

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, John Wright, Joan Grimshaw, Colin
McLaren, Jean Hornby, Jane Howard, John McCann, Chris
Murphy, Gillian Peet, Vita Price and Roy 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, 1 March 2018
Place:	Committee Room 2, Stockport Town Hall, Edward Street, Stockport SK1 3XE
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 from the meeting held on the 30 November 2017 are attached.

5 UPDATE FROM JON ROUSE, STUART NORTH AND CLAIRE MOLLOY

Representatives from the Greater Manchester Strategic Health and Social Care Partnership, the Clinical Commissioning Group and the Pennine Care NHS Foundation Trust will be in attendance to provide an update in respect of work undertaken to support Pennine Care.

6 QUALITY ACCOUNT UPDATE (*Pages 5 - 16*)

Linda Chadburn, Clinical Effectiveness & Quality Improvement Lead, Pennine Care NHS Foundation Trust will report at the meeting. Report 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 November 2017

Present:

Councillor McLaren (Oldham Council)
Councillor Walker (Bury Council)
Councillor Wright (Stockport Council)
Councillor Biant (Rochdale Council)
Councillor McCann (Oldham Council)
Councillor Rowbotham (Rochdale Council)
Councillor Cartey (Tameside Council)

Apologies:

Councillor Bell (Tameside Council)
Councillor Murphy (Stockport Council)
Councillor Grimshaw (Bury Council)
Councillor Howard (Rochdale Council)
Councillor Peet (Tameside Council)
Councillor Price (Oldham Council)
Councillor Adams (Bury Council)
Councillor Gordon (Stockport Council)

In Attendance:

Martin Roe, Executive Director of Finance and Deputy Chief Executive Pennine Care NHS Foundation Trust
Stuart North, Chief Operating Officer, Bury CCG
Laura Rooney, Head of Communications, Pennine Care NHS Foundation Trust
Judith Crosby, Executive Director of Service Development and Sustainability, Pennine Care NHS Foundation Trust
Julie Gallagher, Democratic Services

PC 17/18-15 APOLOGIES

Apologies were detailed above.

PC 17/18-16 DECLARATIONS OF INTEREST

There were no declarations of interest

PC 17/18-17 PUBLIC QUESTIONS

There were no questions from members of the public

PC 17/18-18 MINUTES OF THE LAST MEETING

It was agreed:

The minutes of the meeting held on the 30th September 2017 be approved as a correct record.

PC 17/18-19 UPDATE FROM CLINICAL COMMISSIONERS

Stuart North, Chief Operating Officer, Bury CCG attended the meeting to provide a further update in respect of the work undertaken with colleagues from Greater Manchester to provide assistance to the Pennine Care Trust. His verbal update contained the following information:

- Involvement of the CCG in addressing the shortcomings highlighted in the CQC report
- Additional funding for Informatics and IT
- Re-tendering of Community Services
- Financial Deficit at the Pennine Care NHS Foundation Trust
- Future sustainability of the Trust

The Chief Operating Officer reported that the CCGs within the Pennine Care footprint had been fully involved with the CQC action plan. Their involvement has included, joint visits into service areas, deep dives in respect of individual service areas as well as meetings with partners including NHS Improvement and GMHSCP.

The Chief Operating Officer reported that Bury CCG have no intention of market testing or re-tendering any service whilst the Local Care Organisation (LCO) is being developed.

The Chief Operating Officer reported that there is a financial deficit of £500 million across Greater Manchester, £1.8 million support funding has been shared out across the NHS. Pennine Care needs a sustainable model going forward and there may be some difficult decisions in respect of services going forward.

The Chief Operating Officer reported that following GM Devolution the emphasis will be on ensuring that health and social care services are integrated, with integrated strategic commissioning specific to Local Authority need.

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

Responding to a question with regards to the use out of Borough placements, the Chief Operating Officer reported that Pennine Care is currently reviewing its use of these placements. The majority of these placements will be close to the patients home; for example a Bury resident placed at Prestwich hospital will be categorised as an out of Borough placement, because Prestwich hospital is managed by the Greater Manchester Mental Health Trust. The re-worked proposals will also look to address issues raised in respect of mixed sex accommodation.

The Chief Operating Officer, responding to a Member's question, confirmed that it will be necessary for the Commissioners and the Trust to make difficult decisions with regards to service provision going forward including in which Boroughs some of these services are provided. The Executive Director of Finance and Deputy Chief Executive reported that the organisation cannot compromise on clinical quality, the key is to define what the clinical model is, what capacity can be provided, with the finances available.

The Chief Operating Officer reported that the majority of patients with long term conditions will experience mental health problems. In the vast majority of instances the GP will treat the medical but not the mental health condition. Work is underway across GM as part of the wider social care reform agenda to emphasis the benefit of assessing the emotional wellbeing of a patient in particular those suffering from a long term condition. The Trust would like to develop Crisis cafes as well as wrap around services to avoid an escalation in a mental health condition.

In response to a Member's question, the Chief Operating Officer reported that the CCGs are not looking to procure services currently provided by the Pennine Care NHS Trust. The primary focus is the establishment of each Borough's Locality Care Organisation and the CCG would be wary of de-stablishing the organisations during this time.

The Chief Operating Officer reported that the recruitment of staff continues to be problematic across the NHS. In respect of Pennine Care, national standards have been developed in respect of early intervention psychosis service but the biggest challenge continues to be the recruitment of staff.

It was agreed:

Stuart North, Chief Operating Officer be thanked for his attendance and be invited to attend the next meeting of the Joint Committee scheduled to take place on the 1st March 2018.

PC 17/18-20 PEENNINE CARE NHS FOUNDATION TRUST UPDATE; STRATEGY, WORKFORCE, FINANCE AND INFORMATICS

Judith Crosby, Executive Director of Service Development and Sustainability and Martin Roe Executive Director of Finance and Deputy Chief Executive Pennine Care NHS Foundation Trust attended the meeting to provide an update in respect of the Trust Strategy, Workforce, Finance and Informatics.

The verbal presentation informed members of the appointment of the new Trust Chief Executive and development of the early delivery priorities. With regards to the workforce, the Trust representatives reported a reduced expenditure on agency staff from, £7.9 million to £4.5 million; plans to support the retention of staff and reduce turnover as well as the development of a recruitment strategy.

The Executive Director of Finance and Deputy Chief Executive reported that the first deficit plan was submitted for 2017/18 of £6.6 million, cost improvement targets for 2017/18 will be £6.1 million, £4.7 million has been identified.

The Executive Director of Service Development and Sustainability reported that there will be a new informatics strategy, a roll out of electronic referrals; improved electronic document management and archiving of records as well as improved uptake of mobile working.

Responding to a Member's question, the Executive Director of Finance reported that locally 50% of the Pennine Care workforce will be eligible for retirement in the next five years. The Trust must look at radically different solutions to address the ongoing recruitment and retention issues within the health service economy.

In response to a Member's question in respect of concerns raised by the CQC, the Executive Director of Finance reported that the quality will be the primary focus going forward. The Trust has one of the lowest reference cost in the country, the Trust working with its partners will need to identify the financial envelope and commission high quality services commensurate with the monies available.

In response to a Member's question the Executive Director of Finance reported that the overall assessment delivered by the CQC was fair, the Trust would like to move to an inspection rating of good. The senior leadership team as well as interested partners/stakeholders receive regular updates in respect of progress against the CQC action plan.

It was agreed:

1. Representatives from Pennine Care NHS Foundation Trust be thanked for their attendance.
2. Claire Molloy, Chief Executive Pennine Care NHS Foundation Trust will be invited to attend the next meeting of the JHOSC for Pennine Care.
3. An outline of the Business Strategy for the Pennine Care NHS Trust will be presented at the meeting due to be held on 1st March 2018.

PC 17/18-21 URGENT BUSINESS

There was no urgent business considered.

Quality Account JHOSC

Linda Chadburn

Clinical Effectiveness & Quality Improvement Lead

March 2018

Working together
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Aim

The aim of the Quality Account is to produce an account of the quality of care we provide, particularly in the priority areas we defined in our Quality Account in the year prior.

Objectives

- Ensure adherence to the NHS FT Annual Reporting Manual
- Report performance against mandatory indicators
- Report progress of the work undertaken in the Quality Priorities described last year
- Celebrate quality improvement initiatives for safety, clinical effectiveness and patient experience
- **Engage with our stakeholders**
- Ensure we share our report for consultation and endorsement
- Gain Board sign-off
- Lay before parliament
- Publish on NHS Choices

Learning from last year

- Include quarter 4 data in the consultation document
- Determine whether my infographic summary was of benefit
- Determine whether my visits were of benefit
- Increase my involvement in the final sign-off by Audit Committee and Board
- Successful showcasing campaign – let's repeat (22 March)
- Panel will include Governors and patient/carer rep again

Changes to the requirements

- NHS Improvement published requirements end of Jan
- **Part one:** Statement of quality from our Chief Executive (no change)
- **Part two:** New requirements relating to Learning from Deaths
- **Part three:** List of indicators required to be disclosed refreshed to reflect development in the Single Oversight Framework
 - New indicators means a larger choice to select from for testing (Exec Directors and Governors)

The Four Indicators for Assurance

1. Early intervention in psychosis: people experiencing a first episode of psychosis treated with a NICE-approved care package within 2 weeks of referral (new)
2. Inappropriate out-of-area placements for adult mental health services (new)
3. Improving access to psychological therapies: waiting time to begin treatment within 6 weeks of referral (new)
4. Enhanced Care Programme Approach patients receive follow-up contact within 7 days of discharge from hospital



Other Core Indicators

- The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a **gatekeeper**
- The percentage of patients aged 0-15 and 16 & over **re-admitted** to a hospital which is part of the Trust within 30 days of being discharged from a hospital which is part of the Trust
- The number and rate of **patient safety incidents** reported and the number and % of patient safety incidents that resulted in severe harm or death (selected by you for the past 2 years)

2016/17

Care Programme Approach (CPA)

The percentage of individuals on Care Programme Approach who were followed up within 7 days after discharge from Psychiatric Inpatient care during the reporting period: 97.4%

	2014/15	2015/16	Trust Actual 2016/17		National Average 2016/17		National Range 2016/17	Threshold 2016/17
Patients on CPA who were followed up within 7 days after discharge	97.2%	98.1%	Q1	96.0%	Q1	96.2%	28.6% - 100%	95%
			Q2	97.8%	Q2	96.8%		
			Q3	98.4%	Q3	96.7%		
			Q4	97.0%	Q4	*		



2016/17

CRHT Gatekeeping

The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period: 99.7%

	2014/15	2015/16	Trust Actual		National Average		National Range	Threshold
			2016/17		2016/17			
Patients who were admitted to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper.	99.2%	100%	Q1	99.6%	Q1	98.1%	76.0% - 100%	95%
			Q2	99.9%	Q2	98.4%		
			Q3	99.9%	Q3	98.7%		
			Q4	99.5%	Q4	*		



2016/17

28-day Emergency Readmission Rates

		2016/17	2015/16	2014/15*	National Range 2016/17	Threshold 2016/17
Patients aged between 0 and 15, and 16 and over, who have been readmitted to a hospital which forms part of Pennine Care NHS Foundation Trust within 28 days of being discharged from a hospital which forms part of Pennine Care NHS Foundation Trust	0 to 15	0%	0%	n/a	n/a	n/a
	16 or over	10.65%	10%	n/a	n/a	n/a

2016/17

Patient Safety Incidents

		Local Rate		National Rate		
Patient Safety Incidents*		2015/ 2016 Q1 & Q2	2015/ 2016 Q3 & Q4	2015/2016 Q3 & Q4		
				Total No of incidents reported within the 56 Mental Health Trusts**	Median	Mean
Number of Incidents (PCFT)		3256	3926	146,325	-	2,612.95
Rate per 1000 bed days**		38.62	46.99	-	37.54	-
Number resulting in:	Severe Harm	2 (0.1%)	3 (0.1%)	501 (0.3%)	-	8.95
	Death	95 (2.9%)	16 (0.4%)	1167 (0.8%)	-	20.84
Total No incidents resulting in severe harm or death		97 (3%)	19 (0.5%)	1668.(1%)	-	29.79

Key dates

Date	ACTIVITY	Date	ACTIVITY
2 Jan	Design this year's report	22 Mar	Showcasing panel meets
19 Jan	Launch showcasing initiative	10 Apr	Consultation period commences
30 Jan	Receive NHS Improvement's requirements	April	Present document at various Forums & receive statements from stakeholders
5 Feb	Share all requirements with key people	8 May	Consultation period ends
8 Feb	Share Exec Dir choice of indicators	10 May	Receive Executive Director sign-off
Feb	Indicator testing planning	11 May	Hand over to Grant Thornton
21 Feb	Attend CoG	25 May	Audit Committee sign-off
23 Feb	Attend Healthwatch	29 May	Submit to NHS Improvement
1 Mar	Attend JHOSC	25 Jun	Laid before Parliament
20 Mar	Showcasing closes	30 Jun	Publish on NHS Choices

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