

Meeting of:

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

Date: 15th October 2018

Present:

Councillor Roy Walker (Bury Council)
Councillor Stella Smith (Bury Council)
Councillor Colin McLaren (Oldham Council)
Councillor Derek Heffernan (Oldham MBC)
Councillor Ann Stott (Rochdale MBC),
Councillor Norman Briggs (Oldham MBC)
Councillor Raymond Dutton (Rochdale MBC)
Councillor Gavin McGill (Bury Council)

Jack Sharp: Director of Strategy Salford Royal and Pennine Acute

Denise Turner: Director of Planning and Performance North East Sector, Salford Royal and Pennine Acute

Nicky Tamanis: Deputy Chief Finance Officer, Salford Royal and Pennine Acute

Phillip James: Associate Chief Information Officer, Pennine Acute Hospitals NHS Trust

Moneeza Iqbal: Clinical Service Strategy Programme Director North East Sector, Salford Royal and Pennine Acute

Apologies: Councillor Linda Robinson (Rochdale MBC),

PAT.18/19-12 APOLOGIES

Apologies were detailed above.

PAT.18/19-14 DECLARATIONS OF INTEREST

There were no declarations of interest.

PAT.18/19-15 PUBLIC QUESTIONS

There were no public questions.

PAT.18/19-16 MINUTES AND MATTERS ARISING

It was agreed:

That the minutes of the meetings held on 26th June 2018 be approved as a correct record.

PAT 18/19-17 MID YEAR PERFORMANCE UPDATE

Denise Turner, Director of Planning and Performance, North east Sector presented a report outlining current issues regarding performance of Pennine Acute NHS Trust in the first quarter and part of the second quarter of this year. It was explained that PAHT performance was reported as a single organisation, accountability for performance rests with each Care Organisation either as a site responsibility or where they host the service on behalf of PAHT.

Each care organisation reports monthly to the Board with a statement of assurance that describes its performance against quality, finance and use of resources, operational performance, engagement and workforce, leadership and capability and strategic change. The report presented focussed on quality and operational performance.

Denise explained that the quarter 2 updates were due to be received within the next week and would show that there had been a weakening position around cancer performance. An independent Chair had been assigned the task of pulling together a Committee which was in the process of producing an action plan to work against. The Committee would meet monthly from November and would address the 2 week wait which had deteriorated from April as had the 62 day wait figure.

It was reported that demand was continuing in emergency and urgent care and was expected to rise as heading into winter but the winter planning process was being carried out across GM.

It was explained that all care organisations continue to implement the Nursing Accreditation System across all wards and the CQC had recognise the improved standards.

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

- Councillor Walker referred to the fact that NMGH would be transferring to Manchester NHS Foundation Trust and that Manchester Council had not sent representation to the Joint Committee and asked whether NMGH was represented on the Committee which had been mentioned in relation to cancer waiting times.

It was explained that every organisation was included in the work including NMGH. It was still part of the organisation until the day that it transferred over and as such support would continue until then.

- Councillor Norman asked where the service deterioration was focussed in relation to cancer performance, whether it was highlighted more in specific locations.

It was explained that the issues were related to pathways more than location. There has been an increase in demand across all cancer groups but specifically colorectal and this was likely to continue as more and people were being screened.

- Councillor Heffernan referred to winter pressures but also the fact that there had been high demand across summer and asked how this had affected performance.

It was explained that more costs had been incurred in relation to emergency and urgent care. There have been discussion and planning in relation to this but no extra funding.

- Councillor McLaren referred to the CQC Action Plan and asked about the work around this.

It was explained that resources were being managed and the trust was still on target to deliver what was set out in the budget. Agency spend was being addressed and there had been some success in recruiting doctors. There was no plan to reduce staff but to fill the vacancies with permanent staff.

Members of the Committee requested that they be provided with the final Q2 figures when they were available.

Members also requested that they be provided with the CCG data from each area in relation to commissioning statistics and cancer pathways.

It was agreed:

1. That Denise Turner be thanked for her attendance
2. That the contents of the report be noted and the information requested as set out above be provided.
3. The Joint Health Overview and Scrutiny Committee review the full year figures at its meeting in June 2019.

PAT 18/19-18 NORTH EAST SECTOR TRANSFORMATION

Moneeza Iqbal, Clinical Service Strategy Programme Director presented a report updating Members with an update on the work being carried out in relation to the North East Sector Transformation which would see 'A Shared Hospital Service, for our shared population'.

It was explained that there are three linked programmes of work ongoing across Greater Manchester; NES Clinical Services Transformation; Pennine Acute Transaction and GM Theme 3.

The aim of the NES Transformation is to reduce demand on urgent care and provide more services locally.

The review is commissioner led and clinically driven and will look at providing services that are sustainable for the future and how services will be provided when NMGH is no longer part of Pennine Acute.

A governance structure has been agreed and this was set out within the presentation and included Council Chief Executives.

The Case for Change is in the process of being developed and is being reviewed from a clinical, workforce and financial perspective and which services are most impacted.

The evaluation criteria has been developed by clinicians and has 5 key areas to assess;

- Quality of care for all
- Access to care for all
- Affordability and value for money
- Workforce
- Deliverability

The Clinical leads will review the clinical models to consider and develop preferred options.

Consultation will be undertaken as widely as possible at every step of the process and this will include working with patients, local Healthwatch and patient groups, local Health O & S Committees.

It was reported that the Programme Board was due to meet on 14 November.

It was agreed:

That Moneeza be thanked for her attendance and that an update with preferred options be brought to the January meeting of the Joint Health Overview and Scrutiny Committee.

PAT 18/19-19 SUSTAINABILITY FUND REPORT

Nicky Tamanis, Deputy Director of Finance attended the meeting to provide Members with an update on the Sustainability Fund, which was explained as a five year programme of additional investment directed at specific areas to improve services following the CQC rating.

Contributions towards the fund had been from commissioners and Pennine Acute.

The services were maternity, paediatric and critical care as well as leadership structure investment.

There has been an increase in the number of nurses employed with an extra 125 nurses across all wards and success recruiting into critical care.

Responding to questions from the Chair it was reported that the Trust was currently managing its deficit and had a £10 million capital funding project split across The Royal Oldham Hospital and North Manchester General Hospital.

It was agreed:

That the report be noted and an update on the 2018/2019 budget be brought to the January meeting of the Joint Health Overview and Scrutiny Committee.

PAT 18/19-20 IM&T UPDATE

Phillip James, Associate Chief Information Officer, Northern Care Alliance attended the meeting to give Members an update on the Information Management and Technology within Pennine Acute.

It was explained that a business case had been approved in May 2018 to invest in stabilising the technology infrastructure across the organisation.

There had been issues relating to IT across the NHS over the past few years. The IT team within Pennine had decreased and the IT systems and networks were out dated which was causing issues in relation to performance and reliability.

It was explained that the network team had been strengthened and work was almost complete on a new wide area network.

The key target milestones were presented to the Committee which showed all areas where both business cases had been submitted and work was ongoing this included hardware and software upgrades, email solutions and electronic patient records.

There had been a number of high impact network outages and these were listed within the presentation, the outages had caused some disruption but had been dealt with as quickly as possible and there had been no compromise to patient safety.

Phill reported that a debrief meeting was due to take place in relation to IT issues on 16 October 2018.

It was agreed:

That Phillip James be thanked for his attendance and presentation and an update report be brought to a future meeting of the Joint Health Overview and Scrutiny Committee.

PAT 18/19-21 HEALTHIER TOGETHER UPDATE

Jack Sharp: Director of Strategy Salford Royal and Pennine Acute gave an update on the activity being carried out to implement the GM Healthier Together Programme.

It was explained that full implementation was dependent on additional capacity at the Royal Oldham Hospital Site and subject to final approvals the building work was due to go live by spring 2021.

Consultant surgeons are working on the workforce model which will ensure delivery of Healthier Together, particularly the provision of emergency cover across the sector.

Following questions from a Committee Member Jack confirmed that there were no plans to close A & E services at North Manchester General Hospital.

It was agreed:

That an update on the progress made with Healthier Together be brought to the Joint Health Overview and Scrutiny Committee in 12 months.

PAT 18/19-22 URGENT BUSINESS

There was no urgent business reported.