The Pennine Acute Hospitals NHS Trust

Operational Plan for 2018/19

Pennine Acute Hospitals NHS Trust

Part of the Northern Care Alliance

1. INTRODUCTION AND CONTEXT

1.1 The Northern Care Alliance NHS Group

In April 2016 the chairman Mr Jim Potter and CEO, Sir David Dalton, of Salford Royal NHS Foundation Trust (SRFT), were invited to assume operational management of Pennine Acute Hospitals NHS Trust (PAT). This arrangement was formalised though the establishment of a management agreement in April 2017, which paved the way for the establishment of a Group arrangement – The Northern Care Alliance.

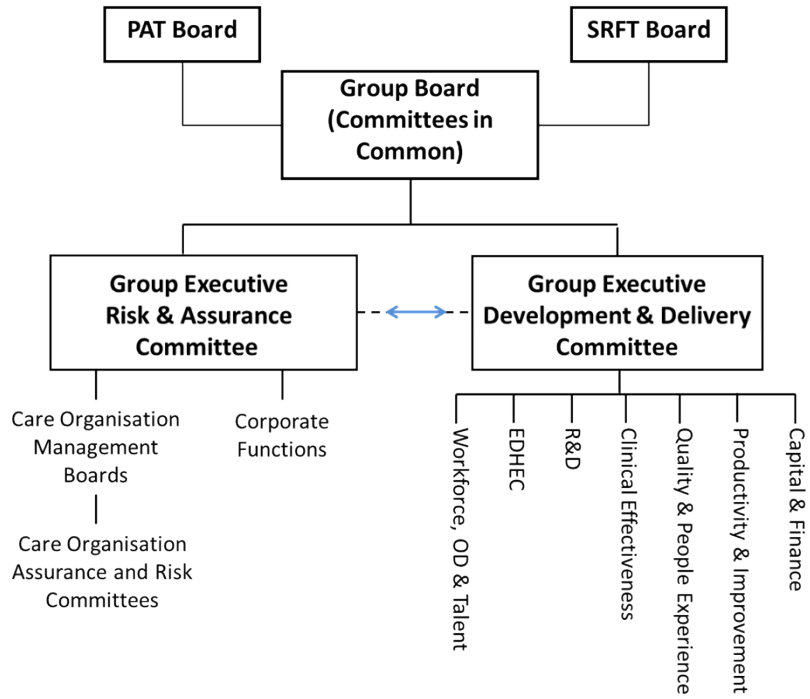
Both Trusts have delegated their functions to a 'Committees in Common' which operates the new 'Group' arrangement, known as the Northern Care Alliance NHS Group (NCA). The NCA brings together over 17,000 staff, 2,000 beds and serves a population of over 1 million people across our communities through four 'Care Organisations': Salford, North Manchester, Oldham and Bury & Rochdale .

Our four Care Organisations (CO) are responsible for delivering safe, high quality and reliable care to the local communities they serve. Each has a leadership team consisting of a Managing Director, Medical Director, Director of Nursing and Finance Director, one of which is appointed as Chief Officer to lead the team. New teams have been appointed in each Care Organisation with operational responsibilities given to divisional directors and supported by clinical directors and directorate managers.

These new local arrangements place the emphasis for operational management where it matters - in each hospital and locality. This enables Care Organisations to deliver tailored local plans, whilst working together to achieve the common Northern Care Alliance mission and shared objectives.

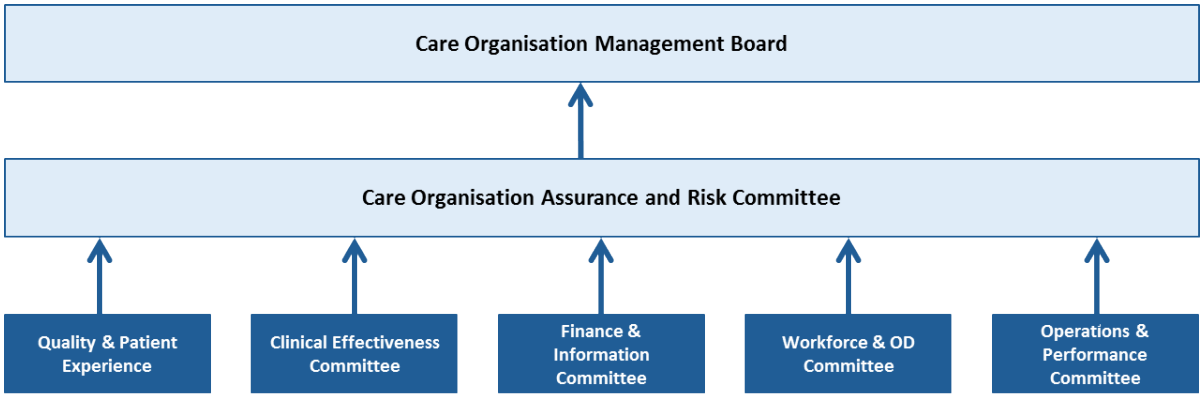
The Northern Care Alliance

Governance across the Northern Care Alliance is provided across the entire NCA through a Group Executive Risk & Assurance Committee, with reporting through CO Management Boards, and Group Executive Development & Delivery Committee, with reporting from key strategic areas.



Care Organisation

Each Care Organisation has its own robust governance and assurance framework, ensuring effective oversight from board to ward. Care Organisation Risk and Assurance Committees report into the CO Management Board and have 5 sub committees allowing for focus in all areas of the Care Organisations. Each division provides reporting in to the sub-committees.



This Operational Plan builds on the key priorities identified in the 2017/18 Salford Royal and Pennine Acute Operational Plans, whilst refreshing and realigning priorities to realise the benefits that the Group structure enables.

Salford Royal has had a CQC rating of outstanding since 2015 and was the first Trust in the North of England to achieve this status. The CQC are undertaking an inspection at the time of this submission. In August 2016 the CQC rated the services provided by The Pennine Acute Hospitals NHS Trust as

inadequate. A detailed Pennine Acute Improvement Plan was put in place and was approved by the CQC and endorsed by the Pennine Improvement Board and PAT's Board of Directors in October 2016.

The Improvement Plan addressed the CQC's 77 'Must Dos' and 144 'Should Dos' which were noted in in the report and mapped these to 6 main improvement themes:

- Improving Fragile Services: stabilise Urgent Care, Maternity, Paediatric, Critical Care;
- Improving Quality; Improving Safety, Effectiveness, Patient Experience;
- Improving Risk & Governance: implement new risk & governance arrangements;
- Improving Operations & Performance: focus on improving data quality, patient flow systems, pathway management, models of care
- Improving Workforce and Safe Staffing: focus on staff recruitment and retention;
- Improving Leadership & Strategic Relations: clinical leadership development and strengthening local hospital operational management with new structures for each site.

In October and November 2017 the CQC returned to re-inspect services across Pennine and published their findings in March 2018, finding substantial improvements across the board. 70% of rateable acute hospital services have now been categorised as good or outstanding.

Fragile services addressed in the improvement plan were seen to have made significant progress: maternity services at both NMGH and ROH are now rated as good; and children's services which were inadequate are now rated as requires improvement at both NMGH and ROH.

Of particular note is the Medical Service at FGH which has improved by 2 ratings from Requires Improvement to Outstanding. This rates the medical services at FGH, alongside the Salford Care Organisation, to be one of the best in Greater Manchester and amongst the best in the country.

A further area of substantial improvement was seen in the well led category, where the CQC rating improved two ratings from inadequate to good. This provides excellent feedback and validation to the Group arrangements that have been established to govern the Northern Care Alliance and Care Organisations.

The findings of the CQC inspection evidence the significant progress that has been made across the Pennine Care Organisations and the successful deployment of the Improvement Plan and the development of a Standard Operating Model across the NCA. This Operational Plan describes the way in which the Northern Care Alliance will continue to progress further and continue to improve patient outcomes.

1.2 Link to the GM Devolution Plan and Locality Plans

The Northern Care Alliance Operational Plan for 2018/19 forms part of the delivery of the Northern Care Alliance Outline Clinical Services Strategy which brings together Salford, Bury, Oldham,

Manchester and HMR locality plans and the Greater Manchester Health and Social Care Partnership STP – Taking Charge. Those key components of the strategy are:

- Work to improve the quality of care at PAHT and the wider NCA service strategy, such as the creation of 'shared hospital services' across the North East Sector (NES) and Salford (a population of c.1.2m).

- The Healthier Together programme (for which changes are being implemented for general surgery, emergency and acute medicine), which is now part of the wider GM Theme 3 Standardising acute and specialist care – one of five themes in the GM Strategic Plan.

- Local Commissioner plans which will see the creation of Local Care Organisations (LCOs) in each area, to better integrate health and social care, and designed to deliver significant reductions in acute hospital activity. This model will reflect the ICO model that already exists at the Salford Care Organisation.

- The development of integrated commissioning, at local, NES and wider GM levels.

- Other programmes such as the GM Cancer Plan and the creation of a single hospital service for the City of Manchester.

Our vision is for the Northern Care Alliance acute Service Development Strategy to contribute significantly to the achievement of clinical, financial and workforce sustainability across all services. This will be delivered by:

I. Shifting more care into community settings, supporting population health and wellbeing – aligning with a health and care system that focuses more on prevention and early intervention. Successful implementation will reduce current reliance on acute care.

II. Delivering locally responsive and reliable acute care – which will be done through the leadership of each Care Organisation, linked to the LCOs/ICOs being created in each area.

III. Improving the quality, safety and reliability of acute services, which meet key standards – of commissioners, transformation programmes (such as GM Healthier Together) and national bodies, including NHS England, the NHS Constitution and assessment by regulators.

IV. Standardising care – providing a more coherent, consistent and productive model of service, by creating 'single shared services' across the Sector and for the wider NCA.

V. Improving financial sustainability – which for many specialties means bringing together services which are currently dispersed across the NCA, as well as achieving operational excellence (productive and efficient use of resources at all sites).

VI. Recruiting, retaining and supporting our workforce – who are able to deliver care to the standards required.

VII. Innovating and improving – using new technologies (especially digital) and structured improvement methods to change the way services are delivered and implement models of care that are proven to deliver benefits.

1.3 Northern Care Alliance and STP Governance

The GM STP, Locality Plans and the NCA Governance Frameworks have been put in place to provide assurance that performance standards are being achieved and strategic and transformation programmes are being delivered and coordinated at all levels. The current governance structures are summarised below.

Greater Manchester

- Greater Manchester Health and Social Care Strategic Partnership Board and Executive
- Transformation Portfolio Board and supporting Groups & Delivery Boards
- Greater Manchester Provider Federation Board

Locality

- Salford, Bury, Manchester, Oldham and Rochdale Health and Well Being Boards
- North East Sector and Salford Locality Leaders Group
- North East Sector Executive Group
- Locality Plan Programme Management Group
- Locality Plan Theme Boards

The Northern Care Alliance

The Northern Care Alliance and the Care Organisations reflect any risks associated with the delivery of the Operational Plan through the Board Assurance Framework and supporting risk assessment processes. These are reviewed routinely through the Divisional and Care Organisation committee structures, with a strong escalation process to the NCA Group Risk and Assurance Committee.

The Board Assurance Structure comprises an Audit Committee and a Group Risk and Assurance Committee. Reporting to the Group Risk and Assurance Committee are four Care Organisation Management Boards. The Care Organisation Management Boards are supported by local assurance committees in place within each Care Organisation which scrutinise key assurance mechanisms and independent reports. The assurance committees have a special focus on: clinical effectiveness, patient and staff experience, finance and information, academic affairs and, quality and safety.

Divisional Assurance and Risk Committees are also established and report directly to the Care Organisation Management Boards.

Assuring Delivery

The assurance of this plan will be supported through the establishment of a Group-wide Delivery Management Office (DMO). The DMO will be responsible for:

- Alignment of change to our strategic objectives
- Prioritising changes to be delivered

- Aligning delivery across programmes and projects
- Challenging and supporting the delivery
- Ensuring transparency and control over delivery

The DMO portfolio management standards are based upon the nine domains of programme management:

1.4 Delivery Priorities

The Northern Care Alliance Plan has been refreshed to more appropriately reflect the needs of the local Care Organisation populations, whilst working together to meet the objectives and strategic benefits that must be delivered through the Northern Care Alliance:

	Priorities	**Objectives**
Saving Lives, Improving Lives	Pursue Quality Improvement to assure safe, reliable and compassionate care	We will demonstrate continuous improvement towards our goal of being the safest health and social care organisations in England.
	Improve care and services through integration, collaboration and growth	We will offer leadership, scale and technology to improve care and deliver the goals of our Care Organisations and their locality plans
		We will develop Group Shared Services functions to deliver scale, resilience, operational excellence and transformation for our Care Organisations and partners
		We will ensure a safe and sustainable future for the Care Organisations of Salford, Bury, Rochdale and Oldham and collaborate with the City of Manchester and NHSi to secure the transition of North Manchester
		We will grow and strengthen the Northern Care Alliance to ensure a sustainable future for our populations served
	Deliver the financial plan to assure sustainability	We will demonstrate continuous improvement in operational and workforce productivity and efficiency
		We will work with partners to ensure financial plans are sustainable and deliver on our annual income and expenditure budgets
	Support our staff to deliver high performance and continuous improvement	We will support staff to have rewarding, productive and fulfilling careers, enabling us to recruit and retain talented people.
	Deliver Operational Excellence	We will ensure good operational planning and execution to - Deliver on our urgent care, cancer and elective plans and trajectories - Deploy relevant standard operating models
	Develop and Implement our Service Development Strategy and the NCA enabling strategies	With our partners we will determine future models of care and a sustainable service configuration to ensure clinical and financial sustainability
		Service productivity is improved through digital transformation and the delivery of automation, clinical decision support and patient/user activation products
		We will invest and reconfigure our estate and facilities to enable the delivery of an efficient and productive environment which improves patient and care experience
		We will reduce variation in care and improve experience & outcomes through the development of our Standard Operating Model, our clinical reliability groups and the deployment of our quality and productivity improvement (QPID) methodology
		Through excellence in change management and delivery of new ways of working we embed the changes resulting from our NCA strategies

2. ACTIVITY PLAN

2.1 Approach to Capacity & Demand

The annual activity plan reflects national activity submissions by month for 2017/18. An overlay to these figures has then been applied to take into account activity changes driven by demand growth assumptions, 2018/19 investments, and also includes Commissioners' plans for the redesign or decommissioning of services. These adjustments reconcile back to Pennine Acute's 2018/19 signed contracts.

The activity projections impact on finance, workforce and contractual plans and have been triangulated.

Established policies and action plans are in place across the Northern Care Alliance to manage unplanned changes in demand.

In 2018/19 the Northern Care Alliance will be introducing a capacity and demand modelling tool that will standardise the approach to modelling both activity and waiting time standards across Care Organisations.

This modelling tool will be implemented across the whole of the NCA NHS Group giving oversight and assurance to all Care Organisations and to Board. The implementation will take place during quarter one and will support the assurance function of managing and oversight of both the Annual Plan and the delivery of activity against the activity plan during the year.

The capacity and demand modelling tool will enable the NCA NHS Group and Care Organisations to model scenarios based on intelligence to look at the effect of capacity or demand pressures and easements on the profiled delivery of activity against plan. The modelling tool will also enable services to model waiting times and to see in advice the impact of pressure and demand changes on the delivery of waiting times over the year. Aligning the capacity and demand activity against the service strategy will give the NCA NHS Group and commissioners an early indication on the effect of in year fluctuations and seasonal variation on activity and will allow contractual activity to be mapped against actual demand and capacity and highlight the effect on waiting times of shortfalls.

The capacity and demand modelling tool will, once implemented, form part of the Standard Operating Model across the NCA NHS Group following a review of its effectiveness and benefits at the end of the 2018/19 financial year.

3. QUALITY PLANNING

3.1 Approach to Quality Improvement

The Northern Care Alliance is committed to reaching the goal of being the safest health and social care organisation in England. This will be achieved through concerted effort across each Care Organisation supported by an aligned Quality Improvement (QI) Strategy. This Strategy is based on the framework agreed in the 2015-18 Salford QI Strategy; updated and refreshed for Pennine in 2017.

The Strategy has the full commitment of the Committees in Common and Care Organisations to support staff to make continued improvements. Delivery of the strategy is led by the Group Chief Nursing Officer and overseen by the Executive Quality and People Experience Committee. The NCA has a dedicated Quality Improvement team to support delivery of this strategy alongside the Care Organisations.

The QI strategy is built on the knowledge that our staff are the best asset we have and we aim to provide the tools and space for learning, collaboration and improvement that will see our staff transform its services and improve outcomes. The strategy puts the needs of patients, their families and carers first, and as well as supporting the NCA priorities and the requirements of national and local plans.

Quality outcomes are monitored through the NCA Assurance Framework, with a 'Ward to Board' approach of measurement, summarised through Divisions and Corporate Committees and with key measures and those being exception reported to the Care Organisation Assurance and Risk Committee and Group Assurance and Risk Committee. The outcomes evidence the impact in the quality improvement approach.

The strategy identifies five clear aims:

The QI strategy has 4 clear aims:

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

The achievement of these aims will be delivered through the NCA improvement methodology and will be supported by a number of drivers:

- Leadership & culture
- Capability building & staff engagement
- Safety & Quality projects
- Operational Excellence

The programme will also support:

- Maintaining NHSLA standards.
- Meeting CQC standards.

- Meeting the National Safety standards for invasive procedures (NatSSIPs).
- Implementation of the mortality review board requirements.
- Meeting Quality Governance requirements.
- National Clinical Audits
- CQUINs
- Working towards 7 day and safe staffing levels
- Infection prevention and control and anti-microbial resistance
- Improving responsiveness to deteriorating patients
- Delivering reliable ward rounds

The Quality Strategy provides ongoing focus on delivery of the national safety thermometer indicators and compliance with assessment standards. Supporting reduction across the NCA of:

- Acute catheter days
- Acute CaUTI (Catheter associated infections)
- Catheters in the community
- Grade 2 pressure ulcers (and elimination of grade 3 & 4)
- Falls
- VTE

As a key priority in 2018/19 Care Organisations will continue working towards implementation of 7 day working across the locality, with a specific focus at Salford Care Organisation on supporting the emergency village and community based out of hours care, moving towards the standards set out for Major Trauma and Healthier Together.

Work is also ongoing to implement the quick sepsis related organ failure assessment to all inpatient areas to improve early recognition of sepsis.

Through the Quality Improvement strategy we aim to lower our mortality rates and ensure that fewer patients experience harm whilst in our care across the NCA. One of the ways to reduce harm and lower mortality rates is to study the care pathways of those patients who have died so that lessons can be learned to improve care. Whilst it is rare that we encounter a case where death could have been prevented, the review of most patient pathways can teach us valuable lessons about improving care.

All Northern Care Alliance Care Organisations are preparing systems and tools to support the identification of cases for independent Structured Judgement Review (SJR) methodology mortality reviews, and cascading training to add capacity and resilience to the mortality review process. In addition to increasing the number of mortality reviews completed the Care Organisations are working to demonstrate assurance that Mortality and Morbidity meetings are effective places of learning.

In order to support effective learning from deaths, learning and education must be multifaceted and diverse to reach busy operational staff. To support the essential changes in how we deliver learning particularly around improving patient safety a new intranet Learning Environment is being developed with the support of the Communications Team. To share good practice and address incident and mortality themes, a Patient Care Alert system is being tested with positive feedback

already received. To compliment this also under development is an NCA version of the successful Take 5 learning methodology kindly shared by The Royal Perth Bentley Group and the Government of Western Australia East Metropolitan Health Services.

Reducing healthcare acquired infections (HCAI's) including blood stream infections (BSI's) is a clear patient safety issue and remains at the heart of improvement and innovations within the Infection Prevention service and strategy of the Northern Care Alliance. Reducing avoidable HCAI's promotes a more positive patient experience and also impacts on reducing the need to prescribe antimicrobials, a key component in reducing the rise in antibiotic resistance. As part of our strategy for 2018/19, the NCA will implement internal reduction targets with improved benchmarking and performance monitoring, along with a root cause analysis process to ensure lessons learned are identified and shared. Specific work will be undertaken to develop an improved hand hygiene strategy, along with work with GM and nationally to support the urinary tract infections collaborative. The NCA will also be working closely with our community providers to implement standardised infection prevention strategies.

3.2 Summary of the Quality Impact Assessment process

An NCA wide Quality Impact Assessment (QIA) process has been developed, ensuring adherence to National Quality Board requirements.

Business cases and project initiation documents prompt staff involved in developing schemes to consider the following:

- Patient safety (e.g. patient satisfaction, complaints, waiting times).
- Clinical effectiveness (e.g. safety thermometer, patient satisfaction).
- Patient experience (e.g. complaints, satisfaction).
- Staff experience (e.g. turnover/sickness absence).
- Equality and Diversity (e.g. waiting times/LOS).
- Targets/Performance (e.g. all of the above and the wider range in the performance framework).

Each QIA is scored, reviewed, and signed off at an appropriate divisional meeting with medical / nursing representation. All QIAs scoring 3 and above are escalated for review by Care Organisation Directors at their weekly meeting, in the presence of either the Medical or Nursing Director. Non-clinical divisional projects i.e. Corporate Functions, Workforce, Procurement, Estates and Facilities and ICO are reviewed at their steering group meeting. The Steering Group Chair determines if medical and/or nurse review is required.

Where appropriate risk assessments are added to Datix (the risk management system) to provide additional assurance that risks are being managed appropriately. Processes are in place to monitor, through the Divisional and Corporate assurance committees and performance reports the impact of service changes.

An overview of performance is maintained through routine performance reports and using quality improvement measurement to ensure any significant trends are identified over time. Specific KPIs are identified associated with specific work streams and these are monitored at a local level. KPIs include those relating to Adult Social Care and Mental Health services.

Three times a year a QIA review is presented to the Finance and Information Committees (where performance of the efficiency programme is reported). This constitutes two parts:

- A quality check of a random selection of PIDs to assess the appropriateness of QIA scoring being applied; and
- Cumulative impact of PIDs to identify where staff groups or departments could be under strain due to a high number of change projects within a group or department.

3.3 Summary of triangulation of quality with workforce and finance

The NCA assurance processes consist of monitoring at Service, Division and at Committee level. Quarterly Divisional Assurance and Risk Committees within Care Organisations provide an opportunity to review services as a whole and triangulate quality, workforce and financial indicators.

The outcomes of divisional committees are reported to the Care Organisation Risk and Assurance Committee, with risks scored over 10 reported onwards to the Group Risk and Assurance Committee and Committees in Common.

4. WORKFORCE PLANNING

The NCA has put significant effort into developing workforce plans that focus on:

- Addressing workforce gaps, including areas where there are national or local shortages of staff and/or dependence on non-contract staff.
- Workforce redesign to support new models of care, including review of skill mix and achievement of productivity improvements.
- Planning for strategic service developments.

The Workforce template submission details an increase in the whole time equivalent staffing in 2018/19. This position reflects the baseline of staff in post in 2017/18 which is under the funded establishment and the plans to replace waiting list initiative funded capacity, locum, bank and agency staff and reduce the outsourcing of activity with a Pennine employed establishment. The plans also reflect the remodelling of the workforce, with new roles, and addressing the requirements of strategic programmes.

The NCA supports the training and development of trainee Advanced Clinical Practitioners and Trainee Nurse Associates.

4.1 Methodology, engagement and governance

As part of the development of the workforce plan, the Skills for Health six step model has been used to inform the Health Education North West (HENW) commissioning numbers and human resources colleagues have engaged with local partners through participation in the Locality Workforce group meetings.

Divisional Managing Directors and their teams have been involved in the development of ongoing workforce strategies for their Divisions to complement the high level People Strategy that had been developed following wide consultation with service colleagues and staff organisations and approved by the Board of Directors. Divisional workforce plans considered demand and local and national quality standards including 7 day working.

Each Care Organisation has established a Workforce & OD Committee which reports through the assurance framework into COARC and the Care Organisation's Management Board. The terms of reference of the Workforce & OD Committee have been agreed within each Care Organisation and membership includes senior divisional leaders, finance and workforce colleagues.

Finance, service managers and HRBPs work collaboratively on workforce and service planning and any plans for reductions in the workforce are considered by the Medical Director and Nurse Director, in respect of impact on quality of services.

The temporary staffing function is managed through the workforce function but located within Divisions in order to provide a more responsive approach to meeting temporary staff needs. Weekly monitoring of agency use is undertaken and rules for agency use established. The NCA has worked with NHS Professionals (NHSP) on nursing staffing since 2016 and began to utilise NHSP Doctors in December 2017 and are working with NHSP on bank building and agency migration for this group. The NCA is a member of the APP collaboration with NHSP and is working to reduce nursing agency

use, in part through work done within that group on agency rates and collaboration on agency migration across NHSP partners in GM.

Work to review skill mix internally will be undertaken through the use of the Trendcare system, which is in the process of being fully integrated across all Care Organisations, whilst this is initially for nursing staff it will be rolled out to cover other staff groups. Work is underway across the North East Sector on the workforce implications of Healthier Together and workforce modelling has been undertaken to inform the requirement of a surgical service centred in the Oldham Care Organisation. The NCA is also engaged in the wider service reconfiguration discussions within Greater Manchester and will be transferring the community services provided out of North Manchester into the Manchester LCO from the 1st July 2018. The NCA also plans to take back in house domestic services from 1st August 2018.

E–rostering is in place for nursing and there are plans to utilise the Doctors Rostering system (DRS Realtime) across each of the Care Organisations. Service reviews looking at agency and premium spend are being undertaken by Finance, Workforce and service management colleagues. Work is ongoing with Inpatria to employ overseas doctors who are currently in the country and also with other Trusts in GM and with commercial providers on overseas recruitment. Work is underway across the NCA to recruit nurses from India.

A Job plan of 9 direct clinical care (DCC) sessions to 1 Supporting professional Activity (SPA) session is standard within the Trust with any additional SPAs being evidenced. Electronic job planning is being rolled out across the trust and work on a common job planning policy is underway with colleagues across the NCA.

There has been limited opportunity to utilise the apprenticeship levy since it came into effect in 2017 although going forwards newly qualified nurses will undertake a customer service apprenticeship and the levy will be used to fund advance practitioner training as appropriate higher apprenticeships become available. Managers are working on the Carter recommendations on administrative services, pharmacy, radiology and pathology. Shared corporate functions are now in place across the NCA and work continues on developing and achieving efficiencies from those shared corporate services.

It is not expected that the change to bursaries will impact on staffing in the current planning period. The impact of Brexit on the workforce is not yet clear although we would anticipate this would not be significant, due to the numbers of European staff employed. We recognise that impact elsewhere could affect workforce supply and impact on the NCA through a tightening of the labour market.

The NCA is working on the NHSI nursing retention collaborative programme.

4.2 Support and develop our people to deliver safe, clean and personal care

Significant work has taken place to improve the induction experience for new starters and a new NCA induction process has been established. This is followed up with a survey and meeting with the Associate Director of L&OD to gain feedback early into their careers so that processes are kept under review and any issues identified.

The Contribution Framework 'appraisal' system is under review with the support of external specialists RDL and a revised scheme will be launched in 2018. Our aim is to increase compliance to 95% by the end of 2018/19 and also to improve the perceived value that the process adds

The content of all leadership programmes are being reviewed across the Northern Care Alliance to ensure they meet the needs of individuals and the organisation.

In anticipation of significant changes for the NCA (and across partner organisations) over the next few years, we are also implementing a formal Organisational Development Change methodology to ensure we fully engage and support our people during this period.

The NCA remains committed to deliver, through the QI team, courses to develop capability in QI methodology.

4.3 Improve engagement with and the wellbeing of our people

Significant work has taken place to improve communications and general engagement with our staff. This includes:

- Weekly Trust newsletters
- Team Talk
- Cascade team briefing
- Prioritisation of staff engagement in the objectives of senior leaders
- 1000 voices events
- Use of the "go engage" methodology through the Pioneer Programme

Significant work has taken place to ensure we provide proactive and reactive services to enable us to have amongst the healthiest and best attending workforce in our sector.

5. CARE ORGANISATION PRIORITIES

Each Care Organisation has a detailed plan for delivering the priorties outlined in section 1. Below are detailed some examples of the areas the Care Organisations are addressing (please note these are examples not a comprehensive list):

	Priorities	**Bury and Rochdale Care organisation**
Savin	Pursue Quality Improvement to assure safe, reliable and compassionate care	Improvements in corre patient and user harms Improve pressure ulcer prevention Reduce falls by 10% Achieve 95% A&E 4 hour target Improve diabetes care

I	Improve care and services through integration, collaboration and growth	Deliver transformation schemes in accordance with HMR and Bury's locality plan including spending avoidable time in hospitals Roll out homeless events at FGH (similar to Rochdale Infirmary) Commence internships for people with learning difficulties
	Deliver the financial plan to assure sustainability	Deliver improved recruitment processes Reduce sickness absence levels Reduce agency spend
	Support our staff to deliver high performance and continuous improvement	Deliver improved communications and response rates Deliver staff engagement forums All staff to have clear objectives agreed
	Deliver Operational Excellence	Develop standard operating models Improve cancer and planned care trajectories Implement mental health re-attendance to reduce waiting times and patient experience
	Develop and Implement our Service Development Strategy and the NCA enabling strategies	Complete GIRFT recommendations for orthopaedics (national audit)

	Priorities	**Oldham Care Organisation**
Saving Lives, Improving Lives	Pursue Quality Improvement to assure safe, reliable and compassionate care	Deliver QI (quality improvement) strategy to reduce falls, harms, pressure ulcers and infections Reduce number of patient safety issues Deliver CQC in order to improve CQC rating
	Improve care and services through integration, collaboration and growth	Develop care pathways with key partners to reduce time in acute settings Contribute to health and well-being in each locality Deliver healthier together plan for high acuity services
	Deliver the financial plan to assure sustainability	Improve theatre utilisation Improve workforce planning processes Improve compliance for mandatory training
	Support our staff to deliver high performance and continuous improvement	Implement talent management programme Implement medical engagement programme Implement development programme for B6 and B staff (future leaders)
	Deliver Operational Excellence	Implement regular review of stranded patients Improve urgent care pathways with partners Develop standard operating models
	Develop and Implement our Service Development Strategy and the NCA enabling strategies	Support the development of the clinical services strategy Implement QI (quality improvement methodology)

	Priorities	**North Manchester Care Organisation**
S	Pursue Quality Improvement to assure safe, reliable and compassionate care	Improvements in core patient and user harms Implement change packages to improve patient outcomes – deteriorating patient, pressure ulcers, PJ paralysis, last 100 days) Reduce harm to patients by improved pathways of care for

		sepsis, diabetes, etc
	Improve care and services through integration, collaboration and growth	Support aims of commissioners for reduced avoidable time in hospital Deliver recruitment and retention programme Deliver volunteer programme to increase numbers of volunteers
	Deliver the financial plan to assure sustainability	Reduce vacancies through recruitment and retention programme Deliver improved financial performance
	Support our staff to deliver high performance and continuous improvement	Deliver team briefings/open surgeries to improve communication Deliver on training, coaching and talent development plan
	Deliver Operational Excellence	Improve capacity and demand planning Further develop AMU model in urgent care to meet demand of short-stay patients Develop frailty offer to patients
>	Develop and Implement our Service Development Strategy and the NCA enabling strategies	Deliver improved programme/project management Utilise QI methodology in plans (quality improvement) Support delivery of IM and T strategy