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Meeting of: Joint Scrutiny Panel for Pennine Care (Mental Health) Trust
Date: Thursday, 4th October, 2018
Time: 10.00 am.
Venue: Rochdale Town Hall, The Esplanade, Rochdale, OL16 1AB

This agenda gives notice of items to be considered in private as required by Regulations 5 (4) and (5) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Item No.	AGENDA	Page No
1.	APOLOGIES To receive any apologies for absence.	
1.	DECLARATIONS OF INTEREST Members are required to declare any disclosable pecuniary, personal or personal and prejudicial interests they may have and the nature of those interests relating to items on this agenda and/or indicate if S106 of the Local Government Finance Act 1992 applies to them.	
3.	MINUTES To consider the minutes of the meeting of the Committee held 12 th July 2018	3 - 6
4.	PUBLIC QUESTIONS Any members of the public present at the meeting are invited to ask questions on any matter relating to the work or performance of Pennine Acute NHS Trust. A period of up to 30 minutes is set aside for public questions.	
5.	INFORMATICS PRESENTATION Chief Information Officer (Pennine Care NHS Foundation Trust) to report	7 - 14
6.	MIXED SEX ACCOMMODATION Director of Communications (Pennine Care NHS Foundation Trust) to report/update	

7. **CQC INSPECTIONS**

To report on preparations for the CQC's 'well led' inspection of the PCFT

8. **STAFFING AND WORKFORCE DEVELOPMENT**

The Chief Executive (Pennine Care NHS Foundation Trust to report)

9. **FINANCIAL POSITION OF THE TRUST**

Representatives of Pennine Care NHS Foundation Trust to report

10. **COMMUNITY SERVICES CONTRACT**

Chief Executive (Pennine Care NHS Foundation) Trust to report

11. **DATES OF FUTURE MEETINGS**

It is suggested that future meetings of the Committee be held:

- Thursday, 24th January 2019 at 10.00am at the Council offices, Rochdale
- Thursday, 21st March 2019 at 10.00am at the Council offices, Rochdale;

Further informal meetings be held:

- Tuesday, 4th December 2018 at 2.00pm at the Trust's offices in Ashton-under-Lyne
- Tuesday, 26th February 2019 at 2.00pm at the Trust's offices in Ashton-under-Lyne

Joint Scrutiny Panel for Pennine Care (Mental Health) Trust Members

Councillor John Bell	Councillor Laura Booth
Councillor Patricia Mary Dale	Councillor Chris Gordon
Councillor Joan Grimshaw	Councillor Derek Heffernan
Councillor Jane Howard	Councillor Colin McLaren (Chair)
Councillor Gillian Peet	Councillor Susan Smith
Councillor Teresa Smith	Councillor Yasmin Toor
Councillor Roy Walker (Vice Chair)	Councillor John Wright

For more information about this meeting, please contact:

Peter Thompson
Governance and Committee Services
Floor 2, Number One Riverside,
Smith Street, Rochdale, OL16 1XU

Telephone: 01706 924715

e-mail: peter.thompson@rochdale.gov.uk

Agenda Item 3

JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH) TRUST

MINUTES OF MEETING Thursday, 12th July 2018

PRESENT: Councillors Dale, S. Smith (Rochdale Borough Council), Gordon (Stockport MBC), Heffernan, McLaren, Taylor (substituting for Councillor Toor) (Oldham MBC) and Walker (Bury MBC)

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

ALSO IN ATTENDANCE: M. Roe (Deputy Chief Executive - Pennine Care NHS Foundation Trust), C. Parker (Executive Director – Pennine Care NHS Foundation Trust), D. Wallace (Communications Consultant – Pennine Care NHS Foundation Trust) and A. Custis (Communications Officer – Pennine Care NHS Foundation Trust).

APPOINTMENT OF CHAIR AND VICE CHAIR - 2018/19

1 The Committee considered appointing its Chair and Vice Chair for 2018/19.

Resolved:

1. Councillor Colin McLaren (Oldham MBC) be appointed Chair of the Joint Scrutiny Committee for Pennine Care Mental Health) Trust, for the 2018/19 Municipal year.
2. Councillor Roy Walker (Bury MBC) be appointed Vice-Chair of the Joint Scrutiny Committee for Pennine Care Mental Health) Trust, for the 2018/19 Municipal year.

Councillor McLaren in the Chair.

APOLOGIES

2 Apologies for absence were received from Councillor Booth (Stockport MBC), Councillor Howard (Rochdale BC), Councillor Peet (Tameside MBC), Councillor Toor (Oldham MBC) and Councillor Wright (Stockport MBC).

DECLARATIONS OF INTEREST

3 There were no declarations of interest.

PUBLIC QUESTIONS

4 There were no members of the public in attendance.

MINUTES

5 The Committee considered the minutes of the last meeting held 30th November 2017.

Resolved:

That the minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Pennine care NHS Foundation Trust, held 30th November 2017, be approved as a correct record.

CQC ACTION PLAN - PROGRESS UPDATE

6 The Chair welcomed representatives of Pennine Care NHS Foundation Trust: Martin Roe (Executive Director of Finance and Deputy Chief Executive), Clare Parker (Executive Director of Nursing, Health Professionals and Quality Governance) and David Wallace (Communications Consultant – Mixed sex accommodation Programme) who addressed the meeting regarding:

- a. Quality Strategy and Improvements
- b. Mixed sex accommodation
- c. Workforce
- d. Financial planning

Quality Strategy and Improvements: The Trust received a 'requires improvement' rating from the Care Quality Commission (CQC) arising from their inspection of the Trust in June 2017. Subsequent to this a comprehensive improvement/action plan had been put into place. Of the actions for improvement, detailed in the CQC's report on the RAG (red, amber, green) rating scheme 83% were completed and therefore rated green, 11% were rated amber and on course for completion and 6% were red and still required work to address outstanding issues.

The CQC would, at some stage within the next six months, be undertaking a follow-up inspection to assess the improvement that the Trust had put into place. The Organisation was therefore preparing for this inspection and had been invited onto the NHS's Getting to Good programme to assist with these preparations. Members of the Committee referred to the Care Quality Commission's report and requested more information as to the background to the CQC inspection and more details as to how the issues raised in the report are being and will be, in the future, addressed.

The Trust was preparing a strategy to embed improvements and the process by which this was to be undertaken was that a consultation exercise had been undertaken, the results of which would be reported to the Trust's Quality Committee, for screening, then would be submitted to the Trust's Board, for approval, at its meeting on 25th July 2018.

In terms of **mixed sex accommodation** on hospital wards the Committee was informed that people living with mental illness can be treated and cared for in hospital when they were too ill to be at home or in residential care. Sometimes patients' medication, treatment and care needs changed, and they needed to be assessed in a hospital. Pennine Care NHS Foundation Trust ran this type of hospital ward for patients from a number of areas including Rochdale, Oldham, Stockport, Bury, Tameside and Glossop.

The Trust's services were often accessed in Stockport by patients from Buxton in Derbyshire and Disley in East Cheshire. Glossop and the surrounding areas of Derbyshire also accessed the facilities in Tameside.

Some of the Trust's older hospital wards currently included a mix of patients with both Functional and Organic conditions, and this in itself sometimes caused problems for staff in managing patient behaviour. The mix could also cause some distress to patients that do not have dementia – (functional patients) who may find themselves isolated.

Over recent years, there have been a number of incidents that have seriously compromised the safety of patients and caused major upset for the patients, families, carers and staff.

Due to the current way of working, the potential for more incidents continues to exist.

The Committee was informed that Pennine Care NHS Foundation Trust had found it difficult to recruit suitably qualified staff. When staffing shortages arise workers from suitable employment agencies have to be brought in. Due to the nature of a patient's condition, often 1:1 or 2:1 ratio of staff to patient is required. This is resource intensive within an already stretched service.

The Trust is currently in the process of carrying out a wide-ranging engagement, entitled: 'What Matter to You'. This will be conducted over a three stage process from July 2018 until the end of September 2018. An independent feedback report will be prepared and reported upon to a future meeting of this Committee, prior to its submission to the Trust's Board. Based on the findings of this feedback report, and the views of the Committee, a draft report on recommendations will be produced by the Trust for further consideration of the Committee.

Workforce: The Joint Committee was informed that the Trust had developed a 'People and Workforce Strategy' that had been signed-off by the Trust's Board. Various senior positions within the Trust were currently being advertised including the Executive Director of Workforce position. Across the Trust's footprint the number of vacancies had been reduced from 575 (full time equivalent positions) in April 2017 to 419 in April 2018, and a further benefit of this is the reduced expenditure on agency staff. In addition the Trust had introduced a successful 'apprenticeship scheme' which had seen 33 members of staff appointed. An aggressive marketing/advertising campaign was underway to ensure that the Trust's remaining vacancies were recruited to.

Financial planning: The Joint Committee was informed of the Trust's financial position. In 2017/18 the Trust had, for the first time, planned for a deficit – of £6.6 million. The actual outturn for 2017/18 showed an actual deficit of £2.2 million. The original financial plan for 2018/19 planned for a £11.2 million deficit, however after detailed planning and adjustments this had subsequently been reduced to £6.4 million. The Joint Committee was advised

of the announcement in June 2018, from the Government, of additional funding for the NHS in England however the trust was still waiting for details of its final settlement in this regard.

In the longer term the Trust was seeking to develop financial stability by 2021 and further details of this plan would be submitted to future meetings of this Committee.

It was noted that a considerable amount of expenditure would be as a result of the proposals to establish a psychological unit at the Trust's Ashton/Tameside site which was a high priority for the Trust.

Members of the Committee discussed the issues raised above in some detail and sought further clarification on the provision for young people who were presenting with mental health conditions and what levels of care they could expect to receive. Members sought assurances, further to earlier meetings of the Committee that employees of the Pennine Care Trust were appropriately trained to carry out the relevant tasks and in this regard the Trust was asked to present details to a future meeting of the Committee to reinforce this particular point.

In terms of informatics the Joint Committee had been advised that the Trust had an on-going five year project to fully digitise patient records. The Committee was advised that this was both a cost and labour intensive project and some additional funding from the Greater Manchester health and social care fund had been made available for this. It was agreed that a future meeting of the Committee would receive a presentation/report from the Trust's Director of Informatics by way of an update on this matter.

Members of the Joint Committee expressed a wish to have a regular dialogue with the Trust in the hope that their support could lead to improvements becoming embedded in the trust's culture. The Committee, to support this suggested that as well as regular quarterly formal Committee meetings the Members could meet (approximately half way between Committee meetings) informally to discuss issues of concern.

Decision:

It was agreed that the report be noted and that outstanding issues be referred to future meetings of the Committee for further, in-depth, discussion.

DATE OF NEXT MEETING

7 Decision:

It was agreed that:

1. The next formal meeting of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust be held on Thursday, 4th October 2018 at Rochdale Town Hall, commencing at 10.00am.
2. An informal meeting 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, 28th August 2018 commencing at 1.00pm.

Rochdale Joint Health Overview Committee

Chris Reynolds Chief Information Officer

Sep 2018

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 www.penninecare.nhs.uk

2018-20 Strategy refresh

- Who contributed:
 - 457 PCFT staff (375 in frontline services / 211 clinical)
 - 14 Digital and Technology leaders (Pennine acute/GM H&SC /CCG /Microsoft/Civica/Cisco/NHS Digital)
- Approved by:
 - PCFT Health informatics Steering Group – Feb 18
 - PCFT Finance and Performance Committee – March 18
 - PCFT Trust Board – March 18



Adobe Acrobat
Document

Health Informatics Projects

Current Health Informatics Projects

	Risks of not doing it	Benefits of doing it
Improving Mental Health and Community clinical recording and information exchange (PARIS PAS and Clinical Documentation)	Patient Safety is compromised currently (CQC comment)	Ability to share <u>community and mental health clinical detail internally</u> and <u>externally with GPs, Acute, Private, Social care, Patients</u> <u>Quick to deploy</u> as system is already embedded
Developing Electronic Referrals from GPs (eRS)	Mandated requirement by NHS contract Parity of esteem for mental health and community health service users	Allows <u>integration with all NHS</u> (and other healthcare) providers enabling swift controlled pathway management Enables patient/service user choice discussions to take place, <u>empowering patients to self manage</u>
Elevating Patient Identification and Communication in all LCOs (PDS)	Service users are not appropriately identified in a safe secure manner	Patients are <u>correctly identified and managed appropriately</u> in line with <u>national standards</u>
Improving and securing printing and the desktop experience	IG incidents due to use of faxes continue High cost / poor quality printing continues Slow poor quality desktop experience continues	Consistently Excellent printing and scanning experience for all staff Consistently Excellent desktop experience for all staff who use a PC to work
Investigating Electronic Prescribing (E-Prescribing)	Prescribing patterns are not standardised. Patients will suffer due to poor quality prescriptions	<u>Clinical engagement improves</u> due to use of fundamental part of clinical process Benefits of <u>collaboration with GMWest</u>



Current Health Informatics Projects

	Risks of not doing it	Benefits of doing it
Establishing an Information Culture between the provider and commissioners	Provider overloaded with requests for information that are not used to influence decision making – 690 KPIs Clinicians and operational managers continue to work in a immature way with information	Establishes the use of information in a live environment to build predictive models and forecasting, that are easy for staff to understand Clinicians and management staff use appropriate mathematical based tools that <u>manage demand in real time</u> <u>Collaborate with GMW</u> and provide DW services to GMW
Enabling Mobile working in the LCOs (Mobile working)	Staff are unable to work effectively and are forced to travel, wasting time and energy returning to a trust location Staff retention worsens as they find access to clinical records difficult	Staff can work in any location : Allowing the <u>estate to be rationalised</u> Promoting <u>work life balance</u> Enabling <u>care closer to home</u> and <u>empowering patients</u> to self care Share solutions <u>throughout GM</u>
Investigating Document management solutions (Document management)	Clinical risk of split paper records between internal services not managed Records continue to grow as the journey to a digital record takes significant time SUI's as a result of split records continues to occur	GM Mental Health and community health document management solution that is <u>usable by clinicians</u> Improved <u>quality of clinical decision making</u>



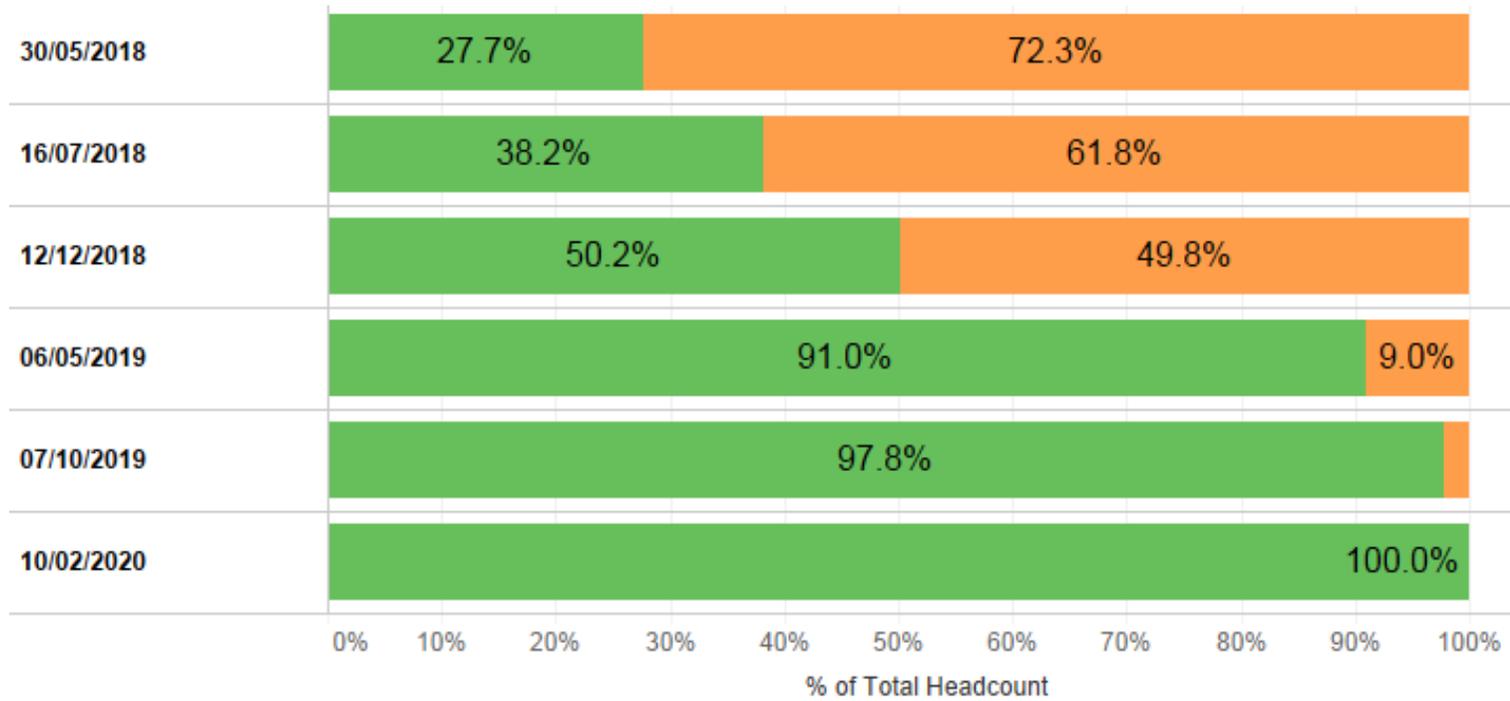
Community Health Achievements

- CAONS service (Looked After Children, Speech and Language Therapy, Diabetes, Paed eye service, epilepsy...) - all live – **shortlisted for National Not for Profit Sector Project of the Year award**
- Audiology Live across North East Sector
- Child Health live across North East Sector
- Mobile devices rolled out to teams
- Wifi rolled out in shared buildings
- PARIS for adult community health services to be decommissioned
- Active support for graphnet

Mental Health Achievements

- CPA documentation set: 500 per month taking place
- Physical health document set
- Healthy Young Minds (Trafford - March / Everywhere July)
- Clozapine documentation
- Health Informatics Assurance:
 - Informatics Skills Development network accreditation
 - NHS digital Cyber security assessment and board level training
 - Collaborative review with GMMH of programme and services

Mental Health rollout



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