



By email

Alison Mutch, Senior Coroner
c/o [REDACTED]

Our ref: [REDACTED]

26 January 2021

Dear Alison Mutch,

Re: Inquest into the death of Anthony Slack

Thank you for sending the attached report for Public Health England's (PHE) consideration.

Under the Coroners and Justice Act 2009, please find below PHE's response in relation to the investigation of the death of Anthony Slack.

Care homes have been particularly vulnerable to severe outbreaks of COVID-19 during the pandemic, both in the UK and internationally. This reflects the fact that the virus spreads more readily in large residential settings than between households, and COVID-19 causes particularly severe disease with increasing age and in the presence of underlying conditions. Tragically, there have been very large numbers of deaths in care homes during the pandemic. PHE has been working very closely with key stakeholders throughout the pandemic to address a wide range of issues to help reduce the risk of COVID-19 entering care homes, to reduce the risk of transmission when there is an incursion of infection and to improve the health outcomes of those who become infected.

PHE has established a national team to lead the organisational response to COVID-19 in adult social care settings. This team is involved in a number of activities, including:

- Coordination of the PHE response to COVID-19 in adult social care settings, including holding a weekly meeting with Health Protection Teams (HPTs) and key partners from the Department of Health and Social Care (DHSC) to review intelligence, share learning and support policy and public health practice in relation to outbreaks and incidents in care homes
- National surveillance of COVID-19 incidents and outbreaks in care homes
- Regular liaison with DHSC, including a weekly meeting with the Minister for Social Care to take a deep dive into issues relating to care home outbreaks to inform policy making
- Membership of the Scientific Advisory Group for Emergencies (SAGE) Social Care Working Group to review emerging scientific evidence and inform policy development

- Membership of the Social Care Sector COVID-19 Support Taskforce to learn from the first phase of the COVID-19 pandemic and inform advice and recommendations to government and the social care sector. The recommendations from this taskforce informed the development of the government's Adult Social Care Winter Plan 2020-2021
<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>
- Supporting DHSC in the delivery of the Adult Social Care Action Plan and Adult Social Care Winter Plan

Throughout the pandemic, PHE HPTs have been working with local partners, including directors of public health, local authorities and clinical commissioning groups to support individual care homes during the pandemic. This has included providing advice on infection prevention and control measures to prevent incursion of infection into care homes, and supporting care homes in response to outbreaks. Outbreak response has included conducting risk assessments, arranging outbreak testing and advising on additional infection prevention and control measures.

PHE has supported DHSC and NHS England in the development of a number of guidance documents to support the adult social care sector in responding to the pandemic, including guidance on admission and care of residents, discharge of residents from hospital, infection prevention and control, personal protective equipment and visiting.

PHE research teams have conducted a number of research projects, including epidemiological and genomic research, to help understand key issues in relation to the entry and spread of COVID-19 in care homes to inform the public health response.

PHE collates a weekly digest of research evidence in relation to the prevention and control of COVID-19 in home care/care home settings to inform the public health response.

PHE has been heavily involved in the development of the COVID-19 vaccination programme and the prioritisation of vaccination for care home residents and staff.

In respect of personal protective equipment (PPE) where the Regulation 28 Report states:

"Staff were unclear as to the PPE requirements as a result of changes to the guidance that were occurring on a regular basis and it was unclear how changes were being shared with staff and implemented"

In this matter, the national guidance on use of PPE developed rapidly during March and April, as the pandemic was declared and actions taken to respond to it. In those first few weeks, knowledge and understanding across the Health and Care System changed very quickly. In addition, availability of PPE was limited. Changes to guidance on use of PPE reflected the entire system adapting and responding to this complex situation.

Communication of changes to all national guidance, including the use of PPE, was (and continues to be) delivered under the established PHE incident response governance structures, which were activated in March at the outset of the pandemic. Regarding PPE guidance during March and April, partners in Health and Social care across the North West of England received written communication in a timely and proportionate manner via the PHE NW Incident Control Centre (ICC) email cascade on all updates and changes to guidance. This included all NW Directors of Public Health, Directors of Adult Social Care, with an onward cascade via Local Authority routes to Care Homes for which they had responsibility. In addition, PHE NW's ICC communicated directly with local Infection Prevention and Control Teams and North West Association of Directors of Social care (ADASS) to minimise the risk that guidance was missed.

Guidance on the use of PPE has continued to develop in line with increasing scientific knowledge. PHE has worked with stakeholders in the adult social care sector to ensure that developing guidance meets the needs of the sector. As an example, PHE has developed video tutorials on the donning and doffing of PPE, and an illustrated guide to PPE for community and social care settings.

Remaining concerns

It is not appropriate that this response provides detail regarding points in the Regulation 28 Report on the limited details in documentation available at the inquest from the home, the quality of observations and assessment of vulnerability of Mr Slack, the route of transmission of COVID-19 into the home and the delay of the ambulance, as these are outside the remit, control and responsibility of PHE.

PHE understands that the Regulation 28 Report has been sent to the Care Quality Commission, The Vicarage Residential Care Home, NHS England, Greater Manchester Health and social care partnership who will be able to comment on the remaining concerns. Additionally, PHE has shared this report with the DHSC who will provide further comment.

Please do not hesitate to contact PHE should we be of any further assistance in this matter.

Yours sincerely,
FOI Team