

# Quality Improvement Plan

Dear colleague,

Our recent Care Quality Commission (CQC) Report marks the start of a new journey for all of us. A journey that I believe will result in our hospitals and community services becoming safer and more reliable – and in time, being amongst the best in the country.

The CQC inspectors that rated the Trust overall as 'inadequate' held up a mirror for us to see what was happening and reflected what many of you who work here had been saying for some time: that there were issues relating to staffing pressures, systems which didn't allow the Trust Board to understand risks experienced on a ward or department, and a culture which began to tolerate inappropriate standards or behaviours.

Yet, from my five months in the Trust, I know we have staff here across our sites and community services who care deeply about the service you want to provide to patients and their families. Encouragingly, the CQC inspectors found that the Trust was a caring organisation and found staff treating patients in a compassionate, caring and sensitive way.

## Pride in Pennine

However, we need to be honest with ourselves and accept that things must improve for our patients and for everyone who works here. No one comes to work to do a poor job or intentionally provides sub-standard care or poor customer service. The NHS prides itself on compassion and professionalism. We owe it to ourselves and to our patients and the local communities we serve to take this opportunity to drive forward improvements.

I will work with you, together with the Trust's new leadership team, to steadily make the necessary improvements so that patients can receive reliable, high quality care, whatever the day of the week, and whatever the hour of the day, and whether in or out of hospital.

I am confident we can continue to benefit from the Trust's close association with Salford Royal. I will listen to staff and where appropriate, I will deploy Salford Royal's systems and experience to help support staff at Fairfield, Rochdale, Oldham and North Manchester to deliver the high standards of care and service that our patients and their families deserve, and which we as NHS staff want to deliver and that we can be proud of.

## Improvements

Our Trust Quality Improvement Strategy, 'Saving Lives, Improving Lives', sets out the immediate improvement actions that we will all take over the next nine months to ensure we are getting the basics right, stabilising our services and creating the right conditions upon which we can continue to improve and ultimately transform care delivery across Pennine.

But this plan aims to go beyond the immediate concerns raised by the CQC report. It sets a number of key actions that we must deliver on across six main improvement themes. These actions will be monitored and measured by high level indicators – hard measures that are meaningful to everyone, that staff can see, and be involved in. Measurement of our improvements will be fundamental to ensuring sustainability and the reliability of our care. The indicators within each main theme are current national standards we already must meet.

We will be setting clear nursing standards for each of our wards and departments with regular assessment and the publication of the results. We will also be introducing the award winning, nurse-led, bereavement service; and pursuing new patient safety initiatives to reduce the number

of cardiac arrests, and reducing the harm that patients can experience in hospital such as falls, pressure ulcers and infections.

Our aim is to use the Trust's Quality Improvement strategy to launch a number of quality learning collaboratives to engage with staff to work on how we can make real improvements and how we can measure their impact on patient care. I am determined that we will engage and involve all staff in this plan that will result in our services being rated good or outstanding by regulators, that our staff would rate as a good place to work and a good place for their relatives to be cared for.

With your commitment and involvement, I believe we can achieve great things so that Pennine Acute Trust, like Salford Royal, becomes one of the best and safest NHS Trusts in the country.



Sir David Dalton  
Chief Executive

Sept 2016

IMPROVING FRAGILE SERVICES	
We will:	This will be measured by:
<b>Urgent Care</b>	
Stabilise clinical staffing to meet patient demand and develop and agree new service models for urgent care in North Manchester, including integrated ambulatory pathways and frailty model.	<ul style="list-style-type: none"> <li>Time patients have to wait from arrival in A&amp;E to admission</li> <li>Time for patients to be treated by a clinician</li> <li>Staffing levels are in place and adequate to meet demand</li> <li>Staff sickness absence reduced</li> </ul>
Develop and deliver enhanced primary care provision within A&E and have in place an extended crisis response service.	
<b>Maternity Care</b>	
Stabilise the workforce, including medical, midwifery and support posts, and ensure all staff across our maternity services are fully engaged, trained and developed specific to their job roles.	<ul style="list-style-type: none"> <li>Women's perception of safety</li> <li>Serious incidents</li> <li>Postpartum haemorrhage (PPH)</li> <li>Staffing levels are in place and adequate to meet demand</li> <li>Staff sickness absence reduced</li> </ul>
Strengthen risk and governance arrangements, developing a culture of continuous learning and quality improvement.	
<b>Paediatric Care</b>	
Stabilise the workforce and ensure adequate numbers of trained paediatric nurses are in place to meet demand and ensure safe care across children's services.	<ul style="list-style-type: none"> <li>Length of Stay for children in hospital &gt;7 days</li> <li>Emergency Department indicators for children</li> <li>Staffing levels are in place and adequate to meet demand</li> <li>Staff sickness absence reduced</li> </ul>
Introduce a new model at FGH to stabilise paediatric urgent care, and develop new models of care to receive, assess and treat children at all sites.	
Ensure all staff are competent to manage critically ill children and trained in Advance Paediatric Life Support (APLS).	
<b>Critical Care</b>	
Stabilise staffing, including consultant and middle grade cover for the HDU at The Royal Oldham Hospital, and ensure nursing and AHP workforce is adequate across our critical care units.	<ul style="list-style-type: none"> <li>Cardiac Arrests</li> <li>Serious Incidents</li> <li>Staffing levels are in place and adequate to meet demand</li> <li>Staff sickness absence reduced</li> </ul>
Determine the requirements for critical care outreach and safe response at night and weekends.	

IMPROVING QUALITY	
We will:	This will be measured by:
<b>Develop and Ignite our Quality Improvement (QI) Strategy</b>	
Develop and launch the Trust's Quality Improvement Strategy, 'Saving Lives, Improving Lives'. The improvement plan sets out the immediate (first 9 months) improvement actions – this is to ensure we are getting the basics right, stabilising services and creating the right conditions upon which we can continue to improve and ultimately transform care delivery across Pennine.	<ul style="list-style-type: none"> <li>Staff engagement, understanding and involvement</li> </ul>
Our Quality Improvement Strategy will aim to go beyond the immediate concerns raised by the CQC report - we will engage our staff in delivering this strategy.	
<b>Improving Safety</b>	
Develop a Quality Improvement faculty and commence a series of learning collaboratives involving staff across the Trust focusing on deteriorating patients and managing sepsis, reducing harm that patients can experience in hospital such as falls and pressure ulcers, and a focus on reducing hospital acquired infections including C –Diff.	<ul style="list-style-type: none"> <li>Reliable data for pressure ulcers, falls, Catheter Associated Urinary Tract Infection (CAUTI)</li> <li>Core Nursing Standards</li> <li>Cardiac Arrests</li> <li>Reduction in pressure ulcers</li> <li>Reduction in C-Diff</li> </ul>
Core nursing standards and ward improvement goals and plans will be developed for all wards and departments, supported by the implementation of the Nursing Assessment and Accreditation System (NASS). A new support system will be introduced to support vulnerable patients and families.	
<b>Improving Effectiveness</b>	
Undertake a mortality review including our methodology to determine improvement actions using review data and Dr Forster intelligence to reduce mortality. This programme of work will require a reliable system for Morbidity and Mortality reviews and learning from avoidable factors.	<ul style="list-style-type: none"> <li>Reduction in mortality rate – HSMR</li> <li>Reduction in readmissions</li> </ul>
<b>Improving Patient Experience</b>	
Improve End of Life Care for patients and their families across the Trust by focusing on bereavement care, engaging and working with staff across all wards and departments to roll out a new bereavement model and implement 'What matters most to me'.	<ul style="list-style-type: none"> <li>Reduction in complaints</li> <li>End of Life – Time of death in hospital to arrival in mortuary for adult patients</li> </ul>
Ensure safe medicines management systems and practice is embedded as a priority across the organisation.	

IMPROVING RISK AND GOVERNANCE	
We will:	This will be measured by:
<b>Implement new risks and governance arrangement across the Trust</b>	
Assess our risk and governance arrangements across the Trust and focus on how we learn from and manage complaints, claims, Serious Incidents and Coroner's Inquests. A new risk and governance framework and Board Assurance Framework will be put in place, supported by risk training for all staff and a new Datix System.	<ul style="list-style-type: none"> <li>Serious Incidents</li> </ul>
<b>Review all safeguarding</b>	
Deliver on Level 3 children's safeguarding staff training to agreed standards and focus on the Trust's response and support for patients under the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS) as part of a review of all safeguarding systems and processes.	<ul style="list-style-type: none"> <li>Serious Incidents</li> </ul>

IMPROVING OPERATIONS AND PERFORMANCE	
We will:	This will be measured by:
<b>Improving patient flow</b>	
Implement SAFER model across all wards. Have in place robust systems and processes for the management and escalation of patient flow across our acute sites to ensure patients receive the right care, at the right time, in the right place. Patient flow will be supported by agreed standards which will ensure medically fit patients are transferred safely and appropriately.	<ul style="list-style-type: none"> <li>Emergency Department indicators</li> <li>Reduction in patient Length of Stay in hospital</li> <li>Reduction in all cancelled appointments – day case, inpatient, outpatient</li> <li>Reduction in complaints</li> </ul>
<b>Improving data quality</b>	
Make sure our data is reliable and available to help staff do their jobs and make improvements to service performance, patient care and the patient experience. Working with our Booking & Scheduling staff, our systems and processes will be reviewed for booking and managing patient appointments to ensure that the services we provide for our patients are the best.	<ul style="list-style-type: none"> <li>Data Standards</li> <li>RTT 18 week performance</li> <li>Complaints</li> </ul>

IMPROVING WORKFORCE AND SAFE STAFFING	
We will:	Indicators
<b>Improve Safe Staffing</b>	
Carry out a review and assessment of all wards and departments against Salford Royal's Nursing Standards and agree and develop a workforce plan to address shortfalls to ensure safe reliable nurse staffing. A similar assessment will be undertaken for medical staffing, particularly within fragile services against national standards.	<ul style="list-style-type: none"> <li>Staffing levels are in place and adequate to meet demand</li> <li>Staff sickness absence reduced</li> <li>Reliance on temporary staffing and locum agency spend reduced</li> </ul>
The Trust will adopt a new model and approach to recruiting medical and nursing staff and work with Salford Royal and partners across Greater Manchester.	
<b>Deliver on Healthy, Happy, Here staff programme</b>	
Promote and improve the health and wellbeing of the Trust workforce by delivering on the Healthy, Happy, Here staff programme launched last year. All staff will have access to a meaningful PDR and an opportunity to discuss their performance and development, supported by the need for all staff to complete mandatory job related training.	<ul style="list-style-type: none"> <li>Staff sickness absence reduced</li> <li>NHS Staff Survey</li> <li>Reliance on temporary staffing and locum agency spend reduced</li> </ul>

IMPROVING LEADERSHIP AND STRATEGIC RELATIONS	
We will:	This will be measured by:
<b>Implement Site Leadership Model</b>	
Involve staff in developing a model to strengthen operational site leadership teams and management of services across Oldham, Rochdale, Bury and North Manchester as part of a future group structure. This will be underpinned by the development of site-based improvement plans and accountability framework.	<ul style="list-style-type: none"> <li>Site leadership teams established</li> <li>Group structure and governance arrangements finalised</li> <li>Safety walk rounds across all sites and community services</li> </ul>
Introduce joint clinical leadership programmes with the Trust's Chief Nurse and Executive Medical Director, in addition to a range of leadership workshops for non-clinical leaders as part of an ongoing association with Salford Royal. This will involve safety "walk-rounds" and "walk-withs" by Executive and senior leadership teams.	