# Public Health Wales Response to COVID-19: Enclosed Setting Cell

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<tr>
<th>Executive lead:</th>
<th>Dr Quentin Sandifer, Executive Director of Public Health Services/ Executive Medical Director</th>
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<tr>
<td>Author:</td>
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## Purpose

This report describes the role of the Enclosed Setting Cell, established as part of Public Health Wales, strategic response to COVID-19. The report provides an update of the work of the Cell during the Mitigation phase of the response, which included evolving Welsh Government policy relating to Care Homes and summarises the current review and next steps as we move into the Recovery phase.

## Recommendation:

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The **Board** is asked to:

- **Receive** and **note** the update report in relation to the work of the Enclosed Setting Cell; and
- Receive **assurance** in relation to the ongoing review of the function of the Cell and the proposal for transition in the next phase of the Public Health Wales response.
Link to Public Health Wales **Strategic Plan**

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

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<tr>
<th>Strategic Priority/Well-being Objective</th>
<th>5 - Protecting the public from infection and environmental threats to health</th>
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**Summary impact analysis**

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<tr>
<th>Equality and Health Impact Assessment</th>
<th>An Equality or Health Impact Assessment has not been undertaken as the proposals set out in this paper are in response to a national emergency.</th>
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<tr>
<td>Risk and Assurance</td>
<td>Current and ongoing risks identified</td>
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<tr>
<td>Health and Care Standards</td>
<td>This report supports and/or takes into account the <a href="https://www.nhs.wales/qualityThemes">Health and Care Standards for NHS Wales</a> Quality Themes</td>
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<td>Financial implications</td>
<td>To be assessed.</td>
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<tr>
<td>People implications</td>
<td>The people implications are set out in the advice to Welsh Government (Public Health Protection Recovery Plan) and the Implementation Plan. This includes the large-scale mobilisation of Public Health Wales staff to support the National Contact Centre, and to deliver the health protection responsibilities for co-ordinating and supporting contact tracing.</td>
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1. Purpose / situation

This report describes the role of the Enclosed Setting Cell, established as part of Public Health Wales, strategic response to COVID-19. The report provides an update of the work of the Cell during the Containment phase of the response, which included evolving Welsh Government policy relating to Care Homes and summarises the current review and next steps as we move into the Recovery phase.

2. Background

In March 2020 as the response to the pandemic moved to the mitigation phase, the Strategic Gold group in Public Health Wales, received and approved arrangements for the focus of the organisations operational response for the next phase. The arrangements set out four key priority areas for action one of which was an agreed focus on Enclosed Settings including Residential Care Homes, hostels and prisons.

Public Health Wales (PHW) / Local Authorities receive statutory notifications of infectious diseases and as part of the Health Protection function provide specialist advice to incidents and outbreaks in Enclosed Settings, as part of multi-agency response. PHW, through the notifiable disease system became aware of incidents (of both confirmed COVID-19 and undiagnosed respiratory infections) in care homes in multiple areas of Wales. People living in care homes and other similar residential settings are amongst the most vulnerable in relation to COVID-19 infection, with many relying on close personal care. In addition, these and other enclosed settings (such as hostels) represented cohorts of exposed individuals who act as potential point sources for onward infection spread into their local communities. Given the social distancing rules imposed on the rest of the population, enclosed settings represented the highest community risks for deaths and community transmission.

Targeted prompt public health advice, testing and contact tracing as a priority in these settings were the most effective control measures that could be implemented and maximise efficient use of limited PHW resource and protect the wider healthcare system.

Approval was given to establish an Enclosed Settings team within the wider health protection response on the 25 March 2020 and this became fully operational at the end of March 2020.

From the outset the volume and intensity of the work of the team has been very high. This has meant that working practices have needed to be developed and implemented ‘on the job’ at pace and there has been limited
opportunity to plan or review in depth. The team has also needed to react rapidly to changes in policy or guidance which have been communicated with short or no notice. These circumstances have presented significant challenges.

3. Description/Assessment

3.1 The Functions of the Enclosed Setting Cell

The effective operation of the team involved a range of functions and tasks, which have also evolved over time. Whist a range of settings have been supported, the vast majority of support activity has been provided to Residential Care Home settings. The functions delivered have included:

- **Policy and Strategy**
  This has included working closely with Welsh Government policy leads on social care and public health to agree the response and more effectively coordinate and mobilise the whole system in support of these high risk settings particularly care homes.

- **Notifications**
  Receiving notifications of possible or confirmed cases of Covid-19 from Enclosed Settings and ensuring that these were appropriately recorded and followed up with public health advice. All positive test results that can be linked to a care setting are followed up proactively.

- **Incident response**
  The provision of Health Protection advice following notification to support incident response including infection prevention and control measures; access to testing. On receipt of each new notification timely public health advice was given to each Enclosed Setting. During April and May, activity has been in the range of 5-15 new incidents reported each day. A range of standard support materials was developed to support staff in giving advice. These were constantly reviewed and updated in line with changing evidence and policy. Enquiries that required more specialist response were escalated to senior health protection team staff.

- **Testing process**
  Rapid access to testing for the initial symptomatic cases is essential to confirm the presence of the virus within the setting. The Enclosed Setting team has facilitated access to testing for staff and residents within Enclosed Settings and this has changed over time. Initially, in the absence of alternative mechanisms this included direct booking of slots for social care staff attending the Cardiff City Stadium drive through testing centre, line
listing residents and staff for testing via the Health Boards and local multi-agency systems overseen by the local resilience fora.

In the early weeks of the operation of the cell access to testing and availability of test results presented the most significant ongoing challenges to the team.

On 14 May, Welsh Government reinforced its requirement for Health Boards to undertake their responsibility of swabbing and delivery of test results for all residents and staff in care Homes across Wales.

As policy has changed and evolved the team now has very little direct involvement in facilitating testing in these settings as this is the responsibility of Local Health Boards. However, the team is still involved in advising Health Boards on testing; for example in new incidents where prompt testing is particularly important and for ongoing outbreak management.

- **Ongoing advice and support to settings e.g. following testing**

  In addition to supporting new incidents, the team has provided reactive and proactive intervention and advice to these settings, including on the interpretation of test results and the action required e.g. isolation or exclusion. Contact was frequent and in the majority of incidents that became established between 50 and 100 individual transactions are noted on the records.

  The work is challenging and stressful for the team which is working closely with people in care homes who are themselves having to deal with very difficult circumstances including the deaths of residents from COVID-19.

  The need to ensure that settings received consistent advice was also a key goal and to this end, at the request of Welsh Government, Public Health Wales adapted guidance produced by the Department of Health and Social Care in England for use in Wales. This guidance has been updated and revised as the situation and evidence has evolved. This involved substantial additional work on each occasion. To date the guidance has been issued and substantially updated 3 times (9 April, 7 May, and 17 May) to reflect evolving evidence base and changing Welsh Government policy. [https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-healthcare-workers-in-wales/prevention-and-management-of-infection-and-outbreaks-of-covid-19-in-residential-settings-in-wales/](https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-healthcare-workers-in-wales/prevention-and-management-of-infection-and-outbreaks-of-covid-19-in-residential-settings-in-wales/) (Accessed 26/05/20)
• **Ongoing advice and engagement with partners**

The team has developed effective relationships with a range of partners at a local and national level. These have included providers, Health Boards, Local Authorities. Engagement will be extended further as the work transitions into the next phase. There are regular meetings with local public health team leads for enclosed settings to facilitate dialogue between the national and local response. There has also been close engagement with Care Inspectorate Wales, including an exchange and learning process in relation to the information reported to each organisation.

• **Proactive Prevention Advice**

The development of a partnership for proactive and preventative action with the Environmental Health Officers in the 22 Local Authorities in Wales has been critical to the response. As the emerging evidence highlighted that need for focus on prevention, a specific intervention has been developed to ensure that those homes who have not yet been affected by Covid-19 received high quality preventative advice and risk assessment. In addition the EHO’s are providing in depth and frequent contact with new incidents with the aim of supporting more effective implementation of control measures to reduce transmission. This work is supported by a Steering Group, which facilitates the sharing of advice and learning.

**3.2 Staffing Resource and reporting**

The Enclosed Settings Cell was established as a component of the wider Health Protection response and operates with specialist oversight from a Consultant in Communicable Disease Control and with day to day advice from the COVID-19 Consultant of the Day.

Strategic and operational leadership has been provided by the Interim Executive Director of Health and Wellbeing and the Director of Health Improvement. Key policy decisions; clarification and approval of guidance and changes to operation are discussed at Incident Management Team. Staff roles within the cell have included senior leads (normally consultants in public health/ senior nursing staff); Call Advisors and Administration support. The Cell has operated shift pattern, providing support between 8am and 8pm, 7 days a week.

A core operational co-ordinating group meets weekly. This provides an ongoing review and improvement function to ensure that the work of the cell has evolved rapidly in line with need and that incidents and near misses are learnt from and shared. Recently, a strategic oversight group has been introduced.
### 3.3 Changing Policy Context in relation to the work of the Cell

During April and May 2020, the Welsh Government policy on testing relevant to Care Homes in Wales (residents and staff) has changed incrementally, with little notice. These changes had a direct impact on the provision of advice from the Enclosed Setting Cell, and required rapid response. These policy changes were communicated in a variety of written communications including Welsh Government Policy documents, written policy statements, Welsh Government Guidance and written letters from the Chief Medical Officer and Deputy Director General, Health and Social Services Group, Welsh Government. A more detailed description of the policy changes, the date and form of communications during April and May 2020 is contained in Appendix 1.

A summary of the main Welsh Government policy changes and dates of communication to Public Health Wales is outlined below.

The evolution of the policy, has included the requirement for Health Boards to incrementally increase the availability / targeting of testing in Care Homes initially from tested symptomatic residents and staff in those homes with suspected/ confirmed cases of COVID-19 to testing all Care Homes (all residents and staff, symptomatic and asymptomatic) regardless as to whether or not they had experienced cases/confirmed incidents. Other policy developments including the testing of Care Home residents prior to discharge from hospital or prior to any home transfer/ admission from the community.

Following each policy change, timely changes were made to the advice given by the Enclosed Setting Cell to both Residential Care Homes and partners.

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<thead>
<tr>
<th>Date</th>
<th>Policy/Guidance Issued</th>
<th>Action/Implications for Cell</th>
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<tr>
<td>9 April</td>
<td>Welsh Government letter to Care Homes setting out the support available and including the need to notify PHW and including Version 1 of the Public Health Wales guidance</td>
<td>Consolidation of current practice</td>
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<tr>
<td>22 April</td>
<td>Welsh Government letter. Updated discharge policy guidance on the testing of patients prior to discharge from hospital or transfer from a care home or new admissions to Care Homes from the community. Patients to have a negative test result prior to returning to a Care Home.</td>
<td>Line listing for testing individuals who are being transferred into a care home from the community or inter-home transfer. Provision of risk assessment for discharge from hospital.</td>
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<td>Date</td>
<td>Description</td>
<td>Relevant Information</td>
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<td>24 April</td>
<td>Welsh Government letter. Diagnostic testing now to be offered by Health Boards to all possible (symptomatic) cases of Covid-19 in care homes.</td>
<td>Line listing all symptomatic individuals reported to the cell</td>
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<tr>
<td>7 May</td>
<td>Welsh Government letter and published guidance document instructing Health Boards that where a confirmed case of COVID 19 is identified in a previously unaffected care home, all residents and staff will be tested by mobile testing units For care home outbreaks or incidents that have begun prior to May testing will be offered to new symptomatic residents and staff The offer of testing will also be available for the largest care homes (those with more than 50 beds) that are at greater risk of experiencing an outbreak because of their size. Clarity that Health Boards are responsible for swabbing and providing results to care homes and PHW Whole home testing in new incidents following a positive case Responsibility for results and testing delegated to Health Boards although this did not become fully operational at this stage. Advice to care homes and Health Boards on interpreting policy and on identification of new incidents</td>
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<tr>
<td>13 May</td>
<td>Letter instructing Health Board to offer testing for COVID-19 to all asymptomatic and symptomatic residents and staff in care homes (who have not previously tested positive) that have an on-going outbreak, which commenced before 2 May 2020.</td>
<td>Advice to care homes on policy and advice to Health Boards to confirm ongoing incidents</td>
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<tr>
<td>20 May</td>
<td>Letter and guidance from Welsh Government to Health Boards, Local Authorities and Care Homes outlining opportunity to undertake rapid testing for care homes registered for 50 or more beds over the next two weeks. The testing of staff and residents in smaller care homes who do not have a Covid-19 infection will be delivered by one of two routes, either directly by the health board or by the new social care portal for self-testing kits mentioned above which goes live shortly Issue of Welsh Government <em>Interim Care Home Testing Guidance</em> to aid health boards, care home providers for</td>
<td>Advice to Care Homes and partners on the policy and the status of care homes currently</td>
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adults and children local authorities and others interpret and implement the extended testing policy for care homes in Wales.

3.4 Epidemiology and Surveillance

Information on cases and the progress of reported incidents in care homes, is gathered currently using TARIAN, the health protection acute response case management system. This can be used to assess the impact of infection and effectiveness of control measures, to direct further interventions. The data collected to date, has been limited by the functionality and purpose of Tarian (incident management) and some of the data required for reporting has been entered as free text and is not easy to extract and analyse.

Since the establishment of the Enclosed Settings Cell on 25 March, the cell has prioritised the management of COVID-19 outbreaks in care homes, therefore collection of detailed data for reporting rather than outbreak management has not always been possible. Until the week beginning 4 May, the Cell were reliant on care homes compiling and submitting daily reports on the number of suspected cases and deaths. This data may not be complete or reliable. Since the 27 April, to strengthen the data collection and support for care homes, a standard operating procedure (SOP) was introduced and implemented by Local Authority Environmental Health Officers (EHOs). The SOP, includes the collection of data on the number of cases and deaths in care homes with new outbreaks. Data completeness of the number of suspected and confirmed cases, is also likely to have increased since the introduction of testing of all symptomatic staff and residents was implemented on 25 April and the subsequent policy changes to test asymptomatic staff and residents.

Currently a further data cleansing process is being undertaken, to facilitate summary reporting of the totality of activity.

The Communicable Disease Surveillance Centre (CDSC) team has supported the Enclosed Setting Cell with rapid surveillance to inform incident response.

The opportunity for comprehensive field epidemiology studies has been limited. However, in addition CDSC continue to undertake a number of studies into Care Home settings, which provide useful information to inform incident response. Surveillance and analysis of risk groups for mortality and poor outcome (e.g. care homes) is also continuing.
3.5 Review and Monitoring

Since its inception, the Enclosed Settings Cell has been making small continual improvements to how it works. This is reflected in the many iterations of the ‘desk guide’ and support materials used by the call advisors.

Some of these changes have been made as a result of Welsh Government policy changes, but many have been made in an attempt to improve the processes and effectiveness. Some of the changes made have been made to improve use of the resource available, others have been made to speed up processes for service users.

The cell has a named lead for incidents/complaints lead for the cell and receives support from Risk and Information Governance teams. A number of datix incidents have been recorded. Three factors have contributed to these errors and datix incidents. The first that people working in the enclosed settings cell, were now providing functions that are very different from their substantive roles; the second the rapidly changing policy and the third the volume of activity. The majority of datix incidents recorded have been related to errors or delays in sending lists through to health boards for people who needed swabbing or in the provision of test results. These functions have now transferred to Health Boards so there is a reduced risk relating to these issues to the organisation. The Assistant Director of Quality Nursing and Allied Professions is currently leading an investigation into the enclosed settings cell datix incidents. An initial report describing incidents and complaints has been received by the Quality, Safety and Improvement Committee at the May meeting.

An audit of all enclosed settings incidents recorded on Tarian, is currently underway. This work will inform the transition to the next phase, including the closing of incidents that have not had any new cases in the last 28 days.

An evaluation of the work of the enclosed settings cell is also currently underway and is due to be completed at the end of May. The evaluation will consider improvements that could be made to interventions made by the enclosed settings cell as well as factors in the home that may have affected outcomes. The evaluation will also inform the transition to the next phase.

3.6 Risks to Public Health Wales

The current and ongoing risks to Public Health Wales, relate to the delivery of the statutory functions namely:

Risk of harm to older people in care settings arising from a failure to delivery prompt health protection incident response and control measures in line with statutory functions as a result of:
availability of adequately trained staff in sufficient numbers to ensure a prompt response
transition to the next phase is undertaken too rapidly and before the new regional tier of the system is able to appropriately respond

Risk of harm to older people arising from lack of clarity in or misinterpretation of policy communications.

3.7 Transition to next stage response

Public Health Wales is currently developing and implementing the operational response arrangements in relation to next ‘Recovery’ phase.

In implementing the Welsh Government Test, Trace and Protect strategy there has been a need to review the current arrangements for the Enclosed Setting Cell. This is in the context of the development of a 3 Tier system wide response structure, which includes the need for the provision of specialist health protection support at both national and regional level, for all settings including the establishment of a National Contact Centre and a National Health Protection Cell. This forms part of the Public Health Wales Implementation plan.

The Deputy Director of Public Health Services has been requested to support colleagues leading the Enclosed Setting Cell during the transition to the next phase response.

The new arrangements will see a level of general specialist health protection advice continue at national level, through the National Contact Centre. However, contact tracing will shortly be introduced across the population and in relation to other settings also. As such, it is planned that the management of the majority of Care Home incidents will be undertaken at the Regional Tier level, by Health Boards/LAs with specialist health protection support provided to each region through revised arrangements. It is proposed that incident recording and management will continue on Tarian, as LA EHO’s, who provide support and leadership at local level, are already authorised users of the system.

A team from Health Protection and the Enclosed Setting Cell are currently working on a plan for the transition including actions and criteria required for safe handover. Meetings with the 7 Regional leads are planned over the next 2 weeks and safe transition will occur in accordance with the readiness of the developing system. It is important that dedicated support for Enclosed Settings will continue into the next phase response. Each Region will have the opportunity to seek specialist health protection support for more complex settings and incidents e.g. Care Homes, from Public Health Wales. This transition reflects a return to the more usual response to health
protection incidents in such settings (e.g. influenza). In the interim period, the Enclosed Setting Cell will need to be resourced so as to continue to provide the necessary support.

4. Conclusions and Recommendations

This report provides information and an update on the establishment and functioning of the Enclosed Setting Cell, as part of Public Health Wales strategic response to COVID-19. This has involved the mobilisation of staff from across the organisation to provide leadership and delivery of health protection advice to settings, notably Residential Care Homes, supporting cohorts of vulnerable people.

The Enclosed Setting Cell has undertaken a substantial amount of work, at pace, in both providing advice to both individual enclosed settings and to partner organisations. The Cell has needed to evolve, adapt and improve its delivery in accordance with the evolution of evidence, Welsh Government policy and learning. The main challenges have related to the facilitation of functions e.g. testing, normally outside of the remit of Public Health Wales and to the changing policy landscape.

The staff mobilised to support the Enclosed Setting Cell have all worked incredibly hard, in an often difficult and sensitive environment.

Quality and Safety incidents arising from the operation of the Enclosed Setting Cell have been recorded and are being investigated in accordance with agreed procedure.

The learning arising from service delivery and recorded incidents is being captured and will be used, to inform ongoing delivery and the transition to the Public Health Wales response in the next phase.

The Board is asked to:

- **Receive** and **note** the update report in relation to the work of the Enclosed Setting Cell; and
- Receive **assurance** in relation to the ongoing review of the function of the Cell and the proposal for transition in the next phase of the Public Health Wales response.
Appendix 1

Summary of Welsh Government Policy in relation to Testing in Care Homes in Wales.

Introduction

During April and May 2020 there have been a range of policy communications from Welsh Government relating to testing in Care Homes in Wales (Residents and Staff).

Welsh Government Guidance: Testing Process for Care Homes – COVID-19 in Care Homes
states:

‘The Welsh Government national testing plan has two main aims – to reduce the harm caused by coronavirus and to help people and professionals get back to their normal daily lives. We are learning more about coronavirus every day – the evidence is constantly changing and emerging and we keep it under constant review’.

Policy on testing in and relevant to Care Homes has changed incrementally. The following provides an overall summary and detailed description of the main policy communications during April and May 2020. These have been communicated in a variety of written communications including Welsh Government Policy documents, Written Policy statements, Welsh Government Guidance and written letters from the Chief Medical Officer and Deputy Director General, Welsh Government.

Overall Summary

The current policy as of 20 May 2020 can be summarised as to:

- Offer testing for all residents and staff in Care Homes that have not reported an outbreak or any cases of coronavirus in the last 28 days. This will either be through the online Social Care Portal or delivered directly by the health board.
- Offer testing to all staff and residents in care homes where there is a confirmed case of COVID-19 in a care home not previously affected.
- Offering testing to staff and residents in unaffected care homes with more than 50 residents.
- Offering testing for COVID-19 to all asymptomatic and symptomatic residents and staff in care homes that have an on-going outbreak.
Testing should be offered to those residents and staff who have never tested positive for Covid-19.

- Testing residents to ensure they are negative prior to returning from acute care, transferring between homes or coming from the community.
- Care Homes are to contact Health Boards directly to arrange testing and Health Boards are responsible for arranging the testing and reporting the results to Care Homes.
- Health Boards are required to:
  - test all patients 48 hours before planned discharge from hospital
  - test residents prior to inter home transfer and prior to admission from the community.
  - Discharge, transfer or admission will not take place until the result of a COVID-19 test is available and has shown to be negative.
  - Test residents within a Care home within 24 hours of notification of a suspected case
  - Test Care Home workers within 48 hours of being notified of a suspected case
  - Only offer testing to all symptomatic and asymptomatic staff and residents who have never tested positive for COVID-19.

- Further policy guidance is expected in relation to:
  - Offering testing to staff and residents in unaffected care homes with more than 50 residents.
  - Clarifying issues around repeat testing.

Detailed description of policy communications by month:

April 2020

1. 9 April: Letter from Chief Medical Officer and Deputy Director General to Registered Care Home Providers and Responsible Individuals of Care Home Services for Adults and Children in Wales, Health Boards, Local Authorities

   Setting out the support available and including the need to notify PHW and including Version 1 of the Public Health Wales guidance.

2. 18 April: Key (critical) workers testing policy: coronavirus (COVID-19). Published on 18 April. (last updated 5 May)

This policy sets out a needs based approach testing criteria for NHS and non-NHS workers known collectively as “Critical Workers”, and is issued for the benefit of competent authorities, stakeholders and the public.

Health and social care workers were included in the definition of key ‘critical workers’ from the publication date of the policy.

3. 22 April - Letter from Chief Medical Officer and Deputy Director General to Registered Care Home Providers and Responsible Individuals of Care Home Services for Adults and Children in Wales, Health Boards, Local Authorities, WLGA.


The letter highlighted details relating to:

a. New ‘discharge guidance’ and requirements for HBs to provide ‘step down’ facilities for patients testing positive for COVID-19 prior to discharge from hospital

b. Details on testing of patients prior to discharge from hospital or transfer from a care home or new admissions to Care Homes from the community.

c. Patients to have a negative test result prior to returning to a Care Home

d. Agreed discharge pathway for people who test negative prior to discharge from hospital. As testing can never be 100% reliable the national policy of 14 day supported self isolation for each individual will be necessary.

e. Step down facilities for patients with positive test results – patients to be tested again before leaving step down (negative test result required before returning to a Care Home.

f. Confirming the removal of the limit of 15 tests per local authority
4. 24 April: Letter from Chief Medical Officer and Deputy Director General CMO to Health Boards (attached)

The letter highlighted details relating to:

a) Proactive prevent initiative commencing across Wales from April 27th, involving PHW, LA Environmental Health and Social Care teams, HBs and Care Inspectorate Wales to ensure proactive engagement and contact is made with each unaffected home every three days

b) Diagnostic testing now to be offering all possible (symptomatic) cases of Covid-19 in care homes. When notified of a possible case in a care home diagnostic testing should be undertaken within 24 hours. Health Boards and Trusts need to ensure that resources are in place to undertake the sampling within the care home and to work closely with Public Health Wales Health Protection and Diagnostic services to facilitate testing within 24 hours.

c) Health Boards to test all patients 48 hours before planned discharge from hospital

d) Health Boards to test patients prior to transfer from a residential home AND any new admissions from the community (i.e. domiciliary)

e) Discharge, transfer or admission will not take place until the result of a COVID-19 test is available and has shown to be negative.

f) Health Boards to test all social care workers and those in their households with symptoms consistent with COVID-19 within 48 hours

5. 29 April: Guidance - Booking a Coronavirus Test and Referral Process

https://gov.wales/coronavirus-covid-19-testing-process-html (Published 29 April; updated 11 May)

Outlines that referrals for social care workers are coordinated via the Local Authorities or Local Resilience Forums (LRFs). Care homes can refer symptomatic workers for testing as part of the testing process for care homes.
May 2020

6. 2 May: Written Statement - Testing in Care Homes

Statement highlighted:

- At present, the evidence does not support blanket testing – it points to testing people who have symptoms and isolating them until the test results come back.

- In the case of care homes, where a number of older people are living closely together, many of whom will have underlying health conditions, if the results of the tests are positive, we should assume – and take actions – as if everyone in the home has tested positive.

- A new three-stage testing and rapid response package is being introduced to help protect care home residents and staff. This does not rely on testing alone:
  
  a) The eight new mobile testing units, which will be available from May 3, and home testing kits, when they become available, will be focused towards care homes to ensure testing is easily available.

  b) Targeted testing on outbreak hot spots – We will target testing and deploy the mobile units to test all residents in care homes, in cases where an outbreak occurs (and potentially in neighbouring care homes) and repeat testing the following week.

  c) Testing will also be available in the largest care homes (those with more than 50 beds) which are at greater risk of experiencing an outbreak because of their size.

  d) Environmental and hygiene support – we will combine testing people with environmental support when hotspots are identified.

  e) Increased cleaning, providing hand sanitiser and increased infection control measures will accompany the testing regime. Updated guidance to support these environmental measures will be provided to the sector.

The guidance highlighted:

- the evidence does not support the blanket testing of everyone who does not have symptoms.
- However, the latest evidence now shows that we should extend testing in care homes to manage new outbreaks. We should test all staff and residents in those care homes when an outbreak of coronavirus is identified.
- The evidence also suggests there is a greater prevalence of coronavirus in the larger care homes, where there are more people living and working.

And established a new three-stage testing and rapid response package:

- Making it easier to get a test done – The eight new mobile testing units and home testing kits, when they become available, will be focused towards care homes to ensure testing is easily available.
- Targeted testing on outbreak hot spots:
  1. Where a confirmed case of COVID 19 is identified in a previously unaffected care home, all residents and staff will be tested by mobile testing units
  2. For care home outbreaks or incidents that have begun prior to May testing will be offered to new symptomatic residents and staff
  3. The offer of testing will also be available for the largest care homes (those with more than 50 beds) that are at greater risk of experiencing an outbreak because of their size. Health Boards will work with local partners to identify and prioritise these care homes.

- Environmental and hygiene support – We will combine testing people with environmental support when hotspots are identified. Care homes will be supported in delivering increased cleaning and increased infection control measures to accompany the testing regime.
- A new **attached flowchart** explains the testing process for new outbreaks in as yet unaffected care homes. It highlighted the 3
organizations to be notified and illustrates how Health Boards will arrange swabbing and return the results to Care Homes.

8. 7 May: Letter from Chief Medical Officer and Deputy Director General CMO to Health Boards and Directors of Social Services

Requested Health Boards and Directors of Social Services to implement the new Guidance and provided a link to the updated Public Health Wales guidance

- We have now established a new three-stage testing and rapid response package is being introduced to help protect care home residents and staff. This does not rely on testing alone:
  - Making it easier to get a test done – The eight new mobile testing units and home testing kits, when they become available, will be focused towards care homes to ensure testing is easily available.
  - Targeted testing on outbreak hot spots – We will target testing and deploy the mobile units to test all residents in care homes, in cases where an outbreak occurs (and potentially in neighbouring care homes) and repeat testing where necessary. Testing will also be available in the largest care homes (those with more than 50 beds) which are at greater risk of experiencing an outbreak because of their size.
  - Environmental and hygiene support – we will combine testing people with environmental support when hotspots are identified. Care home providers will be supported in delivering increased cleaning, and increased infection control measures to accompany the testing regime.

9. 13 May: Letter from Chief Medical Officer and Deputy Director General CMO to Health Boards

Testing for Covid-19 in care homes that have an ongoing outbreak which commenced before 2 May 2020

The letter outlined:

- Many care homes have ongoing outbreaks of possible or confirmed Covid-19 which commenced before 2 May 2020.
- Due to the considerable increase in testing capacity in recent days all symptomatic and asymptomatic staff and residents in these homes should now be offered testing.
- This offer will be very reassuring for residents, staff and families.
Health Boards were requested to:
- establish single points of communication for your health board to be used by care homes and Public Health Wales (PHW).
- When requesting testing it is important that health boards use the electronic test request form so specimens from care homes can be easily identified.
- Please ensure that your health board advises PHW immediately of any new suspected cases or outbreaks to ensure prompt health protection advice and support.

10. 13 May Letter to Registered Providers and Responsible Individuals of Care Home Services for Adults and Children in Wales

Testing for Covid-19 in care homes that have an ongoing outbreak which commenced before 2 May 2020

The letter outlined the current policy:

Our policy to date has been to:
- Offer testing to all staff and residents in care homes where there is a confirmed case of Covid-19 in a care home not previously affected.
- Offer testing to all new symptomatic residents and staff in a care home outbreak that commenced before May 2020.
- Testing residents to ensure they are negative prior to returning from acute care, transferring between homes or coming from the community.
- Offering testing to staff and residents in unaffected care homes with more than 50 residents.

And confirmed that as our testing capability has increased:
- we are pleased now to offer testing for Covid-19 to all asymptomatic and symptomatic residents and staff in care homes that have an on-going outbreak, which commenced before 2 May 2020.

The letter goes on to explain the process and states:

Q. Which staff and residents will be eligible for testing?
Testing will be offered to all symptomatic and asymptomatic staff and residents who have never tested positive for Covid-19.
11. 16 May Written Statement: COVID-19 Testing in Care Homes
Update

The statement announced ...we will begin to test all care homes and their staff. Specifically:

- In care homes with ongoing incidents / outbreaks prior to May we will offer testing to all residents and staff who have not previously tested positive for Covid-19. This means that any care home that has had a possible or confirmed case of Covid-19 amongst staff or residents within the last 28 days will be eligible for testing of all staff and residents.
- Testing will also be offered to all symptomatic and asymptomatic staff and residents who have never tested positive for Covid-19 even where the home has not reported possible or confirmed cases. Via the UK government portal care homes will be able to bulk order test kits enabling testing to be rolled out to all care homes in a matter of weeks.
- It is also proposed that when available serial antibody testing of care home staff will be undertaken so that we can estimate prevalence over time.

12. 20 May: Letter from Chief Medical Officer and Deputy Director General to Registered Care Home Providers and Responsible Individuals of Care Home Services for Adults and Children in Wales:
‘Care Home Testing Policy in Wales’

The letter outlined the following:
- opportunity to undertake rapid testing for care homes registered for 50 or more beds over the next two weeks and have written to health boards and local authorities to advise them of the actions they should put in place
- The testing of staff and residents in smaller care homes who do not have a Covid-19 infection will be delivered by one of two routes, either directly by the health board or by the new social care portal for self-testing kits mentioned above which goes live shortly.
• We have issued *Interim Care Home Testing Guidance*, which is attached and can be accessed here. [https://gov.wales/testing-process-care-homes-covid-19-html](https://gov.wales/testing-process-care-homes-covid-19-html)
• The guidance will also help health boards and care homes manage Covid-19 PCR positive asymptomatic staff.

13. 20 May: Interim guidance on delivering Covid-19 PCR testing in care homes, the management of residents and staff who test positive for Covid-19 and reporting arrangements

This interim guidance is to aid health boards, care home providers for adults and children, local authorities and others interpret and implement the extended testing policy for care homes in Wales.

Care Homes with new suspected cases of COVID-19
• The first priority remains the rapid response to a care home that reports its first symptomatic case in a resident or staff member.
• Testing of the resident within 24 hours and the staff member within 48 hours.
• If an outbreak is identified early further testing should be offered to residents and staff who initially tested negative after one week.

Care Homes with existing cases / Outbreaks
• Testing in homes with existing outbreaks. Testing should be offered to those residents and staff who have never tested positive for Covid-19.

Care homes that have not reported an outbreak or any cases of coronavirus in the last 28 days
• Will be offered testing for all residents and staff. This will either be through the online Social Care Portal or delivered directly by the health board.

Management of residents and staff who test positive for Covid-19
• All Covid-19 positive residents and staff should be isolated as per the Public Health Wales guidance

Reporting
• Health Boards are requested to provide a daily SitRep on testing in care homes to Care Inspectorate Wales and Public Health Wales

26/05/2020