

Meeting of: Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust

Date: 6th October 2015

Present:

Councillor Roy Walker (Bury Council)
Councillor Sarah Kerrison (Bury Council)
Councillor Stella Smith (Bury Council)
Councillor Derek Heffernan (Oldham Council)
Councillor Colin McLaren (Oldham Council)
Councillor Joan Davies (Manchester City Council)
Councillor Sandra Collins (Manchester City Council)

Gill Harris	- Chief Nurse Pennine Acute NHS Trust
Jo Keogh	- Divisional Director Women's and Children's, Pennine Acute NHS Trust
Morag Preston	- Clinical Director Obstetrics and Gynaecology, Pennine Acute NHS Trust
Cathy Trinick:	- Divisional Director of Midwifery Services, Pennine Acute NHS Trust
Stuart North	- Chief Operating Officer, Bury Clinical Commissioning Group
Nick Hayes	- Deputy Director of Workforce, Pennine Acute NHS Trust
Nadine Armitage	- Head of Partnerships, Pennine Acute NHS Trust
Ms Julie Gallagher:	- Joint Health Overview and Scrutiny Officer, Bury MBC

No members of the public were present at the meeting.

PAT. 15/16-28 APOLOGIES

Councillor Ann Stott (Rochdale MBC)
Councillor Mark Hackett (Manchester City Council)
Councillor Norman Briggs (Oldham Council)
Councillor Linda Robinson (Rochdale MBC)
Councillor Kathleen Nickson (Rochdale MBC)

PAT. 15/16-29 DECLARATIONS OF INTEREST

No declarations of interest were made.

PAT. 15/16-30 PUBLIC QUESTIONS

There were no public questions.

PAT. 15/16- 31 MINUTES

It was agreed:

That the minutes of the meetings held on 6th October 2015 be approved as a correct record.

PAT. 15/16-32 MATTERS ARISING

In respect of minute number PAT 15/16-24: Cancelled Operations Report, the Joint Health Overview and Scrutiny Officer reported that additional information in respect of the number of cancelled operations as a result of delayed discharges had been circulated to Members. Information included specific requests for information in respect of the Royal Oldham Hospital and an increase in the number of cancellations for resident of Heywood, Middleton and Rochdale.

In respect of minute number PAT 15/16-26: Patient Led Assessment of the Care Environment, following a request from the Joint Committee comparative data in respect of the previous years' performance had been circulated.

PAT. 15/16-33 MATERNITY SERVICE UPDATE

Representatives from the Pennine Acute NHS Trust; Gill Harris - Chief Nurse, Jo Keogh- Divisional Director Women's and Children's, Morag Preston - Clinical Director Obstetrics and Gynaecology, Cathy Trinick - Divisional Director of Midwifery Services attended the meeting. The representatives provided members of the Joint Committee with an update in respect of the external review of maternity services that the Trust commissioned in 2014; the resulting development of the maternity improvement plan and the wider review of maternity services.

An external review of nine incidents which had occurred within maternity services (6 neonatal and 3 maternal deaths) over the period January 2013 to July 2014 was commissioned. The external review team consisted of a Senior Midwife and an Obstetrician external to the Trust.

The findings of the review of the nine incidents demonstrated that, whilst the maternal deaths did not appear to be the result of deficiencies in care, further scrutiny and improvement was required from the review of the neonatal deaths. The key themes identified in the external review were:

- Clinical Risk Management
- Clinical Leadership
- Obesity Management
- Serious Incident Investigations.

On 1 April 2015 the Trust convened the Pennine Acute Trust (PAT) Incident Management Group (IMG) in response to the External Review of Maternity Services. The PAT Chief Nurse co-chairs this meeting with an external partner, Stuart North, Chief Officer, Bury CCG.

The Trust has developed a comprehensive improvement plan which responds to the review findings, but also incorporates wider learning opportunities following publication of the Kirkup Review into Morecambe Bay Trust (March 2015), as well as other internal learning from service feedback.

In support of the improvement plan a number of service improvements have been initiated. To support the development of the improvement plan a 'buddying' system with Newcastle was facilitated by our Chief Nurse. The Senior Team visited Newcastle in July 2015. This was a very positive visit where clinical relationships were developed and good practice shared.

The development of the Maternity Improvement Plan has become the foundation for further developments within the Directorate. Following the Birthrate+ review the Trust Board supported and invested in 40 additional Health Care Assistants (HCA) Bands 2 – 4. There was a significant recruitment drive over a number of days and 40 additional HCA's were recruited.

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

In response to a Member's question; the Chief Nurse reported that the red flag escalation process now adopted in maternity services enables shared decision making and is part of the process for monitoring safety.

In response to a Member's question in respect of staff engagement in the process, the Chief Nurse reported that staff are invited to attend the weekly improvement plan meetings and have been engaged in the development of the action plans. Morale was low in maternity services in the summer of 2015, the Trust has done a great deal of work to address this, including the recruitment of 40 health care assistants as a result staff morale has improved.

Following concerns raised by members of the Committee, the Divisional Director reported that there were no internally generated

plans to review maternity services however a wider national review of maternity services is currently underway.

In response to a Member's question, the Chief Operating Officer reported that lessons learned from the maternity services external review has been expanded to other areas within the Trust. The Chief Nurse reported that, all incidents were now reviewed by the senior management team and themes were identified and acted on quickly. The new management at the Trust has been the major driver of change.

PAT. 15/16-34 EXCLUSION OF THE PRESS AND PUBLIC - PENNINE ACUTE NHS TRUST SERVICE TRANSFORMATION

It was agreed

1. That the agenda would be re-arranged and an item of urgent business would be considered next and in considering that item it was necessary to exclude the press and public from the meeting.
2. That in accordance with Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting during consideration of the following items of business as it involves the likely disclosure of exempt information as detailed in the condition of category 3.

PAT. 15/16-35 SICKNESS ABSENCE REPORT

Nick Hayes, Deputy Director of Workforce, Pennine Acute NHS Trust attended the meeting to provide members of the committee with an update in respect of sickness absence across the Trust. An accompanying report was circulated to members prior to the meeting, the report contained the following information:

- Sickness absence by site and division
- Bank and agency figures
- Management of staff sickness during service redesign work

The trust operates a single service model and therefore uses the Divisional management structures as the basis for collecting and presenting sickness absence data. As such the Trust is unable to give the committee a 'hospital by hospital' comparison as data is not collected on a site basis.

	Confirmed Sickness Levels		Indicative Levels	
	<u>Aug-15</u>	<u>Sep-15</u>	<u>Oct-15</u>	<u>Nov-15</u>
352 B - Integrated & Community Services	5.31%	4.25%	4.72%	4.10%
352 C - Medicine	6.27%	6.16%	6.86%	5.92%
352 D - Surgery & Anaesthesia	6.10%	5.79%	5.87%	6.58%
352 E - Women & Children	5.48%	5.56%	6.56%	6.82%
352 G - Division of Support Services	5.02%	4.91%	5.70%	5.40%
352 J - Elective Access	4.64%	5.17%	5.98%	5.98%
352 K - Corporate Services Other	4.29%	4.23%	5.28%	5.18%
TRUST TOTAL	5.48%	5.27%	5.92%	5.75%

The Deputy Director of Workforce reported that the Trust has recently commissioned an enhanced absence management support service, and it is hoped that this measure combined with the launch of a new sickness absence policy in January will accelerate the progress currently being made.

The Deputy Director of Workforce reported that the spend on temporary staff (this includes bank and agency staff) in November was £4, 307,000, the majority of this spend was in the medical division closely followed by the surgical division. It is estimated that of the £4, 307,000, £1.594m (37%) was due to covering staff sickness absence.

In response to concerns raised by Members of the Joint Committee, the Deputy Director of Workforce reported that the Trust recognises that evidence indicates that sickness levels can increase during periods of uncertainty. In anticipation of this happening the Trust has in conjunction with colleagues from Unison run a coping with change course prior to change happening. The Trust also has available an i-resilience toolkit which can be accessed via our intranet for staff to work through in preparation for change.

The Trust has a formal internal consultation process which seeks to ensure that staff have an influence over the design and implementation of changes which affect them and that communication is as effective as possible, both in advance of the change being implemented and during the implementation process.

In response to Member's question, the Deputy Director of Workforce Development reported that the levels for sickness absence in the Pennine Acute Trust were one of the highest in Greater Manchester.

The Deputy Director of Workforce reported that the financial cost to the Trust is lower when the Trust utilises bank staff rather than agency staff.

It was agreed:

The Deputy Director of Workforce be thanked for his attendance.

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