

Covid-19

Report for Cheshire East Council Overview and
Scrutiny Committee

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Purpose of Presentation

An overview of initial response to Covid-19 and ongoing recovery by giving assurance that;

- the NHS is responding appropriately to Covid-19 related guidance, requirements and processes set out from NHS England and Improvement. (NHSE&I)
- the services and provisions that have been put in place in Cheshire have been effectively managed to respond to the COVID-19 national emergency.
- is working in partnership with the Local Authority and wider system partners on recovery and reset from Covid-19.

Overview of Response

- The NHS has been in a national command and control structure since the declaration of a major incident in March 2020.
- Organisations implemented their EPRR processes successfully.
- NHSE through the North West office has established two core cells – Hospital and Out of Hospital for Cheshire and Merseyside. East Cheshire Trust has linked to the Greater Manchester Hospital Cell and Cheshire & Merseyside for Out of Hospital.
- Gold Command structures across the systems to harness mutual support and gain consistency of approach.
- The Local Resilience Forum is the lead multi-agency forum for managing the response to COVID-19 across the area, and the route for escalation of issues and challenges.
- Current Position - Still command and control despite national alert level being reduced to 3.

Key Areas of NHS Focus Since March 2020



Cheshire

Clinical Commissioning Group

Clinical

- Focus on increased critical care capacity and acute bed availability. At peak – most critical care units at least doubled in size supported by clinicians from other specialties.
- Emergency surgery and urgent cancer patients continued to be treated and prioritised in order to ensure only most necessary come in to hospitals during peak.
- Cessation of routine elective activity.
- Virtual consultations/appointments provided where possible.
- Primary Care total triage models put in place.
- Consequence on births and neo-natal care at East Cheshire Trust.
- Mental Health 24/7 phone line in place.
- Improved Delayed Transfer of Care (DToC) position.
- Use of private Sector and Nightingale, cancer and life saving activity maintained.
- Support to Care Home residents and people assessed as vulnerable through the “Shielding Process”
- Importance of maintaining safeguarding processes during lockdown.

Key Areas of NHS Focus Since March 2020

Workforce

- Staff absence in the first few weeks as testing processes developed.
- Further Covid Antibody testing has been undertaken for key health and care staff.
- Enhanced payments to those staff able to work additional hours.
- PPE concerns – improved over time within NHS but clearly issues for partners as well.
- Infection Prevention and Control Guidance critical to the safety of patients and staff.
- BAME risk assessments.
- Staff redeployed to different areas where needed.

Key Areas of NHS Focus Since March 2020

Finance

- Block contracts in place until October.
- Costs of Covid collated and reported to NHSE&I by all organisations.
- Capital bids made for Covid requirements – outcome awaited
- (for example, second CT scanner at ECT has been funded £400k)
- (for example, community bed support for increasing pressures on hospital system (Seacole beds)).

Estates

- Covid positive and negative areas developed in Hospitals.
- Reconfigured estates in Primary Care to ensure Personal Protective Equipment (PPE) and infection control procedures are followed to undertake face to face assessment.
- Significant capital restructuring needed going forward.
- Capital bids have been submitted to provide additional capacity in hospitals that can be separate from Covid Areas and we are awaiting confirmation of successful bids.

Recovery

- Phase 1 – response - completed
- Phase 2 – recovery - planning to end June/ July
- Phase 3 – recovery - planning through Winter to end 2020/21
- Phase 4 – recovery - planning for 2021/ 23/ 25 ...

Recovery Considerations

Clinical, Workforce, Finance, Estates



Cheshire

Clinical Commissioning Group

- Restarting elective activity now – limited and patients need to self isolate to ensure no nosocomial transfer of infection.
- Cancer surgery and Diagnostic tests are a key constraint and the Hospital Cell for C&M and GM have modelled the requirements. This will be about providers working together to ensure equitable access across systems.
- Major challenge is now running a dual system of covid + care and routine clean elective work. Not enough capacity in NHS to do this and A&E returning to previous levels of demand
- GP referrals could continue to remain low .
- Infection Prevention and Control guidance will mean significant reduction in productivity. (e.g. Endoscopy c.50%)
- The risk of escalating waiting times.
- More virtual appointments to be provided.

Recovery Considerations (continued)

Clinical, Workforce, Finance, Estates

- Working as a system to get equality of access.
- Managing the risk of a second surge with our staff, financial and estates resources.
- Hospital and Out of Hospital Plans being developed for imminent submission
- Continued BAME assessments for staff.
- Ensuring community bed support for increasing pressures on hospital system (Seacole beds).
- Working together across wider systems to ensure equity of access (e.g. single Cancer waiting list across Cheshire & Merseyside).
- Focus on new ways of working to combat physical capacity and social distancing constraints e.g. video-consultations and other IT solutions.
- Continuing to work on NHS planning process for July/August to restore the NHS system with plans at a site and local system level.
- Bringing this together across Cheshire into a single plan for recovery ensuring mutual aid and equitable access.

Summary & Key Challenges

- NHS EPPR plans were tested and were effective in working with national requirements.
- Organisations worked well together including partners outside of Cheshire East.
- Staff across organisations worked brilliantly in unprecedented situation to maintain urgent care for the patients who needed it.
- Recovery underway however there will be significant implications for some time as the “new normal” is established.
- Working on the basis that the major incident status will be in place until at least March 2021.
- Concern about meeting MH demands and late presentation of illness given the reluctance of patients to access services during recent months.
- Recovery underway however there will be significant implications for some time as the “new normal” is established.
- Financial Recovery from the impacts of Covid-19 for NHS and Local Authority Partners.