

COVID-19 RESPONSE

**Oxfordshire Joint
Health Overview and Scrutiny Committee
25 June 2020**

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Overview: Ken Wood's patient story



Ken Wood was cared for at the John Radcliffe Hospital in Oxford for 19 days after being rushed to hospital with a high temperature and difficulty breathing.

The 60-year-old received ventilator treatment on the Intensive Care Unit (ICU) for 13 days

Ken lost around 12kg during his stay in hospital

His two daughters were put on compassionate leave to support his wife, Helen.

Overview: #OneTeamOneOUH



Ken said: “For 13 days, staff laboured with professionalism and care over my feeble ventilated body. I experienced several days of recovery with the same team’s gentleness, empathy, and encouragement

Ken’s youngest daughter, Laura, an ICU Nurse at a separate Trust, kept a diary of the daily updates from the ICU team and explained to him what nurses and doctors had to do to keep him alive.



Professor Meghana Pandit, CMO at the Trust, said: “We are so pleased that Ken recovered, was well enough to be discharged from hospital, and is able to continue his recovery back home with his family.

“The response from OUH staff to this pandemic has been superb,”

Ken’s condition improved and he was moved to the COVID-19 recovery ward

Overview: 'Thank you for my life'



Ken is recovering well.

He has been doing breathing exercises and is able to do gentle strengthening exercises and go for up to 40-minute walks.

Ken is receiving support from an ICU counsellor after experiencing nightmares and disturbing hallucinations.

“Thanks to the care I received, I am restored to my family and community. I will never forget what has been done for me, and what staff continue to do for others. I send my sincerest thanks and heartfelt gratitude.”

“The reunion with my loving family was extraordinarily special as tears of joy flowed from all our eyes. To my disappointment, though, the dog did not recognise me or my smell so just walked off.



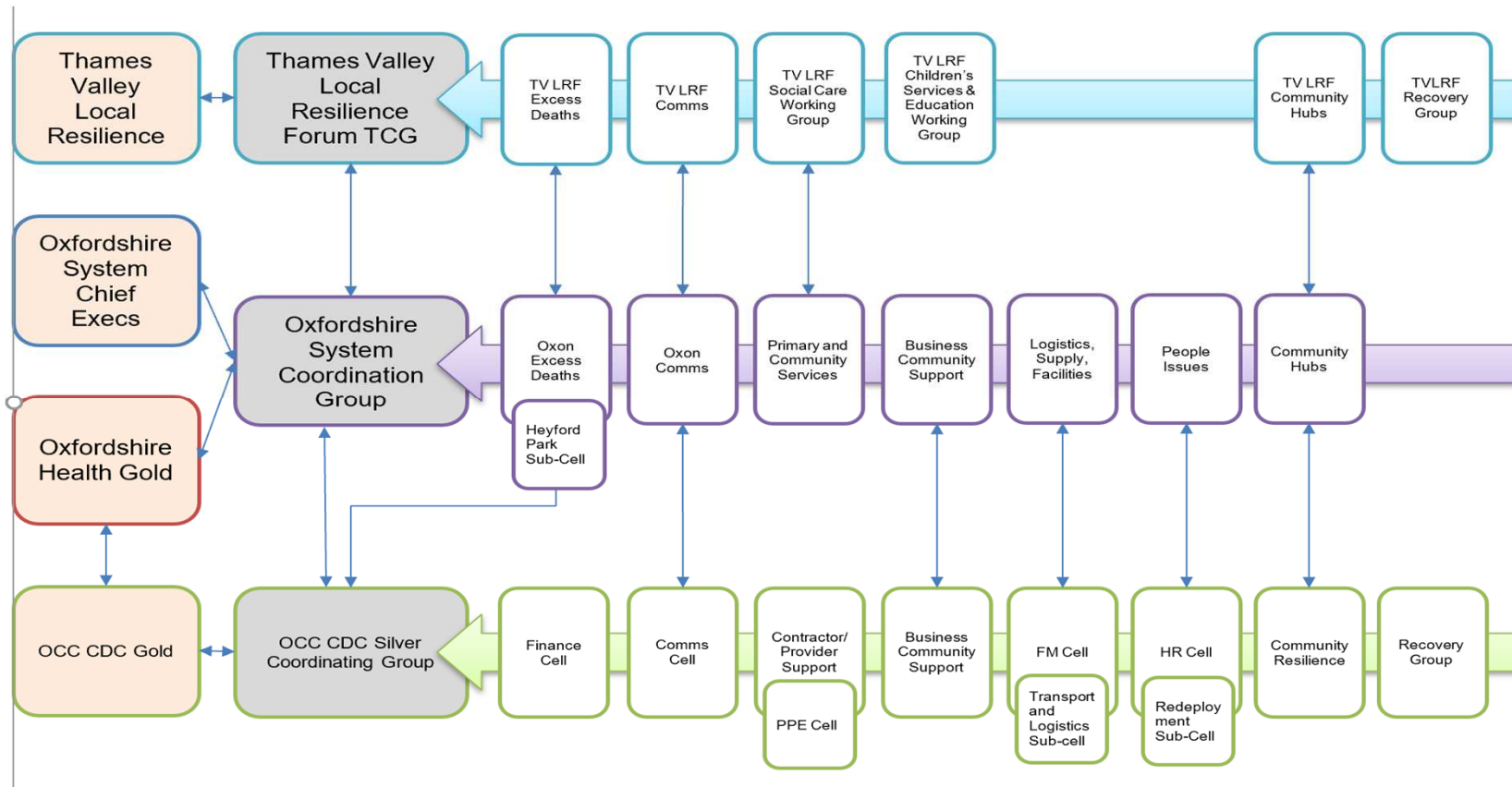
“I believe I have a second chance at life”

Overview: Perspectives from the frontline

- Worldwide pandemic; huge impact on people, society and the economy
- Unknown and unpredictable virus – potentially fatal, no validated clinical assessments or guidelines, no curative treatments
- Wide predictions of expected demand and the need for ventilated capacity and services for ongoing treatment
- People with no symptoms can be contagious, or can have non-specific symptoms (e.g. loss of smell)
- Many services have had to be re-designed to keep patients and workers as safe as possible
- Clinicians are learning week-by-week from the patients presenting to them and emerging evidence



Overview: Oxfordshire response structure



Overview: Examples of Partnership working

Partnerships

- Supporting shielded patients
- Supporting children as they return to school
- Harnessing the support of volunteers
- Learning from lockdown
- Third sector eg Age UK support

Supporting BAME communities

- Working with community leaders
- Information to support the Muslim community
- Primary care social prescribers focus on BAME needs
- Translation services available



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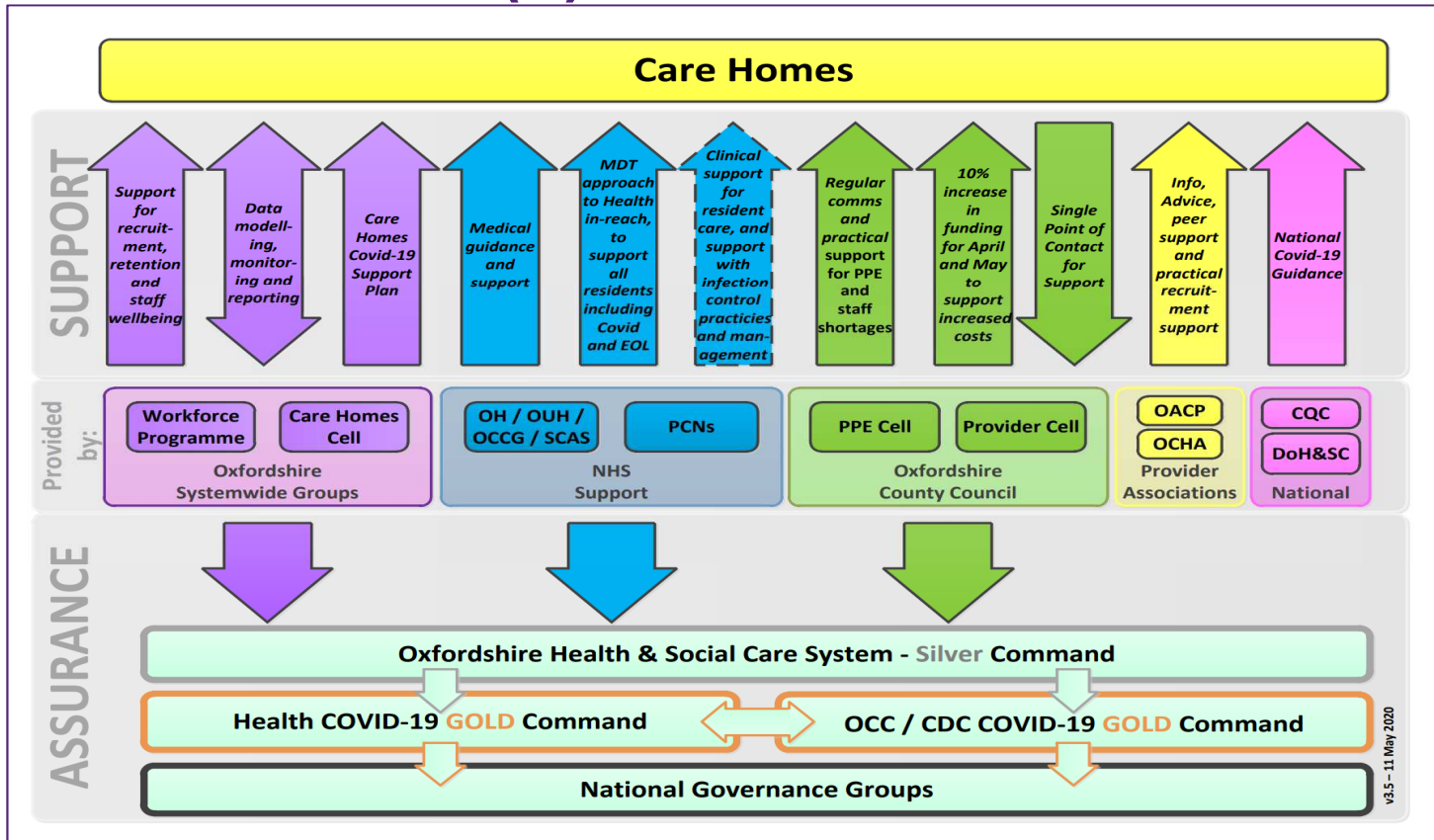
Recovery

The Care Sector

Oversight:

- Management support
 - Dedicated contact arrangements, weekly meetings with Oxfordshire Association of Care Providers/Oxfordshire Care Alliance
 - Care Home cell
 - Care Home Support plan
- PPE and infection control
 - Training, webinars, infection control champions, bespoke advice
 - Emergency supplies
- Testing: local solutions via Oxford Health and OUH
- Staffing: individual support, coordination, training
- Primary care support: local offer, named clinical lead, use of Teams etc
- Safeguarding: number of alerts remain static, increase in clinical governance processes, linking up across professionals, safeguarding risk framework

Support Structure (1)



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NHS Response – hospital services

In response to the COVID-19 pandemic, we organised ourselves around three main priorities:

Caring safely for all of our patients:

- We reorganised our space, staffing and equipment to allow us to scale up our inpatient and critical care capacity to treat patients with COVID-19, whilst maintaining essential patient care for patients with other needs
- We streamed patients in our Emergency Departments, to ensure safe cohorting of those with and without symptoms on arrival
- We deployed virtual outpatient appointments using video and telephone software so patients could receive care close to home
- We worked with University partners to develop pioneering COVID-19 treatments and research
- Rapid increase in available bed capacity within community hospitals to support system working
- Maintained good response to emergency & urgent referrals
- Staff able to work remotely due to new equipment and digital technologies

Protecting, training and supporting our staff

- We worked flexibly to redeploy and train our staff so that we could ensure we could provide safe care in all areas
- Our procurement teams worked with partners locally, regionally and nationally to ensure adequate supplies of PPE for staff
- We mobilised and delivered a comprehensive testing programme for staff and patients (both symptomatic and asymptomatic)

Working collaboratively with our partners

- We worked closely with the Independent sector to continue the delivery of urgent services including Cardiac and Cancer operations
- We worked in partnership across the system to ensure people receive care in the most appropriate place
- Oxford Hospitals Charity partnered with local businesses and groups to deliver over 100,000 meals to our hardworking staff
- Enabled system-wide data sharing of patient records, supporting integrated care across the system

NHS Response – Primary & Community Care

Responding across Oxfordshire

- We set up specially-configured **local clinics** and **visiting services** for people with suspected and confirmed COVID, in partnership with the GP Federations and primary care networks across the county. This included innovative services for monitoring people safely at home, such as pulse oximetry home delivery services staffed by trained volunteers
- We developed **new care pathways** that allowed the more infectious patients to be seen at specially-configured ‘hot’ sites, enabling other healthcare sites to be kept clear of the virus as much as possible, to protect the most vulnerable patients needing non-COVID care
- A programme of **support for care homes** has been developed with social care, independent sector and primary care colleagues – including a regular ‘check in’ with a named clinical lead, plus new guidance on COVID-19 recognition and management, to supplement training on infection control and PPE
- We set up a rapid discharge team to enable **patients to return home safely** from community hospitals
- We put in place a **Multi-disciplinary Team** approach to support shielding patients and recently discharged patients, working with **Primary Care Networks** and **GP Federations** across the County
- We worked in partnership with **hospice teams** to ensure sufficient hospice capacity and end of life support and set up a 24-hour clinical advice line to support staff and carers

NHS Response – Primary & Community Care

Keeping people safe

- We developed and provided a suite of resources, support and guidance to staff on **keeping safe at work**, and keeping clinical areas **safe for patients**, rolling this out to all Oxfordshire practices, community services and care homes
- We rapidly trained and deployed new **‘Infection Prevention and Control Lead’** and **‘PPE Champion’ roles** in our front-line services, to support staff, boost morale and help keep people safe
- We reorganised our community hospitals and services to **minimise risk to patients and staff**, for example by introducing additional infection prevention and control measures, automating the monitoring and reporting of cases, changing visiting arrangements and ensuring social distancing
- We sorted **PPE supply** for our staff and our partners and worked with partners across the Thames Valley in a mutual aid arrangement
- We set up a local **testing facility** and programme for staff, patients and residents, before testing was rolled out nationally
- Responding to increased evidence of the potential **impact of COVID on staff**, particularly those from BAME groups, we have implemented a personalised **risk assessment and action plan** process for all staff (including those in patient-facing and in support roles)

NHS Response – Primary & Community Care

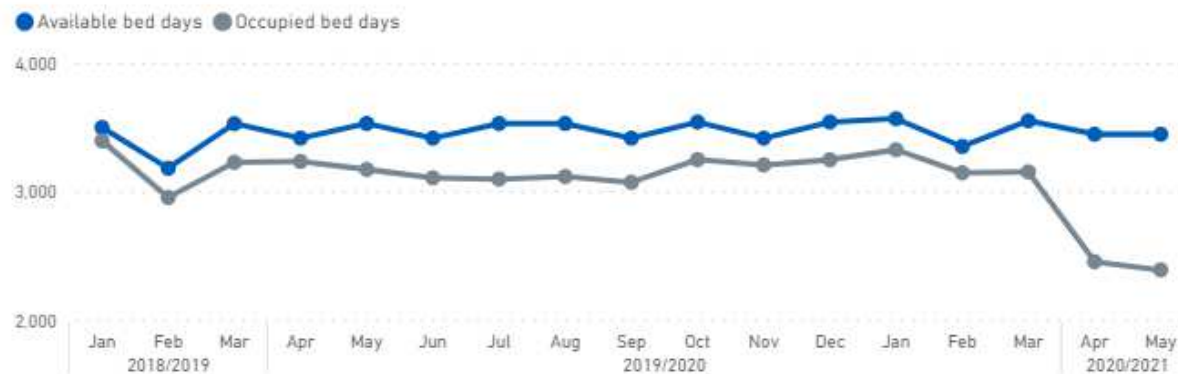
Protecting core services for patients and families

- Total **telephone triage** was rapidly rolled-out across the county for protection of Patients and Staff
- Practices, federations and community services have offered **alternative ways** for patients to **access support and care**, including virtual appointments, digital and telephone consultations – with face-to-face care available when required
- All services have been reviewed against the national and local priorities to ensure we continued to **support our most vulnerable patients**
- We **redeployed** staff into **critical service areas**, including our community hospitals, district nursing, care home support and urgent care, while maintaining essential **children’s services** and **safeguarding**
- We have enabled greater **information sharing** and joined-up working between health and care providers
- Health & Care partners are working together to **support research** into COVID-19 vaccinations and treatments, including the ground-breaking Oxford-based clinical trials
- Community pharmacists, CCG/OUHFT/OHFT Pharmacists, GPs have worked to find the best ways to ensure **supply of medications** and partnered with others to ensure these were delivered

NHS Response – Inpatient Care Mental Health

- Changed how we worked on wards to deliver revised infection prevention and control (IPC) protocols & social distancing in least restrictive way - challenge of aged bed stock
- Maintained bed capacity & ensured Workforce was available to maintain safer staffing ratios
- Purchased additional beds through independent sector to support IPC & prepare for surge
- Introduction of end of life pathway on older adults wards.
- Improved physical health care offer, refresher training and upskilling for all inpatients including specialist services (e.g. Eating Disorders)
- Good liaison & support from OUH with patient assessment and transfer to acute – zero MH in-patient deaths due to COVID & zero COVID+ inpatients from 1/06/20

Occupied versus available bed days



- Occupancy levels – 89% March Vs 71% April Vs 70% May.

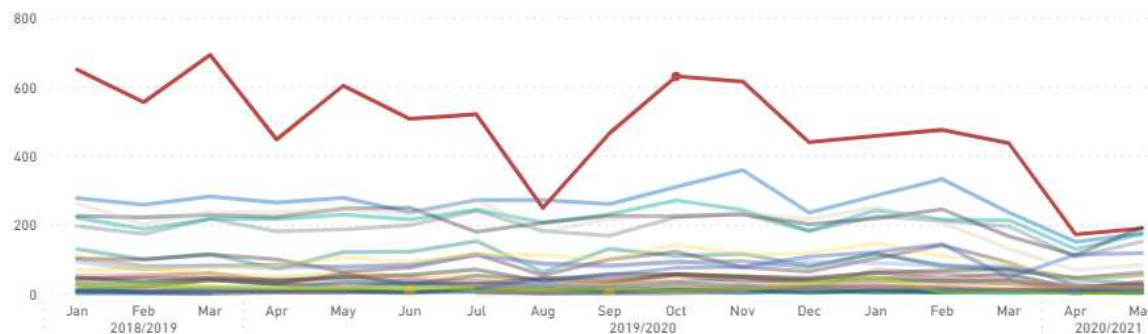
NHS Response – Impact on Demand (Mental Health)

- Maintained good response to emergency & urgent referrals
- Started to see an increase in complex cases, both new and known psychotic presentations.
- Although new referrals reduced, clinicians continued to work proactively with existing patients, carers & families to support their health and social care needs throughout
- Where necessary face to face work (assessment & treatment) continued but digital alternatives widely embraced
- Worked in close collaboration with 3rd sector partners, sharing learning PPE etc

AND within 2 weeks we:

- Established 24/7 Mental Health & LD helpline (all age) for Ox & Bucks linked to NHS111
- Established MH A&E on Warneford site (but not required)

How many referrals have been received?



Referrals continued to be made (and accepted) to all Mental Health Teams in Oxfordshire.

1,715 referrals received in April 2020 (-41% less than April 2019)

NHS Response - Learning Disabilities & Autism

- All open clients clinically reviewed to identify those at particular risk due to Covid 19 - care plans reviewed, crisis plans updated & health passports refreshed. Active engagement with primary care & challenge to “blanket” DNAR approach
- Designated staff developed accessible information including easy read regarding Covid 19. Resources shared with partners
- Care & Treatment Reviews (CTRs) & CETRs continued remotely
- Reasonable adjustment service provided support to acute admissions to ensure care support & rapid return to community
- Virtual support to specialist care homes & supported living

NHS Response – IAPT (Oxfordshire)

- TalkingSpace Plus is more public facing, via the website offer more COVID 19 related topics for example videos and other material on wellbeing, social isolation, worry management and employment support.
- We continue to deliver telephone and digital consultations remotely including all group treatments.
- The service has been involved in the set up, implementation & hosting of the 24/7 Mental Health Support line.
- We are prioritising local NHS and care home staff.
- We are actively working with system partners, including voluntary sector, councils, public health, acute trusts and SCAS to ensure patient pathways are in place for those that require COVID related psychological support.
- We are enhancing established patient pathways for BAME communities, older adults, and people with comorbid long term physical health conditions.
- Further staff training in PTSD, complex grief & bereavement, OCD, GAD and Health Anxiety (in preparation for the expected surge).
- Staff wellbeing continues to be at the forefront ensuring both a safe and effective service delivery.

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- Incredible pulling together across health and care – common purpose of togetherness of staff across the system
- Flexibility – staff moved to support areas of greatest need
- PPE
- Risk assessments
- Testing
- Resilience for on-going response including remote working / GP bank holiday working to support COVID-19 and non COVID-19 care
- Amazing support from people across Oxfordshire – fundraising, donations, sewing groups making face masks, teachers looking after key workers children, bus & taxi drivers and those charities and League of Friends supporting the provider Trusts
- **We want to say thank you – to our staff and to the communities we serve**
- But there have also been moments of great sadness and we would like to pay tribute to those staff, their families, friends and other Oxfordshire residents who have lost their lives during the pandemic, who include our close colleagues and friends - our thoughts are with their families, friends and colleagues who are deeply affected by their loss.

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Factors affecting data analysis

Practical and recording factors

Testing uptake
COVID recording in death certificates
Confirmed vs suspected outbreaks

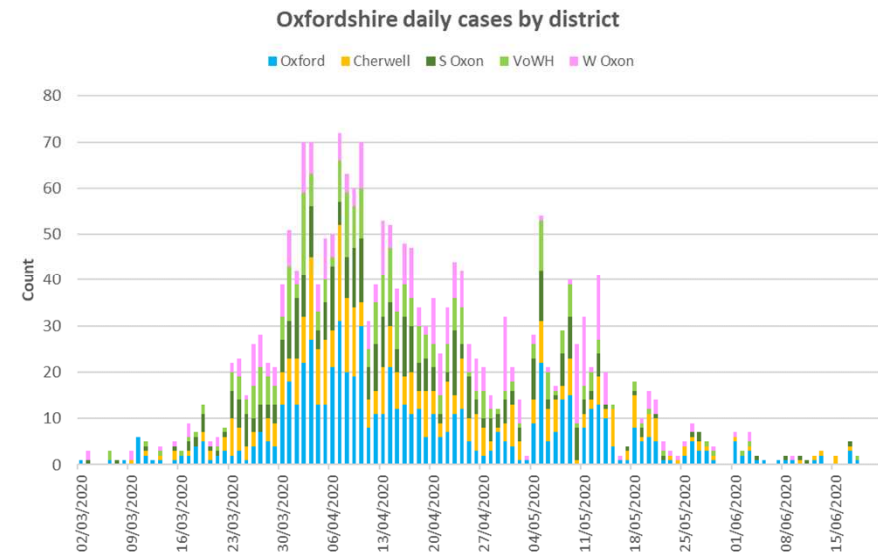
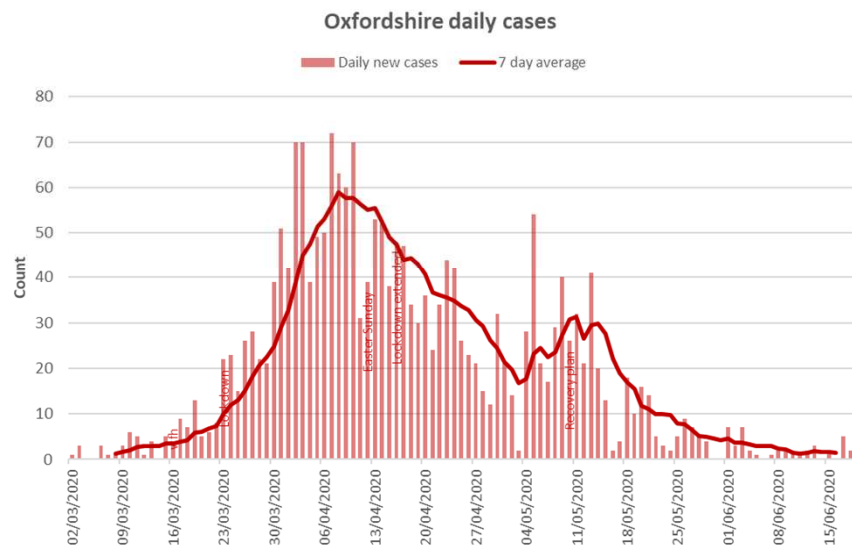
Individual factors

Age Distribution
Ethnicity
Co-morbidities
Case mix

Population factors

Population density
Care home distribution
Socio-economic factors

Oxfordshire daily cases

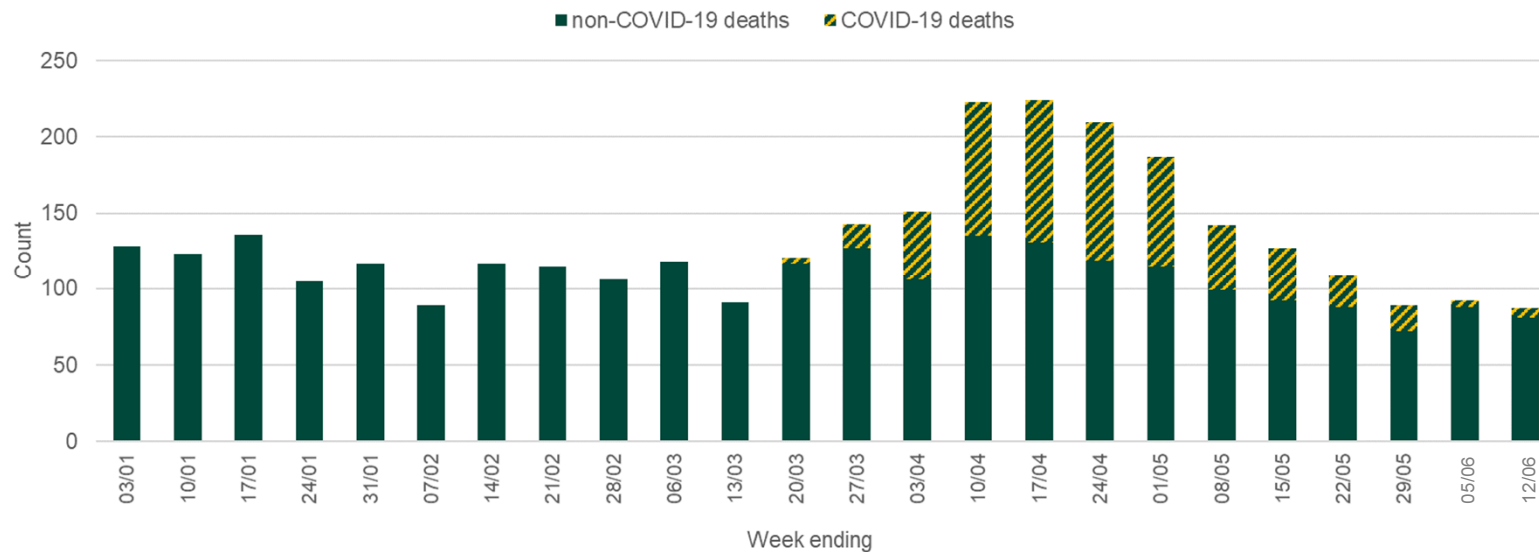


Oxfordshire cumulative cases 21/06/2020

Area name	Total cases	Rate per 100,000 population
Cherwell	422	282.9
Oxford	665	430.9
South Oxfordshire	369	262.6
Vale of White Horse	317	237.0
West Oxfordshire	350	318.8
Oxfordshire	2,123	308.8
South East	22,599	247.4
England	159,118	284.3

Oxfordshire Mortality

occurred up to 12th June but were registered up to 20th June



COVID-19 deaths include those with any mention of COVID-19 on the death certificate.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard>

COVID-19 Mortality by setting

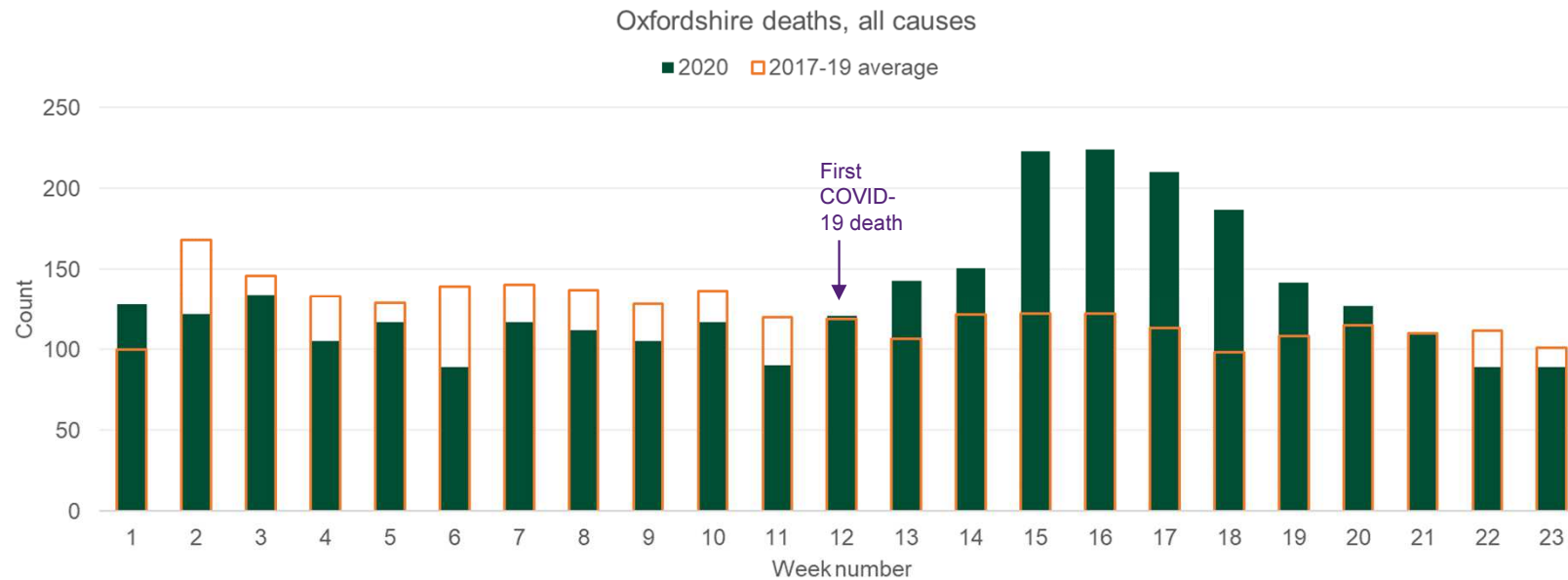
occurred up to 12th June but were registered up to 20th June

Area name	Place of death						Total	Crude rate per 100,000
	Home	Hospital	Care home	Hospice	Other communal establishments	Elsewhere		
Cherwell	4	46	63	1	0	0	114	75.8
Oxford	9	34	28	0	2	0	73	47.9
South Oxfordshire	3	47	62	0	1	0	113	79.6
Vale of White Horse	6	50	58	0	6	0	120	88.2
West Oxfordshire	1	39	74	0	0	1	115	103.9
Oxfordshire	23	216	285	1	9	1	535	77.4

COVID-19 deaths include those with any mention of COVID-19 on the death certificate.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard>

Oxfordshire mortality: all causes compared to average of last 3 years



<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincarehomesnotifiedtothecarequalitycommissionengland>

Previous years' data calculated from the Primary Care Mortality Database (PCMD)

2020 data up to week 22 includes deaths that occurred up to 5th June but were registered up to 13th June

All deaths in Care Homes

compared to average of last 5 years

County	Deaths within care homes, weeks 13 to 24, 2015-2019 weekly averages (ONS date of death data)	Deaths within care homes weeks 13 to 24 2020 (ONS date of death data)	% change
Oxfordshire	327	717	119%
England and Wales	24,651	53,166	116%

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincarehomesnotifiedtothecarequalitycommissionengland>

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/11622fiveyearaverageweeklydeathsbyplaceofdeathenglandandwalesdeathsoccurringbetween2015and2019>

Previous years' data at Local Authority level calculated from the Primary Care Mortality Database (PCMD)
2020 data up to week 24 includes deaths that occurred up to 12th June but were registered up to 20th June

Confounding Factors

Practical and recording factors

Testing uptake
COVID recording in death certificates
Confirmed vs suspected outbreaks

Individual factors

Age Distribution
Ethnicity
Co-morbidities
Case mix

Population factors

Population density
Care home distribution
Socio-economic factors

Other Considerations

- Data size and statistical significance
- Lessons to learn
 - Phase of pandemic
 - Unknown unknowns
- Phase of epidemiology and infectivity
- Looking ahead
 - Test and Trace
 - Local surveillance and responsiveness

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Care Homes

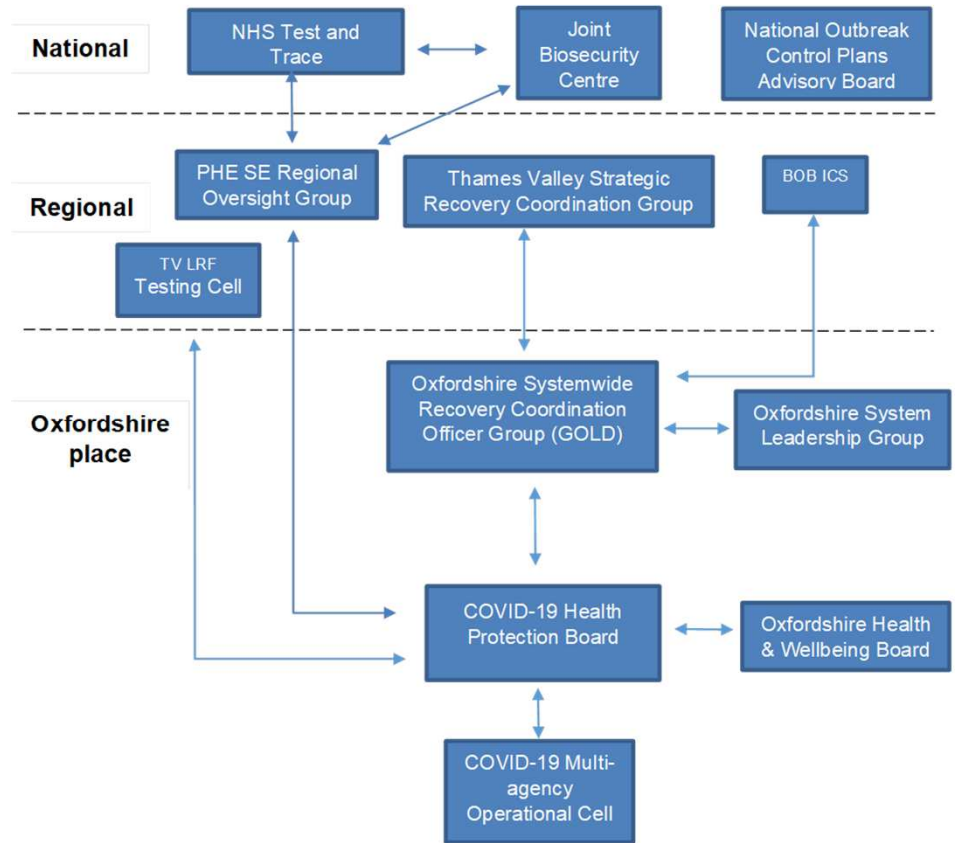
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Local COVID-19 outbreak structure



Recovery: Three Horizons

- 1. The immediate horizon:** an operation plan for the *Re-start*
- 2. Transition horizon:** recognition that we cannot radically change overnight! *Re-cover and Re-form* gradually
- 3. The post-COVID horizon:** an evidence-based plan for the future of 'Oxfordshire' as a place. Embrace whole system change ...*Re-new* together

Recovery: Learning and next steps

- Currently focus is on the rapid review of data where learning is so great that it influences current practice (and updated national guidance)
 - Staff and patient testing to enable us to see and treat more of the populations, or
 - research that influences treatment such as the use of medicine
- In the medium term we will need to revisit areas of more academic interest and wider learning

Recovery: Current and early challenges

- **Ensuring residents and staff are safe** and services can reopen with the right social distancing, PPE and other preventative measures in place.
- **Loss of productivity** in many areas due to the impact of social distancing and PPE
- **Redesigning Elective care** in some areas where we were already experiencing long waits pre COVID. For 9 specialities we need to work across the BOB ICS to develop solutions to avoid reintroducing patients to unacceptable total waits to treatment.
- **Home First Model** - discharging people through a discharge to assess model to assess their strengths, mostly in their own home and supported by an integrated team
- **Renewing services** – The nature of delivery of some services has changed – e.g. virtual to give infection control. Services have had to reshape or close due to the need to deploy essential staff. We need to consider the benefits of the current changes and impacts determining which changes are expected to be progressive.
 - Outside of COVID 19 the full requirements for engagement and consultation would apply on any major change and we will engage the Health Overview and Scrutiny Committee in this process
- Ensuring services remain ready to ramp up and are resilient **to respond effectively should a second surge occur**