

## AGENDA FOR

### JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE ACUTE NHS TRUST

Contact:: Julie Gallagher  
Direct Line: 01612536640  
E-mail: julie.gallagher@bury.gov.uk  
Web Site: www.bury.gov.uk

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

**Councillors** : Councillor Norman Briggs, Councillor S Collins, Councillor Joan Davies, Councillor Mark Hackett, Councillor Derek Heffernan, Councillor S Kerrison, Councillor C McClaren, Councillor Kathleen Nickson, Councillor Linda Robinson, Councillor S Smith, Councillor Ann Stott and Councillor R Walker

Dear Member/Colleague

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

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

<b>Date:</b>	Tuesday, 6 October 2015
<b>Place:</b>	Scrutiny Committee Room, 2nd Floor Manchester Town Hall, Albert Square, Manchester. M60 2LA
<b>Time:</b>	1.30 pm
<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>	<b>**** Please note there will be no pre-meeting briefing, a light lunch will be served from 1pm</b> Public access to the Scrutiny Committee Room is over the bridge from level 2 of the old Town Hall building. There is no public access from within the Town Hall Extension. The bridge has a moderate incline so if you have limited mobility you may wish to call 0161 234 3241 for information on alternative access.

## **AGENDA**

### **1 APOLOGIES FOR ABSENCE**

### **2 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.

### **3 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 Pennine Acute NHS Trust. A period of up to 30 minutes is set aside for public questions.

### **4 MINUTES** (*Pages 1 - 12*)

Members of the Joint Health Overview and Scrutiny Committee are asked to approve as a correct record the minutes of the meetings held on the 30<sup>th</sup> June 2015 and 28<sup>th</sup> July 2015. Minutes attached.

### **5 MATTERS ARISING** (*Pages 13 - 18*)

### **6 PENNINE ACUTE NHS TRUST SERVICE TRANSFORMATION**

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 they involve the likely disclosure of exempt information as detailed in the condition of category 3.

### **7 CANCELLED OPERATIONS REPORT** (*Pages 19 - 22*)

Dawn Robinson, Pennine Acute NHS Trust, Elective Access will report at the meeting. Report attached.

### **8 SICKNESS ABSENCE REPORT** (*Pages 23 - 28*)

Nick Hayes, Deputy Director of Workforce Pennine Acute NHS Trust will report at the meeting. Report attached.

### **9 PATIENT LED ASSESSMENT OF THE CARE ENVIRONMENT (PLACE) REPORT** (*Pages 29 - 40*)

Pam Miller, Deputy Director of Support Services, Pennine Acute NHS Trust will report at the meeting. Presentation attached.

### **10 URGENT BUSINESS**

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



This page is intentionally left blank

**Meeting of:**

Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust

**Date:** 30 June 2015

**Present:**

Councillor Roy Walker (Bury Council)  
 Councillor Sarah Kerrison (Bury Council)  
 Councillor Stella Smith (Bury Council)  
 Councillor Sandra Collins (Manchester City Council)  
 Councillor Joan Davies (Manchester City Council)  
 Councillor Mark Hackett (Manchester City Council)  
 Councillor Norman Briggs (Oldham Council)  
 Councillor Derek Heffernan (Oldham Council)  
 Councillor Colin McLaren (Oldham Council)  
 Councillor Kathleen Nickson (Rochdale MBC)  
 Councillor Linda Robinson (Rochdale MBC)  
 Councillor Ann Stott (Rochdale MBC)

Mr Gavin Barclay:	Assistant Chief Executive, Pennine Acute Hospitals
Mrs Nadine Armitage:	Head of Partnerships, Pennine Acute Hospitals NHS Trust
Ms Gill Harris:	Chief Nurse, Pennine Acute NHS Trust
Dr Susan Savage:	Director of Quality and Safety
Ms Margaret O'Dwyer:	Director of Commissioning, Bury CCG
Ms Julie Gallagher:	Joint Health Overview and Scrutiny Officer

**PAT.15/16-01 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.

**PAT.15/16-02 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.

**PAT. 15/16-03 APOLOGIES**

There were no apologies for absence.

**PAT.15/16-04      DECLARATIONS OF INTEREST**

No declarations of interest were made.

**PAT.15/16-05      PUBLIC QUESTIONS**

There were no public questions.

**PAT.15/16-06      MINUTES OF THE LAST MEETINGS**

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.

**PAT. 15/16-07      MATTERS ARISING**

There were no matters arising.

**PAT. 15/16-08      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.

**PAT.15/16-09      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.
2. Information will be provided at a future meeting of the Joint Committee in relation to the social workers pilot.

### **PAT. 15/16-10 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 Trusts 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.
2. The Joint Health Overview and Scrutiny Officer will circulate to members a copy of the Pennine Acute NHS Trust summary improvement plan.

## **PAT. 15/16-11 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.

**PAT. 15/16-12 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.

**Meeting of:**

**Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust**

**Date:** 28 July 2015

**Present:**

Councillor Roy Walker (Bury Council)  
Councillor Sarah Kerrison (Bury Council)  
Councillor Stella Smith (Bury Council)  
Councillor Norman Briggs (Oldham Council)  
Councillor Derek Heffernan (Oldham Council)  
Councillor Colin McLaren (Oldham Council)  
Councillor Linda Robinson (Rochdale MBC)  
Councillor Ann Stott (Rochdale MBC)

Dr Graham Wardman:	Consultant in Screening and Immunisation
Audrey Howarth:	Screening and Immunisation Manager
Jane Pilkington:	Head of Public Health Commissioning, NHS England
Mr T Hashmi:	Clinical Lead Diabetic Eye Screening Programme
Tanveer Kausser:	Programme Manager – Diabetic Eye Screening Programme
Amanda Stocks:	Communications Hub Team Manager
Hilda Yarker	Strategic Consultant for Patient and Public Engagement, NHS England
Ms Julie Gallagher:	Joint Health Overview and Scrutiny Officer

5 members of the public were present at the meeting.

The Chair began by welcoming Elected Members, Officers and Members of the Public to the meeting. It was agreed that the agenda will be re-arranged and agenda item PAT.XXX would be considered first.

**PAT**

**APOLOGIES**

Councillor Kathleen Nickson (Rochdale MBC)  
Councillor Joan Davies (Manchester City Council)

**PAT**

**DECLARATIONS OF INTEREST**

No declarations of interest were made.

**PAT NORTH EAST SECTOR DIABETIC EYE SCREENING PROGRAMME**

The following officers attended the meeting to provide members of the committee with a verbal presentation in respect to the proposed changes to the north east sector diabetic eye screening programme and provide details of the communications and engagement plan:

Dr Graham Wardman: Consultant in Screening and Immunisation; Audrey Howarth: Screening and Immunisation Manager; Jane Pilkington: Head of Public Health Commissioning NHS England; Mr T Hashmi: Clinical Lead Diabetic Eye Screening Programme; Tanveer Kausser: Programme manager – Diabetic Eye Screening Programme; Amanda Stocks: Communications Hub Team Manager; Hilda Yarker Strategic Consultant for Patient and Public Engagement NHS England.

The presentation contained the following information:

The aim of the National Diabetic Eye Screening Programme (DESP) is to reduce the risk of sight loss amongst people with diabetes by the prompt identification and effective treatment if necessary of sight threatening diabetic retinopathy, at the appropriate stage during the disease process.

Since 2008 this has been delivered using a community based mobile service, operating by the movement of digital cameras from 16-17 clinic sites across the Boroughs of Bury, Oldham and Rochdale.

Following an External Quality Assurance visit in 2012, several recommendations made reference to the quality and safety of the way the service was being delivered; in particular the review highlighted

- the unsafe nature of transfer of data by USB sticks
- concerns regarding the frequent movement/transportation of digital camera's.
- Identification of availability of sites had to be negotiated annually, prime site occupancy for certain sites was affected by short term booking.
- The quality and safety of the programme was being compromised by the lack of an N3 connection. The N3 network is designed to ensure confidentiality and a safe way to transfer digital photographs and other information by NHS users.
- The operational model of camera transfer between sites had set up implications for both the digital cameras and staff; digital camera downtime was significant – up to one day lost in the transit, staff time was lost due to the necessity to use two staff for the transfer.

Following a Serious Incident in the North east sector in February 2014, Diabetic eye screening sites were reduced from 16-17 to 6 as an interim measure to ensure the safety of the screening programme. It was intended to perform a full review of the screening sites for the

programme within 6 months of the implementation of the 6 interim static sites. Work began on this review at the beginning of 2015 and a Communication and Engagement sub-group was established in April to support this process.

A Communication and Engagement plan has been produced by this group to ensure that a comprehensive and meaningful engagement exercise can take place to influence the outcomes of the review, alongside the other clinical, equality impact work being undertaken by the programme. The engagement will be undertaken by the Commissioner, NHS England and Provider, Pennine Acute NHS Trust.

**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 Dr. Wardman reported that the proposed changes are not as a result of having to make financial savings, the resources will remain the same. Included as part of the change, is a proposal to expand the hours and accessibility of the service, as well as an aim to improve the uptake of the service. The current uptake of the service is 76%, the highest percentage of non-attendees is from the working age population and it is hoped by reconfiguring the service the uptake will increase.

Dr. Wardman reported that the following the serious untoward incident and the necessity to introduce interim measures, NHS England acknowledge that they did not communicate with service users as well as they would have liked; lessons have been learnt and this learning has informed the subsequent pre-engagement and engagement phase.

The Clinical Lead Diabetic Eye Screening Programme reported that the proposed changes to the service will result in the image being transferred immediately via a safe secure N3 connection this will prevent as has happened in the past, a backlog of images waiting to be processed.

In response to a Member's question, the Programme manager – Diabetic Eye Screening Programme reported that there had been a historical lack of forward planning when booking clinic sites. The criteria for screening sites now included planned bookings, accessibility and provision of a safe N3 connection.

Members sought clarification in relation to the serious untoward incident. The Clinical Lead reported that data sticks were previously used to hold images, the data sticks were corrupted, this resulted in a delay in the images being reviewed. The Clinical Lead reported that no one was harmed as a result of the delay, all images were reviewed. There was however a slight delay in some of the images being reviewed as a result of which there was a requirement to record the incident as a serious untoward incident and patients informed

In response to a Member's question in relation to how the decision was made to select the sites in the period following the incident; the Programme Manager reported that the service reviewed who were in immediate need of the service, where had recently been screened, the easy availability of an N3 connection. The Programme Manager reported that the service could have communicated better with residents of Heywood in respect of the changes to the location of the screening facility.

The Screening and Immunisation Manager reported that the work is ongoing to raise the profile of the screening programme, members of her team work with GPs, support groups and practice nurses to encourage patients to attend their screening appointments.

The Head of Public Health Commissioning NHS England reported that this screening programme is very effective and delivering real health outcomes. Studies now show that since the commencement of Diabetic Eye screening in 2007, and for the first time in 50 years Diabetic Retinopathy is no longer the leading cause of blindness in adults. This is even more impressive given the significant increase over the past decade in diabetes. She reiterated that the proposed changes are not a result of a need to reduce budgets but rather a set of proposals to see how current investment can deliver the best health outcomes and will result in a more equitable and fair service.

The Chair reported that he would take questions from members of the public present at the meeting.

## **PAT PUBLIC QUESTIONS**

There were five members of the public in attendance at the meeting. There were three questions tabled in advance of the meeting; they were as follows:

1. Is the committee aware of the increase in the number of DNAs (Did Not Attend) for the Diabetic Retinopathy Screening since the removal of the service from the Phoenix Centre in Heywood? For just their own surgeries in Heywood, Dr. Chris Duffy & Dr. Bob Wood reported, at the CCG Meeting on 19<sup>th</sup> June 2015, that the increase in DNA's from 2013/14 to 2014/15 was Argyle Street Surgery 36 and Heady Hill Surgery 32.
2. Is the Committee aware that a 1000+ signature petition calling for the reinstatement of the DRS Service at the Phoenix Centre Heywood was presented to NHS England at a meeting facilitated by Healthwatch Rochdale in February 2015 at Heywood Civic Hall?

3. Is the Committee aware that a new screening camera, which cost £19,070 has been sitting idle in a storeroom since early March 2015?

Dr. Wardman reported that with regards to the increase in the numbers of those that did not attend their appointments, the data from NHS England does not indicate there has been an increase, nevertheless the team would continue to work with those requiring the service to increase take up.

With regards to the petition the Screening and Immunisation Manager reported that this will form part of the engagement process.

Dr. Wardman reported that the purchase of the new camera coincided with the reporting of the serious incident and engagement phase. Once the engagement has been completed and the sites agreed, the camera will become fully operational.

In response to concerns raised by Pete Malcolm, in relation to the Quality Assurance process identifying potential problems in 2012 and resulting action only being taken in 2014; the Screening and Immunisation Manager reported that the problems were highlighted just prior to a change over in commissioning responsibility. This was a period of substantial change in the NHS and in particular in NHS England. The first priority was to recruit to the position of Programme Manager, NHS England were working through the issues when the incident occurred.

The Programme Manager reported that the camera will still be transported around the Boroughs but less frequently, the camera will be transported in a purpose built, safe and secure container. All identified sites in the proposals have access to a safe and secure N3 connection.

Members of the public raised concerns, in relation to transport issues and access to the proposed sites. Members of the public provided examples of patients who have travelled for two hours plus to attend their appointment.

## **PAT**

### **NORTH EAST SECTOR DIABETIC EYE SCREENING PROGRAMME**

Members of the Committee were given a further opportunity to ask questions of the officers present at the meeting and the following issues were raised:

In response to concerns raised by the Chair; Dr. Wardman reported that they would ensure that the proposals did not disadvantage service users in any of the three Boroughs and will pay particular attention to any potential transport issues.

In respect of the site in Saddleworth, there were problems with the previous venue a different venue is to be considered as part of the review process.

Dr Wardman reported that NHS England is in contact with Arriva/TfGM in respect of the proposed changes.

The inclusion of potential sites in Croft Shifa is to allow ease of access to residents living in the area surrounding Littleborough.

In response to concerns raised with regards to the proposal to hold the engagement events in August, the Strategic Consultant for Patient and Public Engagement reported that a large amount of work has been undertaken in the pre-engagement stage. Further work will be undertaken at the commencement of the engagement, this will include three public events in Middleton, Oldham and Bury; an anonymised staff questionnaire, information in appointment letters and engaging with those attending clinic during the engagement period.

**It was agreed:**

1. Members of the Joint Committee were agreed that patients, the public and staff were engaged throughout the development of the proposals.
2. An additional public event will be held in Rochdale during the four week engagement period.
3. The Joint Committee are satisfied with the proposals and agree to the start of a 4 week period of formal public engagement from Monday, 3 August to Sunday, 30 August 2015.
4. Following the conclusion of the engagement a reporting detailing the findings will be circulated to members of the Joint Health Overview and Scrutiny Committee.

# Delayed Discharge Analysis

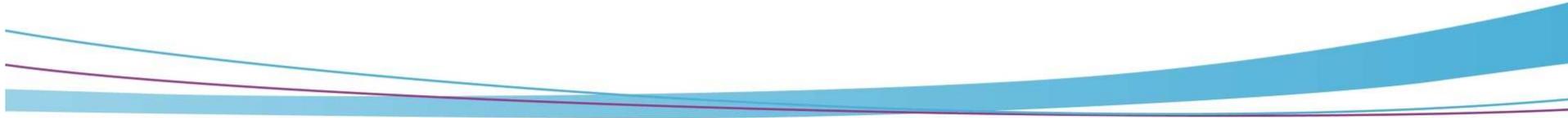
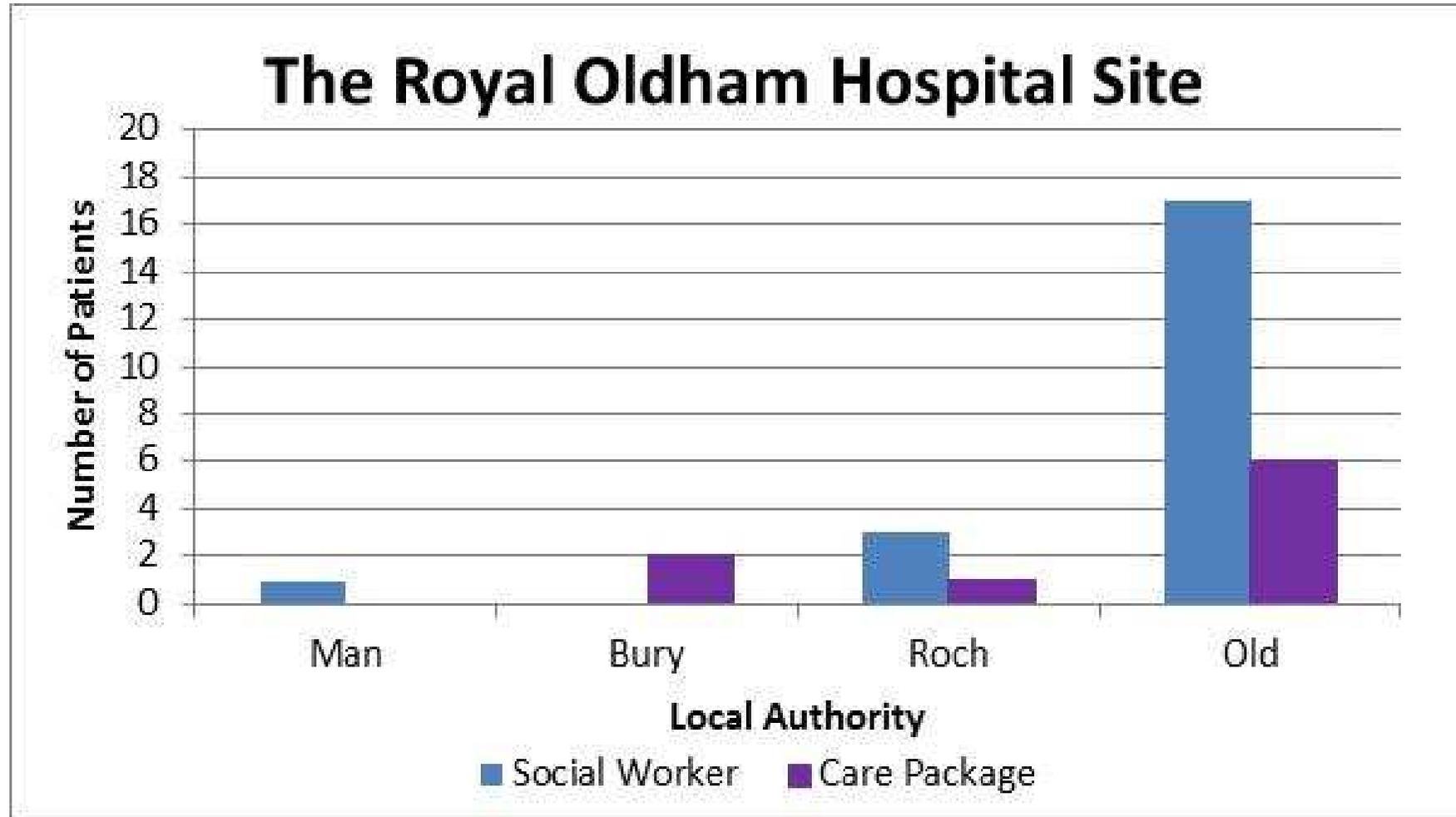
Joint Health Overview & Scrutiny  
Committee

6<sup>th</sup> October 2015

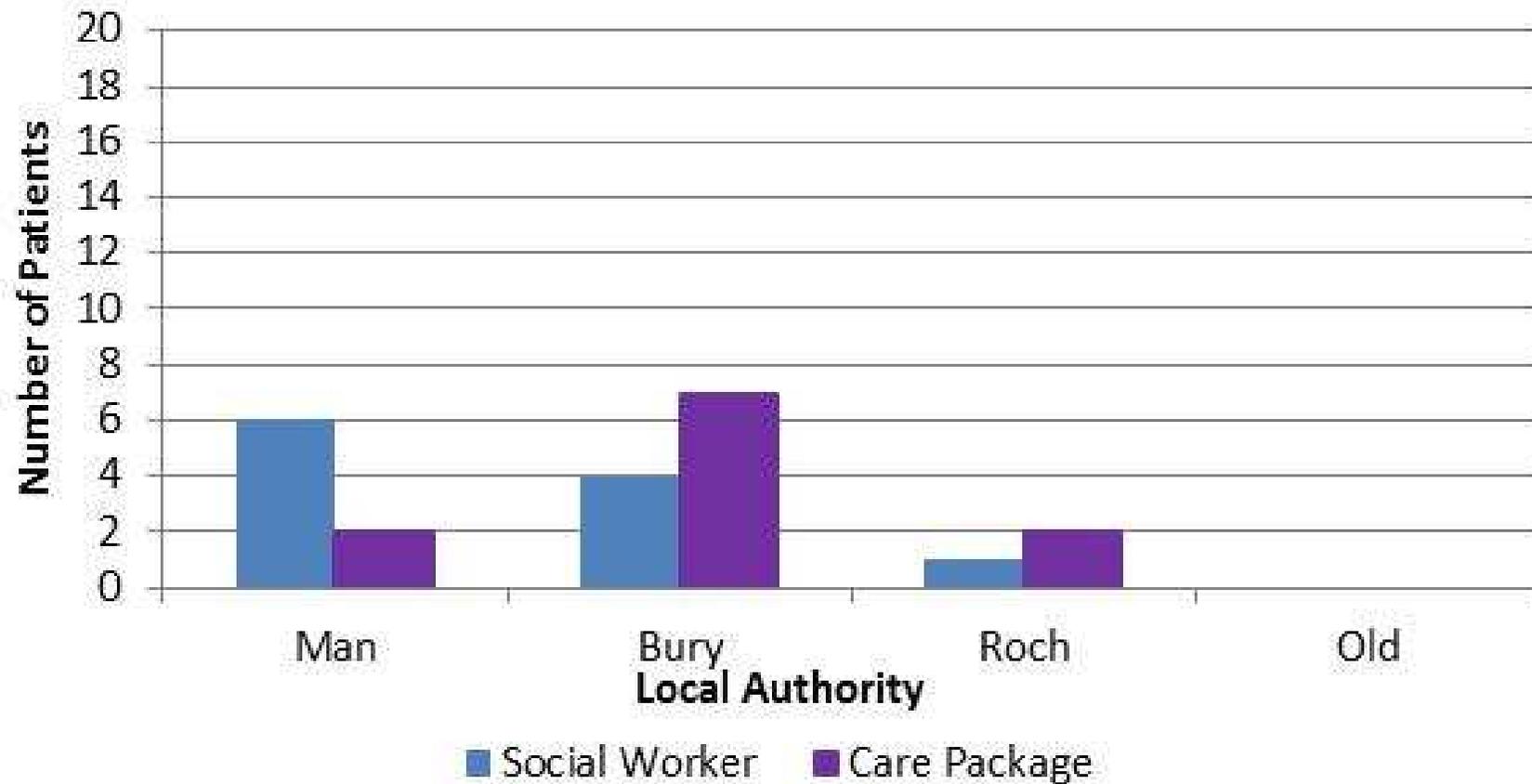


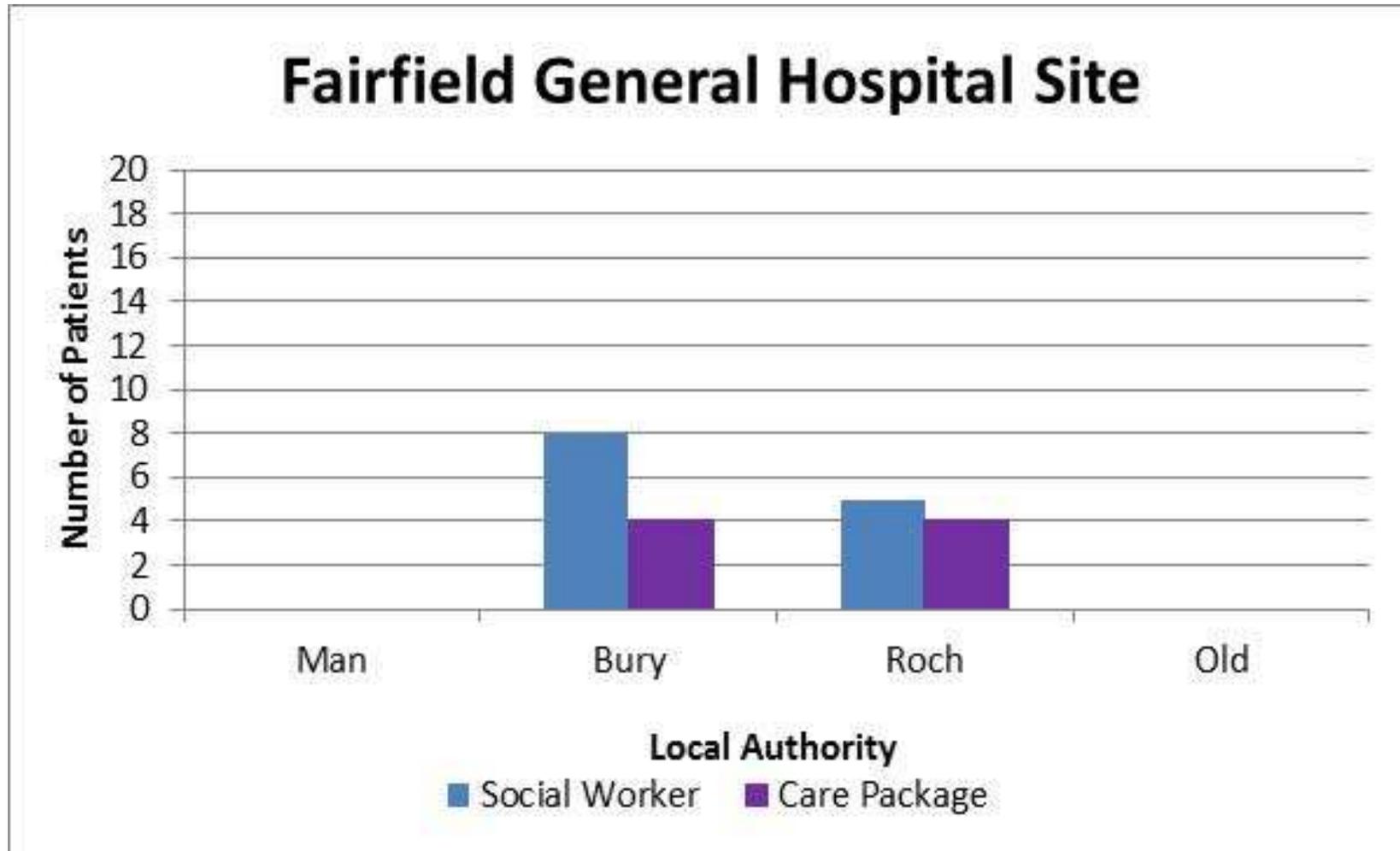
# Delayed Discharge Analysis

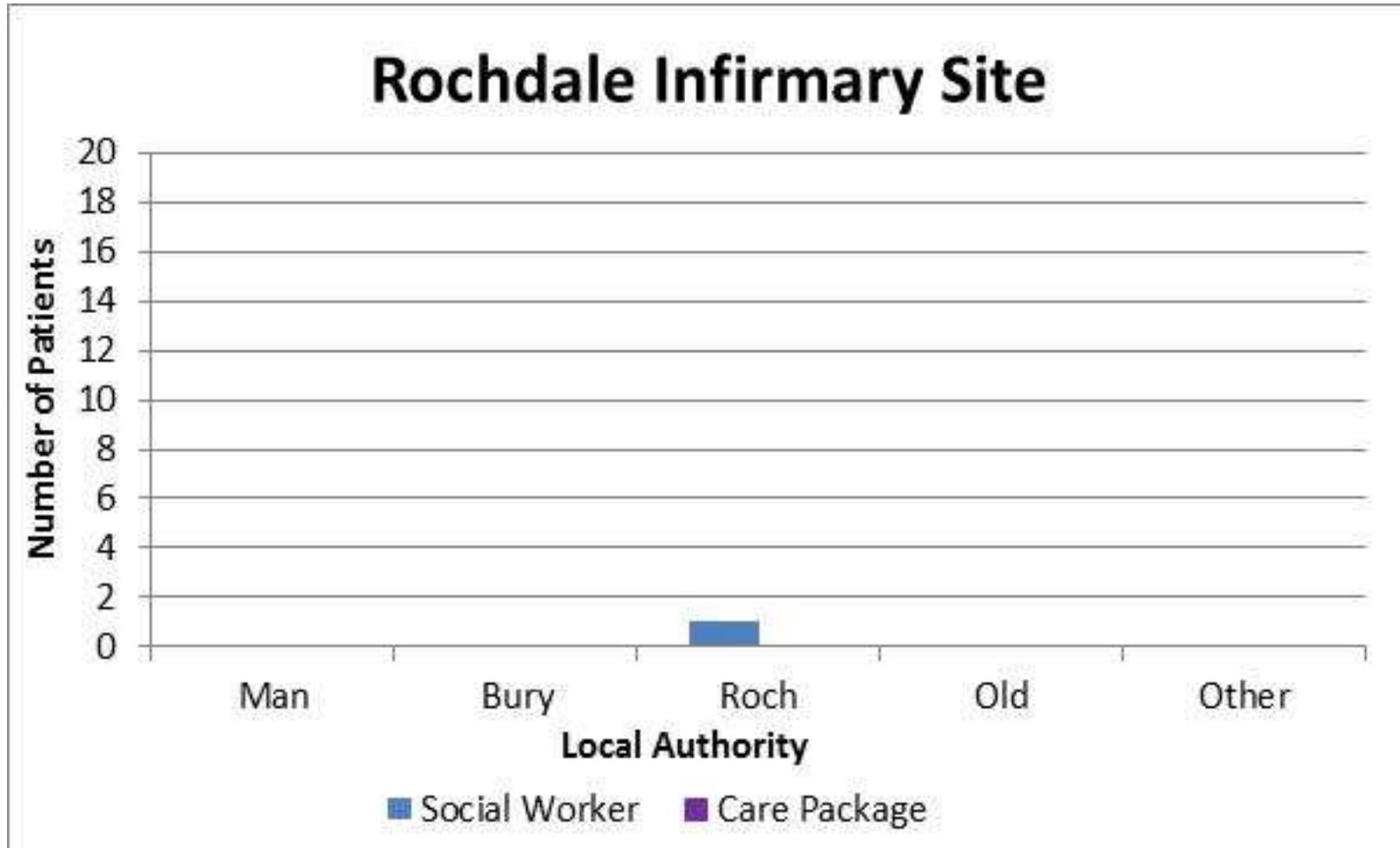
- Snapshot from 2<sup>nd</sup> September 2015
- Analysis by site and local authority
- Includes patients awaiting:
  - Social worker for the next step in their pathways
  - Package of care to enable a discharge home
- The Trust continues to work in partnership with other providers and commissioners to develop discharge models across the North East Sector through the Systems Resilience Group



## North Manchester General Hospital Site







**The Pennine Acute Hospitals NHS Trust**  
Cancelled Operations: Delayed Discharges Report

## Report on Cancelled Operations Due to Delayed Discharges

### 1. Introduction

1.1 This paper has been produced at the request of the Joint Health Overview & Scrutiny Committee and outlines information relating to a query raised at the June Committee meeting. The request specifically requested information on the number of cancelled operations due to delayed discharges.

### 2. Cancelled Operation Data

2.1 The Pennine Acute Hospitals NHS Trust hold a 'Cancelled Operations Group' which meet on a regular basis and include representatives from all directorates and support services particularly involved in 'cancelled operations'. The group discuss both reportable and non-reportable cancelled operations and have devolved individual service 'actions plans' to address areas of concern to ensure continuous improvements are made.

2.2 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. However for this report we are concentrating on cancellations due to delayed discharges, in particular around a suitable bed not being available for the particular patient. This information is collated and monitored within the trust.

2.3 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. **The reason for a bed being unavailable could be for a range of reasons, which may include delayed discharges but this is not the sole reason for bed unavailability. As such 'beds not available' is only a proxy for delayed discharges leading to cancelled operations, and shows over reporting.**

2.4 Tables 1 and 2 outline cancelled operation information during a 6 month period from 1<sup>st</sup> February to 31<sup>st</sup> July 2015. Table 1 illustrates cancellations by hospital site and Table 2 shows cancellations by Clinical Commissioning Group.

**Table 1 Cancelled Operations by Site by Month due to Bed Availability**

Site	Reason	Month						Total
		Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	
Bury	Beds not Available – elective	13	15	11	1	0	2	42
	Beds not Available – HDU/ICU	0	0	0	0	3	0	3
North Manchester	Beds not Available – elective	3	3	3	6	6	2	23
	Beds not Available – HDU/ICU	3	2	3	1			9
Oldham	Beds not Available – elective	0	0	0	1	12	3	16
	Beds not Available – HDU/ICU	1	0	0	0	5	1	7
Total	Beds no Available - total	20	20	17	9	26	8	100

2.5 The total of cancelled operations due to 'beds not available' represented 21% of the overall reportable cancelled operations during this 6 month time period.

**Table 2 Cancelled Operations by Clinical Commissioning Group by Month due to Bed Availability**

Site	Reason	Month						Total
		Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	
Bury CCG	Beds not Available – elective	3	5	4	1	1	1	15
	Beds not Available – HDU/ICU	0	0	1	1	1	1	4
North Manchester CCG	Beds not Available – elective	3	1	2	2	6	0	14
	Beds not Available – HDU/ICU	0	0	0	0	1	0	1
Oldham CCG	Beds not Available – elective	3	2	1	4	3	4	17
	Beds not Available – HDU/ICU	2	1	1	0	4	0	8
Heywood, Middleton & Rochdale CCG	Beds not Available – elective	7	9	6	0	7	2	31
	Beds not Available – HDU/ICU	1	1	1	0	2	0	5
Other CCGs	Beds not Available – elective	0	1	1	1	0	0	3
	Beds not Available – HDU/ICU	1	0	0	0	1	0	2
<b>Total</b>	<b>Beds no Available - total</b>	<b>20</b>	<b>20</b>	<b>17</b>	<b>9</b>	<b>26</b>	<b>8</b>	<b>100</b>

2.6 To illustrate the potential for over reporting 19 of the 100 cancellations shown in table 1 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.

2.7 To provide some context 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.

### 3. Recommendations

The Health Scrutiny committee is asked to note this report.

**Dawn Robinson**

**Elective Access Manager**

**September 2015**

This page is intentionally left blank

# The Pennine Acute Hospitals NHS Trust

## Attendance Management Report

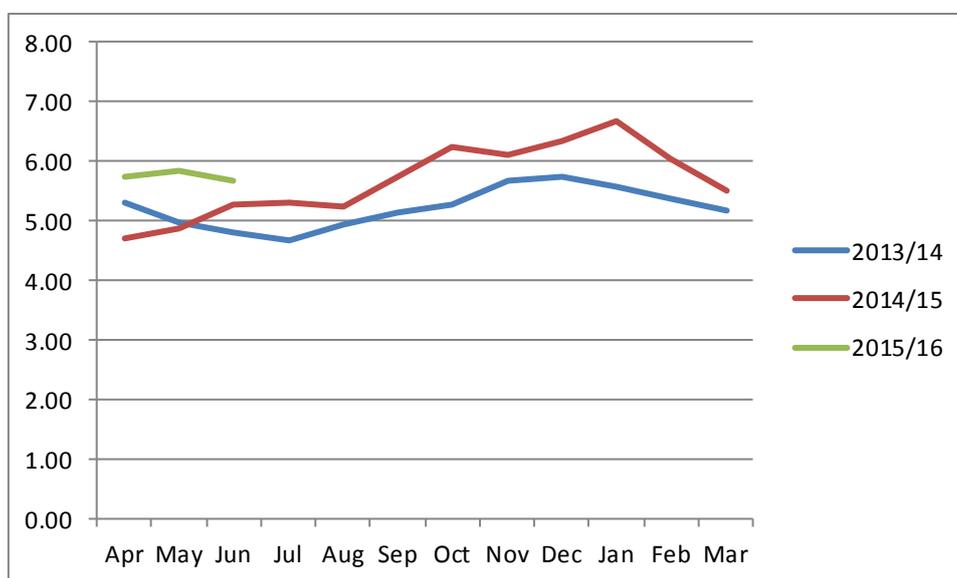
## Attendance Management Report September 2015

### 1. Background

1.1 As part of the Trust's Transformation Strategy a key corporate priority is to create an environment so that staff chose to work at the Trust, sickness absence is reduced and morale is increased. The Trust has identified attendance management as a priority and recognises the relationship between excellent care and staff health and wellbeing.

1.2 The Trust has a poor attendance rate when compared with neighbouring trusts in the Greater Manchester Area and the North West. Chart 1 shows sickness absence rates for The Pennine Acute NHS Trust (PAT) from April 2013 to June 2015.

**Chart 1 Sickness Absence Rate (%) April 2013 to July 2015**



1.3 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.

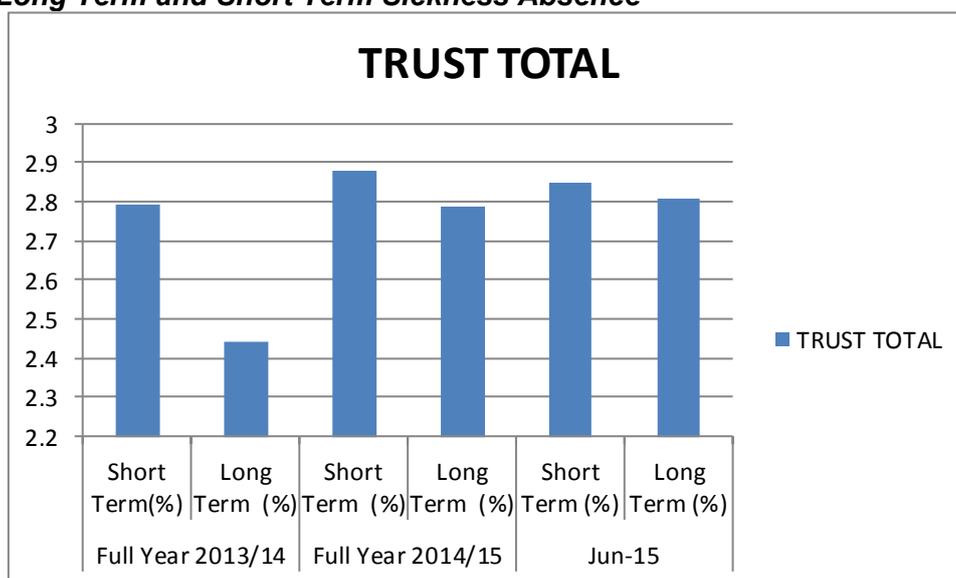
1.4 Table 1 shows the top five reasons for sickness absence in the Trust. These have been benchmarked and we mirror our neighbouring trusts with stress and Musculoskeletal (MSK) /back problems being the top reasons for sickness absence.

**Table 1 Top Five Reasons for Sickness Absence**

Absence reason	Percentage of overall sickness
Stress/Anxiety/Depression	37.08%
Other MSK problems	25.08%
Cold, Cough, Flu	16.00%
Gastrointestinal problems	11.81%
Back Problems	10.03%

1.5 Chart 2 shows the split between long term sickness absence, which is described as absences exceeding 30 days, and short term sickness absence. As can be seen there has been an increase in long term sickness absence over the last 18 months.

**Chart 2 Long Term and Short Term Sickness Absence**



**2. Staff Engagement and Sickness Absence**

Following the initial studies of Borril & West in 2001 it has been shown there is a link between poor staff engagement and high sickness absence. Table 2 shows the Trust overall staff engagement score as calculated in the National NHS annual staff survey and Table 3 shows the Trusts quarterly friends and family scores. This data shows that the Trust has low staff engagement when compared nationally.

**Table 2 NHS National Staff Survey Results**

Year	Overall Engagement Score
2012	3.50
2013	3.58
2014	3.61

1 = poorly engaged, 5 = highly engaged staff

**Table 3 Friends and Family Scores: How likely are you to recommend to friends and family as a place to work?**

Year	% to Recommend (Place of Work)
2014 Quarter 1	58 %
2014 Quarter 2	58 %
2014 Quarter 4	59 %
2015 Quarter 1	60 %

### 3. Improving Sickness Absence

To improve sickness absence an overarching strategy, Healthy Happy Here, has been developed through wide engagement with staff. This strategy is supported by a number of initiatives which are outlined in this report.

#### Healthy Happy Here Strategy

3.1 In light of the above position of high sickness absence and low staff engagement the Chief Executive launched her Pride in Pennine CEO Challenge on “Health and Attendance” in April and May 2015. Innovative cloud sourcing technology was used to collate the views of our staff: there were over 39,000 contributions to the on line conversations.

3.2 Our aim was:

- to understand why we have low levels of job satisfaction and high levels of absenteeism,
- to empower staff to share and prioritise solutions that can address PAT’s people issues, especially low levels of job satisfaction and high levels of absenteeism, and
- to create a foundation, directly from these contributions, upon which our Workforce and Organisation Development leaders can build a new plan to turn the Trust around.

3.3 The contributions were compiled and the following diagram shows the plan on a page which has been shared with all our employees.

# Draft Healthy, Happy, Here Plan

	Our priorities	The solutions staff support so far			Goals By 2017
		Now	6 months	12 months	
<b>Healthy</b>	<ul style="list-style-type: none"> <li>Support for emotional and physical health</li> <li>Access to diagnostics &amp; care</li> <li>Physical environment</li> </ul>	<ul style="list-style-type: none"> <li>Healthy lifestyle programme</li> <li>Occupational Health support</li> <li>Staff support networks</li> </ul>	<ul style="list-style-type: none"> <li>Healthy lifestyle programme</li> <li>Healthier catering options</li> <li>Better break areas for staff</li> </ul>	<ul style="list-style-type: none"> <li>Improved car-parking for staff</li> <li>Onsite GP/walk-in centre</li> </ul>	<ul style="list-style-type: none"> <li>25% reduction in sickness absence</li> <li>30% reduction in stress related sickness</li> </ul>
<b>Happy</b>	<ul style="list-style-type: none"> <li>Supportive leaders and managers</li> <li>Encourage &amp; recognise the right behaviours</li> <li>Career development</li> </ul>	<ul style="list-style-type: none"> <li>Back to the floor visits for managers</li> <li>Staff feedback and suggestions system</li> </ul>	<ul style="list-style-type: none"> <li>Values-based appraisal</li> <li>Leadership/management development programme</li> <li>Internal opportunities webpage</li> </ul>	<ul style="list-style-type: none"> <li>Values-based recruitment</li> <li>Smarter rewards and recognition</li> <li>Personal development and training</li> <li>Mentoring/Coaching Scheme</li> </ul>	<ul style="list-style-type: none"> <li>Positive 360 degree feedback &amp; values-based appraisals</li> <li>Be in the top 25% of Trusts for job satisfaction in the NHS</li> <li>The Times Top 100 employers list</li> </ul>
<b>Here</b>	<ul style="list-style-type: none"> <li>Managing absence</li> <li>Staffing levels &amp; skill mix</li> <li>Shift patterns</li> </ul>	<ul style="list-style-type: none"> <li>Review shift patterns &amp; rotas</li> <li>Staffing levels and skill mix</li> </ul>	<ul style="list-style-type: none"> <li>HR policy training for all</li> <li>Develop recruitment strategy</li> <li>People policy peer audits</li> </ul>	<ul style="list-style-type: none"> <li>HR policy training for all</li> <li>People policy peer audits</li> <li>Enhance induction process</li> </ul>	<ul style="list-style-type: none"> <li>c90% 'stability' 25% reduction in agency/bank</li> <li>Speed of filling vacancies</li> <li>Reduce vacancies to 3%</li> <li>95% retention of student nurses</li> </ul>

3.4 A more detailed implementation plan is being developed and with an initial draft at the end of August. This will go to the Trust's Workforce and Leadership programme Board for approval.

## FirstCare Pilot

3.5 The Trust is piloting a centralised model for recording compliance with the sickness absence policy called FirstCare. This pilot is due to end in October and is currently being reviewed with key stakeholders and the company. The service provides a single number for reporting staff sickness and a follow up nurse led service to offer advice. The pilot has enabled compliance monitoring for line managers following sickness absence processes and appropriate support and training to be given to line managers where required.

## Occupational Health Review

3.6 As part of the review of attendance management, an analysis was undertaken on the management of the occupational health service. This review highlighted the need for a clear service level agreement between the service and the Trust. This would enable the Trust to have visibility on key performance targets and waiting times and the department could manage the expectations of the line managers and staff. Early work has seen an improvement in waiting times but there is more work to do.

## Nursing Sickness Absence Plan

3.7 The Deputy Chief Nurse is leading a programme targeted at reducing nursing and midwifery sickness absence. The project group has been formed and the plan approved by

the Senior Management team. The plan involves each absent nurse having an action plan and managers performance/compliance monitored bi-weekly.

### **Staff Physiotherapy and Psychological services**

3.8 As highlighted in table 1 stress and MSK are the most common reasons given by staff sickness absence. To support staff and reduce sickness absence the Trust has invested in increasing the capacity of the Physiotherapy service for staff and a new Psychological service for staff.

### **Staff Benefits**

3.9 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, following suggestions from staff.

## **4. Conclusion**

4.1 The Trust recognises that it has a significant sickness absence challenge, however, with the support of managers and staff and the Healthy, Happy, and Here programme, it is envisaged that the sickness absence rates will improve.

**J Lenney**  
**Executive Director of Workforce & OD**  
**August 2015**

# Patient-Led Assessment of the Care Environment (PLACE) 2015



# The Principles of PLACE

**To provide 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**

# PLACE Results 2015

	Cleanliness	Food & Hydration	Privacy , Dignity & Wellbeing	Condition, Appearance & Maintenance	Dementia Friendly environment
<b>National Average</b>	<b>97.57%</b>	<b>88.49%</b>	<b>86.03%</b>	<b>90.11%</b>	<b>74.51%</b>
<b>Overall Trust Score</b>	<b>98.89%</b>	<b>87.84%</b>	<b>90.33%</b>	<b>90.24%</b>	<b>76.11%</b>
Fairfield General	98.62%	90.75%	92.93%	86.00%	77.46%
North Manchester	98.18%	85.89%	88.11%	88.05%	71.00%
Royal Oldham	99.60%	87.60%	91.58%	93.99%	79.47%
Rochdale Infirmary	99.47%	93.78%	86.37%	90.74%	75.11%
Henesy House	99.32%	92.17%	89.47%	91.89%	86.72%
Floyd Unit, Birch Hill	98.48%	91.69%	90.09%	88.37%	94.73%

## Conclusion

- The Trust was rated higher than the National Average on all indicators except Food & Hydration, which <1.01% compared to 2014
- It is not possible for the Trust to remedy all failures due to the design of our buildings & services, current contractual obligations, financial constraints etc
- A report and summary action plan has been placed on the Trust public web pages as a requirement of NHS England



## What next?

- § Action plans have been developed to address issues noted during the inspections; though minor concerns were dealt with immediately
- § The Deputy Chief Nurse is developing a Trust Dementia Strategy to include comments received from the PLACE assessments
- § The issues relating to access are being addressed by the Trust Fall Group
- § The Trust is reviewing food service at ward level in light of food temperature issues

This page is intentionally left blank



**The Pennine Acute Hospitals NHS Trust**  
Patient-Led Assessment of the Care Environment 2015



## 1.0 Introduction

- 1.1 Patient-Led Assessments of the Care Environment (PLACE) are a self-assessment of non-clinical services which contribute to healthcare delivered in both the NHS and independent/private healthcare sector in England. The self-assessments are carried out voluntarily and were introduced in April 2013 to replace the former Patient Environment Action Team (PEAT) assessments which ran from 2000 – 2012 inclusive. These are the third results from the revised process.
- 1.2 Through focussing on the areas which matter to patients, families and/or carers, the PLACE programme aims to promote a range of principles established by the NHS Constitution, including:-
  - Putting patients first;
  - Actively encouraging feedback from the public, patients and staff to help improve services;
  - Striving to get the basics of quality of care right; and
  - A commitment to ensure that services are provided in a clean and safe environment that is fit for purpose.
- 1.3 The programme encourages the involvement of patients, the public and bodies, both national and local, with an interest in healthcare (e.g. Local Healthwatch) in assessing providers. This is done in equal partnership with NHS staff to both identify how they are currently performing and to identify which services can be improved for the future.
- 1.4 In 2015 the assessments were extended to include criteria on how well healthcare providers' premises are equipped to meet the needs of caring for patients with dementia. It should however be noted that this does not represent a comprehensive assessment relating to dementia, rather it focused on a limited range of aspects with strong environmental or buildings-associated components. Organisations are encouraged to separately undertake a comprehensive dementia-related assessment using a recognised environmental assessment toolkit.

## 2.0 The Principles

- 2.1 The aim of PLACE assessments is to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care. The non-clinical activities of concern are:-
  - Cleanliness;
  - Food and Hydration;
  - Privacy, Dignity and Wellbeing (the extent to which the environment supports the delivery of care with regards to the patient's privacy dignity and wellbeing);
  - Condition, Appearance and Maintenance of healthcare premises;
  - Dementia (whether the premises are equipped to meet the needs of dementia sufferers against a specified range of criteria).
- 2.2 The criteria included in PLACE are not standards, but they do represent aspects of care which patients and the public have identified as important. It also represents good practice as identified by professional organisations whose members are responsible for the delivery of these services. These include but are not limited to the Healthcare Estates Facilities Managers Association, the Association of Healthcare Cleaning Professionals and the Hospital Caterers Association. In the case of dementia they draw heavily on the work of The Kings Fund and Stirling University.
- 2.3 The assessments cover:

- The assessment of **Cleanliness** covers all items commonly found in the healthcare premises including patient equipment; baths, toilets and showers; furniture; floors and other fixtures and fittings.
- The assessment of **Food and Hydration** includes a range of organisational questions relating to the catering service for example, the choice of food, 24-hour availability, meal times and access to menus. An assessment of food services at ward level and the taste and temperature of food is also completed.
- The assessment of **Privacy, Dignity and Wellbeing** includes infrastructural/ organisational aspects such as provision of outdoor/ recreation areas, changing and waiting facilities, access to television, radio, computers and telephones. It also includes the practicality of male and female services such as sleeping and bathroom/ toilet facilities, bedside curtains sufficient in size to create a private space around beds and ensuring patients are appropriately dressed to protect their dignity.
- The assessment of **Condition, Appearance and Maintenance** includes various aspects of the general environment including décor, the condition of fixtures and fittings, tidiness, signage, lighting (including access to natural light), linen, access to car parking, waste management, and the external appearance of buildings and maintenance of grounds.
- The **Dementia** assessment focuses on flooring, decor and signage, but also includes such things as availability of handrails and appropriate seating and, to a lesser extent, food. The items included in the assessment do not constitute the full range of issues requiring assessment which, in total, are too numerous to include in these assessments. However they do include a number of key issues, and organisations are encouraged to undertake more comprehensive assessments using one of the recognised environmental assessment tools available.

### 3.0 Process

- 3.1 In February 2015, the Trust participated in the Patient-Led Assessment of the Care Environment (PLACE) inspections; all assessments were concluded by the 5 June 2015 and organisations were given a 6 week window in which to carry out an assessment of a named site
- 3.2 A total of 30 patient assessors and 50 staff assessors were utilised in this process forming a total of 52 teams over 21 days of assessments Trust wide; the 30 patient assessors made 130 appearances and the staff made 111 appearances. A total of 8 external validators accompanied the assessment teams and a member of the Department of Health attended the Rochdale Infirmary inspection.
- 3.3 All assessments were undertaken using a standard assessment format issued by NHS England; at least 25% of each site should be assessed and must include accident & emergency departments/minor injuries unit; over a four year period, it is expected that all areas on each site will have received an inspection.
- 3.4 The areas assessed were predetermined by the Patient Assessors on the day of the assessments
- 3.5 The dates of the Trust assessments were as follows:
  - 19 February – 25 February 2015 Fairfield General Hospital
  - 23 March – 1 April 2015 Royal Oldham Hospital
  - 16 April 2015 Henesy House
  - 20 April 2015 Floyd Unit
  - 6 May 2015 Rochdale infirmary
  - 14 May – 29 May 2015 North Manchester General Hospital

## 4.0 Results

4.1 The results for the Trust are detailed below. For the purposes of comparison, a national average of scores from all participating hospitals/units has been calculated. This average is weighted to take account of the fact that hospitals vary in size and that in larger hospitals not all areas are assessed. The weighting factor used in this calculation is bed numbers. Bed numbers are used since they are common to all organisations, whereas some premises in which assessments are undertaken do not have wards e.g. certain mental health/learning disabilities units and Treatment Centres.

	Cleanliness		Food & Hydration inc ward food service		Privacy , Dignity & Wellbeing		Condition, Appearance & Maintenance		Dementia Friendly
	2015	2014	2015	2014	2015	2014	2015	2014	2015
<b>National Average</b>	97.57%	97.25%	88.49%	88.79%	86.03%	87.73%	90.11%	91.97%	74.51%
<b>Overall Trust Score</b>	98.89%	97.47%	87.84%	88.85%	90.33%	83.93%	90.24%	91.17%	76.11%

4.2 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

4.3 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
- Not all patients were offered the chance to wash/clean their hands prior to the food service
- Not all patients were made ready for the meal service, i.e. helped to sit up in bed, or sitting out
- Staff were not clearly active and involved in the delivery of the food and associated service which resulted in some patients meals being served below an appropriate temperature
- Not all patients have a water jug at their bedside or some were empty
- Not all patients provided with napkins with their meal

4.4 An action plan has been drawn up for each site and a summary of the action plans is included in Appendix 1

## 5.0 Conclusion

5.1 Overall the Trust has improved its cleanliness, condition, appearance & maintenance of buildings and privacy, dignity and wellbeing scores in 2015 compared to 2014; but scores dropped very slightly for food & hydration including food service at ward level.

5.2 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.

- 5.3 It is noted that some failures will be very difficult to remedy e.g. provide day rooms and separate dining rooms on all wards, separate exits from outpatient departments, provision of free TV due to contractual arrangements and space constraints for storage facilities
- 5.4 All patient assessors were very complimentary of the Trust and expressed they had learnt a great deal by participating in the PLACE inspections.
- 5.5 It is noted that Pennine Acute Hospitals has built up a very pro-active group of patient representatives who are very forthcoming in assisting us with our PLACE assessments and it is testament to our dedication in this national process

**Mrs Pam Miller**  
**Deputy Director of Support Services**  
**August 2015**

This page is intentionally left blank