

## 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**

**Councillors :** S Ali, N Briggs, J Davies, J Farrell, S  
Kerrison, J McCann, C McLaren, K Nickson, L Robinson,  
S Smith, A Stott, R Walker n

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:-

<b>Date:</b>	Tuesday, 4 July 2017
<b>Place:</b>	Meeting Rooms A & B - Town Hall
<b>Time:</b>	2.00 pm
<b>Briefing Facilities:</b>	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.
<b>Notes:</b>	

## **AGENDA**

### **1 APPOINTMENT OF CHAIR AND VICE CHAIR**

### **2 APOLOGIES FOR ABSENCE**

### **3 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.

### **4 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.

### **5 MINUTES AND MATTERS ARISING** *(Pages 1 - 6)*

Minutes from the meeting held on 28<sup>th</sup> February 2017.

### **6 POLITICAL BALANCE** *(Pages 7 - 8)*

A report from the Joint Health Overview and Scrutiny Officer is attached.

### **7 TRUST WIDE FINANCIAL UPDATE** *(Pages 9 - 10)*

Representatives from Pennine Acute NHS Trust will report at the meeting. Report attached.

### **8 WORKFORCE UPDATE** *(Pages 11 - 16)*

Representatives from Pennine Acute NHS Trust will report at the meeting. Report attached.

### **9 CITY OF MANCHESTER SINGLE HOSPITAL SERVICE UPDATE**

Representatives of Pennine Acute will provide a verbal update at the meeting.

### **10 HEALTHIER TOGETHER UPDATE**

Representatives of Pennine Acute NHS Trust will report at the meeting.

### **11 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 Acute Hospitals NHS Trust

**Date:** 28<sup>th</sup> February 2017

**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 Linda Robinson (Rochdale MBC)  
Councillor Sarah Kerrison (Bury MBC)  
Councillor John McCann (Oldham MBC)

Sir David Dalton:	Interim Chief Executive Pennine Acute NHS Trust
Audrey Howarth:	Screening and Immunisation Manager, North East Diabetic Eye Screening
Mr. Hashmi:	Clinical Lead, North East Diabetic Eye Screening
Ms Julie Gallagher:	Joint Health Overview and Scrutiny Officer

**PAT. 16/17-22 APOLOGIES**

Apologies were received from Councillor Ann Stott (Rochdale MBC) Councillor Norman Briggs (Oldham MBC) and Councillor Sandra Collins (Manchester City Council)

**PAT.16/17-23 DECLARATIONS OF INTEREST**

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

**PAT.16/17-24 MINUTES****It was agreed:**

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

**PAT.16/17-25 PUBLIC QUESTIONS**

There were no public questions.

## **PAT.16/17-26      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 hospital maternity department, 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 pts.

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.

**PAT.16/17-27      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 JOSCS, 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.

**Agenda item****POLITICAL BALANCE – PENNINE ACUTE JOSC 2017/18**

Under the Local Government Act 2000 provisions, overview and scrutiny must generally reflect the political nature of the full council. Where a Joint Committee is established, the political balance requirements apply for each participating local authority, unless Members of all authorities agree otherwise.

In the report that went to each authority to establish the Joint committees, the following was included:

- The rules concerning proportional political representation apply to the establishment of such Joint committees, unless members of all authorities agree that they need not apply.
- The two committees will need to be politically balanced reflecting the overall political balance of the appointing authorities.

**This municipal year, the Political Balance rules require:**

Across the whole Pennine Acute footprint, there are 267 seats. When taken together and the proportions worked out, it equates to:

With 221 of the 267, 83% of seats go to Labour  
With 28 of the 267, 10% of seats go to Conservatives  
With 15 of the 267, 6% of seats go to the Liberal Democrats  
With 3 of the 267, 1% of seats go to others.

Therefore for the Joint Committee to be politically balanced the membership would have to be constituted as follows:

Labour – 10 members  
Liberal Democrats – 1 member  
Conservatives – 1 member  
Independents/Others – 0 members

The proposed membership of the Joint Committee is as follows:

Labour – 9 members  
Liberal Democrats – 1 member  
Conservatives – 2 members

In previous municipal years the Joint Committee **has resolved to waiver the right** for the Joint Committee to be politically balanced.

**Julie Gallagher: Joint Health Overview and Scrutiny Officer**  
**July 2017**

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# Pennine Acute Hospitals – Key Financial Information

## 2016.17

Greater Manchester has delivered a strong financial performance in 2016/17 despite significant financial challenges for the NHS and local government locally and nationally.

Overall GM health and social care budgets have delivered a surplus of £237m which is £157m better than planned.

NHS Providers (£107m) and GMHSCP central budgets (£4m) performing better than their plans for the financial year and local authority budgets within the scope of GMHSCP funding delivering a break-even position.

The NHS Provider position has been boosted by additional, national, non-recurrent sustainability and transformation funding including £60m provided as a reward for the excellent financial performance by individual trusts.

Pennine Acute Hospitals delivered a £2.0m deficit on turnover of £644m. This was £13.3m better than planned.

## 2017.18

Pennine Acute hospitals has submitted a revised annual plan to NHSI with a deficit plan of £11.3m on turnover of £644m. The plan assumes full payment of Sustainability and transformation Funding (STF) of £18.1m. The plan is subject to approval by NHSI.

Key components of the plan are:

- Turnover of £644.3m including STF of £18.1m and local (CCG's) Improvement and stabilisation support of £16.4m
- Expenditure of £655.6m after delivery of productivity and cost efficiencies of £24.6m

The deficit as at month 1 was £4.1m compared to a plan of £3.6m. £0.5m worse than plan.

Activity is up by 4% having seen 81,051 patients compared to 78,128 in plan.

Main areas of activity over performance are A&E (+5%), NEL (+18%) & Outpatients (+3%).

The activity plan incorporates ambitious plans to reduce levels of non elective and emergency activity into the Pennine hospitals.

Within expenditure budgets the main areas of pressure are costs associated with activity over performance, continued use of clinical agency staff and delivery of efficiencies.

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## Workforce update Report June 2017

### 1. Background

1.1 The JHOSC have asked for an update on:

- Sickness Absence management
- Recruitment and Retention
- Staff Survey Actions

### 2. Sickness absence by site

2.1 From April 2017 the Trust has begun to prepare Workforce reports linked to the new Care Organisation structure. This work is still in progress and it will not be complete until the new ledger system comes on line in August. It is expected that from September all reports will be fully aligned.

2.2 The Trust target is to get sickness absence down to 4.6% by March 2018. Each of the Care organisations have been asked to reduce their absence by 0.5% in the same time period.

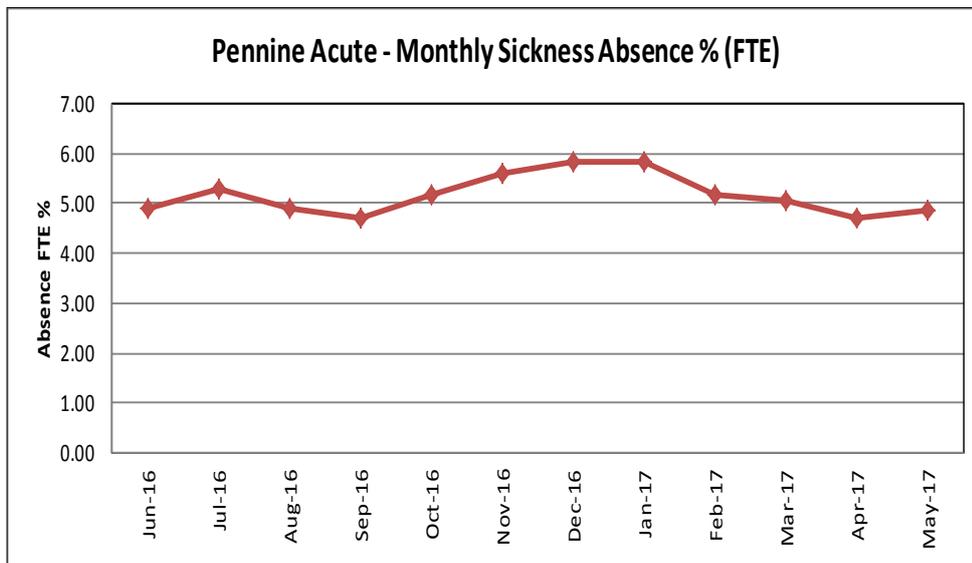


Chart 1 Percentage sickness absence June 2016 to May 2017

	April %	May %	Target %
<b>North Manchester</b>	<b>5.54</b>	<b>5.75</b>	<b>5.44</b>
<b>Bury/Rochdale</b>	<b>4.87</b>	<b>4.64</b>	<b>4.60</b>
<b>Oldham</b>	<b>4.94</b>	<b>5.09</b>	<b>5.0</b>
<b>Support services-clinical</b>	<b>3.17</b>	<b>3.95</b>	<b>&lt;4.0</b>
<b>Support services-Estates &amp; Facilities</b>	<b>5.50</b>	<b>5.87</b>	<b>5.50</b>
<b>Corporate</b>	<b>3.50</b>	<b>3.84</b>	<b>&lt;4.0</b>
<b>Pennine Total</b>	<b>4.70</b>	<b>4.87</b>	<b>4.6</b>

Table 1 Monthly percentage sickness absence by Care Organisation

2.3 The Trust has put a lot of emphasis on reducing sickness absence rates over the last two years and continues to do so. The Healthy Happy Here plan is the overarching workforce plan to improve several HR key performance indicators including absence, staff engagement, reducing the vacancy gap and improving retention.

2.4 Within the absence management section, work has included agreeing a revised attendance policy with revised triggers for management, improving the Health and Wellbeing offer to staff which now includes Zumba and yoga classes, foot clinics, staff choir with sessions at North Manchester and Oldham.

### 3 Recruitment and retention

3.1 The table below shows the current Pennine Workforce as at the end of May.

Contracted FTE		
Care Organisation	Headcount	FTE
Bury & Rochdale CO	2067	1800.26
Corporate	1434	1264.48
North Manchester CO	2082	1842.86
Royal Oldham CO	2052	1832.42
Support Services - Clinical	912	828.49
Support Services - Estates	948	835.83
<b>Grand Total</b>	<b>9777</b>	<b>8677.04</b>
GP Trainees	65	62.40
Pat Based Lead Employers	217	210.30

Table 2 Staff in post 31<sup>st</sup> May 2017

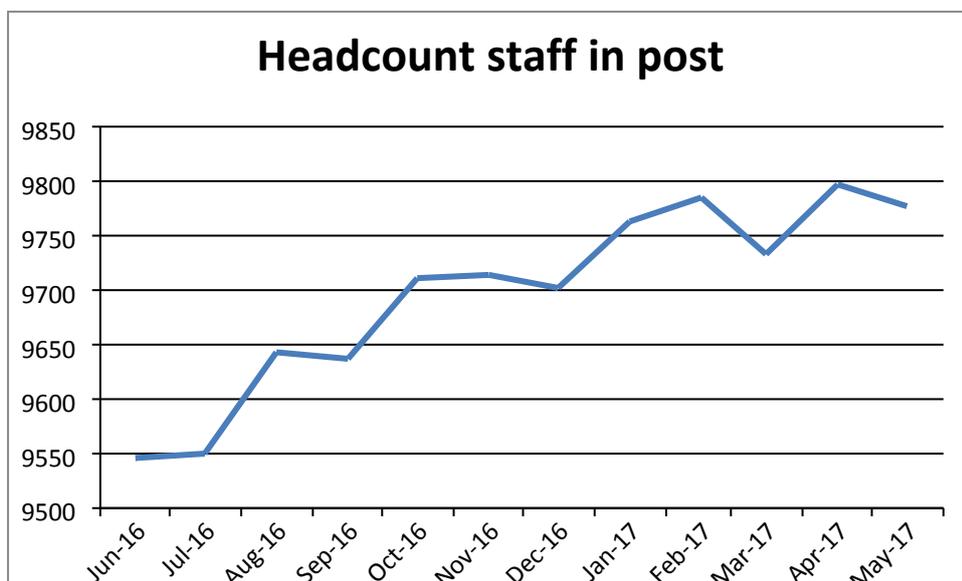


Chart 2 Headcount June 2016 to May 2017

3.2 The Trust continues to make strides in increasing the number of staff employed. However, we face shortages in certain groups of staff, namely qualified nursing staff and several medical specialities including Urgent care, Paediatrics, Interventional radiology and acute medicine.

3.3 Chart 3 to 7 plot the starters and leavers against the headcount by staff group.

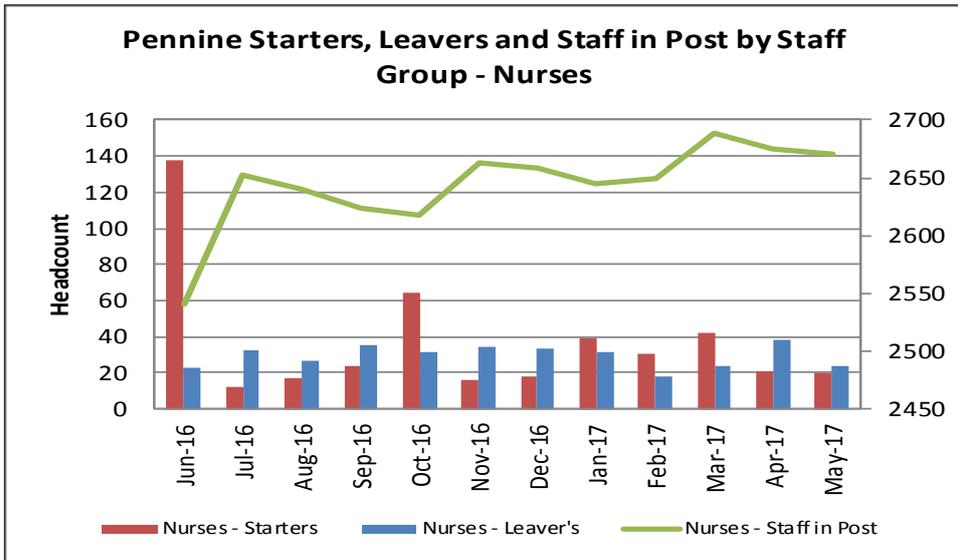


Chart 3 Qualified Nurses

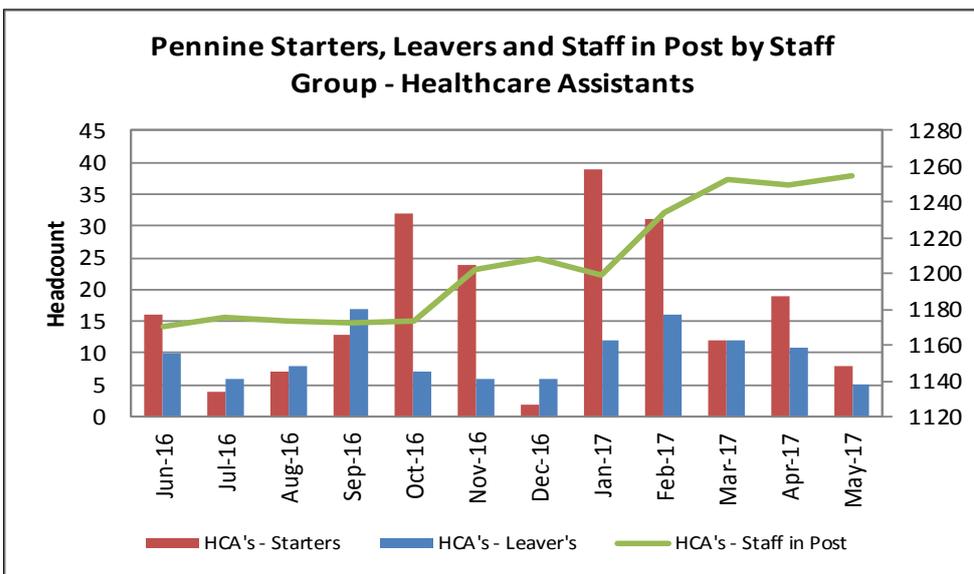


Chart 4 Healthcare assistants

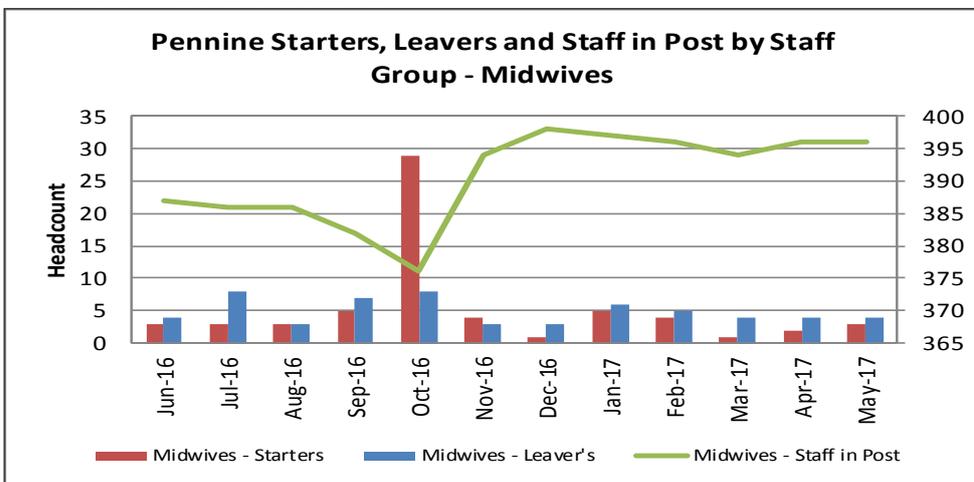


Chart 5 Midwives

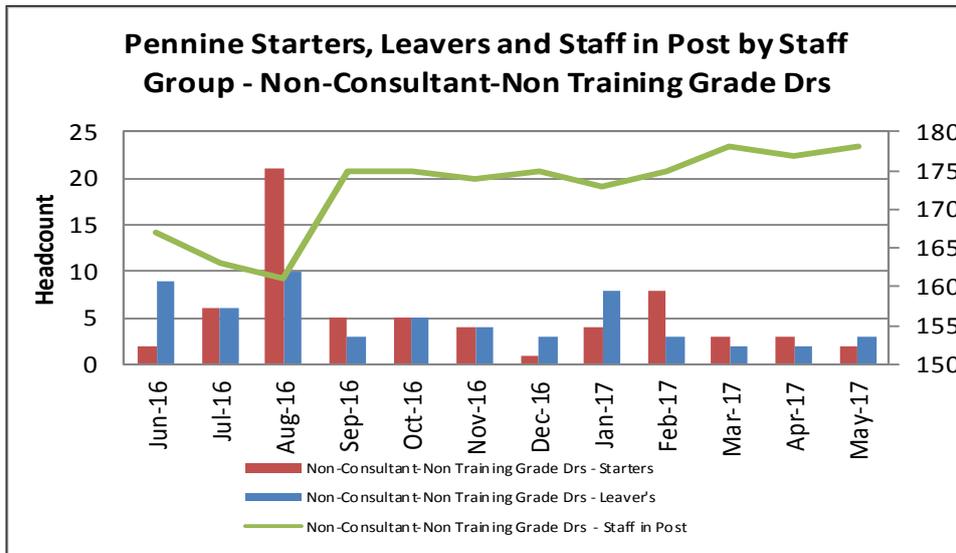


Chart 6 Speciality and Associate specialist medics

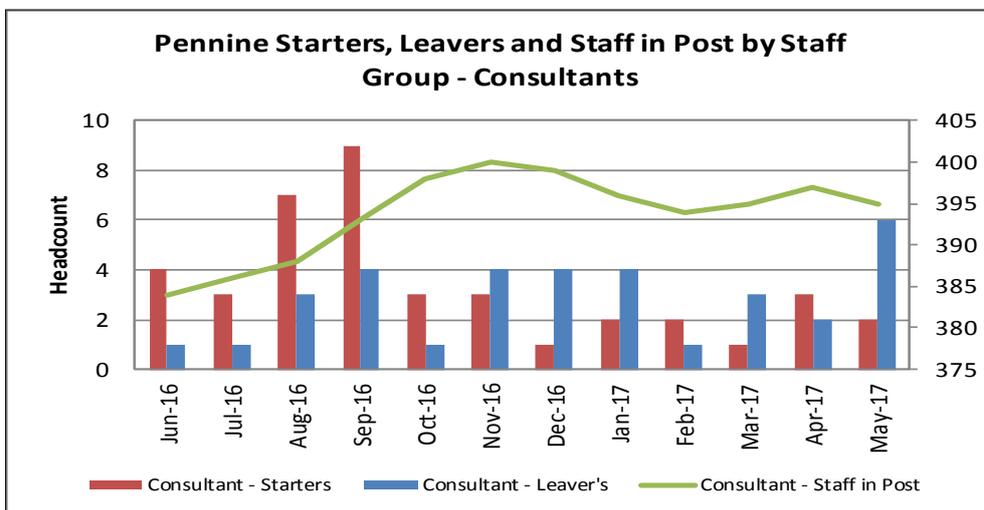


Chart 7 Consultants all specialities

3.4 The Trust continues to recruit staff from across the UK, Europe and India.

## 4 Staff Engagement

4.1 The Trust results for 2016 in the national staff survey remain in the bottom 20% of acute NHS Trusts. Besides the national Staff attitude survey the Trust since April 2016 implemented our own local quarterly survey 'Pulse' purchased from WWLNHSFT. It is planned that with further work as described below will move our figures into the top 10%.

### 4.2 Pulse Check Survey

The pulse check survey is sent to a quarter of the workforce every three months. It provides a gauge of staff engagement through an evidenced based framework which measures how staffs feelings and behaviours at a given point in time. Research shows that there are several aspects or 'enablers' within an organisation that influence staff engagement. These are explained in table 3 below:

Enabler	Descriptor
<b>Work Relationships</b>	Positive relationships with a line manager and colleagues ensure there is the social support available in order to work effectively and drive positive feelings of engagement
<b>Perceived Fairness</b>	Fairness of processes, decisions and treatment, allows staff to feel safe to behave in engaged ways.
<b>Clarity</b>	Clarity provides staff with a clear understanding of what is expected of them, what the Trust's objectives are, and what is going on in their place of work.
<b>Recognition</b>	An organisation or manager that recognises and values the contributions of its staff, helps staff to feel a sense of purpose, importance and belonging
<b>Resources</b>	Having the necessary tools, information and equipment required to do work, are the foundations for helping to create engagement feelings and behaviour
<b>Personal Development</b>	Staff who perceive opportunities for personal growth or experience opportunities to use their strengths, will experience more fulfilment in their role
<b>Influence</b>	The involvement in wider decisions that may impact upon them, and the opportunity to suggest ideas, can be empowering for some staff
<b>Mindset</b>	Staff that are encouraged to believe in themselves, believe in moving forwards, and have a positive state of mind, leads to the right mindset to feel and behave engaged
<b>Trust</b>	To be trusted with the freedom to act, take responsibility and make decisions for themselves, allows staff the autonomy to engage with their work and the team.

Table 3 Pulse descriptors

## 4.3 Q4 scores 2016

The table below shows the scores for each of the care organisations as compared to the Trust overall scores.

Staff engagement score q4 2016	Out of 5	Pennine National Staff attitude Survey result 2016	NHS Acute 2016
North Manchester	3.61	3.61	3.81
Oldham	3.61	3.61	3.81
Bury	3.64	3.61	3.81
Rochdale	3.74	3.61	3.81
Pennine total	3.64	3.61	3.81
Friends and family Q4 2016		Treatment Out of 100%	Work Out of 100%
North Manchester		46	44
Oldham		53	47
Bury		54	49
Rochdale		63	53

Table 4 Staff engagement scores Q4 2016

4.4 Table 4 shows the result of the Q4 pulse survey as compared to our National staff engagement score taken in October 2016. This confirms what we already knew that staff

engagement remains low and the following paragraphs outline what action the trust is taking to improve it.

4.5 Within the Quarterly pulse survey the trust also asks the required staff friends and family questions. As the committee can see our rates are poor and again we aim with the work below to see improvement in these scores.

4.6 The Pulse survey programme also includes a pioneer programme where individual teams and undertake a 6 month work programme to use the Pulse tool to do a deep dive on themselves and help them improve where they see their issues are. It is planned that all the clinical wards will have undertaken this programme within the next 18 months.

4.7 Based on the Pulse enablers the Trust has developed the 1000 voices programme, this is a three day programme which will look at three of the enablers per day. The Trust is planning that the three care organisations each do day one before moving onto day 2 and 3. Oldham and Bury/Rochdale have completed theirs and North Manchester are holding theirs on 3<sup>rd</sup> July.

4.8 Day One will look at 'Our Future' and the three enablers, Trust, Clarity and Mindset. Day Two looks at 'My Team' and the three enablers Working relationships, Resources and perceived fairness. Day three looks at 'My Contribution' and the three enablers Influence, Recognition and Personal development.

4.9 Another initiative the Trust is in the process of launching soon is the LOVED (Living Our Values Every Day) This is a recognition programme which allows, patients, visitors, and staff to nominate Pennine employees who they consider have shown the values the Trust believe in. The individual will be awarded a badge to wear on their uniform. Individual winners will then go forward to an annual award as part of the annual staff awards ceremony.

## **5 Conclusion**

5.1 The Trust continues to work hard to improve and small improvements can be seen, but further effort is required to get us to where we want to be,

**N Hayes**

**Associate Director of Workforce for North Manchester Care Organisation**

**Pennine Acute Hospitals NHS Trust**

**June 2017**