

Report to:

**ADULT SOCIAL CARE AND HEALTH SCRUTINY
COMMITTEE**

Relevant Officer:

Dr Neil Hartley-Smith, Roy Fisher, Beth Goodman, Kevin McGee and Peter Murphy

Date of Meeting:

17 March 2021

HEALTH SYSTEM: COVID-19 UPDATE AND IMPACTS

1.0 Purpose of the report:

- 1.1 To apprise members of the current position with the Covid-19 pandemic and associated impacts.

2.0 Recommendation(s):

- 2.1 The committee is asked to note this update.

3.0 Reasons for recommendation(s):

- 3.1 To ensure that the committee is apprised of developments, progress and future plans.

- 3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

- 3.3 Is the recommendation in accordance with the Council's approved budget? Yes

4.0 Other alternative options to be considered:

- 4.1 None.

5.0 Council priority:

- 5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 Covid-19 Vaccine Rollout

Vaccination of residents continues at pace across Lancashire and South Cumbria.

There are currently eight Primary Care Network (PCN) sites in operation across Blackpool, Fylde and Wyre; in addition to the Mass Vaccination Site at the Winter Gardens and the Staff Vaccination Centre at Blackpool Victoria Hospital.

Based on most recent data published by NHS Statistics, across the Fylde Coast 123,554 residents had received a first dose (up to and including 21 February 2021). Over 90% of over 65-year olds in both Blackpool and Fylde and Wyre CCGs have now received their first vaccination.

CCG of residence	1 st Dose		% of 65+ Pop	2 nd Dose		% of 65+ Pop	Total Vaccinations
	Under 65	65+		Under 65	65+		
Blackpool CCG	19,291	26,790	94.0%	337	812	2.8%	47,230
Fylde & Wyre CCG	24,370	50,127	93.2%	345	1,482	2.8%	76,324
Total	43,661	76,917	93.5%	682	2,294	2.8%	123,554

Source: National Immunisation Management Service (NIMS) database.

The current vaccination total (as at 23/02/21) for Lancashire and South Cumbria was **514,414**, with the following vaccine totals administered at the respective centres:

- Hospital Hubs: 74,098
- Local Vaccination Centres (PCNs): 392,824
- Vaccination Centres (e.g. Winter Gardens): 47,492

Blackpool Teaching Hospital Staff

Out of 7,167 substantive staff on roll at Blackpool Teaching Hospitals, 4,576 (63.8%) have received a first vaccination.

However, only 440 staff (43%) who have stated as from BAME background have received a vaccination.

Care Homes

100% of Fylde Coast care homes for the elderly on the Fylde Coast have had an initial vaccination visit. In Fylde and Wyre care homes, the staff vaccination total was 1,324 (81.4%) and the resident vaccination total was 1,178 (95.6%) as at 25 February 2021. The Blackpool Care home data was not readily available when this report was created.

ICP/MCP	Numbers of care homes	Covid-19 Confirmed staff numbers
Pennine East Lancs	166	Vaccination rate 67%
Central Lancs	115	Vaccination rate 65%
Fylde Coast	148	Vaccination rate 73%
The Bay and Partners	106	Vaccination rate 72%
West Lancs	29	Vaccination rate 69%

Work is ongoing with the ICS Immunisation lead and the Local Resilience Forum (LRF) Adult Social Care cell to put together myth busting sessions for Care Home managers to try and encourage increased uptake of the vaccination.

6.2 Referrals and waiting times

Fylde Coast referrals for April – December 2020 were 28% lower than the number seen in the same period of 2019, with the highest variances in orthopaedics, ophthalmology, ENT and gynaecology. Advice and Guidance was introduced in July 2020 and has had a direct impact on avoiding unnecessary hospital referrals.

Restoration of activity at Blackpool Teaching Hospitals (BTH) – April–December 2020

Activity restoration at BTH is progressing well for the main points of delivery with day case activity in December 2020 at 95% of the activity level in December 2019 and elective inpatient activity at 86% of the activity level in December 2019. Outpatient activity levels in December 2020 were 100% of the activity level in December 2019. To support this BTH is also undertaking virtual outpatient appointments wherever possible.

Waiting times

The position in December 2020 highlights the significant impact of the pandemic on elective waiting times. To support recovery of the elective backlog, BTH is working closely with the Independent Sector (IS) to ensure that those long waiting patients suitable for treatment in the IS are offered the option to transfer to Spire Fylde Coast or other suitable Providers. Elective recovery is being led at system level, by the Lancashire and South Cumbria Hospital Cell.

- **% of patients seen within 18 weeks** (BTH) was 64.7% in December, this is a slight improvement from 64.5% in November.
- **Total referral to treatment waiting list** (BTH-inpatients and outpatients) has reduced by 716 in December or 3.5%. Approximately half of the over 18 week waiters are in three key specialties; orthopaedics, general surgery and gynaecology. Where appropriate, long waiting patients are being offered a transfer over to the independent sector.
- **Number of over 52-week waiters**
 - At BTH there were 1,301 patients waiting more than 52 weeks at the end of December 2020, an increase of 176 since November 2020 (or 16%) with notable increases in orthopaedics, general surgery and ophthalmology.
 - At Spire, there were 648 patients waiting more than 52 weeks at the end of December 2020, which was a marked increase of 165 or 34% since November 2020.
- **Diagnostics % waiting greater than 6 weeks** (BTH) – was 25.1% in December and the full diagnostics waiting list also increased slightly, up to 5,418. There has been a slight reduction in the number of long waiters for key tests including colonoscopy, flexi sigmoidoscopy and gastroscopy. Additional capacity has been put in place where possible although restrictions linked to COVID are impacting on throughput. Long waiting patients are triaged weekly to ensure those at highest risk are prioritised, Independent Sector (IS) capacity is considered where feasible.

6.3 Primary and community pressures

BTH Community Services are currently supporting the c-19 vaccine delivery programme and are focussing on care home residents and housebound patients on behalf of the primary care

networks. The initial phase of first dose of vaccine has been completed and planning is underway for second doses. In order to support the vaccine programme, a number of routine elements of various community services have been scaled back to ensure resources are focussed on the vaccine delivery. Services remain in place but focus on urgent requests only.

Across community services there are significant staffing pressures within the Neighbourhood Care Teams in Lytham and North. Capacity is reviewed on a regular basis to allow resources from across the Fylde Coast to be directed to areas of need.

6.4 **Covid Virtual Ward/Pulse Oximetry**

1 Introduction and Background

As part of the Covid Response, the National Incident Response Board agreed a Business Case for Clinical Commissioning Groups to locally commission a Covid Oximetry at Home Service (CO@HS).

The CO@HS was designed to reduce the risk of covid positive patients deteriorating as a result of silent hypoxia, through the monitoring of their oxygen saturation levels. Silent hypoxia is a condition when oxygen levels in the body drop abnormally low and in turn can irreparably damage vital organs if gone undetected for too long. Despite experiencing dangerously low levels of oxygen, many people infected with severe cases of COVID-19 sometimes show no symptoms of shortness of breath or difficulty breathing. Hypoxia's ability to quietly inflict damage is why it's been coined "silent." In coronavirus patients, it's thought that the infection first damages the lungs, rendering parts of them incapable of functioning properly. Those tissues lose oxygen and stop working, no longer infusing the blood stream with oxygen, causing silent hypoxia.

2 Fylde Coast Model

The COVID Oximetry at Home Service (CO@HS) is provided / delivered by Lead Provider FCMS (Fylde Coast Medical Services) working alongside system partners Blackpool Teaching Hospital Trust and Primary Care Clinicians.

FCMS provides a monitoring service, specifically to monitor a patient's oxygen saturation levels where they are at moderate risk of deterioration/hospital admission. The service is provided virtually i.e. using a digital telephony solution (Docobo) and telephone contact, but where patients remain in their own homes (or usual residence eg Care Home).

The CO@HS receives referrals (defined as Step Up) from GP Practices in the Fylde Coast and from Consultants at Blackpool Hospital Teaching Trust (defined as Step Down) to a Covid Virtual Ward. These services are integrated and provided by one service provider and patients are monitored in the same way.

3 Step Up: GPs will triage, risk stratify and clinically assess patients who have tested positive for Covid-19 and determine the risk:

- High Risk: Dial 999 / Call for an Ambulance
- Moderate Risk: Patients will then be referred to the CO@HS for monitoring
- Low Risk: Patients advised to Self-Monitor

4 Step Down: Hospital consultants will identify patients who are Covid-19 positive but are well enough for discharge but require their oxygen saturation levels monitoring. Patients will then be referred into the Covid Virtual Ward as part of the discharge planning process.

5 Current Position

The CO@HS on the Fylde Coast was initially commissioned for 6 months and commenced on 16 November 2020 with an initial agreement to operate until 31st March 2021

To date we have received 460 referrals:

- 96.1% General Practice
- 1.5% Care Homes
- 2.5% Secondary Care / Covid Virtual Ward

6.5 Long COVID

The long COVID service for the Fylde Coast at BTH is now live and accepting patients. Patients are screened for illness by primary care. The patient is then referred to the clinic at BTH.

The long COVID service utilises a holistic approach - occupational health, psychological health, and medical input. The patient is provided with a personalised recovery plan via the 'Your COVID Recovery' website.

6.6

Blackpool Teaching Hospitals NHS Foundation Trust Pandemic Response

The Trust has been actively responding to the COVID-19 pandemic since 27 January 2020 and has moved through different phases of response based on guidance issued from Government and across the Health System.

From the 5 November 2020, the NHS major incident level returned to level 4 which means COVID is being managed at a national level. The majority of the incident has been managed as a national incident at level 4, which was originally declared 30 January 2020.

Incident Command and Control

The Trust established a formal Incident Coordination Centre (ICC) on the 6 March 2020 with plans in place to operate the ICC until 30 June 2021, which has held regular meetings with all divisions, key service areas and partners (e.g. Fylde Coast Medical Services (FCMS)) to ensure a coordinated and informed response, with links to the CCGs and wider health system.

The ICC provides a physical presence at the Blackpool Victoria Hospital (BVH) site and is staffed by the following: -

- Incident Manager (Tactical Command)
- Emergency Preparedness, Resilience and Response Officer
- Administrative Support
- With support from an Incident Director (Strategic Command)
- And operational commanders linked in virtually by a 12noon telephone call

Following the escalation of the NHS Major incident to Level 4 on 5 November 2020, the ICC is operational 08:00-20:00 seven days per week.

6.7 Governance

A range of governance processes were developed to capture and record changes. The Change Oversight Process was developed as a mechanism for ensuring changes such as pauses, and any redesign or transformation of services are documented, reviewed, signed off and logged by the Medical Director, Director of Operations or Director of Nursing. The ICC has processed 179 change requests during the pandemic response.

In addition, a COVID related expenditure process was developed to log financial spending and is reviewed and approved by the Strategic Incident Director. All COVID spend has been clearly documented and monitored and is currently being reviewed to understand the impact in 2021/22.

A daily Trust wide Incident Co-ordination meeting takes place, which includes operational leads from all clinical divisions, corporate leads, and key functions such as Infection Prevention and Control, and Procurement.

Fylde Coast CCG provided co-ordination across the providers, input, and support with primary care services, assisted responses within secondary care settings. They also established an ICC and a twice-weekly Fylde Coast System Teleconference.

The Integrated Care System established command and control structures which assisted with mutual aid requests and co-ordination of messages from NHS England and NHS Improvement and the Department of Health and Social care, which was expanded further through the establishment of a Winter Gold Command Room. Alongside a single point of contact for the region an In Hospital and Out of Hospital cell was created. These teams continue to support with response and restoration.

6.8 Significant Changes since September 2020

Significant changes implemented during the first six months of the pandemic were reported in the previous paper to this Committee on 17 September 2020.

Since that date, a number of further changes have been delivered including: -

- A second “all staff testing” exercise undertaken via the Pillar 2 testing service at the request of the Department for Health and Social Care in October 2020. 5,500 staff were tested over a 14-day period with a 3% positivity rate.
- The Trust was a pilot site for weekly testing of asymptomatic staff using LAMP testing technology. Testing commenced on 11 December 2020 and to date (1 March 2021) over 11,600 tests have been conducted with 25 positive results. LAMP testing is now being rolled out across the rest of the NHS to replace lateral flow testing which was originally adopted in other Trusts.
- Vaccinations: the Trust was a Wave 1 Hospital Hub, equipped to store the Pfizer vaccine at ultra-low temperatures and one of only 50 sites to commence vaccinations on Tuesday 8 December 2020 – the first day that Covid vaccinations were administered outside of clinical trials anywhere in the world. To date (1 March 2021) 16,900 vaccinations have been delivered including 8,300 to healthcare workers and 5,700 to care home and other social care staff.
- The Trust was also one of the partners who supported the setting up and operation of the mass vaccination site at Blackpool Winter Gardens.
- Investment in a *Neumodx* analyser allowed Covid swabs to be analysed on site at Blackpool Victoria Hospital with a much faster turnaround rather than being sent away to other Trusts.
- Development of Point of Care Testing hot labs to deliver fast turnaround test results for patients in A&E prior to admission.
- The drive-through swabbing service (for symptomatic staff and pre-operative patients) was relocated from Blackpool Stadium to Blackpool Victoria Hospital site and temporary cabins and structures provided to enhance weather proofing. An online booking and resulting process has been introduced to allow staff to book their own appointment (usually on a same-day basis) and speed up results being returned to staff. (Note: this has since temporarily moved back to the stadium for the duration of building works at the BVH site).
- Plans were put in place to identify and segregate patients who had recently returned from Denmark and South Africa in line with PHE guidance.
- The impact of EU Exit was also managed with oversight through the ICC and the established incident management processes.

As the second and third waves of the pandemic progressed the impact on Trust inpatient services was managed through: -

- Flexing high and medium risk ward areas to ensure appropriate inpatient capacity was available to accommodate confirmed Covid patients, and non-Covid patients admitted non-electively.
- Segregation of elective pathways to protect patients admitted for elective procedures who had self-isolated and tested negative prior to admission.
- Escalation of General ITU and HDU from 16 beds to 32 beds. This was achieved without affecting Cardiac ITU (20 beds) to avoid any impact on Lancashire Cardiac Centre activity

The Adult Community Services and Long-Term Conditions Division has supported care homes throughout the COVID pandemic, providing advice and support to homes that had staffing issues or Covid-19 outbreaks. Essential community services continued to be provided in line with National guidance outlined in the 'Prioritisation of Community Services' document and some staff have been re-deployed from community services to acute hospital services where appropriate and possible. In line with instruction from NHS England and the Chief Dental Officer for England the dental service ceased all routine care but has maintained urgent care services observing Covid-19 guidance. The Community Nursing Teams have reviewed caseloads, identified vulnerable patients, and prioritised care provision, including providing Covid vaccinations to care home residents.

The Trust's Clinical Research Centre has participated in a number of high-profile trials supporting the Covid-19 effort including: -

- Participating in the trial of steroid treatments for seriously ill hospital patients which was proven to significantly reduce the risk of death, and informed changes to treatment of Covid patients worldwide.
- Participating in clinical trials for the Novavax vaccine with Layton Medical Centre, as part of an international clinical trial which demonstrated 95.6% efficacy.
- Participation in Public Health England's Siren Study which has informed developing policy and been quoted on issues such as immunity and vaccine effectiveness.

From the outset of the pandemic, the Trust has supported staff in several ways: -

- Free parking
- Home working where possible

- Wobble rooms
- 1st Class lounge
- Health and wellbeing support, including regular Trust updates
- Online mental health support
- Access via Occupational Health 7 days a week

The Trust has invested in staff to manage the COVID response and undertaken creative solutions such as using third year nursing students through the National scheme to support the wards, bringing back retired staff, early access to medics in training. This has been a great benefit.

6.9 Care Home and Community Vaccination

The Covid-19 vaccination programme supporting 162 care homes across the Fylde Coast began in late December 2020.

The Adult Community Services and Long-Term Conditions Division (ALTC) repurposed existing staff and delivered on the target to ensure all care home residents that could receive the vaccine were offered their first vaccination by 30 January 2021.

In total 4,589 vaccines were delivered during this period to residents and staff in care homes.

On 2 March 2021 care home residents and staff across Fylde Coast started to receive their second doses.

From January to March 2021 housebound patients across the Fylde Coast were offered their first vaccination in line with the Joint Committee on Vaccination and Immunisation cohorts, which have included anyone over the age of 65 and those who are clinically extremely vulnerable.

This work continues and to date 1,757 first vaccinations have been administered to those unable to leave their homes. It is anticipated this initial phase will be complete by 12 March 2021.

The Division has continued to work closely with partners to support care homes during this time. They have offered training on infection prevention and vital signs monitoring. During outbreaks of infection in homes, the community teams have been part of the taskforce to ensure residents and staff are supported and those at risk of deterioration are identified early.

6.10 Staff Testing and Vaccination

Lateral flow asymptomatic testing commenced during Q4 2020/21 for staff who undertake patient facing contact. Lateral flow has been replaced by LAMP testing across the majority of

ALTC and Families divisions.

All staff (including non-patient facing) will undertake weekly asymptomatic testing.

Staff within the division have been provided with the opportunity to receive the Covid vaccination as part of the Trust programme.

6.11 **Localities**

The community nursing teams have maintained a review of caseloads to identify and prioritise vulnerable patients. Self-care advice has continued for patients requiring low-level interventions where appropriate and safe to do so.

Significant staff pressures associated with Covid and winter have led to the prioritisation of urgent planned and unplanned work. The winter period has also seen a rise in reported skin and tissue damage being admitted onto the caseload.

The Rapid Response service has been required to take on increased responsibility with patients not having been assessed face to face prior to referral by senior Primary Care staff.

The Early Supported Discharge service has secured additional resources over winter to increase capacity for new referrals from 6 to 8 per week. As at 1 March 2021 the service is operating at an ongoing caseload size of 48.

The Pulmonary Rehab service has reduced waiting lists by delivering consultations virtually rather than face to face and patients are now admitted onto a programme within 2 weeks.

6.12 **Therapies**

The number of referrals received by the therapies service between April and December cumulatively has reduced in 2020/21 in line with reduction in primary and secondary care activity.

All services have continued throughout the pandemic through rapid adoption of virtual consultations in lieu of the reduced face to face contacts. Dynamic risk assessments are undertaken for each patient to determine the most appropriate consultation methodology.

Community based therapy staff have at times been deployed to the acute hospital to support the area of greatest need during peaks in the pandemic.

6.13 **Single Point of Discharge/Home First**

The Single Point of Discharge is a joint health and social care venture where Trust staff work in an integrated manner alongside Blackpool Council social care staff and the Lancashire County Council ICAT service, to provide a single point of discharge.

6.14 Community Dental Service

The volume of routine care provided by Community Dental Services has been very limited since the beginning of the pandemic in line with a directive from the national Chief Dental Officer and local commissioners.

Community Dental Services have been required to provide urgent care to: COVID positive patients, suspected positive patients and patients on shielding / vulnerable lists.

6.15 Sexual Health Service

Sexual Health Services have maintained provision of services and provided telephone triage initially with face to face appointments if clinically indicated.

All sexual health main hubs are operational with local service plans to reinstate some ‘spoke’ clinics suspended due to current lockdown.

6.16 Mental Health and Learning Disability

Throughout the pandemic, the Intermediate Primary Health Team, Supporting Minds, and the Community Learning Disability Service have continued to provide a service prioritised to their client groups in terms of risk and need.

There has been a need to reduce face to face contact and alternative ways of working have been adapted by the teams e.g. virtual consultations and online access to support. Additional online groups have been developed and are now ready for piloting.

The service will be delivering the following group interventions online:

- Stress Control
- Mindfulness Based Cognitive Therapy Group
- Psychological Well Being Course for Chronic Pain
- Wellbeing group with the Stroke Association
- LTC Diabetes support group
- Compassion Focused Therapy Group

Face to face consultations have continued for those deemed at risk of serious harm or significant impact on functioning.

6.17 Extensive Care Service

Over the winter months, the Extensive Care Service planned and provided adequate capacity to deal with a potential increase in referrals for patients discharged from hospital and/or

those patients who may require a priority appointment.

The main impact on the service was releasing six members of staff to support the Covid-19 Care Home Vaccination Programme from Monday 21 December 2020 to Monday 15 February 2021.

The impact of the reduced staffing included an increase in waiting times for an initial assessment and reduced face to face contact. The service has now resumed full activity and cleared the waiting list that this 2-month pause in activity created.

6.18 **Emergency Department**

October 2020 to Present

The impact of the pandemic on performance continues to affect the Emergency Department (ED) between October 2020 to February 2021. ED attendances continued to remain low totalling 24,897 for the previous 5 months which is down by 5,236 attendances on the previous year's comparison. This equates to an average of 34 fewer attendances a day.

ED type 1 performance improved over this period in comparison to the previous year however remained a challenge due to the capacity challenges in department to maintain safe social distancing and the reconfiguration of the department to allow for the covid / non-covid presentations to remain separated, there was also medical bed capacity issues within the Trust resulting in longer length of stays for medical patients.

The department unfortunately had 269 12-hour DTA breaches in the previous 5x months. 240 of these were due to lack of medical bed capacity highlighting the challenges the trust faced with high acuity and long length of stays for medical patients.

2020 / 21

ED attendances for the financial year so far have remained significantly lower than predicted due to the pandemic. The department saw 51,347 attendances in total for this period.

Type 1 performance was a challenge initially in the year due to the complex, high acuity presentations the department treated however once attendances increased capacity challenges and lack of medical beds continued to impact on performance

For the financial year so far, there have been 286 12-hour DTA breaches. Mental health capacity was a challenge for the first 6 months of the year whilst medical attendances remained low and the Trust had medical bed capacity. As capacity reduced and medical presentations increased to the ED, the medical DTA breaches significantly increased.

Emergency Village

As part of the Emergency village project the accelerated works have been completed and Assessment B was opened with a new waiting room in February 2021. This can be used as an

isolation area if required in the future but the current pathway into this unit is to assess ambulatory ED patients. the larger waiting room will now help with social distancing within the department.

6.19 NHS 111

Activity August 2020 to January 2021

ED activity Aug		Sept	Oct	Nov	Dec	Jan	Total
Number of ED appointments booked - where the patient arrived and stayed in ED	94	292	258	249	350	276	1519
Number of patients who DNA or cancelled their ED appointment	10	14	12	8	8	4	56
Number of patients booked into an ED appointment who were then streamed into co-located UTC.	49	70	66	51	91	108	435
Number of patients advised to attend ED by 111 but had no appointment made	6	55	56	56	6	17	196
UTC Activity							
Number of patients booked into the UTC and arrived	30	315	325	193	271	221	1355
Number of patients who DNA or cancelled their UTC appointments	1	19	10	4	4	2	40
CAS Activity							
Number of Patient assessed via local CAS (clinical validation)	77	338	383	299	314	335	1746
Completed by CAS	73	262	285	227	155	181	1183
Cancelled	0	27	24	12	24	8	95
Referred to speciality	2	14	22	22	31	26	117
Referred to ED	2	35	52	38	40	48	215

6.20 Key learning

Leadership

- Critical to ensure project teams are linked to regional work streams for up to date information, guidance, and support in defining and progressing local requirements
- Well established local project meetings and subgroups to keep momentum
- Clinical buy in will drive progress and keep both patients and staff safe
- Engagement of DoS lead throughout the process is essential
- Clear focus on patient and digital pathways help different teams come together towards a common goal

Communications and Engagement

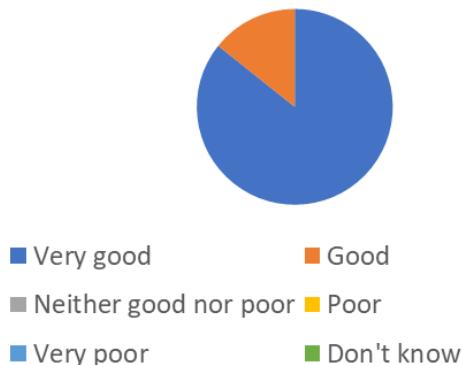
- Ongoing stakeholder engagement is critical
- Early targeted messaging for hard to reach groups e.g. homeless, tourism sector
- Clear line of sight on the impacts of communications on the whole UEC system – e.g. pressure on NHS 111, impact on patient experience

- Understand the terminology used by the local population so that messaging is recognisable to them

Monitoring and Evaluation

- Clear understanding of how data is collected, monitored and evaluated
- Ongoing monitoring of daily figures, understanding and recognising issues and possible consequences so that these can be resolved quickly
- Identify clinical governance processes, supported by operational teams who understand the detail behind NHS Pathways and the DoS to ensure profiles are correct
- CAS has closed an average of 77% of cases with only 11.5% referred to ED

**What was your experience
of using 111 first?**



Next Steps

Development of the CAS

- Develop the CAS to include specialities
- Continue to increase APAS code sets into CAS once established referral pathways with specialities
- Develop hot clinics
- Direct booking from GP practice into ED diary

Monitor and evaluate

- With the expected increase in numbers, monitor activity coming into the ED appointment diary to inform capacity requirements
- Ensure coding/outcomes of cases are recorded correctly and uniformed to enable us to evaluate rich data
- Patient Feedback – this is only captured in ED now; field needs to be widened to include feedback from CAS and UTC patients.

6.21 Infection Prevention

The Trust continues to adhere to national Infection Prevention and Control (IPC) guidance which has been developed or endorsed by Public Health England (PHE) and NHS England and NHS Improvement (NHSE&I). This guidance changes periodically in line with community COVID-19 transmission rates, latest research findings and new and emerging variants.

New variants of concern have prompted the British Medical Association and the Royal College of Nursing to call for higher grades of Personal Protective Equipment (PPE), namely FFP3 respirators, to be used by staff caring for patients with COVID-19 instead of surgical facemasks. As yet however the national PPE guidance remains unchanged. The Trust is monitoring this situation closely and has been advised by the Lancashire Procurement Cluster (LPC) that adequate stock of all PPE including respirators is readily available should this national guidance change. This assurance differs greatly from the situation faced by the Trust and indeed the NHS in March 2020 where national concerns were raised about the availability of PPE.

Much has changed over the past year in relation to patient pathways at both Blackpool Victoria and Clifton Hospital since the pandemic began. All patients admitted to the Trust are now tested for COVID-19 immediately on arrival and are not moved from the Emergency Department or other Assessment areas until their test results are known. Advances in testing technology means that these rapid in-house test results can be obtained in 15-20 minutes whereas test results took 24 -48 hours at the start of the pandemic.

Patients are then allocated to the correct pathway (i.e. High, Medium, or Low risk). Negative patients and are retested again on day 3 and day 5 of admission in line with national guidance. Thereafter, negative patients are retested every 5 days throughout their admission so that positive cases are identified as soon as possible to limit cross infection. Trust staff are now also tested regularly via a new testing technique called LAMP testing. This helps protect patients and co-workers as it can detect asymptomatic carriage.

The Trust has robust governance processes in place in regard to IPC and has received positive feedback from the CQC and NHSE&I following visits to the Trust on January 11th and 22nd respectively.

6.22	Does the information submitted include any exempt information?	No
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7.0 List of Appendices:

None.

8.0 Financial considerations:

8.1 Not applicable.

9.0 Legal considerations:

9.1 Not applicable.

10.0 Risk management considerations:

10.1 Not applicable.

11.0 Equalities considerations:

11.1 Not applicable.

12.0 Sustainability, climate change and environmental considerations:

12.1 Not applicable.

13.0 Internal/external consultation undertaken:

13.1 Not applicable.

14.0 Background papers:

14.1 None.