

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

Date of Meeting: 6 December 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 Marshall, Councillor and Councillor

1 DECLARATIONS OF INTEREST

Councillor John McCann declared a personal interest in all matters under consideration as a member of the Trust Board.

2 MINUTES

It was agreed:

That the minutes of the meetings held on 13th September 2016 be approved as a correct record.

3 MATTERS ARISING

Following discussions at the last meeting, the Director of Strategy provided members with an update in respect of the work, lead by Mike Farrar in the North East Sector to prepare for a city of Manchester, single hospital service. Issues for consideration will include; the development of a single commissioning function; financial sustainability; clinical safety; economies of scale and viability of the remaining sites within the Pennine Acute Trust footprint.

It was agreed:

A report in response to the proposals to create a City of Manchester Single Hospital Site providing information on the sustainability of the Pennine Acute NHS Trust will be considered at a future meeting of the Joint Health Overview and Scrutiny Committee.

4 PUBLIC QUESTIONS

There were no public questions.

5 WORKFORCE UPDATE

Katy Calvin Thomas, Director of Strategy Pennine Acute NHS Trust attended the meeting to provide Members with a workforce update. The report contained the following information:

Support will continue to be provided on a long term basis by the Management team at Salford Royal Foundation Trust, proposals are currently being developed and discussed with partners in respect of a more formalised arrangement.

In response to concerns raised within the CQC inspection report, a separate site management structure will be introduced across the different sites. The Trust will ensure that consistent standards for clinical care and quality across the Trust, each site will have responsibility for what happens in each locality.

Sickness rates remain higher than average. The Director of Strategy reported that there continues to be a large amount of anxiety, stress and uncertainty especially within the four fragile services.

Recruitment continues to be a problem across the NHS both locally and nationally. The Director of Strategy reported that recruitment in to substantive posts continues to be problematic, a large proportion of staff work as agency or bank staff. The PAT and SRHT have chosen to run joint recruitment exercises as well as looking as potential recruitment opportunities overseas and offering relocation packages to staff from the South East of England.

Members discussed problem recruitment in the four fragile services and in particular A&E. The Director of Strategy reported that the problems were due to a number of factors; work in A&E is very demanding, A&E work is not always conducive with family life and bringing up children, the environment/builds need investment and the service is under strain because of high levels of deprivation in the area, as well as not enough trained nurses and junior doctors in the system.

In response to a member's question, the Director of Strategy reported that current agency spend within the Trust has reduced by £1million.

It was agreed:

That a workforce update will be a standing agenda item.

6 HEALTHIER TOGETHER UPDATE

Katy Calvin Thomas, Director of Strategy and Mike Ryan Pennine Acute NHS Trust attended the meeting to provide members with an update in respect of the progress of the implementation of Healthier Together (HT). The Presentation contained the following information:

Royal Oldham Hospital will become a high acuity site for general surgery for the North East Sector (Bury, Rochdale, Oldham and North Manchester).

No implementation date has been agreed.

Under HT the following procedures will move from non-hub sites to specialist hospitals;

- All high risk elective General Surgery (GS). GS being defined as activity codes 100-General surgery (minus breast and vascular), 104

colorectal and 106 upper GI surgery. High risk being defined as a high risk procedure on any patient or a low risk procedure on a high risk patient

- All emergency GS

Since the Decision Making Business case was agreed, HT have decided that the difficulty in identifying relevant patients for ambulance crews means that no urgent, emergency or acute medicine (UEAM) will transfer under HT however UEAM still have a number of HT standards they will be expected to meet.

Under HT the Royal Oldham Hospital becomes a specialist hospital. Modelling work indicates the following activity numbers will move;

- High Risk elective General Surgery 254 cases will move from the NMGH to the ROH
- Emergency General Surgery 1974 cases will move from the NMGH to the ROH

Modelling undertaken by HT and NES (using actual patient spell data) indicates that to accommodate the GS activity moving from NMGH the following additional resource will be required at ROH;

- 43 beds
- 4 Critical Care Beds
- 2 theatres
- Additional diagnostic and endoscopy resource requirement for GS is still being calculated
- Supporting infrastructure

Members of the committee discussed the main issues and risks identified by the Trust in respect of the proposals. The risks include:

- It is still unclear as to where additional resources noted for both revenue and capital in the original HT work are going to be secured from.
- There remains a risk that required workforce may not be available or be able to be put in place, particularly around critical care, radiology and the requirement to deliver consultant led care 16 hours a day minimum at the specialist Emergency Department and 12 hours a day minimum at the non-hub Emergency Department
- Moving high risk activity to ROH will put additional strain on critical care which is currently being managed as a fragile service within the Pennine Acute Improvement Plan.
- There remains a view from Surgery is that moving high risk elective GS and emergency GS separately will present a number of issues around continuity of care for patients and the best approach will be to move both elements at the same time. As the emergency GS activity will require capital build to accommodate this will lead to a longer anticipated timeline for implementation

- There are a number of interdependencies between GS and other services which mean that moving GS will increase risk in other specialities. These are still to be worked through and include;
- GS surgeons are often required to assist with fractured neck of femur patients on an emergency basis
- The same cohort of junior staff the rotas for both GS and urology at NMGH. Moving the juniors to ROH with GS will destabilise the urology service.

It was agreed:

The Pennine Acute NHS Trust will provide Members of the Joint Committee with regular updates in respect of the implementation of Healthier Together.

7 NURSING ASSESSMENT AND ACCREDITATION SYSTEM (NASS)

The Director of Strategy reported that in response to the CQC inspection report the Trust has adopted a Nursing Assessment and Accreditation System (NASS).

The introduction of NASS will support the Trust's aim of creating a culture of continuous improvement supported by robust governance and accountability arrangements from Board to Ward which ensures leaders are focused on the key risks to the delivery of excellent care. NAAS is designed to measure the quality of nursing care delivered by individuals and team. It supports nurses in practice to understand how they deliver care, identify what works well and where further improvements are needed.

It was agreed:

1. The Joint Health Overview and Scrutiny Committee would like to explore in more detail one of the Trust's improvement projects – NAAS was identified as this is relevant to all of the Localities and a good reflection of a system at Trust level and the care delivery and leadership at ward level.
2. The Training will take place on Thursday 19th January 2017 at Bury Town Hall.

8 URGENT BUSINESS

There was no urgent business reported

**COUNCILLOR
Chair**

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

