

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

**MINUTES OF MEETING
Friday, 22 July 2022**

PRESENT: Councillors McLaren (Oldham MBC), Dale (Rochdale MBC), Grimshaw (Bury MBC), Hamblett (Oldham MBC), Patrick (Tameside MBC), Rashid (Rochdale MBC) and Whitby (Bury MBC).

OFFICERS: A. Hassall - Chief Executive (Pennine Care NHS Foundation Trust), N. Tamanis (Executive Director of Finance - Pennine Care NHS Foundation Trust) and J. Jenkinson (Senior Governance and Committee Services Officer).

1 APPOINTMENT OF CHAIR AND VICE CHAIR FOR 2022/ 2023

RESOLVED -

- I. That Councillor McLaren be reappointed Chair of the Joint Scrutiny Committee for Pennine Care (Mental Health) Trust for the 2022/2023 municipal year.
- II. That Councillor Hamblett be reappointed Vice-Chair of the Joint Scrutiny Committee for Pennine Care (Mental Health) Trust for the 2022/2023 municipal year.

Councillor McLaren in the Chair.

2 APOLOGIES

Apologies for absence were submitted on behalf of Councillors A. Cosgrove (Oldham Borough Council) and A. Thorney (Stockport Borough Council).

3 DECLARATIONS OF INTEREST

There were no declaration of interest.

4 MINUTES

RESOLVED - That the minutes of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust meeting held on 22nd March 2022 be approved as a correct record.

5 TERMS OF REFERENCE

RESOLVED – That the Terms of Reference of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust be noted.

6 PENNINE CARE NHS FOUNDATION TRUST PRESENTATION

The Chair welcomed attendees to the meeting, and invited Anthony Hassall, Chief Executive (Pennine Care NHS Foundation Trust), Nicky Tamanis (Executive Director of Finance - Pennine Care NHS Foundation Trust) to introduce the presentation.

Financial Plan 2022/2023

The Executive Director of Finance reported that the Greater Manchester Integrated Care System had submitted balanced revenue and capital plans on 20th June 2022. It was explained that to achieve a balanced plan would require the delivery of a system efficiency in the range of £50 - £100 million in addition to the challenging efficiency plans already built into organisational plans. It was highlighted that there was a collective responsibility of all organisations in the system to manage the risk.

Mitigation actions included: emerging system wide efficiency programmes, identification of further system wide flexibilities and application of additional allocations to the system throughout the year to offset expenditure plans; and a review of capacity i.e. critical care beds / discharge cost. The risks and mitigation actions would be managed through the system Financial Recovery Board. A key risk was the delivery of the financial plan, including the efficiency plans of £11.3 million.

In relation to the Trust's Capital Plan, it was explained that the Greater Manchester system was allocated a capital budget, and providers agreed to a set of principles to manage the 'system envelope'. £227.8 million had been agreed within an allowable tolerance of £8.8 million. Targeted funds were also available, for example allocations for mental health of £8.1 million for crisis and urgent care.

Major Capital Scheme 2022 / 2023

The Executive Director of Finance reported that the planned handover date for the Psychiatric Intensive Care Unit (Tameside) was 15th July, with opening scheduled for 31st August 2022.

The planned handover date for Stopford House facility (Stockport) was 12th August 2022, with opening scheduled for 22nd August 2022.

Workforce Update

The Panel was provided with an update on staffing vacancies and the consequent impact on the Trust's budget.

In relation to the Trust's workforce, the Chief Executive explained there were three key ambitions he aimed to implement: to make the Trust the 'best place to work', provide great patient care; and to foster greater partnership working with relevant agencies.

It was explained that recruitment drives had been successful, the Trust's workforce was growing and numbers of staff in post had increased. There had been an increase in substantive headcount from 3542 in January 2022 to 3709 in June 2022.

The Trust was keen to recruit locally and offer apprenticeships in an effort to reduce the number of bank and agency staff on the payroll.

It was noted that the highest number of staff leavers were in administrative and clerical roles. In addition, it was noted that nurses were the largest staff group in the organisation, and a high number of nurses were leaving the role. It was reported that 53% of the current vacancies in the Trust were qualified nurses; 25% were healthcare support workers; and 15% psychology staff. To address the vacancy rate the Trust had implemented flexible hours / rotas to support employees with childcare responsibilities. Employees leaving the Trust were offered exit interviews to understand the reasons for leaving, and if there were actions that could be put in place to address any common themes.

With regard to bank and agency staff, it was highlighted that temporary employees provided an important flexible pool of staff. However, it was recognised that a permanent workforce provided optimal patient care. It was noted that some unscrupulous agency staff providers charged high 'immoral rates' and often 'played off' the shortage of staff. Work was underway to reduce agency usage, and to increase substantive headcount through positive recruitment campaigns, with the aim of increasing the proportion of bank staff, for when temporary cover was required.

To address recruitment challenges the Trust engaged with six universities and worked closely with graduates to fill vacant posts.

The Trust undertook an annual Staff Survey and carefully considered feedback and any emerging issues / themes.

Improvement actions that had been implemented included:

- Equality, diversity and inclusion – Anti-Racism Action Plan, Workforce, Race, Equality, Standard (WRES), Workforce Disability, Equality Standard (WDES) and gender pay improvement areas.
- Improved culture and quality – peer review, clinical supervision and enhanced quality dashboard.
- Reducing violence and aggression towards staff – zero tolerance campaign, support provided to staff.
- Staff appraisals – support career conversations, inclusive development opportunities, and accountability for compliance of key targets.
- Compassionate leaders / effective managers – assessment of capacity and skills, management development programme aligned to a behaviours framework.

Following the conclusion of the presentation the Chair invited comments and questions from Panel Members.

During the course of the discussion, the following points were raised:

- In response to a question regarding efficiencies, it was explained that investment was needed in a number of areas in order to provide better services i.e the Trust's IT system required updating and investment in the Net Zero Plan would generate long-term savings.
- With regard to the 5% savings target, it was explained that the challenge to meet the target was 'huge'. It was anticipated that a 'break even' position would be achieved by way of making one off savings. However, recurrent savings needed to be identified to achieve future saving targets.
- In relation to capital investment, it was explained that the Trust's 10-year Estates Strategy considered opportunities to implement efficiencies.
- In responding to a question, the Chief Executive explained that the Trust aimed to reduce the use of agency staff and increase the numbers of bank staff (employees that opted to take on additional/flexible hours)
- With regard to workplace culture, it was explained that there was no 'one culture' across all of the Trust's 88 sites, and that within sites there were often multiple workplace cultures, dependent on the leadership of the ward. It was noted that the Trust had an overarching set of values that defined behaviours and approaches that all employees were expected to adhere to.
- In relation to pay within the sector, it was noted that NHS grading appeared complicated and opaque to those not familiar with the tier system. It was suggested that the Trust displayed pay grading in a straightforward format on its website to ensure remuneration was clear to prospective candidates.
- It was noted that the Trust was developing a 'grow your own' recruitment strategy, which included recruiting from those with 'lived experience' to ensure there was diversity within the workforce.
- In responding to a query regarding morale, it was noted that public sector pay for some roles made recruitment challenging. In addition, it was noted that the portrayal of the NHS in the media was often demoralising.
- In relation to the cost-of-living crisis and stories in the news of nurses using food banks, it was explained that the Trust had good relationships with trade unions, a wellbeing service was available to employees, and a salary sacrifice scheme was available for staff to purchase 'white goods' such as washing machines and refrigerators.

RESOLVED –

- I. That on behalf of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust, the Chair be requested to send an Expression of Good Will Statement to NHS staff at Pennine Care NHS Foundation Trust.

- II. That a site visit to the Psychiatric Intensive Care Unit (Tameside) and Stopford House (Stockport) be arranged for Members of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust.

7 SCHEDULE OF MEETINGS AND WORK PROGRAMME 2022/ 2023

RESOLVED - That the Senior Governance and Committee Officer be requested to circulate the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust work programme 2022/2023 for suggested topics for forthcoming meeting dates.