

Draft Minutes

of the Meeting of the

Health Overview and Scrutiny Panel

Thursday, 4th June 2020

held in the Virtual Meeting.

Meeting Commenced: 13:30 Meeting Concluded: 16:24

Councillors:

P Richard Tucker (Chairman)
P Geoffrey Richardson (Vice Chairman)

A Marc Aplin
A Caroline Cherry
P Andy Cole
A Hugh Gregor
P Ruth Jacobs
P Huw James
P Karin Haverson
A Timothy Snaden
P Mike Solomon
P Roz Willis

P: Present
A: Apologies for absence submitted

Other Members (as appropriate):

Georgie Bigg (Co-opted Member)

Also in attendance: Councillors Mike Bell, Catherine Gibbons, Ian Parker

Officers in attendance: Gerald Hunt, Hayley Verrico (People and Communities), Matt Lenny, Leo Taylor, Brent Cross, Michèle Chesterman (Corporate Services).

Health colleagues in attendance: Robert Woolley (UHBWT), Colin Bradbury (BNSSG CCG), Dominic Mellon (PHE)

HEA Public Discussion (Agenda Item 1)

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None.

HEA Apologies for absence (Agenda Item 2)

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HEA 3 Declarations of Interest by Members (Agenda Item 3)

Councillor Huw James: board member for Alliance Homes, a domiciliary care provider.

HEA 4 Minutes of the Meeting held on 6^h February 2020 (Agenda Item 4.1)

Resolved: that the minutes of the meeting be approved as a correct record, with the alteration to show that Cllr Richardson had sent his apologies for absence.

HEA 5 Minutes of the Meeting held on 30^h September 2019 (Agenda Item 4.2)

Resolved: that the minutes of the meeting be approved as a correct record.

HEA 6 Matters referred by Council, the Executive, other Committees and Panels (Agenda Item 5)

None

HEA 7 Covid-19 - current health & social care position and the way forward (Agenda Item 6)

The chief executive of University Hospitals Bristol and Weston NHS Foundation Trust (UHBWT) gave a verbal update on developments at Weston General Hospital. The main points made were as follows:

- The hospital had been closed to new patients from the 25th of May, but the chief executive reassured Members and families that staff were still giving their best care.
- There were alternatives available to patients arriving at the hospital – there was a walk-in clinical health service available, and new patients were being transferred to other local hospitals.
- After the recent outbreak of COVID-19 at the hospital, in-patients were tested four times, and it was concluded that no in-hospital transmission of COVID-19 was occurring. The second round of testing of all staff was about to be completed.
- Patients were only being discharged when it was clinically appropriate, and there was thus no transmission of COVID-19 from the hospital to the community.
- It was found that 6% of tested staff had tested positive for COVID-19 but were asymptomatic. These staff members were now self-isolating.
- The Trust planned to re-open the hospital as soon as possible, provided that: there was no transmission between patients; the hospital underwent a deep clean; there were enough staff to run services; and that appropriate zoning within the hospital to keep staff safe. The hospital would be re-opened in a phased manner, hopefully by the following week.
- An incident investigation was being performed, and it was too soon to determine the specific source of the COVID-19 outbreak at the hospital.

Questions and comments from members were responded to as follows:

- What was the current ICU capacity? *Four beds; only one COVID-19 patient was in the ICU.*
- If there was no certainty as to the cause of the outbreak, would it be safe to re-open the hospital? *The hospital would only reopen once the safety criteria were met.*
- Was there a national guide for the NHS on how to deal with the COVID-19 epidemic? *Hospitals were mainly working to the pandemic flu incident plan, as well as following their own internal plans.*
- Was cross-working between Weston and UHB still happening, as well as working between hospitals and care homes (for example through agency staffing)? *Staff could now only work in one institution, although within the hospital staff were being assigned where their skills were in the most demand. It was also against policy for staff to wear their uniforms or wash their uniforms outside of the hospital.*
- What communications plans had been in place to inform staff of the outbreak? *The decision to close the hospital had to be taken very fast, over a bank holiday weekend, meaning not all staff could be contacted; the management team had known the week before that there was an issue and had been in discussions with the NHS and Public Health England as well as other bodies; management had communicated as much as possible with staff and were doing their best to continue doing so.*
- How many staff members in the COVID ward were black, Asian and minority ethnic (BAME), what guidance was provided for these staff members in the light of findings that BAME staff were more likely to be at risk to COVID-19 and how did the trust respond to an allegation recently raised in Parliament of discrimination against BAME staff including cleaners at the Hospital? *He was unable to provide numbers, but offered to report back with the information. These were distressing allegations; no concerns from inside the trust were raised with management. The majority of senior medical staff at Weston General were BAME and had told senior leadership that they felt supported by the Trust.*
- Why were swab tests taking 6-7 days before results were available? *There was now a testing hub on site to help improve this, and to ensure that affected staff were informed in a timely manner. Challenges around integrating IT systems across the newly merged Trust may also have contributed to delays.*
- Clarification was sought on the initial press report on numbers treated. *80 staff currently self-isolating at home, although this was just a snapshot figure – exact numbers from the start of the outbreak onwards would be reported back to HOSP.*
- How typical was the situation at Weston General of the NHS? *Weston General was one of the few places where all staff had been tested.*
- It was felt that communications with staff and the media were not initiated early enough during the outbreak, which could have contributed to public alarm.
- Had the role of multi-use equipment been investigated in the spread within the hospital? *This is one of the issues that would be looked at during the investigation.*

- The Chief Executive of UHBWT agreed that he would be able to report back to the Panel for an “enquiry day” on lessons learnt during the outbreak.

Concluded: That the report be noted and that Members’ comments be provided to officers and health colleagues in the form of minutes.

HEA 8 Covid-19 - current health & social care position and the way forward (Agenda Item 6.1)

The Area Director for North Somerset from the BNSSG Clinical Commissioning Group gave a presentation updating Members on the COVID-19 response in the area.

Member’s queries were responded to as follows:

- Concerns that Clevedon Community Hospital may have been used for COVID patients? *As far as he was aware, there were no inpatient COVID-19 cases at the Hospital; the Area Director would seek confirmation from Sirona Health as there was potential for potentially infected patients to present at the minor injuries unit.*
- Information about the size of backlogs of non-COVID conditions was sought. *Backlogs were carried by specialty; he did not have this information to hand, but it would be provided to the Panel in due course.*
- Members sought detail on COVID-19 impacts on community and mental health services. *There was national concern about potential “pent-up demand” for mental health services in particular, Avon and Wiltshire Partnership had put in additional capacity and Helplines had been put into place. He noted that there had been no spike in demand yet.*

Concluded: That the report be noted and that Members’ comments be provided to officers and health colleagues in the form of minutes.

HEA 9 Covid-19 - current health & social care position and the way forward (Agenda Item 6.2)

The Director of Public Health at North Somerset Council and a representative from Public Health England gave a presentation on Local Outbreak Control Plans. Attention was drawn to an email from the Chief Executive of North Somerset Council that highlighted new information about the Weston Hospital outbreak – if one discounted the outbreak at the hospital, infection rates in North Somerset were comparable to those in neighbouring local authorities.

Member’s queries were responded to as follows:

- How well was the Test and Trace programme working in Weston-super-Mare? *90 cases from the Weston General Hospital outbreak had been referred to Test and Trace, resulting in 166 contacts being identified for follow-up.*
- Should resources and lessons learned in other countries be used in North Somerset? *This was a question of resources; contact tracing details were held by Public Health England (PHE) and would not be available to any local authority; contact tracing for other diseases had*

been performed by PHE in the past and this experience could be extended during the COVID-19 outbreak.

- There were some areas in North Somerset where no social distancing was apparently taking place. Could these locations be closed? *This was challenging, and it would be difficult to implement and enforce in the ways that Local Authorities were able to act.*
- Was the phone app-based Track and Trace system in place? *Not yet, but developments were being awaited with interest.*
- Was North Somerset Council able to reassure schools and parents that schools were able to be opened from Monday 8 June? *There had been reassurance that there was no spread in the community from the Weston Hospital outbreak, but decisions on when to re-open had been left to schools individually.*
- Would any outbreak plans be monitored by elected members? *Yes, and elected members would have a role particularly in communication with local communities.*

Concluded: That the report be noted and that Members' comments be provided to officers and health colleagues in the form of minutes.

HEA 10 Covid-19 - current health & social care position and the way forward (Agenda Item 6.3)

The Head of Commissioning at North Somerset provided an update on commissioning during the COVID-19 epidemic.

After his presentation, the following queries and comments were received from members:

- What lessons had been learned ahead of a potential second wave? *North Somerset had had an over-capacity of 80%, and thus were prepared for a second wave should it be required. Apart from that, the PPE supply would need to be more robust. A range of funding options were available to support the increased demand for PPE in Adult Social Care settings.*
- Could there be more scrutiny in the future of the need for care homes to hire agency staff, to check that funding was going where it was needed. *The Infection Control Grant was very prescriptive and was very specific in terms of what it could be used for. The current funding from North Somerset Council was very fair. The use of agency staff would need to be controlled more in the future to prevent cross-infection between care homes.*
- What was the capacity for Technology Enabled Care in the wider community? Many isolated people had been identified over the course of the epidemic. *Match funding from the NHS and NHS Digital was being awaited to allow for cabling to be installed in care homes.*
- Members of the panel thanked the Head of Commissioning for the hard work that his team had been doing.

Concluded: That the report be noted and that Members' comments be provided to officers and health colleagues in the form of minutes.

HEA The Panel's Work Plan (Agenda Item 7)

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The Scrutiny officer gave an update on the work plan and Members acknowledged that there would be a fundamental need to review the plan in the light of the COVID-19 crisis and the impacts of this on priorities in the Health Sector. This would need further, more detailed, discussion in due course.

There was some discussion about arrangements for reviewing Trust Quality Accounts with some Members commenting that representations should be made regarding the requirement to produce the accounts given the pressures facing the sector currently.

It was noted that the Chief Executive of UHBWT had undertaken earlier to return to the Panel at a time in the future (to be agreed) to report to a Panel "enquiry day" session on lessons learnt from the recent outbreak at the Hospital. It was agreed that this commitment be added to the Work Plan.

Concluded: that the Work Plan be updated, picking up actions and discussion outcomes from the present meeting and additional activities of the Panel.

Chairman
