

Provider Call Covid-19 – Call 18

Chair	Sophie Chester-Glyn (Manor Community & Coproduce Care) David Smallacombe (Care & Support West)
Date	30.09.2020
Time	12:00pm – 1:40pm

(please note that the speakers have not verified these minutes)

Speakers:

- **James Sage** – Royds Withy King
- **Cllr Asher Craig** – Bristol City Council

Introduction from David Smallacombe (Care & Support West)

- David started off by introducing the call and said he had a few updates from Care and Support West.
- David said Care & Support West have been working with BNSSG training hub for a while and now they are working on some funding from HEE. He said that Angela is developing the job description for that and they will be employing someone with nurse experience, David said it is early stages but it is a new and exciting role.
- David said they are continuing links with Bristol One City.
- David said there is a Zoom event on 8th October so he will try and put a reminder on the comms that go out.
- David said that C&SW have been invited to the next stage for the data security protection toolkit (DSPT).

Sophie Chester-Glyn (Coproduce Care & Manor Community)

- Sophie spoke about RESTORE2 virtual training for care homes. You can use this link to sign up <https://www.eventbrite.co.uk/e/restore2-virtual-training-for-care-homes-tickets-106392546972>. Sophie said these sessions are aimed at homes in the West of England area and it is a free bite-sized training with an opportunity to ask questions and share with others.
- Sophie said that Coproduce Care are doing a presentation on the Virtual Care Summit, she said all links will be sent out and there will be a Q&A session as well.

- Sophie said that October is Black History month and Coproduce Care will be doing themed interviews throughout on their YouTube channel. Sophie had slides with a poster of the line-up, the slides will be shared on the website.
- Sophie said she was going to go through a few highlights of the Adult Social Care winter plan as some people may not have had a chance to go through it yet. Sophie said to update business continuity plans for Autumn/Winter and also record flu vaccination rates in 2 places (SfC ASC workforce data set & capacity tracker). Sophie said about the enforcement action that we could have from CQC if people aren't taking infection control seriously, Sophie said she didn't know if CQC needed to have a discussion from their point of view. Sophie mentioned about the role of primary care networks from 1st October delivering EHCH (enhanced health in care homes) framework.
- Sophie said about the NHSX iPads scheme and the deadline is 23rd October.
- Sophie said about the admissions from hospital in the ASC winter plan. In the slide there is a screenshot which says 'No care home should be forced to admit an existing or new resident to the care home if they are unable to cope with the impact of the person's COVID-19 illness safety. Local authorities remain responsible for providing alternative accommodation in local systems.'
- Sophie said that there has been issues with visitors. She said in the plan it says to ensure appropriate PPE is worn and good hand hygiene for all visitors.
- Sophie said the next call will be packed with speakers and will also be recorded. You can sign up here: <https://www.eventbrite.co.uk/e/122680407401>
- Sophie then went through the breakout room topics, which were: Covid-19 winter plan, supporting non-white workforce, testing, staff challenges during covid-19, IPC grant lessons learnt. Sophie said these were chosen themes based on topics that have been discussed in the last few calls. She said if groups want to discuss a different topic that's fine but it may be easier to stick to the topic given.

James Sage – Royds Withy King

- James introduced himself as head of the health and social care team at Royds Withy King and also employment lawyer.
- James said the number of complaints made by care staff to CQC has increased by 66%.
- James said that it was reported that 50% of CQCs visits are from whistle blowers.
- James said infection control, social distancing and lack of PPE have been the main issues with people and people are going straight to CQC which is problematic for employers as they can't investigate it first.
- James said you need to make sure a transparent procedure is embedded in your service.

- James said you've got to think about whether you've got a specific forum that staff can use to raise issues, he said this might be within a supervision or team meeting but you need to be thinking about how these issues can be brought up in the first place.
- James said that one of the other things you could do to help is discussing with staff what concerns have been raised and what action has been taken to show that the concern has been taken seriously. James said this will encourage them to come to you more.
- James said you need to be clear in your whistle blowing policy in how concerns should be raised.
- James asked if managers have had sufficient training for them to be able to spot disclosure. He said it may be something like staff come up to a manager and say 'did you know this person isn't wearing PPE'. James said this is an example of whistle blower so think about how you go forward with this and what steps to take next.
- James said where possible, keep the worker informed of the investigation progress, he said if you don't give them any indication then you are more likely to end up in an employment dispute.
- James said to audit concerns that have been raised to keep track and see if there are any patterns.

Q. What's the line between when someone is a protected whistle blower?

A. James said if it is a health and safety breach or a breach of illegal obligation, that should be an immediate red flag. James said they have to have a reasonable belief if it is true and also a reasonable belief it's in the public interest. James said the difficulty is concerns around health and safety are highly likely to be in the public interest.

Cllr Asher Craig (Bristol City Council)

- Asher said she will be giving an update on Bristol. She said she came off a call this morning with Robert Jenrick, secretary of state.
- Asher said the factors affecting the financial situation of care providers prior to Covid-19 are still impacting. Asher said that Covid-19 has had additional impacts such as: increased use and cost of PPE, cost of additional cleaning measures, additional costs replacing staff due to sickness absence/staff isolating and other things as well.
- Asher said so far Bristol City Council has responded by making additional payments of over £3.6 million to Residential and Nursing homes, Home Care agencies, extra care housing schemes, supported living and other accommodation based support, direct payment users and day services. Asher said these additional payments

ended in July and BCC has also distributed the government infection control fund of £4million based on the DHSC guidance.

- Asher said they are working with procurement and there is an emergency response set up for providers so they do not run out of PPE. Asher said that CQC has confirmed in Bristol they had no problems with regulated providers running out of PPE. Asher said to continue to use capacity tracker to keep up to date.
- Asher said on the call this morning they said that 15-20% of care homes have not signed up to the government testing portal and they will be making calls to contact those providers.
- Asher said that adult social care team has been working close with public health teams and they are continuing to work with CCG colleagues.
- Asher said they have been told to encourage LAs to roll out a message to test on weekends as should be able to get results back within 48hrs.
- Asher said the key to an effective response to providers during Covid-19 has been a multi-agency approach across BNSSG. Asher said that key partnerships alongside BCC have been BCC public health, Sirona, BNSSG CCG, other LAs and primary care.
- Asher said a care home outbreak plan has been developed and is in the final stages of completion and about to be shared with Bristol providers.
- Asher said the frequency of liaison with CQC has increased from every two months to weekly during lockdown. She said the present frequency is fortnightly and will continue to be so until further notice.
- Asher said about the success of the BNSSG Care Provider Cell.
- Asher said about day services reopening. She said that some services have closed, others have provided some support e.g. telephone calls and others have remained opened.
- Asher said the homecare priority is maintaining the flow out of hospital and keeping people secure and well at home.
- Asher said that they have set up an adult social care equalities forum and there are representatives from a wide range of groups.

Q. David said that care providers are still not present on the care provider cell and he would be grateful if Asher could take this back.

Q. Sophie agreed with David and said it's good to have Carol on there but would be helpful to have providers on there as well.

A. Asher said she would take this back and talk to colleagues to get sorted as soon as.

Q. Even when we do weekend testing, it doesn't come back within the 48hrs, and does require certain senior staff to be on shift and we want to give them time off so we struggle with that.

A. Asher said if this was the case then Bristol won't be banging on about it.

Q. Are Bristol taking back money on infection control?

A. Asher said she will take this one back to check.

Breakout rooms

- Group 1 said they talked about IPC fund and how no detail from LA had been confirmed yet. They also spoke about testing and the dom care providers said testing still isn't in place for them. They also spoke about flu jabs and how there had been a lot of resistance from GPs from what they thought they were going to be doing. They said there has been no success from any pharmacy for jabs. David said for all groups to email him the points.
- Group 2 said they talked about workforce element and spoke about testing. They said in relation to non-white workforce people had mixed responses. They said providers said the agency itself didn't have a wide range of workers and said quite often clients ask for a gender request and sometimes a religious request. They said that service users themselves were fairly cool about who would be supporting them but sometimes their families wouldn't be okay with it.
- Group 3 spoke about the winter plan. They said Boots have run out of stock of jabs. They also spoke about track and trace testing and how they struggled with testing, one colleague had to travel to Cardiff for a test. They said they are in talks with PHE about if we they can go to places such as the wild place project with social distancing and PPE.
- Group 4 said they discussed how people have changed the way they work, such as working on teams by speaking with staff and checking in. They said about the issue of staff being very stressed and not helping by lack of clarity of guidance. They said that people have generally been more relaxed so what's this going to be like in the months to come. They also said that staff have been amazing.
- Group 5 said they discussed the IPC grant, their group had only 1 in dom care and the rest in supported living and residential. They said that most of residential and nursing home used it for isolation wings and buying of PPE. They said most providers felt they couldn't pay people who were isolating from that grant.

Q. The beginning you mentioned recording flu vaccines on sfc and capacity tracker but is that residents and staff or just residents as some staff are quite reluctant for people to know if they have had vaccines or not. It's the same for the antibody test and do we get to know the results of the antibody test. does anyone know?

A. Sophie said she might ask the local manager from skills for care about that but what she discussed was specifically for staff. Sophie said to just do as best as you can and record where you can, but she will follow up with Skills for Care.

Summary

- Feedback on government portal / access issues
- Questions around IPC funding / how to apply and how the money is used
- Continued delays and inconsistency around testing
- Feedback from breakout room groups
- Concern around staff reluctance to getting flu vaccine / data sharing around this

Links

- RESTORE2 training link: <https://www.eventbrite.co.uk/e/restore2-virtual-training-for-care-homes-tickets-106392546972>
- Coproduce Care at the Care Summit: 'How to democratise social care' – with 20% discount for this provider group. This link has the discount automatically applied: <https://care-virtual-summit-october.heysummit.com/tickets/?coupon=CO CARE20>
Or, enter 'CO CARE20' at checkout.
- Link to iPad page: <https://www.nhsx.nhs.uk/covid-19-response/social-care/ipad-offer-care-homes/>
- Apprenticeships, incentive payments: <https://help.apprenticeships.education.gov.uk/hc/en-gb/articles/360015391139-Incentive-payments-for-hiring-a-new-apprentice->
- Next meeting: <https://www.eventbrite.co.uk/e/121156768155>

Notes

- I didn't have time to share this, but PCNs (Primary Care Networks) through the EHCH (Enhanced Health in Care Homes), from 1st October should provide a named 'clinical lead' for every Care Home - check who this is for you. + Pulse Oximeters
- we have used the government portal for ordering ppe and it came quite quickly
- we've had problems with the portal as they say that can have given them the wrong details and they can't change it.
- Problem with testing is that for 3 weeks it's taken up to 8 days to get results whether we do at weekend or during the week.
- cqc gave them the wrong details they say. Sorry text got automatically corrected
- we had 8 day delay to get results and tests saying we have to repeat them as they are unclear but not positive
- Is BCC taking back unspent money on infection control , as its really difficult to spend it in line with the guideline

- ref IFC Grant: our (C&SW) understanding is that it will be similar to the level everyone received during the 1st wave but this will be spread over 6 months (up to end of financial year) instead of 3 months.
- Feedback from Group 1 (hope I covered the discussion!) - 1. IPC Fund cont. - not clear from LA that they will be running it, though assumption is that they will. (My advice is be bold - they do want you to spend it.) 2. Testing - well established in Res settings, though no testing for Dom Care is a huge risk. 3. Flu Jab - GP not willing to jab staff who are registered with them, and certainly no more. Pharmacy Support to come to the homes is non-existent and stocks already low. Please add if I have forgotten anything....
- I believe that if you go to the gov. site there is a link for video training
- can't comment on the IPC grant can you clarify to me sorry I am not IT guy Zoom was bit of struggle
- issues raised in Group 4: staff wellbeing and resilience as we head into a potential second wave; changed ways of working to ensure effective and regular comms/ feedback with staff as individuals and groups; issues of testing results delays and challenge to rota planning; issue of links to carers with education as parents or students; relaxing society isn't helpful to social care; concern re confusing guidance which frequently changes and keeping staff up to date; issue of asymptomatic on testing and then being positive and needing to isolate.
- The beginning you mentioned recording flu vaccines on sfc and capacity tracker but is that residents and staff or just residents as some staff are quite reluctant for people to know if they have had vaccines or not. It's the same for the antibody test and do we get to know the results of the antibody test. does anyone know