

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

**MINUTES OF MEETING  
Tuesday, 15<sup>th</sup> October 2019**

**PRESENT:** Councillor Sullivan (Rochdale BC) (Vice Chair in the Chair), Councillor Dale (Rochdale BC), Councillor Grimshaw (Bury MBC), Councillor Walker (Bury MBC), Councillor Holloway (Stockport MBC) and Councillor Wright (Stockport MBC).

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

**ALSO IN ATTENDANCE:** Dr H. Ticehurst (Deputy Chief Executive – Pennine Care NHS Foundation Trust), N. Littler (Executive Director – Pennine Care NHS Foundation Trust), A. Osborne (Assistant Director – Pennine Care NHS Foundation Trust) and D. Wallace (Communications and Engagement Advisor – Pennine Care NHS Foundation Trust).

**APOLOGIES**

11. Apologies for absence were received from Councillors Hamblett, Moores, Surjan (Oldham MBC), Mobbs (Stockport MBC) and Susan Smith (Rochdale Borough Council).

**DECLARATIONS OF INTEREST**

12. There were no declarations of interests.

**URGENT ITEMS OF BUSINESS**

13. There were no urgent items of business for the Committee to consider.

**MINUTES**

14. The Committee considered the minutes of its most recent meeting held 23<sup>rd</sup> July 2019.

Resolved:

That the Minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust, held 23<sup>rd</sup> July 2019, be approved as a correct record.

**INFORMAL MEETING**

15. Resolved:

That the proceedings of the informal session of the Joint Health Overview and Scrutiny Committee for Pennine Care's membership held 10<sup>th</sup> September 2019, be noted.

**FINANCIAL UPDATE**

16. The Committee was updated on Pennine Care's current financial situation. Presently, based on information currently available, it was projected that there would be a budget deficit by the end of the 2019/20 financial year. However,

as reported to the last meeting, it was added that the figures in the report did not account for expected significant financial contributions to be forthcoming from the Department of Health and it was expected that the Trust would have a 'balanced budget' by the end of March 2020.

The Trust had recently introduced a savings programme to help reduce costs whilst the filling of some staffing vacancies was being delayed. It was noted and welcomed by Members of the Committee that by and large the savings proposals were not adversely affecting patient care.

Members sought clarification on the underlying reasons for the reported 25 week waiting list period for access to children's psychiatric services across the Trust's footprint.

Resolved:

1. The report be noted
2. The Chief Executive of Pennine Care NHS Trust be requested to submit a report to the Committee's next meeting regarding the underlying reasons for the reported 25 week waiting list period for access to children's psychiatric services across the Trust's footprint.

### **CQC INSPECTION AND ACTION PLAN**

17. The Trust's Deputy Chief Executive reminded the meeting 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 and crisis services and walk-in centres across the Trust's footprint.

Regular reports on the implementation of the CQC's improvement plan were presented to the Trust's Board. The Committee was presented with information that detailed the Trust's responses to the CQC inspection and the only area of work that was shown as being 'red' (issue that were not on course to be successfully implemented) was the 'Review the patient experience structure and resource'. The Committee was advised of measures being put into place to improve this matter.

Resolved

That the report be noted.

### **ELECTRONIC PATIENT RECORDS**

18. The Trust's Deputy Chief Executive reported upon the roll-out of electronic patient records across the trust's footprint. This programme has been ongoing for several years. Currently the programme was on 'Cohort 3' which covered all in-patients and all out-patients. This phase of the roll out was due to be completed in 2020, when approximately 2,000 staff would be 'on-line'.

Cohorts 4 and 5 of the programme were due to start in April 202 and lasting until July of that year. Cohorts 4 and 5 were due to cover MAS, Day Hospitals, the remainder of older people's Community Mental Health Team's and Psychology services.

The Committee was advised that the computerisation of patient records was a slow process but that steady progress was being made.

Resolved:

That the report be noted.

### **STAFF WELFARE STRATEGY**

19. The Trust's Executive Director (Workforce) gave a presentation to the Committee updating on the Trust's Staffing and Workforce Development Strategy. Pennine Care employed in excess of 5,000 staff with additional (hundreds) of numbers 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 approximately 11%, 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 just over 10% and staff sickness rates were 5.3% 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.

The Committee asked if further and more detailed information could be presented to the Committee regarding the Trust's staff sickness absence levels?

Resolved:

1. That the report be noted.
2. The Trust's Executive Director (Workforce) be requested to submit a report to the Committee's next meeting, on 20<sup>th</sup> January 2020, regarding staff sickness absence rates amongst the workforce of Pennine Care NHS Foundation Trust.

### **MIXED SEX ACCOMMODATION**

20. The Committee was updated on progress towards the introduction of single sex wards at hospitals across the Trust's footprint. A full and detailed business case thereon was due to be submitted to the Trust's Board's meeting on 30<sup>th</sup> October 2019.

The Committee was updated on a proposed phased implementation:

- a. Phase 1: Tameside Adults (following the introduction of this there would be a period of reflection to determine the effectiveness of the action.
- b. Phase 2: Fairfield Hospital, Bury (Ramsbottom Ward) and Rochdale Infirmary (dormitory Ward)

- c. Phase 3: Stockport Adults
- d. Phase 4: older people's wards across Greater Manchester's North East Sector (Bury, Rochdale and Oldham)
- e. Phase 5: Stockport and Tameside adults
- f. Phase 6: Heywood, Middleton and Rochdale.

In considering the proposed implementation programme it was suggested that member of the Committee be invited to visit wards at different hospital sites across the Trust's footprint, beginning with the Aspden and Hope Ward at the Royal Oldham Hospital. It was agreed that visits by Members of the Committee would be held on Wednesday, 30<sup>th</sup> October with further visits to be held on specified dates in November 2019.

Resolved:

That the report be noted.

### **COMMISSIONING PSYCHIATRIC INTENSIVE (PICU) CARE BEDS ACROSS THE PENNINE CARE FOOTPRINT**

21. The Trust's Deputy Chief Executive reported upon Psychiatric Intensive Care Units (PICU) that were a type of psychiatric in-patient ward. On these wards staffing levels are higher than on a normal acute admission ward. Many PICUs also have a seclusion room and most PICUs are single gender.

PICUs were designed to look after patients who could not be managed on open (unlocked) psychiatric wards due to the level of risk the patient posed to themselves or others. A patient's length of stay was normally short (a few weeks) rather than prolonged as the patient would be treated and returned to an open ward as soon as their mental state is stable.

PICU wards specialised in the assessment and comprehensive treatment of people with a broad spectrum of acute and enduring mental health needs. They provided care and treatment to inpatients who were experiencing the most acute phase of a mental illness. PICU services were designed and delivered in line with national guidance, including the physical environment, numbers of beds, staffing ratios and disciplines, and the interventions provided.

Pennine Care NHS Foundation Trust had submitted a bid to NHS Improvement for a £4.5 million capital development for the purposes of female PICU services. In order to make best use of estates it was proposed that the current PCFT vacant ward in the basement area of the Buckton Building at Tameside General Hospital be demolished and rebuilt as a 12 bedded male PICU service and the men are transferred from Stockport to Tameside.

The current male PICU unit (Cobden Unit at Stepping Hill Hospital) would be redeveloped into a 10 bedded female PICU Unit. The rationale of developing the female unit in Stockport was to maintain the bed base at 10 beds (considered the largest number of beds for a female unit) and also moving the male provision to Tameside would link the PICU unit with the existing male Low Secure Unit (Tatton Unit) which is also based in the basement area of the

Buckton Building at Tameside General, which supports sharing of staff expertise and expert response teams.

The Trust was currently developing a full business case to be submitted to NHS Improvement to gain full commitment to the capital investment agreed in principle.

Resolved:

That the actions of the Trust, outlined above, with regard to the development of Psychiatric Intensive Care Units be fully supported and endorsed by the Committee.

## **DATES OF FUTURE MEETINGS**

22. Resolved:

1. Formal meetings of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust be held on Tuesday, 21<sup>st</sup> January 2020 and on Tuesday, 17<sup>th</sup> March 2020; both meetings to be held in the Council Offices, Number One Riverside, Smith Street, Rochdale, commencing at 2.00pm.
2. Informal meetings of the Committee's membership be held with representatives of Pennine Care Foundation Trust's senior management, at the Trust's head office (225 Old Street, Ashton-under-Lyne) on: Tuesday, 19<sup>th</sup> November 2019, Tuesday, 18<sup>th</sup> February 2019 and Tuesday, 14<sup>th</sup> April 2020: all meetings commencing at 2.00pm.