Strategic Partnership Board

Pennine Acute Trust Stabilisation & Improvement Plan

Sir David Dalton CEO

CQC Ratings – "holding up the mirror"

Service	Overall rating for each Hospital site			
	NMG	ROH	FGH	Rochdale
Urgent & emergency	Inadequate	RI	RI	RI
Medical Care	Inadequate	RI	RI	Good
Surgery	RI	RI	RI	Good
Critical Care	Good	Inadequate	RI	
Maternity & Gynaecology	Inadequate	Inadequate		
Services for Children & young people	Inadequate	Inadequate		
End of life Care	Good	RI	RI	
Outpatients & diagnostic imaging	Good	Good	Good	Good
Overall	**Inadequate**	**Inadequate**	**RI**	**Good**

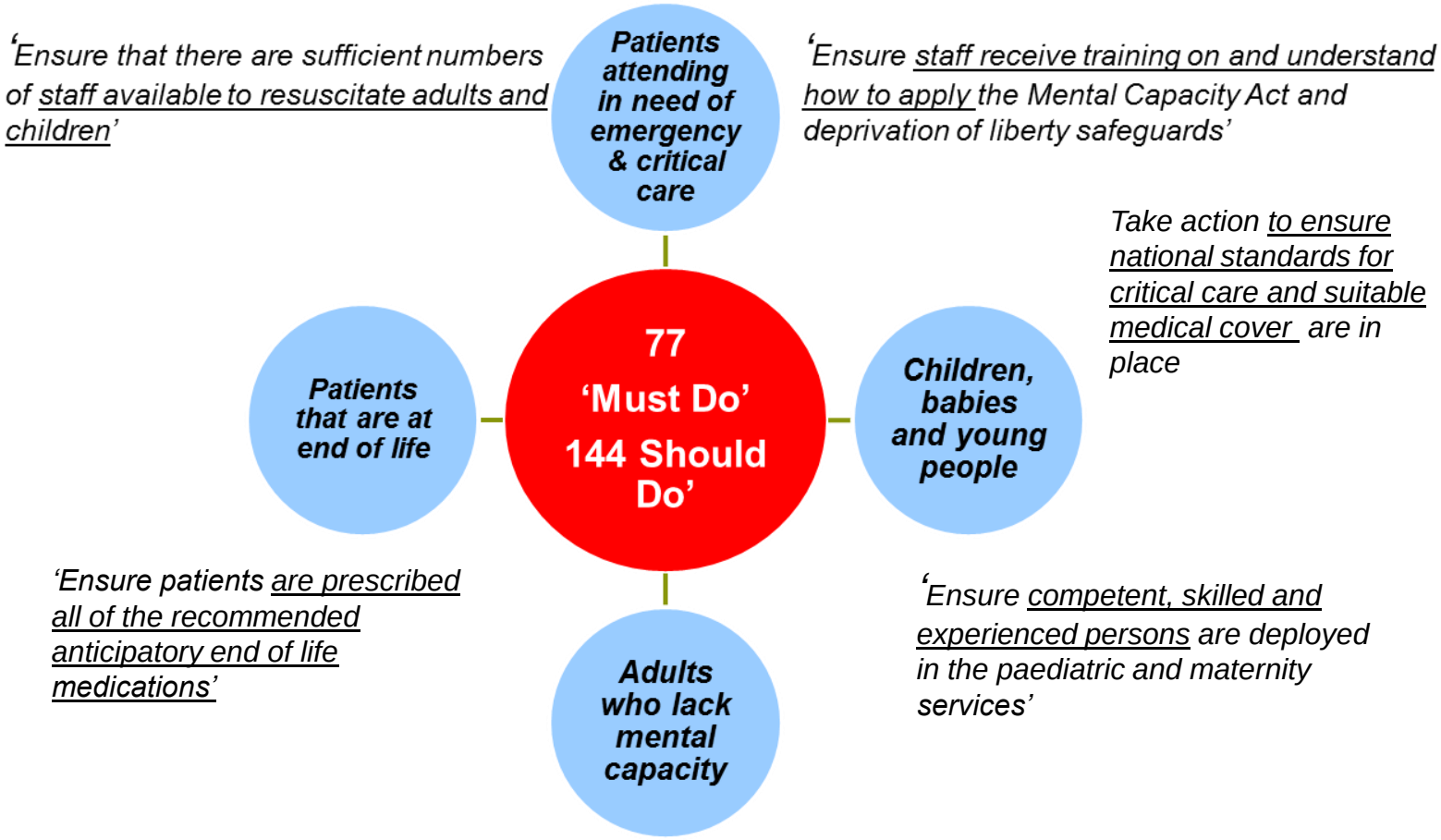
Community Services for CYP, Adults and End of Life				
Safe	Effective	Caring	Responsive	Well Led
Good	Good	Good/Outstanding	Good	Good

Salford Royal Diagnostic – Deep and Wide

- Identified additional critical risks to patient care & safety
  - *Unsafe/unreliable staffing*
  - *Variation in care delivery and outcomes for patients*
  - *Unreliable systems and processes for tracking and follow up of care pathways*
  - *Governance systems that are broken or do not exist*
  - *Board that is disconnected*
  - *Poor leadership*
  - *Cultures that normalised sub standard care*
  - *Staff that are disengaged and poor external relationships*
  - *Unreliable service design and structures*
  - *But some examples of best practice as well*

Mapping of 'Must and Should dos'

Our most vulnerable and at risk patients



Summary action plan – 6 themes

Themes	Improvement Projects
Fragile Services	✓ Urgent Care ✓ Maternity ✓ Paediatrics ✓ Critical care
Quality & Safety	✓ A consistent set of high standards for every ward ✓ Large scale quality improvement collaborative focussing on the critically unwell and the prevention and control of infection ✓ End of life and bereavement care ✓ Safe medicines management
Risk and Governance	✓ Implement new risk and governance arrangements across the Trust ✓ Ensuring all safeguarding systems to protect patients are consistently in place
Operations and Performance	✓ Data quality and patient pathway management ✓ Improve patient flow systems
Workforce	✓ Safe staffing ✓ New recruitment model ✓ Developing our staff and improving engagement
Leadership	✓ Consistent leadership and executive team ✓ Strengthen local site leadership (Oldham, Bury, Rochdale, Manchester) ✓ Clinical leadership development

Improvement Board – making it happen

The Board will provide oversight, ensure effective governance for decisions to support improvement and monitor implementation of delivery plans, including:

- Short term stabilisation actions to assure safe and reliable services for identified fragile services (this is the first priority for action);
- Improvement and sustainability plan for services;
- Internal governance and operational system improvement

The Board will report to the GM Strategic Partnership Board and to NHS Improvement.

The Board will operate through lines of accountability of NHS commissioners who will determine the action required for any service changes. Commissioning decisions will be determined following advice from PAT and relevant other Providers.

- ✓ **Leadership - CEO GM HSC Partnership**
- ✓ **Created pace and focus**
- ✓ **Commitment of commissioners**
- ✓ **Support of GM Providers**
- ✓ **Collective focus and agreement**
- ✓ **Additional £9m investment in services and staffing agreed**

NMGH Urgent Care Stabilisation

Problem: Unsafe staffing, risks to patient safety, poor leadership

ACTION

- **ED will remain open 24hours, 7 days a week, by mobilising:**
  - Significant primary & community care mobilisation
  - Reliable, timely response of in-patient teams to ED
  - Supplement NMGH staffing with ED Consultants from all Pennine sites
  - Consultant support from across GM (response led by SRFT and CMFT)
  - Active recruitment strategy instituted via SRFT and CMFT
  - High acuity patients transfer to high acuity centres using NWAS pathfinder

Maternity Stabilisation

Problem: lack of midwives and obstetricians, failure to provide 1:1 care, poor risk and governance arrangements, no learning from incidents, poor leadership

ACTION

- New leadership team in place
- Support package from CMFT agreed with NMGH – Leadership/Clinical Skills/Governance
- Focus from leadership team on development of ROH team - developing twinned governance arrangements with RBFT
- Successful recruitment of Midwifery Staff (on trajectory to close 43WTE gap)
- Staff engagement improved (sickness absence rate improved >12% to 4.2%)

Paediatric Stabilisation

Problem: inadequate numbers of paediatric nurses, failure to have systems in place to manage deteriorating child, RCPCH standards not met reliably

ACTION

- New urgent care model developed and revised protocols for acutely unwell child attending ED at Fairfield, Bury
- Nurse recruitment programmes to reopen closed beds at NMGH & ROH
- New Leadership/Governance arrangements
- Expert review undertaken and new improved model of care for children developed
- Greater reliability and sustainability for APLS/IPLS training

ROH Critical Care Stabilisation

Problem: clinical standards not met; configuration of clinical staff did not meet the requirements of a modern service

ACTION

- Additional doctors recruited to provide medical rota for HDU at Royal Oldham
- Audit has ensured the interim HDU medical rota continues to be reliable
- Recruitment has commenced to establish a 24/7 Consultant and Speciality Doctor HDU rota
- Review of Pennine critical care services to sustain reliable critical care at all sites + need to consolidate L3 critical care at Royal Oldham Hospital consistent with Healthier Together agreement.

Improving at scale and pace

- **'Lift and Shift' Salford Royal systems**:
  - Risk management and assurance
  - Nursing Assessment & Accreditation System
  - Open and Transparent Reporting
  - Visible Leadership
  - Quality Improvement Methodology

nb – Salford Royal rated ''outstanding'

Saving 1000 lives over 3 years

First 12 months

- *QI collaborative – deteriorating patient and sepsis*
- *90 day improvement cycles – Cdiff, falls, UTI, Pressure ulcers*
- *Implement patient support*
- *NASS system for wards*

Safest care

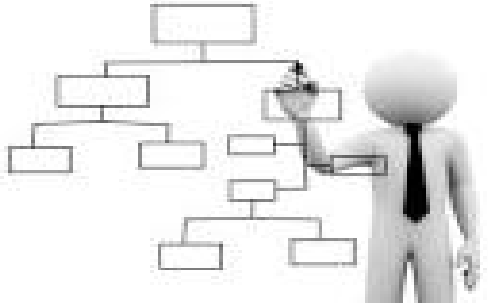
- *Mortality systems review – top 20%*
- *Effective M&M meetings with learning from avoidable factors*

Effective

- *End of life care and bereavement model*
- *Embed 'what matters most to me'*
- *Transparent reporting*

Best experience

Leadership capacity, capability to improve performance



- Breaking up centralised management

- Creating new site, placed-based leadership – appointing

  - nurse directors, medical directors and managing directors

- Clear accountability framework to deliver on improvement plans and strengthen locality relationships and planning

Improved Staffing and Recruitment - we have already been successful !

Headlines April – June

- 104 new registered nurses and midwives recruited
- 14 doctors (consultants and middle grades)
- 69 Health care support workers

Looking Ahead

- A further 90 newly qualified registered nurses start 2nd October
- 34 midwives starting in October
- 70 healthcare support workers
- 6 consultant paediatricians
- Intensivist interviews early Sept
- Middle grades in A&E, paediatrics, neonates and T&O
- New linked recruitment with SRFT and CMFT

Pennine has good services
Building on service exemplars

North Manchester Integrated Care

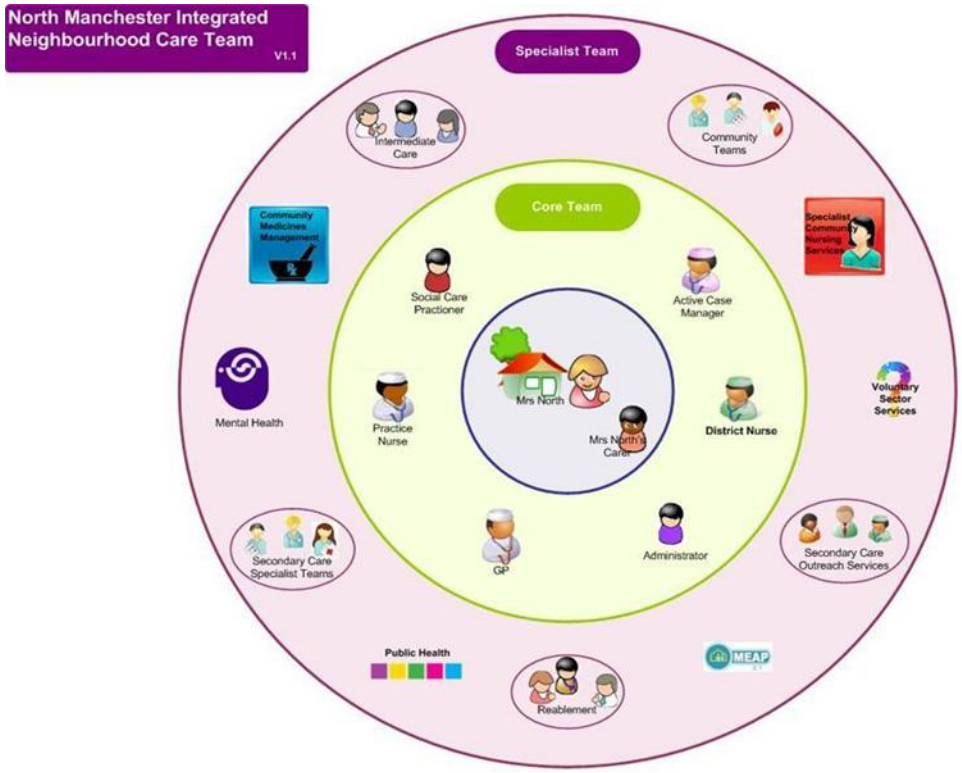
The NMINC model was launched in 2014 and the principles have been adopted within the Manchester One Team approach.

Core Principles

1. Risk Stratification Tool.
2. Enabling patients to self-Care.
3. Integrating Health and
   Social Care teams operating an MDT approach

Key Outcomes

- Over 18 months the patient cohort showed a reduction of 25% in non elective care useage with a net saving over 18 month of £1.25 million.
- Beginning of Cultural shift toward self –care
- Improved multi-agency work



Pennine Has Good Services: Building on service exemplars

HMR Integrated provider partnership

- Based on principles of outcomes-based commissioning by CCG and LA of lead provider collaborative led by Pennine Acute
- Changing mindset and culture to deliver integrated services through alliance of providers
- Includes third sector provider(s) as part of the partnership
- Strategic relationship with Rochdale Housing Initiative as partner on key areas of hospital discharge, admission avoidance and homelessness + utilising vacant Independent Living Homes

Pennine Has Good Services: Building on service exemplars

The Oasis Unit

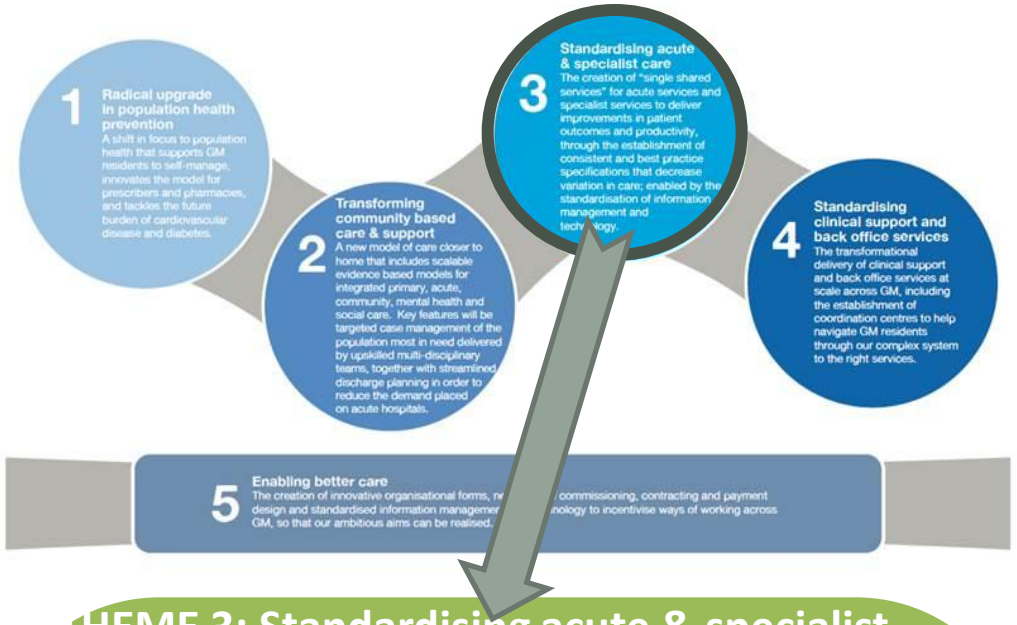
A bespoke five-bed facility the result of partnership working between the public, clinicians and management from HMR, PAHT and Rochdale Council.

- Nationally and locally recognised as an exemplar service
- Enables holistic assessment and care planning for those who have an acute medical condition who are also living with dementia
- Specifically designed environment
- Active use of reminiscence therapy and Rempods
- Enhanced nurse to patient ratio 1:5
- Integrated health and social care team (nurses, RMNs, support workers, therapists)
- Voluntary 3rd sector in reach

Key Outcomes

- Average LOS 7.5 days against National average of 13.25 days
- Reduction in falls
- Outstanding patient/carer experience and outcomes
- Well regarded by patients and commissioners with planned expansion leading to double current beds

Theme 3: Healthier Together – Alignment with H&SC Partnership



THEME 3: Standardising acute & specialist care

The creation of "**single shared services**" for acute services and specialist services to deliver **improvements in patient outcomes and productivity**, through the establishment of **consistent and best practice specifications** that decrease variation in care; enabled by the standardisation of information management and technology.

Healthier Together is part of Theme 3:

Single shared services – the Healthier Together decision creates high acuity centres and 4 shared single services for general surgery across GM

Consistent best practice specification – the Healthier Together model and standards have been developed by GM clinicians to provide consistent care to a best practice standard

Improvement in patient outcomes – analysis suggests that implementing these standards could save hundreds of lives per year

Improvement in productivity – Healthier Together offers the opportunity to implement ambulatory care at scale

Emergent Clinical Service Strategy - delivering on 'Healthier Together'

Royal Oldham Hospital – HT hub:

- All high risk emergency general surgery from the sector
- Minimum of 16 hours of consultant cover in A&E to receive emergency patients
- Consultant general surgeon with dedicated emergency lists 24/7
- High risk elective surgery from the sector
- Sufficient critical care, theatres & surgical beds to serve this high risk activity
- requires capital investment & reconfiguration to receive high acuity and high risk elective patients for 2017/18

North Manchester General Hospital:

- Vibrant general hospital
- 24/7 emergency care; maternity, children's & medical in patient services; out patients; diagnostics; day surgery and low risk surgery;
- 36hour+ and high risk surgery relocated;
- GM Exemplar Site for frailty & old age care, connected to local community and integrated care services + possible associated academic & research centre
- Estate investment essential

Fairfield General Hospital and Rochdale Infirmary:

- Vibrant hospitals eg, 24/7 urgent care, outpatients, diagnostics, day surgery
- Consolidated elective surgical services.

All services aligned with emergent, integrated local care organisations - where primary, community, social, mental and acute secondary care have single/shared governance. NMGH services will form part of the '3 pillars' of City of Manchester arrangements

North East Sector Transformation Plan

- Leadership Group established with an independent chair (Mike Farrar)
- Group includes LAs, CCGs and all providers
- 'Motor Group' undertaking work on finance and activity, acute, out of hospital care models and simplifying governance
- New Provider Governance Arrangements – for hospitals & LCOs
- Systems leadership workshop planned mid Sept
- Independent report on target for end of Sept 2016

Commissioning Landscape

- Agreement to develop a NES single commissioning framework/function, to shape and execute service transformation
- Priority task is to specify & agree clinical strategy and commission for acute care
- Work to agree standards and commissioning of out of hospital services (including primary care and public health)
- Commitment to utilise consistent, standardised pathways for services across the NE sector, to reduce variability in service provision
- NES Transformation Fund proposal targeted for end of Sept 2016

Salford Royal & Partners – Developing a Group to deliver the requirements of The Transformation Themes of Standardisation at Scale and Enabling Better Care

Key Themes	What	How
Reduce variation	Reduce variation in clinical processes	Deploy standard clinical pathways
	Standardise approach to non-clinical processes	Standardise operational process
Consolidate clinical and non-clinical activity	Consolidate clinical services for resilience & quality	Support local ICO development
	Consolidate clinical support services for quality and cost	Deploy single shared service model for acute care
	Centralise non-clinical activity for reliability and cost	Centralise clinical support services
Leadership and expertise to drive improvement	Effective leadership co-developing culture with staff	Site-based Operational Management
	Quality & productivity improvement	Staff engagement & culture change programme
	New workforce & recruitment models	Standardised technology deployment at scale
	Technology, data and operational effectiveness	

Transformation Results

Patient Benefits
Improved Safety, Reliability and Experience of Care

Staff Benefits
Able to deliver good standards, engaged, better career progression

System Benefits
Standardised reliable care at lower unit and system level costs

Delivering system wide benefits through integrated pathways

Strong and effective relationships across the system

Conclusion

CQC rated Trust as 'inadequate' and SRFT review identified serious concerns

GM response (agreed with NHS England and NHS Improvement):

- **Salford Royal Leadership**
- **GM H&SC Leading Improvement Board**
- **GM-wide engagement**

Fragile Services – agreed stabilisation plan assuring safe services

Year 1 investment plan agreed (£9m)

Improvement Plan for year 2+ developed for action

Commissioning Reform planned for NE Sector with coherent locality plans

Developing Clinical Service Strategy

- **consistent with Healthier Together and GM Transformation Themes**
- **aligned with integrated care services**
- **supported by proposed new provider group arrangement**

Following Slides provide more detailed information:

- NMGH urgent care – *use this slide at PAT Improvement Board*

Emergency Care at NMGH

- Full commitment to 24/7 care with the A&E department remaining open all day, every day, every week;
- To ensure that happens safely, other GM A&E consultants are providing direct support to the department working alongside colleagues from Pennine;
- Salford Royal and Central Mcr Trust have already identified consultants to join the team at Pennine and every trust in GM is working on identifying colleagues to support the improvement plan;
- Whilst we strengthen the current team at Pennine we will help ensure that wherever possible support is provided through primary, social and community care services at, or close to home. This will mean that we can ensure only those who need to go to hospital attend A&E. We will also develop a primary care stream in the Emergency Department;
- Where people are very poorly, we will continue to ensure people are received in specialist centres set up to provide the most complex care. We have agreed models for stroke, heart attack, neuro & major trauma and will utilise NWAS pathfinder for high acuity patients at vulnerable times.