

## **AGENDA FOR**

### **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE CARE NHS FOUNDATION TRUST**

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**To: All Members of: Joint Health Overview and Scrutiny  
Committee for Pennine Care NHS Foundation Trust**

**Councillors** : P Adams, J Grimshaw and R Walker, J  
Gartside, J Hornby, S Rowbotham, C McClaren, B Judge,  
J Turner, T McGee, C Gordon, J Wright, J Bell, K Welsh,  
H Bowden

Dear Member/Colleague

#### **Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust**

You are invited to attend a meeting of the Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust which will be held as follows:-

<b>Date:</b>	Thursday, 18 June 2015
<b>Place:</b>	Training and Conference Suite, Level 1, Number One Riverside, Rochdale OL16 1XU
<b>Time:</b>	10.00 am
<b>Briefing Facilities:</b>	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
<b>Notes:</b>	A pre-meeting briefing will be held at 9.30am

## **AGENDA**

**1 APPOINTMENT OF CHAIR**

**2 APPOINTMENT OF VICE CHAIR**

**3 APOLOGIES FOR ABSENCE**

**4 DECLARATIONS OF INTEREST**

Members of the Joint Committee are asked to consider whether they have an interest in any of the matters on the agenda and, if so, to formally declare that interest.

**5 PUBLIC QUESTIONS**

Members of the public present at the meeting are invited to ask questions on any matter relating to the work or performance of the Pennine Care NHS Foundation Trust. A period of up to 30 minutes will be set aside for public questions.

**6 MINUTES** *(Pages 1 - 4)*

Minutes of the last meeting held on 14<sup>th</sup> April 2015 are attached.

**7 MATTERS ARISING**

Members of the Committee are asked to identify, report or receive updates on any issues from the minutes of the last meeting, which require further discussion or action and which have not been listed on the agenda.

**8 POLITICAL BALANCE** *(Pages 5 - 6)*

Members are asked to consider the political makeup of the Committee and whether the necessity for political balance ought to be waived. *(Report is attached).*

**9 INTRODUCTION FROM THE CHAIR**

Members are asked to consider a verbal presentation from the Chair of the Joint Health Overview and Scrutiny Committee.

**10 CHANGES TO SECONDARY MENTAL HEALTH SERVICES A BOROUGH BY BOROUGH UPDATE**

Members are asked to consider a verbal presentation from Stan Boaler, Karen Maneely and Donna Edgley, Pennine Care NHS Foundation Trust.

**11 WORK PROGRAMME DISCUSSION** *(Pages 7 - 20)*

A report from the Joint Health Overview and Scrutiny Officer is attached.

**12** **QUARTERLY COMPLAINTS AND COMPLIMENTS REPORT** (*Pages 21 - 32*)

A report from the Pennine Care NHS Foundation Trust Complaints Manager is attached.

**13** **URGENT BUSINESS**

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

**14** **MEETINGS DATES FOR 2015/2016**

- Thursday 4<sup>th</sup> June 2015
- Thursday 26<sup>th</sup> November 2015
- Thursday 3<sup>rd</sup> March 2016

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**Meeting of:** Joint Health Overview and Scrutiny Committee for  
Pennine Care Foundation Trust

**Date:** Tuesday 14<sup>th</sup> March 2015

**Present:**

Councillor McGee (Stockport MBC) (Chair)  
Councillor Heffernan (Oldham MBC)  
Councillor Wright (Stockport MBC)  
Councillor McClaren (Oldham MBC)  
Councillor Gartside (Rochdale MBC)  
Councillor Judge (Oldham MBC)  
Councillor Rodgers (Rochdale MBC)  
Councillor Grimshaw (Bury MBC)  
Councillor Gordon (Stockport MBC)

**Apologies:**

Councillor Robinson (Rochdale MBC)  
Councillor Cartey (Tameside MBC)  
Councillor Bell (Tameside MBC)  
Councillor Sullivan (Tameside MBC)

**In Attendance:**

Gary Flockhart – Clinical Lead for Service Improvement,  
Head of Audit and Effectiveness, Pennine Care Foundation  
Trust.  
Julie Gallagher – Joint Health Overview and Scrutiny Officer.

**PC 14/15-57      APOLOGIES**

Apologies were detailed above.

**PC 14/15-58      DECLARATIONS OF INTEREST**

There were no declarations of interest.

**PC 14/15-59      PUBLIC QUESTIONS**

There were no questions from members of the public.

**PC 14/15-60      MINUTES OF THE LAST MEETING**

**It was agreed:**

The minutes of the meeting held on the 19<sup>th</sup> March 2015 be approved as a correct record.

**PC 14/15-61      MATTERS ARISING**

There were no matters arising.

### **PC 14/15-62      PENNINE CARE NHS FOUNDATION TRUST QUALITY ACCOUNT 2014/15**

The Joint Health Overview and Scrutiny Committee considered a verbal presentation from Gary Flockhart – Clinical Lead for Service Improvement, Head of Audit and Effectiveness, Pennine Care Foundation Trust. An accompanying report entitled Pennine Care NHS Foundation Trust Quality Account 2014/15 had been circulated to members.

Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders, while at the same time enhancing public accountability. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

The primary aim of the Quality Account is to support the NHS in improving the quality of healthcare services. Members of the Joint Committee have scrutinised the three priorities for 2014.15 as well as additional data provided by the Trust and the priorities identified for 2015.16.

The Quality Account report contained the following information:

- Statement on Quality from the Chief Executive
- Priorities for improvement and statements of assurance from the Trust Board relating to the Quality of service provided
- Review of Quality performance, involvement and external statements.

Members of the Joint Committee considered the Pennine Care Trusts' declared level of compliance for the priority areas identified for 2014.15.

In respect of Priority one – the Quality Thermometer; Members of the JHOSC expressed support for the project. Members received assurances from the Trust that the project will not be too onerous for staff in terms of data collection and staff training will be provided. Going forward, members asked that the quality thermometer data be collated and shared within the Trust.

Priority two – Self management; Members of the JHSOC commended the different self management schemes ongoing within the Pennine Care Foundation Trust footprint. Members asked that the examples of good practice be shared across the footprint. Members of the Committee also sought assurances that the quality of the different services provided is continually monitored.

Priority three – Skills Mix; members welcomed the emphasis placed by the Trust on staffing levels and skills mix on inpatient wards within Pennine Care. Elected members were very keen to receive information on the visits undertaken by the Safer Staffing Clinical teams to the ten wards identified within the report. Members were happy with the feedback given with regards to the visits and will continue to monitor the work commenced in relation to the skill mix modelling.

Members discussed the priorities identified for consideration for 2015/16 and expressed particular interest in scrutinising in more depth suicide prevention.

**It was agreed:**

Gary Flockhart; Clinical Lead for Service Improvement, Head of Audit and Effectiveness, Pennine Care Foundation Trust be thanked for his attendance.

**PC 14/15-63      ACCESS TO PSYCHOLOGICAL THERAPIES UPDATE REPORT \*FOR INFORMATION\***

Members reviewed the access to psychological therapies update report.

**It was agreed:**

Members would continue to receive regular access to psychological therapies update reports.

**PC 14/15-64      CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE REPORT \*FOR INFORMATION\***

Members reviewed the Child and Adolescent Mental Health Services update report.

**It was agreed:**

1. Members would continue to receive regular Child and Adolescent Mental Health update reports.
2. The Joint Health Overview and Scrutiny Officer would liaise with the Pennine Care NHS Foundation in relation to members of the Joint Committee receiving copies of the protocol for un-planned admissions of Child and Adolescents onto adult wards.

**PC 14/15-55      URGENT BUSINESS**

There was no urgent business reported.

**PC 14/15-56      MEETING DATES FOR 2015/16**

**It was agreed:**

The Joint Health Overview and Scrutiny Committee will meet on the following dates:

- 18<sup>th</sup> June – Rochdale
- 4<sup>th</sup> September – Tameside
- 26<sup>th</sup> November – Stockport
- 3<sup>rd</sup> March – Oldham

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**Agenda item 7****POLITICAL BALANCE – PENNINE CARE JOSC 2015/16**

Under the Local Government Act 2000 provisions, overview and scrutiny must generally reflect the political nature of the full council. Where a Joint Committee is established, the political balance requirements apply for each participating local authority, unless Members of all authorities agree otherwise.

In the report that went to each authority to establish the Joint committees, the following was included:

- The rules concerning proportional political representation apply to the establishment of such Joint committees, unless members of all authorities agree that they need not apply.
- The two committees will need to be politically balanced reflecting the overall political balance of the appointing authorities.

**This municipal year, the Political Balance rules require:**

Across the whole Pennine Care footprint, there are 291 seats. When taken together and the proportions worked out, it equates to:

With 200 of the 291, 69% of seats go to Labour  
With 42 of the 291, 15% of seats go to Conservatives  
With 40 of the 291, 14% of seats go to the  
With 9 of the 291, 3% of seats go to others.

Therefore for the Joint Committee to be politically balanced the membership would have to be constituted as follows:

Labour – 10 members  
Liberal Democrats – 2 members  
Conservatives – 2 members  
Independents/Others – 1 member

The proposed membership of the Joint Committee is as follows:

Labour – 9 members  
Liberal Democrats – 2 members  
Conservatives – 4 members

In previous municipal years the Joint Committee **has resolved to waiver the right** for the Joint Committee to be politically balanced.

**Julie Gallagher: Joint Health Overview and Scrutiny Officer**  
**June 2015**

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# Scrutiny Report

Agenda Item	
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**MEETING:** JOINT HEALTH AND OVERVIEW AND SCRUTINY COMMITTEE  
**DATE:** April 2015  
**SUBJECT:** DEVELOPMENT OF A WORK PROGRAMME FOR 2015/2016  
**REPORT FROM:** Joint Health Overview and Scrutiny Officer  
**CONTACT OFFICER:** Julie Gallagher

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## 1.0 SUMMARY

This report sets out details of potential items to assist in the development of a Work Programme for 2015/2016.

## 2.0 MATTERS FOR CONSIDERATION/DECISION

Members of the Health Scrutiny Committee are requested to:

Agree and set an Annual Work Programme for the 2015/16 Municipal year.

## 3.0 JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – TERMS OF REFERENCE.

The terms of reference state (appendix 1), that the primary purpose of the Joint Committee is:

To scrutinise generic services provided by the Pennine Care Foundation Trust relating to the health of the population in Bury, Oldham, Rochdale Stockport and Tameside and contribute to the development of policy to improve health and reduce health inequalities in respect of services provided by the Hospitals.

### **Key Objectives and Responsibilities**

The JHOSC has the delegated powers of the five Local Authorities, Bury, Oldham, Rochdale, Stockport and Tameside to undertake all the necessary functions of Health Scrutiny in accordance with Part 4, Health Scrutiny by Local authorities, of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, relating to reviewing and scrutinising health service matters provided by the Trust's Hospitals. Such matters to include:-

- (a) Receipt and consideration of performance information relating to the Pennine Care Foundation Trust;
- (b) Receipt and consideration of any Annual reports and Quality Accounts of the Trust or outcomes of official inspections e.g. the Care Quality Commission, Monitor, PLACE (Patient Led Assessments of the Care Environment) inspections, National Clinical Audit and Patients' Outcome Programme.
- (c) Improving access to NHS services
- (d) The review of proposals for the implementation of new initiatives which affect people in Bury, Oldham, Rochdale Stockport and Tameside in respect of patients and public involvement.

## **4.0 WORK PROGRAMME 2014/2015**

4.1 The Joint Health Scrutiny Committee is required to set a work programme for 2015/2016 which it will monitor throughout the year.

4.2 The Work Programme of the Health Scrutiny Committee will need careful consideration, bearing in mind the resources available, time constraints of Members and also the interests of the local community.

4.3 Reviews undertaken to date:

- Dementia
- Suicide prevalence and prevention
- Child and Adolescent Mental Health Service
- Pennine Care Foundation Trust Complaints service
- Financial Contributions from each of the PCTs within the Pennine Care Trust Footprint
- Review of the Trust's Foundation Trust application
- Review of the Military Veterans Service/Access to Psychological Therapies
- Transfer of Community Services into the Pennine Care Foundation Trust.
- Review of the Trust's Whistleblowing policy
- Review of the Trust wide Drug and Alcohol service
- Access to Psychological Therapies
- Blue light response to mental health sufferers in crisis

- Work force skill mix

## 5.0 TOPICS IDENTIFIED

I have split the topics identified into three categories:

1. Topics not previously scrutinised by the Joint Committee
2. Topics that the Joint Committee may wish to re-visit
3. Standing agenda items

Suggested item	Context	Methodology	Outcome
<b>1. New topics</b>			
Mental health waiting times standards	<p>In Oct 2014, NHS England and the DofH jointly published “improving access to mental health services by 2020”. Improvements will come into effect from April 2015 for achievement by 1<sup>st</sup> April 2016 and are focused in three areas:</p> <ol style="list-style-type: none"> <li>1. More than 50% of people experiencing a 1<sup>st</sup> episode of psychosis will be treated with a NICE approved care package within 2weeks of referral.</li> <li>2. 75% of people referred to the IAPT programme will be will be treated within 6 weeks of referral and 95% will be treated within 18 weeks of referral. This standard applies to adults.</li> <li>3. £30m to be targeted on effective models of liaison psychiatry in a greater number of Acute hospitals.</li> </ol> <p>The Autumn statement 2014 outlined provision</p>	<ul style="list-style-type: none"> <li>• Interview representatives from the Pennine Care Trust in relation to how the Trust plan to achieve the required standards</li> <li>• Interview a representative from the CCG in relation to their commissioning intentions in respect of the proposals.</li> <li>• Interview a representative from the Acute sector in respect of the proposals in relation to Acute Liaison Psychiatry</li> <li>• Speak to service users/carers with regards to their experiences of the service.</li> </ul>	<ul style="list-style-type: none"> <li>• The Joint Committee receives assurances from relevant stakeholders that the required standards are met or preferably exceeded.</li> </ul>

	<p>of additional funds of £30million recurrently for 5 years to be invested in Central NHS England programme to improve access for children and young people to specialist evidence based community CAMHS eating disorder services. Part of this programme funding will be used to develop an access and waiting time standard.</p>		
<p>Prevalance of people with mental health problems in the criminal justice system</p>	<ul style="list-style-type: none"> <li>• The Home Affairs Select Committee has recently published a report entitled “Prevalance of people with mental health in the criminal justice system.” February 2015.</li> </ul> <p>Following on from the blue light workshop it may be useful to continue to re-visit this topic. The Committee made the following recommendations:</p> <ul style="list-style-type: none"> <li>• The Mental Health Act 1983 should be amended so that police cells are no longer stated as a place of safety for those detained under section 136.</li> <li>• It is clear that too many NHS Clinical Commissioning Groups (CCGs) are failing in their duty to provide enough health-based places of safety that are available 24 hours a day, seven days a week, and are adequately staffed. CCGs must not only acknowledge local levels of demand and commission suitable health-based places of safety, they must also design local backup policies to deal with situations where places are occupied. CCGs need to provide more “places of safety” in NHS hospitals so the police are not forced</li> </ul>		

	<p>into filling the gap.</p> <ul style="list-style-type: none"><li>• The police need to make sure they use their powers in relation to mental health correctly, to reduce the numbers detained and so reduce pressure on both the police and the NHS. Frontline staff need to learn from one another, and each organisation needs to understand the priorities of others.</li><li>• The fact that children are still detained in police cells under section 136 reflects a clear failure of commissioning by NHS Clinical Commissioning Groups. The de facto use of police cells as an alternative relieves the pressure on CCGs to commission appropriate levels of provision for children experiencing a mental-health crisis. The NHS needs to make places available to look after such children locally.</li><li>• People encountering a mental health crisis should be transported to hospital in an ambulance if an emergency services vehicle is needed. Transportation in a police car is shameful and in many cases adds to the distress. It enables the patient's health to be monitored on the way and improves access to healthcare pathways.</li><li>• Early indications of the effectiveness of the Street Triage scheme are very positive, it is important that the scheme is fully appraised. We recommend that the Government give a clear commitment that funding will be made available for schemes which have been proven to be cost-effective.</li></ul>		
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<p>Eating Disorder Services</p>	<p>Key statistics on eating disorders:</p> <ul style="list-style-type: none"> <li>• Anorexia kills more people than any other mental health condition</li> <li>• between 5% and 20% of people with anorexia will die from it – this is why early intervention is so important</li> <li>• people aged between 14 and 25 are the most likely to be affected by an eating disorder</li> <li>• there may be as many as 1.1 million people in the UK directly affected</li> </ul> <p>A report by the Health and Social Care information Centre (HSCIC) in January this year showed that in the 12 months to October 2013:</p> <ul style="list-style-type: none"> <li>• there was a national rise of 8% in the number of admissions to hospital for an eating disorder</li> <li>• the most common age for female admissions was 15 years old (300 out of 2,320) and for males this was 13 years old (50 out of 240)</li> <li>• the biggest rise was among young people aged 10 to 19</li> </ul> <p>Today’s announcement will focus on channelling money from expensive institutional care to local provision and act as a base for the development of waiting time and access standards for eating disorders for 2016 by:</p> <ul style="list-style-type: none"> <li>• supporting schemes to get young people with eating disorders and self-harm early access to services in their communities with properly</li> </ul>		
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	<p>trained teams, making hospital admission a last resort</p> <ul style="list-style-type: none"> <li>• extending access to talking therapies so that children and young people have a choice of evidence-based therapies, a treatment plan agreed with their therapist and monitored and recorded outcomes</li> </ul> <p>This will deliver:</p> <ul style="list-style-type: none"> <li>• swifter access to evidence based community treatment</li> <li>• fewer transfers to adult services – reducing up to approximately 70% of those who need to be treated as adults</li> <li>• an end to the current cliff edge of transition for young people with eating disorders when they turn 18</li> <li>• a more standardised level of provision for children, young people and their families</li> </ul>		
Mental Health Tariff			
Bury/HMR new tenders for the Community Services			
Delayed discharge (Community services)			
<b>Additional items for consideration....</b>			
<b>2. Topics re-visited</b>			

<p><b>Suicide prevalence and prevention</b></p>	<p>At the commencement of this review the Joint Committee wanted to examine the different services available to Pennine Care NHS Trust service users and determine and identify any inequity of service provision. However, during the course of the Joint Committee’s investigations, the Committee choose to concentrate its attention on the discrepancies in service provision for those service users presenting at Accident and Emergency across the Pennine Care Trust.</p>	<p>i) The Trust conduct a review of the services provided for those threatening self harm and suicide at all Accident and Emergency Centres across the Pennine Care footprint. The Joint Committee would wish to see a consistency and standardisation of service provision across the footprint.</p> <p>ii) The Pennine Care NHS Foundation Trust working in partnership with the Acute Trust and Primary Care Trusts develop a system that facilitates, direct access to rapid Multi-disciplinary team assessment prior to deterioration, by seeking investment in good Liaison Psychiatry services.</p> <p>iii) That Crisis Resolution Home Treatment Teams are operational 24 hours a day, seven days a week across the entire Pennine Care NHS Foundation Trust footprint.</p>	
<p><b>Blue light response to people with mental health problems in crisis.</b></p>	<p>A number of recent reports have demonstrated the need for health, social care and criminal justice agencies to work together to ensure that people with mental health problems get the care and treatment they need.</p> <p>The DofH have published a Mental Health Care Concordat, a commitment from national organisations as signatories to the document, to work together to improve crisis care for people with mental health problems across England.</p> <p>It challenges local services to make sure beds are</p>	<p>Piece of review work?</p> <p>If so, identify the purpose of the review and any objectives.</p> <p>Specify Witnesses/Experts</p> <p>Identify Lead Officer</p> <p>Examine how well the Trust and partner agencies are doing in relation to the principles of the Crisis Care Concordat:</p> <ul style="list-style-type: none"> <li>Health-based places of safety and beds are available 24/7 in case someone</li> </ul>	<p>Examine how well partner agencies, Police, Fire and Rescue, NWAS, the Acute Trust and the Pennine Care Trust work together.</p> <p>Review A&amp;E liaison teams.</p> <p>Pennine Care Trust and CCG performance against the Crisis Care Concordat... ask that the Trust sign up to the Concordat.</p>

	<p>always available for people who need them urgently and also that police custody should never be used just because mental health services are not available. It also stipulates that police vehicles should not be used to transfer patients between hospitals and encourages services to get better at sharing essential need-to-know information about patients which could help keep them and the public safe.</p>	<p>experiences a mental health crisis</p> <ul style="list-style-type: none"> <li>• Police custody should not be used because mental health services are not available and police vehicles should also not be used to transfer patients. We want to see the number of occasions police cells are used as a place of safety for people in mental health crisis halved compared 2011/12</li> <li>• Timescales are put in place so police responding to mental health crisis know how long they have to wait for a response from health and social care workers. This will make sure patients get suitable care as soon as possible</li> <li>• People in crisis should expect that services will share essential 'need to know' information about them so they can receive the best care possible. This may include any history of physical violence, self-harm or drink or drug history</li> <li>• Figures suggest some black and minority ethnic groups are detained more frequently under the Mental Health Act. Where this is the case, it must be addressed by local services working with local communities so that the standards set out in the Concordat are met</li> <li>• A 24-hour helpline should be available for people with mental health problems and the crisis resolution team should be accessible 24 hours a day, 7 days a week.</li> </ul>	
<p><b>Additional items for</b></p>			

consideration....			
<b>3. Standing Agenda items</b>			
<b>PC Trust quarterly and annual complaints reports</b>	<p>In light of the Francis report the Joint Committee resolved to receive regular complaints reports.</p> <p>Council checks were described as an “unreliable detector of concerns” in health services by Sir Robert Francis QC, following the public inquiry he led into care failings at Stafford Hospital.</p> <p>He described Staffordshire County Council’s scrutiny committee as being “wholly ineffective”, and argued “scrutiny ought to involve more than the passive and unchallenging receipt of reports”.</p>	<p>Ben Woffenden Complaints Manager sends through quarterly reports and an annual report.</p>	<p>Next report due: July 2014 Annual report.</p>
<b>PC Trust Quality Account Statement</b>	<p>All providers of NHS services are required to produce and publish an annual QA.</p> <p>The quality of service is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.</p> <p>Every QA will include:</p> <ol style="list-style-type: none"> <li>1. A signed statement from the most senior manager</li> <li>2. Answers to a series of questions including how well the Trust is doing?</li> <li>3. A statement from the Trust detailing the quality of services it provides.</li> <li>4. As well as statements from Healthwatch and the local HWB and shared with the CCG.</li> </ol>	<p>Quality Account – priorities for quality improvement in 2014.15 are:</p> <ul style="list-style-type: none"> <li>○ <b>Priority 1: Quality Thermometer – Patient Safety</b></li> <li>○ <b>Priority 2: Self Management – Patient Experience</b></li> <li>○ <b>Priority 3: Skills Mix – Clinical Effectiveness</b></li> </ul> <p>Members may want to consider scrutinising one of the priority areas</p>	<p>Submission to Monitor April 2015 (Approx)</p>

<b>JHSOC 6 monthly review of Whistleblowing incidents</b>	<p>The review of the Whistleblowing policy was concluded December 2013. Members produced a scrutiny report containing seven recommendations, which included;</p> <p>The inclusion of an employer/employee flow chart, a staff frequently asked questions factsheet, a proforma sheet for reporting incidents of whistleblowing and the introduction by the Trust of a register for reporting whistleblowing incidents.</p>	<p>The joint committee asked the Trust to record the incidents of whistleblowing and report that information to the Joint Committee on a six monthly basis.</p>	
<b>Access to psychological therapies</b>	<p>Psychological therapies is the term used to describe a group of formal structured interventions designed to help people gain insight into their difficulties or distress, establish a greater understanding of their motivation and enable them to find more appropriate ways of coping or bring about changes in their thinking mood and behaviours.</p>	<p>Piece of review work? If so, identify the purpose of the review and any objectives. Specify Witnesses/Experts Identify Lead Officer</p>	<p>Military veteran Service put out to tender current contract will end 31<sup>st</sup> March 2014.</p>
<b>CAMHS</b>	<p>The joint committee reviewed the Trusts CAMHS provision in 2012</p> <p>The review identified 9 key themes; tackling stigma; early intervention; transition from primary to secondary and from children to adult mhs; support at secondary school, specialist CAMHS, lack of integration; Advocacy; Training for GPs; problems at A&amp;E;</p>	<p>At the same time the Joint Committee conducted its scrutiny review of CAMHS the Trust too, undertook its own review. The Joint Committee asked that the nine key themes were incorporated within their review.</p> <p>CAMHS is due to be considered at the July 2014 meeting of the JC.</p>	<p>Review the Trust performance against key performance indicators.</p> <p>Ensure that no CAMHS users are receiving treatment on adult inpatient wards.</p>
<b>Service Development Strategy</b>	<p>The Service Development Strategy sets out the Pennine Care Trust's vision to deliver the best possible care to patients, people and families in</p>	<p>The Draft Proposals in relation to the £45 million shortfall will be completed in October 2014 and initial discussion with</p>	<p>Key questions for the Joint Committee?</p> <p>a. Do the changes propose amount to a</p>

	<p>the local communities by working effectively with partners to help people live well.</p> <p>The Pennine Care NHS Foundation Trust Financial Challenge equates to £45m. The Trust needs to assure itself and Monitor that it is capable of continuing as a “going concern” for the foreseeable future.</p>	<p>Commissioners will take place in November and December 2014. Wider stakeholder consultation will commence between January and March 2015; Public Consultation will take place between April and June 2015 with a view to implementation from July to March 2016.</p> <p>Quality cannot be compromised therefore the only variable the Trust has left is capacity.</p>	<p>substantial variation in service provision?</p> <p>b.Requirement to engage with the Public?</p> <p>c. Engagement with the Trade unions and staff?</p> <p>d.How does the Trust prioritise budget areas?</p> <p>e.What are the statutory service areas that the Trust must provide?</p> <p>f. What are the requirements from Monitor?</p> <p>g. What happens if the Trust is unable to make the savings?</p> <p>h.What does this mean for my Borough?</p>
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**6.0 CONCLUSION**

A well thought out and effective Work Programme, focused on outcomes will strengthen the role of Health Scrutiny within the Council and more widely with partners and stakeholders.

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**Officer Contact Details**  
**Julie Gallagher**  
[Julie.gallagher@bury.gov.uk](mailto:Julie.gallagher@bury.gov.uk)  
**0161 2536640**

<b>Pennine Care - 18<sup>th</sup> June - Rochdale</b>	
<b>Pennine Care – 4<sup>th</sup> September - Tameside</b>	
<b>Pennine Care – 26<sup>th</sup> November - Stockport</b>	
<b>Pennine Care – 3<sup>rd</sup> March - Oldham</b>	
<b>Additional T&amp;F Groups</b>	

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# Complaints and compliments

## General Update

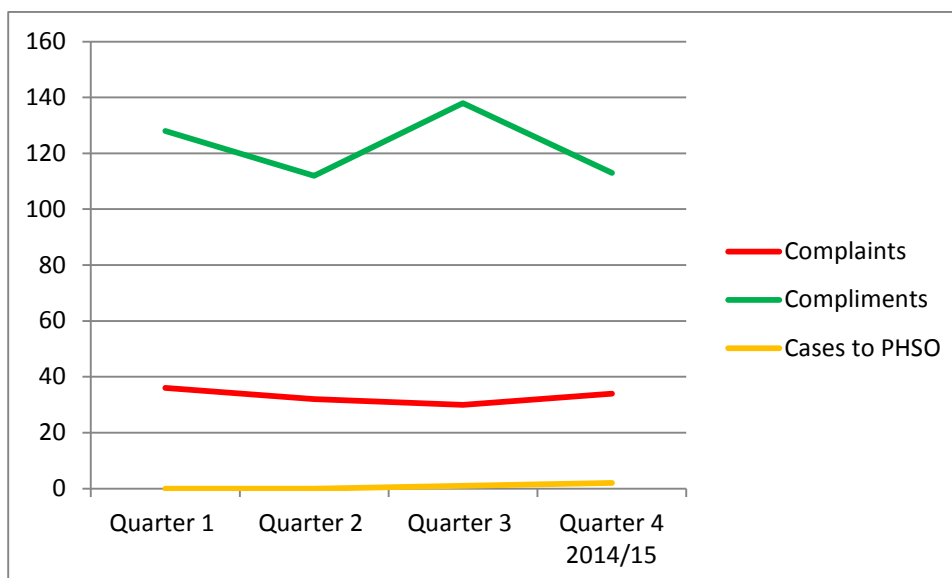
During Quarter 4, the Trust's community healthcare services have received 34 complaints. This represents an increase of 4 (13%) compared to the previous quarter. Of those complaints, 100% were acknowledged within 3 working days.

In the same period, the Trust's community healthcare services responded to 22 complaints. 82% (18 out of 22) of those complaints were responded to within the timescale agreed with the complainant (the KPI is to respond to 95% of complaints within the timescale agreed with the complainant).

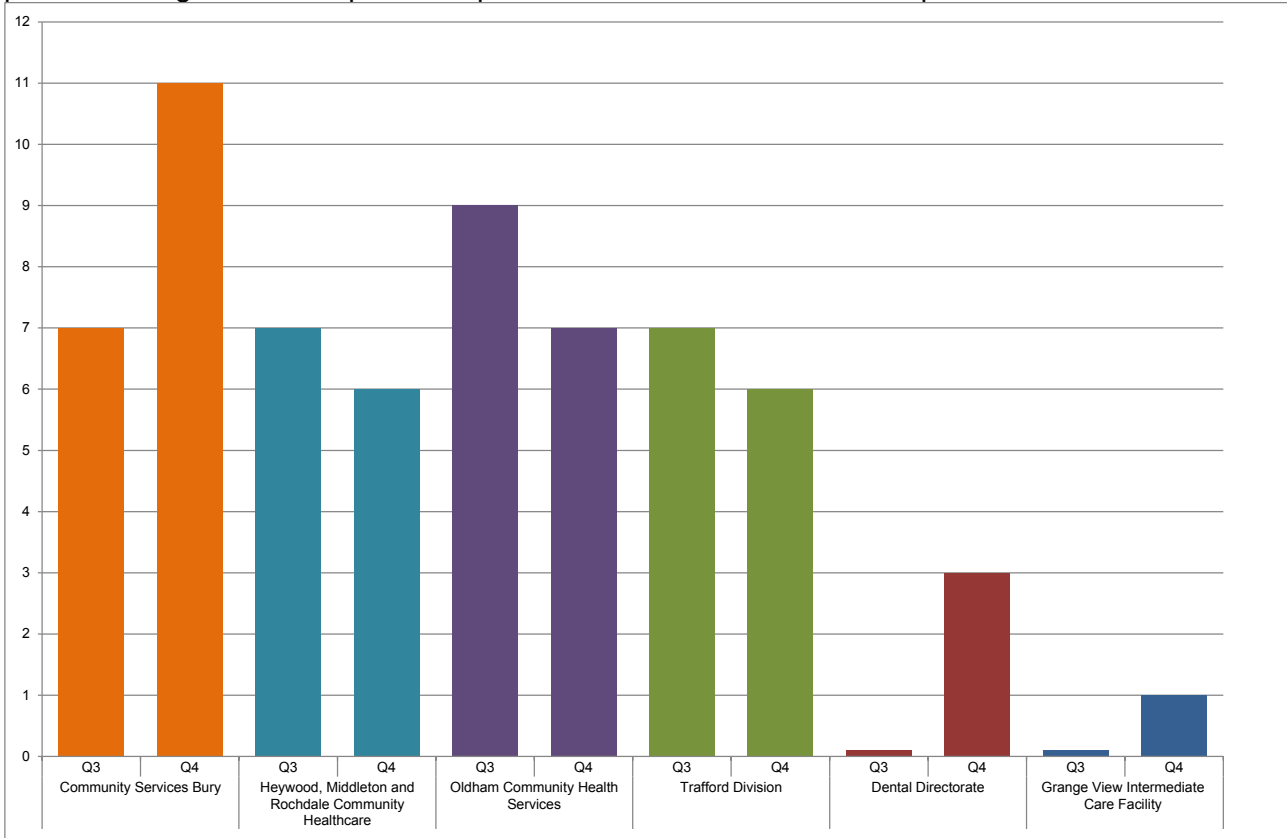
The Parliamentary and Health Service Ombudsman (PHSO) has notified the Trust that they are considering two complaints about the Trust's community healthcare services during the quarter (one relating to the Trafford Division and one relating to Oldham Community Healthcare Services). During the same period, the PHSO has reached a decision about two complaints relating to the Trust's community healthcare services (one relating to Community Services Bury and one relating to Oldham Community Health Services). Two complaints about community healthcare services remain under consideration with the PHSO at the end of the quarter (one relating to the Trafford Division and one relating to Oldham Community Health Services).

## Diagrammatical Evidence – cases received

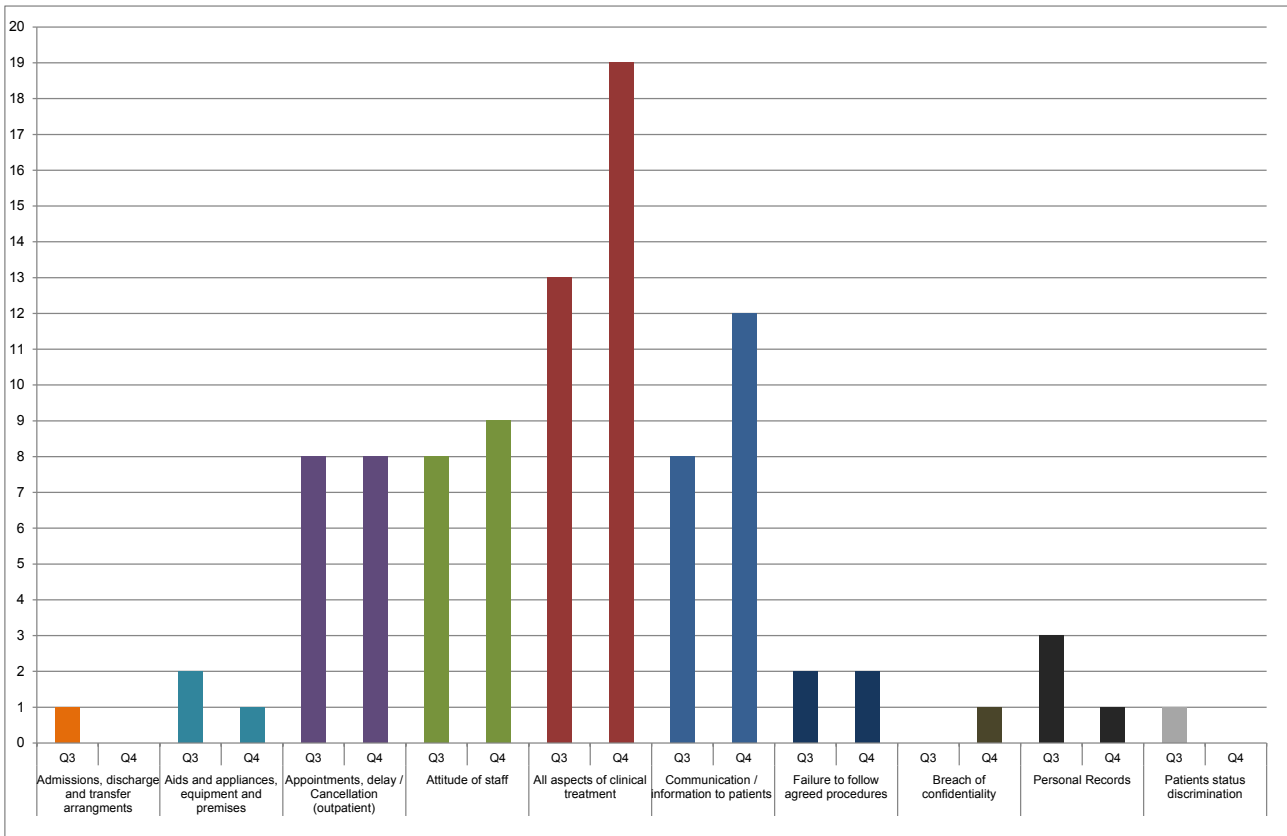
The graph below details the number of complaints, compliments and cases that the PHSO has notified the Trust it is considering during the reportable period:



The graph below details the number of complaints received by borough during the reportable period. The figures for the previous quarter are included to enable comparison.

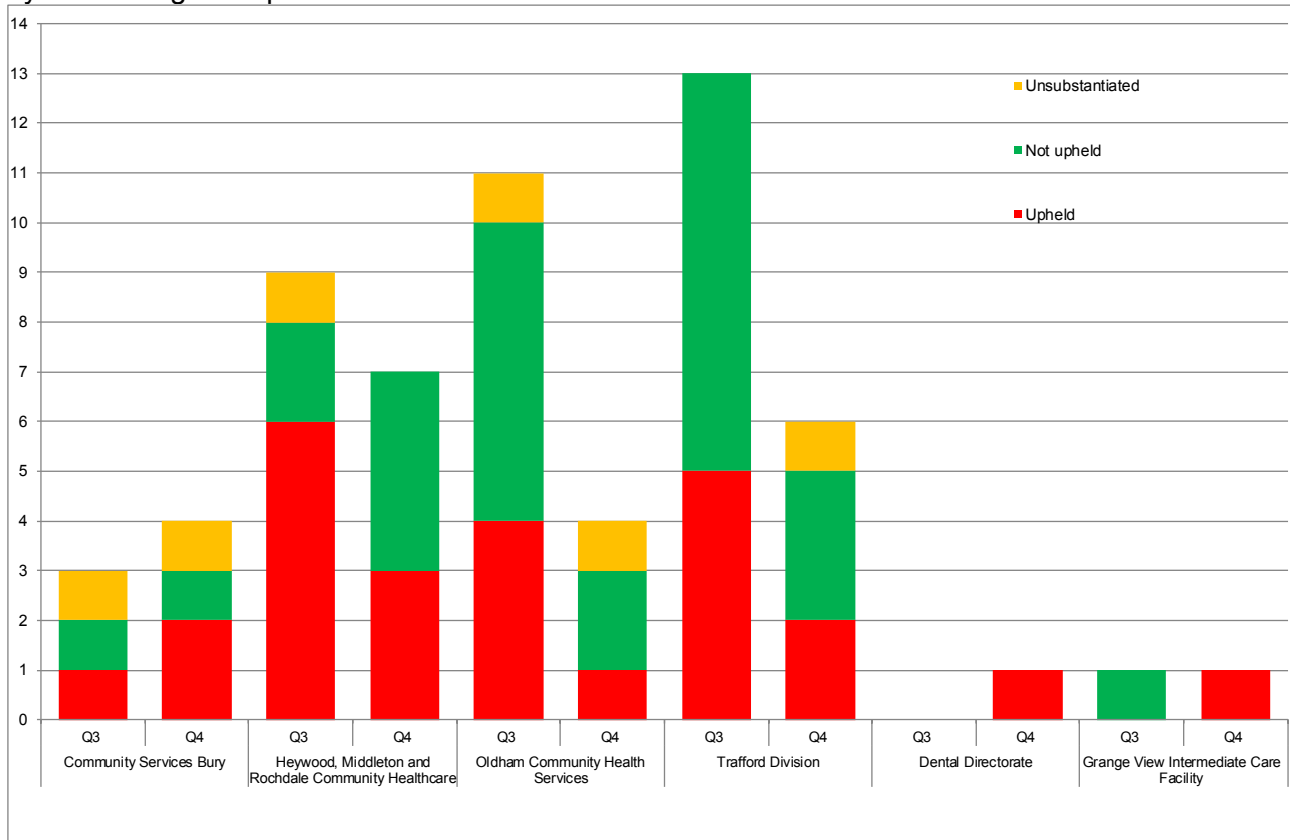


The graph below details the types of issues that have been raised in the complaints received during the reportable period. The figures for the previous quarter are included to enable comparison. Many cases raise more than one issue, which is reflected in the total number of issues being greater than the number of complaints received:



Diagrammatical Evidence – cases responded to

The graph below details the outcome of the complaints responded to during the reportable period by the borough complained about:



The graph below details the outcome of the complaints responded to during the reportable period by the type of issue raised. Cases raised more than one issue, which is reflected in the number of issues responded to being greater than the number of complaints:



The table below details the timescales in which the complaints have been responded to during the reportable period:

	1 - 10 days in timescale	1 - 10 days out of timescale	11 - 30 days in timescale	11 - 30 out of timescale	31+ days in timescale	31+ days out of timescale
Number of cases	0	0	5	0	14	3

## Exceptions

The Parliamentary and Health Service Ombudsman (PHSO) is considering a complaint that was received in June 2014 involving the District Nursing Service in Trafford. It is also considering a complaint that was received in April 2014 involving the Health Visiting Service in Oldham.

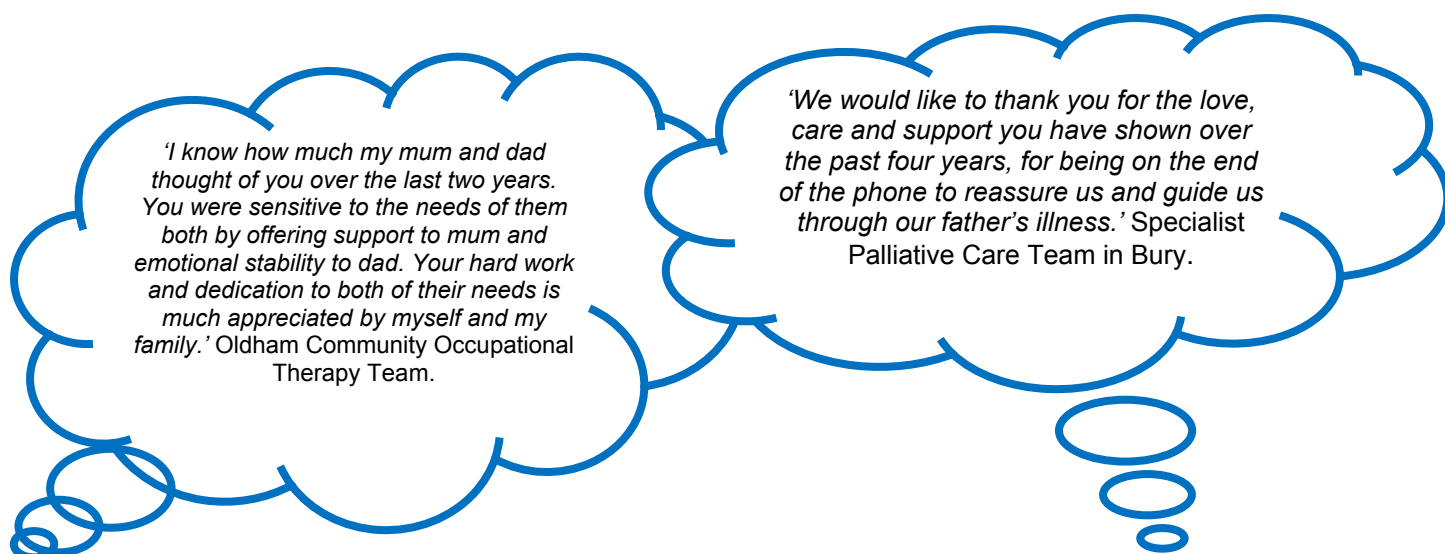
One case was partly upheld by the PHSO during the quarter. The case relates to end of life care provided by the Oldham District Nursing Service. The PHSO upheld the complaint on the basis that District Nursing staff did not attend a Palliative Care meeting arranged by the GP practice at which the patient was discussed and in relation to the time that it took the Trust to originally respond to the complaint. The PHSO recommended that the Trust write to the complainant to apologise in relation to the issues that were identified, which the Trust has done.

One complaint involving Heywood, Middleton & Rochdale Community Healthcare and two complaints involving Trafford Division were responded to outside the agreed timescale. The reasons for the delays included the need to establish which organisation should investigate each of the issues (in a complaint relating to several organisations), delays at the investigation stage due to workload pressures and the need to resolve several queries with each investigating officer before the response could be finalised

## Highlights

The PHSO has confirmed its decision not to uphold a complaint that it investigated in relation to Bury's District Nursing and Dietetics Services.

The Trust's community healthcare services reported 113 compliments during the reportable period. The following comments were included in those compliments:



## Comments

The complaints received about the Trust's community health services have been considered by borough to establish if there are any themes or trends.

There was a significant increase in the number of complaints received in quarter 4 about Community Services Bury; however there is no discernable reason for this. The complaints received and responded to have both been analysed and neither indicate that there is a theme with a particular team. Where there have been multiple concerns raised about a particular team or issue, review indicates that the circumstances relating to each are different. The Complaints Department and borough will continue to monitor all complaints to establish if any patterns or trends become apparent.

With regard to Heywood, Middleton & Rochdale Community Healthcare complaints, as with other boroughs those both received and responded to have been analysed and neither indicate that there is a theme with a particular team.

There was no theme or trend apparent from the complaints received or responded to relating to Oldham Community Health Services during the applicable period. It will be noted that during quarters 3 and 4 two complaints were responded to about Patient Status and Discrimination. The complaint responded to in quarter 3 alleged sexual discrimination on the basis that a father had not been copied into clinical reports about his son. This was found to be due to an administrative omission and not discrimination by the service. The complaint responded to in quarter 4 alleged that a letter sent to a deaf patient was discriminatory as it only offered the opportunity to book an appointment by telephone. This was upheld and other means of booking appointments are now given.

There was no theme or trend apparent from the complaints received or responded to relating to Trafford Division during the applicable period. Learning and actions taken from complaints include:

- Introduction of printed labels within the Phlebotomy Service
- Refresher training for phlebotomists as part of their annual competency training
- Guidance to be issued to staff regarding the signing of patient's wills; outline of best practice and expected actions

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# Complaints and compliments

## General Update

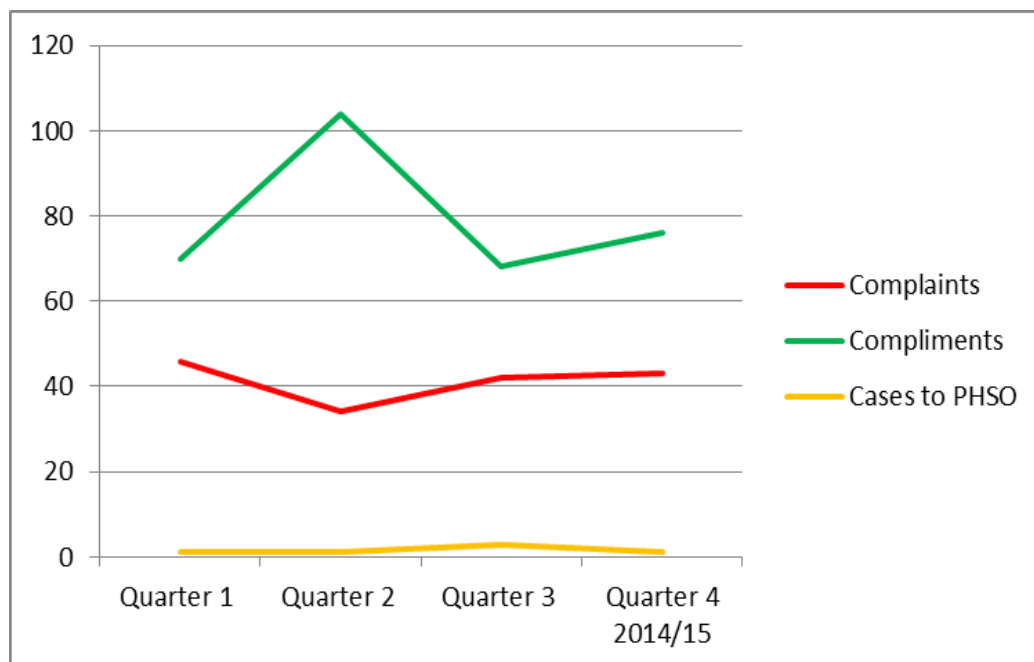
This quarter, the Trust's mental health services have received 43 complaints. This represents an increase of 1 (2%) compared to the previous quarter. Of those complaints, 100% were acknowledged within 3 working days.

In the same period, the Trust's mental health services responded to 43 complaints. 93% (40 out of 43) of those complaints were responded to within the timescale agreed with the complainant (the KPI is to respond to 95% of complaints within the timescale agreed with the complainant).

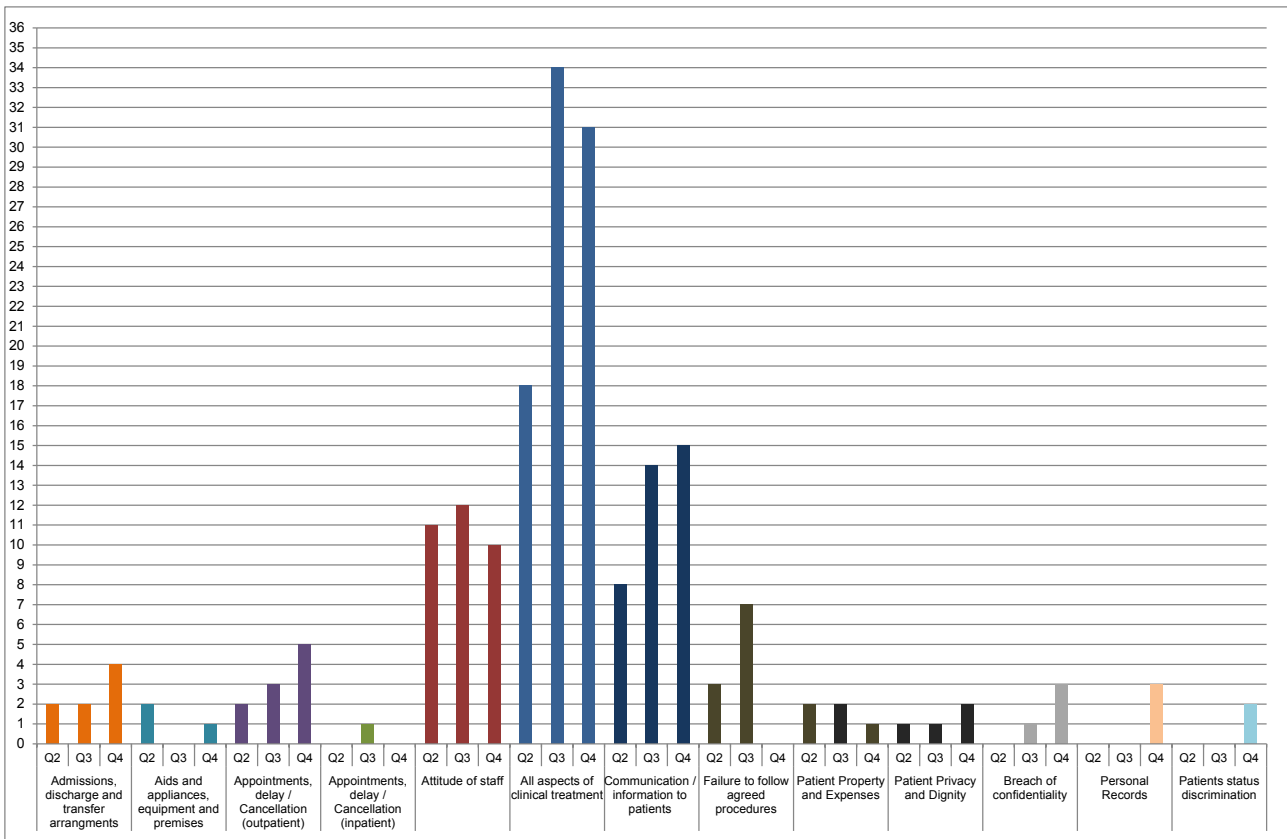
The Parliamentary and Health Service Ombudsman (PHSO) has notified the Trust that they are considering one complaint about mental health services during the quarter. During the same period, the PHSO has reached a decision about two complaints relating to the Trust's mental health services. Three complaints about mental health services remain under consideration with the PHSO at the end of the quarter.

## Diagrammatical Evidence – cases received

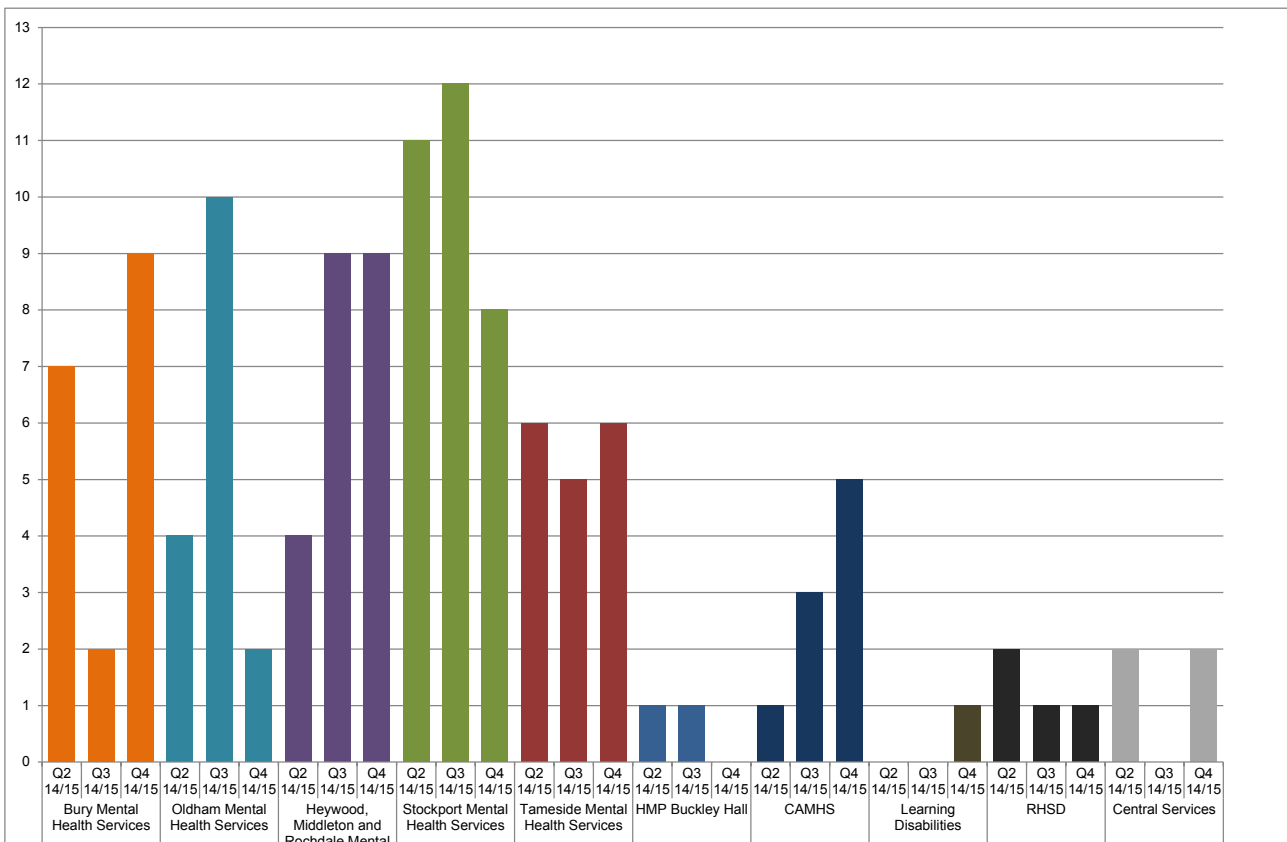
The graph below details the number of complaints, compliments and cases that the PHSO has notified the Trust it is considering during the reportable period:



The graph below details the types of issues that have been raised in the complaints received during the reportable period. The figures for the previous two quarters are included to enable comparison. Many cases raise more than one issue, which is reflected in the total number of issues being greater than the number of complaints received:



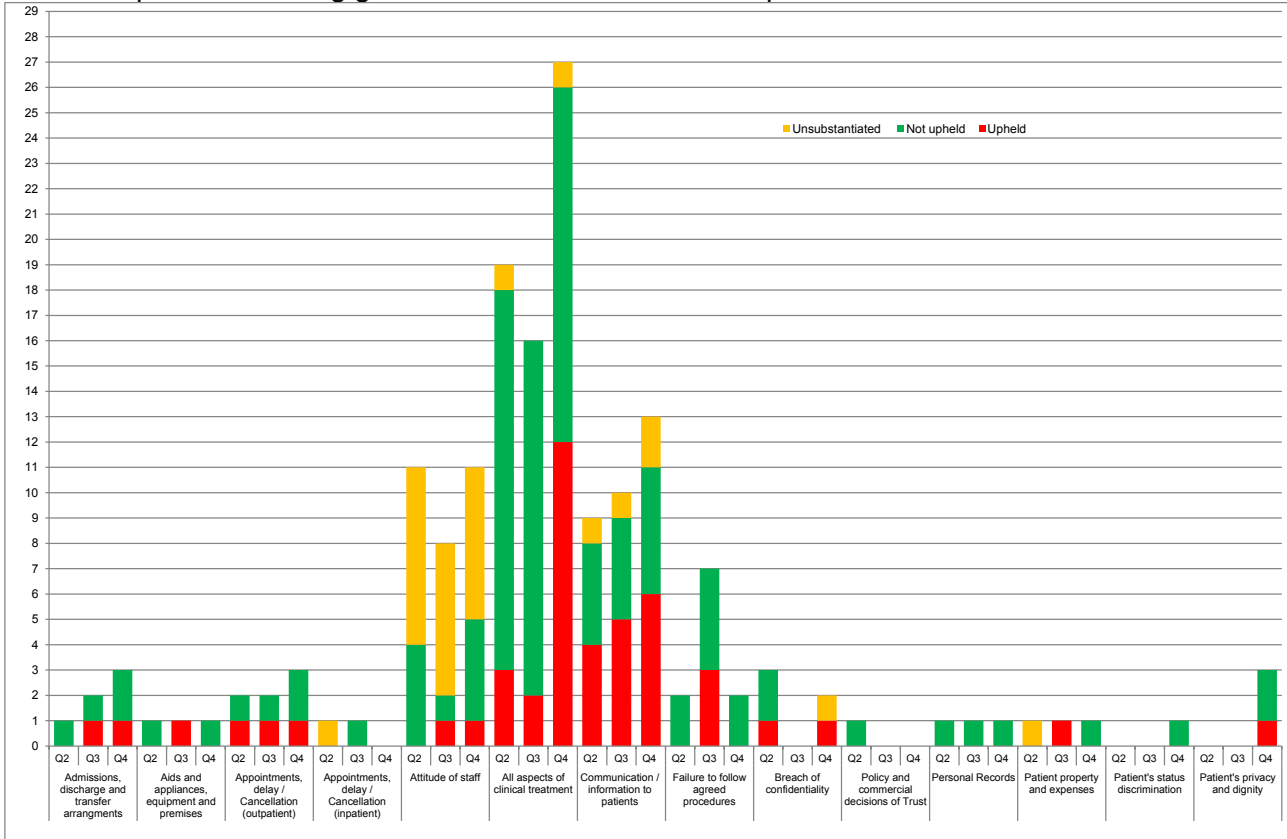
The graph below details the number of complaints received by borough during the reportable period. The figures for the previous two quarters are included to enable comparison.



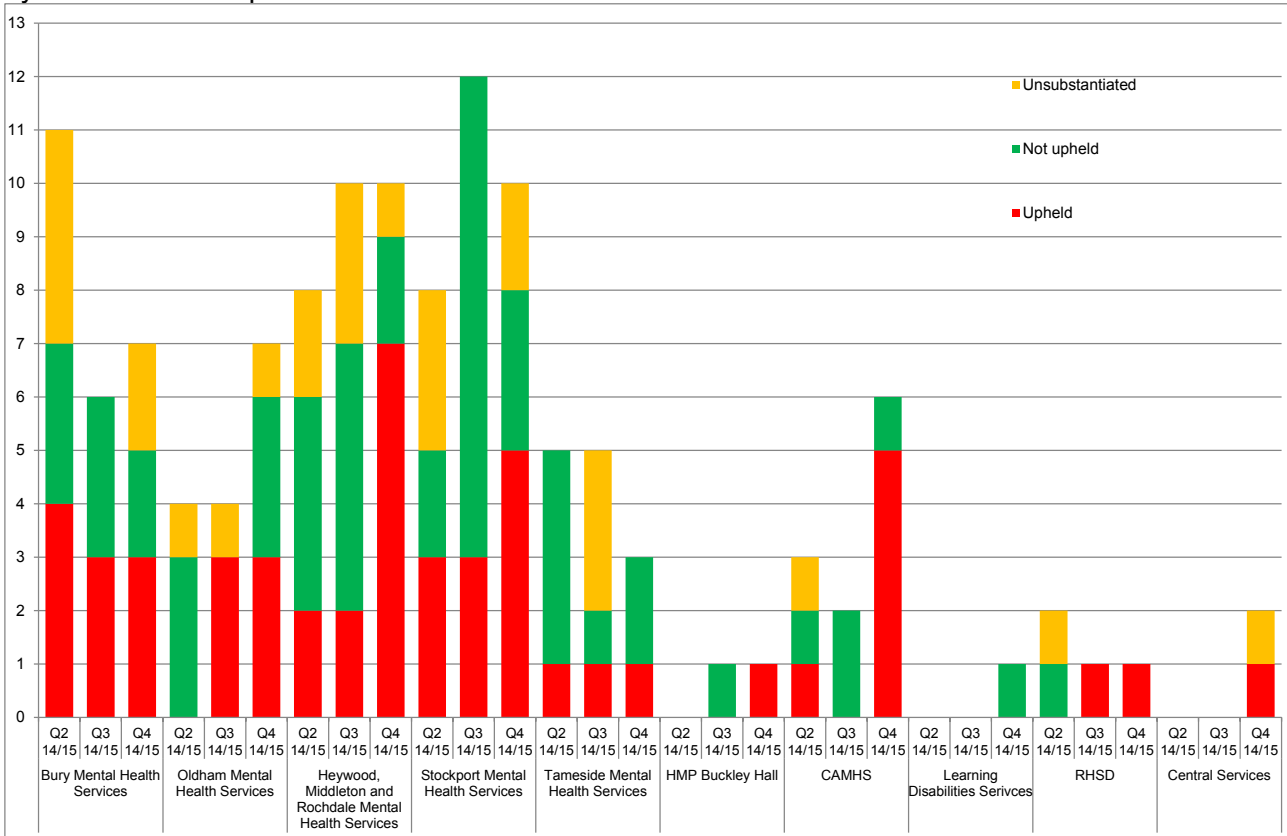


Diagrammatical Evidence – cases responded to

The graph below details the outcome of the complaints responded to during the reportable period by the type of issue raised. Cases raised more than one issue, which is reflected in the number of issues responded to being greater than the number of complaints:



The graph below details the outcome of the complaints responded to during the reportable period by the service complained about:



The table below details the timescales in which the complaints have been responded to during the reportable period:

	1 - 10 days in timescale	1 - 10 days out of timescale	11 - 30 days in timescale	11 - 30 out of timescale	31+ days in timescale	31+ days out of timescale
Number of cases	1	0	8	0	31	3

### Exceptions

Three cases were responded to outside the timescale agreed with the complainant. This was due to the complexity of the issues raised, staff absence and new issues being raised during the investigation. The Trust has a new process by which timescales are agreed, which should reduce instances whereby complaints are responded to outside the agreed timescale.

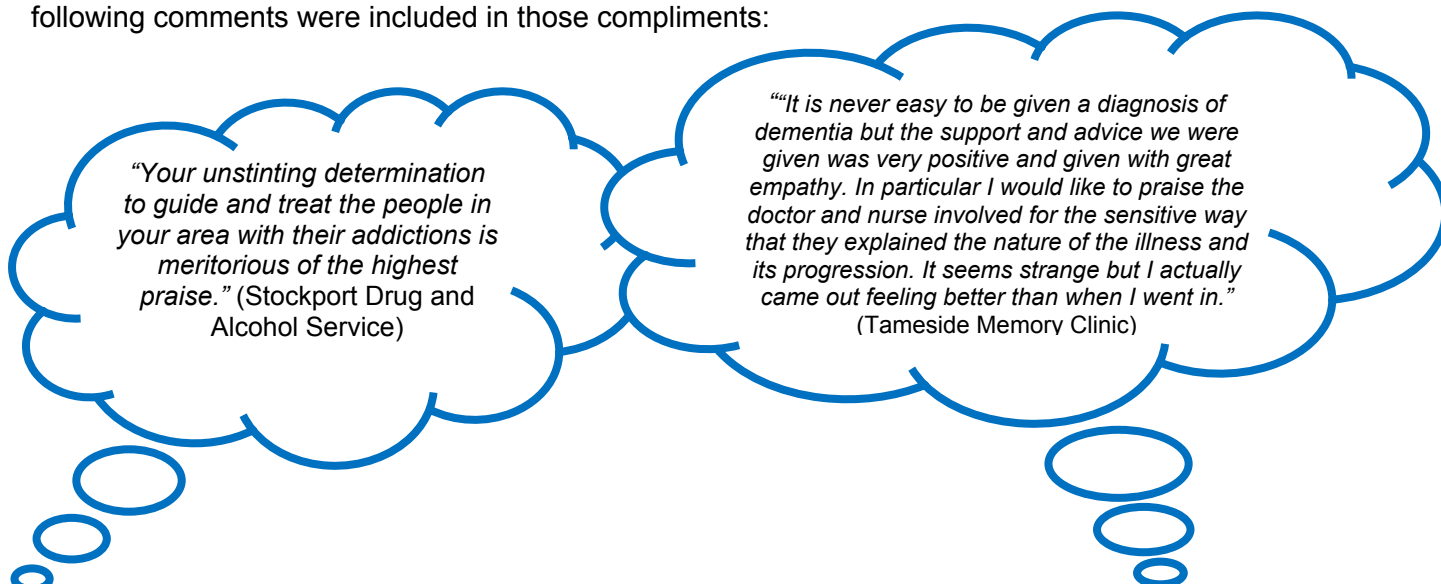
The Ombudsman has notified the Trust that it is considering one case relating to mental health services during the reportable period. That case relates to a number of adult mental health services in Bury and the extent to which they were flexible in offering a service to the complainant. The Trust has provided multiple responses to the complainant and exhausted local means of resolving the case.

The Ombudsman has concluded their investigation into a case relating to the Trust’s mental health services in Stockport that they partially upheld. The complaint was from the mother of a deceased service user, relating to the assessment he received at A&E prior to his death. The Ombudsman agreed with the Trust that the assessment appeared to have been appropriate but partially upheld the case on the basis that the practitioner had not sought advice from a senior colleague (whilst explicitly acknowledging that there was no evidence to suggest that this would have resulted in a different outcome). The Ombudsman’s office made a recommendation for the Trust to provide the complainant with an apology, evidence of learning and financial redress. The Trust has complied with that recommendation.

### Highlights

The Ombudsman concluded their consideration of the complaint that they were considering about the Trust’s Oldham mental health services. They declined to take any action with regard to the matter, finding that the Trust had responded to the complaint appropriately.

The Trust’s mental health services reported 68 compliments during the reportable period. The following comments were included in those compliments:



## Comments

Reviewing the complaints received and responded to across the Trust's mental health services, it is notable that there has not been a significant increase or decrease in the complaints received. There has been an increase in the number of issues raised about communication and also appointments and, in terms of complaints responded to, an increase in the number upheld about all aspects of clinical treatment. These figures have been considered in more detail, having been broken down into the Trust's divisions and services:

There was a significant increase in the number of complaints raised about mental health services in Bury during the reportable quarter; however, this was in the context of an exceptionally low number of complaints raised in the previous quarter.

Of the complaints received in Bury, the most frequently raised issue was relating to all aspects of clinical treatment, which is consistent with complaints received in previous quarters. Three complaints have been raised about availability / provision of appointments in the borough, two of which relate to Health Minds Bury. That service received three complaints in the quarter, all of which related to the perceived lack of availability of a service to meet the complainants' needs. Of the complaints responded to, two were upheld about Health Minds Bury; one was in relation to lack of access to a service which resulted from a lack of commissioned service and the other related to a number of issues and whilst there was evidence of appropriate clinical treatment, the complaint was upheld due to an appointment scheduling error (there was a half hour discrepancy).

The same number of complaints was received about the Trust's mental health services in Heywood, Middleton and Rochdale this quarter as were received in the previous quarter. The complaints received related to a variety of different teams and issues. The Trust continues to monitor those complaints, along with all the others received, in case a pattern or trend develops.

Whilst there has been a significant decrease in complaints received about Oldham mental health services, eight fewer complaints were received this quarter, this should be viewed in the context of the on-going fluctuation in the number of complaints received about the Trust's mental health services in Oldham.

Regarding the Stockport complaints received and responded to, both have been analysed and neither indicate that there is a theme with a particular team. Where there have been multiple concerns raised about a particular team or issue, review indicates that the circumstances relating to each are different. That said, it is notable that in the complaints raised, communication is an issue arising more frequently as a percentage of complaints received than in other boroughs within the Trust. This was not the case in previous quarters and will continue to be monitored to establish if it is indicative of a trend.

There was no theme or trend apparent from the complaints received or responded to relating to Tameside mental health services during the applicable period.

There is no underlying theme to the complaints received about the Trust's Specialist Services during the reportable period. There has been an increase in the complaints received about CAMHS; these relate to different teams in all but two cases. The two complaints received about the Hope Unit related to different issues. In terms of the complaints that have been responded to relating to Specialist Services, it is notable that seven of the nine have been upheld. However, the majority of those have been multi-faceted complaint with only some of the issues raised upheld. In accordance with changes to national complaints reporting, the Trust will be adding an outcome of 'partially upheld' in future reporting. This should provide a more detailed picture of the outcome of the complaints that the Trust has received. The Trust will continue to monitor the complaints received about CAMHS to establish if the trend of increase continues.

In all cases, where there has been an opportunity to learn from the complaint, recommendations have been made. These have been communicated to the complainants in the responses to their complaints.

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