

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

Date of Meeting: 8 October 2019

Present: Councillor L Robinson (Rochdale Council) - Chair
Councillor R Walker (Bury Council)
Councillor S Smith (Bury Council)
Councillor G McGill (Bury Council)
Councillor L Hamblett (Oldham Council)
Councillor R Dutton (Rochdale Council)
Councillor P Sullivan (Rochdale Council)

Also in attendance: N Remmington, Lead Cancer Manager
D Hambleton-Ayling, Associate Director Workforce
Nicky Tamanis, Deputy Chief Finance Officer, Salford Royal
and Pennine Acute
L Swanson, Group Associate Director Infection Control
J Downey, Director Corporate Nursing and Governance
A Talbot, head of Legal Services
S Wilson, Executive Lead Finance and Investment, GMHSC
S Neville, Director of Strategy and Development, Salford
Royal Foundation Trust
P Blythin, Executive Director of Workforce and Corporate
Business
L Webb, Democratic Services Officer

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

Apologies for Absence:Councillor N Briggs and Councillor R Surjan

1 APOLOGIES FOR ABSENCE

As above.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 PUBLIC QUESTIONS

There were no public questions.

4 MINUTES

Further to Minute PAT.19/20-07, Nicola Remmington provided the Committee with details of comparative data from the previous year in relation to Trust performance in respect of the Cancer Access target.

It was agreed:

1. That the minutes of the meetings held on 18th July 2019 be approved as a correct record.
2. That performance information in respect of the Cancer Access target be reported to this Committee later in the Municipal Year

5 STANDING AGENDA ITEM - FINANCIAL UPDATE (INCLUDING OUTSOURCING UPDATE)

Nicola Tamanis Deputy Chief Finance Officer attended the meeting to provide members with an updated financial plan. The presentation contained information on how commitments will be met from the resources available to meet the following 5 tests:

Test 1: plans will need to include financial recovery plans for individual organisations in deficit against specified deficit recovery trajectories

Test 2: actions to achieve cash releasing savings

Test 3: reduction of unwarranted variation

Test 4: moderate growth demand

Test 5: set out capital investment priorities for capital budgets being agreed through the forthcoming Spending Review

The presentation also set out details of key planning milestones and a long term plan timetable.

During discussion of the long term plan, Members sought assurances in respect of funding and resources. Councillor Smith highlighted the issue of variation of services and stressed the importance of not levelling down provision.

A further presentation was provided on the specific issue of outsourcing. Joe Lever, Procurement Director set out details of the following outsourced contracts:

- Legal Services
- Interpretation and British Sign Language
- MRI Scanning

It was reported that the driver for outsourcing is through demand, lack of capacity, skills, expertise or better value for money can be achieved. The decision making process around this is rigorous and reviewed through the appropriate Northern Care Alliance governance committees. Outsourced contracts are reviewed on an on-going basis to ensure value for money or whether a different model being more effective to support better patient care. This is evidenced through recent decisions where historical outsourced contracts are now being brought back in house due to changes in the market place and new skills being available to recruit the essential staff required.

In response to a question from the Chair concerning the monitoring of outsourced contracts, the Procurement Director stressed the importance of close contract

monitoring and referred to the regular supplier performance meetings which take place.

In response to a question from Councillor Walker concerning the new centralised procurement arrangements, the procurement Director explained that specialist procurement organisations would be brought in to co-ordinate local and national procurement contracts.

It was agreed:

The officers be thanked for their attendance and an update be provided to the February meeting of this Committee.

6 STANDING ITEM - RECRUITMENT AND RETENTION UPDATE

Dean Hambleton-Ayling, Associate Director of Workforce, gave a presentation setting out detailed statistics in respect of staff sickness and turnover levels.

Members of the Committee discussed the statistical information and queried the main causes of staff turnover and the steps being taken to improve sickness levels and turnover. The Associate Director of Workforce explained that the main causes of staff turnover related to departures due to transactions, work-life balance and stress. In terms of steps to address these issues, reference was made to the Northern Care Alliances Health and Wellbeing Strategy which is a people plan to increase initiatives on staff satisfaction and staff experience.

During discussion of the current activities within the plan, Members of the Committee acknowledged and welcomed the ambitious targets in respect of training Mental Health First Aiders across all sites by 2020. In relation to stress levels of staff, Councillor Sullivan raised the issue of staff parking and the wider issue of residents parking areas close to hospital sites.

It was agreed:

That the presentation be noted, with a further update to be provided early in 2020.

7 UPDATES ON STATISTICS

Linda Swanson, Group Associate Infection Control submitted a report setting out statistical information in respect of Healthcare Acquired Infections.

The externally set objective for reduction for Clostridium difficile infections (CDI) cases across Pennine Acute Trust (PAT) for 2019/20 is no more than 103 reportable cases

The CDI attribution process has changed and cases will be assigned to the acute trust if Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA).

The externally set objective for MRSA bacteraemia remains as a zero tolerance objective.

In addition to external infection objectives the Trust continues to support the reduction of other alert organisms with internal improvement and reduction objectives.

To date there have been 53 cases of CDI, 30 HOHA and 23 COHA. To date 37 of these cases have been reviewed and 6 of these cases have been deemed avoidable, with learning identified.

It was reported that to date there have been 0 cases of MRSA Bacteraemia. QI methodology is used to identify improvements required, perform tests of change and implement successful initiatives

In response to a question from Councillor Dutton concerning the relatively high rate of CDI cases at the Christie it was explained that this could be attributed to the fact that patients at that hospital will have weakened immune systems which can pre-dispose them to the infection.

It was agreed:

1. That Pennine Acute be congratulated on achieving a nil return in respect of MRSA.
2. That a further update be provided early in 2020.

8

LEARNING FROM DEATHS QUARTERLY REPORT

Alison Talbot, Head of Legal Services, submitted a report from the Northern Care Alliance (NCA) scheduled Group 'Learning from Deaths' in compliance with National Guidance requirements. The report provided:

- The Q4 report for 2018/19;
- A dashboard report for awareness and scrutiny in line with National Guidance and the required National Reporting Criteria; and
- Details of how Salford Care Organisation and the North East Sector (NES) Care Organisations systematically review and learn from deaths.

It was reported that In Q4 85% of Structured Judgement Reviews (SJR's) have been completed across the NCA. The focus for Q4 2018/19 for the NES Care Organisations was;

- (1) improve learning outputs by using data and business intelligence , and;
- (2) switching to the Datix Mortality Module to streamline current systems.

The Head of Legal Services explained that business intelligence had been shared with the NES Care Organisation Mortality Oversight Groups to assist with the development of a bespoke mortality Learning from Deaths Agenda and mortality improvement strategy.

SJR's have been completed electronically in Q4 2018/19 using the Datix Mortality Module. This Module has assisted with quality improvement controls on the quality of SJR's and will assist with audits of the governance models at each Care Organisation with evidence of the process from Structured Judgement Review; Mortality and Morbidity Meetings, and; Care Organisation Mortality Overview Groups.

The roll out of the Datix mortality module has caused a delay to completion of the SJR's as additional training and demos were required for staff trained in Structured Judgement Review methodology across the NES Care Organisations. As a result of the delay in completion, the embedded evidence of the governance model and embedded learning for Q4 2018/19 will be available in Q1 2019/20.

The NCA continues to increase the uptake of trained SJR reviewers across the multi-disciplinary team by offering training sessions across all sites. It was reported that the number of Consultants, Nurses and Allied Health Professional trained in SJR case records review methodology has increased at the NCA to 133.

During discussion of this item, the Chair highlighted the increase in cases of sepsis. It was explained that the NCA have a targeted focus group to look at sepsis mortality.

In response to a query from Councillor Walker, it was explained that maternity related deaths were dealt with in a separate report.

It was agreed:

1. That future reports avoid the use of acronyms.
2. That a specific report on sepsis mortality be submitted to a future meeting of this Committee.
3. That a specific report on maternity related mortality be submitted to a future meeting of this Committee.

9 NORTH MANCHESTER TRANSACTION UPDATE

Steve Wilson, Executive Lead Finance and Investment, GMHSC 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 benefits to Staff and Patients
- Prime Ministerial Visit and North Manchester General Hospital Announcement

- Development of the Pennine Estate
- Capital Funding
- Stakeholder engagement

It was reported that 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 re-modelling of 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.

During discussion of this item, members of the Committee commented on the length of time the process had taken and highlighted the fact that representatives from Manchester had not taken up seats on this committee as a result of planned re-organisation which had yet to happen.

It was agreed:

That this issue be a standing agenda item for future meetings of this Committee.

**COUNCILLOR
Chair**

(Note: The meeting started at 10.30 am and ended at 12.55 pm)