

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

17 AUGUST 2021

MEDWAY COMMUNITY HEALTHCARE OPERATIONAL PERFORMANCE BRIEFING

Report from: Penny Smith, Director Operations

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Summary

To provide the Committee with an overview of Medway Community Healthcare's (MCH) 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. Executive summary

National Situation and Medway Community Healthcare (MCH) responsiveness

- 2.1.1. Along with all NHS organisations, MCH is required to fully retain their Emergency Preparedness, Resilience and Response (EPRR) incident coordination functions given the COVID-19 pandemic and anticipated winter pressures.
- 2.1.2. MCH has maintained a robust incident control centre and continues to operate a formal governance structure that has strategic oversight and operational

functions to ensure our patients and staff can safely access services and return to work now.

- 2.1.3. The following report provides details of the key organisational and service delivery issues, current situation and actions taken to overcome the challenges.

3. Our challenges

Infection Prevention and Control (IPC) and capacity

- 3.1. MCH continue to follow IPC guidelines and therefore this does reduce our capacity to deliver on pre-covid levels. As such, we do have longer waiting times than desired. We are continuously monitoring the situation and where we can gain extra estate across the system.

Workforce

- 3.2. Workforce remains a focus area for MCH. We currently have the following sickness absences:

As from 22 July 2021:

Total staff numbers: 1574

Total staff away from work due to COVID-19: 16

1.02% of total staff

- 3.3. Our overall sickness absence currently is 6.04%.
- 3.4. Our health and wellbeing groups remain active and are liaising with our teams to see how the organisation can support them. More recently we have produced a brochure outlining all the different support and activities that are available to them, this brochure whilst available on line, was also sent to each individual at home, as we realise that some staff may not access the intranet or have time to read emails. Having the brochure at home allow them to review options available in their own time and space. Some key activities include:

- Staff Pilates
- Yoga
- Managing stress and anxiety
- Heathy eating recipes
- Emotional and mental health
- Working from home exercises
- Financial well being

4. Operational Performance

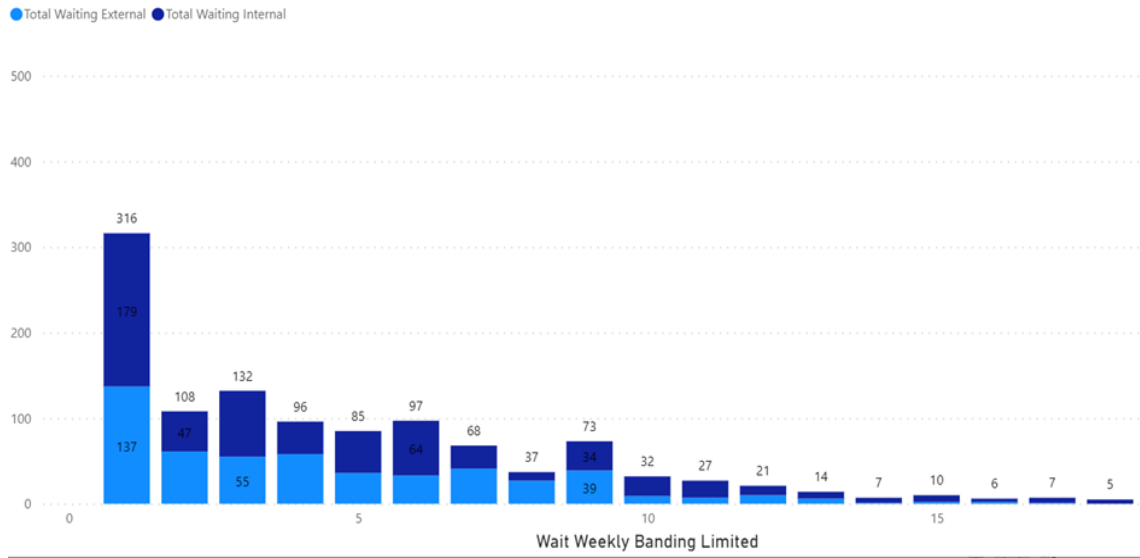
Waiting times

- 4.1. As requested, this report focusses on our waiting times.

4.3. Adult therapies

Musculoskeletal (MSK)

4.3.1. Significant improvement has been made with managing the excessive waits in this service, the waiting list profile can be seen below, we have managed to get the average waiting time down for routine appointments to 9 weeks.



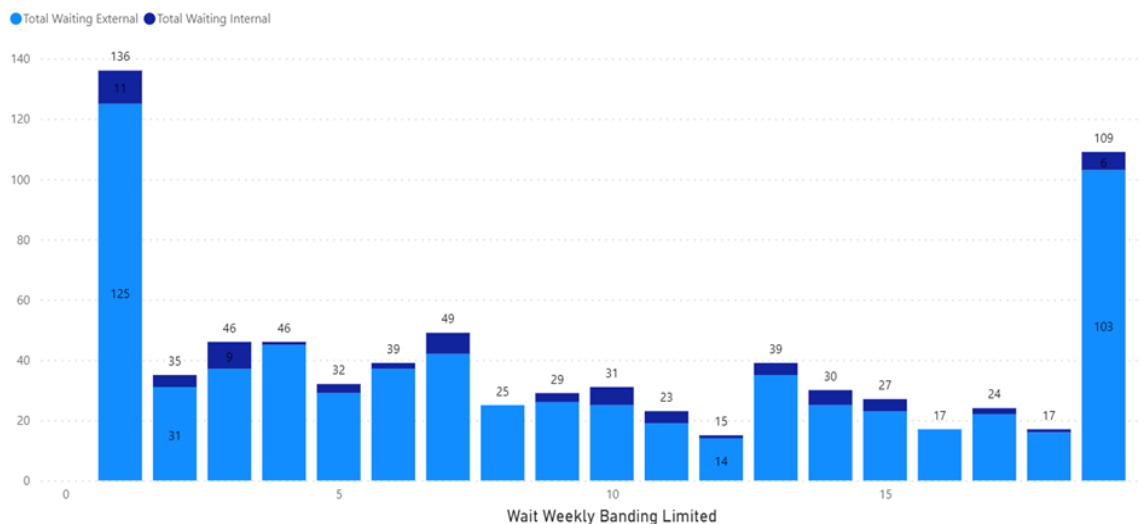
Clinical Assessment Service (CAS)

4.3.2. The CAS service have worked extremely hard to bring the service waits back to pre-covid levels, the team are now averaging 7-8 average waits.



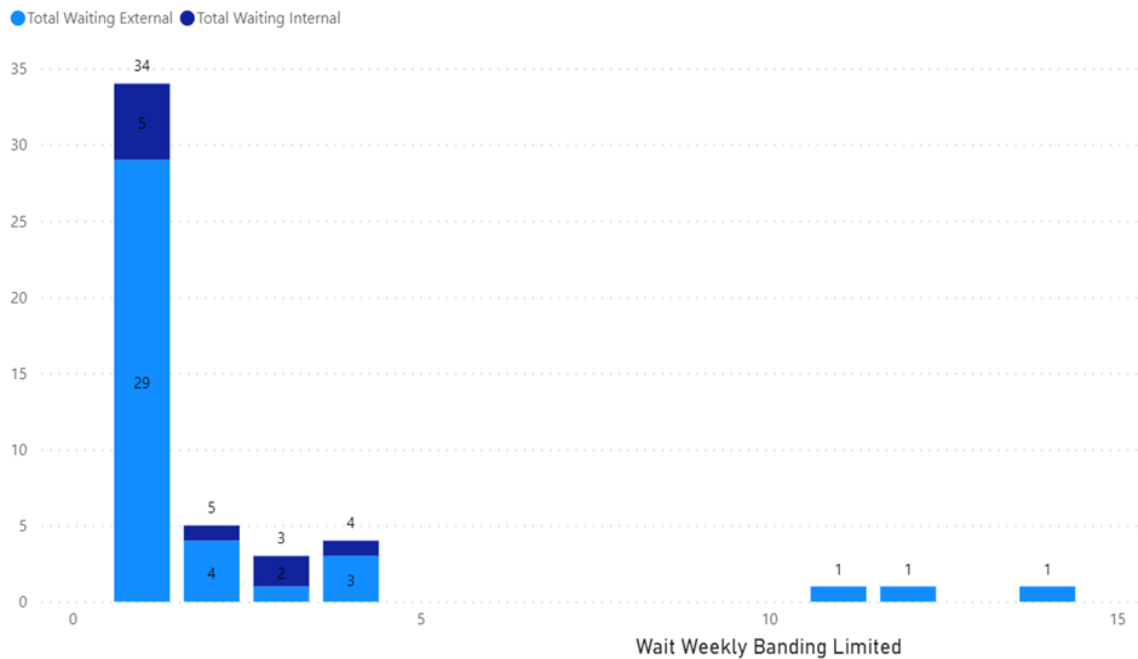
Adult Nutrition and Dietetics (N&D)

- 4.3.3. Referrals for Nutrition and Dietetics are approximately 30% over plan and activity is 35% under plan due to staff vacancies, sick leave and maternity leave. The team are in the process of clinically validating the waiting list in order to identify those patients who are at highest risk of harm if assessment and treatment/advice is not provided within appropriate timeframes. However, all new referrals are triaged at the point of receipt and transferred to the urgent or routine waiting lists.
- 4.3.4. Adverts are currently in place for the vacant posts, and we have also been attempting to obtain locum hours. We have offered overtime to staff and have also approached Kent Community Health NHS Foundation Trust (KCHFT) to ask if they have any N&D staff who might wish to work additional hours. However, no additional staffing has been made available. We understand that access to clinical staff within this speciality is an issue effecting the UK as a whole. There has also been a recent conversation with the Head of Therapies at Medway Foundation Trust (MFT) to ask their staff to carefully consider their referrals to the MCH team as many patients do not need N&D input once they are discharged home and able to enjoy home cooking. We continue to see a high and increasing number of referrals from MFT for patients who require minimal if any input from a community perspective. This has resulted in a direct impact on the total caseload and the requirement to ensure the most vulnerable patients in the community are receiving timely support and assessment.
- 4.3.5. A communication including advice has been shared with primary care colleagues to request their support in managing patient's nutritional needs before considering a referral to the N&D service.



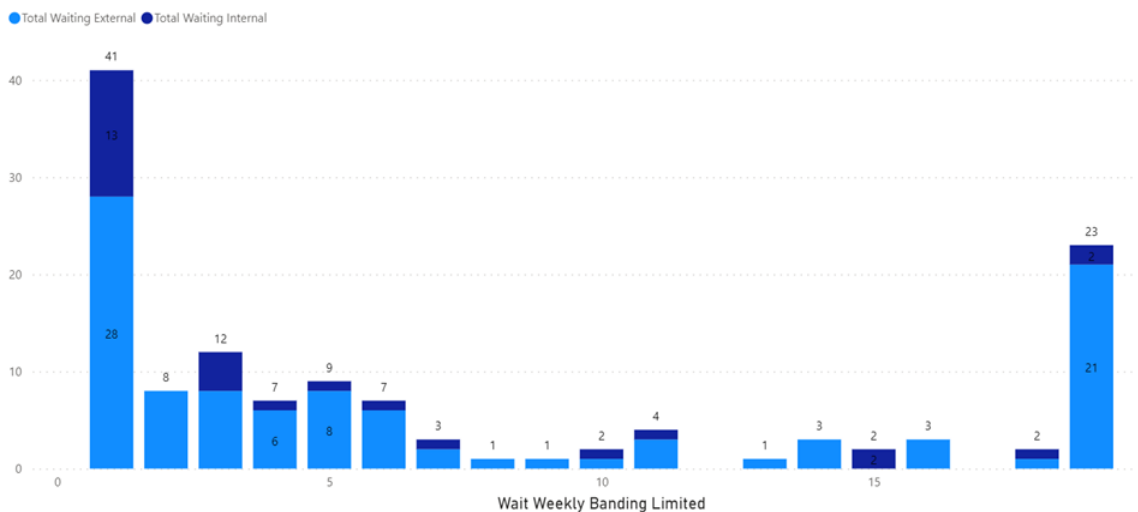
Adult Speech & Language

4.3.6. The team have now eliminated their backlog and are delivering the service in a timely manner. The team are currently validating the 3 outliers in weeks exceeding 11 weeks.



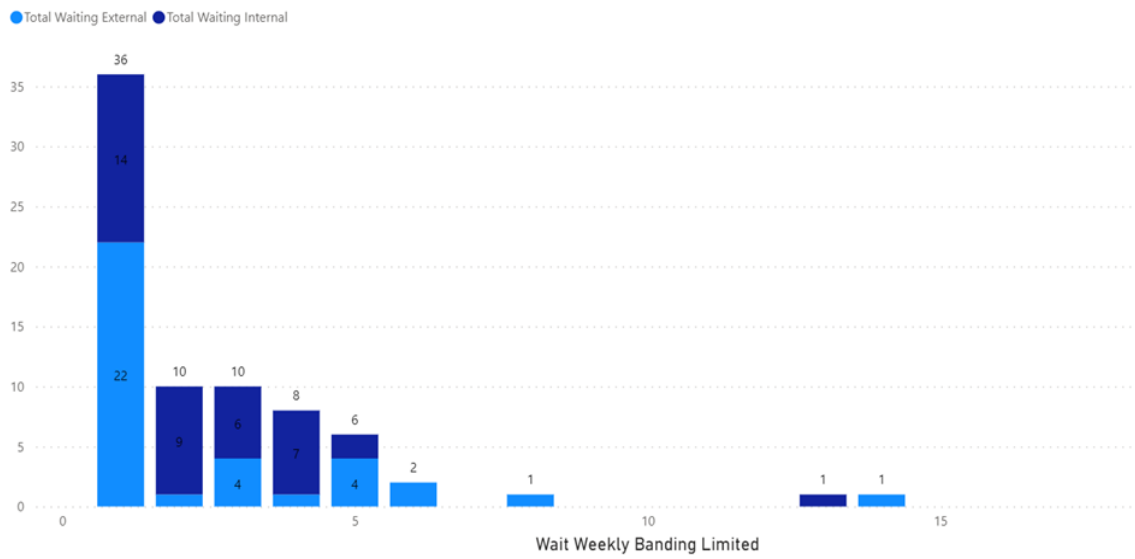
Diabetes (clinics and education)

4.3.7. Diabetes longer waits are for patient education where the group sessions were paused under IPC guidance and social distancing. Work is underway to review smaller group and virtual sessions over the coming months.



Hand Therapy

4.3.8. The team have reduced their backlog and now have 15 patients waiting over 5 weeks, the team are prioritising these patients and all have been or will be offered dates, some waits are down to patient choice.



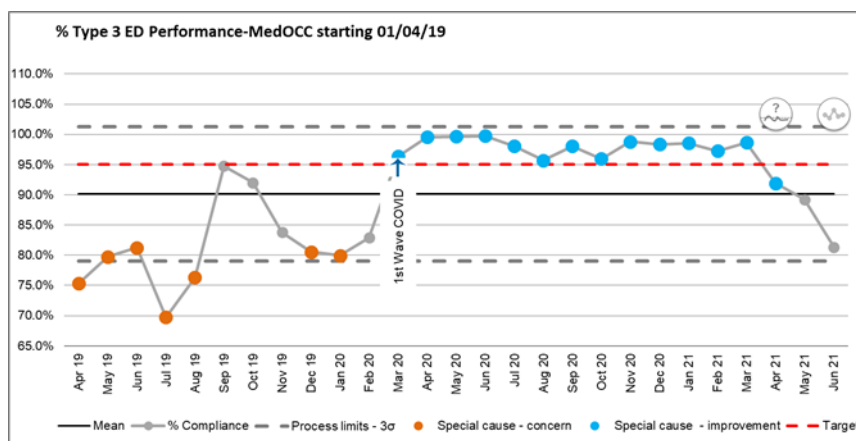
MedOCC

4.3.9. MedOCC has unfortunately not been able to maintain their almost perfect above 95% achievement of the 4 hour wait target. However, this is recognised by the Clinical Commissioning Group (CCG) and MFT as it is a pattern across Kent and Medway. There is a significant growth in primary care dispositions arriving at MFT Emergency Department, work is underway across Kent and Medway to understand the root cause of this significant growth. Findings so far appear to have uncovered:

- Patients being discharged without 2 weeks of medication causing patients requesting primary care appointments.
- Secondary care clinicians referring back to GP to see whether appointments are still required.
- Patients seeking appointments to ascertain where they are on their elective pathway.
- Patients attending walking service as guaranteed a face to face appointment at the Urgent Treatment Centre (UTC).

4.3.10. These findings are preventing those patients who need a primary care appointment a delay hence the soft intelligence that they are arriving at EDs across Kent & Medway, the CCG have a workstream underway to look into this further and by locality.

4.3.11. In addition to these findings, a large number of patients who have breached the 4 hour target in MedOCC took over 35 minutes to arrive in the department, and many experience a further lengthy period whilst waiting to be accepted by the appropriate speciality in MFT. Those requiring speciality input post MedOCC consultation account for 20% of patients seen and the remaining 80% are treated and discharged back to primary care.



Urgent Response

4.3.12. MCH are working with CCG colleagues to enable this temporary service to be commissioned as a substantive service. The table below demonstrates the services outcomes over the last few months:

	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Total Referrals	249	338	492	463	349	360	336	350	392
Referrals SECAmb	38	68	160	116	75	74	79	101	75
Referrals GP	43	66	80	83	60	88	75	74	84
Referrals referred on for Therapy	54	67	85	82	84	106	84	29	52
Admission Avoidance	79	84	265	209	201	226	207	257	265
Admitted	20	19	31	25	19	14	26	16	12

4.3.13. As you will see the service has been successful in preventing over 200 admissions per month since December through to June.

Integrated Discharge team (Intermediate Care)

4.3.14. Flow and discharge remain a challenge for our system and MFT especially for patients who require packages of care on discharge. This is caused by increased demand and poor provider capacity, this is a known issue across Kent and Medway. In an attempt to mitigate we are sourcing new care providers and working with Council colleagues to ensure system pressures are reduced where possible.

Joint Falls Response unit

4.3.15. This successful pilot continues to operate and we are on our way to formalising this partnership service. The latest performance data shows an increase from 50% 999 fall calls seen and treated at home to 70%. A full

business case has been submitted to the CCG to enable this pilot to be a substantive service.

Children's services

4.3.16. The Covid backlog for Paediatrician appointments has been cleared and all operating within the 18 week target. The paediatric challenges remain with Speech and language therapy whereby owing to the IPC regime there is reduced capacity and currently there are a number of vacancies in this service. MCH are working with the CCG to source additional clinic space to help alleviate this pressure. Recruitment for Speech and Language therapy is a continuing problem despite numerous advertising to fill vacancies, agencies have been canvassed, unfortunately this has been unsuccessful and the team are looking at skill mix to see what can be done in addition to help reduce the waiting time. The team have in anticipation of gaining additional rooms have rostered existing team members to undertake additional clinics as overtime to bring the waits down.

4.3.17. Diagnostics continue to remain under 18 week's and a full programme of training to all Medway schools is due to be rolled out in the new academic year which will help schools to manage behavioural difficulties. We have seen an increase in school nurse referrals since the return of children to schools this has increased from 100 per month to 180. We are managing this through the training as described above and supporting schools with 6 weekly drop in clinics.

Community Nursing

4.3.18. Workforce remains the primary risk in line with the National picture due to the lack of qualified nurses in the system. The transformation programme of the service into neighbourhood nursing teams has continued throughout the pandemic. It is evidenced both internationally and locally what we are seeing supports the model for improving continuity of care for our patient/families and for our staff. It enables our staff by providing them with a model that enables them to practice as they have been trained to do, increasing autonomy and improving staff morale. The Strood team in August has completed its transformation with 5 teams now live, Rainham has 3 teams and a 4th to go live in September.

4.3.19. The close working of Community Nursing and Tissue Viability and Wound services has enabled a major redesign to move clinic leg ulcer patients under the care of this service, which is improving patient outcomes and moving patients from requiring domiciliary care.

4.3.20. We are still on a journey in rolling out the model across the service which includes more integrated and joint working with our long-term condition teams and piloting some innovative practice with our diabetes team to improve management of some of our long term patients on Insulin and improved training and upskilling of our community nurses. Staff recruitment currently remains positive with more staff joining than leaving, this month we have recruited an

additional 6 staff. Retention rates have improved and the feedback from the revised more robust 12-week induction program to support new staff has been very positive.

5. Patient Feedback

- 5.1 We have also had some lovely compliments about the caring nature of our staff, some examples can be seen below:

To the entire Physio team

- 5.1.1. Thank you all so much for everything you have done for me over the past 6 weeks! You have been so patient and compassionate over the course of this placement and the knowledge I am taking away will be invaluable to my career as a Physio. You have all been so supportive in my development as a clinician and I feel incredibly fortunate to have had the opportunity of education here at MCH House. I think that you are all absolutely amazing clinicians, but combined you make the most fantastic team. I truly am sad to be leaving but I don't think I will be forgetting my time with you all anytime soon! I cannot put into words how grateful I am. Thank you all so much, M

Podiatry

- 5.1.2. We are delighted to receive this week £600 from P, age 7, from running a marathon (26 Miles) throughout the month of January. P was inspired with all the fundraising events taking place during lockdown and wanted to raise money for Snapdragons as he always feels safe when he comes for his appointments. P was a toe walker treated by serial casting and exercises last year. It was a really good example of child centered approach taking a holistic view, with podiatry, physiotherapy and his mum doing their best to provide the most appropriate treatment. His mum worked hard to help us achieve positive outcomes and I feel that they were really the true heroes. Something magical happens when you manage to establish a good rapport with a family and work towards a common goal – helping each child to reach their full potential.

MCH services

- 5.1.3. Care provided by our respiratory team, NN Rainham 2, continence and Tissue viability along with other MCH services.
- 5.1.4. My mother was under the care of your organisation following a period in hospital, sadly she passed away in hospital on 11 May, but I just wanted to pass my thanks on the teams (both those we met and those behind the scenes) who carried for her in the last few months of her life.
- 5.1.5. Everyone we dealt with was professional, courteous and often made us smile and laugh in extremely challenging circumstances, so I wanted to send my heartfelt thanks to everyone we dealt with from MCH.

Dental

- 5.1.6. I would like to provide a compliment to Sarah Davies Senior Dental Officer with regards to my Granddaughter E.
- 5.1.7. E has been placed in my care under an interim care order for neglect. As a result of this neglect E had severe dental problems which required meant that she needed 4 teeth removed due to decay. E is just 5 years old. This issue has been ongoing for some time, but since moving to my care i was able to move her treatment forward. The dental officer that E has been under is Maria who has also been amazing from start to finish, as E had never been to a dentist before, Maria quickly gained E trust which allowed her to give the treatment so very much needed.
- 5.1.8. Unfortunately, Maria was on extended leave when E's surgery was scheduled, therefore Sarah Davies kindly agreed to operate on behalf of Maria. The required consent forms needed to be signed by the birth mother, which could have proved difficult and caused an additional delay. Sarah worked with the Social Worker and visited the birth mother at her home to get the required consent. Without Sarah taking time out of her day, E's pain and discomfort would no doubt have been delayed. This really was an exceptional example of going above and beyond for her patient not to mention a brilliant example of multi organisational working too.
- 5.1.9. I would like to express my sincere thanks and gratitude to both Maria and Sarah in going above and beyond to ensure that E received the treatment needed. E is no longer in excruciating pain anymore. Thanks to them both the joint approach finally got E treated under very difficult circumstances.
Many Thanks

6. Supporting our partners to ensure patient flow

- 6.1. MCH are signed up to the principle of partnership working and collaboration to support whole system solutions to surge and escalation. Our organisation contributes to supporting the local health and care economy by responding collaboratively, effectively and flexibly, maximising capacity during periods of high and unusual demand. This will include attendance at Medway and Swale 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. Recommendation

- 7.1. Members are asked to note the report and provide any feedback regarding MCH services.

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Appendices:

None

Background papers:

None