

AGENDA FOR

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE CARE NHS FOUNDATION TRUST

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**To: All Members of Joint Health Overview and Scrutiny
Committee for Pennine Care NHS Foundation Trust**

Councillors : Paul Adams, John Bell, Cecile Biant,
Yvonne Cartey, Chris Gordon, Chris Murphy, Jane
Howard, John Wright, Joan Grimshaw, Colin McLaren, G
Peet, Vita Price, Sara Rowbotham, John McCann and
R Walker

Dear Member/Colleague

Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust

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

Date:	Thursday, 30 November 2017
Place:	Committee Room 1 The Esplanade, Rochdale Town Hall OL16 1AB
Time:	10.00 am
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 the Pennine Care NHS Foundation Trust. A period of up to 30 minutes will be set aside for public questions.

4 MINUTES (*Pages 1 - 4*)

Minutes are attached.

5 UPDATE FROM CLINICAL COMMISSIONERS

Stuart North, Chief Operating Officer, Bury Clinical Commissioning Group will be in attendance to provide a response to the issues raised by Jon Rouse and the Pennine Care NHS Trust in respect of funding arrangements.

6 PENNINE CARE NHS FOUNDATION TRUST UPDATE; STRATEGY, WORKFORCE, FINANCE AND INFORMATICS (*Pages 5 - 14*)

Judith Crosby, Executive Director of Service Development and Sustainability and Laura Rooney, will report at the meeting. Presentation attached.

7 URGENT BUSINESS

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

Meeting of: Joint Health Overview and Scrutiny Committee for Pennine Care Foundation Trust

Date: Thursday 30th September 2017

Present:

Councillor McLaren (Oldham Council)
Councillor Walker (Bury Council)
Councillor Wright (Stockport Council)
Councillor Grimshaw (Bury Council)
Councillor Price (Oldham Council)
Councillor Adams (Bury Council)
Councillor Gordon (Stockport Council)
Councillor Biant (Rochdale Council)
Councillor Howard (Rochdale Council)
Councillor Peet (Tameside Council)
Councillor McCann (Oldham Council)

Apologies:

Councillor Bell (Tameside Council)
Councillor Cartey (Tameside Council)
Councillor Murphy (Stockport Council)
Councillor Rowbotham (Rochdale Council)

In Attendance:

Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership
Martin Roe, Executive Director of Finance and Deputy Chief Executive Pennine Care NHS Foundation Trust
Dr Henry Ticehurst, Medical Director Pennine Care NHS Foundation Trust
Julie Gallagher, Democratic Services

PC 17/18-09 APOLOGIES

Apologies were detailed above.

PC 17/18-10 DECLARATIONS OF INTEREST

There were no declarations of interest

PC 17/18-11 PUBLIC QUESTIONS

There were no questions from members of the public

PC 17/18-12 MINUTES OF THE LAST MEETING

It was agreed:

The minutes of the meeting held on the 28th March 2017 be approved as a correct record.

The Joint Health Overview and Scrutiny Committee resolved to consider the update from the GM Health and Social Care Partnership and the Trust update as one agenda item.

PC 17/18-13 VERBAL PRESENTATION FROM JON ROUSE, CHIEF OFFICER GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP

Jon Rouse Chief Officer, GM Health and Social Care Partnership provided members with a verbal update in respect of the support being given at GM level to assist the Trust. An accompanying report had been circulated to Members in advance of the meeting the report describes the process by which a number of partner organisations including; GMHSCP, NHS Improvement (NHS I), Commissioners across the Pennine footprint and PCFT are working in collaboration to overcome the key issues related to PCFT. These issues fundamentally relate to the quality shortcomings based on the CQC report and their reported financial deficit.

The following key work streams have been initiated under a newly formed PCFT Recovery Board; Finance, Quality, Digital, Estates and Mental Health. The five work streams leads will feedback to the Recovery Board on a monthly basis

In respect of Finance, work is underway to review the financial deficit in detail and explore potential options to mitigate the gap as well as agreeing a financial plan whereby PCFT will have the required investment.

With regards to the quality work stream, an improvement plan, including a CQC action plan will be developed which will address safer staffing on the wards, variation of service delivery in the Trust and organisational culture.

With regards to estates, the GM Chief Officer reported that there are too many hospital buildings across GM, there is opportunity for rationalisation of some of the existing building estate and going forward it may not be feasible to provide every service in each Borough.

Responding to the points raised by the GM Chief Officer, representatives from the Trust reported that the adult inpatient wards are 'overheating', there is no female Psychiatric Intensive Care Unit and the CQC highlighted problems of compliance with single sex accommodation. For the first time the Trust will report a deficit plan as a result of continued underfunding and a low reference cost. The Trust Board could not support the closure of inpatient beds as the ward occupancy levels were already at, if not above 100%.

The Director of Finance reported that the involvement and support from GM and in particular the Chief Officer, has helped to highlight the problems facing the Trust. The intervention and support from GM has provided clarity and transparency in respect of the financial situation at the Trust.

The Director of Finance reported that the primary focus for the Trust is to create a financially sustainable business model going forward; the provision of some community services will be reviewed as they cannot be sustained at current levels, further clarity is required from commissioners in respect of resource available and the volume of service required. The Director of Finance reported that there is not sufficient money in the system to continue to deliver all the services currently provided.

The Medical Director reported that problems with informatics is a key issue for the Trust, the development of the right IT infrastructure is fundamental to tackling some of the problems faced by the Trust.

Those present were invited to ask questions and the following issues were raised:

Responding to a Member's question the Chief Officer reported that a significant amount of money has been invested in A&E liaison services, reliable core services are available 24 hours, across four hub services within Greater Manchester.

With regards to IT within the Trust, the Chief Officer reported that some areas within Greater Manchester are more developed in respect of informatics than others. The Trust has developed the Paris system to enable mobile working, GM is providing oversight and support to the Trust and additional funding will be made available.

The Chief Officer reported that it may be necessary to consolidate services within Pennine Care and the Trust may choose to divest from providing some services. The Trust must decide what services they will provide, the new Chief Executive has been tasked with designing a new business model to take effect from April 2019.

The Finance Director reported that the decision to bid for community service contracts was undertaken by the former Chief Executive, his vision was to create a model of service provision centred on whole person care and parity of esteem. The Trust has however struggled to gain traction with this agenda.

The Medical Director reported that there is overspend with regards to in-patient staffing, the Trust will review the workforce mix on the wards to ascertain whether the Trust has the right staff mix. At a recent recruitment event in Manchester the Trust were able to recruit 40 additional staff. The Medical Director reported that staffing continues to be a major problem for the Trust and it is estimated that 50% of the workforce will retire in the next five years.

The Chief Officer reported that the whole of the health economy in the North east sector (as well as the Tameside area) is under financial stress and pressure.

With regards to CCGs re-tendering community services, the Finance Director reported that this is out of the Trust's control, continually re-tendering services is not a sustainable business model, a series of procurement exercises have resulted in the Trust struggling with fixed costs and resulting financial problems.

The Director of Finance reported that Pennine Acute, Tameside and Stockport Foundation Trust have all received distress funding from the Department of Health, this funding however incurs additional costs as it is the Trust is charged interest rate of 6% on this money. The GM devolution arrangements will hopefully help to strengthen the bargaining power of the health economy in GM.

It was agreed:

1. That Jon Rouse and representatives from Pennine Care be thanked for their attendance.
2. That Steve Downs, Steve Dobson and Jon Rouse be invited to a future meeting of the Joint Health Overview and Scrutiny Committee for Pennine Care (JHOSC).
3. That a representative from one of the Clinical Commissioning Groups within the Pennine Care Foundation Trust footprint be invited to a future meeting of the JHOSC.

PC 17/18-14 URGENT BUSINESS

There was no urgent business considered.



Pennine Care
NHS Foundation Trust

Joint Health Overview and Scrutiny Committee

**Judith Crosby - Executive Director of Service
Development and Sustainability**

Laura Rooney – Head of Communications

30 November 2017

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Pennine Care
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Agenda

- Strategy
- Workforce
- Finance
- Informatics



Strategy review

- New leadership in CEO and Chair
- First 8 weeks observing, reflecting and meeting stakeholders
- Board time out session held to review priorities
- Business development day with 100 senior managers and clinicians
- Strategy will be reviewed during the rest of 2017/18
- Will include detailed partner and stakeholder involvement

Early delivery priorities:

QUALITY	Drive and sustain quality improvement and innovation.
PEOPLE	Realising the full potential and talent of everyone we work with.
PARTNERSHIPS	Form effective partnerships within each of our localities to transform services.
MONEY	Ensure financial sustainability, addressing immediate pressures and future plans.
INFRASTRUCTURE	Ensure we have the right estate and IM&T to deliver our quality aspirations.

Workforce

- Reduced agency expenditure by bolstering the bank, increasing flexible working and maintaining a price cap.
- Develop plans that will support the retention of staff and reduce turnover
- Develop a recruitment strategy and sustained campaign
- Improve the uptake of apprenticeships
- Improve the employee engagement levels
- Reduce sickness absence through management skills training and building capability
- Increase uptake of IPDR compliance and quality

Finance

- First deficit plan submitted for 2017/18 of - £6.6m
- Cost improvement plans target for 2017/18 is £6.1m, £4.7m identified to date
- Forecast agency spend is £7.9m, £4.5m reduction from the previous year
- Further deficit planned for 2018/19
- Improvement plan in place

Improvement plan

- Closer working with NHS Improvement
- Strategic Partnership Board in place, chaired by Jon Rouse, including representation from all commissioners
- Quality Improvement Board also in place to oversee the CQC action plan and to drive the wider quality improvement agenda
- Sub-groups on quality, finance, estates, digital and mental health

Informatics priorities

- New strategy early next year
- Roll out of electronic referrals
- Improve electronic document management and archiving of records
- Improve the uptake of mobile working
- Improve clinical recording and information exchange
- Initiate the rollout of electronic prescribing



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