



Department
of Health &
Social Care

*From Michelle Dyson
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Professor Martin Green OBE
Chief Executive: Care England
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26 March 2021

Dear Professor Green

Thank you for your letters of 3 March 2021 and email of 22 March regarding the Government's updated guidance on restricting staff movement in care homes, and for your offer of continued support and engagement.

Restricting staff movement between care homes and other health and care settings remains critical to minimising the risk of infections and outbreaks in care homes. We consulted on proposals to use regulation to restrict staff movement in November 2020 and were grateful to the sector for the responses we received. As you know, the Government has decided not to proceed with regulation at this time, but did commit to publishing strengthened guidance on staff movement.

The guidance published on 1st March updates previous guidance to the sector on restricting staff movement, notably the Care Home Support Package¹ and the Adult Social Care Winter Plan². The guidance to the sector is based on initial advice from Public Health England, and also notably on research conducted on outbreaks in care homes published in July 2020³. The emerging findings revealed some common factors in care homes with higher levels of infection amongst staff, these included some care home practices such as more frequent use of bank or agency nurses or carers and care homes employing staff who work across multiple sites

Whilst the roll-out of the Covid-19 vaccine across care settings has been successful, it remains too early for us to slow down our critical IPC measures. The Government will continue to review the evidence as the vaccine roll out continues and is pleased to see the

¹ <https://www.gov.uk/government/publications/coronavirus-covid-19-support-for-care-homes/coronavirus-covid-19-care-home-support-package#annex>

² <https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021>

³

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/impactofcoronavirusincarehomesinenglandvivaldi/26mayto19june2020>

first indications beginning to emerge of the impact this may have on reducing infection rates.

The updated guidance makes clear that the routine movement of staff between care homes and other health and social care settings should not be taking place, and providers should be planning their staffing requirements so that routine movement is not necessary to maintain safe staffing levels. The guidance does not preclude the use of agency staff, but providers should take steps to ensure agency and other temporary staff have not been working between settings in the previous 10 days. The guidance applies to the deployment of staff by the care home provider; visiting health and social care professionals such as district nurses and social workers are therefore not included.

The guidance does recognise that in limited exceptional circumstances, in order to meet the needs of people using the service and to keep people safe, providers may need to deploy people who are also working in another health or social care setting. Safe staffing is one of the fundamental standards set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which require that providers deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care needs. Where agency staff with the requisite IPC training are not available, the provider should consider whether this constitutes an exceptional circumstance. Where providers have queries about this, this would be for them to make contact with their local system partners in the first instance to identify possible solutions to staffing capacity issues, or they can contact the CQC with any concerns or questions. The staff movement guidance also provides advice on how to manage the risk of deploying staff moving between settings in exceptional circumstances, including the use of lateral flow testing.

The CQC continues to carry out Infection Prevention and Control inspections in care homes, which includes exploration of testing and staff movement. The CQC has published guidance on how they will inspect on these measures, which can be accessed at <https://www.cqc.org.uk/guidance-providers/residential-adult-social-care/infection-prevention-control-care-homes>. This confirms that that the CQC will look at how staff movement and transmission in and between care homes is being minimised and under the definition of good practice defines: all members of staff work in only one care setting, this includes part-time and agency staff in accordance with guidance – with support from Infection Control Fund if needed.

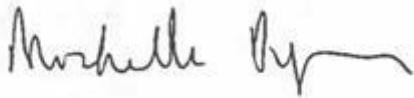
The £120m Workforce Capacity Fund was created to support social care to cope where there was pressing staff shortages due to the pandemic and came on top of the £149 million to support safer testing. The guidance for the fund is clear that a key purpose is to support providers to restrict staff movement between care homes and other care settings in all but exceptional circumstances, due to the critical importance of managing the risk of outbreaks and infection in care homes. Many local authorities passported some of this funding to providers to target staffing shortages rapidly and pay for measures such as overtime, childcare and transport costs.

In addition, on the 18 March the government announced an extra £341 million for adult social care to enable the continuation of rigorous infection prevention control measures and to support rapid testing to keep staff and residents safe in day care, respite care, care homes and other community care settings. The updated guidance for this further continuation of the Infection Control Fund will be issued shortly, but it is anticipated it will

continue to support providers to limit all staff movement between settings unless absolutely necessary, to help reduce the spread of infection, including by compensating staff whose normal hours are reduced due to restrictions on their movement; paying overtime rates for staff to take on additional shifts in order to reduce reliance on agency or other workers who would normally work across; and covering additional costs incurred to ensure employee doesn't work in other settings, such as compensating for lost wages.

To support the wellbeing of social care workers, we have worked alongside the NHS and other organisations to develop a package of emotional, psychological and practical resources for the workforce. This package includes support helplines, guidance, bereavement resources and a bespoke package of support for registered managers.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Michelle Dyson', with a long horizontal flourish extending to the right.

Michelle Dyson
Director General for Adult Social Care