

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

**Date of Meeting:** 18 July 2019

**Present:** Councillor R Walker (Bury Council)  
Councillor S Smith (Bury Council)  
Councillor G McGill (Bury Council)  
Councillor L Hamblett (Oldham Council)  
Councillor R Surjan (Oldham MBC)  
Councillor N Briggs (Oldham Council)  
Councillor R Dutton (Rochdale Council)  
Councillor L Robinson (Rochdale Council)  
Councillor P Sullivan (Rochdale Council)

**Also in attendance:** Jon Rouse Chief Officer, Greater Manchester Health and Social Care Partnership  
O Khan Programme Director Salford Royal Foundation Trust  
S Gardner Deputy Programme Director, Single Hospital Services Programme, Manchester Foundation Trust  
V Morris Programme Manager  
K Southern  
Nicky Tamanis: Deputy Chief Finance Officer, Salford Royal and Pennine Acute  
Jo Purcell: Deputy Director North East Sector  
J Patel  
Shilpa

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

**Apologies for Absence:** There were no apologies for absence.

---

**1                   APPOINTMENT OF CHAIR AND VICE CHAIR**

1. That Councillor Linda Robinson (Rochdale Council) be appointed Chair of the Joint Health Overview and Scrutiny Committee for the Municipal year 2019/20.
2. That Councillor Stella Smith (Bury MBC) be appointed vice Chair of the Joint Health Overview and Scrutiny Committee for the Municipal year 2019/20.

**2                   APOLOGIES FOR ABSENCE**

There were no apologies for absence.

**3                   DECLARATIONS OF INTEREST**

There were no declarations of interest.

**4                   MINUTES**

**It was agreed:**

That the minutes of the meetings held on 23<sup>rd</sup> April 2019 be approved as a correct record.

## **5 PUBLIC QUESTIONS**

There were no public questions.

## **6 PENNINE ACUTE NHS TRANSACTIONS UPDATE**

Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership, Oz Khan, Programme Director Salford Royal Foundation Trust and Stephen Gardner, Deputy Programme Director, Single Hospital Services Programme, Manchester Foundation Trust, attended the meeting to update members on the work being undertaken to progress the Pennine Acute NHS Transaction. The presentation contained the following information:

- Details of the proposed plans for the PAT
- PAT Transaction Board
- Benefits for patients
- Next steps
- Stakeholder engagement

This Transaction is essential to support the future clinical, financial and workforce sustainability of acute hospital services in the North East sector and across Greater Manchester. The Deputy Programme Director reported that this transaction is about re-modelling health care across Greater Manchester and is an opportunity to strengthen how acute and community based services across these hospitals are delivered for patients, service users and staff.

The proposed plans will support and complement local integrated healthcare plans to meet the population health needs of local communities and wider local health plans to strengthen community support, deliver more care closer to home and maximise the use of the estate on the PAT footprint.

A PAT Transaction Board, independently chaired by GM HSCP, is overseeing the formal transactions and proposed changes in ownership. The PAT Transaction Board aims to complete the transactions and to formally split PAT by 31 March 2020, subject to rigorous due diligence, agreement of financial plans and approval of business cases.

Those present were given the opportunity to make comments and ask questions and the following points were raised:

Councillor Walker raised concerns that the name Salford Royal will be lost with the establishment of the new Northern Care Alliance.

Members sought assurances with regards to the transaction, the Chief Officer confirmed that any costs associated with the transaction would be met from transformation monies and not from existing health care budgets. Capital works will still need to be undertaken regardless of the transaction. The workforce have not raised any concerns with the transaction.

Responding to a member's question, the Chief Officer reported that Manchester no longer has a Level 1 centre to provide specialist surgery and care for congenital heart disease patients. This is the only service to be lost from Greater Manchester following devolution. The Deputy Programme Director reported that if the tertiary centres had been consolidated earlier the Trust may have been in a stronger position to retain these services.

The Chief Officer reported that this transaction will not impact the development of the locality commissioning organisations/integrated commissioning arrangements.

The transaction will provide the workforce with opportunities including greater certainty, career development and better facilities. For the patients too it is hoped the proposals will alleviate the variations in services, support and outcomes across Greater Manchester.

**It was agreed:**

The officers be thanked for their attendance.

**7 OPERATIONAL PLANS UPDATE ON THE YEAR 2018/19**

Vee Morris Programme Manager and Karen Southern attended the meeting to provide members with an update in respect of the Trust's Operational Plan. The presentation, circulated in advance of the meeting provided information in respect of the Trust's performance in the following areas:

- Attendance and four hour target within Urgent Care
- Reducing the Length of stay
- Elective care – referral to treatment
- Cancer Access

The presentation also included information with regards to the elective access and theatre transformation programmes and the single oversight framework.

Karen Southern (need job title) reported that over the last year Pennine, like the rest of the NHS has experienced increasing pressure and demand on services. In 2018-19 the Trust saw the highest ever number of patients attending its emergency departments - There were 394,473 patient attendances; an average of 1,081 per day or one patient every 80 seconds.

Members discussed the Cancer access target and in particular the failure of the Trust in 2018/19 to reach the initial two week target or the 62 day standard for treatment. The Programme Manager reported the Trust improved performance for the 2 week wait pathway passing the 93% national standard every month from February 2019, and has gradually improved against the 62 day standard during 2018-19. A Cancer Improvement Board is now in place at the Trust.

**It was agreed:**

The Pennine Acute NHS Trust will provide members with comparative data from the previous year in relation to the trust performance against the Cancer Access target.

## 8 BUDGET REPORT

Nicola Tamanis Deputy Chief Finance Officer attended the meeting to provide members with an updated financial plan, the presentation contained the following information:

- The provider sector deficit was £571m at year end
- 3.6% in year savings achieved
- £3.9bn capital invested - £400m more than allocated
- A&E Performance improved marginally despite increases in attendances – 4.3% increase at quarter 4
- 5.4% increase in emergency admissions
- 96,348 vacancies, a reduction overall but increases in nursing vacancies

The Deputy Chief Finance Officer reported that the financial requirements will include returning to financial balance; achieving cash-releasing productivity growth of at least 1.1%; reducing growth in demand for care through integration and prevention; reducing variation; and making better use of capital investment.

The Trust has a number of planned investments these will include, virtual outpatient appointments, digital first primary care innovations as well as improving the volume of elective treatment year on year.

The Trust still produces a statement of accounts separate to that of the SRFT. The required savings target is less for SRFT than it is for Pennine, this is in part due to a large proportion of their costs are as a results of drug spend.

## 9 RECRUITMENT AND RETENTION AND WORKFORCE UPDATE

S Lockett, HR Business Partner attended the meeting to provide and update in respect of recruitment, retention, agency spend and sickness rates across the Pennine Acute NHS Trust. The HR Business Partner reported that the workforce headcount is steadily growing but vacancy rates still remain problematic in some areas in particular women's and children's services and the division of medicine.

Agency spend continues to be a priority for the Trust and although still high, mechanisms have been put in place to address this.

The Trust has engaged in an international recruitment drive which has included approaching refugee charities and partnering with other Trusts to recruit internationally; this work has led to the successful recruitment of 27 FTE doctors. A similar approach has been taken to the recruitment of nurses. The Trust, like other Trusts in the country, continues to struggle to recruit to posts in A&E.

### **It was agreed:**

As this continues to be an area of concern for members of the Committee, a workforce update will remain a standing agenda item.

**10 NORTHERN CARE ALLIANCE IT STRATEGY**

J Patel, Deputy Chief Information Officer – provided members with an overview of work currently being undertaken to address IT infrastructure concerns within the Trust. The Deputy Chief Information Officer reported that a new infrastructure programme will focus on new servers, increasing data storage and back up capabilities; moving the GM radiology from the N3 network to the Health and Social Care Network and a wifi, full equipment refresh.

Work will be undertaken to replace cabling, switching and cabinets as well as the installation of a new telephony system. There will also be an upgrade of the computer operating systems to improve cyber security.

The Deputy Chief Information Officer Reported that this planned worked will allow for improved system performance and productivity with a faster and more reliable network to support remote working. As well as increased wireless capability. Recruitment to IT remains problematic, it is hoped that the changes to the Trust's IT infrastructure as well as much needed investment will help colleagues to work more collaboratively across the Northern Care Alliance and provide staff with more opportunities to digitise workflows.

Members expressed concerns in relation to the poor state of some of the IT infrastructure. The Deputy Chief Information Officer Reported that the Trust had undergone a number of staffing changes and acknowledged that there has been a lack of focus in relation to this matter in recent years. This has now been addressed, a ten year plan has been adopted as well as an increase in investment. The focus has changed within the organisation with an acknowledgment that digitalisation should be seen as an enabler and a means of retaining staff.

**11 A BRIEFING ON THE PENNINE CARE COMMUNITY SERVICES TRANSFER**

Jo Purcell, Director of Strategy reported that the Pennine Care community services staff had successfully transferred to the Northern Care Alliance on 1<sup>st</sup> July. A comprehensive welcome pack was shared with staff and a helpline was provided for any issues that emerge during the first weeks.

Service level agreements are still in place with PCFT for IMT and procurement and estates health informatics and bank arrangements. Risk share agreement and governance arrangements have been signed off.

The Director of Strategy reported that the local care organisation development will be primarily concerned with ensuring that the local systems to determine the right community service model is in place. The focus going forward will be less on transfer and more on transformation and delivering the locality plans.

Members discussed the future arrangements with regards to tendering and procurement of community services; the Director of Strategy reported that the Northern Care Alliance has been awarded the contract for two years, what will follow will be a further procurement exercise, the procurement process will be determined by the Commissioners.

**It was agreed:**

The Director of Strategy be thanked for her update.

**COUNCILLOR  
Chair**

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