

AGENDA FOR

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE ACUTE NHS TRUST

Contact: Julie Gallagher
Direct Line: 0161 2536640
E-mail: julie.gallagher@bury.gov.uk
Web Site: www.bury.gov.uk

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

Councillors: S Ali, N Briggs, J Davies, J Farrell, S
Kerrison, J McCann, C McLaren, K Nickson, L Robinson,
S Smith, Ann Stott and R 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, 13 March 2018
Place:	Committee Room 1 Rochdale Town Hall
Time:	2.00 pm
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 from the meeting held 3rd October 2017 are attached.

5 NES ACUTE SERVICE STRATEGY (*Pages 7 - 20*)

Jack Sharp, Jo Purcell, Moneeza Iqbal Clinical Service Strategy Programme Director will report at the meeting. Report attached.

6 CQC UPDATE (*Pages 21 - 34*)

Jack Sharpe and Jo Purcell will report at the meeting. Reports attached.

7 WINTER PRESSURES UPDATE (*Pages 35 - 46*)

Shona McCallum will report at the meeting. Report attached, additional reports will be sent to follow.

8 STAFF UPDATE (*Pages 47 - 50*)

Dean Hambleton Ayling will be in attendance. Report attached.

9 URGENT BUSINESS

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

Meeting of:

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

Date: 3rd October 2017

Present:

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

Jack Sharp: Director of Strategy Salford Royal and Pennine Acute
Jude Adams: Chief Delivery Officer, Salford Royal and Pennine Acute NHS Trust

Jo Purcell: Deputy Director North East Sector, Pennine Acute
Dr Smeeta Sinha: Clinical Director and Consultant Nephrologist, Renal Services

Vicki Tipper: Senior Manager Renal Services

Ms Julie Gallagher: Joint Health Overview and Scrutiny Officer

PAT. 17/18-09 APOLOGIES

Apologies were received from Councillor Ann Stott (Rochdale MBC), Councillor Linda Robinson (Rochdale MBC), Councillor John Farrell (Manchester City Council), Councillor Shaukat Ali (Manchester City Council), Councillor Norman Briggs (Oldham MBC)

PAT.17/18-10 DECLARATIONS OF INTEREST

There were no declarations of interest.

PAT.17/18-11 MINUTES AND MATTERS ARISING**It was agreed:**

That the minutes of the meetings held on 4 July 2017 be approved as a correct record.

PAT.17/18-12 PUBLIC QUESTIONS

There were no public questions.

PAT 17/18-13 PENNINE IMPROVEMENT PLAN

Jude Adams, Chief Delivery Officer attended the meeting to provide members with a further update in respect of the Pennine Improvement Plan. An accompanying report had been circulated to elected members in advance of the meeting which contained information in respect of 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 Chief Delivery Officer reported that one of the overarching aims of the improvement work was to avoid harm and reduce mortality rates. Improvement work has been successful in reducing the mortality rate, the rate currently is 96 (compared to a previous high of 106) this is now below the national average.

The Chief Delivery Officer reported that one of the most fragile services was NMGH accident and emergency. There was 1.5 consultants covering the service 24/7, a significant number of patients waiting over 12 hours on hospital trollies as no beds were available. In respect of paediatric services due to problems with staffing in particular in the high dependency unit a number of children were being placed out of area.

Since the CQC visit there has been significant improvements in the consultant cover in A&E, there has been a reduction in the number of patients waiting over 12 hours for a hospital bed and there has been fewer out of area placements.

In respect of maternity services 1.2 million pounds has been invested and recruitment of additional midwives has been a priority.

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

In response to a Member's question, the Chief Delivery Officer reported that the Nursing Assessment and Accreditation System has been introduced within the Pennine Acute Trust following a successful roll-out across Salford Royal Hospital Trust. Information gained from the assessment will identify incidents of pressure ulcers and falls, this information will help to ascertain problems across the Trust.

The CQC will undertake a further un-announced inspection between September and December, the inspections will include staff focus

groups with staff within the Trust from all areas and all disciplines. The CQC inspection findings will be made available in December 2017.

In response to a member's question, the Chief Delivery Officer reported that data collated in respect of the number of falls, pressure ulcers and infections are all strong indicators in respect of how well a Trust is performing. It is imperative that community services are developed as alternative to acute care.

With regards to Consultant session, the Chief Delivery Officer reported that the Trust has been stabilised in terms of Consultant cover with support from Consultants whose primary place of work is Central Manchester or Salford Royal Hospital Trust. An additional three consultants have now been recruited and all will be in post shortly. Recruitment continues to be a problem within the Trust and in some disciplines vacancy rates are as high as 10%.

The Chief Delivery Officer confirmed that engagement is improving with the local authorities with regards to the additional funding they have received to ease pressures in social care.

In response to a Member's question, the Chief Delivery Officer confirmed that the CQC inspection highlighted problems in respect of how the Trust responded to complaints and also serious incidence reporting. Systems have been put in place to address the issues identified, including immediate action where appropriate, root cause analysis all complaints shared with Directors.

With regards to the four hour waiting times in Accident and Emergency, the Chief Delivery Officer reported that this target is indicative of how the hospital is performing over all in particular how patients flow through the hospital. Problems still persistent with regards to recruitment of middle grade doctors, significant improvements have been made at Fairfield General Hospital and this site is now the best performing hospital in Greater Manchester.

It was agreed:

1. A further update in respect of the most recent Care Quality Commission visit will be provided at a future meeting of the JHOSC for Pennine Acute.
2. Sir David Dalton will be invited to attend a future meeting of the JHOSC for Pennine Acute.

The Chair agreed that items 6 & 7 would be considered as one item

PAT 17/18-14 DEVELOPMENT OF THE NORTH EAST SECTOR ACUTE SERVICE STRATEGY & HEALTHIER TOGETHER UPDATE

Jo Purcell, Deputy Director North East Sector attended the meeting to provide Members with an update in respect of the north east sector

acute service strategy. Work so far has included; Quality Improvement Strategy, Urgent Care Improvement; Go Engage Staff Engagement System; Recruitment / Retention Plan; Safeguarding Review Complete; Clinical Leadership Programmes; Comprehensive Review of FFT Reporting and Maternity.

The northeast sector transformation will encapsulate, the CQC findings, clinically and financially sustainable services, GM Devolution Theme three, workforce challenges, focus on prevention, single Hospital Service for Manchester, LCO / Locality plans, Community regeneration and Healthier Together Standards.

Locality plans have been 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.

The Deputy Director reported that locality plan activity assumptions will reduce income to PAHT by £52.9m by 2020/21.

The proposals will 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). North East Sector 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.

The Clinical Service Strategy will see the strategic outline case developed in December 2017 with the outline business and the full business case being completed in April 2018 and July 2018 respectively.

The Deputy Director reported that clinical and financial sustainability must be achieved over a 5 year period; the new strategy will need to ensure safe, reliable and compassionate care.

With regards to FGH the Deputy Director reported that there may be in the future an increasing amount of elective surgery on this site.

Consultation and engagement will be ongoing as the work to reconfigure and develop the north east sector services and dis-aggregate North Manchester from Pennine Acute continues.

The ambition is that together with the Salford Royal hospital trust the remaining hospitals will work together as a Northern Care Alliance. A separate but connected programme of work is underway, with each Locality, to transform community services and integrate health and social care.

In respect of Healthy Together implementation capital monies has been secured in principle to commence the programme of work. This may take 70/72 weeks, progress may be hindered by the inability to recruit to posts within general surgery.

PAT 17/18-15 KIDNEY CARE CENTRE PROPOSAL

Dr Smeeta Sinha, Clinical Director and Consultant Nephrologist, Renal Services and Vicki Tipper, Senior Manager Renal Services attended the meeting to inform Members of the proposals to re-provide Rochdale's Haemo-dialysis service to Heywood; the creation of joint Bury & Rochdale Kidney Care Centre in Heywood and the repatriation of Specialist Services from Salford to joint Bury & Rochdale Kidney Care Centre.

Rochdale and Bury are projected to have significant growth in demand for CKD and dialysis services. The 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, an accessible location for Bury and Rochdale patients is required. 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 and post-transplant patients by 56,000 miles per annum.

Responding to a Members question the Senior Manager reported that the Trust have not experienced any problems in recruiting to positions within the team. The service provides holistic support via a multi-disciplinary team, the teams will consist of occupational therapists, dieticians and dialysis technicians.

In response to a Member's question the Senior Manager reported that 70% of patients using the service are transported there using patient transport service and there would be no cost associated with the attendance at the Clinics.

The Clinical Director reported that the new unit will provide 20 chairs for renal dialysis, there will be a service level agreement that will specify the specific staffing required to appropriately support the service.

Responding to a Member's question the Clinical Director reported that the exact timeline for engagement is still to be agreed with the clinical commissioning groups.

It was agreed:

The Joint Health Overview and Scrutiny Committee:

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.
3. Following the completion of the engagement and consultation an update report will be considered at a future meeting of the JHOSC for Pennine Acute.

PAT 17/18-16 CAPITAL REPORT FOR THE ROYAL OLDHAM HOSPITAL AND THE NORTH MANCHESTER GENERAL HOSPITAL

Members of the Joint Committee considered an update report in respect of the capital works being undertaken at the Royal Oldham and North Manchester General Hospital.

It was agreed:

Further update reports in respect of the capital works at Royal Oldham and the North Manchester General Hospital will be provided at future meetings of the Joint Committee.

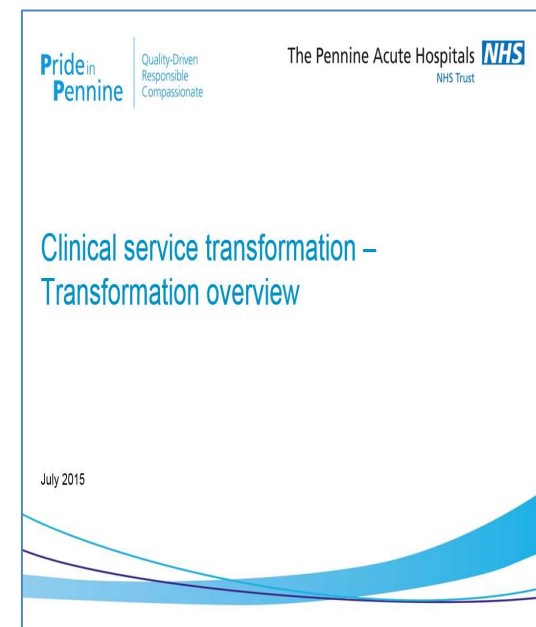
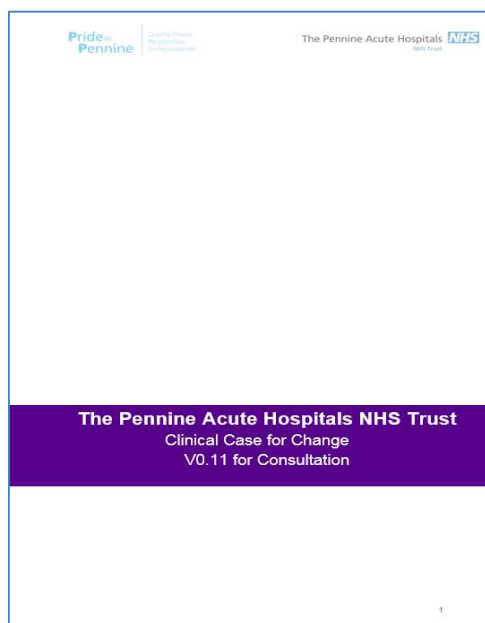
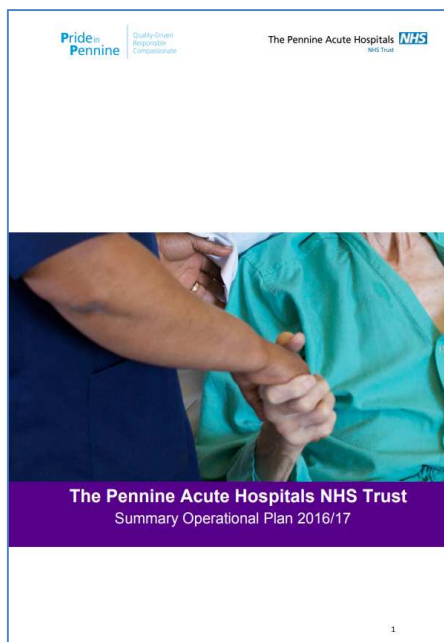
PAT 17/18-17 URGENT BUSINESS

There was no urgent business reported.

NES Acute Service strategy

Pennine Acute Joint Health Overview and Scrutiny
Committee
13th March 2018

Previous service and organisational strategies services



Drivers & Objectives for the NES Acute Service Strategy

- Improve quality of care, including continuing to address the CQC findings.
- Ensure Care Organisations are fit for purpose and meet the future needs of their populations.
- Deliver the Healthier Together standards.
- Deliver 7 day services standards and provision.
- Deliver acute services that meet the NES commissioning requirements.
- Support the wider GM devolution agenda and implementation of GM Theme 3 strategy.
- Address workforce, finance, estate and quality challenges

Impact of Locality Plans

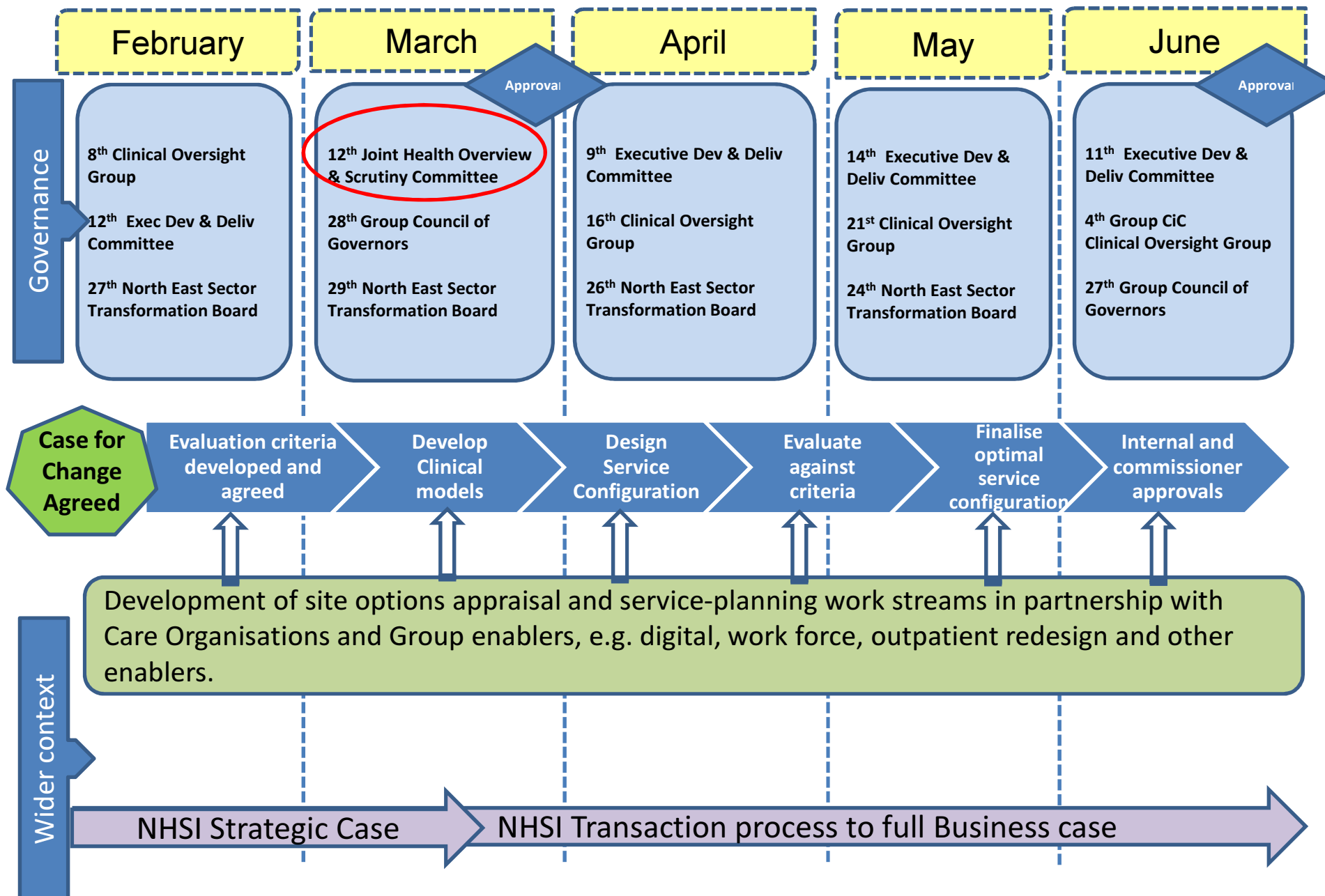
- Locality plan activity assumptions will reduce income to Pennine Acute by £52.9m by 2020/21

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%
HMR	-45.8%	-14.3%	-36.1%	-20.3%	0.0%
Oldham	-34.9%	-1.3%	-29.6%	0.0%	0.0%

Where are we up to?

- Outline commissioner strategy for NES developed, subject to finalisation and approval
- Engaged commissioners and primary care colleagues
- Working with Healthwatch
- Clinical work streams progressing
- Commenced development of evaluation criteria for modelling

North East Sector Acute Service strategy development process



National guidance and learning

4 tests

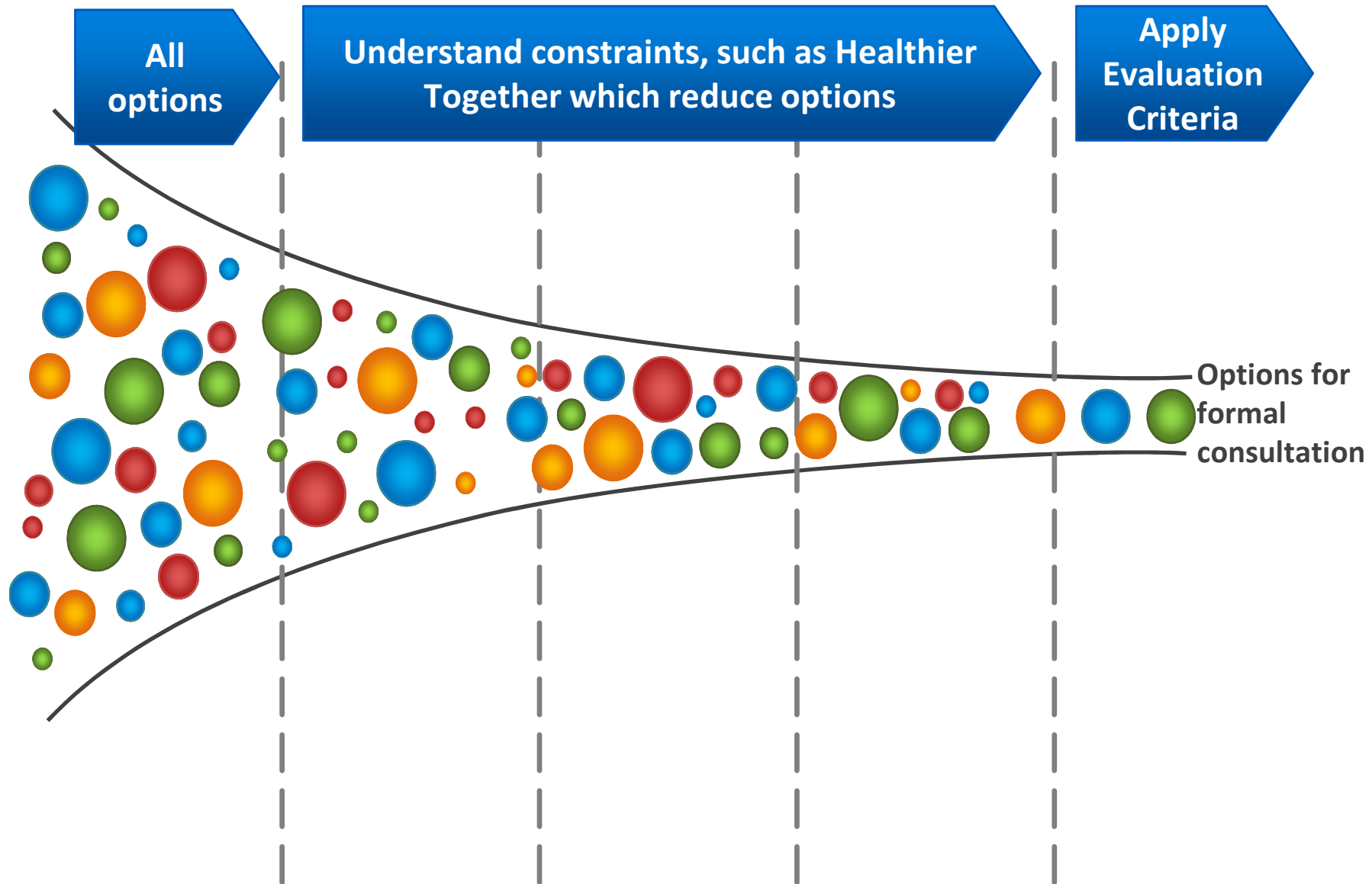
- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- Clear, clinical evidence base.
- Support for proposals from commissioners.

**Planning, assuring and
delivering service change
for patients**

NHS
England



Process for generating & narrowing down potential options



Fixed points

Any potential options that do not fit with the following fixed points should be ruled out.

- Retain 4 sites (FGH, RI, ROH & SRFT)
- Healthier Together – complex surgery moves
- Major Trauma Centre designation
- GM hyperacute stroke designation
- Making It Better – paediatrics and maternity moves
- Healthy Futures – Determined changes around Rochdale Infirmary flows

e.g. Shaping a Healthier Future, North West London

	Criteria	Sub-criteria
1	Quality of care	<ul style="list-style-type: none"> ▪ Clinical quality ▪ Patient experience
2	Access to care	<ul style="list-style-type: none"> ▪ Distance and time to access services ▪ Patient choice
3	Affordability and Value for Money	<ul style="list-style-type: none"> ▪ Capital cost to the system ▪ Transition costs ▪ Viable Trusts and sites ▪ Surplus for acute sector ▪ Net present value
4	Deliverability	<ul style="list-style-type: none"> ▪ Workforce ▪ Expected time to deliver ▪ Co-dependencies with other strategies
5	Research and Education	<ul style="list-style-type: none"> ▪ Disruption to education and research ▪ Support current and future education and research delivery

Who owns the criteria?

- The Trust (s) via Board and Governors
- Commissioners (clinical & non clinical)
- Patients, via Healthwatch forum
- Local politicians, via Joint Health Overview & Scrutiny (Statutory Local Authority Committees)
- Our Clinicians, via Clinical Oversight Group

Evaluation needs to be able to show the extent to which different options address the case for change

Which options are;

- Clinically sustainable? (Delivers clinical standards)
- Implementable? (Can it be done? Will it deliver change in 5 years?)
- Accessible? (Peak travel time of no more than 1 hour?)
- Strategic fit? (Are there decisions already taken that this option would not congruent with?)
- Financially sustainable? (within the next 3 years?)

What should our evaluation criteria be, and how will you measure them?

Focus on the following?

1. Patient outcomes
2. Access to care

Next steps

- § Agree to further discussion with you on evaluation criteria?
- § We will
 - § Continue to develop clinical work streams
 - § Engage our patients
 - § Link our work with Locality plans

NEWS RELEASE

Salford | Oldham | Bury | Rochdale | North Manchester

PAT/18/014

Strict Embargo: Thursday 1 March 00.01

CQC finds new leadership at Pennine Acute Trust are turning things around with significant improvement across all its hospital

- 70% of the aspects of the services inspected by the CQC are now rated as 'Good' or 'Outstanding'.
- Two of the Trust's hospitals (Fairfield and Rochdale Infirmary) and Trust community services are rated as Good.
- Every hospital/Care Organisation has improved since last inspection report August 2016.
- There are no longer any services across the Trust's hospitals that are rated Inadequate.
- Greatest improvements have been made across Maternity, A&E and Medicine.
- Pennine Acute Trust has benefited from partnership with Salford Royal FT working as a group of healthcare services called the Northern Care Alliance.
- New leadership teams for each hospital in place under Chief Executive Sir David Dalton have driven improvements to ensure services are safer and reliable.
- Well-led at the Trust now rated as 'Good' reflecting positive change in culture
- Services have been strengthened by implementing new systems & recruiting more staff.

A REPORT published today (1 March 2018) by the Care Quality Commission (CQC) has found that significant improvements have been made across every hospital run by The Pennine Acute Hospitals NHS Trust since its last inspection in 2016, with 70% of the aspects of the services inspected now rated as either 'Good' or 'Outstanding'.

The Pennine Acute Trust (PAT), now part of the Northern Care Alliance NHS Group with Salford Royal, runs four hospitals and a range of community services serving the communities of Oldham, North Manchester, Bury and Rochdale borough.

Since the Trust's last CQC inspection report, published in August 2016, the Trust has benefitted from joint working and support from the leadership at the Salford Royal NHS Foundation Trust. A leadership structure has been put in place, with one Board of Directors now overseeing both Salford Royal and The Pennine Acute Hospitals NHS Trusts.

CQC Ratings

The CQC can give one of four ratings to NHS Trusts and services: 'Outstanding', 'Good', 'Requires Improvement', or 'Inadequate'.

In August 2016 the CQC gave the Trust an overall 'Inadequate' rating. Overall, the rating of the Trust has since improved, from Inadequate to Requires Improvement following its unannounced inspection of services carried out in October/November 2017. The CQC has rated safety, effectiveness and responsiveness as Requires Improvement. Caring and Well-Led are rated as Good.

There are now no longer any services across the Trust's hospitals that are rated Inadequate.

The CQC's overall rating is 'Requires Improvement', with the ratings being:

	March 2016	October 2017
Safe	Inadequate	Requires Improvement
Effective	Requires Improvement	Requires Improvement
Caring	Good	Good
Responsive	Requires Improvement	Requires Improvement
Well Led	Inadequate	Good
Overall	Inadequate	Requires Improvement

Key Findings

- All services are now rated as Good for Caring
- Now no longer any services across the trust's hospitals that are rated Inadequate.
- Significant changes to leadership and management structures; staff talked positively about strengthened local leadership at each hospital site
- Supportive and open culture which is now focused on learning and improvement
- New governance frameworks are being established, but this is work in progress
- Effective processes are now in place for the safe management of medicines
- Staff are reporting more and managing patient safety incidents well; lessons learned are being shared
- Staff from different teams are working together as a team for benefit of patients
- Staff involve patients and their carers in decision about their care and treatment
- Concerns and complaints are taken seriously and are investigated
- Recognised need for further investment in IT systems and infrastructure
- Significant improvements in frontline staff recruitment across key services
- Maternity service improved in several areas - now Good at Oldham and NMGH
- Urgent and emergency care has showed improving picture in meeting national performance standards, despite ongoing pressures and increased A&E demand

Key Hospital Ratings

Fairfield General Hospital, Bury – Rated Good

- Medical care provided at Fairfield including older people's care rated Outstanding
- Urgent and Emergency care – overall rating improved to Good
- Surgical services rated Good for Caring, Responsive and Well led, but remains on Requires Improvement for Safe and Effective
- Medical and nurse staffing had improved across services

The Royal Oldham Hospital – Rated Requires Improvement from Inadequate

- Maternity services has improved significantly with overall rating given as Good
- Urgent and Emergency care – overall rating improved to Good
- A&E patient waiting times in A&E has significantly improved despite high demand

- A&E working with CCG and partners to further develop urgent care services
- Rating in Safe services for urgent and emergency care has improved to Good
- Surgical services were rated Good for Caring, Responsive and Well led
- Critical Care services has improved
- Services for children and young people has improved

North Manchester General Hospital – Requires Improvement from Inadequate

- Maternity services at NMGH has improved from Inadequate to Good
- Urgent and Emergency care – overall rating improved from Inadequate to Good
- Both adult and paediatric A&E depts. have improved and have strong plans and innovations to improve quality of care and performance further
- Significant improvement in A&E performance and reduction in 12 hour waits
- Medical care including older people's care has improved

Rochdale Infirmary and Community Services

The CQC did not inspect Rochdale Infirmary or Community Services which were rated as Good overall at the last inspection in 2016.

The ratings for each hospital and community services are listed below:

	2016 Rating	2017 Rating
NMGH	Inadequate	Requires Improvement
Royal Oldham	Inadequate	Requires Improvement
Fairfield General	Requires Improvement	Good
Rochdale Infirmary	Good	Good
Community Health Services	Good	Good
Overall	Inadequate	Requires Improvement

The CQC found ten areas of notable outstanding practice. This includes the fact that the Trust had implemented the Nursing and Accreditation system across all sites. This is a nationally recognised assessment tool designed to support nurses in practice to understand how they deliver care, identify what works well and where further improvements are needed. All wards had been assessed and reassessed and there was clear evidence of improvement with the introduction of this system.

Commenting on the CQC Inspection Report Sir David Dalton, Chief Executive, said:

“It's been a difficult and challenging 18 months and this has meant a lot of hard work, dedication and willingness by staff to implement our improvement plan across our services. The CQC's findings are a testament to this hard work and commitment. I' am delighted that the efforts of

staff have been recognised by the CQC and that it confirms independently that we are making real positive progress and on track to deliver the improvements that our staff, our patients and their families deserve and expect.

"I am privileged to see the incredible care our staff provide 24/7, 365 days a year, and for that I on behalf of the Board of Directors and our patients wish to thank them publicly.

"We are encouraged that all of our hospitals and services run by our new Care Organisation leadership teams have improved. It is hugely satisfying that the areas which have shown most improvement are those which were our most fragile: maternity services at both North Manchester and Royal Oldham are now rated as good; and children's services which were inadequate are now rated as requires improvement at both North Manchester and Oldham. Of particular note is the Medical Service at Fairfield General Hospital which has improved by two ratings to outstanding. This rates the medical services at Fairfield to be one of the best alongside our Salford Care Organisation in Greater Manchester and amongst the best in the country.

"It is remarkable that our acute hospital services across Oldham, Bury, Rochdale and North Manchester now have 70% of their rateable services, by domain categorisation, assessed as good or outstanding. This is a phenomenal achievement.

"However, we know that we still have more to do on our journey of improvement, particularly across a number of areas and services that require more focus, more support and more investment. But this CQC report will, I'm sure, help further energise and drive our staff to make the further improvements needed so that we can achieve our aim to be an outstanding rated service.

"I am delighted that the well-led domain has improved by two ratings from Inadequate to Good. This provides great feedback that our new 'Group' governance and leadership arrangements for the Northern Care Alliance NHS Group along with our colleagues and services at Salford Royal have quickly gained traction, and this provides a strong platform for the further development of the Alliance. We will further use this model to share learning, resources, best practice and deliver better patient outcomes and other benefits."

About the Northern Care Alliance NHS Group

The new Northern Care Alliance NHS Group brings together five hospitals, 2000 beds, specialist and acute services, a range of associated community services, and over 17,000 staff across Salford Royal NHS Foundation Trust and The Pennine Acute Hospitals NHS Trust.

As a group of hospitals and associated community services, the Alliance is one of the largest NHS Organisations in the country. With an operating budget of £1.3bn, the Alliance provides the benefits of scale but delivers this locally through multiple hospital sites and healthcare services. The Alliance oversees four Care Organisations for Salford, Oldham, Bury/Rochdale, and North Manchester which are responsible for providing hospital and community healthcare services to over 1m people across our local communities. Each Care Organisation and hospital sites has its own leadership team led by a Chief Officer and consisting of a Medical Director, Director of Nursing, and Finance Director.



Rating change since last inspection	Same ↔	Up one rating ↑	Up two ratings ↑↑	Down one rating ↓	Down two ratings ↓↓
-------------------------------------	-----------	--------------------	----------------------	----------------------	------------------------

2016

Ratings for acute services / acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
North Manchester General Hospital	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016
The Royal Oldham Hospital	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016
Fairfield General Hospital	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016
Rochdale Infirmary	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Community Services	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall trust	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016

2017-18

Ratings for acute services / acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
North Manchester General Hospital	Requires Improvement ↑ Feb 2018	Requires Improvement ↔ Feb 2018	Good ↔ Feb 2018	Requires Improvement ↔ Feb 2018	Good ↑↑ Feb 2018	Requires Improvement ↑ Feb 2018
The Royal Oldham Hospital	Requires Improvement ↑ Feb 2018	Requires Improvement ↔ Feb 2018	Good ↔ Feb 2018	Requires Improvement ↔ Feb 2018	Requires Improvement ↑ Feb 2018	Requires Improvement ↑ Feb 2018
Fairfield General Hospital	Requires Improvement ↔ Feb 2018	Good ↑ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018
Rochdale Infirmary	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Community Services	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall trust	Requires Improvement ↑ Feb 2018	Requires Improvement ↔ Feb 2018	Good ↔ Feb 2018	Requires Improvement ↔ Feb 2018	Good ↑↑ Feb 2018	Requires Improvement ↑ Feb 2018

70% of aspects of services now rated as 'Good'

This page is intentionally left blank

2016

Ratings for Fairfield General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016
Medical care (including older people's care)	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016
Surgery	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016
Critical care	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016
End of life care	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016
Outpatient and Diagnostic imaging	Good Aug 2016	N/A	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016

55% rated 'Good'

2017-18

Ratings for Fairfield General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Feb 2018 ↑	Good Feb 2018 ↔	Good Feb 2018 ↔	Good Feb 2018 ↑	Good Feb 2018 ↑	Good Feb 2018 ↑
Medical care (including older people's care)	Good Feb 2018 ↑	Good Feb 2018 ↑	Outstanding Feb 2018 ↑	Outstanding Feb 2018 ↑↑	Good Feb 2018 ↔	Outstanding Feb 2018 ↑↑
Surgery	Good Feb 2018 ↑	Good Feb 2018 ↑	Good Feb 2018 ↔	Good Feb 2018 ↔	Good Feb 2018 ↔	Good Feb 2018 ↑
Critical care*	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016
End of life care*	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016
Outpatient and Diagnostic imaging*	Good Aug 2016	N/A	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall	Requires Improvement Feb 2018 ↔	Good Feb 2018 ↑	Good Feb 2018 ↔	Good Feb 2018 ↑	Good Feb 2018 ↑	Good Feb 2018 ↑

*Not inspected 83% rated 'Good' or 'Outstanding'

This page is intentionally left blank

2016

Ratings for North Manchester General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016
Medical care (including older people's care)	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016
Surgery	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016
Critical care	Good Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016
Maternity	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016
Services for children and young people	Inadequate Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016
End of life care	Good Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Outpatient and Diagnostic imaging	Good Aug 2016	N/A	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016

45% rated 'Good'

2017-18

Ratings for North Manchester General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Feb 2018	Good Feb 2018	Good Feb 2018	Requires Improvement Feb 2018	Good Feb 2018	Good Feb 2018
Medical care (including older people's care)	Requires Improvement Feb 2018	Requires Improvement Feb 2018	Good Feb 2018	Requires Improvement Feb 2018	Requires Improvement Feb 2018	Requires Improvement Feb 2018
Surgery	Requires Improvement Feb 2018	Requires Improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Requires Improvement Feb 2018
Critical care*	Good Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016
Maternity	Requires Improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Services for children and young people	Requires Improvement Feb 2018	Requires Improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Requires Improvement Feb 2018
End of life care*	Good Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Outpatient and Diagnostic imaging*	Good Aug 2016	N/A	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall	Requires Improvement Feb 2018	Requires Improvement Feb 2018	Good Feb 2018	Requires Improvement Feb 2018	Good Feb 2018	Requires Improvement Feb 2018

*Not inspected 70% rated 'Good'

This page is intentionally left blank

2016

Ratings for Rochdale Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016
Medical care (including older people's care)	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Surgery	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Outpatient and Diagnostic imaging	Good Aug 2016	N/A	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016

90% rated 'Good'

2017-18

Ratings for Rochdale Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016
Medical care (including older people's care)	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Surgery	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Outpatient and Diagnostic imaging	Good Aug 2016	N/A	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016

90% rated 'Good'

This page is intentionally left blank

2016

Ratings for Royal Oldham Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016
Medical care (including older people's care)	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016
Surgery	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016
Critical care	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016
Maternity	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016
Services for children and young people	Inadequate Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016
End of life care	Good Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016
Outpatient and Diagnostic imaging	Requires Improvement Aug 2016	N/A	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016

40% rated 'Good'

2017-18

Ratings for Royal Oldham Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Feb 2018 ↑	Good Feb 2018 ↔↔	Good Feb 2018 ↔↔	Requires Improvement Feb 2018 ↔↔	Good Feb 2018 ↑	Good Feb 2018 ↑
Medical care (including older people's care)	Requires Improvement Feb 2018 ↔↔	Requires Improvement Feb 2018 ↔↔	Good Feb 2018 ↔↔	Requires Improvement Feb 2018 ↔↔	Requires Improvement Feb 2018 ↓	Requires Improvement Feb 2018 ↔↔
Surgery	Requires Improvement Feb 2018 ↔↔	Requires Improvement Feb 2018 ↔↔	Good Feb 2018 ↔↔	Good Feb 2018 ↔↔	Good Feb 2018 ↔↔	Requires Improvement Feb 2018 ↔↔
Critical care	Requires Improvement Feb 2018 ↑	Requires Improvement Feb 2018 ↔↔	Good Feb 2018 ↔↔	Requires Improvement Feb 2018 ↔↔	Requires Improvement Feb 2018 ↑	Requires Improvement Feb 2018 ↑
Maternity	Requires Improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Services for children and young people	Requires Improvement Feb 2018 ↑	Requires Improvement Feb 2018 ↔↔	Good Feb 2018 ↑	Requires Improvement Feb 2018 ↔↔	Requires Improvement Feb 2018 ↑	Requires Improvement Feb 2018 ↑
End of life care*	Good Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016
Outpatient and Diagnostic imaging*	Requires Improvement Aug 2016	N/A	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall	Requires Improvement Feb 2018 ↑	Requires Improvement Feb 2018 ↔↔	Good Feb 2018 ↔↔	Requires Improvement Feb 2018 ↔↔	Requires Improvement Feb 2018 ↑	Requires Improvement Feb 2018 ↑

*Not inspected 51% rated 'Good'

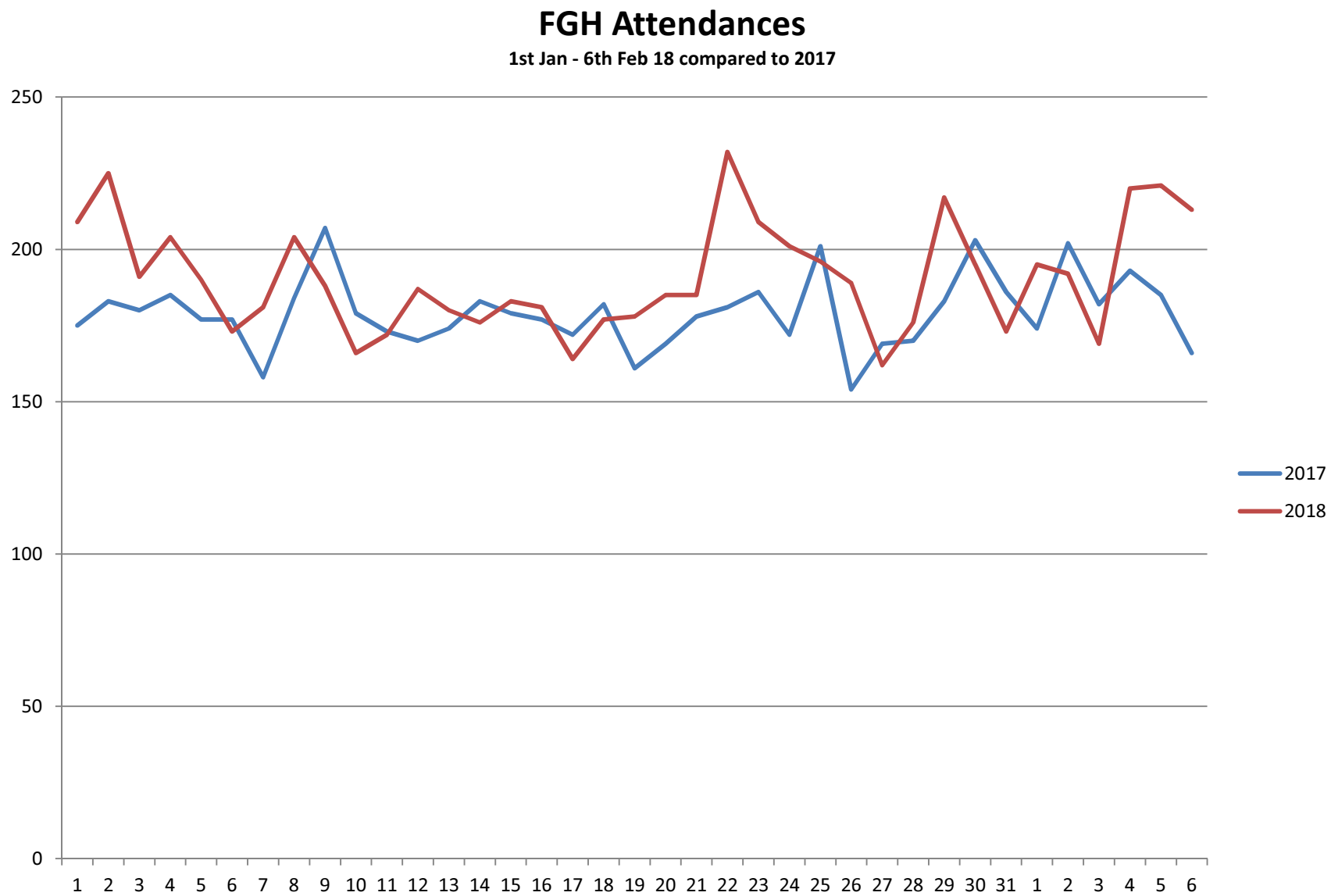
This page is intentionally left blank

FGH Winter Pressures 2018

Steve Taylor
Chief Officer
February 2018

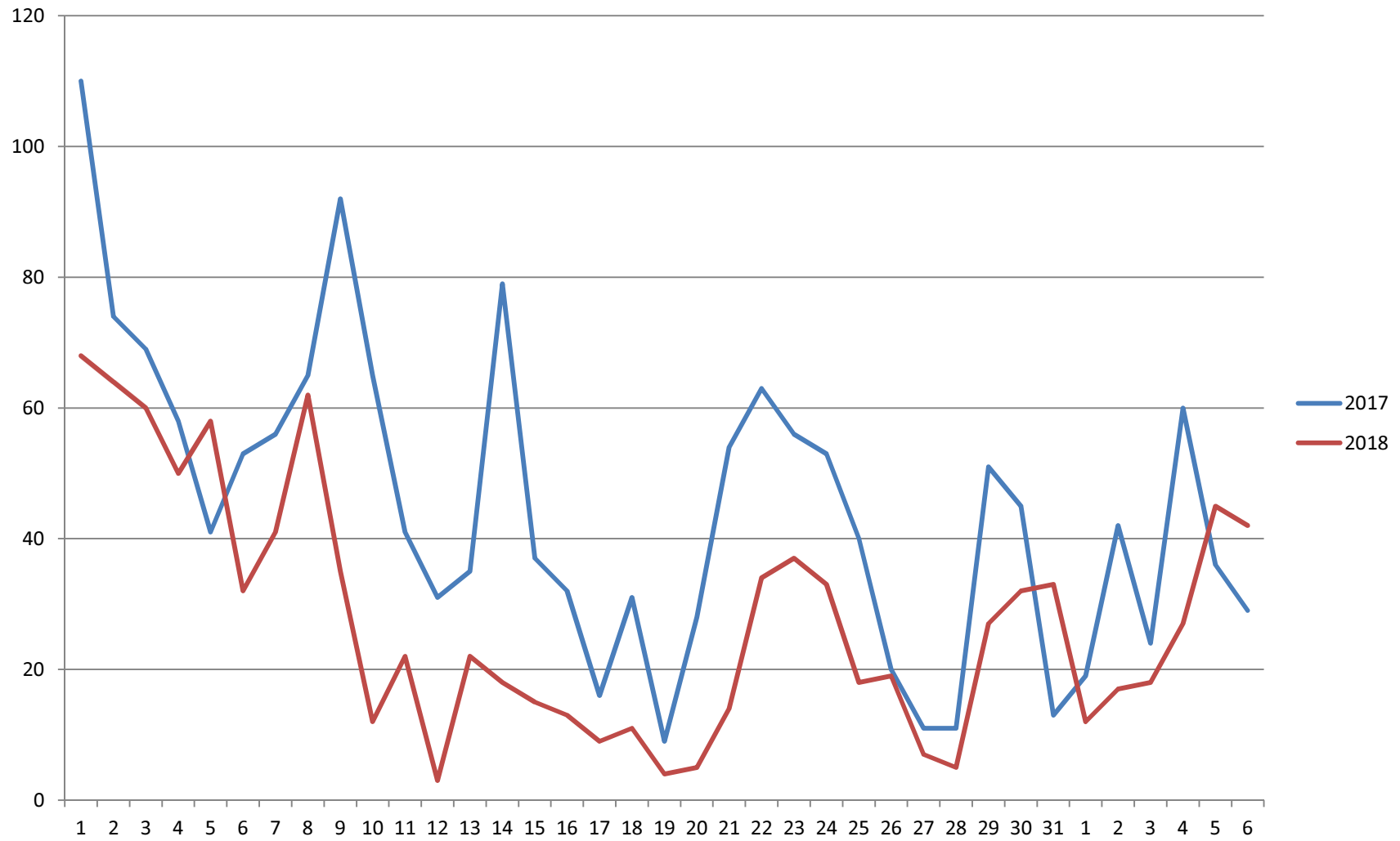
Actions:

- Perfect Fortnight complete and outputs reviewed
- Bury System Leaders Forum established weekly
- 7 day working and speciality In reach for Frail Elderly patients
- Continued zero 12 hour trolley waits
- Director led daily oversight of performance and required actions
- Multi agency escalation calls



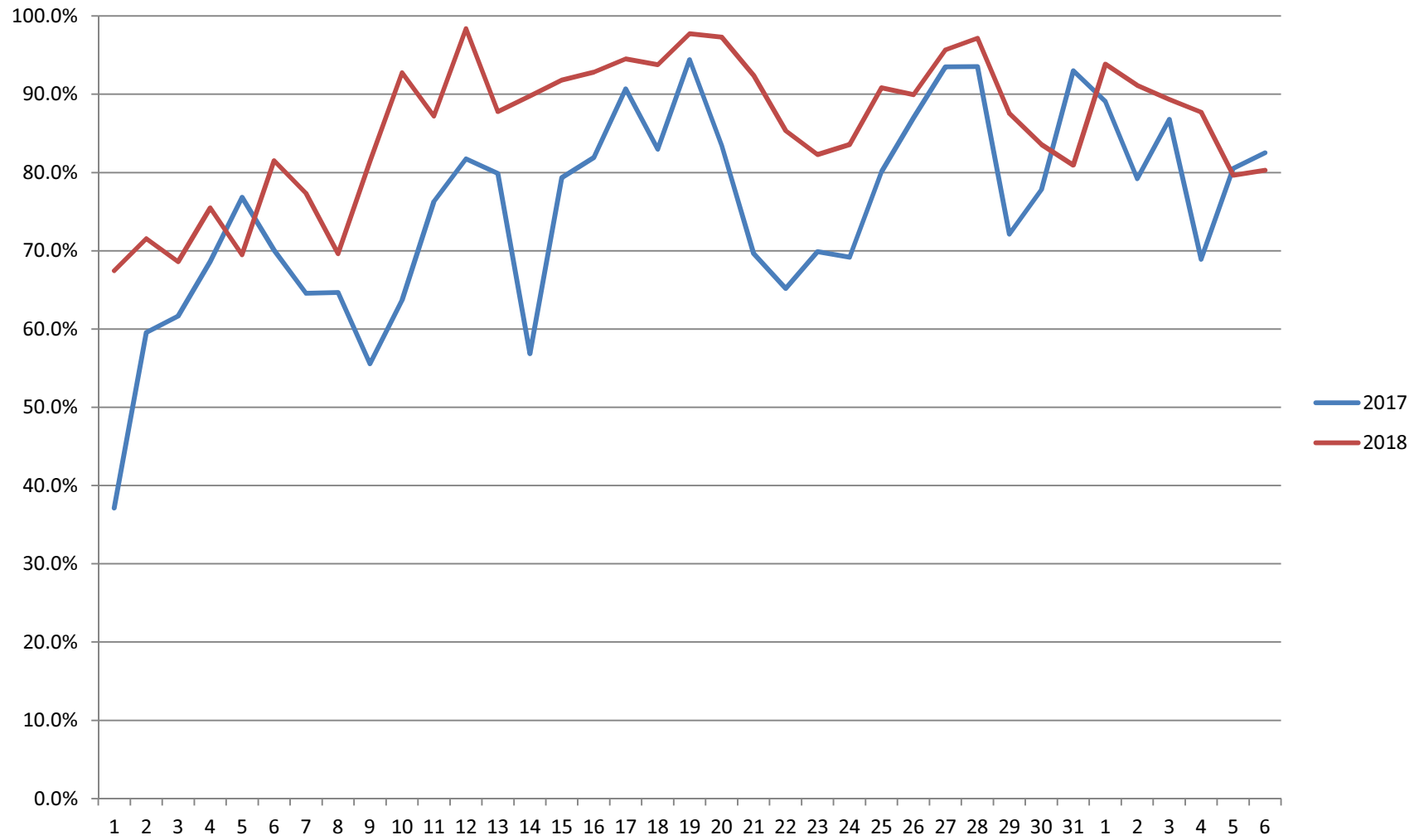
FGH 4 Hour Breaches

1st Jan - 6th Feb 18 compared to 2017



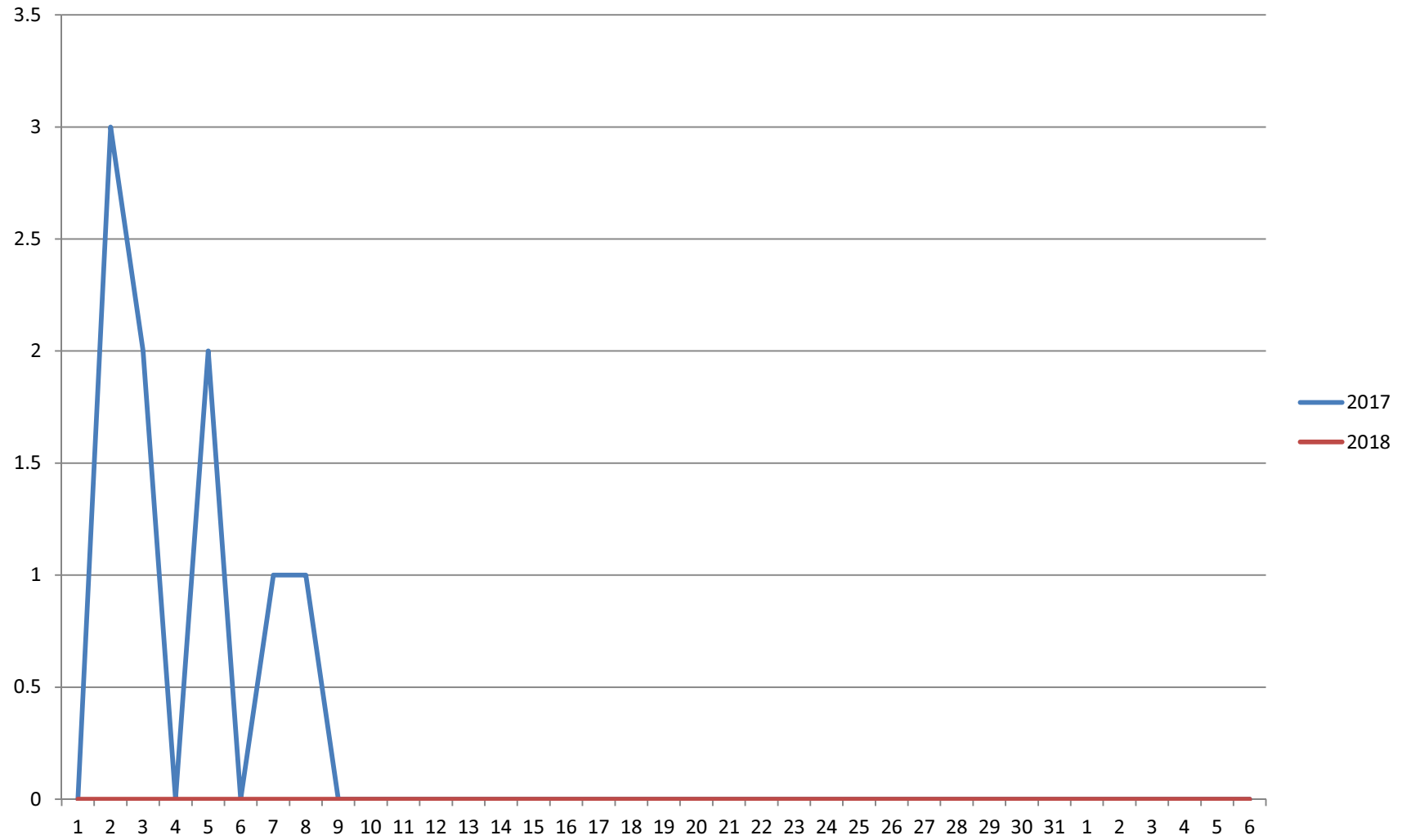
FGH 4 Hour Performance

1st Jan - 6th Feb 18 compared to 2017



FGH 12 Hour Trolley Waits

1st Jan - 6th Feb 18 compared to 2017

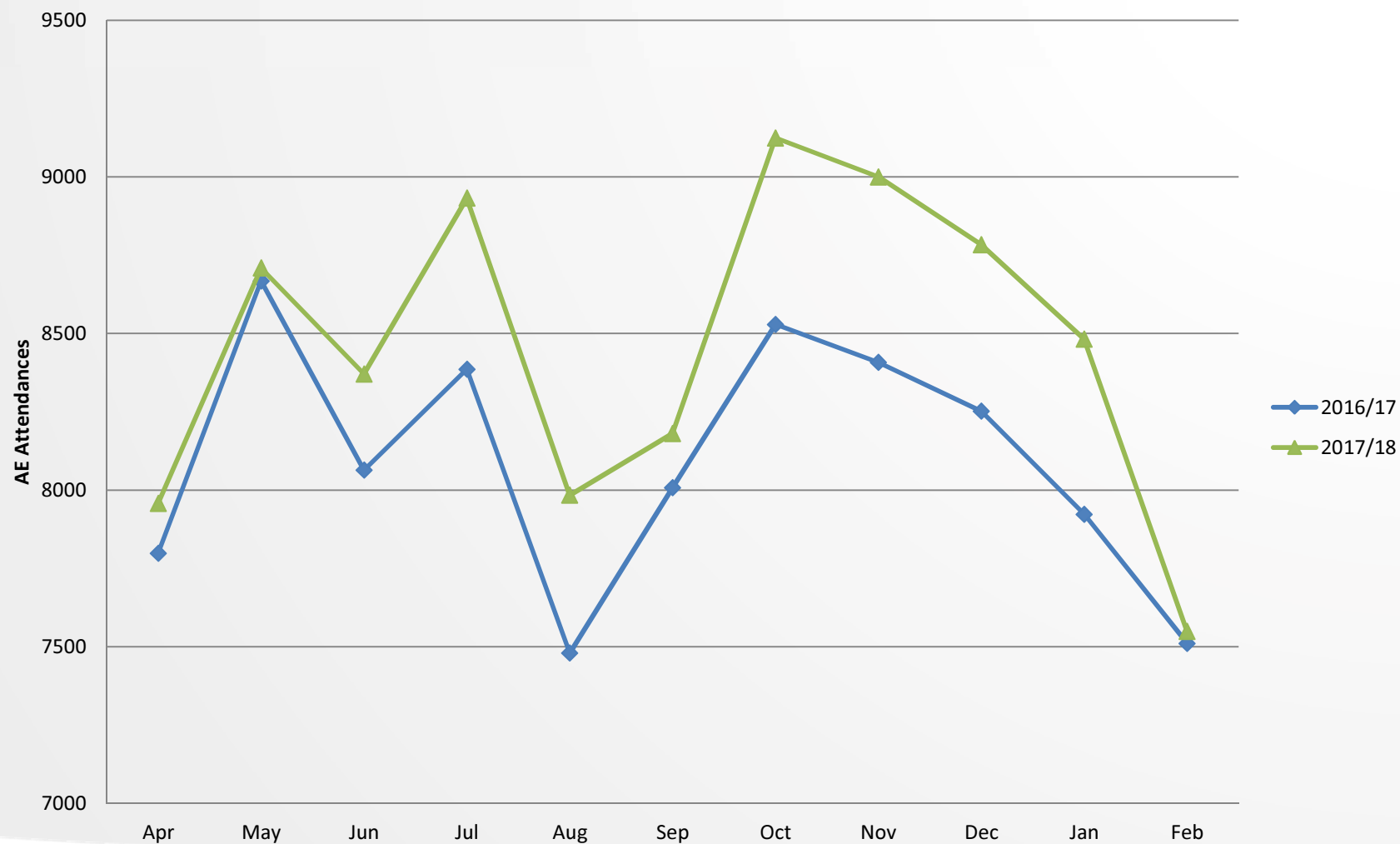


NMCO Winter Pressures 2017/18

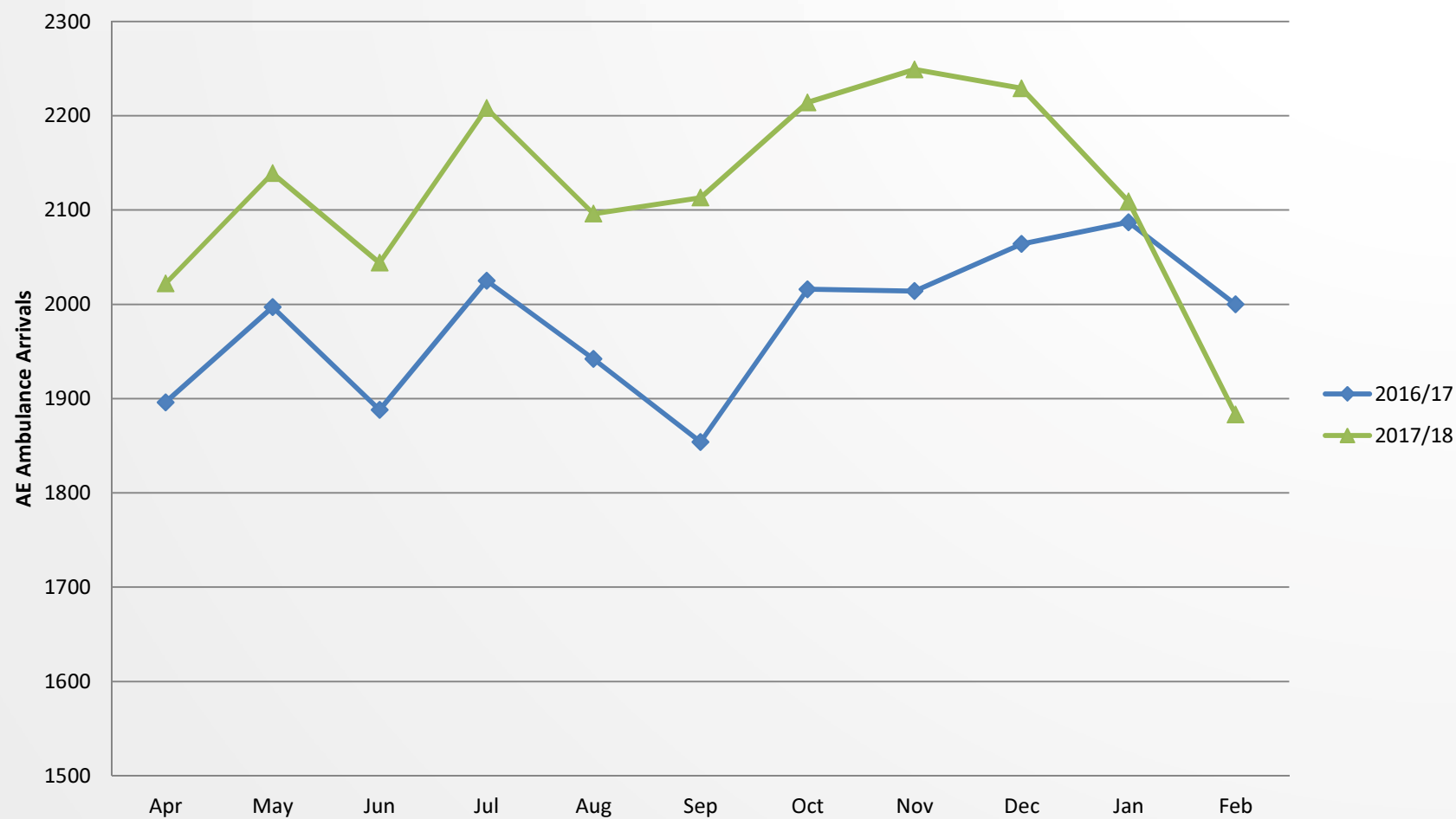
Actions

- Director led daily oversight of capacity, demand and performance and required actions
- Ongoing evaluation of primary care streaming and Same Day Care operating model
- Continued improvement in number of 12 hour trolley waits when compared to previous year
- Launch of “Making safety visible” - Quality Improvement across systems and processes including ED work streams
- Expansion of Acute Medical Unit

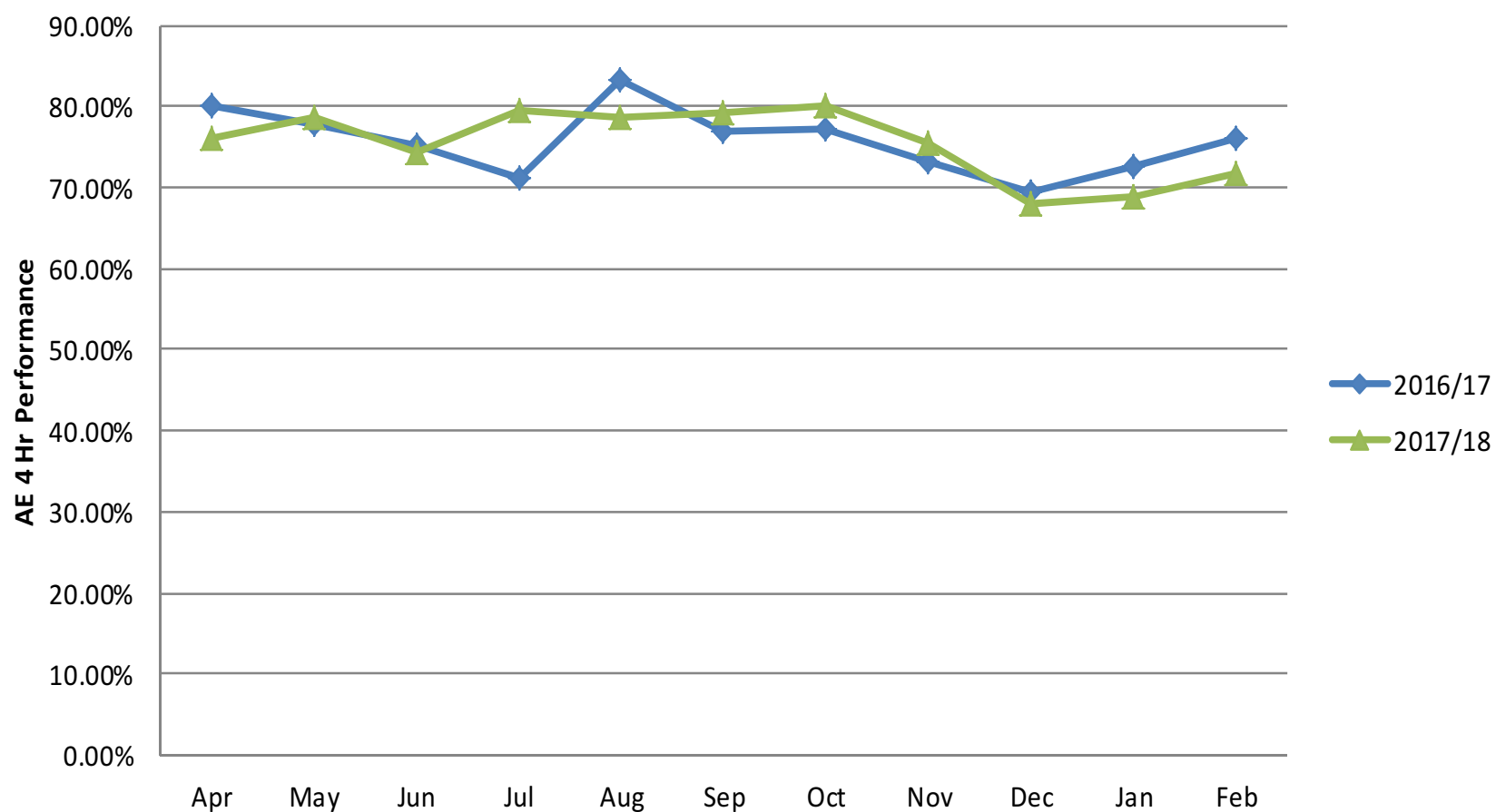
NMGH AE ATTENDANCES

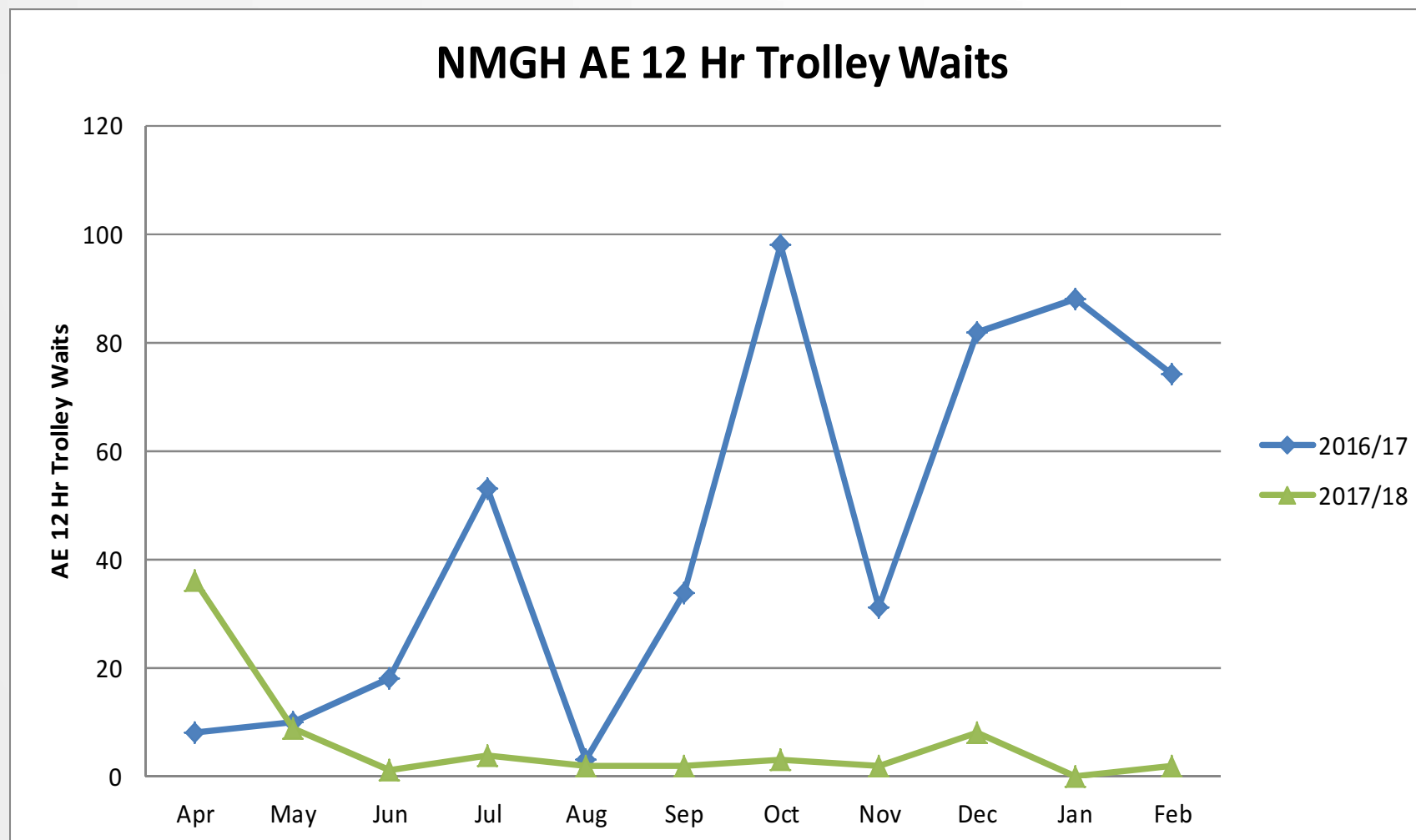


NMGH AE AMBULANCE ARRIVALS



NMGH AE 4 Hr Performance





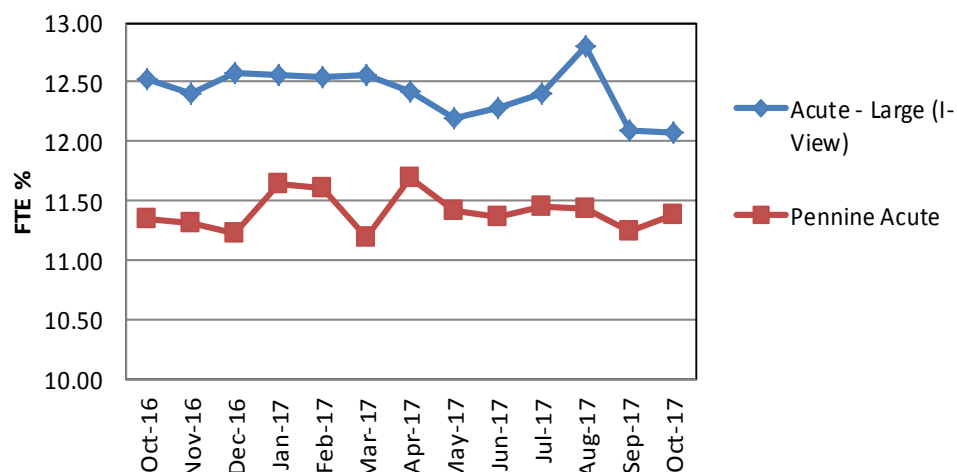
Trustwide- Month 10 (January 2018)

Staff in Post, Agency, Sickness and Turnover

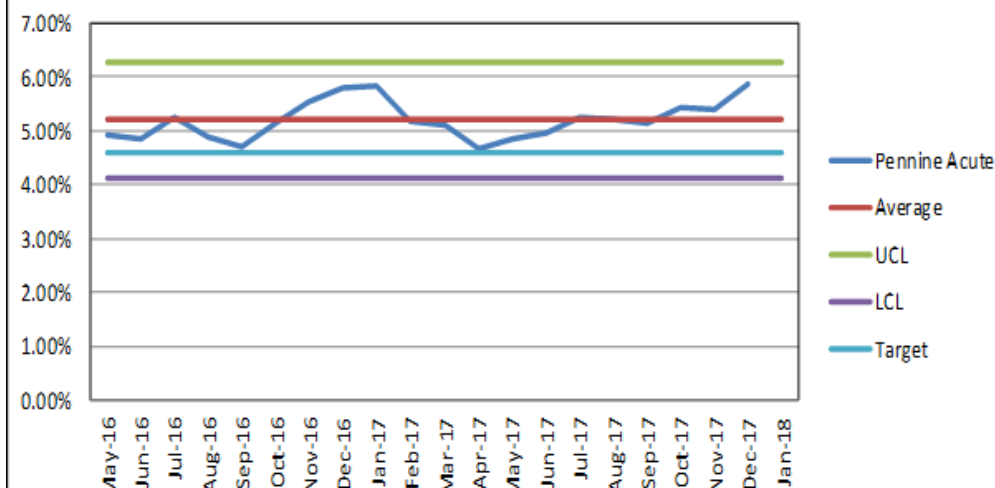
Staff Group	Position FTE	Actual FTE	Variance	% Vacant
Add Prof Scientific and Technic	239.10	224.42	14.68	6.14%
Additional Clinical Services	1753.10	1659.95	93.15	5.31%
Administrative and Clerical	1930.62	1734.15	196.47	10.18%
Allied Health Professionals	617.91	592.60	25.31	4.10%
Estates and Ancillary	775.66	707.96	67.70	8.73%
Healthcare Scientists	213.78	202.33	11.45	5.36%
Medical and Dental	849.91	746.16	103.75	12.21%
Nursing and Midwifery Registered	3202.44	2840.45	361.99	11.30%
Students	11.00	12.00	-1.00	-9.09%
Grand Total	9593.52	8720.02	873.50	9.11%

Staff Group	Bank, Agency, and Locum spend						% Of Temp Staff	Trust RAG score
	Agency	Locum Medics	Nurse Bank	Clerical Bank	Total Expend Temp Staff	Total Paybill		
Apr-17	3,446	862	805	95	5,208	35,019	14.87%	
May-17	3,877	1,214	536	133	5,759	36,298	15.87%	
Jun-17	3,847	1,507	678	112	6,143	36,422	16.87%	
Jul-17	3,696	1,384	1,171	135	6,386	36,318	17.58%	
Aug-17	3,771	1,507	1,049	144	6,471	36,691	17.64%	
Sep-17	3,948	1,572	993	118	6,631	36,213	18.31%	
Oct-17	3,391	1,318	1,278	103	6,090	36,213	16.82%	
Nov-17	4,290	1,230	901	246	6,667	37,974	17.56%	
Dec-17	3,803	984	1,100	191	6,078	36,428	16.69%	
Jan-18	3,039	64	1,227	825	5,155	37,777	13.65%	
Feb-18								
Mar-18								
2017-18	37,108	11,641	9,738	2,102	60,588	365,353	16.58%	

Turnover Rates - Pennine Acute Benchmarking



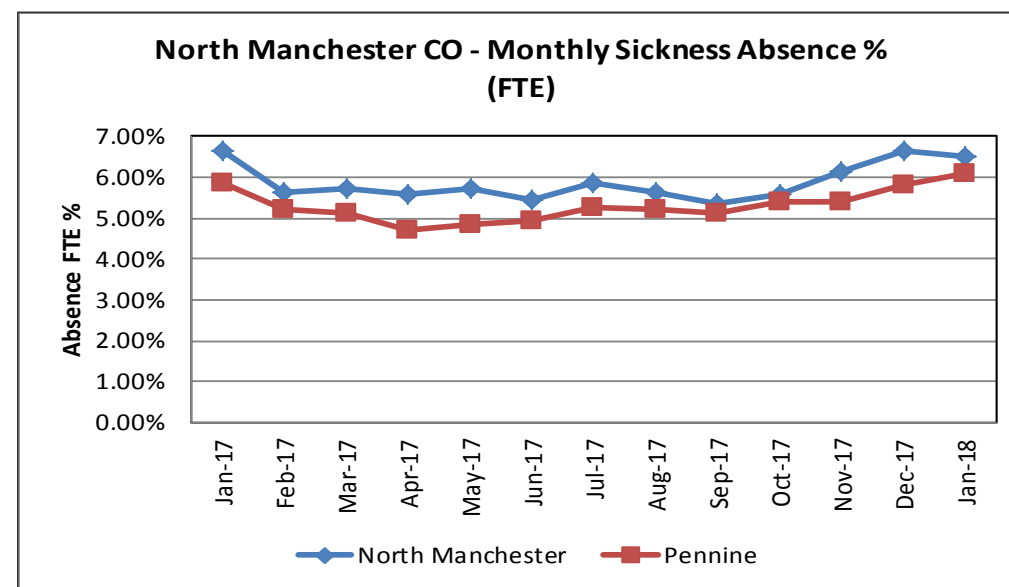
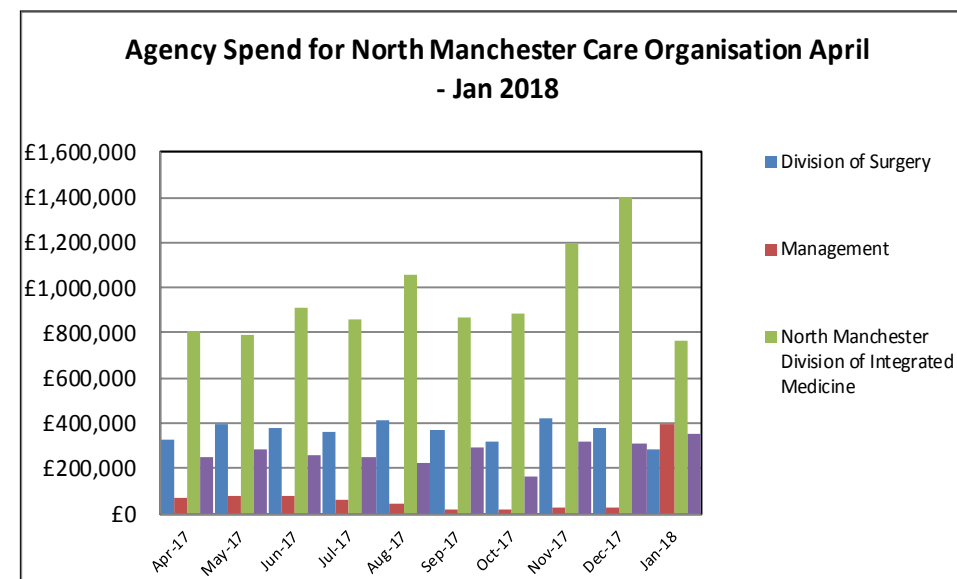
Pennine Acute Monthly Sickness Absence % (FTE)



North Manchester Care Organisation- Month 10 (January 2018)

Staff in Post, Agency, Sickness and Turnover

Staff Group	Position FTE	Actual FTE	Variance	% Vacant
Add Prof Scientific and Technic	29.73	26.12	3.61	12.14%
Additional Clinical Services	503.02	470.25	32.77	6.52%
Administrative and Clerical	164.97	144.60	20.37	12.35%
Allied Health Professionals	74.80	71.75	3.05	4.08%
Estates and Ancillary	17.60	18.64	-1.04	-5.93%
Healthcare Scientists	48.00	43.50	4.50	9.37%
Medical and Dental	272.89	226.41	46.48	17.03%
Nursing and Midwifery Registered	1101.35	934.62	166.73	15.14%
Students	2.00	3.00	-1.00	-50.00%
352 North Manchester CO Total	2214.36	1938.90	275.46	12.44%
Pennine Acute	9593.52	8720.02	873.50	9.11%

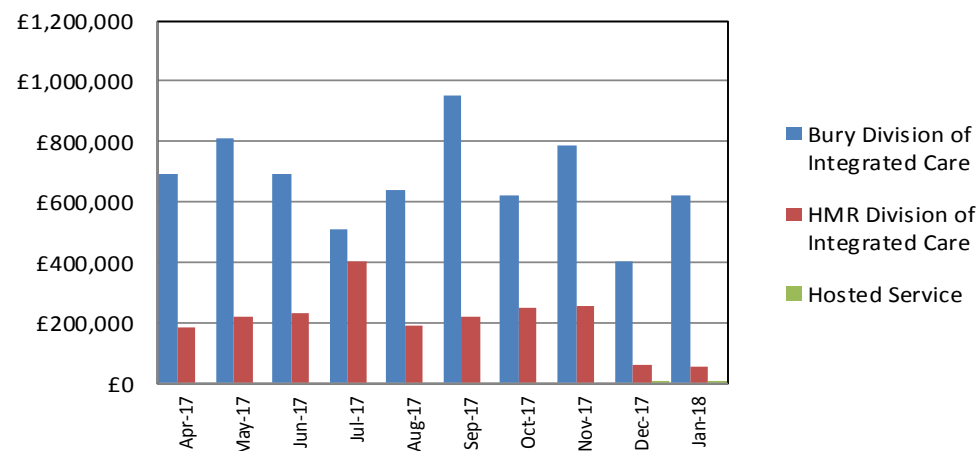


Bury & Rochdale Care Organisation- Month 10 (January 2018)

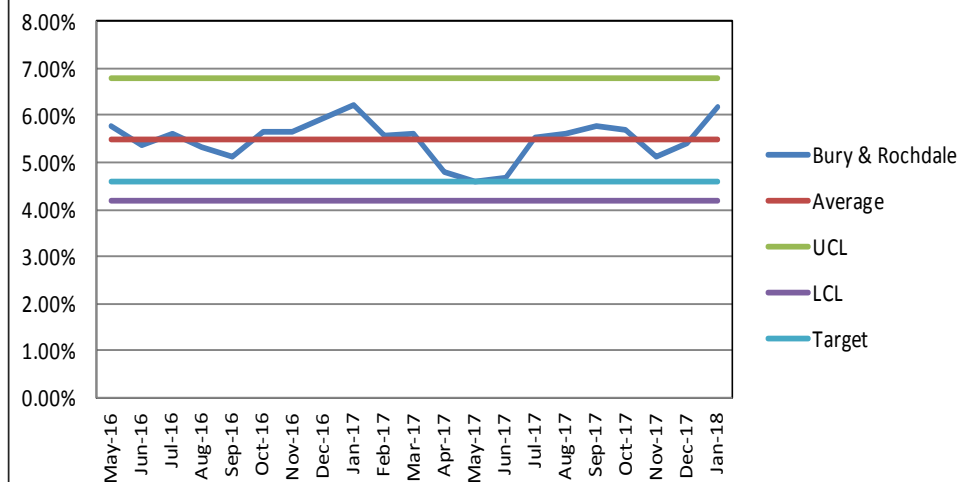
Staff in Post, Agency, Sickness and Turnover

Staff Group	Position FTE	Actual FTE	Variance	% Vacant
Add Prof Scientific and Technic	23.50	26.22	-2.72	-11.57%
Additional Clinical Services	548.57	531.05	17.52	3.19%
Administrative and Clerical	201.25	181.61	19.64	9.76%
Allied Health Professionals	309.31	295.81	13.50	4.36%
Estates and Ancillary	7.13	6.98	0.15	2.05%
Healthcare Scientists	2.80	2.80	0.00	0.00%
Medical and Dental	162.84	139.18	23.66	14.53%
Nursing and Midwifery Registered	859.24	765.70	93.54	10.89%
Students	2.00	2.00	0.00	0.00%
352 Bury & Rochdale CO Total	2116.64	1951.37	165.27	7.81%
Pennine Acute	9593.52	8720.02	873.50	9.11%

Agency Spend for Bury & Rochdale Care Organisation April - Jan 2018



Bury & Rochdale CO- Monthly Sickness Absence % (FTE)

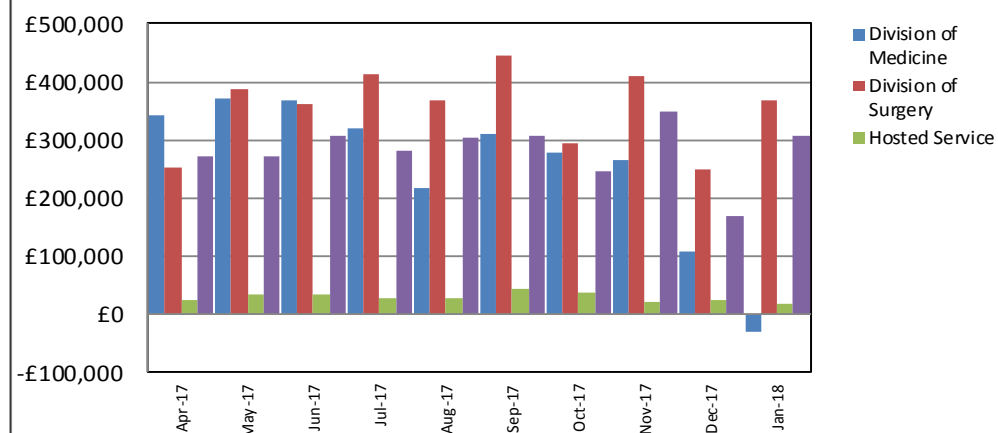


Royal Oldham Care Organisation- Month 10 (January 2018)

Staff in Post, Agency, Sickness and Turnover

Staff Group	Position FTE	Actual FTE	Variance	% Vacant
Add Prof Scientific and Technic	31.28	29.64	1.64	5.24%
Additional Clinical Services	450.62	408.26	42.36	9.40%
Administrative and Clerical	163.34	157.00	6.34	3.88%
Allied Health Professionals	8.44	11.00	-2.56	-30.33%
Estates and Ancillary	11.41	7.80	3.61	31.64%
Medical and Dental	314.68	284.04	30.64	9.74%
Nursing and Midwifery Registered	1051.86	959.25	92.61	8.80%
Students	7.00	7.00	0.00	0.00%
352 Royal Oldham CO Total	2038.63	1863.99	174.64	8.57%
Pennine Acute	9593.52	8720.02	873.50	9.11%

Agency Spend for Royal Oldham Care Organisation April - Jan 2018



Royal Oldham CO- Monthly Sickness Absence % (FTE)

