

## ***HEALTH SCRUTINY Overview & Scrutiny Committee Agenda***

Date Tuesday 18 October 2022

Time 6.00 pm

Venue Council Chamber, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

Notes 1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Constitutional Services at least 24 hours in advance of the meeting.

2. CONTACT OFFICER for this agenda is Constitutional Services Tel. or email [Constitutional.Services@oldham.gov.uk](mailto:Constitutional.Services@oldham.gov.uk)

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### MEMBERSHIP OF THE HEALTH SCRUTINY

Councillors Ball, Harrison, S Hussain (Chair), Ibrahim, Marland, McLaren, McManus and Nasheen



**Oldham**  
Council

4 Minutes (Pages 1 - 6)

To consider the Minutes of the meeting of the Health Scrutiny Committee held on 6<sup>th</sup> September 2022.

**Present:** Councillor S Hussain (Chair)  
Councillors Ball, Harrison, Ibrahim, McLaren, McManus and Nasheen

Also in Attendance:

Kaidy McCann

Mike Barker

Constitutional Services

Strategic Director of

Commissioning/Chief Operating  
Officer

Nicola Hepburn

Associate Director of

Commissioning

David Jago

Director of Finance/Chief Officer,  
Oldham Care Organisation, NCA

## 1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Marland.

## 2 **URGENT BUSINESS**

There was no urgent business received.

## 3 **DECLARATIONS OF INTERESTS**

There were no Declarations of interest received.

## 4 **PUBLIC QUESTIONS**

There were no Public Questions received.

## 5 **MINUTES**

**RESOLVED** that the Minutes of the Meeting held on 5<sup>th</sup> July 2022 be approved as a correct record.

## 6 **HEALTH AND CARE BILL - IMPLEMENTATION UPDATE**

Consideration was given to a report of the Place Lead, Oldham which provided an update on the progress in relation to the implementation of the Health & Care Bill.

The Committee were advised that across the health and care system in England, the NHS, Local Authorities and Voluntary Organisations had made extraordinary efforts to manage the Covid-19 pandemic and delivered the vaccination programme whilst continuing to provide essential services. It was noted that services still faced major operational challenges such as tackling backlogs, meeting deferred demand, new care needs, changing public expectations; tackling longstanding health inequalities; enabling respite and recovery for those who had been at the frontline of the response and re-adjusting to a post-pandemic financial regime.

Members were informed that, as services continued to respond, Integrated Care Systems (ICSs) would play a critical role in aligning action between partners to achieve their shared purpose to improve outcomes and tackle inequalities, to enhance productivity and make best use of resources and to strengthen local communities. The partnerships existed to achieve four aims which were as followed:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

It was noted that a target date of 1 July 2022 was agreed for new statutory arrangements to take effect and Integrated Care Boards (ICBs) to be legally and operationally established. That replaced the previously stated target date of 1 April 2022. It was agreed to provide some extra flexibility for systems preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response, while maintaining our momentum towards more effective system working.

Throughout the pandemic, feedback given stated that collaboration allowed faster decisions and better outcomes, co-operation created resilience and teamwork across organisations, sectors and professions enabled the services to manage the pressures faced by the NHS and Partners. As focus was reset on the ambitions set out in the NHS Long Term Plan, it was imperative that the commitment be maintained to collaborative action, along with the agility and pace in decision-making that had characterised the response to the pandemic.

Members asked for and received clarification on the following:

- Integration was welcomed but how do residents see and understand the change. It was noted that all Leaders had recently met for a conversation on how different services will be going forward. there was a need for modern systems and preventative services.
- How would the four aims be delivered. Members were informed that there was a need to be realistic as the NHS would not be receiving more funding. Oldham had done well to keep GP Levels the same as pre-Covid as 90% of health demand came through GP's despite only receiving 12% of the budget. Bringing community pharmacies back would also assist in the demand and aims.
- Vaccination roll out and boosters. It was noted that blood services were now at pharmacies with those and GPs happy to continue to assist with the vaccination roll out.
- Capacity of pharmacies. Members were advised that there were more pharmacies within Oldham compared the GP services.

**RESOLVED** that:

1. The update on the ~~Page 2~~ are Bill be noted.

2. A meeting with Officers be arranged outside of the Committee to look at the work programme.



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## **ELECTIVE RECOVERY PROGRESS**

Consideration was given to a report of the Place Lead, Oldham which provided an update on the progress in the recovery of Elective Care services.

The Committee was informed that in February 2022, NHSE published the Delivery Plan for Tackling the COVID-19 Backlog of Elective Care, a plan that set out a clear vision for how the NHS would recover and expand elective services over the next three years. A central aim was to maximise NHS capacity, supporting systems to deliver around 30% more elective activity by 2024-25 than before the pandemic, after accounting for the impact of an improved care offer through system transformation, and advice and guidance creating an elective care system that would be fit for the future.

Members were informed of the National plan, as was reflected in the locality plan, had a strong focus on improving patient outcomes and their experience of NHS services, delivering against the following key areas:

1. Make progressive improvements on long waits, with a goal to eliminate waits of over one year by March 2025, and waits of over two years by July 2022.
2. Reduce diagnostic waiting times, with the aim of least 95% of patients receiving tests within 6 weeks by March 2025.
3. Deliver the cancer faster diagnosis standard, with at least 75% of urgent cancer referrals receiving a diagnosis within 28 days by March 2024 and return the 62-day backlog to pre-pandemic levels by March 2023.

The ambitions set out in the recovery of Elective Care were important for improving outcomes for patients, but they were still heavily dependent on maintaining low levels of COVID-19, this would enable the NHS to restore normalised operating conditions and reduce high levels of staff absence. The plan required a collective focus to:

- Increase capacity and separate elective and urgent care provision, while freeing clinicians' time for new patients and those with the greatest clinical need
- Prioritise diagnosis and treatment for those with suspected cancer or an urgent condition, and offering alternative locations with shorter waiting times for those waiting a long time
- Transform the way elective care is provided, including streamlined care and fewer cancellations, and more convenient access to surgical and diagnostic procedures, using digital tools and data to drive the delivery of services
- Provide better information and support to patients, providing personalised, accessible support to patients

whilst they wait, improving outcomes and reducing inequalities in health outcomes.

The Committee was advised that recovering elective services required huge, collective effort from systems and providers. This was not just in hospitals but across the entire health and social care system. The National ask was ambitious, however Oldham locality continued to strive to ensure continued inroads and improvements and return to, and exceed, a pre pandemic performance position.

Members asked for and received clarification on the following:

- Rochdale's usage of A&E. Members were advised that 42% of A&E visits were from none residents, some services were designed to push Rochdale residents to Oldham. This was due to Oldham being the forefront of designing what works for hospitals. The average daily visitors to Oldham A&E had reduced from 400 per day to 250 post Covid. Rochdale was now being utilised for day services.
- Was there a risk of another Covid-19 pandemic. It was noted that there was huge risks if services did not learn from previous lockdowns. Services were confident that levels would not get to where they were previously due to different thinking and working.
- Was there a risk of staff not being available. It was noted that all newly qualified student nurses within Oldham had stayed in Oldham. There was confidence that staff levels would not drop and if there was a dip, staff could be sourced from elsewhere. 40% of theatre nurses were agency.

**RESOLVED** that:

1. The update on Elective Recovery Progress be noted.
2. A vote of thanks be passed on to Health Colleagues for all the hard work undertaken.

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## **NCA IT OUTAGE CRITICAL INCIDENT DEBRIEF REPORT**

Consideration was given to a report of the Chief Officer, Northern Care Alliance which provided Members with an update on the NCA IT Outage Critical Incident debrief report.

The Committee was informed that on the 17<sup>th</sup> May 2022 the Information Technology (IT) on call team received reports of the Symphony (A&E) system becoming unresponsive. This resulted in calls being logged with EMIS (Symphony support) and Dell and VMware (infrastructure support) and triggered an investigative process. By mid-morning on 18<sup>th</sup> of May it had become clear that this was an issue related to the Trust's virtual infrastructure which was affecting most clinical systems in the North East Sector (NES) affecting Bury, Rochdale, Oldham and North Manchester (managed by MFT) acute provider teams. An Incident Response Meeting was scheduled and chaired by the NCA Chief Delivery Officer. At this meeting the risks and impacted areas were identified with the decision made to establish twice daily meetings and for services across the

NES and North Manchester to invoke their Business Continuity plans. Throughout the weekend of the 21st and 22nd of May the suppliers (Dell & VMware) continued to work on the issues with support from the IT & Digital Teams, with Care Organisations maintaining Business Continuity. On the 23rd of May the decision was made to build an emergency environment to transfer critical clinical services to. Discussions took place regarding escalating to a Critical Incident; and the final decision was made by the NCA Executive in a meeting chaired by the NCA Chief Executive.

Members were informed that staff had to shift to handwritten documents and the use of Dictaphones during the failure. Not all of the Dictaphone records had yet been added into patients' records and the communication disruptions may require patients to have further hospital attendances and diagnostic checks. 67 per cent of staff who responded to a debrief form across the health organisations affected, felt that patient safety had been 'compromised' during the IT failure.

During the period of the outage there were 327 incidents of low harm reported across the hospitals, most of which related to medications and missed drug dosage, documentation and IT security. It was noted that there were two incidents of moderate harm which involved a medication error and a surgery related incident. Additionally, one serious incident was reported which related to end-of-life care, in which a referral was made to the coroner containing incorrect patient demographics.

Members were advised that the outages were caused by a previously unknown inherent software defect. This had been triggered by a very specific set of conditions which included a server being disconnected for routine maintenance purposes for less than five minutes, combined with the outcomes of nightly backups running while the server was disconnected. The disconnection would not normally cause any adverse impact and the nightly backups were also part of the core design of the system.

It was noted that moving forward, the incident would be used as a case study with ongoing audits taking place which would ensure the services were performing as it should be. From 2023 all patients' records would move to electronic and a patient portal be set up for patients to view results.

**RESOLVED** that the update be noted.

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## **KEY DECISION DOCUMENT**

The Committee considered the latest Key Decision Document which set out the Authority's Key Decisions scheduled to be made from 22<sup>nd</sup> August 2022.

**RESOLVED** that the Key Decision Document be noted.

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**HEALTH SCRUTINY COMMITTEE WORK PROGRAMME  
2022/23**

The Committee received a report inviting consideration of the Committee's Work Programme for 2022/23 as at September 2022.

**RESOLVED** that the Health Scrutiny Committee's Work Programme 2022/23 be Noted.



The meeting started at 6.00 pm and ended at 7.27 pm