

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

Date of Meeting: 4 July 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 and Councillor

1 APPOINTMENT OF CHAIR AND VICE CHAIR

It was agreed:

1. That Councillor Colin McLaren (Oldham MBC) be appointed Chair of the Joint Health Overview and Scrutiny Committee for the Municipal year 2017/18.
2. That Councillor Stella Smith (Bury MBC) be appointed vice Chair of the Joint Health Overview and Scrutiny Committee for the Municipal year 2017/18.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES AND MATTERS ARISING

The Joint Health Overview and Scrutiny Officer reported that an update in respect of the Retinopathy fixed camera in Saddleworth/Uppermill had been received. The NE Diabetic Eye Screening Programme has only recently appointed a programme manager, the query highlighted from the JHOSC has been shared with the new postholder and a response as of yet has not been provided.

Representatives from Manchester and Oldham asked for further information in respect of the £10 million capital spend allocated for the North Manchester General Hospital (NMGH) and the Oldham Royal (ORH) Site. The Finance Director confirmed that the majority of this money will be spent in NMGH on infrastructure, heating and car parks and in ORH on the Healthier Together implementation.

It was agreed:

1. That the minutes of the meetings held on 28TH February 2017 be approved as a correct record.
2. Pennine Acute NHS Trust will provide further detailed information in respect of the £10 million capital spend at the Royal Oldham Hospital and the North Manchester General Hospital.

4 PUBLIC QUESTIONS

There were no public questions.

5 POLITICAL BALANCE

Members of the Joint Health Overview and Scrutiny Committee considered a report from the JHOSC Officer.

It was agreed:

That the necessity, that the Joint Health Overview and Scrutiny Committee for Pennine Acute NHS Trust be politically balanced, be waived for the municipal year 2017.2018.

6 TRUST WIDE FINANCIAL UPDATE/WORKFORCE UPDATE/CITY OF MANCHESTER SINGLE HOSPITAL SERVICE UPDATE AND HEALTHIER TOGETHER UPDATE

Representatives from the Salford Royal NHS Trust and the Pennine Acute NHS Trust attended the meeting to provide members of the Committee with a Trust wide update with particular regards to the Financial position at the Trust and also workforce issues.

It was agreed:

The following four items listed on the agenda; Trust wide financial update; Workforce Update; City of Manchester Single Hospital Service Update and Healthier Update would be considered as a single item.

The Presentation contained the following information:

The Trust has ensured that there has been a focus on stabilisation and quality improvement, the Trust has established strong governance and leadership and overseen the commencement of significant clinical transformation.

The Director of Strategy reported that like the rest of the NHS, the Pennine Acute NHS Trust faces significant financial pressures and investment is required to improve and transform.

The Trust delivered a £2m deficit in 2016/17 on a turnover of £644m; this was better than planned. For 2017/18, the PAT has a £11.3m deficit plan. The Director of Strategy reported that the main areas of pressure is, costs associated with activity over performance, continued use of clinical agency staff and delivery of efficiencies.

In respect of the Leadership arrangements, the new organisational arrangements have been in place since April 2017. Care Organisations have been established that connect to their local health and care economy as well as the development of more robust clinical operating procedures to drive continuous improvement and resilience.

Significant change and transformation is required of PAT services in order to secure clinical and financial resilience. Key drivers include:

- Urgent need to improve quality of care, including addressing the CQC findings.
- Meeting commissioning requirements, particularly a significant shift to integrated out-of-hospital care (through Local Care Organisations).
- Establishment of the (proposed) Single Hospital Service for the City of Manchester and associated changes to NMGH.
- The GM Theme 3 clinical strategy for hospital based services.
- Addressing 7 day services standards and provision.

In respect of the Single Hospital Service, the Director of Strategy reported that a provisional report has been published by the Competition and Markets Authority, the creation of the new trust remains on track for October 2017. The NMGH is likely to join the new Trust 12-18 months after CMFT/UHSM merger.

A North east sector Clinical Service Strategy has been developed, its primary aim is to describe how FGH, RI and ROH will deliver safe, high quality, clinically and financially sustainable services that meet the needs of local people.

The strategy will also support the future clinical and financial sustainability of NMGH and there will be separate governance arrangements in place for this. The Strategy will focus on acute services at PAT sites, but this will be closely aligned to the development of improved services out-of-hospital.

In respect of the workforce, the Director of Strategy reported that there has been significant effort to stabilise the workforce and create a culture of improvement, new models of care will require new roles to address gaps in workforce.

The Director of Strategy reported that sickness absence and recruitment and retention is improving within the Trust but there still remains gaps in critical areas, the workforce will be key to the improvement and transformation agenda.

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

With regards to the deficit, members queried how much of the deficit could be attributed to increase spend on bank and agency staff. The Director of Finance reported that in the financial year 2016/17 of the £400 million spent on staffing costs £40 million was spent on agency staff. The Trust would like to reduce this spend by £10 million.

In respect of recruitment problems as a result of the Referendum vote, the Medical Director reported that workforce issues; including recruitment and retention continues to be the single biggest problem facing the Trust. Previously NMGH had only 1.3 F.T.E. consultants working in emergency medicine compared to 17/18 at SRFT. Worked is being undertaken jointly between PAT and the SRFT to recruit additional staff. The Medical Director confirmed that staff exit interviews are conducted by the Trust.

The Medical Director confirmed work had been undertaken by the Trust in India to recruit middle grade doctors. These doctors will be supported in the work place and enabled to continue their post-grad studies.

The Director of Strategy reported that work is underway to improve engagement and communication with staff. The Trust acknowledged that some staff may feel disconnected from the management team at the Trust.

In response to a Member's question in respect of the perceived lack of stability at the Trust and the impact this is having on recruitment and retention, the Director of Strategy reported that the landscape is complex. The changes as a result of the move to a single hospital service in Manchester are almost certain to take place this year with NMGH joining the newly created Trust within 12 to 18 months. It is envisaged that the SRFT and the hospitals in Bury, Rochdale and Oldham will operate as a single organisation going forward.

The Director of Finance reported that in he had met with several members of staff as part of the Trust's 1000 voices engagement exercise. As part of that exercise he has spoken to staff working at NMGH who had particular concerns about job security as a result of the proposals to transfer out of the PAT and into a new hospital Trust.

Members queried whether there would be any negotiation with regards to land and estates as part of the arrangements to separate NMGH from the Pennine Acute NHS Trust. The Finance Director reported that an Estates Strategy is being developed.

Dr. Brookes, Medical Director reported that there is a national shortage of staff across many disciplines including Critical Care. With regards to staff moving around the footprint (including into the Community) this has been more feasible in some areas of speciality.

Members of the Committee discussed the role of Health Scrutiny going forward. Officers from the Trust were very supportive of the role elected members played in holding the Trust and the NHS to account. The Chair re-iterated that the Trust must continue to work with the Joint Committee and communicate more effectively in respect of how the different strands of work; Healthier together, CQC Action plan, the move to the Single Hospital Service work together.

With regards to a Member's question in respect of A&E, the Director of Strategy reported that the Trust was not meeting the national mandatory standard in respect of the four hour waiting time. The Trust therefore agreed with its Commissioners a phased improvement with regards to the standard with a stepped approach to achieving the target.

In response to a Member's question the Director of Strategy reported that the senior management team at the Trust no longer interim. A committee in common has been established as one decision making body for the Trusts.

It was agreed:

1. The Pennine Acute NHS Trust Estates Strategy would be considered at the next meeting of the Joint Committee.
2. The Care Quality Commission Action Plan and the details of the Healthy Together implementation plan be standing agenda items

7 URGENT BUSINESS

There was no urgent business reported.

**COUNCILLOR
Chair**

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