AGENDA FOR

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE ACUTE NHS TRUST

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

Councillor Norman Briggs, Collins, Councillor Joan Davies, Councillor Mark Hackett, Councillor Derek Heffernan, Councillor Sarah Kerrison, Councillor Colin McClaren, Councillor Kathleen Nickson, Councillor Linda Robinson, Councillor Stella Smith, Councillor Ann Stott and Councillor Roy 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:-

Date:	Tuesday, 5 January 2016
Place:	Crompton Suite, Oldham Civic Centre, West Street, Oldham OL1 1UT
Time:	2.00 pm
Briefing Facilities:	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.
Notes:	**Light refreshments will be available from 1.30pm**

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 MINUTES *(Pages 1 - 8)*

The minutes of the meeting held on the 6th October are attached.

4 MATTERS ARISING *(Pages 9 - 14)*

- DELAYED DISCHARGE ADDITIONAL INFORMATION
- PATIENT LED ASSESSMENT OF THE CARE ENVIRONMENT (PLACE)

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

6 MATERNITY SERVICES UPDATE *(Pages 15 - 22)*

Gill Harris, Chief Nurse and representatives from the divisional team for Maternity Services will be in attendance. Report attached.

7 SICKNESS ABSENCE UPDATE *(Pages 23 - 28)*

Nick Hayes, Deputy Director of Workforce will be in attendance. Report attached.

8 URGENT BUSINESS

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

Agenda Item 3

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

Date: 6th October 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 Kathleen Nickson (Rochdale MBC)
Councillor Joan Davies (Manchester City Council)
Councillor Sandra Collins (Manchester City Council)

Dr Roger Prudham	– Deputy Medical Director, Pennine Acute NHS Trust
Hugh Mullen	– Director of Operations, Pennine Acute NHS Trust
Chris Sleight	- Director of Service Transformation, Pennine Acute NHS Trust
Lindsey Darley	- Directorate Manager North Manchester Community Services
Dawn Robinson	- Elective Access Manager, Pennine Acute NHS Trust
Nick Hayes	- Deputy Director of Workforce, Pennine Acute NHS Trust
Pam Miller	- Deputy Director of Support Services, Pennine Acute NHS Trust
Nadine Armitage	- Head of Partnerships, Pennine Acute NHS Trust
Ms Julie Gallagher:	- Joint Health Overview and Scrutiny Officer, Bury MBC

No members of the public were present at the meeting.

PAT. 15/16-18 APOLOGIES

Councillor Ann Stott (Rochdale MBC)
Councillor Mark Hackett (Manchester City Council)

PAT. 15/16-19 DECLARATIONS OF INTEREST

No declarations of interest were made.

PAT. 15/16-20 PUBLIC QUESTIONS

There were no public questions.

PAT. 15/16- 21 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.

PAT. 15/16-22 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.

PAT. 15/16-23 EXCLUSION OF THE PRESS AND PUBLIC - 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.

PAT. 15/16-24 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 Manger 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.

PAT. 15/16-25 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.

PAT. 15/16-26 PATIENT LED ASSESSMENT OF THE CARE ENVIRONMENT (PLACE)

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.

PAT. 15/16-27 URGENT BUSINESS

There was no urgent business reported.

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Overview and Scrutiny Committee further information
In relation to Cancelled Operations due to Delayed Discharges

1. Background

At the October 2015 meeting of the Joint Health Overview and Scrutiny Committee a paper was presented by Pennine Acute Hospitals Trust in relation to cancelled operations due to delayed discharges. The committee noted the report and queried data provided on cancellations by site and CCG.

Queries raised were:

1. Why did the number of cancellations due to bed availability at The Royal Oldham Hospital site increase in June 2015?
2. Why did the number of cancellations due to bed availability increase for Heywood, Middleton and Rochdale residents increase in June 2015?

Appendix 1 shows the data presented in the October 2015 and highlights the data that was queried.

2. Responses to Queries

Following analysis of the data the following conclusions have been made.

2.1 Increases in the position on the Royal Oldham Hospital site for June 2015
In May 2015 there had been only 1 cancellation in contrast to 12 in the month of June 2015. The Trust experienced significant pressure on beds during this month, with a bed occupancy rate of 90% during this month. This was due to both an increase in non elective admissions and a scheduled increase in elective activity.

2.2 Increases in the position for Heywood Middleton and Rochdale patients during June 2015
This query related to the month of June too and the spike of 7 cancellations for HMR patients as compared to zero the previous month.

The reasons are linked to the demand at the Oldham site, as noted in 2.1, as out of the 7 HMR patients 5 were actually due to be treated on the Oldham site and therefore included within the 12 cancellations at Oldham.

Table 1 Spilt by CCG of the 12 patients cancelled during June on the Oldham site: -

CCG	Number of patients
Oldham	3 patients
Bury	1 patient
North Manchester	3 patients
HMR	**5 patients**

Report compiled by Dawn Robinson
Elective Access Manager
Pennine Acute NHS Trust

Appendix 1

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

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
Total	Beds no Available - total	20	20	17	9	26	8	100

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PLACE 2014 / 2015

Pam Miller
Deputy Director of Support Services

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PLACE 2014 / 2015 Comparison Scores

- PLACE outcomes for the 5 PLACE domains are provided for 2013/14 and 2014/15
- It should be noted that PLACE criteria changes each year and so scores are not based on the same criteria year on year
- Dementia is a new domain and therefore no PLACE data is available for 2013/14
- An action plan has been developed to improve patient care based upon the feedback from the PLACE assessment

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PLACE 2014 / 2015 Comparison Scores

Site Name	Cleanliness		Food & Hydration		Privacy, Dignity & Wellbeing		Condition, Appearance & Maintenance		Dementia Friendly
	2015	2014	2015	2014	2015	2014	2015	2014	2015
National Average	97.57%	97.25%	88.49%	88.79%	86.03%	87.73%	90.11%	91.97%	74.51%
FAIRFIELD	98.62%	95.53%	90.75%	89.80%	92.93%	81.09%	86.00%	87.23%	77.46%
MANCHESTER	98.18%	96.67%	85.89%	88.11%	88.11%	82.39%	88.05%	91.54%	71.00%
OLDHAM	99.60%	98.76%	87.60%	88.88%	91.58%	86.12%	93.99%	92.75%	79.47%
ROCHDALE	99.47%	98.10%	93.78%	89.07%	86.37%	82.44%	90.74%	89.36%	75.11%
HENESEY HOUSE	99.32%	100%	92.17%	96.81%	89.47%	94.74%	91.89%	84.85%	86.72%
FLOYD UNIT	98.48%	100%	91.69%	90.41%	90.09%	89.74%	88.37%	89.06%	94.73%

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Agenda Item 6

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The Pennine Acute Hospitals NHS Trust

Title of Report	Maternity Services Review and Improvement Plan

Submitted to	Joint Health Overview and Scrutiny Committee
Date	5 January 2016

Executive Summary	This report provides details of: the external review of Maternity Services that the Trust commissioned in 2014; the resulting development of the maternity improvement plan; and the wider review of Maternity Services.
Actions requested	The Committee is asked to consider and discuss the contents of the paper.

Name	Gill Harris
Job Title	Chief Nurse
Email	Gill.Harris@pat.nhs.uk
Date	January 2016

Maternity Services Review

Submitted to the Health Overview and Scrutiny Committee 5 January 2016

1. Introduction and Context

Following the appointment of the new Chief Executive in April 2014 and prior to a full review of the Trust Serious Incident (SI) policy and processes, a system was introduced whereby all SIs were notified to the Chief Executive and executives within 24 hours and discussed at the newly formed Senior Management Team (SMT) on a weekly basis. This ensured the Trust could take any immediate corrective action required and reduce risk. This process highlighted several incidents within maternity services. The incidents reported were reviewed through the Trust's own root cause analysis and serious incident processes and any immediate improvements or actions required were implemented. However, to ensure that no stone was left unturned an external review of nine incidents which had occurred within maternity services (6 neonatal and 3 maternal deaths) over the period January 2013 to July 2014 was commissioned. These figures should be seen in the context of approximately 10,000 births in a year between The Royal Oldham Hospital and North Manchester General Hospital (including home births). The external review team consisted of a Senior Midwife and an Obstetrician external to the Trust.

The terms of reference extended beyond a review of the serious incidents themselves, however, in the first instance the reviewers concentrated on these. The findings and recommendations of the external review report are appended. To reflect our duty of care to the individuals' involved and following discussion with the families concerned, data which could be identifiable at a patient level has been redacted to ensure compliance with our duty of confidentiality to our patients.

2. The Maternity Review and Subsequent Improvement Plan

The findings of the review of the nine incidents demonstrated that, whilst the maternal deaths did not appear to be the result of deficiencies in care, further scrutiny and improvement was required from the review of the neonatal deaths. The key themes identified in the external review were:

- Clinical Risk Management
- Clinical Leadership
- Obesity Management
- Serious Incident Investigations.

The external review report is available on the Trust's internet at http://www.pat.nhs.uk/quality-and-performance/Maternity%20Review/Maternity%20External%20Review%20TB%20June%2015.pdf

An initial improvement plan was developed, incorporating the recommendations from the external review that the Trust had commissioned. The improvement plan is available on the Trust's internet at http://www.pat.nhs.uk/quality-and-performance/maternity-services-review.htm

On 1 April 2015 the Trust convened the Pennine Acute Trust (PAT) Incident Management Group (IMG) in response to the External Review of Maternity Services. The Trust established the IMG to oversee the management and assurance of the issues arising, to ensure a fully coordinated approach, inviting key partners (NHS England, Clinical Commissioning Group Quality Leads, Trust Development Authority, Care Quality Commission) to be members. The terms of reference agreed were to:

- Agree an understanding of the issues identified;
- Agree any gaps in assurance;
- Agree the scope of the Trust Improvement Plan;
- Agree the process for disclosure;
- Agree the scope of any further review;
- Allocation and clarification of responsibilities

The PAT Chief Nurse co-chairs this meeting with an external partner, Stuart North, Chief Officer, Bury CCG.

NHS England Sub-regional team held a single item Quality Surveillance Group (QSG) on 14 April 2015 to discuss the external review. External partners (TDA, CCGs and CQC) were invited to attend the QSG to feedback any issues / concerns that they had in relation to the Trust's maternity services. The Trust was also invited to present to the QSG feedback on action taken to date and assurance that the services were safe.

The outcome of the QSG held to discuss the external review of maternity services at PAT was that all parties were confident that the maternity services at PAT were safe. They were further assured by the collaborative approach being taken with regard to overseeing the improvement plan, delivered via the Incident Management Group (IMG). No additional monitoring was put in place from NHS England.

The Trust had put in place a disclosure and communication plan to ensure that key groups and individuals were informed of the report findings and resulting improvement work required. This included informing the families, the coroner, Healthwatch, MPs and other key stakeholders. Communicating with the families, in a sensitive way, was the key aspect of the disclosure and communications plan. However, before the plan could be delivered and families contacted the local media received communication about the external review from an unknown source and informed the Trust of their intention to publish the details. The Trust did make contact with the families where possible ahead of the media publication, and since then the Chief Nurse has contacted all of the ten families involved, inviting them to meet with her if they wished. To date, the Chief Nurse has met with a number of the families and has reiterated the offer to meet with the remaining families, if they wish. The Trust has given its heartfelt condolences and sincere apologies to all of the families involved.

3. Governance and Monitoring

The Trust has developed a comprehensive improvement plan which responds to the review findings, but also incorporates wider learning opportunities following publication of the Kirkup Review into Morecambe Bay Trust (March 2015), as well as other internal learning from service feedback. The plan was developed and owned by the staff within maternity services; it was formally approved by the IMG on 26 May 2015 and has since been shared with NHS England. It was noted by the IMG that the action plan reflected a desire for continuous and responsive improvement and as such may change to reflect emerging best practice or new developments. The format is aligned to the CQC five domains of Safety, Effectiveness,

Caring, Responsiveness and Well Led. Actions have been agreed under each of these headings.

4. Further Improvement Work

In support of the improvement plan a number of service improvements have been initiated. To support the development of the improvement plan a 'buddying' system with Newcastle was facilitated by our Chief Nurse. The Senior Team visited Newcastle in July 2015. This was a very positive visit where clinical relationships were developed and good practice shared. Since the visit we have adopted from the Newcastle Unit:

- Midwifery Preceptorship Package (Now live)
- Development of Band 7 Labour Ward Practitioner (Launch in January 2016)
- Development of Clinical Passports Bands 5-6
- Newcastle will also facilitate a review of a Serious Incident as an external reviewer if required

Development of the improvement plan was progressed. Table (1) demonstrates some examples of improvements implemented to date.

Service Improvement	Impact on Women and Families
Opportunity: Support early recovery for women having elective caesareans *How:* A rapid process improvement workshop with wide staff engagement was held to review the management of elective caesarean section list and patient after care *Improvement:* Long day elective lists at ROH have started with NMGH expected to start mid-January to maximise use of theatre time. The enhanced recovery pathway to improve women's experiences and enable early transfer home is being piloted at ROH with a plan to roll out to NMGH once finalised.	• Will improve the satisfaction of the woman and her partner • Streamline the service by reducing delays and cancellations
Opportunity: Review guidelines following new guidance publication *How:* Clinical review of all Trust guidance and assessment of new national guidance to ensure practice is compliant with new guidance. *Improvement:* Changes in the following guidelines to improve care given • Revised instrumental delivery guideline (Consultants presence now mandated), • raised Body Mass Index (BMI) guideline, • birth centre operational policy, • labour and birth guideline • induction of labour guideline • escalation and divert policy • Antenatal Day Unit (ANDU) attendances for	• Ensure women receive safe care, changes to guidelines based on review of Serious Incidents, Coroner's recommendations and new NICE guidance. Patient care follows national guidance. • Compliance against the instrumental delivery guideline; early warning score, raised BMI guideline, birth centre policy to ensure that the changes in policy to deliver high quality safe care are being embedded has

Service Improvement	Impact on Women and Families
reduced foetal movements on non-in-patient sites e.g. Referral to anaesthetists guideline • Recognition and management of the ill pregnant woman including early warning score	been audited. • Women with reduced foetal movements are now directed straight to the maternity sites where there is direct access to obstetric care and emergency facilities to expedite the birth of the baby should the Cardiotoco-graph (CTG) indicate this is necessary to reduce delay in transfer from the peripheral ANDU's and improve outcome.
Opportunity: Improve the reporting, management and sharing of learning from incidents to improve care for all patients. *How:* Trust wide review of incident reporting and management Policies. *Improvement:* A new SI policy was implemented emphasising duty of candour. Root Cause Analysis training for staff was provided to support high quality incident investigation that includes cross site, multidisciplinary investigations	• Learn from incidents that have occurred • Improve the quality of care • Maintain the safety of women and their babies • Identify risks and have appropriate management plans in place to manage the risks. • For duty of candour - involve and co-operate with women and families, in an open and honest way about potential or actual harm and actions required to improve safety and standards of care.
Opportunity: Improve equipment to support patient monitoring *How:* Investment in new equipment and replacement programme. Successful bid for external funding for new monitoring equipment *Improvement:* 15 new CTG monitors purchased with a rolling replacement program established	• Able to monitor women appropriately
Opportunity: Review staffing levels and skill mix *How:* External benchmarking undertaken for staffing levels and skill mix of clinical teams *Improvement:* Staffing levels and clinical roles improved leading to 40 WTE maternity support workers employed	• Release midwifery time to care • Improve staff to patient ratios to provide more support to patients
Opportunity: Improve training and support for clinical teams	• Patient care improved through consistent practice

Service Improvement	Impact on Women and Families
*How: F*ull time Supervisor of Midwives role implemented *Improvement*: Support and improve midwifery practice	and clinical supervision
Opportunity: Clear escalation processes and early intervention *How:* Escalation and divert policy implemented with ward rounds, escalation of red flags. Ensure timely escalation and senior review and action of issues. The frequency of diverts is also monitored on the maternity dashboard and an after action review is carried out after to ensure that we learn from events improve our services where possible to reduce the need for divert in the future. Foetal monitoring, early warning score, foetal growth and obstetric emergency training monitored monthly *Improvement*: Patients receive the right care and the right time from the right clinician	• Patients receive the right care at the right time from the right clinician
Opportunity: Proactive monitoring of service *How:* The maternity dashboard has been reviewed and expanded to incorporate key metrics. We have established the accepted parameters and identified margins for becoming red, amber and green. We are in the process of developing run charts for each indicator to sit on the Rag rated dashboard so we can identify statistically significant trends and changes both positive and negative to help us continuously measure for improvement. *Improvement:* Proactive identification of changes in performance	• Supports consistent care and reduces clinical variation.
Opportunity: Ensure consistent pathways across the trust including bereavement services, antenatal and post natal services. *How:* Clinically led reviews of pathways to standardise care. Workshops held to review existing pathways and identify improvements. *Improvement:* Consistent pathways will reduce variation in care delivery and streamline processes for women and families leading to increased access and reduced waiting times. Women and families will also better understand what care they can expect to receive and what choices are available to them.	• Bereavement facilities improved to ensure sensitive environment for women & families and that communication between the professionals involved in supporting a bereaved family is clearer including communication with primary care. • Consistent pathways will increase access, reduce waiting times and standardise care.
Opportunity: Involving patients, carers and families	• Services are personal to the

Service Improvement	Impact on Women and Families
in service improvements *How:* Established a Pennine Acute Hospitals Footprint Maternity Listening and Action Group to ensure women and family views are listened to and fed directly back to maternity services in strategy, service development, service redesign and improving the overall experience of care. *Improvement*: Patient centred care designed by patients and for patients.	communities we serve
Opportunity: Participate in the 'Saving Babies Lives' programme and learn from national good practice *How:* The Trust continues to implement the 'Saving Babies' Lives programme. There has been significant progress made in the training of staff to produce birth centile charts that determine if the baby is smaller than expected and whether this had been identified in pregnancy. *Improvement:* Improved detection of small for gestational age babies enabling appropriate responses.	• Monitoring babies during pregnancy reduces the number of still births and early neonatal deaths

5. Workforce Developments

The development of the Maternity Improvement Plan has become the foundation for further developments within the Directorate.

Following the Birthrate+ review the Trust Board supported and invested in 40 additional Health Care Assistants (HCA) Bands 2 – 4. This provided a real opportunity to enable midwives to have more contact time with women. There was a significant recruitment drive over a number of days and 40 additional HCA's were recruited. A number of the new staff are undertaking the 'Health Care Certificate' which has enabled our new staff to provide a caring quality service.

These additional staff have also enabled the Maternity Matrons to review how best to utilise this additional workforce.

The In Patient Matron has developed a 'Discharge Team' within the postnatal area at North Manchester. The Team carries out the following duties:

- Full handover with Shift Leader on the Postnatal Ward
- Retrieve women from the Labour Ward, settle them into the postnatal ward, and plan with the women and family an expected date and time of discharge
- Facilitate the discharge by ensuring any Take Home prescriptions are ready, any follow up appointments made and they have received information on Public Health e.g. smoking, feeding, co-sleeping, immunisation etc
- Once the work is complete they will visit the Antenatal and Labour Wards to assist and facilitate discharges
- Enter data on the Maternity IT system

- **All** of their work is supervised by the Shift Leader of the Postnatal Ward

This initiative has only been in place for eight weeks but has had an immediate impact on patient satisfaction and has been well received by the midwives in all areas. It is anticipated that this will have a positive impact on the length of stay and this information is captured on the Maternity Dashboard and will be rolled out to the Royal Oldham site.

6. Engagement and Staff

The Division recognise that the key to going forward is continuing engagement with our staff on all levels. Following the weekly Improvement Plan 'Three Key' messages are circulated to all the clinical areas and uploaded on the intranet. The Divisional Director of Midwifery has held a listening meeting which has now evolved into the 'Big Conversation'; staff choose the topic and this provides an opportunity for staff to raise concern or ideas and the opportunity for staff to assist in taking their services forward.

7. Conclusion

The external review of maternity services demonstrated the need for significant change and enhanced clinical ownership and leadership in the way our services were clinically and operationally managed and delivered. The Trust has responded to this challenge focussing on the needs and safety of our women and their families to drive forward service improvements. This journey continues. However our services have improved and the Trust is confident that they will continue to do so.

8. Recommendations

The Joint Health and Overview Scrutiny Committee are asked to note the contents of this report.

The Pennine Acute Hospitals NHS Trust

Attendance Management Report

Attendance Management Report
November 2015

1. Background

1.1 Following the JHOSC meeting on 6th October 2015 the committee asked for further information on:

- Sickness absence by site and division
- Bank and agency figures
- Management of staff sickness during service redesign work

2. Sickness absence by site and division

2.1 The trust operates a single service model and therefore uses the Divisional management structures as the basis for collecting and presenting sickness absence data. As such the Trust is unable to give the committee a 'hospital by hospital' comparison as data is not collected on a site basis. In table (1) below the committee can see the break down by the Trust's divisional structure.

	Confirmed Sickness Levels			Indicative Levels	
	Aug-15	Sep-15		Oct-15	Nov-15
352 B - Integrated & Community Services	*5.31%*	4.25%		4.72%	4.10%
352 C - Medicine	*6.27%*	6.16%		6.86%	5.92%
352 D - Surgery & Anaesthesia	*6.10%*	5.79%		5.87%	6.58%
352 E - Women & Children	*5.48%*	5.56%		6.56%	6.82%
352 G - Division of Support Services	*5.02%*	4.91%		5.70%	5.40%
352 J - Elective Access	*4.64%*	5.17%		5.98%	5.98%
352 K - Corporate Services Other	*4.29%*	4.23%		5.28%	5.18%
TRUST TOTAL	*5.48%*	5.27%		5.92%	5.75%

Table (1) *Sickness Absence Rates by Division*

The figures for October and November are provisional as the data input by managers needs to be verified by payroll before being confirmed. The increase in October reflects a normal seasonal fluctuation due to an increase in colds and flu.

The above table and the chart below show that the trend since November 2014 to November 2015 has been gradually downwards, which is positive and reflects the increased focus being given to health and well-being programmes and attendance management. However, we are keen to increase and accelerate the downward trend in sickness levels. We have recently commissioned an enhanced absence management support service, and we are hopeful that this measure combined with the launch of a new sickness absence policy in

January will accelerate the progress currently being made.

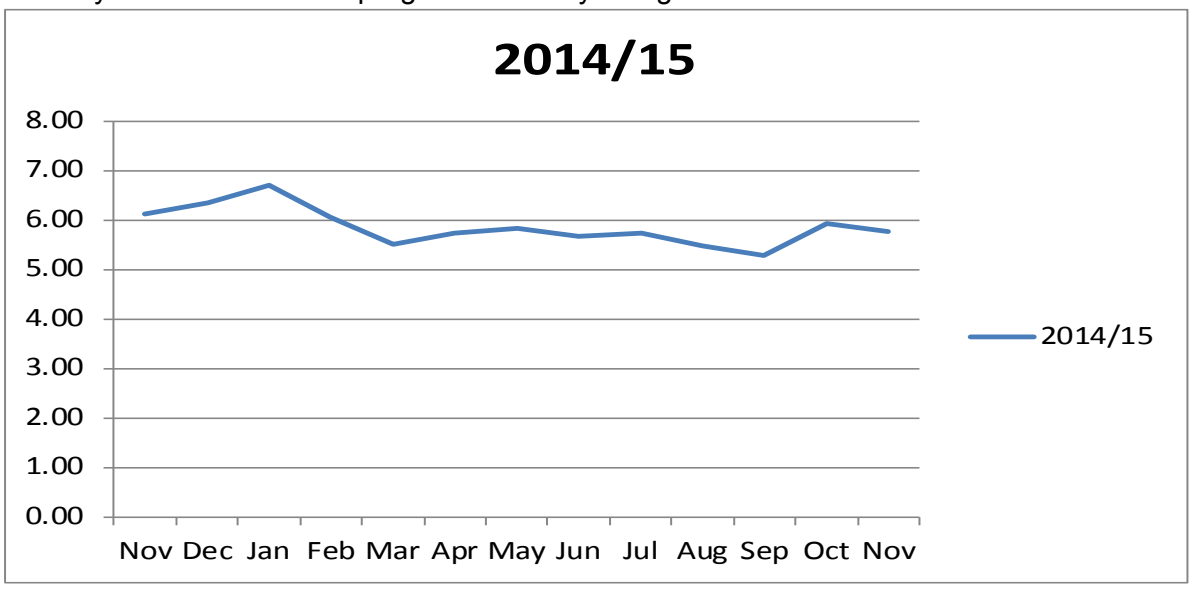

Chart (1)*Trust overall sickness absence rates*

3. Bank and Agency

3.1 The Tables below show expenditure on temporary staffing for the month of November 2015. The Trust estimates that 37% of this spend is due to sickness absence. This estimate is derived from data reported by the nurse rostering system.

Division	Nov-15 £000
Corporate	191
Medicine	1,636
Elective Access	260
Surgery	1,011
Women's & Children's	396
Integrated & Community	427
Support Services	386
Total Temp Staff	**4,307**

Integrated & Community	Nov-15 £000
Agency	314
Locum Medics	88
Nurse Bank	18
Clerical Bank	7
Total Temp Staff	**427**

Medicine	Nov-15 £000
Agency	1,291
Locum Medics	103
Nurse Bank	234
Clerical Bank	8

Total Temp Staff	1,635

Surgery	Nov-15 £000
Agency	678
Locum Medics	212
Nurse Bank	117
Clerical Bank	2
Total Temp Staff	1,009

Women's and Children's	Nov-15 £000
Agency	182
Locum Medics	167
Nurse Bank	47
Clerical Bank	1
Total Temp Staff	396

Support Services	Nov-15 £000
Agency	298
Locum Medics	73
Nurse Bank	9
Clerical Bank	8
Total Temp Staff	388

Elective Access	Nov-15 £000
Agency	130
Locum Medics	0
Nurse Bank	(0)
Clerical Bank	131
Total Temp Staff	261

Corporate	Nov-15 £000
Agency	181
Locum Medics	(4)
Nurse Bank	0
Clerical Bank	14
Total Temp Staff	192

The negative value in the corporate table reflects a refund on invoices.

3.2 In November 2015 the total temporary staffing spend across the Trust was £4.307m, of which it is estimated that £1.594m (37%) was due to covering staff sickness absence. As indicated above and as reported in October to the committee it is envisaged that the actions which are in place will drive up staff attendance and reduce the bank and agency spend related to sickness absence.

4. Management of Sickness Absence during Service Redesign Work

4.1 The Trust recognises that evidence indicates that sickness levels can increase during periods of uncertainty. Our own experience confirms this view: when large scale change has impacted on a particular ward or department the sickness absence rate goes up during the period of change and then falls once things begin to settle.

4.2 In anticipation of this happening the Trust has in conjunction with colleagues from Unison run a coping with change course prior to change happening. The Trust also has available an i-resilence toolkit which can be accessed via our intranet for staff to work through in preparation for change.

4.3 The Trust has a formal internal consultation process which seeks to ensure that staff have an influence over the design and implementation of changes which affect them and that communication is as effective as possible, both in advance of the change being implemented and during the implementation process. This consultation typically includes large meetings with whole teams and their trade union representatives and then moves to individual face to face discussions between managers, staff and their trade union representatives.

4.4 As reported in October the Trust does monitor the reasons for sickness absence and stress remains the highest reason for absence, however, over the last 3 months the Trust has seen a fall in the number of hours lost due to stress. The number of lost hours due to stress has reducing by 400 hours, which equates to 10.66 whole time equivalent staff returning to fulltime working, has been recoded which demonstrates a positive change in staff sickness absence management.

5. Conclusion

5.1 The Trust recognises that it has a significant sickness absence challenge. However, we are confident that the on-going implementation of our ‘Healthy, Happy Here’ Plan supported by efforts and further ideas of our managers, staff and their representatives will help us to successfully address this challenge over the next 18 months and achieve our target to reduce our cumulative absence levels to below 4.5% by March 2017.

J Lenney
Executive Director of Workforce & OD
18th December 2015

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