

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

Date of Meeting: 17 November 2016

Present: Councillor (in the Chair)
 Councillors S Smith

**Also in
attendance:**

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

Apologies for Absence:

1 PENNINE ACUTE NHS TRUST CARE QUALITY COMMISSION ACTION PLAN

Members discussed and reviewed the summary of the CQC and SRFT Diagnostic Improvement Plan.

During February 2016 the CQC inspected services at PAHT. On 1st March 2016 Ms Ann Ford, Head of Hospitals Inspection CQC, wrote to confirm immediate patient safety concerns that had been discovered as a result of the inspection. The concerns that required decisive immediate actions to stabilise services and assure patient safety were across 4 main service areas Maternity, Children, Urgent Care and Critical Care.

In April, following the interim appointment of Sir David Dalton as CEO, a team of senior health executives, supplemented by external support constructed and conducted a diagnostic review of the causes of risk to patient safety and care sustainability.

The diagnostic focus was to identify areas for improvement that impacted on patient safety. It was not a full investigation into all aspects of operations of the trust. Nor was it a full due diligence of the trust. The diagnostic was informed by the immediate concerns raised by the CQC.

The key areas for improvement identified in addition to the fragile services were:

- Patient safety, harm and outcomes
- Systems of assurance and governance arrangements
- Operational management and data quality
- Workforce capacity and capability
- Leadership and external relations

The CQC published (August 2016) identified 77 'Must Dos' and 144 'Should Dos' to ensure sustainable improvement to care delivered across the Pennine Trust services. The full report corroborates the findings of SRFT's diagnostic.

Members present reviewed the high level assurance dashboard – The Dashboard identifies key themes that measure the Trust's progress. The Dashboard will provide an evidence base to will ensure that the improvement actions and activities are translating to improvement in outcomes for patients using a small number of key performance indicators.

The Trust will assure the improvement plan through the Trust Board and Executive assurance committees

Members discussed the workforce proposals in respect of the new site management structure, problems with recruiting staff and achieving consistency in treatment and care across all sites and wards within the Trust.

It was agreed:

- Following consideration in the first instance at the Trust's Board, the high level assurance dashboard (considered at the meeting) would be shared with JG for wider circulation with other members of the Committee.
- A training session for elected members would be arranged by the Trust in respect of the NASS model. The Chair has proposed two dates : Thursday 19th January at 2pm or Tuesday 24th January at 2pm

In advance of the training session in January a briefing/narrative report will be produced by the Trust for circulation with the December JHOSC papers.

**COUNCILLOR
Chair**

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