmed case = individual with a positive COVID-19 swab result

**Outbreak** = two or more cases (residents or staff) within 14 days who meet the case definition for possible or confirmed case (above)

**End of outbreak** = No outbreaks once 14 days have passed since the onset of symptoms in the most recent case

## Membership

NHS Vale of York CCG
North Yorkshire CCG
NYCC Health and Adult Services
NYCC Public Health
Infection Prevention Control Team
Bradford CCG
Public Health England
Infection Prevention Control Team
City of York Council
NHS Vale of York CCG
City of York Public Health
Care Quality Commission
City of York Council
CYC / VOYCCG
Independent Care Group

## Accountability and Decision Making Authority

- The group is accountable to the York and North Yorkshire System Leadership Community Health and Social Care Silver Command Group. Individual members of the group are responsible for ensuring two-way communication between the group and the agency/organisation they represent where applicable.
- This group will oversee the actions and coordination of this group.
- This group needs to oversee the timely and consistent distribution of the education and resource requirements to care homes. Direct additional support such as IPC advice/ education and access to PPE by shared prioritisation.
- This group will decide the priorities and distribution of swabbing for care homes.
- Staff well-being
- Oversight of the SITREP Group report. CCG self-assessment assurance framework to support Adult Social Care actions and data.

### **Reporting**

The Care Home Gold Resilience Group will report to the York and North Yorkshire SLE Community Health and Social Care Silver Command Group on a Wednesday. An action log will be reviewed and updated at each meeting.

### **Secretariat**

Support from NYCC Health and Adult Services Leadership Support Team

## Appendix 2: Term of Reference - Care Home Resilience Silver Meeting

### Aim

To prevent, reduce or delay the transmission and/or outbreaks of Covid-19 in our care settings and reduce both the pace of the increase in the number of care settings experiencing an outbreak and reduce the absolute number. This should lead to a considerable impact on mortality.

### Objectives

- Provide regular assurance to the Care Setting Resilience Gold Meeting
- Act as a monitoring group for current provider activity and any identified risks
- To review data and intelligence from the care home liaison calls to gain a shared understanding of the current picture (acknowledging that the data will be valid at that moment in time)
- To identify settings where a deep dive/further narrative is needed
- To identify settings where further support is needed to escalate to the Care Setting Resilience Gold Meeting
- To act on any recommendations made by Care Setting Resilience Gold

### Meetings

Care Setting Resilience Silver meetings will take place at 4pm which will follow on from the resilience meeting. Members will aim to attend all meetings. If they are unable to attend they will identify an alternative attendee from their agency / team.

Extra-ordinary or extended meetings may be called at the request of the meeting Chair.

The meetings will be chaired by the Public Health Consultant/Director of Public Health on call

Weekend working: The PH consultant and ASC AD on rota routinely attend the weekend resilience calls. This meeting will be adapted to incorporate a revised weekend agenda for the care setting silver meeting that will ensure actions are followed up and weekend concerns escalated as necessary.

### Data flow

Review of new/ongoing settings – these settings will be identified on the day of the meeting using the CHLO spreadsheet, dashboard and any other intelligence from partners. The group will discuss at the meeting whether further discussion is needed at future meetings.

Detailed review of settings – the group will agree in advance which settings need in depth analysis or if further information is required.

Information will be brought to the group by the QIT team and relevant partners to build intelligence and to identify whether further action is needed.

The Public Health Team will carry out reviews with the care home liaison officer for identified settings to describe the narrative around the outbreak.

### **Members of the group**

Public health consultant/Director of Public Health on call  
Health Improvement Manager/Officer (Carly/Cheryl/Ruth H/Nat)  
Joss Harbron/provider rep  
Quality and Improvement Team (Janine/Steven/Jonathan/Nicola)  
Strategy and Performance  
AD HAS  
CQC  
Infection, Prevention and Control team

Other invitees by exception.

### **Accountability and Decision Making Authority**

The group is accountable to the Care Home Resilience Gold Group. Individual members of the group are responsible for ensuring two-way communication between the group and the agency/organisation they represent where applicable.

### **Secretariat**

Support from NYCC Health and Adult Services Business Support Team.

### **Suggested agenda:**

#### **9. Welcome and apologies**

#### **10. Review of action log**

#### **11. Review of new settings (to highlight and agree whether any further discussion needs to take place)**

- Care homes reporting new outbreaks (or single cases) – taken from 8pm spreadsheet and PHE spreadsheet (Populated am)
- Care homes with existing outbreaks reporting new cases – taken from 8pm spreadsheet and dashboard (populated am)
- Issues identified during the day through CHLO calls/dashboard/partner updates (brought to the meeting)

#### **12. Care homes for detailed review (agreed in advance at previous silver meetings)**

- Whole home narrative
- Single issues e.g. specific questions

**5. Identification of priorities for testing.**

**6. Issues and actions for Care Home Gold.**

**7. AOB**