

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

**MINUTES OF MEETING  
Thursday, 21<sup>st</sup> January 2021**

**PRESENT:** Councillors Sullivan (Vice Chair in the Chair), Dale (Rochdale Borough Council), Whitby (Bury MBC), Al-Hamdani (substituting for Councillor Hamblett), McLaren (Oldham MBC); Davies and Wright (Stockport MBC).

**OFFICERS:** C. Parker (Deputy Chief Executive – Pennine Care – NHS Trust), L. Bishop (Trust Secretary – Pennine Care NHS Trust), A. Osborne (Assistant Director of Finance – Pennine Care NHS Trust) and P. Thompson (Committees and Constitutional Services – Rochdale Borough Council).

**41 APOLOGIES**

Apologies for absence were received from Councillors Grimshaw, Gunther (Bury MBC), Hamblett, Surjan (Oldham MBC), Susan Smith (Rochdale Borough Council) and Holloway (Stockport MBC).

**42 DECLARATIONS OF INTEREST**

There were no declarations of interests.

**43 MINUTES**

Resolved:

That the Minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust, held 22<sup>nd</sup> September 2020, be approved as a correct record.

**44 FINANCIAL UPDATE**

The Trust's Assistant Director of Finance updated the Committee on Pennine Care's current financial situation. The Trust was being supported to deliver a breakeven financial position (Income = Expenditure) in line with the rest of the NHS nationwide. At the present time there were no requirements to deliver efficiency savings, although the Trust had continued to implement its Corporate Service Redesign Programme, which had delivered £500,000 of savings in the first six months of the 2020/2021 financial year – it was projected that £900,000 would be yielded in savings throughout the whole year.

In response to the Covid-19 pandemic the Trust had overall spent approximately an additional £3,000,000 on staffing, consumables and equipment.

Thus far in the second half of the 2020/2021 financial year (from 1<sup>st</sup> October 2020) financial envelopes had been agreed at a Greater Manchester system level, with a minimum 1.1% efficiency savings target. The Trust had received approximately £6,000,000 of additional investment into its provision of Mental Health Services. Significant capital investment was planned to be made in

2020/2021 to roll out the Electronic Patient Record programme, to eradicate dormitories and to build the new Tameside Psychiatric Intensive Care Unit.

In addition the Committee was advised that national funding into Mental Health would be available for both Community and Crisis Services; that the 2021/2022 'Planning and Contracting' process had been delayed; that the current financial framework would be rolled over into 2021/2022, (until at least the end of Quarter 1 – 30<sup>th</sup> June 2021; and that capital funding envelopes were planned to be set at a Greater Manchester system level – early indications were that there would be significant financial pressures for the Greater Manchester system.

Resolved:

That the report be noted.

#### **45 IMPROVEMENT PLAN UPDATE**

The Trust's Deputy Chief Executive reported upon some of the key issues arising from the Care Quality Commission's inspection and the consequent follow-up improvement plan. Key issues that were highlighted included:- staffing levels and management supervision; Compliance with the requirements of the Mental Health Act (such as understanding of seclusion and restrictive practices); Medicines Management (including medication checks following high dose of rapid tranquilisation); Recording of information (such as details of best interests' meetings and rationale for decisions such as 'do not attempt cardiopulmonary resuscitation'); Lack of single gender bedrooms as an in-patient; Consistent approach to patient engagement and working with service users.

The Trust's Deputy Chief Executive reported that the CQC Improvement Plan for Pennine Care had originally been intended as a 12 month action plan. All of the major actions from the inspection had now been completed with a few minor issues still outstanding. Therefore, it had been agreed that the Improvement Plan would be closed down with the agreement from Pennine Care's Board and that the responsibility for the outstanding issues would be handed over to the appropriate Pennine Care committee/forum for ongoing monitoring.

Resolved:

That the report be noted.

#### **46 IMPACT OF COVID-19**

The Trust's Deputy Chief Executive updated the Committee on the Pennine Care Trust's current and ongoing response to the Covid-19 pandemic.

There had been increased pressure in their systems, which had been felt by the NHS nationally and also more locally, affecting all of Pennine Care's operational sites/locations.

- Impact on patients, staffing, ward closures
- Personal Protective Equipment and Infection Prevention
- Lateral Flow Testing

- Flu and Covid Vaccine
- CQC improvement plan and inspection regime

The Committee was updated on the latest situation regarding single gender accommodation on the Trust's hospital wards. Stockport adult inpatients moved to single gender on Monday 4<sup>th</sup> January 2021. Bury adult inpatients were due to transition to single gender by the end of January 2021 - this timescale had been expedited due to recent incidents. The transition to single gender/function/organic split across the older adult inpatients was currently on schedule with the transition commencing in mid-February 2021. This was happening across the Heywood, Middleton and Rochdale (HMR), Bury and Oldham sites concurrently.

The preferencing of staff across older adult wards in the North East Sector (Oldham, HMR and Bury) has concluded with a positive outcome. Whilst the dormitory work at Ramsbottom had concluded and the ward had fully reopened with 10 beds. Further work to improve the environment of the ward continued and was due to be concluded in February 2021.

Planning for the move to single gender/function/organic split across the Trust's South Division (Tameside and Stockport) was due to commence imminently.

The Committee was advised of the trust's revised management structures that had been devised to provide a more robust level of service for all patients across the Trust's footprint. An integrated leadership structure was in place from the beginning of January 2021. Originally this was due to be implemented in May 2020 but was delayed due to Covid-19. It featured a triumvirate model incorporating Medical, Operational and Quality leadership roles, with the aim of improving capacity, capability and leadership in Care Hubs. There was to be a focus on six key principles:

- a. Collective Leadership
- b. Devolved decision making
- c. Professional leadership
- d. Delivery structure
- e. Whole system leadership
- f. Transformation leadership

The Committee was informed of the key activities and achievements during 2020/2021. This included the

- i. recruitment to all Tier 1, 2 and 3 posts
- ii. Specialist organisational development commissioned to support implementation of the new leadership structure
- iii. Development of Masterclass series to support new roles Review of governance structures, systems and processes.
- iv. Transition of Healthy Minds to Borough Care Hubs
- v. Transition of Psychological Medicine, Military Veterans and Manchester Resilience Hub to Specialist Services Triumvirate.
- vi. Transition of Quality Leads and Modern Matrons to Heads of Quality.
- vii. Review of Corporate systems and processes to support new structure.
- viii. Robust communications plan

Resolved:  
That the report be noted.

**47 DATE OF NEXT MEETING**

Resolved:  
That the next meeting of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust will be held on Thursday, 18<sup>th</sup> March 2021, commencing at 10.00am, via Zoom.