

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

Date of Meeting: 6 October 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:Councillor and Councillor

1 DECLARATIONS OF INTEREST

No declarations of interest were made.

2 PUBLIC QUESTIONS

There were no public questions.

3 MINUTES

It was agreed:

That the minutes of the meetings held on 30th June 2015 and 28th July 2015 be approved as a correct record

4 MATTERS ARISING

The Chair, Councillor McLaren reported that following the additional meeting of the Joint Committee held on the 28th July 2015, members considered the North East Manchester Eye Screening Programme Screening Site Review - public engagement review.

A post engagement report had been circulated to Members of the Joint Committee for their consideration. The Chair reported that he had meet with representatives from NHS England; Dr Graham Wardman, Ruth Molloy and Tanveer Kausser to discuss the proposals. A number of issues were raised as a result of the meeting; these issues have been incorporated into the post engagement report.

Following the engagement exercise the majority of consultation responses show that option B is the preferred option. Option B reconfiguration proposals include 12 screening sites across the three CCGs to include the existing 6 sites and six additional sites.

Members discussed the review report; members expressed concern in relation to the lateness of the report, yet expressed support for the rationale for the proposals and the engagement undertaken.

In respect of minute number PAT 15/16-09, the Joint Health Overview and Scrutiny Officer commented that a report on the Social Care pilot in respect of discharge would be considered at a future meeting of the Joint Committee.

Members considered the additional information provided by the Pennine Acute NHS Trust in respect of Delayed Discharge Analysis. The information provided a snapshot from 2nd September 2015, analysis by site and Local Authority and includes those patients awaiting a social worker for the next step in their pathways and/or a package of care to enable a discharge home.

It was agreed:

1. The Joint Health Overview and Scrutiny Committee for Pennine Care will receive an update report in respect of the North East Manchester Eye Screening Programme Screening Site Review will be considered in September 2016 and March 2017.
2. The above update report will contain information relating to the number of patients who failed to attend as well as the impact of the increased opening hours.
3. A report relating to the discharge social work pilot will be considered at a future meeting of the Joint Health Overview and Scrutiny Committee.

5 PENNINE ACUTE NHS TRUST SERVICE TRANSFORMATION

It was agreed:

That in accordance with Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting during consideration of the following items of business as it involves the likely disclosure of exempt information as detailed in the condition of category 3.

6 CANCELLED OPERATIONS REPORT

Dawn Robinson, Elective Access manager attended the meeting to provide members of the Joint Committee with a report on Cancelled Operations. The report contained the following information;

- Reportable cancelled operations are defined as patients who are cancelled at short notice for non-clinical reasons. These would include cancellations due: to admin processes; clinical staff not being available; lists overrunning; bed availability; and equipment not being available
- It should be noted that the specific category of 'cancellations due to delayed discharges' is not a category used for reporting purposes. Cancellations may be attributed to a suitable bed being unavailable for example elective beds or critical care beds (High Dependency Unit (HDU) or Intensive Care Unit (ICU)) are unavailable

Figures were provided by the Trust in respect of cancelled operations due to bed availability by site, by Local Authority and also by Clinical Commissioning Group.

The Elective Access Manager reported that 19 of the 100 cancellations as a result of bed availability were due to critical care bed availability. It is highly unlikely that there were delayed discharges within the critical care units and it is more likely that patients were unwell and not ready for step down from the critical care unit.

The total number of elective operations undertaken at the Trust from July 2014 to July 2015 was over 89,000. The percentage of reportable cancellations was 1.01% for this period, and a proportion of these were due to bed unavailability.

In response to a Member's question, the Elective Access Manager reported that there is no statutory requirement to distinguish in the reporting as to why the bed blockage had occurred.

Members expressed concerns about the high rise in the number of cancelled operations reported at the Royal Oldham Hospital in June 2015 as well a large increase in cancelled operations for Heywood Middleton and Rochdale residents in the same period.

It was agreed:

Information in relation to the increase in the number of cancelled operations for June 2015 at the Royal Oldham Hospital and for residents in Heywood Middleton and Rochdale will be forwarded on to the Joint Health Overview and Scrutiny Officer for circulation to members of the Joint Committee.

7 SICKNESS ABSENCE REPORT

Nick Hayes, Deputy Director of Workforce, Pennine Acute NHS Trust attended the meeting to provide members of the committee with an update in respect of sickness absence across the Trust. An accompanying report was circulated to members prior to the meeting, the report contained the following information:

The Trust has identified attendance management as a priority and recognises the relationship between excellent care and staff health and wellbeing. The Trust has a poor attendance rate when compared with neighbouring Trusts in the Greater Manchester Area and the North West.

The latest benchmark figures available are for April 2015 whereby the NHS sickness absence rate overall is 4.06% and for large acute NHS Trusts the sickness absence rate is 4.23 %. The Pennine Acute Hospitals NHS Trust sickness absence rate exceeds these benchmarks by 1.59 % and 1.42% respectively. There has been an increase in long term sickness absence over the last 18 months.

To improve sickness absence an overarching strategy, Healthy Happy Here, has been developed through wide engagement with staff. As well as the Strategy the Trust is working with FirstCare Pilot, in relation to recording compliance with sickness policy; undertaken a

Occupational Health Review; developed a Nursing Sickness Absence Plan; invested in increasing the capacity of the Physiotherapy service for staff and a new Psychological service for staff.

The Trust is also looking to implement a staff podiatry service and to hold Pilates and Yoga classes to enable staff to take responsibility for their own health.

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

The Deputy Director of Workforce reported that following the Healthy Futures reconfiguration and the changes at Rochdale Infirmary the rates of staff sickness did increase. The Trust will ensure that staff will be fully involved in any proposed changes.

In response to a Member's question, the Deputy Director of Workforce reported that the Trust are working with Unison in with regards to the implementation of mindfulness project.

The Deputy Director of Workforce reported that the Trust wants to ensure that there is a consistent approach to staff sickness absence, this is re-iterated through the Trust wide Leadership and Development Programme.

In response to a Member's question, the Deputy Director of Workforce reported that the department will do targeted pieces of work, following particular instances or reports of concerns.

In response to concerns raised about the number and cost of the employment of agency staff to cover staff absence, the Deputy Director of Workforce reported that this information can be provided to members of the Joint Committee.

It was agreed:

1. Further information would be provided to the Joint Health Overview Scrutiny Officer for circulation to Elected Members in respect of:
 - Sickness absence by site and division
 - Bank and agency figures
 - Management of staff sickness during service redesign work
2. A sickness absence update report will be considered in twelve months time.

8 PATIENT LED ASSESSMENT OF THE CARE ENVIRONMENT (PLACE) REPORT

Pam Miller, Deputy Director of Support Services, Pennine Acute NHS Trust attended the meeting to provide Members of the Joint Committee with an overview of the recently conducted, Patient Led Assessment of the Care Environment (PLACE). The report contained the following information:

PLACE provides a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care:

1. Cleanliness
2. Food and Hydration
3. Privacy, Dignity and Wellbeing

4. Condition, Appearance and Maintenance

5. Dementia Friendly Environment

The assessments were completed over 3 months and 30 patient assessors joined the teams.

The Trust was rated higher than the National Average on Cleanliness, Privacy, Dignity & Wellbeing, Condition, Appearance and Maintenance and Dementia Friendly Environment; however Food & Hydration scored lower than the National Average and it is noted that the score fell by 1.01% compared to last year.

The following was noted from the Trust food & hydration assessments which included the service of food and hydration at ward level:

- Not all wards have a separate area, away from the bed-side, where patients can take their meals
- Suitable (includes adapted where appropriate) crockery and cutlery was not provided to patients at ward level
- Where meals consist of more than one course, each course is not served separately
- Where packaged foods are provided (e.g. sandwiches, yoghurts, butter pats) the packaging opened/food was not removed prior to serving
- Not all unnecessary activity was ceased during the meal time (Protected Mealtimes)
- Not all patients' areas were clearly readied for the meal service - e.g. all unnecessary items removed from the table top

The Deputy Director of Support Services reported that an action plan has been drawn up for each site.

The Deputy Director of Support Services reported that overall the Trust has improved its cleanliness, condition, appearance & maintenance of buildings and privacy, dignity and wellbeing scores in 2015 compared to 2014. Action plans have been developed to address all issues noted during the inspections and distributed to the appropriate managers for rectification. All cleaning issues and minor maintenance issues were rectified immediately. All issues relating to staffing have been escalated to the Matrons.

In response to a Member's question the Deputy Director of Support Services reported that reporting in relation to the "condition, appearance and maintenance" is different across the Trust due to the differences in the Trust estates.

In response to a Member's question, the Deputy Director of Support Services reported that it is difficult in some areas (for example a surgical assessment ward) to always have protected meal times due to the amount of ongoing activity. In respect of the maternity wards there are plans to hold on the wards, frozen meals that can be re-heated within 24hours if required.

It was agreed:

The Deputy Director of Support Services would provide further comparative data in respect of the Patient Led Assessment of the Care Environment, this will be circulated to Elected Members via the Joint Health Overview and Scrutiny Officer.

9 URGENT BUSINESS

There was no urgent business reported.

**COUNCILLOR
Chair**

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