

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

Date of Meeting: 7 September 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 and Councillor Williamson

1 DECLARATIONS OF INTEREST

No declarations of interest were made.

2 PUBLIC QUESTIONS

There were no public questions.

3 CARE QUALITY COMMISSION INSPECTION REPORT AND ACTION PLAN

Sir David Dalton, Interim Chief Executive Pennine Acute NHS Trust attended the meeting to provide members of the Committee with an update in respect of the Care Quality Commission inspection report and subsequent action plan. A copy of the CQC inspection report had been circulated to Members prior to the meeting. The presentation contained the following information:

Following a comprehensive inspection, the CQC rated Pennine Acute Hospitals NHS Trust inadequate in both safety and well-led domains. In line with CQC policy the inspection team considered recommending the trust go into special measures, such is the level of concern identified around quality and safety. Immediately following the CQC inspection, Salford Royal NHS Foundation Trust was asked to assume leadership of the Trust. Salford's leadership team, rated outstanding by the CQC put in place a comprehensive plan for further investigation into the challenges faced by Pennine Acute.

The Salford Royal Diagnostic, identified additional critical risks to patient care & safety; unsafe/unreliable staffing, variation in care delivery and outcomes for patients; governance systems that are broken or do not exist; Board that is disconnected; Poor leadership; Cultures that normalised sub standard care; Staff that are disengaged and poor external relationships and unreliable service design and structures.

A summary action plan has been developed with six key themes. Four services have been identified as "fragile"; maternity services,

urgent care, paediatrics and critical care. An Improvement Board has been established, under the Chairmanship of Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership.

The Interim Chief Executive reported that systems in place at Salford Royal would be implemented at Pennine Acute NHS Trust, these include systems in respect of, Risk Management and Assurance, Nursing Assessment and Accreditation; Open and Transparent Reporting, Visible Leadership and Quality Improvement Methodology.

The Interim Chief Executive reported that part of the action plan is the proposed break-up of the centralised management within the Trust. The creation of a new site placed leadership with the appointment of nurse directors, medical directors and managing directors at each site; as well as a clear accountability framework to deliver on improvement plans and strengthen locality relationships and planning.

Since the inspection report 104 new registered nurses and midwives have been recruited, 14 doctors (consultant and middle grades) as well as 69 health care support workers.

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

The Chief Executive confirmed that there will be an additional £9 million invested within the Trust, all sites will benefit from this investment, the money will be used to facilitate the recruitment of additional staff. Further proposals for increased funding will be developed; it is envisaged that this money will be used to fund capital programmes, IT infrastructure and further recruitment.

With regards to the proposals for a single hospital service in Manchester, the Interim Chief Executive reported that it will be necessary to stabilise the services at the three remaining sites and enable them to stand alone as organisations without being dependent on hospitals within Manchester.

The Interim Chief Executive reaffirmed the commitment to develop Royal Oldham Hospital as a specialist/high acuity centre. He stated that this would require a capital development to enable the relocation of high acuity activity inclusions critical care facilities. He stated that the sites of Fairfield, Bury and Rochdale Infirmary would continue to provide local services with the possibility of developing more elective surgery on both sites. In response to a member's concern, the Interim Chief Executive reported that it is envisaged that the North Manchester General Hospital will continue to provide a full range of services to the local community, including emergency care, maternity, children's, out patients, diagnostic services and day surgical services. He considered that some inpatient surgery (eg higher risk, requiring more than 2

days length of stay) would be relocated and that the site should be redeveloped to provide a significantly enhanced role as a centre for care of older people and frailty.

In response to a Member's question; the interim Chief Executive reported that when he first arrived, the Trust spent 40 million pounds on agency staff. The Trust had a high turnover of staff particular in Urgent Care, Paediatrics and Maternity. Following the increase in recruitment and additional staff support from other hospitals across Greater Manchester, staff sickness has decreased significantly.

In response to a Member's question in respect of costs associated with the proposed change to the Leadership structure across the Trust, the Interim Chief Executive reported that the costs will be met by restructuring internal departments at the Trust Headquarters.

The Joint Committee discussed concerns that on a number of occasions information has been presented to the Committee by representatives from the Trust which in light of the CQC inspection findings appears misleading. The Interim Chief Executive acknowledged the concerns raised by Members and re-enforced his commitment to share real time data with the Joint Committee. A reporting system currently used at Salford Royal Hospital which highlights, absence rates and gaps in nursing and medical cover will be replicated within the Pennine Acute NHS Trust. The information gained from this data collection is displayed within the Trust, disseminated to staff and discussed at meetings of the Trust Board.

In response to a Member's question, the Interim Chief Executive reported that the impact on patient outcomes will be evidenced by enhanced data reporting. The Interim Chief Executive reported that it is too early to confirm whether the steps taken to ease the recruitment problems within Trust will be sustainable.

The Interim Chief Executive reported that the development of the out of hospital services across Greater Manchester needs to be accelerated.

It was agreed:

1. That David Dalton, Interim Chief Executive be thanked for his attendance.
2. That the Interim Chief Executive be invited to attend a future meeting of the Joint Health Overview and Scrutiny Committee.

That the Pennine Acute NHS Trust CQC Action Plan be circulated to Members of the Joint Health Overview and Scrutiny Committee.

4 URGENT BUSINESS

There was no urgent business reported

COUNCILLOR
Chair

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