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

Date: 27 January 2015

Present:

Councillor Roy Walker (Bury Council)
Councillor Peter Bury (Bury Council)
Councillor Stella Smith (Bury Council)
Councillor Colin McLaren (Oldham Council)
Councillor Norman Briggs (Oldham Council)
Councillor Diane Williamson (Oldham Council)
Councillor Joan Davies (Manchester City Council)
Councillor Harry Lyons (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
Ms Jo Keogh:	Divisional Director, Women and Childrens/Elective Access, Pennine Acute Hospitals NHS Trust
Ms Sandra Good	Director of Strategy and Commercial Development, Pennine Acute Hospitals NHS Trust
Mr Stuart North	Chief Officer, Bury CCG
Mrs Alice Rea:	Joint Health Overview and Scrutiny Officer

PAT0115-1 **APOLOGIES**

Councillor Mark Hackett (Manchester City Council)
Councillor Janet Darnbrough (Rochdale MBC)
Councillor Iftikhar Ahmed (Rochdale MBC)

PAT0115-2 **DECLARATIONS OF INTERST**

No declarations of interest were made.

PAT0115-3 **PUBLIC QUESTIONS**

There were no public questions.

PAT0115-4 **MINUTES OF THE LAST MEETINGS**

Members of the Committee were asked to approve as a correct record, the minutes of the meeting held on 25 November 2014.

RESOLVED:

That the minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust held on 25 November 2014 be approved as a correct record.

PAT0115-5 **MATTERS ARISING**

PAT1114-5: Reminders for responses to the request for information about procedures for dealing with conflicts of interest and CCG commissioning within their area had been sent to the four local authority HOSC Officers. Manchester had given a holding response, Bury had a HOSC meeting that evening, Oldham would address the request at its next HOSC meeting and Rochdale had not yet responded.

PAT1114-6: The JHOS Officer had replied, on behalf of the JHOSC, to the letter about the content and format of the Quality Account, on 16 December 2014. Members had received a copy of the letter in the papers.

PAT0115-6 **ANNOUNCEMENTS/UPDATES**

The Trust's response to the JHOSC's review report on End of Life Care within the Trust was tabled at the meeting. The Assistant Chief Executive said that the Trust welcomed the report and that managers had responded to it in the text of the response, with a covering letter from the Chief Nurse. It was agreed that Members would let the JHOS Officer have any comments on the response by Friday 6 February for a reply to the Trust to be prepared, if required.

RESOLVED:

That Members would let the JHOS Officer have any comments on the response by Friday 6 February for a reply to the Trust to be prepared, if required.

PAT0115-7 **ELECTIVE ACCESS**

The JHOSC received information from the Divisional Director, Women and Children's/Elective Access, Pennine Acute Hospitals NHS Trust about cancellation of elective operations within the Trust.

She explained that, where operations or procedures were cancelled on the actual day of admission, for non-clinical reasons, a new date should be given within 28 days of the day of cancellation. She explained that non-clinical reasons included insufficient bed capacity (including critical care), list overruns and emergencies. The JHOSC was informed that the Trust had treated 23,123 patients in the second quarter of 2014/15,

505 more operations than in the second quarter the previous year, and that 173 operations had been cancelled in the second quarter the previous year compared to 234 in the current year. The Trust was trying to increase activity to reduce the need for cancellations.

The proportion of operations cancelled in quarter 2 was 1.01%, slightly better than the Greater Manchester regional rate of 1.05% but worse than the national rate of 0.8%. All but three patients were rebooked and treated within 28 days from April to November 2014.

She felt that the Trust did recognise the impact that cancellations on the day had on people and added that patients did have some choice about the date they accepted for treatment following a cancellation on the day.

A Member asked if staff capacity was an issue in cancellations. The Divisional Director said that staffing was rarely a reason as the Trust would try to replace a surgeon if someone was not available. She was then asked how the cancellations were prioritised for new appointments and advised that clinical urgency would be considered followed by any previous cancellations and, for procedures requiring different specialisms, the co-ordination of surgeons. The Member then asked if there were any figures for repeat cancellations and the Chairman agreed that it would be useful for the JHOSC to have this information, along with information about operations cancelled prior to the date.

The Divisional Director was then asked about plans for bad weather. She was advised that patient cancellations were not reported as cancellations but that the patients were not penalised for cancelling. The Trust did try to predict in advance the likely consequences of forecast bad weather.

Another Member asked about bed capacity and the reasons why patients ready for discharge were unable to leave hospital. The Divisional Director confirmed that there was a combination of reasons including accommodation not being ready or available for patients to return to and patients with chronic medical conditions staying longer in hospital than anticipated. The JHOSC recognised that keeping people in hospital for longer than necessary was expensive but also recognised the problems for Social Services departments working with reduced resources.

The Chief Officer, Bury CCG said that the Trust worked closely with the CCGs on this issue, who received an analysis of the number of patients medically fit for discharge still in hospital beds three times per week. He reported that there were at least 100 patients in Trust beds who were medically fit for discharge. He also reported that there was big difference between localities, with one area having 15 patients in Trust beds and another having 50. This was very challenging and Local Authorities needed to challenge the situation in their own areas. Other

challenges arose if patients and/or their families insisted in waiting for a place in a specific care home and from a lack basic facilities available in the home, in some instances.

A Member asked about list overruns and why they happened. He was informed that there was a theatre management system in operation but that sometimes there were complications that had not been anticipated which resulted in operations taking longer than allowed for. In those cases staff prioritised who would stay and whose operation would be cancelled. Patients were often understanding in these situations. In answer to a further question the JHOSC was told that the list could sometimes be extended on the day but that it was difficult with afternoon lists and that the length of time staff spent operating had to be properly monitored.

The Divisional Director then talked about second stage procedures where patients required more than one operation or procedure. These would be managed either by starting the 18 week pathway for the second treatment as soon as the patient was medically fit after the first treatment had been carried out or, for a series of treatments, through a clinical management plan based on the patient's condition, the procedures being undertaken and the best clinical evidence. Both scenarios were tracked and closely managed.

There was some further discussion about 'bed blocking' and the problems it caused for the Trust, the patients waiting to be discharged and the patients awaiting elective treatment. The Chief Officer, Bury CCG, said that the CCGs were aware of the issues and did challenge and that the Adult Social Care Group was looking at some agreed principles for working across areas. More information could be provided to the JHOSC about the steps being taken if the JHOSC would find it useful. It was agreed that it was important to look across areas as patients often crossed boundaries for hospital care and that further information would be useful for the March meeting.

RESOLVED:

1) That the JHOSC be provided with figures for repeat cancellations along with information about operations cancelled prior to the date.

2) That further information about the steps being taken by the CCGs to stop 'bed blocking' would be given by the CCGs at the next meeting on 24 March.

PAT0115-8 **JHOSC REVIEW OF CCG COMMISSIONING OF ACUTE SERVICES**

The Chief Officer, Bury CCG, advised the JHOSC that the CCGs felt they had implemented the Committee's recommendations. They had established a main CCG contact for the JHOSC and felt relationships had improved as a result. They confirmed that there had been no gaps in provision through reconfiguration and change, as had always been the intent. Consideration of transport had not been as good, largely because public transport decisions were taken without consultation about the effect on access to health services with the CCGs. However, the CCGs did consider transport a major component of reconfiguration and it was being treated as such in the Healthier Together reconfiguration. There were no further comments from the Trust.

PAT0115-9 **TRUST STRATEGY INCLUDING FUTURE PLANS FOR RECONFIGURATION WITHIN THE PENNINE ACUTE HOSPITALS NHS TRUST**

The Director of Strategy and Commercial Development informed the JHOSC that she was leading on the implementation of the Trust's Transformation Strategy. She reminded the JHOSC that the development of the strategy had started the previous April, with the appointment of the new Chief Executive. The strategy formed the basis of the five year Integrated Business Plan and had been developed with staff and stakeholders. The inclusive approach was felt to have been very successful and would be used again. The five year plan was the core of the Foundation Trust application. She explained that an annual plan was submitted each year and that the future plan was refreshed as well. She referred to the Trust's 'Our Vision and Values' document which she felt gave a sense of direction and which all Members had copies of.

She went on to remind Members about the six programme areas:

Clinical Service Transformation
Cost Improvement
Safety
Service Line Reporting
Workforce and Leadership
Foundation Trust

The JHOSC was then updated on the progress to date. A&E Improvements had been completed at Fairfield General Hospital and at the Royal Oldham Hospital. Nursing Metrics had been launched as had the Membership Development Strategy. The Trust Brand had not really been developed and promoted but this was now being addressed, a new Intranet and improved website was in place as was Programme Management Office.

Clinical Transformation would be phased, including the Healthier Together reconfiguration across Greater Manchester. Following a high level review of services, a range of options was being consulted on with

partners but this was not yet in the public domain. The Trust was working to learn about the best ways to implement change.

The Estate Strategy needed to make the best use of the estate available, with the North Manchester General Hospital being the most challenging site because of the old buildings and the extent of the site. A survey was looking at different aspects including maintenance, heating and use of different areas to help determine the best future use.

There were big targets for cost improvement but all schemes included a quality input assessment. Seven day working was being introduced to ensure senior staff were available across seven days. Parking on hospital sites was always an issue but was being developed on the Royal Oldham Hospital site to replace the parking that had long been in use at the Oldham Athletic football ground.

Site plans were being developed with the commissioners, for example, to look at the idea of a health campus on the North Manchester site. There was a major focus on partnership working and the Director of Strategy and Commercial Development suggested that the Head of Partnerships could attend a future meeting to inform the JHOSC more fully about this work.

Clinical Service Transformation needed to be mindful of the forthcoming General Election and the Trust wanted to present plans that were fully thought through. Furthermore, the Healthier Together timetables were quite long and not within the Trust's control. It was expected that initial work would be completed by the end of May, followed by consultations with the four CCGs. It was expected that public consultation would start in October but that the JHOSC would be involved prior to that. The Trust was awaiting a definitive timescale for its Foundation Trust application but anticipated that there would be a further consultation, probably around the same time as the consultation on Clinical Service Transformation. The Annual Plan for 2015/16 would be produced and the Transformation Map would be refreshed in May.

There was some discussion about the concept of a health campus. Members liked the proposals for the Manchester North site but appreciated that there were less opportunities for such development on the other sites, where there was less space available for other uses.

A Member asked about high levels of staff sickness within the Trust and what plans the Trust had for dealing with this. The Director of Strategy and Commercial Development agreed that it was a significant issue for the Trust but advised that a range of things were being done to try to address the level of absence and that the Trust was open to ideas for how to improve the level of staff absence. It was noted that the matter had been discussed at the Oldham Health and Wellbeing Board in connection with absence levels across Oldham.

Councillor Bury, as a Member of the Greater Manchester Joint Health Scrutiny Committee (GMJHSC) as well as a Member of this committee, felt that it was very important to involve the JHOSC in discussions about clinical service transformation as early as possible. This had proved very beneficial for the Healthier Together reconfiguration proposals as the GMJHSC had been able to input into the consultation process as well as having an overview role on the proposals. The Chairman proposed that he discuss with the Trust the earliest time that information could be shared with the JHOSC, possibly in a closed session initially, in order for information to remain confidential. The Vice-Chairman supported this proposal, saying that it was vital to get the pre-consultation right if the consultation were to be successful. She felt that Healthier Together had learnt from previous consultations and that this learning should continue.

RESOLVED:

That the JHOSC would receive information, about future reconfiguration plans, at the earliest possible stage, possibly in a closed session, to be agreed between the Trust and the Chairman of the JHOSC.

PAT1114-10 **URGENT BUSINESS**

There was one item of urgent business, Councillor Lyons asked if local experience of GP appointments, made following telephone consultations, being cancelled, was happening elsewhere in the Trust footprint. He was concerned that such cancellations could leave patients with the only option of attending A&E. The Chief Officer, Bury CCG felt that this was not usual but it was agreed that the matter be referred to local HOSCs within the Trust footprint to see if there was a problem across the Trust footprint.

RESOLVED:

That local HOSCs be asked if there were problems with cancellation of GP appointments made following telephone consultations in their area, which could result in more visits to A&E departments.

PAT0115-11 **DATE OF THE NEXT MEETING**

The next meeting would be held at 2.00pm, on Tuesday 24 March 2015, in Rochdale. The JHOSC Officer advised Members and attendees that she would be retiring at the end of March and so the March meeting would be her last JHOSC meeting. The Joint Health Scrutiny Officer post, supporting the JHOSC Pennine Acute and the JHOSC Pennine Care, would be reduced to a half post and the number of meetings for each JHOSC would be reduced to four per year, with additional meetings if required, in line with the GMJHSC.