

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

Date of Meeting: 3 October 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 Ali, Councillor , Councillor Farrell, Councillor
 and Councillor

9 DECLARATIONS OF INTEREST

There were no declarations of interest.

10 MINUTES AND MATTERS ARISING

It was agreed:

That the minutes of the meetings held on 4 July 2017 be approved as a correct record.

11 PUBLIC QUESTIONS

There were no public questions.

12 PENNINE IMPROVEMENT PLAN

Jude Adams, Chief Delivery Officer attended the meeting to provide members with a further update in respect of the Pennine Improvement Plan. An accompanying report had been circulated to elected members in advance of the meeting which contained information in respect of the key areas for improvement identified in addition to the fragile services were:

- Patient safety, harm and outcomes
- Systems of assurance and governance arrangements
- Operational Management and data quality
- Workforce capacity and capability
- Leadership and external relations

The Chief Delivery Officer reported that one of the overarching aims of the improvement work was to avoid harm and reduce mortality rates. Improvement work has been successful in reducing the mortality rate, the rate currently is 96 (compared to a previous high of 106) this is now below the national average.

The Chief Delivery Officer reported that one of the most fragile services was NMGH accident and emergency. There was 1.5 consultants covering the service 24/7, a significant number of patients waiting over 12 hours on hospital trolleys as no beds were available.

In respect of paediatric services due to problems with staffing in particular in the high dependency unit a number of children were being placed out of area.

Since the CQC visit there has been significant improvements in the consultant cover in A&E, there has been a reduction in the number of patients waiting over 12 hours for a hospital bed and there has been fewer out of area placements. In respect of maternity services 1.2 million pounds has been invested and recruitment of additional midwives has been a priority.

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

In response to a Member's question, the Chief Delivery Officer reported that the Nursing Assessment and Accreditation System has been introduced within the Pennine Acute Trust following a successful roll-out across Salford Royal Hospital Trust. Information gained from the assessment will identify incidents of pressure ulcers and falls, this information will help to ascertain problems across the Trust. The CQC will undertake a further un-announced inspection between September and December, the inspections will include staff focus groups with staff within the Trust from all areas and all disciplines. The CQC inspection findings will be made available in December 2017.

In response to a member's question, the Chief Delivery Officer reported that data collated in respect of the number of falls, pressure ulcers and infections are all strong indicators in respect of how well a Trust is performing. It is imperative that community services are developed as alternative to acute care.

With regards to Consultant session, the Chief Delivery Officer reported that the Trust has been stabilised in terms of Consultant cover with support from Consultants whose primary place of work is Central Manchester or Salford Royal Hospital Trust. An additional three consultants have now been recruited and all will be in post shortly. Recruitment continues to be a problem within the Trust and in some disciplines vacancy rates are as high as 10%.

The Chief Delivery Officer confirmed that engagement is improving with the local authorities with regards to the additional funding they have received to ease pressures in social care.

In response to a Member's question, the Chief Delivery Officer confirmed that the CQC inspection highlighted problems in respect of how the Trust responded to complaints and also serious incidence reporting. Systems have been put in place to address the issues identified, including immediate action where appropriate, root cause analysis all complaints shared with Directors.

With regards to the four hour waiting times in Accident and Emergency, the Chief Delivery Officer reported that this target is indicative of how the hospital is performing over all in particular how patients flow through the hospital. Problems still persistent with regards to recruitment of middle grade doctors, significant improvements have been made at Fairfield General Hospital and this site is now the best performing hospital in Greater Manchester.

It was agreed:

1. A further update in respect of the most recent Care Quality Commission visit will be provided at a future meeting of the JHOSC for Pennine Acute.
2. Sir David Dalton will be invited to attend a future meeting of the JHOSC for Pennine Acute.

The Chair agreed that items 6 & 7 would be considered as one item

13 DEVELOPMENT OF THE NORTHEAST SECTOR ACUTE SERVICE STRATEGY

Jo Purcell, Deputy Director North East Sector attended the meeting to provide Members with an update in respect of the north east sector acute service strategy. Work so far has included; Quality Improvement Strategy, Urgent Care Improvement; Go Engage Staff Engagement System; Recruitment / Retention Plan; Safeguarding Review Complete; Clinical Leadership Programmes; Comprehensive Review of FFT Reporting and Maternity.

The northeast sector transformation will encapsulate, the CQC findings, clinically and financially sustainable services, GM Devolution Theme three, workforce challenges, focus on prevention, single Hospital Service for Manchester, LCO / Locality plans, Community regeneration and Healthier Together Standards.

Locality plans have been developed and agreed by each CCG, Council and wider partners and approved by the GM Health and Social care Partnership. Across the NES these plans seek to: integrate Health and Social Care commissioning, prevention focused Locality Plans with more care delivered outside of hospital through Local Care Organisations.

The Deputy Director reported that locality plan activity assumptions will reduce income to PAHT by £52.9m by 2020/21.

The proposals will focus on hospital services across Fairfield General Hospital, Rochdale Infirmary, The Royal Oldham Hospital and North Manchester General Hospital (with specific governance arrangements for NMGH). North East Sector Commissioners have endorsed the concept of a Shared Hospital Service, linking Oldham, Bury and Rochdale with Salford (and where appropriate partner organisations).

Royal Oldham Hospital will be a specialist high acuity hospital for under the Healthier Together; the focus of all hospital sites will evolve responding to planned activity shifts and in order to secure future resilience.

The Clinical Service Strategy will see the strategic outline case developed in December 2017 with the outline business and the full business case being completed in April 2018 and July 2018 respectively.

The Deputy Director reported that clinical and financial sustainability must be achieved over a 5 year period; the new strategy will need to ensure safe, reliable and compassionate care.

With regards to FGH the Deputy Director reported that there may be in the future an increasing amount of elective surgery on this site.

Consultation and engagement will be ongoing as the work to reconfigure and develop the north east sector services and dis- aggregate North Manchester from Pennine Acute continues.

The ambition is that together with the Salford Royal hospital trust the remaining hospitals will work together as a Northern Care Alliance. A separate but connected programme of work is underway, with each Locality, to transform community services and integrate health and social care.

In respect of Healthy Together implementation capital monies has been secured in principle to commence the programme of work. This may take 70/72 weeks, progress may be hindered by the inability to recruit to posts within general surgery.

14 KIDNEY CARE CENTRE PROPOSAL

Dr Smeeta Sinha, Clinical Director and Consultant Nephrologist, Renal Services and Vicki Tipper, Senior Manager Renal Services attended the meeting to inform Members of the proposals to re-provide Rochdale's Haemo-dialysis service to Heywood; the creation of joint Bury & Rochdale Kidney Care Centre in Heywood and the repatriation of Specialist Services from Salford to joint Bury & Rochdale Kidney Care Centre.

Rochdale and Bury are projected to have significant growth in demand for CKD and dialysis services. The proposal requires sufficient volume of patients to create a critical mass to enable specialist services to be brought from Salford and patients repatriated from Bolton, an accessible location for Bury and Rochdale patients is required.

Majority of satellite renal units are not based within hospital grounds as they are not interdependent with acute hospital services

Relocating the unit to Heywood improves travel time for pre-dialysis and post-transplant patients by 56,000 miles per annum.

Responding to a Members question the Senior Manager reported that the Trust have not experienced any problems in recruiting to positions within the team. The service provides holistic support via a multi-disciplinary team, the teams will consist of occupational therapists, dieticians and dialysis technicians.

In response to a Member's question the Senior Manager reported that 70% of patients using the service are transported there using patient transport service and there would be no cost associated with the attendance at the Clinics.

The Clinical Director reported that the new unit will provide 20 chairs for renal dialysis, there will be a service level agreement that will specify the specific staffing required to appropriately support the service.

Responding to a Member's question the Clinical Director reported that the exact timeline for engagement is still to be agreed with the clinical commissioning groups.

It was agreed:

The Joint Health Overview and Scrutiny Committee:

1. Endorse the decision of the Rochdale and Bury governing bodies to support the development of a fully integrated kidney care service for Rochdale and Bury patients provided from a new state of the art facility in Heywood.
2. Support the proposed approach to local patient engagement and consultation.

Following the completion of the engagement and consultation an update report will be considered at a future meeting of the JHOSC for Pennine Acute.

15 CAPITAL REPORT FOR THE ROYAL OLDHAM HOSPITAL AND THE NORTH MANCHESTER GENERAL HOSPITAL

Members of the Joint Committee considered an update report in respect of the capital works being undertaken at the Royal Oldham and North Manchester General Hospital.

It was agreed:

Further update reports in respect of the capital works at Royal Oldham and the North Manchester General Hospital will be provided at future meetings of the Joint Committee.

16 URGENT BUSINESS

There was no urgent business reported.

**COUNCILLOR
Chair**

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