

## 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:** Councillor Linda Robinson, Councillor Patricia Sullivan,  
Councillor Raymond Dutton, Councillor Ashley Dearnley,  
Councillor Susan Smith, Councillor Norman Briggs, Councillor Ruji  
Srjan, Councillor Louie Hamblett, Councillor Dorothy Gunther,  
Councillor Stella Smith and Councillor Gavin McGill

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, 30 June 2020
<b>Place:</b>	<a href="#">Join Microsoft Teams Meeting</a>
<b>Time:</b>	10.00 am
<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**

### **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 MINUTES OF THE LAST MEETING** *(Pages 1 - 4)*

Minutes from the 23<sup>rd</sup> January 2020 are attached for approval.

### **5 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.

### **6 COVID-19 RESPONSE AND RECOVERY**

**SIMON FEATHERSTONE, CHIEF OFFICER, BURY CARE ORGANISATION TO REPORT. PRESENTATION ATTACHED.**

### **7 WORK PROGRAMME**

Simon Featherstone Chief Officer at Bury Care Organisation to provide a verbal update at the meeting.

### **8 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:** Thursday the 23<sup>rd</sup> January 2020 at 2.30pm

**Present:**

Councillor R Walker (Bury Council)  
Councillor N Briggs (Oldham MBC)  
Councillor G McGill (Bury Council)  
L Hamblett (Oldham MBC)  
L Robinson (Rochdale MBC)  
R Surjan (Oldham MBC)

**1. APOLOGIES FOR ABSENCE**

Apologies of absence were submitted by:-

Councillor R. Dutton (Rochdale MBC), Councillor S. Smith (Bury Council) and Councillor P. Sullivan (Rochdale MBC).

**2. DECLARATIONS OF INTEREST**

Members of the Joint Committee were asked to consider whether they had an interest in any of the matters on the agenda and, if so, to formally declare that interest.

There were no declarations of interest reported.

**3. PUBLIC QUESTIONS**

Members of the public present at the meeting were invited to ask questions on any matter relating to the work or performance of the Pennine Acute NHS Trust. A period of up to 30 minutes was set aside for public questions.

There were no public questions submitted at the meeting.

**4. MINUTES**

The Minutes of the meeting held on the 8th October 2019 were attached to the agenda.

**It was agreed:**

**That the minutes of the meetings held on 8<sup>th</sup> October 2019 be approved as a correct record.**

## **5. MATTERS ARISING**

Councillor Walker asked about recruitment and retention issues and the need for this item to come back to a future committee. It was advised that this could be included on the agenda every six months.

## **6. EXCLUSION OF PRESS AND PUBLIC**

To consider passing the appropriate resolution under Section 100 (A)(4), Schedule 12(A) of the Local Government Act 1972, that the press and public be excluded from the meeting for the reason that the following business involves the disclosure of exempt information as detailed against the item.

## **7. PENNINE ACUTE NHS TRUST TRANSACTION UPDATE**

Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership delivered a presentation on the PAT Transactions Programme update.

He provided a brief overview of the programme, which included:-

- Interim arrangements agreed
- Who is overseeing the processes
- Timescales and longer term plans
- Service alignment and engaging with staff
- Management arrangements for NMGH as part of MFT
- Future Capital investment

### **It was agreed:**

That the presentation be noted.

## **8. CLINICAL NEGLIGENCE UPDATE**

Paul Downes, Director of Patient Safety provided a report to the meeting presented by Alison Talbot.

There was a pattern that claims were decreasing in line with national data although damages paid out were increasing. In summary patient safety was improving with harms continuing to come down.

Any claims are looked at for future learning and a question was asked if a breakdown of claims could be provided per hospital, from which department and the reasons.

Councillor McGill commented that an increase in damages paid was probably due to more a more open reporting culture.

Councillor Walker added if higher payments were being made was this due to better legal support for claimants. Changes in the law such as no win no fee could also be factored in.

Councillor Briggs asked about a breakdown in legal figures and information on solicitors fees and questioned if the insurances would rise.

Councillor Walker requested that the above information be provided before the next meeting.

Councillor Hamblett reported on the lack of beds in Oldham and there was a long wait of 12 hours for A&E admissions.

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Jon Rouse stated that the winter was very difficult across A&E with a rise in attendances.

Oldham was good for discharge rates and there were no large number of unwarranted delays.

Jon Rouse would compile a specific report on the above topic and what could happen next under differing circumstances.

Councillor Hamblett passed on her thanks to NHS staff who were doing a great job during this difficult and busy time of the year.

John Rouse reaffirmed a commitment to the long term future of all four hospital sites although they required significant capital investment. NMGH required a rebuild for a large part of the site although this must not be at the expense of the other hospital estates.

Current management arrangements were discussed as a new Chief Executive recently started with further contract agreements to start in April 2020.

A bid application has been made under 'Healthier Together' and the result of this would be announced in March.

A number of questions were then asked by Committee Members.

- When would funding be available for each hospital.
- Could an update be provided on management contracts.
- Is Brexit impacting upon recruitment and retention.
- Was any work being undertaken on bus services to the different hospital sites.

The entrance to NMGH was modern looking with good signage on the corridors although the café was too small and it was a long distance from your starting point at the site to the operation theatres.

It was unknown when the Government would be allocating funding but a starting point would be the spending review.

The emerging picture from NMGH was for it to be a health campus with other uses on the site although this was still very much work in progress.

Salford had extended their contract until the 31<sup>st</sup> March and two new contracts would be in place by the 1<sup>st</sup> April.

There seemed to be no impact by Brexit and vacancy rates had reduced.

Dialogue with transport providers was on going and this would be included in capital planning.

A climate emergency care plan was being worked on closely with the GMCA.

*Councillor Briggs left the meeting at this point, 3.30pm.*

Hospital designs have changed significantly since they were first built 150 years ago.

A discussion on heart clinics took place and would Greater Manchester have one. It was explained that this service was commissioned regionally and not locally as there were services provided in Liverpool and Sheffield.

Councillors expressed their thanks for the update and presentation of information.

**It was agreed:**

1. That Alison Talbot provide an update on claims.
2. That 'Outsourcing Resources' be a standard agenda item.

## **9. URGENT BUSINESS**

There was no business considered as a matter of urgency.

## **10. DATE OF NEXT MEETING**

The date and time of the next meeting was confirmed as Tuesday the 31st March 2020 at 10.30am in Bury Town Hall.

Chair Councillor L. Robinson

(Note: The meeting started at 2.00pm and ended with the time not specified.)

# Northern Care Alliance Covid 19 Response & Recovery

## PAT JHOSC Update

**Simon Featherstone**  
Chief Officer, Bury Care Organisation  
NCA NHS Group  
June 30 2020

# COVID-19 Response

## Context

- As your lead provider of acute and community care, this update provides you with an overview of the work that has been, and continues to be delivered during the pandemic.
- It outlines some of the key areas our teams have been focused on since the start of the outbreak to ensure that our staff and patients remain safe, and in moving towards a new normal, experience minimal disruption to services and that our staff are able to deliver safe, effective care.
- The NCA brings together Salford Royal (SRFT) and Pennine Acute (PAT) Trusts, operating hospitals and community healthcare services in Salford, Oldham, Bury and Rochdale. Since the start of the pandemic we have been operating our Executive Gold and Silver level command and control structure across our hospitals to ensure we are responding to the needs of our staff, our services, and the patients and local communities we serve.
- The North Manchester site is now managed by Manchester Foundation Trust (since April 2020) and is monitored by the recently established Pennine Acute Board until the final transactions are enacted.

# COVID-19 Response

**As the pandemic unfolded a number of changes were enacted very quickly...**

- Gold command established across NCA and across GM
- Expansion in critical care beds to support the sickest patients/cross NCA support
- Discharge of patients from hospital settings – a great response from integrated care teams across Bury, Rochdale, Salford and Oldham
- Successful and sustained procurement of PPE
- NHS staff returned to work at NCA
- Many volunteers recruited
- Donations of gifts received from many local and national organisations and distributed to staff
- Amazing staff response and commitment
- Clinical Advisory Group established that oversaw implementation of new clinical guidelines safely
- Some service moves required to keep patients safe from COVID-19
- National contract with Independent Sector supported capacity (Highfield, Oaklands, Spire and The Alexandra)

# COVID-19 Response

## Capacity and services

- Nationally, the NHS was asked to postpone all non-urgent elective operations from April 15 for a period of at least three months.
- March - started to free up bed capacity to care for the sickest COVID-19 patients and expand our critical care capacity.
- All non-urgent, non-cancer elective surgery was postponed.
- Outpatient appointments were reviewed with a view to convert these appointments, where safe, to telephone or virtual methods.
- To ensure an optimal number of beds the NCA has worked to ensure that all patients who can be supported out of hospital are discharged from wards. This will in turn reduce a patient's risk of contracting COVID-19, keeping people safe.

# COVID-19 Response

## Capacity and services

- Significant critical care expansion took place on the Fairfield General Hospital site, and we moved some of our urgent ear, nose and throat surgery off site with paediatrics moved to Royal Oldham Hospital and adults to Rochdale Infirmary.
- Critical care capacity was also expanded at The Royal Oldham Hospital and Salford Royal Hospital as part of GM system plans.
- Our Rochdale Infirmary site has been temporarily reconfigured as a cold surgical site for cancer and emergency surgery, taking patients from across Greater Manchester.
- Any changes which have been implemented have been made to ensure patient safety, continuity of delivery and the protection of vulnerable patients. We will continue to keep you aware of any further changes

# COVID-19 Response

## Women & Children's Care

- During this period the NCA continues to offer a range of choices and services for women due to give birth, in hospital, community and home settings. We understand that women in this situation are worried about what Coronavirus means for them and their baby, and we are doing all we can to keep them safe.
- We are continuing to offer antenatal appointments with telephone and face to face appointments, ensuring the appropriate checks and prevention advice is in place. Growth scans continue to be offered, and obstetrician appointments will still be made available where needed.
- Our childrens' services also continue to operate, with inpatients at The Royal Oldham and Salford Royal delivering care to patients, and our children's community nursing teams continuing to offer their services to families who need care and support during this time.

# COVID-19 Response

## Testing

- Over 11,000 staff and household members across our workforce for COVID-19. Colleagues at our labs in Salford and Oldham continue to work hard to ensure a quick turnaround so that staff get their results and can return to work quickly where possible.
- Our nursing, admin and colleagues from our clinical audit teams have been supporting staff with their results and what that means for them and their households.
- Swab testing allows us to understand who currently has the virus so that plans can be actioned to appropriately treat our patients and support staff.

## Antibody Testing

- National Antibody testing programme launched to provide information on the prevalence of COVID-19 and help better understand how the disease spreads.
- NCA testing cell has produced a testing strategy and commenced our antibody testing programme for both patients and staff. This will work alongside PCR swab testing which confirms whether or not someone currently has the virus.

# COVID-19 Response

## Antibody Testing

- COVID-19 antibody testing for patients rolled out on 1 June 2020. This is available for our clinicians to use in their routine management of patients as appropriate. Once test results are available clinicians will inform the patient and that a positive test does not indicate immunity to COVID-19.
- Antibody tests for all of our Care Organisations are being processed through our Biochemistry department at The Royal Oldham Hospital, initially. Testing will also be introduced at Salford Royal laboratory soon. The turnaround times for antibody testing are approx. 24 hours from receipt of the sample.
- 9 June staff antibody testing programme rolled out, with test available to all staff. Two separate booking lines set up for staff (NES and Salford). The testing clinics are run by our own staff and clinics are taking place at all of our Care Organisations.

# COVID-19 Response

## PPE and Face Masks

- We continue to focus on the supply and use of PPE in line with Public Health England and WHO guidelines, which make clear what kit is required in which situations.
- We regularly update our staff on changes, improvements and recommendations via our dedicated PPE area of the intranet and through regular Covid briefings.
- This is an area where we continue to excel and that we will continue to work tirelessly to make sure that we source the right type and quantity of PPE to keep our patients and staff protected.
- From 9 June all staff, patient, external suppliers and visitors have been provided with reusable social level face masks to be worn in the indoor public areas of our buildings. This includes any non-clinical areas on our hospital sites and community buildings, and on corridors, public staircases, in on-site shopping and restaurant facilities.

# COVID-19 Response

## Infection Prevention and Control – Safe, Secure, Here for You

- Implemented a range of new, stringent bio security and infection control measures designed to help keep infection rates down.
- Separate entrance points for our patients, visitors and staff at all of our hospitals, manned by security, to make sure both groups are protected from potential exposure to COVID-19. Smaller entrances on hospital sites locked down, all staff to produce ID on entry.
- Some staff will be asked to wear the level of PPE recommended for their role, before entering any of our clinical areas.
- Signage informing staff, patients and visitors of these new measures has been rolled out at all of our hospital sites, as well as a public facing campaign to inform local communities of the changes and support them in adhering to the new guidelines.
- Key part of our stabilisation strategy, enabling us to build out from this strong foundation to develop a safer, even more secure offer to patients, staff and families.

# COVID-19 Recovery

## Recovery and Learning:

Some new good practice has emerged throughout the pandemic

- Cross site working (eg critical care, cancer)
- Integrated care systems really stepped up and took pressure of acute system, in particular primary care hubs, end of life pathways
- Virtual hospital where specialist clinicians worked with primary care and MDTs to support people at home and in care homes
- GM mutual aid support (for PPE, etc)
- Use of digital technology to reduce need for outpatient attendances
- Clinical engagement key to safe delivery
- Sharing of lessons learned from localities

# COVID-19 Recovery

## Recovery – Key areas of Focus

- § Home First - people should receive care in home and only go to hospital when they need to
- § No Overcrowding – reduced face to face consultations, bookable A&E appointments
- § Social Distancing is followed – masks worn by all staff
- § Zoning is set and followed – designated areas for care – COVID and non COVID
- § Priority for treatment will be by clinical urgency
- § Will work to ensure resource is where the need is (including supporting home first)
- § We will reduce staff exposure as far as possible
- § We will continue to deliver our testing strategy to ensure optimum use of resource
- § We will optimise Infection Prevention and Control standards

# COVID-19 Recovery

## Recovery – Key areas of Focus

- Waiting lists have increased and nationally we are focussing on priority patients – clinicians continuing reviewing lists
- Some patients are opting not to have treatment at this time
- Capacity will reduce due to IPC guidance (cleaning between patients, donning and doffing)
- More people working from home – currently being reviewed through our SPACE programme
- GM Gold will remain in place during 2020/21 to ensure GM health and care system can respond to patients
- Zoning will mean more consolidated service provision/patients may have to travel
- Continue to use the Independent Sector to reduce waiting lists
- Further understand and define new models of care for non-Covid patients and vulnerable groups
- Understanding virtual/digital offers in localities to support admission avoidance and safe discharge

*Saving lives,  
Improving lives*

# COVID-19 Recovery

**NHS**  
Northern Care Alliance  
NHS Group

Thank you  
Questions