**Oxfordshire Joint Overview and Scrutiny Committee.**
**25th June 2020**

**Chairman's Report**

## 1.0 Committee briefings and communication

1.1 The committee received the following written briefings since its meeting in February 2020. These are in the Appendices of this report and are on:

| Appendix | Name | From | Received |
|---|---|---|---|
| 1 | Weekly briefings on COVID-19 | System-wide communication | Weekly |
| 2 | BOB ICS Bulletin (April) | ICS | 16/04/20 |
| 3 | BOB ICS Bulletin (5th May) | ICS | 05/05/20 |
| 4 | BOB ICS Bulletin (21st May) | ICS | 21/05/20 |
| 5 | Urgent Dental Care Services Across the South East | NHS England | 22/04/20 |
| 6 | Merger of Horsefair surgery and Banbury Cross surgery | OCCG | 19/5/20 |

## 2.0 Committee questions on COVID-19

2.1 In the planning and preparation of the system-wide item on COVID-19, the following themes and questions were identified by HOSC members:

### 1. General information and data

a) What are the statistics on COVID-19 cases for Oxfordshire?
b) Numbers of deaths from COVID-19 (including those tested and non-tested)?
c) Deaths above the normal rate. What is the normal rate? What proportions are attributable to COVID and non-COVID deaths? What are the reasons for the (reported national) rise in non-COVID deaths?
d) What is being done to decrease the number of non-COVID deaths?
e) How are we encouraging/increasing the number of people using their GPs and A&E to reduce the number of non COVID deaths in the county.
f) How many COVID-19 beds were available when at the maximum levels? How much of this capacity was used?

### 2. Impact in care homes

a) Prevalence of COVID-19 in care homes and any differences across the different parts of the county? How does this compare to other areas across the country? What may explain the variation in prevalence in Oxfordshire when compared to elsewhere?

b) In relation to DTOC, how were people discharged from hospital settings into care homes (i.e. what was the process followed)? Which settings were they discharged to (care homes, own residence, other)?

c) Were patients automatically screened for the COVID-19 virus before discharge?

d) If they went to care homes – what impact did their admission had on the care homes?
 a. Was there an increase in COVID mortality and morbidity in those homes?
 b. Was there an increase in non-COVID mortality and morbidity in those homes?

e) Reducing transfer of patients between hospitals and care homes was key to Hong Kong's success story. How did this policy differ from what was happening in Oxfordshire and what can we learn from the experience in Hong Kong[1]?

f) What is being done to ensure that no further COVID-19 outbreaks occur in our care and nursing homes?

g) Description of PPE supply to care homes in Oxfordshire.

3. **Impact on access to services**

a) **Primary care**.
 i. With 75% of consultations now occurring remotely; how do people who are unable to use the technology access GP's?
 ii. What now happens when people contact their GP? (inc triaging, response times for an appointment, triggers for a face-to-face appointment, access to the person's medical record? What happens if they do and don't have COVID symptoms?)

b) **Planned care.**
 i. How many operations have been cancelled due to COVID-19?
 ii. How many consultant appointments have been delivered remotely? How many have been cancelled outright and not delivered by telephone?

c) **Temporarily closed facilities and sites (eg Wantage and Wallingford).**
 i. What assurance can be given that these facilities will re-open and an estimate of when that may be?
 ii. Why were the facilities closed and not used in the strategy to tackle the virus?

d) **Dentistry**
 i. Explanation of dental services and access to urgent dental care throughout the crisis?

e) **Mental health.**
 i. There has been a welcome focus on mental health with several routes to accessing services[2]. Are there too many routes/links to access mental health support?  Can this be simplified?

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[1] https://www.theguardian.com/world/2020/may/19/mps-hear-why-hong-kong-had-no-covid-19-care-home-deaths

https://www.independent.co.uk/news/world/asia/hong-kong-coronavirus-care-home-death-toll-china-wuhan-covid-19-a9532506.html

[2] https://www.oxfordhealth.nhs.uk/support-advice/what-to-do-in-an-emergency/

    ii.      Are there sectors/population groups that have specific needs, and how are these likely to be addressed?

    iii.     111 service is no longer being used for mental health problems – what is the process for reviewing its replacement?  And is it working?  Would a single point of access be possible especially in terms of the BOB STP?

## 4.  Impact on other conditions

a) With non essential operations and treatments postponed how are those waiting for treatment, tests and operations being managed to reduce clinical harm?

b) How is the effect of changes to health care provision being monitored for those with other health issues (e.g. impacts of delays in cancer treatment, transplants, joint replacements etc)?

## 5.  Managing the surge and backlog

a) For many services, but especially for mental health and primary care; what plans are being put in place to cope with the anticipated surge in demand as the lockdown is released?

b) What plans are being put in place to manage the unprecedented backlog in planned care of operations and specialist appointments caused by COVID-19?

## 6.  Impact on staff

a) What are the current staffing levels in the trusts, are we still under staffed?

b) When staff return to their usual jobs what are the plans to maintain the number of staff required to deal with COVID-19 as well as dealing with the backlog of patients awaiting treatment?

c) It was very sad to hear of the deaths of staff in our hospitals both frontline and non medical staff have put their lives on the line to deal with the pandemic. This is a tragic time for so many families in the county. What proportion of workers at the OUH are outsourced and which areas they currently work in? What PPE and training do outsourced staff have access to since the beginning of the pandemic? Are outsourced workers covered by BAME risk assessments as per all other NHS workers? Are easily accessible procedures in place and communicated to staff to allow at risk workers to receive an independent risk assessment via occupational health if they don't feel at ease with their line manager?

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http://omhp.org.uk/in-an-emergency/
https://www.oxfordshiremind.org.uk/help/
https://www.nhs.uk/Services/hospitals/Services/Service/DefaultView.aspx?id=105725
https://www.admin.ox.ac.uk/media/global/wwwadminoxacuk/localsites/aad/documents/Managing_mental_distress_out_of_hours_-_OSMHN_guidelines.pdf
https://occupationalhealth.admin.ox.ac.uk/mental-health-employee-guide
https://www.oxfordshire.gov.uk/residents/social-and-health-care/health-recovery-and-wellbeing/mental-wellbeing

d) Finally are there risk assessments in place at OU/South Central Ambulance Services/County Adult Services/ NHS blood and transplant services- to ensure the health and safety of all the staff and particularly of those in statistically at risk groups working or not working in outsourced companies? And what actions are being taken?

2.2 In answer to 6(d) raised by a HOSC member, a response was provided by Oxford University Hospitals Foundation Trust. A copy of this is provided in appendix 7.