

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

Date of Meeting: 28 February 2017

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 Collins and Councillor

22 DECLARATIONS OF INTEREST

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

23 MINUTES

It was agreed:

That the minutes of the meetings held on 6th December 2016 be approved as a correct record.

24 PUBLIC QUESTIONS

There were no public questions.

25 CHIEF EXECUTIVE UPDATE

Sir David Dalton, Interim Chief Executive Director attended the meeting to provide members with an update on the Pennine Acute NHS Trust. The presentation contained the following information:

The Pennine Improvement Plan has identified six key themes for service improvement these are; improving the four fragile services, Urgent Care, Maternity Care, Paediatric Care and Critical care. As well as improving quality, risk and governance, operations and performance, workforce and safe staffing and Leadership and Strategic relations.

Each area now has its own site leadership team as well as support via a five year management contract with Salford Royal Hospital.

The Interim Chief Executive reported that a three year Quality Improvement Strategy has been developed. There has been evidence of small shoots of improvement for example, in reductions in length of stays and the number of patients dying with end of life care plan in place.

Work has been underway in relation to addressing problem areas within the four fragile services. Within NMGH, there has been an increase to 48 to 58 consultant

direct clinical care sessions per week as well as Primary care GP seeing circa 30 patients.

In respect of Pediatrics, 5 additional consultant pediatricians have been recruited as well as a reduction in the numbers of paediatric transfers out of PAHT.

The Interim Chief Executive reported that in respect of risk, governance and leadership a new Board Assurance Framework has been put in place, as well as risk management training and new Directors of Governance and Patient Safety. Executive Safety walkrounds and 'Work Withs' have commenced across all sites.

In respect of the financial arrangements, the Interim Chief Executive reported that the following financial investment and support has been agreed:

- £9.2m secured in October 2016 – to support improvement plan.
 - 50 new midwives
 - Recruitment of nurses and doctors
- £20.5 million secured – recurrent investment
 - Strengthening frontline medical and nurse workforce
 - 285 more nurses
 - IT and information systems
 - NASS – nursing assessment system
 - Equipment
- £10 million secured – capital
 - £5m allocated each to NMGH and Royal Oldham sites for essential site works
 - On top of £5m being spent on building new 24-bed intermediate care unit at NMGH

Questions were invited from those present and the following issues were raised:

Members raised concerns in respect of increasing instability for the Trust as a result of the development of the City of Manchester Single Hospital Service. The Interim Chief Executive reported that it will be necessary to re-distribute some services. Closer working arrangements with Salford Royal Hospital Trust will increase the choices available for patients. It is envisaged that residents of Bury, Rochdale and Oldham will be able to access some services closer to home.

In response to a Member's question, the Interim Chief Executive reported that the success of the Trust is not down to one person. A team has been put in place to support the Trust which includes the establishment of and the appointment to individual site management posts.

Members of the Committee raised concerns in respect of the large amount spent by the Trust on agency and bank staff. The interim Chief Executive reported that there is a national shortage of medical staff and this is particularly apparent in emergency and critical care services.

The Interim Chief Executive reported that the Royal Oldham Hospital will become a High Acuity Centre and elective surgery may be transferred to another site. Responding to a Member's question, the Interim Chief Executive reported that there are no plans to close A&E at Fairfield Hospital. There are wards within

Fairfield Hospital that are not currently used and it may be possible to transfer services in to underutilised wards.

With regards to the recruitment of Middle Grade Doctors, the Interim Chief Executive reported that this continues to be problematic, due in part to immigration restrictions. The Trust has established links with Edge Hill University and other Trusts in the Greater Manchester area to assist with the recruitment process. The Trust has also launched a recruitment drive in the South East of England to encourage staff (including nursing staff) to relocate to the northwest.

The Interim Chief Executive reported that Salford Royal have agreed a Management Contract with the CCGs and the Pennine Acute NHS Trust to provide support to the Trust for a period of five years.

In respect of the Healthier Together implementation the Interim Chief Executive reported that the Trust will need a minimum of £25 million to progress these proposals and this may take two to three years.

The Interim Chief Executive reported that working with four different Clinical Commissioning Groups within PAT can sometimes slow down the decision making process. A Clinical Transformation Group has been established as well as a Clinical Service Strategy. The Greater Manchester Health and Social Care Integrated Board will want to unify commissioning arrangements across the area.

With regards to the financial position at the Trust, the Interim Chief Executive reported that the financial position at the Trust has improved and the Trust will meet its financial plan. There has been additional investment in to the Trust.

It was agreed:

That Sir David Dalton, Interim Chief Executive, Pennine Acute NHS Trust be thanked for his attendance.

26 NORTH EAST DIABETIC EYE SCREENING PROGRAMME UPDATE

Audrey Howarth, Screening and Immunisation Manager, North East Diabetic Eye Screening and Mr. Hashmi, Clinical Lead, North East Diabetic Eye Screening attended the meeting to provide members with an update with regards to recent changes to the North east diabetic eye screening programme. The update contained the following information:

In September 2015 following patient and public engagement including the JOSC, NHS England agreed to the North East Diabetic Eye Screening(DESP) changing it's screening site locations to 12

Diabetic eye screening is one of several regular assessments which people with diabetes should have. This is currently offered every 12 months to all patients. Greater Manchester Health & Social Care Partnership is responsible for commissioning the service and this is provided by the Pennine Acute Hospital Trust

Patient and Public Engagement was undertaken in the summer of 2015 and following the review it was agreed to increase the number of sites available to 12 , 6 static sites which would screen all the year and 6 sites which would use the new additional camera purchased by Pennine Acute Trust to offer screening at the locations agreed, during a 12 month cycle.

The NEMDESP provides screening from 6 fixed sites these are:

- Rochdale Infirmary
- Croft Shifa Health Centre
- Oldham Integrated Care Centre
- Royton Health and Wellbeing Centre
- Moorgate Centre
- Radcliffe Primary Centre

The service is rotating the new camera to sites based in the following locations; Heywood, Middleton, Failsworth, Glodwick, Uppermill/Saddleworth area and Prestwich. Implementation began in early November 2015.

In addition to the increase in screening locations, the NE DESP has undertaken a series of targeted work over the past 12 months, to raise awareness of the importance of screening and to increase screening uptake.

Questions were invited from those present and the following issues were raised:

Concerns were raised in respect of the new camera situated in Uppermill/Saddleworth, Member's reported that he wasn't aware of any cameras operating in this area. The Clinical Lead reported that there were problems with access to the site in Uppermill and gave an assurance to provide a more detailed response to the Joint Committee.

In respect of the eye drops that the patients have to administer as part of the review process, the Clinical Lead reported that national guidance states patients must not drive for 4/5 hours after the procedure.

The Screening and Immunisation Manager reported that the screening invite letter advises patients that there are different sites that patients are able to attend, in Rochdale there are several sites; Littleborough, Milnrow, Castleton and Rochdale Infirmary.

Members raised concerns in respect of a take up rate of less than 80%. The Clinical Lead reported that the Diabetic eye screening is undertaken on an annual basis, with those that are more unstable, monitored more frequently.

In response to a Member's question the Screening and Immunisation Manager reported that if all patients that if take up was to increase to 100% there would be sufficient capacity in the system to deal with such an increase. A text message reminder service has also been introduced to increase patients attendance.

It was agreed:

The Joint Health Overview and Scrutiny Officer would liaise with the Screening and Immunisation Officer and provide members of the Joint Committee with an update in respect of the Camera in Saddleworth/Uppermill.

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URGENT BUSINESS

There was no urgent business reported.

COUNCILLOR
Chair

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