







# NMGH CQC Improvement Plan

# Pennine Improvement Plan

<b>Improving Fragile Services</b> 	<b>Improving Quality</b> 	<b>Improving Risk and Governance</b> 	<b>Improving Operations &amp; Performance</b> 	<b>Improving Workforce and safe staffing</b> 	<b>Improving Leadership &amp; Strategic Relations</b> 
<b>Urgent care</b>	<b>Develop and Ignite our Quality Improvement (QI) Strategy</b>	<b>Implement new risk and governance arrangements across the Trust</b>	<b>Improving patient flow</b>	<b>Improve Safe Staffing</b>	<b>Implement Site Leadership Model</b>
<b>Maternity care</b>	<b>Improve safety</b>	<b>Review all safeguarding</b>	<b>Improving data quality</b>	<b>Deliver on Healthy, Happy, Here Staff programme</b>	
<b>Paediatric care</b>	<b>Improve effectiveness</b>				
<b>Critical care</b>	<b>Improve patient experience</b>				

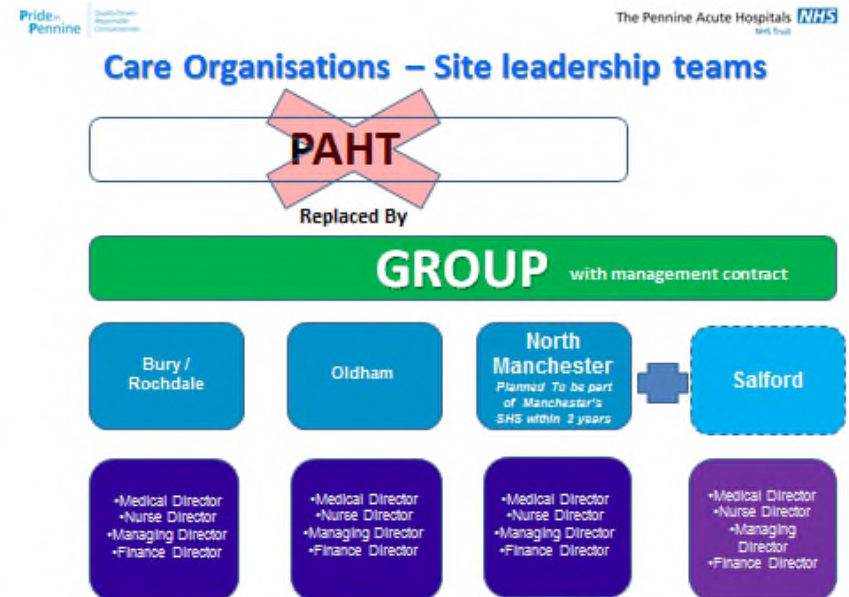
# Pennine Improvement Board

- Established post risk summit convened by NHSE in July 2016.
- Improvement Board chaired by Jon Rouse, Chief Officer GM H&SCP, includes CCGs, NHSi, Pennine Acute representatives. LA reps, NHSE and CQC sporadic in attendance but receive papers
- The following Sub groups report in to the improvement board to provide additional assurance:
  - Clinical Quality Leads Group,
  - NE Sector Urgent Care delivery Board,
  - Maternity and Children's Group
- The Board provides oversight, ensuring effective governance for decisions to support improvement and monitors the implementation of delivery plans, including:
  - ✓ Short term stabilisation actions to assure safe and reliable services for identified fragile services (first priority for action);
  - ✓ Improvement and sustainability plan for services;
  - ✓ Internal governance and operational system improvement

**CQC re – inspection team expected between September – November**

# Leadership

- New Care Organisation Director team in post
- Transitioning to CO risk and assurance framework
- New Risk management system currently being deployed and risk training programme rolled out
- Executive Safety walkrounds and 'Work Withs' commenced across all sites
- Quality improvement programmes underway both across Group and health economy
- Staff engagement and clinical leadership programmes underway



# Quality Improvement Strategy

## Aims (3 years)

- Aims are challenging yet realistic
- This 3 year strategy is designed to **start** a journey

### Avoidable Mortality Reduction

*As measured by:*

- HSMR
- SHMI
- Reliability of recognising deteriorating patients
- Care standards in patients - first 48 hours

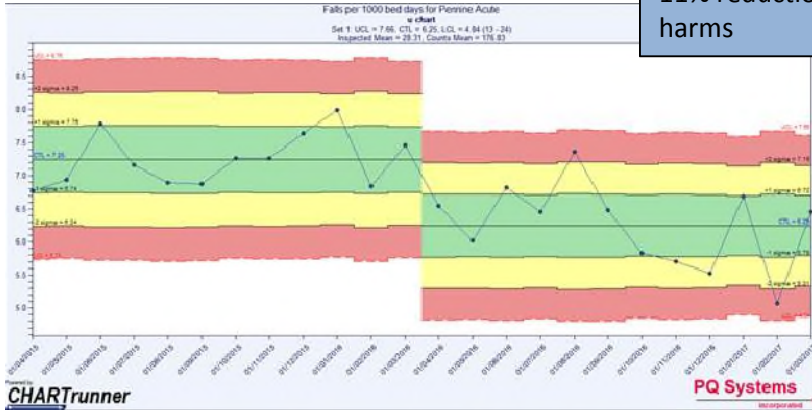
### Harm Reduction

*As measured by:*

- Pressure ulcers
- HA – VTE
- CA – UTIS
- Patient Falls
- Healthcare Acquired Infections – MRSA & CDiff

# Small Shoots of Improvement

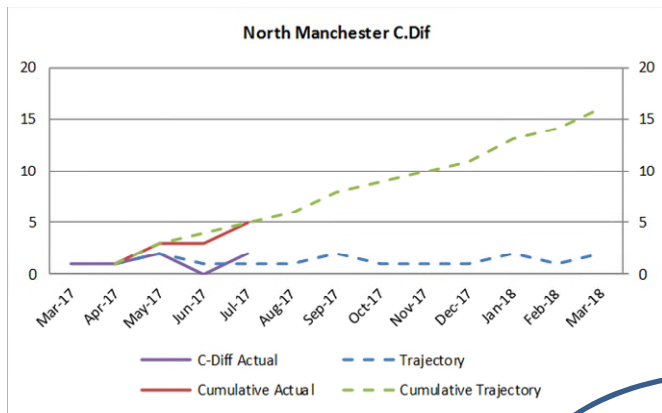
15% reduction in falls,  
11% reduction in harms



End of life care much improved and opening of new bereavement suites for families

New early warning scoring system rolled out and being embedded

£5m capital investment in infrastructure



Numbers of C Difficile infections remain below the improvement trajectory

Clinical mandatory training >80% and core mandatory training >87%

Change 1: Highlighting sick patients at the start of each shift and seeing these patients first

Change 2: NEWS observation chart, accurate scoring, appropriate escalation & response (including documentation and communication)

Change 2: Cardiac arrest role allocation

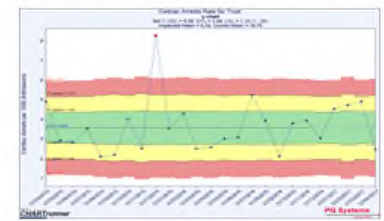
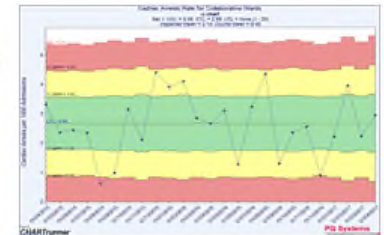
Change 3: Manual observations

Change 4: Code red or 'My Patient, My Shift'

Change 5: 'The weekend plan is' / treatment plan for out of hours teams

Change 6: End of Life Care (including ceilings of care/limitations of care, DNAR-CPR conversations and ReSPECT documentation)

Deteriorating Patients Collaborative

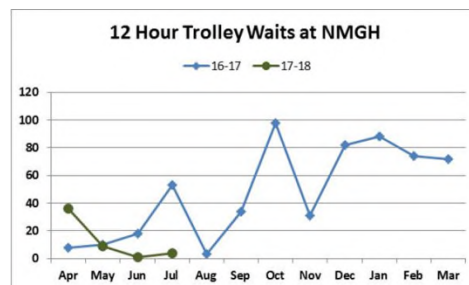


# Fragile Services – Urgent Care

Trust	02/01/2017	09/01/2017	16/01/2017	23/01/2017	30/01/2017
CMFT/SRFT (further TBC)	14	8	10	10	10
Total	14	8	10	10	10
Dr A (ROH)	2	5	5	5	5
Dr B (NMGH)	9	9	9	9	9
Dr C (NMGH)	4	5	5	5	5
Dr D (NMGH paediatrics only)	2.25	2	2	2	2
Total	17.25	21	21	21	21
Locums	27.48	27.48	27.48	27.48	27.48
Overall	58.73	56.48	58.48	58.48	58.48

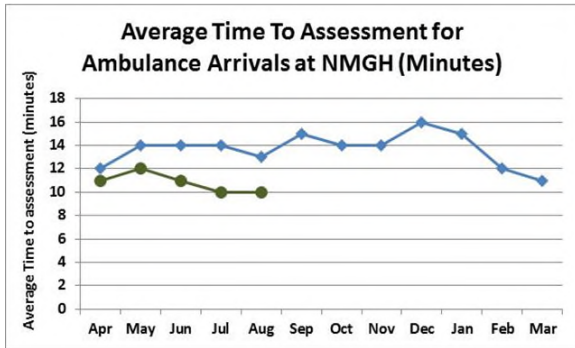
Increase from circa 13 Consultant Direct Clinical Care sessions to 48-58 per week and recruited to the first new permanent consultant post in ED, starting Sept.

**Significant reduction in 12 hour trolley waits from peak of 137 in March 16 to 2 in July 17**

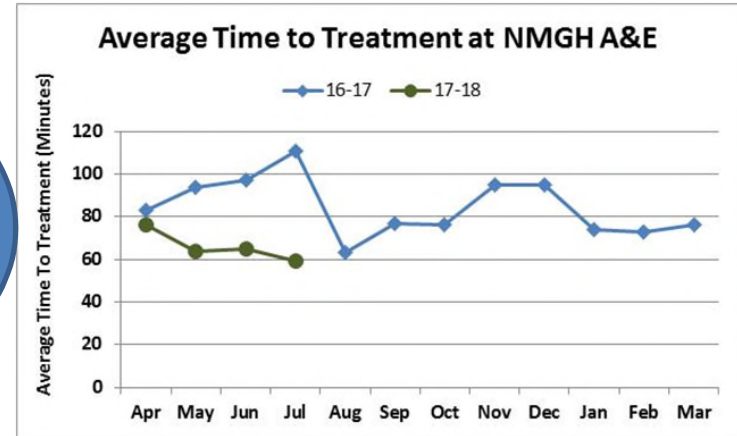


- Staffing improved but patient flow remains a challenge, *with delayed transfers of care the focus for continued improvement and the development of primary care front end offer*
- First phase of acute medical bed expansion in place with Phase 2 beds open in October 2017 (49 beds in total)
- Intermediate Care Unit opens late October 2017 (£5m capital scheme)
- On-site Primary Care in place and enhanced model undergone monthly tests of change and now agreed. Awaiting response from national capital bids and agreement with GP federation on workforce solution.

# Fragile Services – Urgent Care

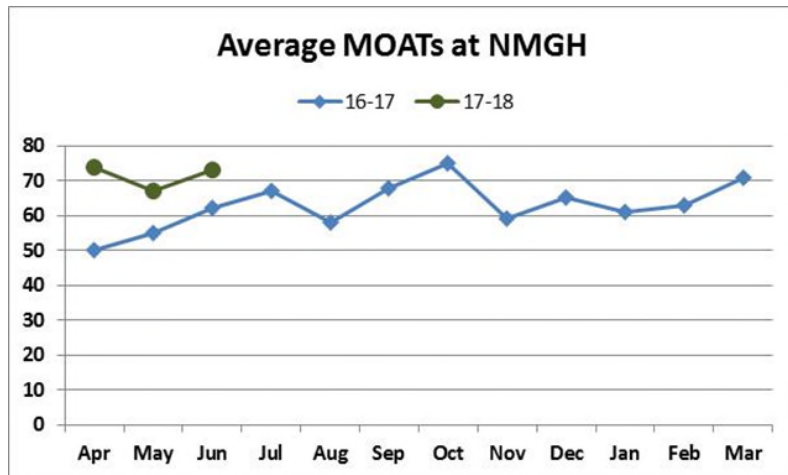


Quality metrics better – ambulance arrives to assessment 14% improvement. 24% improvement in time to treatment



NM Locality	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Trajectory	74.7%	74.9%	75.2%	76.0%	77.8%	78.2%	80.6%	82.4%	83.6%	81.9%	85.9%	90.0%
Actual	76.2%	78.6%	74.2%	79.6%								
Variation	1.5%	3.7%	-1.0%	3.6%								

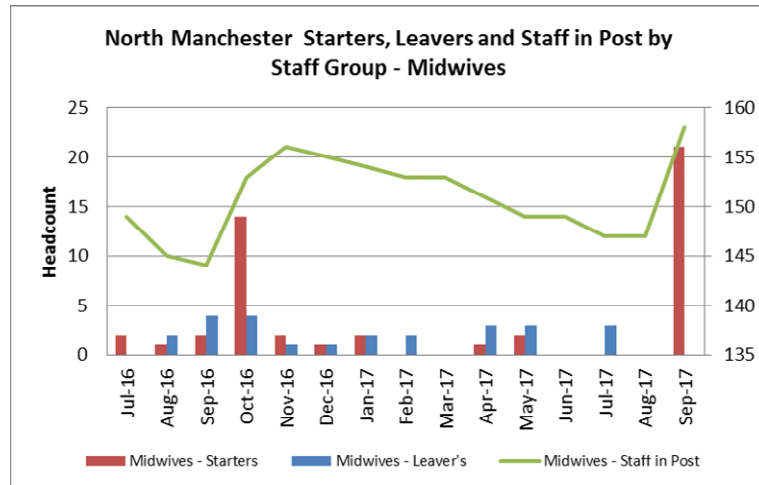
Q1 trajectory for 4 hour standard met and Q2 currently on track – but some way to go to meet national standard



Inpatient delays are higher than last year  
The average number of MOATs for Q1 increased by 16 (28%)



# Fragile Services – Maternity Care



- Consultant obstetric interviews scheduled for 6<sup>th</sup> Sept, 16 candidates for 6 vacancies (all but one currently filled with permanent locum staff)
- CTG central monitoring now live and working well with a clear reduction in CTG related incidence upon audit
- 200 midwives participating in NHSi CTG masterclass training
- Early warning score assessment for mothers significantly improved and a reduction in critical care admissions
- Reduction seen in trauma post C Section and general anaesthetic emergency section down to 15% from 30%

Funding in place to meet birth rate plus requirements with now only a small shortfall in recruits.

# Fragile Services – Paediatrics

- Sustained reduction in the number of transfers out to other hospital for care and treatments
- No Serious Incidents on the ward in the lasts 12 months
- Facing the future standards – still work to do but senior medical decision making cover until 23.00 for new admissions
- Surgical activity back to 5 days week plus extra weekend sessions

NMGH now takes urgent paed transfers from FGH so timely access to specialist paed team is available

Significant programme of improvement across paediatrics – ‘Tops and Pants’, ensuring the voices of Children and Young People are heard and their feedback drives changes

# Ward Scorecards – safe staffing, harms and NASS

Aim: All wards NASS assessed by Sept and 50% at green by April 18.

Currently 55% red, 20% amber, 20% green. 2 wards outstanding assessment. Action plans in place and new corporate matrons now in post to support teams.

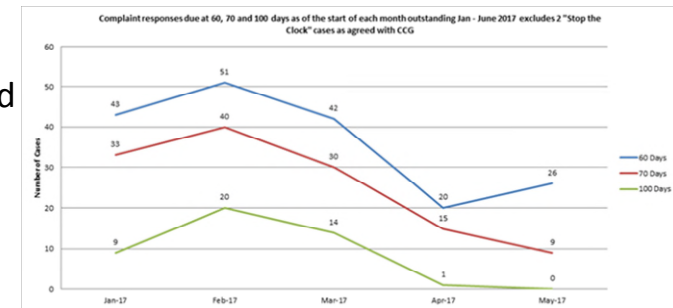
NASS ensures a highly reliable system to assess fundamental of care and provides the framework to help teams determine actions to improve

Reference Period - Week Commencing 14th Aug 2017		Day						Night						Actual Harms Data				Staffing (Source:ESR)			
Site	Ward	Speciality	Expected RN	Actual RN	Expected HCSW	Actual HCSW	Percent RN	Percent HCSW	Expected RN	Actual RN	Expected HCSW	Actual HCSW	Percent RN	Percent HCSW	Falls (moderate & above)	Cdiff	MRSA Acquisitions	Pressure Ulcers	NAAS	S&A Nursing	Vacancy Rate (Nursing)
NMGGH	Site Total	All	9315	8332.5	5917.5	5745	89.5%	97.1%	5712	5428.5	3066	3433.5	95.0%	112.0%	1	0	0	4	N	6.4%	26.30
NMGGH	AnseNatal Ward	Obstetrics	315	292.5	105	97.5	92.9%	92.9%	199.5	189	73.5	73.5	94.7%	100.0%					N	6.4%	26.30
NMGGH	Childrens Unit	Paediatric	660	690	210	82.5	104.0%	39.3%	367.5	388.5	0	31.5	105.7%	0.0%					N	5.2%	10.00
NMGGH	Critical Care	Critical Care Medicine	1012.5	885	105	150	87.4%	142.9%	682.5	619.5	73.5	73.5	90.8%	100.0%					Y	10.3%	6.40
NMGGH	Labour Ward	Obstetrics	660	592.5	157.5	150	89.8%	95.2%	588	556.5	210	42	84.6%	10.0%					N	8.9%	3.59
NMGGH	Neonatal Unit	Obstetrics	485	367.5	60	45	79.0%	73.0%	409.5	357	0	0	87.7%	0.0%					N	6.5%	26.30
NMGGH	PostNatal Ward	Obstetrics	405	345	240	217.5	85.1%	90.6%	262.5	220.5	126	115.5	84.0%	91.7%					N	15.2%	3.30
NMGGH	Ward C3 & C4	General Surgery	487.5	405	390	367.5	83.1%	94.2%	273	252	105	168	92.3%	160.0%					Y	2.0%	-4.75
NMGGH	Ward C5	General Medicine	217.5	202.5	412.5	330	93.1%	80.0%	147	147	210	241.5	100.0%	115.0%					Y	2.0%	-4.75
NMGGH	Ward C6	General Medicine	270	232.5	457.5	315	86.1%	68.9%	105	105	210	168	100.0%	80.0%					Y	23.0%	0.97
NMGGH	Ward CCU G4	Cardiology	262.5	225	105	105	85.7%	100.0%	147	147	73.5	73.5	100.0%	100.0%					Y	4.8%	0.71
NMGGH	Ward D5	Gastroenterology	315	300	210	187.5	95.2%	89.3%	147	147	73.5	73.5	100.0%	100.0%					N	15.7%	0.71
NMGGH	Ward D6	Gastroenterology	255	337.5	112.5	157.5	132.4%	140.0%	147	147	73.5	73.5	100.0%	100.0%					Y	10.3%	4.73
NMGGH	Ward E1	General Medicine	315	292.5	485	585	92.9%	125.8%	220.5	220.5	199.5	388.5	100.0%	194.7%	1				Y	5.8%	-5.38
NMGGH	Ward F3	General Surgery	315	315	210	225	100.0%	107.1%	147	157.5	73.5	178.5	107.1%	242.9%				2	Y	6.1%	1.02
NMGGH	Ward F4A	General Medicine	337.5	292.5	225	262.5	86.7%	116.7%	147	147	147	157.5	100.0%	107.1%					Y	12.1%	-0.12
NMGGH	Ward F5	General Surgery	180	127.5	240	307.5	70.8%	128.1%	63	63	94.5	136.5	100.0%	144.4%				1	Y	4.9%	10.16
NMGGH	Ward F6	General Surgery	367.5	352.5	165	202.5	95.9%	122.7%	168	178.5	136.5	189	106.3%	138.5%				1	Y	9.0%	1.40
NMGGH	Ward H3	General Medicine	735	652.5	525	495	88.8%	94.3%	514.5	409.5	367.5	378	79.9%	102.9%					Y	12.5%	-6.54
NMGGH	Ward I5	Trauma & Orthopaedics	577.5	375	630	547.5	64.9%	86.9%	294	294	367.5	304.5	100.0%	82.9%					Y	8.7%	4.17
NMGGH	Ward I6	General Medicine	270	247.5	367.5	300	91.7%	81.0%	168	210	157.5	189	125.0%	120.0%					Y	2.1%	8.93
NMGGH	Ward J3J4	Infectious Diseases	577.5	525	315	300	90.9%	95.2%	367.5	325.5	147	168	83.4%	114.3%					Y	6.7%	2.43
NMGGH	Ward J6	General Medicine	315	277.5	210	315	88.1%	150.0%	147	147	210	100.0%	142.9%					N	0.0%	2.52	

Nass Accreditation Key	
NI	Ward not assessed
R	Failed Assessment - Reassessed after 2 months
Y	Ward to be reassessed after 5 months
A	Ward to be reassessed after 8 months
G	Beacon Ward (3 consecutive green assessments)

# Risk, Governance Improvements

- Significant reductions in complaints response times - 9 > 70 days, 18 > 50 days
- Adverse incident reporting has increased by 10%, whilst reporting the lowest ratio of high level harm events to total incidents reported (2.7%)
  - indicating cultural as well as quality improvements
- Average number of active *Serious Incidents* reduced from 26 to 10
- *SI investigations completion breaching national expectations reduced from 16 to 1*
- *There have been zero Never Events recorded at North Manchester since June 2016*
- *SI related avoidable deaths reduced monthly average from 2.1 to 1.0*
- *SI Duty of Candour compliance increased from 10% to 100% (now delivered by Director, or associate)*
- No previous formal system to monitor moderate harm events – weekly committee now fully established
- No Root Cause Analysis training available. 187 staff now trained with further training options available



# Focus - HSMR

- HSMR for NMGH is above expected. **This increase is not reflected in an increase in hospital deaths** but data tells us this is more as a result of the change in casemix.

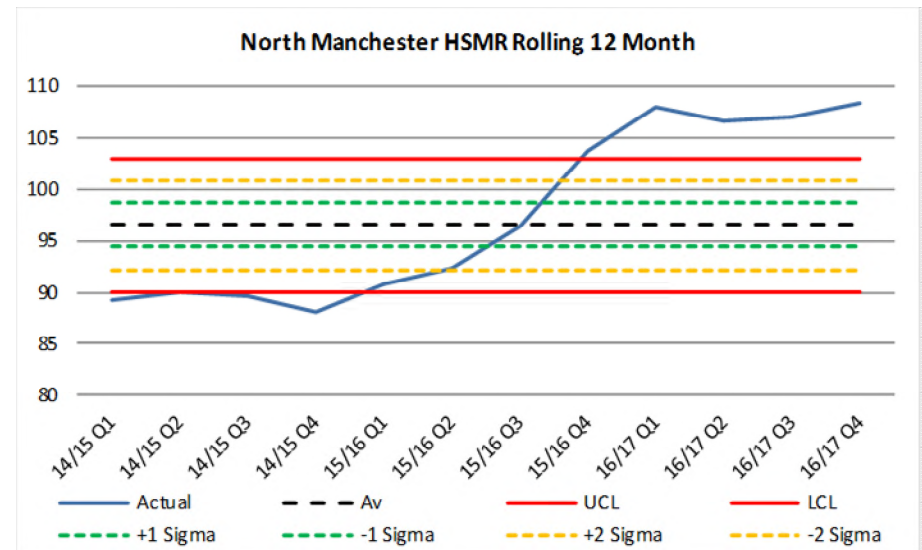
- Monthly mortality surveillance meetings to identify actions to improve are being led by the Medical Director

- Actions focused on:

Process/Systems Frailty/Reliable  
Rounds/DTOC/Fundamentals of Care  
including response to deteriorating  
patient

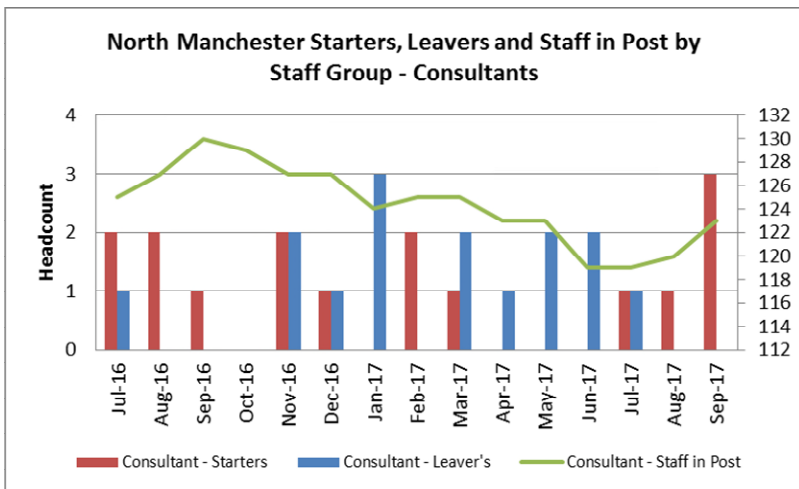
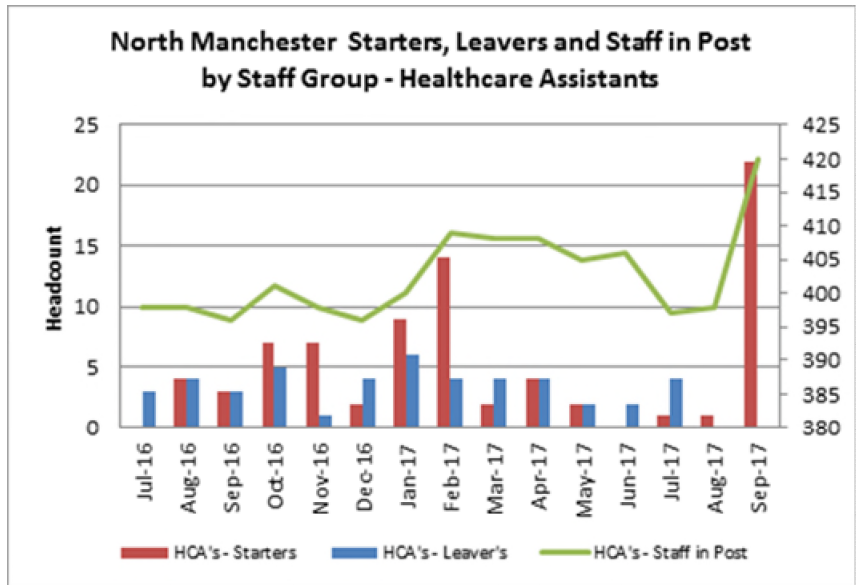
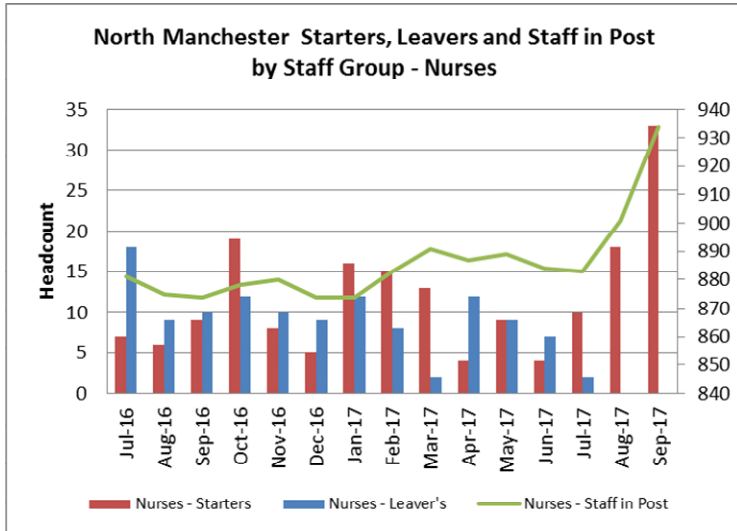
Workforce

Clinical Documentation/Coding



# Focus - Workforce

Progress made but gaps on medical and nursing staff remain. Material constraint on any capacity expansion. High reliance on locums remains vacancies at 10% and turnover 11%



# Culture and Engagement

- Some improvements but still much work to be done on improving culture and engagement
- Friends and family test responses and positive scores not yet seeing improvements needed except in maternity services which is positive
- Launch of **'1000 voices'** engagement programme with positive staff response
- Plans to engage with patients and public as part of co-design of future services

Enablers	Feelings	Scale				
		1	2	3	4	5
Trust 4.14	Focus 4.12↑	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Work Relationship 4.00	Dedication 4.20↑					
Clarity 3.80↑	Energy 3.65↑					
Resources 3.69↑	Behaviours	Scores on average positive compared to Trust overall				
Personal Development 3.61↑		Scores on average typical of Trust overall				
Influence 3.58↑	Discretionary Effort 4.21	Scores on average moderately lower compared to Trust overall				
Mindset 3.59↑	Persistence 4.17	Scores on average negative compared to Trust overall				
Perceived Fairness 3.48↑	Adaptability 3.97	↑ / ↓				
Recognition 3.38	Advocacy 3.74↑	The average score has significantly increased/decreased (+/- 0.2) since the previous quarter				

National Staff Survey - Highest/Lowest scoring (based on staff engagement questions)

Four highest scoring items				Four lowest scoring items			
Item	This group	Org norm	national	Item	This group	Org norm	national
2c Time often/always passes quickly when I am working	74%	75%	78%	21c Would recommend organisation as a place to work	44%	48%	58%
4b Able to make suggestions to improve the work of my team/dept	71%	70%	75%	21d If friend/relative needed treatment would be happy with standard of care provided by organisation	46%	52%	67%
4a Opportunities to show initiative frequent in my role	70%	69%	73%	4d Able to make improvements happen in my area of work	52%	51%	56%
2b Often/Always enthusiastic about my job	70%	71%	73%	2a Often/always look forward to going to work	53%	54%	58%

Positive finding in relation to the organisation norm (group scores significantly higher than org results)	Finding that is typical of the overall organisation results for this quarter	Negative finding in relation to the organisation norm (group results scored significantly lower than org results)
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## Vision for North Manchester General Hospital:

- Plan to integrate NMGH into new Manchester University NHS Foundation Trust (as part of Single Hospital Service) around 12-18 months after new Trust created.
- NM Strategy Board are progressing (with NE Sector colleagues) the future of NMGH.
- Integral role, benefiting from new integrated services and facilities to improve health and wellbeing of population.
- Building on existing expertise in community care, frailty, chronic disease and palliative care services, whilst also providing reliable and sustainable hospital services.



# Vision for North Manchester General Hospital:



*North Manchester General Hospital has a **strong, positive and vibrant future**. It has a **vitaly important role** to play in continuing to provide local hospital services to a population with complex health needs and will **continue to be connected firmly to its local community**.*



# Questions?