

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

Date of Meeting: 15 September 2020

Present: Councillor L Robinson (in the Chair)
Councillors G McGill and S Smith, Councillor Raymond Dutton, Councillor Ashley Dearnley, Councillor Norman Briggs, Councillor Ruji Srjan and Councillor Louie Hamblett.

Also in attendance: Dan Smith, Head of Service for Greater Manchester, Pat Crowley,
Chief Executive Pennine Acute Trust,
Gavin Barclay, Director of Transaction,
Steve Taylor, Chief Officer for Bury and Rochdale Care Organisation and Chief Officer of Rochdale OCO
Zeph Curwen, Divisional Managing Director

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

Apologies for Absence: Councillor D Gunther and Councillor P Sullivan

1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2 MINUTES OF THE LAST MEETING

The minutes of the meetings held on 30th June 2020 were approved as a correct record.

3 PUBLIC QUESTIONS

There were no public questions submitted at the meeting.

4 AMBULANCE SERVICE UPDATE

Dan Smith, Head of Service for Greater Manchester provided an update on the North West Ambulance Service with particular focus on the impacts from COVID-19 to service delivery and changes.

Three Ambulance Stations cover the Greater Manchester area, however due to the nature of the service the ambulances are not ring fenced and will respond to incidents depending on who is the nearest to the incident area.

When the outbreak first caused considerable health issues to people within the United Kingdom in around March 2020, the ambulance service found unprecedented 999 and 111 calls. The usual average in a year would be around 3000 calls to 999 and this increased to 5000 along with 111 call figures trebling the usual amount to 9000 in a day.

The Ambulance Services was then tasked with reducing hospital admissions where possible through getting patients to the safest care provider for them. Staffing absence and issues effected the service the same as other company's and this was a period of higher sickness absence due to COVID-19.

400 Clinicians were recruited along with 80 front line emergencies ambulances through utilising PTS Vehicles as many outpatient clinics were closed down. Trained PTS staff to work on the emergency vehicles along with paramedic training students being deployed into other needed roles.

Nationally the process changed for 999 call handling so all calls were screened for COVID-19 to ensure appropriate care was provided. Calls were passed to alternative providers if urgent and emergency care was not required for them along with increasing the clinical leadership as many volunteers stepped forward to help the service due to being on furlough or not working at that time.

Swabbing stations were set up for staff swabbing to ensure quick turn around and mitigate staff loss through absence. New sickness management procedures were introduced to support staff to manage absence in the workplace where possible.

Cleaning of vehicles for infection prevention was increased and improved from good practice from Italy. The turnaround of vehicle was increased and incredibly successful and is still being utilised today. Sarah Jayne, was in charge of Personal Protective Equipment for Greater Manchester and whilst media discussed a lack of PPE it was not the case for Greater Manchester and the North West Ambulance Service.

Discussions took place regarding the new testing procedures announced by the Government and how it may affect the NWS if NHS cannot gain preferential access to testing facilities. It is right that constraints need to be in place to ensure those in urgent need are tested.

Cleaning costs can be maintained as long as there is seen as a heightened benefit as the cost benefit is currently managed due to the need to sustain this facility.

Whilst GP's now regularly conduct virtual consultations there has not been a direct correlation between this and demand on the North West Ambulance Service. Most patients who called 999 over the period of March to September did require the Ambulance Service.

Accommodation was provided through hotels to certain staff members who required this and this is still ongoing whilst this is not used much now as shielding arrangements have reduced. This service was often provided for free by hotels to support NHS workers to maintain in work.

It was agreed:

1. Dan Smith be thanked for his update
2. To record a vote of thanks to all the ambulance service on behalf of the Chair, Councillor Robinson and the Committee.
3. To recirculate the slides Dan provided within the agenda pack.

4. To receive an update in the future from Dan Smith on the Ambulance Service.

5 PENNINE ACUTE TRUST - TRANSACTION PROGRAMME UPDATE

Pat Crowley, Chief Executive Pennine Acute Trust, provided an overview of the Transaction Programme along with the support of Gavin Barclay, Director of Transaction.

They are currently in the process of disaggregating Pennine Trust Services and planning to complete the acquisition of Royal Oldham, Fairfield General Rochdale Infirmary by Salford Royal and North Manchester by Manchester Foundation Trust by the 01st April 2021 at which point the Pennine Trust will be formally dissolved.

On the 01st April all staff will transfer to their new employer be that Manchester Foundation Trust (MFT) or Salford Royal Foundation Trust (SRFT). Clinical Services will remain 'as is' and patients will still attend existing services in existing locations.

Following the presentation Pat Crowley, Chief Executive Pennine Acute Trust invited questions from the Committee.

Every clinical and corporate service has been assigned to a model. Model 1 is wholly resident in one hospital, model 2a a service managed by MFT and delivered across Pennine footprint, model 2b a service managed by SRFT and delivered across Pennine footprint or model 3 delivered across multiple sites. There is an indicative model for the services but currently there is a process of engaging with services to understand the best model.

It was agreed:

1. Pat Crowley, Chief Executive Pennine Acute Trust and Gavin Barclay, Director of Transaction be thanked for their update
2. For Pat Crowley and Gavin Barclay to provide a written response to the Chair's question regarding the privatisation of outside services, in particular the Patients appointment system
3. To remain a regular item until the transaction process in 2021

6 URGENT CARE UPDATE

Steve Taylor, Chief Officer for Bury and Rochdale Care Organisation and Chief Officer of Rochdale OCO supported by Zeph Curwen, Divisional Managing Director provided an update on Urgent and Emergency Care.

Manchester Triage Tools has been taken on by clinicians across Greater Manchester to direct the public to the most appropriate service.

Questions were then invited from Committee Members. Discussions took place regarding location of Hospitals and transport issues.

It was agreed:

1. Steve Taylor and Zeph Curwen be thanked for the update.

7 COVID 19 - UPDATE ON SITUATION IN PENNINE ACUTE HOSPITALS

Steve Taylor, Chief Officer for Bury and Rochdale Care Organisation and Chief Officer of Rochdale OCO provided an update on COVID-19. The infection rate is increasing and is now reflected in hospitals. The rate of patients testing positive for COVID-19 on the 14th September was as follows:

Patients in Intensive Care: 1 Bury 4 Oldham 2 North Manchester

Patients in general Beds across the System: 4 Bury, 12 Oldham, 11 North Manchester and 9 Infectious Disease Unit.

Nursing Homes – Rochdale 6 Homes are closed to admissions as 9 patients and 11 Staff are effected by COVID-19.

Following the update, Steve Taylor invited questions from the committee. The committee discussed how protection can protect care in the community services to carry out their roles safely along with regular staff testing.

It was agreed:

1. Steve Taylor be thanked for his update
2. This to remain a standard item going forward.

8 URGENT BUSINESS

None.

**COUNCILLOR
Chair**

(Note: The meeting started at 10.00 am and ended at 12.01 pm)