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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

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MEDWAY COMMUNITY HEALTHCARE COVID-19 RESPONSE AND SERVICE RECOVERY BRIEFING

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Summary

This report seeks to provide the Committee with an overview of Medway Community Healthcare's (MCH) current position in relation to the management of the COVID-19 pandemic, and current position of community health services provision.

1. Budget and policy framework

1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People Overview and Scrutiny Committee as set out in the Council's Constitution.

2. Background

National Situation and MCH responsiveness

2.1 Along with all NHS organisations, MCH is required to fully retain its Emergency Preparedness, Resilience and Response (EPRR) incident coordination functions given the impact of Wave 2 of the COVID-19 pandemic and anticipated winter pressures. As outlined in MCH's report to the Committee in October 2020, the organisation has maintained a robust incident control centre, and continues to operate a formal governance structure that ensures strategic oversight of our

services to ensure patients can safely access services and our staff are able to work in COVID secure environments.

2.2 The following report provides details of the key organisational and service delivery issues and actions taken to overcome the challenges the organisation faces in managing Wave 2 of the COVID pandemic.

3. Our challenges

Infection Prevention and Control (IPC)

3.1 MCH has a small IPC team that is led by the Director of IPC who ensures that we are compliant with Public Health England (PHE) and other COVID-19 related guidance. This includes the precautions staff take when working with patients or with colleagues; the use of personal protective equipment (PPE); working with our Estates team to secure COVID-19 safe sites; and providing clinical advice for all service areas.

3.2 Each service area has the necessary IPC arrangements in place; community teams continue to see patients at home and in clinic settings. Where we have mixed risk groups, patients are still being triaged before offering appointments. The in-patient units care for both COVID-19 / non COVID-19 patients that are either in single rooms or cohorted in bays / units.

Personal Protective Equipment (PPE)

3.3 MCH's PPE stock is being maintained to ensure we have an adequate supply. We are able to access mutual aid from other local providers as required, but we have not needed to do this due to our strong supply chain and stock management processes.

3.4 All staff continue to have a good understanding of what to use and when, and have access to the IPC team to provide advice and support as required.

3.5 Visitors to our in-patient units continue to be risk assessed prior to entering the site. Visitors are required to wear PPE while on site, unless they are exempt from doing so, where this is the case we consider the risks associated with this visit on a case by case basis.

Workforce

3.6 Given the current government guidelines where staff are able to undertake their role from home they continue to do so, this largely applies to our corporate services staff. This is obviously not possible for the majority of our operation service staff, who work from COVID secure bases and clinical spaces.

3.7 We continue to monitor and assess staff who maybe at increased risk of complications should they contract COVID. We have followed government

guidance by asking all of our clinically extremely vulnerable staff to remain working from home whilst national lockdown arrangements remain in place.

3.8 We regularly risk assess our vulnerable staff, including Black, Asian and Minority Ethnic (BAME) colleagues, pregnant women and other vulnerable groups including those with long term conditions or aged over 70. Where possible we have made adjustments to their working practices or asked them to work from home to ensure their health and safety.

3.9 Staff continue to be motivated and they have coped admirably over the last 9 months, although there are, understandably, some signs of fatigue. We remain concerned about the long-term impact on our staff's mental health and well-being, so have strategies in place to manage and support this.

3.10 Sickness rates remain high at 8.32% (not all Covid related) and have not reduced within the last 4 weeks. At the 16th December 2020, from a total staff of 1550, 74 staff were away from work due to COVID-19 (4.77 % of total staff). This is a marked increase on the 1.97% sickness we reported during September. To mitigate the high absences, we have moved staff to different teams, worked in different ways and strengthen our agency and bank provision.

3.11 Given the challenges faced by the wider health and care system in Medway and Swale due to Wave 2 of COVID, we have provided staff to Medway Foundation Trust (MFT) and in-reached into MFT's services to bolster discharges and support ED.

Lateral Flow Testing

3.12 MCH is currently rolling out lateral flow testing for our patient-facing staff. The lateral flow antigen test detects the presence of the Covid 19 viral antigen from a swab sample that the staff self-administer twice a week. If staff received a positive result from this test they then access a rapid PCR test. This testing will assist us with monitoring our workforce (i.e. identifying those that are asymptomatic); supports outbreak management; and helps to instil confidence in our staff, their families and patients we care for.

4. COVID-19 related deaths

4.1 Since the beginning of March we have had 45 COVID-19 related deaths across our inpatient units. This is an increase of 8 from the number reported to HASC in October.

5. Patient Feedback

5.1 People have remained positive in the changes in services including the phlebotomy appointment system:

5.2 We have also had some lovely compliments through social media about the caring nature of our staff:

5.3 As previously reported the patient complaints process has been refined during the Covid outbreak. New processes are in place to monitor and review individual complaints, and we are making significant progress with clearing the backlog.

6. Service Recovery Programme

6.1 We are now seeing referrals into our services back to pre-Covid levels. Numbers on our waiting lists have continued to grow with the increase in referrals. It should be noted, however, that the numbers waiting beyond 18 weeks is being maintained and managed well. Currently we have 3,401 patients waiting under 18 weeks, with a further and 304 waiting more than 18 weeks. The key areas where there are over 18 weeks are Respiratory (Pulmonary rehab), Community rehab, Diabetes (Education) & Children's Therapy.

7. Supporting our partners to ensure patient flow

7.1 MCH remains committed to supporting partners to manage the demands faced by the system due to Wave 2 of COVID and wider system pressures. We are continuing to support the local health and care economy by responding collaboratively, effectively and flexibly, maximising capacity during periods of high and unusual demand. This includes attending whole system surge planning meetings, ICP planning, MCH EPRR meetings and the wider Kent and Medway EPRR led meetings for all providers, as well as specific community provider-based meetings including the local councils.

7.2 In our report to the Committee in October we highlighted the new services we had put in place including:

- Urgent Response
- Discharge to Assess
- Single point of access
- Harmony House

7.3 We are continuing to develop these services and to introduce new services to prevent admission to and support prompt discharge admissions from Medway NHS Foundation Trust including;

- Enhancing our Urgent Response service, from 14th December by placing a GP into the team to support signposting to community pathways as an alternative to ED;
- Increasing bed provision at Harmony House from 8 beds to 14 with a potential further 2 beds should they be required;
- Increasing therapy provision into our discharge services to enable more prompt assessments in the community;
- Supporting ED by moving staff from MedOCC during peak times
- Reviewed any staff who have previous ITU experience to work alongside MFT colleagues;
- Working with partnership commissioning to review options for having an equipment satellite store on our inpatient site;
- Increasing IT provision to enable further virtual working with undertaking ward rounds to prevent unnecessary footfall around the hospital site;
- Enhancing staffing in our inpatient units and essential services to forward plan for unplanned sickness;
- Establishing the Medway & Swale Covid Virtual Ward;
- Implementing a new Falls/Frailty car in Medway, avoiding 5 admissions a day through Paramedic and OT visit, supported by a wrap-around service and follow up to ensure admission avoidance;
- MedOCC GP accompanying Advanced Care Practitioners on home visits to treat patients at home and avoid admissions;

- MedOCC reopening the SECAmb advice line to respond quickly to requests for support;
- Urgent Response Ops Lead and Clinical Lead for MedOCC assessed patients in ambulances waiting for longer periods to support with referrals into community services as an alternative to acute admissions. Although these were appropriate conveyances the combined impact of paramedic treatment and URS & MedOCC working together enable 15 patients to be discharged and 15 patients from ambulances.

8. Risk management

8.1 There are no specific risk implications for Medway Council arising directly from the contents of this report.

9. Financial implications

9.1 There are no specific risk implications for Medway Council arising directly from the contents of this report.

10. Legal implications

10.1 There are no specific risk implications for Medway Council arising directly from the contents of this report.

11. Recommendation

11.1 Members are asked to note the contents of this report

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Appendices

None

Background papers

None