

Clinical ECHO Network - 8 September 2021

Chatbox script

- 15:30:44 From Kay Morrill : Kay Morrill, Practice Educator, Accord Hospice in Renfrewshire
- 15:30:48 From Debbie Martin : Debbie Martin General Manager North Warwickshire Community Services. South Warwickshire Foundation Trust.
- 15:31:09 From Susie Lapwood : Susie Lapwood -Oxfordshire / paed pall care. Hi everyone!
- 15:31:43 From Karen Coles. : Hello everyone, Karen Coles KEMP Hospice Wyre Forest.
- 15:32:15 From Louise McKenna : Hi there Louise McKenna from Julia's House
- 15:32:41 From shonaeyre : Shona Eyre, St Gemma's Hospice Leeds
- 15:33:16 From Jamilla Hussain : Jamilla Hussain, Bradford Teaching Hospitals NHS Trust
- 15:33:17 From Simon Joseph : Simon Joseph Pendleside Hospice Burnley
- 15:33:19 From Karen Gibson : Hello Everyone from Karen Gibson Alice House Hospice
- 15:33:22 From Camilla Barrow : Camilla Barrow - Clinical Education Lead at Birmingham St Marys Hospice
- 15:33:45 From David.Scott-Ralphs : David Scott-Ralphs, CEO St Wilfrid's Eastbourne
- 15:33:55 From Kirsty Boyd : Kirsty Boyd, Reader, University of Edinburgh
- 15:34:19 From Katie Reade : Hi all, I'm Katie, Senior Policy and Advocacy Officer at Hospice UK.
- 15:34:20 From Grant Usmar : Hi from the Welsh Valleys and Grant Usmar from Hospice of the Valleys
- 15:34:21 From Sarah Onions : Hi Everyone from Sarah Onions, Herefordshire and Worcestershire
- 15:34:29 From Julie Wright MSH/Harlington Hospice : hello from Julie Wright MSH/Harlington Hospice... fab to be back

15:34:35 From Tracey Golding : Tracey Golding Outreach Palliative Care Educator - Peace Hospice Watford

15:35:07 From wilkiemar : Hi Everyone, Margaret from St Andrew's Hospice Airdrie

15:36:19 From Laura Hugman : Laura Hugman from Paul Sartori Foundation

15:36:36 From Alison.Stevens : Greatest challenge is staffing - in particular RN's

15:36:57 From Rachel Sheils and Tracey Wilcocks, Overgate : Rachel Sheils, Overgate hospice. Hello!

15:37:04 From Kay Greene : Challenges - resourcing all services with staff - constant drain of self-isolation/fatigued staff

15:37:07 From Kerry O'Brien : Hello, Kerry from Harlington Hospice.

15:37:10 From Karen Gibson : staffing - recruitment and sickness cover

15:37:17 From Alison.Stevens : What would help - certainty on statutory funding going forward

15:37:20 From cheryl young : Registered nurses- recruitment.

15:37:29 From Debbie Martin : Staffing greatest challenge

15:37:35 From Kay Greene : Help most - enough staff with right skills etc to do work required

15:37:48 From David.Scott-Ralphs : Challenge: Getting back to full capacity - recruiting to all roles and rekindling energies

15:38:09 From Simon Joseph : My big challenge is that I feel we are moving into the endemic phase and will need to scale back unless we have cases - and embed good practice long term - whilst still keeping staff on board

15:38:09 From Kerry O'Brien : Changes in guidance and confusion. Vistors

15:38:23 From Clare Periton : Availability of Registered Children's Nurses

15:38:51 From Linda Johnson : staffing is a huge challenge , restrictions on number of beds we can have open due to guidance

15:38:52 From Rachel Sheils and Tracey Wilcocks, Overgate : Challenges = not enough medical or nursing staff- sick or vacancies. solution - ???help in tempting new staff or staff from other areas to work in pall care/hospice

15:39:04 From Simon Joseph : Short term challenge - conflicts around visiting without clear and unambiguous guidance to point to

15:39:08 From Alison Moorey : challenge - workforce turnover and fatigue. what would help most - more NHS funding!

15:39:41 From shonaeyre : Challenges; Restarting anything that involves group work whilst maintaining social distancing which includes staff training, MDT meetings, patients returning to day services. We continue to have large numbers of staff off and so any potential risk to workforce is driving the reluctance and hesitancy to re start group face to face activities. Really effecting staff moral and doesn't seem to be an end in sight.

15:41:53 From shonaeyre : What would help most - physical resources such as access to larger environment's, wipeable furniture, better ventilation systems

15:43:23 From Tracy Broom - Hospice Isle of Man : Hello from the Isle of Man. I'm Director of Transformation here and I'm looking to link with Hospices that are / have been involved with system level pathway re-design, particularly those who have shared / partnered their clinical services with other providers (Trusts / 3rd sector). My email if you would like to chat is tracy.broom@hospice.org.im. Thanks. Tracy

15:52:34 From Hazel Webb - ECHO Support : Hello everyone - if you have just joined us recently please enter your name and organisation into the chatbox - thank you.

15:52:55 From Linda Johnson : Linda Johnson Dove House Hospice , Hull

15:53:02 From khipps-wiltshire To Hazel Webb - ECHO Support(privately) : Kate Phipps-Wiltshire Hospice of St Francis Berkhamsted

15:53:03 From Angie Redpath : Angie Redpath, Princess Alice Hospice

15:53:05 From Sophie Van Walwyk : Sophie Van Walwyk Pilgrims hospices

15:53:10 From Clare Periton : Clare Periton from Helen & Douglas House

15:53:18 From Penny McNamara : Penny McNamara, Willen Hospice

15:53:20 From Sharon Hudson : Sharon Hudson, Birmingham St Marys Hospice

15:53:36 From Emily Sills : Emily Sills, Princess Alice Hospice,Esher

15:53:36 From Ruth England : Ruth England, Royal Derby Hospital

15:53:37 From vicki mcloughlin, Wigan and Leigh Hospice : Vicki Mcloughlin, Clinical Director, Wigan and Leigh Hospice

15:53:41 From Dr Lucy Adcock : Lucy Adcock, Lindsey Lodge Hospice

15:53:49 From lynn.grayson : Lynn Grayson, Derian House Children's Hospice

15:53:57 From Hazel Webb - ECHO Support : For anyone who hasn't registered to this network, please do so via this link: <https://tinyurl.com/COVID19ECHO>

15:54:03 From Nick Borrill : Nick Borrill xZoë's Place Baby Hospice

15:54:50 From sally Finch St Barnabas Hospice To Hazel Webb - ECHO Support(privately) : Sally Finch St Barnabas Hospice, sorry I was late been in a echo network session.

15:55:25 From Rachel Sheils and Tracey Wilcocks, Overgate : We are not bringing anyone back to clinical work if they are notified of a contact, even if PCR and LFTs negative....who knows if our risk assessment would change if we were even shorter of staff!

15:55:40 From Jamilla Hussain : Big challenges posed by COVID currently: staff still weary...demand up...knowledge that this winter will 'be worse'...

15:56:16 From Linda Johnson : We are not bringing staff back , they are still isolating , we felt risk too great for our patients

15:56:44 From emma tempest : We are doing the same re:contacts. Too high risk for patients. Also although it impacts rotas a staff outbreak would be so much worse.

15:57:40 From emma tempest : How are people approaching the issue of staff who do not want to be vaccinated?

15:57:40 From Penny McNamara : How engaged with regular screening are hospice staff and how are hospice dealing with unvaccinated clinical staff who also refuse to be screened?

15:59:12 From khipps-wiltshire : We aim for 100% compliance on LFT for all staff, now doing no blame spot checks, compliance and honesty is good, overall majority of all staff motivated to do bi-weekly LTF and successive LTF if in contact with positive person. It is relentless

16:00:36 From Hazel Webb - ECHO Support : All questions to go to echo@hospiceuk.org or Clinical@hospiceuk.org

16:02:02 From emma tempest : Anecdotally people are screening with LFT/PCR but less good compliance with registering results locally so difficult to assess rates. I like your approach of spot checks- might work better for us.

16:02:04 From Susie Lapwood : Huge respect for Lucy's work :)

16:02:15 From Linda Johnson : We have encouraged all staff to be vaccinated, we have 3 clinical staff not vaccinated . I am waiting to see what will happen re hospices and vaccinations - will them same apply to us as care homes ?

16:02:26 From Sharon Hudson : I agree Susie

16:03:56 From Simon Joseph : We have encouraged staff to get vaccinated but cannot enforce it. The clinical staff who have declined have all had covid so feel this is sufficient. LFD testing is mandatory for anyone coming into the hospice building including visitors - no test, no entry

16:04:31 From Linda Johnson : we follow up staff who have not had a pcr test to encourage(nag) , 3 staff decline to , but wear ppe and have agreed if they have symptoms to have pcr. Yes its relentless

16:05:33 From Gail Precious CBN : You can read Lucy's essay here: <https://www.bmj.com/content/374/bmj.n1803>

16:05:35 From Rachel Sheils and Tracey Wilcocks, Overgate : VISITING - if not imminently dying, pts can have 2 visitors during a four hour slot. For imminently dying patients we don't have a time limit for the visitors, but can have 3 in anyone day, but only 2 in the room at any one time. Can change visitors from one day to the next

16:07:15 From Linda Johnson : Visiting is 2pm -7pm , each patient can 2 visitors at any one time, does not have to be the same 2 . Open visiting if dying.

16:09:45 From Cat Sullivan - QI & CP Lead @ Hospice UK : Lucy Selman's work is so relevant to the Hospice UK Bereavement Project which is now entering its second phase where we are establishing an ECHO for people who work in bereavement. Please follow this link to register <https://tinyurl.com/59swda5s> or email clinical@hospiceuk.org for more info

16:11:09 From vicki mcloughlin, Wigan and Leigh Hospice : Has anyone looked at the isolation rules from a employment point of view? We currently are asking staff to isolate however, need to review this in line with HR as if the staff member cannot be redeployed we are in essence "making" them take sick leave which we are unsure if we can?

16:17:48 From Alison.Stevens : We try to redeploy people where we can but if we can't and they have to isolate then we pay them to be off for the required length of time. We do not count this towards their overall sick entitlement, if Covid related

16:18:58 From Linda Johnson : we don't class it as sick leave , its a paid absence

16:19:08 From Anna Murray : Anna Murray Medical Director Wigan and Leigh Hospice

16:21:32 From Alison.Stevens : Thank you Debbie/Kay, great service developed, hope you get funding to continue this. We did something similar but unfortunately as under Covid funding, the CCG ceased funding this at 13.3.21. We put forward a business case to continue but this was rejected. Your presentation will help us to revisit our stats and outcomes and hopefully resubmit

16:23:03 From Debbie Martin : Thank you If we can help please let us know..

16:26:10 From cheryl young : great work. Could you send me more details regarding the service you offer, staffing levels- how many teams etc Sadly we do not have a 24/7 community district nursing team.

16:26:55 From cheryl young : sorry should have added my email Cheryl.Young@hospice.org.im

16:27:19 From Tracey Golding : Really good excellent work .Hope you can continue .

16:27:33 From Debbie Martin : Thank you Cheryl. We will be in touch..

16:28:05 From Cat Sullivan - QI & CP Lead @ Hospice UK : absolutley fantasic

16:28:31 From Sharon Hudson : Fantastic model, thanks for sharing

16:28:35 From Simon Joseph : Are other hospices allowing pets to visit?

16:28:52 From Kay Greene : We are very happy to share:

16:28:53 From Debbie Martin : Debbie.martin@swft.nhs.uk

16:29:07 From Kay Greene : kay.greene@geh.nhs.uk

16:29:18 From Linda Johnson : yes we have pets visiting , a tabby cat came in last week so its mum could say goodbye

16:29:24 From Kay Greene : Thanks for your warm comments about our work

16:30:57 From Kay Greene : Ive seen your request Cheryl - will be in touch

16:32:34 From Julie Wright MSH/Harlington Hospice : great and inspirational presentation thank you .apologies I have to leave but I will catch up later .

16:36:09 From Alison.Stevens : Thank you for sharing your emails Kay and Debbie and for your generous offer to share your work :)

16:37:10 From Anna Erskine : My email anna.erskine@ouh.nhs.uk, and our prioritisation website is <https://papas.cochrane.org/resources/prioritisation>

16:37:27 From Jamilla Hussain : Thanks Anna-nice to see the findings of the study

16:37:48 From Susie Lapwood : Thankyou Anna - really important - and helpful to hear the outcomes :)

16:40:15 From Anna Erskine : Thank you Jamilla and Susie

16:42:22 From Deb Westwood : We have recruited newly qualified nurses and have preceptorship but its the experienced CNS nurses that we struggle with despite having a programme to develop our own

16:44:19 From Cat Sullivan - QI & CP Lead @ Hospice UK : Anita Hayes is away today but will be presenting/facilitating discussion on workforce at the Hospice UK Conference

16:45:46 From Anna Erskine : Sorry I need to leave for childcare now, but it was lovely to join you all today. Thank you for the invitation.

16:47:18 From cheryl young : we do single nurse administration- works really well and has helped when staffing levels have been short.

16:47:47 From Rachel Sheils and Tracey Wilcocks, Overgate : massive increase in complexity in Halifax!

16:47:53 From Sarah Onions : Absolutely, significantly more complexity being seen.

16:48:13 From emma tempest : Absolutely more complex presentations

16:48:43 From Deb Westwood : Certainly have experienced more complexity and acuity ...introduced SNAD last year and it helps for timely administration during breaks etc

16:50:25 From Karen Gibson : Thank you for really useful session, sorry I need to leave early

16:52:09 From Sharon Hudson : I wonder if the increase in complexity has led to a need for a different workforce- ? more therapy ?more psychological input

16:53:12 From Linda Johnson : We are also looking at SNAD due to staffing issues , increase in complexity and dependency recently . of 9 patients on our unit 6 are under 55

16:57:11 From Alison.Stevens : Thank you everyone for a great session

17:00:09 From Sarah Onions : Thank you all :)

17:00:16 From Simon Joseph : Thank you