

ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD
11/10/2023 at 6.00 pm



Present: Councillor Moores (Chair)
Councillors Adams, Ball, Brownridge, Hamblett, J. Harrison and McLaren

Also in Attendance:

Hayley Eccles	Oldham MBC
Jayne Ratcliffe	Deputy Managing Director, Health and Social Care Services
Paul Rogers	Constitutional Services
Tamoor Tariq	Oldham Healthwatch
Alistair Craig	Northern Care Alliance
Karen Coverley	Director of Nursing, Oldham Care Organisation

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Hobin and Hussain.

2 **URGENT BUSINESS**

There were no items of urgent business received.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4 **PUBLIC QUESTION TIME**

There were no public questions for this meeting of the Board to consider.

5 **NORTHERN CARE ALLIANCE - CARE QUALITY COMMISSION - INSPECTION REPORT FOR OLDHAM**

The received and considered the Care Quality Commission (CQC) inspection report in respect of Oldham Hospital which was presented by Karen Coverley, Director of Nursing, Oldham Care Organisation.

The report indicated that the Northern Care Alliance (NCA) overarching action plan was developed and replicated by each care organisation. Set out were the 'Must' and 'Should' actions for the NCA, Oldham Care Organisation and Maternity Services.

Progress to date is as follows:

- All divisions have reviewed the 79 NCA Must and Should Dos
- Actions have been linked to any improvement plans / work ongoing to support and monitor the development of improvements across the services.

- Oldham have 57 completed actions of which 22 are business as usual (BAU) / risk register, 11 in progress BAU/risk. These actions are being monitored via related workstreams / or added onto a risk register (Group or Care Organisation depending on the action).
- Oldham Care Organisation mandatory training is at 92.2% and My Time (appraisal) at 85.37%.
- Divisions /specialities are reviewing policies and working towards harmonisation of policies across the NCA.
- A harmonised Medicines policy has been finalised across the NCA, with maternity services working closely with Pharmacy colleagues to develop a maternity medicines policy.
- Nursing assessment and accreditation scheme, NAAS action plans are being cross referenced with the CQC action plan and ongoing work, ward F6 achieved Green in all 14 domains and good practice is being shared across all divisions. The Oldham theatres had their first TAAS assessment and achieved amber status.
- As part of the Urgent and Emergency Care workstream a Continuous Flow Model (CFM) has commenced within the division of medicine and shared learning across the NCA with other Care Organisation exploring the model.
- The Oldham Emergency Department have implemented the Patient First Improvement dashboard / toolkit and this has been shared with the other EDs across the NCA for implementation.
- The Maternity Improvement Board monitors the action plans / improvements within the maternity improvement plan.
- Patient Safety Incident Response Framework (PSIRF) implementation phase has been moved to 01 November 2023 and transition will be completed by 31 December 2023. Training has been commenced and workshops are under way in preparation for the implementation phase. Divisions across the Care Organisation are presently piloting PSIRF toolkits both Maternity and the Division of Medicine are completing an investigation using the SEIPS model.
- The NCA has transition to a new risk management policy in September 2023. The policy aims to create a risk management approach that is simple, realistic and feasible for all and one which brings value in terms of improvement. The policy champions the importance of proactive risk management at all levels.
- The transition for the risk scoring is September 2023 to December 2023 when all risks need to be in the new scoring

matrix, within the first 4 weeks the divisions have rescored 67% of risks.

- Oldham Urgent and Emergency Care services (ED/SDEC) have had a recent mock inspection in June 2023 and the formal report was received in September. Improvements have been made in the Responsive and Well Led domains.



Details of each 'Must' and 'Should' action were shown together with the progress on each indicating whether the action was completed or still in progress.

Circulated at the meeting was a progress a further detailed progress summary of the CQC Action Plan.

Karen Coverley informed the Board that she was very positive about the Action Plan. She advised that fundamental standards are monitored every day. She acknowledged the importance of staffing levels and referred to the pressures current staff were under in absorbing Action Plan work.

Alistair Craig, NCA, underlined the need for quality assurance at all times. He advised that 24 new midwives were recruited recently in a continuing drive to uplift staffing levels across the nursing spectrum. He added that they were currently looking into the use of apprenticeships.

With regard to a reference relating to concrete problems within the hospital Alistair Craig assured the Board that patients and staff are and will remain safe. He also advised that any expenditure in dealing with the hospital's concrete issues would not be funded from current budgets and any additional funding would be met from central government.

With regard to the issue of outside support for patient care, Alistair Craig informed the Board that the NCA is working with Community Health organisations with a view to alleviating the pressures on the Accident and Emergency (A and E) department and acknowledged the need for publicity and signposting to ensure that patients are aware of the choices available with A and E being the last resort. He also emphasized the need to assess each neighbourhood to establish their needs.

Jayne Ratcliffe, Director Adults and Social care Services referred to the Integrated Care Partnerships Board and Urgent Care Delivery Board which both had a major part to work together with the NCA and play a supporting role to the hospital. Referring to the possibility of reinstating a Joint Health Scrutiny Committee comprising Member representatives from Bury, Salford, Rochdale and Oldham Councils view to presenting a consolidated view to the NCA on the current care system, Alistair Craig felt that there would be some benefits but emphasised that each Council area had unique health

characteristics and needs which needed to be addressed but acknowledged that some health needs would overlap.

Resolved: that

- (i) the report be received and noted; and
- (ii) the Oldham Care Organisation Action Progress set out in the report be noted and endorsed.

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HEALTHWATCH ANNUAL REPORT 2022-23

The Board received and discussed the Healthwatch Oldham Annual report 2022-23.

Tamoor Tariq reminded the Board that Healthwatch exists due to the Health and Social Care Act 2012 stipulating that each locality should have a Healthwatch. This has been set up in Oldham and the Healthwatch team comprises 5 members of staff and he is the only fulltime individual. There are also eight volunteers who support Healthwatch. Healthwatch is funded by Oldham Council and Oldham Council's funding is derived from funding received from Central Government. Healthwatch is hosted by Action Together and Tamoor Tariq is managed by the Chief Executive of that group. Action Together manage the finances and human resources background and Healthwatch deliver the services.

Regarding the Income and Expenditure Account for 2022-23, Tamoor Tariq informed the Board that the excess of Expenditure over income for 2022-23 is balanced from overspend and underspend from previous years.

The Board was informed that Healthwatch staff have been working to hear the voices of local people and to represent and act on this feedback. Their work is important to ensure local people can share information about their health and care experiences and they must make sure this includes people from communities that may not always be heard. In 2022/3, they reached out to all Oldham communities via our bi-monthly survey, "The Healthwatch Oldham 100" and through targeted surveys. The information they obtain from these surveys helps to identify key themes on a range of subjects that matter to you and that we can further explore. Next year they will build upon this work and seek to improve their engagement with people with disabilities, asylum seekers, the LGBTQ+ community, and young people. In 2022/23 they used feedback to further explore the experiences of people living with dementia and to publish our findings. They were also involved in projects with Healthwatch Rochdale to review the experiences of partners and family members in local maternity services and with the former Oldham Clinical Commissioning Group to help evaluate how Patient Participation Groups (PPGs) in GP practices were working. They will ensure feedback is shared with service providers and track how it is used to develop services and address your ideas and concerns. They could also take forward

views on remote appointments with the Northern Care Alliance and work with them and others to develop guidance for future use.



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Last year saw changes to the NHS infrastructure and Integrated Care Partnerships (ICPs) were created to plan and deliver joined-up health and care services. Oldham is part of the Greater Manchester ICP and works with the other nine Greater Manchester (GM) boroughs to improve the health and wellbeing of GM people. Healthwatch Oldham plays an active part in these new arrangements at both a local level and as part of the new Healthwatch in Greater Manchester Network. Being part of this network means they can participate in joint projects and share intelligence. In 2022/3 they used the feedback provided on access to dental services in Oldham to contribute to a GM report that outlined key issues and how recommendations made by Healthwatch England for future NHS dental care may be taken forward. They look forward to working with our GM colleagues in the coming year to represent local views, particularly about Mental Health and the care of Children and Young People. Healthwatch work with Health Forums attended by local people, stakeholders and partners attend from Forum meetings. Healthwatch gather ideas and intelligence for the Forums for future projects. He indicated the importance of publishing Health so that individuals are aware of Healthwatch and what its services can offer in and at the outreaches of Oldham.

Tamoor Tariq emphasised the need to reach out to communities to gather as much feed back as possible. He referred to the top three priorities set out in the report as follows:

1. Improving Primary Care access for Asylum Seekers and Refugees, by collating their views about their current challenges.
2. Establish an Oldham Youth Healthwatch and develop a specific platform for young people to voice their views on the local health and social care system.
3. Tackling health inequalities- Continue to use experiences and data to identify gaps and issues on access, produce reports and work with ICP/ICS and PCNs. We will help reach key demographics such as communities facing racial injustice and the LGBT community whose views are under represented and ensure services are appropriate for them.

With regard issues relating to addressing awareness of signposting for healthcare rather than going to Accident and Emergency (A and E) department. Tamoor Tariq informed the Board that addressing these issues in the Primary Care Network areas was a way forward and promoting their activities, events and informing individuals is important.

In response to discussion around A and E pressures, deprivation, inequalities, poverty and cost of living and how Healthwatch can support the Northern Care Alliance it was

suggested that the Board could provide a recommendation in this respect.

Resolved; that

(i) Healthwatch Oldham look into ways it can support and participate with the Northern Care Alliance to address some of the pressures on Oldham Hospital Accident and Emergency Department by Healthwatch investigating issues relating to inequalities, poverty and the cost of living crisis and how these issues impact on patient numbers through A and E and to measure and monitor outcomes with a view to increasing patient awareness of choices available in the community to help alleviate the pressures on the A and E department; and

(ii) the Healthwatch Annual Report 2022-23 be noted.



The meeting started at 6.00 pm and ended at 8.10 pm