

**REPORT TO WEST SUFFOLK OVERVIEW AND SCRUTINY  
HEALTH SCRUTINY 14 OCTOBER 2020**

**Focus of Meeting:**

- Winter Planning 2020-2021.
- West Suffolk Foundation Trust – Future System Programme.

You have already received the pre-meeting data pack which provides information on the issues being discussed.

**Winter Planning 2020-2021**

In line with all winters, Hospitals plan for an upsurge in patients and greater staff sickness. Covid has added a new dimension to this. This has meant greater resilience planning and the items, which have been implemented, were discussed

Primary, Social Care and Care Home Planning was discussed, and the outcomes are noted below.

The highlights included:

- Staff upskilling is continuing which will not only benefit the individual through extended skills but will support staff flexibly across the system.
- Increase in staffing resource – recruitment and retention. There has been a 4% increase in applications for vacancies and a 7% increase in staff recruitment this year. There has also been an increase in the number of students signing up for Nurse Training which will support the Business Continuity plans.
- Limited the use of Agency staff amid concerns that they may be multi-agency working and pose greater risks to patients. They are also very expensive compared to recruited and Bank Staff.
- Increase in the Bank staff – these are directly attached to the hospital and do not have fixed contracts but are drawn upon as the need arises. It gives the hospital greater control over their movements to reduce the risk of infection spread.
- All Staff are required to have Track and Trace in place.
- Staff movement is monitored and managed.
- Personal Protective Equipment – the hospital has a contingency amount of 4-months rolling stock.
- Infection control measures continuously reviewed.

- Capacity is maintained by reducing the elective work which is recognised to be unhelpful to patients waiting for interventions.
- The National Agreement with Private Hospitals remains in place until end December and it is hoped that this will be extended to the end of March.
- Private hospitals have been used for elective and planned care, including cancer screening and endoscopy. The BMI Nuffield has been performing cancer treatment, endoscopy, and orthopaedic operations for the NHS under the Agreement.
- Supporting the workforce specifically covering areas of resilience and mental wellbeing, exhaustion, sickness and anxiety.
- Step down services moving patients through recovery to other services freeing up beds for acute use.
- Admission prevention service REACT.
- Primary Care – Flu campaign. Co-operative arrangement with Pharmacies to deliver initial to 65+ and patients at high risk. Once that cohort has been delivered the focus will be on 50-64 year olds – dependent on sufficient vaccine being available. Patients 50-64 being asked not to contact for an appointment for flu until later in the season. The current campaign is 2-3 weeks ahead of the normal schedule and many more residents are opting to take up the vaccine this year.
- Pharmacies are facing increased workload and fatigue. Many patients who used to collect their own medication requested a home delivery – for which no funding is provided. This has been expensive and labour intensive for the Pharmacies. Patients now returning to work is causing a problem with safe delivery of the medications and they are being asked to return to collecting their own – they are reluctant to do this which is causing problems. Pharmacies tend to have low staffing levels and work capacity is easily destabilised.
- During lock-down volunteers were supporting pharmacies with the delivery of medications and this may need to continue during the winter.
- During the current Covid outbreak, no pharmacies in Suffolk had to close due to infection.
- Medication for End of Life (EOL) care is being supported via pharmacies to facilitate EOL at home.
- Out of Hours and GP Streaming is back up and running (in a Covid Safe way) – triaging and remote assessing where possible.
- Cervical screening has now caught up to pre-Covid levels.
- Brexit concerns – there is a 4-month contingency of medications.

- Concern was expressed by the use of Do Not Resuscitate Orders at a time when patients were most vulnerable. There was confusion over what this actually meant and a better method of communication (to patients/families/carers) will be considered.
- Continued use of Hot and Cold sites for Covid patients to reduce cross-contamination and risk.
- Adult and Social Care Recruitment continues to be a problem and it was noted that it is very difficult to recruit into this sector. The fear of Covid has exacerbated this.
- Recruitment and retention of carers – also a major source of concern. Lack of a defined Career Pathway, low pay and work methodology all play a part in creating this problem.
- Visitors to patients continues to cause stress to all parties but the risk of cross infection means it is unlikely that this will be relaxed in the present climate.
- Care homes are now at major risk of funding shortfall as many self-funders are choosing to remain at home or with relatives. Some patients have even been removed from care homes for fear of Covid.
- Patients being taken back home is placing a great burden on Community Nursing Staff.
- The use of volunteers for patient care was discussed but the Care Quality Commission Guidance requires care helpers to have training. Thus, this tends to limit Volunteers to shopping and doing welfare checks.
- Home but not Alone is not currently active but is at “stand-by” if needed. Many volunteers were not allocated a role in the recent outbreak and as above cannot be used for medical care.

### **West Suffolk Hospital – Future System Programme**

West Suffolk Hospital and the James Paget are two of the hospitals which are scheduled for replacement under the Governments new build programme.

By December 2020 the outline Business Case for WSH is to be put before the Department of Health and a determination of the site for this new hospital will be proposed shortly. There is currently a short list of 5 sites of which 3 are realistic possibilities. It was also said that the new Hospital could be built on the existing site, but the challenges of that would be onerous and the idea is questionable.

The programme for this new build will be a co-production with all parties with a vested interest having the opportunity to input into the planning phase. Some of the detailed planning has commenced with the Endoscopy Services being scrutinised.

The Committee was informed that the average reading age across the UK is 9 in adults and also that many do not have English as a first language. This will be an important consideration for communications.

The Hospital is engaging 3 Lay Leaders to support children, mid-age adults and older adults – the mid and old age will not be determined solely by the age of the patient.

The discussion touched on outreach services, transportable outreach services; rurality and the need to ensure that the Mental Health Services, currently located on the site, are integrated into the plans.

The Committee expressed the need to ensure the new hospital was future proof (no years were applied at this point). The Project Manager informed that the build programme will be consistent across all 40 hospitals using a modular format – yet to be determined.

Health Scrutiny recommended that they have a Task and Finish Group, and this was welcomed by the Project Manager. I have asked to be part of this Group.

Other matters raised:

- EZEC, Patient Transport Services is reported to be working well but it was noted that they are currently working at below normal capacity, as patient numbers are down, and concern was expressed over how they might perform under pressure. Clinical Commissioning Group (CCG) sought to reassure the Committee that this has been identified and that there are plans in place to increase capacity in line with needs. Health Scrutiny has asked for an updated report for the next meeting.
- Concern was expressed that patients who are still very sick are being transferred back into Care Homes.
- The use of the Voluntary Sector was discussed, and it was felt that there was a great deal of unused capacity. CCG informed that this was under review subject to guidance.
- Concern was expressed that patients' medical information delays from secondary services to Primary Care continued to be fragmented and delayed which meant their records were not up to date.
- Reassurance was sought that all "at risk" patients were up to date with pneumonia vaccinations.
- The Committee requested a review of the work of Allied Physiotherapy throughout Suffolk.
- The Committee was reassured that Cancer Services had been maintained during Covid.
- The Business Case for Think 111 First is due to be published late October 2020 and Health Scrutiny has requested sight of this.

Councillor Margaret Marks  
19 October 2020