AGENDA FOR

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE ACUTE NHS TRUST

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To: All Members of Joint Health Overview and Scrutiny Committee for Pennine Acute NHS Trust

Members : Councillor Norman Briggs, Councillor S Collins, Councillor Joan Davies, Councillor S Kerrison, Councillor B Marshall, Councillor C McLaren, Councillor Kathleen Nickson, Councillor Linda Robinson, Councillor S Smith, Councillor Ann Stott, Councillor R Walker and Williamson and Councillor John McCann.

Dear Member/Colleague

Joint Health Overview and Scrutiny Committee for Pennine Acute NHS Trust

You are invited to attend a meeting of the Joint Health Overview and Scrutiny Committee for Pennine Acute NHS Trust which will be held as follows:-

Date:	Tuesday, 28 February 2017
Place:	Meeting Rooms A&B, Bury Town Hall
Time:	2.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of the Joint Committee are asked to consider whether they have an interest in any of the matters on the agenda and, if so, to formally declare that interest.

3 PUBLIC QUESTIONS

Members of the public present at the meeting are invited to ask questions on any matter relating to the work or performance of Pennine Acute NHS Trust. A period of up to 30 minutes is set aside for public questions.

4 MINUTES *(Pages 1 - 6)*

Minutes of the meeting held on 6th December 2016 are attached.

5 CHIEF EXECUTIVE UPDATE

Sir David Dalton, Interim Chief Executive, Pennine Acute NHS Trust will report at the meeting.

6 NORTH EAST DIABETIC EYE SCREENING PROGRAMME UPDATE *(Pages 7 - 10)*

Audrey Howarth, Screening & Immunisation Manager and the Clinical Lead Mr. Hashmi will be in attendance.

7 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

Agenda Item 4

Meeting of:

Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust

Date: 6th December 2016

Present:

Councillor Roy Walker (Bury Council)
Councillor Stella Smith (Bury Council)
Councillor Joan Davies (Manchester City Council)
Councillor Colin McLaren (Oldham Council)
Councillor Kathleen Nickson (Rochdale MBC)
Councillor Sandra Collins (Manchester City Council)
Councillor Sarah Kerrison (Bury MBC)
Councillor Norman Briggs (Oldham MBC)
Councillor John McCann (Oldham MBC)

Katy Calvin-Thomas	Director of Strategy, Pennine Acute NHS Trust
Mike Ryan	Pennine Acute NHS Trust
Ms Julie Gallagher:	Joint Health Overview and Scrutiny Officer

PAT. 16/17-14 APOLOGIES

Apologies were received from Councillor Beth Marshall (Manchester City Council), Councillor Ann Stott (Rochdale MBC) and Councillor Linda Robinson (Rochdale MBC)

PAT.16/17-15 DECLARATIONS OF INTERST

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

PAT.16/17-16 MINUTES

It was agreed:

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

PAT.16/17-17 MATTER 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.

PAT.16/17-18 PUBLIC QUESTIONS

There were no public questions.

PAT.16/17-19 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 oversees 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, s 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.

PAT.16/17-20 HEALTHIER TOGETHER

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 with 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.

PAT.16/17-21 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.

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MEETING:	Chair JOSC
DATE:	28th Feb 2017
SUBJECT:	: NE Diabetic Eye Screening Programme Screening Engagement process site and screening site review.
AUTHOR:	Audrey Howarth Screening and Immunisation Manager / Graham Wardman Consultant Screening and Immunisation Lead Greater Manchester Health & Social Care Partnership, Mr Hashmi Clinical Lead NE DESP

1.0 Introduction

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. It was agreed at the JOSC in October 2015 that a follow up paper be presented to the JOSC 12 months after implementation to report on the outcomes. This is the purpose of this paper

Summary:

2.0 Background

The aim of the National Diabetic Eye Screening Programme (DESP) is to reduce one of the complications of diabetes. 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 - (North East Diabetic Eye Screening Programme (NE DESP)) covering Bury, Heywood Middleton and Rochdale (HMR) and Oldham CCG populations .

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.

1.1 Diabetic Eye screening Sites

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

2.3 Improved Outcomes

The table below shows the percentage Uptake rate by CCG/LA areas before the change (November 2014 to October 2015) and after the change (Nov 2015 to October 2016)

CCG Area	Percentage Uptake 01.11.14 – 31.10.15	Percentage Uptake 01.11.15 – 31.10.16
HMR	76.9	81.1
Bury	77.8	78.6
Oldham	75.4	77.2

All CCGs/LA have shown an increase in the number of diabetic patients taking up the screening offer, HMR has seen the greatest improvement.

2.0 Additional work undertaken by NE DESP to further increase screening uptake:
In addition to the increase in screening locations, the NE DESP has undertaken a series of targeted work over the past 12 months, this was to raise awareness of the importance of screening and to increase screening uptake. This will continue:

- Targeted letters to patients who have not attended for screening in the last 3 years
- GP information packs to educate practice teams and help establish a joint approach with NE DESP to encourage attendance for the screening offer
- NE DESP staff attendance at Patient Participation Groups/ Patient Forums/ Diabetes Support Groups to discuss Diabetic Eye Screening and raise awareness of the importance of screening
- A list of patients that have not attended their last 3 appointments has been provided to all GP surgeries for them to encourage attendance when the patient visits the surgery and during annual diabetes check- up.

- Key links have been established with the local Diabetes UK network and NE DESP as part of the wider CCG Diabetes network ,to raise awareness of and encourage screening uptake
- Patient surveys are being carried out at all sites (since September 2016) to help understand where further improvements are required.
- Staff continue to monitor and report patient comments and reasons why appointments are cancelled to help inform and shape any new working arrangements as part of service improvement plans. An example of this is the introduction of appointment reminder systems - this followed feedback from staff that many patients reported that the main reason for not attending a clinic appointment is forgetting their appointment date/time.

3.0 Conclusion

The JOSC requested an update and the outcomes of the 12 months screening offer to the diabetic population provided by the NE DESP following the change of screening sites. Since the revised screening sites were implemented, the paper shows there has been an improvement in uptake. The programme has a service development action plan to continue to improve uptake and access to screening and this will continue to be monitored through the Greater Manchester Health & Social Care Partnership and NE DES programme board.

4.0 **Recommendation**

The JOSC is asked to note this report.

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