

**Minutes of: JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
FOR PENNINE ACUTE NHS TRUST**

Date of Meeting: 30 June 2015

Present: Councillor (in the Chair)
 Councillors Kerrison, S Smith and R Walker

**Also in
attendance:**

Public Attendance: No members of the public were present at the meeting.

Apologies for Absence:

1 APPOINTMENT OF CHAIR

It was agreed:

That Councillor Colin McClaren (Oldham MBC) be appointed Chair of the Joint Health Overview and Scrutiny Committee for the Municipal year 2015/16.

2 APPOINTMENT OF VICE CHAIR

It was agreed:

That Councillor Stella Smith (Bury MBC) be appointed Chair of the Joint Health Overview and Scrutiny Committee for the Municipal year 2015/16.

3 DECLARATIONS OF INTEREST

No declarations of interest were made.

4 PUBLIC QUESTIONS

There were no public questions.

5 MINUTES

Members of the Committee were asked to approve as a correct record, the minutes of the meeting held on 24 March 2015.

RESOLVED:

That the minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust held on 24 March 2015 be approved as a correct record.

6 MATTERS ARISING

There were no matters arising.

7 POLITICAL BALANCE REPORT

It was agreed:

That the necessity, that the Joint Health Overview and Scrutiny Committee for Pennine Acute NHS Trust be politically balanced, be waived for the municipal year 2015.2016.

8 DELAYED DISCHARGE

Gill Harris, Chief Nurse, Pennine Acute NHS Trust attended the meeting to provide members of the Committee with an update in relation to concerns raised with regards to delayed discharge. An accompanying report had been circulated to Members which provided information in relation to; the current process to manage delayed discharges the reasons for delays and the current actions that are being taken to address the issues.

The Chief Nurse reported that there are two measurable types of delayed discharge. The first group are the Delayed Transfers of Care (these are externally monitored) DTC and the second group are those that are defined as Medically Fit for Discharge (MFFD).

Members considered the types of delays; the proportion of patients delayed across all hospital sites, the number of MFFD by site and the distribution of medical MFFD and DTC by local authority area and hospital site.

The Chief Nurse reported that the reason for the delays are multi-factorial and community and Local Authority partner organisations are working with the Trust to develop and implement solutions.

The Chief Nurse reported that at North Manchester General Hospital all staff are involved in the discharge process from acute, community and local authority as they work as an integrated team based on the same site and are line-managed on a daily basis by one Trust Manager.

The Chief Nurse reported that it is the Trust's aspiration to have single site discharge, a northeast sector discharge group meets regularly to discuss these issues and monitor progress.

Those present were given the opportunity to ask questions and make comments and the following points were raised:

In response to a Member's question, the Chief Nurse reported that seven day working needs to be provided in the Acute hospital as well as Primary Care and Social Care. The way services are commissioned, how GPs interact with the Acute and primary care sector, the role of district nursing are all issues that need to be considered. The Chief Nurse reported that some staff that currently work within the Acute sector may need to transfer and work in the community.

With regards to communication with families of patients with regards to a person's discharge; the Chief Nurse reported that this can be very problematic, family members are often reluctant to have their family member discharged when they still appear unwell. The Chief Nurse reported that the staff must ensure that they communicate effectively with patients and their family members and explain the increased risk for a patient if they remain in an Acute hospital setting.

Members expressed concern in relation to the high number of delayed discharges attributed to social work issues. The Chief Nurse reported that the Trust is looking to develop a site based system for allocating social workers. Therefore, if a patient requires a social worker, the social worker will be allocated from the hospital and not the Borough in which the patient resides. The Trust would also like to explore the necessity to undertake a social work re-assessment of the patient, if the patient has been admitted for less than 72 hours.

Members asked for further clarification in relation to the number of operations (elective and non-elective) that have been cancelled as a result of delayed discharge. The Chief Nurse agreed to provide this information.

In relation to District Nurses, the Chief Nurse confirmed that Pennine Care NHS Foundation Trust is commissioned to provide district nurses. There are significant challenges in relation to the provision of this service this is multi-factorial; the age/demographic make up of the current cohort of district nurses, number of vacancies, problems in recruitment and the different models of care provided.

It was agreed:

1. Pennine Acute NHS Trust would provide the Joint Committee with a report in relation to the number of operations cancelled as a result of delayed discharge. Information will be provided at a future meeting of the Joint Committee in relation to the social workers pilot

9 SERVICE TRANSFORMATION UPDATE

The JHOSC received information from the Head of Partnerships, in relation to the Pennine Acute NHS Trust Service Transformation update. The Head of Partnerships reported that the Trust have developed a Trust transformation map/plan on a page.

The vision for the future is to be "a leading provider of joined up healthcare that will support every person who needs our services, whether in or out of hospital, to achieve their fullest health potential."

The Strategy contains six strategic goals, two of which are:

- To provide excellent care in hospital and the community by building on our expertise and exploring new business opportunities.
- Embrace and work with an innovative range of partners, joint ventures and networks to achieve the best outcomes for the communities we serve

As well as the strategic priorities there are also ten corporate priorities for 2015-16 which included; to be a financially and clinically sustainable organisation and to progress foundation trust status.

In response to a members question; the Assistant Chief Executive, Pennine Acute Hospitals reported that two different management consultants have been working with the Trust to formulate the transformation strategy.

It was agreed:

The Joint Committee will be kept informed of the Trust's progress in relation to the further development and implementation of the Pennine Acute Transformation Strategy.

10 MATERNITY SERVICES UPDATE

Members of the Committee considered a verbal presentation from Gill Harris, Chief Nurse Pennine Acute NHS Trust, in relation to the recently conducted external review of maternity services within the Trust. The presentation contained the following information:

Following the appointment of the new Chief Executive a system was introduced whereby all serious untoward incidents were notified to the Chief Executive and Executive Directors within 24 hours and discussed at senior management team on a weekly basis.

The report highlighted several incidents within maternity services. The incidents were reviewed through the Trust's own root cause analysis. The Trust commissioned an external review of nine incidents which had occurred in maternity services six neonatal and 3 maternal deaths.

In summary, the findings of the external review were:

- The population of women cared for at Pennine Acute Trust is diverse and challenging and includes a significant number of high risk and vulnerable women.
- There are clearly areas of good practice which are appropriately noted and acknowledged and which should be widely shared.
- The three maternal deaths did not appear to be the result of deficiencies in care.
- The serious incidents were thoroughly and comprehensively reviewed by the Trust and there was a clear, honest and open approach to identifying failings.

There were twelve recommendations made as a result of the review and a comprehensive improvement plan has been drawn up to address the issues raised.

The Chief Nurse expressed concern that a member of Trust staff had spoke to the Manchester Evening News in advance of publication of the report. The Trust spoke to the families concerned in advance of publication, however acknowledge that liaison with the family members could have been better.

Those present were given the opportunity to ask questions and make comments and the following points were raised:

In response to a Member's question, the Chief Nurse reported that staff sickness and absence rates are high in the maternity department, it is envisaged that the recruitment of additional Healthcare Assistants will help to alleviate the problem.

With regards to staffing levels on the maternity wards; the Chief Nurse reported that there is an escalation process in place if the staffing numbers fall below what is required. Previously staff in the maternity department have tended to try and solve any staffing problems within the department, the Trust are now asking managers to escalate any issues with staff to the senior management team.

The Chief Nurse acknowledged that there is still an over reliance within the Trust on agency staff. The Trust still struggle to recruit nursing staff this is however a national issue; the Trust have recruited from overseas but there can be delays for up to 12 months in registering a member of overseas staff.

In response to a Member's question, the Chief Nurse confirmed that Oldham is a specialist centre and provided 102 obstetric consultant cover every week.

It was agreed:

1. The Joint Committee will write to the Secretary of State in relation to the proposed changes to the visa application process which will directly impact on the recruitment of nurses from overseas and the Pennine Acute NHS Trust. The Joint Health Overview and Scrutiny Officer will circulate to members a copy of the Pennine Acute NHS Trust summary improvement plan

11 RESPONSE TO THE ELECTIVE ACCESS REPORT

12 NORTH EAST SECTOR DIABETIC EYE SCREENING PROGRAMME

The Chair reported that he had received a request from the Screening and Immunisation Manager, NHS England to meet with the Joint Committee to consider proposed changes to the diabetic eye screening programme.

It was agreed:

The Joint Health Overview and Scrutiny Officer will liaise with members of the Joint Committee and representatives from NHS England to arrange an additional meeting of the Joint Committee to consider the proposed changes to the North east sector diabetic eye screening programme.

**COUNCILLOR
Chair**

(Note: The meeting started at Time Not Specified and ended at Time Not Specified)

