



# Annual Report and Summary Accounts 2012/13





Central Manchester University Hospitals NHS Foundation Trust  
Annual Report and Summary Accounts – 2012/13.

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## Mission Statement:

**The Trust aims to become the leading integrated health, teaching, research and innovation campus in the NHS and to position itself on an international basis alongside the major biomedical research centres, as part of the thriving city region of Manchester – with its strong emphasis on economic regeneration, science and enterprise.**

**We have three key organisational priorities, all of which we are committed to and working to improve:**

- 1) Patient safety and clinical quality.**
- 2) Patient and staff experience.**
- 3) Productivity and efficiency.**

# Message from the Chairman & Chief Executive



**W**elcome to our fifth annual report as a Foundation Trust. We would like to begin this report by thanking our staff for all their hard work and dedication over the year.

As a healthcare organisation we have three main priorities – Patient safety and clinical quality; Patient and staff experience and productivity and efficiency. These are always at the heart of everything we do.

We pride ourselves in ensuring that we deliver the best possible care and treatment to our patients not only as a local hospital but as a specialist centre in so many clinical fields.

This year we have seen an improvement in our NHS Staff Survey results. We were delighted to see that our overall staff engagement score had significantly increased and is now above average when compared to other acute Trusts.

The CQUIN (Commissioning for Quality and Innovation) framework is a national framework for quality improvement schemes. Some CQUIN schemes are set nationally, but most are agreed regionally or locally, allowing us to ensure that areas of work that are particularly important to our patients are included. We work closely with GPs and commissioners to ensure that the local CQUINs are of benefit and relevance to the patients we treat here.

In 2012/13 there were over 70 individual CQUIN schemes, split into a number of goals such as Harm Free Care, Dementia, VTE (blood clot) Prevention,

Patient Experience, Safeguarding, Public Health and Frail and Elderly care. We were delighted that we achieved an outstanding 96% of the schemes and in fact we are the only trust in the region delivering harm free care at patient level, above and beyond the targets set by CQUIN. Another example is that CQUINs has enabled us to increase the number of home hazard assessments for patients referred for fragility fractures to over 80%. CQUIN schemes enable us to really push forward on quality initiatives and we look forward to the new schemes set for 2013/14.

With regard to The New Health Deal for Trafford, the changes that are being proposed for hospital services in Trafford were the subject of an extensive public consultation last summer, and the Commissioners have now confirmed that they want us to implement the revised service model.

The changes are aimed at ensuring that the services provided in Trafford continue to be safe, high quality, and financially sustainable. The local authorities in Trafford and Manchester have asked the Secretary of State to review the proposals, and no changes will be implemented until after this review has been completed. Subject to the outcome of the Secretary of State's review, changes could be implemented later this year.

As an organisation we believe that research and innovation are at the heart of everything we do – from ensuring that our patients get high quality care to improving the efficiency and effectiveness of the way we work.



We bring together internationally renowned researchers and clinicians who take discoveries from the laboratory into our eight hospitals, community services and beyond. We are currently taking part in over 700 research studies.

We are proud to be a partner in the Manchester Academic Health Sciences Centre. Together with The University of Manchester and our local NHS partners we continue to work to bring benefits to patients through research, education and innovation.

Our Ward Accreditation Scheme which was a major project introduced last year to support patient experience has proved very successful. The ward accreditation scheme is the assessment and measurement of a set of locally determined criteria based on best practice and quality improvement demonstrated through a series of indicators and cross referenced with evidence such as complaints, incidents, culture, values and patient feedback. Wards are awarded either White, Bronze Silver or Gold standard based on the results. It has proved incredibly successful and we intend to develop this scheme further over the coming months.

We are lead sponsors of the Manchester Health Academy. This year students and staff there celebrated big improvements in GCSE results for the third year running since the Academy opened in September 2009.

The results were just the latest in a string of successes for the academy. The Academy has grown hugely in popularity and its reputation as a centre of excellence providing outstanding opportunities and support for students has meant that it has moved into a position within the top 10 most popular secondary schools in Manchester from the position of least popular occupied by the predecessor school.

As a Foundation Trust we are directly accountable to our members, local population, communities, partners and other organisations with whom we work. As a Member of the organisation, you have a real opportunity, through your elected representatives to shape our future.

It is important to remember that even in a publicly funded service such as ours, charitable funding needs to play a major part in our activities. A separate report is

**“We are indebted to our staff, without whom our achievements would not have been possible.”**

available which details all of our charitable activities and we would like to thank all our supporters who fundraise in so many different ways. Our charity events during the year have included The Great Manchester Run; Big T Break and Celebrity Grilling. May 2012 also saw the opening of a new £7.5 million Ronald McDonald House on site which provides accommodation for up to 60 families at a time supporting parents of children and babies at Royal Manchester Children’s and Saint Mary’s Hospitals.

There have been many more developments and achievements which are highlighted throughout the report. Our staff have celebrated a particularly successful year with many individuals and teams receiving national recognition via various recognised award schemes, which are also detailed in the Highlights section of this report.

News and up-dates throughout the year can be found on our website ([www.cmft.nhs.uk](http://www.cmft.nhs.uk)) and you can also follow us on Facebook and Twitter.



**Mike Deegan**  
Chief Executive



**Peter W Mount CBE**  
Chairman

# All about the organisation



**C**entral Manchester University Hospitals NHS Foundation Trust came into being on 1st January 2009 following a successful application to become a Foundation Trust.

Our Trust is located in Manchester, just two miles outside the city centre. It is the leading Trust for teaching, research and specialist services in the North West of England. We provide an extensive range of district general hospital services to the local population of 166,000 residents within central Manchester and tertiary and specialist services to patients from across the North West and beyond.

We are a centre of excellence for healthcare research with a long standing and extremely successful academic partnership with The University of Manchester. We collaborate closely with other NHS organisations in Greater Manchester and have strong links with institutions within Manchester such as the City Council and across the North West and beyond.

We are a large and very complex organisation. Cutting through all of this is, however, our continued focused attention on three themes, namely:

- Patient safety and clinical quality
- Patient and staff experience
- Productivity and efficiency

## We are made up of the following hospitals:

**Manchester Royal Eye Hospital (MREH)** was established in 1814 and today is one of the largest teaching eye hospitals in Europe and one of only two dedicated eye hospitals in the country. Globally acknowledged as a centre of excellence, the Eye Hospital is renowned for its pioneering work in all aspects of ophthalmology, including the Emergency Eye Centre; Acute Referral Centre; Ophthalmic Imaging; Ultrasound Unit; Electrodiagnosis; Laser Unit; Optometry; Orthoptics; Manchester Eye Bank; Ocular Prosthetics and the bionic eye implant trial.

**Manchester Royal Infirmary (MRI)** was founded in 1752 in a small 12-bedded house in the city centre. We are now a large teaching hospital and a specialist regional centre for kidney and pancreas transplants, cardiology and cardiothoracic surgery. We have boasted many medical breakthroughs, including; the first hospital in the UK to undertake 4,000 kidney transplants; the first to have undertaken 1,000 cochlear implants and more recently the first in the UK to use a standalone 3D system for prostate cancer surgery.

**Royal Manchester Children's Hospital (RMCH)** provides specialist healthcare services for children





and young people. We see 200,000 patients each year across a range of specialties including oncology, haematology, bone marrow transplant, burns, genetics, and orthopaedics. With 371 beds it is the largest single-site children's hospital in the UK.

**Saint Mary's Hospital (SMH)** was founded in 1790 and, over the years, has successfully developed a wide range of world class medical services for women and babies as well as a comprehensive Genetics Centre and an internationally recognised teaching and research portfolio. Our leading edge services are tailored both to meet the needs of the local population in Central Manchester and patients with complex medical conditions referred from other areas in the Greater Manchester conurbation, the North West and beyond.

**University Dental Hospital of Manchester (UDH)** is one of the major dental teaching hospitals in the UK, undertaking the training of postgraduate and undergraduate dental students, student dental nurses and hygienist therapists. In all, a dental team of around 300 staff work in the hospital.

**Trafford Hospitals:** From 1st April 2012 the three hospitals (Trafford General, Altrincham and Stretford Memorial) are now under the management of our organisation following a successful acquisition process. Services include general surgery and medicine; children's services; cardiology; orthopaedics; audiology;

elderly care; dermatology; respiratory; and ear, nose and throat.

We also manage around 45 community services including Adult Services like District Nursing, Continence and Podiatry for the central Manchester area, along with Children's services, Contraception and Sexual Health, Community Dentistry, and Learning Disabilities services for the whole of the city.

Due to the large size of the organisation, the Trust is managed by grouping together those departments who work closely. These are called Divisions and are as follows:

- Children's (RMCH)
- Clinical and Scientific Services
- Ophthalmic (MREH)
- Dental
- Medicine and Community Services
- Saint Mary's Hospital
- Specialist Medicine
- Surgical
- Trafford Hospitals (from 1st April 2012)
- Research & Innovation
- Corporate.

# Working with our Patients and Visitors



Trafford Hospital Receptionist Barbara McCormack greets a patient.

**A**chieving high quality care means empowering patients to make choices over their healthcare and giving them greater control over their health. Here we are investing in enhancing our relationships with patients and building lasting relationships. Quality needs to be understood from the patient's perspective.

Proactive engagement using patient-centred methodologies has been at the heart of our Patient Involvement approach and gives opportunity for patients to have a voice to ensure that care is respectful of and responsive to individual patient preferences, needs, and values.

For staff, however, seeing things through the patients' eyes is the best way to engage staff in reviewing and improving their services. As part of the work being undertaken by the Patient Experience and Quality Team, staff are being actively involved in facilitated patient experience review sessions to ensure that they can influence and be involved in an opportunity to develop patient care standards and ensuring that staff are 'living the values'.

**Here we look at some examples of how improvements have been made:**

## Changes to The Environment

In these challenging times, the NHS will have to change in order to meet demands and respond positively to the duty of quality and continuous improvement in services. In this context, excellence in physical environments is about meeting the needs and expectations of both our service users and our staff.

The Environment Changes projects have given patients the opportunity to identify some key areas for consideration in order to improve the environment on the wards and in the day rooms on existing wards both on the Central Manchester Hospitals and Trafford Hospital sites.

Following the engagement sessions on those wards, a comprehensive action plan is being developed to ensure that improvements are being made. The wards have already introduced a number of changes to their day rooms and their main corridors during the Environmental Changes projects, while further work is planned with patients

## The story of a patient whose first language isn't English

A non-English speaking patient was having difficulty communicating with staff in order to make simple day to day requests such as asking for a drink.

The senior nursing team in the Division of Surgery identified that they had a high number of patients with communication issues, including those due to surgery, and therefore agreed to undertake a pilot of a possible solution.

Following patient focus group work, seven key areas were identified and represented pictorially on the board – food/drink, call bell position, repositioning, pain medication, information, nothing needed, toilet/hygiene.

The board was used with all patients for intentional rounding (regular ward round sessions) in the first instance then continued with those who required the additional support.

From an equalities perspective all patients are able to have a say in the provision of basic care needs and to ask staff for any help required.

As a result of a pilot of the board for a three month period, an evaluation provided data to show that the board improved staff and patient experience, reduced the use of call bells across the Division, improved the communication score for the patient tracker and involved patients in their everyday care.



and staff on other wards as part of a wider Dementia Environment project and their everyday engagement activities. A popular outcome has been the introduction of two Rempods.

Reminiscence pods or rempods are pop up reminiscence rooms. Working as a form of reminiscence therapy, reminiscence pods aim to help to improve the mental well being of older people, especially those with dementia. They turn an empty room or empty space into an ambient setting in minutes. Pods aim to offer a naturally calming and therapeutic experience, especially for those with dementia, aiming to tap more easily into memories from their past.

## Improvements to the Midwifery-Led Unit

The Midwifery-Led Unit (MLU) on Ward 47 opened in November 2011. The team felt that they were working hard to ensure a quality driven service, however, following accreditation in July 2012 they were deemed to be a 'White' ward, so clearly action had to be taken.

On the day of the accreditation the meals process and administration of medication were highlighted as areas requiring improvement.

Staff received sessions from the Service Improvement Lead, the Deputy Director of Nursing and the Patient Experience and Quality Team.

The investment made at all levels in Improving Quality of Care for families accessing the MLU had the following outcomes:

- Improved patient satisfaction in specific areas of pain management and nutrition.
- Improved team understanding of processes, resulting in focused actions to improve specific areas and to monitor sustainability of improvements made.
- Family and friends test figure of 93.3%. The results of this friends and family test will be used to improve the experience of patients by providing timely feedback alongside other sources of patient feedback.

# Working with our patients and visitors

This is what some patients said:

*“I haven’t had to wait at all for pain relief, they just bring it straight away.”*

*“The staff are lovely, and they just come and help whenever I need it.”*

*“The food has been fine, and they always give you something else if you want it.”*

*“We have felt welcome and cared for, you are what it’s all about, you’ve all been great.”*

## More Activities for Rehabilitation Patients

Following the amalgamation of two wards into one (Ward 31), it was acknowledged that there was a need for staff and patient engagement work in order to continue to develop current practices within Ward 31 and improve patient experiences following a stroke.

The two disciplines of rehabilitation and acute care were brought together for the stroke unit on Ward 31. Staff and patients acknowledged that there were improvements that could be made so this project gave the opportunity for more detailed consideration of areas to improve.

Staff engagement sessions were held and areas for development were identified and issues around improving patient experience on the stroke unit were addressed with the team.

Several improvements have been implemented, including:

- Development of ward activities for patients during the week and weekends. Activities include: Weekly chair-based exercise sessions, upper limb exercise group, newspaper reading groups, shopping groups with the therapists and rehabilitation assistants.
- A breakfast group takes place each day with support of housekeeper and rehabilitation assistants.
- A music therapist visits the ward each week.
- Volunteers visit the ward each month to provide massage sessions.

## Working with Patients with Complex Needs

There is an acknowledged need to highlight the experiences of patients with complex needs and/or learning disabilities and their carers. Complaints and PALS data tells us that communication and information for this group of patients and carers can be poor and can lead to a reduced quality of experience.

The needs of these patients must be considered on an individual basis with consideration given to any additional needs or requirements for their experience and journey through our services.

Patient stories were filmed to capture the key issues and this film was then used at a staff engagement workshop which focused upon consulting with staff about improving the experience of patients with complex needs and their carers.

Staff were asked to propose how practice could be improved or changed in response to the issues that were raised and as a result of this session, we are able to feedback the following responses:

Staff Said	We Did
You wanted us to consider the current patient experience.	A further data collection was undertaken with patients and carers to compare their views with those of the staff and they were offered an opportunity to offer suggestions for improvement.
You wanted comments from the workshop to be fed back to colleagues/ staff.	A paper was presented at a Divisional Clinical Effectiveness Committee for discussion and action.
You suggested that there needs to be a joined up approach to service improvements as currently there are some work streams that should be linked.	The Complex Needs work is being linked into the Managing Long Term Conditions project and the Child with Medical Complexities project.



## Working with Patients With Long Term Conditions

There was a need within the Division of Surgery to review the care and support provided to patients and parents of children with long term conditions. This work has focused on enabling staff to develop the required skills to support patients and parents of children with long term conditions through the development of a policy incorporating a 'Partners in Care Compact Tool'.

There is a growing acceptance that patients, parents and carers with long term conditions are the experts in how they feel about living with a long term condition. The aim of the Partners in Care Compact Tool is to support partnership working with patients, parents and carers and to clarify what support they may require managing their long term condition whilst they are a patient within our hospitals.

The Compact Tool also supports members of the multi-disciplinary team along with patients, parents and carers to agree care regimes and to identify intentions to decline treatment, the reasons why and to ensure any associated risks with such actions are explained and understood by the patient or parent.

The benefits to the patients, parents and carers have been identified as:

- Increased satisfaction and improved patient/parents experience.
- Reduction in potential for harm and conflict
- Availability to utilise signposting efficiently
- Access to Expert Patient Group

### This is one patient's story:

**A 21 year old lady with a long term condition of multiple sclerosis was admitted onto Ward 10 under the Urology Team for pain due to bladder spasm.**

She displayed challenging behaviour toward the staff caring for her in that she was aggressive and verbally abusive, often shouting and swearing at staff and then going off the ward in anger. This made it very difficult for the staff caring for her.

We initially looked to our zero tolerance policy and considered utilising this. She had previously been refused treatment at another local hospital as a result of her behaviour.

However we decided to first try the Partners in Care Compact to try and engage with her.

On sitting down and talking with her it became apparent that she had a number of issues and was very angry and frustrated about the situation she was in, it was explained

to her that taking her anger out on the staff looking after her wasn't helping her to get the care she needed as staff felt threatened by her and that we needed to work together in order for her to move on and get the treatment she needed.

We completed the compact in partnership agreement which we both signed. During this patient's stay her experience improved as a result of this joint work and when she left for home she thanked the ward staff for their time, patience and understanding and said that she felt that she had been treated well and listened to.

# Working with our patients and visitors

## Brightening Up Wards

With the implementation of the Environment Changes project users have been encouraged to voice their opinions on how the environment on their wards can be improved. The project has also allowed us to be able to demonstrate that staff and families/carers have been provided with an opportunity to engage in meaningful communication with patients in an empowering way.

Working with the Dementia Project Lead, the Ward Managers and staff on Wards 45 and 46 and Medical Illustration, the Patient Experience & Quality Team visited those wards in order to gain feedback from users on how the hospital environment on those wards could be improved.

Mood boards were designed by our senior Graphic Designer, which were presented to patients on the wards. The patients took the opportunity to comment on the mood boards and indicate to staff what their preferences were in relation to images, themes and colours schemes.

The project focused on improvements that will make a difference to patient experience and small environmental improvements; the lovely wall vinyl along the corridor, the window vinyl (fireplace) and changes to the day rooms.

## Listening to Our Patients

Ward 32 provides multi-disciplinary care and support to patients with complex medical and rehabilitation needs. These patients are transferred from wards across the site and require on-going medical, orthopaedic and amputee rehabilitation.

It was felt that patient, carer and staff experience should be explored to allow for improvements to take place.

The project aimed to:

- Enable patients, carers and relatives to have their say on experiences within the ward
- Enable staff to have their say on the service provided
- Reduce the negative experiences within the ward service, take on board and reduce any complaints regarding the service

- Highlight areas of concerns, hot spots and trends
- Provide evidence in order to influence a patient-led service improvement plan where appropriate.

A number of very productive sessions were facilitated by the Patient Experience Team for patients and staff. Open and honest dialogue took place and each participant's contribution was acknowledged. Review reports from these sessions highlighted three key areas for development; Communication, Delivery of information, and Roles and Responsibilities.

These sessions were followed by a senior staff engagement session to enable senior staff management for Ward 32 to consider areas for improvement and develop a vision for the ward. This was to develop an area of excellence in rehabilitation with patients, staff, carers and relatives involved.

In the near future the views of carers and relatives are to be sought, and taken into account. This will complete the initial work of the project.

So far we have seen the following outcomes:

- This model of staff engagement experience is now cascaded to other wards.
- All staff on the ward have had the opportunity to take a step back, begin to review the vision statement and recognise that all have a role in fulfilling the vision for the ward.
- There has been a reduction of incidence and complaints. Staff are developing a 'no blame' culture where lessons are learned from any of the incidents submitted.
- Monthly meetings are now well established with management and staff.

## Expert Patients Programme

Together with the University Hospital of South Manchester we offer the Expert Patients Programme which is designed to support people with a chronic or long-term illness regain as much control over their physical and emotional well-being as possible. It compliments existing healthcare and treatment packages, empowering participants to be more



Ronald McDonald House (opened May 2012)



informed and better able to develop partnerships with their medical practitioners.

The evidence from national research into the effectiveness of the programme, and feedback from patients who have attended The Expert Patients Programme, has been:

- Greater confidence in dealing with health problems;
- Day to day living is not such a big deal;
- Feel more in control;
- Experience less pain and fatigue, depression and anxiety;
- Are more likely to continue with activity and relaxation techniques;
- GP and healthcare appointments have more positive outcomes and actions;
- Have better communication with health professionals; feel more confident discussing symptoms and medications with doctors and other healthcare professionals.

#### **Why does the Course work so well?**

Individuals with different conditions share many of the same problems, no matter what illness individuals live with it is often the consequences of that illness that are more problematic than the condition itself. When you can't do what you used to be able to and your family

and friends don't understand, anger, frustration, loss of job or mobility, depression and pain can so easily become a cycle of despair. Feedback from participants countrywide has been excellent and although this is something very new for the NHS it is something people want.

The course is structured but there is time for short discussions to help us learn from each other and gain support and encouragement.

#### **Here's what a couple of participants have said:**

*"We found it very enlightening and uplifting in ways that we help ourselves with our long-term illness. We looked forward to coming each week to meet other people with similar problems. We can now use the book to help ourselves with life. We would recommend that anyone with any long-term illness join the course, we have enjoyed ourselves."*

*"I couldn't believe a six week course could change my life, give me back my independence, reduce my pain and help me become more active in my treatment, for the first time in 15 years I have control over my depression, not the other way round."*

# Equality, Diversity and Human Rights



*Nursing Uniform launch at Trafford General Hospital December 2012*

## Governance and Mainstreaming Equality and Diversity

In 2012/13 we have continued to work towards mainstreaming equality and diversity and human rights issues into our everyday work throughout the organisation.

We have continued work to implement our strategic objectives outlined in our Equality, Diversity and Human Rights Framework:

- Ensuring that our internal practices and performance are surpassing compliance with equality legislative requirements, Human Rights legislation and regulatory guidance.
- Ensuring all policies, procedures and services are free from direct and indirect discrimination.
- Continuing to embed equality and diversity in everything that we do.
- Adapting our services to meet the identified needs of our patients, service users and the wider community.
- Working with our main contractors and suppliers to ensure the ethos and values regarding equality and diversity are embedded within our workforce.

## Equality Delivery System

The Equality Delivery System (EDS) is an NHS Toolkit designed to support NHS bodies to improve their equality and diversity outcomes. We agreed to use EDS during 2012. Since then, we have been working towards assessing our performance in relation to the four EDS goals related to:

- Better health outcomes for all.
- Improved patient access and experience.
- Empowered, engaged and well supported staff.
- Inclusive leadership at all levels.

We will complete our assessment against the EDS goals and outcomes during 2013.

## Equality Implementation Group

We have established the Equality Implementation Group (EIG) in 2012 to oversee the equality, diversity and human rights work. The creation of the EIG will help maintain robust governance arrangements for equalities work. It is chaired by a Director and its membership includes a Non-executive Director, senior managers from across the organisation, equality and diversity specialists and staff representatives. The EIG meets several times

a year and reports to the Board of Directors via the Quality and Human Resources Committees.

## Publication of Equality Information

January 2013 saw the publishing of our current equality information as the organisation is required to do under the Equality Act (2010). Equality information in relation to the composition of the workforce and patients was published. Other information on key equality and diversity activity was also published on our website. Further information will be added throughout the year.

## Equality Impact Assessment

We continue to complete Equality Impact Assessments for all our new and updated policies. The completion of an Equality Impact Assessment ensures that a policy supports the advancement of equality and ensures that policies do not unlawfully discriminate against any protected groups (under the Equality Act 2010).

## Supporting the Clinical Divisions

The Service Equality Team (SET) is responsible for supporting the Clinical Divisions on equality, diversity and human rights issues. SET supports the divisions by working with each division's Equality and Diversity Co-ordinator. During the last 12 months the team has:

- Developed a role description for Equality and Diversity Co-ordinators to support them to fulfil this role whilst carrying out their day-to-day role.
- Provided training to support the Co-ordinators to carry out their role.
- Met on a regular basis with Co-ordinators to support divisions in making progress on their equality and diversity work.

## Patient Profiling

Patient Profiling is the process of understanding who uses our services and how, in terms of diversity. We published our Annual Patient Profile in 2012. It identified that our patients come from very diverse backgrounds.

The Service Equality Team organised a number of workshops with the clinical divisions to support them to use their profiling data to improve:

- Access to services for people from diverse backgrounds.
- Patient experience.
- Outcomes for patients.

The workshops were well received and we will make additional use of the patient profiling data that we collect.

## Raising the Profile of Equality, Diversity and Human Rights

The Service Equality Team has undertaken a number of activities to raise the profile of the equality and human rights issues amongst staff and service users.

## Our Diversity Calendar

We published our second diversity calendar in 2013. The calendar contained:

- Notable diversity dates and events.
- Religious festival information.

This year's also had new features such as:

- Equality and diversity heroes.
- Equality quotes.

The calendar was very well received and proved to be extremely popular amongst staff.

## Equality and Diversity Events

The Service Equality Team organised and supported a number of events to raise the profile of diversity issues. The activities organised also provide learning opportunities:

- **Manchester Pride**

We participated in Manchester (Lesbian, Gay, Bisexual and Transgender) Pride. Pride is an annual celebration of LGBT life. Staff took part both in the parade and staffed the NHS Expo Stand throughout the weekend. This was the second year we had participated in Pride to show its support for LGBT equality both in employment and service delivery.

# Equality, Diversity and Human Rights

- **Black History Month**

During October we supported Black History Month by displaying the NHS North West's Black and Ethnic Timeline. The Timeline celebrates the contributions that Black and Ethnic Minority people made to the first 60 years of the NHS in the North West.

- **World Aids Day**

SET and Sexual Health Centre organised a World Aids Day stand in the Manchester Royal Infirmary. The stand provided information on HIV and AIDS. The stand was very popular and had nearly 100 visitors during the day.

- **Lesbian, Gay, Bisexual and Transgender History Month**

In February we displayed the NHS North West Lesbian, Gay, Bisexual and Transgender (LGBT) Timeline. The Timeline researched the history, inequality and discrimination LGBT have faced and celebrates their achievements.

- **International Woman's Day**

SET developed a short timeline of Women's equality to celebrate International Women's Day in March 2013. SET staffed a stall on the day displaying the timeline and other information on Women's equality.

## **Equality and Diversity Training**

Equality and Diversity training has continued to be a central part of the organisation's work in this area.

- **Corporate Induction and Mandatory Training**

All staff receive equality and diversity training on a yearly basis. For new staff training is included in their corporate induction. For existing staff it is part of their annual mandatory training. SET updated the equality and diversity elements for both corporate induction and mandatory training.

- **Equality Impact Assessment Training**

SET continued to provide Equality Impact Assessment training for staff completing them.

- **Equality and Diversity Training for Governors**

SET contributed to the annual patient experience and equality and diversity workshop for our Governors. The workshop was well received. This workshop was followed-up by a workshop on how to mainstream equality and diversity, for the Chairs of the Governor Working Groups. This workshop was extremely well received and will be followed up during 2013.



Lead Nurse for Eye and Dental Hospitals Anne Stanton at the Nursing and Midwifery Strategy Launch



# Working with our Staff



Some of the 'Highly Commended' winners at the 'We're Proud of You' Awards

## Equality and Diversity in Employment

Ensuring robust and high quality equality practice within employment is led by the HR Directorate. The Directorate has an on-going programme of work which aims to ensure that equality is central to our day to day activities and the agenda falls across all areas of the Directorate – Recruitment, Workforce Planning, Training, Occupational Health and Safety and the day to day management of staff. Our work programme for equality in employment is comprehensive and is integrated into the overall strategic equality objectives for the organisation.

This year we have appointed Mr Steve Mycio, Non-executive Director as an Equality Champion for the Trust. As champion his role is to take a proactive role at Board level in promoting equality and diversity, ensuring an interest in equality and diversity issues develops whilst acting as a critical friend to those with responsibility for delivery.

The previous 12 months have been a productive year for the Directorate and we have delivered the following:

## Equality Implementation Group

An Equality Implementation Group has been established as a governance framework for the leadership and direction of the equality and diversity agenda. The remit of the Group is to advise the Board on all matters concerning the statutory obligations and key priorities in relation to equality and diversity and human rights.

The Group is chaired by David Cain, Director of Regeneration and Charities and Steve Mycio, Non-executive Director – Equality Champion attends. The full membership of the Group is representative of service equality, HR, Divisional and Corporate functions and includes a staff-side representative and representatives of the equality staff networks.

## Equality & Diversity Employment Policy Framework

The employment policy framework is designed to reflect the employment law provisions in relation to discrimination and this is reflected in a range of specific equality based policies:

- Equality & Diversity in Employment
- Disability Policy
- Special Leave Policy



- Flexible Working, Maternity & Adoption Leave
- Dignity at Work Policy

We also have guidance notes for managers on the observation of religious duties and managing staff with a disability.

All new and revised employment policies undergo an Equality Impact Assessment to ensure that there is no adverse impact on any of the equality groups. All policies are under regular review to ensure they fit with best practice, legal requirements and overall compliance.

### **Equality & Diversity Training for Staff**

Equality and Diversity training is provided as part of the Corporate Induction Programme and the annual Mandatory Training Scheme for all staff. In addition, an Equality and Diversity Workshop for line managers to increase their knowledge and skill around Equality in Employment is delivered bi-monthly and this year was attended by over 70 line managers. Equality based recruitment and selection training has also been delivered to over 100 recruiting managers.

### **Equality Networks**

We have developed and support three staff networks (Black and Minority Ethnic (BME), Disability and Lesbian, Gay, Bisexual and Transgender (LGBT)) whose aim is to support staff from different equality groups and to enable us to gain a better understanding of issues faced by staff in the workplace.

Over the last 12 months the networks have contributed to policy development and been involved in wider equality initiatives. By including the networks in our equality governance mechanisms, they act as a valuable forum for discussing appropriate issues of mutual interest with staff from equality groups, contribute to policy development in relation to employment and contribute to staff development. Each network chair now sits on the Equality Implementation Group to give the networks a role in the decision-making process. We are also working with the staff networks to promote their role and capacity to be an effective voice for their members.

### **Manchester Equalities Consortium**

We have commissioned professional and expert equality and diversity consultancy service to provide specialist advice on the development and delivery of a comprehensive work programme covering both employment and service delivery. This will support us in ensuring we meet our statutory and professional responsibilities in relation to the operating infrastructure for equality and diversity. Key priorities for the contract are:

- Delivering and Monitoring Compliance with the Public Sector Equality Duty.
- Offering guidance on the local implementation and delivery of the NHS Equality Delivery System.
- Establishing a robust communication strategy that is supportive of equality and diversity.
- Supporting the Board of Directors on the development of their approach to equality leadership.
- Providing professional advice for the delivery of a robust Governance Framework for equality.
- Working with staff across all functions and specialties to identify and develop Equality & Diversity Champions.
- Contributing to a comprehensive equality training review.
- Supporting the on-going development of Equality Staff Networks.

### **Workforce Profile**

We published an annual workforce profile for 2011/12 which supports the assessment of the impact of our employment policies and procedures. In 2011 we audited recruitment practice based on ethnicity in a sample area of the organisation and as result we now anonymise the application forms in the initial stages of selection and have committed to undertake sample recruitment audits on an annual basis. In 2012, we also reviewed possible issues in relation to the ratio of BME staff who receive warnings and dismissals to ensure that no discrimination was taking place in the application of employment policies and procedures.

# Working with our Staff

## Workforce Statistics 2012/13

	Staff 2012/13	%	Staff 2011/12	%
<b>Age</b>				
0-16	0	0%	0	0%
17-21	130	1%	100	1%
22+	11750	99%	9847	99%
<b>Ethnicity</b>				
White	9338	79%	8039	81%
Mixed	213	2%	192	2%
Asian or Asian British	926	8%	837	8%
Black or Black British	371	3%	306	3%
Other	148	1%	121	1%
Not Stated	884	7%	452	5%
<b>Gender</b>				
Male	2281	19%	1842	19%
Female	9599	81%	8105	81%
Not Stated	-	-	-	-
Recorded Disability	229	2%	187	2%

\* Sodexo staff are not included in the numbers in the table.

### Summary of Workforce Statistics 2012/13

- There continues to be no significant change to the age profile of the workforce with 99% of our workforce aged 22+.
- Approximately 4/5 of our workforce is White. 14% are from a Black and Minority Ethnic (BME) background which is slightly lower than 2010/11. 7% of the staff have not stated their ethnicity.
- The percentage split between male and female staff has stayed the same over the last two years.
- 2% of our staff have recorded a disability and this has doubled since the last report. However, this data does not truly reflect the number of disabled staff within the organisation as staff do not have to disclose this information.

### Employee Health and Wellbeing

We are fully committed to the health and wellbeing of our employees. As a health service, health and wellbeing applies as much to our employees as it does to our patients, their carers and the local population and we want to do as much as we can to support our employees to enable them to be at their best, be energised, be

motivated and committed to their work and to reach their full potential.

Our 'Employee Wellbeing Strategy' brings together the multiple strands of on-going work that are addressing and improving the health and wellbeing of employees. Commitment to support staff is demonstrated through our 'People Strategy' and these two strategies are closely linked to provide a working environment that will enable employees to meet their full potential both in and out of the workplace, which in turn has a positive impact upon patient care.

We have demonstrated our commitment to supporting our staff through a range of methods such as the availability of dedicated staff counselling support services, Occupational Health & Safety services, and access to staff physiotherapy, plus a number of other initiatives including:

- Investors In People programmes
- Improving Working Lives programme
- Programme of health and wellbeing campaigns
- Spiritual and pastoral care through the Hospital Chaplaincy service

- Preventive interventions e.g. stress risk assessments and facilitated team working
- Coaching and guidance for managers concerning psychological support
- Mediation for teams undertaking complex work or dealing with distressing incidents
- Training and communication about workplace stress and handling conflict
- Staff Benefits and Incentives
- Staff Recognition schemes

We have further demonstrated our commitment to delivering improved health and wellbeing to our employees by signing up to the following NHS Responsibility Deal pledges:

**H1 Chronic Conditions Guide** – embedding the principles of the chronic conditions guides within HR procedures to support reasonable flexibilities and workplace adjustments.

**H2 Occupational Health Standards** - Compliance with SEQOHS (Safe Effective Quality Occupational Health Service) occupational health standards accreditation.

**H3 Health and Wellbeing Report** - publication of health and wellbeing annual reports.

A dedicated Governors' Staff Health & Wellbeing group oversees and provides support to this strategy which will be reviewed each year to ensure it continues to address the changing working environment and an Annual Health and Wellbeing Work Plan will be developed to deliver the strategy aims.

## Supported Traineeships

The Supported Traineeships Programme is an example of our on-going commitment to move beyond compliance with Equality and Diversity legislation and become a leading exemplar employer of disabled talent.



The programme is now in its third year and continues to deliver a 12 month employment focused education programme for young local people with disabilities. The programme has an onsite classroom and we deliver this in partnership with The Manchester College and Pure Innovations Limited.

Three exciting and varied placements are offered to the Trainees throughout the course and the HR project team work hard to match the unique skills of the students with the right paid opportunities throughout the programme. The outcomes are hugely positive not just in terms of paid work for the trainees, but on the increased capacity of the Trust to recruit from a previously untapped talent pool.

Six of the 'graduates' from 2010/11 and five from the 2011/12 cohort have gained paid employment between 16 and 35 hours per week either directly within the Trust, with Sodexo, or with other employers. The roles taken up in 2011/12 included Clerical Assistants in Manchester Royal Eye Hospital and in Genetic Medicine and Catering Assistants with Sodexo.

External recognition for some of the amazing achievements of the trainees was recognised in the NHS Adult Learners Awards 2012 in the 'First Steps to Employment' category.

# Working with our Staff

We are committed to continue this work in the long term and to provide meaningful employment, education and training outcomes for talented young people with disabilities.

## Staff Survey

This year all staff were offered the chance to complete their survey online or via the traditional paper form and a vast improvement was seen in the overall response rate with an increase to 46%.

Over the last 12 months, several initiatives have been rolled out in an attempt to address key staff concerns such as confidentiality as well as providing additional ways throughout the year for staff to feedback their opinions through the 'Voices' staff engagement and involvement programme. Many actions have been taken as a direct result of staff suggestions and the

programme has shown very positive results in terms of the staff engagement score, placing us above average for all acute trusts.

Work on 'Voices' and communication of the staff survey results and subsequent actions will continue over the next 12 months.

## Summary of performance - NHS staff survey

The response rate for the census results in 2012 has improved dramatically from last year.

The vast majority of results are also shown to be positive, with large improvements in communication between staff and senior managers and high scores for staff feeling their role makes a difference to patients and service users. The following table details our best and worst scores when compared to other acute trusts.

## Sample Data

Top 5 Ranking Scores 2012	2011/2012		2012/2013		Trust Improvement or Deterioration
	Trust	National	Trust	National	
<b>KF17.</b> Percentage of staff experiencing physical violence from staff in last 12 months <i>(the lower the score the better)</i>	2%	1%	1%	3%	Not comparable from 2011 to 2012
<b>KF18.</b> Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months <i>(the lower the score the better)</i>	14%	15%	22%	30%	Not comparable from 2011 to 2012
<b>KF16.</b> Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months <i>(the lower the score the better)</i>	7%	8%	9%	15%	Not comparable from 2011 to 2012
<b>KF19.</b> Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months <i>(the lower the score the better)</i>	17%	16%	19%	24%	Not comparable from 2011 to 2012

Top 5 Ranking Scores 2012	2011/2012		2012/2013		Trust Improvement or Deterioration
	Trust	National	Trust	National	
<b>KF14:</b> Percentage of staff reporting errors, near misses or incidents witnessed in the last month <i>(the higher the score the better)</i>	99%	96%	94%	90%	Deterioration 5%

Bottom 5 Ranking Scores 2012	2011/2012		2012/2013		Trust Improvement or Deterioration
	Trust	National	Trust	National	
<b>KF2:</b> Percentage of staff agreeing that their role makes a difference to patients <i>(the higher the score the better)</i>	87%	90%	87%	89%	No Change
<b>KF12:</b> Percentage of staff saying hand washing materials are always available <i>(the higher the score the better)</i>	48%	66%	50%	60%	Improvement +2%
<b>KF6:</b> Percentage of staff receiving job-relevant training, learning or development in last 12 months <i>(the higher the score the better)</i>	80%	78%	78%	81%	Not comparable from 2011 to 2012
<b>KF1:</b> Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver <i>(the higher the score the better)</i>	66%	74%	77%	78%	Improvement +11%
<b>KF28:</b> Percentage of staff experiencing discrimination at work in last 12 months <i>(the higher the score the better)</i>	14%	13%	11%	11%	Improvement -3%

Please note that whilst 5 of the listed Key Findings existed in both 2011 and 2012 they cannot be compared directly across the years. This is the result of changes to the individual questions within each Key Finding implemented by the Department of Health.

## Review of Tax Arrangements

**Off-payroll engagements at a cost of over £58,200 per annum that were in place as of 31st January 2012**

	NHS Foundation Trust
No. In place on 31st January 2012	9
Of which :	
No. that have since come onto the Organisation's payroll	2
Of which :	
No. that have since been re-negotiated/re-engaged to include contractual clauses allowing the (department) to seek assurance as to their tax obligations	1
No. that have not been successfully re-negotiated, and therefore continue without contractual clauses allowing the (department) to seek assurance as to their tax obligations	5
No. that have come to an end	1

Of the 5 off-payroll engagements, the Trust is in the process of re-negotiating their individual contracts to ensure compliance with their tax obligations. The Trust has developed appropriate systems and processes to ensure all future payroll engagements are captured.

**All new off-payroll engagements between 23rd August 2012 and 31st March 2013, for more than £220 per day and more than 6 months**

	NHS Foundation Trust
No. of new engagements	0
Of which:	
No. of new engagements which include contractual clauses giving the department the right to request assurance in relation to income tax and National Insurance obligations	N/A
Of which:	
No. for whom assurance has been accepted and received	N/A
No. for whom assurance has been accepted and not received	N/A
No. that have been terminated as a result of assurance not being received	N/A





# Carbon Reduction/Sustainability

**W**e remain committed to reducing energy consumption and carbon emissions in line with local and national targets. The first milestone is a 10% saving on carbon emissions by 2015. We are working closely with partners at Corridor Manchester, Catalyst and Sodexo to accelerate the work on carbon reduction. Our Chairman, Mr Peter Mount, has now taken on the role of Sustainability Lead for the organisation and we are in the process of recruiting a Sustainability & Energy Manager.

**Carbon Reduction:** We were again ranked below the mid-point in the national league tables. The most significant investment in carbon reduction over the past 12 months has been the implementation of a remote monitoring system for utilities usage across the site. This will provide consumption data at a ward and department level and enable areas of excessive consumption to be targeted.

There are over 90 nominated Green Champions across the organisation to support energy saving initiatives and effect a change in culture. These include representatives from the Trafford Hospitals, Catalyst and Sodexo. Energy saving campaigns, staff engagement and training have continued throughout the year.

**Waste Management:** Our domestic waste is sent to a Recycling Facility, where 100% is now diverted from landfill. Over 99% is recycled and the remainder is used as fuel to generate electricity. Over the last 12 months the amount of food waste from kitchens has fallen by over 50%. Food waste is taken to an anaerobic digester where the emitted gases are captured and used to drive turbines to generate electricity to the national Grid. The residual solid waste is used as a fertiliser/soil conditioner on farmland.

In November 2012, Sodexo were awarded Sustainable Facilities Management Performance of the Year by the Chartered Institution of Waste Management for the work they had done in partnership with us in reducing waste.

**Procurement:** The activities associated with procurement account for 60% of the carbon emissions within the NHS. Our Procurement Department continues to support and lead a number of initiatives in response to the Sustainability challenge. These include: Reducing the number and cost of printing/copying devices, along with the greater use of integrated printing solutions; the use of remanufactured ink cartridges; and reducing direct deliveries from suppliers and encouraging where possible the use of goods consolidators such as NHS Supply Chain.

**Sustainable Travel:** We continue to play an active part in the development of the Oxford Road Corridor and the improvement in public transport access to the central hospitals sites. The state-of-the-art hybrid buses on the 147 route which runs through the main hospitals site use an electric/diesel hybrid engine and use approximately 30% less fuel and produce around 35% less CO<sub>2</sub> than diesel engine vehicles.

Security of the existing cycle shelters has been improved and new cyclist changing facilities will be completed in Summer 2013. The forthcoming extension to the Grafton Street multi-storey car park will include a cycle hub with showers, changing rooms and secure bicycle storage.



# Infection Prevention and Control

**I**nfection prevention and control remains a high priority for our organisation and we are very proud of our achievements in improving the safety and quality of the patient journey.

We have a robust and highly experienced infection prevention and control team including specialist doctors and nurses. The infection prevention and control nurses are responsible for their individual caseload of patients and are highly visible on the wards providing support and advice to staff and patients in the clinical area.

We are very proud of our consistent year on year reduction in the number of incidents of MRSA bacteraemia. Unfortunately, it is extremely disappointing to report that this year there have been ten incidents of MRSA bacteraemia amongst eight patients.

Each incident was rigorously investigated by a multi-disciplinary team and further actions put in place to prevent the infection for example:

## The Six Golden Rules for Hand Hygiene Pledge

The Division of Surgery and Infection Prevention and Control Team identified the six most important occasions when staff must clean their hands.

The Six Golden Rules for Hand Hygiene were incorporated into a poster and all the staff in the Division were asked to sign a pledge to commit to adhering to these rules.

This initiative has now been adopted by other divisions across the organisation.

## Key Achievements This Year

*Clostridium difficile* Infection (CDI) - We achieved an 11% reduction in our *Clostridium difficile* cases for last year. The number of incidents of CDI across the Trust was 74 against the Healthcare Associated Infection (HCAI) objective of 77.

Patient focus groups have been held involving patients who had been nursed in isolation for infection control purposes. This feedback has helped us to improve our understanding of what it is like to be a patient in isolation and will help us to improve our written and verbal communication to patients and staff in the future.

All staff who undertake invasive clinical procedures on our patients such as, inserting and handling intravenous devices, are trained in Aseptic Non Touch Technique (ANTT) and competency assessed for example, this year this included 438 junior doctors who started within the organisation.

We monitored practice by measuring the incidence of blood culture contamination rates and achieved a rate of 3%. (There is no national UK 'standard' for contamination rates, however, the American Society for Microbiology suggest rates should be 3% or below, aiming for zero.)

Vaccinating frontline health care staff against flu provides protection to staff and therefore indirectly to our patients. The regional target set by the Director of Public Health for flu vaccination amongst frontline health care staff in the acute trusts was 70%. This year we achieved 72% uptake. This was achieved through the hard work of all the staff vaccinators in the divisions.

We continued the challenge to reduce the number of incidents of multi-resistant coliforms working with local and national agencies. Over the past six months we have experienced some success as there has been a decline in the number of clinical isolates (a sample taken from a clinical site such as a wound) identified from patients.



# Research and Innovation

Staff collecting the 'Clinical Research Site of the Year' Award



**R**esearch and innovation is at the heart of everything we do – from ensuring that our patients get high quality care to improving the efficiency and effectiveness of the way we work.

Our organisation brings together internationally renowned researchers and clinicians who take discoveries from the laboratory into our eight hospitals, community services and beyond. Our goal is improving health through science.

## Excellence in research

We believe that collaboration is key to understanding and solving the growing health needs of our population, and we work closely with partners in universities, industry and research charities. Together with The University of Manchester we run the Manchester Biomedical Research centre (BRC), which translates innovative science into new methods of diagnosis and treatment for our patients. We are also a founding partner of the Manchester Academic Health Science Centre, which supports the work of medical researchers across the city.

## Investment in facilities

To support the BRC, we have spent £22 million over the past four years on delivering an environment where scientists, clinicians, patients, industry and the public can collaborate to improve healthcare. With help from our charity, we have pledged to invest a further £20 million into research over the next five years.

A highlight of the past year has been the installation of a £1.2 million state-of-the-art 3T MRI scanner. By offering higher resolution and better quality images than its predecessor, the new scanner will make a significant difference across many areas of research including musculoskeletal, cardiac and brain studies.

## Making a difference to patients

All our research is driven by the need to deliver the best healthcare to patients locally and globally. We work across a number of priority areas where we have an outstanding reputation for clinical and academic expertise. These areas are: Cardiovascular; Endocrinology and Diabetes; Musculoskeletal Medicine; Audiology; Special Senses (sight); Women's Health; Genetics; Paediatrics and Child Health.

## Improving our research figures (April 2012–March 2013)

### Over the past year:

<b>15,789 patients</b>	recruited to participate into research studies taking place within the Trust
<b>772 research studies</b>	facilitated – ranging from complex cutting edge experimental drug regimes to patient focus groups
<b>236 new studies</b>	ethics approved with improved overall set-up times measured by our key performance indicators
<b>118 new external researchers</b>	enabled to conduct research in our organisation via Research Passports
<b>£13.9 million</b>	in external research funding awarded to our researchers

Patients across our hospitals are benefiting from taking part in a wide range of research studies and trials, including:

- A new method of assessing whether patients arriving at A&E with chest pains have suffered a heart attack. Being able to more effectively diagnose heart attacks could avoid the costs and inconvenience associated with unnecessary admissions.
- Studies to try to prevent premature births and stillbirths by detecting at an earlier stage of pregnancy that babies are failing to grow properly in the womb.
- Testing of an enzyme replacement therapy for children with Morquio disease, a life-limiting genetic condition.
- The trial of a new radiotherapy treatment as an alternative to regular injections to help patients with the eye condition wet age-related macular degeneration.
- A national study of surgical alternatives to hysterectomy for women who have benign tumours in the womb, known as fibroids.
- A study of the relatives of people with rheumatoid arthritis which aims to develop a method of

predicting those most at risk and find ways to reduce the likelihood of the disease developing.

### Contributing to our community

Patients are not the only beneficiaries of the research excellence we are delivering. The biomedical sector is incredibly important to Manchester's economy and our standing in both the UK and the world. It contributes £1.61 billion to the UK economy and the number of people employed in Manchester's medical technology and healthcare sector has grown by 17% in the last two years.

One way we are strengthening our research infrastructure, is through the transformation of the former Royal Eye Hospital into Citylabs ([www.citylabs.co.uk](http://www.citylabs.co.uk)) – an on-site, state-of-the-art, flexible office space and laboratories for biomedical companies. The development, on the Manchester Corridor and at the heart of the city's knowledge economy, is a partnership between: Central Manchester University Hospitals NHS Foundation Trust; Bruntwood; Manchester Science Parks; Manchester City Council; and Corridor Manchester. Supported by the European Regional Development Fund, Citylabs is due to open Spring 2014 and will be home to ICON Development Solutions Plc, TRUSTECH®, Manchester College and the Trust's charity office.

# Research and Innovation

The MEDTECH Centre ([www.medtechcentre.co.uk](http://www.medtechcentre.co.uk)), accommodation and support for innovators developing new medical technologies at Manchester Science Parks, has affirmed the value of Manchester Corridor as a location for biomedical companies. The MEDTECH Centre was set up three years ago, by Manchester Science Parks, the Trust and TRUSTECH, and has already successfully supported the growth of several NHS-inspired companies looking to expand and relocate into Citylabs or Manchester Science Parks.

## Encouraging the next generation of researchers

We are dedicated to developing the next generation of researchers, supporting Manchester's drive to be a leading centre for healthcare. In 2012, we awarded five Manchester Biomedical Research Centre Global Scholarships (worth a total of £65,000), to enable young researchers to study new technologies/ techniques at an international host institution of their choice and bring what they learn back to the UK.

## Supporting early stage research

Thanks to the generous support of our Charity, researchers with good ideas who need early stage funding have been awarded a total of £500,000 in pump-priming grants over the past 12 months.

### Grants were given to:

- Dr Tariq Aslam to carry out a feasibility study into developing a device which patients with macular degeneration can use at home to monitor their condition;
- Professor Brian Bigger to develop stem cell gene therapy for Sanfilippo disease;
- Professor Jonathon Green to conduct an early phase trial of statin treatment for autism in young children with the genetic condition neurofibromatosis (NF1);
- Professor Kevin Munro for a project involving early intervention for babies with permanent childhood hearing impairment.



## Looking ahead

“We have a strong track record of delivering patient benefit through the work of our doctors, researchers and scientists. Our ongoing mission is to translate world-class scientific discoveries into treatment and care that will help people live longer and healthier lives.”

**Professor Colin Sibley**

Head of the Research and Innovation Division





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*Citylabs artist impression (due to open Spring 2014)*

**“The Citylabs innovation centre, based on the hospital campus, will be the best place in the UK for health companies to work with the NHS to develop new treatments and diagnostics for patients.”**

Keith Chantler  
Director of Innovation

# Highlights and Developments

## **£11 million cleft research study will have global impact**

The largest ever research programme into cleft lip and palate will bring huge potential benefit to patients around the world.

Cleft is one of the most common congenital abnormalities in the world, affecting 1,200 children born in the UK every year, but little is known about its causes, with opinion divided on best treatments.

The £11 million, five-year programme - called The Cleft Collective - is the single biggest investment in cleft research anywhere in the world and will draw on expertise from across the UK. The Healing Foundation charity will be providing £5 million towards the project, with additional funding coming from university and NHS partners.

The Universities of Manchester and Bristol will lead the programme, in partnership with ourselves the NIHR Medicines for Children Research Network Clinical Trials Unit at the University of Liverpool and the University of the West of England.

*(April 2012)*

## **Cardiac patients at Manchester Royal Infirmary become first in the UK to benefit from new technology**

The cardiac team at the Manchester Heart Centre have successfully implanted the first Implantable Cardiac Defibrillator (ICD) that can be used with Magnetic Resonance Imaging (MRI) scans. MRI uses strong magnets, radio waves and computers to take very detailed pictures of internal organs which are widely used in the management of medical conditions including cancer and joint problems. Previously, patients with implantable devices such as pacemakers and ICDs were unable to have MRI scans because of potential damage to the heart and device so that doctors were forced to use much less detailed scans to investigate patients.

*(April 2012)*



## **Surgeons at Manchester Royal Infirmary first in the country to use first standalone 3D system for prostate cancer surgery**

Surgeons at the Manchester Royal Infirmary (MRI) have become the first to use 3D technology in what is hoped to be the first of many operations using this technique. A 62 year old male has undergone a 3D hand-held robotically assisted laparoscopic radical prostatectomy; meaning the prostate which contains a small cancer will be completely removed. However, for the first time in the UK, handheld robot technology has been used in conjunction with 3D technology.

*(April 2012)*

## **Trafford Hospitals - A New Start**

The acquisition of Trafford Healthcare NHS Trust (THT) by Central Manchester University Hospitals NHS Foundation Trust is now complete.

The Trafford Hospitals will now be managed as a Division within the organisation - the same way that the various hospitals which fall under our Trust are managed.

*(April 2012)*

## **New Hydrotherapy Pool Opens with a Splash!**

Pete Constanti, Chairman of Thomas Cook Children's Charity, Coronation Street star Antony Cotton and children's hospital patron Julie Neville officially opened the newly refurbished hydrotherapy unit (undertaken by LIME) at Royal Manchester Children's Hospital on 4th May.

Thomas Cook Children's Charity kindly donated £150,000 to our Charity to help make a difference to patients by making the hydrotherapy unit at the hospital more child friendly and welcoming.

**(May 2012)**



## **Surgery boost for children with drug-resistant epilepsy**

Children with drug-resistant epilepsy across England will benefit from a major expansion of specialist brain surgery and assessment.

Epilepsy is a tendency to have recurrent seizures and affects around 600,000 people in the UK. However, approximately one third of patients do not respond to medication, continuing to experience seizures. For a proportion of this group brain surgery can be highly effective, leading to seizure freedom in up to 80 per cent of cases.

The announcement to expand specialist brain surgery and assessment for children with epilepsy follows review of children's neurological services. During the review, clinical evidence emerged which suggested that there are significant advantages for performing early epilepsy surgery during the first five years of life.

**(May 2012)**

## **Remember the Person**

During Dementia Awareness Week we held a series of events at Manchester Royal Infirmary to raise awareness about the condition, which affects 750,000 people in the UK, 16,000 of whom are below the age of 65.

The theme of the week was Remember the Person, which encouraged people to be a friend to someone with dementia.

**(May 2012)**

## **Raising Awareness of Neurofibromatosis**

On 17th May the Neurofibromatosis (NF) team celebrated the first International NF day. The Neurofibromatosis Type 1 (NF1) team had a stand in the atrium of the children's hospital. Lots of hospital staff and visitors showed interest in the condition, with several people specifically coming to the stand as them or a member of their family had the condition and they wanted more information.

**(May 2012)**



# Highlights and Developments

## £40,000 awarded to innovative patient care ideas

Together with our partner MIMIT™ we announced the first two winners of our £40,000 Clinical Need Award. This was created, with a generous donation from our Charity, to address unmet needs that clinical teams encounter in their work.

£30,000 was awarded to develop a sensor system to monitor fetal movements and heart rate in pregnancies where the baby has reduced growth or movement.

£10,000 was awarded to develop the case for creating a miniaturised High Frequency Oscillator Ventilator (HFOV) for children, which can be transported from ambulance to ward and around the hospital with ease. This would allow the safe transportation of unstable patients who need continual ventilation.

*(May 2012)*

## Sowing the Seed for Harm Free Care

Over a hundred nurses released balloons to show their commitment to providing 'Harm Free care' for our patients.

As part of a national project, hospitals will be required to measure the level of harm free care being provided to their patients every month. This will then be available to the public where they will be able to view how hospitals are performing.

This initiative focuses on four key areas to reduce/avoid the harm patients may face whilst in hospital. These are: Falls; Pressure Ulcers; Catheter Acquired Urinary Tract Infection; VTE (Blood clots).

*(July 2012)*



## Work begins on new renal dialysis unit in Stockport

A ground breaking ceremony to mark the start of the building work for a new NHS dialysis unit in Stockport, took place on 7th June.

The new unit will be open six days a week and will provide life-saving treatment for up to 96 patients, as well as providing facilities for patients to be trained in self-care. The state of the art facility will have free wifi and individual television sets to improve the patient experience, as well as being equipped with the latest dialysis machines. Providing dialysis treatment closer to where patients live will cut patient journey times and improve patients' quality of life.

*(June 2012)*



## Open Day for Young People

We held our third annual open day for young people on 3rd July.

Groups of students from local schools and colleges were invited to attend the event which focused on careers in the NHS and work experience opportunities in our hospitals.

*(July 2012)*

## Supporting employees of the future

We held a celebration event to recognise the achievements of young people with learning disabilities who have been taking part in a training and employment programme to gain skills and a paid, permanent job.

Project Search is a 12 month project that provides on the job training opportunities, leading to permanent opportunities through a series of three 10 week internships. (July 2012)



## New £6m arthritis research unit is going for gold

Britain's Olympic athletes may be among the many people to benefit from a new biomedical research unit focusing on musculoskeletal diseases such as osteoarthritis which was officially launched in Manchester.

The National Institute for Health Research (NIHR) Manchester Musculoskeletal Biomedical Research Unit (BRU) brings together experts from our Trust and The University of Manchester to tackle diseases like osteoarthritis and rheumatoid arthritis which affect the joints and other tissues. Over 10 million people in the UK have some form of arthritis, which can affect children as well as adults.

By combining the best research and clinical skills, and capitalising on patients' enthusiasm to be part of

the research process, we can make significant strides in tackling arthritis and related diseases. The launch of the new unit under the 'Going for Gold' theme highlights our aim to deliver world class research to help people living with musculoskeletal disorders. Our ultimate goal is to deliver the best possible treatment for patients with arthritis, whatever the cause may be.

Manchester has played a leading role in studying and treating musculoskeletal disorders since 1945, when the first research centre for the study of chronic rheumatism was set up at Manchester Royal Infirmary. It was founded by rheumatology expert Professor Jonas Kellgren, whose pioneering work is commemorated by the Kellgren Centre at MRI.

*(July 2012)*

## £1.5million award for genetic expert

Professor of Genetic Medicine, Yanick Crow, based at The University of Manchester and Saint Mary's Hospital, was awarded €1.5million over 5 years through a European Research Council Fellowship. The funding will support his research into genetic and immune system conditions.

*(July 2012)*

## RMCH 'CAIRRS'

RMCH has offered world-class care for children with intestinal failure for 30 years. However, for the past year, work has been ongoing to formalise the service which is now nationally and internationally recognised. The new unit is named Children & Adolescent Intestinal Rehabilitation & Reconstruction Services (CAIRRS), where all new and old patients are admitted for assessment and treatment.

Intestinal Failure (IF) is defined as the need for total intravenous feeding for more than four weeks in a normal baby or infant or child who is unable to be fed orally for whatever reasons, irrespective of whether the child has a normal bowel. *(July 2012)*



# Highlights and Developments

## Children enjoy interactive science open day

The Childhood Arthritis Prospective Study (CAPS) joined forces with the NIHR Manchester Musculoskeletal BRU and Arthritis Research UK to hold an open day on 15th July at the Nowgen Centre.

The well-attended day included a range of science related activities, an interactive presentation from Dr Kimme Hyrich and a chance to meet the CAPS mascot, Capsie the monkey.

One of the most popular activities was testing out the new iPad app 'This Feeling', which is being developed by the CAPS and BRU team to help children with arthritis express their pain.

*(July 2012)*

## New league table reveals we are in top ten for research activity

The National Institute for Health Research (NIHR) Clinical Research Network (CRN) published its 2012 league table, revealing the extent of clinical research activity across the NHS in England.

This year we were the only Trust in the North West of England to be placed in the top ten NHS Trusts for 'Number of NIHR CRN Recruiting Studies' undertaken in 2012. The data not only shows the sheer number of research studies underway here in 2012 but an improvement in our performance, demonstrating that we are dedicated to becoming a prestigious internationally renowned centre for research and innovation.

*(August 2012)*



## Manchester Health Academy celebrates best ever GCSE results!

Students and staff at Manchester Health Academy in Wythenshawe (of which we are lead sponsor) celebrated big improvements in GCSE results for the third year running since the academy opened in September 2009.

The headline figure of the percentage of students achieving 5A\*-C including English and Maths has leapt to 51% from 41% in 2011 and from 26% in 2009 when the academy took over from the predecessor school Brookway High School. GCSE results in English and maths are now above 60% A\*-C in both subjects which means that the Health Academy is one of the fastest improving schools in Manchester.

The results are just the latest in a string of successes for the academy. The Academy has grown hugely in popularity and its reputation as a centre of excellence providing outstanding opportunities and support for students has meant that it has moved into a position within the top 10 most popular secondary schools in Manchester from the position of least popular occupied by the predecessor school. *(August 2012)*

## New dental scheme to share global experiences

A joint initiative by the University Dental Hospital of Manchester and Manchester Dental School has been established to enable Global Oral Health Practitioners (GOHPs) to share their experiences of working abroad. Believed to be the first of its kind, Dr Senathirajah Ariyaratnam (Raj) has been a driving force behind DENTMAN. Other objectives include creating a database from the experiences of GOHPs.

*(August 2012)*

## WellChild Doctor of the Year

Jim Bruce, Clinical Head of the Royal Manchester Children's Hospital, was presented with a national award for his exceptional contribution to sick children.

He was named as a winner in the prestigious 2012 WellChild Awards, beating off competition from hundreds of nominations from across the UK to win the category of Best Doctor.

Jim, a Consultant Paediatric Surgeon, was presented with his award by WellChild patron Prince Harry at a ceremony in London after being nominated by Brooke Taylor's family.

Brooke's mum Melissa said: "Words to describe him include caring, incredibly supportive, skilled, dedicated, passionate, and inspirational and above all a real people person. We wouldn't be where we are today if it wasn't for Mr Bruce. He focuses on a whole family approach. It's not just about the poorly child but a parent's wellbeing is paramount as far as Mr Bruce is concerned. He is a true inspiration. How can you ever repay a person who saves your daughter's life?"

Mr Bruce met a host of WellChild celebrity supporters who attend each year to celebrate the courage of brave children and honour the dedicated work of the country's health professionals. **(September 2012)**



## National Eye Health Week

For the third year running our Community Orthoptists and colleagues from Manchester Royal Eye Hospital took part in National Eye Health Week. They held a stall in Sainsbury's, Heaton Park which included vision tests.

**(September 2012)**

## Providing 'Wheely' Excellent Nursing Care

Over 5,000 nurses and midwives launched a new Nursing and Midwifery Strategy which sets out the values and commitments for nursing practice across the organisation.

Each nurse/midwife was given a wheel which will remind staff on a daily basis about the values and commitments.

There are over 5,000 nurses and midwives working in our hospitals, in the community, in formal and informal care settings and in patients' homes. The breadth and complexity of services we provide would not be possible without a competent, caring and committed nursing and midwifery workforce. In such a busy and complex environment it can be a real challenge for nurses and midwives to provide high quality clinical care and a personalised service but it is one which nurses and midwives raise to every day.

**(September 2012)**



# Highlights and Developments



## Annual Members' Meeting - Your Health Matters to Us

We held our Annual Members' Meeting on 18th September. The theme this year focused on four major conditions - heart attack, stroke, cancer and diabetes. *(September 2012)*

## A&E doctor leads trial of new 'heart attack detection' system

A doctor who has developed a new method for assessing whether patients arriving at A&E with chest pain have in fact suffered a heart attack has been awarded a £467,000 National Institute for Health Research (NIHR) Postdoctoral Fellowship to test the method at two local hospitals.

Dr Richard Body, a consultant in emergency medicine at Manchester Royal Infirmary (MRI), has pioneered the Manchester Acute Coronary Syndromes (MACS) decision rule to help A&E staff decide if someone needs to be admitted and treated for a heart attack. When patients visit A&E with chest pains, doctors often recommend that they are admitted to hospital for tests to rule out a heart attack. Although this is the most common reason for hospital admission, most of these patients do not actually have a heart attack.

*(October 2012)*

## What's on your Mind?

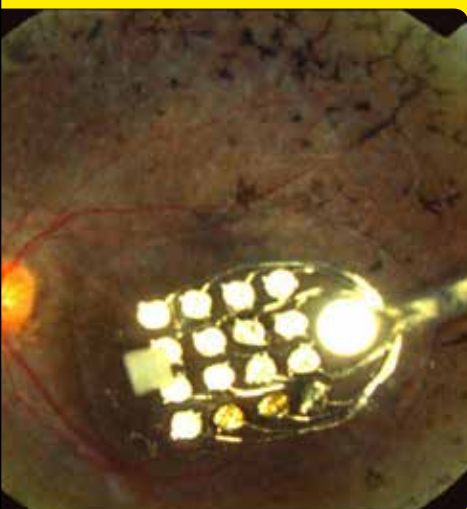
Our Children and Adolescent Mental Health Service held an event at the Whitworth Art Gallery, where people could find out more about Manchester and Salford CAMHS Services.

*(October 2012)*

## Research grants success for Saint Mary's

A research study of pregnancy problems facing women with artificial heart valves, a project looking at using a diabetes drug to treat cancer of the womb lining and an investigation into preventing high blood pressure in pregnancy have all been successful in winning national funding awards totalling almost £230,000.

*(October 2012)*



## 'Bionic eye' expert presents ground-breaking results in Milan

The pioneering eye surgeon behind the 'bionic eye' retinal implant programme at Manchester Royal Eye Hospital (MREH) joined experts from across Europe to present his latest findings at the 12th EURETINA Congress in Milan.

Paulo Stanga, Professor of Ophthalmology & Retinal Regeneration and Vitreoretinal Surgeon has been working with Second Sight Medical Products Inc. to trial the company's Argus® II Retinal Prosthesis System with patients who have retinitis pigmentosa.

Professor Stanga first implanted it in patients in 2009 as part of a small group of leading surgeons worldwide involved in a clinical trial of the device. The initial aim was to restore a basic level of useful vision, in the form of spots of light and shades of light and dark.

*(October 2012)*

## Dan Poulter MP Pays Us A Visit

Dan Poulter visited to see for himself the great work going on at the Children's Hospital and Saint Mary's.

Dr Dan Poulter is MP for Central Suffolk and North. He has previously worked as an NHS hospital doctor specialising primarily in obstetrics, gynaecology and women's health.

In September 2012 Dr Poulter joined the Government as a Minister (Parliamentary Under Secretary of State) for Health. His responsibilities include women and children's health, nursing and Veteran's health.

Following the visit Dr Poulter commented: "The Royal Manchester Children's Hospital has the largest paediatric intensive care unit in the UK and I have seen first hand the dedication of the staff and the high quality care they give their young patients.

"Saint Mary's Hospital is a fantastic example of how mums-to-be and new mums in Manchester can receive antenatal, neonatal and midwifery-led care all under one roof."

*(October 2012)*



## Dental Students get their teeth into overseas challenge

When fifth year dental students Fiona Crawford, Rosemary Donlon, and Louise Bowyer landed in Cambodia after a long arduous journey, they expected a week of challenges. However, they didn't expect to be performing root canals on some of the country's male prisoners. The trio decided to take the opportunity to volunteer in an orphanage and women's prison to gain some experience and help those less fortunate themselves in their summer break.

Just minutes after arriving at their accommodation, they were informed that they were going to be treating some of Cambodia's more hardened male prisoners as opposed to the women they were expecting. Luckily, they soon got used to the idea and early next morning were performing teeth extractions and root canals, and educating the inmates about basic hygiene.

After a weekend of treating the men, they moved on to much younger patients – orphans. The group volunteered through the Cambodia Tooth Angel Project which brings desperately needed basic dental treatment to the country's most vulnerable and destitute.

*(November 2012)*

## New Chair of MAHSC Announced

Manchester City Council's Chief Executive Sir Howard Bernstein was announced as the next Chair of the Manchester Academic Health Science Centre (MAHSC).

MAHSC - a partnership between The University of Manchester and six NHS organisations (including ours) - conducts leading-edge research for patient benefit; the partnership includes some of the most highly rated NHS Trusts in the country.

*(November 2012)*



# Highlights and Developments

## Child abuse media coverage leads to increase requests for counselling

Media coverage over recent months on the issue of historic child sexual abuse led to an increase in the number of people contacting Saint Mary's Sexual Assault Referral Centre (SARC) for counselling and support.

Saint Mary's SARC provides a comprehensive service to people who have been raped or sexually assaulted whether recently or in the past. The service offers individuals who have been sexually abused in the past the opportunity to access its counselling service where a report is made to the police or where the individual is considering making a report to the police. The Independent Sexual Violence Advisors can also provide advice and support up to and through any police investigation. Saint Mary's Sexual Assault Referral Centre can be contacted on 0161 276 6515.

*(November 2012)*

## Trial aims to diagnose diabetes in young people

A screening programme that can detect type 1 diabetes up to ten years before symptoms are visible was launched in Greater Manchester.

TrialNet is a network of 18 clinical centres with more than 200 screening sites throughout the world. The network is dedicated to the study, prevention and early treatment of type 1 diabetes. TrialNet is supported by other major diabetes organisations including the Juvenile Diabetes Research Foundation International, National Institute of Health Research, Medicines for Children Research Network and the Wellcome Trust, which is based at Royal Manchester Children's Hospital.

*(November 2012)*

## Saint Mary's Birth Centre at Salford celebrates a successful first year!



On 23rd November, staff from Saint Mary's Birth Centre at Salford, as well as senior staff from Saint Mary's Hospital, welcomed Hazel Blears MP to the birth centre as part of the first birthday celebrations.

The birth centre was opened on 5th December last year as part of the Making it Better project, which was a reconfiguration of maternity and children's services across Greater Manchester. It's been a year of celebrations and milestones for the team who welcomed their first baby on 6th December, delivering 100 babies by July and now having delivered over 200 babies; far exceeding expectations!

*(November 2012)*

## UK first for Manchester in new macular degeneration treatment trial

A team at the Manchester Royal Eye Hospital has treated the first two patients in a new trial of radiotherapy for the eye disease wet age-related macular degeneration (AMD).

The team collaborated with Oraya Therapeutics, to assess the ability of using radiotherapy (IRay® Radiotherapy System) to reduce/remove the need for the standard treatment of regular injections into the eye.

*(November 2012)*

## **The Manchester Biomedical Research Centre launches new chapter**

At a conference with over 200 delegates the Manchester Biomedical Research Centre set out its new strategy and aims for the future.

Taking a prime spot at our annual Research and Innovation Conference the presentations set out the BRC's commitment to 'improving healthcare through science' in partnership between The University of Manchester and ourselves.

*(December 2012)*

## **Father Christmas gives the Children's Hospital a flypast!**

Following a visit to the children's hospital the RAF, along with Father Christmas, flew by helicopter past crowds gathered on the boulevard, and on the outdoor Children's play area, before being taken back to Lapland.

*(December 2012)*



## **Emergency Department Tweetathon**

Our Emergency Department tweetathon took place on 13th December as part of the national #tweetwell campaign, designed to raise awareness about the right place to go for health advice and treatment.

*(December 2012)*

## **New scanner to benefit patients across Manchester**

Patients across Manchester will benefit from a new state-of-the-art MRI scanner, which was officially opened in December.

The scanner is hosted by the National Institute for Health Research (NIHR)/ Wellcome Trust Manchester Clinical Research Facility and carries out experimental medicine research into many of the major diseases and illnesses that affect the population of Greater Manchester and the wider North West.

*(December 2012)*



# Highlights and Developments



## Waste Management Performance of the Year Award

Our contractors Sodexo won the prestigious Sustainable Facilities Management Performance of the Year award from the Chartered Institution of Waste Management.

This was awarded for Sodexo's work with us where we have put in measures to reduce wastage when ordering stock; reduced food waste by 50%; worked with the Waste and Resources Action Programme (WRAP) to undertake compositional analysis of waste; and, implemented the clear bag system for general domestic waste, which has tripled the amount of waste our organisation recycles and eliminated waste to landfill. *(December 2012)*

## National recognition for urogynaecology service

Trafford General Hospital became one of only six urogynaecology centres in the country, and the first in Greater Manchester, to be nationally recognised and accredited by the British Society of Urogynaecology. This demonstrates that the service provides high-quality care and delivers best practice to its patients.

*(December 2012)*



## @MatronSays Meets Local Celebrities

Matron is a 'virtual' community matron developed for use on Twitter by the NHS North West to support the Choose Well Winter Campaign (2012).

Matron (@MatronSays) describes herself online as a: 'Community matron, very interested in self care.'

Matron is specifically designed not to be a 'corporate voice', but to be a humorous character with her own personality.

Each hospital received a cardboard version of Matron who was very lucky in the run up to Christmas and met several of her celebrity heroes including:

- Key 103's Mike Toolan;
- actress Gemma Atkinson;
- Anthony Cotton;
- Manchester United players; and
- David Hasselhoff.

*(December 2012)*





## New Cancer Champion Takes The Lead

We appointed a new Cancer Lead Nurse to ensure that patients receive the best possible experience under our care.

Pat Jones who has been a qualified nurse for 20 years has taken on this new challenge. Pat says: "My role is to provide clinical leadership in developing cancer nursing services throughout our organisation. I will be working alongside the clinical teams to ensure that we improve and continue to deliver high quality patient care for cancer patients."

Her role covers four main areas: Access to information; Managing the Clinical Nurse Specialists; Improving Communication Skills and ensuring that improved patient experience is monitored.

*(December 2012)*



## Nursing recruitment boost for Trafford wards

More than 50 new nurses joined the ranks at Trafford General Hospital following a successful recruitment drive. Every ward is benefiting from the initiative which has attracted 44 nursing and 10 clinical support staff to Trafford.

*(January 2013)*

## Our Twitter breaks 2,000 followers!

Our twitter account broke 2,000 followers, making it one of the most popular Trust accounts in the North West.

*(January 2013)*

## Nurses' New Year Resolutions

Over 200 nurses and midwives made New Year's Resolutions to pledge to improve one small thing to ensure that care and compassion remains a core component of nursing and midwifery practice across all their services.

This is the final jigsaw in our 2012/13 Brilliant Basics programme which has seen a focus each quarter on a different theme. The previous ones being: Communication; Harm Free Care and Leaving Our Care.

The event highlighted how patients feel when they are in our care and at the end of the session each nurse was asked "What little thing are you going to do?" and handed a red heart on which they wrote their resolution and placed in a large jar.

Every nurse/midwife was given a red heart to take away to remind them of their resolution, with a note saying: "It's the little things you do that make a difference; Carry this heart with you to remember the resolution you made today."

*(January 2013)*





# Highlights and Developments



## Work on new £13 million Altrincham Hospital set to start within weeks

Healthcare in Altrincham is in line for significant improvement following the signing of a contract which will see additional services on offer at the new £13 million hospital set to be built in the town centre.

The original plans would have seen the new hospital on Railway Street replacing services at the existing hospital on a like-for-like basis, offering new high quality facilities and better disabled access. Following a new agreement between us and development partner Citybranch, will be taking more space and additional services will be offered at the hospital.

*(January 2013)*

## Royal Manchester Children's Hospital named Britain's best clinical research site

A specialist research team based at Royal Manchester Children's Hospital (RMCH) beat nine other finalists to be named Clinical Research Site of the Year in the prestigious Pharma Times Awards.

The team was made up of representatives from the NIHR/Wellcome Trust Children's Clinical Research Facility (NIHR/WT CCRF) and the Medicines for Children Research Network, both based at RMCH.

The NIHR/WT CCRF was the first such unit in the North West and is one of only a small number across the UK. It opened in November 2009 and carries out all types of clinical research, working closely with children and their families. It focuses particularly on testing new medicines to ensure that they are safe and effective in children of all ages. The unit is supported by the Medicines for Children Research Network, which works alongside local healthcare professionals to conduct clinical trials and other research studies in babies, children and young people.

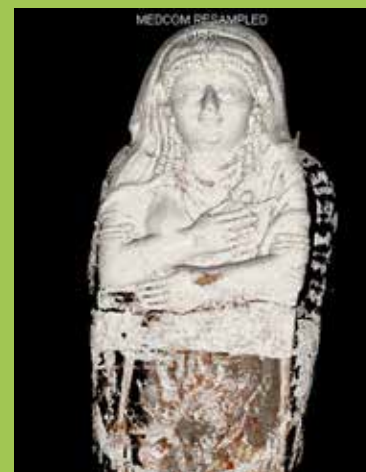
*(February 2013)*



## Demetria the mummy comes in for a scan at the Children's Hospital

Discovered in Egypt in 1910, 2000 year old Demetria has been on display at the Manchester Museum for the past century. Last Friday, she came in for a CT scan at the Royal Manchester Children's Hospital. For the first time, we were able to see inside the sarcophagus. John Sargeant and the BBC One Show team were there to film this historic occasion.

*(February 2013)*



## Success at the Patient Experience Network (PEN) National Awards 2013

Three of our projects were winners at the prestigious Patient Experience Network (PEN) National Awards with four others named as finalists. They recognise, celebrate and promote excellence in patient experience. These unique awards programme is now in its third year and offers an opportunity to celebrate the areas of really outstanding practice in the patient experience arena, and hear what teams are doing to deliver quality experiences for their patients. The winners were in the following categories:

**Setting the stage/strengthening the foundation** - Promoting high quality care and dignity for deceased person (adults) and their families.

**Access to Information** - Improving the patient's perception of medicines information

**Environment of care** - RMCH Hydrotherapy Artwork project.

(February 2013)



## Service Improvement Team Success at Lean Health Care Awards

The 5th Lean Healthcare Academy Annual Conference and Awards event, now an established event on the healthcare calendar took place in February 2013.

Our Service Improvement Team entered for the first time this year and were successful in the 'Productive Series – England' category for their submission:

The Productive Operating Theatre programme - Using a franchise approach to achieve large scale change.

(February 2013)



## Corrie Star Calls In!

Coronation Street star Michelle Keegan took time out of her busy schedule to drop into RMCH. The actress, who plays Tina McIntyre in the popular ITV1 soap, brought presents for our young patients, signed autographs and posed for photos. She was a hit with both our patients and staff as she talked in depth to her young fans and their parents.

(February 2013)



# Highlights and Developments



## Manchester Biomedical Research Centre Scientists Make Breakthrough in Fight Against Cancer

Scientists from Manchester Biomedical Research Centre at Saint Mary's Hospital and The University of Manchester have identified a new gene responsible for causing spinal meningioma.

Meningiomas are the most common form of tumour affecting the brain and spine.

Usually meningiomas can be removed by surgery - but people can sometimes develop more than one or many members of the same family can be affected.

A team led by Dr Miriam Smith, Professor Gareth Evans and Dr Bill Newman worked with families with a history of meningiomas affecting the spinal cord.

**(February 2013)**

## From The Heart – Raising Awareness of Organ Donation

ITV dedicated a whole day of news, factual and current affairs coverage to raise awareness of organ donation, culminating in a one hour programme called From The Heart.

Granada Reports also decided to run a week-long series of news items and this is where we got involved. The first part of this filming was with Agimol Pradeep, our transplant co-ordinator, who is involved, along with other members of staff, in promoting the organ donation service to people from Asian communities. People from the Asian community currently have to wait three times longer for a kidney transplant because of a lack of suitable donors.

Currently, 19.2% of people on the waiting list here are from an Asian background, but only 1.7% of donors between 2005 and 2010 were Asian. National figures show that people from the Asian community are three times more likely to require an organ transplant than the general population but only 2% of Asian people are on the NHS Organ Donor Register.

Agimol Pradeep said: "I'm passionate about this because I've treated many kidney failure patients who count down every day with tears and anxiety as they wait for a donor. I've been challenged a number of times by patients questioning the waiting game behind the transplant. It's not an easy task to explain organ matching and the scarcity of donors from Asian backgrounds."

**(February 2013)**



## Jeremy Hunt Visits Manchester in Support of Dementia

Health Secretary Jeremy Hunt visited to give a keynote speech at the first of a series of events aimed at raising awareness of dementia.

We hosted the first event in the Department of Health's Dementia Awareness tour, which brought together a range of leaders across government, industry, social care, voluntary organisations and patients and carers.

In his address, Jeremy Hunt explained that dementia is a priority which needs a special focus on and was one of his personal four priorities. He paid tribute to the huge amount of initiatives which were taking place in the North West and particularly in Manchester.

**(March 2013)**



## Manchester patients take part in pioneering heart attack blood test trial

Patients at Manchester Royal Infirmary (MRI) are playing a vital role in an international trial to find out if a blood test can accurately confirm a heart attack within an hour of someone being admitted to hospital with chest pain.

High levels of a chemical called troponin in the blood can indicate a heart attack. A new, highly sensitive blood test for troponin will be used on blood samples donated by 140 patients who were admitted to MRI with chest pains. The results of the new blood test will be compared with the actual diagnosis for each patient to show the effectiveness of the test.

*(March 2013)*

## Our Transplant Co-ordinator voted Best Nurse

Renal Transplant Co-ordinator, Agimol Pradeep, was voted Best Nurse 2013 by British Malayali (a group for South Indians living in the UK) for her work raising awareness for organ donation in the South Asian Community.

Agimol spends her time working in the community with leaders from religious and community groups, GPs and intensive care units to implement strategies to increase South Asian organ donation. A big part of her work is educating Asian people about the benefits of organ donation and of joining the donor register.

*(March 2013)*



## Celebrating our NHS Heroes

We held a celebration event to recognise the achievements of our staff who have been nominated as an NHS hero. First launched last year, NHS Heroes is a scheme that acknowledges the great work that individuals and teams do every day in the NHS in England. Anyone could nominate their NHS Heroes - friends, family or work colleagues.

Our Chairman met our staff who were nominated by those who appreciate their efforts to make a difference including Royal Manchester Children's Hospital's Therapeutic & Specialised Play Consultant Frances Binns. She was nominated by the Theatre Staff for helping hundreds of children frightened of having surgery to conquer their fears.



*(March 2013)*



# Highlights and Developments

## Researchers find links between lifestyle and the risk of developing rheumatoid arthritis

Researchers in Manchester have found a link between several lifestyle factors and pre-existing conditions, including smoking cigarettes and diabetes, and an increased risk of developing rheumatoid arthritis.

Rheumatoid Arthritis (RA) is a chronic disease which affects around 0.8% of the population and its causes are of great interest to the medical world.

The study, funded by Arthritis Research UK, also examined gender specific factors and found women who had more than two children and breastfed for a shorter amount of time also had a higher risk of developing RA.

The research team also conclude that this information could be used to develop a simple screening tool, used by GPs and primary care workers, to identify patients with a higher risk of developing RA who could be offered advice to reduce their risk.

*(March 2013)*



## Northenden Health Visitors scoop national 'Team of the Year' award

The Northenden Health Visiting Team have been named 'Community Practitioner Team of the Year' at this year's national Community Practitioners' and Health Visitors' Association (CPHVA) Awards. The team who are part of our Manchester Health Visiting Service received a double nomination in this year's short listing, with team member Sarah Mills also named as runner-up in the Student Health Visitor of the Year category.

The awards highlight good practice and professional development and recognise the contribution that Health Visitors and Community Practitioners make every day to communities across the country.

*(March 2013)*

## Vulnerable Baby Service nominated for national Patient Safety Award

Our Vulnerable Baby Service was recognised in the prestigious national Patient Safety Awards 2013.

The team received a nomination in the Patient Safety in Paediatrics category for their initiative 'Safe Sleeping Practice for Infants; Believing and Communicating the Message'. The initiative focuses on reducing the incidence of Sudden Unexplained Death of Infants (SUDI) in Manchester where incidents are three times higher than the national average.

*(March 2013)*

# Viewed by Millions On TV

The last year or so has been a really busy time for filming across the organisation with at least one film crew on site every single day.

We often have filming crews from news programmes, such as North West Tonight, Granada Reports, BBC Breakfast and Sky News. However, over recent years, there has been a huge increase in features and documentaries filmed here. These included:

## ITVI - Daybreak

Jack was born at Saint Mary's at only 24 weeks, 16 weeks sooner than his parents expected. Jack is now a thriving 10 year old but the emotional rollercoaster that his parents experienced have prompted them to make a feature length film, titled '24 weekers'. To raise awareness of what they're trying to achieve as well as premature birth, they appeared on Daybreak at the beginning of 2012. As part of the feature, Daybreak also filmed on our Newborn Intensive Care Unit with other mums who'd had extremely premature babies.



The programme was watched by almost 800,000 viewers. Jack's story was also featured in November 2012 on Granada Tonight.

Daybreak also produced a special week of coverage in the run up to Christmas by 'bringing Christmas to children who really deserve it'. They broadcast live from RMCH on the last Thursday before Christmas and turned one of the bays on Ward 77 into a Santa's Grotto. Along with presenter Gethin Jones, who turned on the external Christmas tree lights, the crew visited RMCH in early December to film a series of pre-recorded features with patients and their families and staff.

On 20th December, the production crew were as quiet as Santa's elves when they arrived at 4.30 am to prepare for the live broadcast to one million viewers.

## BBC2 - The Midwives

After a year of hard work from initial approach to broadcast, The Midwives hit our screens on BBC Two for a six part series to show the role of a midwife in the 21st century. The documentary was filmed over nine months and broadcast from 31st July until 3rd September. Moving away from the traditional maternity programmes which focus predominately on birth, this documentary looked at pregnancy from antenatal right through to postnatal and everyone involved in that process through the eyes of the midwives and the women they care for.



Viewing figures for the first episode were 2.5 million which was the second biggest audience share (9.00 pm – 10.00 pm) after the Olympics, beating both ITV and Channel 4. It was also the third most watched show, after the Olympics and Emmerdale.

The four programmes that were made here at Saint Mary's averaged 2.1 million viewers.

# Viewed by Millions On TV

## CBBC - Operation Ouch!

The team from Maverick who were behind our popular ITV1's Children's Hospital came back to work with us on Operation Ouch! The project was aimed at making medicine accessible for a younger audience, attempting to do for medicine what Horrible Histories has done for history. The documentary team were with us for four months at the start of 2012.

The series was presented by Dr Chris and Dr Xand, identical twins who are also practising doctors.

Each of the 13 episodes saw them explore medicine in a way that it hadn't been explored before, using animation alongside real patient stories, with lots of humour along the way. Viewers were shown how the body works in different ways, using simple experiments in their 'Try this at home' section. The series was shown on Wednesdays at 5.45 pm.



## BBC 3 - Unsafe Sex in the City

Unsafe Sex in the City was a huge success after being broadcast for four weeks last autumn.

The show, which was broadcast on BBC Three at 9.00 pm, followed the stories of staff and patients at the Manchester Centre for Sexual Health. It has been the subject of many blogs, reviews, tweets and Facebook messages praising the amazing work of the staff at the Centre and the services that they provide. The twittersphere reaction to the show has been phenomenal, with literally thousands of tweets and the first episode trending worldwide.

Its popularity seemed to be due to combining an entertaining portrayal of life in the Centre with some hard-hitting health messages for its young target audience.

Average audiences were over the 1 million mark.

## ITV1 - The Money Show

In September our staff took part in ITV's The Money Show with Martin Lewis. Martin visited different parts of the UK to run a money saving clinic. He came to us to help staff who have been thinking about reclaiming PPI.



## UK Discovery - Body Invaders

Body Invaders, was a series for UK Discovery featuring the awe inspiring stories of people from around the world who have accidentally ended up with foreign objects in their body and have lived to tell the tale. The series aimed to celebrate the survival of the patients and the technical skill and ingenuity of the medical staff who assessed the trauma and consequently removed the objects. Each programme explored the serious medical science behind the injuries experienced by the patients and was full of fascinating facts and detail about the medical procedures involved.

The programme filmed at Manchester Royal Infirmary featured Mr Sandher, Orthopaedic Surgeon, being interviewed about the case of Malaysian cyclist Azizulhasni Awang. Mr Awang was in Manchester in 2011 to compete at the Track World Cup and it was during the men's Keirin final that his calf was skewered by a shard of Siberian pine from the track.

The programme was broadcast on 14th October 2012.

## Chwarel TV (Wales) - Ysbyty Plant

Chwarel TV produced this three-part documentary following Welsh children who travel to hospitals in Liverpool, Manchester and Bristol for medical treatment and surgery, including those who have already overcome their difficulties, such as heart defects and rare syndromes, to survive. It was aired on S4C in December and January. The programme was subject of many human interest stories in the Welsh media.

## Channel 4 - Born to be Different

We have been working with Ricochet TV while they have been producing this candid and unsentimental documentary filmed over nearly 10 years. Born to be Different has recently won the documentary category at the AMI media awards, which celebrate excellence in the world of disability. Ricochet is one of Britain's leading independent television production companies producing high quality factual and entertainment programmes for broadcast by major networks in the UK.

Chronicling the pressures and joys of family life for parents bringing up a disabled child, the series has followed Emily Spiers, who has been treated both at Pendlebury and the new RMCH, for Spina Bifida.

The latest installment of this documentary was filmed last June and was broadcast in March this year.

## BBC1 - Rape

A one hour film has been filmed to showcase the fascinating and amazing work of the staff at our Sexual Assault Referral Clinic (SARC).

The film covers all aspects of the services SARC offer; from forensic examinations and care immediately after a rape or sexual assault, to supporting clients through court cases and working with clients who have reported abuse or assaults from their childhood. Greater Manchester Police and the Crown Prosecution Service were also filmed to show what happens when a report of sexual violence is made and how the three organisations work together.



## Viewed by Millions On TV

### CBBC - My Life

The series follows the highs and lows of a group of youngsters, providing an insight into the lives of different children across the UK, each with a unique story to tell has recently given Nine Lives Media its first Children's BAFTA. The latest programme has been filmed at RMCH and follows 12-year-old burns survivor Holly McKew who lives in Manchester with her family. She was injured when she was only 20 months old but doesn't let her scars get in her way. The company has filmed her at Burns Camp with other child burns' survivors and when she is admitted to RMCH to have an operation to reduce the bald patches on her head. The programme was aired in March 2013.

### BBC2 - Keeping Britain Alive

Filming for the BBC documentary 'Keeping Britain Alive' took place in October in three different areas of the organisation. The Manchester Heart Centre team was featured, along with the Manchester Royal Eye Hospital and a third crew filmed across many services, highlighting the work of support services such as linen, domestics, post room, catering and porters that play an essential part in the running of our hospitals.

This documentary showcases a day in the life of the NHS, with many different NHS services being filmed nationwide, from small local GP surgeries to large acute trusts such as ours. Filming took place all around the UK on 18th October for a full 24 hour period, using 100 camera crews and put together in eight one-hour programmes to show the scale of services that the NHS provides in any given day. The series was broadcast from March 2013.

# KEEPING BRITAIN ALIVE.



Staff Nurse Katy Atherton with patient in the Children's Resource Centre at Trafford General Hospital.





# Activity and Performance

Staff at work in the Dental Hospital



## Accident and Emergency Attendances

	2011/12	2012/13
First Attendances	200,372	259,348
Follow-up attendances	6,809	7,153
<b>Total</b>	<b>207,181</b>	<b>266,501</b>

## In-patient/Day case Activity

	2011/12	2012/13
In-patient (emergency)	64,879	76,125
In-patient (elective)	17,163	18,789
Day cases	58,129	76,028
<b>Total</b>	<b>140,171</b>	<b>170,942</b>
Day cases as a % of elective activity	77.2%	80.18%
Day cases as a % of total activity	41.47%	44.48%

## In-patient Waiting List

	31st March 2013		
	In-patient	Day case	Total
Total on Waiting List	2,644	8,333	10,977
Patients Waiting 0-3 months	1,708	6,057	7,765
Patients Waiting 3-9 months	750	1,827	2,577
Patients Waiting over 9 months	186	449	635

## Out-patient Activity

	2011/12	2012/13
Out-patients first attendances	200,458	274,375
Out-patients follow-up attendances	542,472	733,959
Total	742,930	1,008,334

## Bed Usage

	2011/12	2012/13
Average in-patient stay	2.6	2.9

## General Information

	2011/12	2012/13
Number of babies born	7,285	8,318
Total number of operations/procedures	138,903	174,974
Renal Transplants (including kidney/pancreas)	225	241
Number of Cataract Procedures	10,656	10,542

## Emergency Preparedness

Emergency Preparedness within the organisation is delivered by the Emergency Planning Team in collaboration with multi-agency partners. We have a Major Incident Plan in place to deal with those events which cannot be handled within routine service arrangements, together with Business Continuity/Internal Emergency Plans which escalate and manage internal disruptions.

All our Emergency Plans, including more specific plans that deal with Heat-wave, Fuel disruption, Decontamination, Special Paediatric Plans, Pandemic Flu and Burns are held on an Emergency Planning website. During 2012 this website was redesigned to incorporate details of all resilience planning activities across all hospitals and community services which fall under our umbrella including the newly acquired Trafford Hospitals.

As part of our statutory requirements under the Civil Contingencies Act 2004 there is a minimum requirement for NHS organisations to undertake a live major incident exercise every three years; a table top exercise every year and a test of communication cascades every six months.

During 2012/13 we continued to carry out a programme of training and exercising which included Business Continuity exercises for Community Staff and IT Staff at Trafford, Senior Manager Major Incident Training, Chemical Decontamination Training and exercising around Olympic Games planning and a number of in hours and out of hours communication exercises to test Major Incident call in lists and contacts. We continue to be involved in multi-agency planning across Greater Manchester, participating in Major Incident Exercises dealing with Hospital Evacuation, Burns and Winter preparedness.

To ensure we are prepared to respond to internal or external incidents and emergencies during 2012/13 and beyond we will include Major Incident Training on the Mandatory Training and Induction programme and continue to implement a robust annual review process of all emergency plans.



# Quality Accounts 2012/13



Chairman Peter Mount meets members of the Children and Young People's Community Physiotherapy Service at our Young People's Event

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## Part 1 - Statement on Quality

### Statement from Chief Executive



**A**s Chief Executive of Central Manchester University Hospitals NHS Foundation Trust

**I am pleased to set out our performance for 2012/13 in our Quality**

**Account. I consider myself privileged to lead such a large and complex healthcare organisation and I am very proud of the many achievements set out in this report.**

It is particularly pleasing this year to report a significant improvement in staff satisfaction as reported through our staff survey reflecting the number of staff who would recommend our hospitals to their families and friends as a place to receive treatment and care. This is really important to me and the Board of Directors as there is evidence to demonstrate that staff satisfaction and the quality of care patients receive are directly linked. We will continue to work with staff during 2013/14 to make it even better for patients, families and our staff.

We have and will continue to maintain our focus on our three priorities:

- 1. Patient Safety and Clinical Quality**
- 2. Patient and Staff experience**
- 3. Productivity and Efficiency**

Each priority cannot be considered in isolation and the strength of our services is that we provide equal weight to each of them because we know all of them impact on patient care.

Our aim is to provide care that is of high quality and free from harm, in this report you will read of excellent examples where we achieve that aim. However, whilst we have set high ambitions for our services and for the care patients receive, we recognise that we do not always achieve what we set out to do; sometimes

patients can be harmed unintentionally whilst in our care and sometimes we get things wrong. We have a strong tradition of openness and honesty and of learning from our patients' experiences you will also read in the report how we are learning but importantly how we aim to improve.

The number of expected deaths is recorded in hospital as a measure of clinical quality these are known as mortality measures. There are a number of ways to measure mortality, two of which are the Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital-level Mortality Indicator (SHMI). Whilst our performance against these measures is acceptable (within confidence limits nationally), we want to improve and see a reduction in our mortality rate to one that is below the national standardised expected rate. The Medical Director will lead an extensive programme of work to achieve this during 2013/14.

Last year we reported on our ward accreditation scheme which is underpinned by a set of measurable standards and includes patient feedback as well as a formal and rigorous assessment of practice in the care setting. This year we have set out the improvements we have achieved through this process and I am proud to have hosted a number of visits from ministers, users and colleagues from other hospitals both nationally and internationally to look at the systems we have put in place to improve care on our wards.

We continue to improve the environment of care across all of our care settings and are refurbishing much of the older estate as well as building a fantastic new critical care facility on the Manchester Royal Infirmary site enabling us to better serve our patients with acute and complex needs especially following major cancer surgery. Following the acquisition of Trafford hospitals we are replacing Altrincham Hospital with a brand new state-of-the-art facility and work has now started on this taking care closer to the community.

Our achievements reflect the diverse hospitals and services that come together as Central Manchester

University Hospitals NHS Foundation Trust. Our track record in research and innovation is world class and we perform at the leading edge of science and technology but more importantly our aim is to translate that work into improved patient treatment and care. Innovations that have been developed include Patient Track which was initially developed by an Australian company for capturing simple routine patient data and by using sophisticated software, it produces clinical alerts that are matched to the patient's needs. The technology was co-developed with one of the UK's top intensive care clinicians based at the MRI and trialled across our hospitals. The product is now on sale and is being used in hospitals across the UK helping to save patient lives and reduce costs by improved management of resources.

The Toric Marker, developed at Manchester Royal Eye Hospital with a patent granted, is a new ophthalmic surgical device that enables surgeons to better extract the cornea for subsequent grafting. This is licenced to a major international company and is on sale worldwide.

Not all of our innovation is technology based, Riding the Rapids is a ten week parenting course developed by our Child and Adolescent Mental Health team for parents and carers of children with disabilities and it has recently been independently evaluated by the Social Policy and Research Unit at York University. Results from a waiting list control trial over a 12 month period suggest that Riding the Rapids improves parents' management of their child's behaviour difficulties as well as parental coping and satisfaction.

Whilst we have a zero tolerance for any hospital acquired infection, we were very disappointed this year to have had to report ten MRSA blood infections which is five more than the previous year. We are

rightly proud of our achievements in preventing and reducing infections and we have an excellent record of achievement in this field. We have worked with stakeholders such as the Care Quality Commission, the local commissioners and Monitor to ensure that they have been made aware of the work we are doing in the field of infection prevention and control to safeguard patients who use our services. I am pleased to say that our achievements in the management of C-Difficile infection have been excellent and we are intending to introduce new technology this year to see if we can reduce these rates even further.

A major programme of work for 2012/13 has been to align all our policies and procedures with the Trafford hospitals which is now a health care division of the Trust. We have also introduced at Trafford, electronic incident reporting and investigation systems, new governance processes, nursing improvement methodologies and accreditation systems. As a result the Quality Account for 2012/13 sets out where the acquisition of services have impacted directly on various benchmarking results and has attempted to extrapolate results to demonstrate both positive and adverse trends.

The Trust continues to grow and expand services and our challenge is to ensure that with growth we continue to focus on quality, safety and patient experience putting patients and service users at the centre of all that we do.

I am pleased to confirm that the Board of Directors has reviewed the 2012/13 Quality Account and confirm that it is a true and accurate reflection of our performance.

**Mike Deegan**  
Chief Executive



## Statement from the Medical Director



**2**012/13 has been a year of significant achievement for the Trust. As I reported last year, patient safety and clinical quality remain absolutely at the top of the organisational agenda and the focus of my work this year continues to

**be that we continue to deliver safe, high quality care that meets and exceeds the needs and expectations of our patients.**

I have sought to deliver this by ensuring that everyone here has an understanding of our shared values and our own personal responsibility for delivering excellent health outcomes. Every single member of staff has a part to play in ensuring that our patients get the best outcome and the best experience possible. Put simply, my aim is to be best in class for everything we do.

I was pleased last year to welcome to the organisation colleagues and patients from Community Services, who are now an integral part of the Trust team. This year I am delighted to welcome colleagues and patients from Trafford Hospitals. Trafford General Hospital, Altrincham Hospital and Stretford Memorial Hospital are now Trafford Hospitals Division and one of the 10 divisions (listed below) that make up the Trust. Each division has

their own history, identity and specialist services, but each also shares that one aim; to be the best at what they do.

We started the year with a demanding work programme in which I set some ambitious targets for improvement; I am delighted to report that we were able to achieve almost everything we set out to do. The Trust Quality Account sets out all of these achievements in detail but here are some of the headlines:

- We have made further improvements to patient safety. I am confident that we have a firmly embedded culture of reporting and learning from errors and this is evident from the progress we are making with both our reporting and harm reduction strategies.
- A team in the Royal Manchester Children's Hospital are working with the Health Foundation to make improvements to the care of the very sick child and we will report on this in detail next year.
- We met the national target in risk assessment for venous thromboembolism for the second year and the Trust is now participating in the national Harm Free Care project to improve safety in this area further.
- Developments to patient, public and staff information on patient safety, clinical outcomes and quality of care have been made.

## Central Manchester University Hospitals NHS Foundation Trust



- The Trust has been at the forefront of developments to ensure that our Medical Staff are prepared for the new arrangements for medical revalidation.
- Following the acquisition of Trafford Hospitals from 1st April 2012, data reports on deaths include figures from across all our hospitals. For 2012/13, the Standardised Hospital Mortality Ratio (HSMR) for the Trust is 104.6, against a national average of 100. This is well within expected boundaries but we will, however, continue to work to improve this figure further.
- In 2011/12 I reported that the Trust was assessed against the National Health Service Litigation Authority Risk Management Standards for acute and maternity services and was awarded level 3, the highest level that can be achieved. This is an independent assessment of the management of risk and patient safety in the organisation. We are working hard to maintain this level of achievement and to prepare our new services in Trafford and the Community for assessment in 2014.
- The Care Quality Commission is the regulatory body which oversees the quality and safety of care across England and Wales. They have registered the Trust to provide services with no conditions applied. They are in regular contact with us and in 2012/13 have assured themselves, our patients and the organisation that we are providing a safe, high quality service.
- We celebrated two major research funding awards from the National Institute for Health Research (NIHR). In partnership with The University of Manchester the Trust was awarded a £6.4 million Biomedical Research Unit in Musculoskeletal Medicine and the NIHR/Wellcome Trust Clinical Research Facility was awarded renewed funding of £5.5 million to continue its work in experimental medicine.
- We are the largest of the Manchester Medical School teaching hospitals and in the last academic year, 122 doctors graduated (a success rate of 97%) with 12 of these graduating with honours.

- With respect to our Postgraduate Medical Education Training, through our successful acquisition of Trafford Hospitals, we now have one of the largest Foundation Year training programmes for newly qualified Doctors, in the North West of England.
- Improvements have been made to the medical undergraduate experience of training here in the Trust and this was evidenced in improved feedback from medical students.

In 2013/14 there are many challenges ahead not least of which will be ensuring a rigorous response to the outcome of the report into the Mid Staffordshire Hospitals Public Inquiry. The first report was closely examined at all levels of the organisation to ensure that any recommendations were fully implemented; and following the publication of the second report in February 2013, I intend to do the same again.

We have again agreed a detailed and challenging work programme which will focus on many areas including:

- Achieving reductions in serious harm from adverse events
- Further improving the Trust's performance in key mortality indicators
- Making improvements to the health record and the way patient care is recorded
- Improvements to the way ward rounds are undertaken
- Reducing readmissions after a hospital stay

I would like to take this opportunity to thank all of our staff and all of our partners involved in the delivery of care for their hard work and very much look forward to another successful year ahead.

**Mr R C Pearson**  
Executive Medical Director

## 2012/2013 a Year of Challenge and Quality Improvement

The NHS has had a difficult year. Reports arising out of inquiries such as the Mid Staffordshire Hospitals and Winterbourne View remind us all again that the patient must be absolutely at the heart of everything we do. Here in Central Manchester we set out at the beginning of the year to make improvements across many areas of care. Some of the key achievements are listed below:

- Maintained performance of 90% for all appropriate patients risk assessed for venous thromboembolism
- Launched our Harm Free Care campaign and demonstrated above 95% performance across all
- four categories which are Catheter Acquired Urinary Infection, Falls, Venous Thromboembolism (blood clots) and Pressure Sores
- Despite an increase in activity we have maintained our levels of serious harm and have continued to embed the processes we have put in place to further improve these
- Improved again on the number of staff reporting incidents
- Achieved a further reduction in cardiac arrest calls
- Successfully accredited all wards using the Improving Quality framework assessment

## NHS Outcomes Framework

In this report you will see performance figures and, where possible, comparative information so that you can see how well we are doing alongside our other NHS colleagues. There are some indicators which are measured as part of the NHS Outcomes Framework and we are presenting those here. This is so that all organisations are clear about performance in these areas and that comparisons can be made.

The Outcomes Framework is a set of indicators designed to improve standards of care in five key areas:

- 1. Preventing people from dying prematurely**
- 2. Enhancing quality of life for people with long-term conditions**
- 3. Helping people to recover from episodes of ill-health or injury**
- 4. Ensuring that people have a positive experience of care**
- 5. Treating and caring for people in a safe environment and protecting them from avoidable harm**

## Summary Hospital-Level Mortality Indicator (SHMI)

We consider that this data is as described for the following reasons. The Summary Hospital-level Mortality Indicator (introduced during 2011) is a method to measure hospital mortality. It is based on all deaths including those which happen up to 30 days after discharge from hospital. It relies heavily on accurate record keeping and coding. The patient case note is examined by clinical coding staff who reflect what doctors have written in relation to any existing conditions the patient has such as diabetes as well as their diagnosis for their current hospitalisation episode and any procedures undertaken. The patient's risk of dying is calculated using these measures. The baseline is 100, so a score below 100 means that mortality rates in an organisation are lower (better) than expected. This organisation has determined that action is required in relation to ensuring that coding accurately reflects clinical practice.

We have taken and are taking the following actions to achieve an accurate SHMI rate, and so the quality of its services, by the actions set out below.

There is a comprehensive programme of work being undertaken by the organisation in respect of a clinical

- Assessed all new Doctors against our medication prescribing policy
- Further increased reporting of medication errors and improved the number of harm incidents
- Received praise from the CQC on the quality of a number of our services
- Trained more staff in Patient Safety (Human Factors) techniques
- Improved referral rates for organ donation
- Implemented an assessment process and electronic flagging system to identify patients who have dementia or cognitive impairment

- Improved our scores on our staff survey
- Our patients have reported improvements in key elements of our services, particularly in their perceptions of privacy and dignity, cleanliness of our hospitals and facilities, nutrition, communication and pain relief management
- Achieved national recognition for our waste management approach along with our partners Sodexo
- Launched a strategy which has been developed by our nurses and midwives which sets out the values which underpin nursing and midwifery practice

review of mortality as well as analysis of the information that underpins the SHMI calculation. Individual actions include:

- Developing closer working relationships between doctors and clinical coding staff via reviews of clinical documentation so that doctors understand how coders convert what they write in the case note and the importance of ensuring they provide detailed information that can be accurately coded. This includes making sure that all existing long term conditions (co-morbidities) that a patient has are recorded. To support this, a simple bookmark was developed and distributed to doctors that provides clinical coding 'rules' to assist clinicians in their understanding to make sure that accurate and comprehensive coding may be achieved.
- An electronic system, the Central Intelligence Portal has been developed by the Trust which will contain clinical coding information relevant to the patients

seen by each Clinician so that reviews can happen without a case note and also at any work station in the Trust. The Portal was introduced in June to most of the organisation with Children's and Trafford Division in August. Work is being carried out to embed the Portal into each clinician's working practices.

- Senior members of the Information Team provide Coding Master Classes for Clinicians, focusing on specific diagnoses groups. The three speciality areas of focus during the year were Heart, Gastroenterology and Respiratory related conditions.
- Training on coding is provided for junior doctors by the Information team on a quarterly basis.

Indicator	Outcome/s	CMFT 2011/12	CMFT 2012/13	National Average 2012/13	Highest Performing Trust 2012/13	Lowest Performing Trust 2012/13
SHMI	To be confident that our mortality rate accurately reflects clinical practice, coding and data quality	110.6	110.5	102.09	71.08	125.59



# Quality Accounts 2012/13

## Patient Reported Outcome Measures

We consider that this data is as described for the following reason; all patients undergoing these procedures have the opportunity to complete pre and post surgery life quality assessments based on outcomes, the figures represent the percentage of patients reporting improvements in their health outcomes.

The Trust has supported the process for gathering patient feedback prior to surgical procedures. The following actions to improve the patients scores based on their outcomes will be undertaken and so the quality of its services, by sharing patient level detail with clinicians to ensure learning and development and continue to promote the completion of the survey. We will also continue to work with our survey provided to achieve high quality data which allows comprehensive review.

Indicator	Outcome/s	CMFT 2011/12	CMFT 2012/13	National Average 2011/12	Highest Performing Trust 2012/13	Lowest Performing Trust 2012/13
Groin hernia surgery	To improve health outcomes following each of the 4 procedures	64.50%	TBC*	52.00%	N/A	N/A
Varicose vein surgery		66.70%	TBC*	50.40%	N/A	N/A
Hip replacement surgery		85.70%	TBC*	87.40%	N/A	N/A
Knee replacement surgery		76.50%	TBC*	79.30%	N/A	N/A

\*data not available at time of reporting

## The percentage of patients readmitted to a hospital within 28 days

The Trust considers that this data is as described for the following reasons; as it is nationally standardised data which allows us to draw comparisons against the NHS as a whole.

We have established an operational working group to monitor and set individual care plans for patients who are readmitted to hospital. By identifying a patient cohort who is frequently readmitted strategies can be put in place working with social care to look at admission avoidance. The quality of its services can be improved further by working with commissioners and local General Practitioners to establish specific interventions to support particular patients and support their holistic care needs.

Improving this aspect of service will include a focus on frail elderly patients, those with chronic obstructive pulmonary disease, heart failure, end of life care (particularly in care homes) and community intravenous therapy.

A community scheme being developed is the Intermediate Care Assessment Team (ICAT). This team provides a guaranteed community response (within 24 hours) for Central Manchester residents who are medically stable but require some form of health and/or social care to keep the patient in their own home. One of the expected outcomes of this team is to reduce the number of readmissions to hospital.

Indicator	2012/13	Actual	Expected	Spells	%
Aged 0-14	94.2%	1697	1801.8	27,216	6.2%
Aged 15+	96.9%	4578	4724.7	72,684	6.3%
Total	96.1%	6275	6526.5	99,900	6.3%

## Trust responsiveness to the personal needs of its patients

The Trust considers that this data is as described for the following reasons; the data is a direct extract from data provided by the Care Quality Commission based on scores from patients who participated in the national patient experience survey having spent at least one night as an in-patient in July 2012.

We have undertaken a significant work programme to bring about improvements in these aspects of patient experience. The work undertaken has brought about an increase in the scores which have been replicated also by internal monitoring of the patient experience as measured by our electronic feedback devices.

Indicator	Outcome/s	CMFT 2011/12	CMFT 2012/13	National Average 2012/13	Highest Performing Trust 2012/13	Lowest Performing Trust 2012/13
Amalgamated and adjusted scores from the 5 key questions in the national adult in-patient survey	To demonstrate continuous improvement in our responsiveness to the personal needs of our patients	66.0	67.1	TBC	85.6	56.6

## The percentage of staff employed who would recommend the trust as a provider of care to their family or friends

The Trust considers that this data is as described for the following reasons; the data available is collected from the 2012 staff survey and that staff are asked to comment on two aspects as outlined below.

We have undertaken a number of actions to improve staff engagement and satisfaction which is considered to be directly linked to the quality of service delivery. We have implemented an expansive and inclusive staff engagement and involvement strategy that has resulted in a wide range of corporate and divisional improvement actions being taken. These improvements have been widely communicated across the organisation and some are described in this account. A highly inclusive work stream around values and behaviours was completed during 2012/13 with the largest staff group across the Trust – Nurses and Midwives – prior to being rolled out across the whole organisation beginning January 2013. We will report on this work programme in 2014.

Indicator	Outcome/s	CMFT 2011/12	CMFT 2012/13	National Average 2012/13	Highest Performing Trust 2012/13	Lowest Performing Trust 2012/13
Staff Survey Key Finding 24 – staff recommending the Trust as a place to work or receive treatment	Staff report that they are treated with the appropriate values and behaviours by colleagues and by the organisation	3.46	3.66	3.57	4.08	2.90
- an indicator of the Friends and Family Test	and that they would recommend the Trust.	62.80%	61%	N/A	70%	N/A

# Quality Accounts 2012/13

## The percentage of patients who were risk assessed for venous thromboembolism

The Trust considers that this data is as described for the following reasons. Patients are assessed, unless part of the agreed group of exclusions. This is documented and then checked by the coding team. All patients who have a correctly completed VTE assessment are coded accordingly and this is the figure presented.

We have taken the following actions to improve this percentage and so the quality of its services, by beginning a project to ensure electronic completion of this assessment for all patients as part of the Harm Free Care work. The aim is to ensure a minimum of 95 % compliance by the end of the year.

Indicator	Outcome/s	CMFT 2011/12	CMFT 2012/13	National Average 2012/13	Highest Performing Trust 2012/13	Lowest Performing Trust 2012/13
VTE assessment	To risk assess 90 % of appropriate patients	90%	90%	93.30%	100% (based on Dept of Health Quarter 3 data only)	73.6% (based on Dept of Health Quarter 3 data only)

## The rate, per 100,000 bed days of cases of clostridium difficile infection in patients aged 2 or over

The Trust considers that this data is as described for the following reason; as it is nationally standardised data which allows us to draw comparisons against the NHS as a whole.

We have undertaken a comprehensive programme of work to achieve its objectives for this measure which have resulted in considerable improvements; many of these are described in this report.

Indicator	Outcome/s	CMFT Oct 2010-Sep 2011	CMFT Oct 2011-Sep 2012	National Average Oct 2011-Sep 2012
Clostridium Difficile infection per 100,000 bed days	To reduce C Difficile infection	22.4	18.2	18.5

*Infection Control in action*



## The rate of patient safety incidents reported and the number and percentage of such incidents which led to severe harm or death

The Trust considers that this data is as described for the following reasons; increased reporting at low level of incidents, improved data quality checks and increase in percentage of severe harm deaths related to re-categorising broken hips following falls to the level of severe rather than moderate as of April 2012.

We have taken the following actions to improve incident reporting via the National Reporting and Learning System (NRLS), and so the quality of its service:

- Data quality management
- Awareness raising of need to report near misses
- Re-categorising broken hips following falls as severe harm
- Patient Safety Training which includes Human Factors
- Patient Safety Initiatives
- Harm Free care

Indicator	Outcome/s	CMFT Apr 11 – Sep 11	CMFT Oct 11 – Mar 12	CMFT # Apr 12 – Sep 12	National Average*	Highest Performing Trust*	Lowest Performing Trust*
Rate of incidents per 100 admissions	5a Patient Safety incident reporting	8.65	10.7	12.12	6.92	12.12	2.77
Percentage of severe harm or death	5b Severity of harm	0.1	0.2	0.2	0.5	0	1.6

\* This is based on the Acute Teaching Organisation cluster under the National Reporting and Learning system

# This data is released retrospectively in 6 month groupings the data for the final 6 months is not available until September 2013



## Part 2 - Statement of Assurance and Priorities for Improvement from the Board of Directors



*Cancer Nurse Specialists, Manchester Royal Infirmary*

### Priorities for improvement in 2012/13 and summary of progress:

In 2012/13 we sought to improve performance across many areas of care. In the following section we present those areas of work with performance data. To provide the reader with an 'at a glance' view of performance we are using, as in previous years, our tick, dash, cross system. A green tick (✓) indicates that we met our objectives for the year, a dash (—) means we made good progress but did not quite reach our objective and a cross (✗) means we did not meet the objective and further work is required and will be undertaken.

We have set these out in the table opposite and the detail is contained over the following pages.

### Statement of assurance from the Board

The Board of Directors of Central Manchester University Hospitals NHS Foundation Trust is assured that the priorities for quality improvement agreed by the Board are closely monitored through robust reporting mechanisms in place in each Division. Action plans are developed where performance becomes unsatisfactory and regular reports are received at Board meetings

and through the Board sub-committees e.g. the Clinical Effectiveness Committee and the Risk Management Committee.

During 2012/13 the Trust provided and/or sub-contracted all services as set out as Mandatory Services under the Terms of Authorisation relevant health services.

The Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2012/13 represents 100 per cent of the total income generated from the provision of relevant health services by the Trust for 2012/13.

The information presented in the Intelligent Board Report covers a wide range of performance indicators for safety, clinical effectiveness, patient experience, performance and productivity and covers all services provided. This process enables the Board of Directors to drill down and interrogate data to local level when areas of concern are identified or review is required. Therefore all the services fundamentally involved in the generation of NHS service income in 2012-13 were subject to a review of data quality.

## Key Priorities for 2013/14 from the Board

In 2012/13 we set out our three key clinical priorities as Dementia Care, Harm Free Care and Mortality. These will continue to be our priorities in 2013/14 because we want to continue to make progress in these areas, and are reported on in detail in the following report.

Priority	Page	2011/12	2012/13
<b>Patient Safety</b>			
<b>Acutely Unwell Patient</b>	70	✓	✓
<b>Patient Harm Events</b>	71	✓	✓
<b>Medication Safety</b>	5	✓	✓
<b>Harm Free Care (key priority)</b>			
• Venous thromboembolism	80	Not applicable	✓
• Falls	80	Not applicable	✓
• Pressure sores	80	Not applicable	✗
• Catheter acquired urinary infection	83	Not applicable	✓
<b>Clinical Effectiveness</b>			
<b>Hospital Mortality (key priority)</b>	84	—	—
<b>Infection prevention</b>	85	✓	✗
<b>Advancing Quality</b>			
• Acute myocardial infarction (heart attack)	87	✓	✓
• Coronary artery bypass graft (CABG)	87	✓	✓
• Heart failure	87	✓	—
• Stroke	87	✗	—
• Hip and Knee replacement	87	✗	—
<b>Urgent care</b>	88	✓	✓
<b>Fractured neck of femur</b>	88	✗	✓
<b>Patient Experience</b>			
<b>Improving quality programme (IQP)</b>	90	✓	✓
<b>Leadership walk rounds</b>	90	✓	✓
<b>Real time patient feedback</b>		✓	✓
<b>Commissioning for quality improvement scheme (CQUINS)</b>			
• Local	91	✓	✓
• National	91	✓	✓
<b>End of life care</b>	93	✓	✓
<b>Single sex accommodation</b>	95	✓	✓
<b>Dementia (key priority)</b>	96	Not applicable	✓

## Patient Safety

### Reviewing our emergency bleep calls

#### Reviewing our emergency bleep calls and incidents relating to patients whose condition deteriorates

Since October 2009, in a Trust-wide approach to maximise patient safety, every emergency call and all reported clinical incidents related to delayed recognition and response to acute illness have been reviewed by a group of experienced nurses and doctors with executive support. If issues are identified, the case is presented with leads from the nursing and medical teams involved with the case, in order to identify areas of improvement and good practice.

Initially we analysed all emergency calls which enabled us to quantify the problems. Subsequently we gathered all the details around each event; examining the 12 hours before emergency calls and incidents occurred, leading us to identify issues and processes that required improvements. Key themes enabled local changes and as the panel reviews all cases, an organisational overview ensured Trust-wide sharing of relevant issues, policy change and support as required.

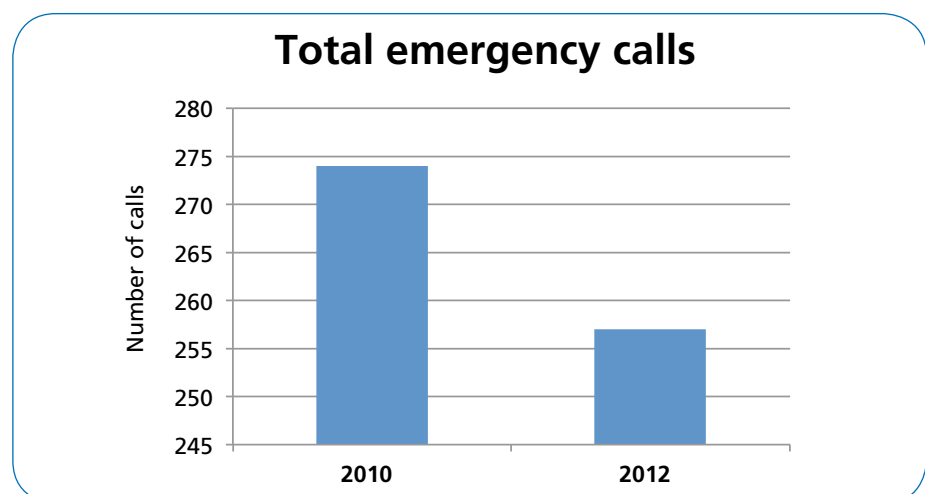
To begin the process the ward teams complete a root cause analysis into the call or incident. This is reviewed by the core team; the clinical care and events leading up to the cardiac arrest call are considered in detail. If it is considered that care or treatment could have been improved or that the cardiac arrest may have been avoided the nursing and medical teams are invited to a review meeting to discuss the case and agree the implementation of any actions, training or education required to prevent a recurrence. Trust-wide learning and monitoring is provided by the urgent care team.

The review meetings are held weekly and actions are disseminated for each case. Thematic analysis of any changes to practice are presented twice a year to the organisation and shared on Staffnet (our intranet). Divisional clinical effectiveness teams ensure divisions fulfil their actions and feedback to the core group as required. This process has supported organisational learning; allowing all levels of staff to change the way acute care is delivered in their area.

#### Have we made a difference?

Since the reviews started there has been a reduction in the number of emergency calls of over 5% across the Trust.

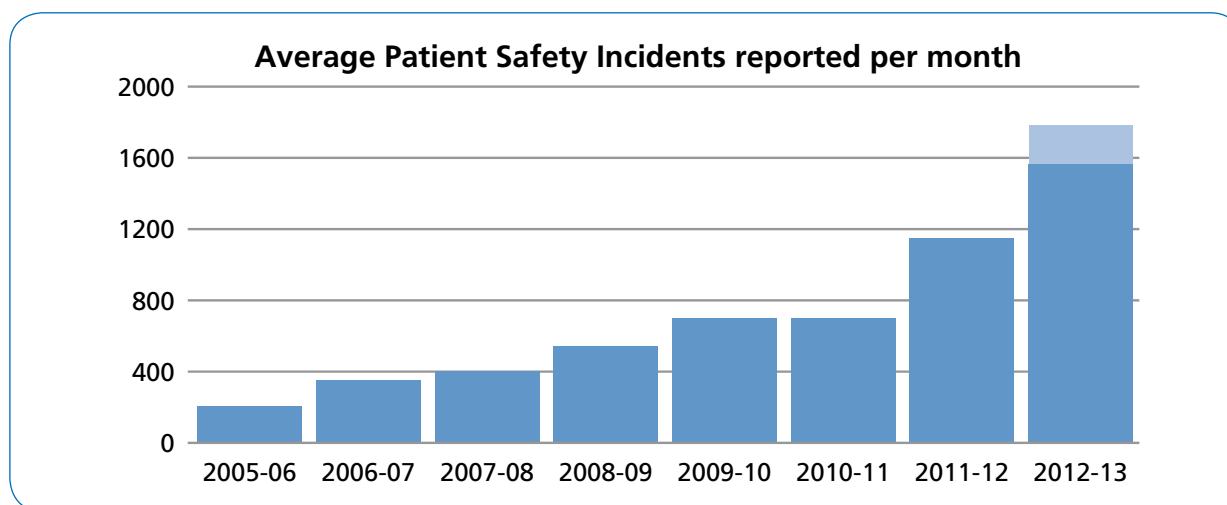
As some events are unavoidable, the reduction in absolute numbers does not always provide enough detail on whether we are improving our care. Therefore we have developed a tool to determine whether or not improvements needed to be made to care, regardless of impact on the outcome. This has enabled us to determine if there was anything more that we should have done to prevent the emergency occurring.



## Learning from incidents

Our aim for this year was to increase reporting of Patient Safety Incidents by at least 5%.

We have succeeded in achieving a 56% increase in Patient Safety Incident reporting this year. Trafford Hospital who joined the Trust at the beginning of the year accounted for 18% of this increase with the remaining increase related to improvements in reporting. This shows that we have continued to raise the importance of reporting incidents and near misses, which has resulted in increased reporting this year and in the Trust becoming the highest reporter to the NPSA when compared to similar Trusts.



**Figure One** - Note as of 1st April 2012 the Trust merged with Trafford Hospitals and their data is highlighted in pale blue

Financial Year	Patient Safety Incidents	Average per month
2005/06	2378	198
2006/07	4155	346
2007/08	4696	391
2008/09	6394	533
2009/10	8345	695
2010/11	8350	696
2011/12	13763	1147
2012/13*	19672	1788

**Figure Two** - Data up to end of February 2013

For an organisation to learn and improve it is vital that staff feel comfortable to report when things go wrong. Trusts that report more incidents usually have a better and more effective safety culture.

We have seen a yearly increase in reporting which is considered to be good practice as whilst the numbers of incidents reported has increased, the serious harm that patients experience has reduced over the last four years (as seen in the graphs overleaf). With the increase in activity from the acquisition of Trafford Hospitals, we have been able to maintain our position from the previous year when we anticipated seeing a rise. This is because our staff are reporting more near misses which means that we can learn from these incidents and prevent more serious incidents occurring.



# Quality Accounts 2012/13

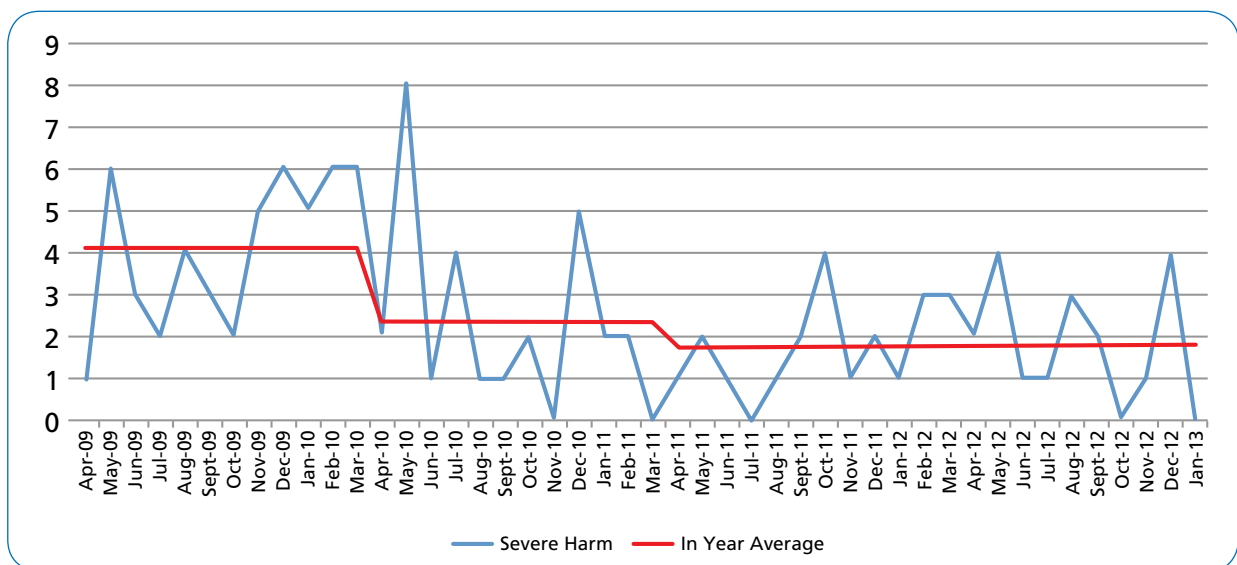


Figure Three

## Examples of Learning from Incidents

We provide Patient Safety Training to help staff understand how errors can occur and after every incident we review what happened and where possible make changes to prevent the same thing happening again. Examples of some of the actions following incidents are given below:

- An electronic observation recording and alert system is being implemented across the organisation.
- An electronic recording system has been created to ensure patients are followed up after their endoscopy.
- A video recording system is now in place at the Cataract Services Unit, which allows review of surgical treatment.
- Patients attending Trafford Hospital with Mini Strokes who do not require hospital admission are now seen in the next available specialist clinic, to improve the speed of diagnosis and treatment.
- Staff have received additional training on supporting patients with a learning disability, to enhance good communication with carers thereby helping to reduce risks.
- Invested in a new X-ray reporting room with restricted access including no incoming telephone calls and sound-proofed booths. This has been designed to minimise distraction for the reviewer and reduce errors.
- All patients undergoing surgery at the Macular Treatment Centre now have two 'time out' safety checks performed to ensure that correct site surgery takes place.
- Improved fluorescent signs have been installed to reduce patient falls at night time.

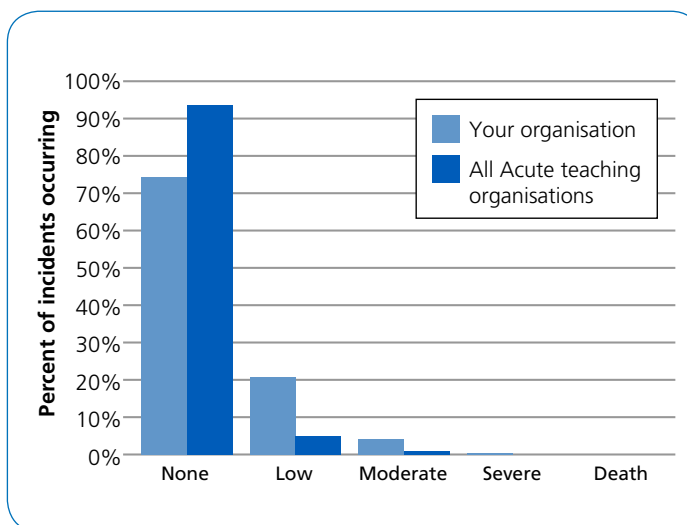
## Comparing with other Trusts

### National Patient Safety Agency (NPSA)

We report all our Patient Safety Incidents to the National Patient Safety Agency and they use this information to compare us with other Trusts that are similar to us.

This graph shows that we are the highest reporter of incidents when compared to similar NHS Trusts. We reported 12.1 incidents per 100 admissions in period April to September 2012.

The graph shows that 93% of incidents reported by us are categorised as resulting in no harm compared to all other organisations reporting a level of 74%. This shows that the increased reporting of incidents is for those at the lowest level.



### Shelford Group

The Shelford Group is a group of hospitals that are very similar to us; making them ideal comparators. We have done this for actual harm levels as shown in the following table.

% of Incidents Resulting in Harm	None	Low	Moderate	Severe	Death
Central Manchester University Hospitals NHS Foundation Trust	93.4	5.3	1	0.1	0.1
Imperial College Healthcare NHS Trust	89.4	7.5	2.9	0.2	0.1
Cambridge University Hospitals NHS Foundation Trust	86.7	11.3	1.7	0.3	0
King's College Hospital NHS Foundation Trust	80.8	13.7	4.4	0.7	0.3
University College London Hospitals NHS Foundation Trust	79.4	11.3	8.9	0.3	0.1
Sheffield Teaching Hospitals NHS Foundation Trust	76.2	20.9	2.2	0.6	0.1
University Hospital Birmingham NHS Foundation Trust	76.0	22.1	0.3	1.6	0
Guy's and St Thomas' NHS Foundation Trust	75.2	20.5	3.9	0.2	0.2
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	64.1	33.4	1.9	0.5	0

## Type of Incidents Reported

Following the introduction of a zero tolerance policy towards any inaccurate labelling of blood and other samples from patients, laboratory tests have become our highest reported incident type this year.

	% of incidents
Laboratory Tests	13.4
Falls	11.7
Staffing/Environment	10.2
Admission, Transfer, Discharge	9.4
Treatment/Procedure	8.9
Documentation	7.4

	% of incidents
Pressure sores	5.2
Medication	4.6
Maternity/neonatal	4.3
Communication	4.2
Medical Equipment	3.5
Clinical Assessment	3.4

## Never Events

A 'Never Event' is a serious largely preventable Patient Safety Incident that should not occur if the available preventative measures have been implemented. There are 25 national 'Never Events' and we have risk assessments and measures in place to prevent these. However, despite this we have had eight Never Events this year, all of which relate to the undertaking of procedures. We have supported staff to understand why these happened and put in place further measures to prevent them from happening again.

Following these events full investigations were undertaken and actions completed which have included the development of a training video for staff, implementation of checklists within the out-patient setting and additional checks put in place during procedures.

## Being Open

Being Open refers to communicating honestly and sympathetically with patients and their families when things have gone wrong. Our policy is that following any incident resulting in harm, information must be given to the patient and or their relatives as soon as possible after the event including the investigation findings and actions planned.

## National Patient Safety Agency (NPSA) Alerts

The NPSA issue alerts throughout the year to advise Trusts on actions that need to be carried out in order to improve patient safety as a result of lessons learned in healthcare. These alerts require action and reporting within a certain timescale. We review these alerts and monitor performance at the Operational Risk Management Group.

Detailed in the table below are the alerts issued this year.

Reference No.	Title	Alert Action Complete By	Outcome
NPSA/2011/PSA001	Safer spinal (intrathecal), epidural and regional devices Part A: update	02/04/2012	Completed
NPSA/2011/RRR03	Minimising Risks of Mismatching Spinal, Epidural and Regional Devices with Incompatible Connectors	02/04/2012	Completed
NPSA/2011/PSA003	The adult patient's passport to safer use of insulin	31/08/2012	Completed
NPSA/2011/RRR002	Keeping newborn babies with a family history of MCADD safe in the first hours and days of life (a rare genetic disorder)	26/04/2012	Completed
NPSA/2011/RRR03	Minimising Risks of Mismatching Spinal, Epidural and Regional Devices with Incompatible Connectors	02/04/2012	Completed
NPSA/2012/RRR001	Harm from flushing of nasogastric tubes before confirmation of placement	21/09/2012	Completed

## Medication Safety

The organisation has aimed to improve all areas of patient safety over the last few years including issues relating to medication safety. We set out to improve reporting and reduce harm and we have done that. Below is a table comparing last year and this.

Actual Impact	Number of incidents reported 2011-2012	Total number of incidents reported 2012-2013 (inc Trafford)	Number of these as a result of Trafford Acquisition
1 Near Miss/No Harm	1379	2091	261
2 Slight	404	21	2
3 Moderate	14	8	0
4 Severe	0	4	1
5 Catastrophic	0	0	0
Total	1797	2124	264

**What** To improve reporting and reduce harm

**How much** To increase reporting by 10% and reduce serious harm by 10%

**By When** March 2013

**Outcome** Increase in total medication safety incident reporting in 2012/13

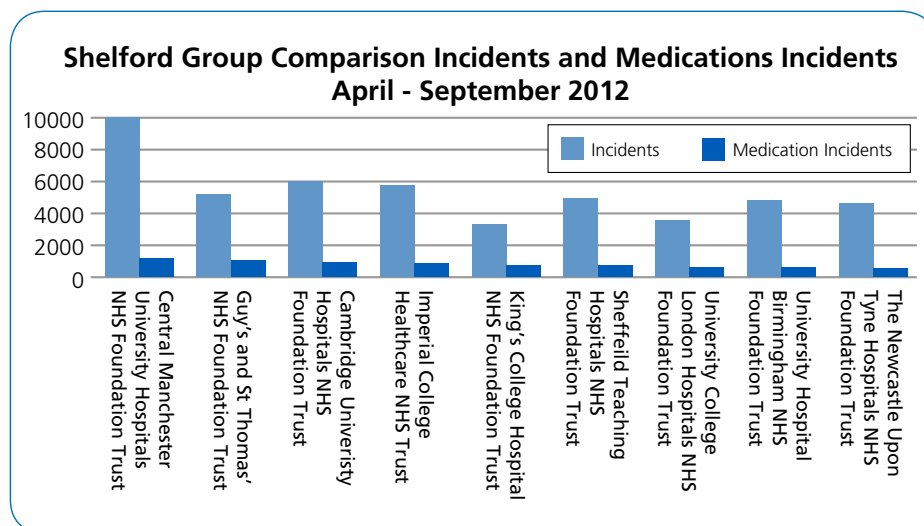
Total medication safety incidents:

- 2011/12 150 per month
- 2012/13 177 per month (Which is an increase of 27 per month 22 of which are attributable to Trafford Hospitals acquisition)

This equates to an 18% increase in the total number of incidents reported and a 14% reduction in severe/actual harm.

An increase in reported patient safety incidents is a sign that there is a fair and open culture where staff learn from things that go wrong and serious incidents occur rarely. We have also seen a reduction in overall reported actual harm from medication safety incidents in 2012/13. This is partly because we have improved the quality of our information. Where serious incidents occur they are fully investigated and measures put in place to prevent similar incidents occurring again and we continue to strive to prevent all such incidents.

We are one of the higher reporters of medication safety incidents in terms of numbers, as shown in the graph below which compares us with other similar organisations. This is to be expected when compared with our overall incident reporting numbers.





## Progress

We use a number of strategies to improve medication safety and some of these are listed here:

- Trust-wide circulation of a Medicines Safety Dashboard monitoring numbers of incidents with specific high risk medicines and key incident themes and highlighting risk reduction strategies.
- Circulation of a Trust-wide medication safety alert to reduce the incidence of administration of penicillin-based antibiotics to patients with penicillin allergy.
- Trust-wide Medicines Safety Bulletins to raise awareness of key medication safety issues.
- Medication Discharge Checklist to ensure patients have comprehensive information about their medication on discharge.
- Pharmacy Medicines Helpline to improve patient's access to information about their medicines after discharge.
- Introduction of a specialist training programme to improve patients understanding of ophthalmic medicines.
- Distribution to patients of the 'Your medicines during your hospital stay' leaflet to encourage patient's active involvement with the management of their medicines.
- Further expansion of the ward-based clinical pharmacy service.
- Increased use of pre-prepared intravenous drugs to minimise the risk of preparation and administration errors and a 40% reduction in the use of concentrated potassium injection in 2012.
- Mandatory Trust Medicines Safety Training.
- Prescribing Competency Assessment Tests for new doctors.
- Improvements in the safe and secure handling of medicines.

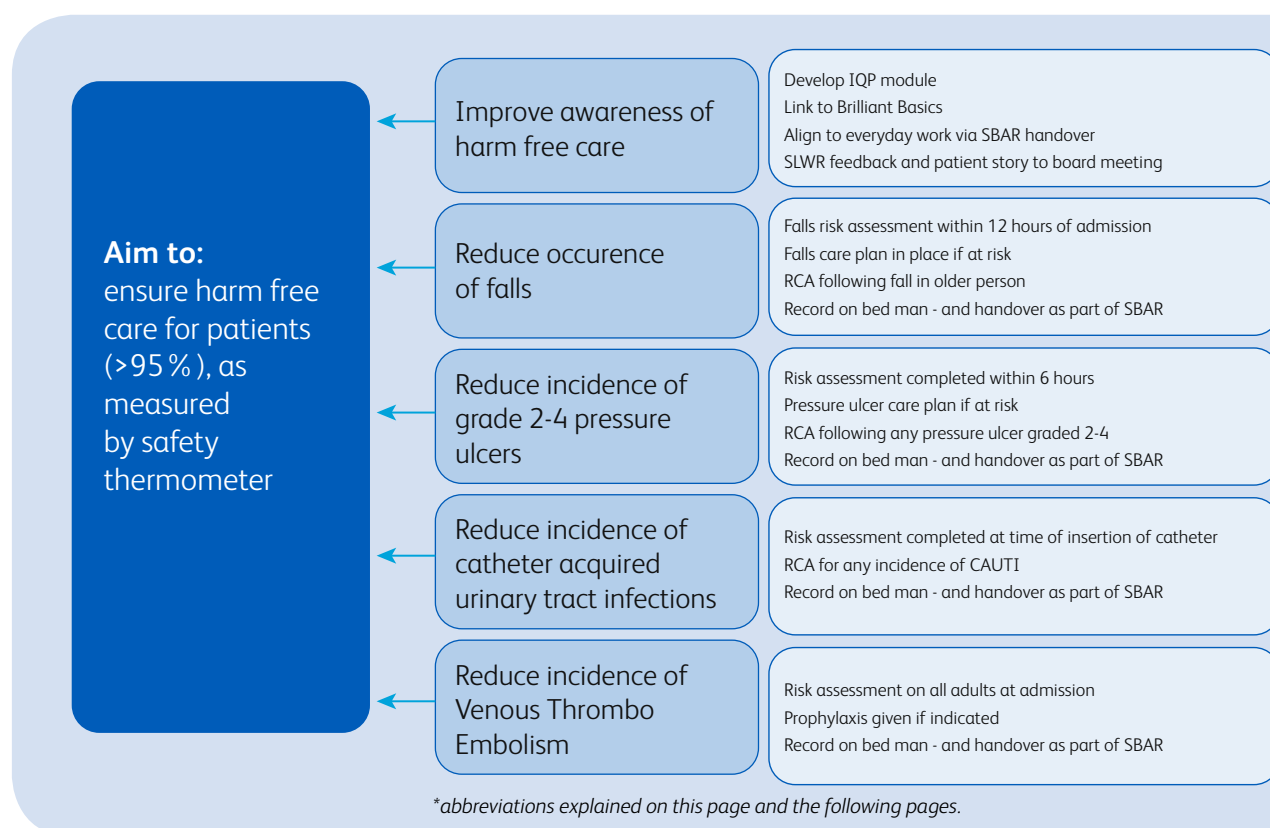
### **But we want to do more so this year we will:**

- Implement Trust-wide Medicines Safety Alerts on high risk medicines such as Insulin, Opiates and Anticoagulants.
- Increase prescribers awareness of, and access to, Trust Prescribing Guidelines.
- Use Medicines Practice in Theatres Workshops to identify quality improvements.
- Increase access to information about injectable medicines for nurses using internet-based peer-reviewed guidelines.
- Make improvements to the in-patient medication chart to facilitate safe prescribing and administration of medicines.
- Expand the Pharmacy services at evenings and weekends.
- Introduce a Pharmacy medicines review service for patients before admission for surgery.
- Contribute to the nationwide Medication Safety Thermometer initiative.
- Identify an Electronic Prescribing system that can deliver improvements in medicines safety.
- Expand the Homecare medication service to reduce the need for patients to be admitted to hospital solely for medication administration.
- Benchmark our medication safety performance against similar Trusts and to continue to reduce actual harm due to medicines.

## Harm Free Care (key priority)

In 2012, we committed to the national Harm Free Care (HFC) campaign which aims to reduce the amount of avoidable harm to individuals receiving NHS funded care as measured by the NHS Safety Thermometer; this describes the percentage of patients that do not experience any of the four specified harms: falls with harm, pressure ulcers (category 2-4), newly diagnosed and treated venous thrombo-embolism (VTE) and catheter acquired urinary tract infections (CAUTI).

Our overall aim was to ensure Harm Free Care for patients (over 95 %) as measured by safety thermometer. The following care bundle was developed:



- What** To improve awareness of harm free care
- How Much** 100% in-patient wards and community district nurse teams submitting data every month using the NHS safety thermometer
- By When** July 2012
- Outcome** 100% in-patients wards (on the Central Manchester site) collect data on the four harms daily using BedMan. Data is extracted and exported to NHS Safety thermometer on set day each month.  
100% in-patients wards (on Trafford Hospital site) collect data on set day each month using NHS Safety thermometer.  
100% Community District Nurse Teams collect data on set day each month using NHS Safety thermometer.  
Since July 2012, all our data is combined and submitted to the NHS Information Centre each month.

## Progress

### Development of an Improving Quality Programme (IQP) module for Harm Free Care (HFC)

- The Trust-wide Improving Quality Programme is being used to support this work and a handbook has been written and provided to staff in all clinical areas. This contains evidence based information and further details about improvement methodology to support the work at ward level.
- IQP Master Classes for Harm Free Care were held for over 260 nurses from wards, theatres and community teams covering the philosophy of harm reduction and improvement techniques.

### Link to Brilliant Basics

- Our Brilliant Basics (Quarter two) event was dedicated to the launch of a Harm Free Care Campaign (Sowing the Seed for Harm Free Care) attended by over 150 staff who committed to providing Harm Free Care for our patients.



Harm Free Care Launch

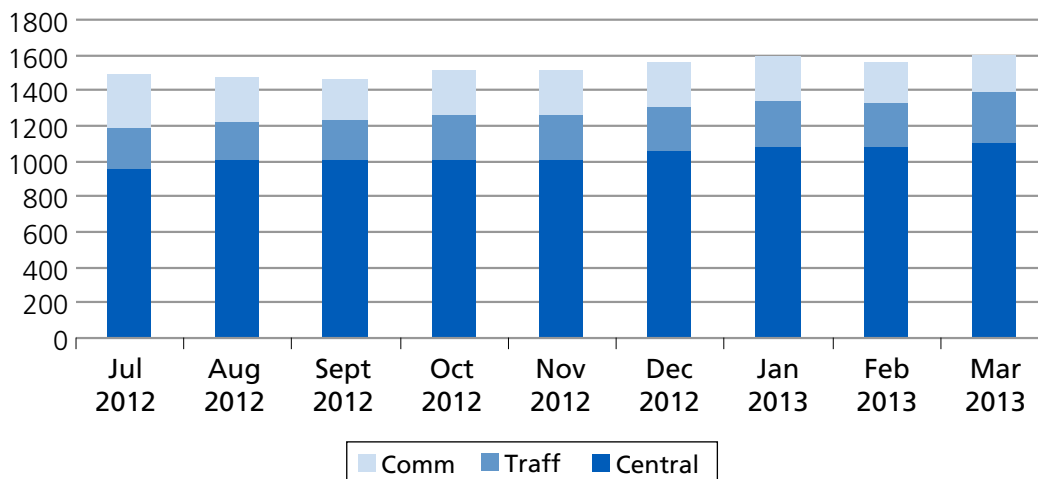
### Align to our everyday work via effective handover systems

- Standardised the handover system to reduce variability and improve accuracy. This has been supported by the use of a simple system which supports staff to frame a conversation using Situation, Background, Assessment and Recommendation (SBAR)
- Changes to the electronic bed management (Bed Man) system have been undertaken to incorporate real time information about the four harms. The patient's Harm Free Care status is then displayed on the handover

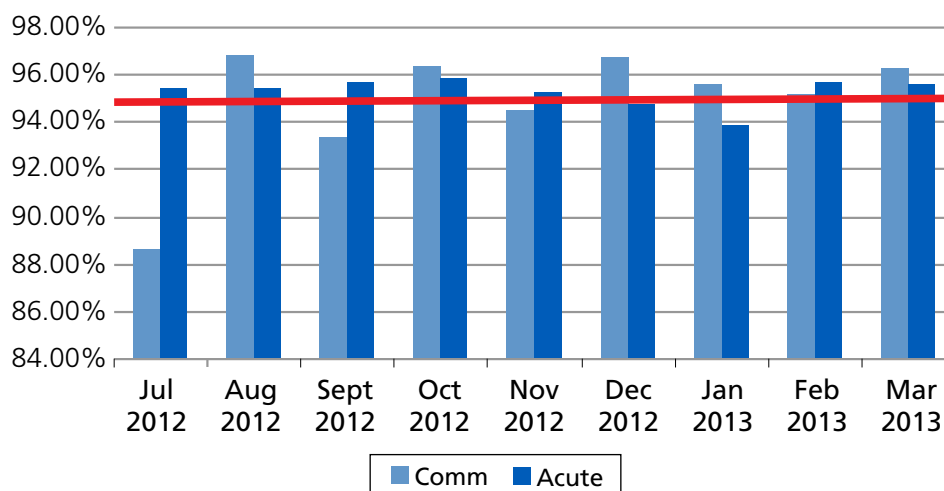
sheet in order to support discussion at each shift handover – 100% of Wards on the Central site are now using this system.

- Staff can access this data at ward level via a central system (SharePoint), which enables them to identify any key areas for improvement.
- Further master classes were run in December where staff were taught how to access and analyse the SharePoint Harm Free Care data. The sessions also involved staff using new tools and techniques to generate solutions to reduce the incidence of the four harms within their area.
- Safety thermometer data collection at Trafford Hospital and in the community currently occurs once a month on a set day in paper format to ensure that 100% of all our wards and teams are completing Safety Thermometer data.
- The data from the bed management system is extracted on the same day as the paper collection occurs and is merged monthly within the Safety Thermometer along with Trafford Hospital and community data prior to submission the NHS Information Centre; where our data is shared with other NHS organisations. We have achieved over 95% Harm Free Care for five consecutive months.

### No of patients included in safety thermometer monthly submission



### %patients receiving harm free care - point prevalence survey



### Further Improvements Identified

- Brilliant Basics (Quarter two) for 2013/14 will be dedicated to developments in our Harm Free Care (HFC) work programme. This will be a platform to enable a specific focus on improvements to reduce the incidence and prevalence of pressure ulcers (grade 2-4) and falls with harm.
- Information systems will be developed to enable Trafford Hospital staff to access the Bed Man handover with Harm Free Care pages. We aim to have 100% of wards using the electronic Bed Man System to complete real time data collection in line with the wards on the Central site during 2013/14.
- Development of the BedMan system as an electronic patient record will prioritise the development of electronic versions of the risk assessment forms for each of the four harms. This will allow risks of harm to automatically be displayed on the handover sheet and the electronic Patient Status at a Glance boards (E-PSAG).
- We will set trajectories for improvements via our HFC management meetings.



# Quality Accounts 2012/13

## Venous Thromboembolism (VTE)

The organisation has worked to maintain the achievement of 90% of all appropriate patients being assessed for their risk of developing a VTE. We can report that we achieved this for the full year. This year we have been working to maintain that standard and reduce significantly the incidence of VTE as part of our 'Harm Free Care' programme of work.

We have reviewed all our guidelines to ensure all our doctors and nurses know how to prevent, identify and manage thrombosis.

A process of local investigation is being established as well as reviewing each individual case when a hospital acquired thrombosis is diagnosed. We will also be looking to improve on our 90% compliance with risk assessment to achieve 95% minimum by the end of the year.

Electronic systems for the capture of VTE information are being developed and will be in place by the end of the year.

- What** Maintain 90% performance on risk assessment
- How much** Minimum of 90%
- By When** During 2012/13
- Outcome** At least 90% of appropriate patients risk assessed every month

### Progress

Our work on VTE risk assessment provides us with an excellent foundation on which to build on and deliver a reduction in the incidence of VTE – this will continue to be one of our aims in 2013/14.

## Reduction in Harm from Falls

The organisation is committed to reducing the number of falls with harm and has seen a reduction of 11% of falls recorded with harm (severity level 2-5) excluding incidents reported by the Trafford Hospitals Division.

There has been however, an overall increase in the number of patient falls this year. This is largely attributed to the number of incidents reported by the Trafford Hospitals Division which joined the Trust in April 2012 and which has contributed to 27% of all falls reported.

	2011/12	2012/13 excluding Trafford	2012/13 Trafford Division	Total number of falls 2012/13
No harm	1433	1683	626	2309
Slight – Moderate Harm (level 2-3)	105	78	32	110
Major Harm (Level 4-5)	1	16	12	28
Total Patient Falls	1539	1777	670	2447

Patient risk assessment and reporting of falls incidents has been a priority for Trafford Hospitals. A falls action plan has been implemented to include weekly fall Key Performance Indicator (KPI) meetings and patient rounding has been introduced. Falls has also been incorporated in Trafford Hospitals' quality care campaign.

As part of our compliance with NHSLA level 3 a revised Patients Falls Policy has been developed. Patient fall risk assessments and falls incidents are to be recorded on the electronic patient Bedman system which will identify patients at risk of falling and be included into the nursing handover to further improve consistency of care.

**What** To reduce the harm caused to patients as a result of falls

**How much** To reduce the number of falls with harm from 2011/12

**By when** March 2013

**Outcome** There has been a reduction of 11 % of falls recorded with harm (severity 2-5) excluding incidents reported by the Trafford Hospitals Division.

**Progress** 

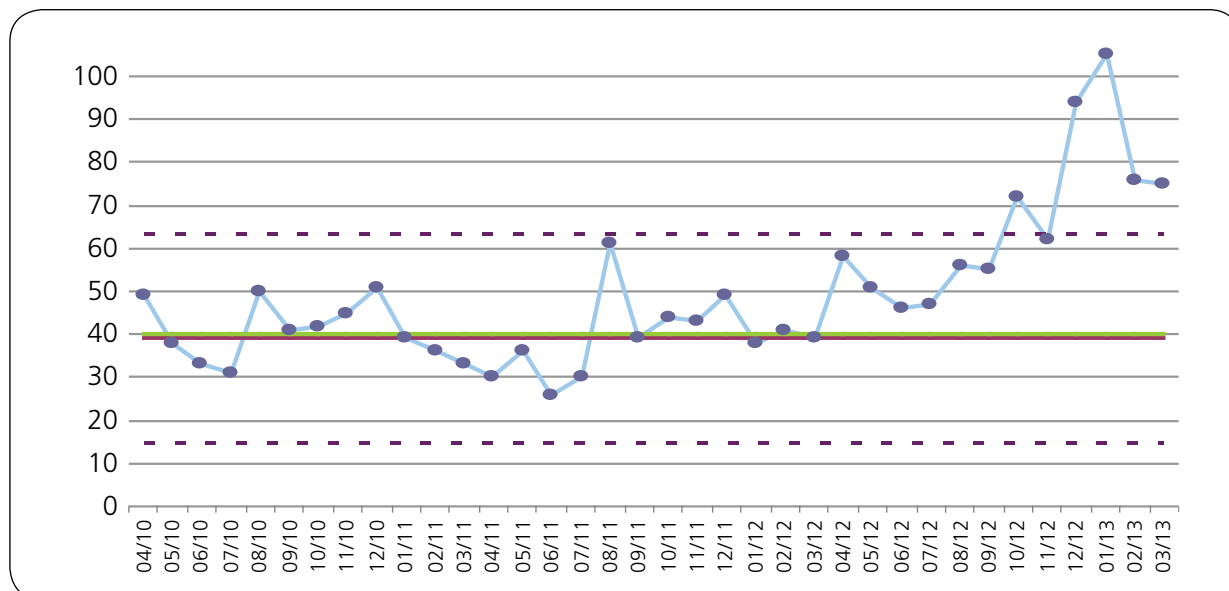
We are committed to improving performance and continuing on a trajectory with a reduction of falls with harm in 2013/14. Each clinical Division will be responsible for implementing a structured KPI process for monitoring the incidence of falls and use improvement methodology to support their improvement plans. The monitoring of these arrangements is ongoing on a monthly basis.

**Pressure Ulcers**

We have committed to reducing the number of pressure ulcers resulting in harm these are categorised as grade 2-4. We have developed a revised pressure ulcer policy and wound formulary and aligned our policies with those in Trafford hospitals. We have also raised awareness amongst staff of the importance of reporting pressures ulcers in every category in order that we can prevent ulcers from deteriorating.

Despite a number of improvements and the focus of the nursing teams there has been an overall increase in pressure ulcers particularly during quarter 3 and 4 this year.

**Incidence of Pressure Ulcers with harm (Grade 2 – 4)**



**What** Reduction in the number of incidents of pressure ulcers

**How much** Overall reduction

**By When** 31st March 2013

**Outcome** Not Achieved

## Progress

During 2012/13, we aimed to reduce the overall incidence of pressure ulcers with harm by raising awareness through the Harm Free Care programme of work. In addition the Tissue Viability team delivered a programme of training and education for all ward based staff during Quarter 1 and Quarter 2. The Trust policy for the prevention and management of patients with pressure ulcers was reviewed and amended to support improvements in care. This will be ratified and rolled out across the organisation during 2013/14.

Following the harm free care awareness sessions in October, an increase in reporting of all categories of pressure ulcers was seen across all Divisions, including the number of actual Pressure Ulcers (category 1). A significant increase in the number of category 2-4 pressure ulcers was seen in our two largest adult divisions in the Manchester Royal Infirmary (Surgical and Acute Medicine/Community) during Quarter 3 and Quarter 4.

There has been significant turnover in the specialist Tissue Viability nursing team and at times a lack of access to specialist advice during the year. A planned and structured programme of education, training and active recruitment to this team will have a positive impact on this performance during 2013/14.

Electronic systems have been established to record pressure ulcers within the nursing handover and the development of electronic risks assessments has commenced to enable patient at risk to be flagged on communication systems; ensuring that all professionals involved in the patients care are involved in prevention of pressure ulcers.

All clinical teams are aware that performance in this area of practice must improve and each clinical Division will be responsible for implementing a structured KPI process for monitoring the incidence of pressure ulcers and use improvement methodology to support their improvement plans. The monitoring of these arrangements has been reviewed and the focus on pressure ulcers as one of the key preventable harms in the harm free care programme and zero tolerance for the acquisition of pressure ulcers whilst in our care will form the basis for the following work programme for 2013/14:

- Implement the revised policy for the prevention and management of patients with pressure ulcers.
- Implement a more intensive programme of training and education for all staff caring for patients who are vulnerable to acquiring pressure ulcers as part of the mandatory training programme for clinical staff.
- Introduce an electronic system for reporting pressure ulcers to ensure a quicker response by the expert team if required.
- Daily alerts to the nursing teams on the status of patients with pressure ulcers in their clinical areas.
- Undertake a multi-disciplinary team investigation into all incidents of grade 3 and 4 pressure ulcers. The findings will be discussed at divisional review meetings and the Trust-wide Harm Free Care meetings and learning disseminated across all clinical areas.
- Tissue Viability Expert Group to review current practice and advise and support practice to reduce the incidence of pressure ulcers.

## Catheter Associate Urinary Tract Infection (CaUTI)

As part of the Harm Free Care programme of work, new systems were established during 2012/13 to monitor and record catheter-acquired urinary tract infections (CaUTI) amongst our in-patients. By recording the incidence of CaUTI electronically, via the nursing handover and by introducing a new category in the incident reporting system, we now have a baseline position to plan future improvement work. The data demonstrates a steady increase in reporting over the year.

To support staff in preventing CaUTI, we have updated the policy for insertion and management of urinary catheters; with risk assessments, integrated care pathways and information leaflets for patients being adapted to include adults, children and community patients.

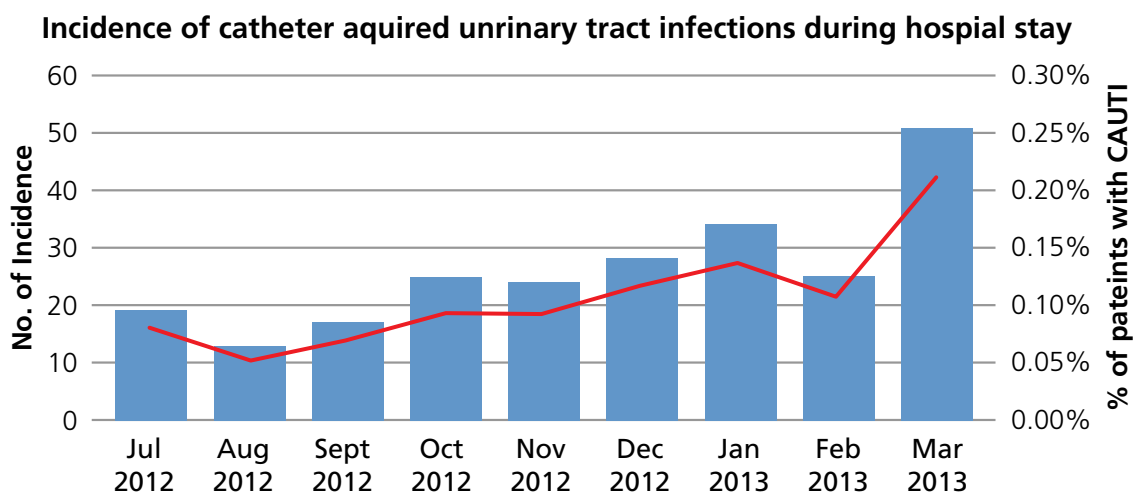
**What** To measure and record the incidence of CaUTI amongst in-patients

**How much** To establish a baseline of the incidence of CaUTI

**By When** 31st March 2013

**Outcome** Achieved

**Progress** 



### Next Year

- The Infection Control Team will deliver a programme of education and training to staff working in the acute and community sectors of the Trust.
- Ongoing audit of the policy for insertion and management of urinary catheters, risk assessments and use of Integrated Care Plans will continue. The findings will be reviewed and implemented through the divisional infection prevention and control groups.
- An Expert Group to review current evidence based practice and advise the Trust on developing practice to reduce the incidence of CaUTI will be established during 2013/14

## Clinical Effectiveness

### Hospital Mortality (key priority)

There are a number of key mortality measures and these are reported publically. Two of the main indicators are Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Indicator Ratio (HSMR). Both of these indicators have a standard expected of 100 or below. Patients, the public and the Trust must be assured through SHMI/HSMR of less than 100 that clinical quality is high and that mortality is at the expected rate.

The key differences between HSMR and SHMI are:

- SHMI includes all deaths, while HSMR includes only a compilation of 56 diagnoses (which account for around 85% of deaths).
- SHMI includes post-discharge deaths while HSMR relates only to in-hospital deaths.
- HSMR is adjusted for more factors than SMHI such as palliative care and case mix. The amount of coding for palliative care is particularly significant in overall HSMR scores, as in some Trusts over a quarter of cases are so coded.

It is of critical importance to appreciate that information about mortality comes from many different sources. These sources include internal mechanisms such as our Emergency Bleep Review Meeting and processes, clinical incidents, high level investigations, complaints analysis and clinical audit and mortality review. In addition there are many external comparators apart from Dr Foster data such as national audits, confidential enquiries and in particular the contribution of adult and children's critical care to national data sets.

**What:** Evidence high quality care through reduction of HSMR and SHMI

HSMR and SHMI are national measures of hospital mortality which, reviewed against other information, can be an indicator of quality of care. The national average is adjusted annually to a figure of 100; any score above 100 indicates the possibility of more deaths than expected, below, fewer deaths than expected.

**How much:** HSMR and SHMI of below 100 after re-basing. (Current HSMR 104.6 and SHMI 110.5)

**By When:** March 2014

**Progress:** 

Action Planned: We have set up a Mortality Review Committee and all services in the organisation now review a proportion of deaths.

This year we have improved our system for reviewing deaths, a mortality review tool is used throughout the organisation and an online system has been developed to make sure doctors have easy access to information that they need to review.

There are continued efforts to improve our clinical records to make sure that all our data on care quality is correct. This enables us to then look at all the information needed and ensure we are delivering the best possible care.

We are also working to understand all of our other clinical outcomes, including mortality. Clinical teams are reviewing the information on a regular basis throughout the year and a group of senior clinicians, nurses and information staff meet regularly to discuss themes identified.

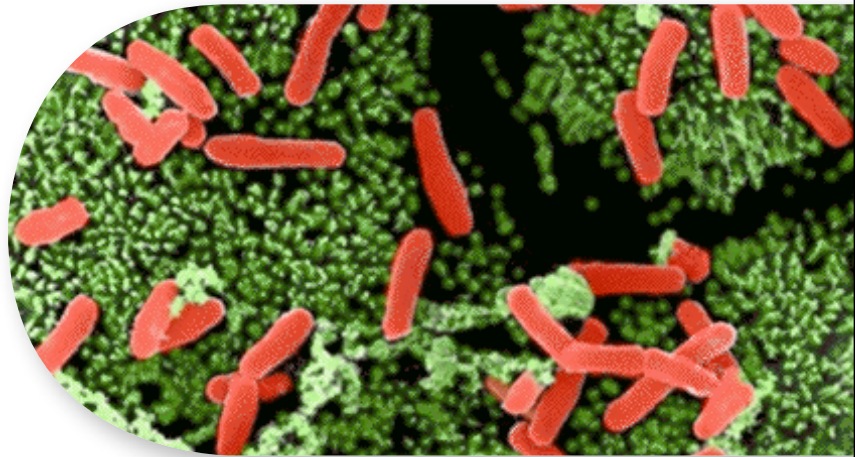
Our aim continues to be to reduce both our HSMR and SHMI scores to below the national average.



## Infection Prevention and Control

Infection prevention and control remains a high priority for us and we are proud of our achievements in improving the safety and quality of the patient journey in the area of infection control and prevention.

We have a highly experienced Infection Prevention and Control Team including specialist doctors and nurses. The infection prevention and control nurses are responsible for their individual caseload of patients and are highly visible on the wards providing support and advice to staff and patients in the clinical area.



### Methicillin Resistant Staphylococcus Aureus (MRSA)

We have achieved consistent year on year reduction in the number of incidents of MRSA bacteraemia. Unfortunately, it is extremely disappointing to report that there have been ten incidents of MRSA bacteraemia amongst eight patients against our planned reduction.

**What** To reduce the number of cases of MRSA bacteraemia (bloodstream infection) within the Trust

**How much** To have no more than 6 cases

**By When** 31st March 2013

**Outcome** Not Achieved

**Progress** 

Each incident has been rigorously investigated by a multi-disciplinary team and a range of further actions have been put in place to prevent the infection for example:



### The Six Golden Rules for Hand Hygiene Pledge

The Division of Surgery and Infection Prevention and Control Team identified the six most important occasions when staff must clean their hands.

The six golden rules for hand hygiene were incorporated into a poster and all the staff in the Division were asked to sign a pledge to commit to adhering to these rules.

**We achieved  
an 11%  
reduction in  
our Clostridium  
difficile cases**

## Clostridium Difficile Infection (CDI)

CDI causes serious illness and outbreaks among hospital patients. It usually affects elderly and very unwell patients who have received antibiotic treatment (Department of Health 2010). We are pleased to have maintained a continued reduction in the cases of Clostridium difficile infection through consistently high standards of clinical practice.

**What** To sustain a reduction in Clostridium difficile infection  
**How much** A continued reduction of CDI cases  
**By When** 31st March 2013  
**Outcome** Achieved

Progress 

### Reducing rates of CDI - Improvements achieved

- Every patient who is identified as having Clostridium difficile infection (CDI) is assessed and monitored by the clinical team on a daily basis.
- Antibiotic treatment for these patients is overseen by the microbiology doctors and the antibiotic pharmacist.
- Strict infection control measures are put in to place to minimise the risk of spread of infection to other patients.
- Patient focus groups have been held involving patients who had been nursed in isolation for infection control purposes. This feedback has helped us to improve our understanding of what it is like to be a patient in isolation and will help us to improve our written and verbal communication to patients and staff in the future.

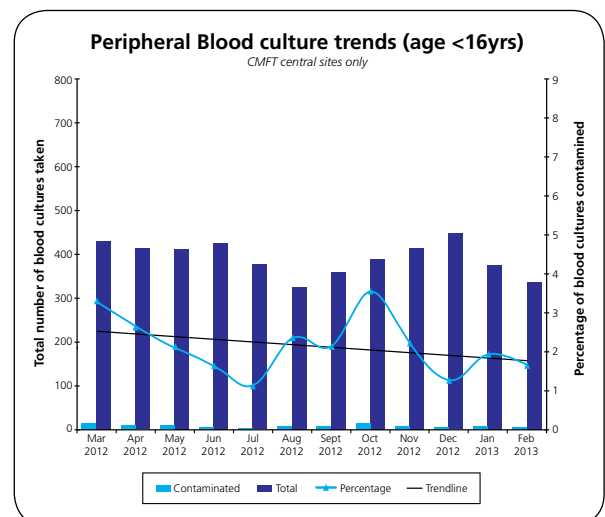
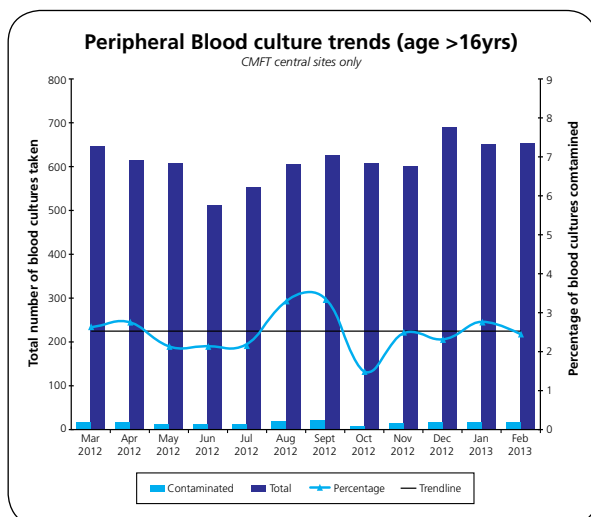
**What** To maintain low blood culture contamination rates

**How much** No more than 3%

**By When** 31st March 2013

**Outcome** Achieved

Progress 



### Maintaining low blood culture contamination rates - Improvements achieved

- 438 junior doctors were trained in Aseptic Non Touch Technique (the technique used for inserting and handling invasive devices, such as intravenous lines).
- The introduction of the 'Six golden rules' for hand hygiene, a simple teaching aid for the promotion of good practice amongst healthcare workers.

### Future Improvements

- Reducing the risk of environmental contamination with Clostridium difficile spores using hydrogen peroxide fogging (a method of vigorous disinfection) that can be operated across hospital wards and departments. A trial is due to begin 2nd April 2013.
- Reviewing the incidence of infections that lead to patients receiving antibiotic therapy.

### Advancing Quality

Advancing Quality (AQ) is a North-West quality initiative introduced in 2008. AQ aims to improve standards of healthcare provided in NHS hospitals across the North West of England and reduce variation.

Focusing on several clinical areas which affect many patients in the region – acute myocardial infarction (heart attack), coronary artery bypass graft (heart bypass surgery), heart failure, hip and knee replacement surgery, pneumonia and stroke - Advancing Quality is an initiative which works with clinicians to provide NHS trusts with a set of quality standards which define and measure good clinical practice.

Targets for 2012/13 are being met in three of the six focus areas. Further work is required to achieve success for Heart Failure, Pneumonia and Stroke.

Focus Area	2011/12 Target	2011/12 Performance	2012/13 Target	2012/13 Performance *(April to Oct - provisional)
Acute Myocardial Infarction (AMI)	95.00%	97.47%	95.00%	96.85%
Coronary artery bypass graft (CABG)	95.00%	99.46%	95.00%	98.16%
Heart Failure	75.08%	87.79%	81.86%	74.81%
Hip and Knee	95.00%	92.46%	95.00%	95.11%
Pneumonia	90.23%	80.81%	84.48%	80.87%
Stroke	0.00%	70.91%	90.00%	76.31%

*\*2012/13 figures include Trafford Hospital following the acquisition in April so direct comparisons with last year are not possible. Some areas continue to see consistently high performance, for example, AMI and CABG. Others have seen a significant improvement, such as Hip and Knee and pneumonia (improvements demonstrated in latter half of the year, and not reflected in the numbers above, after the introduction of a care bundle in August 2012). However, there are still areas where we have performed less well and we are focusing our efforts to ensure we improve over the coming year.*

## Urgent Care

**What** To ensure that patients attending the Accident and Emergency Department wait less than four hours to be seen, treated or discharged.

**How much** 95% of patients to achieve this standard each quarter and for the year.

**Outcome** Achieved standard for the full year

**Progress** 

### Improvements Achieved

System and process improvements identified across the following areas:

- Emergency Department (ED) – Consultant staffing enhanced to meet 16 hours cover seven days a week.
- Medical Assessment Units – Combined 55 bed Acute Medical Unit (AMU) opened October 2012.
- Medical Wards further work on discharge planning and bed allocation, working on standards for Transfer and accepting patients from the AMU.
- Complex Discharge – Continued to strengthen the team and intermediate care provision. Moved to joint management arrangements for Health and Social Care Team.
- Bed Management, on-going system review.
- Observational Medicine Unit opened October 2012 to support care of Emergency Department, patients with a short length of stay and for ambulatory care sensitive conditions, including GP assessment area weekdays 9 to 5.

### Further Improvements Identified

In order to facilitate an improved patient experience through the urgent care system, the Trust will be continuing to make improvements across all areas of the Clinical Quality Indicators but specifically focusing on the following four key priorities:

- Development of a programme that sets out to better support frail and elderly patients under our care and to provide care in the most appropriate setting in the safest most clinically effective way. This will be a significant programme of work, which will be described along side some challenging and measurable indicators.
- Continued development of community services for adults to meet the increases in demand that will be driven through the change programme for frail elderly patients and through improvement in urgent care community responsiveness.
- Continued development of Community Children's services for urgent care and working in partnership with Royal Manchester Children's Hospital to develop enhanced community pathways for children with certain conditions.
- Supplementing the medical workforce to ensure that Senior Consultant (Decision Maker) presence on the wards and within the Emergency Department can be increased. This will help to ensure patients do not stay in hospital any longer than is absolutely necessary and also provide better continuity of care. Plan for quarter 3 for ED to expand consultant presence to 24 hours a day on certain days where we record higher trauma attendances (primarily weekend days).

## Fractured Neck of Femur

Over the last two years, a key priority for the Trust and specifically the Divisions of Surgery, Medicine, CSS and Trafford Hospital, has been to improve the clinical pathway for patients admitted for surgery and rehabilitation due to a fractured neck of femur. During the past 12 months there have been significant changes and achievements in the general management and clinical outcomes for adult patients admitted with a fractured hip.



*Manchester Royal Infirmary Theatres*

To accommodate the additional activity associated with the implementation of the Major Trauma Centre at MRI, an additional five trauma lists have been introduced in MRI theatres. This has contributed towards a significant improvement in the number of patients transferred to theatre within the national requirement of 36 hours following admission to Accident and Emergency Department. In October 2012, 65% of patients received surgical intervention within 36 hours. This has increased to 90% in February 2013.

As a pilot, a fractured neck of femur Specialist Nurse has been appointed to co-ordinate the care and admission of patients from the Emergency Department (ED), ensuring that they are fast tracked through the ED and that they are appropriately prepared for theatre. The Specialist Nurse is currently being trained in the administration of femoral nerve blocks to effectively manage patient pain from the point of admission via the ED to surgery. In a recent audit in the ED and wards in MRI, staff considered the role to have made a significant impact on the emergency and pre-operative care and management of patients.

In January 2013, an Occupational Therapist was also appointed, as a pilot, to the post of Key Worker. This role focuses on the post-operative rehabilitation and safe and timely discharge of patients. In conjunction with the Orthopaedic Liaison Specialist Nurse, their combined roles have been pivotal in reducing the average length of stay across MRI from 33 to 23 days.

A weekly multi-disciplinary team meeting has been established within the Division of Surgery to review the pathway of patients with hip fractures. The group has clinical and managerial representation from all disciplines who contribute towards the care of this group of patients. A potential delay that may occur in the pre or post-operative management of a patient is highlighted and action is taken to proactively manage each patient's pathway to minimise length of stay and to promote a safe and timely discharge from hospital.

A Fractured Neck of Femur Group meets monthly to monitor service improvements taking place across the Trust. This has encouraged collaborative and interagency working across the MRI and Trafford Hospital sites.



## Patient Experience

### Improving Quality Programme (IQP)

**What** To roll out sustainable quality improvements across all clinical areas

**How much** To ensure that wards across the central hospital site continue to use IQP as a method of improvement.  
To complete basic IQP training using 14 week programme in 100 % of agreed wards within Trafford Division (11 wards)

**By when** March 2013

**Outcomes**

- 96 % of wards on Central site had evidence of actively using IQP in their ward area evidenced by ward accreditation.
- 72 % of wards (Central and Trafford) reported that more than 50 % of registered nurse time is spent on direct patient care (number = 68)
- Trafford Hospitals roll out completed extended 14 week programme (approximately 190 staff involved) 100 %.
- Improving Quality Boards established 100 %.
- Colour coded standards implemented in non-patient areas 82 % (9/11).
- Content for Patient Status At a Glance Boards (PSAG) being developed and tested in line with IQP Standards 100 %.
- SBAR and Core Huddle implemented for shift Handovers 100 %.
- 91 % of wards (2010/11) have achieved all of the Trust Standards.

### Progress

The Improving Quality Programme aims to achieve a level of standardisation of a number of processes across the organisation, with appropriate levels of flexibility built in to each standard to ensure changes are appropriately applied to all clinical areas.

The IQP programme also aims to embed knowledge of continuous improvement methodologies across all our wards. All wards are assessed, during the formal Ward Accreditation process, to ensure IQP methodology is being used to improve the patient experience.

Ward staff are supported in their improvement work through service improvement clinics. In addition, training sessions have been held for Education and Development Practitioners to increase continuous improvement capability within Divisions.

Following the acquisition of Trafford Hospitals in April 2012, it was agreed that the basic 14 week IQP training programme would be delivered to eleven wards at Trafford Hospitals in line with all our other wards areas.

The basic 14 week IQP training programme commenced in September 2012 and was extended by a further eight weeks to ensure robust support was provided.

### Leadership Walk Rounds (SLWR)

Senior Leadership Walk Rounds (SLWR) take place in all clinical areas and out-patient departments and are completed by members of the Board of Directors providing board assurance through observation and patient feedback. The feedback from patients has been positive in relation to the standard of care received and services provided. This model has also been adopted by senior teams within individual clinical Divisions and divisional management teams

complete their own regular walk rounds, providing senior leadership and visibility to patients and staff. The SLWR programme has been supplemented by an initiative known as 'By Invitation' where staff are able to invite senior managers and directors to visit their services and understand how they function. This has included many non clinical areas and has been positively received by staff who have had the opportunity to meet senior members of the Trust. The programme for the Walk Rounds will continue in 2013/14 focusing on patient experience and feedback to support continuous improvement.

## **Commissioning for Quality and Innovation Scheme (CQUINS)**

A proportion of our income in 2012/13 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2012/13 and for the following 12 month period are available online at: [http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/\\_openTKFile.php?id=3275](http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275)

The CQUIN framework is a national framework for locally agreed quality improvement schemes. The framework was set up in 2009 to reward excellence in quality by linking a proportion of the Trust's income to achievement of quality improvement indicators. The framework has grown over the years, demonstrating the increasing emphasis being placed on quality. By embedding quality in discussions that the Trust has with commissioners, a culture of continuous quality improvement is created. CQUINs are important to us and for patients as they are designed to improve patient experience, drive improved clinical outcomes and generally improve the quality of our services.

While some CQUIN schemes are set nationally, most are agreed regionally or locally, allowing the Trust to ensure that areas of work that are particularly important to us and our patients are included. We work closely with GPs and Commissioners to ensure that the local CQUINs are of benefit and relevance to the patients we treat.

A proportion of our income in 2012/13 was conditional on achieving quality improvement and innovation goals agreed between us and our local commissioners for the provision of NHS services through the Commissioning for Quality and Innovation Payment Framework.

For 2012/13 we received agreement against 96% of the CQUIN schemes undertaken, which equated to £15.1m on contract performance.

### **2012/13 CQUINs themes**

There were 74 individual CQUIN schemes for 2012/13, split into a number of goals:

- NHS Safety Thermometer/Harm Free Care, dementia, VTE Prevention, Patient Experience all of which are national priorities and are mentioned in other sections of this report.

Some of the local and regional CQUINS focused on: The quality of care patients receive at the end of their life, delivery of high quality stroke services with an emphasis on early diagnosis, management of the elderly and a prevention of fractures, and the expeditious treatment of those that do sustain fractures. Other schemes looked at the safeguarding of vulnerable adults and children and the ability of our staff to identify when someone might be at risk.

Because we offer a high proportion of specialist services there was also concerted focus on a number of these areas with improvement schemes involving Cardiac Services, Renal, both Neonatal and Paediatric Intensive Care and other children's services.

Some examples of this year's CQUIN schemes are outlined below.

## Public Health

In 2012/13 for the first time, Public Health was introduced to our CQUIN agenda. Smoking and alcohol related disorders are two of the largest behavioural contributors to poor health outcomes and death in the UK.

**Smoking** is the single highest behavioural cause of poor health and death in the UK. Contact with NHS services has been shown to be a valuable point of intervention to support people to attempt to stop smoking prior to hospital intervention and we embarked on a programme of work to begin influencing patient behaviours:

**Goal:** Improve recording of whether patients smoke, and if they do, signpost them to a smoking cessation service for cardiology, maternity and elective surgical patients.

**Progress against goal:** Recording of smoking status is now embedded in areas where there is high throughput of patients in high-risk categories. For example, in pre-operative clinics for patients about to come in for surgery, 90% of patients have their smoking status recorded and 71% of patients identified as smokers are now signposted to smoking cessation services.

**Excessive alcohol consumption** is rising as a significant contributor to public health problems and is a significant cause of hospital attendance and admission. Identifying excessive alcohol use and offering brief advice has been shown to be an effective intervention.

**Goal:** Improve screening of patients for alcohol use and if deemed problematic, refer them for advice on how to reduce their alcohol intake. (Emergency Department, Maternity and Pre-op Clinic)

**Progress against goal:** Alcohol screening and advice has now been introduced for patients in the emergency department, maternity services and in pre-op clinics. In Accident & Emergency Department, approximately 70% of patients are now screened for alcohol usage and 86% of those identified as having an alcohol problem are offered a brief intervention. This CQUIN theme will continue and be developed further into 2013/14.

## Safeguarding (Vulnerable Adults)

Vulnerable adults are individuals who are, or may be, in need of community services because of illness or a mental or physical disability, or individuals who are, or may be, unable to take care of themselves, or unable to protect themselves against significant harm or exploitation. The Trust and other NHS organisations have a duty to ensure that vulnerable adults are protected from harm. Both locally and nationally, safeguarding practice has developed considerably in recent years and a number of Government initiatives have been introduced to strengthen the options that agencies have when responding to concerns about abuse. With this comes a need to ensure that all staff working within the NHS have the skills to safeguard the needs of vulnerable adults, with access to appropriate training. This ensures that the safeguarding of vulnerable adults is embedded as a core element of practice.

The 2012/13 CQUINs for adult safeguarding focused on training staff to ensure recognition of vulnerable adults, identification of safeguarding concerns, comprehensive record keeping and escalation and reporting of concerns. The training incorporated an overview of domestic abuse, including the procedures taken to support the victim and a summary of the specific acts of law which protect vulnerable adults from abuse.

To date we have trained in excess of 400 members of staff from the Division of Acute Medicine and Community Services alone, with further sessions planned. The sessions cover all signs of abuse and how to recognise these, how to identify patients at risk, domestic abuse and when a patient should have their mental capacity assessed or when to apply for a Deprivation of Liberty Authorisation.

While referral rates to the safeguarding service have not increased in year, the quality and appropriateness of the referrals received has significantly improved.

### Home Hazard Assessments for Patients with Fragility Fracture

A fragility fracture is defined as a fall from a standing height or less resulting in a fracture; mainly these occur to the wrist. Our bodies should be able to sustain a fall from this height without resulting in a fracture, unless there is some underlying cause to suspect a bone disorder, like osteoporosis or osteopenia, which weakens bone structure. A fragility fracture results from mechanical forces that would not ordinarily cause fracture in a healthy young adult. Most fractures result from a fall and interventions to reduce the risk of falls can be effective in preventing further such events (British Orthopaedic Association – Blue Book).

Carried out as a home visit, home hazard assessment is an assessment of the home environment to establish potential hazards that may contribute to an increased risk of falls. The home hazard assessment is utilised to identify immediate action required to minimise the risk of falls in the home environment and indicate the need (combined with the clinical presentation of the patient) for onward referral to other services.

The CQUIN programme introduced a scheme whereby patients aged 55 years and over who are admitted following a fragility fracture should receive a home hazard assessment. At the start of the year, only 5% of patients that had attended the Trust with a fragility fracture were receiving a home visit after discharge to try and prevent further injuries and admissions.

Work was carried out to review several different assessment tools to try and improve this service. The HOMEFAST tool was identified as a formalised assessment tool to be used and this has been rolled out to the service by the appointment of a Fragility Fracture Co-ordinator. The latest figures show we are now carrying out home hazard assessments on over 80% of our patients referred for fragility fractures.

### End of Life Care

As part of our programme we have focused on ensuring that people approaching the end of their lives have their care supported by the care of the dying pathway (IPC) and their preferences for place of care (PPC) at this time are discussed and recorded. Our performance in both these areas has improved with the percentage of people expected to die in hospital having their care supported with the ICP in place rising from 40% in 2010 to 89% in 2012. In addition 93% of the patients had their PPC discussed and recorded.

<b>What</b>	To promote quality care for patients and their carers as end of life approaches, improving their experience through better communication and use of recognised end of life care tools.
<b>How</b>	Ensuring our workforce can support patients as they approach the end of life to die with dignity using tools such as the Integrated Care Pathway for the Dying Adult (ICP), asking people about their preferred preferences for care (PPC) at the end of their lives and to help them to achieve this. To do this we will provide robust training programmes to improve communication skills between staff and families.
<b>By when</b>	March 2013
<b>Outcome</b>	Development of a skilled and competent healthcare workforce, delivering good end of life care. This will be achieved through continued support of the Integrated Care Pathway for the Dying Adult, meeting the Patients' Preferred Place of Care as end of life approaches and delivery of level two communication skills training.

## Progress

The Trust's End of Life Steering Group meets monthly to identify and deliver end of life priorities for the organisation, including those listed below.

### Improvements achieved

- For patients managed by the Community Macmillan team 68% at the end of life were supported by the Liverpool care pathway, 54% achieved their PPC.
- The Central Manchester Community Macmillan Team has joined the acute palliative care team's weekly multi-disciplinary meeting. This has facilitated inter-team communication and ensures compliance with Peer Review measures.
- We are monitoring performance in end of life care using a learning process known as Significant Event Analysis. This learning and complaint feedback identified a need to revise the existing guidelines for rapid discharge for people in the last few days of life. This updated guideline will help to ensure that individual preferences for death in their place of choice are not only identified but the transfer of care to the PPC is facilitated.
- During the week of 14th May we supported the National Dying Matters campaign with a stand in the main Atrium and responded to enquiries from the public and staff by raising awareness of how we can talk more openly about death and dying.
- In December 2012 we launched a 'Butterfly Icon' on our electronic patient management system that highlights a patient who is approaching end of life. This improves staff awareness of patients' specific needs and ensures that appropriate decisions about resuscitation and ongoing patient care are made by all staff.
- Audit of end of life care documentation took place from January to March 2013 and highlighted that communication with patients and relatives when starting on the care of the dying pathway should be improved. The audit identified the need to change the pathway to ensure that staff must clarify with patients and carers their understanding of the care offered using the care of the dying pathway.
- In response to recent media coverage of Care of the Dying Pathway also referred to as the Liverpool Care Pathway, the end of life care team has produced a 'Z card' quick reference user guide available for staff, patients and carers to help understand support offered by the ICP.
- We are using the nationally recognised SAGE & THYME communication skills training programme to help hospital and community staff to improve their communication skills. The end of life care team is delivering this training in conjunction with other trainers in the Trust and to date have delivered this to over 500 staff. We arranged advanced communication skills training for senior clinicians who are required to break bad news.
- The Specialist Palliative Care Team led a review of practice and subsequent development of the Trust policy to support high quality, dignified care for deceased adults. This work has been recognised locally and nationally, receiving first prize in our 2012 CARM (Clinical Audit and Risk Management) fair and category winner at the Patient Experience Network National Awards (PENNA) February 2013.
- The district nursing End of Life Care in Residential Homes project to improve care for patients living in residential homes through support and education for staff has been included in the national Nursing & Care Quality Compendium 2012/13; the team also received a 'We're Proud of You' award.

### Further improvements identified

- Develop Advance Care Plans to enable patients to discuss and record their wishes for future care with their health care staff.
- Introduce the Trust's current care of the dying pathway and Care of the Deceased Adult policy to Trafford Division.
- Develop a robust palliative and end of life care education package.



- Develop a single care pathway and ICP document to be used in all acute Trust and the central Manchester community settings.
- Participation in the fourth National Care of the Dying Audit (Hospitals).
- Support to the Intermediate Care Task Force who have developed a five year vision for adult residents of central Manchester to access home hospice model of care.
- Work towards the recommended seven day access to specialist palliative care.
- Build on the Partnership with Marie Curie Cancer Care to identify specific developments in our End of Life care work programme.

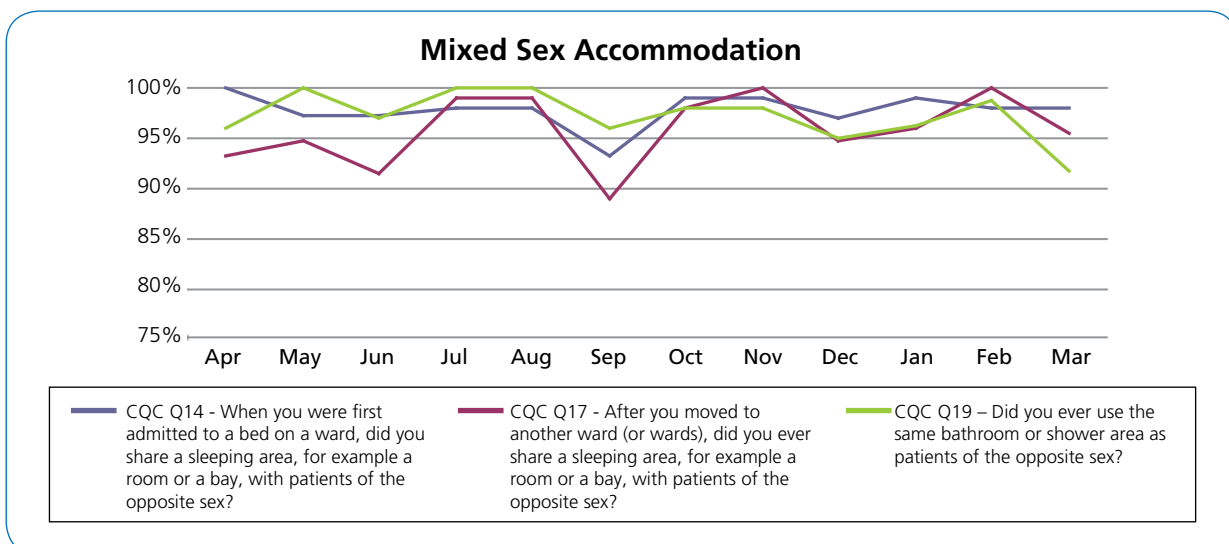
## Single Sex Accommodation

We have continued with our commitment to ensure that all patients are provided with care in an environment which is compliant with the provision of same sex accommodation guidance. Since March 2011 the Trust has been able to declare compliance with the elimination of mixed sex accommodation.

Where possible we have gone beyond the requirements of the guidance from the Department of Health and moved to provide single sex wards through a number of operational changes to services and investment in refurbishment of clinical areas. The Trust has 51 % of clinical areas as single sex wards; with all the remaining clinical areas providing single sex bays with dedicated single sex bathroom and toilet facilities. This is a decrease from our position in terms of single sex wards in 2011/12, due to the acquisition of Trafford Hospitals which increased the number of wards with single sex bays and dedicated single sex bathroom and toilet facilities. It is anticipated that as part of the new clinical service model on the Trafford Hospital site that where possible single sex ward areas will be created.

Since June 2008 patient experience within a range of areas has been measured on a monthly basis through the Ward Managers Quality of Care Round (QCR) process. In terms of same sex accommodation there are three pre-determined Department of Health questions related to provision of same sex accommodation have been incorporated within this process.

These audits demonstrate a continued high level of patient satisfaction in terms of perceptions about the provision of same sex accommodation. Results for the month of February 2013 demonstrate 98 % of patients surveyed believed that they had not shared a room or bathroom with a member of the opposite sex. Where patients identified they believed they had shared facilities this was within a Critical Care environment.



## Dementia Care in Hospital (key priority)

A considerable work programme has been undertaken to bring about improvements in care for patients with dementia. This improvement programme has several components:

- 1) To identify any patient aged 75 or over who has a history of increased memory problems, to assess those patients further, using the abbreviated mental test score (AMTS), for signs of cognitive impairment, then to investigate for possible causes and to refer for specialist assessment for dementia if the AMTS is seven or less.
- 2) To develop a flagging system that identifies patients with cognitive impairment, using a forget-me-not flower, so that all staff are aware and can provide care to meet the patients specific needs.
- 3) To develop a specific shared care plan for patients identified as having dementia so that staff and carers can work together to minimise anxiety for the patient and ensure an appropriate length of stay.
- 4) To improve the hospital environment for people living with dementia, including changes to decor, introduction of relaxing spaces and availability of recreational activities.
- 5) To ensure care is provided in an appropriate way when patients display challenging behaviours, by providing staff training, making changes to Trust policies and in ensuring any anti-psychotic medication prescribed is reviewed for appropriateness.



**What** To improve the care of people living with dementia, whilst a patient on an acute ward

- How much**
- In line with CQUIN requirements targets have been set as:
  - 90% of emergency in-patients aged 75 and over to have Find, Assess & Investigate and Refer process completed.
  - 100% patients, with either known diagnosis of dementia or cognitive impairment identified, to have a Forget-me-not flower as a 'flag' on our electronic bed management systems and nursing handovers.
  - 5 'pilot' wards to be actively developing and testing shared care plan.
  - 5 high impact areas to have commenced environment changes.
  - Develop and introduce Trust-wide policy providing clear guidance on specific ways to manage challenging behaviour displayed by patients with dementia.

**By when** By March 2013

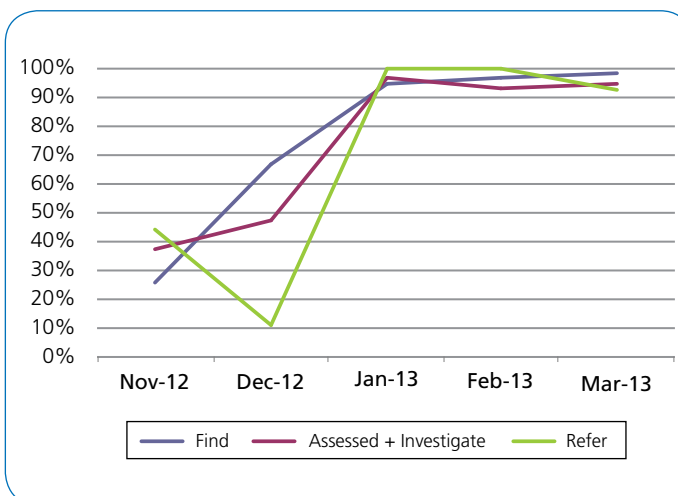
- Outcome**
- 90% of emergency in-patients aged 75 and over to have Find, Assess & Investigate and Refer process completed - achieved
  - 100% patients, with either known diagnosis of dementia or cognitive impairment identified, to have a Forget-me-not flower as a 'flag' on our electronic bed management systems and nursing handovers - achieved
  - 5 'pilot' wards to be actively developing and testing shared care plan - achieved
  - 5 high impact areas to have commenced environment changes - achieved
  - Develop and introduce Trust-wide policy providing clear guidance on specific ways to manage challenging behaviour displayed by patients with dementia – achieved

## Progress



### Find, Assess, Investigate and Refer

The Find, Assess, Investigate and Refer process has been incorporated as an assessment into the Bedman system, alongside the nurses' electronic handover. Nursing staff complete the assessments and document in the electronic system. This provides a record of assessment and whenever the AMTS is seven or less it automatically triggers a referral to the LILY team for a specialist mental health assessment.



### Forget-me-not flags

When the AMTS result is recorded in Bedman as being seven or less, a forget-me-not flower symbol appears on the nurse's handover sheet and the bed management screen. The flower will also appear on the electronic patient status at a glance board (E-PSAG) as boards are installed during 2013. As a result the entire Multi-disciplinary Team (MDT) will be made aware of the patients' specific needs in relation to cognitive impairment.

### Shared Care Planning

A shared care plan to support the care of patients with dementia has been designed and piloted in five wards, with staff providing feedback prior to a Trust-wide roll out. In addition a Forget-Me-Not forum has been established for carers of people with dementia that are willing to work with the service improvement team over a six month period to ensure all planned changes will meet their needs. This group has recommended a number of changes to the care plan which are now being piloted.

### Environment and activity changes

Work to improve the hospital environment is being actioned in partnership with the patient experience and service improvement teams, facilities and estates and the Medical Illustration Department. Designs have been agreed and roll out has started. In addition activity sessions have begun at ward level using reminiscence activities, music, games and craft.

These have been completed in areas where many patients are affected with dementia or memory loss such as:

Acute Medical Unit – paint colours have been used to improve the patient experience and to aid way finding e.g. highlighting doors that can be accessed by patients.

### Older persons acute medical wards

Graphics have been used to link the past with images of present day nurses, using imagery of forget me not flowers to soften the existing clinical appearance of the ward environment. In addition, the day room area has been enhanced by recreating it as a living room. Organised activities take place in this area with singing sessions or craft sessions led by the ward staff.

### Rehabilitation wards

We have installed pop-up reminiscence scenes with the aim of helping to improve the mental wellbeing of older

people, especially of those with dementia, by creating naturally calming and therapeutic environment where activities can take place. Activities take place in these areas e.g. the pub scene is used frequently to support patients in playing traditional games such as dominoes or chess whilst increasing their fluid intake with fruit juice being served.

## Additional events

In partnership with Manchester Library Theatre Company we held a Storybox Project in one of the rehabilitation wards.

This six week programme of events was devised to entertain and distract patients during their hospital admission. Each day had a theme; such as 'Seaside' or 'Rainforest'. In the morning, art and craft sessions took place with the making of props, puppets, masks, backdrops or costumes. The afternoon session used the materials made in the morning as part of the drama, music or movement activity.

## Staff training to support patients

Various levels of staff training have been provided, with train the trainer programmes, champion awareness sessions for ward staff and group training for support staff such as porters and cleaners. Roll out of the dementia training has commenced across all adult wards. In addition, an e-learning package has been designed and will be made available to all staff as part of the mandatory training package during 2013/14.

## Challenging behaviour policies

A new Trust policy for 'Managing Long Term Conditions' has been introduced, with specific information included related to patients with cognitive impairment. This will ensure patients with dementia are responded to using appropriate distraction techniques when they display challenging behaviour. The policy has been developed and ratified for full roll out from April 2013.

# The Quality Campaign

## Ward Accreditation Programme

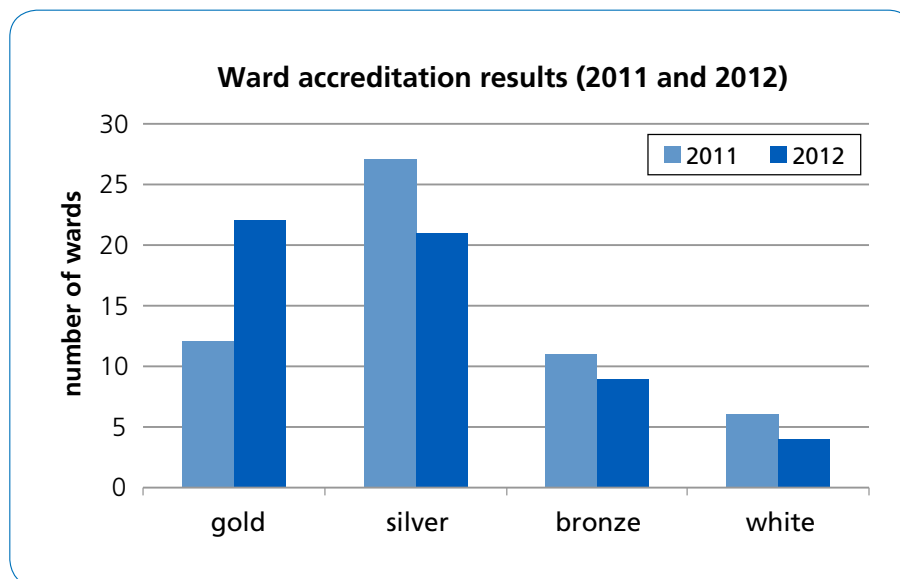
- What** To develop and complete formal nursing accreditations across all ward based clinical areas
- How much**
- 100% in-patient wards and day case areas on central site to complete second accreditation
  - 100% in-patient wards and day case areas at Trafford Hospital to complete baseline assessment
- By when** End November 2012
- Outcome** All in-patient and day case areas on central site to be formally accredited as bronze, silver or gold.
- Any areas identified as white identified as requiring targeted support with actions being agreed and completed within agreed timescales.
- All in-patient and day case areas on Trafford Hospital site to have baseline assessment completed by accreditation team using modified accreditation tool with findings put into themes rather than scored overall.

## Progress

The ward accreditation process was introduced in 2011/12 and has been updated to include additional checks during 2012/13, such as ensuring that the ward is a suitable training environment for teaching and learning for student experience and a more detailed review of documentation.

As a result the standards to be achieved for the second accreditation were raised within each level of bronze, silver and gold.

Wards assessed as not meeting the Trust agreed minimum standard were identified as white and a package of support was provided to ensure all relevant actions were completed in a sustainable way. Wards that achieved gold were celebrated through the 'We're Proud of You' award scheme.



The accreditation tool was modified so that baseline assessments could be completed at the Trafford Hospital site following acquisition in April 2012. The findings were themed rather than scored so that a thorough understanding of the current position of each ward, in comparison to the central site, could be used to plan how and when changes would need to be introduced to harmonise Trafford Hospital to our processes and procedures. This also provided an opportunity to attend to any urgent issues or concerns in relation to clinical care or environmental issues.

### Improvements achieved

Based on the in-patient wards and day case areas (excluding Trafford Hospitals) (n=56):

- Completed accreditation process **100%**
- Achieved bronze, silver or gold (with 22 wards achieving Gold) **93%**
- Identified as white and safe (number = 4) **7%**
- Identified as white and unsafe (number = 0) **0%**
- White wards on target with support package and action plan (number = 4) **100%**

Based on the in-patient wards and day case areas at Trafford Hospital (number = 11)

- Baseline assessments completed **100%**

### Further improvements identified

- Full accreditations to be completed on all ward and day case areas on all sites

## The Productive Operating Theatre (TPOT)

In 2009 we worked with the NHS institute, as an associate test site, to develop and test the productive operating theatre programme (TPOT). TPOT is part of a range of programmes along with Productive Ward, which the institute have developed. It consists of a modular framework, in the shape of a house, to guide theatre staff through a programme of continuous improvement using lean methodologies. Here the programme is led by the service improvement team.

- What**
- To standardise improvements within the theatre environment
  - To embed knowledge of continuous improvement methodologies amongst theatre staff
  - To align theatres to other Trust improvement work programmes



**How much** 100% of theatres (number = 48) to have started implementation of the TPOT standards as developed within the organisation

- Access to theatre efficiency dashboard
- Process in place to ensure use of data from theatre efficiency dashboard
- Colour coded store rooms
- Improved stock management
- Status at a glance boards in use for Team Brief
- Standardised Team Brief and WHO checklists
- Begin local improvement work to increase % lists starting on time
- Attend TPOT forum

100% of theatres (number = 48) to have opportunity for teaching in continuous improvement methodologies by service improvement team

- TPOT teaching sessions provided for theatre staff on audit days
- On site facilitation provided to support improvement work
- Representation requested at TPOT forum
- Regular attendance at TPOT forum

100% of theatre suites (number = 6) to have demonstrated alignment to other Trust improvement work programmes by:

- Attending Brilliant Basics events
- Attending harm free care master classes
- Matrons contributing to development and testing of Quality Care Rounds for theatres

**By When** March 2013

**Outcome** 100% of theatres have a level of involvement in the TPOT programme through the use of Status at a Glance boards for team brief and standardised WHO checklist

- Access to theatre efficiency dashboard – 87%
- Process in place to ensure use of data from theatre efficiency dashboard – 65%
- Colour coded store rooms – 78%
- Improved stock management – 65%
- Status at a glance boards in use for Team Brief – 100%
- Standardised Team Brief and WHO checklists – 100%
- Start local improvement work to increase % lists starting on time – 78%
- Attend TPOT forum – 78%

100% (48) of theatres have been given the opportunity for teaching in continuous improvement methodologies by service improvement team via the TPOT forum

- TPOT teaching sessions provided for theatre staff on audit days – 65%
- On site facilitation provided to support improvement work – 78%
- Representation requested at TPOT forum – 100%
- Regular attendance at TPOT forum – 78%

78% (6) of theatre suites have demonstrated alignment to other improvement work programmes by:

- Attending Brilliant Basics events – 78%
- Attending harm free care master classes – 78%
- Matrons contributing to development and testing of Quality Care Rounds for theatres – 78%

## Progress

The TPOT programme was piloted in Saint Mary's Hospital theatres initially and rolled out to Paediatric theatres in 2010 before moving to MRI theatres in 2011 where further standards were implemented. The service improvement team dedicated time and support to teach lean thinking tools and techniques to ensure improvements were embedded, sustained and aligned to the Trust IQP methodology.

The biggest areas of success to date have been through collaborative working between the service improvement team, theatre staff, materials management, procurement and NHS Supply teams. By reorganising the storage areas, setting colour coded labelling and agreeing correct stock levels; new ordering systems could be established. Savings of over £500,000 have been achieved to date and time spent searching by staff reduced by 85%.

During 2010, it was agreed that the Trust-wide approach to implementing the World Health Organisation (WHO) checklist would incorporate the work completed in Saint Mary's theatre as part of the TPOT pilot work; where a standardised team brief was completed at the start of every list. This was enhanced by developing a Patient Status at a Glance Board, in line with the TPOT programme, used in all our theatres.

By working with theatre staff, clear definitions were agreed that would measure efficiency in theatres. The service improvement team worked with Informatics to enable all theatres to have access, via the Central Intelligence system, to the same dashboard. This system allows staff to view the efficiency of lists either as a whole organisation, by division, by theatre suite, by speciality or by specific consultants. This data is to be used by theatre teams to drive and measure improvement work in line with the TPOT programme.

A TPOT Sharing Forum was introduced in December 2011 to lead the TPOT work and to help support theatre staff with improvement work through teaching, peer support and by aligning improvement work within the theatre environment to the Trust IQP methodology.

The TPOT programme of work has led to greater involvement of theatre staff in initiatives outside of the theatre environment e.g. Brilliant Basics, Harm free care and the Matrons Quality Care Rounds. Theatre matrons have met monthly with the service improvement team to develop and test a set of questions that will form the Theatre Quality Care Rounds. Patient experience questions about theatre have been added to the ward trackers and data will be included in the Quality Care Dashboard for theatres from April 2013.

The TPOT programme of work was recently celebrated in the Lean Healthcare Academy Awards where the service improvement team won the Productive Series, England for using a franchise approach to achieve large scale change.

### Further Improvements identified

- To introduce theatre Quality care rounds and Quality care dashboards.
- To ensure Trafford Hospital theatres have access to efficiency dashboard on central intelligence.
- To work towards developing theatre accreditations to provide a level of assurance to the Board in line with the ward accreditation process.

### Quotes about the TPOT work have included:

*"TPOT helped us as theatre staff to have a voice and enabled us to make the changes that we knew patients needed."*  
Julie Brough, Recovery Sister Saint Mary's Hospital

*"..a year on from starting TPOT efficiency has improved ...the whole process has made me aware that nothing changes overnight it is an on-going process.."* Tracy O'Connor, Scrub Practitioner Manchester Royal Infirmary

*"..Without TPOT it would have been difficult for us to engage with clinical staff at this level..."* Mark Stevens, Systems Development Manager.

## Electronic Patient Status at a Glance (e-PSAG) boards

**What** To introduce electronic patient status at a glance (e-PSAG) boards in all ward areas, allowing links to be made between nurses handover, harm free care, dementia care, end of life care, safeguarding and other issues thereby supporting improved communication and planning.

**How much** All in-patient wards and day case areas on central site to have fully operational e-PSAG boards by end of 2013

### Progress

Initial development work began on one of our children's wards in 2012. This ward was chosen as it was already a gold ward and had a strong process in place when using the manual magnetic patient status at a glance whiteboard. The ward staff worked closely with the development team in ensuring that the electronic board not only functioned in the same way as their magnetic board, but also started to develop the new functionality to link information between the electronic handover in 'Bedman' (our electronic nursing information system) and the display on the board.

A second pilot was then conducted in the children's day case area, with new fields added that were appropriate to day case areas.

Further developments have been completed following planning meetings with staff from adult wards, where different requirements will be needed.

Orders have been placed so that all wards will have their 55" touch screen installed during 2013, with on-going developments in software planned for any bespoke requirements in new types of areas, such as obstetrics, during roll out.

### Next

Ward round standards are being developed and tested for roll out during 2013.


This will incorporate a multi-professional board round, utilising opportunities to update and discuss key information displayed on the e-PSAG about the patient in terms of care, risks or discharge planning.

## Patient Focus Rounding

**What** To implement two hourly intentional rounding, using the Improving Quality Programme (IQP), across all in-patient wards. The standardised approach to be based on our Patient Focus Rounding i.e. the single question 'Is there anything I can do?' is always asked

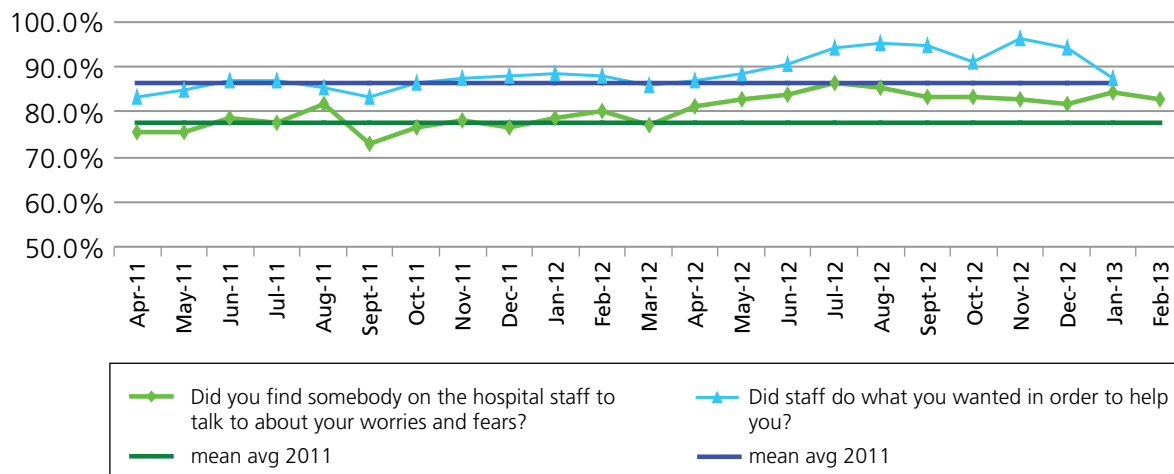
**How Much** 100% in-patient wards (Central and Trafford site) to introduce Patient Focus Rounding; with every patient being checked at least two hourly

**By When** All wards will have started Patient Focus Rounding by June 2012 with sustainability measured over the year using patient feedback scores

**Outcome** 

- Teams attended the IQP master class - 86% wards (64/74)
- Introduced the standardised Patient Focus Rounding - 100% wards
- Overall reduction in call bells - 55%
- Patient experience results for two specific questions have improved since commencing rounding in April 2012

### Patient focus rounding tracker data



*Surgical Ward, Manchester Royal Infirmary*

## Clinical Audit

### Local Clinical Audit

Clinical audit is a process designed to improve the quality of care given to patients by ensuring that what should be done is being done and where this is not the case providing a framework to enable improvements to be made and sustained.




The Trust undertakes a wide-ranging programme of clinical audit across the organisation. Each Division provides details of the clinical audit projects they wish to complete during the financial year through an audit forward plan, which is agreed at the Divisional Clinical Governance Committees. The forward plan covers national audits, Trust priorities, Divisional priorities and local audits. Performance against this plan is monitored by the Trust Clinical Audit Committee (TCAC) and Divisional Clinical Audit Committees via clinical audit dashboard reports.

All clinical audits undertaken in the Trust are registered with the Clinical Audit Department using an electronic clinical audit proposal form and are recorded on our clinical audit database. Each clinical audit will have a number of standards to be measured and these describe what 'best practice' should be. They are derived from national guidance such as National Institute for Health and Clinical Excellence (NICE), Royal Colleges (Medical, Nursing or Allied Health Professionals) or local evidence based guidelines agreed between professionals. The purpose of the audit is to measure how many patients received care according to 'best practice' standards. The aim is to ensure that every patient (100%) receives the best care.

Each standard is given a rating of red, amber or green depending on how many patients were given the best care.

Once each standard has been rated an overall score for best practice can be determined. The scores are full, significant, limited and very limited.

#### Calculation of individual ratings against standard

Colour	Standard % measure
	95% and above
	75% to 94%
	74% and below

Assurance Level	Calculation of assurance
Full	To be used when each standard has achieved a score of 95% or above and is rated Green
Significant	To be used when there are only Green and Amber rated findings (although where there are a significant number of Amber rated findings, consideration will be given as to whether in aggregate the effect is to reduce the assurance level given)
Limited	To be used when there is a small ratio of Red and Amber to Green rated findings
Very Limited	To be used when the ratio of Red rated findings are greater than the Amber and Green

Where improvements are required an audit is considered to be incomplete until an action plan has been developed. Each action must have a clear implementation timescale and a named person who is responsible for ensuring the action is completed. These actions are monitored by the Clinical Audit Department and regular updates are reported to the Divisional Clinical Audit Committee (DCAC). Each action plan also includes a re-audit date and provided all the actions have been completed the re-audit will be undertaken to ensure that improvements in patient care have been made.

From the 1st April 2012 – 1st March 2013 the Clinical Audit Department registered 591 audits onto its database, which are at various stages of completion.



During the year the Trust completed with action plan, 98 clinical audits.

See examples of audits where scores are 95 % and above for all standards (full assurance) are as follows:

- Image quality in one Single-photo emission computed tomography (SPECT) after a change in protocol
- Re-audit of Serum Lithium Measurements
- Immunology - Hand Hygiene Re-audit January 2013
- Audit of Key Performance Indicators of Non-Gynaecological Diagnostic Cytology Service

Design and Planning	300
Data Collected	70
Data Submitted	13
Data Analysis	26
Draft Report	50
Completed	98
Abandoned	12
Continuous Monitoring	22

See examples of those audits where improvements are required:

Title of Audit	Division	Actions
Otitis Media with Effusion (OME) Audit- Adherence to NICE Guidance CG60	Medicine & Community	To modify patient history questionnaire and information leaflet on glue ear <i>Re-audit 12 months</i>
Audit of babies who miss Cystic Fibrosis Newborn Screening	Clinical Scientific Services	Continue with recent initiatives designed to reduce the avoidable repeat rate: <ul style="list-style-type: none"> <li>- Midwife laboratory tours</li> <li>- Card Scan Machine</li> <li>- Visits to Child Health Records Departments and Maternity Units</li> </ul> <i>Re-audit 12 months</i>
Medicines Security	Clinical Scientific Services	All areas are to be issued with a medication refrigerator monitoring booklet. <i>Re-audit three months</i>
Transition Audit for Allergy and Immunology	Specialist Medical Services	To set up transitional Nurse Led Service. The current policy and individualised plans are to be reviewed and regular meetings are to be set up with key workers to identify and discuss cases. <i>Re-audit 18 months</i>
Clinical Audit of TIA Service	Medicine	Set up daily TIA clinics (Monday - Friday) that include access to carotid scanning to ensure patients can access specialist assessment and investigation and to explore the possibility of using FP10 prescription pads in clinics to give patients immediate access to antiplatelet therapy <i>Re-audit eight months</i>
Consent for inguinal hernia repair	Surgery	To produce a procedure specific consent form for open inguinal hernia repair together with a patient information leaflet <i>Re-audit eight months</i>

## National Clinical Audit

During 2012/13 Central Manchester University Hospitals NHS Foundation Trust elected to participate in a number of the national clinical audits identified by the Healthcare Quality Improvement Partnership (HQIP). National clinical audit is designed to improve the patient outcomes across a wide range of conditions. Its purpose is to engage all healthcare professionals across England and Wales in systematic evaluation of their clinical practice against standards and to support and encourage improvement and deliver better outcomes in the quality of treatment and care.

The reports of 16 national clinical audits were reviewed by the provider in 2012/13 and the Trust intends to take the following actions to improve the quality of healthcare provided (please note these are examples taken from a broader work programme).

### **BTS Adult Asthma Trafford General Hospital**

- Continue Departmental and ward teaching of nursing staff.
- Continue daily case finding of new asthma patients admitted.
- Review all asthma patients inhaler technique, provide peak flow monitoring and self-management plan prior to discharge.

### **National Audit of Blood Sample Collection and Labelling**

- Blood tracking and label system being introduced.
- All wrong blood in tube incidents report via Ulysses and discussed and Risk meetings.

### **College of Emergency Medicine Renal Colic Audit**

- A&E notes are reviewed twice weekly to ensure standards are being maintained.
- MRI Urology Consultants to undertake clinics.

National audit is divided into two main categories: Snapshot audits (including patient data over a short, pre-determined period) for example the College of Emergency Medicine Renal Colic, British Thoracic Society Emergency Use of Oxygen and those audits where data on every patient with a particular condition or undergoing specific treatment is included, for example the Cancer audits and National Cardiac Arrest audit.

A total of 45 audits are listed on the HQIP database for inclusion in the Quality Accounts. There are a number in which we do not participate as the service is not provided in the Trust. Examples of these are adult mental health disorders and Congenital Heart Disease (Paediatric Cardiac Surgery).

During 2012/13, 45 national clinical audits and 5 national confidential enquiries covered relevant health services that we provide.

During 2012/13 we participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2012/13 are listed below.

The national clinical audits and national confidential enquiries that we participated in during 2012/13 are listed below.

The national clinical audits and national confidential enquiries that we participated in, and for which data collection was completed during 2012/13, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Title	Participated ✓/✗	Type of Audit	Target	Number Entered		Explanation of Audit
				Central Site	Trafford	
<b>Acute</b>						
Adult Community Acquired Pneumonia (British Thoracic Society)	✓	Snapshot (2 months)	All applicable	77 (100%)	42 (100%)	In the period 01/12/2011 – 31/12/2012 all patients who were admitted into hospital with community acquired pneumonia were included in this audit  Data collection period 01/12/2011 – 31/01/2012
Adult Critical Care Case Mix Programme – ICNARC CMP	✓	All patients (12 months)	All applicable	991 (100%)	276 (100%)	The Case Mix Programme (CMP) is an audit of patient outcomes from adult, general critical care units. All admissions to intensive care and combined intensive care/high dependency units are included. Data collection is continuous  These figures are from 01/01/2012 – 31/12/2012. From the 1st October 2012 Manchester Royal Infirmary (MRI) High Dependency Unit merged with MRI Intensive Care Unit forming the MRI Critical Care Unit
BTS Emergency Use of Oxygen	✓	Snapshot (3 months)	All applicable	55 (100%)	19 (100%)	Oxygen is a drug and must be prescribed in accordance with the hospital oxygen policy. The audit covers those patients on adult wards only over the age of 16 who are on oxygen therapy. Data collection period 15/08/2012 – 01/11/2012
National Joint Registry (NJR)	✓	All patients (12 months)	All applicable	Hips 96 Knees 173 Shoulder 6 Elbows 4	Hips 128 Knees 188	The National Joint Registry (NJR) was set up to collect information on all hip, knee, ankle, elbow and shoulder replacement operations and to monitor the performance of joint replacement implants. Data collection period 01/01/2012 – 31/12/2012
Non Invasive Ventilation (British Thoracic Society)	✓/✗	Snapshot (2 months)	All applicable	Didn't participate	10 (100%)	In the period 01/02/2012 – 31/03/2012 the audit included all hospital in-patients who received Non Invasive Ventilation. Data collection period 01/02/2012 – 31/03/2012. We didn't participate in the audit due to insufficient local resources
Renal Colic (College of Emergency Medicine)	✓	Snapshot	Maximum up to 50 patients (4 months)	50 (100%)	31 (100%)	In the period 01/08/2012 – 31/11/2012 adult patients over the age of 18 who presented to the Emergency Department with renal colic in moderate or severe pain were included in the audit. Data collection period 01/08/2012 – 30/11/2012

# Quality Accounts 2012/13

Title	Participated ✓/X	Type of Audit	Target	Number Entered		Explanation of Audit
				Central Site	Trafford	
Trauma Audit & Research Network (TARN)	✓	All patients (12 months)	All applicable	260 Adults 111 Children	N/A	TARN collects important information about the rates of survival for patients who have been injured and treated at different hospitals across England and Wales. It also provides information about the benefits of certain kinds of treatment. Data collection period 01/04/2011 – 31/03/2012
<b>Blood Transfusion</b>						
2012 Audit of Blood Sample Collection and Labelling	✓	Snapshot (3 months)	No minimum sample size	36 (100%)	42 (100%)	The British Committee for Standards in Haematology (BCSH) requires that all blood samples and requests for transfusion must carry four points of identification: first and last names, date of birth and unique identifying number. Data collection from 01/05/2012 – 31/07/2012
The Medical Use of Blood Audit Stage 2	✓	Snapshot	No minimum	19 (100%)	15 (100%)	<p>Stage 2</p> <p>Stage 1 is a retrospective case note study. The data will be used to assess where possible the appropriateness of the decision to transfuse blood and will identify patients for the case scenarios</p> <p>Stage 2 is an in depth look at case scenarios: Patients who in the view of the clinical audit panel were transfused unnecessarily;</p> <p>If patients with a probable treatable cause of anaemia were further investigated and followed up</p>
Potential Donor	✓	All patients	All applicable	238 (100%)	73 (100%)	<p>The national Potential Donor Audit (PDA) began in 2003 as part of a series of measures to improve organ donation. The principal aim of this audit was to determine the potential number of solid organ donors in the UK</p> <p>The new PDA collects information on patient deaths in ICUs and emergency departments but excludes cardiothoracic ICUs. Patients aged 76 years or over are also excluded from the national audit criteria</p>
<b>Cancer</b>						
Bowel Cancer (National Bowel Cancer Audit Programme)	✓	All patients (12 months)	All applicable	140 (100%)	45 (100%)	<p>The National Bowel Cancer Audit is a high-profile, collaborative, national clinical audit for bowel cancer, including colon and rectal cancer</p> <p>This includes patients with a diagnosis date of 01/08/2011 – 31/07/2012</p>

Title	Participated ✓/✗	Type of Audit	Target	Number Entered		Explanation of Audit
				Central Site	Trafford	
Head & Neck Cancer (DAHNO)	✓	All patients (12 months)	All applicable	91 (100%)	8 (100%)	The National Head and Neck Cancer Audit focuses on cancer sites within the head and neck (excluding tumours of the brain and thyroid cancers). This includes patients with a diagnosis date between 01/11/2011 – 31/10/2012
Lung Cancer (National Lung Cancer Audit)	✓	All patients (12 months)	All applicable	134 (100%)	97 (100%)	The National Lung Cancer Audit looks at the care delivered during referral, diagnosis, treatment and outcomes for people diagnosed with lung cancer and mesothelioma. This includes patients with a diagnosis date between 01/01/2011 – 31/12/2011
Oesophago-gastric Cancer (National)	✓	All patients (12 months)	All applicable	109 (100%)	16 (100%)	The National Oesophago-Gastric Cancer Audit covers the quality of care given to patients with Oesophago-Gastric (OG) cancer. From April 2012, the audit has been extended to include patients with Oesophageal High-Grade Glandular Dysplasia (HGD). This includes patients with a diagnosis between 01/04/2011 – 31/03/2012. The 16 Trafford patients reflect those treated at Trafford. Patients are seen at Wythenshawe Hospital with the data being submitted by their Specialist Nurse
<b>Heart</b>						
Acute Myocardial Infarction (MINAP)	✓	All patients (12 months)	All applicable	957 (100%)	45	MINAP is a clinical audit looking at performance of all ambulance and hospital services in England, Wales and Belfast that provide care for patients with a heart attack. Data is collected on all patients. The figures shown are from 01/01/2012 – 31/12/2012
Adult Cardiac Surgery Audit (ACS)	✓	All patients (12 months)	All applicable	678 (100%)	N/A	The Adult Cardiac Surgery Audit aims to improve the quality of care for cardiac patients by comparing local hospital performance with national agreed standards, and to understand clinical trends within cardiac surgery in the UK. Data is collected on all patients. The figures shown are from 01/01/2012 – 31/12/2012
Cardiac Arrhythmia (Cardiac Rhythm Management Audit)	✓	All patients (12 months)	All applicable	292 (100%)	42 (100%)	The audit looks at implantable devices to assist in the management of heart failure. The figures shown are from the 01/01/2012 – 31/12/2012
Congenital Heart Disease (Paediatric Cardiac Surgery)	Not applicable					Data submitted from Alder Hey as paediatric cardiac surgery is not performed at the RMCH. Alder Hey upload to the audit



# Quality Accounts 2012/13

Title	Participated ✓/X	Type of Audit	Target	Number Entered		Explanation of Audit
				Central Site	Trafford	
Coronary Angioplasty (NICOR Adult Cardiac Interventions Audit)	✓	All patients (12 months)	All applicable	1614 (100%)	N/A	This National Audit provides comparative data on the provision of PCI in the UK. The aim of the audit is to describe the quality and patterns of care, the process of care and outcomes for patients. The figures shown are from the 01/01/2012 – 31/12/2012
Heart Failure (HF)	✓/X	All patients (12 months)	All applicable	90 (100%)		The National Heart Failure Audit aims to provide national comparative data to help clinicians and managers improve the quality of heart failure services and outcomes for patients. The figures shown are from 01/01/2012 – 31/12/2012
National Cardiac Arrest Audit (ICNARC)	✓/X	All patients (12 months)	All applicable (who meet audit criteria)	135 (100%)		Audit Criteria for the 2011-12 Audit Patient must be over 28 days old. 2222 call must have been made. Cardiac Arrest Team to attended The patient received CPR and/or defibrillation Data collection period 01/04/2011 - 31/03/2012
National Vascular Registry	✓	All patients	All applicable	112 (100%)	N/A	The National Vascular Registry (NVR) aims to improve the quality of care for patients undergoing different vascular procedures. The figures shown are from 01/01/2012 – 31/12/2012
Pulmonary Hypertension Audit	Not applicable					The Pulmonary Hypertension Audit measures the quality of care, activity levels, access rates and patient outcomes of pulmonary hypertension services in centres designated by the National Commissioning Group.
<b>Long Term Conditions</b>						
Adult Asthma (British Thoracic Society)	✓	Snapshot (2 months)	All applicable	54 (100%)	8 (100%)	Where possible all cases admitted for asthma should be included. The source of the standards for the BTS Adult Asthma audit is the BTS/SIGN British Guideline for the Management of Asthma The data collection period 01/09/2012 – 31/10/2012
Bronchiectasis Audit (British Thoracic Society)	✓	Snapshot (2 months)	All applicable	34/36 (94%)	64 (100%)	Where possible, all cases attending for an out-patient appointment for bronchiectasis during the audit period should be added to the audit tool. The data collection period 01/10/2012 – 30/11/2012. Two sets of case notes not available for audit purposes
National Diabetes Audit	✓/X	All patients (15 months)	All applicable	10,837 (100%)	-	Trafford did not participate as they do not have the diamond database. They are due to participate 2013/14. The audit includes all patients of all ages with a diagnosis of diabetes mellitus recorded between 01/01/2011 – 31/03/2012

Title	Participated ✓/✗	Type of Audit	Target	Number Entered		Explanation of Audit
				Central Site	Trafford	
National Diabetes In-patient Audit	✓	Snapshot (One week)	All applicable	161 (100%)	50 (100%)	The National Diabetes In-patient Audit (NaDIA) is a snapshot audit of diabetes in-patient care in England and Wales. The audit looks at the following areas: harm resulting from the in-patient stay patient experience of the in-patient stay the change in patient feedback on the quality of care since NaDIA 2011 In 2012 the audit took place during the week 17th- 21st September 2012
Inflammatory Bowel Disease (IBD)	✓	Snapshot	50 Patients	-	-	Patients who have been admitted for treatment or surgery for ulcerative colitis Data collection for the in-patient care and in-patient experience elements of the audit will run between 1st January 2013 and 31st December 2013. Trusts are requested to collect data on up to 50 patients
National Pain Audit	✓	Snapshot	Number of patients contacted	RMCH 31 patients	Trafford 26 patients	The National Audit of Pain Services has been initiated to collect detailed data on pain services. Phase 3 – Patients who had completed the initial PROMS questionnaire were asked to complete a follow-up questionnaire approximately six months later
Renal Replacement Therapy (Registry)	✓	All patients (12 months)	All applicable	1965 (100%)	N/A	The UK Renal Registry monitors indicators of the quality as well as quantity of care, with the aim of improving the standard of care. Data collection period 01/04/2011- 31/03/2012
Renal Transplantation (NHSBT UK Transplant Registry)	✓	All patients (12 months)	All applicable	238 (100%)	N/A	Data collection period 01/01/2012 – 31/12/2012

### Mental Health

Mental Health Programme National Confidential Inquiry into Suicide and Homicide for People with Mental Illness

Not undertaken in this Trust

# Quality Accounts 2012/13

Title	Participated ✓/✗	Type of Audit	Target	Number Entered		Explanation of Audit
				Central Site	Trafford	
National Audit of Psychological Therapies (NAPT)						Not undertaken in this Trust
Prescribing Observatory for Mental Health (POMH)						Not undertaken in this Trust
<b>Older People</b>						
Carotid Interventions	✓	All patients (12 months)	All applicable	77 (100%)	N/A	The Carotid Interventions Audit was initiated in 2005 as collaborations between the Vascular Society of Great Britain & Ireland and the Royal College of Physicians. Its purpose is to gather information about the pathway of care for patients with carotid stenosis who undergo carotid interventions (either surgery or endovascular stenting). Data collection 01/10/2011 – 30/09/2012
Fractured Neck of Femur (College of Emergency Medicine)	✓	Snapshot (4 months)	Maximum up to 50 patients	50 (100%)	29 (100%)	The audit is of adult patients (over 18 years of age) who present at the Emergency Department with a fractured neck of femur. Data collection from the 01/08/2012 – 30/11/2012
Hip Fracture Database	✓	All patients (12 months)	All applicable	184 (100%)	115 (100%)	The National Hip Fracture Database is a joint venture of the British Geriatrics Society and the British Orthopaedic Association, and is designed to facilitate improvements in the quality and cost effectiveness of hip fracture care.  Data collection from 01/01/2012 – 31/12/2012
National Audit of Dementia (NAD)	✓	Snapshot (5 months)	40 patients	40 (100%)	32 (80%)	Retrospective audit of the records with a diagnosis of dementia discharged from 01/09/2011 – 29/02/2012. Insufficient local resources to allow participation (Trafford)
National Parkinson's Disease Audit	✓	Snapshot	20 Neurology 20 Eld Health 10 Physio 10 Speech & Language 10 OT	Elderly Health 20 (100%) S&L 4 (100%) Physio 10 (100%) OT 5 (100%)	Eld Health 20	There was no neurology input for Central Manchester and Trafford and no community input for OT, Speech & Language and Physiotherapy for Trafford. Data collection period 01/08/2012 – 13/01/2012. Deadline for submission 13/01/2013

Title	Participated ✓/X	Type of Audit	Target	Number Entered		Explanation of Audit
				Central Site	Trafford	
SINAP/SSNAP	✓	All patients (12 months)	All applicable	323 (100%)	170 (100%)	The Stroke Improvement National Audit Programme (SINAP) collected information on a patients first three days in hospital, this ended in December 2012 and from the 01/01/2012 data was entered onto the new Sentinel Stroke National Audit Programme (SSNAP)
<b>Women's &amp; Children's Health</b>						
Epilepsy 12 Audit (Childhood Epilepsy)	✓ RMCH					Round 2 data collection will begin in early 2013 with submission taking place in April 2014. RMCH Registered January 2013
Maternal, Infant and New-born Programme	✓ Saint Marys	All patients (12 months)	All applicable	87 (100%)	N/A	The aim of the programme is to provide robust information to support the delivery of safe, equitable, high quality, patient-centred maternal, newborn and infant health services. Data collection period 01/01/2012 – 31/12/2012
Neonatal Intensive and Special Care (NNAP)	✓ Saint Marys	All patients	All applicable	1030 (100%)	N/A	The audit addresses eleven questions and collects data on every baby admitted to a neonatal unit. Data collection period 01/01/2012 – 31/12/2012
Paediatric Asthma (British Thoracic Society)	✓ RMCH	Snapshot (1 month)	All applicable	49/56 (88%)	N/A	In the period 01/11/2012 – 30/11/2012 all cases admitted with asthma were included in this audit. Seven sets of case notes were not available for audit purposes
Paediatric Fever (College of Emergency Medicine)	✓ RMCH	Snapshot (4 months)	Maximum up to 50 patients	50 (100%)	31 (100%)	The audit is of children (under 5 years) who attend Emergency Departments with fever as part of their presenting complaint. Data collection from the 01/08/12 – 30/11/12
Paediatric Intensive Care (PICANET)	✓ RMCH	All patients	All applicable	777 (100%)	N/A	PICANet aims to continually support the improvement of paediatric intensive care throughout the UK through clinical audit. The Paediatric Intensive Care Audit Network (PICANet) is a national audit coordinated by the Universities of Leeds and Leicester which collects data on all children admitted to paediatric intensive care units (PICUs) across the UK
Paediatric Pneumonia (British Thoracic Society)	✓ RMCH	Snapshot	All applicable	27	N/A	The audit is of children over 1 year of age admitted with a final diagnostic coding label of pneumonia into a paediatric unit and under paediatric care. Data collection from 01/11/2012 – 31/01/2013

# Quality Accounts 2012/13

Title	Participated ✓/X	Type of Audit	Target	Number Entered		Explanation of Audit
				Central Site	Trafford	
National Paediatric Diabetes Audit	✓ RMCH	All patients	All applicable	214 (100%)	46 (100%)	The audit is for all children (up to and including 24 years of age) that have been seen at paediatric diabetes clinics between 01/04/2011 – 31/03/2012. Our data was extracted by an external company
Child Health Programme (CHRUK)	✓ RMCH	All patients	All applicable	1 (100%)	N/A	The Child Health Reviews-UK case review project is a themed review of cases of mortality and morbidity in children and young people with epilepsy, at all stages of the care pathway including primary and emergency care
<b>Other</b>						
Elective Surgery (National PROMS Programme)	✓	Selected Patients	All applicable	355/ 689 (52%)	571/473 (122.8%)	<p>Patient Reported Outcome Measures (PROMs) are measures of a patient's health status or health-related quality of life. They collect information on the clinical quality of care delivered to NHS patients as perceived by the patients themselves. They are short, self-completed questionnaires, which measure the patients' health status or health-related quality of life at a single point in time</p> <p>Data collection from 01/04/2011 – 31/03/2012</p> <p>During this period some Trafford patients received questionnaires but didn't meet the inclusion criteria</p>

## National Confidential Enquiries (NCE)

### Participation

There were five National Confidential Enquiries (NCE) taking place throughout the year and we participated in all of the relevant studies.

The NCE that we participated in and for which data collection was completed during 2012/13, are listed below alongside the number of cases submitted to each enquiry as a percentage of the number for whom data should have been submitted.



## NCEPOD

Alcohol Related Liver Disease (ARLD)	Yes	Yes	83%	Complete
Subarachnoid Haemorrhage (SAH)	Yes	Yes	67%	On-going
Tracheostomy Care	Yes	Yes	On-going	On-going

## Royal College of Physicians (RCP)

National Review into Deaths caused by Asthma (NRAD)	Yes	Yes	On-going	On-going
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## Outcomes

The report of one study was received and reviewed by us in 2012/13; this was the report of the Bariatric Surgery study, published in October 2012. Although we no longer carry out this type of surgery, we are currently reviewing any applicable recommendations relating to the follow-up of patients that received this surgery prior to its cessation at the Trust.

In addition, we are also continuing to evaluate and implement recommendations published in 2011/12. These include Perioperative Care, Surgery in Children and Cardiac Arrest. A summary of the work that has resulted from reviews of these recommendations is shown below:

### Perioperative Care

- Work continues within the Trust's Acute Laparotomy Pathway Group to improve documentation of mortality assessments and discussions with patients/family
- Pathway to be reviewed in relation to the care package provided to high risk patients
- Strategy being developed to incorporate pre-operative fluid optimisation for high risk patients

### Surgery in Children

- 'Policy for the Identification and Management of the Seriously Ill Child' to be reviewed in the context of implementation of the Patienttrack system

### Cardiac Arrest

- Implementation of Early Warning Score (EWS) and Emergency Bleep Meetings (EBM) will support appropriate supervision for doctors-in-training
- Continued roll-out of the Trust Observation and Resuscitation Policies to all areas of the Trust
- Audit to review the length of time between cardiac arrest calls and defibrillation

## NICE Guidance

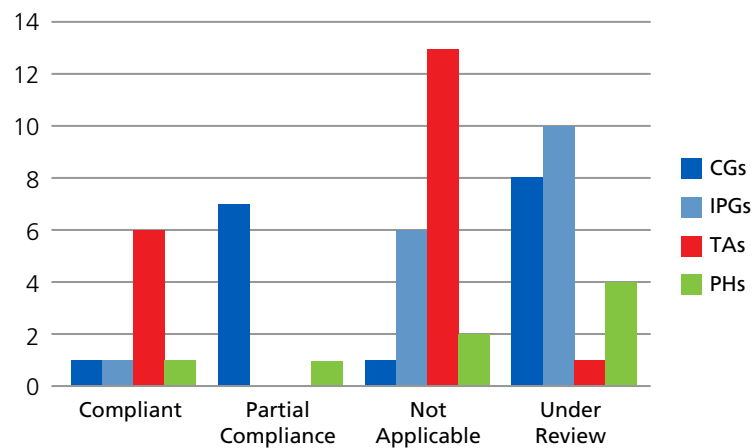
NICE guidance sets the standards for high quality healthcare and encourages healthy living.

In 2012/13 NICE published guidance in the form of Clinical Guidelines (CG), Interventional Procedures (IP), Technology Appraisals (TA) and Public Health Guidance (PH).

# Quality Accounts 2012/13

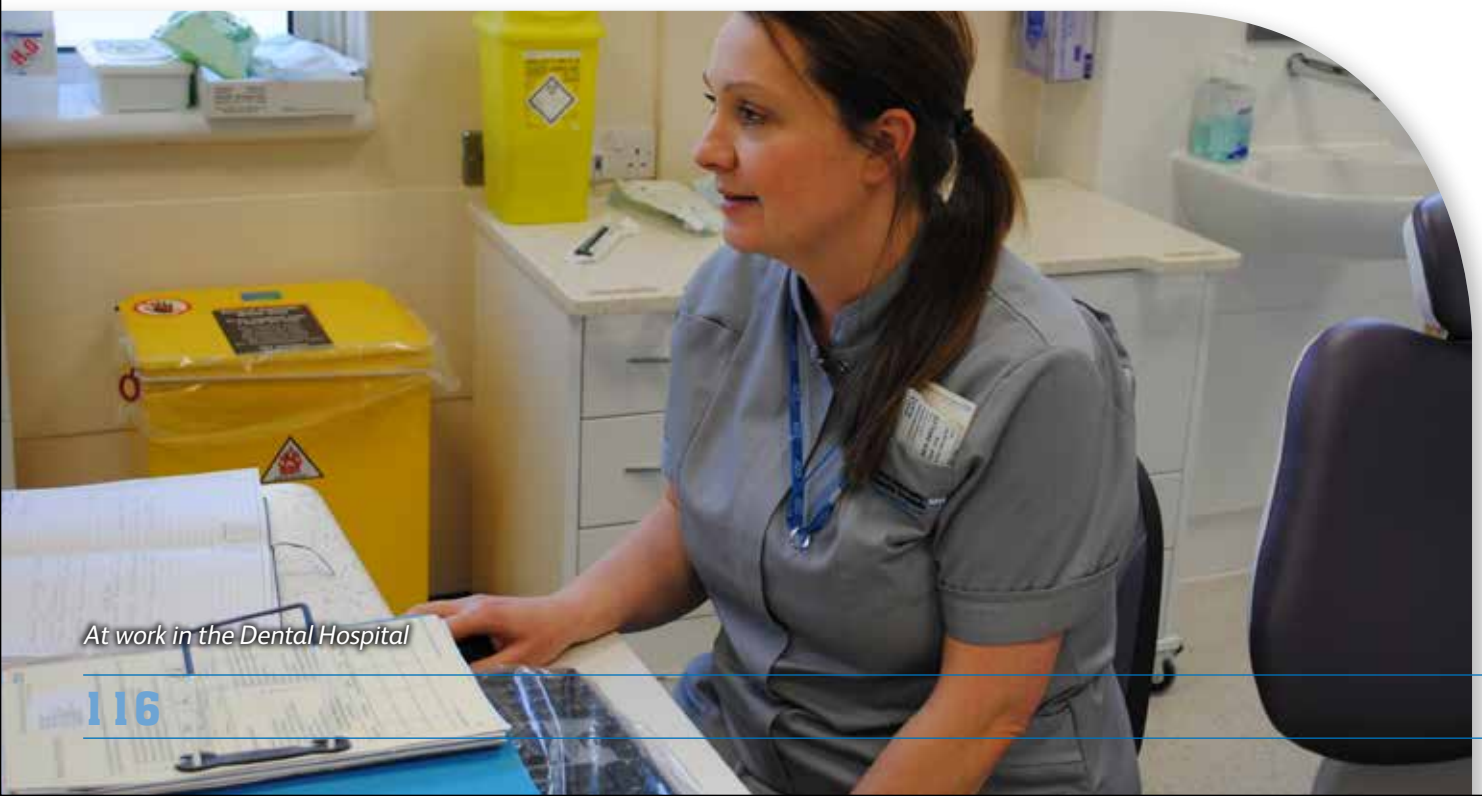
The Trust undertakes an assurance process on each piece of NICE Guidance published. Newly issued clinical guidance and interventional procedure guidance is identified to representatives in each Clinical Division. Technology Appraisals, (Medicines), are received by Pharmacy who identifies an appropriate consultant to respond. These representatives discuss the applicability of the guidance within their divisions and respond to say whether it is applicable, and where it is applicable, whether the division complies with the recommendations. Our position is that we aim to be fully compliant with all NICE guidance.

Chart 1: Current Trust status of NICE guidance released in 2012-13



Responses to guidance citing compliance are recorded on a Trust database. For assurance purposes, this information is used to provide a list of guidance applicable to each Division which is reviewed by clinicians, clinical effectiveness teams and the Clinical Audit Department when formulating their annual clinical audit programme. Each clinical audit programme is regularly monitored throughout the year to check the progress of these projects. In this way assurance for NICE guidance is embedded through our audit programme.

Pieces of guidance citing partial or non-compliance are referred to the Clinical Practice Committee which is a sub-committee of the Trust's Clinical Effectiveness Committee. Each Division is represented at the committee and the membership discuss the implementation of NICE guidance, any positions of partial compliance with recommendations and putting working groups, actions plans and timescales in place to lead to compliance. The Committee also uses a risk based approach to approve none or partial compliance with NICE guidance.



At work in the Dental Hospital

## Research and Innovation

Research and innovation is at the heart of everything we do – from ensuring that our patients receive quality care to improving the efficiencies and effectiveness of the way we work.

The Trust brings together internationally renowned researchers and clinicians through eight hospitals (four of which are specialist) and community services.

### Excellence in research – Key achievements (April 2012–March 2013)

We believe that collaboration is key to understanding and solving the growing health needs of our population, and proactively seek to partner with others.

- Launch of the National Institute for Health Research (NIHR) Manchester Musculoskeletal Biomedical Research Unit (BRU), and launch of the Manchester Biomedical Research Centre strategy, in collaboration with The University of Manchester.
- £9.5m funding boost for Citylabs, our new on-site state-of-the art flexible office space and laboratories for biomedical companies (provided by North West Evergreen Fund, Lloyds Banking Group, and European Regional Development Fund).
- Royal Manchester Children's Hospital named Britain's best clinical research site in the Pharma Times Awards.
- First patients join new macular degeneration (wet age-related) trial in Manchester, which is part of a larger international study. Collaboration with Oraya Therapeutics, to assess the ability of radiotherapy (IRay® Radiotherapy System) to reduce/remove the need for the standard treatment of regular injections into the eye.
- NIHR/Wellcome Trust Clinical Research Facility secures £5.5m funding from NIHR for experimental medicine, opens a new 3T MRI scanner and celebrates its 12th anniversary.
- Delivery of the Changing Futures project by Nowgen, which brought teenagers with Cystic Fibrosis (CF), clinicians, artists, scientists and educationalists together to develop online resources exploring gene therapy and CF. ([www.changing-futures.co.uk](http://www.changing-futures.co.uk)).
- Nowgen also leads work to assess the information needs of patients and members of the public in collaboration with European Patients' Academy on Therapeutic Innovation (EUPATI). EUPATI is a major pan-European project to inform and involve patients and the public about pharmaceutical processes.
- Dr Richard Body, Consultant in emergency medicine at Manchester Royal Infirmary secures £467,000 through a NIHR Postdoctoral Fellowship to test his new method of assessing whether patients arriving at the Accident and Emergency Department with chest pains have suffered a heart attack. Being able to more effectively diagnose heart attacks, could avoid the costs and inconvenience associated with unnecessary admissions.
- Professor of Genetic Medicine, Professor Yanick Crow, based at The University of Manchester at Saint Mary's Hospital, wins €1.5million over five years through a European Research Council Fellowship.
- Dr Emma Crosbie, Senior Lecturer at The University of Manchester and Honorary Consultant at Saint Mary's Hospital, secures an NIHR Clinician Scientist Award of £1.25m over five years for an endometrial cancer study. This funding has been made on the back of the research Emma completed, as part of her NIHR International Scholarship at Texas MD Anderson Cancer Centre.

- To date the Manchester Biomedical Research Centre has awarded 25 fellowships and over 50 per cent of these researchers have, subsequently, been successful in securing independent externally funded fellowships. The latest of which, Lucy Higgins, clinical research fellow at Saint Mary's Hospital and The University of Manchester, secured a two-year Action Medical Research Training Fellowship.

## The next generation of researchers

We are dedicated to developing the next generation of researchers. In 2012, we awarded five Manchester Biomedical Researcher Centre Global Scholarships (total of £65,000), to enable them to research new technologies/techniques at an international host institution of their choice and bring their learning back to the UK.

## Improving our research figures (April 2012–March 2013)

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 16,041.

Over the past year, we recruited 16,041 patients into research studies taking place within the Trust. We facilitated 772 research studies – ranging from complex cutting edge experimental drug regimes to patient focus groups. 236 new studies were approved with improved overall set-up times measured by our key performance indicators. We also enabled 118 new external researchers to conduct research in our Trust via Research Passports. Our researchers were awarded £13.9 million in external research funding.

## Medical Education

We are the longest established and largest of the Manchester Medical School Teaching Hospitals and enjoy a vibrant and highly enthusiastic cohort of medical students within all of its hospitals. Students spend the last three years of their medical degree course at the Trust spending time with clinical teams, gaining valuable learning experiences to prepare them for clinical practice as a medical doctor and starting a career in medicine. We are proud to have students spend time with us. Last year as an example 122 doctors graduated in their final year, a highly commendable success rate of 97% and 12 of these doctors graduated with honours.

This year marked the end of Professor Lawrence Cotter's successful 12 year tenure as Hospital Dean and we acknowledge his enormous contribution to the wellbeing and education of our medical students. We also welcomed Professor Ray McMahon, Consultant Histopathologist as his successor.

To keep up with technological advancements and to improve the student learning experience, the medical students have all been issued with iPads with increased access to Wi-Fi facilities which have been installed at key sites around the organisation.

We provide superb clinical skills training facilities and are very proud that our Head of Clinical Skills was awarded the coveted, student-nominated Excellent Teacher award by Manchester Medical School. We were instrumental in developing and publishing an iBook on skills learning, again headed up within the Medical Undergraduate team.

Several members of staff have presented their medical education research findings at both national and international meetings. The Undergraduate Department is working very closely with the Medical Education Steering Group, Manchester Medical School and our Associated Teaching and District Hospitals and Community services to ensure we provide the best possible experience for our students in order to equip them with the right skills and experience to become the best possible doctors they can be.

We aim to provide a seamless transition from the Undergraduate experience through to Postgraduate Foundation Doctor training and beyond.

With respect to our Postgraduate Medical Education Training, through our successful acquisition of Trafford Hospitals, we now have one of the largest Foundation Year training programmes for newly qualified Doctors in the North West of England. We welcome Professor Simon Carley as our new Director of Postgraduate Medical Education and look forward to his drive, passion and enthusiasm in improving the quality of our postgraduate training. The focus for the coming year will be on introducing a framework for improving the quality of postgraduate medical education with a real focus on patient safety and the clinical and educational supervision of our trainee doctors.

## Medical Revalidation

Medical Revalidation was introduced across the UK by the General Medical Council (GMC) on 3rd December 2012, in order to formally assess doctors' fitness to practice at five yearly intervals throughout their career. This is to provide assurance to patients, the public, colleagues and employers that doctors are up-to-date and fit to practice and to contribute to the on-going improvement in the quality of medical care delivered to patients. Revalidation will do this because of the link between the GMC's core guidance for doctors, Good Medical Practice, and the appraisals they receive from their employer. This means that doctors are regularly checked against the professional standards that the GMC set and that patients expect their doctor to meet.

Therefore, medical appraisal is at the heart of revalidation. Appraisal is a mechanism by which employers assist and support personal and professional development, within the context in which an employee works. With regards to medical appraisal, doctors' performance is reviewed against four areas that are set out by the GMC. These are:

- knowledge, skills and performance
- safety and quality
- communication, partnership and teamwork
- maintaining trust

All licensed doctors here, along with all other doctors in the UK, are required to undertake an annual appraisal with supporting information collected about their practice in accordance with the standards shown above. This information includes individual activity data relating to their role as a doctor at the Trust, in addition to feedback from patients, doctors, nurses and other colleagues. Doctors are also expected to demonstrate that they meet national and local clinical standards and have kept up to date with the latest developments in their field through Continuing Professional Development (CPD).

Doctors started to receive their revalidation dates from the GMC in December 2012. It is expected that most doctors will have gone through the revalidation process by March 2016 and for all doctors to finalise revalidating by March 2018.

In order to support doctors through the revalidation process, we have launched a new web based medical revalidation system. This system will track every doctor's appraisal making it easier for them to store documents that will help to demonstrate they meet the required standards. It also means that the Trust can track where doctors are in the appraisal and revalidation process.

In summary, revalidation is aimed at increasing the quality of care that patients receive from doctors and will mean that patients are safer when receiving treatment. Both the GMC and the Trust believe that patients have an important role to play in the appraisal and revalidation of doctors and we will support patients to do so by providing opportunities to feedback about their doctor's practice.



## External Regulation

The Trust is required to register with the Care Quality Commission and its current registration status is fully registered with no conditions. The Trust has had no conditions on registration.

The Care Quality Commission has not taken enforcement action against the Trust during 2012/13.

We have not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

The Trust works closely with the CQC on maintaining high quality services. This year they visited a number of areas of the organisation including the Manchester Royal Infirmary. The CQC found that the service was meeting all standards that they reviewed and set out below are examples of the type of comments made in their report.

*"One visitor on Ward 45 told us, they were very satisfied with the care their relative was receiving. They said, "This is a lovely ward the care is good. My mother is looked after."*

*"All parts of the hospital we saw during our visit were clean and we observed staff complying with good practice for the prevention and control of infection."*

*"We spoke with nursing staff about their understanding of good safeguarding practice, their duty of care, their responsibility to keep patients safe and what action they would take in response to concerns. The majority of nursing staff we spoke with had completed training in safeguarding adults, and some staff were waiting to complete the training. These staff members had completed on-line safeguarding training whilst waiting to attend a safeguarding course. Staff told us they had never witnessed any poor practice on the wards where they worked."*

We were pleased with these findings and welcome the unannounced CQC inspections as part of our own assurance mechanisms. It is important to us that people who are independent of the organisation provide feedback to make sure we are delivering the best possible care.

The CQC visited six sites across the Trust in all during the year and reported no compliance issues requiring action.

We were also extremely proud to announce last year the achievement of National Health Service Litigation Authority (NHSLA) assessment at level 3 for both our General and Maternity services. The NHSLA undertakes rigorous and detailed assessment of the organisational management of safety across all aspects of service delivery. This includes clinical care, staff training and risk management arrangements. Level 3 is the highest level of achievement that a Trust can attain and we are one of only a small number to have this for both General and Maternity Services. This recognises an immense amount of hard work over the last few years by both frontline clinical staff and the various support teams to improve safety and quality. We continue to strive to meet these demanding standards of safety and are currently preparing for reassessment at level 3 when required by the NHSLA.

The Trust continues to work closely with all external regulators and inspection bodies. The recent report into standards of care at the Mid Staffordshire NHS Trust highlighted the need for organisations to listen to their patients and staff and to work closely with external bodies to assure them of the quality of care delivered. We intend to continue with our work streams dedicated to this purpose.



# Data Assurance Processes and Information Governance

The Trust submitted records during 2012/13 to the secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- which include the patient's valid NHS number
  - Admitted patient care 97.2%
  - Accident & Emergency 97.8%
  - Out-patients 85.3%
- which include the patient's valid General Practitioner Registration code
  - Admitted patient care 100%
  - Accident & Emergency 100%
  - Out-patients 100%

Central Manchester Information Governance Assessment report score overall score for 2012/13 was 80% which achieved the rating of 'Green' from the Information Governance Toolkit grading scheme.

The Trust's Information Governance Assessment achieved compliance at level 2 for all indicators. We continue to work on mitigating data protection risks and have implemented a number of awareness raising programmes.

We are taking the following actions to improve data quality:

- Restructure of the Data Quality Department to better align to the hospital services and administrative functions
- Developed Data Quality performance dashboards
- Implementing a new system training package for our core systems and relating back directly to the information reporting work programme

The Trust was subject to a Payment by Results (PbR) clinical coding audit during the reporting period by the Audit Commission and the accuracy rates reported in the latest published audit for that period for diagnoses and treatments coding (clinical code) were as follows:

Primary procedure	91.50%	Primary diagnosis	98.37%
Secondary procedure	93.85%	Secondary diagnosis	93.37%

The PbR assurance audit is a review of 200 case notes and was focused on the Accident & Emergency specialty and a random sample across the specialties in the Royal Manchester Children's Hospital. These results should not be extrapolated further than the actual statement audited. The audit breaks the results into coder/non coder error. The results from the audit are a useful snapshot and combine with the other internal and external audits as a means of providing assurance and ensuring we actively manage and improve quality on an ongoing basis. These results are a small sample of 200 patients taken from 170,000 in-patient spells and are also focused on a specific area within the overall case mix.

A second external audit is also underway and is the Payment by Results clinical coding audit during undertaken by the Audit Commission. The results will be available in the next financial year.

There is a detailed programme of work aimed at improving the quality of clinical coding through improved clinician engagement, improved audit and review processes and also our Health Records Improvement programme of work.

## Our People

### Leadership

Through our leaders we aim to support the Quality Strategy to improve the patient experience with the top priority being to enable managers to operate in a complex demanding environment. Our service is required to meet the demands of ever increasing customer expectation, an ageing population and the negative impacts of economic instability. Managers must meet the challenges of delivering on financial, operational and quality targets through effective management and leadership of their staff.

In order to develop the leadership capability required, the Leadership and Management strategy has been developed which focuses on various methods of development to increase personal effectiveness, enhance service delivery and build team effectiveness. We aim to enhance the leadership and management skills for staff by offering a range of accredited programmes; National Leadership and Management Competency Framework and the NHS leadership Framework (LF) as aspirational models.

The Institute of Leadership and Management (ILM) Level 5 Award in Management is offered in house aimed at middle managers who are generally in Bands 7 positions and above. This is a nine month programme in which candidates gain an accredited management qualification which focuses on core leadership, change management, stress management, delivering on organisational objectives through teams and quality management. Learners are required to deliver a service improvement for their area in line with Trust objectives and the Quality Strategy.

For first line managers, we offer the ILM Level 3 Award in Leadership and Management. This eight week course is aimed at developing basic people management skills, focusing especially on team effectiveness and change. This is aimed primarily at those in Band 4 to 6 positions who have a first line management role.

29 middle managers have completed the level 5 programme and 27 first line managers have completed the level 3 programme. Nine middle managers are currently midway through the level 5 with 10 more due to start in February 2013.

#### **Some of the feedback we have had regarding both programmes are as follows:**

*"Have recently compiled a business case and been able to use the financial and managing improvement modules to help me successfully achieve this. Having recently gone through a restructure I have been using lots of the techniques and advice taught in all aspects of the course, to help me to manage the staff through lots of changes and developments."*

*"The self analysis modules and emotional intelligence lectures have helped me to think about and modify my own behaviours and also recognise behaviours in others so I can manage things more effectively."*

*"Improved leadership around change, especially surrounding the Trafford Hospitals Acquisition. Improved channels of communication - staff given greater opportunity to influence new developments."*

*"Project planning and innovation - I have introduced new working patterns and enhanced workflow methods by 'stream lining' staff abilities to tasks at hand. I have introduced innovation by way of new services cutting costs and improving quality."*

*"I found the course invaluable and really enjoyed it looking back. My working life has definitely benefited from it."*

### Newly Appointed Consultant Development Programme

The Trust's Medical Director, Mr Bob Pearson was keen to introduce a 12 month programme for newly appointed consultants that would help them in the transition period from being a learning doctor to a leading consultant.



*Renal Transplant Team*

In September 2011 a 'pilot' programme was developed with the assistance of our Organisational Development and Training Department and external training consultants from the Brafferton Group.

The first cohort of 15 consultants drawn from across the organisation began the programme during 2011 and completed in the autumn of 2012.

The programme included topics that participants might not have been exposed to as junior doctors such as writing a business case, understanding NHS financial management, contracting and GP commissioning, and the regulatory framework. Further workshops focused on leadership style, negotiating and influencing skills, change and innovation, developing and leading teams.

Group members, each completed a 360 degree appraisal participated in Action Learning sets and a work based service improvement project. The course offered participants the opportunity to complete the Institute of Leadership and Management qualification at level 5 Certificate in Leadership and they all attained an ILM qualification certificate on completion of the programme.

The consultants taking part presented their improvement projects to the Executive Directors at an event held in September 2012. The quality of the work was high and covered a range of pertinent topics including improved pathways for patients with specific conditions; establishing new specialist clinics to meet demand, and using technology to improve record keeping.

Due to the success of the pilot programme a continuous rolling programme for has been implemented across the Trust for all new consultant appointments.

## Apprentices

We are one of six Trusts in the North West region able to offer the full Apprenticeship Framework and has signed up to the North West NHS Apprenticeship Promise. We have been offering the Apprenticeship programmes for over 12 months and the Organisational Development and Training Department were delighted to accept the award plaque on behalf of the Vocational Department, presented by Sandra Capper, Apprenticeship Broker, Skills Academy for Health, North West.

The Apprenticeship Promise was officially launched to North West NHS Trusts in 2012 as a mechanism for embedding Apprenticeships as a core element of workforce and education practice, whilst also realising the impact not only to service and patient care but also on the wider community.

NHS North West, in partnership with Skills for Health Academy North West and the National Apprenticeship Service pledged their commitment to drive this agenda forward by supporting Trusts to achieve the five pledges of the Promise, and specifically:

- Work with HR teams to align all Trust band 1-4 vacancies with Apprenticeship Frameworks where available and relevant.
- Establish an accurate record of minimum level 2 attainment across the organisation, offering those without the opportunity to undertake an Apprenticeship.
- Actively promote the opportunities for progression to those who successfully complete their Apprenticeship.
- Sign up to the 2012 Top 100 Apprenticeship Employers list to showcase the volume and range of Apprenticeship opportunities in the North West NHS.
- Share best practice and lead the evidence base illustrating the health and well-being impact of education and employment, through an annual case study.

The Trust has been offering Apprenticeships, primarily to those working within Healthcare Support Worker roles, since November 2011. There are currently 160 students on programme and 40 of those are due to complete the award by the end of this year. There are four intakes each year and students tend to be new employees to the Trust with no previous level 2 qualifications, relevant and specific to the job role. Students will learn 'on the job' and are released from the work place for one day per month in order to attend workshops and to support them whilst in learning. There are two levels of Apprenticeships offered at Intermediate and Advanced qualifications. The programme consists of a Qualifications and Credit Framework (previously NVQ), Btec certificate and functional skills (English and Maths level 1 or 2).

## Cadet of the Year

Rebecca Kakanskas L3 Health Care Cadet from Xaverian College, who work in partnership with us and Skills for Health Academy, won the prestigious Cadet of the Year award for Greater Manchester at the Skills for Health Academy award Ceremony in June 2012 where over 1,000 people attended to celebrate the achievements of this year's 395 graduating Cadets.

Rebecca received her well-deserved award from Chris Jeffries, Workforce Programme Director North West, and NHS North of England in recognition of her achievements during her Cadetship.

This Cadet is described by all as an outstanding young person who despite having to overcome challenges never takes anything for granted. They are motivated, committed and supportive to peers and always make time to listen. Often they do not appreciate how special they are and do not know what all the fuss is about when they stand out above the rest.



*Cadet of the Year receiving her award*



During the Cadet programme they have been eager to work on challenging placements. Feedback from a specialised community outreach placement for clients with mental health issues is that they have a very special persona that allows clients with complex needs to open up to them despite their age.

This young person has not only made a positive difference to patients with mental health problems on placement but also as a volunteer in the community where they run an art group and have significantly contributed to the organisations fundraising efforts.

Those who know this Cadet are in no doubt that they will continue to go on and do great things in the future as during their Cadet programme they were often compared to professionals that have had years of training and experience.

## **Customer Service**

In support of the Trust-wide Quality Campaign and supporting our Values, our Customer Service programme puts patients at the heart of everything that we do, but also broadens care to include their families, friends, visitors, communities – and each other. Departments, teams, suppliers, contractors and individuals all must work effectively together to deliver the best quality care for patients and extend care, compassion and respect to each other in the process.

The programme aims to support staff in the ability, motivation and opportunity to enhance the service that we offer to customers. Groups create a vision of their ideal, best possible hospital and look at the barriers to excellent service delivery and how we can ensure the quality of service provision matches our aspirations. The course explores the skill of superior service by looking at three overlapping circles of service; choose your attitude, assertive behaviour and positive language to support staff to make a difference to the customers that they meet each and every day. Film clips are used to explore what excellent service, respect and dignity look and feel like and the impact of when that care is missing.

We offer a course aimed at staff and also one tailored specifically to those with management responsibilities. This course covers similar elements but learners are also prompted to coach, support and encourage their team members,

to recognise excellent service and to develop improved performance and practices. Staff are supported to devise tangible action plans of how they personally can demonstrate their commitment to putting the customer first. The programme is being reviewed to ensure that it is fully reflective and supports our organisation Values.

## **Staff Recognition – We're Proud of You awards**

The annual 'We're Proud of You Awards' recognise the fantastic achievements of our staff. Every day our staff and teams go above and beyond the call of duty and these awards allow us to acknowledge their outstanding contributions. All our employees and volunteers are eligible for the awards and many nominations represent quality improvements and development.

Achievements are celebrated within departments in the first instance and then through an annual gala dinner to celebrate their accomplishments, thanks to much appreciated sponsorship from the Staff Lottery, Sodexo, Catalyst and Hill Dickinson.

Wards who had achieved 'Gold' status as part of the Improving Quality Programme over the last 12 months were also presented with certificates by the Executive team in their ward areas and took part in the celebrations at the Gala dinner, being presented with wall plaques to display at the entrance to their wards by the Chairman.

This recognition scheme has helped to ensure achievements are showcased and celebrated and dedication and hard work is appreciated. For 2013/14, the scheme will also be extended to include more frequent, localised recognition for staff within their own divisions.

## **Voices Staff Consultation**

The 'Voices' staff consultation was commissioned by the Board of Directors, sponsored by the Chairman and Non-executive Directors in order to consider a radical approach to improve staff engagement and staff perception of wellbeing following the results of the National Staff Survey. A wide range of staff took part in focus groups and online and postal consultation. Feedback focusing on areas to improve included: leadership, staff having a voice in the organisation, having a better working environment and staff recognition.

Trust-wide programmes of work around leadership have included staff engagement sessions held by the Executive team, film clips posted on the our intranet (staffnet) of the senior leadership talking about strategic issues, a 'By Invitation' scheme where staff are welcome to invite senior leaders to their work areas to gain an insight and understanding of the working lives of staff. The Organisational Development and Training team have reviewed, updated and extended the range of programmes that are offered to support the development of managers and leaders, including becoming an accredited centre to offer Institute of Leadership and Management accredited programmes.

A staff communication and involvement strategy and management toolkit has been developed to ensure communication is effective and that staff have the opportunity to share ideas and be involved in decisions and changes that affect their working lives. Regular staff polls continue on Staffnet inviting opinions on a range of topics. An event was also held to share the feedback from the staff consultation and the actions that were underway to keep an open dialogue with staff that the proposed actions were valued.

Feedback was given about facilities for staff and in particular, access to computers and the intranet and staff facilities for breaks and meals. An existing restaurant has been refurbished and thanks to support from Sodexo has reopened as a staff internet café. A staff working group is also carrying out a wider review of non-patient catering facilities. 94% of all staff now have a CMFT e-mail account following a thorough review of the e-mail address details held in the Electronic Staff Record (ESR) and offering all staff the option to have e-mail access. Wi-fi is also rolling out across the site and allows staff to access the technology from their own devices.

In terms of staff recognition, our recognition scheme 'We're Proud of You' has been widely promoted via road shows and an intranet site, resulting in an increased level of nominations. Nearly 300 staff attended the annual Gala dinner to celebrate the achievements of staff. A local recognition approach is being adopted to compliment the 'We're Proud of You' awards ensuring that recognition is wide reaching and momentum is maintained throughout the year. The 'Insight' staff magazine format has been reviewed to further develop its positive celebratory feel, and a communications network has been tasked with sharing good news stories from their work areas.

Together with local divisional action plans, addressing these factors on a Trust wide basis, is expected to lead to improvements in staff engagement, motivation and job satisfaction.

## Staff Survey

This year staff were offered the chance to complete their survey online or via the traditional paper form and a vast improvement was seen in the overall response rate with an increase to 46%.

Over the last 12 months, several initiatives have been rolled out in an attempt to address key staff concerns such as confidentiality as well as providing additional ways throughout the year for staff to feedback their opinions through the 'Voices' programme. Many actions have been taken as a direct result of staff suggestions and the programme has shown very positive results in terms of the staff engagement score, placing us above average for all acute Trusts.

Work on 'Voices' and communication of survey results and subsequent actions will continue across the next 12 months.

	2011/2012		2012/2013		Trust Improvement or Deterioration
Response Rate	Trust	National Average	Trust	National Average	
	37%	52%	46%	49%	Improvement +9%



# Quality Accounts 2012/13

## Summary of performance - NHS staff survey

The response rate for the census results in 2012 has improved dramatically from last year.

The vast majority of results are also shown to be positive, with large improvements in communication between staff and senior managers and high scores for staff feeling their role makes a difference to patients and service users. The table below details our best and worst scores when compared to other acute Trusts.

	2011/2012		2012/2013		Trust Improvement or Deterioration
	Trust	National	Trust	National	
<b>Top 5 Ranking Scores 2012</b>					
KF17. Percentage of staff experiencing physical violence from staff in last 12 months (the lower the score the better)	2%	1%	1%	3%	Not comparable from 2011 to 2012
KF18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (the lower the score the better)	14%	15%	22%	30%	Not comparable from 2011 to 2012
KF16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months (the lower the score the better)	7%	8%	9%	15%	Not comparable from 2011 to 2012
KF19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (the lower the score the better)	17%	16%	19%	24%	Not comparable from 2011 to 2012
KF14: Percentage of staff reporting errors, near misses or incidents witnessed in the last month (the higher the score the better)	99%	96%	94%	90%	Deterioration -5%

	2011/2012		2012/2013		Trust Improvement or Deterioration
	Trust	National	Trust	National	
<b>Bottom 5 Ranking Scores 2012</b>					
KF2. Percentage of staff agreeing that their role makes a difference to patients (the higher the score the better)	87%	90%	87%	89%	No Change
KF12: Percentage of staff saying hand washing materials are always available (the higher the score the better)	48%	66%	50%	60%	Improvement +2%
KF6. Percentage of staff receiving job-relevant training, learning or development in last 12 months (the higher the score the better)	80%	78%	78%	81%	Not comparable from 2011 to 2012

KF1: Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver (the higher the score the better)	66%	74%	77%	78%	Improvement +11%
KF28: Percentage of staff experiencing discrimination at work in last 12 months (the lower the score the better)	14%	13%	11%	11%	Improvement -3%

E-learning is increasingly becoming the preferred option for providing training and many new e-learning packages have been developed including Medicines Management and Pharmacy. This enables on-going increasing benefits arising from less staff time being spent away from front line patient care. It has supported the continuing requirements for staff to remain compliant with Corporate and Clinical Mandatory training that is essential to ensure staff are fit for purpose and provide quality care. E-learning plays an important part in the development of staff from Apprenticeships to Consultant level and a new appraisal training package is being developed for implementation during 2013.

## Recruiting and retaining our people

Our position as a leading Teaching Hospital brings huge opportunities for the people that work here. We employ over 11,000 people working in roles as diverse as clinicians to catering support staff. We offer world-class opportunities to develop careers which are so good in fact, that we also train many staff hosted by other NHS organisations. We believe that to progress as a leading healthcare organisation, we must help each of our employees to progress too and so we encourage staff to move across our Divisions resulting in huge potential to grow and develop. At the Trust, staff are valued and their contribution which they make helps to make a difference to the lives of our patients. We care about our people and we take our responsibilities towards them very seriously. This is reflected in attractive terms and conditions and a fringe benefit package that is the envy of many. We recruit throughout the year and via a process which recognises people as individuals and marks this Trust as a true employer of choice.

## Local Recruitment

We have a long standing commitment to support the regeneration of the community it serves. Recruiting locally and in particular ensuring we have a strong employment offer to local young people with the right skills and talents is a priority for the organisation.

A practical approach to ensure we deliver on this objective is the Pre Apprenticeship Programme that is now in its second year. Local, currently unemployed people are invited via our network of Community Contacts to learn about key job roles in the organisation and in turn to participate in a four week course that equips them with the knowledge and experience (via a work placement on the wards) to demonstrate at a guaranteed interview on completion of the course.

The course runs four times per year and 55 people (60% of which are under 25), have completed the course successfully in 2012/13. Moreover, outcomes for participants of this scheme have been extremely positive, with 80% of those completing the course entering paid employment with the Trust. The majority of recruits when established in post join The Trust Apprenticeship Programme to ensure their learning and developments needs are met in order to deliver excellence in the role.

## Disability Recruitment: Supported Traineeships

The Supported Traineeships Programme is an example of our on-going commitment to move beyond compliance with Equality and Diversity legislation and become a leading exemplar employer of disabled talent.



# Quality Accounts 2012/13

The programme is now in its third year and continues to deliver a 12 month employment focused education programme for young local people with disabilities. The programme has an onsite classroom and is delivered in partnership with The Manchester College and Pure Innovations Ltd.

Three exciting and varied placements are offered to the Trainees throughout the course and the HR project team work hard to match the unique skills of the students with the right paid opportunities throughout the programme. The outcomes are hugely positive not just in terms of paid work for the trainees but on the increased capacity of the Trust to recruit from a previously untapped talent pool.

Six of the 'graduates' from 2010/11 and five from the 2011/12 cohort have gained paid employment between 16 and 35 hours per week either directly within the Trust, with Sodexo or with an external employer. The roles taken up in 2011/12 included Clerical Assistants in Manchester Royal Eye Hospital and in Genetic Medicine and Catering Assistants with Sodexo.

External recognition for some of the amazing achievements and learning journeys of the trainees was recently recognised in the NHS Adult Learners Awards 2012 and a special mention goes to James Ward who was runner up in the 'First Steps to employment' category.

We are committed to continue this work in the long term and to provide meaningful employment, education and training outcomes for talented young people with disabilities and long term health conditions.

More information on the Programme is available at [www.traineeships.cmft.nhs.uk](http://www.traineeships.cmft.nhs.uk)



Winners being presented their 'We're Proud of You' Award.



## Part 3 - Other information

Achievements against key national priorities and National Core Standards

### Performance of Trust against Selected Metrics

	2010/11	2011/12	2012/13	Benchmark Data <sup>1</sup>	Status
<b>Patient Safety Measures</b>					
Improvement in VTE risk assessments carried out. (Department of Health Data)	90.10%	90%	90%	H 100%* L 73.6%	✓
Reduction in hospital acquired grade 3 or 4 pressure sores. (Trust Data)	17 (Sept-Feb)	25 (full year)	69	Not Available	✗
Reduction in serious patient safety incidents resulting in actual harm (those graded at level 4 or 5 (NPSA Data)	29	21	20** As a % of all incidents 0.2%	% of all incidents H 0% Av 0.5% L 1.6%	✓
<b>Clinical Outcome Measures</b>					
Reduce hospital standardised mortality ratio (HSMR)	91.5	97.3	104.6	Av 100	
Reduce Summary Hospital Mortality indicator (SHMI)	NA	NA	110.5	H 71.08 Av 102.09 L 125.59	—
Reduce the number of potentially avoidable cardiac arrests outside of critical care areas. (Trust Data)	135 Actual cardiac arrest	146	191	Not Available	✓
Improve stroke care audit composite score. (National Audit Data)	March 2011 87% (SENTINAL)	40.35 (SINAP)	53.05 (SINAP)	Av. 73.60 (SINAP)	—
<b>Patient Experience Measures **</b>					
These data are provided by patients from electronic feedback devices in clinical areas.					
Increase overall satisfaction expressed with pain management	76.14%	74.06%	84.07%	Not Available	✓
Increase overall satisfaction expressed with fluids and nutrition provided	71.73%	72.66%	78.47%	Not Available	✓
Increase overall satisfaction with the cleanliness of the ward or department	77.60%	75.96%	87.89%	Not Available	✓

<sup>1</sup> Provided where possible and based on NHS Trust performance as highest performance, lowest performance and average.

\*Highest and lowest scores based on Department of Health Quarter 3 data.

\*\*Data not full year and includes incidents from Trafford Hospital so direct comparison not possible

# Quality Accounts 2012/13

## Achievements against key national priorities and National Core Standards

Definition	Indicator	2009/10	2010/11	2011/12	Target 2012/13	2012/13
Intelligent Board Report	C Difficile	179	106	82	77	74
Intelligent Board Report	MRSA	8	7	4	6	10
2012/13 Apr-Dec only (Jan-Mar not available at time of publication)	Maximum waiting time of two weeks from urgent GP referral to first out-patient appointment for all urgent suspect cancer referrals	94%	93%	94%	93%	97%
2012/13 Apr-Dec only (Jan-Mar not available at time of publication)	Maximum 31 days from decision to treat to start of treatment extended to cover all cancer treatments	100%	99%	99%	96%	99%
2012/13 Apr-Dec only (Jan-Mar not available at time of publication)	Maximum 31 days from decision to treat to start of subsequent treatment	100%	98%	99%	96%	100%
2012/13 Apr-Dec only (Jan-Mar not available at time of publication)	Maximum waiting time of 62 days from urgent referral to treatment for all cancers	88%	82%	87%	85%	90%
2012/13 Apr-Dec only (Jan-Mar not available at time of publication)	Maximum waiting time of 62 days from screening programme	n/a	75%	93%	90%	91%
Intelligent Board Report	18 weeks maximum wait from point of referral to treatment (non admitted patients)	98%	97%	96%	95%	97%
Intelligent Board Report	18 weeks maximum wait from point of referral to treatment (admitted patients)	92%	88%	90%	90%	92%
Intelligent Board Report	18 weeks maximum wait from patients not yet treated (new indicator 2012/13)	n/a	n/a	n/a	92%	94%
Sitrep	Maximum waiting time of 4 hours in A&E from arrival to admission, transfer or discharge	98%	96%	95%	95%	96%

It should be noted that the 2012/13 figures now include the previous Trafford Healthcare Trust which was acquired by Central Manchester University Hospitals NHS Foundation Trust on the 1st April 2012.



## Feedback from the Governors

The Patient Experience Working Group has a primary function of supporting the Patient Experience Strategy and therefore ensuring a strong focus on delivering the highest standards of care for patients and families.

Over the past 12 months the Governors have been involved in a number of initiatives, including the ongoing review of out-patient services; complaints management and the ward accreditation process. This year has seen the Trafford Hospitals joining the Trust and Governors are committed to ensuring support as new systems are introduced across these sites too.

We have received a number of presentations from a range of staff, clinical and support staff, which has kept us informed on new initiatives and developments and areas that have been identified as needing further work. The Governors have felt reassured by the obvious commitment of all staff to strive to ensure that high quality, safe patient care is the focus for all.

We have worked closely with many members from the Trust but would especially like to thank Deborah Carter, Deputy Director of Nursing (Quality) and Brenda Smith, Non-executive Director who support our work in this group.

**Jayne Bessant**

Chair of Patient Experience Working Group

May 2013

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## Commissioners' Statement

The Central CCG have now had the opportunity to review the Central Manchester University Hospitals NHS Foundation Trust Quality Account. I note also that it was scrutinised at the Manchester City Council Overview and Scrutiny Committee.

We are very encouraged by the progress made throughout the year. We are particularly pleased that the Trust has focused improvement work in areas which have caused both yourselves and us concern. The cancer referral to treatment times seem to continue to be a focus, as well as improvements in the cancer patient survey. We were pleased also to be briefed by the Medical Director on understanding the in-hospital mortality rates, and the on-going work to improve on this outcome. The staff survey has also been an area where we are pleased to see a recognition that things need to improve. Similarly work continues on A&E activity management to improve waiting times.

The Trust seems to be an active learning organisation and we are pleased to support its on-going improvement plan.

**Ivan Benett (GMC 2489690)**

FRCGP FRCGP M.Med.Sci. Dip. Cardiol.

Clinical Director of Central Manchester  
Clinical Commissioning Group & GPwSI in Cardiology

May 2013





*Emma Davies, age 6 after completing the Mini Great Manchester Run, May 2013*

## Health and Wellbeing Overview and Scrutiny Committee - Response to Central Manchester Foundation Trust Quality Accounts

As Chair of the Health Scrutiny Committee I would like to thank you for the opportunity to comment on the Central Manchester Foundation Trust Draft Quality Accounts for 2012/13. Copies of the draft quality accounts were circulated to members of the committee for consideration and comments received have been included below. We would like to submit the following commentary to be included within your final published version.

“Manchester City Council’s Health Scrutiny Committee welcomes the opportunity to comment on the Central Manchester Foundation Trust Accounts for 2012-13. Members of the Committee have been given the opportunity to comment and this statement includes a summary of their responses.

In Part 1 of the Quality Account (QA) in respect of the NHS Outcomes Framework, the Health Scrutiny Committee is concerned about Central Manchester Foundation Trust’s (CMFT) figures for the Summary Hospital-Level Mortality Indicator (SHMI). With a baseline of 100, and a national average of 102.09, the score stated of 110.5 needs improvement. The commentary infers that this is misleading, that performance is better, and that improved results can be achieved with a better standard of clinical coding. Yet, the Hospital Standardised Mortality Ratio gives CMFT a score of 104.6, with a national average of 100. Performance against both of these measures should not be regarded as acceptable. It is welcome however that the Medical Director recognises the need to lead an extensive programme to improve and see a reduction in the mortality rate.

In respect of the high percentage of patients readmitted to hospital within 28 days we welcome the development of the Intermediate Care Assessment Team. The team provides a guaranteed community response (within 24 hours) for Central Manchester residents who are medically stable but require some form of health and/or social care to keep the patient in their own home.

In part 2 of the QA, you provide a useful summary of how you have performed against your key priorities from last year, and outline your key priorities and targets for the forthcoming year. We welcome the results of how you have performed against your 3 key priorities of Patients Safety, Clinical Effectiveness and Patient Experience where you have demonstrated that out of 24 targets you have achieved 18 and partially achieved 4. Also in Part 2 under Patient Safety we were interested in the section entitled ‘Never Events’ which refers to a serious largely preventable Patient Safety Incident that should not occur if the available preventative measures have been implemented. We note with regret that you have had seven ‘Never Events’ in the past 12 months, and that they were all related to the undertaking of procedures. We welcome the steps CMFT is taking to address these including the development of a training video for staff, implementation of checklists within the out-patient setting and additional checks put in place during procedures.

We were concerned to note that in respect of medication safety there were 4 incidents in the past 12 months classed as ‘severe’. We also note that the figures suggest that most incidents previously classed as slight are now classed as near miss/no harm. In respect of Pressure Ulcers with harm we note with regret that these have increased over the previous 12 months, particularly during quarters 3 and 4. This has resulted in the trust failing to achieve against the key national priorities and National Core Standards in respect of these. We also note that the number of MRSA infections has increased to ten incidents which means that the target to have no more than six cases has been missed.

In respect of external regulation we were very pleased to learn that CMFT had received satisfactory inspection reports as a result of unannounced inspections from the Care Quality Commission.

It has been important to highlight areas of some concern where we expect CMFT to improve over the next year. Overall the Quality Accounts are positive and reflect successful operation of a large and complex organisation serving many thousands of patients in an efficient and compassionate manner. This will be increasingly difficult in the national context of financial pressures. CMFT, like all parts of the NHS, will need to demonstrate over the next year an effective response to the Francis Report on the lessons to be learnt for the NHS of the failings at Mid-Staffordshire Hospital.

## Statement of Directors' Responsibilities in Respect of the Quality Report 2012/13

### Introduction

Monitor has published guidance for the external audit on Quality Reports for 2012/13. A detailed scope of work for NHS Foundation Trust auditors has been detailed in the guidance. The report from the external auditors on the content of the Quality Report will be included in the Annual Report and the report will highlight if anything has come to the attention of the auditor that leads them to believe that the content of the Quality Report has not been prepared in line with the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2012/13.

The Trust is also required to obtain external assurance from its external auditor over at least two mandated indicators and incidents of severe harm included in their Quality Report. As a minimum the outcome of this external exercise over the indicators should be a Governors report to Monitor and the Trust's Council of Governors.

### Auditors Report on the 2011/12 Performance Indicators

The Auditors have undertaken testing of the systems to support the preparation of the mandated indicators included in the 2012/13 Quality Reports as follows:

- i) C Difficile
- ii) Emergency readmissions within 28 days of discharge

### Delegated Authority and Recommendation

The Board of Directors at its meeting in May 2013 delegated authority to the Audit Committee to sign off the Annual Report and accounts. Within the Annual Report the Quality Report has been presented and the Audit Committee on behalf of the Board was asked to confirm that the requirements of the quality report have been complied with.

### Statement of directors' responsibilities in respect of the quality report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2012/13;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2012 to June 2013
  - Papers relating to Quality reported to the Board over the period April 2012 to June 2013
  - Feedback from the commissioners - 29th May 2013
  - Feedback from Governors - 3rd May 2013
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated July 2012

# Quality Accounts 2012/13

- The national patient survey May 2013
  - The national staff survey March 2013
  - The Head of Internal Audit's annual opinion over the Trust's control environment dated June 2013
  - CQC quality and risk profiles dated monthly throughout 2012/13
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
  - the performance information reported in the Quality Report is reliable and accurate;
  - there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
  - the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at [www.monitor-nhsft.gov.uk/annualreportingmanual](http://www.monitor-nhsft.gov.uk/annualreportingmanual)) as well as the standards to support data quality for the preparation of the Quality Report (available at [www.monitor-nhsft.gov.uk/annualreportingmanual](http://www.monitor-nhsft.gov.uk/annualreportingmanual))

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

**Peter W Mount CBE**, Chairman

29th May 2013

**Mike Deegan**, Chief Executive

29th May 2013

## Independent Assurance report to the Council of Governors of Central Manchester University Hospitals NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Central Manchester University Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of Central Manchester University Hospitals NHS Foundation Trust's Quality Report for the year ended 31st March 2013 (the "Quality Report") and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the Council of Governors of Central Manchester University Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting Central Manchester University Hospitals NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31st March 2013, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Central Manchester University Hospitals NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

### Scope and subject matter

The indicators for the year ended 31st March 2013 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- 28 day readmissions; and
- C. difficile.

We refer to these national priority indicators collectively as the "indicators".

### Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified in *Detailed Guidance for External Assurance on Quality Reports*; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

We read the Quality Report and consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual*, and consider the implications for our report if we become aware of any material omissions.



We read the other information contained in the Quality Report and consider whether it is materially inconsistent with those documents listed below:

- Board minutes for the period April 2012 to March 2013;
- Papers relating to Quality reported to the Board over the period April 2012 to March 2013;
- Feedback from local Healthwatch organisations dated May 2013;
- The trust's complaints report published under regulation 18 of the local Authority Social Services and NHS Complaints Regulations 2009, dated May 2012;
- The latest national patient survey dated 2012;
- The latest national staff survey dated 2012;
- Care Quality Commission quality and risk profiles dated 31/10/2012, 30/11/2012, 31/01/2013 and 28/02/2013; and
- The Head of Internal Audit's annual opinion over the trust's control environment dated May 2013.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

## Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) - "Assurance Engagements other than Audits or Reviews of Historical Financial Information" issued by the International Auditing and Assurance Standards Board ("ISAE 3000"). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Testing key management controls.
- Analytical procedures.
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the Quality Report.
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

## Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Central Manchester University Hospitals NHS Foundation Trust.

## Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31st March 2013:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified in *Detailed Guidance for External Assurance on Quality Reports*; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual*.

**Deloitte LLP**  
Chartered Accountants  
Newcastle  
29th May 2013

# Performance against the Trust's Key Priorities for 20

## Central Manchester University Hospitals NHS Foundation Trust – Milestones

### Achieving the highest standards for patient safety and clinical quality

Milestones 2012/13	Progress
Hospital Standardised Mortality Ratio less than 100 before re basing	Attainment of target likely to be October 2013 (taking account of timescales for publication of results).
Care Quality Commission planned and unplanned reviews passed	All reviews passed. Internal self-assessment process completed and audit programme updated for assurance purposes.
Community services prepared for registration with the Care Quality Commission	Community Sites registered and Trafford Hospitals registered.

### Improving the patient experience

Milestones 2012/13	Progress
Improved patient/user feedback and staff satisfaction achieved on a range of patient experience measures including environment; infection; food	<p>Patient feedback data received monthly from all clinical areas using the patient feedback devices.</p> <p>From April 2012 we have seen an overall increase in satisfaction in the following areas:</p> <ul style="list-style-type: none"> <li>● Infection control</li> <li>● Nutrition</li> <li>● Cleanliness</li> <li>● Communication</li> <li>● Pain Management</li> <li>● Privacy and dignity</li> </ul>
Trend analysis of complaints demonstrates shared learning and service improvements	<p>Trend analysis for the year to date has highlighted the following as areas we need to focus on:</p> <ul style="list-style-type: none"> <li>● Clinical assessment/treatment</li> <li>● Staff attitude</li> <li>● Access/appointments</li> <li>● Communication.</li> </ul> <p>The Complaints team have developed a formal feedback mechanism to close the complaint which includes lessons learnt to enable sharing of practice and learning across the organisation.</p>

### Maintaining financial viability and stability

Milestones 2012/13	Progress
Turnover of £848m generated	Trust generated turnover of £884m
Surplus of £7.4m (1%) achieved for reinvestment in clinical services	Surplus of £7.3m achieved
Investment in major capital schemes achieved within £53m budget	Trust invested in major capital and equipment schemes, managing within the capital budget
Monitor risk rating of 3 maintained	Trust improved on plan and achieved a risk rating of 4

### Further development of organisational capacity and capability to deliver excellent services as the Trust's organisational footprint continues to grow

Milestones 2012/13	Progress
Average increase of 5% across all Human Resources Key Performance Indicators	<p>A timeline has been developed to implement an integrated leadership development programme for a critical cohort of approximately 150 leaders.</p> <p>Key stakeholders have been involved in an engagement session and a Steering Group, at Director level, has been established.</p> <p>A detailed procurement plan for delivery of the leadership strategy has been established and is in the process of being implemented.</p>

### Developing our specialist and tertiary portfolio

Milestones 2012/13	Progress
Major Trauma Centre accreditation achieved	Following peer review in February 2013, we were successfully re-accredited as a Major Trauma Centre for 2013/14.
Hybrid theatre under construction	The detailed design is about to be completed. Following this a tender will be issued and a contractor appointed. Building work is planned to start in summer 2013 with a planned completion date of February 2014. This facility will be the first of its kind in the UK and enable us to provide leading-edge treatments for years to come.
Trafford Community services acquired (jointly with University Hospital of South Manchester NHS Foundation Trust)	We were only successful in acquiring community dental services.

# Performance against the Trust's Key Priorities for 20

## Implementing the Research and Innovation Strategy

Milestones 2012/13	Progress
Commercial income increased by 12%	Commercial income target of 12% achieved at the end of March 2013.
Biomedical Research Centre (BRC) re-launched for next five years	The Manchester Biomedical Research Centre was launched in December 2012 in partnership with The University of Manchester.
Trust IT system for research processes implemented	A new research IT system has been launched to enable the management of research performance.
One clinical academic recruited	Together with The University of Manchester we have appointed a Professor of Cardiovascular Medicine to start in April 2013.
Marketing and business collaborations increased	Work has started on the Citylabs development to be opened in 2014. Commercial partner, ICON plc, expanded the number of beds for clinical trials research in preparation for their move into the new Citylabs development.

## Delivering excellent clinical services, striving to further improve outcomes, and delivering across all NHS targets

Milestones 2012/13	Progress
Compliance achieved with Monitor Performance Framework	Trust is rated as "Amber-Green" by Monitor to the end of December reflecting incidences of MRSA bacteraemia.
Reduction in infection rates achieved	There have been ten cases of MRSA bacteraemia compared with four last year. There have been 74 cases of attributable C-Difficile compared with 94 last year

## Integrating Trafford hospital services

Milestones 2012/13	Progress
Public and staff consultations successfully completed	The new service model was agreed by stakeholders early in 2012. Following public consultation the new model was reviewed and approved by Trafford Integrated Care Redesign Board, Trafford Strategic Programme Board and NHS Greater Manchester.
Agreement to new model by stakeholders	The decision has now been referred by the Joint Overview and Scrutiny Committee to the Secretary of State and the outcome of this is expected in July 2013.



### Engaging stakeholders, demonstrating leadership for corporate and social responsibility and strategically positioning our services

Milestones 2012/13	Progress
Foundation Trust (FT) membership increased to 12,500 - to take account of Trafford acquisition	<p>Successful recruitment campaign for Trafford public members completed April 2012. Governor elections held with 3 Trafford Public Governors and 2 Trafford Nominated Governors being successfully elected from the new Trafford constituency/partner organisations.</p> <p>Overall public membership is over 13,000.</p>
Membership engagement strengthened	<p>Membership Engagement Strategy developed.</p> <p>Engagement activities undertaken include:</p> <ul style="list-style-type: none"> <li>● Young People's Event – around 400 young attended</li> <li>● Annual Members' Meeting – around 300 attended</li> <li>● Initiatives to target seldom heard community groups</li> <li>● Membership involvement interests identified</li> <li>● 'Become a Member' flyer</li> <li>● New Foundation Focus Newsflash - membership newsletter to promote engaging with Governors</li> <li>● Special Members' Meeting - members approved changes to the Trust's Constitution following the Health &amp; Social Care Act (2012).</li> </ul>

### Playing a prominent role in 'Developing our future healthcare workforce' and safeguarding on-going employment opportunities for our staff

Milestones 2012/13	Progress
Improvement on previous year and relative to other large acute hospitals achieved in overall Staff Survey score	<p>Redeployment and protection of pay procedures have been applied to all service changes ensuring that any redundancies are minimised and staff employment opportunities are maintained. The pay protection policy is under review ensuring it is fit for purpose for forthcoming organisational change.</p>
Average improvement of 5% across all HR KPIs	<p>Work with staff-side representatives to agree an employment framework, that meets both organisational need and supports staff motivation and engagement, is on-going.</p>

# Monitor's Regulatory Ratings



Ground break event for the new Altnincham Hospital

## Analysis of Actual Quarterly Rating Performance Compared with Expectation in the Annual Plan

	Annual Plan 2012-13	Quarter 1 2012-13	Quarter 2 2012-13	Quarter 3 2012-13	Quarter 4 2012-13
Financial Risk Rating	3	3	3	3	4
Governance Risk Rating	Green	Green	Green	Amber-Green	Amber-Green
Mandatory Risk Rating	Green	Green	Green	Green	Green

### Explanation of Ratings

The Trust submits quarterly reports to Monitor. Performance is monitored by Monitor, the Independent Regulator of Foundation Trusts, against plans to identify where actual and potential problems might arise. Monitor publishes quarterly and annual reports on these submissions and decides an annual and quarterly risk rating. The risk ratings are designed to indicate the risk of a failure to comply with the terms of authorisation. Risk ratings are published for the following areas:

- Governance (Rated red, amber/red, amber/green or green).
- Finance (Rated 1-5, where 1 represents the highest and 5 the lowest).
- Mandatory Services ie. services that the Trust is contracted to supply to its commissioners (rated red, amber or green).

## Analysis of Actual Quarterly Rating Performance Compared with Expectation in the Annual Plan

The Trust has an excellent track record in terms of hospital acquired infections and indeed during 2012/13 reduced incidences of C Difficile by over 20%. Unfortunately the target set of no more than 6 incidences per year of MRSA bacteraemia was exceeded and accordingly the Trust received an Amber-Green rating for governance. Once the annual target was exceeded, Monitor examined the Trust's infection control procedures in detail as well as gaining clinical views from commissioners. In the light of this Monitor determined that the Trust should not be escalated further.





# Council of Governors



*Governor Malcolm Chiswick speaking at the Annual Members' Meeting 2012*

**The Council of Governors was established following the Trust's authorisation in January 2009 to become Central Manchester University Hospitals NHS Foundation Trust and has met three times during the course of 2012/13.**

The Council of Governors is responsible for representing the interests of our members and partner organisations in the local health economy. Governors are encouraged to act in the best interests of the Trust and are bound to adhere to its values and code of conduct.

Governors hold our Board of Directors to account for the performance of our Trust by ensuring that they act so that we do not breach the terms of our authorisation. Governors are also responsible for regularly feeding back information about the Trust i.e. its vision and its performance to members and, in the case of Nominated Governors, the stakeholder organisations that nominated them. In addition to being responsible for representing the interests and views of our Members, Governors also monitor our performance to ensure high standards are maintained.

Our Council of Governors has both Elected and Nominated Governors with Public Governors being elected from and by our public members, Staff Governors being elected from and by staff members and Nominated Governors being nominated from partner organisations.

Following the acquisition of Trafford Healthcare NHS Trust on 1st April 2012, we established a new public constituency for Trafford residents and also established five new Governor posts to reflect the Trafford constituency namely:

- 3 Public Governors (Trafford)
- 1 Nominated Governor (Trafford PCT)
- 1 Nominated Governor (Trafford Borough Council).

Governor elections were held during Summer 2012 for the above new Trafford Public Governor posts in addition to filling the seats of those Governors whose term of office ended during 2012. Successful candidates (both new and re-elected) and new Nominated Governors formally started in post at our Annual Members' Meeting held on 18th September 2012.

The table below outlines the composition of our Council of Governors:

	Governor Constituency/Class/ Partner Organisation	Number of Governor posts		Governor Constituency/Class/ Partner Organisation	Number of Governor posts
<b>Public</b>	Manchester	9	<b>Nominated</b>	Manchester University	2
	Trafford	3		Manchester PCT*	1
	Greater Manchester	4		Trafford PCT**	1
	Rest of England & Wales	2		Specialised Commissioning	1
	<b>Total</b>	<b>18</b>		Manchester City Council	2
<b>Staff</b>	Nursing & Midwifery	2		Trafford Borough Council	1
	Other Clinical	2		Youth Forum	1
	Non-Clinical & Support	2		Volunteer Services	1
	Medical & Dental	1		<b>Total</b>	<b>10</b>
	<b>Total</b>	<b>7</b>			
				<b>OVERALL TOTAL</b>	<b>35</b>

\*Shadow Central Manchester Clinical Commissioning Group

\*\*Shadow Trafford Clinical Commissioning Group

Governors serve a term of office of three years at the end of which time they are able to offer themselves for re-election/re-nomination (serving for a maximum of nine years in total). However, Governors cease to hold office if they no longer live in the area of their constituency (Public Governors), no longer work for our Trust or hold a position in the constituency that they represent (Staff Governors) or are no longer supported in office by the organisation that they represent (Nominated Governors).

## Governor Development

We provide many opportunities for Governors to be actively involved, which we feel helps us to make a real difference to our patients and the wider community. Over the course of the past year Governors have attended a wide variety of meetings/events from which over 200 actions have been driven by our Governors. These have included actions to improve both our patient and staff experiences in addition to raising issues on behalf of our members.

The main Governor involvement areas include:

- Having a key role in holding the Board of Directors to account and attending regular Performance Meetings in order to review performance across patient quality, clinical effectiveness, patient experience, finance and productivity.
- Regularly attending Development Sessions to discuss and agree with our Board of Directors how they will pursue opportunities and undertake other additional roles to meet the needs of our local community and develop best practice methods.
- Working closely with the Board of Directors, Governors are involved in the Annual Plan priority decision-making process. Governors are formally presented with the final Annual Report/Accounts and Annual Plan and are consulted on the development of forward plans for the organisation and any significant changes to the delivery of our Business Plan. Governors are presented with progress in attaining our Annual Plan objectives at Governor Development Sessions.



# Council of Governors

- Being involved in recruiting new members, ensuring that our membership communication is effective and regularly review the progress of our Membership Strategy.
- Casting a critical eye over the experience that our patients have, in areas such as accessibility, cleanliness and the environment, and overall 'customer care'.
- Ensuring that we meet our responsibilities to the wider community and play a key role in monitoring employment, education, procurement and environmental initiatives.
- Actively participating in the selection of and approving the appointment of Non-executive Directors.
- The Governors' Appraisal Panel (annual programme) has been successfully implemented which facilitates the 360° appraisal process for the Trust's Chairman and receives feedback on the appraisals of the Non-executive Directors.
- Being involved in the selection of and approving our External Auditors.
- Casting a critical eye over the health and wellbeing of our staff in areas such as staff survey findings, training programmes, sickness absence and appraisals etc. with Governors actively progressing staff engagement initiatives.
- Actively participating in our Ward Accreditation Process and Quality Mark Assessments for 'Elder-friendly Hospital Wards'.
- Governors have also been invited to join the Nursing and Midwifery Reference Group, Intermediate Care Project Group, Children's Disability Network, Complaints Review Panel and the Equality & Diversity Implementation Group.
- Governors have also continued to contribute towards the development of the IT Strategy and been included on the selection panel for the Staff Recognition Programme i.e. 'We're Proud of You Awards'.
- Governors have also taken part in the Workplace Shadowing Programme and been involved in several 'Voices' initiatives (established as a result of previous

staff survey findings to look at ways of improving staff engagement).

We are committed to providing Governors with the knowledge and skills to fulfil their role and therefore provide regular updates, presentations, information and training - encouraging Governor Development in a number of key areas, namely:

- Annual Equality and Diversity Training – including patient case-studies with a Governors' Equality & Diversity Work Programme being produced which incorporates regular updates and detailed training being provided via each Governor Working Group (focused upon the key themes of each Groups' work programme).
- Detailed Induction Training for all new Governors including the establishment of a Governors' Resource Pack.
- Governor mentor/buddy assigned to our Nominated Youth Governor – support provided in preparation for Council of Governors' Meetings.
- Chairman led Governor Development Sessions (Summer and Winter Events) – topical health matters (impact on Trust/Governor role) in addition to the progress made in achieving our Annual Plan objectives are discussed.
- Governor attendance at External Governor Development Events – Foundation Trust Governors' Association and Northwest Governors' Forum.
- Governor Role Training Sessions – Governor role evolution and areas for further development. This year's training included the impact on the role of Governor following the recent enactment of the Health & Social Care Act (2012) in addition to developing new ways to facilitate Membership Engagement.
- Annual Governor Development Programme informed via Governor questionnaire findings and Governor Working Group assessments.
- Annual Lead Governor elections/succession planning.
- Dedicated Lead Governor/Governor meetings – promotes free discussion/debate.

Future priorities to facilitate Governor Development during the course of the forthcoming year include:

- The continual development and implementation of a detailed Governor Development Programme informed via Governor questionnaire and Governor Working Group reviews – comparable data findings being utilised to specifically highlight areas of particular strength and those requiring further support.
- Key Performance Meetings focusing on patient safety, patient experience, and productivity and efficiency – review and scrutiny of Intelligent Board Reports and workforce data enabling Governors to effectively hold the Board of Directors to account.
- Governor Skill Mix Matrix which enables Governor competencies/expertise to be captured ensuring that Governors' expertise is utilised to their full potential when assigning/progressing Governor-led involvement projects.
- A Governor Involvement Programme is currently being developed in order to further detail and facilitate programmes of work and will include participation in Leadership Walks and the Patient Environment Group.

## Monitoring Arrangements

Governor development is monitored in a number of ways:

- An annual questionnaire is completed by Governors which identifies development needs.
- The Chairman meets annually with the Lead Governor and the four Governor Working Group Chairs in order to monitor working group progress and identify areas for further development.
- Governors meet with the Chairman on a regular basis outside of the Council of Governors and Working Group Meetings, to highlight any development needs.
- The Governor Skill Mix Matrix enables any competency gaps (individually or the Council of Governors as a whole) to be highlighted and corresponding training needs to be identified.
- An annual Governor Effectiveness Report is produced outlining the actions driven by Governors with corresponding benefits and outcomes.



Staff at the Annual Members' Meeting 2012

# Council of Governors

## Elections

Our Board of Directors can confirm that the elections for Public and Staff Governors were held in accordance with the election rules as stated in the Constitution approved by Monitor.

Public and Staff Governor elections were concluded in September 2012 for those Governors who had been elected for a three year term of office ending in 2012, in addition to filling vacant Governor seats and the new Governor posts for the Trafford constituency.

The Trust's Governor Election Turnout Data - 2012

Date of Election	Constituencies Involved	Number of Members in Constituencies	Number of Seats Contested	Number of Contestants	Election Turnout
September 2012	Public – Manchester	6,132	1	12	13.6%
	Public – Trafford	1,266	3	6	22.7%
	Public – Greater Manchester	N/A (election unopposed)	2	2	N/A
	Public – Rest of England & Wales	1,229	1	2	17.2%
	Staff – Nursing & Midwifery	3,857	2	3	8.6%
	Staff – Medical & Dental	1,005	1	2	13.0%
	Staff – Non-Clinical & Support	N/A (election unopposed)	1	1	N/A

*Chairman Peter Mount talks to staff at the Annual Members' Meeting 2012*





## Public Governors

### Jayne Bessant - Manchester Constituency

*Elected 2008 (shadow Council of Governors) and re-elected 2011 - Term of Office 3 years ending 2014*

After training as a nurse, Jayne has worked in the NHS and charitable healthcare sector for over 25 years. Since 2002 she has worked in senior management within the charitable healthcare sector and is currently Chief Executive of St Ann's Hospice. She hopes to make a positive contribution to ensuring equitable and high standards of care for patients and their carers/families.



### Dave Brown – Manchester Constituency

*Elected 2011 - Term of Office 3 years ending 2014*

Raised and educated in Manchester, Dave spent over 30 years in international IT/communications sales and project management. Retiring due to ill-health, treatment at the Manchester Royal Infirmary gave him a new lease of life in 2005. He is very active within local organisations supporting regeneration, community care and older people and is a community advocate. Dave wants to contribute to the Trust's plans for managing change in the NHS while still maintaining and improving standards and achieving growth.



### Abu Chowdhury - Manchester Constituency

*Elected 2008 (shadow Council of Governors) and re-elected 2010 – Term of Office 3 years ending 2013*

As a Councillor (2004 – 2011), magistrate and former strategic race adviser to the Police Authority, Abu has significant experience of tackling a wide range of issues. He is used to acting as a 'critical friend' to organisations. Abu aims to represent the views of local people, and address their concerns about improving services, cost savings and increase future investment.



### Peter Dodd – Manchester Constituency

*Elected 2008 (shadow Council of Governors) and re-elected 2010 – Term of Office 3 years ending 2013*

Aged 59, Peter is now semi-retired, having survived a major stroke in 2006. Peter's first-hand experience of the Manchester Royal Infirmary and NHS, both as an in-patient and out-patient, makes him ideally placed to be an advocate of good quality healthcare for the entire community. His experience enables him to communicate the views of ordinary people to health professionals. As a life-long Trades Unionist, Peter also believes strongly in the importance of staff morale and welfare. As a Governor and a member of the Governors' Patient Experience Working Group, Peter has been able to raise important issues such as the dignity of patients and the quality of hospital food. Recently, Peter has championed Out-patient services (specifically waiting times) and supported plans for the out-patient area to be refurbished to provide additional space. As Chair of the Governors' Membership Working Group, Peter has assisted the Trust with the strategy for recruiting members and for engaging with the wider community. Peter is a lay member of the National Institute for Health Research Stroke Research Network and a lay member of the Manchester Employment Tribunal Service.



# Council of Governors

## Alexena Morrison - Manchester Constituency

*Elected 2008 (shadow Council of Governors) and re-elected 2010 – Term of Office 3 years ending 2013*

Before her retirement, Alexena worked in the public sector, in the Social Work department as a personal secretary for 18 years at Withington Hospital. She supports an NHS which is free to people who require treatment, and wants to maintain the unrivalled care provided by the NHS since 1948.



## Margaret Parkes – Manchester Constituency

*Elected 2008 (shadow Council of Governors) and re-elected 2011 – Term of Office 3 years ending 2014*

A founding member of the city's Valuing Older People Board, Margaret is active in their Positive Images of Ageing Campaign. Throughout her career in the NHS and at The University of Manchester, she has been aware of the importance of gaining the views of service users and engaging the wider community.



## Keith Paver – Manchester Constituency

*Elected 2009 and re-elected 2012 – Term of Office 3 years ending 2015*

Previous experience as an NHS Clinical Scientist and public health specialist proved very useful during Keith's first term as a Governor. He also learned much about the detailed working of the Trust, which has been vital in fulfilling his primary role of representing Trust Members and the public in holding the Board to account for its performance in delivering the highest standard of patient care. Keith has chaired the Governors' Membership Working Group on occasion, playing an important part in rewriting the Trust's Constitution. He led a team seeking to improve engagement between Governors and Trust Members, beginning with hard to reach groups within the community. Staff health and wellbeing is a key issue, and Keith has served on the Governors' Staff Health & Wellbeing Working Group and a Trust working party on this topic. He has also commented on staff appraisal, development, and morale, and is a Governor representative on a working party on IT and the use of patient data.



## Bernice Reid – Manchester Constituency

*Elected 2008 (shadow Council of Governors) and re-elected 2010 – Term of Office 3 years ending 2013*

Improving the health and wellbeing of people in Fallowfield and the wider community was Bernice's key aim during her nine years as a Manchester City Councillor. She also has a keen interest in education, as a school and university governor. Both Bernice and members of her family have been patients at the Manchester Royal Infirmary. Since becoming a Governor, Bernice has a keen interest and involvement in the promotion of the Trust's public health agenda. Bernice has also been involved in the Foundation Trust Network, representing views, shaping policies and sharing learning.





## Susan Rowlands – Manchester Constituency

*Elected 2010 – Term of Office 3 years ending 2013*

Sue worked for over 30 years in local government, as a social worker and manager, during which time she played a key role in establishing a multi-agency service for disabled children in Manchester. She believes strongly in the importance of the Trust continuing to deliver high-quality services that are speedy, efficient and cost-effective, as well as free at the point of delivery. Sue belongs to the Governors' Membership Working Group which works towards increasing membership. She is also a member of the Governors' Patient Experience Working Group, which works towards customer focus and patient consultation. She also attends a monthly clinical meeting that focuses on children with medical complexities.



## Helen Scott – Manchester Constituency

*Elected 2011 – Term of Office 3 years ending 2014*

Helen has worked in primary care as Head of NHS Manchester's Interpretation Service since 2005. She understands the potential obstacles facing Manchester's diverse and often excluded communities in accessing health care. Helen's own experience when her newborn baby contracted a life-threatening illness also gives her empathy with patients. She has extensive charity sector experience, with skills in business management, strategic and workforce planning, human resources and performance management.



## Sue Webster – Manchester Constituency

*Elected 2008 (shadow Council of Governors) and re-elected 2011 – Term of Office 3 years ending 2014*

Sue is employed by BT and works closely with a number of public and private bodies on a range of strategic and local community initiatives linked to health, education and the arts. She chairs the Governors' Corporate Citizenship Working Group and also supports improvements to patient care, through encouraging collaborative innovation in the development of new products, technology and services by NHS staff.



## Malcolm Chiswick – Lead & Public Governor, Trafford Constituency

*Elected 2008 (shadow Council of Governors), re-elected 2010 & 2012 – Term of Office 3 years ending 2015*

Malcolm was the Trust's Medical Director and Consultant Neonatal Paediatrician on the Newborn Intensive Care Unit at Saint Mary's Hospital until his retirement. Previously a Public Governor for Greater Manchester (since 2008) and now a Public Governor for Trafford, in addition to being the Trust's elected Lead Governor, he is confident that the Council of Governors has a voice that is heard and is making a positive contribution to standards for NHS patients.

As a Trafford resident, his focus is on ensuring the quality, safety and effectiveness of NHS services for Trafford people in the future whatever the agreed reconfiguration of those services. Malcolm's aim is both to challenge and support Board policies in a way that will promote safe, effective, timely and efficient care for all Trafford patients,



# Council of Governors

particularly the elderly, children and the disabled. He supports the integration of hospital services with community and primary care throughout Trafford. He wants to ensure that patients and their relatives are treated with dignity and that their views are heard.

**Malcolm Chiswick – Greater Manchester Constituency. Stepped down (July 2012) and was successfully re-elected as a Public Governor for the Trafford Constituency (Governor Elections September 2012)**

## George Devlin – Trafford Constituency

*Elected 2012 – Term of Office 3 years ending 2015*

Between 1985 and 2011, George worked for Manchester City Council (MCC), for the last eight years as the Head of Workforce Planning and Development. George played a leading role in modernising the social care workforce in Manchester through the introduction of career pathways, qualifications and training programmes that enabled staff and managers to embrace the changes of the personalisation agenda. A crucial part of these changes was to build sustainable partnerships between health and social care to support the introduction of Integrated Health and Social Care Services.

On leaving MCC, George decided to work in a non-paid capacity with local voluntary and community groups and to focus his time and energy on supporting these groups to build solid foundations for their future development. Through this work George became involved in the Save Trafford General Campaign. George, who lives in Urmston, was proud to be elected as a Public Governor for Trafford and hopes to represent the people who elected him by doing everything he can to ensure the current services are retained and improved as part of the New Health Deal for Trafford.



## Matthew Finnegan – Trafford Constituency

*Elected 2012 – Term of Office 3 years ending 2015*

Matthew Finnegan is the Chair of the Save Trafford General community campaign group. A former journalist with the Manchester Evening News, he now runs a communications social enterprise. Matthew, who lives in Sale, is particularly concerned with making the local NHS more democratic, open and accountable. He is especially keen to help improve the patient experience at all of the Trust's sites and to oppose any further privatisation of NHS services. He hopes to ensure that the Trust communicates effectively with the people it serves.



## Dr Syed Nayyer Abidi – Greater Manchester Constituency

*Elected 2012 – Term of Office 3 years ending 2015*

Syed is a British Pakistani doctor and a health promotion specialist, based in Manchester. His key area of expertise is preventive medicine in community health. He has also worked as a Clinical Assistant in the Radiology Department at North Manchester General Hospital. He is the author of a bilingual (English/Urdu) book 'Prevention is always better than cure'. From 2003-2006, Syed served as Chief Executive of the British Ethnic Health Awareness Foundation (BEHAF) Trust and organised 30 health awareness seminars in the Greater Manchester area. He also presents weekly live health talk shows on community TV channels. As a Governor, Syed is keen to ensure messages about health education and disease prevention reach all the communities served by the Trust. He is also committed to developing hospital and community based health services which continue to meet the needs of patients.



## Ivy Ashworth-Crees - Greater Manchester Constituency

*Elected 2008 (shadow Council of Governors), re-elected 2009 & 2012 – Term of Office 3 years ending 2015*

As a retired NHS manager and renal transplant patient, Ivy understands the structure and processes within the Trust as well as the commitment of its clinicians. During her four years as a Governor, her priorities have mainly been focused on patient experience and presenting their views while trying to address their concerns. Ivy takes a keen interest in patient satisfaction and believes that her job is to ask probing and challenging questions of the Board, ensuring that any problems or difficulties can be acted upon. “Proud to be a Governor of this very forward thinking, modern organisation”, Ivy considers the move to integrate Trafford Hospitals with this Trust to be greatly beneficial for Trafford. She feels the Trust truly deserves recognition for its medical excellence within the North West.



## Lynne Richmond – Greater Manchester Constituency

*Elected 2009 and re-elected 2011 – Term of Office 3 years ending 2014*

Lynne has worked in the nursing/care sector for 40 years training as a State Registered Nurse and for 30 years working for a charity for learning disabled young adults, of which Lynne is now executive director. Lynne has a keen interest in working along with others to help the Trust become the best in England, enabling all those who need it receive the best possible service. Lynne feels sure that her years of experience and expertise in this field along with her business management/care management degree can bring benefits to share with other Governors. Lynne is an associate member of the Royal Society of Medicine and at this stage in her career feels that she can devote the time needed to carry out any duties required of the Governor position. Lynne’s relationship with the Trust has been as a patient, a visitor, and liaising with PALS.



## Professor Lawrence Cotter – Rest of England & Wales Constituency

*Elected 2008 (shadow Council of Governors), re-elected 2009 & 2012 – Term of Office 3 years ending 2015*

Professor Lawrence Cotter is a graduate of The University of Manchester Medical School and received his undergraduate training at Manchester Royal Infirmary (MRI). Following a year as a houseman at MRI, he then spent 13 years obtaining post-graduate training in general medicine and cardiology principally in the Brompton Hospital and Edinburgh Royal Infirmary before becoming a lecturer in Cardiovascular Medicine at Oxford University based in the John Radcliffe Infirmary. He was appointed Consultant Cardiologist at MRI in 1984 - a post he held until August 2012. He was under-graduate hospital Dean for MRI from 2000 until 2012. At the Royal College of Physicians (London) he is a senior examiner, Councillor and Trustee.



**Professor Lawrence Cotter – Medical & Dental Constituency – retired (July 2012) and was successfully re-elected as a Public Governor for Rest of England & Wales Constituency (Governor Elections September 2012)**

# Council of Governors

## Richard Jenkins – Rest of England & Wales Constituency

*Elected 2010 – Term of Office 3 years ending 2013*

Richard, a retired metallurgist and company director, has considerable experience of the NHS over 20 years as a patient with diabetes, liver and kidney failure. He represents fellow patients on the North West Kidney Patients Association and has been chair of governors at a Glossop Primary School for several years.



### Public Governor Term of Office Ended during 2012/13:

- **Brian Donaldson – Rest of England & Wales Constituency** – Term of Office ended (September 2012)

## Staff Governors

### Isobel Bridges – Non-Clinical & Support Constituency

*Elected 2012 – Term of Office 3 years ending 2015*

Isobel has worked at Trafford General Hospital in the Estates & Capital Planning Directorate for 24 years. She has been involved in many initiatives ranging from service redesign through to collaborative involvement and engagement. In advisory and support roles, she has helped to achieve 'hands on' delivery of Agenda for Change, patient experience and staff health and wellbeing programmes. Isobel states that "as we go forward as a much larger NHS Foundation Trust, there will be changes and developments within the organisation which will require significant staff engagement and involvement". Isobel is enthusiastic and driven, committed to representing the views and opinions of her constituency during this process and beyond it. Isobel feels honoured to take on this exciting and interesting role and looks forward to working with her fellow Governors to represent members.



### Mr John Vincent Smyth – Medical & Dental Constituency

*Elected 2012 – Term of Office 3 years ending 2015*

Vince feels that the development of the organisation requires both clinical and management guidance to position the Trust at the forefront of providing medical care in Manchester for the next decade and beyond. As a Consultant Vascular Surgeon at Manchester Royal Infirmary, Vince has over 12 years of clinical experience in a senior medical position. His speciality involves balanced decision-making and working with a wide range of clinical colleagues. Vince has served as department head, represents the Trust at Greater Manchester level on the Vascular Board, and his speciality on the Greater Manchester Stroke Board. He also sits on the Audit/Quality Improvement Committee of the National Vascular Society. As surgical representative on the Local Negotiating Committee, he has had several years' experience of relaying the views of a range of specialities in an official Trust management forum. He sees the position of Governor, acting on behalf of a wider group of clinical colleagues, as a natural extension of this role.



## Sharon Green – Nursing & Midwifery Constituency

*Elected 2012 – Term of Office 3 years ending 2015*

Sharon is keen to be a conduit between staff, service users and Board members, supporting and influencing at various levels within the organisation. She offers both clinical and educational perspectives – Sharon worked as a nurse with patients and fellow staff for 14 years in critical care and cardiology, and is currently a Practice Education Facilitator across the Trust. She will use this experience to help affect ongoing developments within the organisation. Sharon is ideally placed to communicate and disseminate key views and information through access to a variety of media and forums. It is important that the impact of strategic decisions on employees is factored in, and the shared concerns of staff are raised appropriately. She also welcomes the opportunity to meet challenges and enable staff to continue to provide a high standard of care for our communities.



## Beverley Hopcutt – Other Clinical Constituency

*Elected 2008 (shadow Council of Governors) and re-elected 2010 – Term of Office 3 years ending 2013*

Partnership working with Manchester City Council, local PCTs, the voluntary sector and service users has given therapy service manager Beverley a good insight into community issues. She joined the MRI in 1983 and relishes the opportunity to represent staff in influencing the way the Trust provides services and its longer term strategy.



## Erica McInnis – Other Clinical Constituency

*Elected 2011 – Term of Office 3 years ending 2014*

A Clinical Psychologist, Erica has worked for Manchester Learning Disability Partnership since 2004. She is an advocate for people with learning disabilities and those who care for them. Promoting quality patient experience, staff health and well-being, and community responsibilities are also key interests. Manchester born and bred, Erica served on the National Union of Student's Executive Women's committee, and as a trustee for an organisation which improves educational opportunities for the city's minority black and ethnic children.



## Mary Marsden – Nursing & Midwifery Constituency

*Elected 2009 and re-elected 2012 – Term of Office 3 years ending 2015*

Mary has worked within the NHS for over 30 years, covering a number of nursing specialties both within general and mental health nursing. She has experience in Accident and Emergency, and for the past 10 years has been a Transfusion Specialist Nurse within the Trust. During her first three-year term as a Governor, Mary was involved in a number of engagement sessions with staff members and the public. She enjoys supporting the Annual Youth Event, which showcases the different departments within the hospital and focuses on career options in healthcare. Mary has had the opportunity to take forward issues raised by staff with positive outcomes, and will continue to offer support to all colleagues across the organisation in providing high standards of quality care and patient safety. She is aware there are many challenges ahead for staff working within the NHS.



### Staff Governor Term of Office Ended during 2012/13:

- **Dr Julian Wright – Medical & Dental Constituency** - Resigned (November 2012)



## **Cllr Rabnawaz Akbar – Manchester City Council**

*Nominated 2011 – Term of Office 3 years ending 2014*

Councillor Akbar is Chair of Birchfields Primary School Governing Body, Secretary of the Manchester Council of Mosques (MCOM) and trustee of various other community based organisations. Councillor Akbar serves on the Manchester's Health Scrutiny Committee and is passionate about the NHS and his aim is to help the Trust to better understand the communities it serves. Councillor Akbar's extensive experience in the community will allow him to positively contribute to the strategic vision of the organisation.



## **Cllr Dr Karen Barclay – Trafford Borough Council**

*Nominated 2012 – Term of Office 3 years ending 2015*

Karen Barclay is a Councillor on Trafford Council and is currently Trafford's Executive Member for Community Health and Wellbeing. She is delighted to have been appointed to the Governing Body at the Trust as she has a strong interest in health. She studied medicine at Leeds University in the 1980s and has worked in a number of specialties including chest medicine, microbiology, psychiatry and public health medicine. Her particular interest is in issues surrounding infection control.



## **Julie Cheetham – NHS Manchester\***

*Nominated 2012 – Term of Office 3 years ending 2015*

Julie is currently the Governing Body Board Nurse for the Central Manchester Clinical Commissioning Group and brings to this role a breadth and depth of nursing and strategic knowledge of the NHS and wider health and social care system. She also holds the post of Strategic Clinical Network & Senate Manager for Greater Manchester, Lancashire and South Cumbria SCN, having latterly been the Assistant Director Clinical Engagement (Policy Lead) at NHS North West, where she had a special interest and leadership role in the implementation of the national dementia, carers, learning disabilities and autism strategies.



A nurse for over 24 years, Julie is passionate about improving the quality and safety of patient care through innovative ways of working. Julie is the vice chair of the Clinical Quality Committee and a member of the Clinical Commissioning and Redesign Committee. Julie actively supports the North West Social Value Foundation by encouraging and supporting NHS organisations in the principles of social value and innovation to improve services. Julie has led a number of high profile national projects on behalf of the Department of Health and Strategic Health Authority. Julie strengths are in building strong relationships and facilitating diverse programmes of work across all sectors.

*\*Shadow Central Manchester Clinical Commissioning Group*

## **Professor Peter Clayton – The University of Manchester**

#### *Nominated 2011 – Term of Office 3 years ending 2014*

A Consultant at the Royal Manchester Children's Hospital in the department of Paediatric Endocrinology, Peter completed his medical training in Manchester in 1984. After carrying out research in the USA, he returned to Manchester to head a research group specialising in paediatric endocrinology. The group, which includes scientists, doctors and nurses, studies various aspects of the hormones that affect children's growth and development. Peter has been Professor of Child Health and Paediatric Endocrinology at The University of Manchester since 2001.



### **Mariam Gaddah – Volunteer Services**

#### *Nominated 2011 – Term of Office 3 years ending 2014*

Attending a schools open day at the Trust encouraged Mariam to become a volunteer. She enjoys talking to patients and staff on her weekly visits to the Heart Centre at the Manchester Royal Infirmary, and became a Governor to help represent both patients and volunteers. Mariam is also finding the experience useful as she plans to study medicine after completing 'A' levels in maths, chemistry, biology and English literature.



### **Angela Harrington – Manchester City Council**

#### *Nominated 2008 (shadow Council of Governors) and re-nominated 2011 – Term of Office 3 years ending 2014*

Angela Harrington is Head of Regeneration with Manchester City Council. Angela is very interested in the Trust's contribution to employment and skills, education, public health, community engagement and corporate citizenship, especially within the five wards that surround it, where residents experience high levels of deprivation including poor health.



### **Dr George Kissen – NHS Trafford\***

#### *Nominated 2012 – Term of Office 3 years ending 2015*

Dr George Kissen has been Medical Director of Trafford Primary Care Trust (PCT) since 2009 but continued to work part-time as a GP at the Delamere Medical Practice in Stretford until May 2012. He currently combines the medical director role with being the Clinical Director of Service Transformation in the new Clinical Commissioning Group. He studied at St Andrews University and The University of Manchester qualifying in 1978 and has been a GP in Trafford since 1984.



His clinical interest is broad based but includes child health both in primary care and having worked in the Royal Manchester Children's Hospital as a Hospital Practitioner in Paediatric Oncology one day a week for 22 years until 2006. Through his career he has maintained an involvement in the organisation of the health economy in various roles having been Chair of Salford and Trafford Local Medical Committee representing GPs, as a member of the Professional Executive Committee of the PCT and previously in the Primary Care Group. He has been particularly involved in developing the strategy for integrated care in Trafford working across the health economy with all types of providers of health and social care and other commissioning organisations. His interests outside medicine include walking in the Yorkshire Dales, skiing, playing golf and watching Sale Sharks, a premiership rugby union team.

*\*Shadow Trafford Clinical Commissioning Group.*

# Council of Governors

## Farhana Naseem – Youth Forum

*Nominated 2011 – Term of Office 3 years ending 2014*

Farhana joined the Youth Forum because she wanted to help young people put forward their ideas about hospital services, and boost their involvement with the Trust. She was delighted to become a Governor as “it’s an opportunity to represent young people, meet a broad range of people and do something for the wider community”. She hopes to study dentistry at university after completing her ‘A’ levels in maths, chemistry and biology.



## Jenny Scott - Specialised Commissioning Group

*Nominated 2008 (shadow Council of Governors) and re-nominated 2011 – Term of Office 3 years ending 2014*

Jenny has 24 years’ experience in healthcare planning, contracting and commissioning. She project managed a reorganisation of Greater Manchester renal services before moving into healthcare commissioning. Jenny is now Director of Specialised Commissioning in the North West office of the North of England Specialised Commissioning Group and has experience of a wide range of service issues both locally and nationally.



## Professor Gillian Wallis - The University of Manchester

*Nominated 2008 (shadow Council of Governors) and re-nominated 2011 – Term of Office 3 years ending 2014*

Professor of Genetics at The University of Manchester, Gillian is involved in pioneering research work into osteoarthritis and its genetic basis. She has studied in South Africa, Switzerland and the US. Gillian is currently the Director of Education and Training for the Manchester Academic Health Science Centre, playing a key role in co-ordinating clinical and research training across The University of Manchester and its six partner NHS Trusts. She is also the Lead for Quality Assurance and Enhancement for The University of Manchester Undergraduate Medical School programme.



### **Nominated Governor Term of Office Ended during 2012/13:**

- **Dr Helen Hosker – NHS Manchester** – Resigned (September 2012)

## Declaration of Interests

Details of the Council of Governors' declarations of interests are held by the Membership Office (contact: Tel: 0161 276 8661 or e-mail: ft.enquiries@cmft.nhs.uk).

## Governor Working Groups

Governors play a vital role in helping to plan and develop future services and respond to feedback from their constituents and the wider community. We have four Governor Working Groups:

**Staff Health & Wellbeing** – supports the development and implementation of our Staff Health and Wellbeing Strategy by being involved in work initiatives identified/generated as a result of the annual staff survey findings and 'Voices' Project (staff engagement initiatives).

Over the course of the past year presentations/information has been received in relation to Staff Support Services, Equality & Diversity, Mental Health Awareness, Staff Survey Findings, Staff Recognition Programme (We're Proud of You Awards) and workforce data.

Recent work projects include Governor involvement in developing the Staff Health & Wellbeing Strategy and progressing 'Voices' initiatives (staff engagement project) in addition to the continuing involvement in our Staff Recognition Programme.

**Corporate Citizenship** – advises and engages with our Corporate Citizenship programme with work projects being generated around four main themes namely Employment, Carbon Reduction, Sustainable Travel & Transport and Cultural Partnerships.

Over the course of the past year in addition to the above main themes, presentations/information has been received in relation to LIME Hospital Arts, Cross City Bus Scheme and our Procurement Chain.

Recent work projects include Governor involvement in developing cultural partnerships and supporting the Trust's employment and apprenticeships programme (Project Search and Manchester Health Academy) with Governors driving the development of an Employment Key Performance Indicator so to monitor progress made to recruit young, local employees. Support is also given

to the development and awareness raising of carbon reduction initiatives.

**Patient Experience** - supports the implementation of the Patient Experience Strategy by advising on accessibility, customer focus, front of house/reception areas, interpretation services, patient information, and developing meaningful involvement with patient partnership groups.

Over the course of the past year presentations/information has been received in relation to Voices Project, Pressure Ulcer data, Brilliant Basics Programme, Dementia Projects, End of Life Care, Nursing & Midwifery Strategy, Accredited Ward Progression data, In-patient Survey findings, Sodexo Services, Cancer Survey Action Plan, Accident & Emergency and Out-patient Development Plans.

Recent work projects include Governor involvement in Annual Quality Report/Accounts review, Children's Learning Disabilities, Intermediate Care Project, Ward Accreditation Process, Meal Times Assessments, Way Finding and Complaints.

**Membership** – helps to recruit and engage members, ensuring a representative base is established which accurately portrays the diverse communities that we serve. Membership engagement best practice methodologies continue to be developed and supported by Governors.

Over the course of the past year presentations/information has been received in relation to the Healthy Schools Programme, Voices Project, Youth Forum and Membership Subgroup Meetings (Seldom Heard Groups).

Recent work projects included the establishment of a Governor-led Membership Engagement - Seldom Heard Subgroup which determined key community groups and identified and progressed engagement initiatives. In addition, Governors supported the Public Member recruitment campaign (campaign held to enlist young members and address short fallings in the membership profile). Governors reviewed and approved the revised Constitution following the recent enactment of the Health & Social Care Act (2012) with Governors



# Council of Governors

attending a Special Members' Meeting at which the revised Constitution was presented to members for approval. Governors continue to be actively involved in the planning of membership engagement events (Young People's Event and Annual Members' Meeting). Governors also approved a new Membership Engagement Communication Plan which outlined initiatives to be implemented over the course of the forthcoming year.

## Monitoring Arrangements:

The Chairman meets with the Lead Governor and the four Governor Working Group Chairs and Supporting Directors to undertake annual working group reviews in order to determine the achievements made during the course of the year, establish a focus of work for the coming year and identify any areas requiring improvement. In addition, the minutes of each Governor Working Group is incorporated into each Council of Governors' Meeting with the Governor Chair of each group providing a verbal update at each meeting.

Following this year's annual reviews, the remit of each Governor Working Group is to remain unchanged.

*Public Governor Keith Paver on Ward 84 (Children's Hospital)*





## Governor attendance at Council of Governors Meetings – 2012/13

Governor Name	Council of Governors Meeting 4 <sup>th</sup> July 2012	Council of Governors Meeting 17 <sup>th</sup> October 2012	Council of Governors Meeting 27 <sup>th</sup> February 2013
Syed Nayyer Abidi	N/A	✓	✗
Rabnawaz Akbar	✓	✓	✓
Karen Barclay	N/A	✓	✗
Ivy Ashworth-Crees	✓	✓	✓
Jayne Bessant	✓	✓	✗
Isobel Bridges	N/A	✓	✓
Dave Brown	✓	✓	✗
Julie Cheetham	N/A	✗	✓
Malcolm Chiswick	✓	✓	✓
Abu Chowdhury	✓	✓	✗
Peter Clayton	✓	✗	✓
Lawrence Cotter	✓	✓	✓
George Devlin	N/A	✓	✗
Peter Dodd	✓	✗	✗
Brian Donaldson	✓	N/A	N/A
Matthew Finnegan	N/A	✓	✗
Mariam Gaddah	✓	✓	✗
Sharon Green	N/A	✓	✓
Angela Harrington	✓	✓	✓
Beverley Hopcutt	✓	✓	✓
Helen Hosker	✓	N/A	N/A
Richard Jenkins	✓	✓	✓
George Kissen	N/A	✗	✗
Erica McInnis	✓	✗	✗
Mary Marsden	✓	✓	✓
Alexena Morrison	✓	✓	✓
Farhana Naseem	✓	✓	✗
Margaret Parkes	✓	✓	✗
William Keith Paver	✗	✓	✓
Bernice Reid	✓	✓	✓
Lynne Richmond	✗	✓	✗
Sue Rowlands	✓	✓	✓
Helen Scott	✓	✓	✓
Jenny Scott	✓	✓	✗
John Vincent Smyth	N/A	✓	✓
Gillian Wallis	✓	✓	✓
Sue Webster	✓	✓	✓
Julian Wright	✓	✗	N/A

# Council of Governors

## Director attendance at Council of Governors Meetings – 2012/13

Director Name	Council of Governors Meeting 4 <sup>th</sup> July 2012	Council of Governors Meeting 17 <sup>th</sup> October 2012	Council of Governors Meeting 27 <sup>th</sup> February 2013
Lady Rhona Bradley Non-Executive Director	✓	✓	✓
Rod Coombs Non-Executive Director	✓	✗	✗
Mike Deegan Chief Executive	✓	✓	✓
Gill Heaton Executive Director of Patient Services/Chief Nurse	✓	✓	✗
Anthony Leon Non-Executive Director/ Deputy Chairman	✓	✗	✓
Peter Mount Chairman	✓	✓	✓
Steve Mycio Non-Executive Director	✓	✓	✓
Robert Pearson Medical Director	✗	✓	✓
Adrian Roberts Executive Director of Finance	✓	✗	✗
Brenda Smith Non-Executive Director/ Senior Independent Director	✓	✓	✗
Derek Welsh Executive Director of Human & Corporate Resources	✓	✓	✓
Alexander Wiseman Non-Executive Director	✗	✗	N/A

Governor Name	Membership Working Group			
	02.05.12	01.08.12	21.11.12	23.01.13
Rabnawaz Akbar	✓	✗	✓	✗
Dave Brown	✓	✗	✗	✗
Isobel Bridges	N/A	N/A	✗	✓
Peter Dodd	✗	✗	✓	✓
Matthew Finnegan	N/A	N/A	N/A	✗
Mary Marsden	✗	✗	✓	N/A
William Keith Paver	✓	✓	✓	✓
Sue Rowlands	✓	✓	✓	✓
Helen Scott	✗	✗	N/A	N/A
John Vincent Smyth	N/A	N/A	✓	✓
Julian Wright	✗	✓	N/A	N/A

Governor Name	Corporate Citizenship Working Group			
	23.04.12	02.07.12	22.10.12	07.01.13
Syed Nayyer Abidi	N/A	N/A	N/A	✗
Dave Brown	✓	✗	✗	✗
Malcolm Chiswick	✓	N/A	✓	✓
George Devlin	N/A	N/A	✗	✗
Mariam Gaddah	✗	✗	✗	✗
Angela Harrington	✓	✓	✗	✓
Richard Jenkins	✓	✓	✓	✓
George Kissen	N/A	N/A	N/A	✗
Mary Marsden	✓	✓	✓	✗
Sue Webster	✓	✓	✓	✓

Governor Name	Patient Experience Working Group			
	18.05.12	14.09.12	07.12.12	01.02.13
Ivy Ashworth-Crees	✓	✓	✓	✓
Karen Barclay	N/A	N/A	✗	✗
Jayne Bessant	✓	✓	✓	✓
Dave Brown	✓	✗	✗	✗
Julie Cheetham	N/A	N/A	✓	✗
Malcolm Chiswick	✓	✓	✓	✗
Abu Chowdhury	✓	✓	✗	✗
Peter Clayton	✗	✓	✗	✓
Peter Dodd	✓	✗	✓	✓
Brian Donaldson	✗	✗	N/A	N/A
Sharon Green	N/A	N/A	✓	✓
Beverley Hopcutt	✓	✗	✓	✗
Richard Jenkins	✓	✗	✓	✗
Margaret Parkes	✓	✗	✗	✗
Lynne Richmond	✓	✓	✓	✓
Sue Rowlands	✓	✓	✓	✓
Helen Scott	N/A	N/A	✓	✗

Governor Name	Staff Health & Wellbeing Working Group			
	18.04.12	11.07.12	31.10.12	16.01.13
Isobel Bridges	N/A	N/A	✓	✓
Lawrence Cotter	✗	✗	✗	✗
George Devlin	N/A	N/A	✗	✓
Helen Hosker	✗	✗	N/A	N/A
Erica McInnis	✓	✓	✓	✓
Mary Marsden	N/A	N/A	✓	✓
Alexena Morrison	✓	✓	✓	✓
Margaret Parkes	✓	✓	✓	✓
William Keith Paver	✓	✗	✓	✓
Bernice Reid	✓	✓	✓	✓
Lynne Richmond	✓	✗	✓	✗
Gillian Wallis	✓	✗	✓	✓

# Membership

Annual Members' Meeting 2012



## Membership Aim and Key Priorities

### Membership Aim:

For us to have a representative membership which truly reflects the communities that we serve with members being actively engaged and represented by Governors.

### Key Priorities:

**Membership Community** – to uphold our membership community by addressing natural attrition and membership profile short-fallings.

**Membership Engagement** – to develop and implement best practice engagement methods.

**Governor Development** – to support the developing and evolving role of Governor by equipping Governors with the skills and knowledge in order to fulfil their role. (see page 149 for details)

## Membership Community

Our membership community comprises of both public and staff constituencies with the public constituency being made up of Public Members (vote for and elect Public Governors) and the staff constituency being made up of Staff Members (vote for and elect Staff Governors).

## Public Members

Public membership is voluntary and free of charge and is open to anyone who is aged 11 years or over and resides in England and Wales.

On 1<sup>st</sup> April 2012 we acquired Trafford Healthcare NHS Trust and had previously sought approval from members to change its Constitution to add an additional public constituency to represent Trafford residents (approval received at our Annual Members' Meeting held on 27<sup>th</sup> September 2011). Therefore our Public Member constituency is now subdivided into four areas:

- Manchester
- Trafford
- Greater Manchester
- Rest of England & Wales.





# Membership

housing a staff membership of around 12,500 following the transfer of Trafford Staff.

In 2012/13 the Trust held a public membership recruitment campaign to address short fallings in its membership profile with our overall membership community comprising of over 26,000 members at year end.

We aim to uphold our membership community by addressing natural attrition and membership profile short-fallings.

As facilitated via the Governors' Membership Working Group, membership recruitment for 2012/13 was focused upon addressing public membership profile short-fallings in particular young people (aged 11 - 16 years) in addition to white, British males. This was achieved via a recruitment event held across our Hospitals' sites in addition to several local young people's venues.

Membership promotion was further facilitated via the organisation's Facebook and Twitter pages which include a statement from our Lead Governor outlining the benefits of becoming a member. In addition, a Membership Display Stand is rotated throughout the various entrances of our hospital sites. Membership welcome packs were also updated and incorporate an invitation to members' family/friends to become a member. A "Become a Member" flyer was also produced and circulated to key community groups and displayed on our website. Membership articles were also included in newsletters circulated to GPs across both the Manchester and Trafford areas. The dedicated Foundation Trust section of the website was regularly updated promoting membership, the role of Governor and forthcoming membership events and includes the facility for individuals to apply for membership via the completion of an online application form.

## Membership Analysis Data

	Membership 2011/12	%	Membership 2012/13	%
<b>Age</b>				
0 – 16	513	3.9	764	5.6
17 – 21	1,302	9.9	1,292	9.4
22+	10,399	78.8	10,758	78.5
Not Stated	986	7.4	894	6.5
<b>Ethnicity</b>				
White	9,802	74.3	10,357	75.6
Mixed	266	2.0	272	2.0
Asian or Asian British	1,405	10.7	1,416	10.3
Black or Black British	932	7.1	883	6.4
Other	221	1.6	215	1.6
Not Stated	574	4.3	565	4.1
<b>Gender</b>				
Male	6,088	46.1	6,609	48.2
Female	7,055	53.5	7,032	51.3
Not Stated	57	0.4	67	0.5
<b>Recorded Disability</b>	<b>2,182</b>	<b>16.5</b>	<b>2,094</b>	<b>15.3</b>

*Note: Although the 0 – 16 year old membership group figure may appear low, the Trust's membership base for this group is between the ages of 11 – 16 years.*

*Total Public Membership (31st March 2013) = 13,708 (894 members with no stated age, 565 members with no stated ethnicity and 67 members with no stated gender). Staff membership at 31st March 2013 = 12,493 this includes facilities management contract staff and clinical academic (Manchester University) staff (see page 20 for workforce analysis details)*

A key priority area for the forthcoming year is to target membership recruitment in the young people's age group to sustain an 11 – 16 year old membership population of around 5%. In addition, hard to reach groups will continue to remain a recruitment focus with particular targeting of minority ethnic groups. Membership promotion will continue to be facilitated by our Membership Display Stand, our Foundation Trust Website (including social media sites), Newsletters and Poster Displays throughout the organisation and on hospital public transportation.

## Monitoring Arrangements

Our Membership community is continually monitored by the Governors' Membership Working Group to ensure natural attrition and profile short-fallings are identified with membership recruitment initiatives being developed to address any imbalances. The Working Group reports to the Council of Governors.

## Membership Engagement

In addition to upholding our membership community, we have also strived to actively engage with members so that their contribution and involvement is turned into tangible service benefits thus improving our overall experiences for patients. Membership engagement is facilitated via our strong working relationship with our Governors and by developing engagement best practice methodologies.

In 2012/13 membership engagement initiatives have included:

- A Young People's Health Event which included health information and interactive demonstrations from varying health professionals, stands promoting key health service areas in addition to advice on NHS careers/voluntary services.
- An Interactive Annual Members' Meeting which provided an overview of our past performance and plans for the future in addition to various stands providing health information relating to four major conditions (Heart Disease, Stroke, Diabetes and Cancer) with health professionals providing advice and interactive demonstrations/health checks.

- A Special Members' Meeting was held to seek approval from members regarding the revised Constitution following the recent enactment of the Health & Social Care Act (2012). Attending members were also provided with the opportunity to forward their views/opinions in relation to our services and health services in general.
- A series of Chairman/Staff Governor Engagement Sessions with Staff Members at which discussion was facilitated and detailed action plans were developed to ultimately improve the services we provide for our patients.
- Governor attendance (youth and adults) at the Youth Forum Meetings which has facilitated effective engagement between young members and Governors.
- Patient and Public Involvement representatives are permanent members of the Governors' Membership Working Group and assist in the development of membership engagement best practice methods.
- A Governor-led Membership Subgroup established in order to identify membership engagement practices for seldom heard groups.
- A Membership Engagement Communication Plan has been developed with initiatives being implemented over the course of the forthcoming year.

Membership engagement will continue to be our key priority over the forthcoming year with the Governors' Membership Working Group in conjunction with the Council of Governors, developing and monitoring initiatives.

By engaging with our members in a way that meets their needs and continuing to uphold a membership community that truly reflects the diverse communities that we serve, we aim to ensure that as many people as possible have the opportunity to contribute and be involved in the development of our services that mirror our patients' needs.

# Board of Directors



## **Peter W Mount CBE, Chairman (appointed April 2001)\***

Graduated in Mechanical and Production Engineering from UMIST and worked for Rolls Royce, Price Waterhouse and was Chief Executive of several of the Thorn EMI Fire and Security Companies in Europe and USA.

- Chairman of the Salford Royal Hospitals NHS Trust (1993-2001).
- Chairman of the Greater Manchester Workforce Confederation (1993-2002).
- Board Member of Sector Skills Development Agency (DfES 2002–2005).
- Chairman of the NHS Confederation (2003-2007).
- Member of Audit Committee of the Department of Health (2001-2007).
- Awarded the CBE in 2007 New Years Honour List.
- Trustee Central Manchester University Hospitals Charity.
- Patron NEBATA (North of England Bone Marrow and Thalassaemia Association)
- Trustee and founder of the charity Helping Uganda Schools.

*\* Became a Foundation Trust January 2009*



*Term of office until:  
December 2014*

## **Mike Deegan, Chief Executive (appointed September 2001)**

Holds a first degree in Law and a Masters degree in Industrial Relations from the University of Warwick.

- Previously Chief Executive at Warrington Hospital and then North Cheshire Hospitals NHS Trust.
- Involved in the preparation of the Government's NHS Plan in 2000.
- Held post of Director of Human Resources for the NHS.
- Has worked widely across the public sector including roles in local government and education.



### **Anthony Leon, Non-executive Director (appointed April 2001)\***

Trained as a chartered accountant and was a senior partner of the Manchester practice Binder Hamlyn until his retirement in 1996.

- Non-executive of one AIM Company.
- Director of Bright Futures Educational Trust.
- Previously Chairman of the Mancunian Community Health NHS Trust, from 1995 to 2001.
- Treasurer of The University of Manchester Institute of Science and Technology to 2003.
- Chair of the Audit Committee.
- Deputy Lieutenant in the County of Greater Manchester.

\* Became a Foundation Trust January 2009



*Term of office until:  
December 2014*

### **Professor Rod Coombs, Non-executive Director (appointed 2007)\***

BSc in Physics; Holds an MSc and PhD from Manchester in the Economics of Innovation.

- Deputy President and Deputy Vice-Chancellor at The University of Manchester.
- Previously Professor of Technology Management at UMIST from 1993 to 2004.
- Non-executive Director of Manchester Science Park; MIDAS, and One Central Park.

\* Became a Foundation Trust January 2009



*Term of office until:  
July 2013*

### **Brenda Smith, Non-executive Director (appointed November 2008)\***

BA, MBA, ACA, FRSA (Fellow Royal Society of Arts); Doctor of Letters (Salford University – for services to broadcasting and the region).

- Currently member of the Board of Governors of The University of Manchester and a member of the Investment Advisory Panel of North West Business Finance.
- A media business executive, with a professional commercial background and experience in a FTSE100 company at executive level. Continues to work as an advisor.
- Previously Deputy Chairman and Managing Director of Granada Television Ltd and more recently President EMEA for Accent Media Group (global media company). Also served as a Non-executive Director for Manchester Airport Group and the North West Development Agency.

\* Became a Foundation Trust January 2009



*Term of office until:  
November 2014*



# Board of Directors

## **Lady Rhona Bradley, Non-executive Director (appointed November 2008)\***

Qualified Social Worker, MA, BA (Hons).

- Currently Chief Executive of a leading North West third sector organisation and charity.
- Background in public sector criminal justice and social care.
- Previously an elected member of Manchester City Council, and Non-executive director of Manchester Airport Group and Manchester Ship Canal Company.
- Previously Chair of Local Children's Safeguarding Board and the Children and Young People's Strategic Partnership Board.
- Appointed Deputy Lieutenant for Greater Manchester.

\* Became a Foundation Trust January 2009



*Term of office until:  
November 2013*

## **Steve Mycio, Non-executive Director (appointed December 2009)**

Qualified as a Fellow of the Chartered Institute of Housing, Fellow of the Royal Society of Arts.

- Deputy Chair of Governors at Manchester Health Academy.
- Board member of Manchester Credit Union.
- Previously Deputy Chief Executive, Manchester City Council (1998 - retired September 2011).
- Background in Housing Management and Regeneration culminating in the role of Director of Housing 1992-1998.



*Term of office until:  
December 2015*

## **Alexander Wiseman, Non-executive Director**

**(February 2010 until 31st January 2013)**

Qualified as a Management Accountant in 1999; MBA Manchester University; MSc (Operational Research) Sussex University; MA (Maths) Cambridge University.

- Five years experience as Regulation Director for Northern Gas Networks.
- Head of Strategic Planning (1997-2004) at United Utilities (a FTSE50 company).
- Non-executive Director for Xoserve, for four years, chairing its Audit Committee.
- Ten years as a Management Consultant for PricewaterhouseCoopers.



## **Robert Pearson, Executive Medical Director (appointed April 2006)**

BSc, MB ChB (Hons) MD FRCS Trained in Manchester, London and Nottingham

- Consultant Surgeon MRI appointed 1990. Surgical practice now focused on upper gastrointestinal surgery, including laparoscopic surgery, and surgery of complex abdominal hernia.
- Spent 12 years on the Northwest Surgical training committee, the last four as Chair and Programme Director for General Surgery and associated subspecialties.
- Previously Clinical Head of the Division of Surgery.
- Chair of the NHS National Technology Adoption Hub Stakeholder Board.





### **Kathy Cowell, Non-executive Director (appointed March 2013)**

A banker by profession, having worked for Cheshire Building Society for 24 years until taking early retirement in 2006. With a keen interest in local communities, past roles include: Chair of Cheshire Building Society Foundation, Chairman of the Cheshire & Merseyside Courts Board since its inception in April 2004, a member of the Lord Chancellors Advisory Committee on the appointment of Justices of the Peace, and a member of the Manchester United Foundation. Has held several Non-executive roles in Health, in both the provider and commissioner roles.



*Term of office until:  
March 2016*

Current roles include:

- Chair of Your Housing Group (a social housing provider)
- Deputy Chair of Cheshire Young Carers
- Founder member of Cheshire Community Foundation
- Deputy Lieutenant of Cheshire
- Member of the Strategic growth Community East Cheshire Hospice
- Chair of the Queens Award for Voluntary Service

### **Gill Heaton OBE, Executive Director of Patient Services/Chief Nurse (appointed December 2001)**

Undertook nurse training at the Manchester Royal Infirmary in the late 1970s; Trained as a Health Visitor within community services; In early 1990s completed the General Management Training Scheme.



- April 2007 designated as the Deputy Chief Executive.
- Worked as a senior nurse in various clinical areas, such as intensive care and medical wards.
- Has held senior management posts in large acute Trusts, including Mental Health, as well as leading the General Management Training Scheme for the North West Region.
- Responsible for operational performance and management of the nine Adult Divisions.
- Provides professional leadership to nurses and midwives across both the Adult and Children's Divisions.

### **Adrian Roberts, Executive Director of Finance (appointed May 2007)**

Qualified as a Chartered Certified Accountant in 1988 and designated a Fellow of ACCA in 1994. Honours degree in Modern History, University of Oxford, 1984.



- Executive Director of Finance since May 2007.
- Prior to joining the Trust, 16 years' experience as an NHS Director of Finance, predominantly in Stockport, including securing Stockport's authorisation as one of the first 10 Foundation Trusts in April 2004.

# Board of Directors

## **Derek Welsh, Executive Director of Human and Corporate Resources (appointed May 2007)**

Member of the Institute of Healthcare Managers.

- Acting Director of Human and Corporate Resources from January 2006 to May 2007.
- Previously held posts of Associate Director of Corporate Services and Director of Corporate Services.
- Has held a number of senior operational posts at a number of NHS organisations.



## **The Board of Directors**

Our Board is collectively responsible for the exercise of the powers and the performance of the Trust and:

- Ensures that the Trust complies with its terms of authorisation, constitution, mandatory guidance and contractual and statutory duties.
- Provides effective and proactive leadership of the Trust within a framework of processes, procedures and controls which enable risk to be assessed and managed.
- Sets the strategic aims, taking into consideration the views of the Council of Governors.
- Ensures the quality and safety of healthcare services, education and research delivered by the Trust, applying the principles and standards of clinical governance set out by the Department of Health, the Care Quality Commission and other relevant NHS bodies.
- Sets the vision, values and standards of conduct and ensures its obligations to its members, patients and other stakeholders are understood, communicated and met.

## **Board of Directors Engagement with Governors**

The Board of Directors engages with the Governors on a regular basis in order to obtain their views and respond to any concerns.

All Executive and Non-executive Directors attend the Council of Governors' Meetings at which Governors have the opportunity to challenge the Directors and seek assurances to concerns they may raise.

At the quarterly performance review meetings, Executive and Non-executive Directors hold discussions with the Governors in order to understand their views on the Trust's performance and provide details of actions in place to improve performance where required.

A Non-executive Director is a member of each Governor Working Group and is a sounding board for the views of the Governors which are conveyed to the Board.

The Chairman also hosts a number of Governor Development Sessions attended by both Executive and Non-executive Directors. A range of topics are discussed for example performance against the Trust's key priorities, patient and staff survey results and patient experience. Governors are able to raise their concerns and offer their views and suggestions to take forward.

## Attendance at Board Meetings

	May 12	Jul 12	Sept 12	Nov 12	Jan 13	Mar 13
Peter Mount, Chairman	✓	✓	✓	✓	✓	✓
Mike Deegan, Chief Executive	✓	✓	✓	✓	✓	✓
Robert Pearson, Medical Director	✓	✗	✗	✓	✓	✓
Gill Heaton, Executive Director of Patient Services/Chief Nurse	✗	✓	✓	✓	✓	✓
Derek Welsh, Executive Director of Human & Corporate Resources	✓	✓	✓	✓	✓	✗
Adrian Roberts, Executive Director of Finance	✓	✓	✓	✗	✓	✓
Anthony Leon, Non-executive Director and Deputy Chairman	✓	✓	✓	✓	✗	✓
Brenda Smith, Non-executive Director and Senior Independent Director	✓	✓	✓	✓	✓	✓
Professor Rod Coombs, Non-executive Director	✓	✓	✓	✓	✓	✓
Rhona Bradley, Non-executive Director	✓	✓	✓	✓	✓	✓
Steve Mycio, Non-executive Director	✓	✓	✓	✓	✓	✗
Alex Wiseman, Non-executive Director	✓	✓	✓	✓	✓	n/a

## Register of Interests

Peter W Mount, Chairman: Member of General Assembly – The University of Manchester; Chairman Trustee and Founder of Charity called Helping Uganda Schools (HUGS); Director, Manchester Academic Health Sciences Centre (MAHSC).

Mike Deegan, Chief Executive: Trustee, Nuffield Trust.

Professor Rod Coombs, Non-executive Director: Deputy President, The University of Manchester; Director of Manchester Growth Hub (part of LEP Local Enterprise Partnership) and Non-executive Directorships for: Manchester Science Park Ltd; One Central Park Ltd; UMI3 Ltd (subsidiary of The University of Manchester).

Anthony Leon, Non-executive Director: Financial Consultant, Horwich Cohen Coghlan (Solicitors); Non-executive Director – Cleardebt Group PLC; Deputy Lieutenant of Greater Manchester; Director of Bright Futures Educational Trust.

Brenda Smith, Non-executive Director: Member of the Board of Governors, The University of Manchester; Member of North West Business Finance Investment Advisory Panel; Director of Smithbiz Associates, Media Advisory Services to provide equity and corporate finance; Member of the Strategic Advisory Group for East Cheshire Hospice.

Lady Rhona Bradley, Non-executive Director: Chief Executive, ADS (Addictions Dependency Solutions); Deputy Lieutenant of Greater Manchester; Member of the Labour Party.

Steve Mycio, Non-executive Director: Directorships: Manchester Health Academy; Manchester United Foundation Trust; Manchester Credit Union.

Kathy Cowell, Non-executive Director: Chair of Your Housing Group; Deputy Chair Cheshire Young Carers; Board member of Cheshire Community Foundation; Member of Strategic Advisory Group, East Cheshire Hospice; Deputy Lieutenant for Cheshire; Chair of the Queens Awards for Voluntary Service.

Derek Welsh, Director of Human and Corporate Resources: Director and Governor of the Manchester Health Academy (non paid appointment).

No interests to declare: Gill Heaton, Director of Patient Services/Chief Nurse; Adrian Roberts, Executive Director of Finance; Robert Pearson, Medical Director.



## (b) Pension Benefits (audited)

Name and title	Real increase / (decrease) in pension at age 60 (bands of £2,500)	Real increase / (decrease) in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31st March 2013 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31st March 2013 (bands of £5,000)	Cash Equivalent Transfer Value at 31st March 2013	Cash Equivalent Transfer Value at 31st March 2012	Real increase in Cash Equivalent Transfer Value
	£000	£000	£000	£000	£000	£000	£000
M Deegan, Chief Executive	2.5 to 5	7.5 to 10	40 to 45	120 to 125	752	662	67
G Heaton, Executive Director of Patient Services/ Chief Nurse	2.5 to 5	7.5 to 10	50 to 55	155 to 160	1,074	946	95
A Roberts, Executive Director of Finance	0 to 2.5	0 to 2.5	50 to 55	150 to 155	885	828	28

The above table gives details of pension benefits up to 31st March 2013 - note that as Non-executive members do not receive pensionable remuneration, there are no entries in respect of pensions for these members. Additionally, there are no longer any details regarding two Executive members, D Welsh and R Pearson, as both are no longer members of the Pension Scheme.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits, and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme, or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits which the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity within this Trust, to which the disclosure applies.

The CETV figures and other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS Pension Scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement), and uses common market valuation factors for the start and end of the period.





## Scope of Responsibility

As Accounting Officer, and Chief Executive of the Board of Directors, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives whilst safeguarding the public funds and the organisation's assets for which I am personally responsible in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer memorandum.

The Trust's management structure has established accountability arrangements through a scheme of delegation covering both corporate and clinical divisional arrangements. This is reflected in the corporate and divisional work programmes/key priorities and the governance arrangements within the Trust. The responsibilities of each Executive Director are detailed below:

### ● Executive Director of Finance

Has responsibility for the wide range of inter-related work programmes around finance, strategic planning, contracting and information.

Has responsibility for developing and overseeing delivery of financial plans across the Trust for current and future financial years, ensuring these are integrated with operational and service delivery requirements.

Produces the Annual Plan submission to Monitor and maintains ongoing Compliance relationship with Monitor, through monitoring submissions and exception reporting as required.

Has regular meetings with NHS Manchester (host commissioner) and with the North West Specialised Commissioning Team, maintaining dialogue across service delivery and planning issues including forward projections, significant developments within individual services and strategic service changes.

Has responsibility for developing and delivering on any transactions which may be contemplated by the Board, which may extend the scope of the Trust's activities and responsibilities.

### ● **Medical Director**

This post has corporate responsibility for leading on patient safety and clinical effectiveness, research and innovation and medical education. The post chairs the Clinical Effectiveness Committee, the Safeguarding Effectiveness Committee and the Research Governance Board. The post has continued to focus particularly on patient safety and clinical effectiveness during 2012/13. The Medical Director is supported by three Associate Medical Directors with specific responsibilities.

Has responsibility for ensuring compliance with statutory requirements regarding Safeguarding children and vulnerable adults. Has responsibility for ensuring the Trust's compliance with the Human Tissue Act.

The Medical Director is the Responsible Officer for the Trust, for the purposes of the revalidation of doctors with the General Medical Council. He is supported in this role by an Associate Medical Director with responsibility for revalidation.

### ● **Director of Patient Services/Chief Nurse**

Has responsibility for the professional nursing agenda, patient partnership work, overall day to day operational management of clinical services including delivery of key targets, service developments/improvements and facilities management.

The post holder is also the Deputy Chief Executive and Director of Infection Prevention and Control.

### ● **Director of Human and Corporate Resources**

Has lead responsibility for human resources and corporate support functions.

A regular pattern of meetings has been established with NHS North to discuss national and regional HR policy issues. Meetings are also held with a number of national organisations to discuss common HR strategies.

The Director is also a member of the City Corridor Workforce Sub Group and the Manchester Employment Alliance where local employment issues and training needs are discussed.

## **The purpose of the System of Internal Control**

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- identify and prioritise the risks to the achievement of the policies, aims and objectives of Central Manchester University Hospitals NHS Foundation Trust; and
- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in the Central Manchester University Hospitals NHS Foundation Trust for the year ended 31st March 2013 and up to the date of approval of the Annual Report and Annual Accounts.

## **Capacity to Handle Risk**

The Chief Executive chairs the Trust Risk Management Committee and actual risks scoring 15 or above are reported to the committee. Risk reports are received from each responsible Director and each Executive Director with details of the controls in place and actions planned against which assessment is made by the Committee.

The Audit Committee monitors assurance processes and seeks assurance across all risks in order to provide independent assurance to the Board of Directors that risks have been properly identified and appropriate controls are in place.

The Board has designated the Medical Director as the lead executive and chairman of the Clinical Effectiveness Committee. The Clinical Effectiveness Committee has a focus on patient safety and clinical effectiveness. A significant amount of work has been undertaken to develop clinical effectiveness indicators across all clinical divisions. The Medical

Director is supported by a Clinical Effectiveness Team which includes an Associate Medical Director (Clinical Effectiveness), Director of Clinical Effectiveness, Associate Director of Clinical Effectiveness, Trust Assurance Manager and Clinical Audit and Risk Management Departments. A Trust risk management training programme has been designed and delivered which undergoes an annual evaluation process. The risk management team includes a training post dedicated to risk management training.

The Trust has operational risk and safety meetings which review high level incidents and trends so that lessons can be learnt for the future. The Trust has developed robust mechanisms for recording untoward events and learning from them. As part of our Clinical Effectiveness Performance Framework each division records its activity and performance against the key clinical effectiveness indicators and produces a summary for discussion at their divisional review with areas of good practice collated on a corporate basis to be shared throughout the Trust. The Trust is also represented on a number of National and Regional Working Groups.

The key elements of the quality governance arrangements are as follows:

The organisation has developed clinical effectiveness indicators which are reviewed at all levels of the organisation from Departments to Board of Directors on a regular basis. These form a component part of the Intelligent Board Framework and an integral part of the divisional review process. These indicators are reviewed by those staff who lead and manage performance; this includes Clinicians who regularly review data as part of the clinical effectiveness process in every Division.

These indicators are triangulated with other data such as Dr Foster analysis, national survey data, mortality data and CQUINS performance to ensure complete understanding and response.

The quality of that information is regularly assessed and challenged and the clinical teams work closely with the Information Department to ensure accuracy and timeliness of dissemination and review.

The organisation has had a process in place for self assessment against the CQC Standards for some years. This has been amended in the light of requirements of registration. As an annual submission is no longer required the organisation has developed a system of ongoing annual review with evidence stored on a data base (CIRIS). Compliance and review are monitored at the Clinical Standards Committee chaired by the Director of Clinical Effectiveness. The organisation has a system in place for monthly review of the CQC Quality and Risk Profile which also serves as an indicator of risk areas for consideration.

Registration was successfully achieved in April 2010 and this has been reviewed again in 2012/13 with a report made following that review to the Board of Directors. The organisation was found to be compliant with all standards reviewed with minor recommendations made to maintain that compliance.

The organisation will continue a programme of audit and self assessment culminating in a detailed report prepared in advance of the next Annual Governance Statement in March 2014.

## **The Risk and Control Framework**

A risk management process, covering all risks has been developed throughout the organisation at all levels including the Board with key indicators being used to demonstrate performance. The whole system of risk management is continuously monitored and reviewed by management and the Board in order to learn and make improvements to the system.

In order to achieve this, the Risk Management Strategy provides the Trust with a framework for the management of risk including the process of risk identification, evaluation and planning that has formed an assurance framework. The process involves layers of risk identification and analysis for all individual management units e.g. directorates, departments, functions or sites for significant projects and for the organisation as a whole. Analysis of severity and likelihood of the risk occurring determines the overall risk ranking of the hazard identified. This assists in the assessment of risk throughout the organisation with a

common currency and methodology being used. The strategy clearly sets out the individual and corporate responsibilities for the management of risk within the organisation. Implementation of the strategy ensures the Board is informed about significant risks and is then able to communicate those effectively to external stakeholders.

The Risk Management Strategy is distributed throughout the organisation and to all local stakeholders. It is reviewed every two years.

There is increasing involvement of key stakeholders through mechanisms such as the Essential Standards of Quality and Safety consultation process and Care Quality Commission assessment and registration and involvement in the annual Clinical Audit and Risk Management Fair.

Each of the divisions and corporate services systematically identify, evaluate, treat and monitor action on risk on a continuous basis. This work is reported back through the divisional review process. This report connects the significant risks to the corporate/organisational objectives and assesses the impact of the risks on those objectives. The outcome of the review is communicated to the Risk Management Committee in order that the resulting action plans can be monitored. The Risk Management Committee undertakes further evaluation of the risks presented and their action plans and updates the Assurance Framework in order that at any given time the significant risks to the organisation are identified. Risk Management and Assurance Framework processes are closely aligned and the Assurance Framework is dynamic and embedded in the organisation. Controls and assurances provide evidence to support the Annual Governance Statement. A significant level of assurance has been given by Internal Audit during 2012/13 on both the Assurance Framework and Risk Management processes.

All Divisions report on all categories of risk to both the Trust Risk Management Committee, chaired by the Chief Executive and the Trust Clinical Effectiveness Committee, chaired by the Medical Director.

All policies developed by the Trust undergo Equality Impact Assessments.

Operationally the document which contains all identified risks within the organisation is the Risk Register. The risk register is an on-line function within the Trust to which all appropriate personnel have access. This document also contains the detailed risk assessments and resulting action plans associated with the external assurance sources detailed under "review of effectiveness". The Board is therefore able to monitor progress against such action plans.

Risk assessment is a fundamental management tool and forms part of the governance and decision making process at all levels of the organisation.

The Medical Director and Executive Director of Patient Services/Chief Nurse work closely on the alignment of patient safety and the patient experience.

Clinical risk assessment is a key component of clinical governance and forms part of the Risk Register.

## **Assurance Framework**

The Assurance Framework structures the evidence on which the Board of Directors depends to assure it is managing risks which could impact on the organisation's key priorities.

## **Information Governance**

We have taken a number of steps in 2012/13 to assess our information governance practices and further reduce any risks.

2012/13 saw the acquisition of Trafford and with it the amalgamation of two Information Governance Toolkits. The focus has been on adopting the good practice from both organisations and providing a standardised way forward for all divisions.

To support standardisation an Information Governance divisional meeting has also taken place on a bi-monthly basis. This has improved communication directly regarding the toolkit work programme but also equally as important in a general sense around raising the awareness and profile of Information Governance amongst operational and clinical staff.



Information Governance training is now provided through an e-learning package. This is a comprehensive training package on how to handle and use confidential/ personal information.

The Board recognises that not all risks can be eliminated and that there will always be residual risks which will require careful monitoring and review.

## **Compliance with NHS Pension Scheme Regulations**

The Trust is required to 'Auto-enrol' all eligible staff into an approved pension scheme. A process to identify eligibility has been put in place to ensure compliance with Government legislation. As an employer with staff entitled to membership of the NHS pension scheme (or the alternative NEST scheme, where appropriate), control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring the deductions

from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme's rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations.

## **Compliance with HMT Review of Tax Arrangements**

The Trust is required to comply with HMRC guidance in respect of tax arrangements of public sector appointees. The Trust has taken steps to review any existing arrangements along with agreeing revised proposals on employment and contracting issues. This will ensure compliance with HMRC guidance.

## **Compliance with Equality, Diversity and Human Rights Legislation**

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.



*David Hasselhoff visiting the Children's Hospital at Christmas*



The Trust is compliant with Race, Gender and Disability Equality Legislation, in both the service it provides and the employment of its staff.

The Trust is working with an independent team of equality professionals to review and assess its equality and diversity processes and strategy to determine areas for improvement.

### **Compliance with Carbon Reduction**

The Trust is in full compliance with the mandatory requirements of the Climate Change Act. This includes the establishment of a Carbon Management Implementation Plan and Carbon Reduction Policy, along with regular monitoring and feedback to the Environment Agency and other Government bodies. In addition we have appointed a Board lead for sustainability and is developing a Sustainable Development Management Plan.

### **Review of Economy, Efficiency and Effectiveness of the use of Resources**

The Trust continues to invest significant focus to improving the underlying systems and controls to engender a more embedded range of monitoring and control processes.

We have achieved NHSLA Acute Trust Risk Management Standards at Level 3 and CNST Risk Management Standards for Maternity Services at Level 3.

### **Review of Effectiveness**

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the Internal Auditors, clinical audit and the Executive Managers and Clinical Leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report in this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

My review is also informed by other major sources of assurance such as:

- Patient Surveys
- Staff Survey
- Royal College accreditation
- Health and Safety Executive Inspection Reports
- Compliance at CNST General Standards at Level 3
- Compliance Against CNST – Maternity Standards at Level 3
- Patient Environment Action Team Inspections
- Senior Leadership Walk-rounds
- Clinical Pathology Accreditation
- Care Quality Commission - registration without conditions

We have identified over 50 External Agencies who may visit the Trust.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Risk Management Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust applies a robust process for maintaining and reviewing the effectiveness of the system of internal control. The roles of key committees are as follows:

### **Board of Directors**

The statutory body of the Trust is responsible for the strategic and operational management of the organisation and has overall accountability for the risk management frameworks, systems and activities, including the effectiveness of internal controls.

The Terms of Reference and responsibilities of all Board Committees are reviewed each year in order to strengthen their roles in governance and focus their work on providing assurances to the Board on all risks to the organisation's ability to meet its key priorities.

## Audit Committee

The Audit Committee provides an independent contribution to the Board's overall process for ensuring that an effective internal control system is maintained and provides a cornerstone of good governance. The Audit Committee monitors the assurance processes of all other Board Committees.

## Clinical Effectiveness Committee

The Clinical Effectiveness Committee is responsible for ensuring the delivery of clinical effectiveness at both corporate and divisional level, through developing the Trust's clinical effectiveness strategy, monitoring progress across the Trust and in each division against patient safety and clinical effectiveness targets and defining the principles and priorities for clinical effectiveness.

## Clinical Effectiveness Scrutiny Committee

The Clinical Effectiveness Scrutiny Committee performs 'deep diving' into the quality of patient care and patient safety through focused scrutiny on key issues.

The inclusion of patient stories now forms part of the agenda of the Committee.

## Human Resources Committee

The Human Resources Committee is responsible for reviewing the Trust's workforce and HR strategy and monitors implementation. The Committee ratifies approved HR policies in line with the Trust's Recognition agreement. The HR annual corporate objectives are developed and reviewed through the Committee.

## Internal Audit

Internal Audit provides an independent and objective opinion to the Accounting Officer, the Board and the Audit Committee, on the degree to which the Trust's systems for risk management, control and governance support the achievement of the Trust's agreed key priorities.

## Risk Management Committee

The Risk Management Committee provides the Board of Directors with an assurance that risks are well managed with the appropriate plans in place. Reports demonstrate that the Risk Management reporting process includes all aspects of risk arising out of clinical and non-clinical practice.

## Clinical Audit

The Clinical Audit Department oversees the development and delivery of an annual Clinical Audit Calendar. This plan includes mandatory national audits, locally agreed priority audits and monitoring audits in respect of external regulation and accreditation.

The Calendar is presented to the Trust's Audit Committee and provides assurance on both clinical outcomes and compliance with guidance such as NICE (National Institute for Health and Care Excellence) and NCEPOD (The National Confidential Enquiry into Patient Outcome and Death).

Approximately 400 audits are undertaken annually with their results disseminated and action taken in response.

## Divisional Review Process

The Divisional Review Process informs the Board of Directors, the Risk Management Committee and the Divisional Clinical Effectiveness Groups on aspects of all risks identified through the analysis of incidents, complaints, clinical audit, concerns and claims reported throughout the Trust.

## Significant internal control issues

The Trust has identified the following significant internal control issues during 2012/13 which have been or are being addressed:

### ● Trading Gap Delivery – Financial

An annual efficiency requirement of approaching 5%, which is removed from tariffs/uplifts each year, will continue to require significant further efficiencies each year over the next five years.

The Trust is proactive in identifying, developing and implementing plans. Plans are risk-assessed and kept under regular review. Budgetary control systems closely monitor the delivery of the trading gap solutions across each Division.

- **Adult Critical Care Capacity – Clinical**

Increasing demands on adult critical care services particularly for specialist referrals has necessitated the Trust to develop increased capacity for critical care beds. Before further planned capacity is fully commissioned, other measures are in place to mitigate the risk including robust management of rotas, focused recruitment and the development of an extended recovery area.

A full business case for a new Critical Care Unit was approved by the Board of Directors in January 2010 with a scheduled opening date of November 2013 for the entire project. A new 20-bedded Intensive Care Unit and ancillary areas were opened in January 2013.

- **Infection Control – Clinical**

The Trust has continued to robustly monitor performance during 2012/13 on all aspects of infection prevention and control. The MRSA target of six cases was breached with ten reported cases. This was reported to Monitor who informed us that on reviewing the action plans, together with the excellent track record, escalation would not take place. The target for managing C.Difficile was achieved and the Trust was under trajectory.

The targets set against the number of patients treated remains very challenging.

We continue to adopt a zero tolerance approach to infection prevention and control and is continually improving services to meet these challenges. The Trust has re-launched its campaign of good practice with a particular focus on areas where cases of MRSA have occurred.

- **Building and Maintaining Staff Engagement through the current economic climate – Organisational**

A staff reward and recognition programme has been

implemented since 2008. Following the 2010 and 2011 survey results each Division has developed action plans to address concerns raised and these plans are reviewed on a regular basis. In addition, the 'Voices' initiative, championed by the Chairman, has continued. Staff focus groups together with surveys have been implemented and a set of recommendations for action was agreed by the Board. Further work will be undertaken following an analysis of the 2012 staff survey.

For the 2012 survey there has been a substantial increase in uptake to 46% from 27% in the previous year. The staff engagement score has improved from the previous year of 3.55 to 3.72 and overall there has been a significant improvement across a range of indicators.

- **A&E Performance – Clinical**

Periods Q1, Q2 and Q3 have all delivered the four hour target for 2012/13. As compliance with the four hour A&E target was not achieved in Quarter 4, 2011/12, exhaustive operational efforts to plan for the usual pressures associated with winter have been implemented during Quarter 4, 2012/13 resulting in a performance of 95.28% with a full year performance of 95.63%.

- **Trafford Service Redesign - Organisational**

The Trust has provided extensive support to the Commissioners in their decision making process regarding the clinical model as part of the New Health Deal for Trafford review. The recommendation that the proposed service changes should take place was approved by the NHS Greater Manchester Board in January 2013. The decision was referred to the Secretary of State by the joint Manchester & Trafford Overview & Scrutiny Committee(s), leading to a review by the Independent Reconfiguration Panel which has reported to Secretary of State on 27th March 2013. Significant slippage of the implementation of the new service model would increase the risk of clinical or operational problems arising from trying to maintain the existing Trafford service model over a further extended timescale.

- **Incorrect linkage of patient records resulting in mismatched blood group – Clinical/Organisational**

This was a composite risk of four component parts. A robust action plan was put in place and all risks were addressed by the end of January 2013.

- **Major Trauma – System Readiness - Organisational**

The key risk to progressing through the phased implementation of the Greater Manchester Major Trauma Centre Collaborative (MTCC) was around blockages to patient flow. Commissioners committed to additional resources to increase capacity to improve patient flow. As a result of these measures the MTCC became fully operational in January 2013.

- **Trust-wide achievement of NHSLA Level 3 Accreditation (General and Maternity) - Organisational**

Currently the Trust has Level 3 accreditation for all general services (with the exception of Trafford – Level 1 and Community Services – Level 0), and also Level 3 for Maternity Services.

Changes to the standards and an increasing focus on outcome evidence are significant factors impacting on the assessment.

The highest area of risk is associated with the Health Record and a significant amount of work is being undertaken to address this risk.

- **Trust-wide HSMR and SHMI - Clinical**

If the Trust's Summary Hospital Mortality Indicator (SHMI) and Hospital Standardised Mortality Indicator Ratio (HSMR) remain significantly above average after rebasing in August 2013, the Trust will be at risk. A significant programme of work has been underway to ensure that clinical quality assurance and data quality assurance can be provided by all clinicians. A Mortality Review Group, chaired by an Associate Medical Director is working towards a consistent approach to mortality review across the entire organisation.

- **Statutory Equality and Diversity obligations - Organisational**

An Equality and Diversity work programme has been established following the outcome of a race discrimination claim and the judgement of an Employment Tribunal.

An integrated governance framework has been established through a newly implemented Equality Implementation Group.

Specialist advice has also been implemented on the delivery of the work programme covering both employment and service delivery.

- **Transition to new Commissioning arrangements - Organisational**

Financial stability could be materially undermined should the basis of separation of commissioning budgets between Clinical Commissioning Groups, NHS and other parties cause material instability in the commissioning system, when compared to the respective shares of resources required to match our actual contract portfolios across different commissioners' responsibilities.

The Trust has worked with Commissioners to share modelling and forecasting to further inform consideration of risk-sharing options.

- **Information/Data – Organisational**

The Trust has achieved level 2 compliance for 2012/13 Information Governance toolkit and an overall score of 80%.

There were no Serious Untoward Incidents of data loss or confidentiality breaches reported during 2011/12.

## Annual Quality Account

The directors of Central Manchester University Hospitals NHS Foundation Trust are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of Annual Quality Reports

which incorporate the legal requirements in the NHS Foundation Trust Annual Reporting Manual 2012/13.

We have appointed a member of the Board, the Medical Director, to lead, and advise us, on all matters relating to the preparation of the Trust's annual Quality Accounts.

The Trust has robust data quality procedures in place that ensure the robustness of data used in the Quality Account. These data quality procedures span from ensuring data is input into transactional systems correctly, information is extracted and interpreted accurately and that it is reported in a way that is meaningful and precise. All staff who have a responsibility for inputting data are trained fully in both the use of the systems and in how the information will be used. Furthermore, there are corporate data quality links with each of the clinical divisions that work with operational staff to ensure the highest levels of integrity.

Before the Quality Indicators are made available in the Quality Account or any Trust monitoring report they go through a series of sign off steps resulting with Executive Director sign-off. The content of the Quality Account and the indicators that make up the metrics section are added to and amended as priorities change or whenever a shift in focus is required. Although there is a formal annual review whereby the metrics are decided on for the coming year, this does not prevent changes in-year. All changes to the Quality Account and any of the metrics reports are signed off by the Executive Medical Director, Director of Informatics and Director of Clinical Effectiveness.

The Trust is fully compliant with the Care Quality Commission's essential standards of quality and safety.

## Conclusion

The Board confirms that it is satisfied that, to the best of its knowledge and using its own processes and having had regard to Monitor's Quality Governance Framework (supported by Care Quality Commission information and our own information on serious incidents and the patterns of complaints), Central Manchester University Hospitals NHS Foundation Trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to our patients.

**Mike Deegan**, Chief Executive  
May 2013



# Statement of Compliance with the NHS Foundation



*Surgical Ward, Manchester Royal Infirmary*

**T**he Board of Directors and the Council of Governors are committed to continuing to operate according to the highest corporate governance standards.

The Trust is compliant with the principles and provisions of the NHS Foundation Trust Code of Governance.

The Board of Directors meets formally on a bimonthly basis in order to discharge its duties effectively. Systems and processes are maintained to measure and monitor the Trust's effectiveness, efficiency and economy as well as the quality of its healthcare delivery.

The Board of Directors regularly reviews the performance of the Trust against regulatory and contractual obligations and approved plans and objectives. The Board of Directors has ensured that relevant metrics, measures and accountabilities have been developed in order to assess progress and delivery of performance.

All Directors have responsibility to constructively

challenge the decisions of the Board. Non-executive Directors scrutinise the performance of the executive management in meeting agreed goals and objectives and monitor the reporting of performance.

The Board of Directors has a balance of skills that is appropriate to the requirements of the Trust.

The Chairman has ensured that the Board of Directors and the Council of Governors work together effectively and that directors and governors received accurate, timely and clear information that is appropriate for their respective duties.

The Council of Governors represents the interests of the Trust's members and partner organisations in the local health economy in the governance of the Trust. Our Governors act in the best interests of the Trust and adhere to its values and code of conduct.

The Council of Governors holds the Board of Directors to account for the performance of the Trust and receives appropriate assurance and risk reports on a regular



*Student Nurse in Saint Mary's Hospital*

basis. The Governors are consulted on the development of forward plans for the Trust and any significant changes to the delivery of the Trust's business plan.

The Council of Governors meets on a regular basis sufficient to discharge its duties. The governors have nominated a lead governor.

The Directors and Governors continually update their skills, knowledge and familiarity with the Trust and its obligations, to fulfil their role both on respective boards and committees.

A performance review process involving the Governors, of the Chairman and Non-executive Directors has been developed. The Senior Independent Director supports the Governors through the evaluation of the Chairman. Each Executive Director's performance is reviewed by the Chief Executive who in turn is reviewed by the Chairman.

Members of the Board of Directors have continued to attend the Council of Governors meetings and the

Governor Working Groups and jointly attended the Annual Planning Workshop in February 2013.

So far as each Director is aware there is no relevant audit information of which the Trust's Auditor is unaware and each Director has taken all the steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the Trust's Auditor is aware of that information. Each Director is regarded as having taken all the steps that they ought to have taken as a Director in order to do the things mentioned above and made such enquiries of his/her fellow Directors and of the Trust's Auditors forth at purpose and taken such steps (if any) for that purpose as are required by his/her duty as a Director of the Trust to exercise reasonable care, skill and diligence.

# Audit Committee Annual Report



Entrepreneur Michelle Mone and actor Tony Hirst at 'Celebrity Grilling'

**T**his annual report reviews the work and performance of the Audit Committee during 2012/13 in satisfying its terms of reference.

The production of an Audit Committee Annual Report represents good governance practice and ensures compliance with the Department of Health's Audit Committee Handbook, the principles of integrated governance and Monitor's Compliance Framework.

## Overview

Through the Audit Committee, the Board of Directors ensures that robust and effective internal control arrangements are in place and regularly monitored.

The Audit Committee receives regular updates of the Board Assurance Framework and is therefore able to focus on risk, control and related assurances that underpin the delivery of the organisational key priorities.

## Committee Membership

The Audit Committee membership during 2012/13 comprised:

Mr Anthony Leon - Deputy Chairman of the Board and Chair of the Audit Committee

Mr Rod Coombs - Non-executive Director  
Lady Rhona Bradley - Non-executive Director  
Mrs Brenda Smith - Non-executive Director  
Mr Steve Mycio - Non-executive Director  
Mr Alexander Wiseman - Non-executive Director

## Compliance with the Terms of Reference

The Terms of Reference of the Audit Committee are reviewed annually.

The Audit Committee met five times during 2012/13 and the following is noted:

- All meetings have been quorate.
- Audit Committee minutes are submitted to the next available Board of Directors' meeting.
- Audit Committee members met in private with the Internal and External Auditors prior to the Audit Committee meeting in November 2012.
- The Director of Finance, Director of Operational Finance, Chief Accountant, Head of Internal Audit and Internal Audit Manager, representatives of External Audit and the Local Counter Fraud Specialist have been in attendance.

- Executive Directors, Corporate Directors and other members of staff have been requested to attend the Audit Committee as required.
- The Terms of Reference were reviewed by the Audit Committee in February 2013.

## Audit Provision

Internal Audit has been provided by Mersey Internal Audit Agency.

External Audit has been provided by the Audit Commission up to September 2012 and by Deloitte LLP since September 2012. The Council of Governors at its meeting in October 2012 approved the Audit Committee's recommendation for the appointment of Deloitte LLP.

## Assurance

The Audit Committee agenda is constructed in order to provide assurance to the Board of Directors across a range of activities including corporate, clinical, financial and risk governance and management.

The Audit Committee agenda covered the following:

- Monitoring of the Audit Committee's Work Programme 2012/13
- Consideration of reports from the following Board Committees:
  - The Risk Management Committee
  - The Clinical Effectiveness Committee
  - The Human Resources Committee
- External Audit progress reports
- Internal Audit progress reports
- Counter fraud reports

- Losses and compensations reports
- Tenders waived reports

## Work and Performance of the Committee during 2012/13

**Work Programme 2012/13** - The Audit Committee has adhered to the Work Programme agreed in April 2012. All reports scheduled for each Committee meeting have been received on time.

The Audit Committee has continued to focus its attention throughout the year on the Risk Management Committee reports. Non-executive Directors are invited to attend the Risk Management, Clinical Effectiveness and Human Resources Committees.

A number of risks reported through the Risk Management Committee and scrutinised by the Audit Committee were further highlighted at the Board of Directors' meetings or Finance Scrutiny meetings.

**External Audit** - The 2011/12 accounts were audited by the Audit Commission and the findings presented to the Audit Committee in May 2012. An unqualified opinion on the accounts was given.

The Audit Committee considered the External Audit Annual Governance report, the report from the Executive Director of Finance and changes to accounting policies.

The Audit Committee approved the accounts for the period 1st April 2011 to 31st March 2012.

The Council of Governors subsequently received the report on the accounts from the Independent Auditor in June 2012.

## Attendance

Date	Anthony Leon	Rod Coombs	Rhona Bradley	Brenda Smith	Steve Mycio	Alex Wiseman
11/04/12	✓	✓	✓	✓	✓	✓
29/05/12	✓	✓	✓	✓	✗	✓
05/09/12	✓	✓	✓	✗	✓	✓
07/11/12	✓	✓	✓	✓	✓	✓
06/02/13	✓	✓	✓	✓	✓	N/A



# Audit Committee Annual Report

The Audit Commission carried out an audit on the Quality Account 2011/12 and provided recommendations to the Audit Committee in September 2012.

A smooth transition from the Audit Commission to Deloitte LLP was achieved with effective hand over arrangements taking place during September and October 2012. The Audit Commission provided access to relevant working papers for the prior year.

Internal Audit - The Audit Committee received the draft Internal Audit plan for 2012/13 in April 2012. The plan provides evidence to support the Head of Internal Audit Opinion which in turn contributes to the assurances available to the Board in its completion of its Annual Governance Statement.

The Head of Internal Audit Opinion 2011/12 was presented to the Audit Committee in May 2012 and a significant assurance was given on the adequacy of the system of internal control.

The Audit Committee received the status on implementing Internal Audit Recommendations at each meeting. This year the audit committee particularly focused on the timescales for the implementation of action plans and monitored the breaches.

Performance against key indicators in the Internal Audit Plan was reviewed at each meeting by the Committee.

**Limited Assurances** - The Committee focused on audit reports which had received a limited assurance and where appropriate requested the presence of key individuals to present their action plans to fulfil the recommendations.

## Counter Fraud

The Counter fraud service to the Trust was provided by Mersey Internal Audit Agency who had been appointed from April 2012 and a nominated counter fraud specialist works with the Trust.

The Audit Committee received regular progress reports. Details of investigations carried out during the year were provided to the Committee.

A programme of work was presented to the Committee in May 2012. Areas which continued to be covered during 2012/13 included:

- Creating an anti-fraud culture
- Deterrence
- Prevention
- Detection
- Investigation
- Sanction
- Redress

A Counter fraud annual report was presented to the Audit Committee in May 2012 and provided a summary of the counter fraud work undertaken based upon the annual work plan.

An agreed working protocol between Counter Fraud and Human Resources was presented in September 2012.

In February 2013, the Committee was informed that the Trust had been assessed on its compliance with standards required by the Crime Risk Assessment. The Trust was given an overall rating of Level 1. This rating indicates that the Trust is performing effectively across the full range of counter fraud actions as outlined in the assessment. The Local Counter Fraud Specialist undertook a gap analysis against the standards and presented this to the Committee in February 2013.

## Losses and Compensations

The Audit Committee was provided with information regarding the levels and values of losses and compensation payments within the Trust, at each meeting.

## Tenders Waived

A summary of all tenders waived above a £50k value was presented at each Audit Committee meeting.

## Other Reports

The Audit Committee received further information on the following:

- The Final Accounts 2011/12 for Trafford Healthcare Trust (THT) together with the Annual Governance



Report, Annual Governance Statement, Annual Report and Quality Report for THT.

- The Audit Committee received the Annual Report and the Quality Report for the Trust in May 2012.
- The Audit Committee received the Annual Governance Statement 1st April 2011 to March 2012, in May 2012.
- The Annual Governance Statement described the system of internal control that supports the achievement of the organisation's policies, aims and key priorities.
- The Annual Governance Statement was supported by independent assurances and reflected that there were no control issues that required disclosure.
- The Audit Committee received the revision to the Standing Orders and Standards of Business Conduct in February 2013, prior to approval by the Board of Directors in March 2013.
- The Audit Committee received regular reports on the review of the Trust's financial processes.
- The Audit Committee received an update on the Healthcare Quality Improvement Indicators for Clinical Audit.

## Priorities for 2013/14

The Audit Committee will review the arrangements to be put in place/developed in relation to:

- The Greater Manchester 'Healthier Together' Programme
- Compliance with Foundation Trust licence
- Care Quality Commission and compliance
- Consolidation of Charitable Funds
- Approval of internal regulatory documents
- Board Assurance Framework
- Clinical Audit Strategy and Plan with a particular focus on links with complaints and incidents
- Monitoring audit recommendations and reviewing all audits with a limited assurance

## Developing the Role and Skills of the Audit Committee

A session on Audit Committee effectiveness facilitated by Mersey Internal Audit Agency has been scheduled for September 2013.

Audit Committee members are encouraged to attend workshops arranged by Internal and External Auditors.

## Conclusion

The Audit Committee has continued to consider a much wider spectrum of risk during the year. This will continue during 2013/14. Also in cooperation with the Finance Scrutiny Committee, particular emphasis will continue to be given to the finances of the Trust, taking into account the wider economic situation.

The Committee has been proactive in requesting reports in areas of concern particularly in non financial areas. The Committee will continue its increased focus during 2013/14 on following up Internal and External Audit reports where limited assurances have been given and will continue to monitor the clinical audit process.

The Audit Committee has met its terms of reference as detailed throughout this report.

**Anthony Leon**

Chairman, Audit Committee

April 2013

# The Remuneration and Nominations Committee Report

Humphrey at the Olympic Stadium



**T**he Remuneration and Nominations Committee of the Council of Governors met once during 2012/13 to consider the re-appointment of three Non-executive Directors. Professor Malcolm Chiswick, the Lead Governor, chaired the Committee and those Governors on the Committee were Ivy Ashworth-Crees – Public Governor, Beverley Hopcutt – Staff Governor, Richard Jenkins – Public Governor and Sue Rowlands – Public Governor.

The performance review process for the Chairman and Non-executive Directors was approved by the Council of Governors. The panel of Governors received the appraisal reports for the Chairman and Non-executive Directors and these were shared with the Council of Governors in June 2012. An external appraisal specialist was utilised to undertake a 360 degree appraisal of the Chairman. In addition a Governor questionnaire fed in views on Non-executive Directors and the Chairman to the Lead Governor and Senior Independent Director respectively.

The Remuneration Committee of the Board of Directors has met during the year as required to determine

the remuneration of the Executive Directors. The Committee is chaired by the Chairman of the Trust and consists of the Non-executive Directors of the Trust. Comparisons with similar posts in the NHS are used, however, because of the current economic climate all inflationary pay increases to Executive and Non-executive posts have been frozen. Executive Directors undergo annual appraisals which monitor their performance against the Trust's key priorities.

There has been one Non-executive Director appointment made during 2012/13. Mrs Kathy Cowell was appointed on 1st March 2013, following approval at the Council of Governors meeting on 27th February 2013. Three Governors (public, staff and nominated) were included on the interview panel, chaired by the Chairman of the Trust.

# Statement of the Chief Executive's Responsibilities

as the Accounting Officer of Central Manchester University Hospitals NHS Foundation Trust

**T**he National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the Accounting Officers' Memorandum issued by the Independent Regulator of NHS Foundation Trusts (Monitor).

Under the National Health Service Act 2006, Monitor has directed Central Manchester University Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Central Manchester University Hospitals NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- Observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed and disclose and explain any material departures in the financial statements;
- Prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

**Mike Deegan**, Chief Executive  
29th May 2013

# Report of the Executive Director of Finance

*Actor Gemma Atkinson visiting a patient at the Children's Hospital as part of the 'Celebrity patrons' Christmas visit*



## 1. Introduction

In the context of overall government finances and the spending review settlement for the NHS over the four years to 2014/15, the Trust continues to focus on the absolute priorities of maintaining the highest standards of patient safety, quality of care and positive patient experiences across all our services. In support of these priorities - and to remain well placed to sustain our focus on achieving excellent patient care in future years - we continue to deliver significant change programmes aimed at improving operational efficiency across all parts of the organisation.

## 2. Analysis of Financial Out-Turn

The Trust's income and expenditure out-turn for 2012/13 financial year is an accounting surplus of £78.3m, which includes £71m arising from the accounting treatment of the transfer of assets from the former Trafford Healthcare NHS Trust in April 2012.

This change is treated as an exceptional item and after excluding this, the reported results reflect an in year surplus of £7.3m which equates to 0.8% of the total income for the year.

The year-end cash balance of £86m reflects funding held for continuing capital investment projects across the year-end, including completion of new Adult Critical Care facilities in Manchester Royal Infirmary, delivery of the new Altrincham Hospital, and an extensive programme of investments in Information Technology across the Trust. The remaining balance represents continuing month-on-month working capital, equating to 20 days' operating expenses.

## 3. Financing

In 2010/11 the Trust entered into a loan facility agreement with the Department of Health's NHS Foundation Trust Financing Facility to secure £20m to fund the new Adult Critical Care facilities in Manchester



Royal Infirmary. The Trust drew upon the final £11.5m of this loan during 2012/13 and the project is now nearing completion.

The Trust has an (un-utilised) working capital 'overdraft' facility, which was increased to £50m from September 2012. We have an approved treasury management policy which has been kept under review in the light of prevailing economic circumstances. We will continue to minimise any risk to deposits in the future.

#### 4. Key Performance Indicators

The following tables show our performance against Monitor's core Financial Risk Rating metrics, which the Board of Directors also uses to track overall financial performance. The Trust maintained sound overall results across these measures, resulting in an overall financial risk rating at year-end of '4' (where '5' is the strongest rating and '1' the weakest):

##### Financial Risk Rating

Metric	Actual	Rating for the Year
EBITDA margin	9.0%	4
EBITDA % of plan achieved	118.6%	5
Net return after financing	3.5%	5
I&E surplus margin	2.6%	4
Liquidity ratio	31.9	4
Overall financial risk rating	-	4

*EBITDA - Earnings Before Interest, Tax, Depreciation and Amortisation*

#### 5. Conclusion

The Trust has maintained solid overall financial performance through the most financially challenging and demanding two-year period which it has faced to date.

Robust operational and financial delivery plans are in place for 2013/14 which take full account of the on-going challenges which the NHS as a whole faces in the current economic climate. The Trust will continue to use this solid financial platform to further develop high quality services with strong clinical outcomes and to further improve patient experience, fully supported by modern 21st century hospital facilities and technology.

**Adrian Roberts,**  
Executive Director of Finance  
14th May 2013



# Independent Auditor's Report to the Council of Governors and Board of Directors of Central Manchester University Hospitals NHS Foundation Trust

**W**e have examined the summary financial statements of Central Manchester University Hospitals NHS Foundation Trust for the year ended 31 March 2013 which comprises the Summary Statement of Comprehensive Income, the Summary Statement of Financial Position, the Summary Statement of Changes in Taxpayers' Equity, the Summary Statement of Cash Flows and the notes set out on page 207.

This report is made solely to the Council of Governors and Board of Directors ("the Boards") of Central Manchester University Hospitals NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not, in giving our opinion, accept or assume responsibility to anyone other than the Trust and the Boards, as a body, for this report, or for the opinions we have formed.

## Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements within the Annual Report with the statutory financial statements. We also read the other information contained in the Annual Report as described in the content section and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

## Basis of opinion

We conducted our work in accordance with Bulletin 2008/3 'The auditor's statement on the summary financial statement in the United Kingdom' issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

## Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2013. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements (29 May 2013) and the date of this statement.

David Wilkinson FCA, CF (Senior Statutory Auditor)  
For on and behalf of Deloitte LLP  
Newcastle Upon Tyne, UK  
24th July 2013

*Manchester Royal Eye Hospital Atrium*



# Summary Financial Statements



**T**he Summary Financial Statements on the following pages are key extracts from the annual Accounts of the Trust for the financial year ending 31st March 2013.

A full copy of the Accounts is available, free of charge, by written application to the Chief Accountant, Central Manchester University Hospitals NHS Foundation Trust, K Block, Wilmslow Park, 211 Hathersage Road, Manchester. M13 0JR. Alternatively, an electronic copy can be found at [www.cmft.nhs.uk/your-trust/annual-reports.aspx](http://www.cmft.nhs.uk/your-trust/annual-reports.aspx)

We certify that the Summary Financial Statements on pages 203 to 207 are extracts from the annual Accounts of the Trust, as approved by the Board of Directors.

**M Deegan**  
Chief Executive  
29th May 2013

**A D Roberts**  
Executive Director of Finance  
29th May 2013

# Summary Statement of Comprehensive Income

for the year ended 31st March 2013

	2012/13 £000	2011/12 £000
Operating Income from Continuing Operations	884,252	757,207
Operating Expenses of Continuing Operations	(845,386)	(725,055)
Reversal of Previous Impairments	0	51,660
<b>Operating Surplus</b>	<b>38,866</b>	<b>83,812</b>
<b>Finance Costs</b>		
Finance Income	282	161
Finance Expense - Financial Liabilities	(28,511)	(27,278)
Finance Expense - Unwinding of Discount on Provisions	(31)	(65)
Public Dividend Capital Dividends Payable	(3,313)	(524)
<b>Net Finance Costs</b>	<b>(31,573)</b>	<b>(27,706)</b>
Gain from Transfer by Absorption	70,981	0
<b>Surplus for the Year</b>	<b>78,274</b>	<b>56,106</b>
<b>Other Comprehensive Income</b>		
Revaluations	(211)	(6,055)
Other Reserve Movements	(7)	31
<b>Total Comprehensive Income for the Period</b>	<b>78,056</b>	<b>50,082</b>

The Gain from Transfer by Absorption, referred to above, arose from the transfer to the Trust of the functions of the former Trafford Healthcare NHS Trust on 1st April 2012: the figure of £70.981m reflects the value of Trafford Healthcare's net assets at the time of the transfer. Excluding this Gain, the Trust made a surplus of £7.29m in the year.

# Summary Financial Statements

## Summary Statement of Financial Position

as at 31st March 2013

	31 March 2013 £000	31 March 2012 £000
<b>Non-Current Assets</b>		
Intangible Assets	795	1,213
Property, Plant and Equipment	517,538	453,581
Trade and Other Receivables	3,510	5,246
<b>Total Non-Current Assets</b>	<b>521,843</b>	460,040
<b>Current Assets</b>		
Inventories	10,133	8,762
Trade and Other Receivables	36,299	35,343
Non-Current Assets Held for Sale in Disposal Groups	6,475	5,350
Cash and Cash Equivalents	86,132	60,306
<b>Total Current Assets</b>	<b>139,039</b>	109,761
<b>Current Liabilities</b>		
Trade and Other Payables	(83,027)	(76,558)
Borrowings	(15,246)	(14,285)
Provisions	(3,137)	(7,084)
<b>Total Current Liabilities</b>	<b>(101,410)</b>	(97,927)
<b>Total Assets less Current Liabilities</b>	<b>559,472</b>	471,874
<b>Non-Current Liabilities</b>		
Trade and Other Payables	(4,292)	(4,310)
Borrowings	(360,360)	(363,677)
Provisions	(6,398)	(5,648)
<b>Total Non-Current Liabilities</b>	<b>(371,050)</b>	(373,635)
<b>Total Assets Employed</b>	<b>188,422</b>	98,239
<b>Financed by Taxpayers' Equity</b>		
Public Dividend Capital	192,072	179,945
Revaluation Reserve	33,890	16,102
Income and Expenditure Reserve	(37,540)	(97,808)
<b>Total Taxpayers' Equity</b>	<b>188,422</b>	98,239



## Summary Statement of changes in Taxpayers' Equity

2012/13	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	Total
	£000	£000	£000	£000
<b>Taxpayers' Equity at 1st April 2012</b>	<b>179,945</b>	<b>16,102</b>	<b>(97,808)</b>	<b>98,239</b>
Surplus for the Year	0	0	78,274	78,274
Transfers by Absorption: Transfers Between Reserves	0	17,999	(17,999)	0
Impairments	0	(211)	0	(211)
Public Dividend Capital Received	12,127	0	0	12,127
Other Reserve Movements	0	0	(7)	(7)
<b>Taxpayers' Equity at 31st March 2013</b>	<b>192,072</b>	<b>33,890</b>	<b>(37,540)</b>	<b>188,422</b>

2011/12	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	Total
	£000	£000	£000	£000
<b>Taxpayers' Equity at 1st April 2011</b>	<b>178,674</b>	<b>23,941</b>	<b>(155,729)</b>	<b>46,886</b>
Surplus for the Year	0	0	56,106	56,106
Revaluations	0	(6,055)	0	(6,055)
Asset Disposals	0	(6)	6	0
Public Dividend Capital Received	1,271	0	0	1,271
Other Reserve Movements	0	(1,778)	1,809	31
<b>Taxpayers' Equity at 31st March 2012</b>	<b>179,945</b>	<b>16,102</b>	<b>(97,808)</b>	<b>98,239</b>

# Summary Financial Statements

## Summary Statement of Cash Flows

for the year ended 31st March 2013

	2012/13 £000	2011/12 £000
<b>Cash Flows From Operating Activities</b>		
<b>Operating Surplus</b>	<b>38,866</b>	83,812
<b>Non-Cash Income and Expense</b>		
Depreciation and amortisation	28,578	21,745
Impairments	15,300	948
Reversals of impairments	0	(51,660)
Gain on disposal	0	(598)
Non-Cash Donations/Grants Credited to Income	(1,526)	(368)
Interest accrued and not paid	94	0
Dividends accrued and not paid or received	0	(430)
Decrease in trade and other receivables	1,082	(2,938)
Decrease in other assets	0	4,280
Increase in inventories	(1,371)	(52)
Increase in trade and other payables	3,657	18,605
Decrease in provisions	(3,197)	(3,468)
Other movements in operating cashflows	9	629
<b>Net Cash Generated From Operations</b>	<b>81,492</b>	70,505
<b>Cash Flows From Investing Activities</b>		
Interest received	282	161
Purchase of intangible assets	0	(18)
Purchase of property, plant and equipment	(31,574)	(21,113)
Sales of property, plant and equipment	6	230
<b>Net Cash Used In Investing Activities</b>	<b>(31,286)</b>	(20,740)
<b>Cash Flows From Financing Activities</b>		
Public dividend capital received	12,127	1,271
Loans received	11,500	7,500
Loans repaid	(9,268)	(2,224)
Other capital receipts	0	2,720
Capital element of PFI obligations	(7,061)	(6,656)
Interest paid	(1,755)	(1,170)
Interest element of PFI obligations	(26,850)	(26,108)
PDC dividend paid	(3,751)	42
Cash flows used in other financing activities	(31)	(65)
<b>Net Cash Used In Financing Activities</b>	<b>(25,089)</b>	(24,690)
<b>Net Increase in Cash and Cash Equivalents</b>	<b>25,117</b>	25,075
<b>Cash and Cash Equivalents at the 1st April 2012</b>	<b>60,306</b>	35,231
Cash and Cash Equivalents Changes Due to Transfers by Absorption	709	0
<b>Cash and Cash Equivalents at the 31st March 2013</b>	<b>86,132</b>	60,306

## Better Payment Practice Code - Measure of Compliance

	Number	£000
Total Non-NHS Trade Invoices Paid in the Year	144,524	372,545
Total Non-NHS Trade Invoices Paid Within Target	137,933	344,813
Percentage of Non-NHS Trade Invoices Paid Within Target	95%	93%
<hr/>		
Total NHS Trade Invoices Paid in the Year	6,659	93,229
Total NHS Trade Invoices Paid Within Target	4,978	75,305
Percentage of NHS Trade Invoices Paid Within Target	75%	81%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date, or within 30 days of receipt of goods or a valid invoice, whichever is later.

## The Late Payment of Commercial Debts (Interest) Act 1998

The Trust did not make any payments under the Late Payment of Commercial Debts (Interest) Act 1998 in either 2012/13 or 2011/12.

## Management Costs

	£000
Management Costs	23,863
Income	884,252
Management Costs as a Proportion of Income (%)	2.70%

## Directors' Remuneration and Benefits

The aggregate amount of Directors' remuneration for 2012/13 was £1.012m (£1.147m 2011/12). The Trust made a contribution to the NHS Pension Scheme, a defined benefit scheme, of £74k in respect of three Directors (2011/12 £131k in respect of six Directors).

## Auditor's Liability

There is no specified limitation in the Trust's contract with its external auditors, Deloitte LLP, which provides for limitation of the auditor's liability.









WE WOULD LIKE TO THANK EVERYONE WHO HAS CONTRIBUTED TO PRODUCING THIS ANNUAL REPORT.

For further information contact:

Director of Corporate Services • Telephone: 0161 276 6262

For further information about the organisation visit our website:

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