

**Minutes of: SPECIAL HEALTH SCRUTINY COMMITTEE**

**Date of Meeting:** 11 October 2016

**Present:** Councillor S Kerrison (in the Chair)  
Councillors P Adams, N Bayley, M D'Albert, S Haroon, K Hussain, J Mallon, A McKay, Susan Southworth and R Walker

**Also in attendance:** Lesley Jones, Director of Public Health  
Professor Matt Makin, Executive Medical Director, Pennine Acute NHS Trust  
Stuart North, Chief Operating Officer, Bury Clinical Commissioning Group  
David Latham, Programme Manager, Bury Clinical Commissioning Group  
Julie Gallagher, Principal Democratic Services Officer

**Public Attendance:** 4 members of the public were present at the meeting.

**Apologies for Absence:** Councillor J Grimshaw and Councillor O Kersh

#### **HSC.304 DECLARATIONS OF INTEREST**

There were no declarations of interest made at the meeting.

#### **HSC.305 PUBLIC QUESTION TIME**

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

#### **HSC.306 PENNINE ACUTE NHS TRUST CARE QUALITY COMMISSION**

Professor Matt Makin, Executive Medical Director, Pennine Acute NHS Trust attended the meeting to provide members of the Committee with an update in respect of the Care Quality Commission inspection report and subsequent action plan. A copy of the CQC inspection report had been circulated to Members prior to the meeting. The presentation contained the following information:

Following a comprehensive inspection, the CQC rated Pennine Acute Hospitals NHS Trust inadequate in both safety and well-led domains. In line with CQC policy the inspection team considered recommending the trust go into special measures, such is the level of concern identified around quality and safety. Immediately following the CQC inspection, Salford Royal NHS Foundation Trust was asked to assume leadership of the Trust. Salford's leadership team, rated outstanding by the CQC put in place a comprehensive plan for further investigation into the challenges faced by Pennine Acute.

The Salford Royal Diagnostic, identified additional critical risks to patient care & safety; unsafe/unreliable staffing, variation in care delivery and outcomes for patients; governance systems that are broken or do not exist; Board that is disconnected; Poor leadership; Cultures that normalised sub standard care; Staff that are disengaged and poor external relationships and unreliable service design and structures.

A summary action plan has been developed with six key themes. Four services have been identified as "fragile"; maternity services, urgent care, paediatrics and critical care. An Improvement Board has been established, under the Chairmanship of Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership.

The Executive Medical Director reported that systems in place at Salford Royal would be implemented at Pennine Acute NHS Trust, these include systems in respect of, Risk Management and Assurance, Nursing Assessment and Accreditation; Open and Transparent Reporting, Visible Leadership and Quality Improvement Methodology.

The Executive Medical Director reported that part of the action plan is the proposed break-up of the centralised management within the Trust. The creation of a new site placed leadership with the appointment of nurse directors, medical directors and managing directors at each site; as well as a clear accountability framework to deliver on improvement plans and strengthen locality relationships and planning.

Since the inspection report 104 new registered nurses and midwives have been recruited, 14 doctors (consultant and middle grades) as well as 69 health care support workers.

The Chief Operating Officer reported that two main themes have emerged from the CQC, staff shortages and poor leadership. The CCG have confidence in the new leadership to address the issues and concerns highlighted in the CQC report.

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

In response to Member's concerns in respect of the new management arrangements, the Executive Medical Director reported that the proposed site management system would allow for greater autonomy on a site by site basis. Discussions are still ongoing as to where the overall responsibility will sit in respect of the Trust Board.

With regards to staff feeling unable to raise concerns, the Executive Medical Director reported that there were a number of issues; high turnover of senior and middle grade management, inconsistency of information and a lack of visibility of senior staff. The new interim Chief Executive has made regular visits to all sites, as well as other senior staff. Lines of accountability within the Trust have been improved as well as the development of governance and risk management processes coupled with the new site management structure. Improvements have been put in place but it may 2 to 3 years before the full benefits will be realised.

In response to Member's concerns in respect of funding, the Chief Operating Officer reported that there is a significant shortfall in monies being available within social services department, this has resulted in delays in discharging patients back in to the community at a cost to the Acute Trust.

The Executive Medical Director reported that the Trust spent £20 million on Locum Agency staff last year. The reasons for this is multi-factorial; there is a national shortage of nursing staff, the working environment in some of the Buildings at the NMGH site could be improved as well as problems with recruiting in what is a very competitive market. The Trust is working to retain existing staff and plans to visit India to recruit a number of middle grade doctors.

The Executive Medical Director reported that a significant amount of work has already be undertaken to make the required improvements, new systems have been put in place, including systems to ensure lessons have and would be learnt from serious untoward incidents; specialists from other hospitals are providing support to departments identified as fragile. Senior staff have been out meeting patients and GPs to engage and discuss concerns at the Trust.

Members of the Committee expressed their concerns that the problems at the Trust had escalated to such a degree that it should not have taken a visit from the CQC to identify the issues at the Trust. The Chief Operating Officer Bury CCG reported that they had raised concerns with NHS England, the Regulator, the CQC and the Scrutiny Committee. The CCG reported that the biggest challenge was problems with the Leadership, this has however improved significantly with the appointment of Salford Royal staff.

The CQC report also highlighted problems with the Leadership on the Trust Board, including problems with oversight and a clear direction from the Board, these problems as well as problems with the management at the Trust have been allowed to develop over a number of years.

Councillor Mallon wanted to place on record his concern that there had been systematic failures across the Trust. In responding to those concerns, the Executive Director reported that significant lessons had been learnt from the CQC inspection process.

Councillor Walker reported that a number of the issues highlighted within the report had been discussed at meetings of the Joint Committee for Pennine Acute. The Trust have always responded to concerns raised however it is very difficult as lay representatives to sometimes challenge the information presented.

**It was agreed:**

An update report on the Pennine Acute NHS Trust Care Quality Commission Action Plan will be considered at a future meeting of the Health Overview and Scrutiny Committee.

### **HSC.307 CITY OF MANCHESTER SINGLE HOSPITAL SERVICE**

Professor Makin, Executive Medical Director Pennine Acute NHS Trust, attended the meeting to provide members of the committee with an update in respect of the proposals for a City of Manchester Single Hospital Service.

Manchester City Council Health and Wellbeing Board (MCCHWB) had appointed Sir Jonathon Michael as an Independent Review Director with a commission to produce a report on the proposed SHS. The review was set out in two phases:-

**Phase 1** – Benefits Assessment (completed April 2016)

**Phase 2** – Governance and Organisational Arrangements (recommendations submitted to the Manchester City Council Health and Wellbeing Board on 8 June 2016. A copy of the report had been circulated.)

The review has recommended the creation of a new NHS Trust to encompass the three hospitals in Manchester (UHSM, CMFT and PAT). This would deliver a Local Care Organisation and enable a single commissioning function that would also support the Manchester Locality Plan. The MCCHWB agreed to request CMFT, UHSM and PAT to enter into discussions to consider the creation of a new single organisation and to provide an initial assessment on implementation requirements and timescale.

The outcome of the discussions would be reported back to the MCCHWB within 6 weeks. In addition, the review also highlighted that further discussions were required on the strategic alignment between the Manchester Single Hospital Service review and the North East sector review. This would include minimising any adverse impact from the realignment of North Manchester General Hospital on the sustainability of either the remaining clinical services provided by Pennine Acute Trust or the proposed new City wide Hospital Trust.

Members of the Committee discussed the implications for the three remaining hospital sites as well as issues with patient pathways and patient flows into NMGH. Members expressed their concern that uncertainty around the future of the Trust would not help alleviate the problems identified within the CQC report.

The Executive Medical Director reported in order to assist with some of the problems associated with recruitment and retention within the Trust, it would be helpful if a decision is taken sooner rather than later in respect of the City of Manchester Single Hospital Service.

#### **It was agreed:**

The Health Overview and Scrutiny Committee would receive regular updates in respect of the City Of Manchester Single Hospital Service.

### **HSC.308 URGENT CARE REDESIGN**

Stuart North, Chief Operating Officer Bury CCG, gave a verbal update on the current engagement with the public to support the configuration of Urgent Care Services in Bury. A review of current service provision had concluded that the system was disjointed, had areas of inequality and supported duplication of some

services in Bury. It was reported that the new model of service provision would not be about saving money but was about public engagement, ensuring that investment in services was being made in the right areas in order to provide a more simpler and efficient service.

The Chief Operating Officer reported that the result of the engagement exercise will form part of the report that will be considered by the CCG Board in December 2016.

The Programme Manager reported that a series of engagement exercises had been undertaken by the CCG including presentations at all six Township forums.

The Chief Operating Officer reported that the purpose of the review is to ensure that the right care and the right treatment is provided in the right place. There will be six clinical hubs all providing a range of services providing equality of service provision across the Borough.

In response to a Member's question the Programme Manager reported that the proposals would look to include a Primary Care front end service at Fairfield General Hospital. This service would provide a primary care presence and would allow GPs to triage patients.

The Programme Manager acknowledged that there had been initial teething problems with the NHS111 service, it is envisaged that the service would be developed to provide a localised Bury response.

In response to a Member's question the Chief Operating Officer reported that of the 67,000 patients seen in the walk in centres in 2015/16 could have been seen in a suitable alternate provision.

With regards to communication and engagement the Chief Operating Officer reported that the CCG would need to ensure all the information in respect of services provided is kept up to date and easily accessible to members of the public. The Chief Operating Officer reported that he would be very reluctant to double run services, as evidence suggests that the more services made available to the public the more patients will use them.

The Chief Officer reported that these proposals were not about saving money. The proposals would ensure that patients access the services via the most appropriate patient pathway. A front-end primary care service at Fairfield Hospital will help to alleviate some of the pressures on A&E centres as well as being able to treat patients that would have previously attended a walk in centre.

The Chief Officer reported that the proposals will involve re-educating patients in where to get the best most appropriate treatment, provide information and advice with regards how to self care and encourage patients to use their local pharmacist.

**It was agreed that:**

Once the outcome of the engagement exercise in respect of the Urgent Care Redesign has been considered by the Board of the Clinical Commissioning Group, Members of this Committee will have an opportunity to re-consider the proposals.

**HSC.309 URGENT BUSINESS**

There was no urgent business reported at the meeting.

**COUNCILLOR SARAH KERRISON**  
**Chair**

**(Note: The meeting started at 7pm and ended at 9.30pm)**