

## Consolidated Action Plan – Health Overview and Scrutiny Committee 27042022

Item	Action	Lead	Progress update
Minutes of 23 September	Health partners to be invited to the next OCC scrutiny training	Helen Mitchell OCC	To be actioned in the new municipal year. <b>In progress</b>
<b>28 November Meeting</b>			
COVID	Jo Cogswell to report to the next meeting on the allocation of Winter Access Funds.	Jo Cogswell, Oxfordshire CCG	A comprehensive item will be considered at the Committee's meeting on 10 May 2022. <b>Completed</b>
COVID	Recommended that HOSC planning (at their virtual meeting) will develop a template for reporting to HOSC, which will include a section on what contribution is being made to COVID recovery.	Helen Mitchell, OCC	Remains delayed due to service pressures. Officers continue to provide advice to officers on the writing style of reports to aid all the Committee and the public's understanding of often complex health related information. <b>In progress</b>
BOB ICS	Training on BOB ICS to be organised for January.	Helen Mitchell, OCC	Training to be scheduled early in the new municipal year <b>In progress.</b>
Admission to care homes	Stephen Chandler (OCC Director of Adult Social Care) agreed to provide an update on engagement with Care Homes at the next meeting	Karen Fuller, OCC	<b>Completed</b> Meeting occurred on 25 April and note is appended to Chair's report
Admission to care homes	Stephen Chandler offered to meet with HOSC co-opted members Barbara Shaw and Alan Cohen, and the Chair, to discuss discharges to care in response to detail asked for and to steer OCC on other data HOSC might receive in future	Karen Fuller, OCC	<b>Completed</b> Meeting occurred on 25 April and note is appended to Chair's report

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Admission to care homes	That Senior officers provide further information on the reporting of people who are medically optimised for discharge from acute hospitals, and how some of the successes in reducing that number can be maintained into the future.	Ansaf Azhar and Karen Fuller, OCC	<p><b>Completed</b></p> <p>Meeting occurred on 25 April and note is appended to Chair's report.</p>
Admission to care homes	That Senior Officers provide further information as to the consequences of implementing national guidance associated with the discharge of patients to care homes in the early stages of the pandemic.	Karen Fuller, OCC	<p>We robustly followed all guidance at each stage of the pandemic in relation to admission to care homes from acute hospital.</p> <p><b>Completed</b></p>
Admission to care homes	That Senior Officers provide further information on the emerging pattern of community and home-based care, and how this can be linked to current developments in the County.	Karen Fuller, OCC	<p>To be addressed as part of the forthcoming Community Services Strategy. Members will receive information on the strategy at appropriate intervals during 22/23 municipal year.</p> <p><b>Completed</b></p>
Cllr Barrow's Infection Control Report	Oxfordshire County Council (OCC), through its adult services, should hold regular discussions with OACP, OCHA on how locally we can maximise the advice from online sources beginning with the Bushproof and Department of Health documents.	Karen Fuller, OCC	<p>OCC are in regular conversations with both OACP and OCHA to ensure that we maximise all sources of advice and guidance which is cascaded to providers via multiple channels/networks accordingly. This includes any changes in guidance and regulations. Guidance is taken from the Department of Health and Social and the UK Health security agency (UKHSA)</p> <p><b>In progress</b></p>
Cllr Barrow's infection control report	OCC carries out a regular review of current infection control procedures in care homes and the support provided.	Karen Fuller, OCC	<p>This is built into our routine procedures in relation to infection control and monitoring outbreaks. OCC works in partnership with Oxford Health care home support service, CQC and UKHSA.</p> <p><b>In progress</b></p>

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Cllr Barrow's Infection control report	OCC should ensure that its winter plan contains the recommended training and infection control support as identified by recommendations also made in the report	Karen Fuller, OCC	The Winter Plan contains and is managed in conjunction with the local outbreak management plan and standard operating procedures.  <b>In progress</b>
<b>10 March Meeting</b>			
Access and Waiting Times	Information is supplied on the number of patients on the ENT waiting list and the total waiting time from referral	Sara Randall, OUH	Information supplied by OUH is appended to this action plan.  <b>Completed</b>

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Access and Waiting Times	Information is supplied on the number of patients who have removed themselves from elective treatment waiting lists	Sara Randall, OUH / Matt Akid OUH / Lisa Glynn OUH	<p>We (OUH) have no way of knowing if a patient has chosen to leave an NHS waiting list in order to use private healthcare as this is not captured within our coding reasons for patients coming off waiting lists. We are therefore unable to provide this information to Members. Sourcing precise data that shows us how many people have left waiting lists in total is a significant task for the Trust at any time. We would like to assure Members that at the present time we do not have any concerns relating to the financial or overall sustainability of services as a result of people leaving our waiting lists. We are doing our utmost to ensure the backlog of procedures is dealt with in a timely fashion so that no patient feels the need to leave our waiting list</p> <p><b>Completed</b></p>
Access and Waiting Times	Information is supplied on the new elective care access offer across the BOB footprint (the provider collaborative)	Sara Randall, OUH	<p>BOB ICS Elective Recovery plan &amp; provider collaborative would need to be presented by BOB ICS colleagues - James Kent/David Williams</p> <p><b>In progress</b></p>

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Access and Waiting times	Information is supplied on vacancy and sickness rates across midwifery	Sara Randall, OUH	<p>Staff absence data and vacancy data are both published in our Trust Board papers – within the Integrated Performance Report (IPR). The latest IPR for the last Trust Board meeting on 9 March is published on the OUH website <a href="#">here</a>. The data are from Month 10 of the 2021/22 financial year (January 2022) – key information relating to staff sickness absence and vacancies as follows:</p> <ul style="list-style-type: none"> <li>• OUH staff sickness absence was 4% in January, slightly higher than the Trust’s target of 3.1%, due to COVID-19 and the Omicron variant</li> <li>• Our overall OUH staff vacancy rate was 5.6% in January, better than the Trust’s target of 7.7%</li> <li>• The current vacancy rate for Band 5 Staff Nurses across the Trust is 13.5% and for nursing overall is 8.2%</li> </ul> <p><b>Completed</b></p>
Access and Waiting Times	That Members meet separately with James Scott to explore workforce challenges across Oxfordshire/the NHS	James Scott, BOB ICS	<p>Initial meeting between Helen Mitchell and James Scott in the diary for 5 May to ensure effective future engagement with Members.</p> <p>In progress</p>
ICS/ICB Item	That Members engage with Catherine Mountford and OCC about the evolution of the ICS/ICB from a governance perspective and how/where democratic references can influence how the ICB/ICS operates in practice.	Helen Mitchell, OCC / Catherine Mountford, Stephen Chandler	<p><b>In progress.</b></p>

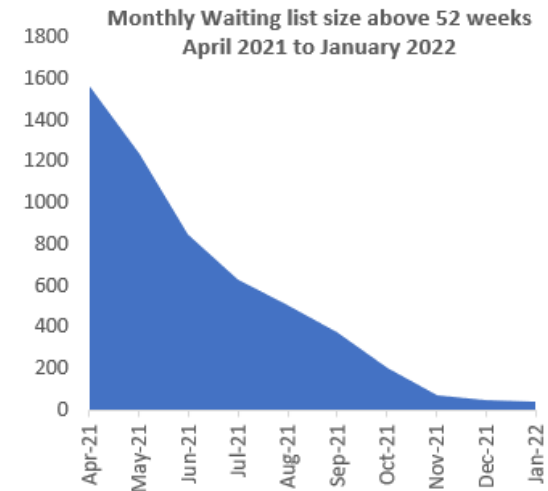
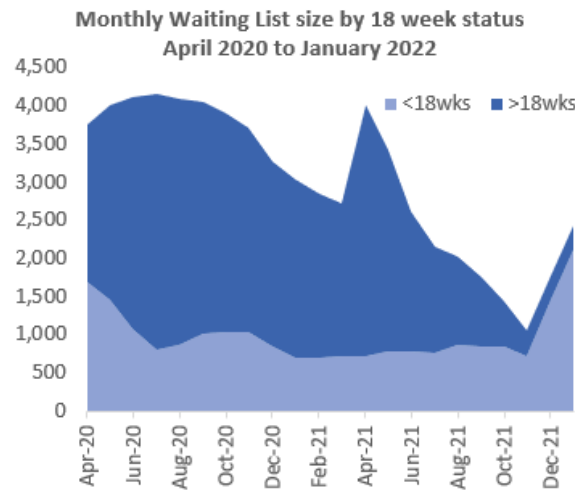
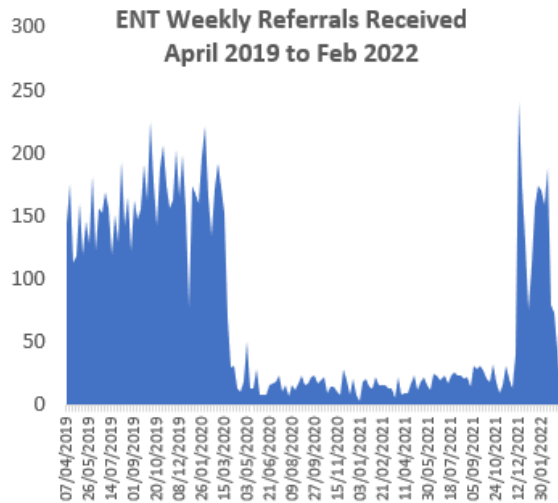
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Item	Action	Lead	Progress update
ICS/ICB	<p>That the convergence of service offer across BOB is placed on the Committee's work programme.</p> <p><b>**The context to this was Cllr Van Mierlo's point about IVF treatment cycles differing across CCGs **</b></p>	<p>Sarah Adair, OCCG</p> <p>Helen Mitchell, OCC</p>	<p>Thames Valley Priorities Committee has responsibility for this <a href="http://oxfordshireccg.nhs.uk">Priority Setting (oxfordshireccg.nhs.uk)</a></p> <p>This Committee agrees which drugs and treatment should be low priority and which should be funded across BOB so they are the same.</p> <p><b>For agreement at Committee, 10 May, that this answer satisfies the need to revisit / not revisit as part of the Committee's work programme in 22/23.</b></p>
Covid Recovery	That the covid recovery plan is placed on the agenda for 10 May meeting	Ansaf Azhar, OCC	<p>This will be on the agenda at the 9 June meeting.</p> <p><b>Completed</b></p>
Healthwatch Update	That to support the discussion on 10 May, an appropriate officer from NHS E/I attends to discuss primary care challenges and opportunities	Helen Mitchell, OCC	<p>In consultation with the Chair, any questions that fall within the remit of NHSE will be shared with for response via email.</p> <p><b>Completed</b></p>
Chairs Update	That Members of the Committee come forward in which to develop a glossary of NHS acronyms.	Helen Mitchell / HOSC Members	<p>Cllr Champken – Woods came forward at the last meeting to start an early draft.</p> <p><b>In progress</b></p>

Information Supplied from OUH on ENT Waiting Times



# Ear, Nose and Throat (ENT) Waiting List



**Waiting List as at 31<sup>st</sup> January 2022**

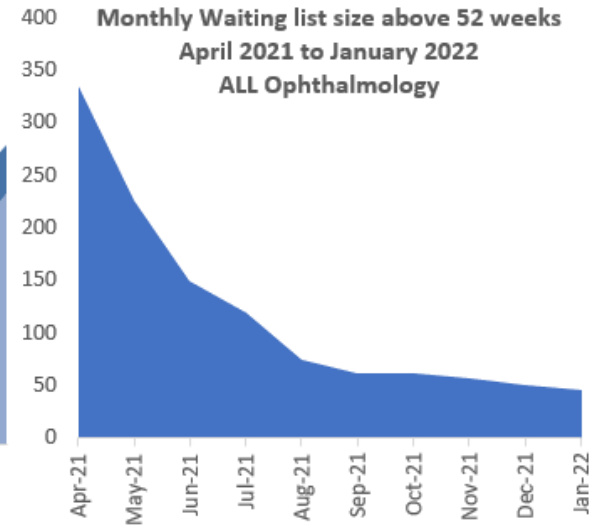
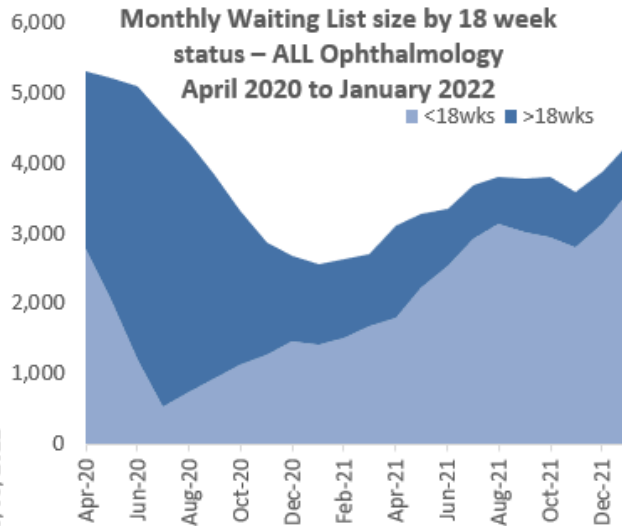
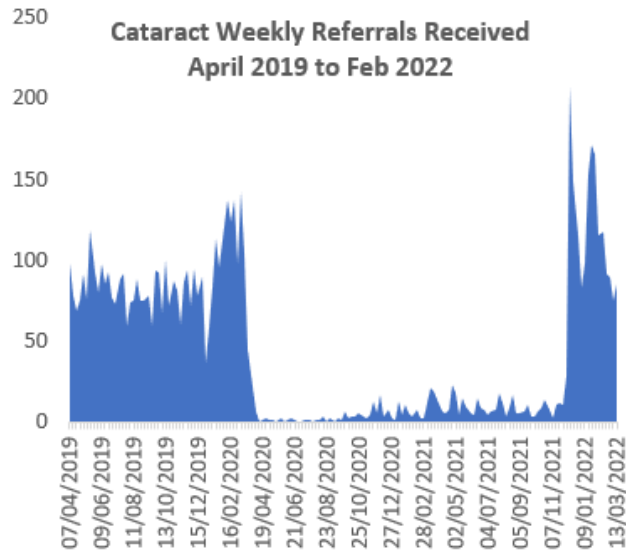
% within 18 weeks	Total Waiting	Waiting <18wks	Waiting >18wks	Waiting 52wk+
88.60%	2,395	2,121	313	39

Growing volume of outpatient pathways for ENT since reopening in Q3. This matches the sudden spike in referrals received, which seems to have normalised to pre-pandemic levels. An increasing volume of undated referrals highlights an outpatient capacity issue in ENT, which may consequently require more surgical capacity also – plans are in development stage for 2022/23. Long waits have been successfully addressed during 2021/22, with zero patients waiting over 104 weeks at the end of March 2022.

However increased capacity is required to prevent a further build up of waiting times.



# Ophthalmology Waiting Times Trend



## Waiting List as at 31<sup>st</sup> January 2022

% within 18 weeks	Total Waiting	Waiting <18wks	Waiting >18wks	Waiting 52wk+
84.80%	4,212	3,571	687	46

A growth in outpatient pathways in all Ophthalmology since April 2021 and a further increase since January 2022, which relates to Cataract services reopening. Referrals have returned to pre-pandemic levels and with the combination of a growing outpatient waiting list, more outpatient capacity is required. No patients waited more than 104 weeks for treatment at the end of March 2022.