

● Draft ● Not started ● On Track ● Behind ● Overdue ● Complete → Direct Alignment ⇨ Indirect Alignment

NORTH MANCHESTER CARE ORGANISATION PLAN

PURSUE QUALITY IMPROVEMENT TO ASSURE SAFE, RELIABLE AND COMPASSIONATE CARE

Goals	Current Comp...	Q1 '1..Q2 '1..Q3 '1..Q4 '1..Q1 '1..Q2 '1..Q3 '1..Q4 '2..	Details	Updates
Demonstrate continuous improvement towards our goal of being the safest health and social care organisation in England: 4 Milestones by 31st Mar 2020	80% 3.18 / 4 Milestones 1 Milestones ahead		Self assessed in line with the quality section of the Statement of Assurance	NMCO Planning Lead SL: The Care Organisation's Management Board is satisfied that plans in place are sufficient to ensure on-going compliance with all existing quality standards and targets for the following quarter. <i>07/02/2019</i>
→ Deliver year on year improvements on core patient and user harm: 4 Milestones by 31st Mar 2020	75% 3 / 4 Milestones -			NMCO Planning Lead SL: The Care Organisation's Management Board is satisfied that plans in place are sufficient to ensure on-going compliance with all existing quality standards. The Care Organisation back on its expected trajectory for CDIFF and has had no further PUs at Grade 3 or 4. Plans are in place; the Care Organisation expects to maintain performance within trajectories. <i>07/02/2019</i>

<p>→ Deliver QI strategy, in conjunction with QPID teams, to ensure that the aims of the strategy are met with the appropriate timescales: 16 Milestones by 31st Mar 2020</p>	<p>63% 10 / 16 Milestones 2 Milestones behind</p>		<p>Measured by: - Reduction in Grade 2 Pressure Ulcers - Zero Grade 3 - 4 Pressure Ulcers - Reduction in CDIFF - Reduction of falls resulting in moderate to severe harm</p> <p>NMCO Planning Lead SL: QI Schemes continue with improvements noted. Collaborative approach has good traction within the Care Organisation. 07/02/2019</p>
<p>→ Achieve Reduction targets for CDIFF Infections: 13 by 31st Mar 2020</p>	<p>92% 12 / 13 2 behind</p>		<p>No more than 13 CDIFF Infections in total. <i>No updates recorded</i></p>
<p>→ Achieve 30% reduction for Grade 2 Pressure Ulcers: 46 by 31st Mar 2020</p>	<p>74% 34 / 46 -</p>		<p>Measured by a reduction of 30% from the previous year, equating to no more than 45 Pressure Ulcers <i>No updates recorded</i></p>
<p>→ Achieve Reduction in falls that result in moderate to severe harm: 12 unit by 31st Mar 2020</p>	<p>42% 5 / 12 unit 4 unit ahead</p>		<p>No more that a total of 12 falls resulting in moderate to severe harm. <i>No updates recorded</i></p>
<p>→ Achieve Zero grade 3-4 Pressure Ulcers 0 unit by 31st Mar 2020</p>	<p>1 / 0 unit 1 unit behind</p>		<p>Zero Grade 3-4 Pressure Ulcers in year <i>No updates recorded</i></p>
<p>→ Implement change packages for key patient safety collaborative across all clinical areas (Deteriorating Patient, Pressure Ulcer, PJ Paralysis/Last 100 days) to improve patient outcomes: 4 Milestones by 31st Mar 2020</p>	<p>75% 3 / 4 Milestones -</p>		<p>Highlight report received quarterly at QPE for confidence that QI schemes are progressing in line with agreed milestones. NMCO Planning Lead SL: Change packages rolled out for each QI scheme with positive assurances offered via reports reviewed to the QPE and CEC. 07/02/2019</p>
<p>→ Develop effective pathways and improvements in VTE, Sepsis, Diabetes, NatSIPPS/LocSIPPs, in collaboration with all CO's to reduce harm to patients: 4 Milestones by 31st Mar 2020</p>	<p>75% 3 / 4 Milestones -</p>		<p>Milestone achieved if adequate assurance provided to QPE regarding progression of QI schemes. NMCO Planning Lead SL: NCA led VTE project continues, NM Sepsis work ongoing, Assurance report to be presented to February's meeting of the CEC. Diabetes improvement Group scheduled for February chaired by the Director of Nursing. LocSSIPs lead identified (Tracy Duncan); work on-going. 07/02/2019</p>
<p>→ Improve the reliability of all clinical services: 4 Milestones by 31st Mar 2020</p>	<p>0% 0 / 4 Milestones -</p>		<p><i>No updates recorded</i></p>

→ Deliver year on year improvement in HSMR and SHMI: 100 unit to 100 unit by 31st Mar 2020

97 / 100 unit
3 unit ahead

NMCO Planning Lead SL:
Month on month reduction in HSMR continues to be observed (currently at 91). Improvements observed in the numbers of mortality reviews completed. Care Organisation Mortality Oversight Group continues to mature.

07/02/2019

→ Implement reliable mortality process, with a monthly CO Mortality Oversight Group & assurance reporting, to ensure the CO meets the minimum selection criteria for mortality reviews & improvement trajectories: 4 Milestones by 31st Mar 2020

25%
1 / 4 Milestones
2 Milestones behind

Achieved if quarterly minimum trajectories for completed SJR Reviews are achieved.

NMCO Planning Lead SL:
Month on month reduction in HSMR continues to be observed (currently at 91). Improvements observed in the numbers of mortality reviews completed. Care Organisation Mortality Oversight Group continues to mature.

08/02/2019

→ Optimise medical workforce skill mix through reduction in locums, review medical staffing, rota review to ensure adequate deployment of medical staff to wards: 4 Milestones by 31st Mar 2020

75%
3 / 4 Milestones

Milestone achieved if adequate assurances provided to WODC.

NMCO Planning Lead SL:
Change of approach, adverts offering sessions at NMCO as well as MFT.
Establishment of subgroup for medical workforce productivity.
UAE Middle Grade posts - 2 are in post with more to follow in Q4
Further work required to review surgical middle grade/junior rotas in co-operation with OCO
Migration of agency workers to NHSP continue
Development of workforce programme in Q4.
Directorate reviews to factor into recruitment strategy.

08/02/2019

→ Implement Advancing Quality initiatives in Pneumonia, AKI, Sepsis, Diabetes and Alcoholic Liver Disease to improve patient outcomes: 4 Milestones by 31st Mar 2020

0%
0 / 4 Milestones
3 Milestones behind

Milestone achieved if AQ performance thresholds met.

NMCO Planning Lead SL:
Structured reports from Harm Free Care Leads continue to be reviewed through CEC with assurance of progress offered.

08/02/2019

<p>→ Implement effective divisional and directorate mortality meetings to capture learning and disseminate learning and complete preventability scoring: 4 Milestones by 31st Mar 2020</p>	<p>75% 3 / 4 Milestones -</p>		<p>Milestone met if if COMOG NMCO Planning Lead SL: has been assured that Divisional mortality groups are Divisional and Directorate meeting more reliably. Mortality mortality meetings are in review figures are improving across the board but most notably in GIM. <i>08/02/2019</i></p>
<p>→ Implement NHSI Frailty Programme to ensure patient who are medically stable but frail have a LOS no longer than 72 hours: 4 Milestones by 31st Mar 2020</p>	<p>75% 3 / 4 Milestones 3 Milestones ahead</p>		<p>Milestone achieved if agreed NMCO Planning Lead SL: measures have been met Reports continue to be provided within agreed timescales weekly to Directors' Management meeting with work progressing. <i>08/02/2019</i></p>
<p>→ Achieve good or outstanding CQC ratings in safety, effectiveness and caring: 12 Milestones by 31st Mar 2020</p>	<p>67% 8 / 12 Milestones 1 Milestones behind</p>		<p>NMCO Planning Lead SL: The CQC Action Plan is progressing with oversight provided by the CQC Oversight meeting with assurance provided to North Manchester QPE Committee. Some issues remain in relation to compliance with MCA and DoLS which is under review. <i>07/02/2019</i></p>
<p>→ Deliver the actions required to achieve items outlined as 'must do's' and 'should do's' on the CQC report to ensure improvement in required areas: 4 Milestones by 31st Mar 2020</p>	<p>75% 3 / 4 Milestones -</p>		<p>Milestone achieved if NMCO Planning Lead SL: sufficient assurance has The CQC Action Plan is been gained regarding the progressing overseen by the CQC progression of the CQC Oversight meeting with assurance provided to North Manchester QPE Committee. Areas of risk identified in relation to compliance with MCA/DoLS and British Orthopaedic Society standards for time to theatre for trauma patients which are under review. @ NM CQC Action Plan - 2018-19 MASTER- updated 25.10.2018.pdf <i>01/11/2018</i></p>
<p>→ Implement improvement actions, identified as part of NAAS assessments to achieve 75% Green and 10% SCAPE wards on reassessment: 4 Milestones by 31st Mar 2020</p>	<p>50% 2 / 4 Milestones 1 Milestones behind</p>		<p>Milestone achieved if NAAS NMCO Planning Lead SL: position improving quarter by 60% of wards at North Manchester are scoring as Green or SCAPE on NAAS. <i>08/02/2019</i></p>

→ Fully implement Reality Rounding across the Care Organisation: 4 Milestones by 31st Mar 2020

0%
0 / 4 Milestones

Milestone achieved subject to assurance received via the Quality and Patient Experience Committee (QPEC) that Reality Rounding sessions have taken place in accordance with the schedule. *No updates recorded*

IMPROVE CARE AND SERVICES THROUGH PARTNERSHIP, INTEGRATION AND COLLABORATION

Goals	Current Comp...	Q1 '1..Q2 '1..Q3 '1..Q4 '1..Q1 '1..Q2 '1..Q3 '1..Q4 '2..	Details	Updates
Improve patient and care pathways to deliver improved prevention, earlier diagnoses, earlier treatment and earlier discharge across the system(including care at home or in a supportive environment): 48 Milestones by 31st Mar 2020	75% 36 / 48 Milestones			<p>NMCO Planning Lead SL: The Care Organisation's Management Board is satisfied that plans in place are sufficient to ensure on-going compliance with all existing quality standards and targets for the following quarter. <i>07/02/2019</i></p>
→ Fully implement SAFER and structured ward rounds on all medical and surgical wards to reduce delayed transfers of care and length of stay: 4 Milestones by 31st Mar 2020	75% 3 / 4 Milestones		<p>Achieved if assurance provided to QPE and Management Team that scheme is progressing in line with agreed timescales.</p>	<p>NMCO Planning Lead SL: SAFER is now on the majority of wards and has recently started testing on the Acute Medical unit. The recruitment of Flow Co-ordinators and the patient flow leads has allowed us to build a SAFER dashboard across the site. The dashboard provides an oversight of the trust to highlight where SAFER is being implemented reliably and also allows us to identify areas where support is required. We have seen an improvement in the SAFER coverage in January across the medical wards and are starting to show the correlation between stronger SAFER boards and a lower percentage of stranded patients on the wards.</p> <p>Structured Ward round are now in place across the general surgery wards and a number of medical wards. The medical director continues to monitor the roll out on ward visits. <i>07/02/2019</i></p>

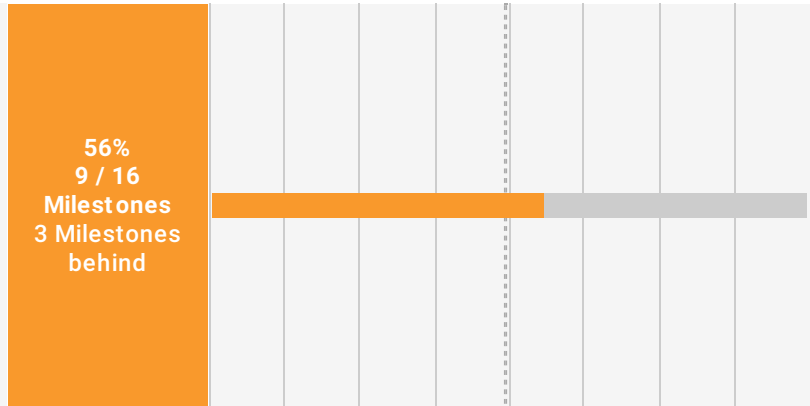
DELIVER OPERATIONAL EXCELLENCE

Goals	Current Comp...	Q1 '1..Q2 '1..Q3 '1..Q4 '1..Q1 '1..Q2 '1..Q3 '1..Q4 '2..	Details	Updates
<p>Ensure good operational planning and execution to deliver on urgent care, cancer and elective plans & trajectories and deploy relevant SOMs: 12 Milestones by 31st Mar 2020</p>	<p>8% 1 / 12 Milestones 9 Milestones behind</p>		<p>Achieved if meeting trajectory in all key access targets - ED, Cancer and RTT</p>	<p>NMCO Planning Lead SL: The NMCO Management team is not satisfied that plans are sufficiently robust to deliver the capacity requirement to meet demand and achieve core NHS access and performance targets for the current quarter. <i>07/02/2019</i></p>
<p>Maximise the use of the "Same Day Care" model to improve ED performance: 4 Milestones by 31st Mar 2020</p>	<p>50% 2 / 4 Milestones 1 Milestones behind</p>		<p>Achieved if: Q1 - Task and Finish Group in place, SOP developed and capital works agreed. Q2 - SOP ratified, capital works delivered to timescales. Q3 - Maximisation of patients (80% of eligible patients) going through SDC. Q4 - Maximisation of patients (80% of eligible patients) going through SDC.</p>	<p>NMCO Planning Lead SL: The Same Day Care Facility capital alterations were completed in mid September. Since then there has been a steady increase in the numbers of patients being managed with on average 72% of eligible patients with the aim for 80% by the end of the year. This is being tackled through the Making Safety Visible (MSV) work stream. Although Access 4hr performance has not improved as a consequence of opening the SDC facility this is due to factors predominantly outside the scope of SDC's influence (bed waits causing congestion and non-admitted breaches between 20:00 and 08:00). The median time for patients in SDC is 1hr 30mins compared to 3hrs 20mins when managed via the old process. <i>08/02/2019</i></p>

DELIVER THE FINANCIAL PLAN TO ASSURE SUSTAINABILITY

Goals	Current Comp...	Q1 '1..Q2 '1..Q3 '1..Q4 '1..Q1 '1..Q2 '1..Q3 '1..Q4 '2..	Details	Updates
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Demonstrate continuous improvement in operational and workforce productivity and efficiency: 16 Milestones by 31st Mar 2020



NMCO Planning Lead SL:
The Care Organisation has reflected in the CO Board Assurance Framework the high level of risk in the areas of operational performance and workforce. The position remains challenging and the Care Organisation is committed to exploiting all opportunities to improve productivity and increase efficiency.
07/02/2019

Reduce Non-contractual pay spend: 4 Milestones by 31st Mar 2020



No updates recorded

Increase recruitment: 4 Milestones by 31st Mar 2020



No updates recorded

Improve retention: 4 Milestones by 31st Mar 2020



No updates recorded

Achieve "Better Care Lower Cost" targets by March 2020: 4 Milestones by 31st Mar 2020



Milestones will be achieved if adequate assurance offered to FOPIC regarding delivery of BCLC schemes
No updates recorded

SUPPORT OUR STAFF TO DELIVER HIGH PERFORMANCE AND CONTINUOUS IMPROVEMENT

Goals	Current Comp...	Q1 '1..Q2 '1..Q3 '1..Q4 '1..Q1 '1..Q2 '1..Q3 '1..Q4 '2..	Details	Updates
Support staff to have rewarding, productive and fulfilling careers, enabling us to recruit and retain talented people: 20 Milestones by 31st Mar 2020	60% 12 / 20 Milestones 3 Milestones behind			<p>NMCO Planning Lead SL: Engagement and development activities progressing and on track. <i>07/02/2019</i></p>

IMPLEMENT OUR SERVICE DEVELOPMENT STRATEGY AND THE NCA ENABLING STRATEGIES

Goals	Current Comp...	Q1 '1..Q2 '1..Q3 '1..Q4 '1..Q1 '1..Q2 '1..Q3 '1..Q4 '2..	Details	Updates
Embed changes resulting from NCA strategies, through excellence in change management and delivery of new ways of working: 22 Milestones by 31st Mar 2020	77% 17 / 22 Milestones -			<p>NMCO Planning Lead SL: The Care Organisation remains committed to the endorsement and contribution to NCA led schemes. <i>07/02/2019</i></p>

↳ Further embed effective assurance mechanisms through the CO assurance committee structure to ensure delivery of agreed plans: 2 Milestones by 31st Mar 2020

50%
1 / 2 Milestones
1 Milestones
ahead

Achieved if CO and Divisional Structures in place Q1
Directorate Structures in place Q4

NMCO Planning Lead SL:
Assurance structures well embedded at Care Organisation and Divisional Level. Quarterly Service Reviews beginning Q4. Directorate Structures continue to be strengthened in Q4.
07/02/2019

DELIVER EXCELLENCE IN RESEARCH AND EDUCATION PROGRAMMES

Goals	Current Comp...	Q1 '19	Q2 '19	Q3 '19	Q4 '20	Details	Updates
Demonstrate continuous investment and development of educational programmes and activities that enables our workforce to reach their full potential by 31st Mar 2020	0% -						No updates recorded
↳ Strengthen Post Graduate Medical Training in line with Health Education England (HEE) standards: 4 Milestones by 31st Mar 2020	0% 0 / 4 Milestones -					Milestones achieved subject to assurance to the Workforce and Organisational Development Committee (WODC) and Care Organisation Risk and Assurance Committee (COARC) regarding the progression and completion of the HEE Improvement plan.	No updates recorded
Produce quality research, appropriately funded, that is of national and international importance by 31st Mar 2020	0% -						No updates recorded
↳ Increase the size and scope of the Research and Innovation portfolio at North Manchester Care Organisation: 4 Milestones by 31st Mar 2020	0% 0 / 4 Milestones -					Milestones achieved subject to positive assurance received via the Clinical Effectiveness Committee regarding the registration and progression of Research and Innovation schemes.	No updates recorded