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## JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH) TRUST

### MINUTES OF MEETING Thursday, 21<sup>st</sup> March 2019

**PRESENT:** Councillor McLaren (Oldham MBC) (in the Chair); Councillors Dale Rochdale Borough Council), Grimshaw and Walker (Bury MBC)

**OFFICERS:** P. Thompson (Governance and Committee Services – Rochdale Borough Council).

**ALSO IN ATTENDANCE:** L. Bishop ( Trust Secretary - Pennine Care NHS Foundation Trust), C. Parker (Executive Director of Nursing, Healthcare Professionals and Quality Governance – Pennine Care NHS Foundation Trust), J. Crosby (Director of Strategy - Pennine Care NHS Foundation Trust), N. Littler (Executive Director (Workforce) - Pennine Care NHS Foundation Trust) and D. Wallace (Communications and Engagement Advisor - Pennine Care NHS Foundation Trust),

#### **APOLOGIES**

29 Apologies for absence were received from Councillors Gordon, Wright (Stockport MBC), Howard, Susan Smith (Rochdale Borough Council), Peet, Teresa Smith (Tameside MBC), Heffernan and Toor (Oldham MBC).

#### **DECLARATIONS OF INTEREST**

30 There were no declarations of interest.

#### **PUBLIC QUESTIONS**

31 There were no questions asked by members of the public.

#### **MINUTES**

32 The Committee considered the minutes of its most recent meeting held 24<sup>th</sup> January 2019.

Resolved:

That the Minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust, held 24<sup>th</sup> January 2019, be approved as a correct record.

#### **MIXED SEX ACCOMMODATION**

33 The Committee considered a report of the Executive Director of Nursing, Healthcare Professionals and Quality Governance which updated and advised of the next steps with regards to the Trust's intention to meet statutory mixed sex accommodation (MSA) requirements.

The regulatory requirements and expectations of the Trust were clearly outlined. The Trust's 2016 CQC inspection report highlighted a failure to comply with the Department of Health guidance on single sex accommodation on older people and acute wards for working age adults. The report noted that

the 'trust was not effectively managing the risks of mixed sex accommodation.' The recommendation was that 'The Trust must ensure that all wards are compliant with the Department of Health guidance on same sex accommodation in order to ensure the safety, privacy and dignity of patients.'

The Trust's recent CQC inspection report acknowledged there had been improvements in how the Trust had managed mixed sex accommodation. The CQC acknowledged that a consultation exercise was on going to assist the Trust in making future decisions about managing mixed sex wards.

Notwithstanding this recent positive feedback the CQC continued to remain interested in a number of sexual safety incidents that have occurred on PCFT in-patient wards. Therefore following the publication of 'The state of mental health services 2014 to 2017' and the CQC's report 'Sexual Safety on mental health wards' there has been a national commitment to eradicate dormitories on in-patient psychiatric wards.

The engagement exercise, which was intended to explore attitudes among patients, staff, carers and other relevant stakeholders to moving from mixed to single sex accommodation on inpatient mental health wards had now concluded. The Trust had formally received the outcome of the engagement exercise, a board development session was held on the 11<sup>th</sup> February 2019 where the Lead Analyst provided detailed feedback on the content of the report to board members. It was also noted that a presentation, by the Lead Analyst, to Members of the Joint Overview and Scrutiny Committee had been given at their informal meeting on 26<sup>th</sup> February 2019.

The engagement analyst's report provided details of how the engagement had been undertaken and analysed and provided comprehensive details on the feedback and themes gathered through the process of the exercise. The key area for acknowledgment was the vast amount and wide variety of views gathered regarding the delivery of mixed sex accommodation which also meant that the report did not conclude with a consensus view. The report didn't solely focus on MSA issues, as other related issues were highlighted and were captured through the engagement exercise that directly impacted on the safety, privacy and dignity of patients who were admitted to PCFT wards. These included:

- a. mixing patients with organic and functional illness
- b. issues affecting LGBT patients
- c. staffing levels (nursing, support worker and therapists):
- d. Staff attitudes/culture:
- e. Patient Choice:
- f. Location of hospital sites and wards
- g. Broader estates and Accommodation issues
- h. Bathing and toilets facilities.
- i. Staff skills/ specialisms
- j. Bed management and bed allocation
- k. Continuous Professional Development for staff

## I. Therapeutic engagement/ activities

It was noted that after consideration of the evaluation report at the PCFT's Board development session on 11<sup>th</sup> February 2019 and by this meeting of the Overview and Scrutiny Committee, the Executive Director of Nursing would, in collaboration with the Managing Director of mental health services and other senior colleagues within the Trust, lead the next phase of work with regards to the MSA agenda in order to support the Trust to meet the statutory requirements; including holding a detailed review of the engagement analysis and discussions with operational service leads, the gathering of further feedback following publication and presentation of the report and the development of a co-produced proposal for the Trust's Board to consider which outlines the proposed approach to how the Trust should manage Mixed Sex Accommodation.

The Committee noted the developments that had been made in this regard and commended the work that had been carried out hitherto. The Committee asked if visits could be arranged for Members to view the Wards in question, at locations across the Trust's footprint.

Resolved:

1. The report be noted
2. The Trust be requested to arrange visits for Members of the Joint Overview and Scrutiny Committee to view hospital wards across the Trust's footprint.

## **STAFFING AND WORKFORCE DEVELOPMENT STRATEGY**

34 The Trust's Executive Director (Workforce) gave a presentation to the Committee regarding the Trust's Staffing and Workforce Development Strategy. Pennine Care currently employed approximately 5,650 staff with a further 936 staff on their temporary bank which provide ad-hoc cover to fill gaps created either by sickness or vacancies.

The workforce comprised staff that worked with Mental Health/Learning Disability and Community Services across the Trust's footprint. The current staff turnover rate for the Trust was 11.58%, which was within the 'average' range compared to other Mental Health/Learning Disability NHS Providers in the North of England. The Trust's vacancy rate was currently 11.37%. Staff sickness rates were 5.66% which was above average, when compared to the Trust's 'peer group'.

The 'harder to fill' roles within Pennine Care mirrored the regional and national gaps in this regard, including: Medical Staff, newly qualified nursing roles (especially Band 5 level nurses in Mental Health services), walk-in centre staff and Health Visitors.

In terms of Brexit a risk assessment had been carried out into potential implications for the Trust's workforce. It had been deemed that this presently warranted a 'low risk', based on the fact that only 1.8% of the Trust workforce

were, presently, non-UK EU nationals. The Trust had monitored its leaver rates since 2016 and there had only been five non-UK EU nationals who have left the Trust's employ in the last two years.

It was though recognised that the national implications of Brexit may impact on the future supply chain for the wider NHS workforce which may impact on Pennine Care as other competitor organisations look at different pools for recruitment.

To address future workforce challenges the Trust's Workforce Strategy had established areas of focus and action to address various challenges. The workforce strategy had been set against four key domains:

- a. Effective and Sustainable Workforce – the Trust aimed to have the right numbers of staff, with the right skills in the right types of jobs in the right place to deliver effective and safe care, including a representative workforce that is flexible to meet challenging service requirements in the future.
- b. Capable and Skilled People - all staff to be appropriately trained and have access to the most effective and efficient learning and development opportunities.
- c. Effective Leadership – this includes valuing and supporting staff including leaders who can model the Trust's core and key values and behaviours. Performance measures would be used to ensure the Trust is providing effective leadership.
- d. Health, Wellbeing and Staff Engagement – this includes the promotion of a healthy organisational culture where staff contribute to the delivery of organisational objectives and are able to demonstrate the Trust's values. These key areas are underpinned by an Equality, Diversity and Inclusion strategy.

The report considered also the transfer of Community services and the Committee was advised of the timeline in this regard:

- i) North East Sector (Oldham, Bury and HMR Adults) – Salford Royal NHS Trust Board is due to consider the business case for transfer towards the end of April 2019. Following formal ratification, the TUPE consultation process will commence with effect from 1<sup>st</sup> May 2019 with a view to staff transferring 1<sup>st</sup> July 2019.
- ii) Trafford – Manchester Foundation Trust Board is due to consider a business case for the transfer of services in May 2019. Following formal ratification, the TUPE consultation process will commence with a view to staff transferring on 1<sup>st</sup> October 2019.

The transfer will affect those staff working directly in the clinical services within the community along with a number of corporate staff who provide support into the community services.

A detailed action plan and performance report have been developed to monitor progress and impact. The Trust's People and Workforce Committee have oversight of the workforce strategy implementation.

## **FINANCE UPDATE**

35 The Trust's Director of Finance updated the Committee on the Mental Health Investment Standard (MHIS), which was previously known as Parity of Esteem (PoE) and was the requirement for Clinical Commissioning Groups (CCG) to increase investment in Mental Health services in line with their overall increase in allocation each year.

CCG's are required to increase their investment in mental health services by the same proportion that their allocations have increased plus an additional 1% for mental health (on average this equated to between 5.7% and 6.5%). CCG Plans had to be reviewed by the Greater Manchester Health and Social Care Partnership and a nominated mental health provider. CCG MHIS Plans must then be independently audited and signed off by CCG Governing Bodies. MHIS Plans were required to demonstrate a higher proportionate increase in investment into Children's and Young Peoples Mental Health services.

The deadline for the submission of the CCG/Providers Final Plan was 4<sup>th</sup> April 2019 and the deadline for the submission of the System Plans was 11<sup>th</sup> April 2019.

Members of the Overview and Scrutiny Committee considered the proposals in detail and the Officers were asked for clarification as to 'niche services' which were aimed at achieving sustainable and effective mental health services.

Resolved:

1. The report be noted
2. The Trust's Director of Finance be requested to present a report to the Joint Overview and Scrutiny Committee's next meeting regarding Niche Services.

## **DATES OF FUTURE MEETINGS**

36 Resolved:

It was noted that the current Chair of the Committee was to meet with the Chair, Chief Executive and Secretary to the Trust's Board on Tuesday, 23<sup>rd</sup> April 2019 to discuss: the Committee's draft work programme for 2019/2020; an exploration of joint working with the Trust's Governors and potential meeting dates for 2019/2020.

## **EXCLUSION OF PRESS AND PUBLIC**

37 Decision:

That the Press and Public be excluded from the meeting during consideration of the following item of business, in accordance with the provisions of Section 100A (4) of the Local Government Act 1972, as amended.

Reason for Decision:

Should the press and public remain during the following item of business as there may be a disclosure of information that is deemed to be exempt under Part 3 of Schedule 12A of the Local Government Act 1972.

### **CQC IMPROVEMENT PLAN**

38 The Trust's Director of Strategy reminded the Committee that the Care Quality Commission (CQC) had undertaken a 'Well Led' inspection of a selection of services provided by the Trust in the period August – October 2018. Some of the services inspected included dentistry, mental health hospital wards (for adults and for older people), PICU, home treatment teams, 136 suites access and crisis services and walk-in centres across the Trust.

The CQC's report had been presented to the Trust's Directors in December 2018 with an overall 'requires improvement' rating, although it was acknowledged that many individual services were improving.

Further to the findings of the CQC inspection the Trust is required to submit a revised and updated Improvement Plan to the CQC. Each and every action contained therein will have both a 'lead' and an 'Executive' sponsor. There was to be regular updates and monitoring of the Improvement Plan to ensure a full and timely implementation. The Improvement Plan was to be shared with the Trust's key stakeholders including: the various CCG's across the Trust's footprint, NHS England, this Joint Overview and Scrutiny Committee and the local HealthWatch organisations across the Trust's footprint, following its consideration, and formal approval, by the Trust's Board at its meeting on 27<sup>th</sup> March 2019.

The Trust had entered into a pathway that was designed to assist NHS bodies receive 'good' CQC inspection reports, entitled: 'Moving to Good'. To assist in the process Pennine Care had been 'paired' with a Trust that was already achieved a 'good' rating: Weardale in County Durham.

Resolved:

1. That the report be noted.
2. A copy of the Trust's Improvement Plan be forwarded to Members of the Joint Overview and Scrutiny Committee for Pennine Care.