

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

Date of Meeting: 6 September 2021

Present: Councillor L Robinson(in the Chair)
Councillors Hamblett, P Sullivan

**Also in
attendance:**

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

Apologies for Absence:Councillors R Brown, A Cosgrove and R Dutton

1 APPOINTMENT OF CHAIR

It was agreed:

That Councillor Linda Robinson be confirmed as Chair to the Joint Health Overview and Scrutiny Committee for the 2021/2022 Municipal Year.

2 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

3 PUBLIC QUESTIONS

There were no members of the public present to ask questions at the meeting.

4 PENNINE ACUTE TRANSACTION

Patrick Crowley, Chief Executive, Pennine Acute Trust gave a presentation updating the Committee on the progress made in relation to the Formal Transaction of Pennine Acute Trust.

It was reported that phase 1 of the Transaction had been completed on 1 April 2021 when services had been disaggregated as planned and Manchester University NHS Foundation Trust (MFT) had acquired North Manchester General Hospital by commercial transfer.

Phase 2 of the transaction which was the legal aspect was due to be completed on 1 October 2021 with the transfer of Oldham, Rochdale and Bury Care Organisations to Salford Royal NHS Foundation Trust (known as the Northern Care Alliance).

Pennine Acute NHS Trust would be dissolved.

It was explained that the Transactions are being delivered in order to:

- Help support and complement local integrated healthcare plans
- To better meet the population health needs of local communities
- Strengthen community support
- Deliver more care closer to home

- Maximise the use of estates on the PAT footprint
- Support acute hospital services
- Strengthen the delivery of both acute and community based services

This will see:

- Improved population health
- Improved patient experience
- Improved quality of care
- Improved finances
- Improved staff experience
- Improved education and training
- Improved operational performance

The actions required to conclude the Transaction were reported as:-

- Formal consideration by NHS Improvement on 14 September
- Formal approval by Salford Royal Trust Board and Council of Governors
- Formal approval by MFT Trust Board
- Formal approval by Pennine Acute Trust Board
- Signature of the Transfer and Dissolution Orders by the Secretary of State
- Transfer letters issued to staff

It was explained that the Transaction was being implemented on an "as is" basis – no changes to services on Day 1.

The transactions were undertaken because Pennine Acute was seen as unsustainable. Therefore, it has always been understood that post transaction the successor Trusts (MFT and NCA) will seek to reconfigure some services, drawing on the strength of their wider organisations.

Existing service provision is currently being maintained through service level agreements between MFT and SRFT with plans to gradually exit from many of these service level agreements, which will require further disaggregation of former Pennine Acute services, are being developed by the end of September.

It was explained that in many cases, disaggregation will relate to each organisation providing the full existing service themselves rather than relying on support through an SLA from the other Trust.

In some cases there may be a change to patient flow to other sites for some procedures but any changes to patient flows will be the subject of discussion with commissioners.

Where wider stakeholder consultation and engagement is required, this will be undertaken, including with the Health Overview and Scrutiny Committee(s) and Healthwatch.

It was explained that this Joint Health O & S Committee was originally established to scrutinise "Heathy Futures" and "Making it Better" in the early 2000s.

The Committee originally covered Bury, Oldham, Rochdale and Manchester councils. In last few years the Manchester HOSC has taken an overview of NMGH.

Dissolution of Pennine Acute presents the opportunity for the Committee to consider options for the future – three potential options being: maintain overview of Bury, Oldham and Rochdale services; seek to establish a new committee with Salford to mirror the new NCA footprint; dis-establish the Committee and hand back responsibility to individual boroughs.

Pennine Acute, being dissolved, has no view on what future arrangements might be, but is keen to ensure that the matter is considered to ensure continued effective overview and scrutiny of former Pennine services.

It was agreed:

1. That Pat be thanked for his presentation.
2. That the contents of the report be noted.

5 ELECTIVE CARE RECOVERY PROGRAMME

Penny Martin Director of Operations at Bury Care Organisation gave an update on the work being done in relation to the Elective Recovery Programme.

It was explained that there was a lot of work ongoing in relation to recovery.

It was explained that the terms Elective Recovery and Transformation were being used together and the service was in the process of recovering and transforming to ensure that it came back better.

It was aimed that the Constitutional standards would be delivered back to where they were by 2025 through redesign and co-production.

The following areas were highlighted:-

Redesign of Pathways – working with patients in this area in particular advice and guidance. Also the establishment of the PIFU – Patient Initiated Follow Up

Green Sites/Hubs had been established which were to protect surgical services from Covid – supporting the recovery agenda for the whole of GM.

Community diagnostic hubs - Rapid Diagnostics Centres for cancer recovery. These were well established.

The need to ensure that patients who are waiting are 'waiting well'. This was explained as clinically prioritising patients and providing them with Waiting Well packages. These provided support around self help and what the patient could do to help themselves.

Being well – promoting good health and living well which also included preparing well before procedure and recovering well following one.

Clinical services were being carried out over 6 and 7 days rather than the traditional 5 to help support recovery. This did come with challenges but these were being dealt with.

The Theatre Excellence Programme had been established to offer surgical theatres more support to help them work across the 7 days as efficiently as possible.

Work was being carried out in relation to Standardisation in relation to booking services becoming more user friendly and patient-led and by using digital technology to deliver this service in a different way.

Work to engage with patients, staff and partners was being carried out to make sure that services were transformed as they recovered. It was explained that services were provided differently, quickly when the Covid 19 pandemic first hit and there were ways of working that were established which could be utilised going forward and lessons that were learned.

It was agreed:

That an update presentation would be brought to a future meeting of the Committee.

6 COVID UPDATE

Penny Martin, Director of Performance presented a performance update from the Northern Care Alliance in relation to Covid 19.

The timelines in relation to COVID-19 were set out from March 2020 to date.

The Northern Care Alliance were designated as lead provider to run the GM Vaccination Centre at the Etihad Campus and across GM. The teams have vaccinated over 314,000 people to date and also vaccinated many thousands of people at the hospital vaccine hubs in Salford, Oldham, Bury and Rochdale.

In total they have provided over 500,000 vaccinations.

The Number of COVID-19 vaccinations we have given in total (led by the NCA) were reported as :-

- 491,772 • Salford Care Org –54,628
- Oldham Care Org –70,118
- Bury Care Org –18,971
- Rochdale Care Org –32,337
- Etihad GM vaccination Hub -314,210

The Covid19 data in relation to the Northern Care Alliance was reported as:-

Covid Patients: • Since March 2020 across NCA the NCA have successfully treated and discharged 5,942 COVID patients safely back to their homes, many of whom were severely ill

The total number of Covid patients discharged from the NCA hospitals was:-

- Salford -1,973
- Oldham -1,839
- Bury -1,272
- Rochdale -149

It was reported that the following number of urgent operations (non Covid patients) had been carried out:-

- Rochdale Infirmary remodelled in April 2020 as a COVID-19 green surgical site so patients across GM requiring urgent & cancer-related operations can receive life-saving treatment
- More than 8,000 urgent (P2) and cancer related operations safely carried out at Rochdale

Maternity Care –babies born

- Visiting partners within maternity has been reduced at Royal Oldham since March 2020
- 7,436 babies have been safely born in NCA hospitals since start of pandemic

Covid19 – current NCA data

- During pandemic the NCA have been able to continue to provide essential/urgent services
- Much of diagnostics and urgent care services have been maintained
- The pandemic has tested resilience, capacity and resolve and new ways of working have been adopted.
- There has been an increased use of technology such as virtual wards and online clinics
- The NCA continue to treat a significant number of patients with Covid19 across its hospitals

The numbers of COVID-19 patients currently have in NCA hospitals as of 02/09/21 was reported at 133

Total patients currently in NCA hospital beds as of 02/09/21 was reported as 1,333

Current average Length of Stay (LoS) for Emergency inpatients (Aug 21) = 5.91 days

Current average length of stay for inpatients following elective care = 0 days on

It was reported that the NCA focus is on supporting staff to ensure patients are safe and receive the highest standards of care across acute and community services, particularly during high demand

The SCARF programme launched last year continues to offer psychological and emotional support, however, staff sickness absence and staffing pressures continues to be a challenge.

Current staff sickness absence levels for August 2021 was reported as:

Covid related -0.98%

Non-covid related -4.8%

It was explained that the pandemic has strengthened relationships and connectivity across local communities and with partner agencies.

Penny explained that the support that the NCA received from volunteers, statutory and faith sector partners, private health providers, local businesses and community has been fantastic and thanked all those groups for their help and support throughout the pandemic.

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

Councillor Hamblett referred to staff retention rates and asked how the NCA were performing in relation to this. Councillor Hamblett asked if there were vacant posts.

It was explained that the NCA were not holding an active recruitment drive currently as there had been over recruitment during the pandemic.

Staff were being redeployed and staffing across the NHS was a challenge.

Councillor McClaren asked that all NHS staff be thanked for their tremendous efforts throughout the pandemic .

Councillor McClaren asked if there were any ongoing issues with the provision of PPE across the sector.

It was reported that there were no ongoing issues with PPE.

It was agreed:

That the update be noted.

7 FUTURE OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The Committee Members were asked whether they felt that the Joint Health O & S should continue to meet going forward and those present agreed that the JHOSC should remain as an established Committee across the Bury, Oldham and Rochdale footprint.

It was agreed:

1. That Bury, Rochdale and Oldham Councils would continue to meet as a new Joint Committee.
2. That the Terms of Reference for the new Committee would be established and agreed by all 3 Councils.

COUNCILLOR
Chair

(Note: The meeting started at 10.00 am and ended at 10.55 am)