

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

Date of Meeting: 22 March 2016

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

**Also in
attendance:**

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

Apologies for Absence: Councillor , Councillor and Councillor

28 DECLARATIONS OF INTEREST

No declarations of interest were made

29 PUBLIC QUESTIONS

There were no public questions.

30 MINUTES

It was agreed:

That the minutes of the meetings held on 5th January 2016 be approved as a correct record.

31 MATTERS ARISING

Following the departure of Dr Fairfield to take up a new role of Chief Executive of Brighton and Sussex University Hospitals Trust the Chair and Chief Executive, Jim Potter and Sir David Dalton, of Salford Royal Hospital NHS Foundation Trust are to provide leadership and support to Pennine Acute Hospitals NHS Trust from 1 April 2016.

Both Jim Potter and Sir David Dalton have agreed to take on the chair and chief executive responsibilities respectively for Pennine Acute on an interim basis. The move follows the departure of Pennine Acute's Chief Executive for a role in the south and the completion of the term of office of the former Board chair.

NHS Improvement is working with the Pennine Acute Trust and Salford Royal to complete an initial review of development work needed. An immediate priority will be to review the outcome of the CQC's inspection that took place in February, to assure patient safety and clinical effectiveness. Any changes to arrangements at Pennine Acute will need to be consistent with the locality plans for health and social care devolution in Greater Manchester.

The clinical commissioning groups (CCGs) and local authorities from Bury, Rochdale, Manchester and Oldham - the areas Pennine Acute covers - have

welcomed the move and have offered their full support to Salford Royal and the Trust in the coming period.

Members of the Joint Committee expressed concern that the Trust representatives could not confirm the timescale for Dr Fairfield's secondment or the period of time Salford Royal would be providing support to the Pennine Acute Trust

32 DELAYED DISCHARGE

Joanne Moore, Divisional Director Medicine attended the meeting to provide members of the Joint Committee with an update in respect of delayed discharge within the Pennine Acute NHS Trust footprint. The presentation contained the following information:

The Divisional Director Medicine reported that the Trust Development Authority facilitated a Rapid Process Improvement 4-day Event (RPIE) in January 2016; 10 partner organisations took part; over 40 members of staff involved, the event was supported at Executive Level.

Following the event new terminology was agreed patients will now be identified as "Medically optimised awaiting transfer" rather than "medically fit for discharge".

A 30-day follow up event has been arranged and the key achievements thus far:

- Agreed standard definition for patients Medically Optimised awaiting transfer
- Working more closely with colleagues - better engagement and barriers broken down
- Creation/development of an MDT discharge document for ward staff
- A new board round structure adopted – piloted on 2 wards, being rolled out
- Agreement for the Trusted Assessor model to be adopted
- Reduced nursing time spent completing referrals
- New processes for assessing out of borough patients for social workers
- Better presence/input into information sharing to get a more accurate picture
- Stopped charging for reportable DToC
- Integrated single point of access with health and social care staff
- Daily operational meetings improved

Current work-streams have all developed project plans with actions to be delivered as soon as possible. Progress will be monitored through twice-weekly numbers reporting. Issues/barriers will be addressed through Gold operational assurance and Urgent Care Improvement Steering Groups. 60 and 90 day follow up events planned to maintain momentum.

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

With regards to the Social Worker pilot, the Divisional Director reported that all partner organisations have signed up to the pilot, organisational development

work has been undertaken to ensure that all staff work is of the same standard and the management structure has been reviewed to support single site discharge. Pilot work has now been completed and single site discharge will be rolled out across Pennine Acute Trust in June 2016.

Members of the Joint Committee expressed concerns with regards to the inconsistency in residential care provision. Families can be reluctant in some instances to discharge their family member into the care of particular residential homes which may then result in a patient remaining in an Acute setting for longer than necessary.

It was agreed

Members will continue to monitor and receive regular update reports in respect of Delayed Discharge across the Pennine Acute NHS Trust footprint.

33

SERVICE TRANSFORMATION UPDATE

Sandra Good, Director of Strategy and Commercial Development, Pennine Acute NHS Trust attended the meeting to provide members of the Joint Committee with an update in respect of the Trust's Service Transformation Strategy. The presentation contained the following information:

There are a number of different strands to service transformation within Pennine Acute which include: Devolution Manchester, healthier together, clinical transformation and the different locality plans.

The Greater Manchester Strategic plan was launched in December 2015, devolution will go live in April 2016. The Greater Manchester transformation programmes in development and the governance arrangements are currently being established.

The North east sector transformation oversight review will continue, a commissioner led review, which brings together the elements of transformation work across GM including healthier together, single hospital service for the city, local care organisation.

In respect of City of Manchester Single Hospital Service, the project has been initiated by Manchester Health and Wellbeing Board to scope a single hospital service for the city. Phase one of the review included:

- Analysis of the existing service portfolios of all three trusts
- Consider eight exemplar services including cardiac, respiratory, secondary paediatrics, obstetrics, radiology, infectious diseases, critical care and rheumatology
- Determine the potential benefits for a fully-aligned single hospital service for Manchester

Phase two:

- Consider potential options for governance and organisational arrangements
- Appraise options and identify preferred options
- Report June 2016

The Manchester provider group has been tasked with the delivery of the one team model and development of a Local Care Organisation (LCO). A requirement of the LCO is to enable a single contact to be held for all community provision.

It was agreed

Members will consider the outcome of the City of Manchester Single Hospital site review at the next meeting of the Joint Committee.

34

QUALITY ACCOUNT

It was agreed

Members agreed that once published the Quality Account will be circulated to members of the Joint Committee for comment. Once received, the Chair in consultation with the Joint Health Overview and Scrutiny Officer will formulate a response and submit it to the Pennine Acute NHS Trust.

**COUNCILLOR
Chair**

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