

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

**Date:** 24 March 2015

**Present:**

Councillor Roy Walker (Bury Council)  
Councillor Peter Bury (Bury Council)  
Councillor Stella Smith (Bury Council)  
Councillor Colin McLaren (Oldham Council)  
Councillor Janet Darnbrough (Rochdale MBC)  
Councillor Joan Davies (Manchester City Council)

Mr Gavin Barclay: Assistant Chief Executive, Pennine Acute Hospitals NHS Trust

Ms Elizabeth Heeles: Senior Planning Manager, Pennine Acute Hospitals NHS Trust

Mrs Nadine Armitage: Head of Partnerships, Pennine Acute Hospitals NHS Trust

Mr Stuart North: Chief Officer, Bury CCG

Mrs Alice Rea: Joint Health Overview and Scrutiny Officer

PAT0315-1 **APOLOGIES**

Councillor Norman Briggs (Oldham Council)  
Councillor Diane Williamson (Oldham Council)

PAT0315-2 **DECLARATIONS OF INTEREST**

No declarations of interest were made.

PAT0315-3 **PUBLIC QUESTIONS**

There were no public questions.

PAT0315-4 **MINUTES OF THE LAST MEETINGS**

Members of the Committee were asked to approve as a correct record, the minutes of the meeting held on 27 January 2015.

**RESOLVED:**

That the minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust held on 27 January 2015 be approved as a correct record.

**PAT0115-5     MATTERS ARISING**

PAT0115-7: Additional information on the number of repeat cancellations of elective operations was not recorded by the Trust and the number of elective operations cancelled prior to the day was provided for Members. It was agreed that this information would be included in the review report with a request for the Trust to monitor the cancellations made prior to the date as well as those cancelled on the date.

PAT0115-9: Information about the Trust's future reconfiguration proposals would be provided at the first meeting in the next municipal year (Tues 30 June).

PAT0115-5: Further reminders had been sent to local authorities asking for information about procedures for dealing with conflicts of interest and CCG Commissioning. Responses to date were tabled.

PAT1115-10: Responses, to date, about problems with cancellations of GP appointments were tabled.

**PAT0315-6     ANNOUNCEMENTS/UPDATES**

The JHOSC had received information about senior staffing changes within the Trust. A Member asked if this was a normal turnover rate or a result of changes being made by the new Chief Executive. The Assistant Chief Executive said that it was a mixture of changes to the structure within the Trust and the retirement of the Director of Human Resources and the Medical Director alongside the relocation of the Chief Nurse to a post nearer her home. It was agreed that the implementation of the new senior staffing structure would be monitored by the JHOSC in six months time.

The JHOSC has received and noted the CCGs' response to the review report of End of Life Care within the Trust. It was agreed that the implementation of the recommendations would be monitored in one year's time.

The Trust confirmed that the draft Quality Account would not be available until after 26 March, when it would go to the Trust Board. The draft would be sent to the JHOSC for its commentary soon after it had been approved by the Trust Board and there would be 30 days for the commentary to be submitted.

**RESOLVED:**

- 1) That the implementation of the new senior staffing structure would be monitored by the JHOSC in six months time.

- 2) That the implementation of the recommendations of the JHOSC's End of Life Care review would be monitored in one year's time.

**PAT0115-7 ELECTIVE ACCESS**

The JHOSC had received a draft review report for approval. The report was agreed with the inclusion of amendments suggested by the Trust, the strengthening of the recommendation for the CCGs about timely discharge of patients and the inclusion of any relevant information about timely discharge of patients from the CCG.

**RESOLVED:**

That the draft review report on Elective Access be approved with the amendments and additions minuted.

**PAT0315-8 TIMELEY DISCHARGE OF PATIENTS FROM HOSPITAL**

The JHOSC had requested information about the actions being taken by the CCGs to ensure the timely discharge of patients from hospital and reduce 'bed blocking'.

The Chief Officer, Bury CCG reiterated the information he had given at the last meeting about the reasons why patients were not discharged from hospital when medically ready, resulting in 'bed blocking'.

He said that on any given day there were between 100 and 120 patients fit for discharge in Trust hospital beds. He provided some information about Fairfield General Hospital, citing problems with discharging patients to East Lancs as the major reason for delays in discharge. He did not provide any information about the other Trust hospitals.

He felt the situation would be eased if local social work teams could undertake the work required for discharge on behalf of the patient's home social work team, but there would be a need for proper agreements to be in place for this to happen. He then gave some anecdotal examples of problems with patients' physical environment causing delay in discharge. He felt that the Greater Manchester Devolution might give opportunities to address these issues but that a lot of work had been done through the social care re-ablement funding. Winter pressures had not helped the situation and he felt the ineffective flu vaccine had exacerbated the situation this winter.

He reported that the situation was better with discharges from North Manchester General, where acute services and community services were provided by the same organization and appeared better integrated.

A Member asked if there were other options of accommodation whilst patients waited for adaptations to their home physical environment. She was advised that there were some facilities but that numbers were not sufficient for the winter months. Another Member asked if care packages were cancelled when people were in hospital, as she had heard that there could be delays in reinstating care packages. She was advised that transition to a different level of care could cause delays but that the Chief Officer did not know if care packages were cancelled on hospitalization. He added that he thought the re-ablement target of six weeks might need to be made more intensive initially to try to speed the process up and that procedures needed to be worked out to move patients to a temporary setting whilst awaiting a particular placement.

A Member said that this was a key issue that had to be addressed by the CCGs. The cost grounds alone made it imperative that patients could be discharged but provision of both urgent and elective care by hospitals was being compromised and it was not good for patients or their families for them to remain in hospital any longer than was necessary. She accepted the reasons given were complex and valid but felt urgent action was needed now to tackle the issue. She remained particularly concerned about care packages, whether they were cancelled and whether the providers were able to recruit enough staff given the low wages and poor conditions of employment that many care workers experienced.

Another Member felt that it was important to look at the wider issue for the Trust but also at the local issue for the residents of each local area to establish where action was needed and what action was needed.

A Member added that actions that could be taken quickly should be implemented to at least reduce the problem. He asked if the model that seemed to be working well for North Manchester General Hospital could be replicated in other areas. The Chief Officer, Bury CCG advised the JHOSC that there would be a report in the summer assessing what has worked well and what has not worked across the area.

The JHOSC requested statistics about what was happening and where for the next meeting in June (numbers of delayed discharge at each Trust hospital, patient's home area and reasons for delay).

#### **RESOLVED:**

That the CCGs provide statistics about what was happening and where, on delayed discharge, for the next meeting in June (numbers of delayed discharge at each Trust hospital, patient's home area and reasons for delay).

## PAT0315-9 **PARTNERSHIPS**

The JHOSC received information from the Head of Partnerships, Pennine Acute Hospitals NHS Trust about the work she is doing on Stakeholder Mapping and how the JHOSC could contribute to this work.

The newly appointed Head of Partnerships at Pennine Acute Hospitals NHS Trust, Nadine Armitage, introduced herself and her role to the JHOSC. She explained that it was a new post aiming to build on and strengthen existing relationships between the Trust and its stakeholders. She was working to identify the key stakeholders across the Trust footprint and recognised that scrutiny, both at joint and at local level was one of the Trust's key stakeholders. She would also be working with the CCGs, Health and Wellbeing boards and Healthwatch.

The Chairman asked about the mapping of stakeholders and was informed that this would involve identification of stakeholders and then mapping how they are involved in decision making, recognising that local authorities have multiple functions, including the health scrutiny function.

Members felt it was important to look at stakeholders outside the footprint, both patients from outside the area and services offered outside the area, and that the CCGs were major stakeholders.

The Chairman proposed a meeting between himself, the JHOS Officer, the Head of Partnerships and the Assistant Chief Executive to look at ways of taking this partnership forward and including it in the JHOSC's workplan.

### **RESOLVED:**

That the Chairman, the JHOS Officer, the Head of Partnerships and the Assistant Chief Executive would meet to look at ways of taking this partnership forward and including it in the JHOSC's workplan.

## PAT0315-10 **WORKPLAN 2015/16**

Members had received proposals for the workplan for the next municipal year for consideration. The Chairman said that he had met with the JHOS Officers to discuss the proposals for a workplan and hoped that the proposals identified important areas but allowed scope for items that arose during the year.

A Member commented that transport would remain an important area for the JHOSC and it was agreed that the workplan be accepted, with the inclusion of items raised at this meeting.

**RESOLVED:**

That the proposed workplan be agreed with the inclusion of items raised during the meeting.

**PAT015-11 URGENT BUSINESS**

There were no items of urgent business

**PAT0315-12 DATE OF THE NEXT MEETING**

The next meeting will be held on Tuesday 30 June 2015 at 2.00pm, in Bury.

Further meetings will be held on:  
Tuesday 6 October 2015 in Manchester  
Tuesday 5 January 2016 in Oldham  
Tuesday 22 March 2016 in Rochdale