

AGENDA FOR

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE ACUTE NHS TRUST

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**To: All Members of Joint Health Overview and Scrutiny
Committee for Pennine Acute NHS Trust**

Councillors : Shaukat Ali, Norman Briggs, Joan Davies,
John Farrell, Sarah Kerrison, John McCann, Colin
McLaren, Kathleen Nickson, Linda Robinson,
Stella Smith, Ann Stott and Roy Walker

Dear Member/Colleague

Joint Health Overview and Scrutiny Committee for Pennine Acute NHS Trust

You are invited to attend a meeting of the Joint Health Overview and Scrutiny Committee for Pennine Acute NHS Trust which will be held as follows:-

Date:	Tuesday, 3 October 2017
Place:	Lees Suite, Oldham OL1 1NL
Time:	2PM
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of the Joint Committee are asked to consider whether they have an interest in any of the matters on the agenda and, if so, to formally declare that interest.

3 PUBLIC QUESTIONS

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.

4 MINUTES *(Pages 1 - 6)*

Minutes of the 4th July 2017 are attached.

5 PENNINE IMPROVEMENT PLAN *(Pages 7 - 68)*

Jude Adams, Chief Delivery Officer, Pennine Acute NHS Trust will attend the meeting and provide an update on the improvement plan and will include the Care Quality Commission Action plan and workforce update.

6 DEVELOPMENT OF THE NORTHEAST SECTOR ACUTE SERVICE STRATEGY *(Pages 69 - 80)*

Jo Purcell, Deputy Director, North East Sector will present at the meeting. Presentation attached.

7 HEALTHIER TOGETHER UPDATE *(Pages 81 - 82)*

Jo Purcell, Deputy Director, North East Sector will present at the meeting. Presentation attached.

8 KIDNEY CARE CENTRE PROPOSAL *(Pages 83 - 114)*

Jack Sharp, Group Director of Service Strategy and Planning and Dr Smeeta Sinha Clinical Director for Renal Services will present at the meeting. Report attached.

9 CAPITAL REPORT FOR THE ROYAL OLDHAM HOSPITAL AND THE NORTH MANCHESTER GENERAL HOSPITAL *(Pages 115 - 116)*

Jack Sharp, Group Director of Service Strategy and Planning will report at the meeting. Paper will be sent to follow.

10 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

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Meeting of:

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

Date: 4th July 2017

Present:

Councillor Roy Walker (Bury Council)
Councillor Stella Smith (Bury Council)
Councillor Joan Davies (Manchester City Council)
Councillor Colin McLaren (Oldham Council)
Councillor Norman Briggs (Oldham MBC)
Councillor Sarah Kerrison (Bury MBC)
Councillor John McCann (Oldham MBC)
Councillor John Farrell (Manchester City Council)
Councillor Shaukat Ali (Manchester City Council)

Jack Sharp: Director of Strategy Salford Royal and Pennine Acute
Damien Finn: Director of Finance Pennine Acute
Phil Turner HR: Business Partner North Manchester
Dr Chris Brooks: Medical Director
Ms Julie Gallagher: Joint Health Overview and Scrutiny Officer

PAT.17/18-01 APPOINTMENT OF CHAIR AND VICE CHAIR**It was agreed:**

1. That Councillor Colin McLaren (Oldham MBC) be appointed Chair of the Joint Health Overview and Scrutiny Committee for the Municipal year 2017/18.
2. That Councillor Stella Smith (Bury MBC) be appointed vice Chair of the Joint Health Overview and Scrutiny Committee for the Municipal year 2017/18.

PAT. 17/18-02 APOLOGIES

Apologies were received from Councillor Ann Stott (Rochdale MBC), Kathleen Nickson (Rochdale MBC) and Councillor Linda Robinson (Rochdale MBC)

PAT.17/18-03 DECLARATIONS OF INTEREST

There were no declarations of interest.

PAT.17/18-04 MINUTES AND MATTERS ARISING

The Joint Health Overview and Scrutiny Officer reported that an update in respect of the Retinopathy fixed camera in Saddleworth/Uppermill had been received. The NE Diabetic Eye Screening Programme has only recently appointed a programme manager, the query highlighted from the JHOSC has been shared with the new postholder and a response as of yet has not been provided.

Representatives from Manchester and Oldham asked for further information in respect of the £10 million capital spend allocated for the North Manchester General Hospital (NMGH) and the Oldham Royal (ORH) Site. The Finance Director confirmed that the majority of this money will be spent in NMGH on infrastructure, heating and car parks and in ORH on the Healthier Together implementation.

It was agreed:

1. That the minutes of the meetings held on 28TH February 2017 be approved as a correct record.
2. Pennine Acute NHS Trust will provide further detailed information in respect of the £10 million capital spend at the Royal Oldham Hospital and the North Manchester General Hospital.

PAT.17/18-05 PUBLIC QUESTIONS

There were no public questions.

PAT.17/18-06 POLITICAL BALANCE

Members of the Joint Health Overview and Scrutiny Committee considered a report from the JHOSC Officer.

It was agreed:

That the necessity, that the Joint Health Overview and Scrutiny Committee for Pennine Acute NHS Trust be politically balanced, be waived for the municipal year 2017.2018.

**PAT.17/18-07 TRUST WIDE FINANCIAL UPDATE/WORKFORCE
UPDATE/CITY OF MANCHESTER SINGLE HOSPITAL
SERVICE UPDATE AND HEALTHIER TOGETHER UPDATE**

Representatives from the Salford Royal NHS Trust and the Pennine Acute NHS Trust attended the meeting to provide members of the Committee with a Trust wide update with particular regards to the Financial position at the Trust and also workforce issues.

It was agreed:

The following four items listed on the agenda; Trust wide financial update; Workforce Update; City of Manchester Single Hospital Service Update and Healthier Update would be considered as a single item.

The Presentation contained the following information:

The Trust has ensured that there has been a focus on stabilisation and quality improvement, the Trust has established strong governance and leadership and overseen the commencement of significant clinical transformation.

The Director of Strategy reported that like the rest of the NHS, the Pennine Acute NHS Trust faces significant financial pressures and investment is required to improve and transform.

The Trust delivered a £2m deficit in 2016/17 on a turnover of £644m; this was better than planned. For 2017/18, the PAT has a £11.3m deficit plan. The Director of Strategy reported that the main areas of pressure is, costs associated with activity over performance, continued use of clinical agency staff and delivery of efficiencies.

In respect of the Leadership arrangements, the new organisational arrangements have been in place since April 2017. Care Organisations have been established that connect to their local health and care economy as well as the development of more robust clinical operating procedures to drive continuous improvement and resilience.

Significant change and transformation is required of PAT services in order to secure clinical and financial resilience. Key drivers include:

- Urgent need to improve quality of care, including addressing the CQC findings.
- Meeting commissioning requirements, particularly a significant shift to integrated out-of-hospital care (through Local Care Organisations).
- Establishment of the (proposed) Single Hospital Service for the City of Manchester and associated changes to NMGH.
- The GM Theme 3 clinical strategy for hospital based services.
- Addressing 7 day services standards and provision.

In respect of the Single Hospital Service, the Director of Strategy reported that a provisional report has been published by the Competition and Markets Authority, the creation of the new trust remains on track for October 2017. The NMGH is likely to join the new Trust 12-18 months after CMFT/UHSM merger.

A North east sector Clinical Service Strategy has been developed, its primary aim is to describe how FGH, RI and ROH will deliver safe, high quality, clinically and financially sustainable services that meet the needs of local people.

The strategy will also support the future clinical and financial sustainability of NMGH and there will be separate governance arrangements in place for this. The Strategy will focus on acute services at PAT sites, but this will be closely aligned to the development of improved services out-of-hospital.

In respect of the workforce, the Director of Strategy reported that there has been significant effort to stabilise the workforce and create a culture of improvement, new models of care will require new roles to address gaps in workforce.

The Director of Strategy reported that sickness absence and recruitment and retention is improving within the Trust but there still remains gaps in critical areas, the workforce will be key to the improvement and transformation agenda.

Questions were invited from those present and the following issues were raised:

With regards to the deficit, members queried how much of the deficit could be attributed to increase spend on bank and agency staff. The Director of Finance reported that in the financial year 2016/17 of the £400 million spent on staffing costs £40 million was spent on agency staff. The Trust would like to reduce this spend by £10 million.

In respect of recruitment problems as a result of the Referendum vote, the Medical Director reported that workforce issues; including recruitment and retention continues to be the single biggest problem facing the Trust. Previously NMGH had only 1.3 F.T.E. consultants working in emergency medicine compared to 17/18 at SRFT. Work is being undertaken jointly between PAT and the SRFT to recruit additional staff. The Medical Director confirmed that staff exit interviews are conducted by the Trust.

The Medical Director confirmed work had been undertaken by the Trust in India to recruit middle grade doctors. These doctors will be supported in the work place and enabled to continue their post-grad studies.

The Director of Strategy reported that work is underway to improve engagement and communication with staff. The Trust acknowledged that some staff may feel disconnected from the management team at the Trust.

In response to a Member's question in respect of the perceived lack of stability at the Trust and the impact this is having on recruitment and retention, the Director of Strategy reported that the landscape is complex. The changes as a result of the move to a single hospital service in Manchester are almost certain to take place this year with NMGH joining the newly created Trust within 12 to 18 months. It is

envisaged that the SRFT and the hospitals in Bury, Rochdale and Oldham will operate as a single organisation going forward.

The Director of Finance reported that in he had met with several members of staff as part of the Trust's 1000 voices engagement exercise. As part of that exercise he has spoken to staff working at NMGH who had particular concerns about job security as a result of the proposals to transfer out of the PAT and into a new hospital Trust.

Members queried whether there would be any negotiation with regards to land and estates as part of the arrangements to separate NMGH from the Pennine Acute NHS Trust. The Finance Director reported that an Estates Strategy is being developed.

Dr. Brookes, Medical Director reported that there is a national shortage of staff across many disciplines including Critical Care. With regards to staff moving around the footprint (including into the Community) this has been more feasible in some areas of speciality.

Members of the Committee discussed the role of Health Scrutiny going forward. Officers from the Trust were very supportive of the role elected members played in holding the Trust and the NHS to account. The Chair re-iterated that the Trust must continue to work with the Joint Committee and communicate more effectively in respect of how the different strands of work; Healthier together, CQC Action plan, the move to the Single Hospital Service work together.

With regards to a Member's question in respect of A&E, the Director of Strategy reported that the Trust was not meeting the national mandatory standard in respect of the four hour waiting time. The Trust therefore agreed with its Commissioners a phased improvement with regards to the standard with a stepped approach to achieving the target.

In response to a Member's question the Director of Strategy reported that the senior management team at the Trust is no longer interim. A committee in common has been established to be one decision making body for the Trusts.

It was agreed:

1. The Pennine Acute NHS Trust Estates Strategy would be considered at the next meeting of the Joint Committee.
2. The Care Quality Commission Action Plan and the details of the Healthy Together implementation plan be standing agenda items.

PAT 17/18-08 URGENT BUSINESS

There was no urgent business reported.

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Summary of the CQC and SRFT Diagnostic Improvement Plan

BLUE	Milestone successfully achieved
GREEN	Successful delivery of the project is on track and seems highly likely to remain so, and there are no major outstanding issues that appear to threaten delivery significantly.
AMBER/GREEN	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into issues threatening delivery.
AMBER	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and if addressed promptly, should not cause the project to overrun.
AMBER/RED	Successful delivery is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and to determine whether resolution is feasible.
RED	Successful delivery appears to be unachievable. There are major issues on project definition, with project delivery and its associated benefits appearing highly unlikely, which at this stage do not appear to be resolvable.

Version	Version 7.8
Date	31/8/17

What and why we need to improve

During February 2016 the CQC inspected services at PAHT. On 1st March 2016 Ms. Ann Ford, Head of Hospitals Inspection CQC, wrote to confirm immediate patient safety concerns that had been discovered as a result of the inspection. The concerns that ***required decisive immediate actions to stabilise services and assure patient safety*** were across 4 main service areas Maternity, Children, Urgent Care and Critical Care.

In April, following the interim appointment of Sir David Dalton as CEO, a team of senior health executives, supplemented by external support constructed and conducted a diagnostic review of the causes of risk to patient safety and care sustainability.

The diagnostic focus was to identify areas for improvement that impacted on patient safety. It was not a full investigation into all aspects of operations of the trust. Nor was it a full due diligence of the trust. The diagnostic was informed by the immediate concerns raised by the CQC.

The key areas for improvement identified in addition to the fragile services were:

- Patient safety, harm and outcomes
- Systems of assurance and governance arrangements
- Operational management and data quality
- Workforce capacity and capability
- Leadership and external relations

The CQC report has now been published (August 2016). The CQC identified 77 ‘Must Dos’ and 144 ‘Should Dos’ to ensure sustainable improvement to care delivered across the Pennine Trust services. The full report corroborates the findings of SRFT’s diagnostic.

The full CQC report has established evidence that PAHT, overall, is rated **Inadequate**.

All of the CQC ‘must dos’ and ‘should dos’ have been mapped across to the themes for improvement identified in the SRFT Diagnostic.

This improvement plan sets out the immediate (first 9 months) improvement actions – this is to ensure we are getting the basics right, stabilising services and creating the right conditions upon which we can continue to improve and ultimately transform care delivery across Pennine.

Our quality improvement strategy ‘**Saving Lives, Improving Lives**’, aims to go beyond the immediate concerns raised by the CQC report, we will engage our staff in a quality improvement strategy that will result in our services to be rated good or outstanding by regulators, that our staff would rate as a good place to work and a good place for their relatives to be cared for.

Who is responsible?

NHS Improvement (NHSi), in conjunction with GM Health & Social Care Partnership (coordinating the response of Bury, Oldham, HMR and North Manchester CCGs), invited Salford Royal NHS Foundation Trust (SRFT), to provide interim leadership support to PAHT from 1st April 2016 the Chair, Mr. Jim Potter and the CEO, Sir David Dalton, were appointed to interim positions of Chair and CEO of PAHT.

The Trust Chief Executive Sir David Dalton is ultimately responsible for implementing the actions in this document, the Trust executive team will provide the leadership to ensure we identify the right improvement actions that will tackle some of the long standing issues the Trust has faced and create the right conditions to deliver the changes required.

Our site leadership teams, divisional triumvirates and clinical leaders across the Trust will be key to delivering the actions that will ensure service sustainability and transformation. The high level deliverables articulated in this plan are underpinned by weekly improvement actions that clinical and management teams have developed and own. These weekly actions and evidence of delivery will be managed via an integration management office; teams will be supported to deliver changes at scale and pace with access to the SRFT standard operating model.

The GM Improvement Board will bring together parts of the local health and care economies to ensure there is a shared understanding and collective commitment to the delivery of the improvement plan, including resources that need to be made available to enable the changes to happen.

It is evident that the Trust has many thousands of staff trying to deliver good standards of care to patients. However, we need to create a culture of continuous improvement supported by robust governance and accountability arrangements from Board to ward which ensures leaders are focused on the key risks to the delivery of excellent care.

How will we measure our improvement?

Measurement of our improvements will be fundamental to ensuring sustainability and the reliability of our care. We will develop a high level assurance dashboard against our key themes that measures our progress. We need to ensure that our improvement actions and activities are translating to improvement in outcomes for patients using a small number of key performance indicators.

We will assure our improvement plan through our Trust board and Executive assurance committees

How will we communicate progress?

Internal Communication to staff within the Trust will utilise the full range of existing communication channels and our new leadership arrangements to listen, update and engage staff in the delivery of the improvement plan.

We will utilise a weekly message circulated to all staff, site notice boards; monthly face to face Team Talk sessions led by an Executive Director; regular briefings with the staff side representatives and direct engagement sessions between the Executive team and senior managers with a particular focus on meeting with the Clinical Directors.

Briefing of key issues through the line management structure; use of dedicated pages on the Trust intranet and articles on our improvement journey will feature in the monthly Pennine News magazine. Any matters which require immediate communication will be sent through an all user email.

There are multiple routes for staff to feed-back comments including the dedicated staff.views@pat.nhs.uk email address; raising issues at face to face sessions with their line managers or at Team Talk sessions; contributing through the staff engagement programme; if necessary using the Speak in Confidence system to raise matters anonymously directly with senior managers.

Working in partnership with the multi-agency communications group we will:

- Ensure the clear, consistent and integrated delivery of all internal and external communications including staff, patients, families and carers, commissioners, GPs;
- Ensure the public/patients are informed and reassured that services are safe;
- Ensure that all key partners and stakeholders are kept up to date and informed about developments, decisions and any service changes that are required and their impact;
- Ensure all related media enquiries are co-ordinated and managed effectively, to ensure clear and consistent messages and to ensure media coverage is accurate;
- Work together to manage and protect the reputation of the NHS and social care in Greater Manchester and the services provided across the local healthcare economy;
- Ensure any subsequent operational or service changes are communicated effectively across PAT and the local healthcare system to staff, GPs, the public and externally.

PENNINE ACUTE HOSPITALS TRUST – SAVING LIVES, IMPROVING LIVES
OUR IMPROVEMENT PLAN AND OUR PROGRESS

Improvement Theme	Summary of actions required	Agreed timescale	Assurance and external support	RAG Status	Executive and Operational Leadership	Revised deadline if required	BAF
Improving fragile services	<i>Urgent Care</i> Establish clear leadership for the urgent care services and EDs in line with site based leadership model	1.12.16	External – GM Improvement Board CCGs GM providers	All appointments made and commence in post June – Sept GREEN	Chris Brookes Chief Medical Officer	June for Division	
	Ensure adequate stabilisation of consultant and middle grade cover in ED at NMGH to meet the agreed service model requirements.	12.9.16	Internal – Care Board and Quality Assurance Committee	Stability of consultant cover. Middle grade to be kept under review until permanent appointments made AMBER		1.3.17 for review Revised 30.9.17	
	Assess the options for the Urgent Care service model for North Manchester	1.4 17		Options assessed and recommendation made to GMHSCP. COMPLETE		31.7.17	

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Have in place a nursing, ENP, ANP workforce to meet the demand of patients across EDs	31.3.17		ROH vacancies = no vacancies from Sept NMGH vacancies = 14 current, none from Sept AMBER GREEN	Chief Nurse	ongoing	
Have in place a nursing, ANP, AHP workforce to meet the demand of patients across AMU's	1.9.17		ROH= 14 RN vacancies from Sept post new recruits NMGH =3 RNs current but 28RNs post expansion, 11 in pipeline AMBER	Chief Medical Officer	Ongoing	
Develop and deliver primary care offer within ED at NMGH (including streaming)	30.9.16		Goes live October. Capital bid approved by NHSi AMBER GREEN	Chief Delivery Officer	31.7.17	
Develop integrated ambulatory pathways and frailty model at NMG	31.3.17		Model agreed, see above re: capital bid against Frailty offer will be included within phase 2 of the AMU expansion. Workforce recruitment remains risk to expansion AMBER	Chief Medical Officer	1.10.17	
				Chief Medical Officer	31.7.17	

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	Ensure best practice patient pathways within the ED and time to assessment, treatment and transfers are well understood and delivered in order to manage risks to patient safety and improve care	31.3.17		Improvement actions underway at all CO with weekly tests of change. Workforce & bed capacity remains key risk. Indicators stabilised or improving. ROH delivery risk increased. AMBER	Chief Delivery Officer	ongoing	
	Ensure the pathways/escalation response for medical, surgical and paediatrics and the speciality services capacity to respond to urgent and emergency care is developed in place.	31.3.17		Speciality solution not yet reliable but improving. DTAs at NMGH significantly improved. ROH delivery risk increased AMBER		30.6.17	
	Have in place an extended crisis response service for North Manchester, 8am – 10pm, 7 days	31.12.16		COMPLETED		Go live Feb 17	

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Maternity Care	Put in place the senior management and clinical leadership to develop and drive forward the maternity improvement plan	30.9.16	External – GM Improvement Board CCGs CMFT/RBH	COMPLETE	Chief Nurse/ Chief Medical Officer	1.12.16	
	Have in place robust workforce plans and available staff to deliver maternity services, including medical, nursing and support posts.	1.1.17	Internal – Care Board and Quality Assurance Committee	Midwife to births ratio improving. New recruits Sept. Interview dates for ROH consultant appointments made NMGH – 5 posts advertised after RCOG approval, interviews Sept 6th GREEN	Chief Nurse/Chief Medical Officer	Phase 2 30.6.17 appoints In post 30.9.17	
	Establish comprehensive risk and governance arrangements which includes learning from incidents, complaints, auditing practice and improving incident and risk management systems and processes. Embed learning culture	19.12.16		Systems and processes in place. COMPLETED		On-going On-going	

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	Ensure all staff are trained and developed specific to their job roles	31.3.17		Indicators improving with CTG training at 93%. 200 midwives on advanced NHSi programme GREEN		On-going	
	Ensure the engagement of all staff in the improvement plan, developing a culture of continuous quality improvement	31.3.17		Continuous engagement on-going GREEN			
	<p>Paediatric Care</p> <p>Ensure adequate numbers of trained paediatric nurses are in place to meet the demand and ensure safe care</p> <p>Develop and deliver on the new model to stabilise paediatric urgent care for FGH</p> <p>Ensure all staff are trained and</p>	<p>31.3.17</p> <p>30.9.16</p>	<p>External – GM Improvement Board CCGs CMFT/RBH</p> <p>Internal – Care Board and Quality Assurance Committee</p>	<p>HDU beds reliably staffed (discussions with NHSE re funding). Beds flexed to daily staffing to maintain safe ratios and business case under review for expansion. Recruitment ongoing. Reduction in transfer out remains stable at reduced rate AMBER</p> <p>COMPLETED</p>	<p>Chief Nurse</p> <p>Chief Delivery Officer</p> <p>Chief Nurse</p>	1.9.17	

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	competent to manage the critically ill child and have in place a 24hr/7 day rota for APLS/PLS trained staff.	1.12.16		COMPLETED	Chief Delivery Officer		
	Ensure the capacity to treat and care for children requiring elective treatment is in place sustainably	1.3.17		Oral surgery wait list re-opened with agreement from NHSI. Daily elective lists in place with some weekend capacity GREEN	Chief Delivery officer	1.9.17	
	Develop and deliver on the new models of care to receive, assess and treat paediatrics at all sites	30.6.17		23Hr unit in place at NMGH. Gaps in workforce cap/demand at ROH and ANP role introduced AMBER/GREEN			
	Critical Care		External – GM Improvement Board CCGs CMFT/RBH Internal – Care Board and Quality Assurance Committee	HDU cover maintained at agreed levels and middle grade recruitment progressed. Risks to sustainability due to emerging consultant gaps at FGH and ROH cover required. AMBER	Chris Brookes Chief Officer	31.1.17 31.3.17 1.8.17	
	Ensure sufficient consultant and middle grade cover to the HDU at ROH	30.9.16			Chief Nurse	1.9.17	

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	Ensure that the required nursing/AHP workforce across the critical care units is determined and in place	1.6.17		Nursing gap closing to enable delivery against agreed plan. AHP plan to be reviewed in line with benchmark and funding revision AMBER			
	Determine the requirements for critical care outreach and safe response at night and weekends	1.6.17		Review post QI- Deteriorating patient			
Improving Quality	Develop and Ignite our QI Strategy						
	Develop PAHT QI strategy	1.9.16	External – GM Improvement Board CCGs	COMPLETED	Chief Nurse	14.11.16 12.12.16 31.01.17	
	Engagement and launch of Strategy with CO staff	31.4.17		COMPLETED		ongoing	
	Improving Safety						
	<ul style="list-style-type: none"> • QI Collaborative on deteriorating patients and managing sepsis 						
	Engagement of staff	30.9.16	Internal – Care Board and Quality Assurance Committee	COMPLETED	Chief nurse/Chief Medical Officer		

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	Development of QI faculty	21.10.16		COMPLETED			
	Commence collaborative	18.11.17		COMPLETED			
	Test of change being undertaken and QI learning being embedded	31.7.17		Underway GREEN		31.7.17	
	Develop change package and scale up and spread	31.12.17		To be develop following completion of collaborative			
	Improving Safety <ul style="list-style-type: none"> 90 day improvement cycles for pressure ulcers, falls, CAUTI 	(Mar-Jun17)	Internal – Care Board and Quality Assurance Committee		Chief Nurse/Chief Medical Officer		
	Have in place reliable data	1.3.17		Pressure Ulcer data correct, falls data correct, CAUTI under review but using ST GREEN		ongoing	
	Develop ward improvement goals	1.6.17		Falls continues to improve, and P Ulcer collaborative launched GREEN		1.8.17	
	Improving Safety		Internal –				

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	<ul style="list-style-type: none"> 90 day improvement cycle reducing hospital acquired C.Diff 	(Oct-Dec)	Care Board and Quality Assurance Committee		Chief Medical Officer	Dec-Feb	
	Have in place reliable data	1.10.16		COMPLETED-local action plans developed			
	Develop ward improvement goals and plans	1.1.17		COMPLETED		Mar 17	
	Review and improve the Trust antibiotic polices and antimicrobial stewardship	30.9.17		Policies reviewed by IP&C. Fundamentals of care programme led by CMO GREEN			
	Review and improve hand hygiene practices	30.9.17		CO medical directors assuring compliance but system not yet reliable. AMBER			
	Improving Safety						
	<ul style="list-style-type: none"> Implement NAAS System to ensure core nursing standards are met 		Internal – Care Board and Quality Assurance Committee		Chief Nurse		
	Mobilise team and engage senior nurse leaders in NAAS model	9.9.16		COMPLETED			

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	Undertake desktop assessment	30.9.16		COMPLETED			
	Identify data collections methods and priority areas (pilot wards)	14.10.16		COMPLETED		28.10.16	
	Baseline assessment of all priority wards and improvement plans developed	31.3.17		COMPLETED			
	Completion of all wards	30.6.17		On track – 7 wards outstanding will complete in next 3 weeks GREEN		1.9.17	
	50% of all wards to achieve Green status	1.3.18		33%, 19 amber = 44% and 10 green = 23%. Clear action plans agreed with ward managers and new corporate matrons for re-assessments AMBER			
	Improving Safety <ul style="list-style-type: none"> Implement patient support system Deploy a support system to support vulnerable patients and families	Commence 1.10.16 Complete 31.12.16	Internal – Care Board and Quality Assurance Committee	COMPLETED	Chief Nurse	31.3.17	

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	Evaluation of support system	1.9.17					
	<i>Improving Effectiveness</i> <ul style="list-style-type: none"> Reducing mortality 		External – GM Improvement Board CCGs		Chief Medical Officer		
	Outline methodology	1.9.16	Internal – Care Board and Quality Assurance Committee	COMPLETED			
	Undertake Trust wide mortality review	1.3.17		COMPLETED		31.12.16 31.1.17	
	Determine CO/Service level improvement actions using review data and Dr Foster intelligence	1.11.16		COMPLETED		30.4.16 30.6.17	
	Ensure reliable system for M&M reviews and learning from avoidable factors	30.4.17		Maturity of system seen at FGH. Roll out to other CO under MD leadership AMBER GREEN		30.6.17 30.9.17	
	<i>Improving patient experience</i> <ul style="list-style-type: none"> Improving End of Life Care 		External – GM Improvement Board CCGs		Elaine Inglesby-Burke Site Nurse Directors and		

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	Undertake a baseline assessment of bereavement care	30.9.16	Internal – Care Board and Quality Assurance Committee	COMPLETED	Medical Directors		
	Work with wards and departments to agree the plan	1.12.16		COMPLETED			
	Roll out the Royals Alliance bereavement model	31.3.17		COMPLETED			
	Improving patient experience	Commence 1.4.17 Complete 1.9.17		Project to form part of last 1000 days	Chief Nurse	ongoing	
	<ul style="list-style-type: none"> Implement 'what matters most to me' 						
	Undertake baseline assessment of Patient Experience and determine other key improvement actions	30.4.17		Ongoing improvement actions relating to FFT continue GREEN			
	Develop QI Collaborative on last 1000 days and PJ Paralysis	Commence June 17. Conclude 30.11.17		COMPLETED			

PENNINE ACUTE HOSPITALS TRUST – SAVING LIVES, IMPROVING LIVES
OUR IMPROVEMENT PLAN AND OUR PROGRESS

	Undertake tests of change	July-Nov		Commenced GREEN			
	Develop change package and spread	Nov-Dec					
	<i>Ensure safe medicines management</i>						
	Develop plans derived from core standards and audits	31.10.16		COMPLETED	Chief Medical Officer	30.4.17	
	Deliver on improvements to: <ul style="list-style-type: none"> - CD/RD checks - Fridge ambient temps - Crossing out/signatories 	31.7.17		Improvements in Duthie audits. Clear action plans at ward level assured by DONs AMBER			
	Revise Medicines Safety Group	31.7.17		New TOR agreed and membership, Medical Director appointed to chair, schedule of dates agreed AMBER-RED			

PENNINE ACUTE HOSPITALS TRUST – SAVING LIVES, IMPROVING LIVES
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	Complete MIAA audit actions	31.8.17		Plans in place to address actions AMBER			
Improving Risk and Governance	<p><i>Implement new risks and governance arrangement across the Trust</i></p> <p>Undertake comprehensive assessment of governance arrangements and develop work plan focussing initially on 4 priority areas: complaints, claims, serious incidents and coroners inquests</p> <p>Implement new risk and governance framework</p> <p>Put in place new Board Assurance Framework</p> <p>Ensure risk and governance arrangements during Transition to new CO and once new CO are</p>	<p>31.11.16</p> <p>1.8.17</p> <p>31.12.16</p> <p>31.10.16</p> <p>1.9.17</p>	<p>External – GM Improvement Board CCGs</p> <p>Internal – Care Board Executive Risk Assurance Committee</p>	<p>Assessment and early improvement actions determined COMPLETED.</p> <p>Month on month improvements continue Complaints backlog trajectory agreed real time response to be in place by November 17 GREEN</p> <p>COMPLETED</p> <p>COMPLETED</p> <p>New Transition Board established. Clear project plan AMBER- GREEN</p>	Chief Nurse	30.11.17	

PENNINE ACUTE HOSPITALS TRUST – SAVING LIVES, IMPROVING LIVES
OUR IMPROVEMENT PLAN AND OUR PROGRESS

	established remain robust			COMPLETED for phase 1.			
	Roll out risk training for all staff	31.3.17					
	Phase 2 training to be delivered for new Divisional leaders once established	Commence July		Additional training procured and underway GREEN			
	Implement new Datix system	31.4.17		Implementation underway – track mobilisation issues AMBER GREEN		1.6.17 1.7.17 1.8.17	
	Review all safeguarding						
	Deliver on level 3 children's safeguarding training to agreed standard	31.11.16	External – GM Improvement Board CCGs Local Authorities	New Head of Safeguarding in post, training compliance maintained for high risk areas GREEN	Chief Nurse	31.3.17 On-going	
	Undertake gap analysis for MCA DOLs and deliver on agreed action plan	31.2.17	Internal – Executive Quality Assurance Committee	Gap analysis completed. Plans in place to develop staff knowledge and application		On-going	

PENNINE ACUTE HOSPITALS TRUST – SAVING LIVES, IMPROVING LIVES
OUR IMPROVEMENT PLAN AND OUR PROGRESS

				AMBER/GREEN			
Improving Operations and Performance	<p>Ensure improvement to patient flow Implement SAFER model across all wards</p> <p>Improving reliability of SAFER</p> <p>Commence QI project on Reliable ward rounds</p> <p>Commence QI project on standard work for bed managers</p>	<p>16.12.16</p> <p>31.7.17</p> <p>Start 1.7.17</p> <p>Start 1.7.17</p>	<p>External – GM Improvement Board CCGs Local Authorities Community providers</p> <p>Internal – Executive Operations and Performance Committee</p>	<p>COMPLETED</p> <p>See refresh below</p> <p>Tests on 2-3 wards per CO to identify bottlenecks</p> <p>PID approved 90 day improvement cycle underway. AMBER PID approved 90 day improvement plan underway AMBER AMU/ambulatory</p>	Chief Delivery Officer	1.9.17	

PENNINE ACUTE HOSPITALS TRUST – SAVING LIVES, IMPROVING LIVES
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	Ensure flow/bed requirements are driven by agreed clinical pathways of care, are modelled and delivered	1.4.17		pathways modelled. GREEN Workforce risks to AMU/Ambulatory expansion. Acute bed capacity limited and optimum occupancy reliant on OOH improvements AMBER/RED		Revised date 1.9.17	
	Have in place systems and processes for the management and escalation of patient flow across the acute sites to ensure patients are care for in the right place	1.4.17		Trust escalation systems revised to include OPEL. COMPLETE		1.9.17	
	Put in place and deliver against agreed standards which ensure medically optimised patients are transferred safely and appropriately	1.6.17		IDT teams in place. Needs agreed timeliness standards across NES & TA. Agreed DTOC levels not achieved AMBER			
	Ensure data quality systems and processes are robust to deliver on operational performance Reduce PAS open registrations by completing data cleanse exercise	28.10.16	External – GM Improvement Board CCGs	Open registration closure	Chief Delivery Officer	14.11.16 14.2.17	

PENNINE ACUTE HOSPITALS TRUST – SAVING LIVES, IMPROVING LIVES
OUR IMPROVEMENT PLAN AND OUR PROGRESS

and put in place systems and process for access control				commenced AMBERGREEN		16.4.17 30.6.17 31.8.17	
Create business intelligent patient tracking list and tools to support operational staff in managing stages of treatment for patients	1.1.17		Internal – Care Board and Executive Operations and Performance Committee	RTT and FU PTLs live in July/Aug AMBER GREEN		30.6.17 31.7.17	
Ensure all identified staff groups have access to and are trained and assessed on referral to treatment rules and PAS functionality	1.1.17			Core systems trainers appointed. Training on-going GREEN		On-going	
Ensure booking and scheduling functions and resources are in place to meet the standards required and are structured to support operational delivery and the best patient experience.	31.3.17			Engagement sessions delivered, plan developed AMBER		1.6.17 30.9.17	
Put in place systems and processes to ensure clinical input into validation of ED breaches and non breaches	1.10.16			COMPLETED			

PENNINE ACUTE HOSPITALS TRUST – SAVING LIVES, IMPROVING LIVES
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	<p>Ensure ED symphony system is utilised and optimised in patient tracking and clinical pathway management.</p> <p>Ensure ED patient tracker roles are developed and supported across all EDs</p> <p>Undertake self-assessment against audit commission standards on DQ, develop action plans to address gaps.</p>	<p>1.12.16</p> <p>31.12.16</p> <p>1.6.17</p>		<p>Continued delays with technical solution AMBER RED</p> <p>COMPLETED</p> <p>DQ and assurance processes underway as BI functions aligned and CO's develop AMBER</p>		<p>31.3.17 31.5.17 27.6.17 31.8.17 (TBR)</p> <p>ongoing</p>	
Workforce and safe staffing	<p><i>Undertake baseline safe staffing review of nursing</i></p> <p>Assess all wards and departments against Salford Nursing Standards commencing with high risks areas</p> <p>Agree and develop workforce plan to address shortfalls</p>	<p>30.9.16</p> <p>31.10.16</p>	<p>External – GM Improvement Board CCGs</p> <p>Internal – Care Board and Executive Quality</p>	<p>COMPLETED</p> <p>Strategic work underway with HEIs and international recruitment partner procured.</p>	Chief Nurse	<p>14.11.16</p> <p>30.11.16 1.5.17 Ongoing</p>	

PENNINE ACUTE HOSPITALS TRUST – SAVING LIVES, IMPROVING LIVES
OUR IMPROVEMENT PLAN AND OUR PROGRESS

	Have in place systems and processes to report and close workforce gaps to achieve safe reliable staffing (90% standard)	30.6.17	Assurance Committee	AMBER RED Fill rates achieved with reliance on temporary staff due to recruitment challenges. NHSP gone live. New graduates start Sept AMBER RED		Ongoing	
	<i>Undertake baseline safe staffing assessment for medical staff</i> Understand vacancies against funded establishment Assess fragile services against national standards and clinical service need. Develop plans for resolution of gaps	31.8.16 31.12.16	External – GM Improvement Board CCGs, GMTU Internal – Care Board and Executive Workforce Assurance Committee	 COMPLETED Assessment COMPLETE Agreed initial investment 12.5 WTE Consultants across the three CO's to support general internal medicine COMPLETED	Chief Medical Officer		

PENNINE ACUTE HOSPITALS TRUST – SAVING LIVES, IMPROVING LIVES
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	Close all critical medical workforce gaps on sustainable base	31.6.17		Progress on stabilisation. Sustainable solution at risk – timescale and cost Overseas recruitment underway with circa 10-14 MGs in pipeline RED		1.12.17	
	Implement new model for recruitment						
	Identify hard to recruit groups	30.9.16		COMPLETED		31.11.16	
	Outline model and strategy for recruitment for fragile services	30.9.16		COMPLETED – plan revised following exec discussion			
	Evaluation of strategy	1.9.17		COMPLETED – revised action plan developed			
	Deliver on staff 'Happy Health Here' programme		External – GM Improvement Board CCGs				
	Promote and improve the health, wellbeing and engagement of the	31.3.17	Internal –	Sickness absence static Engagement strategy		On-going	

PENNINE ACUTE HOSPITALS TRUST – SAVING LIVES, IMPROVING LIVES
OUR IMPROVEMENT PLAN AND OUR PROGRESS

workforce			Care Board and Executive Workforce Assurance Committee	approved and underway with launch of 1000 voices AMBER GREEN	Chief of Strategy and Organisational Development		
Improve availability of the workforce and reduce reliance on temporary staffing	31.3.17			Temporary staffing spend remains high. Staff appointments in pipeline for Sept starts. Group wide approach developed for management of temp staffing (nursing and medical) AMBER/RED		On-going	
Develop new PDR offer and ensure staff have opportunity to engage in performance development discussions.	31.3.17			New offer developed. COMPLETED		On-going	
Meet 90% PDR standard	31.3.17			PDRs at 71% DQ issues being addressed. AMBER		On-going	
Ensure all staff have access to and complete mandatory training	31.3.17			Current performance marginally below target at 86% against 90% standard		On-going	

PENNINE ACUTE HOSPITALS TRUST – SAVING LIVES, IMPROVING LIVES
OUR IMPROVEMENT PLAN AND OUR PROGRESS

	Meet 90% standard			AMBER-GREEN			
Improving Leadership and strategic relations	Development of Group						
	Transition from interim executive Chair and CEO arrangement to permanent solution	1.8.16	External – NHSi, NHSE, GM Improvement Board CCGs	COMPLETED	Chief Executive	30.11.16	
	Finalise group structure and governance arrangements	31.3.17		COMPLETED		31.3.17	
	Implement Site Leadership model				Jon Lenney Executive Director of HR &OD		
	Agree model and for site leadership and management of services	31.10.16	External – GM Improvement Board CCGs	COMPLETED			
	Recruit to site leadership teams	Commence 1.9.16 Conclude 1.4.17	Internal – Care Board and Executive Workforce Assurance Committee	COMPLETED			
	Develop site improvement plans and accountability framework	1.12.16		COMPLETED		1.4.17	

PENNINE ACUTE HOSPITALS TRUST – SAVING LIVES, IMPROVING LIVES
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	<i>Develop and deliver on clinical leadership programmes</i>						
	Design, commission and deliver joint clinical leadership programmes with Chief Nurse, PAHT MD and Salford Head of Leadership (post TFL programme)	Design 1.10.16 Delivery commence 1.12.16			Chief of Strategy and Organisational Development	1.4.17 31.6.17 Ongoing delivery	
	Develop and deliver a range of leadership workshops for non-clinical leaders with SRFT Head of Leadership and Executive Sponsor(s)	Develop 31.10.16 Delivery commence 1.11.17				1.4.17 31.6.17 On-going	

**PENNINE ACUTE HOSPITALS TRUST – SAVING LIVES, IMPROVING LIVES
OUR IMPROVEMENT PLAN AND OUR PROGRESS**

Requirements to support improvement action	Timescale for implementation	Owner	Progress against timescale	Revised deadline if required
Agreement of management contract with SRFT	31.10.16	Raj Jain	Complete	31.11.16 31.3.17
Financial settlement agreed to support improvement plans and delivery on LTFM in 16/17 and projections for 17/18	30.9.16	Damien Finn/CCGs	Complete	31.11.16
Agreed specification and plans from commissioners on model of care for 'primary care front end'	1.12.16	CCGs	Requires finalisation in all localities	30.4.17
Engagement with and support from CCGs and LA to deliver on site and locality clinical service strategies	31.3.17	CCG/LAs	Joint Transformation Board in place. LCO plans in various stages of development	Requires revised deadline
Engagement and contribution to system wide UC improvement & safety workshop led respectively by ECIP and Charles Vincent	31.1.17	CCG/LAs and PAHT	Commenced	
Review of clinical quality and performance arrangements with commissioners to ensure robust assurance and safety systems in place	1.12.16	CCGs and PAHT	Contributions to CQC inspections by Commissioners	
Establishment of IMO to manage integration and co-ordinate improvement activities/synergies with SRFT	31.9.16	Jude Adams	In place	
Support from GM transformation unit and GM providers to develop and contribute where appropriate to new models of care for frail services	30.9.16	GMTU	In place	







SALFORD STANDARD OPERATING MODEL

Components of Standard Model



Pennine Acute Hospitals NHS Trust: Improvement Journey

Pennine Improvement Plan

Improving Fragile Services 	Improving Quality 	Improving Risk and Governance 	Improving Operations & Performance 	Improving Workforce and safe staffing 	Improving Leadership & Strategic Relations 
Urgent care	Develop and Ignite our Quality Improvement (QI) Strategy	Implement new risk and governance arrangements across the Trust	Improving patient flow	Improve Safe Staffing	Implement Site Leadership Model
Maternity care	Improve safety	Review all safeguarding	Improving data quality	Deliver on Healthy, Happy, Here Staff programme	
Paediatric care	Improve effectiveness				
Critical care	Improve patient experience				

Pennine Improvement Board

- Established post risk summit convened by NHSE in July 2016.
- Improvement Board chaired by Jon Rouse, Chief Officer GM H&SCP, includes CCGs, NHSi, Pennine Acute representatives. LA reps, NHSE and CQC sporadic in attendance but receive papers
- The following Sub groups report in to the improvement board to provide additional assurance:
 - § Clinical Quality Leads Group,
 - § NE Sector Urgent Care delivery Board,
 - § Maternity and Children's Group
- The Board provides oversight, ensuring effective governance for decisions to support improvement and monitors the implementation of delivery plans, including:

Short term stabilisation actions to assure safe and reliable services for identified fragile services (first priority for action);

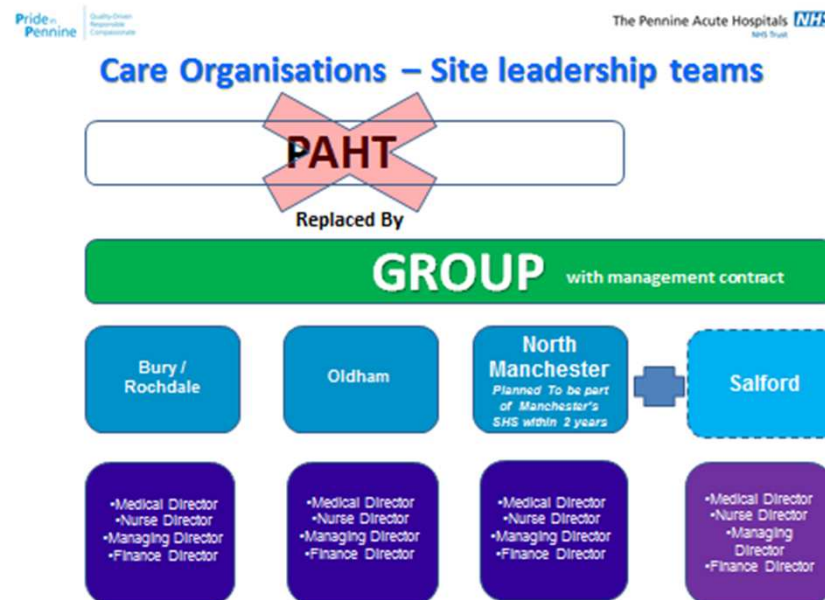
Improvement and sustainability plan for services;

Internal governance and operational system improvement

CQC re – inspection team expected between September – November

Leadership

- New Care Organisation Director team in post
- Transitioning to CO risk and assurance framework
- New Risk management system currently being deployed and risk training programme rolled out
- Executive Safety walkrounds and 'Work Withs' commenced across all sites
- Quality improvement programmes underway both across Group and health economy
- Staff engagement and clinical leadership programmes underway



Quality Improvement Strategy

Saving lives, Improving lives

NHS
North Manchester
Care Organisation
Northern Care Alliance

Quality Improvement Strategy 2017 - 2020

What are we trying to accomplish?

- Aim 1:** No preventable deaths
- Aim 2:** Continuously seek out and reduce patient harm
- Aim 3:** Achieve the highest level of reliability for clinical care
- Aim 4:** Deliver innovative and integrated care close to home which supports and improves health, wellbeing and independent living

Leadership and culture

We will foster a culture of safety by supporting all of our leaders to role-model our values of Patient and Customer Focus, Accountability, Continuous Improvement and Respect. Our leaders will be visible throughout the organisation and will develop the skills of leadership in all of our staff.

Capability Building and Staff Engagement

A small group of experts in change management will support frontline staff in using improvement methodology and developing improvement skills. We will encourage frontline staff to contribute their ideas for improvement and test these to see if the change in practice results in improvement. If it does, and we can replicate the change, then we will adopt and spread this change across the whole organisation.

Projects

We will choose a small number of focussed projects with clear measurable goals and outcomes that will deliver sustainable improvements to our patients.

Operational Excellence

One area of focus will be to improve how our patients 'flow' through our system so that we may reduce delays, cancellations and waiting times. Wherever possible we will standardise our approach into a standard operating model which can be used in each Care Organisation of the Northern Care Alliance.



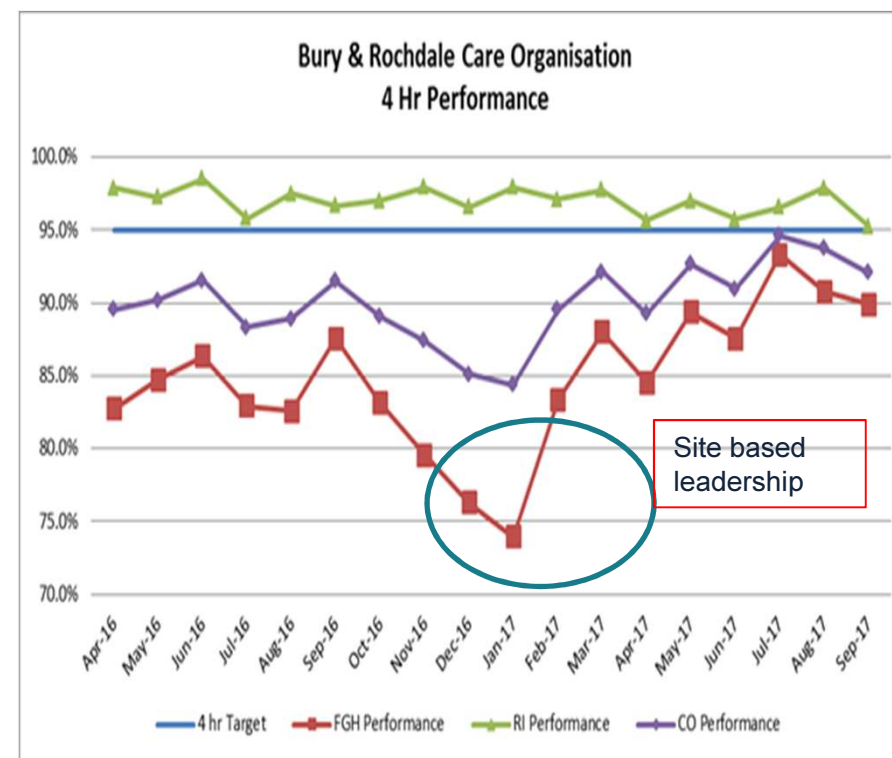
Quality improvement strategy launched mid 2017

Staffing investment has allowed greater involvement and engagement in projects

Expansion of QI team enables facilitation of collaborative events and greater focus on improvement

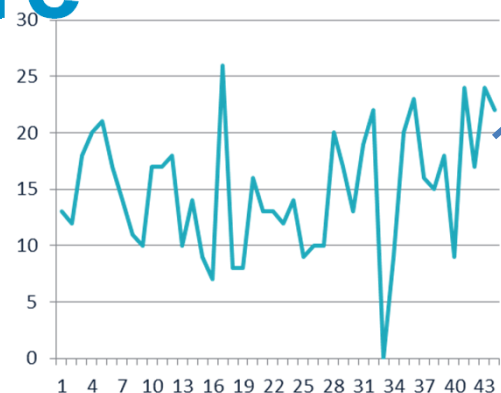
FGH/RI – ED/Medicine

- § Nursing establishments increased by circa 20 wte (£682k) – full by end Sep 17 – FGH
- § FGH Consultant Medical staff full, 4 remaining middle grades recruited -await start date
- § UCC – RN vacancy reduced 30% to 8%
- § AMU skill mix review – vacancies decreased from circa 45% to less than 5% (RN)
- § AMU redesign plus further 10 beds Q3 17/18
- § **Zero 12 hour ED waits since 02.17**
- § **Sepsis training above 95%**
- § Medicine Workforce - £1.3 m 17/18 – additional 14 RNs & 30 HCAs



TROH Urgent Care

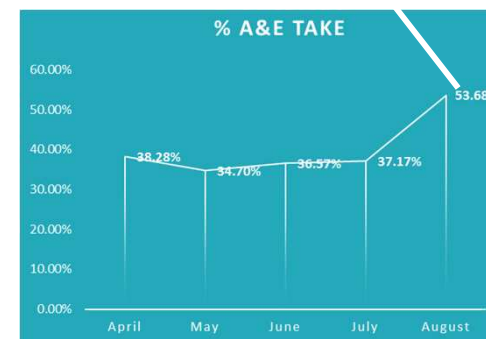
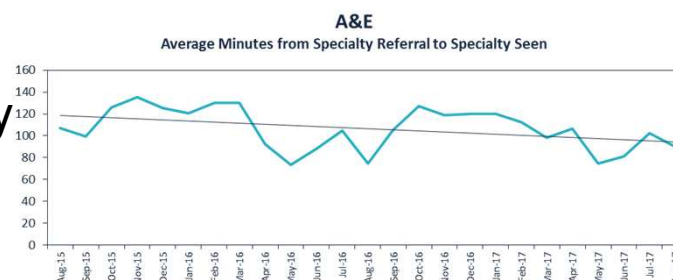
- Only ED with Green NAAS
- Investment in 25wte nurses and additional Band 6 posts in ED/AMU to strengthen leadership
- Expansion of Ambulatory Care
- Additional CT scanner
- Frailty model expanded to ED/AEC



Primary care
Streaming gaining
traction

Speciality
response to
ED improving

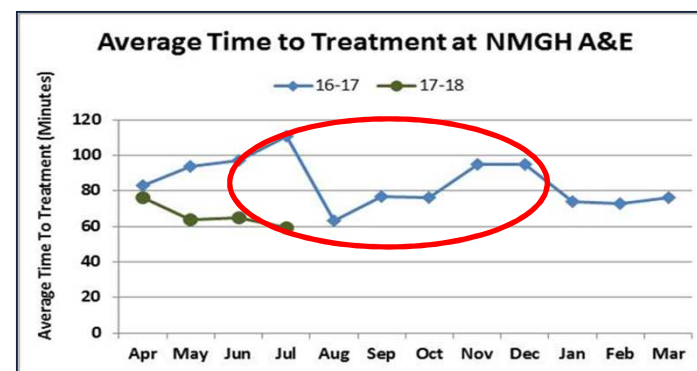
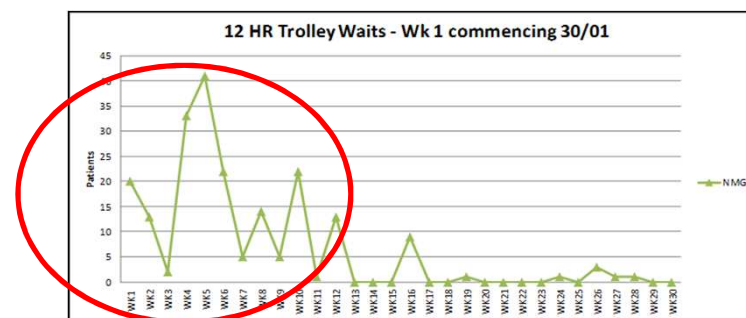
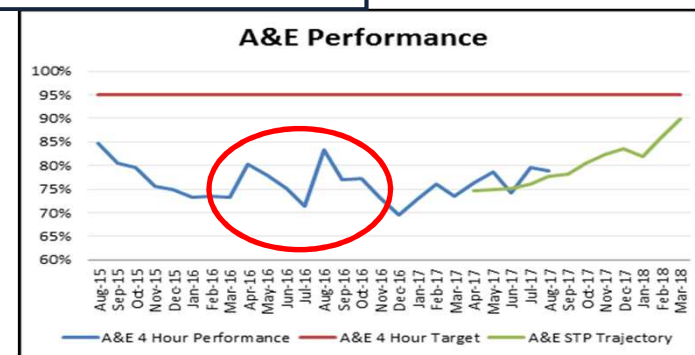
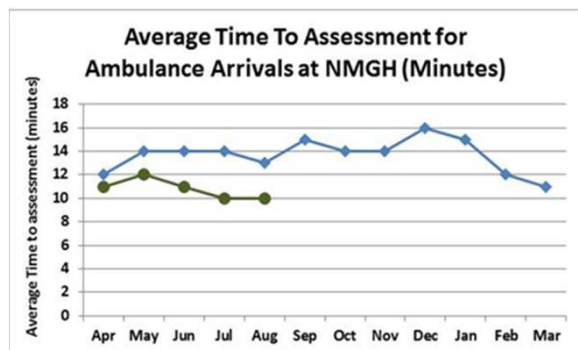
Increasing use of AEC



NMGH - ED

**Unstable and unsafe
system stabilised and
improving**

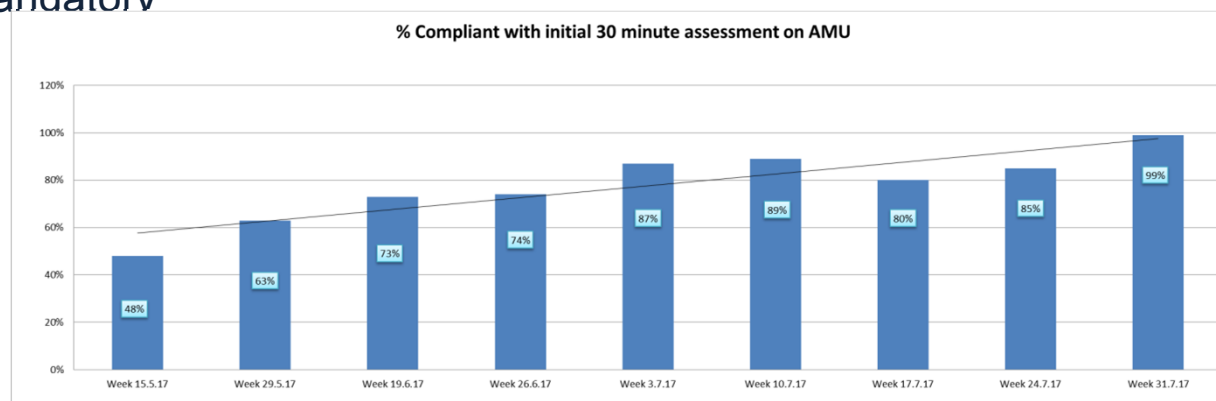
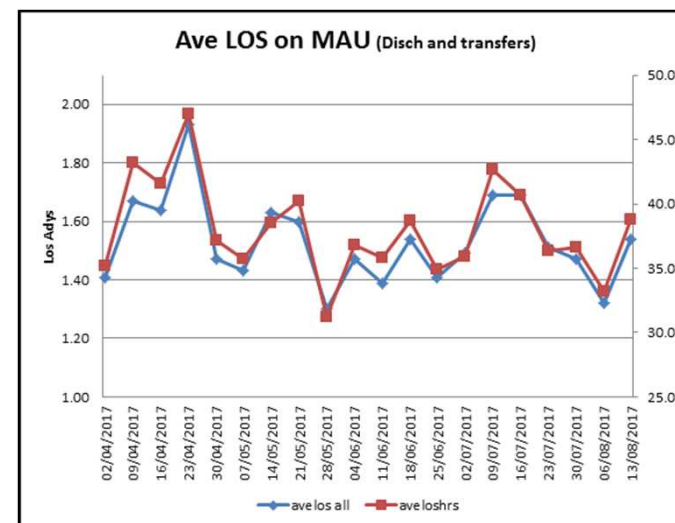
- § Improvements on 4 hr performance trajectory - ahead of STP agreed trajectory by 1.22%
- § Significant reduction/elimination of 12 trolley waits
- § Escalation policy established and in place. Moving towards recognised OPEL
- § ACU: National award for ambulatory care service from NHS England
- § Ambulance arrivals to assess 14% improvement, 24% improvement in time to treatment
- § Quality Improvement strategy: PDSA ongoing: See and treat in ED/ 2 hourly Quality rounds



Fragile Service - AMU

§ AMU redesign

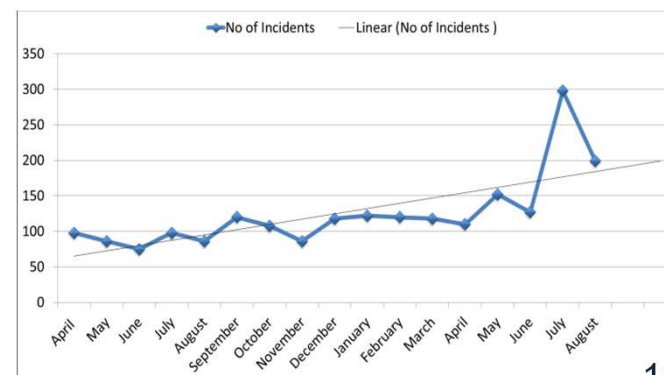
- Additional 8 beds opened July 2017
- Full expansion to 50 beds October 2017
- Pathway redesign based on SAM guidance with focus on frailty and full MDT working
- Improvements in LOS
- 94% compliance with mandatory training



Maternity services

- § £1.2m investment in midwives to achieve Birth rate +
- § 9 consultants recruited with clinical directors in post at both NMGH and ROH
- § Bi- weekly practice review meetings in place
- § Increased incident reporting
- § Improved Governance processes
 - improved culture of incident reporting
 - managing incidents in real time
 - weekly complaints an incidents meeting to identify learning
- § 93% Mandatory training compliance
- § 84% Essential training compliance

	ROH		
	Births (Mums)	Funded wte	Worked wte
April'17	425	1:27.2	1:26.7
May'17	412	1:26.4	1:25.5
June'17	404	1:25.9	1:26.5
July'17	430	1:27.6	1:28.7
Aug'17	454	1:27.9	1:30.6

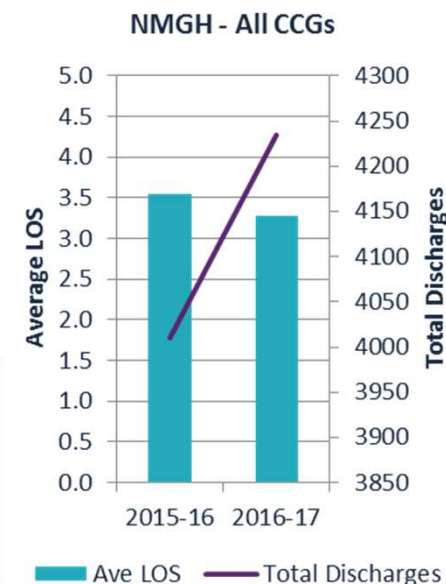
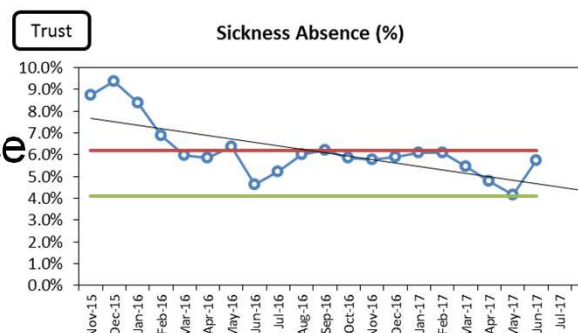


Maternity services

- CTG central monitoring now live and working well with a clear reduction in CTG related incidence upon audit
- CTG training at 94%
- 50% reduction general anaesthetic at non-elective caesarian section
- Significant reduction in blood loss during post-partum haemorrhage
- Reduction seen in trauma post C Section and general anaesthetic emergency section down from 30% to 15%
- Early warning score assessment for mothers significantly improved and a reduction in critical care admissions
- Trust part of wave 1 for the NHSI maternity and neonatal safety collaborative

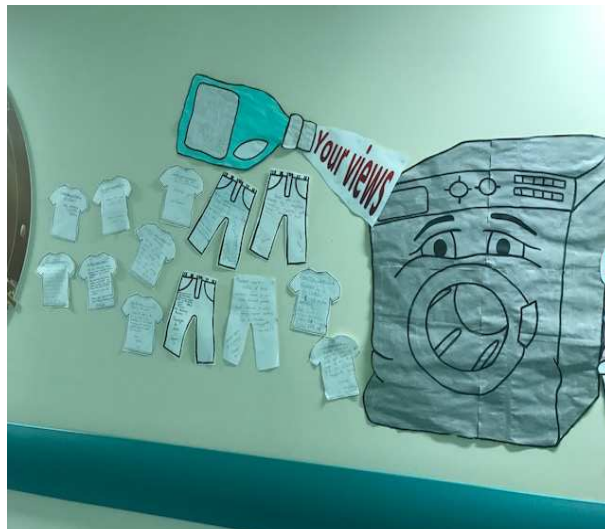
Paediatrics

- Strengthened clinical leadership teams – consultants, ward leaders, matrons
- 26 new nurse starters
- Attention to risk and governance systems with weekly review meetings, joint boards rounds, annual education programmes, risk register reviews.
- Reliably staffing HDU beds and sustained reduction in transfers out of area
- Training to support identification and support of the unwell child
- Paed O&A expansion to create additional capacity and reduce LOS

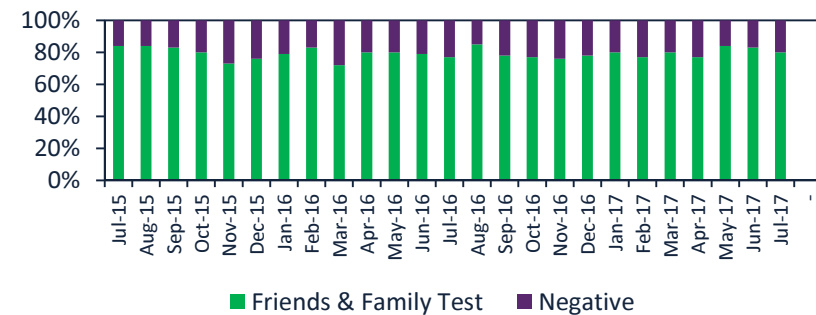


	April 2016		September 2017	
	ROH	NM	ROH	NM
APLS/PILS	51%	50%	97%	95%
HDU Module	1	1	3	4
Assessment Module	1		3	
Simulation Training	N/A		8	26

C&YP Experience



Friends & Family Test



■ Friends & Family Test ■ Negative

Feedback Cloud

Where word occurs at least 10 times



Positive

Negative

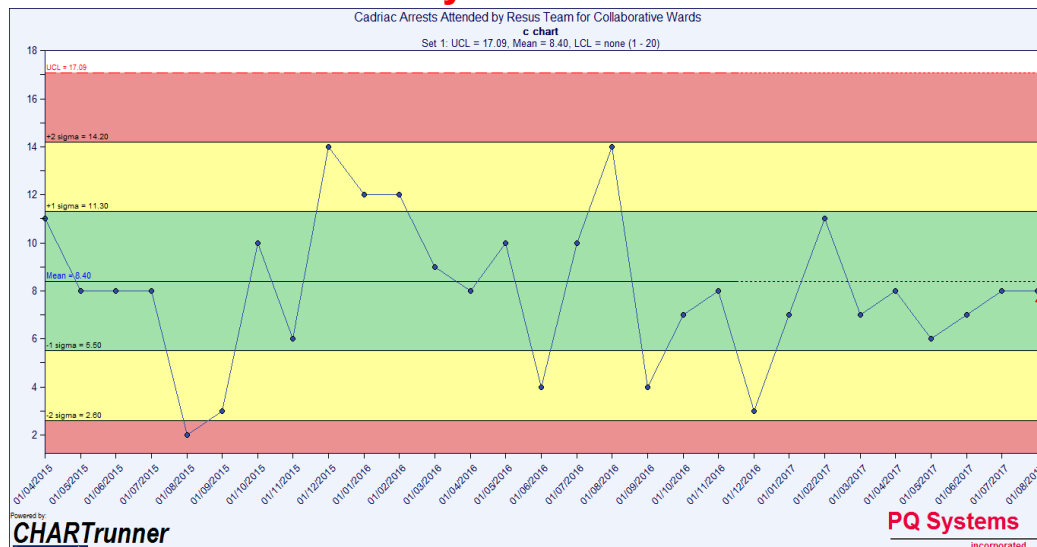
advice amazing attentive away brilliant busy care child childrens child daughter doctor hour hours long old seen son staff
daughter dealt doctor doctors ease efficient everything time triage wait waited waiting yes
excellent extremely fantastic fast feel friendly good
great helpful likely little long looked lovely nice nurse
nurses old professional quick quickly seen service
son staff straight thank thorough time triage wait
waiting well yes

Critical Care

- ROH HDU rota – increased from 5 hours a day of a consultant Intensivist and a speciality doctor, progressing to 10 hours a day 7 days a week.
- Speciality Doctors - 3 wte overseas recruits with a further 2 to join the service by the end of the year.
- Advanced Critical Care Practitioner (ACCP) training commenced in February 2017 – two underway and two further trainees from February 2018.
- An ICM trainee has started with the Trust based at ROH
- Supernumerary shift leader recruitment is on-going, with steady improvement
- Recorded handover from ROH HDU to parent teams with a structured ward round document with safety checklist
- Daily joint multidisciplinary handover of the unit at the ROH in the morning
- Ventilator Acquired and Associated Pneumonia (VAP) screening done daily process for recording rates under development
- Procedural checklists introduced – CVC, tracheostomy, bronchoscopy, intubation
- Monthly joint M&M/MDT between ROH/FGH meetings and bi weekly M&M/MDT at the ROH

Deteriorating Patient Collaborative

AIM: To reduce the cardiac arrest rate (per 1000 admissions) by 50% on collaborative wards by 31st November 2017



For collaborative wards, the chart is within statistical control. If you compare baseline with intervention period then there has been a 14% decrease.

Trust-wide roll out of NEWS observation chart

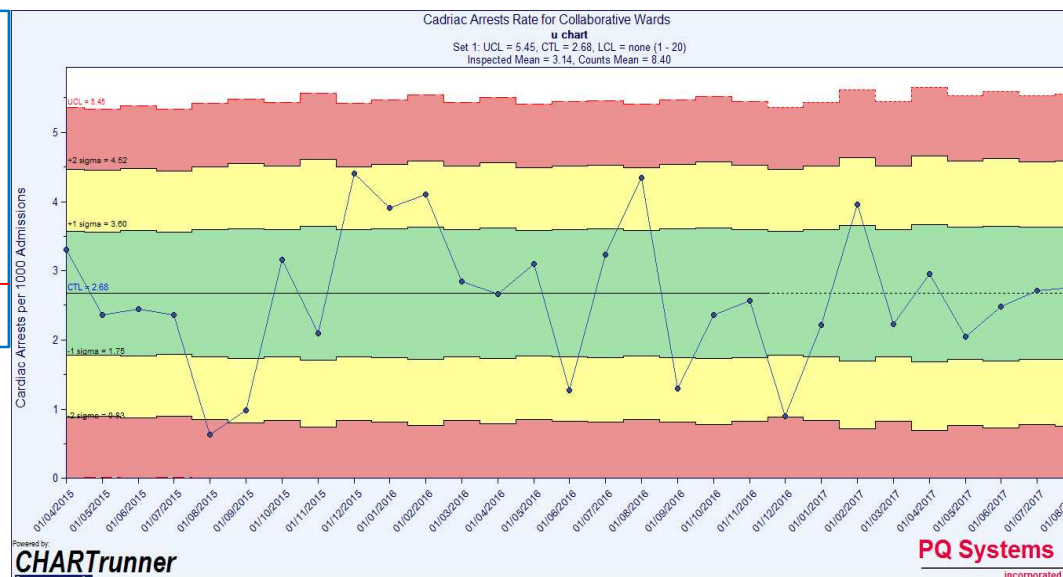
Highlighting sick patients at the start of each shift

Roll-out of Patienttrack e-obs system commenced

Weekend plan/escalation stamp

For collaborative wards, the chart is within statistical control. If you compare baseline with intervention period then there has been a 9% decrease.

Code red-escalating clinical intuition and empowering staff



Cardiac arrest role allocation

Using manual observations for more accurate identification of deterioration

AIM: To ensure 90% of all Red Flag Sepsis patients to receive antibiotics within 1 hour of arrival (in A&E) or within 1 hour of sepsis screening (inpatients) by 31st March 2018

CQC MD 12: Ensure that staff are always escalating patients who trigger the sepsis pathway for immediate medical review

In-Patient Sepsis Screening and Action Tool launched 10th April with NEWS Observation Chart across all sites
'Screen for Sepsis' visual prompt included in NEWS Observation Chart to ensure staff complete the Sepsis Screening Tool if any Sepsis triggers are identified
If staff identify 'Red Flag Sepsis' using the Sepsis Screening and Action Tool, then the 'Sepsis Six' pathway is available to follow immediately

CQC MD 41: Ensure that staff complete training in 'Sepsis six' so staff are aware of the process to follow when a patient is put on a 'Sepsis six' treatment pathway

Adult Sepsis E-Learning Module now included within Essential Job Related Training for all nursing, midwifery and medical staff working with adults

Clinical microsystems established for each Care Organisation to focus improvement work locally within all A&E departments with the aim of improvement the early identification and timely management of sepsis.

THE UK SEPSIS TRUST **Adult Sepsis Inpatient Screening & Action Tool** **The Pennine Acute Hospitals NHS**

Patient Name: Hospital No.: DOB: Clinician Name (print): Date: Time: Clinician Designation: Ward: Clinician Signature: Consultant:

1. Is EWS > 3 OR NEWS > 5 OR cause for concern? OR does the patient look sick? OR could this patient be neutropenic? [Contact FY1 doctor/Critical Care Outreach to review](#)

N Low risk of Sepsis Use standard protocols, review if deteriorates

Y

2. Could this be an infection?

Yes, but source unclear at present
Pneumonia
Urinary Tract Infection
Abdominal Pain or Distension
Cellulitis/septic arthritis /infected wound
Device related infection
Meningitis
Gastrointestinal e.g. Diarrhoea
HCAI (e.g. MRSA, CDT, VRE, CPE)
Suspected neutropenia and/or recent Chemo
Other, specify

N

Any moderate risk criteria?
Relatives concerned about altered mental state
Acute deterioration in functional ability
Rigors
Immunosuppressed
Trauma, surgery or procedure in last 6 weeks
Clinical signs of wound, device or skin infection
Respiratory rate 21-24 OR breathing hard
Heart rate 91-130 OR new arrhythmia
Systolic B.P 91-100 mmHg
Not passed urine in last 12-18 hours
Temperature <36°C

N

Y

3. Is any ONE red flag present?
Systolic B.P ≤ 90mmHg (or drop >40 from normal)
Lactate ≥ 2 mmol/l
Heart rate ≥ 130 per minute
Respiratory rate ≥ 25 per minute
Needs oxygen to keep SpO₂ ≥ 92% (88% in COPD)
Responds only to voice or pain/unresponsive
Non-blanching rash, mottled/ashen/cyanotic
Not passed urine in 18 hours
Urine output less than 0.5ml/kg/hr
Known neutropenia or at risk for neutropenia (E.g. recent chemo)?

N

Y

Send Bloods
To include FBC, U&Es, CRP, LFTs, Glucose, clotting
Contact FY2 doctor or above to review
Use SBARS Must review results within an hour
Has clinician attended?

Time Complete Initials

Y

Is AKI present? (tick one) YES NO
(Refer to AKI Protocol)

• Document suspected source <2 hours of presentation
• Oxygen as per BTS Guidelines
• Give appropriate focused antibiotics as per Trust policy <3 hours of presentation
• IV fluid as per clinical volume status (if needing admission, start 2nd litre of crystalloid <4 hours of presentation unless contraindicated
• Continue to monitor urine output

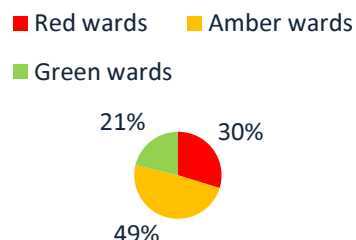
Red Flag Sepsis - Start Sepsis 6 NOW - this is time critical
Sepsis 6 must be completed in the first hour of recognition

NAAS

70% of all wards assessed at Green or Amber. 21% at Green

Across all 4 sites

50 areas in total to be assessed
47 undertaken
3 outstanding



Investment in 3 corporate quality Matrons (introduced June 2017)

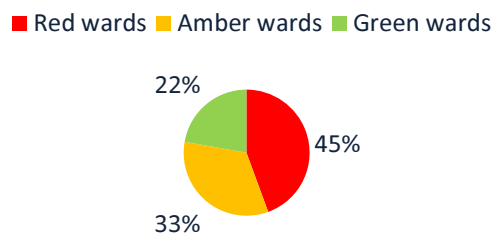
Still significant work to be done but steady improvements in outcomes

Far greater visibility of ward quality and performance

November 2017 roll out of paediatric NAAS

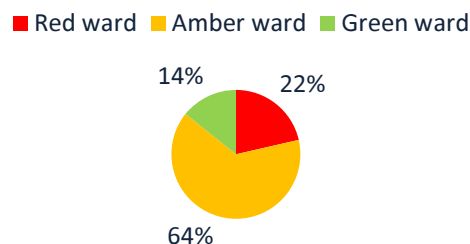
NMGH

18 areas in total to be assessed
18 undertaken
0 outstanding



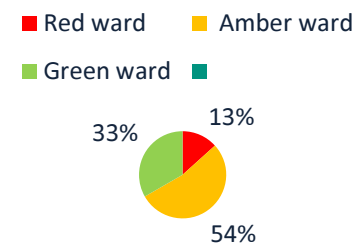
TROH

16 areas in total to be assessed
14 undertaken
2 outstanding

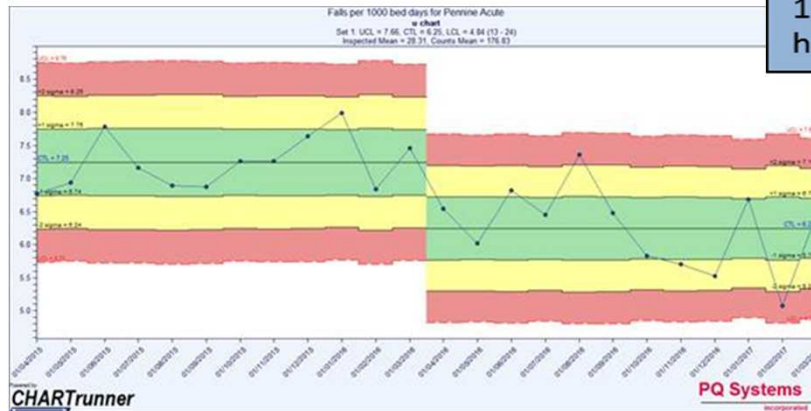


FGH / RI

16 areas in total to be assessed
15 undertaken
1 outstanding



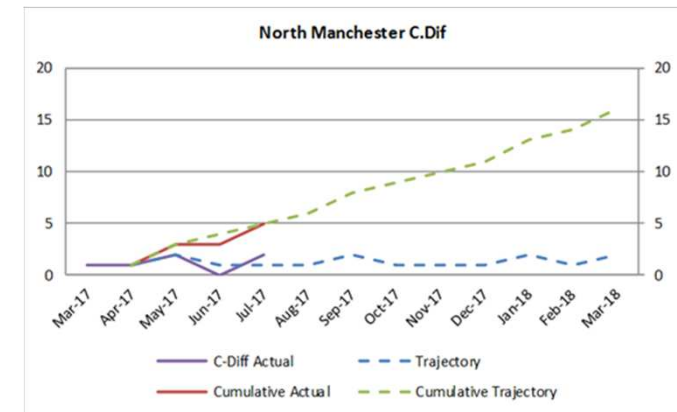
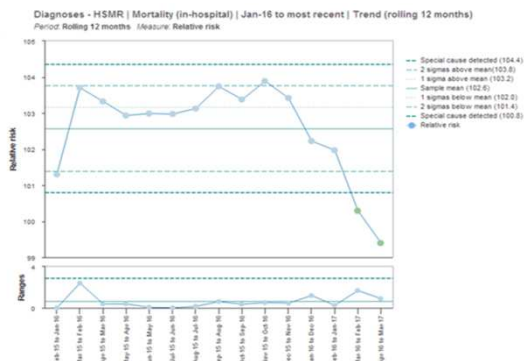
Harm Free Care



15% reduction in falls,
11% reduction in
harms

VTE assessments compliance
– seen increases from 15% to
47% in improvement wards

Pressure Ulcer
Collaboratives –
NMGH – no Grade 3
since February 2017



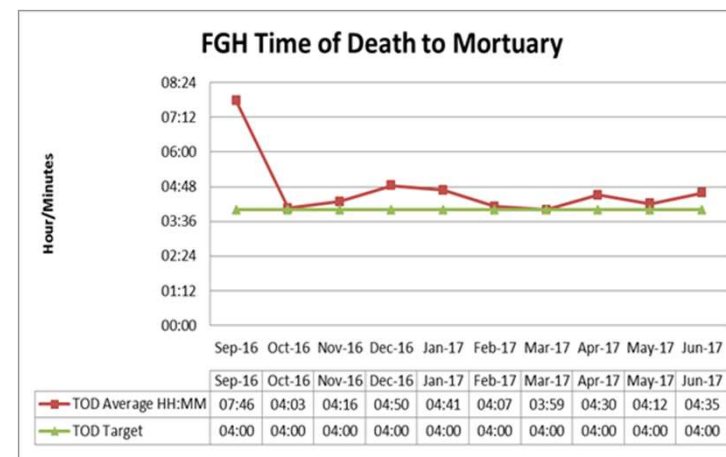
Morbidity and Mortality

August 2016 – Significant concerns identified

August 2017 – Systematic processes introduced to rapidly address preventable harm

End Of Life & Bereavement

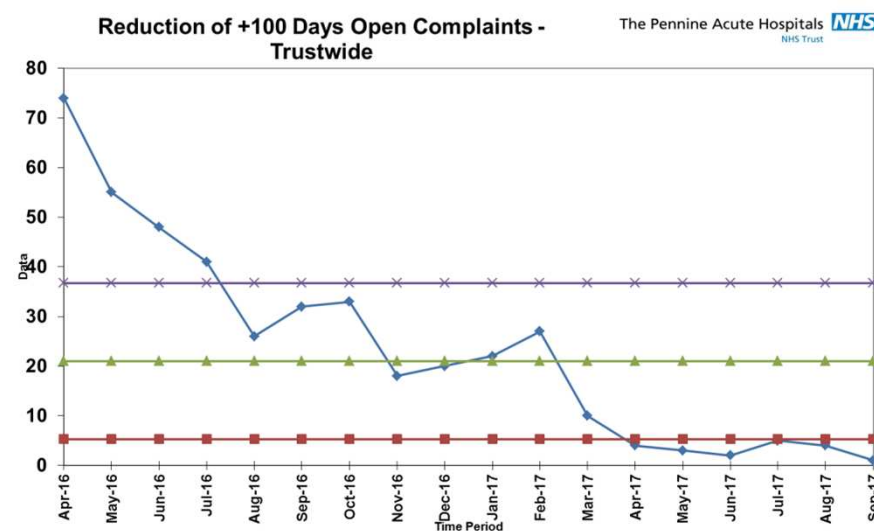
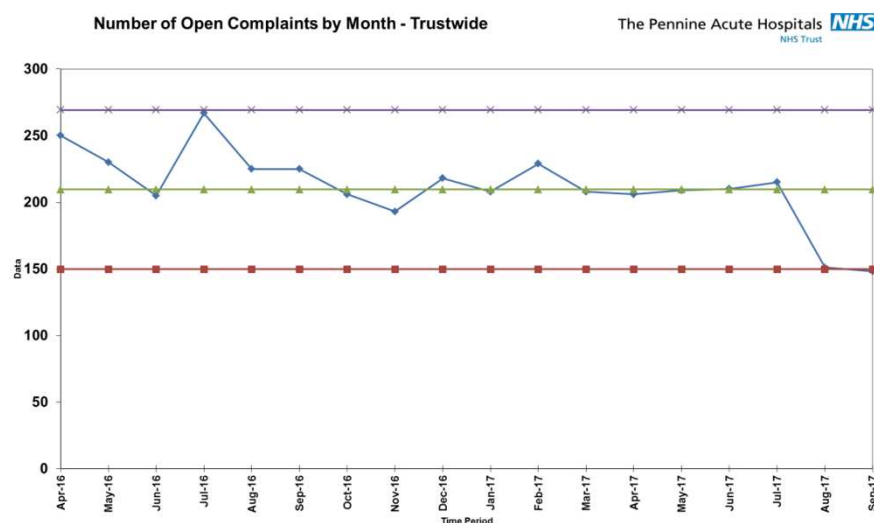
- EOL Resource boxes on all wards and departments
- Dedicated Bereavement Offices with Bereavement Clerks, separate to General Office
- SWAN bereavement suites on all sites & in A&E
- celebration packs, comfort packs and z-beds for relatives staying overnight with loved ones.
- Tissue Donation process improved
- 3 Dedicated Bereavement Nurses, EOL Support Volunteers and investment in training and education days



Complaints

Complaints reduction and earlier response rate less dissatisfied complainants with introduction of new head of complaints and investment in 4 Complaints handlers posts and administration support

Eradication of
+100 days open
complaints



Incidents, Claims and Coroners

- Care Organisation incident reporting increased by 10%
- Serious Untoward Incident investigation backlog reduced from 102 to 4
- Reduction in SUI related deaths
- Duty of Candour for Serious Untoward Incidents – increased from 20% to 100% (Director or Deputy led process)
- Coronial information request data backlog Aug 2016 n=1000 – Aug 2017
- Prevention of Future deaths notices reduced
- Legal representation at inquests reduced from 44% to 5%

Delays and Outliers

MoatsByCCG - Report Manager

Home > Performance > MoatsByCCG

Site: NORTH MANCHESTER GEN HOSPITAL

Find | Next | 100%

Moats/Dtocs by CCG

This is a snapshot showing the number of current MOATs and DTOCs per CCG, filtered by site.

CCG Name	Counts	Moat Or Dtoc	Moat Reason	Nhs/Scf/oth	Validated
NHS BOLTON CCG	1	MOAT			
NHS BURY CCG	8	DTOC			
NHS DONCASTER CCG	1	MOAT			
NHS FYLDE & WYRE CCG	1	MOAT			
NHS HALTON CCG	1	DTOC			
NHS HEYWOOD MIDDLETON AND ROCH	3	DTOC			
NHS MANCHESTER CCG	5	MOAT			
NHS NORTH MANCHESTER CCG	1	MOAT			
NHS OLDHAM CCG	21	MOAT			
NHS SALFORD CCG	4	MOAT			
NHS STAFFORD AND SURROUNDS CCG	2	MOAT			
NHS STOCKPORT CCG	1	MOAT			

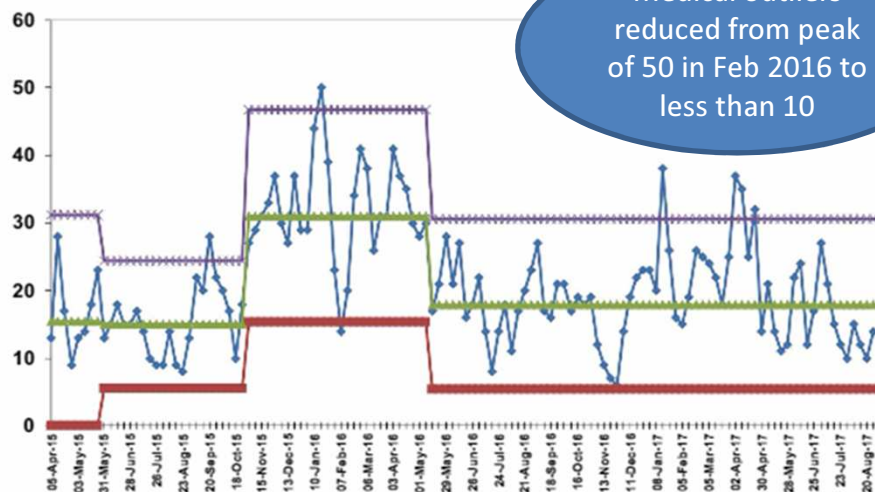
Electronic Patient Flow System to be replicated across UHSM and CMFT to ensure consistent method of MOAT and DToC recording/reporting.

90 improvement cycles and clinical microsystem coaching

Five **SAFER** actions for patient flow

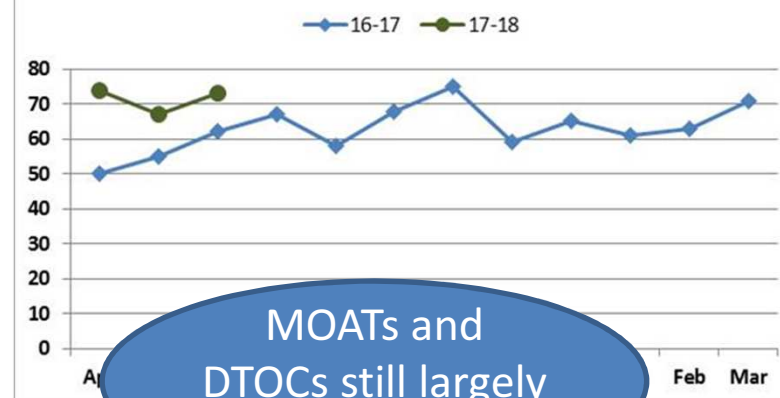
S	A	F	E	R
Senior Review	Anticipate	Flow	Early Discharges	React to delays & Waits
Consultant / Registrar / Nurse in charge / OT or Physiotherapy	All Doctors and Nurses	Nurse-in-charge	Nurse-in-charge	All Doctors and Nurses
<ul style="list-style-type: none"> Board round completed by 9.30am Follow SHOP model: <ul style="list-style-type: none"> Scs Home Other Plan Inform Bed Manager of query and definite discharges 	<ul style="list-style-type: none"> Inform patients, relatives/careers of their plan of care and EDD. Go to R All investigations and assessments required for discharge are complete TTOs for tomorrow done by 2pm Book transport for tomorrow's discharges by 2pm Nurse in charge to confirm TTOs and transport are booked by 4pm 	<ul style="list-style-type: none"> Be ready to accept your first transfer by 8am Keep Healthview Symphony Patient Centre updated Contact bed manager: <ul style="list-style-type: none"> Notify bed manager of empty bed Identify allocated patient Contact allocated ward for handover 	<ul style="list-style-type: none"> All early AM discharges to be transferred to discharge lounge by 10am 	<ul style="list-style-type: none"> Work to resolve all internal waits and external delays early using red and green days Review long stay patients (>7 days) Escalate unresolved delays in a timely manner through appropriate channels
Go to R				

Number of Outliers - NMGH



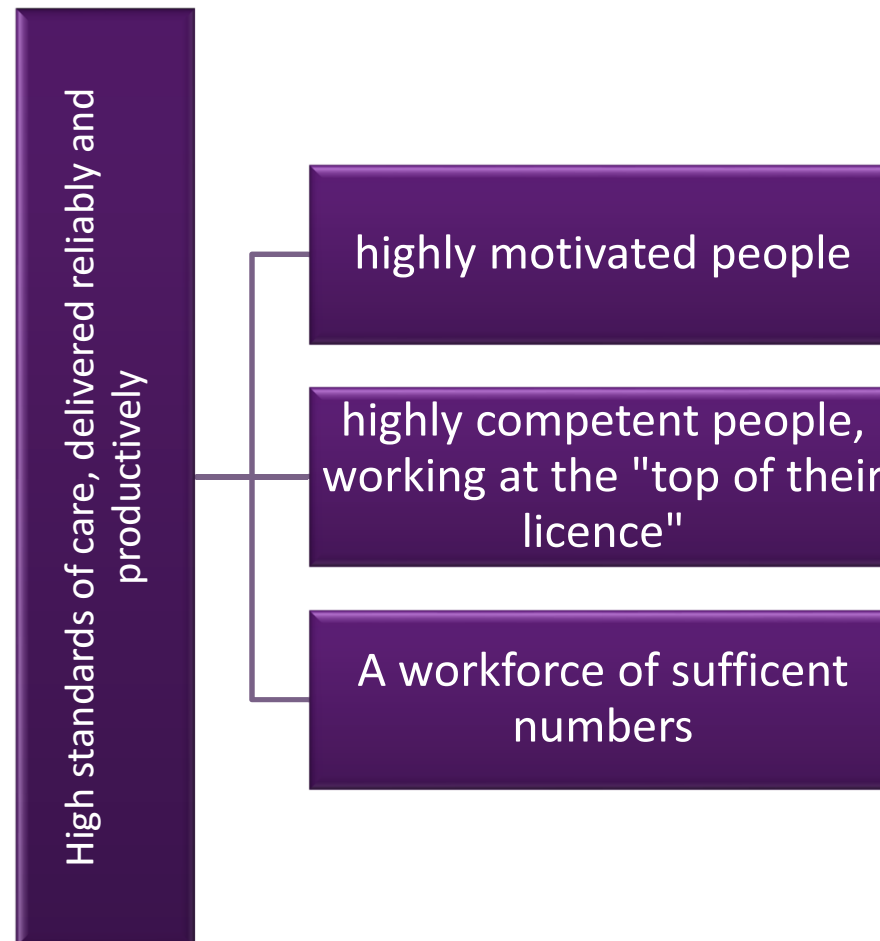
Medical outliers reduced from peak of 50 in Feb 2016 to less than 10

Average MOATs at NMGH



MOATs and DTOCs still largely unchanged

New Workforce Strategy - Aims



Workforce Stats

Staff Group	January 2016	August 2017	Difference	Recruitment pipeline
AHPs	514.86 wte	556.35 wte	+ 41.49 wte	67
Nursing & Midwifery	2618.55 wte	2744.45 wte	+ 125.9 wte	337
Clinical support staff	1406.86 wte	1549.87 wte	+ 143.01 wte	148
Medical & Dental	735.47 wte	731.60 wte	- 3.87 wte	46

More work to be done on Medical recruitment

104 RNs and 37 Midwives started Sept

A workforce of sufficient numbers

Key changes

- Significant investment in recruitment activities
- Leveraging of SRFT brand
- Part way through implementing radical transformation of recruitment activity from administration to assertive management
- Starting journey to develop and embed new employee value proposition
- Implementing NHSP across all functions (medical implemented in Nov 17)
- Revision to workforce planning – first phase medical rotas
- HRD business partner model

Highly motivated people – May 2017

results

Results

- Overall most measures have improved significantly over the last twelve months.
- The overall engagement score for the Trust has increased to 3.91 from 3.77.
- 63.92% of staff would recommend the Trust for care or treatment compared to 52.88% in March 2016
- 56.36% would recommend it as a place to work compared to 45.51% in March 2016.
- Measure of Staff confidence in the future of the organisation increased (3.08 from 2.58)
- Staff feeling able to achieve their work objectives increased to 3.63
- Sickness absence reduced by one percentage point in year 2016/17
- Staff turnover rate stabilised

Highly motivated people

Key Changes

- CO Director leadership
 - Shop floor presence
 - 1000 voices
 - Comms
- Increased appraisal coverage
- Roll out of Pioneer (Go Engage) programme
- Revision of grievance & disciplinary practice
- Revision of sickness management practice
- Revision of L&D and OD practice and leadership
- Launch of MES programme
- HRD Business Partner Model (inc changes to contracting out model)

Highly Competent People

Key Changes

- Launch of clinical leaders programme
- Prioritisation and review of clinical development programmes
- Working up new LNA aligned with Trust priorities and staff aspirations
- L&D & OD functions with new operating models
- Revision of Contribution Framework

Looking Ahead



- Reliable process to maintain fundamental clinical & operational standards;
- Scale up and spread of QI change packages and launch of QPID methods
- Establish robust and reliable learning Framework
- Enhanced observation – appropriate use of staff and interventions
- Workforce; alternative roles and reducing reliance on agency staff
- A&E and UCC – maintaining progress and maximising winter resilience
- Reducing harm caused by pressure ulcers , falls and C-Diff
- Continue to be key stakeholder in development of LCOs
- Engagement, Engagement, Engagement

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North East Sector Acute Clinical Service Strategy

Joint Health Overview and Scrutiny
Committee

3rd October 2017



Our improvement journey

Focus on stabilisation
& quality improvement
since April 2016

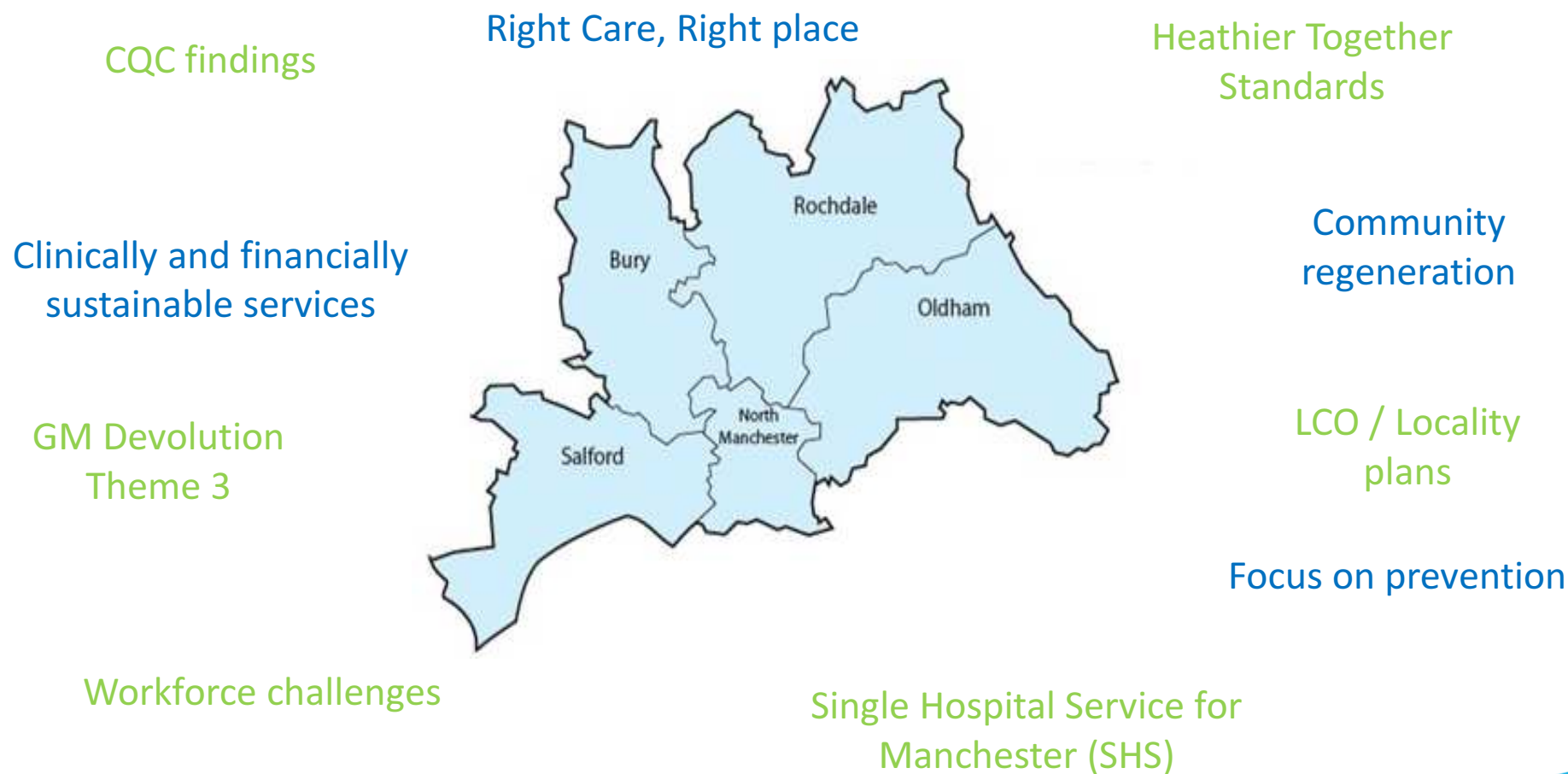
Established strong
governance &
leadership in
April 2017

Building on previous
work, significant
Clinical Transformation
now starting

Progress so far

- Quality Improvement Strategy
 - Approved and Launched NAAS
 - Deteriorating Patient Collaborative
 - Pressure Ulcer Collaborative
 - C Diff 90 Day Cycle
 - Last 1000 Days / End PJ Paralysis Launch
- Go Engage Staff Engagement System
- Recruitment / Retention Plan
- Safeguarding Review Complete
- Clinical Leadership Programmes
- Urgent Care Improvement
 - 12 Hour Breaches from 120 Per Month to 1 in June
 - Implementation of New Models of Care
 - Ambulatory Care Expansion July
 - A&E Performance Meeting Trajectories
 - Recruitment
 - ANP
 - Reliable Consultation
- Comprehensive Review of FFT Reporting
- Datix Risk System Launch 5th July
- Maternity
 - Stabilisation
 - Governance System
 - Recruitment

North East Sector transformation



Impact of Locality Plans

Locality plans developed and agreed by each CCG, Council and wider partners and approved by the GM Health and Social care Partnership. Across the NES these plans seek to:

- Integrate Health and Social Care commissioning.
- Prevention focused Locality Plans with more care delivered outside of hospital through Local Care Organisations.
- Locality plan activity assumptions will reduce income to PAHT by £52.9m by 2020/21

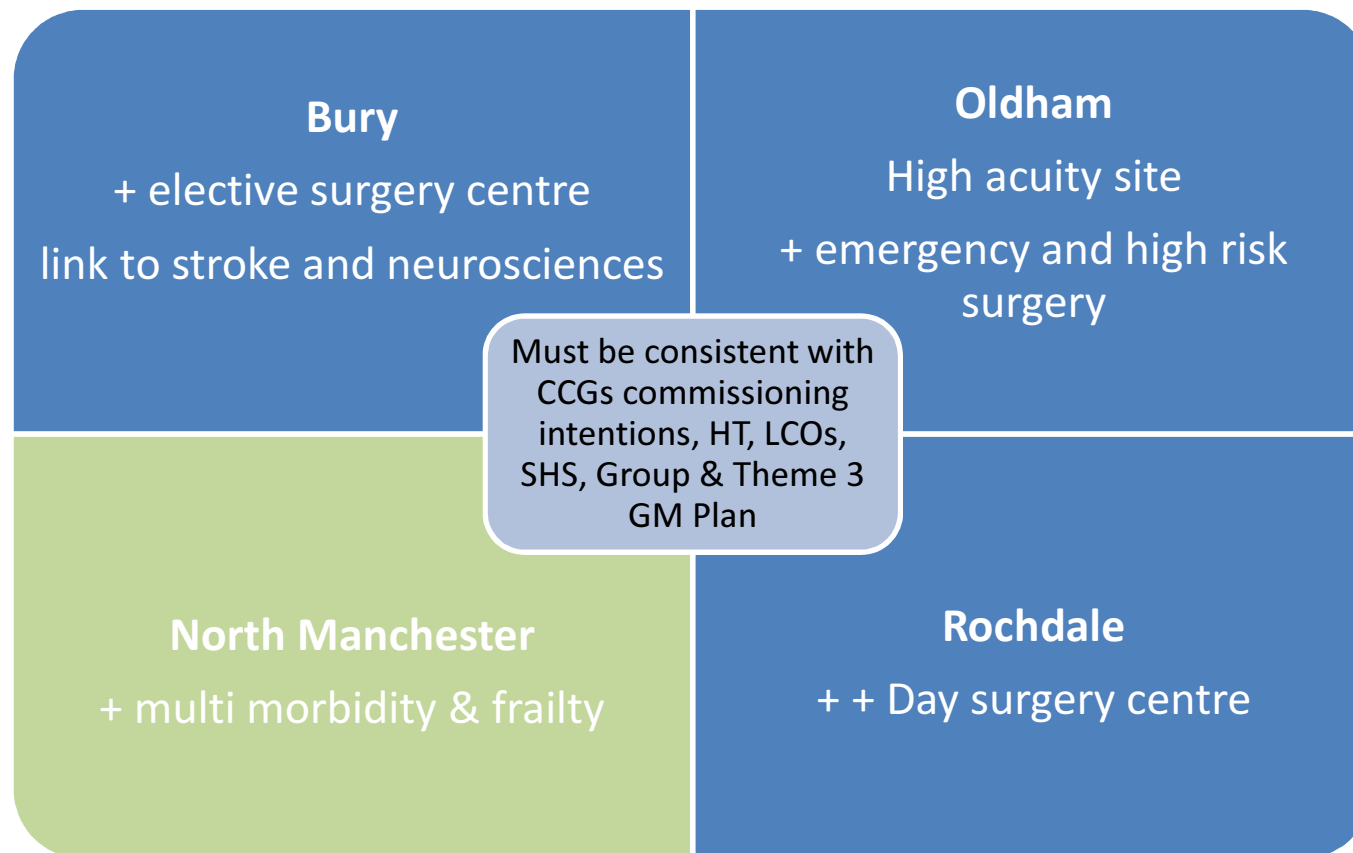
CCG reduction as a proportion of CCG activity with PAT	A&E	Elective	Non Elective	OP First	OP Follow up
Bury	-17.0%	-23.5%	-23.2%	0.0%	-6.0%
Rochdale	-45.8%	-14.3%	-36.1%	-20.3%	0.0%
Oldham	-34.9%	-1.3%	-29.6%	0.0%	0.0%

- Therefore to achieve clinically and financially sustainable services hospital-based provision needs radical redesign

Scope and assumptions

- Focus on hospital services across Fairfield General Hospital, Rochdale Infirmary, The Royal Oldham Hospital and North Manchester General Hospital (with specific governance arrangements for NMGH).
- NES Commissioners have endorsed the concept of a Shared Hospital Service, linking Oldham, Bury and Rochdale with Salford (and where appropriate partner organisations).
- Royal Oldham Hospital will be a specialist high acuity hospital for under the Healthier Together; the focus of all hospital sites will evolve responding to planned activity shifts and in order to secure future resilience.
- Clinical and financial sustainability must be achieved over a 5 year period; the new strategy will need to ensure safe, reliable and compassionate care.
- Separate but connected programme of work is underway, with each Locality, to transform community services and integrate health and social care.

Future focus of hospital sites



Prioritisation approach

- Six criteria used to determine which service areas are prioritised for detailed design work.
 1. Strategic fit
 2. Clinical, quality and safety benefits
 3. Financial and economic benefits
 4. Ease of implementation and delivery
 5. Stakeholder benefits and risks
 6. Scale of impact
- Tested against 30 areas that were identified as part of the Service Strategy Stocktake.
- Clinical engagement workshop held to test initial analysis of 30 areas, then reviewed and signed-off by commissioners.
- Assessment of all service areas and key drivers to be carried out e.g. workforce.

Priority workstreams

Service redesign	New models of care	Site specific
<ul style="list-style-type: none"> • Breast surgery • Cardiology • MSK/Orthopaedics • Paediatrics • Pathology • Pharmacy • Radiology • Urology • Vascular Services 	<ul style="list-style-type: none"> • LCO/ACO development • Critical Care • Digital • Optimising Surgery • Rehabilitation • Urgent Care 	<ul style="list-style-type: none"> • FGH • NMGH <p>[To follow, the above: Oldham, Rochdale and Salford]</p>

**New models
of care and
innovation**

**New models
of care and
innovation**

**Service
configuration
and sites**

Clinical Service Strategy timeline

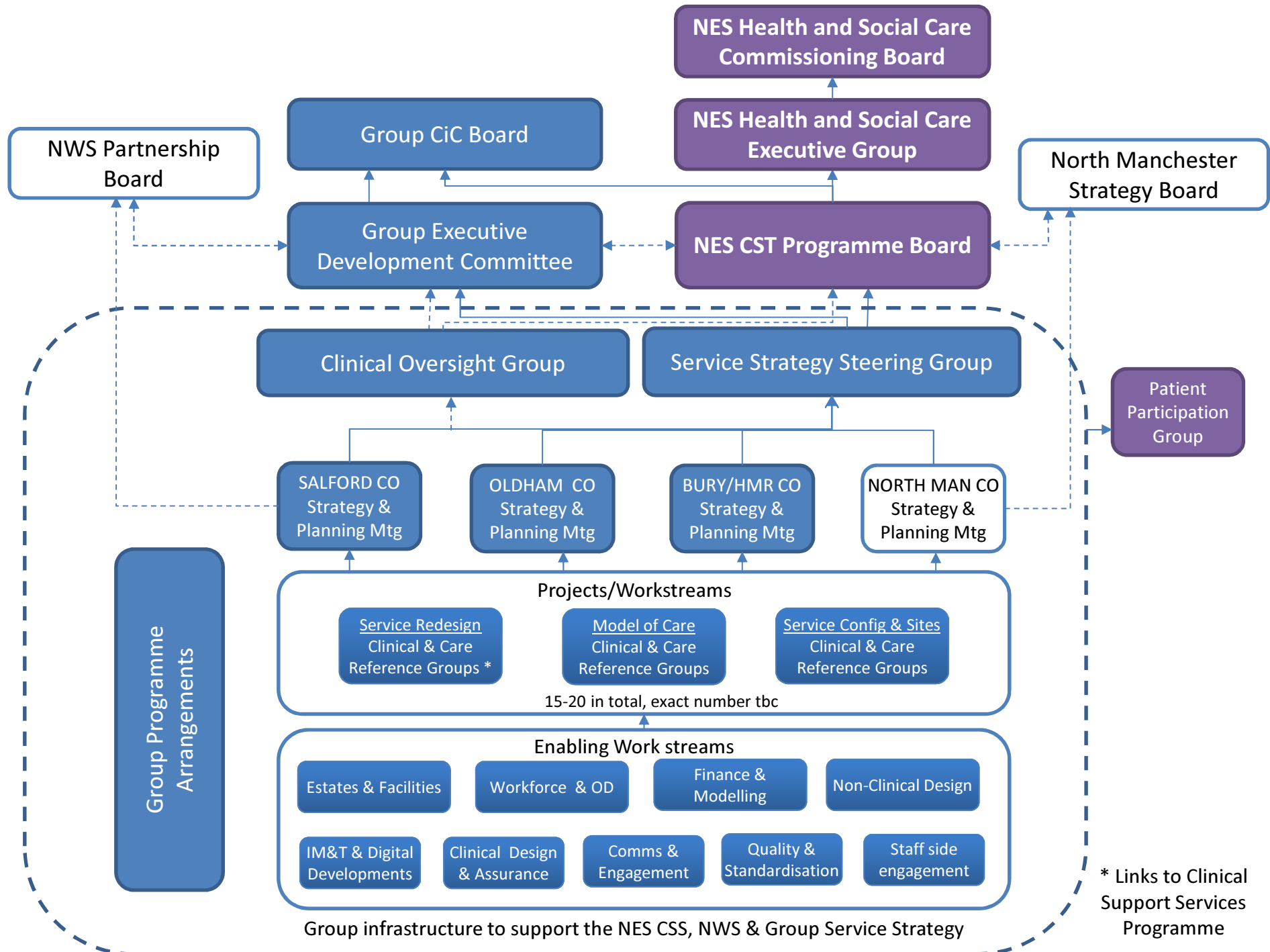
Dec 2017 - Strategic Outline Case



Apr 2018 – Outline Business Case



Jul 2018 – Full Business Case



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Joint Health Overview & Scrutiny Committee:**Healthier Together update****Background**

Under the decisions made by the Healthier Together (HT) Committees in Common in June 2015:

- Royal Oldham Hospital (ROH) was designated a high acuity hub site (HAS)
- North Manchester General Hospital was designated a low acuity non-hub site (LAS)
- Fairfield General Hospital was designated a low acuity non-hub site
- Rochdale Infirmary (RI) was designated as out of scope for HT

This will see the transfer of around 270 high risk elective cases and around 2000 emergency General Surgery cases from NMGH to ROH. It will also see the implementation of dedicated ambulatory General Surgery care at both ROH and NMGH.

Progress so far

As stated in previous updates, the NES has already put in place a number of key requirements for the new model of care for General Surgery. These include: sector level cancer Multi-Disciplinary Teams (MDTs), single clinical lead for the sector and the establishment of a sector research hub.

The NES has also been successful in sourcing funding required to support the implementation:

- £6.7 million recurrent revenue from commissioners
- £1.8 million in transformational funds from the GM Health & Social Care Partnership
- £24.7 million capital from Treasury (contingent on a full business case).

The sector has been working extensively with the GM Health and Social Care Partnership to prepare a full HT business case for GM, which a requirement to access the capital from the Treasury. The business case was approved in September by the Joint Committee of the ten GM CCGs.

Completion of the commercial capital case (Treasury green book) is also underway. It is anticipated that this will be completed in Q4 17/18 and that the planned new build (2 wards, 1 theatre, 1 critical care unit at ROH) will be completed 18-24 months from receipt of the capital. The sector has agreed a model for patient participation, via each CCG area's Healthwatch function.

Implementation

The sector has been exploring options for phasing implementation of the new model of care, recognising that full implementation is contingent upon increasing the General Surgical workforce and completion of major capital works at the ROH site. A clinical meeting is taking place in October to identify options for transferring high risk patients in a phased manner.

In the meantime, work is being undertaken to take forward the sector's model for ambulatory General Surgery services. This service will be delivered from NMGH and ROH and will see patients who may previously have been admitted treated in 'hot clinics' or semi-elective lists. It is anticipated that up to 25% of emergency general surgery admissions could be treated in the ambulatory service, avoiding unnecessary overnight hospital stays.

Challenges and issues

- Transformational Funding: although funding has been approved, we are awaiting for confirmation on how it will be released/accessed and what the audit framework will be
- Capital funding: will only be released once the full business case has been submitted
- Workforce: in order to fully implement HT the following recruitment requirements have been identified. However, recruiting some roles, particularly General Surgery consultants, is proving to be problematic. This is true across GM so the GM workforce reference group has been reconvened to address this issue.

Role	Number required
Medical consultants	11.43
GS consultants	4
GS middle grades	4
Nurses	48.21
HCA	35.2
Radiographers	6
sonographers	3
Pharmacists	4.12

Summary

The GM final business case for HT has been approved. This reaffirms ROH as one of the four high acuity hub sites in GM. The NES has been successful in securing resources to support HT implementation, including major capital investment at the ROH site. Good progress continues to be made in the NES however there are a number of risks and challenges that will need to be overcome.

Division of Clinical Support Services & Tertiary Medicine

DATE OF PAPER:	22 September 2017
AUTHORS:	Vicki Tipper (Senior Manager, Renal Services)
CONTRIBUTORS:	Smeeta Sinha (Clinical Director & Consultant Nephrologist, Renal Services) Janet Hegarty (Consultant Nephrologist, Renal Services)
SUBJECT:	Renal Services in Bury & Rochdale
FORUM:	Pennine Acute NHS Trust – Joint Health Overview and Scrutiny Committee
PURPOSE OF PAPER: To discuss the proposed relocation of the Rochdale Renal Unit from Rochdale Infirmary to Heywood in order to provide a joint Kidney Care Centre for Bury & Rochdale residents.	

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Purpose of the paper

This paper describes proposed changes to Renal Services, to create a dedicated Kidney Care Centre, with a single integrated team. This will improve the quality of the pathway for patients in Bury & Rochdale, improve access to services and enable care to be provided from higher quality facilities.

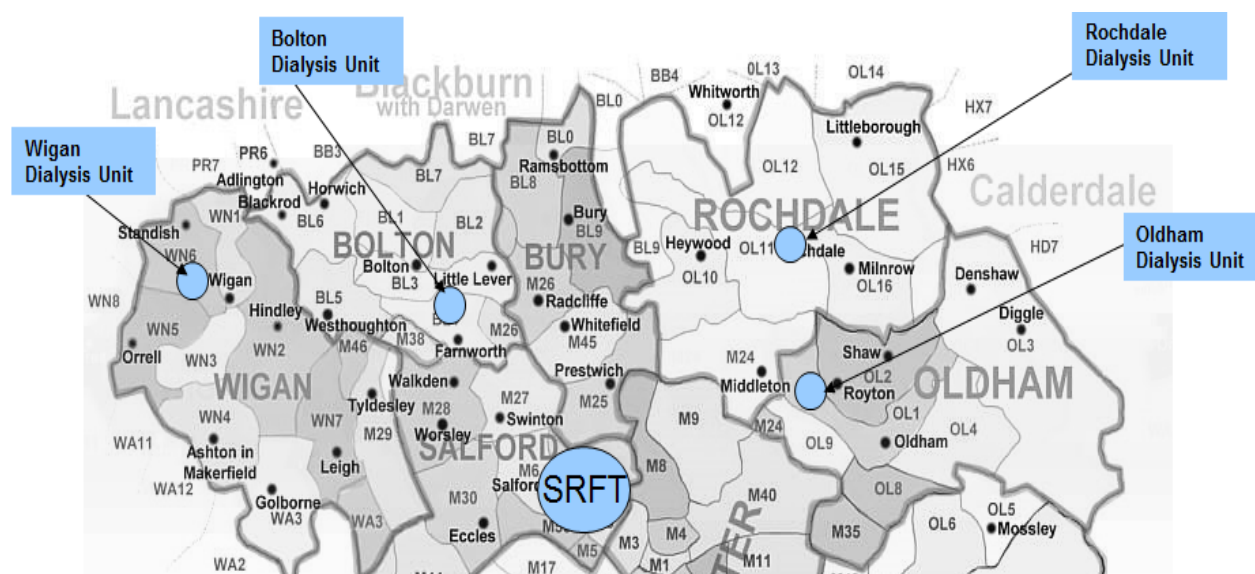
The proposed changes have been discussed and supported by the Kidney Care UK, NHS England, North East Sector Clinical Services Transformation Programme Board, Bury CCG Clinical Cabinet, Heywood, Middleton & Rochdale CCG System Transformation Committee and the Heywood, Middleton & Rochdale CCG Governing Body.

1) Current System

1.1) Geographical Location

As there is no dedicated dialysis facility within the Bury CCG catchment area, Bury residents who require Renal Replacement Therapy travel to either Rochdale or Bolton Dialysis Units for haemo-dialysis; dependent upon whether they live in the East or West side of Bury. However as Bolton Dialysis Unit is near its maximum capacity more Bury patients are being displaced to the Rochdale Dialysis Unit, even if the Bolton Unit is closer. There is a high risk this displacement could have a domino effect on the future capacity of the Rochdale Dialysis Unit, which in turn may become full resulting in Rochdale residents being forced to dialyse at the Oldham Unit.

The below map shows the geographical area covered by Salford Royal NHS Foundation Trust (SRFT) in relation to Renal Replacement Therapy. This demonstrates the current lack of service provision for Bury residents, with East-Rochdale residents having an abundant amount due to their close proximity to both the existing Rochdale Unit and the newly opened Oldham Unit.



1.2) Patient Facilities

In relation to the quality of existing patient facilities the current Rochdale Dialysis Unit poses many logistical issues that contravene the recommended key points within Health Building Note Satellite Dialysis Unit guidance, such as:

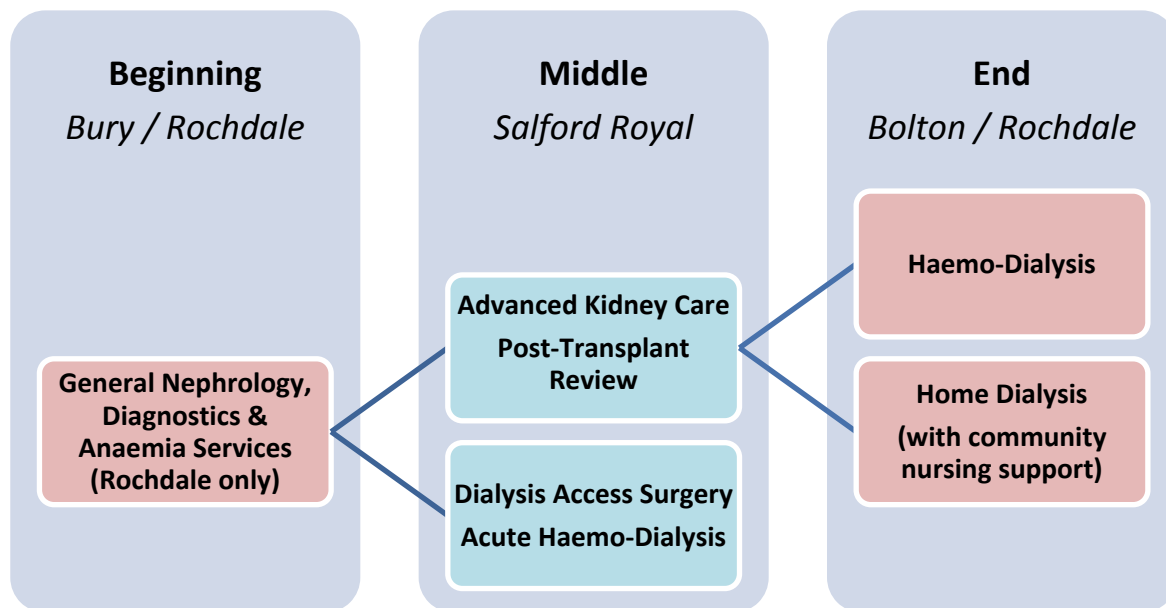
- The layout of the multi-station dialysis area should enable patients to talk to one another
- A balance should be struck between patient privacy & patient/patient social interaction
- Teams should allow for the future expansion of the dialysis service
- The waiting area can become very busy at changeover times and should be large enough to accommodate two shifts of patients.
- Adequate adjustable lighting should be installed on walls and ceilings for use by staff carrying out procedures and by patients for reading, writing etc.
- The dialysis area should have plenty of natural daylight with an outside view. Natural lighting is important to human well-being.

The image below was taken inside the current Rochdale Dialysis Unit (located within a former nightingale ward based in Rochdale Infirmary), demonstrating that the aforementioned points are not being met.



1.3) Patient Pathway

The current patient pathway, as demonstrated below, requires patients to travel to Salford for many more services than is necessary.



At the beginning of the patient pathway all services are provided locally, however as patients approach the middle of the pathway (the pre-dialysis stage of Chronic Kidney Disease) they must begin attending Salford Royal for monitoring under the Advanced Kidney Care Service (AKCS). As patients kidney function declines their level of monitoring increases, meaning more frequent visits to Salford Royal at a time when patients are at their most unwell and when psychologically they are at their most vulnerable.

Post-transplant patients can also be classified as being in the middle of the patient pathway, although they are at the opposite end of the 'wellness' spectrum to the aforementioned AKCS patients. Post-transplant patients are patients who have received a kidney transplant, so do not require dialysis, however do require frequent monitoring to ensure early intervention is given if a transplant appears to be failing. As this patient group tend to be younger & fitter they are more likely to go back work and become economically independent; therefore it is very difficult for these patients to find the time to travel the long journey to & from Salford Royal to attend the post-transplant review clinic.

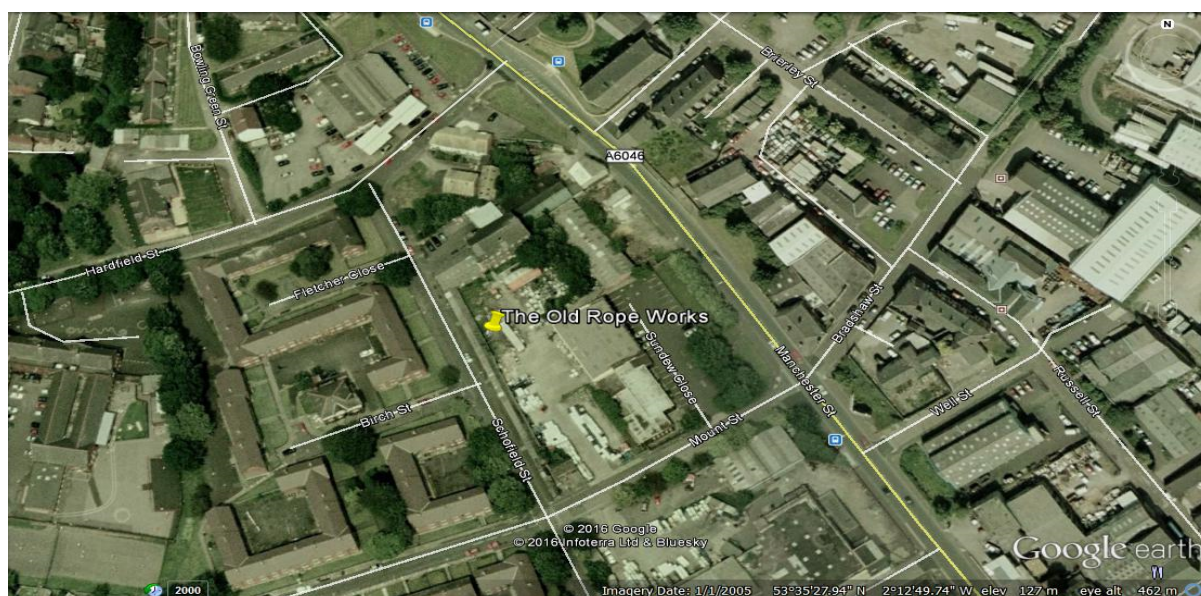
The inability to access local care during the middle of the patient pathway is reflected in the specialist clinic high DNA (Did Not Attend) rates for the AKCS & Transplant patients; as patients attending specialist clinics at Salford Royal who live outside the Salford CCG catchment area are far less likely to attend than patients who actually reside in Salford. This DNA problem is compounded by the lack of transport provision for these patient groups, as AKCS and Transplant patients are not automatically entitled to free NHS transport unlike patients on haemo-dialysis.

Patients at the end of the Chronic Kidney Disease pathway are once again able to access care locally, either by receiving a form of Renal Replacement Therapy at home or haemo-dialysis at their nearest dialysis unit (dependant on clinical fitness and patient choice).

2) Proposed System

2.1) Geographical Location

In order to create a Kidney Care Centre for both Rochdale & Bury residents, Salford Royal are proposing to relocate the current Rochdale Dialysis Unit, based in Rochdale town centre, to Heywood at no cost to commissioners. The below image is an aerial view of a potential site that has been identified in Heywood. The area is a former industrial site which will require the erection of a new building, as opposed to the conversion of an existing building into a healthcare facility. It is anticipated the new facility will take 18 – 24 months to complete; until that time services will continue to be provided as per the current model.



Moving the Rochdale Dialysis Unit to Heywood will make haemo-dialysis more accessible for Bury patients, who do not have a dedicated dialysis facility, without significantly impacting Rochdale patients; which has been assessed through a patient postcode mapping exercise. The below table shows the results of the postcode mapping exercise, highlighting the difference in the number of miles that would be travelled by both Rochdale & Bury dialysis patients if the Rochdale unit were to move to Heywood.

Rochdale Dialysis Population					
Patient Post Code	No of Patients	Miles to & from Heywood Unit (per patient)	Variance to current miles travelled	Total miles variance per day (round trip)	Total miles variance per annum (round trip)
OL12	19	15.64	3.29	125.02	19,503
OL15	7	21.24	5.20	72.8	11,357
OL16	13	13.02	2.30	59.8	9,329
OL10	5	2	-4.25	-42.5	-6,630
OL11	11	5.78	-0.54	-11.88	-1,853
M24	6	6.28	-2.22	-26.64	-4,156
Total	61	11.91		176.6	27,550

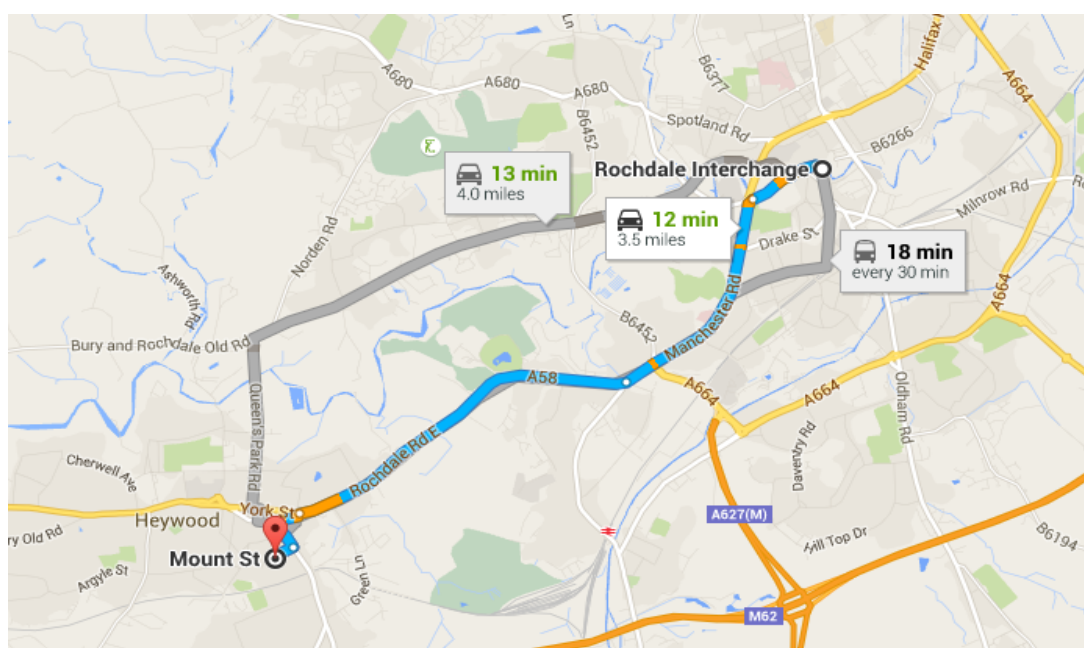
Bury Dialysis Population					
Patient Post Code	No of Patients	Miles to & from Heywood Unit (per patient)	Variance to current miles travelled	Total miles variance per day (round trip)	Total miles variance per annum (round trip)
BL8	4	14.98	-5.80	-46.4	-7,238
BL9	11	8.68	-5.06	-111.32	-17,366
M45	5	12.02	-3.81	-38.1	-5,944
Total	20	10.78		-195.82	-30,548

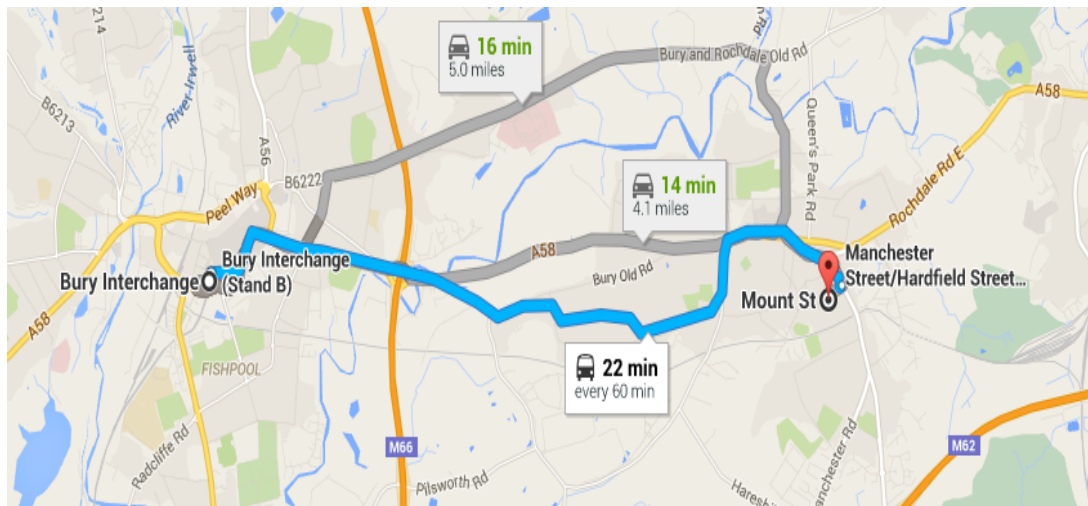
The results show that 39 Rochdale dialysis patients would be slightly disadvantaged by the unit move, however a further 22 Rochdale patients would actually benefit from the move as well as 20 dialysis patients from Bury. On reviewing the data for both Bury & Rochdale collectively (below) the results show the number of miles saved per day is 19 with 3,000 miles of patient travel being saved per annum.

Bury & Rochdale Dialysis Population					
	No of Patients	Miles to & from Heywood Unit (per patient)	Variance to current miles travelled	Total miles variance per day (round trip)	Total miles variance per annum (round trip)
Grand Total	81	11.63		-19.22	-2,998

As transport to and from all 5 of Salford Royal's units is provided by SRFT free of charge it is anticipated any additional patient travel costs associated with the unit move will be minimal.

Other transport links have also been taken into consideration when assessing potential sites for a new joint Bury/Rochdale unit (as detailed within Appendix 2); the below images show the public transport routes from both Rochdale and Bury town centres to the new site. The proposed new Rochdale Kidney Care Centre site in Heywood is located 3.5 miles from Rochdale town centre and 4.1 miles from Bury town centre.



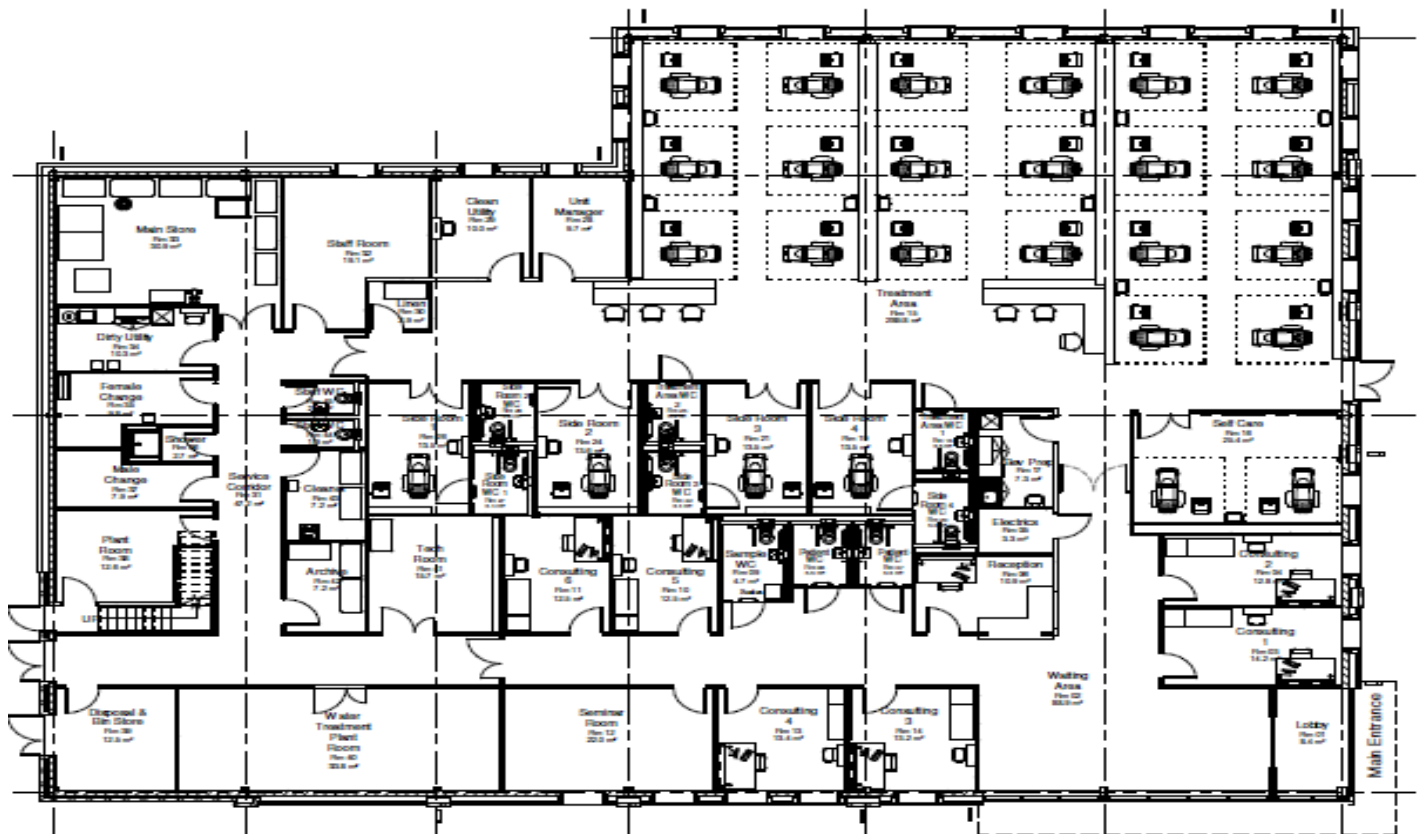


2.2) Patient Facilities

In addition to distributing services more evenly for Bury & Rochdale residents, a new unit will allow the development of a modern facility within the Rochdale borough with free dedicated parking for both dialysis and clinic patients.



The facility will also include 20 chaired stations, 18 of which will be used for dialysis with the other 2 being used for IV iron infusions. The unit will also include 4 examination rooms to house specialist outpatient clinics locally.

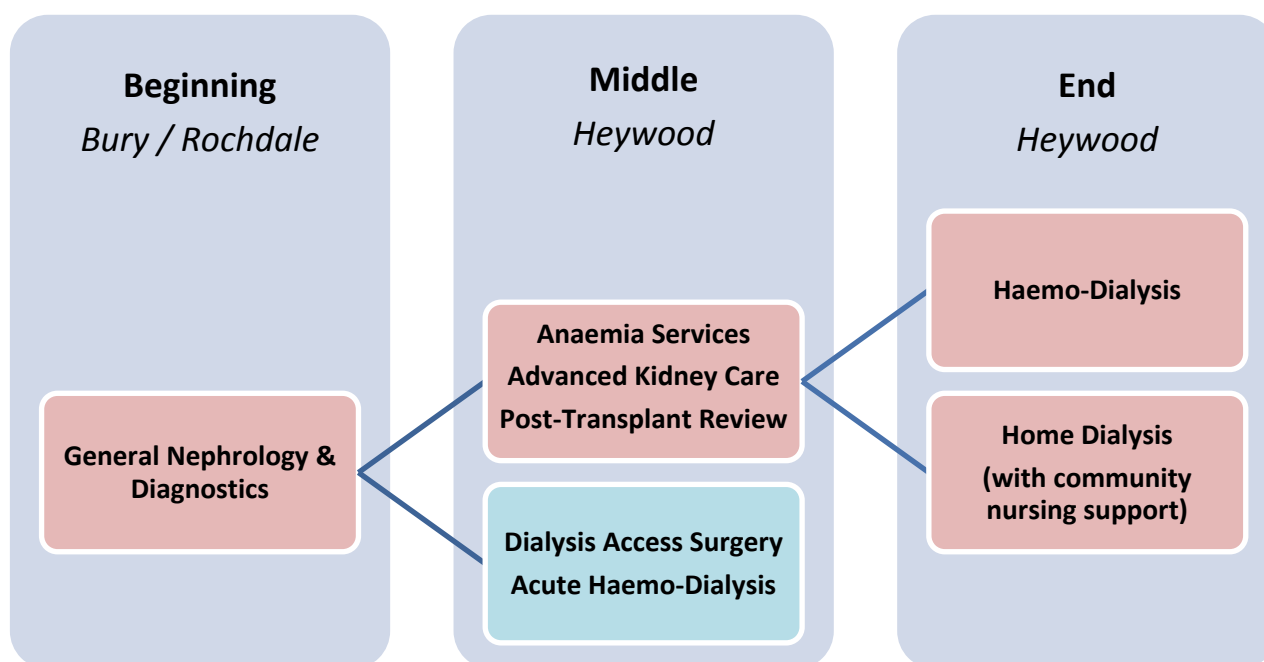


The unit will adhere to the Health Building Note Satellite Dialysis Unit guidance and will be in-keeping with SRFT's other 4 renal units. The below images are of SRFT's Oldham Unit, a bespoke modern facility which better serves the patient population; a facility that SRFT aspire to replicate in Rochdale.



2.3 Patient Pathway

In addition to providing a better unit in a more equitable location, SRFT would like to transform the Rochdale Dialysis Unit into a Kidney Care Centre, where the majority of patient care is delivered locally by one team at one location. The difference between a Kidney Care Centre and a Dialysis Unit is that a Kidney Care Centre provides specialist Renal outpatient clinics, daycase procedures and dialysis locally under one roof, as opposed to just dialysis, as demonstrated in the diagram below:



As the Kidney Care Centre model is already in operation at Bolton & Salford, and is in the process of being rolled out to Oldham, Bury & Rochdale patients will have the choice of attending any SRFT-led Unit, as opposed to just the Rochdale Kidney Care Centre; meaning patients can fit their care around their lives, as opposed to their lives around their care. The provision of diagnostics will follow the patient, therefore regardless which SRFT-led unit the patient chooses diagnostic services will be provided locally, which includes the proposed Rochdale Kidney Care Centre.

As to not increase travel time for patients at the beginning of the pathway (General Nephrology & Diagnostics), SRFT propose to retain these clinics and diagnostics at their current localities of Fairfield General & Rochdale Infirmary. SRFT also aim to repatriate any Bury & Rochdale patients who have been attending Salford Royal's General Nephrology service, due to previous capacity issues at Fairfield & Rochdale, back to their local service in a bid to reduce patient travel by 15,000 miles per annum (as shown below).

Clinic Type	Patient CCG	Current Location	No of Appts	Proposed Location	Transport Mileage Saved per Annum
General Nephrology Clinics	Bury	Fairfield General	545	Fairfield General	0
		Rochdale Infirmary	43		533
		Royal Bolton	44		792
		Salford Royal	277		7,867
General Nephrology Clinics	Rochdale	Rochdale Infirmary	1,483	Rochdale Infirmary	0
		Royal Oldham	19		239
		Fairfield General	118		1,463
		Salford Royal	114		4,150
Total			2,643		15,045

SRFT propose to move the Rochdale-based anaemia service, which currently serves both the Bury & Rochdale populations, to the new Rochdale Kidney Care Centre based in Heywood to make accessing the service more equitable for Bury residents. SRFT also aim to repatriate any Bury & Rochdale patients who have been attending Salford Royal for anaemia treatment, due to previous capacity issues at Rochdale, to the local service in a bid to reduce patient travel by 2,000 miles per annum (as shown below).

Clinic Type	Patient CCG	Current Location	No of Appts	Proposed Location	Transport Mileage Saved per Annum
IV Iron Daycase	Bury	Rochdale Infirmary	35	Rochdale	245
		Salford Royal	45	Kidney Care	918
IV Iron Daycase	Rochdale	Rochdale Infirmary	160	Rochdale	-1,120
		Salford Royal	58	Kidney Care	2,111
Total			298		2,154

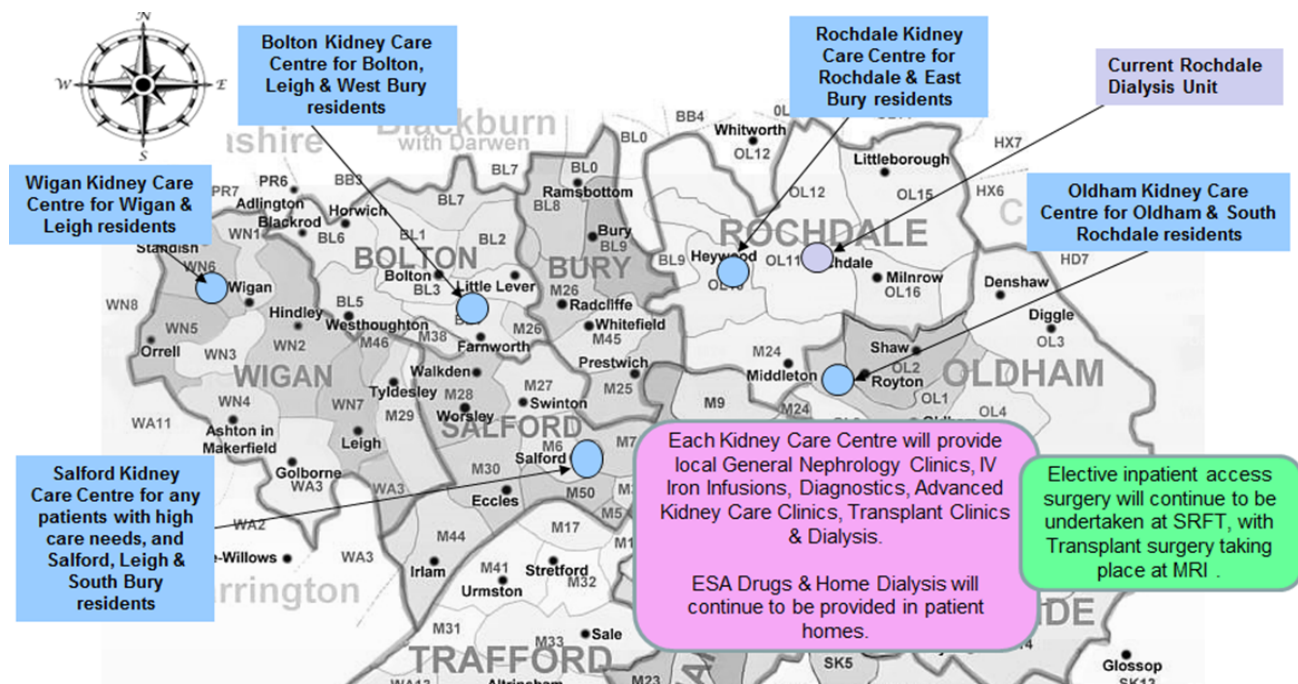
To give patients the ability to access care locally during the middle of their pathway, SRFT propose to repatriate the specialist Advanced Kidney Care & Post-Transplant clinics to the Rochdale Kidney Care Centre. This not only benefits patients by reducing travel by 35,500 miles per annum (as shown below), but should also reduce the patient DNA rate thus improving both care and patient experience.

Clinic Type	Patient CCG	Current Location	No of Appts	Proposed Location	Transport Mileage Saved per Annum
Post-Transplant Clinics	Rochdale	Rochdale Infirmary	0	Rochdale Kidney Care Centre	0
		Royal Oldham	0		0
		Salford Royal	241		8,772
	Bury	Fairfield General	0	Rochdale Kidney Care Centre	0
		Rochdale Infirmary	0		0
		Salford Royal	220		4,488
Pre-Dialysis (Advanced Kidney Care) Clinics	Rochdale	Rochdale Infirmary	0	Rochdale Kidney Care Centre	0
		Royal Oldham	0		0
		Salford Royal	422		15,361
	Bury	Fairfield General	0	Rochdale Kidney Care Centre	0
		Rochdale Infirmary	0		0
		Salford Royal	338		6,895
Total			1,221		35,516

In addition to cohorting services under one roof, Renal Services also plan to cohort clinical teams at single locations. This will ensure that the number of clinicians a patient sees throughout their long-term condition is kept to a minimum; which will hopefully provide continuity for patients and clinicians, reduce the chance of failed communication during handovers, minimise process delays and improve clinical safety & patient experience.

The Kidney Care Centre model would allow embedded shared leadership between nephrologists and primary care providers to co-design and implement innovative solutions for prevention of Acute Kidney Injury (AKI), virtual surveillance, slowing of progression of Chronic Kidney Disease (CKD) and safe discharge of stable patients to primary care (further details provided within Appendix 1).

As Chronic Kidney Disease is a long-term, essentially life-long, condition it is felt that patients will receive a far better experience being under the care of one clinical team, and in the main being seen in one local unit throughout their kidney care pathway, as demonstrated within the diagram below:



3) Costs

3.1) Funding Arrangements

As the Rochdale Dialysis Unit is already run by Fresenius Medical Care (FMC) on behalf of SRFT, FMC will provide the necessary capital investment required. FMC will then receive revenue each month to cover the cost of the investment by charging SRFT a sessional rate for patient treatments.

FMC have confirmed it is not financially viable for the existing Rochdale Renal Unit to be replaced on the existing site in Rochdale town centre, as the project relies on Bury patients coming from the overstretched Bolton unit, to see the necessary economies of scale to effectively fund part of the development.

4) Future Solution

4.1) Problems & Solutions

Item	Problem	Solution
Geographical Location	No dedicated haemo-dialysis unit for Bury patients, meaning Bury will block Rochdale dialysis slots & in-turn Rochdale patients will be displaced to Oldham	Build a unit in between Rochdale & Bury (Heywood) that is large enough to house both patient groups
Patient Facilities	Rochdale Dialysis Unit is not fit for purpose and does not comply with Health Building Note Satellite Dialysis Unit guidance	Build a state of the art modern facility that better serves both the Bury & Rochdale patient populations
Patient Pathway	Bury & Rochdale patients are only offered local care at the beginning and end of their Chronic Kidney Disease pathway, not in the middle.	Transform Rochdale Dialysis Unit into a Bury/Rochdale Kidney Care Centre and repatriate general & specialist clinics to the centre. The majority of patient care will then take place at one location by one local Kidney Care clinical team. The repatriation of services will save a total of 56,000 miles per annum of patient travel.
Strategic co-design of Kidney services (Appendix 1)	Both Rochdale & Bury have a large number of ethnic minority people in younger age groups, meaning large numbers of patients reaching end-stage Renal failure and waiting longer for transplantation.	Ask the aforementioned local Kidney Care clinical team to deliver effective preventative interventions in partnership with local primary care and third sector leaders.

5) Summary and Next Steps

5.1) Summary

It is proposed a dedicated Kidney Care Centre is created for patients in Bury & Rochdale, delivered from a new state of the art facility in Heywood, and supported by a single integrated team. This will deliver significant benefits, including a better pathway for patients with kidney disease, improved access, and better facilities within which care is provided.

5.2) Approvals and Public Engagement

The proposed service changes have been considered and are supported by:

- Kidney Care UK: *endorsed model and approach*
- Bury CCG Clinical Cabinet (1st June 2016): *agreement given in principle*
- NHS England (August 2017): *agreement in principle subject to meeting reconfiguration tests*
- North East Sector Clinical Services Transformation Programme Board (19th July 2017): *agreement given in principle by all of the North East sector CCGs*
- Heywood, Middleton & Rochdale CCG System Transformation Committee (4th August 2017): *agreement given in principle*
- Heywood, Middleton & Rochdale CCG Governing Body (15th September 2017): *formal approval*

As the Renal service is very bespoke to the population with kidney disease, it is proposed that a local consultation is undertaken with current dialysis patients to ensure the views and concerns of affected patients are considered before the proposed changes are enacted.

Consultation material have been produced in conjunction with the Kidney Care Patients Association, which fully supports the proposed approach and the anticipated benefits of fully integrated and local care, a dedicated clinical team and a state of the art facility outweigh the fact that for a minority of patients the location is further from where they live.

Assuming dialysis patients are supportive of the proposal, the intention would be to proceed with the project and run patient engagement sessions over the next 18 – 24 months to keep patients informed and able to make further service improvement suggestions.

5.2) Recommendations

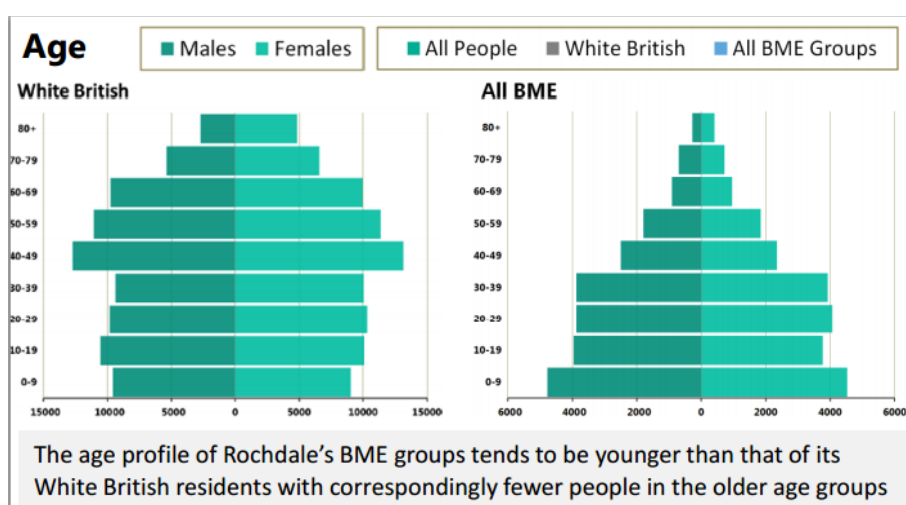
The Joint Health Overview and Scrutiny Committee are asked to:

1. Endorse the decision of the Rochdale and Bury governing bodies to support the development of a fully integrated kidney care service for Rochdale and Bury patients provided from a new state of the art facility in Heywood.
2. Support the proposed approach to local patient engagement and consultation.

Appendix 1

Strategic co-design of joined up Kidney Care with Primary Care partners

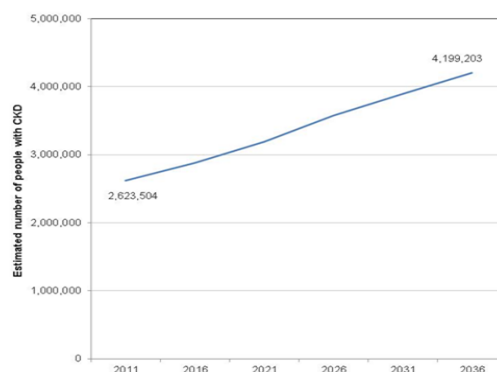
Rochdale's 2011 census data highlights a potential 'ticking time bomb' for the borough, with large numbers of ethnic minority people in younger age groups. Kidney disease is 5 times more common in ethnic minority communities. Unfortunately national data shows that ethnic minority CKD patients also reach end-stage kidney disease (e.g. at a cost of £22k per annum) around 8 years earlier than their white counterparts. In addition, due to available organs and the organ matching requirements, they take longer to receive a cadaveric transplant than age-sex matched white patients. Local Rochdale dialysis patient satisfaction survey data from 2012/3 showed that 41% of the prevalent population were of ethnic minority origin.



Bury also has a number of challenges relating to the future potential burden of high cost kidney care; it has a high expected CKD prevalence (6-8.3% PHE Estimates 2014) and national estimates suggest significant growth in numbers with CKD over the next 3 decades.

- Simple estimates of CKD prevalence have been calculated up to 2036. These estimates are based on the projected population increase and assume no change in the age – specific prevalence of CKD stage 3-5 and no improvement in the prevention and management of CKD stage 3-5.
- Between 2011 and 2036 the prevalence of CKD stage 3-5 among people aged 16 years and over is expected to increase to 4.2 million or 8.3%.

Projections of growth in expected number of people in England with CKD stage 3-5, 2011 – 2036



*Source National Cardiovascular Intelligence Network 2014

In addition, only two fifths of cases of hypertension (a leading driver of age related vascular CKD) in the Bury borough are estimated to have been identified (2011 modelling estimates). There is also a significantly younger ethnic minority population in Bury, which poses the same future issues faced by Rochdale in relation to patients reaching end-stage renal failure sooner and waiting longer for transplantation.

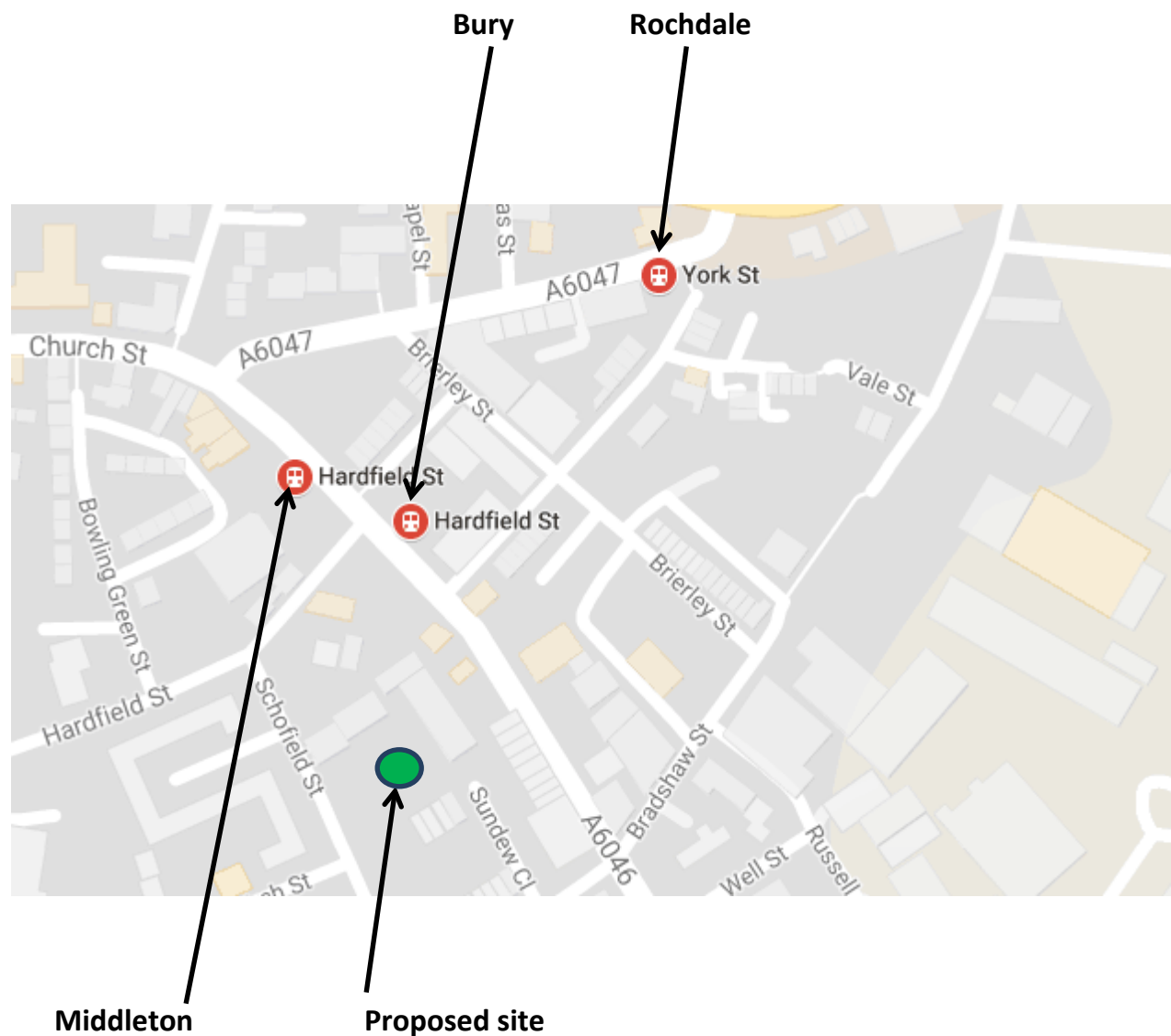
Opportunities exist within both Bury & Rochdale to change the local disease profile, by working across the patient pathway, in areas such as community-wide BP initiatives and through innovative solutions researched in other significant ethnic minority communities (such as kidney and diabetes peer educators). Moving to a joint Bury & Rochdale Kidney Care Centre model would facilitate an embedded Nephrology team who would work on articulating and delivering the strategy to deliver effective preventative interventions in partnership with local primary care and third sector leaders through Strategic Joint Working Boards with each CCG. Board discussions are ongoing Oldham CCG, who are in the process of moving to a Kidney Care model, and it is felt SRFT clinicians can enable shared learning and best practice across Strategic Boards to ensure outcomes are maximised throughout the Greater Manchester North-East sector.

Appendix 2

Public Transport to Heywood Kidney Care Centre

Buses

Buses from Bury and Rochdale (as well as Middleton) are located behind the proposed site in Heywood, as shown the following image:



Journey details, including distance and cost, from both central Rochdale and Bury are detailed below:

Rochdale

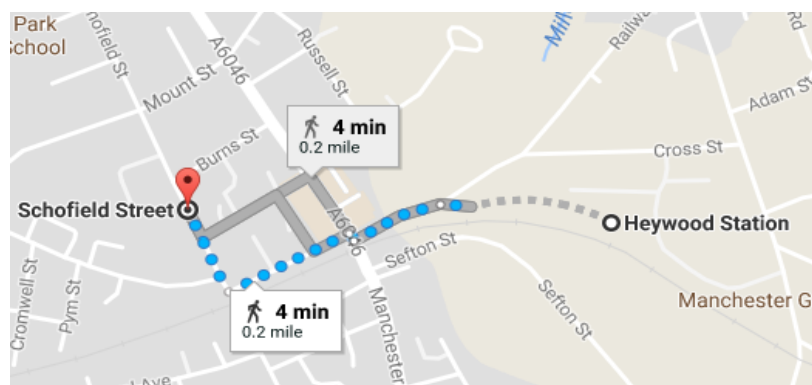
Nearest Bus Stop:	York Street	(471 bus route)
Distance from Rochdale Interchange:	3.8 miles	
Time from Rochdale Interchange:	17 minutes	
Frequency of Bus Service:	Every 30 mins	
Price of Bus Ticket:	£2 - £3	

Bury

Nearest Bus Stop:	Hardfield Street	(163 bus route)
Distance from Bury centre:	3.9 miles	
Time from Bury centre:	20 minutes	
Frequency of Bus Service:	Every 30 mins	
Price of Bus Ticket:	£2 - £3	

Trains

The proposed site is a 4 minute walk from Heywood Train Station (0.2 miles), however as the station is predominantly used for leisure activities, as opposed to commuting, the frequency of service varies dependant on the time of year; thus patients would be discouraged from travelling via train to the proposed site.



There are no tram stops in Heywood.

Appendix 3

Key Contacts

Salford Royal NHS Foundation Trust

- Vicki Tipper, Senior Manager Renal Services vicki.tipper@srft.nhs.uk
- Victoria Fox, Operational Manager Renal Services victoria.fox@srft.nhs.uk
- Smeeta Sinha, Consultant Nephrologist smeeta.sinha@srft.nhs.uk
- Craig Sharples, Commissioning Manager craig.sharples@srft.nhs.uk

Heywood, Middleton & Rochdale CCG

- Jenny Hopes, Commissioning Project Manager jennifer.hopes@nhs.net
- Sonal Sharma, Clinical Lead Cardio-vascular Disease sonalsharma@nhs.net

NHS England

- Alison Deveney, Business Project Manager alison.deveney@nhs.net

Bury CCG

- Catherine Tickle, Joint Commissioning Manager catherine.tickle@nhs.net
- Fin McCaul, Clinical Lead fin@mccaul.eu
- Kiran Patel, Bury CCG Chair kiran.patel5@nhs.net

Pennine Acute Trust

- Steve Taylor, Managing Director Bury & Rochdale Care Organisation, steve.taylor@pat.nhs.uk

Patient Representative

- Rob Finnigan, NW Advocacy Officer BKPA rob.finnigan@britishkidney-pa.co.uk

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Relocation of Rochdale Renal Unit, based within Rochdale Infirmary, to Heywood

Jack Sharp
Smeeta Sinha

Joint Health Oversight and Scrutiny Board (Pennine
Acute)
3rd October 2017

Purpose:

- Improve Renal Services for both Bury & Rochdale Residents
- Local clinicians providing local care for local patients

Scope of Project:

- Re-provision of Rochdale Haemo-dialysis service to Heywood
- Creation of joint Bury & Rochdale Kidney Care Centre in Heywood
- Repatriation of Specialist Services from Salford to joint Bury & Rochdale Kidney Care Centre

Areas of Consideration

- **Patient Demographics & Demand**
 - Rochdale and Bury are projected to have significant growth in demand for CKD and dialysis services
 - Rochdale ethnic minority prevalence up to 41% (patient satisfaction survey data 2012/13)
 - Ethnic minority populations reach ESRD 8 years earlier than Caucasian counterparts
 - Bury has high expected CKD prevalence (6-8.3% PHE estimates 2014)
 - Unidentified burden of hypertension in Bury Borough (National Cardiovascular Intelligence Network 2011); hypertension is the leading cause of CKD/ESRD
 - Younger ethnic minority population in both Rochdale and Bury
 - Identification of local effective preventative interventions in partnership with local primary care and third sector leaders of Oldham Kidney Care Board

Other Areas of Consideration

- **Satellite Unit Facilities & Staffing**

- Proposal requires sufficient volume of patients to create a critical mass to enable specialist services to be brought from Salford and patients repatriated from Bolton – this requires an accessible location for Bury and Rochdale patients
- Majority of satellite Renal units are not based within hospital grounds as they are not interdependent with acute hospital services
- Relocating the unit to Heywood improves travel time for pre-dialysis & post-transplant patients by 56,000 miles per annum
- Staff & visitors prefer to be based off-site as there is free car parking and better access & facilities

Four Tests of Service Reconfiguration

- **Strong public and patient engagement:**
 - *Support from Kidney Care UK (aka BKPA)*
 - *Local consultation letter drafted*
- **Consistency with current and prospective need for patient choice:**
 - *Enables patients to receive care closer to home rather than travelling to Salford*
 - *Choice of Kidney Care Centres in Salford, Oldham, Bolton, Wigan & Rochdale (Heywood)*
- **Clear, clinical evidence base:**
 - *Delivery of a co-ordinated, reliable anaemia service (NICE guidance NG8)*
 - *Kidney Diseases Improving Global Guidelines (KDIGO) CKD Guidelines 5.2 recommend CKD management in a multi-disciplinary setting with access to dietary advice, RRT counselling, transplantation, timely vascular access, ethical, psychological and social support*
- **Support for proposals from commissioners:**
 - *Formal discussions have been ongoing with NHSE, Bury CCG & HMR CCG since Jan 2016*

Equality Impact Assessment

Equality Group	Positive Impact (benefits)	Negative Impact (disadvantage) or potential negative impact	Please rate each negative impact 'low', 'medium' or 'high'
Disabled People	Bespoke ground floor Kidney Care Centre with dedicated disabled parking immediately outside the unit doors	N/A	N/A
Black & Racial Minority People	Larger unit will future proof the growth of CKD patients within this population demographic.	N/A	N/A
Older People (60+)	Services will be repatriated from SRFT to the local area making them more accessible for older people (31,000 miles of patient travel to be saved per annum)	N/A	N/A
Younger People (17-25) and Children	Potential for the Young Adult Clinic specialist nurse to conduct Kidney Care Centre site visits to review younger patients who require more intensive support locally.	N/A	N/A
Deprived Groups	There will be dedicated free patient car parking which is not currently offered within the existing service model	N/A	N/A

Rochdale Patient Benefits

- Per Annum the following clinic appointments will take place locally instead of Salford Royal:
 - **422 pre-dialysis appointments**
Local care would benefit this group of patients, as at this stage of the pathway patients are at their most unwell and psychologically at their most vulnerable.
 - **241 post-transplant appointments**
Local care would benefit this group of patients, as at this stage of the pathway patients are more likely to return to work and find it difficult to attend frequent clinic appointments.

Bury Patient Benefits

- Over 550 appointments can now take place nearer to Bury
- Patients no longer travelling to Salford and Bolton for dialysis
- Continuity of care from bespoke clinical team

Kidney Care UK Feedback

I welcome the proposed relocation of the Rochdale dialysis unit to a new facility in Heywood. The move not only addresses patient demographic issues across North Manchester but also provides an opportunity for Salford Royal's Renal Department to further expand its network of Kidney Care Centres which in turn will provide consistency of treatment, local access to members of the renal MDT and avoid the need to travel to Salford Royal for regular clinic appointments.

Patients will benefit enormously from the 'one-stop' approach of the Kidney Care Centre clinics in a contemporary and purpose-built building and I wholeheartedly support this proposal.

Rob Finnigan

Kidney Care UK Patient Advocacy Officer (North-West)

Summary

Item	Problem	Solution
Patient Pathway	Bury & Rochdale patients are only offered local care at the beginning and end of their Chronic Kidney Disease pathway, not in the middle.	Transform Rochdale Dialysis Unit into a Bury/Rochdale Kidney Care Centre and repatriate general & specialist clinics to the centre. The majority of patient care will then take place at one location by one local Kidney Care clinical team. The repatriation of services will save a total of 56,000 miles per annum of patient travel.
Strategic co-design of Kidney services	Both Rochdale & Bury have a large number of ethnic minority people in younger age groups, meaning large numbers of patients reaching end-stage Renal failure and waiting longer for transplantation.	Ask the aforementioned local Kidney Care clinical team to deliver effective preventative interventions in partnership with local primary care and third sector leaders.
Geographical Location	No dedicated haemo-dialysis unit for Bury patients, meaning Bury will block Rochdale dialysis slots & in-turn Rochdale patients will be displaced to Oldham	Build a unit in between Rochdale & Bury (Heywood) that is large enough to house both patient groups
Patient Facilities	Rochdale Dialysis Unit is not fit for purpose and does not comply with Health Building Note Satellite Dialysis Unit guidance	Build a state of the art modern facility that better serves both the Bury & Rochdale patient populations

Discussion, Next Steps & Timeframes

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Pennine Joint Overview and Scrutiny Committee

Capital report for the Royal Oldham Hospital and the North Manchester General Hospital

1.0 Overall Purpose and Business Case

1.1 The enabling works project has four key objectives as follows: -

1. De-risking future development – at both the North Manchester and Royal Oldham sites to improve resilience, ease of future developments and overall capacity
2. Delivery of savings – financial and carbon emissions – specific energy targets have not yet been agreed, however financial savings are a key objective, particularly to support the Trust in delivering upon its carbon emission obligations of a 34% reduction by 2020/21 (compared to a 2007/08 baseline)
3. Improving resilience – ensuring operational continuity and reducing risk associated with aging infrastructure
4. Addressing backlog – where possible, the address backlog maintenance as part of this project.

1.2 Funding of £10m was allotted to the Enabling Works project based on an SOC drafted in Nov 2016. *[Extract: The infrastructure enabling work is essential and there are benefits to commencing this work as soon as possible to reduce the overall construction programmes. This work can then run in parallel to the preparation of business cases and reduces the overall programme thus bringing forward the ability to deliver the benefits].* A full business case will be submitted in early 2018 for detailed approval of the full defined scope and installation contract.

2.0 Scope

2.1 The scope of the project while defined has a degree of flexibility. The scope of possible improvement works at the Trust not surprisingly exceeds the available funding (due to the age of the estate), however, the project team is focussed on maximising the beneficial impact of the capital investment. A summary of the scope is detailed below.

North Manchester General Hospital	The Royal Oldham Hospital
Capital Works	
<ul style="list-style-type: none"> • Provide a new boilerhouse and boiler plant at NMGH • De-risk the site based upon the technical risks identified • Rationalise the services in readiness for future site rationalisation and where feasible in this project • Prepare the site services infrastructure for future development. 	<ul style="list-style-type: none"> • Steam rationalisation to remove a risk of the poor condition service ducts • Part refurbishment of the boiler plant and preparation of the services for future site development • De-centralisation of services, where feasible as part of this project. • The remainder to be included in the future development projects.
Energy Efficiency measures	

Pennine Joint Overview and Scrutiny Committee

Capital report for the Royal Oldham Hospital and the North Manchester General Hospital

<ul style="list-style-type: none"> • New combined heat and power (CHP) plant • Energy efficient lighting • Building management system (BMS) optimisation 	<ul style="list-style-type: none"> • Improved metering • Proposal to adopt a new water bore hole • Energy efficient lighting • BMS optimisation
Demolition Works <ul style="list-style-type: none"> • Various defined redundant, out-dated buildings and structures 	

3.0 Project Structure and Implementation

3.1 A detailed Project Execution Plan has been prepared which defines the project scope, team, structure, programme, stakeholders, budget and controls. Project governance has been put in place with defined roles and a Project Board to provide oversight, leadership, direction and a focus for decision making and escalation. The Project Board meets monthly, the Senior Responsible Owner is Lindsay McCluskie. Change Control, including authorised expenditure of contingency is via the Project Board. Graham Lord, Head of Capital Projects is responsible for stakeholder engagement. Day to day management is via a defined Project Manager who can reach out to immediate colleagues for support in delivering the project.

3.2 Procurement of demolition contractors was via competitive tender. Procurement of the capital works and energy efficiency measures was via an Energy Performance Contract Framework which invited framework contractors to tender against scope and objectives and to present a range of work funded via the capital budget and additional measures via Salix borrowing. Following the tender exercise, Breathe Energy were awarded the Contract, however the commitment is limited initially to an Investment Grade Audit (IGA) phase in which designs will be developed in more detail, leading to a BAFO in early 2018. The IGA phase carries a financial commitment of £217,000 which has been approved by the Project Board including Lindsay McCluskie.

3.3 Committed spend as at 26 September 2017 is £242,000. The spend profile is updated monthly via the highlight report. In summary, spend in FY17/18 is estimated at £800,000 with the remainder in FY18/19.

3.4 An overall programme has been prepared which indicates that the project is expected to be completed by December 2018. However, there are key dependencies which this assumption relies on including internal approvals, unknown site conditions, duration of design period and the obtaining of planning consent. The programme is updated monthly and progressed tracked against key milestones.

3.5 An overall risk register was generated following a risk workshop with multiple stakeholder representation. The risk register is updated monthly and reported via the Project Board.