

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

Date of Meeting: 13 March 2018

Present: Councillor (in the Chair)
Councillors Kerrison, S Smith and R Walker

Also in attendance: Jack Sharp: Director of Strategy Salford Royal and Pennine Acute
Jo Purcell: Deputy Director North East Sector, Salford Royal and Pennine Acute
Dr Shona McCallum: Medical Director, Salford Royal Pennine Acute NHS Trust
Moneeza Iqbal: Clinical Service Strategy, Programme Director, Salford Royal and Pennine Acute NHS Trust
Dean Hambleton-Ayling: Associate Director of Workforce Salford Royal and Pennine Acute NHS Trust

Public Attendance: No members of the public were present at the meeting.

Apologies for Absence:Councillor Ali and Councillor Farrell

18 APOLOGIES FOR ABSENCE

19 DECLARATIONS OF INTEREST

There were no declarations of interest.

20 PUBLIC QUESTIONS

There were no public questions.

21 MINUTES

It was agreed:

That the minutes of the meetings held on 3rd October 2017 be approved as a correct record.

22 NES ACUTE SERVICE STRATEGY

Jack Sharp: Director of Strategy and Moneeza Iqbal: Clinical Service Strategy, Programme Director, Salford Royal and Pennine Acute NHS Trust attended the meeting to provide members with a further update in respect of the North East Sector Acute Service Strategy. An accompanying report had been circulated to elected members in advance of the meeting which contained information in respect of the following areas:

- Drivers and objectives for the NES Acute Service Strategy
- Impact of the Locality Plans

- Where we are up to?
- National guidance and learning
- What should our evaluation criteria be?

The Programme Director reported that the primary focus will be to improve the quality of care as well as, continuing to address the CQC findings, whilst at the same time delivering on Healthier Together reconfiguration.

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

In response to a Member's question, the Director of Strategy reported that recruitment continues to be a problem in the Trust. Vacancies exist across a range of disciplines and this is in part due to national shortages. The way staff work and how services are delivered will need to change.

The Programme Director reported that the strategy excludes North Manchester General Hospital, the Northern Care Alliance will continue to have responsibility for the hospital until the transaction is completed.

The Strategy will need to be consistent with the CCGs commissioning intentions in Bury, Rochdale and Oldham.

The Director of Strategy reported that work is underway in respect of communicating with the public with regards to the proposed changes, including the development of the northern care alliance, the disaggregation of NMGH as well as changes in each Borough in respect of the development of the Local Care Organisations.

Members discussed the evaluation criteria including which options are clinically sustainable; implementable; accessible; the right strategic fit and financially sustainable.

It was agreed:

1. Jack Sharp: Director of Strategy and Moneeza Iqbal: Clinical Service Strategy, Programme Director, Salford Royal and Pennine Acute be thanked for their attendance.
2. That members agreed that the evaluation measurable criteria for the North east sector strategy will be patient outcomes and access to care.

Jo Purcell, Deputy Director, North East Sector attended the meeting to provide Members with an update in respect of the recent re-inspection of the hospital and subsequent inspection report issued on the 1st March 2018.

The Deputy Director reported that significant improvements have been made across every hospital within the Trust since its last inspection in 2016 with 70% of the aspects of the services inspected now rated as either "Good" or "Outstanding".

There are now no longer any services across the Trust rated inadequate and the overall Trust rating is "requires improvement".

The CQC identified ten areas of notable outstanding practice and commended the Trust for the introduction and implementation of the nursing and accreditation system across all sites.

The ratings for each hospital and community service are as follows: NMGH, requires improvement; Royal Oldham, requires improvement; Fairfield General, Good; Rochdale Infirmary, Good; Community services, Good. The Trust was rated as Good for caring as well as being well lead.

Responding to a Member's question, the Medical Director reported that one of the biggest factors in improving the CQC Trust ratings was the transfer to a system of site management, with a Medical Director onsite.

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WINTER PRESSURES UPDATE

Dr Shona McCallum, Medical Director, Bury and Rochdale attended the meeting to present an overview of the winter pressures faced at Fairfield General Hospital, Bury. The presentation contained information in respect of the number of attendances, averaging over 200 a day and performance against the A&E four hour target.

Dr McCallum reported that a Bury System Leaders Forum has been established weekly, as well as 7 day working and speciality in-reach for Frail Elderly patients.

The Medical Director reported that the Trust had effectively prepared for potential pressures; all elective surgery for orthopaedics, Ear nose and throat had been cancelled thus enabled medical staff to provide additional support in A&E and on the wards.

Most services have been operational seven days a week in order to deal with the increase in patient traffic. The Medical Director reported that as a result of the effective planning put in place to tackle the winter pressures, NWAS diverted a greater number of ambulances to the Fairfield site.

In response to a Member's question, the Medical Director reported that the winter pressures experienced at the hospital were in part due to patients attending with long term and complex conditions coupled with a number of usually healthy, younger patients attending with severe flu symptoms.

The Medical Director reported that a number of patients required ventilation, additional beds were opened to accommodate this as well as an extra 52 ward beds.

It was agreed:

The Joint Committee's thanks be passed on to all the staff working across the Northern Care Alliance during this very difficult period.

25 STAFF UPDATE

Members of the Joint Committee considered an update report in respect of the ongoing staffing challenges within the Trust.

The report provide an overview of the numbers of staff in post, agency, sickness and staff turnover.

The Associate Director of Workforce reported that the current vacancy rates for Medical and dental staff and nursery and midwifery staff is 12.21% and 11.30% respectively. The Trust spent almost £38 million on agency staff in the last 12 months. The monthly staff sickness level is slightly above the national average.

In response to a Member's question, the Associate Director of Workforce reported that there is significant shortages in some specialisms including emergency medicine. This problem has been exacerbated by work visa changes at the Home Office (Doctors and Nurses are classed as a non-shortage area). This has prevented some doctors obtaining a visa, this has affected 44 Doctors across the Northern Care Alliance.

The Associate Director of Workforce reported that a primary focus for the Trust is retention and recruitment. As the Northern Care Alliance expands and becomes a single Trust, including Salford Royal this will create a number of career development opportunities within the organisation.

Responding to a Member's question, the Associate Director of Workforce reported that the Trust is currently reviewing its staffing skills mix. Trainee nurse assistants and physican associates who take less time to train could be able to assist in areas where recruitment is problematic.

In response to a Member's question, the Associate Director reported that resilience training is being developed to assist staff.

It was agreed:

1. Further update reports in respect of staffing will be presented at future meetings of the Joint Committee.

2. The Associate Director of Workforce would provide updated information in respect of the percentage spend as part of the overall budget that is agency spend.
3. As well as clarification with regards to the high levels of management spend at North Manchester General Hospital

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URGENT BUSINESS

**COUNCILLOR
Chair**

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