

Health and Adult Social Care Overview and Scrutiny Committee Supplementary Agenda No. 2

Notice of a Meeting, to be held as a **Virtual Meeting** in accordance with Regulation 5 of The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020

A meeting of the committee will be held on:

Date: Tuesday, 16 June 2020

Time: 6.30pm

Venue: Virtual Meeting

Membership: Councillors Wildey (Chairman), Purdy (Vice-Chairman), Adeoye, Ahmed, Aldous, Barrett, Bhutia, McDonald, Murray, Paterson, Price, Thompson and Mrs Elizabeth Turpin

Co-opted members without voting rights:

Margaret Cane (Healthwatch Medway CIC Representative) and Shirley Griffiths (Medway Pensioners Forum)

Agenda

- 7 Medway NHS Foundation Trust (MFT) Progress Report and Improvement Priorities – Addendum Report (Pages 3 - 10)**

The attached Addendum Report and report at Appendix 5 informs the Committee that the MFT acute stroke service will be temporarily transferred, as an emergency measure, to Maidstone Hospital and Darent Valley Hospital from early July 2020.

8 Covid-19 Support to Care Homes

**(Pages
11 - 12)**

The attached Appendix 1A is an updated version of Appendix 1A contained in the main meeting agenda (page 149-150).

For further information please contact Jon Pitt, Democratic Services Officer on Telephone: 01634 332715 or Email: democratic.services@medway.gov.uk

Date: 15 June 2020

Information about this virtual meeting

Please note that any member of the press and public may follow proceedings at this 'virtual' meeting via a weblink which will be publicised on the Council's website ahead of the meeting. Please refer to this meeting via the meeting calendar for further details:

<https://democracy.medway.gov.uk/mgCalendarMonthView.aspx?GL=1&bcr=1>

Members of the press and public may tweet, blog etc. during the live broadcast as they would be able to during a regular Committee meeting.



HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

16 JUNE 2020

ADDENDUM REPORT MEDWAY NHS FOUNDATION TRUST (MFT) - ACUTE STROKE SERVICES

Report from: James Devine – Chief Executive, MFT
Wilf Williams – Accountable Officer, Kent and Medway CCG

Author: Jon Pitt, Democratic Services Officer

Summary

The report at Appendix 5 informs the Committee that the MFT acute stroke service will be temporarily transferred, as an emergency measure, to Maidstone Hospital and Darent Valley Hospital from early July 2020.

1. Budget and policy framework
 - 1.1. Medway Council has delegated the function of health scrutiny to the Health and Adult Social Care Overview and Scrutiny Committee and the Children and Young People Overview and Scrutiny Committee. This includes the power to report contested NHS service reconfigurations to the Secretary of State.
2. Background
 - 2.1. Details of the proposals are set out in the attached Appendix 5.
3. Consultation
 - 3.1. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 allow health professionals to make decisions without consulting health scrutiny committees where they determine that a decision has to be taken “without allowing time for consultation because of a risk to the safety or welfare of patients or staff.”
 - 3.2. However, where a consultation was not possible because of a risk to the safety or welfare of patients or staff, and the Committee considers the reasons given for

the lack of consultation were inadequate, this would be grounds for considering referral to the Secretary of State.

4. Risk Management

- 4.1. NHS commissioners and providers have duties in relation to public involvement and consultation and local authority consultation. The South East Clinical Senate published a review of the potential clinical implications for local hospitals not designated as a Hyper Acute Stroke Unit (HASU) in any stroke reconfiguration. The evidence from this review highlighted a number of specific risks to the population of Medway as a result of the decision not to award HASU status to Medway Maritime Hospital.
- 4.2. In relation to the proposal to temporarily transfer, as an emergency measure, acute stroke services from MFT to Maidstone Hospital and Darent Valley Hospital from early July 2020, the move is considered to be necessary on the grounds of patient safety.

5. Financial Implications

- 5.1. There are no financial implications for Medway Council arising directly from the contents of this report.

6. Legal implications

- 6.1. Regulation 23 of the Health and Wellbeing Boards and Health Scrutiny Regulations 2013 states that where the NHS is considering any proposal for a substantial variation in the provision of the health service in the area of the local authority they must consult the authority concerned. The duty to consult can be dispensed with where a decision has to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff. Where an authority is not satisfied that the consultation has not been adequate in relation to the time or content or that the reasons given for not consulting are adequate a referral can be made to the Secretary of State.
- 6.2. The change being made does not represent the implementation of Hyper Acute Stroke Units (HASUs) and is a temporary measure to preserve the quality and safety of patient care. A final conclusion on the development of HASUs is not possible until legal challenges have been concluded and approval given by the Secretary of State. These challenges include the referral to the Secretary of State agreed by this Committee on 12 March 2019, the outcome of which is awaited.

Officer contact

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Appendices

Appendix 5 – Report on Stroke Service Relocation from Medway NHS Foundation Trust

Background papers

None.

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Medway Health and Adult Social Care Overview Scrutiny Committee

Acute Stroke Services

Situation:

The acute stroke service at Medway NHS Foundation Trust (MFT) relies on a team of stroke specialist nurses dedicated to the service from 8am to 8pm seven days per week. By the end of June 2020, the number of specialist stroke nurses at MFT will reduce from an original establishment of six to just one nurse in July. These nurses play a vital role in the thrombolysis service, the capacity of which will be significantly reduced at the end of June 2020.

This matter has been discussed with the Kent and Medway Stroke Programme. At a meeting of the Stroke Clinical Reference Group on 19 May 2020 it was proposed that, because of the likely impact on the quality of the service, the MFT acute stroke service should be temporarily transferred, as an emergency measure, to Maidstone Hospital and Darent Valley Hospital from early July 2020.

This temporary move on the grounds of patient safety does not impact the outstanding Secretary of State referral or the request to appeal the outcome of the Judicial Review. The final solution for acute stroke services in Kent and Medway can only be determined and implemented when the outcome of the challenges are known.

Background:

A review of the provision of acute stroke services in Kent and Medway commenced at the end of 2014 and in February 2019 the Joint Committee of CCGs approved a Decision Making Business Case to support the implementation of three hyper acute and acute stroke units (HASUs) in Ashford, Maidstone and Dartford. This decision was challenged via two Judicial Reviews and a referral to the Secretary of State for Health and Social Care, resulting in a significantly extended HASU implementation timeline from the original date of April 2020 to at least 2021. The Judicial Reviews found in favour of the NHS. Since then two parties have requested the right to appeal, which is with the courts for a decision, and feedback is awaited from the Secretary of State on the outcome of the referral. Therefore, an implementation date for HASUs across Kent and Medway cannot yet be confirmed.

It has been recognised that the loss of key staff from stroke units which will not become HASUs is a significant risk to the services in those units until the point of transfer. In October 2019 Maidstone and Tunbridge Wells NHS Trust (MTW) consolidated its acute stroke services onto the Maidstone Hospital site after difficulty in staffing the unit at Tunbridge Wells Hospital impacted on the ongoing viability of this unit. It is also recognised that uncertainty over the location of acute stroke services for all stroke staff is a risk given that bordering counties have all implemented HASUs. Fragility of acute stroke services and their ability to meet national clinical quality standards related to staffing remains one of the key drivers for change.

Assessment:

A team of six specialist stroke nurses has worked at MFT for many years. The team provides cover for acute stroke patients presenting at MFT between 8am and 8pm seven days per week. Their presence ensures a responsive and focused service for stroke patients, and they play a key role in the planning and delivery of thrombolysis (clot-busting drugs), supported by a stroke physician who makes treatment decisions.

For a variety of reasons, members of the stroke specialist nursing team are leaving MFT. Some of the staff have moved to other parts of the UK for family reasons, while others have accepted posts in other healthcare providers within Kent and Medway. While the uncertainty regarding the future of stroke services within Kent and Medway has not been the primary reason for all of the departures, it has, understandably, played a part in some.

The total number of nurses reduces to three in June 2020. This team will provide a service from 8am to 6pm, seven days per week during this month. Two more staff leave at the end of June, leaving one specialist nurse, a recently recruited Band 6. Recruitment to the other vacancies (temporary and permanent) in the service has been unsuccessful. The uncertainty over the future of the service at Medway has likely played a significant part in this.

The stroke team at Medway has reviewed the stroke pathway to determine if an alternative pathway can be introduced. They developed a suggested pathway which mirrors the pathway currently employed by the Trust overnight when the stroke specialist nurses are not on duty. This pathway would fundamentally rely on prompt intervention from the Emergency Department nursing and medical teams, and from the on call medical registrar who would hold the stroke bleep and be responsible for liaison with the on call stroke consultant in respect of decision making regarding thrombolysis.

This pathway works well overnight because most stroke patients who benefit from thrombolysis present during day time hours (70%) and the ED is often less busy at night. The same approach with higher daytime presentations would be more challenging when the ED and medical take teams are generally busier.

In the absence of specialist stroke nurses during the day, it is expected that MFT's performance in terms of door to needle time will deteriorate, which could mean that a greater number of patients are likely to fall outside the therapeutic window for thrombolysis (of 4½ hours from symptom onset).

This matter was discussed at the Kent and Medway Stroke Clinical Reference Group on 19 May 2020. A range of options for supporting the service were considered, including the internal MFT mitigations already described, and support from other trusts such as staff secondments from other sites. Currently staff numbers at Darent Valley Hospital (DVH) and Maidstone do not support seconding resources to Medway without negatively impacting the acute stroke services on those sites.

During the COVID-19 pandemic MTW cleared capacity on its acute stroke unit at Maidstone Hospital by transferring stable rehabilitation patients to the nearby KIMS Hospital for ongoing management. This means that the site now has the capacity to take on the proportion of Medway patients (approximately 80%) for whom Maidstone is their second closest stroke unit (based on

journey times). Darent Valley has the capacity to support the transfer of activity for the remaining 20% of MFT patients.

Conclusion:

MFT has requested support from the Kent and Medway Stroke Network and, following work with MFT, MTW, DVH and South East Coast Ambulance Service (SECAMB), it has been decided that hyper acute stroke patients currently being seen at MFT should be temporarily conveyed to and treated at Maidstone Hospital and at DVH from the start of July 2020, as soon as robust implementation plans are agreed by all parties.

This does not represent the implementation of HASUs and is a temporary measure to preserve the quality and safety of patient care.

A final conclusion on the development of HASUs is not possible until the legal challenges have been concluded and approval given by the Secretary of State.



Rachel Jones
Executive Director Strategy and Population Health K&M CCG
15th June 2020



James Devine
Chief Executive, Medway NHS Foundation Trust



Dr David Sulch
Medical Director, Medway NHS Foundation Trust

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COVID19 Care Home Support > Implementation Status

Local Authority: Contact name:
 E-mail:
 Total number of CQC registered care homes in your area: Please submit local plans (covering letter and this template) to CareandReform2@communities.gov.uk by 29 May

Complete

** Guideline for the field "Number of Care Homes"*

Number of Care Homes Please enter the number of Care Homes in your local area, where the corresponding action or support is in place

**Please enter the number of registered Care Homes in your local area, where the corresponding action or support is in place*

Key COVID19 Support Actions for Care Homes	*Number of Care Homes <small>(Please see note above)</small>	Would additional support be helpful to progress implementation further? (Yes/No) <i>If Yes, please offer a brief description of the type of support that would be helpful</i>	Please indicate any issues that you would like to highlight (optional)
Focus 1: Infection prevention and control measures			
1.1 Ability to isolate residents within their own care homes	63	No	63 of the 71 homes that have responded indicated they had the ability to isolate residents. All homes are currently being trained on all aspects of Infection Control through the national programme.
1.2 Actions to restrict staff movement between care homes	64	No	64 of the 71 homes that have responded indicated that they have taken action to restrict movement of staff.
1.3 Paying staff full wages while isolating following a positive test	33	No	33 of the 69 homes that have responded indicated that they are paying their self isolating staff a full wage.
Section complete			
Focus 2: Testing			
2.1) Registration on the government's testing portal	54	Yes	Some homes have reported difficulties obtaining access to the portal and have expressed frustration about the arrangements for testing care home staff and residents. 54 of the 71 homes that have responded indicated that they have been able to register on the portal. The Care Home portal currently has limited, prioritised capacity, therefore only some homes are able access it.
2.2) Access to COVID 19 test kits for all residents and asymptomatic staff	34	Yes	Some homes have reported difficulties obtaining access to the portal and have expressed frustration about the arrangements for testing care home staff and residents. 34 of the 70 homes that have responded indicated that they have access to testing for asymptomatic staff and residents.
2.3) Testing of all residents discharged from hospital to care homes	45	No	45 of the 69 homes that have responded indicated that all residents are tested on discharge from hospital to care homes
Section complete			

Focus 3: Personal Protective Equipment (PPE) and Clinical Equipment

3.1) Access to sufficient PPE to meet needs	68	No	A number of homes still regularly report problems accessing PPE through their normal supply chains	68 of the 71 homes that have responded indicated that they have access to sufficient PPE. Homes report the cost of PPE has significantly increased. We have well established processes in place to support homes to access urgent stocks of PPE.
3.2) Access to medical equipment needed for Covid19	49	No		49 of the 71 homes that have responded indicated that they had access to clinical equipment when needed.

Section complete

Focus 4: Workforce support

4.1 Access to training in the use of PPE from clinical or Public Health teams	62	No		62 of the 71 homes that have responded indicated that they have access to training in the use of PPE. A programme of training on infection control, including the use of PPE is currently being rolled out across all homes.
4.2 Access to training on use of key medical equipment needed for COVID19	43	No		43 of the 71 homes that have responded indicated they have access to training on the use of key medical equipment.
4.3 Access to additional capacity including from locally coordinated returning healthcare professionals or volunteers	34	No		34 of the 71 homes that have responded indicated that they have had access to returning healthcare professionals or volunteers

Section complete

Focus 5: Clinical support

5.1) Named Clinical Lead in place for support and guidance	53	No		53 of the 71 homes that have responded indicated that they had a named Clinical Lead in place for support and guidance.
5.2) Access to mutual aid offer (primary and community health support)	63	No		64 of the 71 homes that have responded indicated that they have access to mutual aid (primary and community health support)

Section complete

Version 0.5

Local Authority information	Complete	
	Yes	>> Go to section
Key COVID19 Care Provision Resilience Actions		
Focus 1: Infection prevention and control measures	Yes	>> Go to section
Focus 2: Testing	Yes	>> Go to section
Focus 3: PPE and Equipment supply	Yes	>> Go to section
Focus 4: Workforce support	Yes	>> Go to section
Focus 5: Clinical support	Yes	>> Go to section