

Health Overview and Scrutiny Panel Meeting

8 October 2020

Addresses from the Public (agenda item 1)

1. Richard Lawson, local resident

“Given the tragic circumstances that happened in Weston Hospital earlier this year, when 57 patients acquired Covid-19, of whom 18 sadly died, as a result of being in Weston hospital, will the hospital authorities commit themselves to looking seriously and in depth at new technologies which are offered to them aimed at bringing levels of Sars-CoV-2 virus in hospital air as low as reasonably achievable?

If they are bound by contract not to communicate with authors of such offers, will they undertake to monitor the correspondence that takes place with agencies such as the BNSSGCCG to whom the correspondence is referred, in order to make sure that the correspondence proceeds at a reasonable pace?”

The background to this is that I first wrote to WAHT about this matter in the third week of August. It was referred to UHBWNHST, who referred it on to BNSSGCCG. There has been one partial reply, but nothing that could be seen as a full response to the questions raised in the correspondence.

I attach, fyi [See appendix 1], a brief outline of the technological solution I am putting forward to the NHS. As you will see, it is very simple and straightforward. It can be viewed as a reversal of the successful PerSo PPE system developed by the University of Southampton. It is at present being evaluated by the Health Connect arm of the National Institute of Clinical Excellence (NICE), and when it is rolled out, it would be good if Weston could be one of the first hospitals to use it.

For this to happen it is necessary that the hospital authorities enter into discussion.”

2. Helen Thornton, Save Weston A&E Campaign Group

“ **Healthy Weston** - review was planned for April 2021 but report suggests councillors consider a new timeline. Given that the report also says many of the themes of Healthy Weston have been completed, including the permanent overnight closure of Weston A&E, we would urge councillors to stick to the timetable and get the figures for recruitment and also crucially the impact of the closure on other nearby hospitals as part of a review in April 2021.

Outbreak Investigation- Although we recognise difficulties with testing at the start of the national outbreak it seems incredible that a decision was not taken to allocate a ward to Covid patients, and ensure staff working on that ward didn't work elsewhere - this happened in other hospitals.

Recommendations and action plan - 6 of the 13 recommendations have been completed, but 7 are described as being on track, including crucially patient flow, bed management, staffing arrangements, working together and data sharing. Given that we are now at the beginning of the second wave how quickly will these recommendations be addressed?

Once PHE's analysis concludes and is published will it identify areas not identified by UHBW? Further to this, how closely have these two organisations worked together and how truly independent of each other are they?

Will the Care Quality Commission interrogate the findings of both investigations and indeed will the CQC be undertaking its own investigation? We note that in the report (recommendation 13) that the CQC have reviewed UHBW's Infection Prevention and Control (2nd July) and found this now to be effective.

There is mention of a Root Cause Analysis Report. Will this be made available to the public?

Rapid access testing is stated as being available at WGH. What is the average turn around test time? This is especially important for asymptomatic in-patients.

Covid 19 update - At 3.4 the report states that "A national announcement was made around the intention to shift contact tracing resources (call centre capacity) to local public health teams. However, no detailed roadmap on how to achieve this has been published yet. Some pilots are being run to test how this could take place, including in Swindon and Somerset for the South West. The South West Directors of Public Health group are waiting for an evaluation to be completed and assessed before any decisions are taken on where best to put resources. Improving the performance of the national system may be a more efficient approach than implementing localised solutions." We would urge the Council to get ahead of the curve and as your LOMP states "ensure testing takes place quickly and tracing contacts of those who have tested positive occurs at pace, advising them to self isolate". Given the continued poor performance of the national system, in our view this can only be done by the establishment of local contact tracing service, and again given we are at the start of a second wave this needs to be done urgently. It would be useful to know how many public health and regulatory services staff the council employs and whether it has plans to recruit more."