

**Central Manchester
University Hospitals
NHS Foundation Trust**

**Annual Report and
Summary Accounts
1 April 2014 to
31 March 2015**

Central Manchester University Hospitals NHS Foundation Trust
Annual Report and Accounts - 1 April 2014 to 31 March 2015

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Message from the Chairman and Chief Executive

April 2014 – March 2015

This year our Trust has celebrated a number of major milestones, and we are very proud of all that we have achieved alongside the tireless work of our staff in delivering excellent care for our patients. As the financial pressures remain on our Trust and the rest of the NHS, we will continue to improve the quality and safety of the care we provide to every patient, whilst enhancing efficiency across our services.

We aspire to be in the top 10% of Trusts in the country for quality, and to help us achieve this we launched our 'Transforming Care for the Future' strategy in February 2015. A key initiative to help drive lasting improvements to our services was the 'Perfect Week.' For one week in February we did things differently in the Manchester Royal Infirmary (MRI) to support patient flow and consequently improve patient experience, safety and staff morale. This was an invaluable exercise for the Trust as 98% of patients were seen and treated within 4 hours, a marked increase on the baseline commissioned standard of 95%. Key improvements were identified and are currently being implemented throughout our range of hospitals.

A significant milestone was reached in Saint Mary's Hospital, which became the first in the UK to have 24/7 consultant presence on the labour wards, giving mums and their babies the best possible care at all times. The hospital was also named one of eleven centres across the country that will lead the way in delivering the 100,000 Genomes project. This three-year genetic research partnership will transform diagnosis and treatment for people with cancer and rare diseases and we have just recruited our first patients.

Research remains at the heart of our mission and we were delighted to welcome George Osborne, Chancellor of the Exchequer, to launch Citylabs, a £25 million redevelopment of the Grade II listed former Manchester Royal Eye Hospital. This world-class bio-medical hub is an excellent example of a partnership between academics, clinicians and industry to drive innovation and investment in health sciences. For us in particular, it provides a great opportunity to work with research and innovation companies to develop new healthcare devices and products and make them rapidly available to our patients.

Continuing with the theme of innovation, the Manchester Royal Eye Hospital celebrated its bi-centenary in October 2014 by opening its doors to the public for a unique behind-the-scenes look at the operational side of the hospital. Highlights included tours of the operating theatres, demonstrations of advances in surgery as well as information on clinical trials currently taking place.

This year we also opened the new Manchester Head and Neck centre, a flagship centre in the UK which brings together for the first time in one location our renowned experts in ear, nose & throat (ENT), audiology and maxillofacial surgery.

The expertise, compassion and care that our staff provide day in day out was seen by millions of people in two documentaries featured on prime-time TV. 'The Dentists' showcased staff and patients from the University Dental Hospital of Manchester and viewing figures peaked at 4 million on ITV – even during the World Cup! The programme sparked a national debate about the importance of dental hygiene, particularly in children. Children were also the primary focus in 'Kids' Hospital at Christmas' on Channel

5, which followed staff and patients over the festive season at the Royal Manchester Children's Hospital. This three-part series had on average one million viewers and successfully raised extra funds for our children's charity.

The dedication of our staff to making the patient experience the best it can be was also reflected in the numerous awards won over the year. Among the many national accolades were: Greg Nassar becoming the first NHS professional to win Audiologist of the Year; Agimol Pradeep being named 'Nurse of the Year' by the British Journal of Nursing and Shakila Shah winning the Community Practitioners and Health Visitors Association's 'National Health Visitor of the Year' award. A number of teams were also successful, as Saint Mary's bereavement service and Rainbow clinic were named 'Team of the Year' at the Journal of Midwifery awards and members of St. Mary's specialist midwifery team were recognised for their commitment to the increasingly prominent issue of Female Genital Mutilation (FGM) receiving the award for 'Contribution to Eradication of FGM.' The Adult Congenital Heart Disease team won 'National Team of the Year' at the British Cardiovascular Society conference, whilst the Royal Manchester Children's Hospital won the Nursing Times 'Child Health' Award for its work on autism. The importance of art in a hospital environment was also recognised as our Starship X-Ray project that completely transformed the radiology department in the children's hospital, won two awards at the Building Better Healthcare Awards. A recent win was for Gilly Robinson, who won the Nursing Standard Child Health Award for work on a neonatal, children and young people coma scoring test. For more information about the outstanding achievements of our staff, please visit our website.

We were also delighted to have the opportunity to recognise excellence locally, with our annual 'We're Proud of You Awards' celebration which thanks staff who have gone the extra mile to make a difference to patients, their families and colleagues.

As we begin the new financial year, it is a very exciting time for Greater Manchester as we move towards devolution. The landmark decision at the end of February to bring together health and social care budgets under local control provides us with a unique opportunity to transform services for our patients. You can be part of this transformation too by becoming a member of our Foundation Trust. As a member you will have a say in the way we plan and provide services, and your views are important to us.

Please see our website www.cmft.nhs.uk for future updates and details on how to become a member. You can also follow us on twitter @CMFTNHS or Facebook.

Finally, we would like to say a huge thank you to Peter Mount, who retired in December after leading our Trust for 13 years as an inspiring Chairman who always put the wellbeing of our patients and staff at the heart of everything he did. Our new hospitals are a fitting legacy to Peter's commitment, together with the ongoing dedication of all our staff to giving outstanding care to our patients.



Steve Mycio
Chairman



Sir Michael Deegan
Chief Executive Officer





Strategic Report

Central Manchester University Hospitals NHS Foundation Trust (CMFT) is the leading provider of tertiary and specialist healthcare services in Manchester and Trafford. We treat more than a million patients every year and our specialist hospitals are home to hundreds of world class clinicians and academic staff committed to finding our patients the best care and treatments.

Our hospitals

Central Manchester University Hospitals NHS Foundation Trust (CMFT) was established in 2009.

The main campus, the Oxford Road site, is located two miles south of Manchester city centre. Trafford hospitals, acquired in 2012 includes Trafford Hospital, a general hospital situated in Urmston and two out-patient hospitals

in Stretford and Altrincham. The Trust is made up of six hospitals as illustrated below.

The Trust also provides adult and children's community services for central Manchester and city-wide services for children, dentistry and sexual health.

Each Hospital and Division within the Trust is led by a Clinical Head of Division, Divisional Director and Head of Nursing. They in turn are supported by a full Divisional Management Structure. Progress and performance is managed at a Divisional level through formal reporting to the Board of Directors via the Trust Management Board (TMB); the Operational Management Group (OMG); Bi-annual Divisional Reviews with the Executive Team and Intelligent Board Reporting. The Trust's Governance Structure below Board Level includes representation from all Divisions within the organisation.

Central Manchester University Hospitals NHS Foundation Trust

**The Dental
Hospital**

**Specialist
dental
hospital**

**Saint
Mary's**

**Women's
and
genetics**

RMCH

**Specialist
children's
hospital**

MREH

**Specialist
eye
hospital**

MRI

**Complex
secondary
and tertiary
services,
integrated
community
services**

Trafford

**Secondary
services**

Research and teaching are fundamental components of our organisation. The Trust has a long-established successful relationship with The University of Manchester and both are founding members of the Manchester Academic Health Science Centre (MAHSC), sharing a vision of becoming a leading global centre for the delivery of applied health research and education. An important strand of this is our joint aspirational plan to establish a translational technology hub on the Oxford Road campus that brings together clinical academics, precision medicine, clinical diagnostics and bio-informatics in order to make a step-change in science infrastructure in the North West.

Over the past six years, the Trust has expanded significantly the scope of its operations, with continuing growth in demand for complex and specialist treatments accompanying the move into brand new facilities. We have taken responsibility for local NHS community services and acquired and re-shaped hospital services in Trafford, working closely with local Clinical Commissioning Groups (CCGs) in both cases. Our vision and strategic aims have been reviewed and our key priorities for the coming year have been updated. These are summarised in our plan-on-a-page (see page 17).

Our clinical service strategy remains focused on:

- Developing our specialised services, having brought together the expertise, infrastructure and range of co-located services required to care for those with the most complex conditions
- Developing integrated place-based care with primary and social service providers for our local residents.

This is in line with the direction set out in the Five Year Forward View.

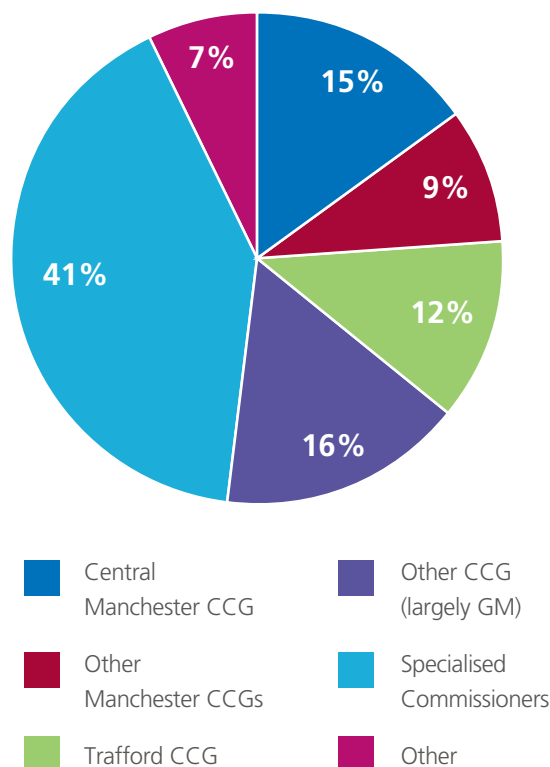
Context - Local Health Economies

CMFT is geographically located within two local health economies (LHE). The main Oxford Road site is within Central Manchester LHE (Central Manchester Clinical Commissioning Group and Manchester City Council)

Trafford Hospitals are within the Trafford LHE (Trafford Clinical Commissioning Group and Trafford Local Authority).

Both of these local health economies operate within the context of a broader Greater Manchester health system which is striving to deliver consistently high standards of care for patients across the conurbation.

How we are funded





Central Manchester Local Health Economy

Manchester is served by three Clinical Commissioning Groups: North, Central and South CCGs. It is covered by one local authority; Manchester City Council. We have long-standing and well developed engagement arrangements in place with Central Manchester CCG and across the city of Manchester. They include:

Central Manchester Integrated Care Board (CICB) – chaired by the Chair of Central Manchester CCG and brings together health and social care providers and commissioners within Central Manchester and reports to the Manchester Executive Health & Well Being Group.

Central Provider Partnership (CPP) – chaired by the Deputy Chief Executive of CMFT and brings together all nine of the provider organisations across Central Manchester, including GoTo Doc, the Out of Hours provider, North West Ambulance Service (NWAS) along with the Carers Forum and the voluntary sector.

Manchester Executive Health & Well Being Group – chaired by Manchester City Council CEO and brings together Manchester CC, Manchester CCGs and the key health and social care provider organisations in the city.

Manchester Health & Well Being Board – chaired by the leader of Manchester City Council and brings together CEOs of the health and social care providers and commissioners across Manchester.

Trafford Local Health Economy

CMFT has worked extremely closely with Trafford CCG over the last three and a half years on the New Health Deal for Trafford programme. As a result we have well-established personal relationships with senior colleagues at Trafford. More formal engagement mechanisms in place include:

Trafford Integrated Care Redesign Board (ICRB) - oversees the programme to develop integrated ways of providing healthcare in Trafford.

Trafford Health and Wellbeing Board (HWB) - we are represented on the statutory Health and Wellbeing Board (HWB) which is a sub-committee of Trafford Council.



Key Challenges

The health and social care system is facing unprecedented levels of demand as people are getting older and those with long term conditions are living longer. At the same time in real-terms, funding is projected to fall. The key stakeholders in the Manchester health and social care system commissioned a study which showed that income and cost pressures could drive a combined deficit of up to £250m by 2018/19.

This is reflected in similar findings across the local health economies within Greater Manchester. A number of local and Greater Manchester-wide programmes are in place to improve the quality of care at the same time as addressing the financial gap. These include:

- **Healthier Together** – ensuring the achievement of uniform standards of care across Greater Manchester through the development of new models for the provision of hospital care.
- **Integration** – provision of seamless services, irrespective of which organisations provide them, that prevent patients from being admitted to hospital unnecessarily. For Manchester, this will be achieved through the implementation of a 'place based' model of care, known as One Team, under which professionals from all the different health and care organisations work together in a single team to support the specific needs of a particular geographic area of the city.
- **Primary Care Strategy** – further strengthening the role of primary care.

These programmes of work will now be carried forward in the context of the Greater Manchester Devolution arrangements.

Financial position

The Trust's financial out turn for 2014/15 was a surplus of £4.1m compared to an original plan of £6.5m surplus. The Trust had been forecasting a £2m deficit throughout the second half of the year but the receipt of additional funding for complex patients as agreed with the Department of Health (DH), Monitor and NHS England on 21st April 2015 has resulted in the reported surplus.

The underlying variance to plan largely reflects the current national picture; combining significant pressures on urgent care services and a reduction in planned activity plus overspends on medical staffing.

In addition, and in accordance with the Trust's 5-year valuation plan, the Trust's estate has been re-valued in the 2014/15 financial year with a significant increase in value above that which was originally planned due to the increased location factor for Manchester. This has significantly increased the value of the non-current assets in the statement of financial position and resulted in a net "reversal of impairment" of £78.708m within the statement of comprehensive income with an associated increase in capital charge expenditure in 2015/16.

The Trust's financial plan for 2014/15 was to achieve a Continuity of Service Risk Rating (CoSRR) level 3. This was achieved in-year.





The Trust continues to invest to support the delivery of services, with investments in 2015/16 including the following areas:

Examples from Divisional Investment Plans – 2015/16	
Medicine (MRI) & Community Services	7 Day Consultant Cover for Respiratory Medicine - appointment of four respiratory consultants to achieve 7 day consultant cover and Non Invasive Ventilation standards and improve the management of patients.
	A&E - reconfiguration of the A&E department to increase the number of resuscitation bays.
	1-Team Place Based Care Model - implementation of the 1-team place based care model under which multi-agency teams work together around a particular locality, including integration of adult social services with community services.
Trafford Hospital	Development of Manchester Elective Orthopaedic Centre – development as a centre of excellence for orthopaedics and of an academic unit.
	Development of Altrincham Community Hospital (ACH) - transfer of existing services and development of new services in the new Altrincham Hospital.
	Develop Elderly Care & Rehabilitation Service at Trafford – establishment of a Fragility Fracture Unit at Trafford Hospital.
	Trafford Urgent Care Centre - move from consultant-led service to a nurse-led urgent care centre.
Surgery (MRI)	Specialist Cancer Surgery Centre - undertake preparatory work, including capacity planning and ensuring compliance with IOG and other national standards in preparation for bidding to be an accredited cancer surgical centre.
	Designation as a specialist vascular centre – undertake preparatory work, including supporting vascular services in local hospitals, to be a designated specialist centre for vascular and complex endovascular services.
Specialised Medical Services (MRI)	Renal - develop full business case (FBC) for change in clinical model to be closer to patient care and dialysis locations out-with the MRI central site.
	Haematology - secure and grow Bone Marrow Transplant Unit defined in FBC following approved Statement of Case (SOC) in January '15.
	Diabetes - develop clinical model as per approved Statement of Case (SOC) in January and complete business case for new facilities.
Royal Manchester Children's Hospital (RMCH)	Paediatric Congenital Cardiac Services - develop proposals for paediatric cardiac services at RMCH in response to the national review of adult congenital heart disease (ACHD).
	Paediatric & Adolescent Spinal Surgery - complete business case for expansion of paediatric spinal service and develop a surgical service for adolescent (16+) scoliosis.
	Paediatric Neurosciences - complete a business case for an intra-operative theatre and 3T MRI scanner and achieve designation as a fetal surgery centre for neurosurgery and a rare diseases centre for paediatric neurosciences.
	Paediatric Surgery - develop plans for the future provision of paediatric surgery under an RMCH@ model.
Saint Mary's Hospital	Achieve Designated Status as National Genomics Laboratory Service - undertake preparatory work such as capacity, workforce and strategic positioning to bid to be designated as a National Genomics Laboratory Service.
	Specialist Cancer Surgery Service for Gynaecology - implement a single service with The Christie to undertake all specialist gynaecology cancer surgery for Greater Manchester, Cheshire and High Peak.
Clinical & Scientific Services	Imaging - implementation of PET/MR scanner for dementia research in collaboration with The University of Manchester.
	Immunology - implementation of a Harmonised Greater Manchester Immunology Service (GMIS).
University Dental Hospital Manchester	Dental – expansion in capacity in Restorative Dentistry, Special Care and Oral medicine.

The Trust has an overall financial challenge for 2015/16 of £67m which comprises three elements:

- Excess and disproportionate consequences of changes to national funding streams – including payments for treating complex and specialist patients, income supporting the teaching of undergraduate medical students and a shortfall in ‘system resilience funding’, compared to the funding received in 2014/15.
- The level year on year efficiency challenge faced by all hospitals.
- Underlying challenges with delivery of our own plans, continuing from 2014/15 financial year.

Solutions to the overall scale of these challenges will be delivered largely through reducing costs and increasing efficiency. Growth is forecast in a limited number of specialties and where specific commissioner intentions are known these have been accounted for in the financial plan.

Significant themes of this work are as follows:

- Major programmes to transform and improve patient flow and patient experience, reducing unnecessary excess stays in hospital, improving access to surgical treatments by improving theatre flow and utilisation, and levelling-up to more effective processes across out-patient clinics to improve patient experience and efficiency.
- Focus on patients with complex discharge needs where a ‘whole system response’ is required.
- Increase productivity within the Manchester Elective Orthopaedic Centre.
- Reduction/elimination of outsourcing.
- Procurement savings arising from bulk discounts, cost avoidance and inflation resistance.
- Reduction in sickness absence with an associated reduction in the need for locum/ agency staff.
- Increase in macular work by setting up a service at Trafford Hospital.
- Growth in head and neck surgery in line with contract intentions.
- Centralisation of bowel cancer screening to the Trust from neighbouring trusts with resultant economies of scale for both commissioners and the trusts.

After assessing the scale of the overall £67m challenge (which is around 9% of relevant operating income), and realistic timescales for delivery of the full set of savings programmes to meet this challenge across all of our hospitals, the Board has approved a provisional Financial Plan for 2015/16 which contains a forecast deficit of £19m for this financial year.

On the two main metrics of financial sustainability used by Monitor to assess regulatory risk across the Foundation Trust sector, the £19m deficit forecast results in a Capital Service Cover rating of 1 (the lowest rating), whereas the Trust’s Liquidity rating is forecast to remain at level 4 (the strongest rating) throughout the year. As a result, Monitor’s Continuity of Service Risk Rating for CMFT will remain at level 3 (the second strongest rating) in 2015/16, in line with the position maintained in 2014/15.

CMFT Charity

We are also the Corporate Trustee to the CMFT Charity (registration no 1049274) and have sole power to govern the financial and operating policies of the Charity so as to benefit from the Charity’s activities for the Trust, its patients and its staff. The Charity is therefore considered to be a subsidiary of CMFT and has been consolidated into the accounts in accordance with International Accounting Standards. The accounts disclose the Trust’s financial position alongside that of the Group which is the Trust and the Charity combined. A separate set of accounts and annual report have been prepared for the Charity for submission to the Charities Commission.





Board Assurance

The Board derives assurance on the quality of our services, including safety and patient experience, through our internal mechanisms and through the work of external bodies responsible for regulating quality such as the Care Quality Commission (CQC).

The following are our key internal governance mechanisms for providing assurance and reassurance to the Board:

- **Leadership Walk Rounds** – undertaken by the Board of Directors in all clinical wards and departments and include talking to patients about their experience at the Trust.
- **Intelligent Board** – key clinical quality and patient experience metrics are provided to the Board of Directors each month.
- **Risk Management Process** – all risks are identified and scored on a matrix basis, assessing risks against impact (1-5) and likelihood (1-5) to give a combined risk score of between 1 and 25. Any scoring above 15 is brought to the attention of the Trust Risk Management Committee which is chaired by the Chief Executive. All of the executive directors are members and all non-executive directors are invited to attend, and do so, with non-executive attendance recorded for all meetings during 2013/14.
- **Ward Accreditation** – wards are accredited annually by a team of senior nurses led by the Directors of Nursing. The wards are awarded a score (Bronze, Silver or Gold) based on observations of clinical practice, interaction with patients and families, key nursing metrics, and a range of patient feedback measures including complaints. Those wards who do not achieve Bronze, Silver or Gold are supported by the nursing and quality improvement teams to achieve the required standards in an agreed time frame.
- **Board Assurance Framework** – maps the key risks associated with achieving delivery to the strategic aims and key priorities. It provides the Board with an overview of the gaps in controls and assurance and the actions required to mitigate them.
- **Finance Scrutiny Committee** – a committee of the Board established to examine the incidence, nature and potential impact of emerging or identified significant financial risks to the Trust's on-going position and performance, either in-year or forward-looking.

- **Clinical Effectiveness Scrutiny Committee** - a committee of the Board established to receive and consider reports on patient experience and patient safety that require more detailed scrutiny and have been highlighted as having a potential impact on patients.
- **Quality Reviews** - a series of multi-disciplinary peer to peer reviews of care delivered by our clinical Divisions and overseen by the Medical Director and Chief Nurse. They run across the Trust and are based on Keogh methodology.

The following are examples of external sources of assurance to the Board in relation to the quality of our service:

- **National Patient Survey** – these surveys cover a range of areas annually and can include adult in-patients, paediatric in-patients, cancer, accident & emergency and maternity services. The surveys provide feedback in relation to patient experience and clinical quality. The surveys are analysed and the findings are reported to the Board and used as the basis for the Trust and divisional quality improvement plans.
- **Care Quality Commission (CQC)** – the Trust must be registered with the CQC who check all hospitals in England to ensure they are meeting national standards.
- **The Friends and Family Test (FFT)** – in 2014/15 the FFT was carried out for adult services in inpatient areas, accident & emergency and maternity services. This provides an opportunity for patients to give feedback on the care and treatment they receive.

We also regularly review reports prepared by external regulatory bodies such as the Human Tissue Authority and MHRA.

Internal and external audit functions also measure performance against standards.





Key Priorities and Achievements

	Key Priorities	Key Highlights
Quality	Delivering safe, harm-free care focusing on evidence based pathways, supervision and clinical leadership.	Successful bid on safer obstetric care. Rates of incident reporting among the best in the country. Improved information on venous thromboembolism (VTE) incidence.
	Developing, maintaining and consistently deploying nursing and midwifery establishments, which are informed by evidence based acuity and dependency tools and professional guidance.	E-rostering roll out complete (electronic rota system). Enhancements to software to monitor staffing in real time electronically March – June 2015 (promotes safer care). Active local and international recruitment campaign commenced January 2015.
	Delivering personalised, responsive and compassionate care in partnership with patients and families in appropriate environments, safeguarding the most vulnerable.	FFT response rate for in-patients for the year was 30% and % extremely likely and likely to recommend our wards on average is 94% (range 93-95%). Over 41,000 responses 2014/15. FFT response rate for A&E and assessment areas for the year was 22% - % extremely likely and likely to recommend our departments on average is 89%. Over 21,000 responses 2014/15. Children safeguarding training 95% at level 3; 73% level 2; 81% level 1; programme of work in adult safeguarding training resulted in 1685 staff trained.
Service / Operational	Transforming urgent and emergency care for the local populations and beyond with a particular emphasis on frail elderly and developing our community and integrated care services.	Intravenous Therapy at Home Service – treats an average of 15 patients per month who would otherwise would be admitted. Intermediate Care Assessment and Treatment Team (ICATT) – treats an average of 30 patients per month who would otherwise be admitted. Funding agreed for 2015/16 through the Better Care Fund to further develop these services.
	Exceeding all key NHS commissioned standards and deliverables, including access and quality outcomes.	Q4 performance - CMFT achieved 95.57% against an NHS England Q4 overall performance of 91.8%. Admissions into CMFT increased by 8.3% from 2013/14 to 2014/15.
	Developing our specialist services including cardiac, cancer, children's and vascular services.	HepatoPancreatoBiliary (HPB) cancer surgery – single Improving Outcomes Guidance compliant service for Greater Manchester and Cheshire now established on the MRI site. CMFT designated with The Christie as the specialised gynaecology cancer centre. Work to develop single IOG compliant gynaecology service across the two trusts is underway. CMFT designated as centre for complex endovascular surgery for Greater Manchester.
	Reviewing and refreshing Trust administrative processes.	CMFT Standards for out-patients were formally ratified in March 2015 by the Quality Committee. Self Assessment Tool developed for Divisions to undertake baseline analysis in quarter 1 of current position against standards. Working with Eye Hospital and Altrincham Hospital as pilot sites for new standards and Living the Values training.

	Key Priorities	Key Highlights
Research	Integrating research into patient choice and the treatment pathway.	Number of patients recruited to clinical trials exceeded target to date by 500. Feedback on experiences of clinical trials – 50% increase in returns to date. 40% increase in web page views over the past 6 months.
Human Resources	Implementing the HR & Organisational Development (OD) Strategies, focusing on: developing leadership capability; accountability and recognition; values and behaviours (incl Equality & Diversity and health and well-being); education and training, in particular for medical staff.	HR Heads and Business Partners undergoing development programme to ensure strategic partnerships with Divisional Directors are established. Values and Behaviours work programme underway and focusing on recruitment, appraisal, policies and communication – Living the Values workshops to commenced, new appraisal paperwork and training launching in May, reverse mentoring scheme in place. In October every member of staff was asked to have an E & D objective – this is now being rolled out as staff undertake their objective setting sessions. 11% decrease in the number of staff feeling pressure in the last 3 months to attend work when unwell and a 6% decrease in the number of staff suffering from work related stress (now in the top 20% of Acute Trusts).
	Implementing workforce planning, focusing on the medical workforce.	HR led workshops for each Division to facilitate the development of Divisional workforce plans for 2015/16 – addressing recurrent issues, developing innovative approaches to workforce planning and identifying key corporate priorities to support change. Workforce Recovery Programme developed to address improvements required in resourcing, performance management, capacity planning and employee health and well-being. Ranked number 1 in the Shelford Group for staff satisfaction (2014) and in the top 20% of Acute Trusts.
Finance	Achieving financial stability and generating funds to re-invest in our services.	The Trust maintained a Continuity of Service Risk Rating of 3. Capital expenditure at year end was £38.8m against a final programme of £41.79m resulting in a £2.94m underspend of which £2.90m is to be carried forward to 2015/16.





Internal Control

The Trust has identified a number of significant risks during 2014/15. These have been, or are being, addressed through the bi-monthly Risk Management Committee, which is a subcommittee of the Board chaired by the Chief Executive. A summary of these are captured in the following table. Further details can be found in the Annual Governance Statement later on page 208.

Key Risks	
1	A&E Performance & Emergency Department Capacity - Clinical
2	Infection Control – Clinical
3	Major Trauma – System Readiness – Organisational
4	Regulatory Framework – Clinical
5	Trustwide HSMR and SHMI - Clinical
6	Patient Records – Organisational
7	Never Events – Clinical
8	Communication of Diagnostic Test and Screening Results - Clinical
9	Failure to meet statutory Equality and Diversity Obligations - Organisational
10	Trading Gap Delivery – Financial
11	Commissioning Risk - Financial
12	Corporate & Clinical Mandatory Training Compliance - Clinical

The Trust monitors its workforce statistics, and we can confirm that the split of male and female employees in 2014/15 is as follows:

Male 2579

Female 9892

Of this number the split for senior managers and Directors is as follows:

Male 21

Female 19

Note the definition of a senior manager is an individual who reports to an Executive Director.

Directors including Non-Executive Directors

Male 9

Female 6

Further information about our workforce can be found on page 138 and the latest staff survey results and resulting action plans can be found on page 141.

The Trust has considered the impact of its business and in particular any risks in relation to environmental matters, its employees, social, community and human rights. The Trust has identified one significant risk in relation to compliance with Equality and Diversity Legislation, the actions of which are described in detail in the Annual Governance Statement later in this report.

The Trust has determined its key priorities for 2015/16 together with the key performance metrics and these are outlined below

CMFT Plan-on-a-page (2015/16)

Our Vision	<i>"To be recognised internationally as leading healthcare; excelling in quality, safety, patient experience, research, innovation and teaching; dedicated to improving health and well-being for our diverse population"</i>	Our Values
		* Pride * Dignity * Empathy * Respect * Consideration * Compassion *
Strategic Aims	Key Priorities for 2015/16	Metrics - How we will know we have delivered
Improving the safety and clinical quality of our services	Delivering safe, harm-free care focusing on evidence based pathways, supervision and clinical leadership	<ul style="list-style-type: none"> HSMR/SHMI less than 100 before re-basing Compliance with NICE guidance achieved 10% reduction in rate of serious harm (L4&5) per 1000 bed days on 2014/15 levels 10% reduction in the new cases of AKI stage 2&3 occurring during hospital stay on 2014/15 Reduce average LOS across MRI from 6 days to 5.5 days through the Transformation Programme
	Developing, maintaining and consistently deploying nursing and midwifery establishments, which are informed by evidence based acuity and dependency tools and professional guidance	<ul style="list-style-type: none"> Board review of ward establishments twice in year Allocate Safer Care tool implemented on all wards by March 2016 Turnover no more than 15% for band 5 staff nurses by March 2016
	Exceeding all key NHS commissioned standards and deliverables, including access and quality outcomes	<ul style="list-style-type: none"> Delivery of 4hr emergency access target Delivery of national quality outcome measures Delivery of all other access targets including referral to treatment time and cancer wait times Baseline measured and target set for patients to be seen within 30 minutes of their outpatient appointment time
Improving the experience for patients, carers and their families	Delivering personalised, responsive and compassionate care in partnership with patients and families in appropriate environments safeguarding the most vulnerable	<ul style="list-style-type: none"> Friends & Family response rate of more than 15% achieved More than 85% patients reported that they were involved in decisions about their care and treatment More than 85% patients reported that staff provide help when asked More than 85% patients reported that they feel the staff are always friendly, caring and pleasant Compliance with Level 3 safeguarding children training achieved Domestic Abuse risk assessment and referral for all patients attending A&E with a history of domestic abuse
Developing our specialist services and, in collaboration with our partners in health and social care, leading on the development and implementation of integrated care	Development and implementation of Place Based Care models of delivery	<ul style="list-style-type: none"> Increase in the % of diabetic patients seen in community setting on 2014/15 levels Number of (total of 108) adult social care staff working in integrated community teams
	Development of specialist services in particular cardiovascular, cancer and genomics services.	<ul style="list-style-type: none"> Commissioner agreement to being a centre for vascular and for complex endovascular services Commissioner agreement to being a specialist cancer surgical centre for urology Implementation of single gynaecology cancer service for Greater Manchester and Cheshire Designation as a congenital cardiac surgical centre (adults and children) Designation as a central genomics lab
Increasing the quality and quantity of research & innovation, contributing to improving health & well-being	Integrating research into patient choice and the treatment pathway	<ul style="list-style-type: none"> Annual patient recruitment – 7765 patients recruited to clinical trials Percentage of Trust patients entered into trials – 5% total patients Patient research survey returns - 25% increase in response rate Website analytics – 5% increase in hits on website
Developing our organisation, supporting the well-being of our workforce and enabling each member of our staff to reach their full potential	Implementing the OD Strategy, focusing on: developing leadership capability; talent management; values and behaviours and education and training	<ul style="list-style-type: none"> 2015-16 staff and SFFT survey targets met Divisional medical engagement plans in place 90% of staff received an appraisal 90% of staff compliant with mandatory training % staff who have completed Living the Values training
	Implementing the HR Strategy focusing on: Workforce Planning and redesign; recruitment and retention and employee health and wellbeing	<ul style="list-style-type: none"> Vacancies reduced to 5% Time taken to fill vacancies reduced to 65 days 90% completion of exit questionnaires for staff who leave Sickness absence rate reduced to 3.6% 90% completion of return to work interviews following sickness absence
	Revising and implementing the Equalities, Diversity & Inclusion Strategy	<ul style="list-style-type: none"> Equalities, Diversity & Inclusion Strategy in place, measurements agreed and feedback on the development provided.
Remaining financially stable	Maintaining financial stability in an environment of increasing financial challenge and a demanding trading gap requirement.	<ul style="list-style-type: none"> Monitor Continuity of Service Risk rating of 3 maintained throughout the year Year-end deficit no worse than £19m 15/16 capital plan achieved within £31 million budget





Financing

During 2014/15 the Trust received £2.983m Public Dividend Capital from the Department of Health to support Informatics Schemes including Safer Hospitals, Safer Wards and Nursing Technology.

To support the investment in the estate and informatics strategies, the Trust received £28.3m in loans from the Foundation Trust Financing Facility.

The Trust has an approved treasury management policy which has been kept under review in the light of prevailing economic circumstances. The Trust will continue to minimise risk to deposits in the future.

Key Performance Indicators

The following table shows the Trust's performance against Monitor's mandatory performance measures, which the Board of Directors also uses to track overall financial performance. The overall Continuity of Service risk rating is '3' (where '4' is the strongest rating and '1' the weakest):

Metric	Actual	Rating for the year
Liquidity ratio	9.5 days	4
Capital service cover rating	1.38 x cover	2
Overall continuity of service risk rating		3



Capital Investment

We continue to invest in capital to support the delivery of our services. This year we made significant progress in creating a new state-of-the-art community hospital for Altrincham. This facility, opening in April 2015, will provide the local population easy access to an expanded range of general and specialist health services in a modern, high quality healthcare environment. It will also include a nurse-led minor injuries unit and a range of general and specialist outpatient, diagnostic and therapeutic services.

Patients will benefit from an expanded range of ophthalmology services provided by experts from Manchester Royal Eye Hospital. State-of-the-art digital radiography equipment costing £350,000 has been installed to produce higher quality X-ray and ultrasound images within seconds and these images will also be available to specialist consultant radiologists at our other hospitals, such as Manchester Royal Infirmary, to aid diagnosis and review. The maintenance renal dialysis unit and home training unit from Wythenshawe Hospital have been moved to state of the art facilities in Altrincham.

Robust plans are in place for delivery of the 2015/16 challenge.

After making enquiries the Directors of the Licence have reasonable expectation that the Licensee will have the Required Resources available to it after taking into account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Transforming care for the future

Our Transforming Care for the Future strategy looks at how we can build upon the excellent work that takes place throughout the Trust, refine processes, improve efficiency and support all staff to develop within their roles.

Intrinsic to the strategy is the importance of creating a working culture that encourages both clinical and non-clinical staff to think innovatively and have the skills to carry out change for improvement with confidence. The strategy is separated into Out-patients, Elective, Non-elective clinical work streams with Integrated Care at the heart of each. These work streams focus on a number of individual initiatives established to improve productivity, patient-flow and experience within that area. To ensure we achieve our aspirations we are further changing our culture to reflect our values and developing the skills of all staff to lead change through distributed leadership. We are encouraging everyone to take responsibility for intervening to solve problems and deliver high quality care that guarantees the success of the whole Trust.

Declaration

The Directors confirm to the best of their knowledge and belief that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for stakeholders to assess the NHS Trust's performance, business model and strategy.

Sir Michael Deegan, Chief Executive Officer

29th May 2015





Directors' Report

The Directors' Report has been prepared in accordance with sections 415, 416 and 418 of the Companies Act 2006 where applicable and Regulation 10 and Schedule 7 of the Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008. It also includes additional disclosures required by Monitor.

The Annual Governance Statement and the Quality Account describes the Trust's quality governance framework in detail and plans to improve quality in the future.

The Strategic Report describes the Trust's principal activities, strategies, performance, resources, partnerships, financial position and instruments.

The Statement of Compliance with the NHS Foundation Trust Code of Governance confirms that so far as each Director is aware, there is no relevant audit information of which the Trust's auditor is unaware and all Directors have taken all the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

Accounting policies for pensions and other retirement benefits are set out in a note in the accounts and details of senior employees' remuneration can be found in page 192 of the remuneration report.

The Annual Report contains the full declarations of interests for all Board Members undertaken on an annual basis which is available on the Trust's public website.

Full details of all Directors of the Board are contained within the Annual report; the remuneration report also notes changes in Board membership during 2014/15.

The Equality, Diversity and Human Rights Section gives a description of how the Trust delivers professional equality practice in employment, the policy framework and the current workforce profile.

Throughout 2014/15 there have been sustained programmes of work to strengthen engagement with staff following the results of the National Staff Survey. This is described in detail in the staff engagement update.

Sir Michael Deegan, Chief Executive Officer

29th May 2015





Patient experience

Working together with staff, the Patient Experience Team (PET) has engaged with patients and carers in different ways throughout the year to gather direct feedback about our services.

The four main methods used were:

- **Experience Based Design** – asking patients about their feelings and experiences at agreed ‘touch points’ within a patient journey.
- **Patient stories** – capturing patient stories on film and providing versions to the Board or as training resources for Divisional staff.
- **Patient forums** – establishing and supporting patient forums based within Divisions.
- **Listening events** – supporting events focused on specific areas for improvement.

The feedback has been shared with the Divisions through the divisional quality forums and has led to 131 different projects across CMFT.

Experience Based Design – Improving the surgical pathway

Patients within the Elective Treatment Centre were asked about the emotional impact, either positive or negative, of the various interactions that occurred at key steps in their patient journey.

Useful feedback was generated for the divisional improvement plans. Common themes included staff attitude and behaviour, communication, information provided, person centred care, nutrition and environment.

Patient Stories

The PET has worked closely with patients and carers to capture their stories on film. Prompts were used within the interviews to create the opportunity for patients or carers to talk about all aspects of their experience.

The recorded stories covered a wide range of issues including services for patients with a learning disability, care of patients with dementia and improving the children’s dining experience.

The patient stories have been presented to the Board of Directors at the public meetings and in forums across the Trust.

The Oculoplastics Patient Support Forum

Manchester Royal Eye Hospital, with support from the patient experience team, has established a patient support forum for patients who underwent Oculoplastic surgery.

The forum meets every other month and offers support and reassurance to patients, relatives, and carers about their condition. The forum also provides a safe environment for patients to speak with clinical staff and each other about areas for improvement. As a result of the forum, activities such as hand massages, use of beauticians and music have been arranged within MREH.

Listening Event

Staff from the University Dental Hospital of Manchester (UDHM) undertook a Patient Engagement Event to gain feedback from patients on the services we provide. Events like this offer us valuable insight into the patient experience, highlighting areas for improvement and giving us a chance to celebrate the positive comments received from our patients. The themes generated from this feedback have helped the Dental Hospital understand what they do well and what they could improve on. The Dental teams are currently making changes based on the areas highlighted including access to information and communications, improvement of estates and facilities and better patient access.

Kissing It Better

“Kissing it Better” are a national charity and continued to be a valued partner, working with us to help improve patient experiences of our inpatient and outpatient environment. Building on feedback from previous years, a range of different programmes including activities such as hair styling, hand massages, manicures and musical performances from external partners were delivered. Particularly well received were children from Manchester schools who supported activities with patients including reading to patients, musical recitals and engaging in conversations with individual patients and on wards.



Dementia care

Forget-Me-Not Focus Group

The Forget-me-not focus group are carers of people living with dementia that meet every month in the hospital and support work with the Trust to help us understand better what living with dementia means and how experiences for patients and carers can be improved. Over the last 12 months the carers have:

- Visited wards to engage with other carers and offer support.
- Been part of a Dementia Care Grand Exhibition that showcased all the improvement work in dementia care across hospital divisions. The carers had a stand during the day visited by over 250 people. During the day the carers advertised their "Sharing the caring" leaflet which provides supportive information to carers.
- The Forget-me-not group maintained Memory Lane which is an area in the hospital that provides an opportunity to reminisce for patients and relatives. The carers were responsible for changing the displays seasonally and kept the area updated.

Dementia Care Grand Exhibition

As part of the Alzheimer's Society 'Dementia Awareness' week in May 2014 the Trust hosted a Grand Exhibition and welcomed members of the public and our staff to visit and view the improvement work in dementia care. The day attracted 250 visitors and helped to raise awareness of dementia care.

The Forget me not Project

In June 2014 the Whitworth Art Gallery and Manchester Museum conducted a pilot project to develop a range of Montessori-based resources and recreational activity supplies for patients with dementia.

The aim of the project was to gather evidence of the impact creative and cultural activities can have on people living with dementia, documenting any change in behaviour over a four week period.

Family members and friends participated in the activities and contributed to the wealth of positive comments received. The success of this project led to the development of activity boxes funded to provide meaningful and therapeutic activities for patients suffering with dementia and memory loss.





Using sign language to improve communication with patients

Our staff in the children's hospital wanted to be able to communicate better with patients in their care and worked with the patient experience team to create a 'patient story,'

Amelie had severe cognitive and sensory impairments and as a result had difficulty communicating her needs to the nursing staff. The patient experience team created a film with Amelie's mum that showed how this was affecting her care. The film was shared with the ward manager and staff and a programme was put in place for all ward staff to learn basic sign language. This enabled staff to improve communication with Amelie and other patients; staff continue to use and expand their sign language skills for any new patients with a similar sensory impairment.

New ways of connecting with patients

Manchester Centre for Sexual Health (MCSH) provides both sexual health and HIV services to communities in and around Manchester. Nearly half of patients attending the sexual health clinics are aged under 25 years, so we are keen to make sure that our services relate to young people.

The sexual health team conducted a small survey of waiting room patients and service users as well as volunteers from The Lesbian and Gay Foundation to find out how best to engage with younger people. As a result of the feedback we re-designed our website and introduced social media as a means of people contacting MCSH and learning more about the service. Further updates to the website such as setting out bus routes to the clinic, live Twitter feeds and email contacts for feedback have made a difference to our patients' experience.

Royal Manchester Children's Hospital (RMCH) Youth Forum

Children and young people who use health services have very specific needs. The RMCH Youth Forum consists of young people from local schools as well as a small group of young people who have used the RMCH services as in-patients over the last few years.

During 2014 the group met with representatives of NHS England and shared some of the group's work with particular emphasis given to their monthly ward visits using the "15 Steps Challenge." This process brings forum members face to face with both patients and staff. Feedback is given to wards to support the ward's Quality Improvement Programme.

Members of the Youth Forum continue to support all aspects of service design and delivery. They have been active participants at the RMCH Food Summit and have been consulted on numerous schemes including proposals to develop an interactive Patient Portal to help give young people better access to clinicians, flexibility in appointments and access to test results.

The group have contributed to a number of patient information leaflets for the hospital and are currently working on an information leaflet about screening for an infection known as CPE.

In September 2014 the Youth Forum won 'Inspiring Project Award' at the British Youth Council Live Awards in recognition of their commitment and dedication.

Collaboration with Carers' Organisations

In addition to the patients' experience we value hearing about the experience of carers and we have made a focused effort to ensure that the views of carers were taken into consideration when providing services.

The PET has been working collaboratively with Manchester Carers Forum and Manchester Carers Centre over the last year to promote the service that they provide to our patients, carers, visitors and staff members. Each of these voluntary organisations were based in the RMCH hospital atrium once a month providing advice, support and signposting to other services for carers. The PET also attended coffee mornings at Manchester Carers Centre to provide the opportunity for carers to feedback about the services they access.

Expert Patient Programme (EPP)

The EPP is a self-management programme for patients or carers with a long term condition and the Patient Experience Team delivered this course free to help them manage their health and complement their current treatment and care. The course was delivered at the Trust several times throughout the year for patients and was available for those who referred themselves or referred to the programme by their doctor or nurse.

Improving Transition from children's to adult service

A group of young people and adults from the rheumatology team worked together to improve transition from children's to adult services. Improvements made from understanding these experiences include formulating patient information and materials to help the process titled 'Adult care is just different.....' These publications were designed with both the patient and parent in mind.

In response to feedback the service is also aiming to have a young person's clinic afternoon where all patients in transition and all other patients up until the age of 25 will be seen in the afternoon. This will help the young people to develop a supportive network to address issues that are specific to them as a group.

Improving out-patient clinic experiences

We engaged with rheumatology patients to improve their clinic experience during 2014.

Following this event a group of patients were highlighted who were happy to tell their patient stories and have their pictures placed on the wall. Further opportunities to work with patients during 2015/16 were identified, which will allow us to both understand patients' views and share how the service works. An open day has been organised and patients have been invited to come along and see 'behind the scenes.' Recognised charities and support groups have also been invited to this event.

Cancer Patient Experience

During the year cancer teams have continued to listen and consult with patients and carers who are living with or affected by cancer. A number of cancer patient listening events were held during 2014 and we have made great steps in improving our care but realise there is still a lot more to do.

From the feedback received a number of key improvement themes were highlighted:

- Information and communication.
- Leadership within teams.
- Monitoring and assurance.

Cancer teams have responded to the feedback and results of the National Inpatient Survey (2103/2014) and identified specific areas for improvement. The Trust has continued to invest in training and education around cancer care for all clinical and support staff to improve communication and information provided to patients. This investment will continue into 2015/16

The Macmillan Information and Support Service was established in the last year. Providing information, support and advice for patients, carers and professionals, the service works closely with community services, neighbouring providers and health care teams to ensure patients and carers access information and support when they need it. In partnership with the Whitworth Art Gallery, the Macmillan Information and Support Service has developed 'Walking for Health' programmes (the HOPE course), which provide on-going support to cancer patients following completion of their treatment.

Improvement plans developed following feedback from the National Cancer Inpatient survey are monitored and reported via divisional and executive cancer boards. During 2014 cancer teams have continued to collate patient feedback using a variety of methods to inform and monitor progress against the improvement plans.

Analysis of feedback from the National Cancer Inpatient survey and patient listening events has highlighted aspects of care and communication that patients found to be helpful and have a positive impact on their care, and also those areas where we need to work with patients to improve their experience.





Analysis of Feedback by Tumour Group	Areas of success	Tumour specific areas for improvement
Colorectal	<ul style="list-style-type: none"> • Information before going home • Name of Cancer Nurse Specialist (CNS) and being able to contact them • Cancer Research • Explanation of surgery • Information and support on discharge 	<ul style="list-style-type: none"> • Being told about diagnosis • Hospital care and treatment – communication and information
Gynaecology	<ul style="list-style-type: none"> • Choice of different treatment • Privacy • Information and support on discharge 	<ul style="list-style-type: none"> • Support living with cancer • Confidence and trust in ward nurses • Hospital and community staff working together
Haematology	<ul style="list-style-type: none"> • Advice about financial help • Information and support on discharge 	<ul style="list-style-type: none"> • Care on discharge from health and social care
Upper GI	<ul style="list-style-type: none"> • Hospital doctors • Information about support groups • Privacy • Confidence in ward nurses 	<ul style="list-style-type: none"> • Deciding on treatment • Support living with cancer • Information and support at discharge
Urology	<ul style="list-style-type: none"> • Given written information about side effects and operation • Privacy • Having someone to talk to about worries • Confidence in ward nurses • Information and support at discharge • GP given enough information 	<ul style="list-style-type: none"> • CNS listened carefully to patient • Support living with cancer • Cancer research • Explanation of operation • Confidence in doctors providing treatment

The PET in conjunction with the cancer teams embarked upon a programme of cancer patient engagement events. Patient experience data collected from these events enabled areas for improved practices to be prioritised. Specifically in July 2014 patients and carers were invited to participate in a focus group to tell their story and the information was captured on video. This approach gave us a valuable insight into how we supported patients and their carers with a cancer diagnosis and enabled patients and carers to suggest how we could improve services. Capturing these patient stories on video provided an opportunity to give feedback to teams about

their services, highlighting positive aspects as well as areas for improvement. The stories have been used to support staff training on the experience of patients with cancer.

This programme of work is planned to continue into 2015 with a particular focus on those patient groups with language barriers and different cultural needs. The aim is to develop a communication strategy that will provide staff with a range of films featuring patients who have experienced care in our services and who have additional communication needs.





Equality, Diversity & Inclusion

In 2015 the Trust created a joint board committee to oversee how Equality, Diversity and Inclusion (ED&I) is governed. This allows the Directors of the Trust to hold the organisation to account and ensure that we are delivering our commitment to the diverse communities we serve.

Governors

Our Governors continue to play a vital role in representing the interest of the communities we serve. They support a wide range of activities and events such as the Youth Forum and Children's Learning Disability Network. To help the Governors in their roles we have also provided in house equality and diversity training.



Case Study

Governors Championing Key Areas of Diversity

Andrew Peel, a Governor for Manchester, has championed the voice of members, patients, staff and visitors who have a disability. Andrew has worked in partnership with the estates team in the first instance to make changes to the Trust's car parking system for Blue Badge holders. Working with key members of the Trust's security, car parking and estates team, Andrew has supported them in understanding the challenges the current system created and helped them develop a better system.

This work is now being embedded across the Trust by the work of the new Accessibility Group. The Accessibility Group will ensure the Trust is fully accessible to its community by working with staff, patients and governors.

'I believe with the right commitment and support CMFT will be an example of good practice, providing the highest standard for people with disabilities. This work will benefit people with disabilities and help all our communities. As a governor I believe it is vital that CMFT consults with people with disabilities to get this right and it has been great to see the team work together to create a great solution.'



To ensure that the Trusts Governors are representative of the communities we serve, we monitor our membership to highlight areas of underrepresentation and actively recruit members from these groups. Recruiters have gone out to a wide range of local community centres (such as health centres and mosques) and networked with faith groups and key community groups to ensure they are being inclusive in their recruitment process.

The membership team have used the Patient Experience Team's 'Seldom Heard Groups' database when mailing out Annual Members' Meeting, Young People's Event and Membership promotional materials to ensure that these groups get to hear about CMFT activities and have the opportunity to join.

ED&I External Review Group

The Trust has also established a CMFT Equality, Diversity & Inclusion External Review Group. This group will work in partnership with the Trust to ensure that it understands the needs of its diverse community and all its stakeholders. It will provide external scrutiny to our work and draw on advice from equality experts. Its membership includes equality groups, local community groups, representatives from across the health sector and other public sector organisations.

Equalities Implementation Group

This group fulfils a key role in delivering key objectives, implementing the Trust's ED&I Strategy and sharing good practice.

Equality & Diversity Co-ordinators

The Trust has a team of Equality & Diversity Coordinators who work across all divisions and corporate services to act as a link on ED&I issues. Their main role is to provide leadership within the division or service by:

- Ensuring key Equality and Diversity messages are shared.
- Supporting managers and staff within the division/service on improving equality and diversity.

- Supporting the production and implementation of Equality and Diversity action plans.
- Collating and submitting evidence for the NHS Equality Delivery System.
- Mainstreaming Equality and Diversity into day-to-day business.

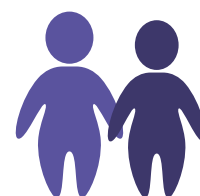
All co-ordinators receive training on Equality and Diversity through a Foundation Programme delivered by our Service Equality Team.

In addition, Equality & Diversity Co-ordinators run awareness raising sessions, for example the Finance team ran an awareness raising day for World Aids Day.



Staff Networks

We have a thriving network of staff groups including the Black and Minority Ethnic (BME) Staff Network, the Disability Staff Network and the Lesbian, Gay, Bisexual and Transgender (LGBT) Staff Network. The networks have been involved in wider equality initiatives within the Trust and have worked hard to increase their membership and create a better understanding of their role in the Trust. Each network chair sits on the Equality Implementation Group which gives staff members (the networks) a role in the decision-making process. In 2014/15 the Trust published its Guidance for Staff Networks which sets out clearly the role of staff networks within the Trust and how the Trust will support these networks.





Youth Forum at Royal Manchester Children's Hospital (RMCH)

Children and young people who use health services have very specific needs and the Trust believes that no-one is better placed to tell us what it feels like to be a child or young person in hospital than young people themselves. Established in 2002, the Youth Forum is now in its 12th year. Over those 12 years members have provided invaluable input to the development and delivery of hospital services for children and young people. Achievements include contributions to the design of the new Children's Hospital as well as active involvement in seeking feedback from patients so that we can keep improving the care we provide to young people.

Over the past 12 months members of the Youth Forum have been eager to get "up-close and personal" with children and young people in RMCH in an attempt to better understand their feelings about how services are delivered and the environment in which they are cared for. This led to the development of the "15 steps challenge" inspection framework that members now regularly used for ward visits, to create reports and make recommendations for improvement.

Reporting & Assurance

The Trust uses the NHS Equality Delivery System (EDS) to report and assure its work on Equality, Diversity & Inclusion. EDS focuses on our service to patients and aims to improve access to services, the experiences of those using our services and outcomes for patients. It also helps us to improve equality and diversity for staff working in the Trust. There are four levels of performance:

1. Excelling
2. Achieving
3. Developing
4. Underdeveloped

By using EDS this year, we were able to identify that most of our divisions and corporate services have been assessed as 'developing' and we are working hard to be 'achieving' in all areas in 2015/16.

CMFT as a public body has a legal duty to advance equality under the Equality Act 2010. As part of this duty the Trust assesses the effect or possible effect all new and updated policies might have on equality, as well as any changes to services. We assess these effects by using an Equality Impact Assessment (EqIA) process.

During 2014/15 235 EqIAs were completed across a range of new policies, revised policies and service changes. We continually review the EqIA process to

ensure that it takes any recent legal development into account, and is easy to use for all Trust staff who need to undertake an EqIA.

1. Equality, Diversity & Inclusion (Patients)

The Trust analyses key diversity data for its patients across its inpatients; outpatients and emergency services. The diversity of our patients reflects the communities that the Trust serves. For information on the diversity of the out-patients and emergency attendances please go to our website <http://www.cmft.nhs.uk/equality-and-diversity/publication-of-equality-information>. The data is published each year at the Trust Annual Members' Meeting.

Interpretation and Translation Service

CMFT continues to place a high importance on ensuring our services are accessible to people speaking no or limited English. The Trust's Interpretation and Translation Service provides 24 hour, face to face and telephone interpreters. We also provide document translation services using qualified translators who are members of relevant professional bodies.

In the last financial year (2014/15) CMFT has carried out around 38,000 face to face appointments for its patients covering over 100 languages, with Urdu / Punjabi being the most common with nearly 9000 requests, followed by Arabic with over 4000 requests. CMFT has been working closely with the Deaf/Deafblind community in recent years having expanded our service provision by providing additional support such as Lip-speakers, Deaf Relays, Note-takers, Speech-to-Text Operators and a range of different types of Deafblind Interpreters as well as British Sign Language (BSL) and International Sign Language Interpreters, in all carrying out over 1000 appointments. CMFT provided over 8200 telephone interpreting sessions covering over 54 languages, with Arabic being requested over 1400 times making it the most common followed by Urdu/Punjabi. The Trust also carried over 200 individual document translations with Urdu, Polish, Arabic and Bengali being the most frequently requested translated languages.

Patient Support Case Studies

Across the Trust our teams are working hard to deliver and develop services that meet the needs of all our patients.



Case Study

Midwifery services in the Community

Specialist midwifery clinics have been established to support women with existing or pregnancy related diabetes, cardiac and renal disease, haematology disorders and metabolic disorders. In addition teenage pregnancy, refugees and asylum seekers and women affected by domestic abuse or alcohol or drug misuse also have their own specialist midwifery teams providing support, care planning and liaison with the multidisciplinary teams both in the hospital and the wider community.

For pregnant women who become unwell, scared and apprehensive and whose pregnancy deviates from the normal pathway, the need to provide clear clinical pathways that inform, involve and support the women and their families in their choices and decision making is essential.

In addition, a significant proportion of our clientele are seen as 'vulnerable women' and do not have English as a first language. Cultural differences and religious practices surrounding pregnancy and birth need to be understood by the team providing care.

It is essential to clarify a woman's immigration status as early as possible in the pregnancy and midwives/health professionals looking after asylum seekers and refugees need a thorough understanding of immigration laws, close links with speciality services for pregnant women and well defined referral pathways to external agencies (social services, property providers, charities and the Home Office). Much of the case work is similar to that done for other vulnerable women. However, maintaining the relevant networks is time consuming. To meet the need of asylum seekers and refugees all professionals should have access to relevant expertise either locally or through regional networks.





2. Equality, Diversity & Inclusion (Colleagues)

CMFT wants a workforce that represents the population it serves and we continuously collect and review staff data to help to understand our workforce. This information is used to make sure that the Trust's employment practices and recruitment processes are fair to everyone.

The data is published each year at the Trust's Annual Members' Meeting. The data included in this report is for 2014/15.

Workforce Statistics 2014/15

- There continues to be no significant change to the age profile of the workforce with 99% of the Trust workforce aged 22+.
- Approximately 75% of our workforce is White. 16% are from a Black and Minority Ethnic (BME) background. 9% of the staff have not stated their ethnicity.
- The percentage split between male and female staff has stayed the same over the last three years.
- 2% of staff has recorded a disability. However this data does not truly reflect the number of disabled staff within the organisation as staff do not have to disclose this information.

	Staff 2013/14	%	Staff 2014/15	%
Age				
0-16	0	0%	0	0%
17-21	144	1%	136	1%
22+	12682	99%	12963	99%
Ethnicity				
White	9783	76%	9857	75%
Mixed	262	2%	268	2%
Asian or Asian British	981	8%	1034	8%
Black or Black British	587	5%	622	5%
Other	183	1%	189	1%
Not Stated	1030	8%	1129	9%
Gender				
Male	2667	21%	2758	21%
Female	10159	79%	10341	79%
Not Stated	-	-	-	-
Recorded Disability	262	2%	260	2%

(Information extracted from ESR on 31st March 2015)

Case Study

Diversity Delivers Conference – Equality Matters to Us

On Wednesday 21st May 2014 we ran our second equality conference. 200 staff and Governors from the Trust attended the Conference. The speakers included John Amaechi, Organisational Consultant and former NBA Basketball Player; Professor Rajan Madhok, Chairman of the British Association of Physicians of Indian Origin and Director of the NHS Clinical Leaders Network and Lucy Rowe, Community Resourcing Manager, who together with Said Abdi Mohammed, Zaron Hamid and Kerri-Anne Folkard, Clinical Support Workers,

spoke about our successful Pre-Employment Programme for local people that offers the opportunity of a guaranteed interview. All speakers were very well received. Comments received were: “by far the most inspiring E&D conference I have been to,” “really uplifting and powerful,” “good selection of speakers dealing with all the protected characteristics,” “thought provoking,” “Said, Kerri Ann and Zaron were so moving and inspiring,” “all speakers were excellent and highly committed and showed real leadership.”

The conference provided the Trust with a great opportunity to showcase the works it’s doing and helped staff understand the impact of diversity.

At the 2014 Diversity Delivers Conference the Trust launched 5 High Impact Changes to help progress the work on equality, diversity and inclusion in its workforce. The Trust has been working to deliver these changes in 2014/15.

To help celebrate and recognise the work of Trust staff on equality, diversity and inclusion in 2014/15, a diversity category was added as part of the staff Proud of You Awards celebration. The Trust was overwhelmed with the high quality of the submissions from staff.

High Impact Change 1

Equality, Diversity & Inclusion objective for every employee

In September Equality, Diversity & Inclusion objectives were circulated. Managers are now working with their teams to set them an E,D & I Objective as part of the objective setting process.

High Impact Change 2

A coaching/mentoring programme that brings together the Trust’s top leaders and colleagues with protected characteristics.

14 leaders have volunteered to work with 14 members of the staff Equality & Diversity networks to pilot the programme.

High Impact Change 3

Every department to hold one engagement session per year with patients, staff or community groups representing one or more protected characteristic

Each division is taking their own approach to this and will be asked to report on progress as part of this annual review. For example: the Medical Director’s Team have engaged with the whole team to start to develop their own E,D & I team objectives.

High Impact Change 4

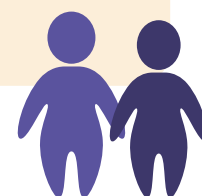
Patient and staff questionnaires annually on how the Trust is improving on its equality, diversity and inclusion programme. Action plans and the three year strategy will build on these sessions.

The Trust is working on a State of the Nation report for Equality, Diversity & Inclusion. As part of this report and the engagement for the new E,D & I strategy patients, staff and the community will be asked to get involved in questionnaires and feedback sessions.

High Impact Change 5

Positive action around recruitment to ensure that CMFT is an employer of choice for Greater Manchester’s diverse communities

CMFT runs a pre-employment programme and a programme for Young People with Learning Disabilities. The HR & E,D & I team will be working together to look at how CMFT develops and adapts what it does so that it is seen as a leading inclusive employer in Greater Manchester.





3. Training & Development

The Trust provides a wide range of training and development for staff. There is both mandatory training as part of staff development as well as regular opportunities for staff to develop their understanding of diversity. In addition to this, an Equality and Diversity Workshop for line managers

to increase their knowledge and skills around Equality in Employment is delivered bi-monthly.

The Trust has embedded the equality, diversity and human rights training as part of its mandatory training programme, which must be completed by all staff on an annual basis.



Case Study

Multi Faith Engagement Activity for Staff & Patients

The Multi Faith Team held a successful event engaging over 250 staff and patients. CMFT organised for 14 Faith Groups, from across Greater Manchester, to run stalls to share information about the different approaches different faiths have to healthcare. The event successfully increased people's knowledge and educated staff, developed our relationships with groups and helped make patients, staff and faith groups aware of the support they can get from the Multi Faith Team. CMFT has had great feedback from the day and is considering running two events per year.

In addition to this great engagement day the Multi Faith Team have launched 'Religious & Spiritual Care of Patients: Best Practice Guidelines.' To support staff the team has trained over 80 staff in the use of the guidelines and the resource is available to all staff via the Trust's internet site. The resource has helped staff support their patients in both their health and spiritual needs.

Every year we hold an Equality, Diversity and Human Rights Week, which coincides with NHS Equality, Diversity and Human Rights Week. The 2014 Week consisted of activities organised by divisions and corporate services within the Trust. The Trust also hosts an annual Equality and Diversity Autumn Roadshow. Both weeks support our staff to learn about how they can positively impact the support and services we provide to our diverse patients.

CMFT colleagues have been involved in NHS Leadership programmes and internal leadership programmes supporting their own development. Across the Trust each division runs a wide range of training for staff, developed to increase the teams' knowledge and understanding in key areas.

The Trust has embedded as part of its mandatory induction Equality, Diversity & Inclusion Training. The Trust runs induction training for new staff twice a month throughout the year, in addition to local induction for staff, and provides bespoke programmes for key staff.

Case Study

International Doctors Induction

CMFT was delighted to win the Gold Award in 2015, at the prestigious Learning Awards, for our pre-employment online programme for international doctors. We won in a competitive field, beating GlaxoSmithKline, Telefonica and Sainsbury to the top spot. UK research has shown that international doctors are more likely to be

unfamiliar with UK practice, meaning they face a tougher time than UK medical students. CMFT identified that international doctors wanted support when transitioning to the UK. The judges were impressed by this outstanding and innovative programme that has the opportunity to be used across the NHS. They commended the programme for its clear focus on improving and developing patient care.

Education & Health Awareness for our Diverse Patients

The Trust provides a wide range of opportunities for patients to help them be proactive about their own health. The major reception areas are used to promote health awareness campaigns and to help patients/visitors access wider support, for example support as a carer through promoting local Carers Support Groups.

4. Inclusion (Colleague & Community)

The Trust delivers a range of well-established and successful educational, employment and positive action programmes for people in Manchester and Trafford. These programmes help the Trust employ a diverse and representative workforce that in turn delivers better patient care. We also work to inspire and support the aspirations and career goals of local young people.

The economic prosperity and regeneration of the neighbourhoods in which we operate has been a longstanding priority and the programmes we deliver illustrate the commitment to the health, wealth and well-being of the communities we serve and operate within.

A further illustration of the Trust's commitment is our Key Performance Indicator that shows the number of local and in particular young people accessing employment at the Trust. The number of local people under the age of 25 accessing employment has doubled in the last 2 years in entry level/apprenticeship roles at the Trust as a direct result of this prioritisation in recruitment and the programmes described below. It is worth noting that from September 2012 to March 2014 the following programmes have supported over 200 local people to access paid employment at the Trust.

Pre-Employment Programme (Clinical and Non Clinical)

The programme is the main recruitment initiative that supports our longstanding and on-going commitment to employ local people of all ages. The Pre-Employment Programmes (PEPs) are delivered in clinical and non-clinical areas and begin with an open day that is delivered quarterly to all members of the local community who wish to find out more about roles in the NHS and at the Trust.

The main features of the programmes are: an enhanced work placement opportunity, accredited learning, bespoke sector-specific training, employability skills and a guaranteed interview on successful completion of the role. Employment gained through the Pre-Employment Programmes is mainly permanent, part or full time at bands 2 - 4. All clinical posts involve an intensive apprenticeship on commencement.

Programme Outcomes:

In 2014/15, 60 people completed Pre-Employment Programmes and were offered a guaranteed interview and 70% accessed paid employment at the Trust.

From September 2012 to March 2015, 177 people have accessed the Clinical Pre-Employment Programme and 123 or 70% of people completing the programme accessed paid jobs at the Trust.





Supported Internship Programme

We believe every young person should have the opportunity and support to obtain their dream job.

This is supported by an employment focused education programme that is based at Manchester and Trafford. Both sites enable young people aged 18-24 with moderate to severe learning disabilities to gain experience and develop employability skills in a real work place, surrounded by other working people. The main programme aim is to gain paid employment after the programme. We have been included in the guide <http://www.disabilityrightsuk.org/news/2015/march/our-new-guide-further-education>.

In 2013/14 CMFT and Sodexo supported 20 trainees across the Manchester and Trafford sites and 13 of these trainees successfully accessed paid employment.

Supported Internship Programme Outcomes

The paid outcomes detailed below are part time and full time and are summarised as follows from September 2010 – June 2014

- 50 beneficiaries
- 30 (63%) employment outcomes, 93% retention
- 48 young people completed course and achieved qualification (OFSTED quality assured)
- Improved confidence, skills, independence, inclusion, relationships
- Multiple awards including Highly Commended in the Chartered Institute of Personnel and Development People Management Awards 2013 in the category of 'Diversity'.

5. Inclusion (School & College Engagement)

Engagement with Local School, Colleges and Young People

Inspiring the future NHS workforce is a key priority for us and as a result we have delivered careers events, work experience and a Taste of Medicine Programme this year to all local schools and colleges. Students are accepted for any work experience placements so long as they can demonstrate a genuine interest in the area they have chosen for their placement.

Work Experience

The Trust offers one-week clinically based work experience to students from our local schools/ colleges who are interested in careers in nursing or other healthcare professions. In 2014/15, 429 students attended work experience programmes across all parts of the Trust. This represents a 41% increase from 2013/14.

The Trust accepted over 73 year 12 pupils for clinical based work experience placements via local 6th form colleges and schools. All of these students are studying NVQs in Health and Social Care, or 'A' levels, and wish to pursue a career in nursing or another healthcare related profession. This represents a 16% increase from last year.

The 'Taste of Medicine' programme is for 'A' level students who are interested in a career as a doctor. During 2014/15, 68 students have participated in this week long programme. Students rotate in half day sessions observing the role and work of various healthcare professionals. At the end of the week the students spend time talking to junior doctors about their role and their studies at Manchester Medical School. This is very popular and places are now taken up until October 2016. This is an increase of 13% from last year due to the Manchester Heart Centre now offering two placements during each of the blocks.

The Trust has taken part for the last two years at the regional Teen Tech Event. This event is designed to inspire local young people in relation to working in areas of Science and Technology.

Manchester Health Academy (MHA)

As lead sponsor of Manchester Health Academy, students have benefited from a diverse programme of learning activities. For example, we have organised site visits to our Renal Unit, Royal Manchester Children's Hospital and the Royal Eye Hospital. We have also worked with the patient and community engagement 'Healing Environments' project and provided a programme of speakers focused on careers for year seven students.

Multiple work experience placements and enhanced 'internship' type opportunities have been offered to students, which can help them with university and job applications.

2014/15 saw the third successive employment outcome for a MHA sixth form student at the Trust. The student gained employment as a band 3 New Born Baby Hearing Screener in the Children's Community Health Team.

In addition to opportunities for students the Trust supports the Academy by providing four senior leaders of the Trust as governors. These four governors provide support for the financial scrutiny of the Academy, leadership and HR expertise, community engagement and links to key stakeholders across Manchester. The Chair of the Academy is a lead Director from the Trust and has provided strategic leadership since the opening of the Academy in 2009.

Volunteers Programme

Our Trust has over 570 volunteers on the Manchester site and over 40 volunteers at Trafford General. The volunteers reflect the communities we serve across all the ages, across all ethnic groups and within those acknowledging a disability.

To ensure that our volunteer programme is reaching out to all our communities, the team has developed a system to ask and record volunteers' details of their protected characteristics in a sensitive and confidential manner. The process has increased our knowledge of those who are volunteering, informed volunteer recruitment policy and highlights the need to offer volunteering to all those in our community.

The volunteers provide vital support to our patients, whilst for many of our volunteers providing great experience of a hospital environment.





Sustainability Report 2015

We are committed to being a leading sustainable healthcare organisation. Our Sustainable Development Management Plan (SDMP) was published in January 2014, and sets out four priorities:

- To reduce our carbon footprint by a minimum of 2% year on year, through a combination of technical measures and staff behavioural change.
- To embed sustainability considerations into our core business strategy.
- To work collaboratively with our key contractors and stakeholders to deliver a shared vision of sustainability.
- To comply with all statutory sustainability requirements and implement national strategy.

We have a dedicated energy and sustainability team and are delivering a structured programme of environmental improvement actions to manage and reduce our energy, water and waste costs, and minimise our exposure to future cost pressures. The following section provides some highlights from our recent activities.

Celebrating our success

We have been recognised for our innovative and engaging approach to sustainability in healthcare, and have won or been shortlisted for a number of prestigious national awards:

- Finalist in Health Service Journal (HSJ) Value in Healthcare Awards, Energy Efficiency Category, 2014
- Green Apple Award, 'NHS Green Champions', 2014
- People & the Environment Awards (PEA), 2014 Public Sector Hero, Sir Michael Deegan
- NHS Sustainability Day Awards – Waste Award Winner
- National Recycling Awards, shortlisted for Healthcare Recycler of the Year 2015 (winners to be announced July 2015)
- HSJ Value in Healthcare Awards 2015, shortlisted in Energy Efficiency Category (winners to be announced September 2015)

¹ The carbon intensity of the electricity used on site

Energy Efficiency

Energy usage is down by almost 6% from 2013/14 in kWh consumption terms, however, the carbon footprint of our energy use has increased by just over 1% due to an increase in the carbon factor¹. We continue to deliver our ambitious programme of investment in energy efficiency schemes, with further work being undertaken to establish the feasibility of Combined Heat & Power for our central site. A working group involving all the Private Finance Initiative (PFI) partners has been established to drive the energy reduction programme forward.

The recently opened new hospital development in Altrincham incorporates a number of sustainability features, with one of the first dry powder renal dialysis systems in the UK. As the dialysis fluid is now produced on site, this significantly reduces the travel impacts of the process. The development also features solar panels and is lit using LED lighting.

We invested just under £200K in fitting LED lighting, daylight and movement sensors to the Brafton Street multi-storey car park extension, reducing the annual energy consumption by over 75%, and generating carbon savings of almost 400 tonnes.

Waste

Our total waste volumes have increased by 5.5%, however, the carbon footprint has reduced due to the volumes of waste disposed of, through lower carbon disposal routes such as recycling. As a major producer of waste, we take our responsibilities seriously and following a review of our waste operation new bin labels and posters have been rolled out. Significant investment has been made to improve the segregation of our general domestic waste to improve recycling rates by monitoring bins and training our staff. In late 2014, the Trust rolled out an inhaler recycling programme 'Complete the Cycle' in partnership with GlaxoSmithKline and over 1,000 inhalers have been collected so far.

Sustainable Travel

Our aim is to offer our staff, patients and visitors the best possible infrastructure to choose alternative travel modes such as cycling, walking and public transport. We want to minimise the negative impact of single occupancy car travel, ensuring car parking remains available to those who really need it. Significant investment in the Oxford Road Corridor near to our central site and improvements in bus services place us in an ideal position to do things differently. We have created over 50 additional cycle parking spaces for staff, with a further 100 to follow later this year. A second staff cycle hub will open in mid-2015 with showers, clothes lockers, drying and changing facilities. We have also been holding regular bike maintenance events at the Central and Trafford sites. New starters are now offered personal travel plans as part of their induction process and we will update the car parking policy in summer 2015. An updated sustainable travel plan will be launched in 2015 to reflect all the recent and planned investments, and will include an ambitious five year action plan to move us closer towards our ambition of being the healthcare sector leader in sustainable travel.

Staff engagement and communications

All staff are encouraged to take responsibility for saving energy, water, and reducing waste, and we've continued our programme of engagement. We have continued to deliver the Green Impact staff sustainability behavioural change programme in partnership with the NUS (National Union of Students), with 39 teams taking part in 2014/15 to deliver over 1,000 environmental improvement actions, through staff working in teams to 'green' their own work areas. The 'Little things, big difference' campaign gained momentum with regular events taking place for staff, such as NHS Sustainability Day in March 2015. The Green Champions network now comprises over 60 staff and the group meets regularly to discuss environmental matters and local performance.

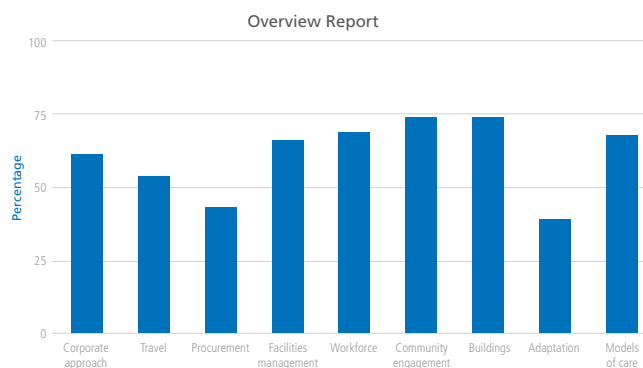
Sustainable Procurement

We have actively integrated sustainability and ethical procurement criteria into a number of key tenders for goods and services. A managed print process is being rolled out across the Trust and rationalising print devices with a smaller and more efficient fleet will result in financial savings generated from energy and consumables. The procurement department have used the Flexible Framework tool to set an action plan and targets to help further integrate sustainability into their systems and processes.

NHS Good Corporate Citizenship Assessment

Overview

61%



We used the NHS Good Corporate Citizenship Assessment to measure and benchmark our sustainability performance and in our latest assessment we achieved a score of 61% which is an improvement of 7% against the 2013 score of 54%. Key areas of improvement included procurement, travel, facilities management and community engagement.

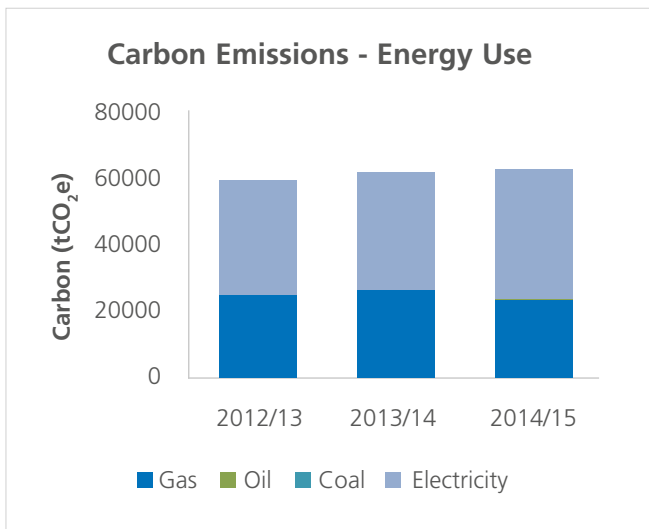




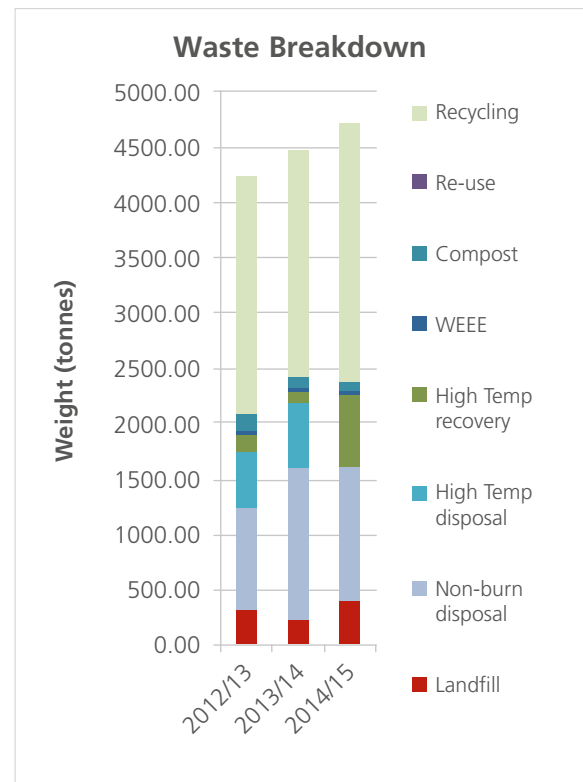
Performance Data

Energy

Resource		2012/13	2013/14	2014/15
Gas	Use (kWh)	122,566,335	123,293,564	113,618,607
	tCO ₂ e	25,046	26,155	23,837
Oil	Use (kWh)	638,000	566,400	660,800
	tCO ₂ e	203	181	211
Coal	Use (kWh)	0	0	0
	tCO ₂ e	0	0	0
Electricity	Use (kWh)	60,135,192	63,366,584	62,219,366
	tCO ₂ e	34,325	35,479	38,534
Total Energy CO ₂ e		59,575	61,815	62,583
Total Energy Spend		£10.0m	£10.6m	£9.9m



Waste







Research and Innovation

We work with patients, universities, industry and others to take the best new ideas from cutting-edge science and use them to create real-life tests and treatments that benefit patients more quickly.

Learn more about how research is impacting patients' lives and get involved:

www.cmft.nhs.uk

 [CMFT_Research](#)



In 2014/2015, 10,091 patients and healthy volunteers participated in clinical research studies across our hospitals. Our patients are regularly the first-in-the-world to have the opportunity to trial new treatments, and even more are first in the UK. In the past year, global firsts have included those in the areas of rare disease and diabetes.

We're continually looking for ways in which we can offer more patients the opportunity to be involved with research.

During the past 12 months, we have improved our infrastructure for delivering research in the following ways:

Our research - revolutionising treatment + changing lives.



Joe, aged four, was the first person in the world to participate in a trial for a new treatment, which could alter the lives of people with the rare disease, Hunter Syndrome. The study is being delivered by the National Institute for Health Research (NIHR) / Wellcome Trust Children's Clinical Research Facility (CRF), in collaboration with the Royal Manchester Children's Hospital and Saint Mary's Hospital.

"When the consultant explained that there was a research study that might address Joe's developmental symptoms, we felt that it was really important for us to get involved."
James (Joe's dad).

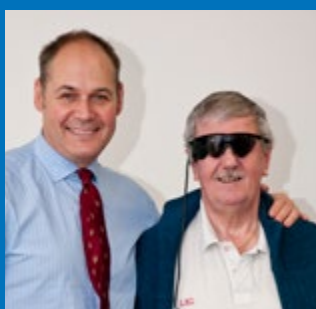


Kate gave birth to a healthy baby girl in 2014, after her son died following complications in her first pregnancy. Kate was referred to the Rainbow Clinic at Saint Mary's Hospital - a specialist research-based clinic for families who have experienced stillbirth, where she received frequent monitoring and psychological support.

"When I started at the Rainbow Clinic, I wasn't ever sure that I'd walk out of the hospital with a baby, but as the weeks progressed they started to make me believe that was possible." ***Kate.***

The clinic has reduced stillbirth rates by 19%, and continues to deliver research into the causes of stillbirth with an aim to reduce stillbirth rates even further.

- Working with members of the public, we developed a research involvement strategy to more consistently include public input into the design of our research studies. Through the execution of this strategy, we aim to improve participant experience and study recruitment/retention.
- The National Institute for Health Research (NIHR) / Wellcome Trust Children's Clinical Research Facility (CRF) moved into larger accommodation in The Royal Manchester Children's Hospital. This enables more of our younger patients to play a part in the development of new medicines and diagnostics.
- Over the past year, our virtual biologics clinic, developed in collaboration with our NIHR Manchester Musculoskeletal Biomedical Research Unit (BRU) has: halved the time taken to get biologics (medication for rheumatoid arthritis) to those who need them; recruited twice as many patients into research studies; and saved the NHS over £100,000.
- We have invested in our hearing and deafness research team, creating a dedicated research space, including an audiology booth, at the newly established Ear Nose and Throat service at Peter Mount Building.
- As host of the NIHR Clinical Research Network: Greater Manchester we are working with NHS organisations across the network to deliver research and improve outcomes for patients in Greater Manchester, East Cheshire and East Lancashire.
- Working with other Manchester Academic Health Science Centre partners (www.mahsc.ac.uk), we're at the forefront of research aimed at delivering personalised medicine 'the right medicine, to the right patient, at the right time'. This year we managed to secure funds from the Medical Research Council to develop a new clinical proteomics centre and cutting edge imaging laboratory to support dementia research.



Keith was one of three blind patients, with retinitis pigmentosa, to be fitted with the revolutionary bionic eye – a device that has helped him to use patterns of light to navigate his world – at Manchester Royal Eye Hospital

"I have five grandchildren whose faces I've never seen, but at least I can see them coming now." Keith.

In 2015, we were the first in the world to start trialling the device in patients with dry age-related macular degeneration (AMD).



Since taking part in research at the Kellgren Centre for Rheumatology at Manchester Royal Infirmary, Sandhya's pain caused by rheumatoid arthritis has disappeared and she can be a bigger part of her daughter's life.

"Someone has to step forward to test new ideas. I never thought it would be me, but it's really important to be that person and hopefully make a difference to other patients." Sandhya.



- We were also designated by NHS England as one of 11 centres across the country that will lead the way in delivering the 100,000 Genomes Project. This involves using a new type of genetic testing called whole genome sequencing to find out why some people have certain types of rare health problems and how to treat people with cancer more effectively.
- As a member of the Greater Manchester Academic Health Sciences Network, we are working together to integrate genomics information into the cross-city data platform called Datawell.
- Our work with Congenica to create a reference laboratory that will undertake genome screening of patients and their unaffected relatives is ongoing, and will generate a comprehensive genetic profile and clinical report to support diagnosis, the clinical decision making, treatment choice, and counselling. Congenica now has an office in our MedTECH Centre at Manchester Science Partnerships' Central Campus.
- Through our partnership with Peking University Health Sciences Centre in China, we are jointly training staff in using next generation sequencing technology to study DNA, with the aim of better understanding how we can prevent and accurately diagnose disease and personalise treatments. This collaboration will lead to important health and research benefits in the rapidly developing field of genetics for people in both countries, as well as having a global impact.
- Citylabs, a partnership with Manchester Science Partnerships, provides accommodation and support for biomedical companies. Since Citylabs opened in September 2014, Hitachi's European Big Data Laboratory, TRUSTECH, Elucigene, Galen Research, Takagi and MAC Plc. are amongst those which have chosen to move into the £25 million redevelopment of the Grade II listed former Manchester Royal Eye Hospital.
- We have also set up NHS@BioHub an office at Alderley Park with a view to working more closely with the life science companies based there. Our services include providing industry (e.g. Hematogenix) with access to clinical expertise, patients, and world-leading facilities.

- In collaboration with The University of Manchester, we also published data (BMJ Open) for the first time about public knowledge of and interest in the process of medicines research and development. The study, which is part of the wider European Patients Academy on Therapeutic Innovation (EUPATI) project, is believed to be the largest peer-reviewed survey of its kind.

Supporting early stage research

Thanks to the generous support of the Trust Charity, we've been able to invest in research through early stage grants, provide a number of training fellowships, develop infrastructure, and support innovative projects to develop new medical technologies.

Our research areas include:

- *Musculoskeletal medicine*
 - *Genomic medicine*
 - *Women's and children's health*
 - *Cardiovascular disease*
 - *Hearing and deafness*
 - *Eye disease*
-







Activity and Performance

Accident and Emergency Attendances	2013/14	2014/15
First Attendances	284114	295529
Follow-up attendances	6388	5060
Total	290502	300589

In-patient/Day case Activity	2013/14	2014/15
In-patient (emergency)	78118	80166
In-patient (elective)	19138	19699
Day cases	78924	78733
Total	176180	178598

Day cases as a % of elective activity	80.5%	80.0%
Day cases as a % of total activity	44.8%	44.1%

In-patient Waiting List	As at 31st March 2014			As at 31st March 2015		
	Inpatient	Daycase	Total	Inpatient	Daycase	Total
Total on Waiting List	3177	8973	12150	2831	10478	13309
Patients Waiting 0-12 weeks	2003	5767	7770	1709	6959	8668
Patients Waiting 13-25 weeks	588	1560	2148	525	1707	2232
Patients Waiting over 26 weeks	586	1646	2232	597	1812	2409

Out-patient Activity	2013/14	2014/15
Out-patients first attendances	273681	282513
Out-patients follow-up attendances	750712	788738
Total	1024393	1071251

Bed Usage	2013/14	2014/15
Average in-patient stay	2.7	2.7

General Information	2013/14	2014/15
Number of babies born	8642	9007
Total number of operations/procedures	178173	178251
Renal Transplants (including kidney/pancreas)	247	234
Number of Cataract Procedures	4590	4814

The waiting list volumes have risen for both reported years. This is due to the inclusion of Trafford waits.

Emergency Preparedness

Emergency Preparedness within the Trust 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 that cannot be handled within routine service arrangements, together with Business Continuity and Internal Emergency Plans which escalate and manage internal disruptions.

All of 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 which also incorporates details of all resilience planning activities across all hospitals and community services that fall under our organisation.

As part of our statutory requirements under the Civil Contingencies Act 2004 and the NHS Commissioning Board Emergency Preparedness Resilience and Response Framework 2013, 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 2014/15 we continued to carry out a programme of training across all parts of the organisation, but also carried out a large-scale, live major incident exercise in line with our statutory obligations.

As part of the health economy emergency planning community, we continued to work closely with colleagues in health and other non-health agencies as part of the Local Resilience Forum and at regional Emergency Preparedness forums.

To ensure we are prepared to respond to internal or external incidents and emergencies during 2014/15 and beyond, we will continue to include Major Incident training as part of the Trust Induction Programme for all new starters and as part of the annual Mandatory Training Programme for all Trust staff. We will also continue to review our Emergency Preparedness plans on an annual basis as a minimum.





Quality Report

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2. Welcome from Professor R C Pearson, Medical Director
3. CMFT Quality Reviews

PART TWO – Statements of Assurance from the Board and Priorities for Improvement

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17. Performance of Trust against national priorities and core standards
18. Feedback from Governors
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20. Feedback from the Health and Wellbeing Scrutiny Committee
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22. Independent Assurance report to the Council of Governors of Central Manchester University Hospitals NHS Foundation Trust on the Annual Quality Report

Part 1. Statement on Quality from the Chief Executive

Here at Central Manchester University Hospitals NHS Foundation Trust we are absolutely committed to the delivery of the highest standards of care and the best patient experience. The 2014/15 Quality Report gives an overview of how we have set out to do that this year, some of our achievements to date and where we still need to improve. It is not possible in one report to detail everything, but I hope this summary report demonstrates that quality sits at the very top of our agenda.

The challenge in 2014/15 has been to continue to build upon our successes and improve quality within the tight financial controls that exist in today's NHS. Balancing the requirements of normal NHS efficiencies, an increase in demand and the additional financial savings that have been required with our primary objective of safe, high quality services and the best patient experience has been at the core of everything we have done this year.

The following report sets out the detail but I would like to present here some personal highlights:

- I am delighted to say that we have one of the safest Dental Hospitals in the country. The University Dental Hospital of Manchester has led the way in developing safety checklists for dental extractions and other oral surgery.
- The delivery of community services as part of the Trust's business has enabled us to improve hugely the patient journey both into and out of hospital and will in the future undoubtedly reduce the need for hospital admissions.
- Working with our staff on our internal Quality Reviews and using them to improve the quality of care and patient experience has been a huge success. In 2014/15 we undertook follow up visits and this year I intend to undertake the reviews in full again. Listening to the staff and hearing the patient voice through that process has enabled many of the improvements detailed in this report. The involvement of all levels and disciplines of staff enabled us to make a candid assessment of services that I doubt would have been available to us otherwise.

- The Trust has undertaken a huge piece of work this year to ensure that staff in the organisation feel able to speak up when they feel something is not right. Our values and behaviours framework, training events, policy development and senior leadership training have supported this. I believe very strongly that staff must be able to raise concerns safely and that these concerns must be used to improve care quality. I hope that the Quality Review process will be another way of promoting this in 2015/16.

The next five years will be an exciting, interesting and challenging time for the NHS. I look forward to continuing to work with our patients, our staff, colleagues in other Healthcare providers and our stakeholders in shaping the future of healthcare in Manchester and beyond. Clinical quality, safety, patient experience and balancing the books will be at the core of this work.

Finally I would like to take this opportunity to thank all staff working in the Trust for another very successful year in the face of huge challenges.

I am pleased to confirm that the Board of Directors has reviewed the 2013/14 Quality Account and confirmed that it is a true and accurate reflection of our performance.

Sir Michael Deegan, Chief Executive Officer

29th May 2015





Statement from Medical Director

Clinical Quality and Patient Safety is absolutely central to what we do here at Central Manchester University Hospitals NHS Foundation Trust (CMFT) and remains one of our key priorities.

The focus of my work this year is that we continue to deliver safe, high quality care that meets and exceeds the needs and expectations of our patients.

This year has not been an easy one for us or the NHS as a whole. Challenging financial targets coupled with increasing pressures on services such as our Accident and Emergency Departments have meant our staff have had to work even harder to deliver high quality care.

We started the year with a challenging work programme and I am pleased to say we were able to achieve many of our ambitious targets and where we have not, we continue to work hard to improve. Our Quality Report sets out all of these achievements in detail but here are some of the headlines:

Sepsis – Evidence suggests that across the UK sepsis contributes to the deaths of 37,000 people. Early recognition and treatment could significantly reduce this number.

We are working with partners such as the Health Foundation, North West Ambulance Service and others to significantly reduce harm from sepsis by implementing a programme called Sepsis Six. This is the application of six key interventions such as the administration of antibiotics known to improve outcomes if delivered early.

We are testing solutions such as simulation training for doctors and nurses on early recognition, and the introduction of sepsis trolleys to ensure all the equipment required is immediately available.

This will continue to be a focus going forward to 2015/16.

Mortality – one of my top priorities this year was to improve on the key measures of mortality. The two measures used are the Summary Hospital Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR). These measures provide information on the number

of expected deaths in hospitals. Each year the measures are presented as a measure against an expectation of 100 or below. This means that hospitals with a SHMI or HSMR measure of above 100 are having more than the expected number of deaths and those below 100 less than the expected number of deaths.

I am pleased to report that the position to date is that for HSMR we are below 100 and for SHMI exactly 100. This, triangulated with other information, assures me that the mortality rate for the organisation is slightly below expected.

Acute Kidney Injury (AKI) - Another priority for us this year has been reducing harm from the incidence of AKI. A specialist team has been established to recognise all cases of AKI within 24 hours; they also have a role of supporting ward teams to manage the condition. An electronic alert system has also been developed for the early identification of all AKI cases to ensure early recognition and treatment. We are proud to be one of the Trusts leading the way nationally on these developments.

Dementia - Dementia care is another priority which we set for our organisation last year. There have been many developments over the year led by a consultant as our clinical medical lead, our Director of Nursing as the nursing dementia champion and a Non-executive Board Champion.

We made six commitments to improve the care of patients with dementia:

1. Increase awareness and knowledge of dementia and specific needs of patients.
2. Establish systems to identify patients with dementia /cognitive impairment.
3. Create dementia friendly environments & activities.
4. Increase specialist support for patients with dementia.
5. Develop shared care model for carers of patients with dementia.
6. Create opportunities to support carers.

I am delighted to report that progress has been made on all six commitments including a number of training events, environmental improvements and the introduction of ward visits by carer champions.

Patient Safety and Harm Free Care - We reviewed the recommendations made by Sir Robert Francis QC in his report "Freedom to Speak Up", which was the fourth report following the failings at Mid Staffordshire NHS Foundation Trust. Sir Robert states that the principles and actions contained in his report should make it safe for people to speak up and provide redress if injustice does occur.

Here at CMFT we encourage all staff to speak up if they feel something is wrong. We have one of the highest rates of incident reporting in the NHS, which suggests to me that staff are happy to report concerns and feel comfortable that we will undertake a full review of recommendations.

We are also committed to being open with patients and their families when things go wrong. Thankfully harm, and especially serious harm, are rare events but I am absolutely committed to honesty, transparency and openness when this does occur. When required, investigations are undertaken and these are shared with patients and their families.

I had hoped to report this year that we had, as in previous years, reduced the number of serious harm incidents. I am disappointed to say that I cannot do this. Serious harm incidents account for a tiny proportion of incidents reported each year, but I know the impact on patients and their families is devastating. I will strive to reduce the numbers of these incidents in future years by ensuring that we learn from incidents and make the necessary improvements. I will also commit to being open about harm and keep you informed of progress and developments.

As part of this commitment the organisation has also published its patient safety plan as part of the Sign Up to Safety Campaign. The pledges made can be found at: <http://www.cmft.nhs.uk/your-trust/sign-up-to-safety>

Finally, the Trust has signed up to a regional patient safety campaign called Making Safety Visible. The programme will use the measuring and monitoring of safety framework developed by Professor Charles Vincent et al to develop a patient safety surveillance system. There are two key outcomes planned:

- Improved understanding and capability for measuring and monitoring safety within the Board team, and;
- Improved measuring and monitoring of safety within the organisation with measurable benefits.

I hope this project will further develop our understanding of how patient safety incidents occur and how we can prevent them.

Medical Education – I am delighted to announce that all of our Year 5 Medical Students passed their final exams this year. This is a fantastic achievement and I congratulate them all. We are proud of our long tradition of education and training here and strive always to provide the highest quality training to both our undergraduate and post graduate trainees.

In striving to provide patients with high calibre clinicians going forward, during the last academic year over 4,500 separate teaching sessions were delivered by a range of staff across the Trust. This is a tremendous achievement for the Trust and highlights the commitment of staff to teaching the next generation of doctors. The feedback on the sessions from the participants was overwhelmingly positive.

Bi-annual Medical Educators' conferences have been delivered to support educators' continuing professional development and facilitate peer support and networking. These will continue to be run in the spring and autumn of the next year.





Leadership and Safe Supervision – I have established a number of leadership development programmes to ensure that the clinicians of today are our effective leaders of tomorrow.

One of these programmes is the opportunity for a weekly session for a year in my team. The aim is to:

- promote and develop a strong and visible medical leadership across the Trust.
- establish a consistent and transparent career development pathway for medical staff.
- provide the potential for pro-active succession planning by identifying future medical leaders.
- further develop clinical engagement and involvement in leadership, transformation and the overall business of the Trust.
- establish a pool of transformation leaders who are passionate and committed to lead and deliver change and service improvements (in line with our Transforming Care strategy) that go beyond their specialty, potentially across the whole organisation.

By providing this opportunity to 10 consultants, the Clinical Effectiveness, Transformation and Informatics teams are each able to offer projects. Topics include:

- Handover
- Structured Ward Rounds and Discharge
- Job Planning and Daily Consultant Ward Rounds
- Care of the Complex Patient
- Theatre Productivity
- Informatics.

Over 100 newly appointed consultants have either undertaken, are undertaking or are scheduled to undertake a development programme. On this programme they learn about improvement methodologies and how to influence change in the NHS. A number of the consultants who have completed the programme have already gone on to undertake an improvement project across our out-patient services.

You may remember that last year I reported a large number of our staff took part in a programme of Quality Reviews. This was an excellent way to engage both staff and patients in a review of the quality of our services. This year we visited the various sites to make sure that the improvements planned had taken place and I am pleased to report that many improvements have been made on the back of these reviews. We plan to do this again as it proved to be valuable.

Research and Innovation - We are intrinsically connected with The University of Manchester, and together we share the largest academic campus in Europe. Our research strategy is aligned with the university's Faculty of Medicine and Human Sciences and many of our staff hold joint academic/clinical posts.

We also connect with patients, other researchers, charities and industry, working together to translate research findings more quickly into clinical practice.

In 2014/15 we developed a research involvement strategy to more consistently embed public input into the design of our research studies. Through the execution of this strategy, we hope to improve participant experience and study recruitment/retention.

Finally, I would like to take this opportunity to thank all our staff and our partners for their hard work in delivering high quality care and I very much look forward to another successful year ahead.

**Professor R C Pearson,
Executive Medical Director**



The Quality Reviews

During 2013/14 we undertook a programme of Quality Reviews.

Staff were asked to volunteer to undertake a peer review of services in another area of the Trust. The added value of staff from all levels and all disciplines being engaged in this process was immense. The experiences of those staff and the insight they provided, the level of challenge they brought to long embedded systems and processes that had been in place for many years, was hugely helpful in drilling down not just to what the problems were, but the root causes of those problems. The Trust has a defined set of values and behaviours; these reviews were undertaken in accordance with them. This was not an inspection or an assessment, but in the true sense of the word, a peer review. Colleagues worked together and shared information on where practice was to be commended. Many team members stated that they were returning to their own place of work with new ideas for the future. Where improvements are needed a peer feedback process has been facilitated with teams working together to improve quality.

The review has informed work plans for the organisation both locally in specific clinical settings but also a number of Trust wide projects. For example, a group of newly appointed consultants in the organisation who recently completed a development programme together were interested in utilising their new skills to deliver an improvement project. Working alongside the Transformation team they have now come together to work on the development of consistent quality standards for out-patient care.

The review has informed important safety work streams. An example of this is the need to strengthen patient identification and site checking processes in the non-theatre environment. This has enabled us to very specifically target areas for the development of safety checklists.

Importantly it has also enabled us to feedback to staff some very positive findings. Our staff were able to discuss openly their views on working in the organisation and, without exception, all Divisions were found to have staff that were really proud of their work and comfortable reporting incidents to facilitate learning.

The headline findings for the organisation were:

- Celebrating success
- Good leadership
- Excellent patient feedback and use of this information to improve
- Good governance systems
- Staff committed, caring and proud
- Evidence of improvement across all areas
- Good awareness of patient safety and culture of learning – reduction in harm
- Good systems for local induction and appraisal for many disciplines.

Improvements required:

- Staffing, use of agency staff and out of hours cover
- Incident/complaints/claims feedback
- Consistency – mortality review/use of pathways/handovers/infection control
- Recording of training
- Patient outliers
- Communication between Community and Acute Services
- Mental Capacity Act/Deprivation of Liberty Safeguards awareness in some areas
- Clinical audit cycle completion.

The Trust undertook follow-up visits during the autumn of 2014 and these have identified where progress has been made and there is work still to do.

Examples of improvements in progress:

- Compliance with clinical pathways
- Menu choice for patients
- Changes to the admissions process for paediatric elective surgical patients
- Establishment of staff forum in Critical Care
- Radiology facilities
- IT access and networks in Community Services
- Focussed work on discharge pathways
- Development of clinical audit performance metrics
- Changes to staff uniforms
- Focus on the safety needs of 'medical outliers' in the acute hospital
- Education for staff on the Mental Capacity Act and Deprivation of Liberty Safeguards.

This year the Trust will again undertake the reviews utilising focus groups, visits and data analysis.

We will use this information in conjunction with the outcome of any external review of quality to inform improvement going forward.








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

Priorities for improvement in 2013/14 and summary of progress:

In 2014/15 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.

-  Met our objectives
-  Made good progress but did not meet our objective
-  Did not meet objective

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

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 Trust Risk Management Committee.

During 2013/14 the Central Manchester University Hospitals NHS Foundation Trust provided and/or sub-contracted all services as set out as Mandatory Services under the Terms of Authorisation for relevant health services.

The Central Manchester University Hospitals NHS Foundation Trust has reviewed all the data available to it on the quality of care in all of these relevant health services.

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 2014/15 were subject to a review of data quality. The Board has this year developed improved metrics for clinical reporting to further enhance the understanding of clinical outcomes.

The income generated by the health services reviewed in 2014/15 represents 100 per cent of the total income generated from the provision of relevant health services by the Trust for 2014/15.

Board of Directors' Key Priorities for 2015/2016

In 2014/15 we set out our four key clinical priorities as Mortality, Harm Free Care, Dementia Care and Sepsis. We have worked with staff and patient groups to identify these as our priorities and have chosen them to reflect both National and local issues of importance. These will remain our priorities for 2015/16.

Mortality is one of the overarching indicators of quality of health care. The two key measures of mortality are HSMR and SHMI which should both be at 100 or below. Whilst the Trust HSMR is now below 100 and the SHMI is at 100 we would still like to see the progress sustained.

Harm Free Care provides us with a focus on four actual harms and allows us to develop improvements that are applicable across the whole patient safety agenda. We aim to have at least 95% of patients receiving harm free care; we have not yet been able to achieve that for pressure ulcers or falls and have therefore kept this as a priority. Information on measurement and previous performance is detailed within the report.

Dementia Care is a specific condition which is a current national and local concern. We aim for at least 90% of patients aged 75 or over being assessed and referred for support if required. Whilst performance is good and over 90% of emergency in-patients have been assessed, we believe we still have some work to do and want to make this a priority again for this year. Information on measurement and previous performance is detailed within the report.

Sepsis is a specific condition which is a current national and local concern where opportunities to improve care have been identified. Information on measurement and previous performance is detailed within the report.

These priorities have been set on the basis of Trust quality assurance metrics, the outputs from the Trust Quality Reviews (which included patient discussions) and discussion with our Governors. We have also taken into account wider public discussions and concern relating to dementia in particular.

Alongside these we will also present in this Quality Report other clinical priorities set for 2014/15 and the progress made.





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 following 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

The indicators presented here all directly inform the five key areas of the NHS Outcomes Framework above.

Summary Hospital - Level Mortality Indicator (SHMI)

The Central Manchester University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons.

The Summary Hospital-level Mortality Indicator (SHMI), introduced during 2011, is a method to measure hospital mortality. It is based on all patient deaths including those which happen up to 30 days following 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 low (better) than expected.

We have continued our extensive programme of work and have this year seen an improvement in our SHMI figures.

Indicator	Outcome/s	CMFT 2013/14	CMFT 2014/15	National Average 2014/15	Highest Performing Trust 2014/15	Lowest Performing Trust 2014/15
SHMI	To be confident that our mortality rate accurately reflects clinical practice, coding and data quality	101.09	99	100	83	118

Patient Reported Outcome Measures

The Central Manchester University Hospitals NHS Foundation Trust considers that this data is as described for the following reason: all patients undergoing these procedures have the opportunity to complete quality of life assessment questionnaires before and after surgery, the figures represent the percentage of patients reporting improvements in their health outcomes.

The Trust has supported fully the process for gathering patient feedback prior to surgical

procedures as part of the pre-operative process. This is collected by surveys which are then returned to our survey providers; the questionnaires which are sent to patients following their surgery are co-ordinated by an independent survey organisation. By sharing patient level detail with clinicians we will ensure learning and development. We need to continue promoting the completion of the surveys and continue to work with our survey providers to achieve high quality data which allows comprehensive review.

Indicator	Outcome/s	CMFT 2013/14	CMFT 2014/15	National Average 2014/15	Highest Performing Trust 2014/15	Lowest Performing Trust 2014/15
Groin hernia surgery	To improve health outcomes following each of the 4 procedures	67.66	Not available at time of reporting. Too few responses to report	Not required	Not required	Not required
Varicose vein surgery		-	Not available at time of reporting. Too few responses to report	Not required	Not required	Not required
Hip replacement surgery		90.29	Not available at time of reporting. Too few responses to report	Not required	Not required	Not required
Knee replacement surgery		85.03	Not available at time of reporting. Too few responses to report	Not required	Not required	Not required





The percentage of patients readmitted to a hospital within 28 days

The Central Manchester University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: it is nationally standardised data which allows us to draw comparisons against the NHS as a whole.

The indicator measures where an emergency admission occurs within 28 days following a patients discharge from hospital. The relative risk allows the Trust to compare performance against a national average. The baseline is 100, so a score below 100 means that readmission rates in an organisation are low (better) than expected. Here at CMFT our data shows we are below 100 for both indicators (age groups).

Indicator	Outcome/s	Relative Risk 2013/14	Relative Risk 2014/15	Actual 2014/15	Expected 2014/15	Super Spells 2014/15	Rate 2014/15
Aged 0 -15	To reduce readmissions and improve health outcomes	96.94	94.87	1879	1980.7	24752	7.59%
Aged 16 + over		96.22	99.38	4501	4529.26	64045	7.03%

Trust responsiveness to the personal needs of its patients

The Central Manchester University Hospitals NHS Foundation 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 in our organisation in July 2014.

The Trust has achieved an improved overall score this year for the five questions compared to 2013/14.

Improvements particularly relate to three of the questions:

- ***'Did you find someone on the hospital staff to talk to about your worries and fears?'***
- ***'Were you given enough privacy when discussing your condition or treatment?'***
- ***'Were you involved as much as you wanted to be in decisions about your care and treatment?'***

Monthly internal monitoring of patient feedback, using an electronic survey tool, shows a sustained improvement in all five questions since the month of the National Inpatient Survey.

Indicator	Outcome/s	CMFT 2013/14	CMFT 2014/15	National Average 2014/15	Highest Performing Trust 2014/15	Lowest Performing Trust 2014/15
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	65.6%	67.2%	Not available	Not available	Not available



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

The Central Manchester University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The data below is taken from the 2014 NHS Staff Survey. Questions 12a, Q12c and Q12d feed into Key Finding 24: "Staff recommendation of the Trust as a place to work or receive treatment". This is weighted by the number of respondents who "agree" or "strongly agree" with each statement and are then given a score of between 1-5, 1 being the lowest and 5 being the highest.

NHS England introduced the Staff Friends and Family Test (SFFT) in all NHS trusts that provide

acute, community, ambulance and mental health services in England from April 2014. Their vision is that all staff should have the opportunity to feedback their views on their organisation at least once per year.

The Trust surveyed different groups of staff every three months throughout the year and compared the results with those received as part of the staff survey which was very slightly below the national average, 3.65 compared to 3.67.

Regular surveys will allow us to identify any working areas or staff groups that might require a particular focus, in order to ensure that staff view the Trust favorably as a place to work and receive care.

Indicator	Outcome/s	CMFT 2013/14	CMFT 2014/15	National Average 2014/15	Highest Performing Trust 2014/15	Lowest Performing Trust 2014/15
Staff Survey Key Finding 24 – staff recommending the Trust as a place to work or receive treatment - an indicator of the Friends and Family Test	Staff report that they are treated with the appropriate values and behaviours by colleagues and by the organisation and that they would recommend the Trust	3.71	3.65	3.67	4.28	2.60

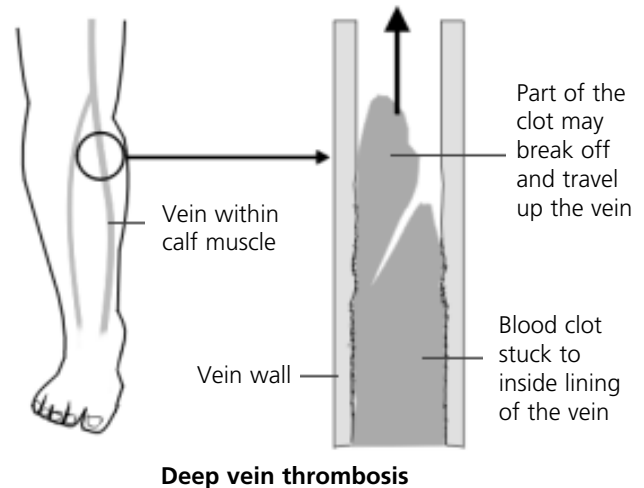




The percentage of patients who were risk assessed for venous thromboembolism (VTE)

The Central Manchester University Hospitals NHS Foundation 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.

The table below demonstrates that the Trust has continued to maintain its performance of assessing at least 95% of appropriate patients for VTE year on year. The aim is to maintain a minimum of 95% compliance throughout the year.



Indicator	Outcome/s	CMFT 2013/14	CMFT 2014/15	National Average 2014/15	Highest Performing Trust 2014/15	Lowest Performing Trust 2014/15
VTE assessment	To risk assess 95% of appropriate patients (in previous years this has been a 90% target)	96%	96%	96%	100%	81%

Venous thrombosis (VTE) is a condition in which a blood clot forms, often in the deep veins in the calf, thigh or pelvis. This is also known as deep vein thrombosis (DVT). When you have a DVT the blood flow in the vein is partially or completely blocked. If a part or all of the blood clot in the deep vein breaks off from the site where it is created and travels through the venous system, it is called Venous Thromboembolism (VTE).

We strive to undertake a VTE risk assessment on 95% of all suitable patients. Where a patient has developed VTE under our care (hospital acquired), we also investigate the cause of this and aim to investigate 95% of such incidents.

This year as in previous years, we have continued to work towards reducing the number of VTE incidents by sharing the lessons learned from investigations. We have also improved the recording of these incidents across the organisation. We continue to monitor our performance against the 95% target of VTE risk assessment and investigation of VTE incidents. Areas not meeting this target are addressed in order to improve performance. During 2014/15 we had 29 VTE incidents reported of which all were investigated.

What: To achieve 95% performance on VTE risk assessment throughout the year 2014/15

To achieve 95% compliance with root cause analysis investigation on identified hospital acquired VTE throughout the year 2014/15

How much: Minimum of 95% for both measures

By When: During 2014/15

Outcome: Achieved 96% of appropriate patients risk assessed and 100% of investigations complete

Progress: 

Our aim for next year is to continue to ensure that at least 95% of our patients who require a VTE risk assessment are assessed and 95% of these are investigated. This year 100% of all our VTE incidents were investigated. The lessons learned from these investigations were shared with staff. In the coming year, we plan to work with our local GPs to find a way of recording VTE incidents from patients who have been discharged from our hospital into the community.

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

The Central Manchester University Hospitals NHS Foundation Trust considers that this data is as described for the following reason: it is nationally standardised data which allows us to draw comparisons against the NHS as a whole.

The Trust continues to make improvements in reducing the number of C Difficile infections and many of these are described later in this report.

Indicator	Outcome/s	CMFT 2013/14	CMFT 2014/15	National Average 2014/15	Highest Performing Trust 2014/15	Lowest Performing Trust 2014/15
Clostridium Difficile infection per 100,000 bed days	To reduce C Difficile infection	19.4	18.6	Not available	Not available	Not available

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

The Central Manchester University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: increased reporting at low level of incidents, improved data quality checks.

The Trust continues to take the following actions to improve incident reporting via the National

Reporting and Learning System (NRLS), and so the quality of our service:

- Data quality management
- Awareness raising of need to report near misses
- Patient Safety Training which includes Human Factors
- Patient Safety Initiatives
- Harm Free Care initiative.

Indicator	Outcome/s	CMFT 2013/14	CMFT April 14 - Sept 14	Comparator Group Average 2014/15	Highest Performing Trust* 2014/15	Lowest Performing Trust* 2014/15
Rate of incidents per 100 admissions	5a Patient Safety incident reporting	54*	60.63	35.9	74.96	0.24
Percentage of severe harm or death	5b Severity of harm	0.3%*	0.2%	0.5%	0%	82.9%

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

**NRLS now produce the data differently by 1000 bed days rather than by 100 admissions therefore there isn't a comparator for the previous year*





Priority	Page	2012/13	2013/14	2014/15
Patient Safety	63			
Patient Safety Events	63			
• Learning from Incidents	64			✓
• Medication Safety	68	✓	✓	
Harm Free care	69			✓
• Falls	69	✓	✓	✓
• Pressure Ulcers	70	✗	✓	
• Catheter acquired infection	71	✓	✓	✓
Clinical Risks	78			
• Health Records	78			
• Communication of Tests Results	78	N/A	N/A	N/A
• Emergency Department Capacity	79			
Clinical Effectiveness	80			
Infection prevention	80	✗	–	–
Hospital Mortality	84	–	✓	✓
Clinical Audit	85		✓	✓
Commissioning for Quality Improvement Scheme (CQUINS)	94			
• Local	94	✓	✓	✓
• National	94	✓	✓	✓
Advancing Quality	95		✓	
• Acute myocardial infarction (heart attack)	95	✓	✗	✗
• Coronary artery bypass graft (CABG)	95	✓	✓	✓
• Heart failure	95	–	✓	✓
• Hip and Knee replacement	95	–	✓	✗
• Pneumonia	95	–	✓	✓
• Stroke	95	✗	✓	✓
Patient Experience	102			
Real time patient feedback - Friends and Family Test	102	✓	✓	✓
End of life care	106	✓	–	✓

Patient Safety

The information detailed below is the position as of the end of April 2015. As in previous reports this information may change and if this happens it will be updated in future reports.

Safety Improvement Strategy

The Trust was one of the first to commit to the national 'Sign up to safety' campaign which aims to reduce harm by 50% over the next three years. We have prioritised the following six safety programmes:

1. Safety Culture - the development of Patient Safety Champions and the introduction of structured safety conversations.
2. Safety in Theatres - the introduction of enhanced training on safety processes.
3. Obstetrics – this will include improvements to the triage of women in labour including introducing new technology to support this area.
4. Patient Information – this will include improved access to information and the development of a Patient Safety briefing.
5. Implementation of new technology to support how the results of tests are communicated to staff and patients.
6. The prevention of blood clots (VTE) by coordinating care.

Our full Safety Improvement Strategy can be found on our website - www.cmft.nhs.uk





Learning from incidents

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; this is demonstrated by high numbers of no harm or near miss incidents.

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

We have succeeded in achieving a 7% increase in Patient Safety Incident reporting this year, with 60.63 incidents per 1000 bed days. Over 93% of incidents reported were no harm compared to national average of 73.7%.

We have seen a yearly increase in reporting which is good as whilst the number of incidents reported has increased this is at the no harm/near miss level whilst the serious harm that patients experience has gone down. This is because our staff are reporting more near misses which means we can learn from these and put things right before more serious incidents occur.

Examples of learning from incidents

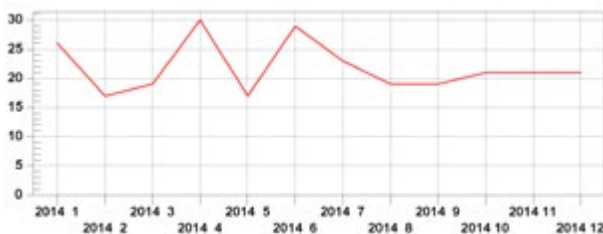
We undertake Patient Safety Training to help staff understand how errors can occur. After every incident we review what happened and where possible make changes to prevent the same thing happening again. Examples of some of the actions following incidents are as follows:

- Review of capacity in Eye Hospital to reduce delays in accessing treatment.
- Review of guideline relating to reduced fetal movements in pregnancy.
- Improving access to triage and clinical review in the early stages of labour.
- Introduction of revised falls prevention care plan.
- Introduction of ward level incident analysis.
- Review of locum doctors handbooks.
- Introduction of hoist checklist.

AM1

Patient Safety Incidents - 01/01/2014 to 31/12/2014

Patient Safety Reporting levels



Total Number of Incidents Last Year

262

Total Number of Incidents Last Month

21

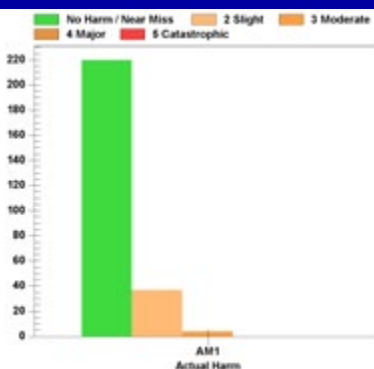
Incidents per 100 bed days

5.28

Top 5 incident Causes

Incident Type	Cause Group	Total
Personal Accident/ Incident	Fall	97
Clinical Assessment Inc. Scree	Specimen Acceptance	34
Pressure Ulcers	CMFT Acquired	29
Treatment / Clinical Care	General Patient Care	13
Access, Admission, Transfer, D	Transfer	12

Harm levels



Key Indicators

Fall's 97 Time since last Actual harm 4/5 Fall Not occurred for at least a year	CMFT PU's 29 Time since last Grade 3/4 PU 310 days	Specimen Acceptance 34
CAUTI's 6 Time since last CAUTI 55 days	Medication errors 9 Prescribing Dispensing Admin 1 5 3	

This department has been without a level 4/5 Actual Harm Incident for over a year

Serious Harm Incidents (level 4/5 incidents)

Whilst our aim is to increase incident reporting it is also to reduce the levels of serious harm; the table below demonstrates all actual harm incidents at level 4 and 5 which are the most serious incidents. It can be seen that there has been an increase in these from the previous year although this is still a decrease from the 2012/13 level. There are key safety programmes in place to reduce these over the next year as detailed in our Safety Improvement Strategy.

	Level 4 Actual Harm	Level 5 Actual Harm	Total	Per 1000 bed days	
2012/13	32	26	58	0.14	
2013/14	23	22	45	0.11	▼
2014/15	23	20	43	0.11	
2014/15*	27	28	55	0.14	▲

*includes unconfirmed which are still under investigation

What types of incidents resulted in serious harm:

- Falls
- Maternity – (still birth/early neonatal death)
- Diagnosis including tests/scans delays (specifically radiology)
- Recognition and response to deterioration including senior clinical review
- Procedure related.

Being Open

We are committed 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. This can range from informing the patient of the error as it occurs to sharing our investigation findings and actions planned to prevent it happening again.

For our most serious incidents we check that this is being undertaken in a reasonable timeframe and achieved this in 82% of cases this year. We aim to improve this next year through staff training.

Being open required during period	Being Open completed within time frame	%
34	28	82%

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. These are set nationally and we have risk assessments and measures in place to prevent these. We set out to have zero events at the start of the year. However, despite this we had two, both of which were related to completion of procedures one in a ward and the other in a dental theatre.

Following these events, full investigations were undertaken and actions completed which included changes such as the implementation of a checklist for insertion of lines in ward areas and the implementation of an additional second confirmation check immediately before making the incision.

In addition to this a working group has developed a detailed action plan which is being implemented to further strengthen our processes and reduce risk to patients.





Type of Incidents Reported

Treatment/Clinical Care remains our highest reported incident type; this includes maternity, procedure/surgery, and general patient care etc related incidents. This is now more closely followed by clinical assessment

incidents which comprise laboratory test and specimen acceptance issues. Communication/documentation incidents have also increased this year and this is now the third most reported incident type. We use these themes to focus and prioritise on our safety plans.

	2013/14	2014/15	Total Variation
Treatment/Clinical Care	4802	4840	▲
Clinical Assessment including Screening	3735	4558	▲
Communication/Documentation	2814	3062	▲
Personal Accident/Incident	2843	2922	▲
Access, Admission, Transfer, Discharge	2269	2597	▲
Medication Errors	2062	2343	▲
Infrastructure/Facilities/Estates	1634	1721	▲
Pressure Ulcers	1480	1465	▼
Medical Device	1030	793	▼
Safeguarding Adult/Children	171	197	▲
Security, Theft, Violence and Aggression	144	110	▼
Information Governance	49	66	▲
Major Trauma Pathway	-	38	-
Pathway Deviation	80	32	▼
Emergency Department Capacity	-	15	-

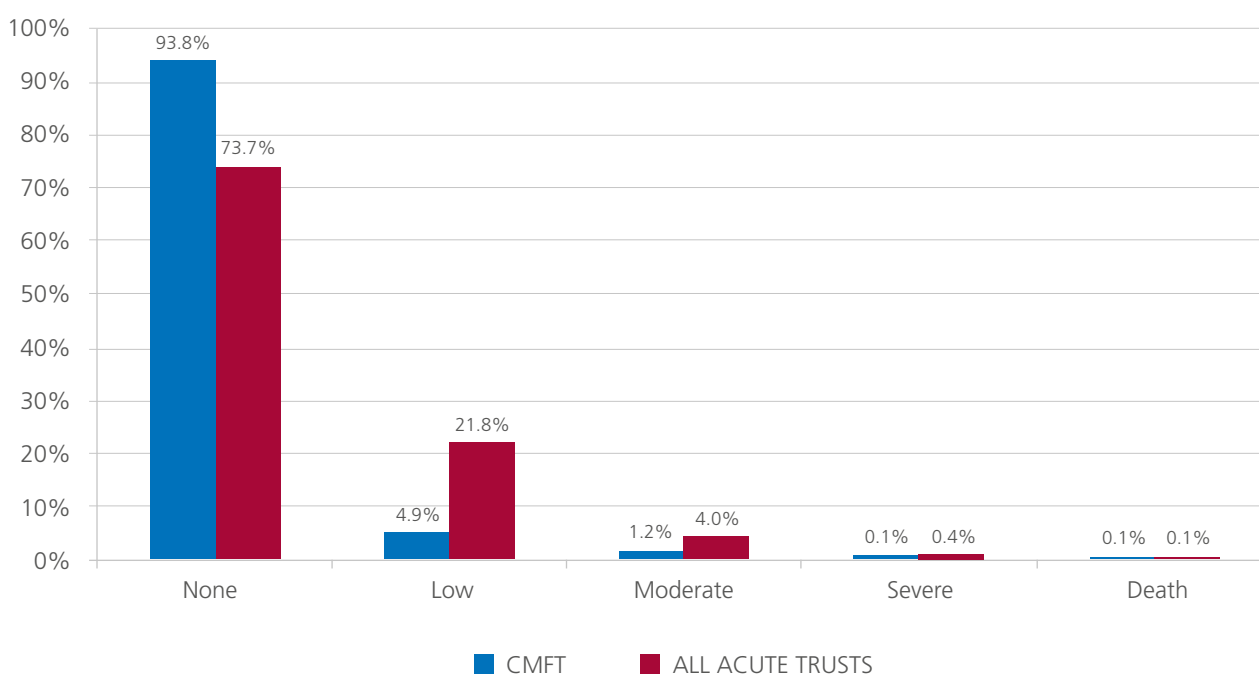
Comparison with other Trusts

We report all our Patient Safety Incidents to NHS England (NHSE) and they use this information to compare us with other Trusts that are similar to us (all acute non specialist trusts). Data is released in six month groupings; the information below provides details of the latest published data.

The Trust reported 12,020 incidents to NRLS which is 60.63 incidents per 1000 bed days in the period April to Sept 2014. This makes us the top reporter in terms of numbers of incidents reported nationally.

Area	CMFT	Best Trust	Worst Trust	Average
Number of incidents	12,020	12,020	35	N/A
Rate of incidents reported per 1000 bed days	60.63	74.96	0.24	35.9
Number resulting in severe harm or death	22	0	97	N/A
Percentage resulting in severe harm or death	0.2%	0%	82.9%	0.5%

Levels of harm Apr-Sep 14





Medication Safety

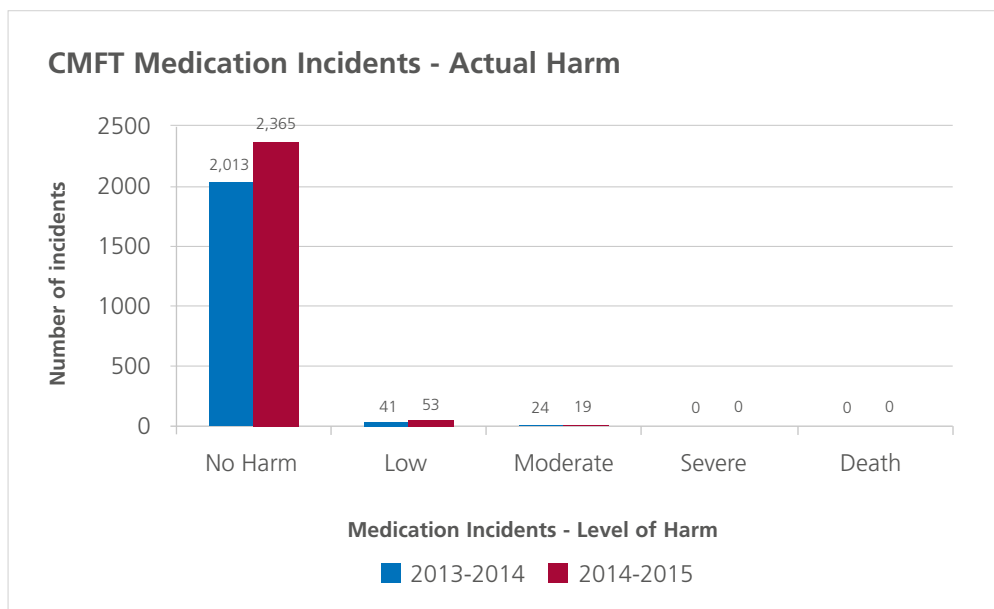
Taking a medicine is the most frequent action we take to improve health, but medicines can also cause harm and errors can potentially occur at any stage from admission to discharge.

We aimed to have no serious harm medication incidents again this year and we are pleased to say we have done that. We also wanted to maintain a strong culture of reporting medication safety incidents to make sure we learn from when things go wrong. Next year we will continue to work hard to reduce the level of harm caused by medication incidents.

The graph below shows the level of harm due to medication incidents in the last two years. In 2014/15:

- Most medication incidents reported caused no harm.
- There were no serious harm incidents (where severe long-term effects or death are caused by medication error) this year or last year.
- The number of moderate harm incidents was less than last year.
- The number of incidents reported increased compared to last year.

No serious harm medication incidents in 2014/15.



Improvements last year

The most common type of medication incidents at CMFT are errors where a dose of medicine is missed or delayed. Whilst this might not seem serious this can lead to harm, particularly for certain types of medicine.

We have collected information on missed doses using the national Medicines Safety Thermometer, a national tool that is designed to give a snap shot on one day each month to help us understand more about medication safety and harm from medication error. We have then used this information to look at the reasons why doses of medicines are missed and to develop improvement plans. This year we have reduced the percentage of patients who miss a dose of medicine. We want this to continue next year.

We want to do more – planned improvements next year

We want to improve training for staff on medication safety issues including use of insulin and omitted medicines.

Transfer of patients into and out of hospital has been identified as a common source of medication errors. We want to increase safety by making improvements in the management of medicines at the transfer of a patient's care.

We want to develop and implement a Trust-wide electronic prescribing and administration system designed to reduce the risk of harm with medicines.

Harm Free Care

Harm Free Care is a national campaign to reduce harm from four known causes – Falls, Pressure Ulcers, Catheter Associated Urinary Tract Infection (CAUTI) and Venous Thromboembolism (VTE). The Trust has been working hard to reduce these harms and detail on progress is set out below.

Reduction in harm from falls

What: To reduce the overall number of falls resulting in major harm caused to patients as a result of the fall.

How much: To reduce overall the number of serious falls (severity level 4-5) below that of 2013/14 in 2014/15.

By when: March 2015

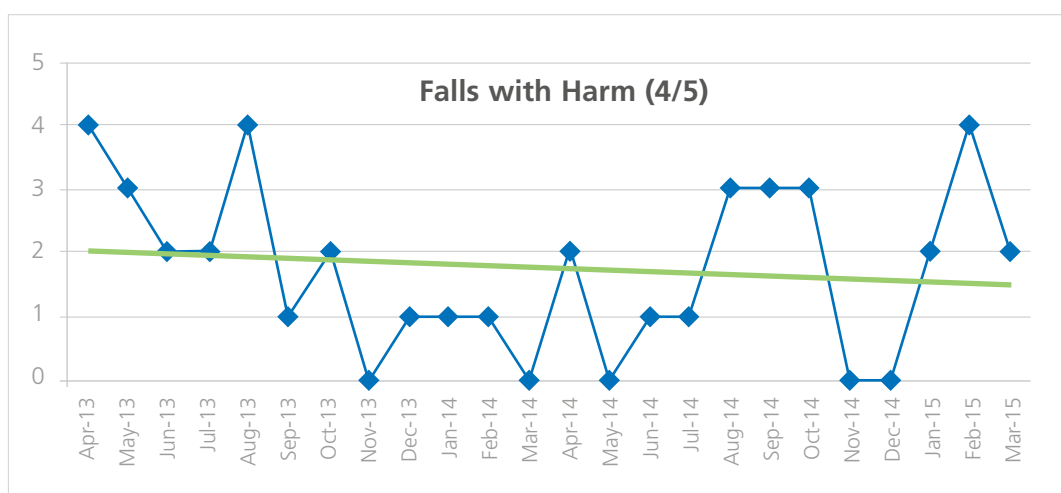
Outcome: There has been a reduction of 8% of falls recorded with major harm (severity 4-5)

Progress: 

We are committed to improving the reduction of patient falls and have seen an overall reduction of 3% in all patient falls and a reduction of 8% of falls recorded with major harm (severity 4-5).

Severity of harm from falls

Actual Impact	2013/14	2014/15
No Harm	2186	2084
Slight – Moderate (level 2-3)	81	110
Major Harm (level 4-5)	24	22
Total number of patient falls	2291	2216



Each clinical Division has established a process to monitor incidents and divisional improvement plans. Divisional trajectories were set for 2014/15 with a focus on reduction of falls with major harm (level 4-5), which the Trust has achieved.

The Trust has committed to work with the Shelford Hospitals on a number of intractable quality issues, including patient falls. The work will focus on multifactorial assessment and testing interventions to reduce the number of

patient falls. This work will enable the Trust to benchmark improvement and share good practice with other comparable Trusts.

The organisation is committed to improving performance and reducing patient falls, particularly those with harm. Divisional trajectories will be set for 2015/16 with a continuing focus on reduction of all falls with harm (level 2-5).





Reduction in harm from pressure ulceration

What: To reduce harms caused to patients from pressure ulceration.

How much: To reduce the number of acquired pressure ulcers in 2014/15.

By when: March 2015

Outcome: There has been a 30% reduction in grade 2, 56% reduction in grade 3 and 47% reduction in grade 4 pressure ulcers.

Progress: 

Following on from the progress made in 2013/14 the Trust has continued to focus on improving care and reducing the number of pressure ulcers across community and acute services. Work across the Trust has focused on four specific areas:

- Developing systems and processes to identify and report pressure ulcers.
- Implementing evidenced-based practice.
- Enhancing the knowledge and skills of staff to ensure a more competent and confident workforce.
- Making the best use of pressure relieving equipment.

1. Systems and processes to identify and report pressure ulcers

- We have improved the identification, reporting and monitoring of pressure ulceration by clinical staff. Within the organisation clear pathways of escalation and investigation of grade 3 and 4 pressure ulcers have been developed.
- All grade 3 and 4 pressure ulcers are individually investigated and reviewed at a weekly meeting which includes senior nurses and the clinical teams involved in the patient's care. The purpose of the review is to identify what went wrong and what can be learned from the experience. The outcome of each review is used to focus and develop our actions going forward.
- Grade 2 and unclassified pressure ulcers are investigated and presented at Divisional harm free care meetings to continue the focus of shared learning and pressure ulcer prevention.

2. Best evidenced-based practice

- We have reviewed how we document patient care to ensure that national and international evidence is incorporated within the integrated care pathways for pressure ulcer prevention and management within the acute setting.
- We have developed new pressure ulcer prevention and management documentation for use within community and intermediate care settings to ensure consistency across all healthcare settings again incorporating best evidence.

3. Knowledge and skills of staff

- The Trust has provided support to invest in developing the knowledge and skills of the specialist nursing team by undertaking one to one supervised working, team education sessions and undertaking competency-based assessments.
- In addition, across the wider organisation all clinical staff have been able to access education sessions. This includes pressure ulcer prevention and management for healthcare support workers and wound management sessions for trained staff. These sessions have been well attended and positively evaluated.

Session title	No of Sessions	Number of staff
Inductions	19	Numbers with ODT
Pressure Ulcer Training	36	557
Wound Management	13	171
Moisture lesions	3	30
Product Training	28	377

4. Equipment

- In September 2014 the Trust entered into a new dynamic mattress contract to cover the Central acute site and Community Services. This has improved the provision of pressure relieving equipment for patients at risk of pressure ulcer damage by ensuring that equipment has been provided in a more timely manner. The new contract guarantees a continuation of care between acute and community services.

Next steps/further improvements identified

- To build on the work already undertaken to focus on hot spots within the organisation, monitoring improvements by undertaking an audit of the incidence of pressure ulcers.
- Measure the impact of interventions within the community setting.
- Further reduction of avoidable pressure ulceration through a programme of continued education of staff and raising awareness amongst patients about how they can help to reduce their risk of developing a pressure ulcer.

Catheter Associated Urinary Tract Infection (CAUTI)

This is defined as a urinary tract infection acquired whilst a patient has a urinary catheter in place.

What: To establish robust surveillance of the incidence of catheter associated urinary tract infections.

By when: March 2015

Outcome Achieved: 

Progress

Catheter associated urinary tract infection is one of the most common types of hospital acquired infections. During their hospital stay, many patients will require a urinary catheter which will make them more susceptible to a urinary tract infection.

- The monitoring of the incidence of CAUTI has been identified as one of the key “preventables” in the NHS’s harm free care programmes.
- A CAUTI working group was established in July 2014 in order to provide support and advice on all strategic and operational catheter associated urinary tract infections. The focus of the group was to create a process for the robust identification and reporting methodology for CAUTI.

Enhanced CAUTI surveillance commenced on 4th August 2014:

- All positive urine specimens from patients with a urinary catheter are investigated by nominated Divisional Assessors and the outcome entered onto a database.
- All identified CAUTIs are reported through the Trust’s incident reporting system and the relevant team is required to complete a Root Cause Analysis (RCA) to establish why the patient developed a CAUTI.
- The completed RCAs are reviewed through Divisional harm free care meetings and the Trust Infection Control Committee.

There has been a focus on education and encouragement of clinical staff to document when a patient has a urinary catheter in place on the electronic patient management system (Bedman). This will help us to develop further information about the rates of CAUTI.



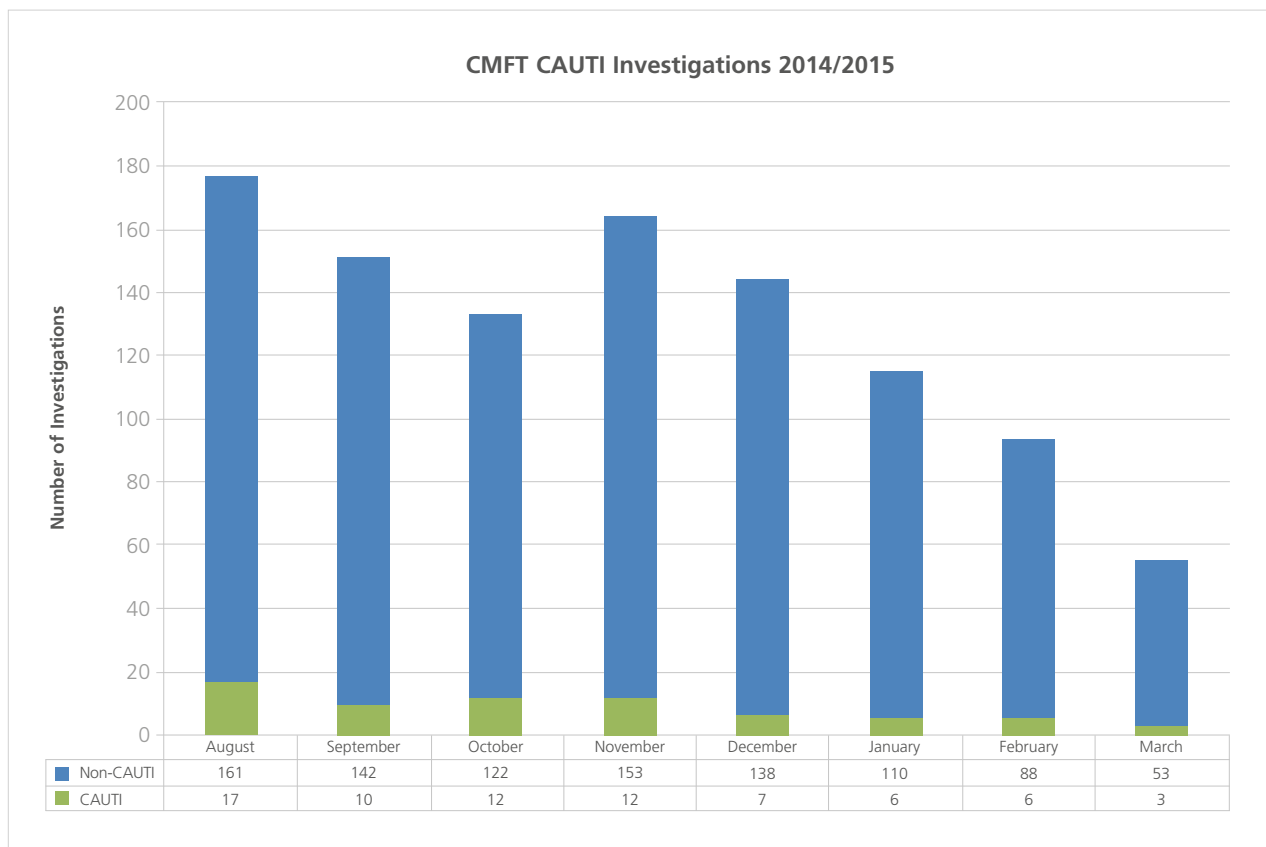


The following table and chart represent the number of positive urine samples investigated and the number of identified CAUTIs detailed by month.

Table 1 - Outcome of positive CSU/MSU investigations (August 2014 – March 2015)

Investigation Outcome	Number
Not a CAUTI	967 (93%)
CAUTI	73 (7%)
Total	1040

Chart 1 – Outcome of positive CSU/MSU investigations by month (August 2014 – March 2015)



Next steps

To undertake a Trust-wide review of RCA findings to highlight key outcomes that will identify further work streams and enable us to focus on 'hotspot' areas.

Acutely Unwell Patient

There is on-going work and continuing development of the strategies and processes to ensure the early detection, recognition and timely response to the acutely ill patient and those at risk of deterioration.

The Trust-wide implementation of an electronic observation recording and alerting system, Patienttrack © is nearly complete. The system ensures that nurses accurately record observations by the patient’s bedside and then automatically calculates an Early Warning Score (EWS) which indicates how sick the patient is. The system initiates a response by alerting the relevant nurse or doctor via the pager system according to our locally agreed policy.

The system is now implemented across all Divisions within the Central site, with the final Division of Trafford in the process of training and planning. Full implementation is due for completion by September 2015.

This electronic system has been one of the essential components of work to improve the timeliness of clinical observations and ensure an effective and appropriate response to any patient who has observations that suggest their condition is deteriorating. The more timely responses have

been evident with a further reduction to cardiac arrest calls per bed day (see figure 1 below) and a reduction in the Trust SHMI result.

Monthly reports are generated to allow on-going monitoring of the use of the Patienttrack © system, which are presented at Divisional meetings and demonstrate continued compliance with the EWS policy, timeliness of observations and responses by our clinicians. We now have a clear audit trail for all our “at risk” patients ensuring safer care is delivered across our wards.



Figure 1: Trust wide Observation completeness

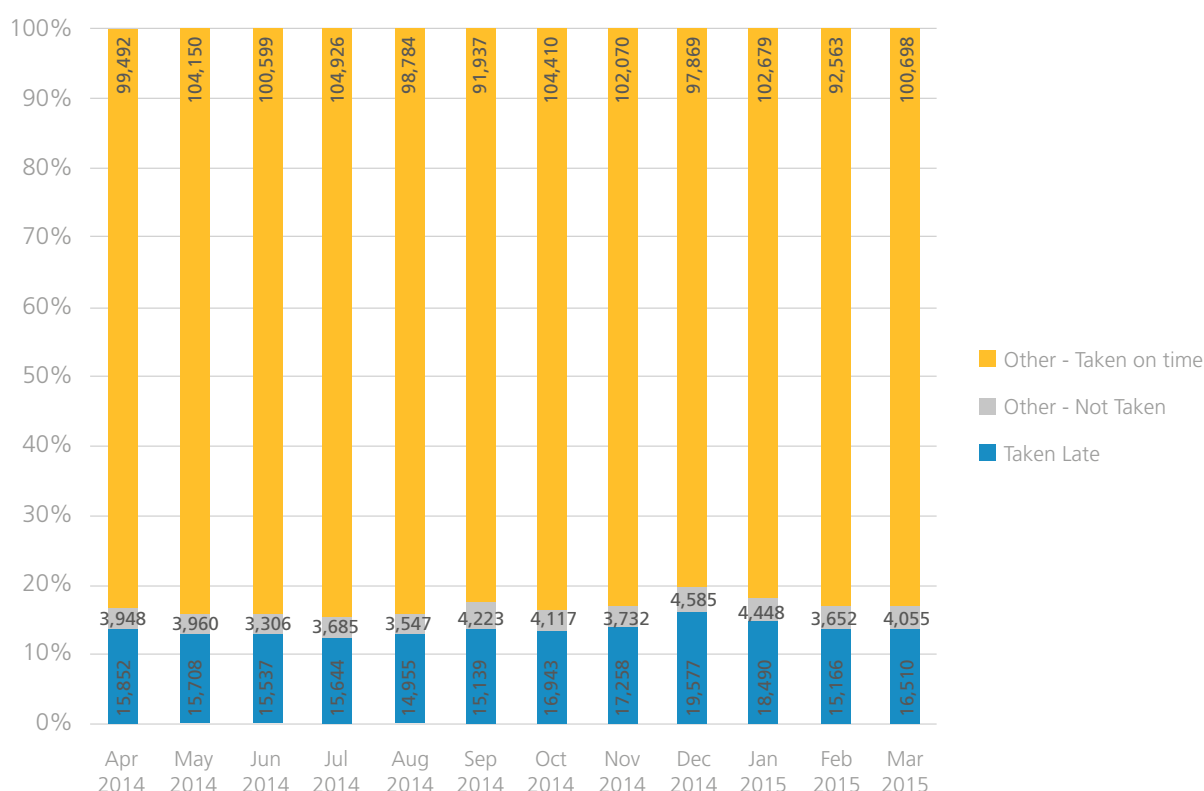
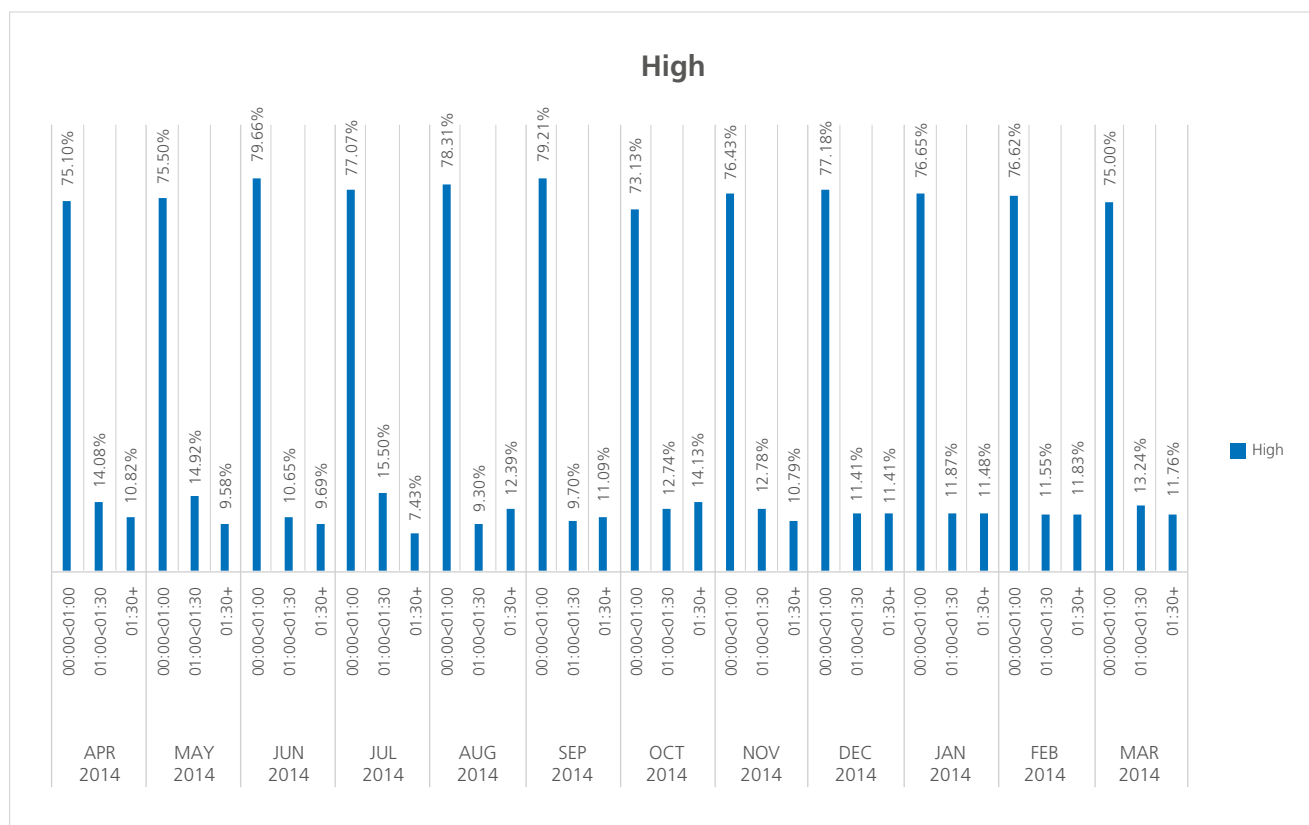




Figure 2: Trust wide response to High Risk Early Warning Scores



An important factor in our strategy to support this patient group and prevent unnecessary deterioration is education of the front line staff caring for these patients. Processes around recognition and response have been audited across the Divisions. With targeted, relevant education delivered in relation to sepsis, fluid balance management, clinical assessment and observations there has been on-going development of our staff to ensure a confident and competent workforce when managing the acutely ill patient. Utilising Acute Care link nurses in each Division, we have delivered local teaching sessions to ensure learning is relevant, interesting and allows for ownership by the ward teams.

Since 2009 there has been a weekly meeting to review all emergency bleep calls that occur across CMFT. This is chaired by the Associate Medical Director and Deputy Director of Nursing, supported by the Lead Nurse, and Matron of the Acute Care Team, with attendance by a variety of clinicians and senior nursing staff who represent the Divisions. Critical Care, Urgent care, Medicine and Surgery are represented as core members of the group who bring their expertise to the discussion of each case. This ensures an overview and cross Divisional learning which is exceptionally powerful and effective. All cases

are presented by the team responsible for the patient's care, then the group discuss the patient journey and events leading up to the emergency call; this ensures a thorough review of the care and a valuable insight into the patient pathways, enabling lessons to be learned for the on-going care of our patients.

The key themes and learning that come from each case enable the teams to guide policy change, education, research and focussed improvement work as required, and vitally the lessons learned are shared with the front line staff for the benefit of all patients.

One of the most significant pieces of work arising from this process has been a successful bid and subsequent collaborative working with the Health Foundation using the Safer Clinical Systems approach to address sepsis recognition and treatment in the Accident and Emergency department. The process is utilised to identify risk within a patient pathway and implement subsequent interventions. The aim is to improve the care for the patients with sepsis and the changes are expected to have a positive impact on all patient groups, with improved communication and reduced risk in each patient journey as they attend the department.

Safeguarding

At CMFT, all staff play a key role in keeping adults and children who access our services safe from abuse and neglect. We have learnt from the reports into cases such as Mid Staffordshire, Winterbourne, Savile and Baby P, to ensure we continuously learn and improve our safeguarding services.

Following a review of the Cheshire West case ruling in the Supreme Court in 2011 we ensure that all staff are trained and know how to respond when a patient meets the criteria for a Mental Capacity Act Deprivation of Liberty Safeguards (DOLS) assessment.

We have a duty to ensure that children and young people are protected from harm and

abuse. This duty is carried out in line with Section 11 requirements (Children Act 2004) and is monitored via the Manchester Safeguarding Children Board (MSCB). The Ofsted inspection of Manchester Local Authority Children's services has shaped much of the children's safeguarding agenda across services this year.

At CMFT we safeguard vulnerable people in a number of ways and have a dedicated safeguarding children and adult team that covers acute, maternity and community services. Safeguarding across CMFT is viewed as a 'golden thread' through all services and departments, ensuring that all staff are trained to detect and act on any concerns that a patient, regardless of age, may be suffering or likely to suffer any form of abuse.

Safeguarding across CMFT ensures

Value	What we do	Number of staff
We have a culture of caring	Responding to need and providing support	<ul style="list-style-type: none"> • Provide advice, support, training and supervision to enable recognition of people at risk and be able to act appropriately to safeguard the child or adult to ensure the best outcome is achieved.
We have a culture of safety	Identifying and managing risk	<ul style="list-style-type: none"> • Clear policies and procedures in place. • A culture of incident reporting and investigation. • Learning from incidents to improve safeguarding.
We have a culture of respect	Ensure the principles of equality and diversity are understood and embedded	<ul style="list-style-type: none"> • Ensure equality and diversity is a key driver in our practice. • Work closely with other agencies to achieve this.
We have a culture of quality	Teaching, training, learning from events and continuously re-evaluating practice	<ul style="list-style-type: none"> • Regular review and audit to continuously improve our service. • Up to date information and advice underpinned by policy and legislation. • Embed learning from local and national reviews into practice.





Systems in place across CMFT to keep people safe



Key priorities in 2014/15

Adult Safeguarding			
Priority	Action	Achieved	2015/16 Priorities
To recruit Safeguarding Adults Champions across the Trust	<ul style="list-style-type: none"> Recruited over 100 Safeguarding Adults Champions across the organisation to be a voice for the vulnerable adult. A clear assurance framework is in place between the Divisions and the corporate safeguarding function. 	✓	<p>Monthly matron ward visits to all wards across CMFT.</p> <p>Support the development of the Adult Safeguarding function in the MASH.</p>
To ensure implementation and compliance with DoLS requirements.	<ul style="list-style-type: none"> Development of a Portal for monitoring DoLS activities which links to CQC requirements. Safeguarding Adult eLearning has been developed and rolled out across the Trust. DoLS briefings have been delivered across all Divisions across the Trust to increase understanding of the DoLS process and Best Interests Assessment. Incident reporting of DoLS breaches. 	✓	<p>Embed Care Bill requirements into practice.</p> <p>Further develop the DOLS portal.</p> <p>Continue to ensure training compliance.</p> <p>Monitor DOLS breaches.</p>
Domestic Abuse	<ul style="list-style-type: none"> Develop a policy for staff who may be a victim of domestic abuse. 	✓	<p>Revise terms of reference for the Domestic abuse sub-group.</p> <p>Implement NICE guidance on Domestic Abuse.</p> <p>Deliver training to key areas and across the Trust.</p>
Manchester Safeguarding Adult Board	<ul style="list-style-type: none"> Representation on the MSAB (Manchester Safeguarding Adult Board). 	✓	<p>Continue to support the work of the MSAB.</p>
Policy	<ul style="list-style-type: none"> Reviewed and updated Adult Safeguarding Policy and MCA/ DoLS policy. 	✓	<p>Update policies when Care Bill is published.</p>

Key priorities in 2014/15

Children's Safeguarding			
Priority	Action	Achieved	2015/16 Priorities
CMFT support of a Multi-Agency Safeguarding Hub (MASH) and Improvement Board priorities	<ul style="list-style-type: none"> Support the implementation of the Multi Agency Safeguarding hub (MASH) by placing two specialist practitioners in the MASH. CMFT supported the Local Authority in the implementation of the Ofsted Improvement plan. 	✓	<p>To support further development of the MASH.</p> <p>Continue to contribute to the Improvement Plan.</p>
CMFT to support the Child Sexual Exploitation (CSE) agenda	<ul style="list-style-type: none"> Development of a CSE specialist nurse post which sits in the Protect Team. CSE training and briefing have been provided across CMFT. 	✓	<p>Support the integration of CSE and Missing from home into the MASH</p> <p>Ensure further training is developed and rolled out across the Trust and develop a CMFT CSE sub group.</p>
To ensure staff can recognise and assess neglect in practice	<ul style="list-style-type: none"> A neglect tool called the CANDO Tool has been developed by a specialist nurse in the safeguarding team to assess children where neglect may be a presenting factor. 	✓	<p>Ratify the CANDO tool and roll out training across the Trust.</p> <p>Evaluate the use of the tool in practice.</p>
To ensure all staff receive safeguarding training in line with their role and competencies	<ul style="list-style-type: none"> Work has been undertaken to align all staff competencies with Intercollegiate Document 2014 safeguarding training requirements across all Divisions. 	On-going	<p>Embed new training in line with Intercollegiate requirements to ensure compliance with Intercollegiate requirements.</p>
Support the Department of Health Female Genital Mutilation (FGM) Prevention Programme and raise awareness	<ul style="list-style-type: none"> DH online data collection tool went live on 1st November 2014, with training developed to support the use of the tool. 	✓	<p>Continue to embed the FGM agenda across the Trust by training and awareness sessions.</p>
Ensure compliance with the statutory health needs of Looked After Children (LAC)	<ul style="list-style-type: none"> There has been significant investment from the CCG enabling additional posts to be recruited to which support the LAC agenda across the city. This work will continue into next year. 	✓	<p>Continue to ensure the health needs of LAC are met.</p>

Investment has been made at a senior level in the organisation to support the safeguarding agenda with the following senior posts being appointed to - Head of Safeguarding and a Deputy Director of Nursing with responsibility for

Safeguarding along with Community Services and Learning Disability. These posts play a key role in providing assurance at all levels both internally and externally and ensuring that our patients are kept safe.





Clinical Risks

Through the year the Trust records risks on the Trust Risk Register. The register is used to ensure that staff are aware of risks and that actions are being taken to mitigate those risks. A small number are deemed serious enough to require a regular report to the Trust Risk Management Committee. This committee is attended by Executive and Non-Executive Directors and reports are made on progress to reduce the risk.

Examples of high level clinical risks this year include:

The Health Record

Last year we reported that the CQC had identified the health record as a risk to the organisation as it was not always completed correctly and that the current paper format presented clinical staff with challenges.

We are pleased to report that significant progress has been made with the development of a system which we have called Chameleon. Chameleon will be the Trust's electronic patient record (EPR). The EPR will deliver cutting edge technology and functionality to all the services and staff in the hospital and community. The EPR will be designed and innovated by clinicians to ensure we deliver a product that meets the requirements of our patients and practitioners. The EPR will ultimately include functionality such as e-prescribing and patient portal as well as specific modules for Out-patients, A&E, Maternity and Genomics.

Chameleon views will be available across the Trust to all clinical staff in early 2015/16. The deployment of Chameleon view will be run in parallel with the PC Windows 7 standardisation project that will provide a consistent and improved desktop computer platform. The roll-out is expected to take between six and eight weeks.

What are the benefits? For this first release key clinical information will be made available from existing systems including activity, correspondence, test results and operation notes. To mitigate the risk around hybrid health records this is a top priority.

Providing views of data from these core systems immediately reduces the reliance on the paper case note, and in some areas will provide the opportunity to move to paper-light, or even paperless, practice. Chameleon view presents

a holistic view of the patient in one place which eliminates the need for clinicians and other staff to open multiple systems.

Communication of Test Results

Every year the Trust undertakes hundreds of thousands of clinical tests. The vast majority of these tests are communicated to clinicians and acted upon in a timely way. However, during 2013/14 it was identified through analysis of patient safety incident reports that harm was occurring in a small number of cases because test results had not been communicated effectively. In a very small proportion of these that harm was serious.

This year we have focused on an upgrade to the current electronic communication system for test results.

So what is changing?

Clinical Work Station (the current system) is being replaced in all departments on 24 June 2015 by a new system called Sunquest ICE. This is a separate system to the ICE in use at Trafford, although merging the two systems is scheduled for the future. To enable a smooth transition, there has been a freeze on non-urgent changes to the system in place since the end of January.

CWS is now very old and has been in place since the mid-nineties. It has limited functionality and no longer fulfils the Trust's requirement for advanced technology that offers a fast and highly efficient service to staff and patients. The new system will give us a wide range of benefits and will also be able to link in with other clinical systems.

What are the benefits?

- User friendly and easier to navigate and find what the clinical staff need.
- Easier to use so tests can be requested more quickly.
- Mobile.
- Wider access to results – it doesn't matter if the tests were requested within primary (community) or secondary (in hospital) care.
- Opportunities for sharing results between different hospitals and specialties.
- Improved patient safety i.e. reduced sampling and labelling errors.

Emergency Department Capacity

The Emergency Department at the Manchester Royal Infirmary has continued to experience an unprecedented increase in demand; this is particularly evident for sicker patients requiring admission.

The department was built to accommodate a maximum of 250 patients per day and designed to care for up to four patients in the resuscitation area. However, there is a requirement to consistently provide care to six patients in the area and for the department to support care for often in excess of 300 patients. This exceeds the designated areas for trolleys and is not fit for purpose.

Whilst the majority of patients are cared for well despite these additional pressures, it is recognised that there is an impact on the patient experience and the staff working in the department.



What have we done about it so far?

- We are working to upgrade the Emergency Department environment including bringing forward the upgrade of the resuscitation area. We are addressing key safety concerns first and will then move on to waiting areas and other spaces.
- Additional bed capacity has been opened across the Trust.
- Continuation of regular escalation and formal bed meetings.
- Additional staffing has been provided within the Emergency Department.
- Length of stay meetings to make sure patients do not stay in hospital any longer than they need to, including working with external agencies to expedite discharges.
- Close monitoring of safety concerns through incident reporting.
- Regular updates to the Board on Urgent Care.
- A number of other schemes are underway across the organisation to realise capacity on the MRI site. These include:
 - Additional use of beds at Trafford Hospital.
 - A discharge lounge has been created.
 - The reintroduction of an ambulatory model for GP admissions.
 - Creation of an additional service for renal patients.
 - Implementation of a cross divisional command/communication centre in the MRI.
 - Working with teams from other hospitals to learn how they are coping with additional pressures and ensure best practice.





Clinical Effectiveness

Infection Prevention and Control

We are proud to maintain our persistent success in achieving the Healthcare Associated Infection (HCAI) objectives for the number of incidents of meticillin resistant *Staphylococcus aureus* (MRSA) bloodstream infections and *Clostridium difficile* (CDI) infections. This would not be possible without the continued commitment from staff delivering direct and indirect healthcare to our patients. This year we had a major focus to reduce the incidence of Carbapenemase Producing Enterobacteriaceae (CPE) which has been a key challenge.

The Infection Prevention and Control Team includes a range of expert and specialist medical and nursing staff supported by surveillance and administrative staff. The team work closely with all staff and are highly visible in the wards and departments. The team provide advice and support to patients and staff.

Focus on Practice – key achievements

- Seven incidents of attributable MRSA bloodstream infections were reported compared to eight for the previous year and 75 incidents of attributable CDI infection reported compared to 78 for last year.
- There has been a focus on controlling the spread of CPE, which has included an extended screening programme for high risk patients, the introduction of new testing methodology for processing specimens through the microbiology laboratory and the creation of dedicated wards for the isolation/cohorting of patients with CPE.
- A “No Theatre-wear” in food/retail outlets policy was successfully rolled out from August 2014. The aim was to increase awareness and improve public and staff perception of the importance of good infection prevention and control practice.

- A Trust-wide group of key stakeholders including specialist advisors and staff working in clinical areas was assembled to respond to the risk of a patient presenting with suspected/confirmed Ebola. As a result the policy has been revised and teams are preparing by practising ‘mock procedures’.
- The Infection Prevention and Control Team has collaborated with clinical colleagues to develop procedures and processes to reduce the risk of infection to patients from the use of invasive devices such as central venous catheters and urinary catheters.
- As part of our on-going commitment the Trust participated in international infection control week in October. The team had stands across the Trust and had a mobile road show which included visiting wards and departments. The event was well received especially the ward visits which allowed the team to engage with a wider audience.

Infection prevention and control is a fundamental aspect of safe patient care. The prevention and control of healthcare associated infection (HCAI) is a high priority for our Trust and we want our patients to feel assured and safe whilst in our care. We consider this to be the responsibility of all our staff and continue to strive to reduce and prevent HCAs.

We remain committed to reducing incidents of Meticillin Resistant *Staphylococcus aureus* (MRSA) bloodstream infections and *Clostridium difficile* Infection (CDI) but our key challenge for this year has been managing and reducing the incidence of Carbapenemase Producing Enterobacteriaceae (CPE).

Meticillin Resistant *Staphylococcus aureus* (MRSA)

It is estimated that 3% of the population carry MRSA harmlessly on their skin, but for our patients the risk of infection caused by MRSA may be increased due to the presence of wounds, or invasive treatments. MRSA may result in blood stream infections (bacteraemia).

What: To reduce the number of cases of MRSA bacteraemia (bloodstream infections) within the Trust.

How Much: Zero avoidable infections.

By When: March 2015

Outcome: There was a total of seven incidents of MRSA bacteraemia apportioned to the Trust for 2014/2015; five of the attributable incidents were agreed by the review panel to be avoidable.

Progress

The total number of reportable MRSA bacteraemia is five; it was disappointing that three (including one contaminant) of these five were judged to be avoidable infections by the review panel.

Each MRSA bacteraemia case is investigated with all staff involved using a detailed Root Cause Analysis. We aim to learn from these situations and share the lessons learnt through the Infection Control Committee. As a result of this review process we have extended current policies and procedures to include the care and management of central venous catheters (CVCs) outside of critical care.



Clostridium difficile Infection (CDI)

Clostridium difficile infection can cause serious illness. It usually affects elderly and very unwell patients who have received antibiotics (Department of Health 2010). In all our suspected and confirmed cases of CDI we put in place strict prevention and control measures to reduce the risk of spread to other patients.

What: To reduce the number of cases of CDI within the Trust.

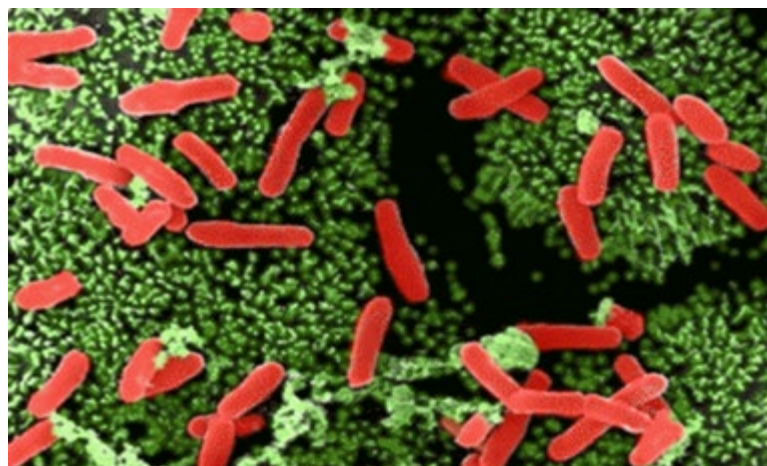
How Much: No more than 66 lapses in care.

By When: 31st March 2015

Outcome: The number of attributable incidents of CDI reported to Public Health England (PHE) for 2014/2015 was 75. Of these, eight were deemed to demonstrate a lapse in care (four are pending CCG final review).

Progress

All our cases continue to be investigated and reviewed at multi-disciplinary meetings to determine whether the case was linked with a lapse in the quality of care provided to the patient. As an additional assurance during 2014/15, each CDI case has been reviewed externally by our local Clinical Commissioning Group (CCG). These reviews continue to demonstrate that antibiotics have been appropriately prescribed.





Carbapenemase Producing *Enterobacteriaceae* (CPE)

Carbapenemase Producing *Enterobacteriaceae* (CPE) is the name given to bacteria in the gut which have developed resistance to a group of antibiotics. For the majority of people these live there harmlessly; this is known as colonisation. However, in some patients CPE does have the potential to cause infections such as urinary tract infections. Infections caused by CPE bacteria can still be treated with antibiotics; however, the options are limited and for some a combination of antibiotics may be required.

This year we have had a major drive to reduce the risk of spread of CPE. We invited a international expert from Israel to visit the Trust to share with us his experiences of successfully reducing the incidence of CPE amongst patients in hospitals across Israel.

The main focus of our actions has included:

- Screening of all patients who are considered to be at 'high risk' of carrying CPE. Our screening programme is broader than any other UK organisation and we actively screen patients for CPE in order to identify those who may be at risk of a clinical infection in a timely fashion so that, if necessary, they can be treated with appropriate antibiotics.
- A commercial rapid test and more recently an in-house method for testing specimens for CPE have been introduced. The benefits of these new testing methods are that they are more accurate and have a turnaround time of 24 hours, compared to 3 days for the previously used method. This means we are able to identify and manage patients who have CPE more effectively.
- The Trust has identified three adult cohort wards, to care for patients with CPE. The creation of the cohort wards has reduced the number of patients with CPE being cared for in side rooms and bays on general ward areas, thus reducing the risk of cross transmission with CPE. In addition, side rooms on general ward areas are now available for patients who need to be in them for other reasons.
- The Trust continues to be actively involved with the national and regional Public Health England (PHE) incident management teams for CPE and progress on the management of CPE at the Trust has been reported at both these

levels. As there are no national benchmarks we are unable to review progress of the management of CPE against other Trusts.

- The Board of Directors has supported the actions taken to reduce the risk of spread of CPE and receives regular progress reports.

Blood Culture Contamination Rates

What: To continue to maintain low contamination rates for blood culture sampling.

How Much: Overall compliance no more than 3%.

By When: March 2015

Outcome: Achieved.

Progress

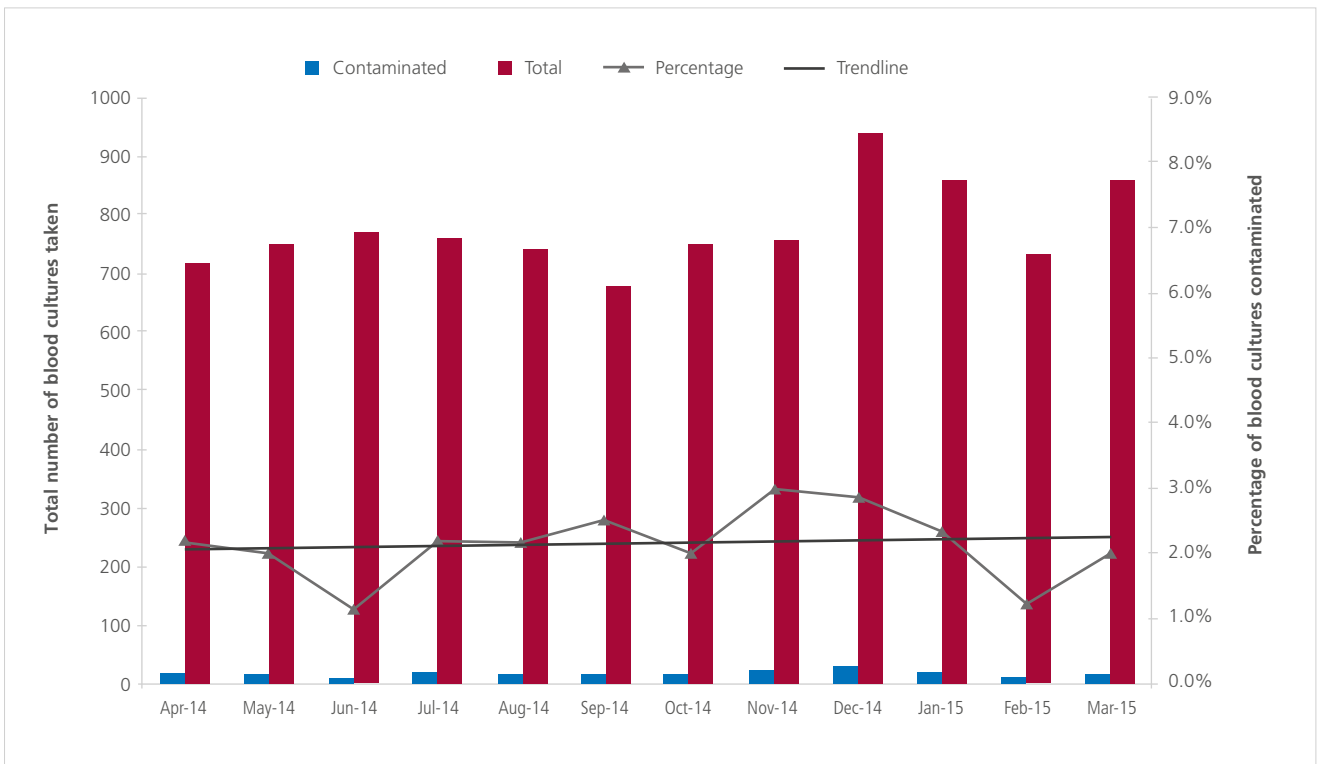
All clinical staff who undertake blood culture sampling are trained and undertake a mandatory annual competency-based assessment in Aseptic Non-Touch Technique (ANTT) (a technique used for insertion and management of invasive devices, such as central venous lines).

There is no national benchmark for contamination rates but we base our objective on The American Society for Microbiology which is 3%. The mean blood culture contamination indicators for both adult (>16 yrs) and child (<16 yrs) peripheral blood cultures for 2014/15 are 2.2% and 2.1%, respectively.

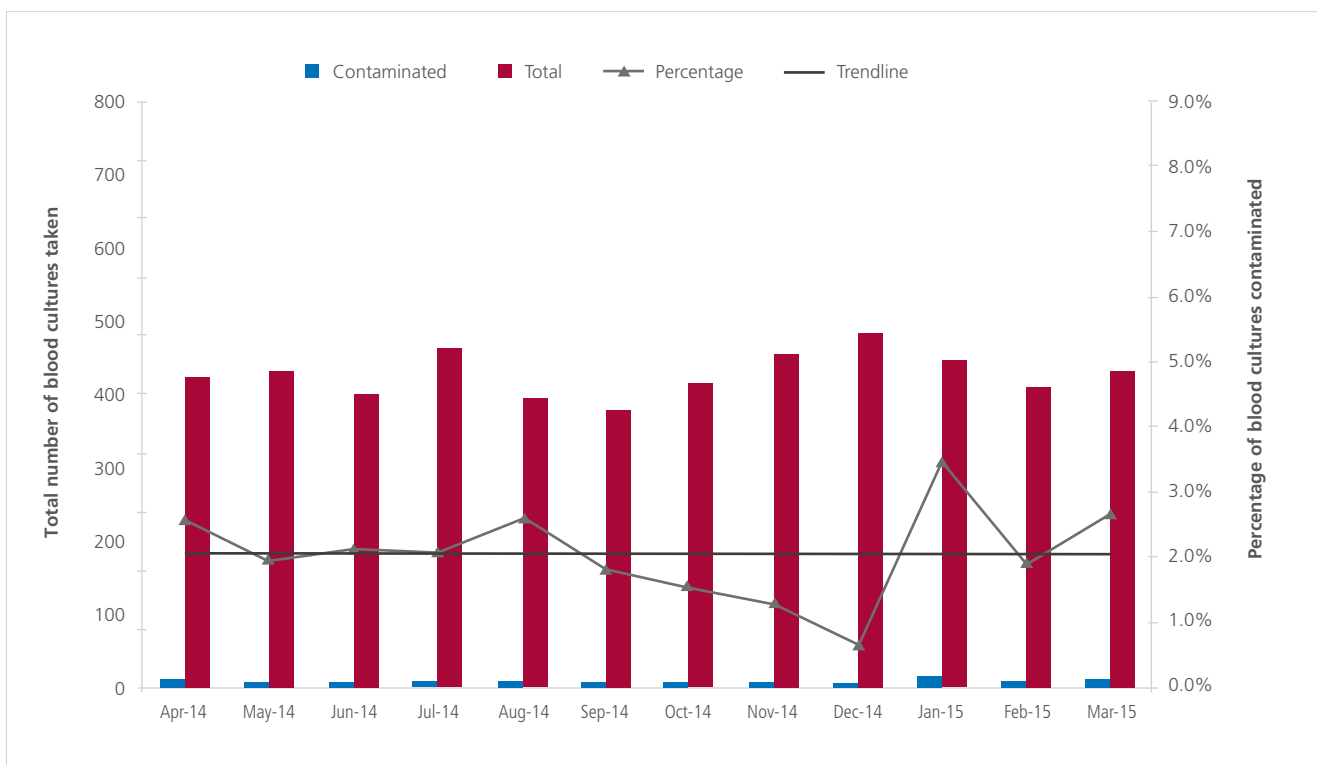
Key priorities/next steps

- Compliance with good hand hygiene practice is a key component of infection prevention and control. Visual audit of hand hygiene practice is subjective and can be unreliable. The Trust Infection Prevention and Control team is working with a commercial company to develop an electronic system for monitoring hand hygiene practice at the point of care. An evaluation of the system is planned to begin in April 2015.
- Extending and developing our current monitoring of the incidence of infections such as bloodstream infections caused by the use of intravenous devices and surgical site infections.
- Continuing our actions to reduce the incidents of spread of CPE amongst our patients and demonstrating successful outcomes.

Peripheral Blood Culture Contamination Rates (Age >16 yrs)



Peripheral Blood Culture Contamination Rates (Age <16 yrs)





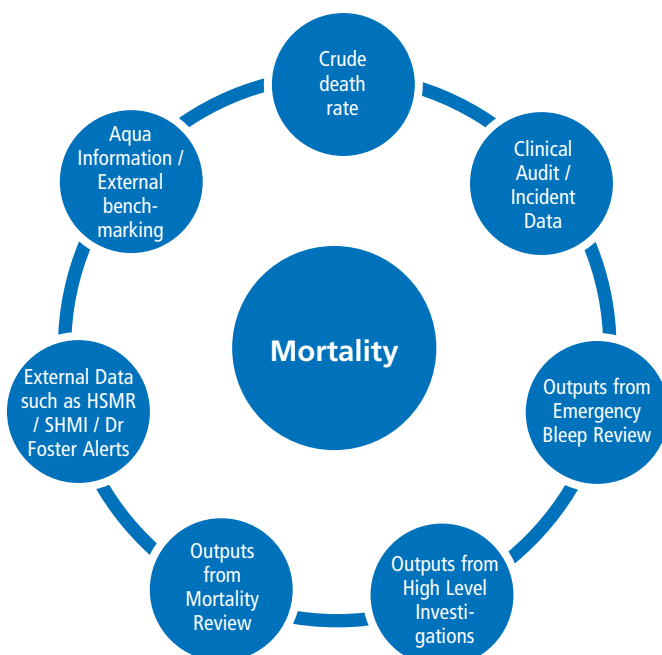
Hospital Mortality

There are a number of key mortality measures and these are reported publicly. 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 ourselves 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 80% 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 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 such as national and regional audits, confidential enquiries and in particular the contribution of adult and children's critical care to national data sets.



What is absolutely key is response to the analysis of triangulated information to inform improvements.

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. (HSMR 93.81 and SHMI 99)

By When: March 2015

Progress: 

Action: This year the Trust has developed a Mortality Strategy which sets out the Trust approach to mortality and learning from mortality review over the coming years and is designed to support those objectives. The aim of this strategy is to ensure that this Trust is a leader in quality of care, that is evident to all and most importantly reflected in outcome measures such as crude mortality, HSMR and SHMI.

An audit carried out on mortality review processes in the Trust suggested that though there was good evidence of review and learning, there needed to be more consistency in reporting and the review process itself. The strategy is designed to support this.

This strategy will integrate with a number of other key strategies and work streams, including the Quality Strategy, to ensure a cohesive and embedded approach to mortality reduction at all levels.

The **objectives** of the strategy are set out below alongside how they will be measured.

Objective	Measurement
<ul style="list-style-type: none"> • Overall reduction in mortality with both key indicators (HSMR and SHMI being <100). • Promote the use of clinically credible evidence based outcomes as drivers for improvements to quality of care. • Overall reduction in patient harm. • Promote the cycle of gap analysis and risk assessment for the identification of improvement work streams. • Maintenance and improvement of compliance with external standards and guidance. 	<p>Systematic mortality review and learning</p> <ul style="list-style-type: none"> • Number of reviews undertaken as a % of crude mortality. • Evidence of action arising. • Information from emergency bleep review. • Information from high level investigations. • Reduction in patient harm.

Clinical Audit

Learning from Clinical Audit to Improve Care

National Audit

During 2014/15 Central Manchester University Hospitals NHS Foundation Trust participated in a number of the national clinical audits identified by the Healthcare Quality Improvement Partnership (HQIP). National clinical audit is designed to improve 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 standard, to support and encourage improvement and deliver better outcomes in the quality of treatment and care.

National audit is divided into two main categories: snapshot audits (patient data collected over a short, pre-determined period) for example the College of Emergency Medicine Fitting Child, British Thoracic Society Adult Community Acquired Pneumonia, and those audits where data on every patient with a particular condition or undergoing specific treatment is included, for example patients who have had a stroke and patients who have treatment for certain types of cancer.

A total of 49 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 by the Trust. Examples of these are adult mental health disorders.

During 1st April 2014 – 31st March 2015, 46 national clinical audits and two national confidential enquiries covered relevant health services that CMFT provides.

During that period CMFT participated in 100% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that CMFT participated in, and for which data collection was completed during 2014/15, 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.





The national clinical audits and national confidential enquiries that Central Manchester University Hospitals NHS Foundation Trust was eligible to participate in during 1st April 2014 – 31st March 2015 are as follows:

Title	Eligible ✓/ x	Participating Site	% of Cases Submitted
Acute			
Adult Critical Care Case Mix Programme – ICNARC CMP)	✓	CMFT	2018 (100%)
Chronic Kidney Disease in Primary Care	x		
British Thoracic Society Pleural Procedures Audit	✓	CMFT Trafford	22 (100%) No applicable cases
British Thoracic Society Adult Community Acquired Pneumonia	✓	CMFT Trafford	Data collection finishes 31/05/2015
National Emergency Laparotomy Audit	✓	CMFT	151 (100%) Year 1
National Joint Registry (NRJ)	✓	CMFT Including Trafford (April 14 – Feb 15)	210 Hips 312 Knees Ankles 0 Elbows 1 Shoulders 10 } 100%
College of Emergency Medicine Mental Health (care in emergency departments)	✓	CMFT	25/50 (50%)
Trauma Audit & Research Network (TARN)	✓	CMFT RMCH	496 100% 189 100%
Blood Transfusion			
Audit of Patient Information and Consent	✓	CMFT Including Trafford	24 (100%)
Audit of Transfusion in Children and Adults with Sickle Cell Disease (part 1)	✓	CMFT RMCH	27 (100%) 29 (100%)
Cancer			
Bowel Cancer (National Bowel Cancer Audit Programme)	✓	CMFT (including Trafford)	180 (100%)
Head & Neck Cancer (DAHNO)	✓	CMFT (Including Trafford)	147 (100%)
Lung Cancer (National Lung Cancer Audit)	✓	CMFT Trafford	112 (100%) 108 (100%)
Oesophago-gastric Cancer (National)	✓	CMFT (including Trafford)	189 (100%)

Title	Eligible ✓/ x	Participating Site	% of Cases Submitted
National Prostate Cancer Audit	✓	CMFT	506 (100%)
Heart			
Acute Myocardial Infarction (MINAP)	✓	CMFT	892 (100%)
Adult Cardiac Surgery Audit (ACS)	✓	CMFT	781 (100%)
Cardiac Arrhythmia (Cardiac Rhythm Management Audit)	✓	CMFT Trafford	166 (100%) 74 100%
Congenital Heart Disease (Paediatric Cardiac Surgery)	✓	CMFT	1 (100%) (16–17 year olds)
Coronary Angioplasty (NICOR Adult Cardiac Interventions Audit)	✓	CMFT	1754 (100%)
National Heart Failure(HF)	✓	CMFT Trafford	270 (100%) 29/41 (70%)
National Cardiac Arrest Audit (NCCA)	✓	CMFT Trafford RMCH	185 (100%) 11 (100%) 13 (100%)
National Vascular Registry The repair of Abdominal aortic aneurysm (AAA).	✓	CMFT	92/92 (100%)
National Vascular Registry Carotid endarterectomy.	✓	CMFT	80/85 (94%)
National Vascular Registry Lower limb angioplasty/stenting	✓	CMFT	End of Year 1 December 2015
National Vascular Registry Lower limb bypass	✓	CMFT	End of Year 1 December 2015
National Vascular Registry Lower limb amputation	✓	CMFT	End of Year 1 December 2015
Pulmonary Hypertension Audit	x		
Long Term Conditions			
National Adult Diabetes Audit	✓	CMFT Trafford	Data entry closes for 2013/14 data 29/05/15
National Diabetes Footcare Audit	✓	CMFT Trafford	End of Year 1 31/07/15
National Pregnancy in Diabetes Audit	✓	CMFT Trafford	52/53 (98%) 1 patient refused 8 (100%) 1 patient refused
National Paediatric Diabetes Audit	✓	RMCH Trafford	277 (100%) 76 (100%)





Title	Eligible ✓/ x	Participating Site	% of Cases Submitted
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	✓	CMFT Trafford	133 (100%) 20 (100%)
The National Chronic Obstructive Pulmonary Disease (COPD) Rehabilitation Audit	✓	CMFT	Data entry closes on the 10/07/15
Renal Replacement Therapy (Registry)	✓	CMFT	2153 (100%)
Rheumatoid and Early Inflammatory Arthritis	✓	CMFT Trafford	Year 1 data entry closes on 30/04/15
Inflammatory Bowel Disease (IBD) Programme Biologics Audit	✓	CMFT Trafford RMCH	9 (100%) Did not participate 107 (100%)
Mental Health			
Prescribing Observatory for Mental Health (POMH)	x		
Older People			
Sentinel Stroke National Audit Programme	✓	CMFT Trafford	292/293 (99.5%) 137 (100%)
Fall and Fragility Fractures Audit Programme (FFFAP).	✓	CMFT	193 (100%)
College of Emergency Medicine Older People (care in emergency departments)	✓	CMFT	58/100 (58%)
Women's & Child Health			
Epilepsy 12 Audit (Childhood Epilepsy)	✓	RMCH	12 (100%)
College of Emergency Medicine Fitting Child (care in emergency departments)	✓	RMCH	11 (100%)
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE UK) Maternal deaths eligible for notification are:	✓	St Mary's	5 (100%)
<ul style="list-style-type: none"> All deaths of pregnant women and women up to one year following the end of the pregnancy (regardless of the place and circumstances of the death) Perinatal and Infant Death 			
Neonatal Intensive and Special Care (NNAP)	✓	St Mary's	1151 (100%)
Paediatric Intensive Care Audit Network (PICANet)	✓	RMCH	791 (100%)
Other			
British society for Clinical Neurophysiology (BSCN) and Association of Neurophysiological Scientists (ANS) Standards for Ulner Neuropathy at Elbow (UNE) testing	✓	CMFT	20 (100%)
Elective Surgery (National PROMS Programme)	✓	CMFT Trafford	675/1126 (61.5%)
National Audit of Intermediate Care	✓	CMFT	Organisational Audit only

Reporting of National Clinical Audits

The national clinical audit programme for which the Healthcare Quality Improvement Partnership (HQIP) provides support is designed to improve patient outcomes across a wide range of medical conditions.

During 2014 the Clinical Audit Department and Divisions agreed the following process:

Each audit is assigned a National Audit Lead (usually a consultant working in that speciality) who is accountable for each stage of the audit process. It is his/her responsibility to ensure that all the data is accurate, complete and submitted to the national audit in line with the audit schedule. Once national report findings are published the National Audit Lead prepares a report which includes a summary of the results for the Trust benchmarked (where possible) against national standards to identify where improvement, if any, need to be made together with an action plan outlining how the Trust will improve patient care. The report is expected to be completed within two months of the Trust receiving the national report.

Finally, the report is presented at the Trust Clinical Audit Committee where any steps to improve care, quality and delivery of the action plans are monitored.

National Clinical Audit

The reports of 10 national clinical audits were reviewed by the provider in 2014/15 and Central Manchester University Hospitals NHS Foundation Trust. These have followed our reporting process and we intend to take the following actions to improve the quality of healthcare provided. The majority of national audits undertaken in 2014/15 will not report their findings until next year.

National Hip Fracture Database (NHFD)

The National Hip Fracture Database is an audit managed by the Royal College of Physicians. The audit reviews the care given to patients who are aged 60 and over and admitted to hospital with a broken hip.

In July 2014 the Trust received a letter from the national audit telling us that we were not prescribing bone protection medication to all the patients who would benefit from it.

Since July 2014 the Trust has undertaken a number of measures to improve this service to its patients. A quick guide has been developed to help doctors to assess and treat patients with osteoporosis who have broken bones. We can see from the results of this year's audit that more patients who need medication to strengthen their bones are now having it prescribed.

National Carotid Endarterectomy Audit

Carotid endarterectomy is an operation to unblock a carotid artery. Carotid arteries are the main vessels that supply blood to the head and neck. The procedure is carried out when one or both carotid arteries have become narrowed in order to try to prevent mini strokes or strokes.

The national report was published in October 2013. It showed that the time between a patient being referred for treatment and receiving it has continued to get shorter. This means that patients are getting treatment more quickly, which has improved the quality of care provided to patients.

There were a number of recommendations within the report that CMFT has implemented in order to improve its services for patients even further. These are as follows:

- There will be a consultant on call seven days a week deal for any new referrals.
- Any patient requiring surgery will be placed on the next operating list and if this is full they will be placed on an emergency list.
- A new stroke consultant has been employed.





National Heart Failure Audit

The National Heart Failure Report was published in October 2014. This audit collects data on all patients who have an unplanned admission to hospital in England and Wales with heart failure.

The aim of the audit is to improve the quality of the diagnosis, treatment and management of patients with heart failure.

The results for the Manchester Royal Infirmary are either better than or as good as those for England as a whole, with the exception of patients seen by a cardiologist.

- 100% of patients receiving an echocardiogram (91% England)
- Beta Blocker on discharge 88.1% (82% England)
- Referral to cardiology 77% (52.7% England)
- Consultant cardiologist 52.3% (57% England)

Since the report was published a new heart failure consultant has been employed by the Trust.

National Comparative Audit of Anti D Immunoglobulin Prophylaxis

When pregnant women first see the midwife they have a routine blood test to find out what their rhesus status is. All rhesus negative (RhD negative) mums-to be are advised to have the anti-D injection in case the baby is rhesus positive (RhD positive).

A baby inherits its blood type from both parents, so a mother who is rhesus negative can carry a rhesus positive baby. Sometimes during pregnancy and birth a small amount of the baby's blood can mix with the mother's blood which can cause her to produce antibodies. These can be harmful to any rhesus positive babies the mother may have in the future.

The national audit asked us to check if all eligible pregnant women had been given routine antenatal anti D immunoglobulin injections at the right time and at the right dose during their pregnancy.

The audit results showed that we were giving the anti D immunoglobulin injections to all eligible women included in the audit at the right time and at the right dose.

To make sure that we can continue to give this excellent care, all new staff are to complete the anti-D E learning package and when patients do not attend the anti-D clinic a 'warning' is placed on the Trust information system so that staff know that the injection has not been given.



Local Clinical Audit

Local clinical audits are carried out by doctors, nurses and other hospital staff. Junior doctors are required to carry out clinical audit as part of their training. It's a way of ensuring that what should be done is being done, and if not, a plan is put in place to improve things.

Audits can be carried out by collecting information from a patient's health records or asking you for your feedback.

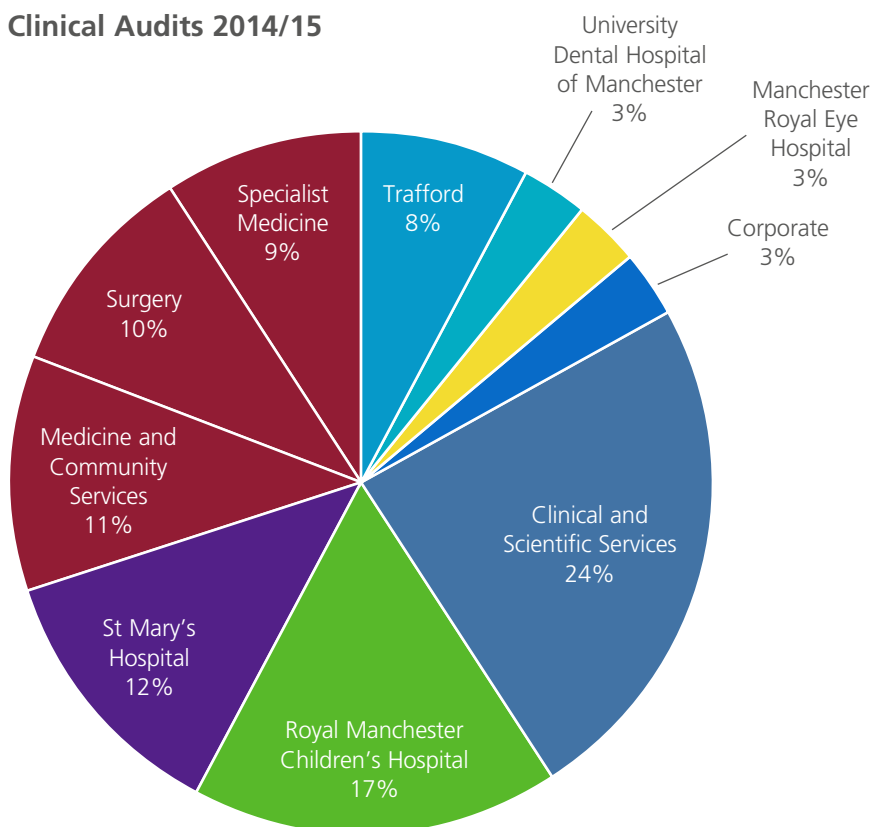
Audits can also be carried out by observing staff as they perform their duties. For example, the Bedside audit of Blood Administration involved observing staff positively identify patients at the bedside prior to them receiving a blood transfusion to make sure that the right patient got the right blood. If the results are poor, changes are made to help improve patient care and ensure a better service. When the changes have been put into place there are further checks to confirm that any improvements have been made; this is called a re-audit.

The Trust registered 578 clinical audits in 2014/15 and where these were done is shown in the chart below.

The reports of 161 local clinical audits were reviewed by the provider in 2014/15 and CMFT intends to take the following actions to improve the quality of healthcare provided:

- A number of high level incidents and reports from coroner's inquests showed that we needed to improve on the assessment of bowel problems in our patients. An education programme for staff was started and written guidance for staff produced based on a clinical guideline from NICE, (National Institute for Health and Care Excellence). Following this an audit was undertaken at Trafford Hospital to see if staff were following the guidance. This audit showed that further improvement on identifying the problem and providing the correct treatment was needed. All staff both medical and nursing will be having special education sessions. New admission documentation will act as a reminder to staff to assess patients' bowel function on admission. A re-audit will be undertaken in the next few months to make sure that improvements have been made.

Clinical Audits 2014/15





- The Intra-Venous Adult Community Therapy Team (IV-ACT) is a group of nurses who go out to the homes of adults who need antibiotics given to them through a tube (cannula) into a vein rather than by mouth. Usually people who only need this type of treatment have to come into hospital and the IV-ACT service has been set up to provide this treatment for some patients in their own homes. The team wanted to be sure that people at home were not getting more than the usual inflammation and signs of infection around the tube. This is called peripheral phlebitis (phlebitis is caused by inflammation to the vein at a cannula access site). Once this happens the tube has to be taken out and a new one put in. This can be painful for the patient and has a risk of infection. An audit was undertaken reviewing patients cared for by the IV-ACT from October 2013 – May 2014. The results showed that peripheral phlebitis rates of cannulas cared for by the IV-ACT team for the six month period was 2.3%, well below the national average of 5 – 8%. This showed that the care given to the patients by IV-ACT was excellent - good news for patients.
- The Dental Hospital runs a Temporomandibular Disorder (TMD) clinic for patients suffering from trismus. This is the inability to open the mouth fully and can be caused by an accident, surgery, radiation therapy or conditions affecting the muscles and tissues in the face that are involved in jaw opening. Trismus is associated with facial pain and may affect eating, drinking and speech. A few patients who had presented at the TMD clinic with symptoms of trismus were actually suffering from a head or neck cancer. In order to make sure that the clinician was alerted to the possibility a patient may have cancer as opposed to trismus a checklist was introduced. An audit was undertaken to ensure that a checklist was present in the case notes of all new patients attending the clinic and that it had been completed leading to the correct management of trismus patients. The results showed good compliance giving reassurance that the right diagnosis had been made.
- Cataract surgery is the most commonly performed operation on the eye. One of the most common complications is when the lens capsule after removal of the cataract splits during the operation. This is called Posterior Capsular rupture (PC rupture), and may mean that the patient cannot see as well as was hoped following the operation. An audit was undertaken to compare our complication rates with the national standard. The results from the audit showed that our complication rate was 1.45% which is only slightly higher than the Cataract National Dataset which is 1.41%. Of those patients who had a PC rupture, the majority of patients still had excellent sight after the surgery. Unfortunately one patient has severely reduced vision.
- All babies must have a full examination in line with national screening within 72 hours of birth. St Mary's Hospital advocates that all babies are examined immediately after birth and this is followed up with a full national screening examination, done by either a neonatologist or a midwife qualified in the examination of the new-born, either at home or in hospital within 72 hours of birth. Fortunately most babies are healthy and don't have any of the conditions or problems that the screening tests are looking for. For those babies that do have a health problem, the benefits of screening can be enormous as the condition may need further monitoring, investigation or treatment. An audit of this examination was undertaken and showed that all babies included in the audit had their screening undertaken within 72 hours of birth and for those where further investigation was needed they were all referred to the correct professional for on-going care.
- Patients who have been diagnosed with urological cancer (affecting the bladder, kidneys, prostate and testicles) are often seen on a regular basis for follow-up by a doctor. A new specialist nurse led clinic was introduced and an audit undertaken asking patients who were attending the clinic to complete a questionnaire asking them about their experiences and asking for comments. All the patients said that they were happy to see the nurse and would be happy to contact them outside of an appointment for help or advice. Some of the comments made were as follows:
 - 'Always patient and answers questions'
 - 'Very experienced, friendly and supportive'
 - 'Approachable and easy to talk to'

National Confidential Enquiries (NCE)

During 2014/15 national confidential enquiries covered relevant health services that CMFT provides.

During that period CMFT participated in 100% of national confidential enquiries which it was eligible to participate in. The national confidential enquiries that CMFT was eligible to participate in during 2014/15 are as follows:

- Sepsis
- Gastrointestinal haemorrhage

The national confidential enquiries that CMFT participated in, and for which data collection was completed during 2014/15, are listed below alongside the number of cases submitted to each enquiry as a percentage of the number of registered cases required by the terms of the enquiry.

NCE Study	Eligible	Participated	% Submission	Status
Sepsis	Yes	Yes	40%	On-going
Gastrointestinal haemorrhage	Yes	Yes	40%	Complete

Outcomes

The reports of two studies were received and have both been reviewed by the Trust. These were the reports of Tracheostomy Care and Lower Limb Amputation, published June 2014 and November 2014 respectively. The Trust has undertaken a gap analysis on the recommendations from both reports and where applicable actions are being taken to address any gaps identified.





Commissioning for Quality and Innovation (CQUINs)

A proportion of Central Manchester University Hospital Foundation NHS Foundation Trust's income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed between CMFT 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 2014/15 and for the following 12 month period are available electronically at:

www.cmft.nhs.uk/your-trust/cquins

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 the Trust and for patients as they are designed to improve patient experience, drive improved clinical outcomes and generally improve the quality of our services.

Some CQUIN schemes are set nationally; however, 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.

In 2013/14 we achieved £15.4 million of funding available, approximately 99.9% of the total amount available.

In 2014/15 we are projected to achieve £15.4million of funding available, approximately 99.5% of the total amount available. This funding is assigned to over 60 quality and improvement goals some of which are listed below:

National schemes:

- Friends and Family Test
- NHS Safety Thermometer – Pressure Ulcers
- Dementia

Examples of local and regional schemes:

- Improving quality of care for patients at the end of their life.
- Reducing short stay admissions of less than 24 hours for chest pain.
- Reducing emergency admissions for asthma and abdominal pain.
- Improving the detection of Small for Gestational Age (SGA) babies.
- Improved care and monitoring for deteriorating patients.

Because CMFT offers a high proportion of specialist services there is also a concerted focus on a number of these areas with improvement schemes involving:

- Bone Marrow Transplant
- Critical Care
- Children's and Adolescent Mental Health Services (CAMHS)
- Dental Coding
- Endocrinology
- Hepatitis C
- Medical Genetics
- Children's Oncology
- Perinatal Pathology.

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.

It focuses 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 works with clinicians to provide NHS trusts with a set of quality standards which define and measure good clinical practice. The below percentages are measures of “Perfect Care” where relevant patients have received specific elements of care within set timeframes.

Targets for 2014/15 are being met in four of the six focus areas. Further work is required to achieve success for Acute Myocardial Infarction (AMI) and Heart Failure.

Focus Area	2014/15 Target	2014/15 Performance *(April to Jan - provisional)
Acute Myocardial Infarction (AMI)	85.90%	79.50
Coronary artery bypass graft (CABG)	92%	94.06
Heart Failure	70%	57.63
Hip and Knee	84.60%	95.06
Pneumonia	72.50%	79.17
Stroke	59.50%	68.77

Further information regarding Advancing Quality is available on the below link:

www.advancingqualitynw.nhs.uk

Research and Innovation

We're committed to ensuring that patients get high quality care now, but recognise that it's equally important for us to conduct and apply research to build better ways of working into our services for the future. We undertake research in a diverse range of clinical areas and regularly recruit first global patients into studies.

Collaboration is key to better equipping clinicians to diagnose, prevent and treat illness.

We are intrinsically connected with The University of Manchester, with which we share the largest academic campus in Europe. Our research strategy is aligned with the university's (Faculty of Medicine and Human Sciences) and many of our staff hold joint academic:clinical posts.

We also connect with patients, other researchers, charities and industry, working together to translate research finding more quickly into clinical practice.

In 2014/2015, we developed a research involvement strategy to more consistently embed public input into the design of our research studies. Through the execution of this strategy, we aim to improve participant experience and study recruitment/retention.

Our research drives continuous improvement - putting quality, safety, effectiveness and patient experience at the centre of the care we provide

Learn More...

You can learn more about our achievements and the impact of our research, including inspirational stories from our patients

- see our Annual Report page 42;
- www.cmft.nhs.uk;
- or follow us on Twitter  (@CMFT_Research).

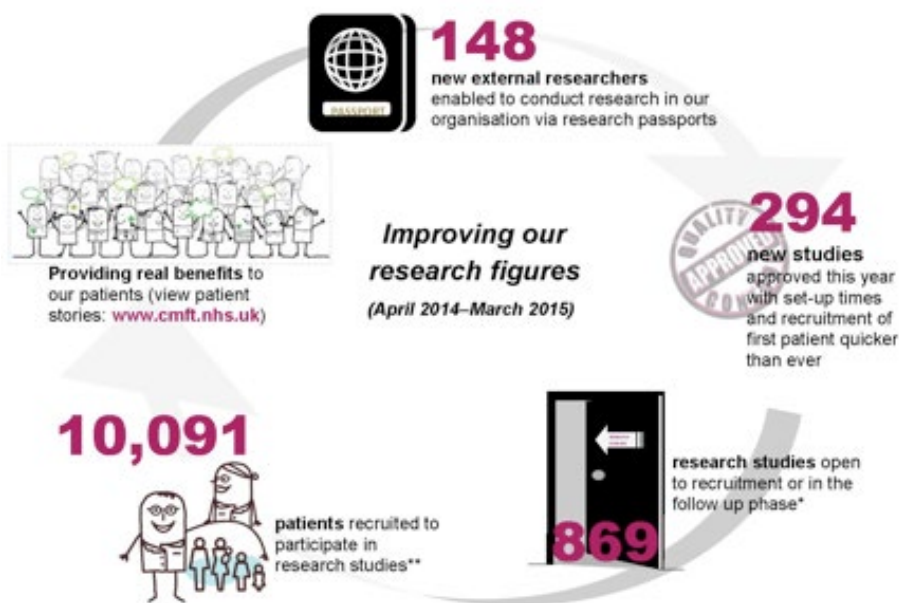




The international quality of our translational research, innovation, education and clinical service is recognised through Manchester's Academic Health Science Centre accreditation, a partnership which includes Central Manchester University Hospitals NHS Foundation Trust, The University of Manchester and five other NHS organisations. Together, we are one of only six AHSCs in the UK and the sole AHSC outside of the South East.

The National Institute for Health Research (NIHR) accreditations of our clinical research facility and musculoskeletal Biomedical Research Unit, along with our appointment as host of the NIHR Clinical Research Network: Greater Manchester, are also indicative of the quality of our research.

Improving our research figures



*The total number of studies that were open to recruitment or in follow up at some point during April 2014–March 2015 (total at 31 March 2014 was 687). These figures are based on actual or expected end date of a study.

**The number of patients receiving relevant health services provided or sub-contracted by Central Manchester University Hospitals NHS Foundation Trust in April 2014–March 2015 that were recruited during that period to participate in research approved by a research ethics committee (10,091).

Medical Education and Library Services

Undergraduate Medical Education

CMFT, in partnership with Manchester Medical School, trains over 400 undergraduate degree students each year on site. The medical degree is a five year course at The University of Manchester.

During the past academic year, the Undergraduate Medical Education Team organised clinical placements and a range of other teaching sessions. All students have an individualised timetable that includes time in a variety of departments across the Trust's hospitals, ensuring they receive an overview of all aspects of medicine. Placements are also organised in a variety of community settings including GP surgeries and associated hospitals.

"A. was a brilliant supervisor, showed lots of interest in my learning. The staff and Foundation Doctors were friendly and keen to teach."

"This was an extremely enjoyable firm. I learnt lots in every session. Consultants were great teachers who were very keen to teach. I can't think of anything that could be improved"

"The team were lovely, welcoming and made me feel part of the team. Enthusiastic Foundation Doctor who really helped me with great opportunities to practice skills."

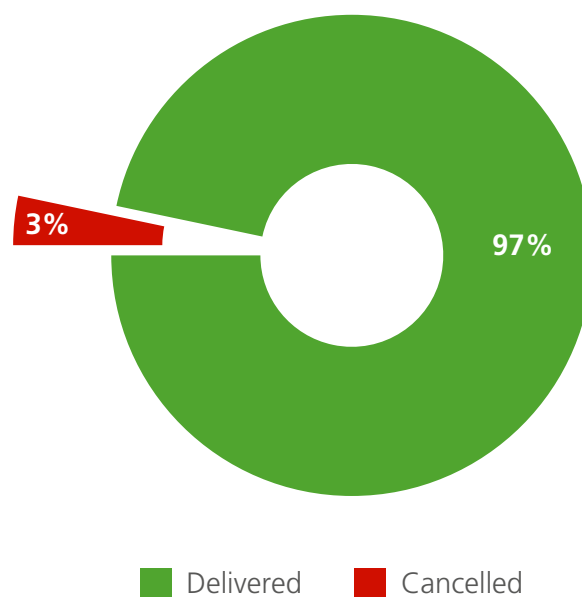
"This placement had a lot of organisational problems. There was a lack of structure to the placement."

"Fantastic Undergraduate Team who provided great support; especially liked that there were relevant teaching sessions arranged and weekly simulation."

All students are supported and supervised by our consultants, as well as by other medical staff, nurses and other healthcare professions. Their experience is closely monitored to ensure it meets the requirements defined by Manchester Medical School and that it enables students to graduate successfully and move on to Foundation training. We asked our students to give us feedback on their placements, and a selection of their comments is shown here. We were pleased to receive positive feedback but we also learnt that, in one area, we had some work to do. The Undergraduate Team worked with the supervisors in that area to develop a new, structured weekly students' timetable. After the changes, the feedback we received on this aspect is much improved.

Formal teaching sessions supplement the direct patient contact time for our medical students, and provide depth and breadth to learning. During the last academic year, over 4,500 separate teaching sessions were delivered by a range of staff across the Trust. 96.65% of the sessions were successfully delivered as planned. 100% of our 5th year medical students passed their final year exams to successfully complete their degree course. This is a tremendous achievement for the Trust and highlights the commitment of staff to teaching the next generation of doctors.

Number of Teaching Sessions Delivered / Cancelled against plan





This 'word cloud' is collated from the feedback our students gave us on their experiences of training at CMFT. The larger the word, the more times it featured in the text of their comments.



Postgraduate Medical Education

After completing a medical degree, our doctors undertake a two year Foundation Doctor training placement. This is followed by a number of years working as a Specialty Trainee either in our hospitals or in linked General Practices.

In accordance with the Trust's Postgraduate Medical Education Quality Improvement Framework, this year has seen the implementation of:

- Internal educational Quality Reviews to support departments in raising the standard and experience of training they deliver.
- Divisional Medical Education Committees across the Trust.
- A formal Trainee Board to ensure that trainee doctors have active input into their education, and wider issues concerning their time with us.

Following the appointment of four new Associate Directors of Medical Education, initiatives have been established across several key areas:

- Biannual Medical Educators' conferences have been delivered to support educators' continuing professional development and facilitate peer support and networking. These will continue to be run in the spring and autumn of the next year.
- Work has also been undertaken to improve identification and support of doctors in difficulty, through online guidance tools and workshops for supervisors.
- Our Lean Healthcare Academy Award (2014) winning work around induction and support for international doctors has continued.



Award Winner...

We are proud to report that this programme for international doctors, led by Dr Sujesh Bansal, is the Gold Winner of The Learning Awards 2015, Internal Learning Solution of the Year. This prestigious award saw the Trust compete against big name commercial companies and public services. You can read more about our success here: <http://thelearningawards.com/>



New Scheme...

The introduction of colour coded lanyard scheme to distinguish the differing grades of trainee doctors and their respective levels of experience.

Foundation Year 1 doctors Hydar Faruqi and Kerry Burke



The annual General Medical Council National Training Survey told us that the Trust was delivering excellent training and support to our junior medical staff. The survey measures the satisfaction of our doctors in training with their experience at CMFT. The following specialties were in the top 10 nationally for trainee satisfaction:

- Emergency Medicine
- Child and Adolescent Mental Health
- Intensive Care Medicine.

We also had some areas to improve on such as:

- Paediatrics
- Medical Microbiology
- Cardiology.



We have been working closely with our external stakeholders (Health Education North West) and our staff in those departments to improve the experience of our junior doctors.

The Postgraduate Medical Education Team will continue to work collaboratively with its trainees and trainers to promote and improve its practice and deliver a high quality training programme for doctors at all levels. The team remains committed to delivering educational outcomes that will enhance the futures of its trainee doctors and, through them, improve the quality of patient care.





Library Services

The Trust provides a professional library service for all our staff to support education, research and training. The service provides access to the most up to date clinical information and resources on healthcare to help our clinicians provide the best possible care for our patients.

In 2014/15 the Trust library Service welcomed a new Head of Library Services and a new Clinical Librarian.

The Library Service has engaged in a number of quality projects. In the autumn of 2014, we developed a Quality Dashboard for a NHS Library Service which monitors service performance and quality against a number of Key Performance Indicators.

The development of the NHS Library Dashboard won two runners up awards at regional and national level. The service gained the Silver Quality Award from the 2014 Library and Information Network North West (LIHNN) quality awards, and a Sally Hernando Innovation award at national level.

You can see an example of this kind of dashboard here: <http://cmft.nhs.uk/education-and-training/library-services/resources>



The Service has continued to develop its online service to complement its clinical outreach service, which has resulted in an increased uptake of resources accessed at the desktop or point of need. These are available 24 hours, 7 days per week.

In autumn 2014 the service launched a new search engine called "Clinical Key". This uses an intelligent search algorithm to help clinicians access the content of the very latest research published in high impact journals and key online reference textbooks. In early 2015, the service also launched a discovery portal that brings together knowledge assets in a single environment to enhance discovery.

Finally, the Library Service has supported both undergraduate and postgraduate medical education in addition to all staff and students based at the Trust either undertaking continuing professional development (CPD) activities, engaging in research, or on clinical placement by supplying a high quality learning environment and support structure.

Below: Library Services Team



Medical Appraisal & Revalidation

What: 90% of doctors to have had a completed annual appraisal.

When: March 2015

Outcome: 90%

Progress: 

Medical revalidation was introduced by the General Medical Council (GMC) to provide assurance to patients, the public, 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. Medical appraisal is at the heart of revalidation; it is where a doctor's 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 at CMFT, along with all other doctors in the UK, are required to have an annual appraisal with supporting information collected about their work, including feedback from patients, doctors, nurses and other colleagues. In 2014/15, we had a big drive on appraisal with good success and have developed a robust system of appraisal and clinical governance that supports our doctors in preparation for revalidation. In April 2014, we introduced the requirement that doctors must complete their appraisal every year within their birthday month. In addition, doctors must use the Trust's electronic appraisal system to store their appraisal documents. This system tracks every doctor's appraisal, making it easier for them to store information 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 and monitor appraisal rates effectively.

To further support the monitoring and management of appraisal at CMFT, the Trust also sends quarterly and annual appraisal and revalidation reports to NHS England, using the Framework for Quality Assurance (FQA) and Annual Organisational Audit (AOA) respectively. A paper is also presented annually to the Trust Board, highlighting the results of the AOA and any actions that are required to improve the appraisal and revalidation process





Patient Experience

Listening and Responding - Friends and Family Test

How likely are you to recommend our wards and departments to friends and family if they needed similar care or treatment?

At CMFT we give all of our adult patients, in line with the national CQUIN (Commissioning for Quality and Innovation) requirements, the opportunity to answer the Friends and Family Test question at the time that they are discharged.

- ✓ This year we have had over 41,500 responses.
- ✓ Our response rate has exceeded the national target for both A&E and in-patient wards.
- ✓ Over 90% of those that responded said they would be extremely likely or likely to recommend us to friends and family.

Patients are also encouraged to give additional information in order to help us improve our services. This year we have focused on initiating Trust-wide improvements related to discharge and meal times using this real time patient feedback. Clinical teams can now access their own data on a daily basis to ensure they are delivering the best patient care and to drive their improvement work.

Next steps

New online surveys have been developed and are now available for our:

- Community patients
- Day cases
- Children and young people
- Out-patients
- Dental patients.

During 2015/16 we will ensure that staff in each of these areas are able to access their real time feedback and will know how to make changes in response to their patient comments.

Detailed results can be access via:

<http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

Dementia Care

Delivering the best patient care - Dementia Care

Dementia care remains a high priority for our organisation and so this year we have continued to work on our six key commitments:

Commitments to improve dementia care

Commitment 6:

Create opportunities to support carers

Commitment 5:

Develop shared care model for carers of patients with dementia

Commitment 4:

Increase specialist support for patients with dementia

Commitment 3:

Create dementia friendly environments & activities

Commitment 2:

Establish systems and processes to identify patients with dementia /cognitive impairment

Commitment 1:

Increase awareness and knowledge of dementia and specific needs of patients

Commitment 1: Increase awareness and knowledge of dementia and specific needs of patients

We recognise that the number of people living with dementia is increasing and so our staff must have a greater awareness and knowledge of dementia in order to meet the specific needs of our patients.

A number of dementia raising awareness events have been held, in particular our Dementia Care Grand Exhibition which was held as part of the Alzheimer’s Society Dementia Awareness Week in May 2014. This event showcased a range of initiatives from across the Trust and was attended by over 250 people including Professor Alistair Burns, National Clinical Director for Dementia.

Staff training continues to be delivered via e-learning and group sessions.

Over 1700 staff, including clinical and non-clinical staff, have completed basic awareness training this year.

More than 350 nursing staff have attended the CMFT dementia care training day this year, where feedback has included comments such as:

“I now have a better insight into the needs of patients, families and carers”

“It made me think more about how frightening it must be to be in a hospital situation with dementia”

Commitment 2 - Establish systems to identify patients with dementia/cognitive impairment

We have continued to use our Forget-Me-Not flagging system to ensure patients living with dementia are easily identified and so remain safe and receive the right care. The flower symbol highlights any patient with a known diagnosis of dementia, or who has been assessed as having a level of cognitive impairment, on the nursing handover and the ward electronic whiteboard. This supports communication between all the professionals involved in the patient’s care.

In line with the CQUIN (Commissioning for Quality and Innovation) requirements for dementia care we have:

- Asked 3932 patients aged 75 or over whether they have been experiencing forgetfulness in the last 12 months to the extent that it has affected their daily life.
- 192 people said yes to the forgetfulness question. Of these over 90% have been assessed for cognitive impairment.
- Of the 85 identified as having cognitive impairment, 100% have been referred for further specialist diagnosis.

Commitment 3 - Create dementia friendly environments & activities

Patients living with dementia or experiencing cognitive impairment need to be cared for in environments that reduce anxiety and confusion. Newly designed dementia-friendly wards are being introduced in the Acute Medical Unit at MRI and ward 6 at Trafford. The changes include improved day rooms, better signage and use of bold colours to help distinguish key features within the room.





Activities and distraction can also help maintain the patient's safety by providing a focus in the ward environment and so reducing the risk of falls and wandering. Activity boxes bought through charity funding have been introduced across our adult wards and staff have started to develop interactive sessions with patients including sing-alongs and craft sessions. We have also worked closely with a number of partners such as Manchester Museum and Whitworth Art Gallery to provide opportunities to be creative and engage in therapeutic distractions.

Since May 2014, patients and carers can take a walk down 'Memory Lane' and see in the windows of the sweet shop, toy shop, grocer's or flower shop, stimulating conversations and memories whilst providing rehabilitation and distraction.

Memory Lane was an idea that came from the Forget-me-not focus group and is updated with the seasons by our carer champions.

Commitment 4 - Increase specialist support for patients with dementia

We continue to have dementia champions from across the multidisciplinary team within our ward areas. The champions are supported by our Dementia Nurse specialist during ward visits. Specialist support continues to be developed through a mixture of working alongside staff in our older person wards and leading champion groups.

Commitment 5 - Develop a shared care model for people with dementia and their carers.

Shared care planning has been increasing throughout the year. Whenever a patient is identified as having a known dementia within the assessment areas, the nursing teams commence the shared care plan with families and carers. This care plan follows the patient throughout their admission and so allows staff to get to know the

Memory Lane and Activity Box..



person, to maintain normal routines as much as possible and to work in partnership with carers. The care plan document itself is jointly used by professionals and the patient's own carer during their hospital stay. Open visiting, involvement in mealtimes and even assisting with personal care needs is supported wherever preferred, but we are also careful to check whether carers would value an opportunity for some respite during this time. This approach ensures that we listen and respond to individual patient and carer needs.

Commitment 6 - Create opportunities to support carers

In order to support carers of patients living with dementia we have worked closely with the Forget-me-not focus group to understand what developments were needed.

Our carer champions have therefore developed an information leaflet 'Sharing the Caring' that was endorsed and shared nationally by Professor Alistair Burns, National Clinical Director for Dementia.

Our carer champions now make ward visits and offer support to other carers of people living with dementia.

"...We are proud of all the work achieved by the carer group; hopefully it will make a difference..."

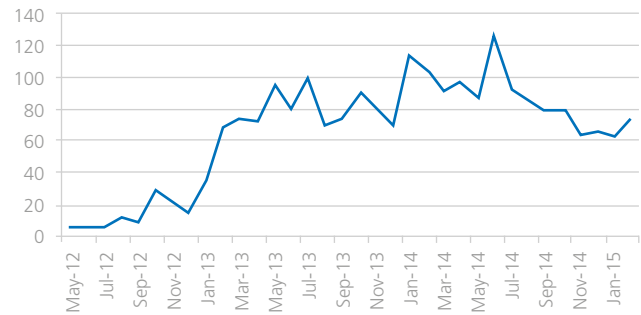
Jo L, Carer champion and mum is living with dementia

"...Everyday living with someone with dementia is challenging. The Sharing the Caring booklet informs of the help that is available and how to access it..."

Sheila G, carer champion and father had dementia

To continually check that the improvements are making a difference, and that the care we provide is of the highest standard, we have continued to promote our patient feedback questionnaires with carers of patients living with dementia. The response rate has increased over time with an improvement noticed following awareness events.

Numbers of responses each month of carers of people with dementia



Based on this feedback, 97% (278) of carers reported that they felt supported during the hospital admission. The additional information provided highlights positive comments summarised as:



Next steps

Data from the questions within the survey are analysed and used to determine future improvements. Based on feedback during 2014/15 scores for pain management were noted as being significantly lower for patients living with dementia compared to all other adult patients; however, scores for help with washing and dressing scored better for patients living with dementia. Scores related to meals were similar to all other adult patients; however, these remain low.

We therefore commit to improving dementia care in relation to pain management and meals as a priority during 2015/16.





End of Life Care

The Trust successfully implemented a number of changes in relation to end of life care in order to achieve the requirement of the 2013/14 CQUIN and hence improve the quality of end of life care across CMFT for patients and their families.

The Neuberger, 'More Care Less Pathway' report (2013) and the NHS England Leadership Alliance for the Care of Dying People (LACDP)¹, required organisations to cease the use of the Liverpool Care Pathway for the Dying Patient (LCP) by **14th July 2014**. The Leadership Alliance has highlighted that there will not be a 'national tool' to replace the LCP.

On 16th June 2014 the LACDP issued guidance which outlines **five priorities for care set out in One Chance to Get It Right NHS England (2014)**. Together the priorities should enable all individuals approaching the last few days and hours of their life to receive high quality care that is right for them as an individual. Each priority supports the principle that individual care must be provided according to the needs and wishes of the person.

The Five Priorities of care in the last days and hours of life:

1. The possibility that a person may die in the next few days or hours is recognised and communicated clearly; decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly.
2. Sensitive communication takes place between staff and the person who is dying, and those who are identified as important to them.
3. The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.
4. The needs of the families and others identified as important to the dying person are actively explored, respected and met as far as possible.
5. An individual plan of care, which included food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

What: To improve the quality of care our patients and their families experience at the end of life and following a death. To raise awareness and communication of the patient's individual wishes, as we strive to achieve these.

How: To ensure our workforce is able to deliver the best dignified, compassionate and safe end of life care.

By When: March 2015

Outcome: To develop a workforce across the organisation that is competent and confident in end of life care.

Key achievements

- Working and ensuring progress is made to implement the "Minimal Education Standards for Care and Support of the Dying Person in the Last Days and Hours of Life". This document aims to outline core areas of knowledge and competency that should be achieved by professional delivering care to the dying person and those closest to them. This will ensure all staff members are safe, well educated, confident, effective and appraised annually to ensure a high standard of care is being delivered within the community.
- Working with all three CCGs, Manchester Metropolitan University, St Anne's Hospice and Macmillan "Macmillan Cancer Improvement Partnership Learning & Development Scoping Project" is scoping all primary care professionals with regards to qualifications, education, and knowledge by developing core standards across the localities in collaboration. These minimum standards aim to promote consistency of education and training across the Strategic Clinical Network.
- Established partnerships with CCG to support the delivery of training in end of life care to General Practitioners.
- On-going training in end of life care provided across all areas of the Trust.
- Commenced a research study with Manchester University and Marie Curie Cancer Care entitled - "Supporting family carers to enable patient discharge from hospital in advanced disease (end of life): a qualitative study with carers and professionals to adapt evidence-based carer assessment to acute care settings'



- Commissioned a project with 'AFTA THOUGHT' to deliver training via experiential learning on the subject of end of life care with funding secured (£15k) via the Multi-Professional Educational Training commissioner funding. This programme will commence in May 2015 and will use patient and carer stories as part of supporting reflection and learning.
- The annual Care of the Dying audit has been revised to enable the evaluation of the new standards required to deliver the Five Principles for End of Life care. The audit has demonstrated a number of improvements and areas where continued work is required which will be addressed through our commitments for 2015/16. In summary, the key areas where improvements have been seen are:
 - All patients at end of life had individualised plans of care which addressed care needs in terms of food/drink and symptom management, but assessment and planning care to address psychological, social and spiritual needs was limited.
 - All patients at the end of life had appropriate documentation to support agreed limitations of treatment, such as 'do not resuscitate plans'. This is an area in which we perform well and have had 100% compliance in each of the annual audits since 2013.
 - Improvement in documentation which demonstrates that families have been advised of prognosis and involved in development of individualised plans of care.
- In relation to symptom management an improvement has been seen in medical staff prescribing appropriate medications to support the management of pain, breathlessness and agitation.

Commitments for 2015/16

During 2015/16 we will continue to focus on supporting and training our staff to deliver high quality care at end of life. In particular improvement programmes of work will be implemented to address the following areas identified from the audit:

- Early recognition of end of life, ensuring staff are able to undertake sensitive discussions with patients and families about prognosis and their wishes, and to ensure that documentation of these discussions is available in the records.
- Planning care in relation to psychological, social and spiritual needs will be the focus of training during the coming year. The 2015 audit demonstrated more than 10% increase in staff discussing and meeting spiritual needs but this was for only half of the patients audited.
- Ensuring effective and appropriate mouth care is provided for patients. This is a current, Trust-wide programme of work for all patients as a theme relating to a need to improve mouth care for our patients has been identified through Quality Care Rounds conducted on a monthly basis.





Compliments, Concerns and Complaints

Our aims remain to ensure that all forms of feedback help improve care for patients. We have undertaken a comprehensive review of our Patient Advice & Liaison Service (PALS) to ensure that when things go wrong our complaints system is clear, fair and open. We want to ensure patients, carers and families know who they can turn to for independent local support if they want it. We remain committed to ensuring that every member of staff scrutinises and learns from mistakes to improve care for patients.

It is very pleasing to receive the many compliment cards and letters of thanks sent to our staff and we equally want to hear worries and fears too. We truly value complaints because:

- We know that complaints can identify cultural problems within teams....**transparency**
- They can shine a light on poor clinical practice.....**improved clinical practice**
- They can aid learning and improvement.....**better care for patients.**

In 2014/15 we have worked hard to improve the response times to acknowledge complaints and also reduced the length of time it takes to investigate and provide a written response. Importantly, we have better availability of complaints data and improved reporting and monitoring of this data on a weekly, quarterly and annual basis. Table 1 below shows the flow of complaints into the Trust over the last three years.

We continue to develop and improve our complaints handling service and our work plans for the year ahead include:

- Creating a baseline and tracking the experience of patients who make a complaint.
- Make it easier to identify themes and trends in complaints.
- Greater connection between flows of information across the Trust and across health and social care.

Table 1 - Complaints data 2012-2015

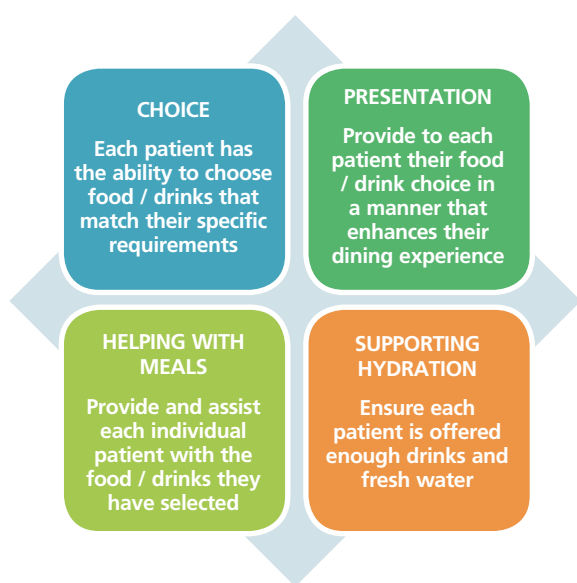
Year	No. Formal Complaints	No. Informal/ PALS	Acknowledge Response ≤3 days
2014-15	1023	3573	96%
2013-14	1112	2768	53%
2012-13	1044	2777	32%

Other News

Food and hydration

Providing compassionate, individualised care to our patients is core to achieving the best patient experience. Food and hydration are key elements of such care and we have undertaken a number of programmes of work to ensure that we meet the needs of our patients and families.

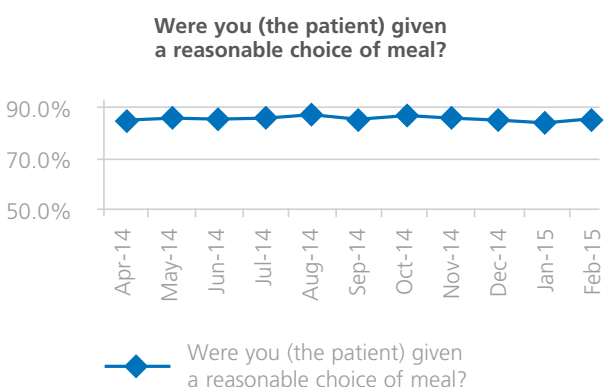
We have worked on a projects that focus on four key areas that are vital in meeting the nutrition and hydration needs of our patients:



Choice

Our commitment has been to ensure that every patient has the opportunity to choose food/drinks that match their specific requirements.

Our patient experience feedback demonstrates that this is an area for improvement with an average of 85% of patients stating that they felt they were offered a reasonable choice of meals and snacks.



We have implemented the MAPLE electronic food ordering system within all Central site ward areas and plan to implement this system on our Trafford site during 2015/16. This system has been designed and developed to enhance the meal ordering process and improve patients' choice at meal times.

The MAPLE system allows patients to see pictures of the food they are selecting and provides them with advice on nutritional content. The system also allows dietitians and nursing staff to set menu choice to meet the specific dietary needs for the patient, only offering the patient foods that meet these requirements.



The MAPLE system

During 2015/16 we will be embedding the MAPLE system in our areas and making amendments to the system and process to ensure that all our patients are able to make a choice about the food they wish to eat on the day of service.

We have also implemented a new children's menu to provide a wider choice of nutritional food to children and young people in hospital.

Helping with meals

The key commitment from our nursing and midwifery staff is to ensure all patients who require assistance with eating and drinking have this assistance provided. This work is supported by protected meal times where routine work in a ward ceases (i.e. ward rounds, drug rounds, etc) and staff focus on supporting patients at meal times. We have key standards in terms of helping with meals which are:

- Assessing patients' needs before the meals arrive and ensure they are prepared for meal service.
- Using red trays to identify patients who need assistance and the member of staff who will provide this assistance.





All our ward areas have meals boards which detail key information about patients' needs in terms of meal times.

This work has allowed us to make improvements in ensuring our patients receive assistance with their meals and drinks, which can be seen in an improvement in our national in-patient survey scores for this question.

Presentation

Ensuring that the food and snacks are presented and served to patients in a manner that enhances their dining experience is fundamental to providing effective nutrition. During the past 12 months the introduction of snack rounds in a number of ward areas has improved patient feedback. Work continues on programmes of improvement to ensure presentation of meals meets the needs of our patients and will focus during 2015/16 on individual department improvement plans and integration of Sodexo staff within the ward/department team.

Supporting hydration

A key area for improvement during 2014/15 has been to understand and put in place improvements to ensure the accurate observation and recording of intake on the patient's fluid balance. Incidents and our data from Quality of Care Rounds demonstrate that this has been an area of challenge.

A programme of improvement work with our Acute Medical Unit, Emergency Surgical Unit and Ward AM3 has been undertaken to understand the issues and put in place standards and actions to ensure all patients who require fluid balance monitoring have this completed accurately.

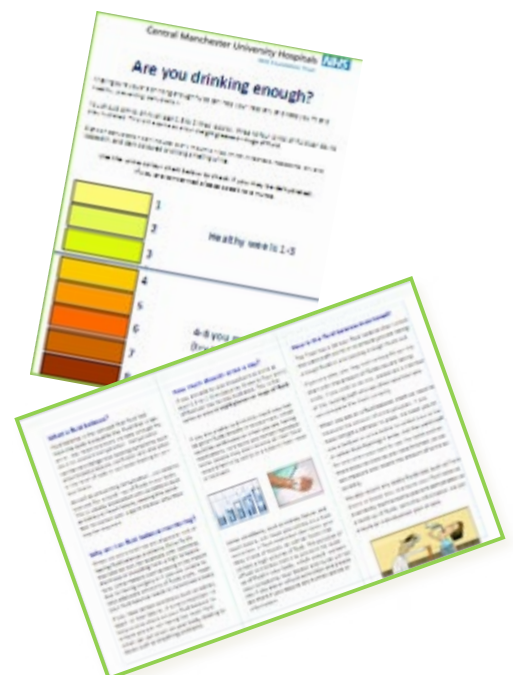
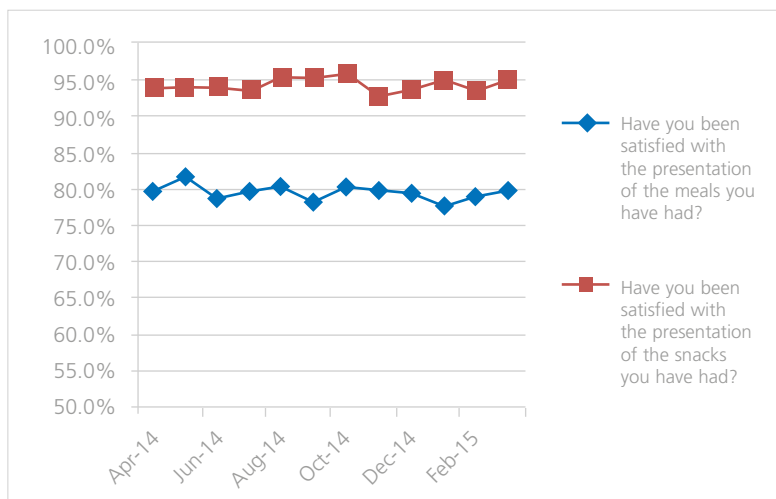
To understand a sense of the issues, focus groups and workshops have taken place with staff from

the pilot ward areas. The information provided by staff at these sessions helped us to identify the areas on which to focus. Priorities for inclusion in the improvement work programme were agreed with the staff, including areas such as a review of the current fluid balance chart and development of patient information and tools to enable suitable patients to be involved in managing their hydration needs.

A new fluid balance chart, patient information leaflet and hydration tool have been developed and are currently being trialled in the ward areas. Initial feedback has been positive, with some minor training needs identified, which will be addressed before the next cycle of improvement.

During 2015/16 we will be implementing these new tools and associated training across all our adult ward areas and will work with our children's ward teams to develop appropriate tools for these areas.

Supporting Hydration – sense of the issues



Ward Accreditation 

Celebrating Achievement - Ward Accreditations




At CMFT we are committed to ensuring that our patients experience care that is in line with our values of pride, compassion, dignity, respect, consideration and empathy.

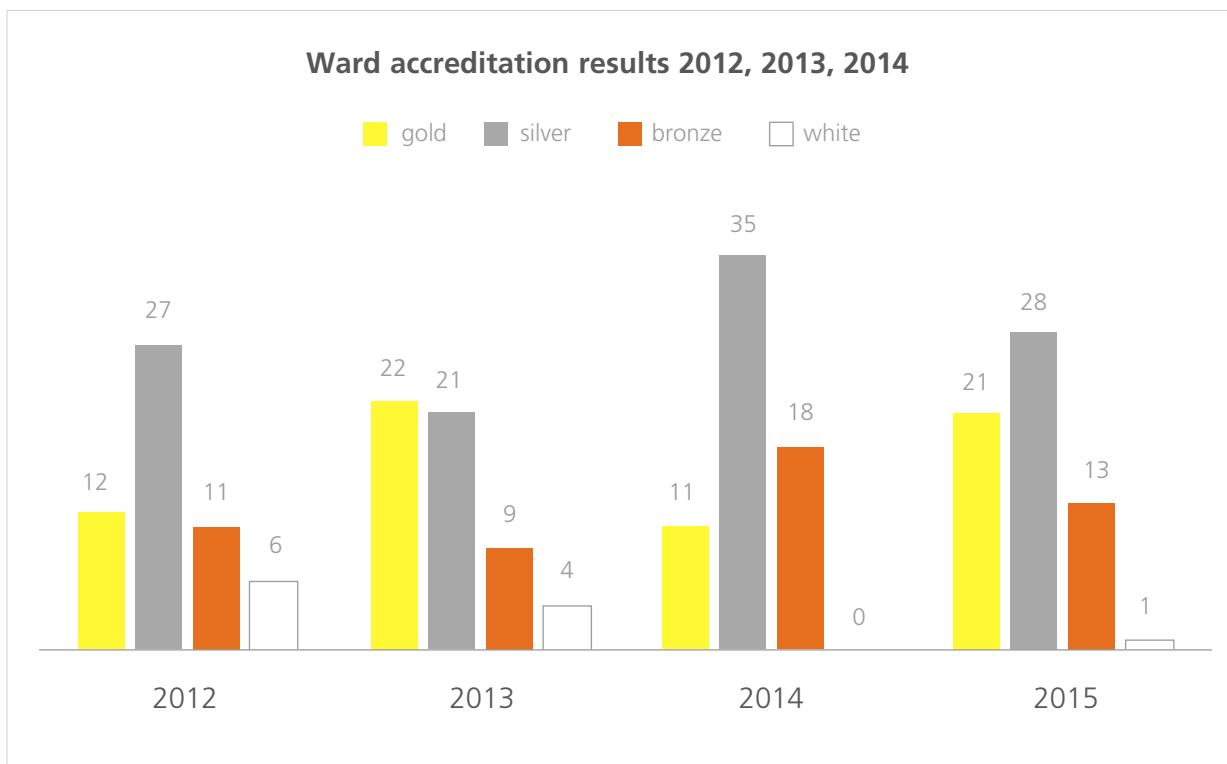
Ward Accreditations occur every year and take place on each of our 64 wards. The Ward Accreditation process involves a senior nursing team who first review the ward data and then undertake an unannounced visit to the ward, to observe nursing practice, ask staff and patients about their experiences and complete inspections in relation to the ward environment such as cleanliness, infection control and safety.

The primary intention is to ensure patient safety and compassionate care in all our wards and departments. Through this process we are able to provide assurance, to the Board of Directors, regarding the quality of our clinical areas. Ward accreditations provide CMFT senior teams with confidence that they have a good understanding of each ward's successes or issues. Also the process supports ward teams to be confident that they can demonstrate that they are well led, safe, caring, responsive and effective.

As such the CMFT Ward Accreditations are focused on ensuring high standards are achieved, that we identify and celebrate achievement and that we support teams to ensure continuous improvement year on year. Once accredited each ward is identified as Gold, Silver, Bronze or White.

This year.....

-  100% of our ward accreditations have been completed.
-  The number of Gold wards has increased from 11 in 2013/14 to 21 in 2014/15.
-  1 ward was identified as needing support (white) by the end of March 2015.





Acute Kidney Injury (AKI)

Acute kidney injury (AKI) is a rapid reduction in kidney function resulting in difficulties in clearing excess water, electrolytes and toxins. It is highly common amongst hospitalised patients. AKI occurs in one to five patients in our hospital, similar to most UK hospitals. Two thirds of these patients come to hospital with AKI (community acquired), the remaining patients develop an AKI during their in-patient stay. Patients with AKI stay in hospital longer and have a higher risk of a poor outcome and sometimes death. Early recognition and good management can reduce the incidence and consequences of AKI.

To address this problem and reduce harm from AKI in this organisation, we have developed an electronic alert (e-alert) system for early identification of cases of AKI. We have also established an AKI team consisting of two full time AKI specialist nurses led by a renal consultant. The team strives to recognise all cases of AKI within 24 hours and assist ward teams at the MRI in AKI management using a 10 point AKI Priority Care Bundle (PCB).

What: To reduce the overall incidence and impact of AKI on CMFT patients.

How:

- 100% recognition of all AKI cases within 24 hours.
- 10% reduction in total number of cases of AKI.
- 10% reduction in length of stay (LOS) of patients with AKI.
- 20% reduction in "AKI days" (the total number of patient-days with on-going AKI).
- 80% compliance to all 10 elements of AKI Priority Care Bundle (PCB).

By: Dec 2015

Outcome:

- The electronic alert system now detects 100% of cases of AKI.
- A pilot intervention using the e-alert and a specialist nurse showed a 25% reduction in LOS in severe cases of AKI (Stage 3)
- The use of the AKI PCB improved AKI management in four pilot wards from 60% to 84%.

Progress: 

Next steps: Our aim for next year is to roll out the e-alert and specialist nurse outreach services across all wards including Trafford. We will closely monitor adherence to the Priority Care Bundle and AKI length of stay (LOS) and outcomes for patients affected on each ward and across the organisation.

Nurse's campaign for organ donors could save 25,000 lives

Manchester Royal Infirmary Nurse Agimol Pradeep has recruited 3,000 new South Asian organ donors to the donor register after a five year targeted education campaign. Those donors could potentially save up to 25,000 lives.

Asian people are three to four times more likely to need a kidney transplant than the general population. National figures show that South Asians wait three times longer than white people due to difficulties in finding a successful match.

Agimol has spoken at events and conferences across the country as part of her PhD study entitled: 'Increasing Organ Donation from the North West South Asian Community through Targeted Education'.

Agimol, a Transplant Recipient Co-ordinator at Manchester Royal Infirmary, began her PhD in 2012. However, her campaign to dispel the myths surrounding organ donation amongst members of the South Asian community began in 2010 when she began her current role.

She said: "I hadn't experienced first-hand the need for donors from this particular group, until that point. It seemed to me there was this huge need for more awareness and education.

"Being South Asian myself, I felt I could provide a trusted link to others, raise awareness and help to dispel some of the misunderstandings by talking face to face."

As well as voluntarily speaking at events, Agimol also takes time to work with community and religious leaders, GPs and intensive care units to introduce strategies to increase donation and educate Asian people about the benefits of organ donation and joining the donor register.

Agimol has been assisted in her campaign by a Muslim Imam at Manchester Royal Infirmary, Siddiq Diwan, who has offered expert support for any religious concerns that members of the community may have. Agimol said: "Religion does play a huge role in the debate on organ donation. Siddiq's help has been invaluable in clarifying some of the misinterpretations or apprehensions people may have about registering to be an organ donor and how the processes of donation fit into religious culture."

Agimol said: "During the past five years, I've learnt that it's not necessarily that people don't want to register to donate - they may not know about it, or may have misinterpreted or misunderstood what registering actually means, the donation process and how it can benefit others. I've found that people are very responsive to the message of donation and my motto of 'Accept life, live life and give life.'"

Frequently asked questions about organ donation can be found here: http://www.organdonation.nhs.uk/how_to_become_a_donor/questions/

- The website setup as part of Agimol's study can be found here: www.southasianorgandonor.org.uk
- Further to her campaign to find organ donors, Agimol has also actively campaigned to find stem cell donors – a form of donation that anyone can do at any time by donating blood. She has recruited 800 people in the last 12 months whose donation will be used to treat South Asians suffering from blood cancers.

"Being South Asian myself, I felt I could provide a trusted link to others, raise awareness and help to dispel some of the misunderstandings by talking face to face."

Visit the website:

www.southasianorgandonor.org.uk





Informatics Update

New electronic mortality tool

There is a growing scrutiny of mortality rates and a drive nationally to review all 'avoidable deaths'. The Trust has long recognised the value in the review of patient case notes. Valuable insights can be gained from such reviews and lessons learned can lead to increased levels of quality, efficiency, and the provision of safe care and treatment. A 'mortality review' is where a panel of consultants undertake a detailed review of a patient's death. A range of sources including case notes, discharge letters, death certificates, test results and observations are used to find out if any changes in the care the patient received could have resulted in a different outcome.

Building on our existing mortality review processes we undertook a programme of work to standardise the process to improve how we capture data and report on the results of mortality reviews. Sponsored by the Trust Mortality Group, and with engagement from divisional leads, Informatics have developed and deployed a new electronic mortality review tool across the Trust. This web based application provides a single portal with enhanced workflow and improved reporting capability and has standardised the mortality review process across the Trust.

The information captured by the tool enables users to conduct comprehensive analyses of mortality levels, compare patient groups and services, look at causes of death, and identify any areas of concern. By standardising these reviews we can compare findings across the Trust to identify areas of best practice or where further analysis is required.

It is envisaged that in the near future mortality reviews and workflow will be integrated with Chameleon to provide a seamless experience for end users.

Making data available in an easily-navigable, interactive format

In spring 2014, we were asked by the Trust Management Board (TMB) to replace the paper-based Intelligent Board report with an accessible web-based tool (Trust Board Assurance). This was to support the Trust executive team by facilitating innovative measuring, monitoring, and alerting across a broad range of indicators.

In partnership with executive leads, we helped define a range of indicators to include in the report and began the process of acquiring and modelling the required data sets. We developed a new platform to allow us to present the data via rich, interactive dashboards. We called this platform Limelight and designed it with mobile devices in mind. Limelight is a collection of tools which allow the integration, modelling, and reporting of multiple data sets, from Human Resources to Infection Control. We presented the new report to the Trust Management Board in September 2014 and it was subsequently published Trust-wide. Feedback has been positive. Reports are available at: <http://www.cmft.nhs.uk/your-trust/meet-the-board-of-directors/board-meetings>

Understanding where and how we use different blood components

When blood is donated it is separated into individual components. The individual components are red cells, white cells, platelets and plasma. These can all be put to different uses and are called 'blood components'.

In partnership with the Trust's Department for Laboratory Medicine, the Blood Components project brings a range of information together which helps the Trust understand where and how different blood components are used. The aim of the project is to track and analyse blood usage to allow us to plan more efficiently. This is expected to bring further improvements to patient safety as well as financial savings. For example, the analysis will help understand areas of waste and identify areas where blood is being ordered and used inappropriately.

This pilot project is an important step in the development of a national dataset which will contain information from multiple hospitals that can be used for benchmarking against best practice. Areas of analysis will include transfusion rates by surgical procedure, blood requested but not used and the use of alternatives to transfusion such as cell salvage and tranexamic acid (a drug that improves blood clotting and therefore reduces blood loss).

We're already using the data to analyse blood transfusions and cell salvage during a patient's episode of care, to understand relationships between certain procedures, compare clinical practice, use of blood components, and to identify best practice and any efficiencies which can be introduced.

External regulation

Central Manchester University Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is fully registered with no conditions. Central Manchester University Hospitals NHS Foundation Trust has had no conditions on registration.

The Care Quality Commission has not taken enforcement action against Central Manchester University Hospitals NHS Foundation Trust during 2014/15.

Central Manchester University Hospitals NHS Foundation Trust has 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 did not visit the Trust but we communicate with them regularly.

The CQC visited in December 2013 and asked us to make improvements to the health care record and food choice, particularly for our younger patients. We have continued our programme of work in both areas and made improvements. At the time of writing this report, the CQC have reviewed our evidence and have informed the Trust that they are satisfied with the progress made.

We 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.

Other external bodies such as the Human Tissue Authority visit our premises regularly and their findings are reported at Board level.

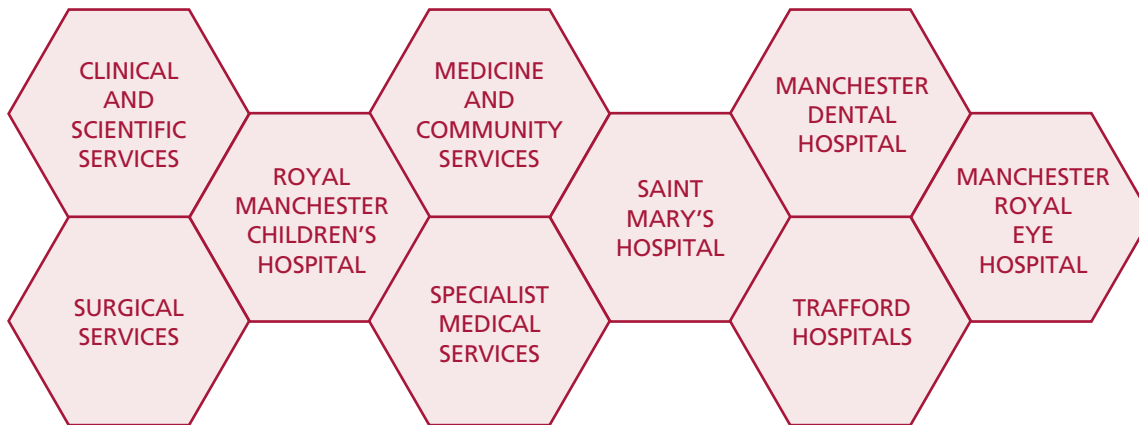
The Trust continues to work closely with all external regulators and inspection bodies and will use their findings to make improvements where needed and as an assurance of quality.





Divisional Reports

CMFT has nine clinical divisions as demonstrated in the diagram below. Each of the divisions has a unique identity and provides a specialist service but all share one aim: to be the best at what they do.



Here is a summary of some of the on-going work within the nine divisions.

The Royal Manchester Eye Hospital (MREH)



Top 3 areas of success

1. Listening & Learning: Patient Listening Events: November 2014, saw the second MREH Patient Listening Event. The event was attended by approximately 50 patients & staff and provided an opportunity for people to share with us their experiences of all the services we deliver and ideas for improvement. Patients were provided with the opportunity to video their experiences. This footage has been used to produce a DVD of patient stories which will be used for staff education and training purposes.

Improvements already introduced in response to the first listening event in 2013 include:

- *Information in clinics:* The development of information on the MREH specific CMFT-TV screens to display the names of the doctors in clinic, and 'real time' waiting time information in each clinic module. The division has also designed and installed notice boards called **Hot Pockets**. The intention of the Hot Pockets is to display MREH/patient specific information.

2. Staff Engagement & Involvement: The **Change-1-Thing** campaign was launched at MREH in October 2014. The Divisional **'Change-1-Thing'** campaign provides staff with the opportunity to submit ideas for improvements. All ideas are discussed at the Quality Forum (from January 2015) and a multi-disciplinary decision made whether to approve the idea (and subsequently provide guidance and support from the core members of the Quality Forum) to make a change or decline the idea. If an idea is declined an explanation is always provided to the individual.

3. Ward Accreditation Programme: During 2014, Ward 55 and Eye J Day Case Unit underwent their annual accreditation assessments and were awarded GOLD. This is an excellent achievement for both areas, with Eye J achieving GOLD two years running and Ward 55 improving significantly from the bronze awarded last year. The significant amount of work and commitment that has been afforded to the improving quality work streams cannot be underestimated, led by

both the Ward Managers and Matrons. This work will continue to ensure that both areas continue to provide high quality, safe, individualised care whilst providing an excellent patient experience.

3 main outcomes from the Divisional Quality Review

- **Workforce/Staffing** – Most staff highlighted long recruitment timescales as a source of frustration.
- **Waiting times** – The division has a huge out-patient service and there are numerous factors influencing this issue where improvements could generate benefits to patients, staff and efficiency.
- **Outlying patients** – Issues relate to medical review, handover, patient safety and staff competency.

Responses to address the outcomes

1. Workforce/Staffing:

Nursing workforce improvements: These include recruiting to turnover (to address recruitment lag time issues), the appointment of new senior nursing teams and the development of new roles, for example expanding the Nurse Led Injector service and creation of a lead for Patient Experience and Quality. A training review has considerably increased the number of nursing staff accessing the university accredited ophthalmic course and leadership programmes such as those provided by the NHS Leadership Academy.

Administration staff improvements: A review of the administrative teams has led to an increase in staffing levels to assist in managing current workloads.

Medical Staff recruitment: work has taken place to improve recruitment working closely with the medical staffing leads.

2. Waiting Times:

Key specific areas have been identified, requiring investment of additional capacity, such as; Paediatrics, Diabetics and Macular. Appropriate action has been taken to reduce the overall waits, through additional staff appointments, new clinical space, and different ways of working, as well as outsourcing work to key providers. There is on-going work to further increase capacity such as developments at Trafford, Altrincham and an outreach service at Rochdale.

3. Outlying Patients (when patients from Manchester Royal Infirmary (MRI) are cared for in MREH):

The MREH Management Team continues to work closely with colleagues in MRI. Audits of in-patients on Ward 55, MREH compared to Outlier Criteria (types of patients who can be cared for) were undertaken in January 2014, and repeated in October 2014 and individual issues escalated appropriately. The Outlier Criteria for Ward 55 were revised as a result of the second audit and recent changes to infection control screening guidelines. In addition, an Outlier Report has been introduced and is circulated to Senior Management Team on a daily basis. A daily Matron review of any outlying patients includes assessment of recent medical staff review and contact with medical/surgical teams when reviews are required.

Improvements from clinical audit, incidents, complaints and claims

- **Pain Control:** Joint work across day case, in-patients and theatres continues to embed systems and processes to assess and alleviate patients' pain experience. This is as a result of triangulating information received from the Quality Care Round (QCR) data, patient experience feedback (from the patient experience trackers) and complaints. Pain scores are assessed on admission, on return from theatre, on discharge and when observations are undertaken as standard. Monitoring compliance to the standard is currently underway.
- **Corneal Abrasions:** As a result of a number of incidents and a subsequent local audit, it was identified that the use of iodine when preparing for procedure, in some patients, caused post injection corneal irritation. Practice has changed as a result with the strength and products used. Early indication shows that since the change there has been a reduction of incidences.
- **Patient information:** As a result of patient concerns, a review has been completed of patient information sent out pre-operatively to inform patients of waiting times in the day-case unit. This is to improve patient experience and expectations of their visit to MREH for a day case procedure.





- **Waiting times:** Much has been done to address patient concerns over waiting times in out-patients; the latest innovation is the pilot of patient pagers:
 - The introduction of a pager system in the out-patient department is a new project, and MREH is the first out-patients department in CMFT to start using this type of system. The pager system will allow patients and their carer/family to leave the clinic environment for refreshments without the fear of missing their clinic appointment.
- **Patient Liaison Coordinator and Receptionist:** Following a successful pilot of the Patient Liaison Coordinator role in the MREH atrium, the post has been appointed to substantively. The Coordinator acts as front of house, assisting patients find their way; help with transport and information needs. Improving patient experience during their time in the hospital.

Top 3 risks

Patient Safety is a key objective for MREH and this is demonstrated in the numbers and types of incidents reported on the Trust incident reporting system thus exhibiting a positive patient safety culture. Themes identified from incident reports are managed via the Divisional Risk Registers with patient safety improvement programmes monitored by the Divisional Clinical Effectiveness Board.

MREH current key risks are detailed below:

- **Clinical Capacity:** A shortfall in speciality clinical capacity resulting in delayed follow-up appointments for patients.
- **Medical Records:** The use of hybrid (paper and electronic) records has increased the risk of medical record availability (not having a patient's full set of records).

Division's top 3 priorities for 2015/16

1. Continue to develop the Listening and Learning Programme (We're Listening...We're Improving Campaign) both staff and patient focussed; inclusive of the launch of the MREH Twitter account and the introduction of patient pagers.
2. Continue to develop the workforce to ensure this is 'fit for purpose' for the future NHS; developing new roles and responsibilities.
3. Continue to learn from feedback/develop new methods of feedback and show demonstrable improvements in patient and staff experience; supported by the Trust Values and Behaviours and the Nursing and Midwifery Strategy Commitment to Care.



University Dental Hospital of Manchester (UDHM)



Top 3 areas of success

1. Engaging Staff: The *Change-1-Thing* campaign was launched in November 2013 and since then there has been a steady submission of ideas for change, including one idea from a patient. The campaign provides staff the opportunity to submit ideas for improvements. All ideas are discussed at the Quality Forum and a multi-disciplinary decision made whether to approve the idea or decline the idea. If an idea is declined an explanation is always provided to the individual. Approved ideas for action/ further investigation to date include:

- Refurbish Paediatric Waiting Area with child and young people friendly art and distraction objects.
- To implement a 'self-check in' system for patients.
- To arrange for an annual skip for departments to dispose of any unwanted items advertised as an opportunity to "Dump the Junk".

2. Access to hospital (for patients waiting for the service to open): Historically, patients have waited outside UDHM for the hospital to open at 08.45am. The division has reviewed the opening times of the main doors and arranged for the doors to open at 7.45 am, with a designated area in main reception for patients to wait for the service to open inside.

3. Patient Listening Event 2015: The Division held its first Patient Listening Event in January 2015. The aim of the event was to provide patients with the opportunity to meet with the multi-disciplinary team and discuss their experiences. The intention is to use the information received to both celebrate

achievements and identify areas for improvement. Patients and their carers were also given the opportunity to share their experiences on film. The footage will produce a DVD of patient experience, which will be used for staff education and training purposes.

3 main outcomes from the Divisional Quality Review

- **Staffing Levels** – Staff identified this as a problem and highlighted long recruitment timescales as a source of frustration.
- **Infection Control** – A number of low level issues were identified which required further review.
- **Communication with patients (via telephone)** – This was a major cause of complaints and appeared to be the root cause affecting staff morale.

Responses to address the outcomes

- **Staffing Levels:** The Nursing Management team continue with the proactive assessment of staffing establishments and active recruitment to both permanent and fixed term dental nurse positions. This also involves a review of fixed term contracts to cover peaks especially in maternity leave.

In addition, dental nurses have not previously been available from any temporary staff provider (i.e. NHS Professionals (NHSP)). A major stream of work over the summer has involved the identification of need, liaison and negotiation with NHSP, resulting in the recruitment and availability of dental nurses to support unplanned leave.

The division has also experienced an unprecedented number of consultant retirements, leavers & maternity leave with recruitment taken longer than anticipated. The timescale to recruit has been identified as an issue and the division is working with Medical Staffing to reduce these timescales.

A number of consultant staff establishment reviews have been undertaken resulting in additional consultant posts being funded, with some staff already being in post and others in the recruitment system.





- **Infection Control:** As part of the **60 Day Hand Hygiene Campaign** the Division has developed a Hand Hygiene Improvement Strategy to promote excellence in hand hygiene.

As part of this strategy the following achievements have already been realised:

- Improved access to alcohol gel dispensers for patients and staff. Hand gel dispensers and improved signage promotional posters have been installed at the entrances to all clinical areas throughout the hospital.

- An entire hospital wide infection control observation review undertaken by the divisional senior nursing team and the Infection Prevention and Control Team

A number of infection control washable keyboards have also been installed within the Division and there is a rolling programme in place to purchase additional keyboards.

- **Communication with patients:** The division secured £25k funding and has installed a considerably more sophisticated telephone system. Some of the key benefits of the new system include a single contact telephone number for patients to contact the hospital. The system is designed to reduce the waiting time patients experience for calls to be answered as the system has the ability to divert calls to free lines, display the number of calls waiting 'in real time', display the number of staff logged on to the system to accept calls and display the length of time calls are taking to answer. A review of both the switchboard structure and process for answering calls is being undertaken now that data is available to develop new ways of working.

Improvements from clinical audit, incidents, complaints and claims

The Division has hosted an inaugural conference for the Association of Dental Hospitals sharing best practice and leading the way in patient safety.

- **Correct Site Surgery Check List:** Following two incidents of wrong tooth extraction, a checklist based on the WHO Safer Surgery Checklist has been developed and is now in use for all dental extractions and surgical procedures.

- **Trismus Checklist:** This was devised following an incident of a misdiagnosis of a patient that attended where malignancy was the underlying cause of their symptoms, but the symptoms were initially diagnosed as Temporomandibular dysfunction (TMD). The role of the checklist is to 'flag' the need and urgency for onward referral. The use of this checklist has contributed to an early diagnosis of a case of malignancy in a patient presenting with trismus in clinic.

Top 3 Risks

The Dental Hospital is one of UK's 15 core Dental Teaching Hospitals with a strong patient safety culture reflected by the number of reported incidents, with an increase in reporting year on year. Themes identified from incident reports are managed via the Divisional Risk Registers with patient safety improvement programmes monitored at the Divisional Clinical Effectiveness Board.

UDHM current key risks are a combination of fiscal, clinical and infra-structural and are detailed below:

- **Fiscal Risk:** Financial risk due to the change in commissioning pathways which has resulted in a reduction of referrals for new patients.
- **Clinical Risk:** Incidents or wrong tooth extraction during dental treatment.
- **Infrastructure:** The fabric (especially the age) of the building at UDHM elicits challenges such as the age of lifts etc.

Division's top 3 priorities for 2015/16

1. Continue to develop the Listening and Learning Programme (We're Listening... We're Improving Campaign) both staff and patient focussed; inclusive of improvements in directional signage to and within UDHM and installation of CMFT-TVs
2. Continue to develop the workforce to ensure this is 'fit for purpose' for the future NHS; developing new roles and responsibilities.
3. Continue to learn from feedback/ develop new methods of feedback and show demonstrable improvements in patients and staff experience; supported by the Trust Values and Behaviours and the Nursing and Midwifery Strategy Commitment to Care.

Royal Manchester Children's Hospital (RMCH)



Top 3 areas of success

1. Most of our specialties have participated in the Vision 2 Action (V2A) programme which helps each speciality to plan and act on how they will improve patient and staff satisfaction, have the best financial and quality performance of any Children's Hospital in the NHS and the academic and clinical reputation to match any Children's Hospital in the world. This has generated over 150 projects to improve services in RMCH for children and families. In addition to this, specific work has been undertaken regarding developing an Enhanced Recovery Programme for Children who require surgery, which is now used across RMCH, as appropriate.

2. Our Paediatric Emergency Department was recognised as the best performing Accident and Emergency Department in the country in 2013/14. The Department sees and treats over 60,000 children per year.

3. National recognition of work to improve the experience of children and young people with autism:

- Unite the Union Working Together Award (joint work undertaken by Play Services and Radiology to improve the experience of patients with autism who need to have a scan).
- Nursing Times Award (Child and Adolescent category) to Ward 76 and Burns for improving personalised care and pushing boundaries for children and young people with autism and their families.

3 main outcomes from the Divisional Quality Review

- The provision of food for children to include not only food choice but portion size. This should also extend to ensuring parents are aware of facilities available to them.
- Access to the children's hospital out of hours and at weekends should be reviewed and access more limited.
- Access to IV training for nursing staff.

Responses to address the outcomes

- There has been significant focus on food and nutrition in all in-patient areas. This has resulted in a change to the menu and the introduction of 'drink and snack rounds'. Children choose their meal preference using an electronic ordering system which shows a picture of each option. Children and families were invited to a Food Summit to help to evaluate the new menu. A further summit is planned for autumn 2015. All wards now have an area where parents can make a drink or snack, and parents are offered a drink as part of the 'snack rounds' so they do not have to leave their child's bedside.
- The overnight entry point to the new hospitals on the site has been changed to Saint Mary's Hospital entrance.
- All nurses who join RMCH are scheduled to complete IV training four months after their start date. A date is confirmed within their first month at RMCH.

Improvements from clinical audit, incidents, complaints and claims

- **Clinical Audit:** Use of microcuff endo-tracheal tubes (a specific type of tube that is nearly always inserted through the mouth or nose) in children. An audit showed very limited assurance for RMCH performance against the standards. Re-audit in January 2014 showed significant assurance with particular improvement in use of the recommended method to size microcuff tubes.





- **Incidents:** In October 2014 RMCH introduced electronic auto-alerts (PatientTrack) if a patient's observations are a cause for concern. Previously escalation relied on an individual escalating concerns to the appropriate nursing and medical staff; this was identified as a theme in incident investigations. The automatic alerting is as an innovative step, as no peers have an electronic monitoring and alerting system.
- **Complaints:**
 - The RMCH Youth Forum have helped to assess how families feel about care using 'The 15 Steps Challenge' which involves visiting the wards, speaking to children and families about care and observing the environment to identify ways we might improve.
 - Review of the pain pathway for patients who have undergone spinal surgery (involving further training for staff and a clarification of the pathway for Specialist Nurses) and new pain management guidelines for children with burns and scalds.
 - Introduction of a process in the Out-patient Department to support timely rescheduling of a first appointment (where this has been cancelled).

Top 3 risks

- Ensuring staffing meet optimal levels, so that we have the right staff in the right place at the right time, to deliver the right care. Vacancies or gaps in staffing can impact adversely on patient care and experience, achieving the hospital activity targets, and the ability to release staff to undertake training. There are national shortages in paediatric services for nursing and medical staffing, which make recruitment and retention more challenging.
- Limited capacity for in-patient admissions, particularly during the winter months when demand is higher. This impacts adversely on:
 - patient care and outcomes (such as delays in admission for surgery or diagnostic tests; or patients being admitted to a ward not usually associated with the specialty looking after them).
 - patient experience (making it more difficult to allocate each patient a bed space which is appropriate for their age, developmental needs and gender).
 - achieving activity targets.
- Delivering a balanced budget – significant work continues across RMCH to ensure financial balance is achieved; however, there are still significant risks in achieving this.

Division's top 3 priorities for 2015/16

1. Infection Control and Prevention
2. Food and Drink
3. Workforce



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Surgical Services

Top 3 areas of success

1. The prevention of hospital acquired infections and improvements in processes for the management and control of infection - especially with regards to CPE, MRSA and C.Difficile infections.
2. Opening of additional ward capacity to accommodate new services in the division as well as the move towards speciality specific wards such as a Vascular Ward. This has been achieved against a background of recruitment and retention challenges for nursing staff.
3. The introduction of the Structured Ward Round initiative within Urology which has led to significant improvements in the quality of patient care as well as a safer approach to care.

3 main outcomes from the Divisional Quality Review

1. Some pathways of care (such as the management of acute abdomen) are not always adhered to and there is more work to do with the junior and senior medical staff to ensure they are used appropriately to enhance the patient journey and outcome.
2. Patient concerns about appointment cancellations and how we communicate these to patients. The feedback from the Quality Review identified that specialties are working in silos, and when administrative staff are on leave there are concerns that patients who are cancelled may not be rebooked and therefore have a delay in their treatment plan.
3. Junior medical staff induction and handover was felt to be inconsistent, not robust and not documented electronically. Although work had been carried out on the junior induction with two weekly shadowing being introduced and greater compliance with the requirement to undertake mandatory training, there were still concerns about early morning hand over when the FY1 doctor finishes his/her shift at 02:00 hours.

Responses to address the outcomes

1. Continuing work with the Acute Care Team to ensure that we identify when a patient starts to deteriorate and to ensure we follow the Appendectomy Pathway so that early action can be taken to prevent further deterioration. A group has been set up to review the documentation. The Division of Surgery has worked with the Acute Care Team to review patients who trigger the Early Warning Score (the process by which a patient's clinical condition is monitored) to ensure improvements in practice and better outcomes for patients. In addition, junior doctors are to be included in the roll out of the acute abdomen pathway and receive training as part of their departmental induction. A Task and Finish group, headed by the new Clinical Head of Division is to be set up to embed the use of the Acute Abdomen Pathway into routine non-elective surgical practice.
2. The introduction of a number of initiatives to address patient concerns about cancellations. Text and voice reminders are to be updated with new texts to remind patients of their appointments and data cleaned up to ensure we have up to date and correct contact details. An admissions reminder pilot is being planned so that patients are clear about when they are coming into hospital. This will use a text and voice service to remind patients of their surgical admissions at two weeks and one week. A new 'Your Surgery' booklet is also being produced and will be piloted. A robust booking service will be produced to ensure that patients who are cancelled are given a new date at the time of cancellation and work will be completed with clinical and administrative staff across all specialties to ensure cross cover arrangements in order to prevent silo working.
3. The Divisional Lead for Medical Staffing, the Divisional Information Technology Analyst and Clinical Head of Division are working towards the introduction of an electronic medical hand over system so that when doctors go off duty, there is a smooth, safe handover of patients to the next clinical team.

Improvements from clinical audit, incidents, complaints and claims

- Wrong Blood in Tube – night staff now take bloods at what is a 'quieter' time on the wards, blood trolleys have been redesigned to reduce the chance of error, additional trolleys have been provided to ensure phlebotomy staff maintain their own, layout of St Mary's Phlebotomy Room reviewed and it is planned that the service will, in future, be transferred to this division. These initiatives are all designed to ensure that the correct patient's blood sample is sent to the laboratories.
- Delays in the administration of opiates – night staff now administer morning opiates to ensure a 12 hour gap between administrations.
- Venous Thromboembolism Assessments – all patients going to theatre now have an assessment and prophylaxis treatment if required. A single protocol is being developed across sites in Orthopaedics to ensure the risk of DVT is reduced for this group of patients both in hospital and at home.
- Audits have been carried out in three patient areas to identify the information required by patients about their appointments and hospital stay. This has been collated into a new version of the Surgery Patient Booklet and coincides with a new twice daily admissions process being developed to improve staffing at the right time, improve patient satisfaction by reducing lengthy waits for theatre and reduce changes in theatre lists.

Top 3 risks

- The division does not identify and implement solutions to ensure that services are delivered within its budget whilst also ensuring that they are safe for our patients and of high quality.
- The Clinical Commissioning Group has established a range of service reviews across Greater Manchester. As these reviews are completed, it may be that services are rationalised into fewer hospital centres and there is a risk that they could be lost to the Trust. Services currently under review are Vascular Surgery and Urology Cancer Services.
- There may be difficulties in discharging patients in a timely manner due to a lack of services within the Community such as Physiotherapy and Occupational Therapy Services. This could result in patients remaining in hospital unnecessarily when they are medically fit for discharge. This in turn affects the ability of the division to admit patients in a timely manner for treatment.

Division's top 3 priorities for 2015/16

1. Working towards developing single specialty wards (for example, Vascular Surgery) as work is completed on redeveloping the space vacated by ENT Out-patients in July 2015.
2. Improving the recruitment and retention of nursing staff against the back drop of national shortages.
3. Improving the engagement of clinical staff in the business of the division, especially the Clinical Effectiveness and Quality agenda.





Saint Mary's Hospital



Top 3 areas of success

1. Good communication - A culture of collaboration and respect

- Successful team building, improvement in recruitment and time to fill, recruitment to vacancies to meet staff turnover.
- Pride in care delivery and commitment to the varied client groups across the division.
- Staff engagement – using the Saint Mary's Quality Bus, with the senior team going into clinical areas to share information; good practice and learning.
- Clinical Effectiveness is well led. Staff have a good awareness of those issues relevant in their areas and lessons learned.

2. Service development linked to patient needs and feedback. Transformation work has included:

- Additional consultant ward rounds in Obstetrics to improve quality of care and patient flow.
- Introduction of an Enhanced Recovery Programme in Obstetrics. The Enhanced Recovery Programme in Gynaecology is well established and has shown an improved length of stay and improved quality and safety.
- A streamlined pathway put into place with allocated staffing to improve the management of induction of labour.

- In-reach neonatal nursing programme is in place with additional nursing and midwifery support for the management of babies on the post natal wards.

3. Complaints management - The Division has piloted a new process and is contributing to the development of a Trust-wide framework. Improvements have been made in the quality of our responses to complaints, the timeliness of these and translation of complaint themes into actions to improve the patient experience.

Main outcomes from the Divisional Quality Review

- **Demand and staffing** - there have been significant increases in demand for services and therefore there are some areas where staff felt that levels of staffing did not match activity.
- **Safeguarding** - arrangements for coordinated Level 3 training were not clear and a cohesive approach was required to ensure continual review of training, attendance and awareness.
- **NICE guidance and audit** – greater reassurance about compliance with NICE guidance through better coverage of these areas in the audit forward plan.

Responses to address the outcomes

- **Demand and staffing:** Established a weekly meeting to review sickness absence levels. Collaborative working with HR Business Partners in a robust sickness and absence management plan. HR training for line managers and ward managers to ensure standard application and fair application of human resource policies. Acuity assessments undertaken in areas as required.
- **Safeguarding:** a monthly safeguarding forum has been established which reports to the Divisional Clinical Effectiveness Board. A Training Needs Analysis has been undertaken and reviewed and compliance against Level 3 training has been improved.
- **NICE guidance and audit:** NICE guidance itself well led by a consultant obstetrician. Improved evidence available to demonstrate compliance.

Improvements from clinical audit, incidents, complaints and claims

- Audit leads for all directorates in place. Robust monitoring of clinical audit forward plan and review of audits that have limited assurance. Timely completion of action plans is monitored. Improved synergy between the forward plan and evidencing compliance with NICE guidelines.
- Never Events education undertaken across the division. A comprehensive review of actual harm incidents undertaken and shared. Incident themes are reviewed at all directorate Clinical Effectiveness meetings with actions as appropriate. Clear reflection of themes on the risk register. A "Sign up to Safety" bid for Obstetrics has been submitted to support long term reduction in harm and reduction in claims.
- Complaints: Quarterly briefing paper to inform division of themes. Transformation work in both Gynaecology and Midwifery utilises patient feedback and complaints to inform and develop plans.

Top 3 risks

1. Results management in Gynaecology and Obstetrics - redesign and centralisation of processes to allow systems to be implemented to promote early detection, management and treatment of serious disease.
2. Managing the complex process to ensure respectful disposal of fetal remains in order to ensure there are no delays that have a negative impact on patient experience.
3. Patient activity in NICU (intensive care and high dependency cots) is above the commissioned level of 80%.

Division's top 3 priorities for 2015/16

1. Embedding the equality, diversity and inclusion objectives in conjunction with the Quality Strategy 2014-17 and the Nursing And Midwifery Strategy 2014-15.
2. Reducing short term sickness, maintaining good levels of staff retention and motivation through staff engagement and embedding the values and behaviours framework.
3. Service development: Continue to improve the quality of services provided, led by the quality improvement and directorate management teams, engaging with staff to streamline pathways.



Fostering the talents and skills of our diverse workforce to maximise team potential.

Balancing cultural competence and expert clinical skills to lead the delivery of the best patient experience.





Medicine and Community Services



Top 3 areas of success

1. CQC A&E Patient Survey 2014

In the 2014 survey for A&E patients, there were 37 questions comparable with the 2012 survey, of these questions there were 30 which had an improved response from patients. 17 of these answers were over 3% higher in the response.

2. PECT (Proactive Elderly Care Team) Implementation

A PECT Team has been established to provide frail elderly patients with an early assessment of their needs when they attend the Emergency Department and are admitted to the Acute Medical Unit. The purpose of the team is to reduce their length of stay in hospital through early consideration of their social care needs and support required for them to be safely discharged.

3. Establishment of divisional transformation programme

Projects in place across both community and hospital services to improve the way in which we deliver services. This will include the closure of beds opened to support the winter increase in admissions and staff being transferred back to the permanent medical wards.

3 main outcomes from the Divisional Quality Review

Acute Services Review

- Nurse staffing levels on wards were fed back by staff on the wards as being low with a high use of agency staff.
- Clinical Effectiveness structures within the Emergency Department and Acute and

Rehabilitation Directorates need to be more robust.

- Out of Hours issues raised about middle grade doctor cover being provided and the ability to escalate concerns to senior members of the medical team.

Community Services Review

- IT issues relating to connectivity to the Trust computer network and support provided by the IT department due to services being off site.
- Data to support the community services to identify how they compare to other community services is required and would support services to understand how they are delivering services and ways to improve on this.
- The Clinical Director post for Adult Community was vacant during the review process.

Responses to address the outcomes

Acute Services

- Improvements made to systems and processes for managing staffing levels:
 - Budget management managed at ward level by Ward Manager.
 - Escalation process in place for the approval of using temporary staff.
 - Management and scrutiny of e-rostering (online roster system for ward staff).
 - Daily escalation process for sickness absence notification to Lead Nurse.
 - Divisional daily safe staffing review.
 - Increase in Emergency Department nurse staffing levels and night staffing levels across the acute wards.
- Structure strengthened within each directorate through the appointment of identified Clinical Effectiveness officers and Clinical Leads for clinical effectiveness which allows for dedicated support within each area to progress work streams.
- Clinical Head of Division involved in on-going work for 'out of hours' arrangements including engagement with junior and middle grade doctors regarding the improvement to medical staff rotas and out of hours working.

Community Services

- Divisional Informatics Group continues to monitor progress with improved corporate IT support and understanding of the issues.
- Community Services data analyst now in post to support the development of data and performance dashboards for both Adults and Children's Community Services.
- Clinical Director appointed for Adult Community Services to provide clinical leadership.

Improvements from clinical audit, incidents, complaints and claims

- Implementation of debrief meetings for complex complaints and/or incidents with staff involved in the care provided to the patient to discuss findings, lessons learned and actions. Process offers support to staff and the opportunity to positively influence how care is provided.
- Use of patient stories at divisional meetings to ground staff leading to improvements in care.
- Emergency bleep response project under taken by one of the junior doctors, with an action plan developed following a detailed investigation into response times for emergency bleeps. This highlighted issues with the recording of palliative care treatment, recording response and arrival of doctors on the system, inaccurate data and IT requirements that will support improved response times.

Top 3 risks

1. Increased risk to patient safety when demand within the Emergency Department outweighs the capacity available. This results in overcrowding and a poor patient experience and outcomes. Actions are in place to reduce this risk and this is acknowledged on the Trust Risk Register.
2. There are risks for the medical wards related to the timely discharge of patients once they are medically fit. This includes patients being placed on the appropriate pathway for their condition and treatment need. The proposed changes to social care support may impact on the timeliness of discharge and the services available to patients. This will be managed to ensure patient care is continued as smoothly as possible.
3. Infection control continues to be a risk for the division and is actively managed with the involvement of medical and nursing staff alongside the Trust-wide Infection Control team.

Division's top 3 priorities for 2015/16

1. Focus on recruitment and retention of staff, alongside the development of new models of nursing care.
2. Reduce the number of beds within the division as part of the transformation project in order to improve staffing levels across the permanent medical wards.
3. Improvements in infection control practice across the division and a reduction in hospital acquired infections.





Trafford Hospitals



Top 3 areas of success

1. Mortality: A number of significant changes have been introduced in Trafford to improve patient care and safety. These changes include the establishment of “Physician of the Week” in the Acute Medical Unit (AMU), improved medical and nursing handover procedures, regular review of R codes and the establishment of a more robust process for reviewing deaths and monitoring lessons learned. The Hospital Standardised Mortality Rate (HSMR) has reduced from 121 in 2011/12 to 89.81 in 2013/14.

2. Transformation of services: Implementation of the new clinical model at Trafford has resulted in a significant transformation programme. This has led to improvements in patient care and experience. Examples include the timely discharge of patients from AMU to home, and admission avoidance as a result of the ambulatory care pathways that were introduced.

3. The successful amalgamation of three orthopaedic teams from Trafford, Salford and Manchester Royal Infirmary to create the Manchester Orthopaedic Centre (MOC).

3 main outcomes of the Divisional Quality reviews

- To strengthen clinical leadership in order to deliver Trust objectives, improve training opportunities and supervision for junior doctors, improve clinical engagement in high level investigations, and ensure full implementation of NICE guidance.
- To increase awareness across clinical teams of the clinical pathways which are in place and the documentation expected to be completed.
- To continue to implement actions identified in the mortality action plan, focusing on improving clinical systems and sharing lessons learned following reviews.

Responses to address the outcomes

- In order to improve leadership and communication across the division the clinical management structure has been strengthened with the appointment of four Clinical Managers and a Clinical Director in Orthopaedics.
- Consultant leads have been appointed to lead on key clinical pathways, including pneumonia, sepsis, acute kidney injury and hip and knee. As a result a Divisional Sepsis Implementation Group has been established and the Sepsis Pathway is in the process of being implemented, supported by a strong awareness campaign.
- Review of the Divisional Mortality Committee membership to include more physicians. Implementation of Mortality Review Portal underway. Agreement reached that 30% of all deaths will be reviewed, plus any surgical death and any death resulting in a high level investigation.

Improvements from clinical audit, incidents, complaints and claims

- Implementation of the “Tell Us Today” project which resolves in-patient concerns in real time.
- Significant improvements have been made to nursing and medical handover processes through the agreement of standards, improved documentation and a structured handover agenda.
- Significant improvements made to the monitoring of fluid balance and the completion of fluid balance charts as a result of education and robust monitoring procedures.

Top 3 risks

Trafford division has identified three key risks as follows:

- 1. Medical staffing:** The level of medical cover on the Trafford site is of concern due to the high number of middle grade vacancies and reliance on locums. Issues also include junior doctor supervision and teaching. Mitigation to address these issues includes a review of out of hours support and current and future requirements.
- 2. Prevention, recognition and management of Acute Kidney Injury:** Acute Kidney Injury (AKI) is common and harmful, but treatable and avoidable, associated with prolonged length of stay and increased morbidity and mortality. It has been identified as a key area of risk for Trafford Hospital following analysis of a number of critical incidents and mortality reviews. A detailed action plan for focused improvement is in place to mitigate this risk and significant improvements have been made.

- 3. Medical records:** The management of medical and nursing records and the interface between the electronic patient record system and paper based systems are a priority risk for Trafford division. There is currently a lack of understanding on the flow of information between the central site and Trafford and the impact of this on patient care. To mitigate this risk a number of actions are underway. Electronic Patient record development continues and is supported through the Divisional Informatics Group (DIG). A scoping exercise of all electronic paper and nursing records has been completed and priority work streams identified. A review of medical record management/tracking systems between sites is in progress and a “Records Matter” campaign has been launched in the division with posters and pocket cards distributed.

Division’s top 3 priorities for 2015/16

1. To improve productivity and efficiency in the Manchester Orthopaedic Centre and other surgical specialties.
2. To address the financial deficit and continue with service transformation.
3. Continue in the development of a centre of excellence for elderly care and rehabilitation.





Clinical and Scientific Services (CSS)

Top 3 areas of success

1. Improvements to Infection Prevention Control in the Radiology Department

There has been a focus on Infection Prevention and Control work streams this year within the Radiology department. A dedicated forum was set up to look at how this could be improved across the department and identified a number of initiatives which were rolled out last year. This includes: an official launch within the directorate championed by one of the consultants, hand hygiene education for staff, life size cardboard cut-out which prompt staff and visitors to gel their hands and much more. This has seen an improvement in the hand hygiene weekly audits from 66.75% to 88.5%. The directorate has also had a focus on ensuring staff are trained in ANTT (Aseptic non touch technique) and cleaning within the department.

2. Improvements in pressure ulcer management

In October/November 2013 a number of changes were introduced within CSS in order to manage the number of pressure ulcers within the three in-patient areas of General Intensive Care Unit (ICU), General High Dependency Unit (HDU) and Trafford Critical Care.

Of the three areas, the area reporting the highest number of pressure ulcers was ICU which was consistent in terms of the acuity of patients, with the majority of patients admitted having a high number of risk factors (such as immobility, unconsciousness etc) placing them at high risk of developing a pressure ulcer. In addition, one of the biggest risks to patients in developing pressure ulcers is the use of medical devices which tend to progress rapidly as they often occur over areas without enough fat tissue.

In addition to the weekly Harm Free Care meeting where falls and pressure ulcers are reviewed, it was necessary to introduce a number of other actions to bring about a reduction in the number of pressure ulcers:

- Development of medical device competencies, on-going education and staff training.
- Introduction of a log of staff who have achieved competence in the use of nasogastric tube, endotracheal tube and urinary catheter fixation devices.

- A daily review (initially piloted for one month) of all patients in ICU in terms of compliance with the Sskin Bundle (S-Surface, s-Skin, K-keep patient moving, I-incontinence, N-Nutrition) by senior nursing staff including Head of Nursing, Matron, Education Development Practitioner and Senior Sisters/ Charge Nurses.
- Support from Tissue Viability Link Nurses/ Improving Quality Programme (IQP) Champions to undertake some targeted work with the Service Improvement Team.
- Review use of current heel boots and alternative products suggested by Tissue Viability Nurses.

This approach has seen excellent improvements in the number of patients experiencing pressure ulcers. The total pressure ulcer rate per month on ICU at the end of 2014 reduced to 4.5 per month which is a reduction of 72.5% from the previous year. On HDU there are around 2 per month which is a 67.2% reduction and Trafford have 0.5 per month which is a 68.7% reduction.

3. Patient story videos

A number of patients from Critical Care volunteered to tell their story of their time on the unit. These patients were filmed talking about their experiences and what they thought was good and what could have been done better. The films have been shown at various forums across the division and have been extremely well received. The films allow staff to hear exactly how their actions and the environment make patients feel and have help focus staff on patient experience. This has now been rolled out across the Clinical and Scientific Services division. There are currently patients and relatives from Anaesthesia and Radiology who will shortly be filmed sharing their experience.

3 main outcomes from the Divisional Quality Review and responses to these

- **Concerns raised in ICU/HDU by staff. Low morale, high turnover of staff and a perception of poor staff facilities.**

A series of staff forums have taken place in the Critical Care directorate - so that the management team can listen to concerns and agree with staff on how to make improvements. Initial changes have included: improvements to the publication of rotas;

a move to e-rostering and the recruitment of additional Health Care Support Workers.

The final phase of the new state of the art Critical Care Unit was completed in spring 2014 providing first class patient and staff facilities.

- **Poor patient experience was recorded in Adult Radiology primarily due to the environment.**

Additional facilities have been allocated to the Radiology directorate in a newly refurbished area of the building which will improve the quality of service for patients. A group has been set up to review all patient experience data being collected in Radiology. The group are developing bespoke questionnaires for the in-patient and out-patient settings to ensure the most relevant data from our patients is being collected. Special handheld devices will be used to collect this patient experience data. Both out-patient and interventional radiology patient experience data will be collected simultaneously. The outcomes of these questionnaires will be displayed in the waiting areas so that patients are able to see the changes that are being made as a result of their feedback.

- **Feedback to staff about complaints in their departments could be improved.**

In the last year each directorate undertook a review of the complaints they had received in the last twelve months. The review highlighted themes and trends and also looked at actions or changes implemented as a result of this. These review reports have been shared in their respective areas and presented at local and divisional clinical effectiveness meetings. In addition, the division has launched 'Theme of the Month' which sees each directorate identify a theme which it focuses on for the month. This can be a learning point from a complaint, an incident, an audit (or any clinical effectiveness component) and focuses on ensuring that all staff receive this update. Patient story films have also been used to share patient complaints/experiences at both divisional and directorate forums.

Top 3 risks

1. Radiology Scanning Capacity

The Radiology department currently have three MR scanners (MRI, RMCH and Trafford). Due to the high demand for this type of scan the current capacity is below what is required and this therefore results in failure to meet waiting list targets and support service developments.

In addition, Radiology reporting turnaround times across the various specialties have been affected due to vacancies, increased number of referrals, increase in Multi-Disciplinary Team meeting requirements, difficulties recruiting due to national shortage of radiologists and reduced availability of outsourcing capacity (as these companies are under pressure nationally).

In response to this risk, the department are in the process of developing a proposal for the purchase of an additional MR scanner on the MRI site. They have also recruited to a number of the vacancies and are closely monitoring the turnaround times which have seen marked improvements in the last few months. Once the new members of staff start in post, these will improve further.

2. Critical Care Nursing – ability to recruit to vacancies

The Adult Critical Care department are currently experiencing challenges in recruiting qualified nursing staff to join their team. There is currently a shortage nationally of nursing staff available for recruitment and the turnover of nurses within the department is high. Shifts are therefore covered by a combination of permanent and agency nursing staff which can be costly for the Trust and reduces the possibility of increasing the capacity on the units.

In response to this risk, the Trust have developed a specialised recruitment plan for nursing staff which involves a dedicated website (which has a section focusing on Critical Care nursing vacancies) and an overseas recruitment drive.





3. Laboratory IT system

The Directorate of Laboratory Medicine is currently undergoing a number of changes to its IT systems. These new IT systems are all linked to each other and therefore any delays to implementation of any of the systems could have consequences including impacts on continuous service delivery, failure to meet standards and/or financial implications.

In response to this risk, funding for these new IT systems has been agreed. Working to a detailed project plan the Central IT department within the Trust are supporting the Laboratory teams to implement these systems in the next year.

Division's top 3 priorities for 2015/16 (in addition to addressing the above risks)

1. Patient experience data

Increase the amount of patient experience data collected across the division. This data will be used to inform the direction of quality improvement projects in the relevant areas. We are also looking to ensure that areas that collect this information clearly display the results of this data so that patients can view outcomes of their feedback.

2. Response to cancer survey

The recent cancer patient survey highlighted a number of areas in which we could improve the services we provide to these patients. As a result, an action plan has been put together to address the areas for improvement. This year, we will work through the action plan and implement improvements to our services.

3. Improve patient information

CSS provides a variety of diagnostic testing for patients across all the hospitals at CMFT. In advance of their test/procedure, patients are given information about their tests, in the form of a leaflet or letter. This year we plan to review this literature to ensure that it is of the highest quality and contains all the relevant information. We will also be reviewing how this is accessed by patients to ensure that it is widely available in varying formats (where possible.)





Data assurance processes and information governance

Central Manchester University Hospitals NHS Foundation Trust submitted records during 2014/15 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 are:

- Admitted patient care 97.7%
- Accident & Emergency 87.2%
- Out-patients 98.5%

Include the patient's valid General Practitioner Registration code are:

- Admitted patient care 99.4%
- Accident & Emergency 99.2%
- Out-patients 99.4%

The overall Data Validity Score for all data items for all three datasets for the Trust was 98.1%, compared to a Greater Manchester average of 96.8% and a national average of 96.1%.

Central Manchester Information Governance Assessment report for 2014/15 scored 75%, achieving level 2 for all indicators, resulting in a rating of 'Green' from the Information Governance Toolkit grading scheme. The Trust's Information Governance Assessment achieved compliance at level 2 for all indicators. The Trust continues to work on mitigating information governance risks and is implementing a number of awareness raising programmes.

Central Manchester University Hospitals NHS Foundation Trust has developed the following workstreams to improve data quality:

- Formation of the Trust Data Assurance Group. This is a Trust-wide group with representation from corporate areas and all clinical divisions. It provides strategic direction and assurance of the completeness, timeliness, and quality of data captured on the Trust IT systems. Key actions so far have been the approval of the trust Patient Access Policy, agreeing standards for the capturing of demographic data and the focus on three KPIs, NHS Number Coverage, GP Accuracy and Timeliness of In-patient recording.
- A rolling audit of data has been implemented which checks the accuracy of data held in trust systems against the medical record.
- New Data Quality Reports have been introduced which look at 'real time' data to enable issues to be tackled as they happen, rather than retrospectively.
- Enhanced use of the National Spine to ensure patient demographics are more accurate and up to date.

The Trust was subject to a Payment by Results (PbR) Assurance Clinical Coding Audit during the reporting period. The audit was undertaken by CHKS Capita under the supervision of Monitor.

The accuracy rates reported in the latest published audit for that period for diagnoses and treatments coding (clinical codes) were as follows:

Primary Diagnosis	96.2 %
Secondary Diagnosis	91.4 %
Primary Procedure	95.9 %
Secondary Procedure	82.9 %



The PbR assurance audit is a review of 200 In-Patient Finished Consultant Episodes and was focused on the Healthcare Resource Groups (HRG) sub heading PA (Paediatric Medicine) and HRG sub heading LA (Renal).

These results should not be extrapolated further than the actual statement audited.

The results from the audit are a useful snapshot and combine with other internal and external audits as a means of providing assurance and ensuring we actively manage and improve quality on an on-going basis.

These results are a small sample of 200 patients taken from 170,000 in-patient spells and are also focused on specific areas within the overall case mix.

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.

Information governance

Information governance is included in the Trust's corporate induction and annual mandatory training packages, ensuring that all staff are aware of the importance of confidentiality and security of information and how to handle and manage confidential, personal and sensitive information. Staff with specific information governance remits are also required to undertake further specialist training via the national Information governance training tool. The Trust Information governance group has divisional representation and this provides the framework for awareness and standardisation, as well as monitoring compliance and progress throughout the Trust. The Trust is continuing to build on its information governance practices, ensuring that it has a full understanding of its systems and data flows, thereby identifying, managing and mitigating potential risks.





Our People

Improving Staff Experience

We care about our people and seeking the views of our staff is critical to understanding what is going on in our hospitals, the challenges staff face and how we can improve.

Our annual staff survey is an invaluable tool for collecting staff views and opinions. Staff were able to complete the staff survey between September and December 2014 and the results were published in February 2015 and used by the Care Quality Commission (CQC) as evidence towards our compliance with the Department of Health Core Standards.

Staff are asked for their views on a range of areas including training and development, equal opportunities and discrimination, work related stress, appraisals and violent and abusive behaviour. We also receive an overall staff engagement score which is an essential indicator of the quality of care being delivered and is made up of job satisfaction, motivation, levels of involvement and willingness to recommend the Trust. This engagement score is the same as the previous year and remains higher than the national average for acute Trusts.

The figure below shows areas where staff experience has improved



This year we introduced the quarterly Staff Friends and Family Test (SFFT). This allowed staff to let us know how likely they would be to recommend our Trust as a place to work and to recommend treatment and care. Receiving this feedback throughout the year enables us to act more quickly to address any issues or ensure good practice is shared.

It is vital that if staff take the time to tell us what they think that we all work together to act upon what we hear.

To help us get a better understanding of the points highlighted in the Staff Survey and SFFT we spoke to over 100 staff across the Trust and developed clear actions that we could all do to improve things and will embed what we are doing well.



Leadership

We all have a responsibility to ensure we deliver the best patient care and therefore we have continued to invest in developing leadership, so that we not only ensure our most senior leaders have a solid grounding in leadership skills but that all our people are confident and able to lead improvements in the quality of care we provide.

Developing the leadership and management skills of our doctors is a priority for us. Since 2011 over 150 doctors have taken part or are currently taking part in leadership, management and/or quality improvement development.

Our **Newly Appointed Consultant programme and Clinical Directors Programme** are aimed at harnessing the enthusiasm and commitment of our doctors and further developing their skills to lead on a quality improvement programme in their area, or in some cases large scale change programmes aimed at improving patient care across the whole Trust.

In 2014 we launched our **'Leading for Excellence'** programme designed to support 225 of our most senior leaders and clinicians to develop the leadership skills that are essential in today's challenging and complex health care environment.

In 2013/14 approximately 70 people enrolled on the **Level 3 or 5 Institute of Leadership and Management (ILM) in Leadership & Management** offered in house. The Level 3 award equips first time managers with the necessary knowledge and skills to manage teams effectively and those taking part in the Level 5 are required to work on a service improvement project.

Some examples of more recent improvement projects that have been implemented or proposed are:

- Improving the quality of bereavement services for children and neonatal deaths within the Trust.
- The introduction of a multi-agency assessment tool within child protection case conference reports to improve communication between agencies and parents.
- A review into the in-patient listing process within the Division of Specialist Medicine.

Values and Behaviours

By talking to over 4000 staff across the Trust we have now developed our behavioural framework which sets out our values: Respect, Dignity, Pride, Compassion, Consideration and Empathy and how we will strive to be with our patients and their families, our community and one another.

Our values and behaviours are introduced to all new staff on their first day with us and next year we will be further embedding our values through our 'Living the Values' training and when we recruit and appraise staff.

Recognising Achievement

The annual **'We're Proud of You' Awards** recognise the fantastic achievements of our staff who every day go that extra mile to deliver excellent services. These awards allow us to acknowledge their outstanding contributions.

In 2014 over 200 staff and teams were nominated for a variety of outstanding contributions to patient care, quality improvement and staff wellbeing.

Categories include Patient Choice (staff nominated by patients for providing outstanding care), Unsung Hero and Brilliant Ideas.

All award winners are invited to attend the Gala dinner hosted by the Chairman in March where their achievements are showcased and celebrated and their dedication and hard work is appreciated.

Training and Development

Central Manchester is a recognised apprenticeship training provider offering accredited level two and three programmes within healthcare support, healthcare science and business administration. On average there are between 200 – 250 learners on programmes at any one time supported by professionally qualified trainers and assessors.

The benefits of the Apprenticeship Scheme are that staff have the opportunity to earn while they learn. They are provided with the necessary and relevant training required to help them to do their job to the highest standard and they are supported throughout the life of the programme both on and off the job.





The programmes are offered to new and existing employees and there are no age restrictions, although we are keen to engage with the local school leavers who perhaps leave school with few or no qualifications and who are seeking alternative employment options.

In 2013 the vocational department underwent an Ofsted inspection and were delighted to have been awarded a Level 2 (Good) status in recognition of the high standard, and quality of delivery, of the programmes.

We continue to work in close partnership with the Skills for Health Academy, Xaverian and Trafford colleges to provide placement opportunities for up to 80 multi-professional cadet students across Central and Trafford Hospital sites each year.

This programme aims to widen access to jobs at Central Manchester for local young people and offers them an opportunity to develop the skills and qualifications to go directly into employment as a health care support worker. In 2013/14 there were 25 students that successfully completed the Level 2 programme; 75% went on to further education and 25% straight into employment.

There were also 40 Level 3 students, 90% successfully completed, 86% went onto secure university placements in the following specialist areas: Adult Nursing, Child Care, Children's Nursing, Early Years and Childhood Studies, Law and Business Apprenticeships.

CMFT Graduate Development programme

In October 2013 the Trust launched its inaugural graduate development programme. Following a huge response to the scheme advertisement and following a rigorous recruitment and selection process eight successful applicants commenced an 18 month development programme. The programme has involved each General Management Officer undertaking a series of work-based placements to develop their skills and knowledge as well as completing a wide range of personal development activities and undertaking an ILM accredited leadership development programme, a Post Graduate diploma and a Master's degree in Management.

The scheme ended at the end of March and all eight of the General Management Officers have now secured permanent positions with the Trust.

Employee Health and Wellbeing

We are fully committed to the health and wellbeing of our employees as we know **Healthy Staff = Better Care for Patients.**

As a health service, health and wellbeing applies as much to our people as it does to our patients and we want to do as much as we can to support our staff to enable them to be at their best, motivated and committed and able to reach their full potential.

We have demonstrated our commitment to supporting our staff through the provision of a dedicated staff counselling support service, Occupational Health & Safety service, and access to staff physiotherapy, plus a number of other initiatives including:

- Programme of health and wellbeing campaigns.
- Spiritual and pastoral care.
- 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 an accredited Occupational Health Service, designed to maximise the physical, psychological and social health of all employees, and supporting managers by undertaking health interventions and providing advice on medical issues. In addition to the core services of new employee health assessments, management referrals and immunisation/vaccination programmes, other services offered to staff include physiotherapy, podiatry, osteopathy, counselling, and lifestyle health advice.

The Trust's Occupational Health Service has undergone an external SEQOHS accreditation review of compliance against national service standards. A team of assessors from the Royal College of Physicians Faculty of Occupational Medicine awarded the Trust the maximum five year accreditation status.



National Staff Survey responses

	2013		2014		Trust Improvement or Deterioration
	Trust	National Average	Trust	National Average	
Response Rate	47%	49%	44%	42%	Deterioration by 3% for CMFT. National deterioration of 7% We are above the national average.

As part of our Staff Health & Wellbeing Strategy, the Occupational Health Service has established a partnership project with the Manchester Fit for Work Service to provide additional support to staff absent from work due to a health condition or illness. Working in partnership with the Occupational Health Service the Fit 4 Work service provides help to make adaptations or changes to lifestyles and where appropriate access to free Physiotherapy or Chiropractic treatment and Mental Health support.

2014 National Staff Survey

In 2014, a sample population of 850 selected staff were asked to complete a paper-based survey. The data for 2014 indicates a significant drop in the national response rate from 49% to 42%. The CMFT response rate decreased by only 3% which means that the Trust response rate is 2% above the national average.

Summary of performance

There has been a statistically significant positive change in the following Key Findings since the 2013 survey:

Percentage of staff...

- experiencing work-related stress in the last 12 months.
- experiencing physical violence from patients and the public.
- experiencing physical violence from staff.
- having received E&D training in last 12 months.

When considering all 29 Key Findings, 11 are in the top 20% of acute Trusts. 14 Key Findings are above average, one remains the same and three are below average.





The table below details our best and worst scores when compared to other acute Trusts.

	2013		2014		Trust Improvement or Deterioration
	Trust	National	Trust	National	
Top 5 Ranking Scores 2014					
KF16 : Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months	15%	15%	7%	14%	Improvement by 8%
KF 17: Percentage of staff experiencing physical violence from staff in the last 12 months	4%	2%	1%	3%	Improvement by 3%
KF19: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	21%	24%	19%	23%	Improvement by 3%
KF26 : Percentage of staff having equality and diversity training in the last 12 months	66%	60%	76%	63%	Improvement by 10%

	2013		2014		Trust Improvement or Deterioration
	Trust	National	Trust	National	
Bottom 5 Ranking Scores 2014					
KF1: Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver	80%	79%	75%	77%	Deterioration by 5%
KF5: Percentage of staff working extra hours	62%	70%	73%	71%	Deterioration by 9%
KF7: Percentage of staff appraised in the last 12 months	88%	84%	84%	85%	Deterioration by 4%
KF24: Staff recommendation of the trust as a place to work or received treatment	3.71	3.68	3.65	3.67	Deterioration by 0.7 points

Staff Engagement Score

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 a number of mechanisms including the staff survey, staff family and friends test and corporate and local staff engagement sessions. Many actions have been taken as a direct result of staff suggestions and this has helped maintain our staff engagement score above the national average.

	2013		2014		Trust Improvement or Deterioration
	Trust	National Average	Trust	National Average	
Staff Engagement Indicator	3.76	3.74	3.76	3.74	No change but still above national average

Improvement plans

The Trust has identified a number of key goals that it aims to deliver by the next annual staff survey through the delivery of divisional and Trust-wide action plans. These are to:

- Continue to improve the staff response rate to ensure it is either equal to or above the national average.
- Improve the staff engagement score so that it falls within the threshold for the highest 20% of acute Trusts nationally.
- Improve the number of staff recommending the Trust as a place to work or receive treatment.
- Achieve a result that falls within the top 20% of acute Trusts for the new 'raising concerns' measure that has been introduced this year.
- Continue to increase the number of key findings scoring within the 20% of acute Trusts by a minimum of 10%.
- To have no key findings in the bottom 20% of acute Trusts.
- To achieve improvements in the areas where staff experience has deteriorated.





Glossary of definitions

Term	Definition
Abuse (adult)	Abuse may be a single act or repeated acts it may be an act of neglect or an omission. This can occur in any relationship.
Abuse (children)	Abuse and neglect are forms of maltreatment of a child which can occur in a family, institution or community setting by those known to them or more rarely by a stranger.
Bacteraemia	The presence of bacteria in the blood.
Care provider	An organisation that cares for patients. Some examples of which are hospital, doctor's surgery or care home.
Catheter Associated Urinary Tract Infection (CaUTI)	An infection believed to have been caused by a urinary catheter.
Child	A child is defined as up to 18 years of age (Children Act 1989).
Clinical	Relating to the care environment.
Clostridium difficile	A type of infection. Symptoms of C. difficile infection range from mild to severe diarrhoea.
Condition	An illness or disease which a patient suffers from.
COPD	Chronic obstructive pulmonary disease. The name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease.
Core Values	A group of ideals which the Trust believes all staff should exhibit.
CQUIN	Commissioning for Quality and Innovation. This is a system introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specialised areas of care.
Dementia	Is a syndrome (a group of related symptoms) that is associated with an on-going decline of the brain and its abilities.
Emergency readmissions	Unplanned readmissions that occur within 28 days after discharge from hospital. They may not be linked to the original reason for admission.
Falls	Unintentionally coming to rest on the ground floor/lower level, includes fainting, epileptic fits and collapse or slip.
Harm	An unwanted outcome of care intended to treat a patient.
HSMR	Hospital Standardised Mortality Ratio. A system which compares expected mortality of patients to actual.
Improving quality programme (IQP)	An approach taken to bring about quality improvement in our clinical areas using specific improvement tools.
Length of stay (LOS)	The amount of days that a patients spends in hospital.

Term	Definition
Medical Outliers	Patients on wards that are not the correct specialty for their needs.
MCA /DoLS	The Mental Capacity Act Deprivation of Liberty Safeguards (DOLS) provide protection for vulnerable people who are accommodated in hospitals or care homes in circumstances that amount to a deprivation of their liberty and who lack the capacity to consent to the care or treatment they need.
Monitor	Monitor was established in 2004 and authorises and regulates NHS Foundation Trusts. Monitor works to ensure that Foundation Trusts comply with the conditions they have signed up to and that they are well led and financially robust.
Mortality	Mortality relates to death and in health care mortality rates means death rate.
MRSA	Methicillin-resistant Staphylococcus aureus is a bacterium that is found on the skin and in the nostrils of many healthy people without causing problems. However, for some people it can cause infection that is resistant to a number of widely used antibiotics.
NCEPOD	National Confidential Enquiry into Patient Outcome and Death. Reviews the management of patients, by undertaking confidential surveys and research.
Never Events	These are largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
NHS Professionals (NHSP)	Specialist organisation within the NHS recruiting and supplying temporary doctors, nurses, and corporate staff.
Patient safety incidents	Is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care.
Pressure ulcer	<p>Sometimes known as bedsores or pressure sores, are a type of injury that affect areas of the skin and underlying tissue, caused when the affected area of skin is placed under too much pressure. They can range in severity:</p> <p>Grade One – Discolouration of intact skin not affected by light finger pressure.</p> <p>Grade Two – Partial thickness skin loss or damage.</p> <p>Grade Three – Full thickness skin loss involving damage of subcutaneous tissue.</p> <p>Grade Four – Full thickness skin loss with extensive destruction and necrosis (dead tissue).</p>
Patient reported outcome measures (PROMs)	Tools which help us measure and understand the quality of the service we provide for specific surgical procedures. They involve patients completing two questionnaires at two different time points, to see if the procedure has made a difference to their health.
R Codes	R Codes are clinical codes used to record a patient's signs & symptoms i.e. chest pain, abdominal pain etc.





Term	Definition
Root Cause Analysis (RCA)	A systematic method of doing an investigation that looks beyond the people concerned to try and understand the underlying causes and environmental context in which the incident happened.
Safety thermometer	A point of care survey which is used to record the occurrence of four types of harm (pressure ulcers, falls, catheter associated urinary tract infection and venous thromboembolism).
SHMI	Standardised hospital mortality index. A system which compares expected mortality of patients to actual mortality (similar to HSMR).
The Trust	Central Manchester University Hospitals NHS Foundation Trust. A Foundation Trust is part of the National Health Service in England and has to meet national targets and standards. NHS Foundation Trust status also gives us greater freedom from central Government control and new financial flexibility.
Urinary Catheter	A device which is placed into a patient's bladder for the purpose of draining urine.
Venous thromboembolism (VTE)	A blood clot forming within a vein.
Vein	A blood vessel that carries blood towards the heart.
Vulnerable Adult	Defined as persons aged 18 years and over 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.





Part 3. Other Information

Performance of the Trust against selected metrics

The following information sets out the Trust's performance against 10 important indicators which have been selected in conjunction with the Governors, other key stakeholders and the Board of Directors. You will see that the information is presented to show results over three years and where possible we have provided results from other Trusts so that a comparison against performance is possible. Overall the results

demonstrate year on year improvement and we will continue to focus our efforts to ensure even better results. We value the feedback from our patients which we continuously use to improve care and treatment. The results featured below in the areas of nutrition and hydration have seen a slight deterioration this year and therefore will be a feature of targeted improvement efforts.

		Data Source	2012/13	2013/14	2014/15	Latest Available Benchmark	Indicator Comments
Patient Safety Measures	Improvement in VTE risk assessments carried out	Trust Data	90%	96%	96%	96%	DOH Data
	Reduction in hospital acquired grade 3 or 4 pressure ulcers	Trust Data	*103	63	39	89	-
	Reduction in serious patient safety incidents resulting in actual harm (those graded at Level 4 or 5)	National Patient Safety Authority Data	**56	42			
Clinical Effectiveness	Reduce hospital standardised mortality ratio (HSMR)	Dr Foster	104.6	91.6	93.81	100	Target is national
	Reduce Summary Hospital Mortality Indicator (SHMI)	Dr Foster	110.5	103.9	99	100	Target is national
	Reduce the number of potentially avoidable cardiac arrests outside of critical care area (Trust Data)	Trust Data via Resuscitation Summary Report	191 (1st year of data which includes Trafford Hospitals)	174	198		

		Data Source	2012/13	2013/14	2014/15	Latest Available Benchmark	Indicator Comments
Clinical Effectiveness (cont.)	Improve stroke care audit composite score	National Audit Data	53.05 (SINAP ¹)	Q4 43.7 (Grade D)	Q4 (Calendar year Oct - Dec) -51.9 (Grade D)	Not available	SINAP ¹ and SSNAP ² are not comparable
Patient Experience Measures	Increase overall satisfaction expressed with pain management	Locally collected data via electronic tracker devices	84.07%	89.18%	90.20%	85% (local target)	
	Increase overall satisfaction expressed with fluids and nutrition provided		78.47%	78.11%	93.40%	85% (local target)	
	Increase overall satisfaction with the cleanliness of the ward or department		87.89%	90.51%	94.36%	-	

*This number differs from that reported in the account 2012/13 because it now represents a full year's figure.

**This number differs from that reported in the account 2012/13 because the criteria used for this has been amended in this year's report to include fractured neck of femur (broken hip), incidents from Trafford hospital and those incidents identified after year end.

¹ SINAP - Stroke Improvement National Audit Programme

² SSNAP - Sentinel Stroke National Audit Programme





Achievements against key national priorities and National Core Standards

		Data Source	2012/13	2013/14	2014/15	Latest Available Benchmark	Indicator Comments
Infection Control	Reduction of the number of Clostridium Difficile cases (Intelligent Board)	Intelligent Board	74	54	75	54	-
	Clostridium Difficile Infection per 100,000 bed days in patients aged 2 or over		18.8	12.7	18.6	-	-
	Reduction of the number of MRSA cases (Intelligent Board)	Intelligent Board	9	8	5	0	All 5 were avoidable
Cancer Waiting Times	Maximum waiting time of two weeks from urgent GP referral to first out-patient appointment for all urgent suspected cancer referrals	Open Exeter Cancer Waiting Times system	95%	96%	95%	93%	Cancer measures available 6-7 weeks after end of reported period
	Maximum 31 days from decision to treat to start of treatment extended to cover all cancer treatments	Open Exeter Cancer Waiting Times system	99%	98%	98%	96%	Cancer measures available 6-7 weeks after end of reported period
	Maximum 31 days from decision to treat to start of subsequent treatment	Open Exeter Cancer Waiting Times system	100%	98%	97%	96%	Cancer measures available 6-7 weeks after end of reported period
	Maximum waiting time of 62 days from urgent referral to treatment for all cancers	Open Exeter Cancer Waiting Times system	88%	87%	82.3%	85%	-
	Maximum waiting time of 62 days from cancer screening programme	Open Exeter Cancer Waiting Times system	94%	85.1%	71.4%	90%	-

		Data Source	2012/13	2013/14	2014/15	Latest Available Benchmark	Indicator Comments
Referral To Treatment	18 weeks maximum wait from point of referral to treatment (non admitted patients)	Intelligent Board	97%	96%	94.9%*	95%	See below *
	18 weeks maximum wait from point of referral to treatment (admitted patients)	Intelligent Board	92%	92%	89.1%	90%	See below **
	18 weeks maximum wait from patients not yet treated (new indicator 2012/13)	Intelligent Board	94%	93%	92.4%	92%	As at April 2015
Urgent Care	Maximum waiting time of 4 hours in A&E from arrival to admission, transfer or discharge	Sitrep	96%	95%	94%	95%	See below ***

* 2014/15 Performance by Quarter: Qtr1 – 90.9%, Qtr2 –90.1%, Qtr3 –90.2%, Qtr4 –87.8%. The Performance during Quarter 4 reflects the treatment of additional over 18 week wait patients as part of a national initiative, and local commissioner discussions. As a combined result of this and the non-admitted initiative the Trust was able to reduce over 18 week waiters by 1%.

** 2014/15 Performance by Quarter: Qtr1 –95.8%, Qtr2 –95.7%, Qtr3 – 94.7%, Qtr4 – 94%. The Performance during Quarter 3 and 4 reflects the treatment of additional over 18 week wait patients as part of a national initiative, and local commissioner discussions. As a combined result of this and the admitted initiative the Trust was able to reduce over 18 week waiters by 1%.

*** 2014/15 Performance by Quarter: Qtr1 – 95%, Qtr2 – 95%, Qtr3 – 92%, Qtr4 – 96%.





Annex 1: Statements from commissioners, local Healthwatch organisations and Overview and Scrutiny Committees

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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 31 March 2015 (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 31 March 2015, 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, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period, prepared on the basis set out on page 216; and,
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

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 Monitor's Detailed requirements for quality reports 2014/15; 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:

- board minutes for the period 1 April 2014 to 29 May 2015;
- papers relating to quality reported to the board over the period 1 April 2014 to 29 May 2015;
- feedback from Commissioners, dated 28/05/2015;
- feedback from Governors, dated 26/05/2015;
- feedback from local Healthwatch organisations, dated 27/04/2015;
- feedback from Overview and Scrutiny Committees, dated 19/05/2015 and 22/05/2015;





- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2015;
- the national patient survey, dated 02/12/2014;
- the staff survey, dated 24/04/2015;
- Care Quality Commission Intelligent Monitoring Report dated December 2014; and,
- the Head of Internal Audit's annual opinion over the trust's control environment dated April 2015.

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;
- 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; and,
- 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 affect 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 of these criteria, 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' and the explanation of the basis of preparation of the 18 week Referral-to-Treatment incomplete pathway indicator set out on page 216 which sets out the approach the Trust has taken to patients with "unknown" clock start dates.

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.

Basis for qualified conclusion

The annualised 18 week referral to treatment indicator is calculated as an average based on the percentage of incomplete pathways which are incomplete at each month end, where the patient has been waiting less than the 18 week target. We have tested a sample of 40 pathways which were listed as incomplete at a month end, selected on both a random and risk focussed basis from a total population of 520,687 pathways which were incomplete at a month end.

In 15 cases, subsequent validation by the Trust identified that it was incorrect for the pathway to contribute to the indicator at a number of month ends. This is because pathways were started in error, or a pathway failed to be updated as closed following the first definitive treatment.

Additionally, in 2 cases, we were unable to confirm the date of referral to supporting documentation.

Our procedures included testing a risk based sample of items, and so the error rates identified from that sample cannot be directly extrapolated to the population as a whole.

The section on page 158 of the Trust's Quality Report summarises the actions that the Trust is taking post year end to resolve the issues identified in its processes.

As a result of the issues identified, we have concluded that there are errors in the calculation of the "maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway" indicator for the year ended 31 March 2015. We are unable to quantify the effect of these errors on the reported indicator.

Qualified conclusion

Based on the results of our procedures, except for the effects of the matters described in the "Basis for qualified conclusion" section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

- 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 Monitor's Detailed requirements for quality reports 2014/15; 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
29 May 2015





Health and Wellbeing Overview and Scrutiny Committee - Manchester

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 2014/15. 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.

The Committee noted that the Statement from the Medical Director sets a tone of directness and transparency in the Quality Accounts and that the statement identifies four primary achievements. These are reduced harm from sepsis; improved data on mortality, with the HSMR mortality indicator now below 100 and SHMI indicator exactly 100. The Committee further welcomed the six commitments around Dementia which include: increasing awareness amongst staff; systems to identify cognitive impairment, the creation of a dementia friendly environment; an increase specialist support, the development of a shared care model and support for carers.

The Committee welcomed the information provided regarding Patient Safety and Harm Free Care. The Medical Director comments that CMFT has the highest rates of incident reporting in the NHS, confirming staff confidence in reporting their concerns. Staff are also reporting more 'near misses' and a much higher rate of incidents where no harm occurred than the average (93% compared with 73.7%). The Committee note that harm from pressure ulceration and catheter associated UTI all appear to be declining and a renewed emphasis on safeguarding with safeguarding champions is pleasing to note, however we note that the incidents of serious harm, whilst small in number, have unfortunately gone up.

The Committee welcomes the reported broader success. We note the excellence of training and support for trainees which was confirmed by the GMC National Training Survey and acknowledge how well the Library service is regarded. We also welcome the improvement in the number of Gold Wards under the internally managed Ward Accreditation scheme, from 11 to 21. We also

acknowledge a high response rate, compared to the national average, to the Friends and Family Test, with a 90% 'approval' rating.

The Committee commended that End of Life Care has received considerable focus, with an emphasis on partnerships and dignity, although how improvement is to be measured could have been more clearly expressed. We note the success reported in an improved system for recognising Acute Kidney Injury early and Nurse Agimol Pradeep's success in recruiting 3,000 new Organ Donors to the donor register from the North West's South Asian community.

With reference to the risks identified the Committee note the improvement actions required for the Hip Fracture Database, Carotid Endarterectomy, Heart Failure, Anti Dimmunoglobulin Prophylaxis resulting from the CMFT participation in 49 National Clinical Audits. The Advancing Quality Initiative focus areas where targets were not met for 2014/15 included hip and knee and heart failure. The Committee would welcome further information as to whether this indicates continuing risks for these two issues.

The Committee welcomes the response to the Clinical risks identified by the CQC which included a reliance on paper records. The Committee note that CMFT has introduced an electronic paper record, 'Chameleon', which should be available in 2015/16 and a range of actions are in place to manage the demand on Emergency Department Capacity.

The Committee felt that the Divisional Reports from CMFT's nine divisions, although lengthy are laid out uniformly, all including achievements, risk and plans. These are clear, direct and helpful summaries of activity and confirm the general drive to improvement and better quality. We note that there are risk themes which appear in more than one of the Division Reports. These include the risks of using a hybrid electronic and paper recording system, pressures on staffing and capacity, high number of 'medical vacancies', difficulty recruiting nurses to Adult Critical Care, equipment/environment shortfalls in the case of radiology and the Dental Hospital, limited capacity for admissions at the children's hospital, high demand in the Emergency Department (Medicine and Community Services), discharge difficulties due to community service shortfalls, pressure on intensive care facilities at St Mary's

and over reliance on locums and agency staff. In addition staff-led quality reviews have identified the numbers of agency staff and complaints as 'improvements required'.

The Committee welcomed the report and note that it is generally clear and well expressed with a careful and helpful use of images to help the reader. We did note that the document is not structured uniformly, with text for different features of CMFT activity laid out differently. Further we note that there is no indication in the Quality Accounts of the size of the operation: budget, staffing levels and numbers of patients served (64 wards across CMFT are mentioned in the context of 'ward accreditation', but there is nothing to indicate the scope of the Trust's operation elsewhere).

The Committee commented that this is a very early draft document with limited comparative data. For example the Manchester Academic Health Science Centre accreditation is prestigious, but the 'improving our research' figures, numerous as they are, do not include any comparative figures for previous years and the staff survey results appear very positive with more staff reporting participating in Equality and Diversity training, fewer suffering from work related stress, fewer experiencing violence from staff or patients, and staff motivation is claimed as higher than other comparable trusts. However there is no actual data given relating to the staff survey.

It is anticipated that the data will be added later, but to present a draft for comment at this stage, with such limited data, does not assist external bodies to scrutinise the QA effectively.

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 the successful operation of a large and complex organisation serving many thousands of patients in an efficient and compassionate manner.

Yours sincerely

Councillor Eddy Newman
Chair of the Health Scrutiny Committee





Health and Wellbeing Overview and Scrutiny Committee - Trafford

Councillor Lloyd welcomes the fact that you have engaged with the Committee and provided an opportunity to comment on the Quality Accounts. She would like this engagement to continue and for you to meet with the Committee again in the next 12 months.

Councillor Lloyd also commented that the document is clearly written, informative and open. It highlights the positive work of the Trust, but is also open about the areas for improvement.. The document is written in a way in which lay people can understand the issues facing the Trust and its challenges.

Note: Healthwatch Manchester have declined to provide comments on the draft Quality Report

Commissioners' Statement

Central Manchester Clinical Commissioning Group (CCG) would like to thank Central Manchester University Hospitals NHS Foundation Trust (CMFT) for their detailed and comprehensive account of their hard work to improve the quality and safety of services for the patients and communities they serve. The Quality Account for 2015/16 accurately reflects the national and local priorities of CMFT within the wider healthcare economy, and is reflective of the priorities that the CCG has identified for its local population it also includes all the requirements as set out in the national guidance.

The diligence and commitment of staff at CMFT is a credit to the Trust. The CCG have been impressed by the leadership and dedication to education and professional development of its staff this year. We would particularly like to acknowledge CMFT's programme for international doctors, led by Dr Sujesh Bansal, which was the Gold Winner of The Learning Awards 2015, Internal Learning Solution of the Year, and the library service who have engaged in a number of quality projects. The development of the NHS Library Dashboard won two runners up awards at regional and national level. The service gained the Silver Quality Award from the 2014 Library and Information Network North West (LIHNN) quality awards, and a Sally Hernando Innovation award at national level.

The Quality and Safety walkround at A+E provided an excellent opportunity for commissioners to talk to front line staff at the Trust. We were impressed by the standards of care delivered in A+E during the extremely busy period throughout the winter pressure period. Whilst A+E performance figures dipped on a national level, there was evidence that the staff at CMFT were doing all that they could do to meet patients' needs and remained motivated to deliver the highest standards of care.

Patient experience; engagement, inclusion and involvement remains an area where CMFT excels. The patient experience team and service improvement teams work across the Trust to provide practical advice and support around facilitating positive patient engagement. This has been highlighted in the work that has been done to improve the experience for dementia patients and their families, working with estates to develop dementia friendly wards being just one of their achievements. Response rate to the Friends and Family Test has exceeded the national

target for both A+E and inpatient wards. Over 90% of those that responded said they would be extremely likely or likely to recommend the Trust to friends and family.

The CCG are aware of the planned review of the complaints process and are pleased to see the Trusts continual commitment to improving the timeliness of responses to complainants, this is an area that would benefit from further focused development in 2015/16.

The extensive audit programme and CQUIN programme demonstrates the commitment to improving quality by front line staff of all disciplines. The CCG would like to acknowledge that CMFT have made outstanding progress this year with regards to their work on reducing pressure ulcers. The CCG are pleased that the Ward Accreditation programme continues and that the number of Gold wards has increased from 11 in 2013/14 to 21 in 2014/15.

Extensive work has taken place with regards to Safeguarding within CMFT this year. The Trust have been proactive in responding to the fourth report from the Francis suite, which reflects their commitment to upholding an open, honest and transparent environment for staff and patients. The Ofsted inspection of Manchester Local Authority Children's services has shaped the safeguarding children's agenda in 2014/15 and CMFT are working with Manchester Local Authority to implement the action plan following this. Following the CQC inspection in December 2013, CMFT have taken steps to address the issues the CQC raised regarding making improvements to health care records and food choice for younger patients.

The CCG are pleased to see that safeguarding training has been developed and rolled out to raise awareness across the Trust, particularly in the key areas of the Mental Capacity Act and DoLS. To support the continuing development in this area, we are pleased that CMFT have recruited over 100 Safeguarding Adult Champions across the organisation. The CCG are pleased to see that Safeguarding remains a high priority at CMFT for 2015/16.

The CCG would like to commend CMFT with regards to the strong focus on patient safety within the organisation and in the community. CMFT have signed up to be part of several regional safety campaigns. The Trust was one of the first to commit to the national 'Sign up to safety' campaign which aims to reduce harm by 50% over the next 3 years. Sign up to Safety

is designed for the NHS to become the safest healthcare system in the world, aiming to deliver harm free care for every patient, every time. The CCG acknowledges the safety goals that CMFT have set themselves for the coming year through working towards achievement of their five Sign up to Safety pledges – Putting safety first, Continually learning, Honesty and Transparency, Collaboration and Support.

The Making Safety Visible initiative aims to improve understanding and capability for measuring and monitoring safety across the CMFT and CCG Boards. As part of the project, CMFT submitted around 300 documents in December 2014 in order that a baseline assessment could be undertaken on safety visibility at Board level. The baseline gives an accurate picture of the current approach to safety; the nature and range of safety information, methods of communication and how safety is monitored. CMFT and CCG Boards continue to work together on the formulation of a comprehensive surveillance system to measure and monitor safety within the organisation into 2015/16.

As commissioners, we have worked closely with CMFT over the course of 2014/15, meeting with the Trust regularly to review the organisations' progress in implementing its quality improvement initiatives. As an evolving Clinical Commissioning Group (CCG) we are committed to engaging with the Trust in an inclusive and innovative manner. We are very pleased with the level of engagement from the Trust and hope to continue to build on these relationships as we move forward into 2015/16.

The CCGs are not responsible for verifying data contained within the Quality Account; that is not part of these contractual or performance monitoring processes.

Dr Ivan Benett

**Clinical Director of Central Manchester
Clinical Commissioning Group**





Statement of Directors' Responsibilities in Respect of the Quality Report 2014/15

Introduction

Monitor has published guidance for the external audit on Quality Reports for 2014/15. 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 2014/15.

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 its 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 2014/15 Performance Indicators

The Auditors have undertaken testing of the systems to support the preparation of the mandated indicators included in the 2014/15 Quality Reports as follows:

- % incomplete pathways within 18 weeks for patients on incomplete pathways
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

The External Auditors' report is included within these Quality Accounts at page 220. Key recommendations have been provided for the Trust to follow. These recommendations were accepted in full and compliance is being monitored through the Trust's Audit Committee. The Trust has also instructed its Internal Auditors to include further RTT indicator audits within its 2015/16 work programme.

Delegated Authority and Recommendation

The Board of Directors at its meeting on 11th May 2015 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 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 NHS 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 2014/15 and supporting guidance;
- 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 2014 to May 2015
 - Papers relating to Quality reported to the board over the period April 2014 to May 2015
 - Feedback from commissioners
 - Feedback from governors
 - Feedback from a local Healthwatch organisation
 - Feedback from Overview and Scrutiny Committee
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - The [latest] national patient survey
 - The [latest] national staff survey
 - The Head of Internal Audit's annual opinion over the trust's control environment
 - CQC Intelligent Monitoring Report.

- 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.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor.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

Steve Mycio, Chairman

29th May 2015

Sir Michael Deegan, Chief Executive Officer

29th May 2015





Feedback from the Governors

The main remit of the Patient Experience Group is to oversee the Trust's Quality Strategy, thereby ensuring that delivering the highest standard of care to our patients and their families is a top priority.

Over the past year, Governors have been actively involved in reviewing and supporting a wide range of initiatives and programmes designed to improve patient care, services and the hospital environment.

For example, Governor participation in the quality reviews of wards and departments has enabled us to support work aimed at reducing waiting times in out-patient clinics. We have also noted positive progress in reducing delayed in-patient discharge - an issue which was previously highlighted by Governors as an area of concern. This improvement programme was led by the Transformation team and includes initiatives by the Pharmacy team, such as introducing ward based dispensing and having pharmacists on duty 24 hours a day - the first service of its kind in the country.

Governors have been closely monitoring progress in reducing pressure ulcers and falls, with good progress achieved in both areas compared with 2013/14 and plans to achieve further improvement over the coming year. This work is part of a much wider focus on harm free care, with Governors receiving the same detailed performance reports as the Trust Board members. This enables the group to scrutinise all aspects of these important clinical care standards.

Another key area where Governors have observed significant enhancement of the patient experience is around food and dining. The programme in the Royal Manchester Children's Hospital is having a major impact on patient well-being, and was shared with other Trusts at a national conference. We were also impressed by the work of our Youth Governor and members of the Trust's Youth Forum in helping to develop and test a new menu to improve nutrition for patients at the Children's Hospital.

Clear and timely communication is a vital aspect of good care, and is one of the three main themes noted in complaints to the Trust. Governors have been members of a group

who regularly review the complaints process to gain feedback from the staff to find out what improvements or actions have been taken as a result of investigations into complaints, raised by people who have used our services.

The physical environment is another important factor in creating a good experience of hospital care for patients and their families. Governors have contributed to discussion of early stage plans to extend emergency services at the Central site, and the possible Diabetes Centre relocation. Signage and disability access are two other areas where Governors have used their personal experience and feedback from constituents to make suggestions for improving the patient experience.

Peter Dodd
Chair of the Patient Experience Group

Future focus on quality

Building on the excellent contribution of the Patient Experience Group, our Membership Team arranged an innovative Forward Planning Workshop in January 2015. Governors came together to identify and prioritise quality indicators and quality priorities for the coming year. It was a very interactive and productive session, giving Governors an excellent opportunity to put forward their ideas and suggestions about how the quality reporting process works and how the Trust's published Quality Report could be enhanced and developed.

All the ideas, questions and feedback have been collated, and this key information is being used to inform and improve the quality reporting process.

Following the workshop, a survey of the Council of Governors showed that 96% of Governors felt they had been actively encouraged to participate in identifying and prioritising quality indicators and priorities for 2015/16.

Keith Paver
Lead Governor

Monitor's Regulatory Ratings

The Trust submits quarterly reports to Monitor, the independent regulator of Foundation Trusts. Performance is assessed by Monitor to identify where actual or potential problems may arise. In doing this, Monitor publishes quarterly and annual risk ratings. The ratings are designed to indicate where compliance is being maintained in accordance with the Trust's terms of authorisation.

Risk ratings are published for the following areas under Monitor's risk assessment framework:

- Continuity of Service (Rate 1-4, where 1 represents the highest risk and 4 the lowest)
- Governance (Rated Green, Amber/Green, Amber/Red, Red)

CMFT's quarterly ratings for 2014/15 are noted in the table below and further information on the Continuity of Service rating can be found on page 09.

Domain	Annual Plan 2014/15	2014/15			
		Q1	Q2	Q3	Q4
Continuity of Service Rating	3	3	3	3	TBC
Governance Rating					TBC

Analysis of actual Governance Rating compared with the Annual Plan

The Trust achieved a Green rating for governance consistently throughout the year. There were occasional periods where a certain key indicator was not being met; however, following discussion with, and consideration by Monitor, the basis for this was understood and the risk rating was confirmed as green.

The main point in relation to governance risk discussions with Monitor during 2014/15 related to the Trust's failure to meet the 95% A&E access standard in Q3. The Trust was able to demonstrate unprecedented growth in attendances to A&E during 2014/15 and the resulting admissions into the hospital. It was also demonstrated that within these admissions, patients were of a significantly higher acuity when compared to previous years. As a Trust we agreed key actions with Monitor and as a result achieved the A&E access standard during Q4 2014/15.





Governance and Organisational Arrangements

Council of Governors

The Council of Governors was established when we were authorised as a Foundation Trust in January 2009. The Board of Directors is committed to understanding the views of Governors and Members via its Council of Governors and holding regular Governor and Members' Meetings.

The Council of Governors discharges its duties at its meeting of the Council of Governors, which has met three times during the course of 2014/15, in addition to attending a fourth event at our Annual Members' Meeting.

The Council of Governors is primarily responsible for assuring the performance of the Board. The Board is responsible for the direction, all aspects of operation and performance and effective governance of the Trust. The Board of Directors and Council of Governors are provided with high quality information appropriate to their respective functions and relevant to the decisions they have to make.

The Chairperson is responsible for the leadership of both the Board and the Council of Governors. The Governors also have a responsibility to ensure arrangements work and take the lead in inviting

the Chief Executive or other Executives and Non-Executives to meetings as appropriate.

The Chair ensures that the views of Governors and members are communicated to the Board as a whole. The interaction between the Board of Directors and the Council of Governors is primarily a constructive partnership. Governors are encouraged to act in the best interests of the Trust and are bound to adhere to its values and code of conduct.

The Council of Governors adopts a policy to proactively engage with the Board of Directors in circumstances when they have concerns. The Council of Governors is encouraged to ensure its interaction and relationship with the Board of Directors is appropriate and effective, with the Trust's Constitution outlining the process to resolve any disagreements between the Council of Governors and Board of Directors. Governors also have the right to refer a question to the Independent Panel for Advising Governors if more than 50% of Governors who vote, approve the referral.

In a recent Governor Survey (March 2015), 100% of our Governors that responded cited that they "felt proud to be an NHS Foundation Trust Governor" (75% return rate received).

Governor role and statutory requirements

The Trust has developed a Governors' Strategy which outlines the role and responsibilities of Governors and incorporates the statutory mandatory duties defined in the Health and Social Care Act (2012) namely:

- To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and
- To represent the interests of the members of the Foundation Trust as a whole and the interests of the public.

Further details in relation to the role, responsibilities and powers of Governors are detailed on page 171.

Governors hold our Non-Executive Directors (individually and collectively) to account for the performance of our Board of Directors by ensuring that we do not breach the terms of our authorisation. Governors receive details of meetings, agendas and approved minutes of each Board of Directors' Meeting. There are also Governor Trust Board Update Meetings to further review the performance of the Board of Directors. Governors monitor the performance of our Trust via quarterly Performance Review Meetings to ensure high standards are maintained.

Governors are responsible for sharing information about the Trust, such as our vision, forward plan (including our objectives, priorities and strategy) and our performance to Members and the public. In the case of nominated Governors, this information is fed back to the stakeholder organisations that nominated them. Governors are, in return, also responsible for communicating back to the Board of Directors the opinions canvassed.

In order to facilitate this process we hold a Governors' Annual Forward Planning Workshop with Governor views and opinions being invited and considered in relation to the Trust's forward plans. The public version of our forward plans is available to members and the public on our website www.cmft.nhs.uk/foundation-trust/our-forward-plan

In addition, a webpage has been developed which provides an overview of our forward plans with Members and the public being given the opportunity to contact our Governors directly. Future plan priorities are also communicated to Members via our Membership Newsletter, Foundation Focus Newsflash, which also invites Members' views to be forwarded to Governors. The opinion and views of Members is also sought by e-mailing Members directly. The views and opinions received are captured and considered as part of our Annual Forward Planning Process.

The canvassing of Members' and public views is a key priority outlined in our Governor Strategy. Further details on how Governors facilitate this process is outlined on page 184.

Each year at a Council of Governors' Meeting and Annual Members' Meeting the following materials are provided:

- Annual Accounts
- Any report from the auditors
- Annual Report.

The reports were also presented by Directors to Members at our Annual Members' Meeting on 23rd September 2014, which was open to the public.

As part of this reporting process, the Board clearly sets out its financial, quality and operating objectives and discloses sufficient information, both quantitative and qualitative, of the Trust's business and operation including clinical outcome data so Members and Governors can evaluate our performance.

At every Annual Members' Meeting, the Board of Directors invites questions from Governors, Members and the public with formal minutes taken to capture questions raised and actions to be taken forward. Copies of previous minutes are published on our website - Foundation Trust webpage www.cmft.nhs.uk/foundation-trust/events





Governor Elections

Our Council of Governors has both elected and nominated Governors. Public Governors are elected from and by our public Members; Staff Governors are elected from and by our staff Members and nominated Governors are nominated from partner organisations.

The table below outlines the composition of our Council of Governors:

Governor Constituency/Class/Partner Organisation		Number of Governor Posts
Public	Manchester	9
	Trafford	3
	Greater Manchester	4
	Rest of England & Wales	2
	Total:	18
Staff	Nursing & Midwifery	2
	Other Clinical	2
	Non-Clinical & Support	2
	Medical & Dental	1
	Total:	7
Nominated	The University of Manchester	2
	Central Manchester Clinical Commissioning Group	1
	Trafford Clinical Commissioning Group	1
	Specialised Commissioning	1
	Manchester City Council	2
	Trafford Borough Council	1
	Youth Forum	1
	Volunteer Services	1
	Total:	10

Governors serve a term of office for up to three years and at the end of this they are able to offer themselves for re-election (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 staff class that they represent (Staff Governors) or are no longer supported in office by the organisation that they represent (Nominated Governors).

Governor elections were held during summer 2014 to fill the seats of those Governors whose term of office had ended as well as fill any vacant seats. As part of the Governor Election process, the names and biographies of Governor candidates (contested seats) were forwarded to relevant Member constituencies to enable Members to make informed election decisions and, where applicable, included the prior performance of those Governors standing for re-election.

A Governor Election webpage
www.cmft.nhs.uk/foundation-trust/governor-elections

has been developed which outlines the process of standing for election as a Governor and includes all candidate statements and Governor election documents during the election process. In addition, a Potential Candidate Governor Election Information Pack has been developed which includes a list of Frequently Asked Questions and outlines the role and duties of Governors in addition to key election information. The pack is published on the Governor Election webpage during the election process and mailed to those Members who have expressed an interest in the role of Governor.

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 our Constitution approved by Monitor.

Successful candidates (both new and re-elected) and new Nominated Governors were announced at our Annual Members' Meeting held on 23rd September 2014 and formally commenced in post following closure of the meeting.

The Trust's Governor Election Turnout Data - 2014

Date of Election	Constituencies Involved	Number of Members in Constituencies	Number of Seats Contested	Number of Contestants	Election Turnout
September 2014	Public – Manchester	6,021	5	13	13.1%
	Public – Greater Manchester	5,096	1	5	12.1%
	Staff – Other Clinical	4,248	1	4	6.1%





**Members of the Council of Governors
– Constituency/Organisation, Election/
Nomination and Term of Office Information**

Name	Constituency/Organisation	Term of Office (including year Term of Office ends (following closure of Annual Members' Meeting))
Lead Governor & Public Governor		
Keith Paver*	Manchester Constituency	3 years (2015)
Public Governors		
Jayne Bessant	Manchester Constituency	3 years (2017)
Peter Dodd	Manchester Constituency	3 years (2016)
Patrick McGuiness	Manchester Constituency	3 years (2017)
Andrew Peel	Manchester Constituency	3 years (2016)
Susan Rowlands	Manchester Constituency	3 years (2016)
Sue Webster	Manchester Constituency	3 years (2017)
Abebaw Yohannes	Manchester Constituency	3 years (2017)
Malcolm Chiswick**	Trafford Constituency	3 years (2015)
George Devlin	Trafford Constituency	3 years (2015)
Matthew Finnegan	Trafford Constituency	3 years (2015)
Ivy Ashworth-Crees	Greater Manchester Constituency	3 years (2015)
David Edwards	Greater Manchester Constituency	3 years (2016)
Carol Shacklady	Greater Manchester Constituency	3 years (2017)
Barrie Warren	Greater Manchester Constituency	3 years (2016)
Alan Jackson	Rest of England & Wales Constituency	3 years (2016)
Richard Jenkins	Rest of England & Wales Constituency	3 years (2016)
Staff Governors		
Isobel Bridges	Non Clinical & Support Constituency	3 years (2015)
Peter Gomm	Non Clinical & Support Constituency	3 years (2016)
Sharon Green	Nursing & Midwifery Constituency	3 years (2015)
Beverley Hopcutt	Other Clinical Constituency	3 years (2016)
Mary Marsden	Nursing & Midwifery Constituency	3 years (2015)
John Vincent Smyth	Medical & Dental Constituency	3 years (2015)
Geraldine Thompson	Other Clinical Constituency	3 years (2017)

Name	Constituency/Organisation	Term of Office (including year Term of Office ends (following closure of Annual Members' Meeting))
Nominated Governors		
Rabnawaz Akbar	Manchester City Council	3 years (2017)
Julie Cheetham	Central Manchester Commissioning Group	3 years (2015)
Michael Gregory	Trafford Clinical Commissioning Group	3 years (2016)
Angela Harrington	Manchester City Council	3 years (2017)
Alexander Heazell	The University of Manchester	3 years (2018)
Arif Islam	Youth Forum	3 years (2016)
Henry Kitchener	The University of Manchester	3 years (2017)
Paul Lally	Trafford Borough Council	3 years (2017)
Graham Watkins	Volunteer Services	3 years (2017)

Public / Staff / Nominated Governor Term of Office Ended during 2014/15

- Professor Peter Clayton – The University of Manchester – Term of Office ended (September 2014)
- Mariam Gaddah – Volunteer Services – Term of office ended (September 2014)
- Linda Harper – Trafford Borough Council – Resigned (April 2014)
- Stephen Meyer – The University of Manchester – Resigned (October 2014)
- Jenny Scott – Specialised Commissioning Group – Term of Office ended (September 2014)
- Bashir Ahmed Chaudhury MBE – Manchester Constituency – Resigned (October 2014)
- Margaret Parkes – Manchester Constituency – Term of Office ended (September 2014)
- Lynne Richmond – Greater Manchester Constituency – Term of Office ended (September 2014)
- Stephen Webster – Manchester Constituency – Resigned (April 2014)
- Erica McInnis – Other Clinical Constituency – Term of Office ended (September 2014)

* Lead Governor elections were held following closure of our Annual Members' meeting (23rd September 2014) with Dr Keith Paver being elected for a one year term of office (ending October 2015)

** Malcolm Chiswick – Greater Manchester Constituency – Elected 2008 (shadow Council of Governors) and re-elected 2010 – resigned July 2012 and was successfully re-elected as a Public Governor for the Trafford Constituency (Governor Elections September 2012)





Governor contact details

Governors welcome the views and opinions of Members and the public with Governor contact details and biographies being available via the Trust's website – "Meet the Governors" webpage www.cmft.nhs.uk/foundation-trust/council-of-governors/meet-the-governors. Alternatively Members and the public can contact Governors via the Foundation Trust Membership Office (**0161 276 8661 or ft.enquiries@cmft.nhs.uk**). Governors particularly welcome the opinion of our Members and the public in relation to our forward plans.

In addition, Member and public views and opinions are canvassed by Governors during their attendance at key membership and Trust events, including our Annual Members' Meeting and Young People's Event. Event information is available on the Trust's Membership Events webpage www.cmft.nhs.uk/foundation-trust/events and promoted via our membership newsletter, Foundation Focus.

Members can also Communicate with the Board of Directors - Directors can be contacted via the Director of Corporate Services/Trust Secretary by e-mail Trust.Secretary@cmft.nhs.uk or telephone **0161 276 6262**.

Governor governance arrangements

As part of our governance arrangements all Governors must meet our Governor Criteria. The criteria outline the mandatory requirements that all Governors are required to comply with and include:

- Statutory Restrictions as outlined by our Constitution.
- Declaration of Interests.
- Code of Conduct (includes Nolan Principles).
- Disclosure and Barring Service Check (formerly CRB).
- Trust Internet and E-mail Use Policy.
- Trust Media Policy.
- Social Media – A Guide for Governors.
- Fit and Proper Persons Test (as described in our provider licence).

Declaration of Interests

Details of the Council of Governors' declarations of interests are held by the Foundation Trust Membership Office (contact: **0161 276 8661 or ft.enquiries@cmft.nhs.uk**) with a copy of the register being available to Members and the public via the Trust's website "Meet the Governors" webpage. Alternatively Members and the public can contact the Foundation Trust Membership Office to obtain a copy.

The Governors' Declaration of Interest Register is updated annually and formally recorded at a Council of Governors' Meeting. The register discloses the details of any company directorships or other material interests held by Governors, with none of our Council of Governors holding a position of Director and/or Governor of any other NHS Foundation Trust.

Our Constitution, which was agreed and adopted by the Council of Governors, outlines the clear policy and fair process for the removal from our Council of Governors any Governor who has an actual or potential conflict of interest which prevents the proper exercise of their duties.

Governors welcome the views and opinions of members and the public with Governor contact details and biographies being available via the Trust's website – "Meet the Governors" webpage.



Governors' role, responsibilities and powers under the legislation

In a recent Governor Survey (March 2015), 100% of our Governors that responded cited that they "felt they had a clear understanding of the role of Governor" (75% return rate received).

Statutory Roles and Responsibilities of the Council of Governors	Additional Powers	
2006 Act	<ul style="list-style-type: none"> • Appoint and, if appropriate, remove the Chair. • Appoint and, if appropriate, remove other Non-Executive Directors. • Decide the remuneration and allowances and other terms and conditions of office of the Chair and the other Non-Executive Directors. • Approve (or not) any new appointment of a Chief Executive. • Appoint and, if appropriate, remove the NHS Foundation Trust's Auditor. 	In preparing the NHS Foundation Trust's forward plan, the Board of Directors must have regard to the views of the Council of Governors.
Amendments to the 2006 Act made by the 2012 Act	<ul style="list-style-type: none"> • Hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors • Represent the interests of the Members of the Trust as a whole and the interests of the public. • Approve significant transactions. • Approve an application by the Trust to enter into a merger, acquisition, separation or dissolution. • Decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions. • Approve amendments to the Trust's Constitution. 	The Council of Governors may require one or more of the Directors to attend a Governors' Meeting to obtain information about performance of the Trust's functions or the Directors' performance of their duties, and to help the Council of Governors to decide whether to propose a vote on the Trust's or Directors' performance.

Source: *Your Statutory Duties; A Reference Guide for NHS Foundation Trust Governors (Monitor – August 2013)*

The Council of Governors receives and considers appropriate information required to enable it to discharge its duties.





Governor aim and objectives

Our Governor Aim

Governors proactively representing the interests of members as a whole and the interests of the public via active engagement and effectively holding the Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors.

Our Governor Objectives

Engagement – Governors to be proactive in developing and implementing best practice membership and public engagement methods.

Assurance – Governors to act as the conduit between the Foundation Trust Board of Directors and Members/public by conveying membership/public interests and providing Board performance assurance.

Development – the Foundation Trust to support the developing and evolving role of Governor by equipping Governors with the skills and knowledge in order to fulfil their role.

Governor engagement, assurance and development

We provide many opportunities for Governors to be actively involved so they can help make a real difference to our patients and the wider community. Periodically the Chairman receives a Governor Effectiveness Report which is produced to highlight the Governor-driven actions that have progressed and outcomes to demonstrate the effectiveness of Governors.

Over the course of the past year Governors have attended a wide variety of meetings from which Governor-driven actions have been taken forward. These have included actions to improve both our patient and staff experiences in addition to raising issues on behalf of our Members and the public.

Governors regularly communicate to Members and the public via our membership newsletter, Foundation Focus, in addition to our Lead Governor providing an overview at our Annual Members' Meeting.

The main Governor involvement areas include:

- Holding the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors by attending regular Performance Meetings to review the Trust's

performance across patient quality, clinical effectiveness, patient experience, finance and productivity.

- Representing the interests of the Members of the Foundation Trust as a whole and the interests of the public by canvassing and forwarding Member and public views to the Board of Directors during meeting attendance.
- Regularly attending Governor 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 Trust's Annual Forward Plan priority decision-making process. At a Council of Governors' Meeting, Governors are formally presented with the final Annual Report/Accounts and Annual Plan and are consulted on the development of forward plans for the Trust and any significant changes to the delivery of the Trust's Business Plan. Governors are presented with the Trust's progress in attaining its Annual Forward Plan objectives at Governor Development Sessions.
- Being encouraged to identify and prioritise quality indicators as part of the Annual Forward Planning Workshop and from the suggestions made, Governors agree a local quality indicator for the forthcoming year. As part of this process, Governors are formally presented with the finalised Quality Report which helps them to fulfil their duty of holding the Non-Executive Directors to account for the performance of the Board of Directors.
- Being involved in recruiting new Members and monitoring our membership profile, helping to develop membership engagement initiatives, 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 the Trust meets its responsibilities to the wider community and plays a key role in monitoring employment, education, procurement and environmental initiatives.
- The Council of Governors' Remuneration and Nominations Committee (panel of Governors rotated each year and chaired



by the Lead Governor) reviews and makes recommendations to the Council of Governors as a result of actively participating:

- in the selection of the appointment of the Chairman and Non-Executive Directors in addition to their remuneration.
- in an annual appraisal programme which facilitates the 360° appraisal process for the Chairman and receives feedback on the appraisals of the Non-Executive Directors in addition to re-appointment recommendations (including terms of office) of the Chairman and Non-Executive Directors.
- Being involved in the selection of and approving our External Auditors and taking the lead in agreeing with the Audit Committee the criteria for appointing, re-appointing and removing 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 the Quality Mark Assessments for "Elder-Friendly Hospital Wards", Patient Led Assessments of the Care Environment (PLACE) and our Patient and Staff Environment Group.
- Governors have actively participated in our Children with Medical Complexities Group, Complaints Review process and our Equality & Diversity Implementation Group. Governors have also been invited to participate in the newly established Equalities Implementation External Review Group.
- Governors have been successful in being recruited to become lay members of the Manchester Safeguarding Children's Board.
- Governors have continued to contribute towards the development of the Trust's IT Strategy.
- Governors have been involved in several "Voices" initiatives (established as a result of previous staff survey findings to look at ways of improving staff engagement) and been included on the selection panel for our Staff Recognition Programme including "We're Proud of You Awards" and "Going the Extra Mile Awards".
- Governors have actively participated in our Internal Quality Reviews, which was an evolutionary process developed in order to give us a better understanding of our delivery of care.
- Governors have been proactive in raising awareness and issues in relation to accessibility for disabled people and have driven forward actions to further improve accessibility.
- Governors continue to be actively involved in driving improvements in relation to our Out-Patient Services and are active members of the Trust's Out-Patient Services Operational Group.





The Health and Social Care Act (2012) states that Foundation Trusts must take steps to ensure the Governors are equipped with the skills and knowledge in order to fulfil their role. The Trust encourages Governor Development in a number of key areas namely:

- Equality and Diversity Training – a number of workshops were available to Governors, with Governors deciding the key training elements that they wished to receive namely Inclusive Community Engagement, Understanding the Case for Equality and Diversity and Disability and the Duty to Make Reasonable Adjustments. A Governors' Equality & Diversity Work Programme has been developed which incorporates regular updates and the provision of key Equality and Diversity information.
- Detailed Induction Training for all new Governors including the establishment of a Governors' Resource Pack and additional support arrangements for Governors.
- 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 Development Events) – topical health matters (impact on Trust/ Governor role) in addition to the progress made by the Trust in achieving our Annual Forward Plan objectives are discussed.
- Governor attendance at External Events – Patient Participation Groups, Carer Events etc.
- Annual Governor Development Programme informed via Governor Questionnaire Findings, Governor Working Group Assessments, Governor Skill Mix Matrix Findings and Governor-led Development Focus Group Suggestions.
- Annual Lead Governor elections/succession planning. The Lead Governor role facilitates direct communication between Monitor (Independent Regulator of Foundation Trusts) and our Council of Governors in the circumstance that it is not appropriate to communicate through normal channels.
- Dedicated Lead Governor/Governor meetings – promotes free discussion/debate.
- Membership and Public Engagement - Governors are issued with a Membership and Public Engagement – Governor Briefing Pack which includes our Governor Strategy, Governor Introduction Letter, Forward Plan Overview, Trust's Hospital Overview, FT Members/Governor Overview, Become a Member promotional documents and application forms, PALS Overview and feedback forms (including complaints and positive feedback Governor Template Response Letters), Membership Presentation and Trust Frequently Asked Questions with responses.
- Encouraged Governor attendance at Board of Directors' Meetings (open to the public) to directly observe Non-Executive Directors' scrutiny, challenge and support of Executive Directors.
- Encouraged Governor attendance at Governor Trust Board Update Meetings which are led by the Chairman and provide a detailed update in relation to the key matters being considered/ progressed by the Trust. From this information, Governors are encouraged to forward Board of Directors' assurance to Members/public in relation to Trust's Performance, Services/ Plans and the effectiveness of Governors in representing Members/public views (reflect health needs/wants). In addition, patient story film clips are presented to Governors to enable them to listen to the real-life experiences of patients of our Trust.

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 a Governor-led Group, Governor Questionnaire Findings, and Governor Skill Mix Assessment – comparable data findings being utilised to specifically highlight areas of particular strength and those requiring further support.
- A Governor Meeting Review undertaken to identify any potential gaps and refinements to the current structure, which will coincide with the feedback from the Board Assurance Review. The review will include triangulating best practice guidance from Monitor in addition to undertaking a scoping exercise of Governor views and other NHS Foundation Trusts to further inform the review process.
- Key Performance Meetings focusing on patient safety, patient experience and productivity & efficiency – review and scrutiny of Intelligent Board Reports including performance, patient experience 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.
- The continued update and implementation of our Governor Strategy which sets out Governor aims and objectives and key Governor priorities to further facilitate programmes of work and membership/public engagement plans for the forthcoming year.
- To continue to hold dedicated Governor and Non-Executive Director Networking Meetings in order to facilitate assurances to be sought directly from Non-Executive Directors in addition to identifying and capturing Governor development needs. Meetings also facilitate Non-Executive Directors to gain a deeper understanding of Governor and Member views about the Trust.

- The establishment of a specialised Governor Engagement Training Session with Governors being issued with updated information to form part of their Membership and Public Engagement - Governor Briefing Pack in order to further support Governors to engage with Members and the public and further enhance Governor/Membership Engagement practices.

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.
- Governor Effectiveness Reports are produced periodically outlining the actions driven by Governors with corresponding benefits and outcomes.
- Led by the Chairman, Governors are also invited to self-evaluate their collective performance/effectiveness as part of the annual Governor Questionnaire process with ideas/suggestions to facilitate further improvements being considered/progressed as part of the Annual Governor Development Programme.





Governor Working Groups

Governors play a vital role in helping us to plan and develop future services by responding to feedback from their constituents and the wider community. We have four Governor Working Groups which look at practical ways to make a difference to patient care within our hospitals and aspire to help to reduce health inequalities in our surrounding communities. Staff wellbeing is also a key priority with the groups meeting quarterly.

Each Governor Working Group is assigned a Non-Executive Director and supporting Director. Non-Executive Directors and the supporting Directors support the progress of each Group's programme of work. Trust Officers also attend each Governor Working Group (relevant to each Group's programme of work) to provide Governors with high quality information, appropriate to their respective functions and relevant to the decisions that they have to make.

In addition, at each Governor Working Group Meeting the assigned Non-Executive Director provides a Board Update to further support Governors in forwarding Board of Directors' assurance to Members and the public in relation to the Trust's Performance, Services and Plans.

The four working groups are:

1. Staff Experience – supports the development and implementation of the Trust's Staff Health and Wellbeing Strategy and staff engagement initiatives. In addition, the Governor group reviews the Trust's annual staff survey findings in addition to workforce data including equality and diversity data.

Over the course of the past year presentations have been received in relation to Staff Support Services including the use of Chaplains/ Bereavement Counsellors, Staff Health & Wellbeing Strategy, Occupational Health Accreditation, Manchester Fit 4 Work Service, Workforce Data (recruitment, retention and turnover), Staff Recognition Programme (We're Proud of You Awards), Staff Engagement Initiatives (Voices), Staff Survey Findings, Equality & Diversity, Talent Management and Career Progression.

Recent work projects include Governor involvement in the development of the Trust's Staff Health & Wellbeing Strategy delivery plans in addition to their continuing involvement in the Trust's Staff Recognition Programme.

2. Corporate Citizenship – advises and engages with the Trust's Corporate Citizenship programme with work projects being generated around five main themes, namely Employment, Carbon Reduction (Energy and Sustainability), Sustainable Travel & Transport, Sustainable Procurement and Cultural Partnerships.

Over the course of the past year in addition to the above main themes, presentations have been received in relation to LIME Hospital Arts, Cross City Bus Scheme including the Smart Card (Get Me There) initiative, Pharmaceutical CO2 Footprint, Volunteer Services Overview and Corridor Manchester Update.

Recent work projects include Governor involvement in developing cultural partnerships and supporting the Trust's employment, apprenticeships and work placement programmes (Supported Traineeships, Clinical Pre-Employment and Manchester Health Academy) with Governors continuing to monitor the Trust's Employment Key Performance Indicator to measure progress made to recruit young, local employees. Support is also given to the development of carbon reduction and sustainable procurement initiatives.

3. Patient Experience - supports the implementation of the Trust's Quality Strategy by advising on accessibility, customer focus, front of house/reception areas, patient information, and developing meaningful involvement with patient partnership groups.

Over the course of the past year presentations/ information have been received in relation to the use of cartoons in Medicine, patient dining, Patient and Staff Environment Group, Patient Led Assessments of the Care Environment (PLACE), Stroke Services, Pharmacy Dispensing Waiting Times, Adult Mortuary Refurbishment Overview, Board Assurance Reporting Framework.

Recent work projects include Governor involvement in the Out-Patient Services Operational Group, Patient and Staff Environment Group, Patient Led Assessments of the Care Environment, internal Quality Reviews, monitoring progress in reducing pressure ulcers and falls and reviewing the complaints process.

4. Membership – helps to recruit, retain, communicate and engage with 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 have been received in relation to Membership and Public Engagement – Governor Briefing Pack including Forward Plans Overview (2014), Foundation Trust Website User Reports, Public Membership Recruitment Campaigns – Membership Profiling Reports and Governor Involvement initiatives, Governor Election Materials and Governor Elections (2014) promotion, Young People’s Event (June 2014) and corresponding Governor Involvement initiatives including a Question and Answer Session, Community Engagement including Seldom Heard Groups, Governor Feedback – Patient Groups and Patient Participation Meetings, Healthy Schools Programme Update, Annual Members’ Meeting (September 2014) and corresponding Governor Involvement initiatives including a Question and Answer Session, Social Media Guidelines for Governors, Membership Engagement & Membership Strategy update, Non-Executive Director Appointments, CMFT Constitution, Key Information – Governor Election Statements, Annual Patient Profile Report (2014) and Annual Members’ Meeting – Accessibility Issues.

Recent work projects include the Governors’ support of the Trust’s Public Member recruitment campaign. This campaign was held to enlist young members and address shortfalls in the membership profile to more accurately reflect the new 2011 census data. Governors are actively involved in the planning of membership engagement events such as the Young People’s Event and Annual Members’ Meeting which included a dedicated Governor Question and Answer Session. Governors also continue to support the Trust’s Annual Membership Engagement Communication Plan and regularly review and continue to develop/implement the Membership Engagement & Membership Strategy. Governors support initiatives targeted at reaching seldom heard groups.

Governors have been proactive in developing our Membership and Public Engagement Strategy. Governors have also been proactive in making improvements to our Governor Election documents including the development of a Potential Candidate Governor Election Information Pack and Frequently Asked Questions.

Improving accessibility for disabled people at our forthcoming membership events is a key priority for Governors over the coming 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 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. Each Governor Working Group Chair/Supporting Director completes an end of year report with the Terms of Reference and Membership of each Group being reviewed.

In addition, the meeting papers for all four Governor Working Groups are circulated to all Governors and Non-Executive Directors to provide them with a deeper understanding of the work projects being progressed by each Group and the corresponding views of Governors and Members. The minutes of each Group is also incorporated into each Council of Governors’ Meeting Pack with the Governor Chair of each Group providing responses to any queries raised and/or requests for further information at each meeting.





Governor and Director attendance at Council of Governor Meetings – 2014/15

Our Constitution, which was agreed and adopted by the Council of Governors, outlines the clear policy and fair process for the removal from

the Council of Governors of any Governor who consistently and unjustifiably fails to attend the meetings of the Council of Governors.

Governor Attendance at Council of Governor Meetings – 2014/15			
Governor Name	2 nd July 2014	15 th October 2014	4 th March 2015
Rabnawaz Akbar	X	✓	✓
Ivy Ashworth-Crees	✓	X	✓
Jayne Bessant	✓	X	✓
Isobel Bridges	X	✓	X
Bashir Chaudhry		X	
Julie Cheetham	X	✓	X
Malcolm Chiswick	X	X	X
Peter Clayton	X		
George Devlin	X	✓	X
Peter Dodd	X	X	✓
David Edwards	✓	✓	✓
Matthew Finnegan	✓	✓	X
Mariam Gaddah	✓		
Peter Gomm	✓	X	✓
Sharon Green	✓	X	✓
Michael Gregory	X	X	X
Alexander Heazell			X
Angela Harrington	X	✓	✓
Beverley Hopcutt	✓	X	✓
Arif Islam	X	✓	X
Alan Jackson	✓	✓	X
Richard Jenkins	✓	✓	✓
Henry Kitchener		✓	✓
Paul Lally		✓	X
Mary Marsden	✓	✓	✓
Patrick McGuinness		✓	✓
Erica McInnis	✓		
Margaret Parkes	X		
William Keith Paver	✓	✓	✓
Andrew Peel	✓	✓	X
Lynne Richmond	✓		
Sue Rowlands	✓	✓	X

Governor Attendance at Council of Governor Meetings – 2014/15

Governor Name	2 nd July 2014	15 th October 2014	4 th March 2015
Jenny Scott	X		
Carol Shacklady		✓	✓
John Vincent Smyth	X	✓	✓
Geraldine Thompson		✓	✓
Barrie Warren	✓	X	✓
Graham Watkins		✓	✓
Sue Webster	✓	✓	✓
Abebaw Yohannes		✓	X

Director Attendance at Council of Governor Meetings – 2014/15

Director Name	2 nd July 2014	15 th October 2014	4 th March 2015
Lady Rhona Bradley Non-Executive Director	✓	X	✓
Julia Bridgewater Chief Operating Officer	X	✓	✓
Rod Coombs Non-Executive Director	X	✓	✓
Kathy Cowell Non-Executive Director	✓	✓	✓
Mike Deegan Chief Executive	✓	✓	✓
Gill Heaton Executive Director of Patient Services/Chief Nurse	X	✓	X
Margot Johnson Executive Director of Human & Corporate Resources	✓	✓	✓
Anthony Leon Deputy Chairman/ Non-Executive Director	✓	✓	X
Peter Mount Former Chairman	✓	✓	
Steve Mycio Chairman	✓	✓	✓
Robert Pearson Medical Director	✓	X	✓
Adrian Roberts Executive Director of Finance	✓	✓	✓
Brenda Smith Senior Independent Director/ Non-Executive Director	X	✓	✓

Key to table: Not applicable X Non-attendance ✓ In attendance





Membership

Our Membership Aim

We aim to have a representative membership that truly reflects the communities that we serve with Governors actively representing the interests of Members as a whole and the interests of the public.

Our Membership Priorities

Membership Community – to uphold our membership community by addressing natural attrition and membership profile shortfalls.

Membership Engagement – to develop and implement best practice engagement methods.

Governor Development – to support the developing and evolving role of a Governor by equipping Governors with the skills and knowledge so they can fulfil their role.

Membership Community

Our membership community is made up of public and staff constituencies.

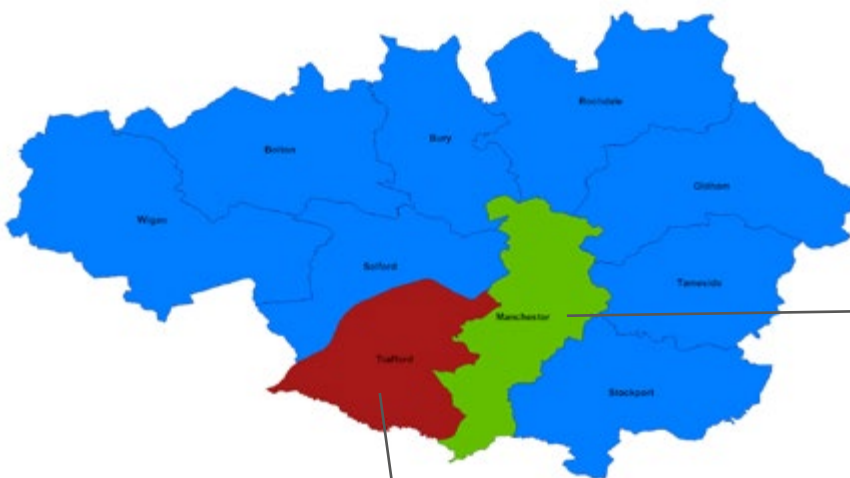
Public Members

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. Our Public Member constituency is sub-divided into four areas:

- Manchester
- Trafford
- Greater Manchester
- Rest of England & Wales.

The maps below illustrate Manchester, Trafford and Greater Manchester constituency. Areas which fall outside of these wards are captured in the Rest of England & Wales constituency.

Greater Manchester



Manchester



Trafford



Staff Members

Staff membership is open to individuals who are employed by the Trust under a contract of employment including temporary or fixed-term (minimum of 12 months) or exercising functions for the Trust with no contract of employment (functions must be exercised for a minimum of 12 months).

All qualifying members of staff are automatically invited to become Members as we are confident that our staff want to play an active role in developing better quality services for our patients. Staff are however able to opt out if they wish to do so.

The Staff Member constituency is sub-divided into four classes:

- Medical & Dental
- Other Clinical
- Nursing & Midwifery
- Non-Clinical & Support.

Membership Engagement & Membership Strategy

The Strategy defines our membership community, outlines how we recruit, retain, engage, support, consult and involve our membership community as well as facilitating effective Member communication and engagement.

In addition, the Strategy outlines the Governor role and duties and key areas to support and develop the evolving role of Governors.

The Strategy also outlines the composition of the Council of Governors which is reviewed as and when any changes occur in relation to our public membership and our staff membership, with consideration being given to ensure that the Council of Governors shall not be so large as to be unwieldy.

The review process for the composition of our Non-Executive Directors is outlined in the Strategy and is undertaken as and when a Non-Executive Director vacancy arises to ensure that appropriate skill sets are identified prior to commencing the recruitment process. The Board of Directors work with an external organisation (recognised as an expert at appointments), to identify the skills and experience required for Non-Executive Directors.

The membership strategy is reviewed by the Governors' Membership Working Group on a regular basis to ensure that key health economy

and profile information is aligned with our Annual Forward Plans and Equality and Diversity Reports.

A copy of the Strategy is available to Members and the public via the Trust's Membership webpage www.cmft.nhs.uk/foundation-trust/membership. Alternatively, a copy can be obtained from the Foundation Trust Membership Office (contact: **0161 276 8661** or **ft.enquiries@cmft.nhs.uk**)

Membership Community

In 2014/15 we held a public membership recruitment campaign to address shortfalls in our membership profile; in particular young people aged 11-16 years and a range of ethnic groups. This was achieved via a recruitment event being held across our sites as well as key GP community venues and contacts with local community groups, in particular Arab and Gypsy or Irish Traveller.

The recruitment campaign was successfully completed in February 2015. The Trust's total public membership is now around 14,500 public members in addition to a staff membership of around 13,500. This gives an overall membership community of around 28,000. During the forthcoming year, we aim to uphold our membership community by addressing natural attrition and membership profile shortfalls.

The importance of becoming a Member was promoted via our Website, Facebook and Twitter pages, which included a statement from our Lead Governor outlining the benefits of becoming a Member. A Membership promotional video is also available via YouTube. In addition, Membership is promoted via a membership display stand which is rotated throughout the various entrances to our hospital.

Membership welcome packs are sent to all new Members including an invitation for their family or friends to become a Member. Regular membership newsletters, Foundation Focus Newsflash, and an Annual Members' Meeting invitation is circulated to Members electronically and via post in addition to being circulated to key community groups and displayed on the Trust's website. Membership promotion is a regular feature in our GP newsletters circulated to GPs across the Manchester, Trafford and Greater





Manchester areas. Membership promotional materials are also available at key patient and public areas throughout our hospitals.

The dedicated Foundation Trust section of the Trust's website is regularly updated promoting membership, the role of Governor, Elections and forthcoming membership events and people can apply online to become a Member.

Views of our Members and the public are canvassed by Governors throughout the course of the year in relation to our forward plans via the "Our Forward Plans - Tell Us Your Views" webpage and via Foundation Focus.

A key priority for the forthcoming year is 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 Trust and on hospital public transport.

Monitoring Arrangements

The Board of Directors monitor how representative our membership is and the level and effectiveness of membership engagement as part of the Annual Reporting Process.

Governors also support the Board of Directors in monitoring our membership representation via the Governors' Membership Working Group. The Working Group reports to the Council of Governors attended by the Board of Directors, with the Trust monitoring and submitting an annual Membership Profile Report to Monitor

Membership Analysis Data

Total Public Membership (31st March 2014) = 14,497 (856 members with no stated age, 589 members with no stated ethnicity and 116 members with no stated gender). Staff membership at 31st March 2014 = 13,553 this includes facilities management contract staff, and clinical academic (Manchester University) staff (see page 32 for workforce analysis data)

	Membership 2013/14	%	Membership 2014/15	%
Age				
0 – 16	731	5.2	770	5.3
17 – 21	1,238	8.7	1,125	7.8
22+	11,325	79.9	11,746	81.0
Not Stated	878	6.2	856	5.9
Ethnicity				
White	10,579	74.7	10,671	73.6
Mixed	285	2.0	362	2.5
Asian or Asian British	1,737	12.3	1,811	12.5
Black or Black British	914	6.4	916	6.3
Other	86	0.6	148	1.0
Not Stated	571	4.0	589	4.1
Gender				
Male	6,651	46.9	6,864	47.3
Female	7,449	52.6	7,517	51.9
Not Stated	72	0.5	116	0.8
Recorded Disability	2,027	14.3	1965	13.6

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.



Membership engagement

We actively engage with our Members so that their contribution and involvement is turned into tangible service benefits, therefore improving our overall experiences for patients. Membership engagement is facilitated via our strong working relationships with our Governors and by developing engagement best practice methodologies.

In 2014/15 membership engagement initiatives included:

- A Young People's Health Event. This included health information and interactive demonstrations from varying health professionals with stands promoting key health service areas (including support services), within the Trust in addition to advice on NHS careers/voluntary services. The latest event also included attendance by both our Volunteer Governor and our Youth Governor and provided an opportunity for young people to forward their views and opinions. At the event over 300 young people, Members, students, teachers, staff and staff children attended. This included groups of students from 11 schools and colleges from across Greater Manchester in addition to a group of attendees from the Young Disabled People's Forum. The event also

included a dedicated Governor Question and Answer Session in order to provide a platform for Governors to canvass the views and opinions of young Members and the public.

- An Interactive Annual Members' Meeting. The theme of the meeting was 'Working Together to Care for You' which focused on how the Trust works in partnership with health, local authority, commissioning and other organisations to deliver high quality, safe and integrated care to our patients and their families. A number of interactive health stands were provided, with the event also including a dedicated Governor Question and Answer Session to provide a platform for Members and the public to forward their views and opinions. Over 200 Members, public and staff, attended.
- Invitations sent to Members to attend our membership events:
 - Including personalised invitations sent via e-mail and post
 - Event information also circulated to seldom heard groups.





- Invitations sent to Members to become involved in the Trust's Patient Led Assessment of the Care Environment (PLACE) Assessments.
- A series of Chairman/Staff Governor Engagement Sessions were held to encourage staff members to forward their views and suggestions. Detailed action plans were produced to improve service provision for our patients.
- A Governor bulletin is produced and circulated to all staff Members which highlights membership and Governor information. In addition, an overview of the key Governor meetings that have taken place is provided including associated Governor involvement workstreams. Electronic copies of past Governor bulletins are available on the Trust's intranet site.
- Governor attendance (youth and adults) at the Trust's 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 including the circulation of membership promotional materials to seldom heard groups.
- A Membership Engagement Communication Plan has been developed with initiatives being implemented over the course of the forthcoming year.
- Public and Members are also encouraged to contact our Governors with their views and suggestions via our "Meet the Governors" webpage in addition to contact information being promoted in our membership newsletter Foundation Focus Newsflash. In addition, views and opinions are welcomed by Governors during their attendance at key Membership and Trust Events including the Annual Members' Meeting and Young People's Event.
- Members in Action and Governors in Action features are included in Foundation Focus Newsflash.
- Members' and public views are canvassed by Governors (including Annual Forward Plan objectives, priorities and strategy) via direct face-to-face meetings and attendance at local Public/Patient events. In addition Members' and public views are encouraged via the Trust's Membership and Governors webpages and newsletters, with responses received via Governors' interactions and via e-mails (including from the dedicated Foundation Trust Enquiries e-mail account) being forwarded to the Board of Directors.
- All new public and staff Members are sent one of three personalised membership welcome packs:
 - Public (Adult - 18+ years)
 - Children & Young People's (11 – 17 years)
 - Staff Welcome Pack.
- Completed Membership Involvement Forms – Members' interests are recorded with a "thank you" letter sent to the Member (or parent/guardian for young Members). Contact is made as and when relevant involvement opportunities occur e.g. personal invitation to Member Events, consultation information, Governor election details etc.

Membership Involvement Opportunities

The table below outlines the involvement opportunities that members are encouraged to participate in:

Membership Engagement – Involvement Opportunities			
Involvement Opportunity	Children & Young Public Members (11 – 17 years)	Adult Public Members (18+ years)	Staff Members
Participating in Surveys	✓	✓	✓
Attending Member Events/Meetings	✓	✓	✓
Attending Open Days/Health Promotional Events	✓	✓	✓
Recruiting New Members	✓	✓	✓
Fundraising Activities	✓	✓	✓
Participate in Consultation on Trust Plans	✓	✓	✓
Find out more about the work of the Trust	✓	✓	✓
Standing for Election as a Governor	✓ (If aged 16+ years)	✓	✓
Join the Trust's Volunteer Services	✓ (If aged 16+ years)	✓	N/A
Become a Member of the Trust's Youth Forum Meetings	✓	N/A	N/A
Attending Chairman/Staff Governor Engagement Sessions	N/A	N/A	✓

Membership engagement will continue to be our key priority over the forthcoming year, with Governor-driven suggestions and actions being encouraged to further enhance and develop Governor/Membership Engagement initiatives over the coming year.

We are confident that 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 can ensure as many people as possible have the opportunity to contribute and be involved in the development of our services that mirror our patients' needs.

Monitoring Arrangements

We are committed to supporting Governors in canvassing the views and opinions of our Members and the public with membership and public engagement initiatives being developed and monitored via the Governors' Membership Working Group in conjunction with the Council of Governors. The involvement interests indicated by Members and attendance at key membership events are utilised to gauge levels of engagement.





Board of Directors engagement with Governors

The Chair ensures that the views of Governors and Members are communicated to the Board as a whole. The interaction between the Board of Directors and the Council of Governors is seen primarily as being one of a constructive partnership seeking to work effectively together in their respective roles. The Council of Governors adopts a policy to proactively engage with the Board of Directors in those circumstances when they have concerns. The Council of Governors is encouraged to ensure its interaction and relationship with the Board of Directors is appropriate and effective, with the Trust's Constitution outlining the process to resolve any disagreements between the Council of Governors and Board of Directors. The Council of Governors would only exercise its power to remove the Chairperson or any other Non-Executive Director after exhausting all means of engagement with the Board.

The Board of Directors engages with Governors on a regular basis in order to understand and obtain both Governors' and Members' views and respond to any concerns.

All Executive and Non-Executive Directors attend Council of Governors' Meetings at which Governors have the opportunity to directly forward the views of Members and the public to Directors and seek assurances about any concerns or issues that may arise.

At the quarterly Governor 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. Governors have been involved in providing feedback on the Trust's Board Performance reporting process to ensure that the right level of information is available to ensure accurate decision-making.

A Non-Executive Director is a member of each Governor Working Group which provides a forum for the views of Governors and Members to be considered which, in turn, are conveyed to the Board of Directors. Non-Executive Directors and supporting Directors support the progress of initiatives in relation to each Group's programme of work. Trust Officers also attend each Governor Working Group (relevant to



each Group's programme of work) in order to provide Governors with high quality information, appropriate to their respective functions and relevant to the decisions that they have to make.

In addition, at each Governor Working Group Meeting the assigned Non-Executive Director provides a Board Update to further support Governors in forwarding Board of Directors' assurance to Members and the public in relation to the Trust's Performance, Services and Plans.

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 and patient experience information. Governors are able to raise any concerns or issues and offer their views and suggestions for consideration.

Governors play a key role in the Annual Forward Planning Workshop led by the Executive Director of Strategic Development which Non-Executive Directors also attend. In addition, Governors are also encouraged to identify and prioritise quality indicators/priorities as part of the Annual Forward Planning process and from the suggestions

made, a local quality indicator is agreed for the forthcoming year. A strong engagement with Governors is demonstrated as Governors' views and opinions are discussed.

Governors are encouraged to attend Board of Directors' Meetings (open to the public) to directly observe Non-Executive Directors' scrutiny, challenge and support of Executive Directors, with agendas and minutes being circulated to Governors in preparation of each meeting. Governors are also signposted to associated meeting papers in order to receive and consider appropriate information required to enable them to discharge their duties.

Governor Trust Board Update Meetings have also been established and are led by the Chairman to provide detailed updates in relation to the key matters being considered/progressed by the Board of Directors. From this information, Governors are encouraged to forward assurance to Members and the public in relation to the Trust's Performance, Services and Plans.





Board of Directors' Profiles

Steve Mycio, Chairman

(Appointed January 2015)

Qualified as a Fellow of the Chartered Institute of Housing.

- Interim Chief Executive, Office of the Police Commissioner, Greater Manchester.
- 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.
- Board member of Manchester United Foundation Charity.
- Board member of Manchester Credit Union.
- Deputy Chair of Governors at Manchester Health Academy.

Peter W Mount CBE, Chairman

(retired December 2014)

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).
- 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.

Sir Mike Deegan CBE, 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.

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.
- Provides professional leadership to nurses and midwives across the Trust.

Robert Pearson, Executive Medical Director

(Appointed April 2006)

BSc, MB ChB (Hons) MD FRCS. Trained in Manchester, London and Nottingham.

- Responsible Officer for CMFT.
- Appointed Consultant Surgeon MRI 1990.
- 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.

- Previously Chair of the NHS National Technology Adoption Hub Stakeholder Board.
- Member of Executive Management Team, Manchester Academic Health Science Centre (MAHSC).
- MAHSC representative on Greater Manchester AHSN (Academic Health Science Network) Strategic Board.

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.

Margot Johnson, Executive Director of Human and Corporate Resources
(Appointed May 2013)

Worked in the NHS for over 30 years, mostly within Human Resources. Is a fellow of the CIPD and is a firm advocate of CPD ensuring she has clear annual learning objectives. Holds a Masters in Strategic HRM and is a qualified coach.

- First started work in Finance but after three years took the opportunity to transfer into Human Resources. Has worked across all sectors of the NHS but mostly in the Acute hospital environment.
- During career she worked in generalist HR roles and has also specialised in Workforce Planning, Organisational Development and Medical Staffing and as part of a team responsible for developing a privately financed NHS hospital, from business case through to opening.
- Has also spent a short period working in general management and took a secondment to work as part of a multiagency inquiry team, working alongside the police, social services and education.

- Previously a HR Director in a teaching hospital for 10 years, having recently moved to Central Manchester to take up the position of Director of Human and Corporate Services, which in addition to HR covers legal services, communications and corporate governance.

Julia Bridgewater, Chief Operating Officer
(Appointed September 2013)

- Joined NHS Graduate Training Scheme in 1984 after completing a degree in Theology at The University of Manchester. She has spent the majority of her career in the acute sector in the West Midlands, in various roles, including managing Surgery, Orthopaedics, Business Planning and Service Development.
- Appointed Chief Executive of the University Hospital of North Staffordshire NHS Trust (UHNS) in 2007 where she guided the hospital through a period of turnaround. UHNS was successful in having approved a £400 million PFI Scheme in May 2007 and services were transferred to the single site development in 2012.
- Lead Shropshire Community Trust for a period of six months before joining Central Manchester University Hospitals NHS Foundation Trust in September 2013.

Anthony Leon, Non-Executive Director
(Appointed April 2001)

A Chartered Accountant who was Managing Partner of the Manchester practice of Binder Hamlyn for 15 years.

- 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.





Professor Rod Coombs, Non-Executive Director

(Appointed 2007)

Deputy President and Deputy Vice Chancellor, The University of Manchester. BSc in Physics, and MSc and PhD degrees in the economics of innovation and technical change.

- After a short period at the beginning of his career working in laboratory research, he switched to social science. Worked for over 25 years on analysing the role of technical change in the economy; the management of R&D and innovation processes in large companies; and the role of government policy in promoting innovation in the economy.
- In 1993 became the first Professor of Technology Management at UMIST. During that period he initiated and ran several large collaborative research programmes, and also worked as a consultant to a number of large research-intensive companies, as well as advising national and European government agencies.
- In 2002 he became a Pro-Vice-Chancellor of UMIST, and was heavily involved in the project to merge UMIST with the former Victoria University of Manchester to create a new University of Manchester (which legally came into existence in October 2004).
- In 2004 he was appointed as one of the Vice-Presidents of Manchester University and had responsibility for various aspects of Knowledge Transfer, Research and External Relationships.
- In August 2010 he became Deputy President and Deputy Vice Chancellor of Manchester University.

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).

- Member of the Board of Governors at 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

Lady Rhona Bradley, Non-Executive Director

(Appointed November 2008)

Qualified Social Worker, MA, BA (Hons).

- Chief Executive of a leading North West third sector organisation and charity
- Previously worked for what is now the Care Quality Commission (CQC) as a Service Inspector, conducting statutory inspections of Youth Offending Teams and Local Authority Children's Services.
- 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

Kathy Cowell OBE, 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.

- 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
- Keen interest in local communities with past roles including: chair of the Queen's Award for Voluntary Service, 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.
- Held several Non Executive roles in Health, in both the provider and commissioner roles.

John Amaechi OBE, Non-Executive Director

(appointed March 2015)

Psychologist and former professional basketball player.

- Works extensively with both public and private sector companies throughout the UK, Europe and USA as an executive coach. His specialist field is organisational change, particularly in the areas of motivation, engagement and leadership.
- Global ambassador for Amnesty International
- Member of the Greater Manchester Police and Crime Commissioner Ethics Committee
- Held a number of high profile positions including Non-Executive Director of the Inclusion Board of the 2012 Olympic Games in London.
- Involved with NHS leadership North and South West and the NHS Inclusive Leadership masterclass programme.

Anil Ruia OBE, Non-Executive Director

(appointed March 2015)

Anil is a director of a Manchester textile firm and Chairman of a tea company in India.

- Chair of the Governing Body of The University of Manchester
- Board member of the Higher Education Funding Council
- Previously was High Sheriff of Greater Manchester 2010-2011
- He has many external interests which involve supporting local community, business, educational and charitable organisations.
- Previously Chair of the Arts Council North West and a Board member of the Arts Council England. Board member of the North West Development Agency and the North West Cultural Consortium, a Trustee of National Museums Liverpool. Also a Governor of Manchester Grammar School and a Non-Executive Director at Granada Television.





Attendance at Board Meetings

	May 14	Jul 14	Sept 14	Nov 14	Jan 15	Mar 15
Peter Mount Chairman (retired December 2014)	✓	✓	✓	✓		
Mike Deegan Chief Executive	✓	✓	✓	✓	✓	✓
Robert Pearson Medical Director	X	✓	✓	✓	✓	✓
Gill Heaton Executive Director of Patient Services/Chief Nurse	✓	✓	✓	✓	✓	✓
Margot Johnson Executive Director of Human & Corporate Resources	✓	✓	✓	✓	✓	✓
Adrian Roberts Executive Director of Finance	X	✓	✓	X	✓	✓
Julia Bridgewater Chief Operating Officer	✓	✓	✓	✓	✓	✓
Anthony Leon Non-Executive Director and Deputy Chairman	✓	✓	✓	✓	✓	X
Brenda Smith Non-Executive Director and Senior Independent Director	✓	✓	✓	X	✓	✓
Professor Rod Coombs Non-Executive Director	✓	✓	✓	✓	✓	✓
Rhona Bradley Non-Executive Director	✓	✓	✓	✓	✓	✓
Steve Mycio Non-Executive Director (Became Chairman January 2015)	✓	✓	✓	✓	✓	✓
Kathy Cowell Non-Executive Director	✓	X	X	✓	✓	✓

Register of Interests

Steve Mycio, Chairman:

Directorships: Manchester United Foundation Trust.

Mike Deegan, Chief Executive:

Trustee, Nuffield Trust.

Professor Rod Coombs, Non-Executive Director:

Associate Vice-President, 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, University of Manchester; Member of North West Business Finance Investment Advisory Panel; Director of Smithbiz Associates; Media Advisory Services to Private Equity and Corporate Finance.

Lady Rhona Bradley, Non-Executive Director:

Chief Executive, ADS(Addiction Dependency Solutions); Deputy Lieutenant for Greater Manchester; Member of the Labour Party.

Kathy Cowell, Non-Executive Director:

Chair of Your Housing Group; Deputy Chair Cheshire Young Carers; Board member of Cheshire Community Foundation; Deputy Lieutenant for Cheshire; Trustee of Active Cheshire.

John Amaechi:

Managing Director Amaechi Performance Systems; Non-Executive Director KPMG UK LLP Inclusive Leadership Board (ILB); Member Greater Manchester Police & Crime Commissioner Ethics Committee, Manchester; On-Air Talent BBC; Senior Fellow Applied Centre for Emotional Literacy Learning and Research (ACELLR) USA; Speaker, International Conferences & Events; Visiting Lecturer Media Psychology University of Salford; Member European Mentoring & Coaching Council; Member BPS Division of Occupational Psychology; Member BPS Psychological Testing Centre (PTS); Member BPS Register of 'Media-Friendly Psychologists'; Member, American Psychological Association.

Anil Ruia,

Chair Botraco Limited; Board Member HEFCE; Director Warren (Tea) Holdings Ltd; Director ABC Textiles Ltd; Director Parimbrook Ltd; Director Abacus Estates Ltd; Director James Warren Tea Ltd; Director Botraco Holdings; Council Member The Manchester Chamber of Commerce and Industry; Governor & Chair, The University of Manchester.

Julia Bridgewater, Chief Operating Officer:

Foundation Director of Multi Academy, All Saints Catholic Collegiate.

Robert Pearson, Medical Director:

Strategic Board, Greater Manchester Academic Health Science Network.

Adrian Roberts, Executive Director of Finance:

Director of Manchester Health Ventures – wholly owned subsidiary of CMFT; CMFT nominated Director for Manchester Science Partnerships.

Margot Johnson, Executive Director of Human and Corporate Resources:

Sponsor Governor and Trust Board member of Manchester Health Academy.

No interests to declare: Gill Heaton, Executive Director of Patient Services/Chief Nurse; Executive Director of Strategic Development.

Communicating with the Board of Directors

Directors can be contacted via the Director of Corporate Services/Trust Secretary by email trust.secretary@cmft.nhs.uk or telephone **0161 2766262**.





Remuneration Report

Name and Title	2014-15					
	A Salary (Bands of £5,000) £000	B Taxable Benefits in Kind (Rounded to Nearest £100) £	C Annual Performance-Related Bonuses (Bands of £5,000) £000	D Long-Term Performance-Related Bonuses (Bands of £5,000) £000	E All Pension-Related Benefits (Bands of £2,500) £000	F Total (Bands of £5,000) £000
P Mount, Chairman (to 31st December 2014)	45-50					45-50
S Mycio, Chairman (from 1st January 2015)	15-20					15-20
R Bradley, Non-Executive Director	15-20					15-20
R Coombs, Non-Executive Director	15-20					15-20
K Cowell, Non-Executive Director	15-20					15-20
A Leon, Non-Executive Director	15-20					15-20
S Mycio, Non-Executive Director (to 31st December 2014)	10-15					10-15
B Smith, Non-Executive Director	15-20					15-20
J Amaechi, Non-Executive Director (from 16th March 2015)	0-5					0-5
A Ruia, Non-Executive Director (from 16th March 2015)	0-5					0-5
M Deegan, Chief Executive	215-220				52.5-55	265-270
R Pearson, Medical Director	225-230					225-230
G Heaton, Executive Director of Patient Services/Chief Nurse	160-165				80-82.5	240-245
J Bridgewater, Chief Operating Officer (from 23rd September 2013)	175-180				40-42.5	215-220
A Roberts, Executive Director of Finance	155-160				12.5-15	165-170
M Johnson, Executive Director of Human & Corporate Resources (from 1st May 2013)	135-140				30-32.5	165-170
D Welsh, Executive Director of Human & Corporate Resources (to 31st August 2013)						
Highest Paid Director's Salary						227,500
Median Total Remuneration						28,181
Remuneration Ratio						8.1

*The Trust has not been able to obtain information as to M Johnson's Pension Benefits as they stood at March 31st, 2013.

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The salaried remuneration of the highest paid director in Central Manchester University Hospitals NHS Foundation Trust in the financial year 2014/15 was £227,500 (2013/14 £215,000). This was 8.1 times (2013/14 7.8 times) the median remuneration of the workforce, which was £28,181 (2013/14 £27,901).

In 2014/15 no (2012/13 nil) employees received remuneration in excess of the highest paid Director. Total remuneration

Name and Title	2013-14					
	A	B	C	D	E	F
	Salary (Bands of £5,000) £000	Taxable Benefits in Kind (Rounded to Nearest £100) £	Annual Performance-Related Bonuses (Bands of £5,000) £000	Long-Term Performance-Related Bonuses (Bands of £5,000) £000	All Pension-Related Benefits (Bands of £2,500) £000	Total (Bands of £5,000) £000
P Mount, Chairman (to 31st December 2014)	60-65					60-65
S Mycio, Chairman (from 1st January 2015)	15-20					
R Bradley, Non-Executive Director	15-20					15-20
R Coombs, Non-Executive Director	15-20					15-20
K Cowell, Non-Executive Director	15-20					15-20
A Leon, Non-Executive Director	15-20					15-20
S Mycio, Non-Executive Director (to 31st December 2014)	15-20					15-20
B Smith, Non-Executive Director	15-20					15-20
J Amaechi, Non-Executive Director (from 16th March 2015)						
A Ruia, Non-Executive Director (from 16th March 2015)						
M Deegan, Chief Executive	215-220				50-52.5	265-270
R Pearson, Medical Director	210-215					210-215
G Heaton, Executive Director of Patient Services/Chief Nurse	160-165				52.5-55	215-220
J Bridgewater, Chief Operating Officer (from 23rd September 2013)	90-95				65-67.5	155-160
A Roberts, Executive Director of Finance	155-160				42.5-45	195-200
M Johnson, Executive Director of Human & Corporate Resources (from 1st May 2013)	120-125				Not Known*	Not Known*
D Welsh, Executive Director of Human & Corporate Resources (to 31st August 2013)	50-55					50-55
Highest Paid Director's Salary	215,000					
Median Total Remuneration	27,901					
Remuneration Ratio	7.8					

includes salary, non-consolidated performance-related pay, benefits-in-kind, and any severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

During 2014/15 P Mount, Chairman, retired and was replaced by S Mycio, previously a Non Executive Director, effective from the 1st January 2015. The remuneration stated for S Mycio only reflects the first 3 months of his appointment as

Chairman, annual remuneration for this position would be within the banding £60K - £65K.

Two new Non Executive Directors, J Amaechi and A Ruia, were appointed on the 16th March 2015, remuneration reported only reflects their term of office up to 31st March 2015 a full years remuneration would show these two office within the banding £15K to £20K.





Pension benefits

Name and Title	Real Increase / (Decrease) in Pension at Age 60 (Bands of £2,500) £000	Real Increase / (Decrease) in Pension Lump Sum at Age 60 (Bands of £2,500) £000	Total Accrued Pension at Age 60 at 31 March 2015 (Bands of £5,000) £000	Lump Sum at Age 60 Related to Accrued Pension at 31 March 2015 (Bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2015 £000	Cash Equivalent Transfer Value at 31 March 2014 £000	Real Increase in Cash Equivalent Transfer Value £000
M Deegan, Chief Executive	0 to 2.5	5.0 to 7.5	45 to 50	145 to 150	928	836	69
G Heaton, Executive Director of Patient Services/Chief Nurse	2.5 to 5.0	7.5 to 10	60 to 65	180 to 185	1,320	1,184	104
J Bridgewater, Chief Operating Officer (from 23rd September 2013)	0 to 2.5	2.5 to 5.0	60 to 65	190 to 195	1,206	1,120	56
A Roberts, Executive Director of Finance	0 to 2.5	0 to 2.5	50 to 55	160 to 165	1,014	960	28
M Johnson, Executive Director of Human & Corporate Resources (from 3rd July 2013)	0 to 2.5	0 to 2.5	50 to 55	160 to 165	986	921	41

* The Trust has not been able to obtain information as to M Johnson's Pension Benefits as they stood at March 31st, 2013.

The above table gives Pension Benefits accruing from the NHS Pension Scheme up to 31 March 2015 - note that as Non-Executive Directors do not receive pensionable remuneration, there are no entries in respect of Pensions for these Directors.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the Pension Scheme benefits accrued by a Scheme 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 and this Group, 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.

Expenses

Directors

The total number of Directors in office during 2014/15 was 17 (2013/14 - 14 Directors).

The number of Directors receiving expenses in 2014/15 was 7 (2013/14 - 7).

The total expenses paid to Directors in 2014/15 was £6,981 (2013/14 - £7,600).

Governors

The total number of Governors in office during 2014/15 was 43 (2013/14 - 44 Governors).

The number of Governors receiving expenses in 2014/15 was 4 (2013/14 - 4).

The total expenses paid to Governors in 2014/15 was £678 (2013/14 - £500).



EAP Extension

- Gilead and BMS have agreed to allow retreatment with 24 weeks of free therapy
- Sofosbuvir + original NSSA
- We will collect data on these patients



NIHR
National Institute for Health Research
MRC
Medical Research Council



Off pay-roll engagements

For all off-payroll engagements as of 31 March 2015, for more than £220 per day and that last for longer than six months

No. of existing engagements as of 31 March 2015	7
Of which	
No. that have existed for less than one year at a time of reporting	0
No. that have existed for between one and two years at time of reporting	1
No. that have existed for between two and three years at time of reporting	1
No. that have existed for between three and four years at time of reporting	3
No. that have existed for four or more years at time of reporting	2

For all new off-payroll engagements or those that reach six months in duration between 1st April 2014 and 31st March 2015 for more than £220 per day and that last for longer than six months

No. of new engagements or those that reached six months in duration between 1 April 2014 and 31 March 2015	1
No. of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and National Insurance obligations	1
No. of who assurance has been requested	1
Of which...	
No. for who assurance has been received	1
No. for whom assurance has not been received	0
No. that have been terminated as a result of assurance not being received	0

For any off payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2014 and 31 March 2015

No. of off-payroll engagements of board members and/or senior officials with significant financial responsibility, during the financial year.	0
No. of individuals that have been deemed "board members and/or senior officials within significant financial responsibility during the financial year. This figure should include both off-payroll and on-payroll engagements.	0

The Trust seeks assurance in respect of tax arrangements of individuals engaged in off-payroll and the information is recorded centrally. No individuals with significant financial responsibility will be engaged off payroll.

Statement of Compliance with NHS Foundation Trust Code of Governance

Central Manchester University Hospitals NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The Board of Directors and the Council of Governors are committed to continuing to operate according to the highest corporate governance standards.

In order to do this, the **Board of Directors:**

- meets formally on a bi-monthly 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.
- regularly reviews the performance of the Trust against regulatory and contractual obligations and approved plans and objectives. Relevant metrics, measures and accountabilities have been developed in order to assess progress and delivery of performance.
- has a balance of skills, independence, balance and completeness that is appropriate to the requirements of the Trust.

All Directors have a 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.

Non-Executive Directors are appointed for a term of three years by the Council of Governors. The Council of Governors can appoint or remove the Chairman or the Non-Executive Directors at a general meeting. Removal of the Chairman or another Non-Executive Director requires the approval of three-quarters of the members of the Council of Governors.

The Chairman ensures that the Board of Directors and the Council of Governors work together effectively and that Directors and Governors receive 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.

- acts in the best interests of the Trust and adheres to its values and code of conduct.
- holds the Board of Directors to account for the performance of the Trust and receives appropriate assurance and risk reports on a regular 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.
- meets on a regular basis so that it can discharge its duties, and the Governors have elected a Lead Governor. The Lead Governor's main function is to act as a point of contact with Monitor, our independent regulator.

The Directors and Governors continually update their skills, knowledge and familiarity with the Trust and its obligations, to fulfil their role on various 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.

More information about how the Board of Directors and the Council of Governors operate and take decisions can be found on page 164.





Annual Audit Committee Report

Purpose of the Report

This annual report 2014/15 has been prepared for the attention of the Board of Directors and reviews the work and performance of the Audit Committee during 2014/15 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 Risk Assessment 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 2014/15 comprised:

Mr Anthony Leon -	Deputy Chairman of the Board and Chair of the Audit Committee
Mr John Amaechi -	Non-Executive Director (from 16/03/15)
Lady Rhona Bradley -	Non-Executive Director
Prof Rod Coombs -	Non-Executive Director
Mrs Kathy Cowell -	Non-Executive Director
Mr Steve Mycio -	Non-Executive Director (up to 31/12/14)
Mrs Brenda Smith -	Non-Executive Director
Mr Anil Ruia -	Non-Executive Director (from 16/03/15)

Compliance with the Terms of Reference

The Audit Committee met five times during 2014/15.

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 February 2015.

The Director of Operational Finance, Chief Accountant, Director of Corporate Services, Head of Internal Audit and Internal Audit Manager, representatives of External Audit and the Anti-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 November 2013 and will be re-reviewed in September 2015.

Attendance

Date	Anthony Leon	Rod Coombs	Rhona Bradley	Brenda Smith	Steve Mycio	Kathy Cowell	John Amaechi	Anil Ruia
02/04/14	✓	✓	✓	X	X	X	N/A	N/A
27/05/14	✓	X	✓	✓	X	✓	N/A	N/A
03/09/14	✓	X	✓	✓	✓	✓	N/A	N/A
05/11/14	✓	✓	✓	✓	X	✓	N/A	N/A
13/02/15	✓	✓	✓	✓	N/A	✓	✓	N/A

Audit provision

Internal Audit has been provided by Mersey Internal Audit Agency (MIAA).

External Audit has been provided by Deloitte LLP. The Council of Governors at its meeting in October 2014 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 2014/15
- Consideration of reports from the following Board Committees:
 - The Risk Management Committee
 - The Clinical Effectiveness Committee
 - Finance Scrutiny Committee
 - Clinical Effectiveness Scrutiny Committee
- External Audit progress reports
- Internal Audit progress reports
- Anti-fraud reports
- Losses and compensations reports
- Tenders waived reports.

Work and performance of the Committee during 2014/15

Work Programme 2014/15

The Audit Committee has largely adhered to the Work Programme agreed in April 2014. All reports scheduled for each Committee meeting have been received on time.

Reports from Board Committees

The Audit Committee has continued to focus its attention throughout the year on the Trust Risk Management Committee and Board Scrutiny Committee reports. Non-Executive Directors are invited to attend the Risk Management, Scrutiny Committees, 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, in particular the 'Run Rate' and Trading Gap challenges facing several divisions within the organisation.





External Audit

The 2013/14 accounts were audited by Deloitte LLP and the findings presented to the Audit Committee in May 2014. An unqualified opinion on the accounts was given.

The Chairman of the Audit Committee and Non Executive Directors had met earlier with the Executive Director of Finance and the Director of Operational Finance to discuss and interrogate the 2013/14 accounts. External Audit commented on the additional assurance this had given the process.

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 2013 to 31st March 2014.

The Council of Governors subsequently received the report on the accounts from the Independent Auditor in July 2014.

Deloitte LLP provided regular progress reports to the Audit Committee throughout the year. In addition regular updates were provided on:

- Monitor “Well-Led” Framework and Reviews
- 2013/14 Foundation Trust Performance – Year to 31 March 2014
- The 2014/15 Compliance Framework

- Monitor’s Enforcement Guidance
- Monitor consultation on the 2014/15 Annual Reporting Manual (ARM)
- Whistleblowing Procedures
- “False or Misleading Information” Offence
- NHS Procurement Development Programme
- Improving the quality of costing in the NHS – PbR
- 2014/15 Annual Reporting Manual changes.

The Director of Operational Finance and the Deloitte Director led a review of the annual accounts process to acknowledge the achievements of both the audit and finance teams and identify lessons learned to inform the 2014/15 process.

The Audit Committee received the ‘External Audit Plan 2014/15’ at its meeting in November 2014. The Committee considered the significant risks to the financial statements audit identified by the External Auditor. These were:

1. Recognition of NHS revenue
2. Management of override of controls
3. Financial stability
4. Valuation of property.

The Committee discussed and recognised the significant risks to the financial statements audit as raised by the External Auditor.



Internal Audit

The Audit Committee received the draft Internal Audit plan for 2015/16 and draft Anti-Fraud Work Plan for 2015/16 in April 2015. The plans provide 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 2014/15 was presented to the Audit Committee in April 2015 and an overall 'Significant Assurance' was given on the adequacy of the system of internal control.**

The following Internal Audit Reports have been received by the Audit Committee throughout the year.

Report	Issued	Assurance Rating
Activity Waiting Lists	April 2014	Limited
Appraisals	April 2014	Significant
Contracting Review	April 2014	Significant
Divisional Governance Review - Surgery	April 2014	Significant
Patient Experience	April 2014	Significant
CQUIN Review	April 2014	Significant
Assurance Framework Opinion	April 2014	Reasonable Assurance - Met
Information Governance	April 2014	Limited
ESR (electronic staff records)	September 2014	Significant
Combined Financial Systems Treasury Management	September 2014	Significant
Combined Financial Systems Stock Management	September 2014	Significant
2014/15 Serious Untoward Incidents	September 2014	Significant
Information Governance - FU	September 2014	Significant
IT Asset Management Review	November 2014	Limited
Reference Costs – Advisory Assignment	N/A	N/A
E-Rostering	February 2015	Limited
Combined Financial Systems: <ul style="list-style-type: none"> • Accounts Payable • Accounts Receivable • Cash & Bank 	February 2015	Significant
Business Continuity	February 2015	Significant
Patient Records	February 2015	Significant

The Audit Committee received the status on implementing Internal Audit Recommendations at each meeting. This year the Audit Committee focussed again 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 and significant issues considered

The Committee focused on audit reports which had received a limited assurance and where the risk profile represented significant issues for the Trust, and where appropriate requested the presence of key individuals to present their action plans to fulfil the recommendations. In particular presentations and reports were received on:

- IT Infrastructure at Trafford
- Lessons Learned - Due Diligence (Trafford Acquisition)
- Clinical Audit Assurance
- Establishment Control within the General Ledger & ESR System
- RTT & Waiting List Management on the main MRI site
- 2014/15 Specialised Commissioning arrangements
- Asset Tracking and Disposal Limitations
- Incomplete Software Management Processes.

During the course of the year, Internal Audit have undertaken follow-up reviews and reported the outcome to the Audit Committee in respect of:

- Bereavement Services
- Incident Reporting
- Procurement, Tenders / Waivers
- Charitable Funds
- Financial Systems
- Activity Waiting Lists
- Appraisals
- Contracting PbR
- Patient Experience
- CQUINS
- ESR Payroll
- Information Governance
- IT Asset Management
- Business Continuity
- Serious Incidents
- Divisional Review: Surgery

A total of 64 recommendations have been actioned out of 77. Of the actions in progress/ outstanding there are none rated as critical and two rated as high. The two actions rated as high are being actively progressed by the Trust and are close to completion. We will continue to track and follow up all outstanding actions.

A survey will be undertaken early in 2015/16 to obtain feedback from staff with whom Internal Audit has engaged throughout the 2014/15 financial year, the outputs of which will be reported to the Audit Committee in 2015/16.

Anti-Fraud

The anti-fraud service to the Trust was provided by Mersey Internal Audit Agency who had been appointed from April 2013 and a nominated anti-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 April 2014. Areas which continued to be covered during 2014/15 included:

- Inform & Involve – Fraud Awareness
- Prevent & Deter – NHS Protect Bulletins/ Guidance
- Prevent & Deter – Follow Up Reviews
- Prevent & Deter – NHS Protect Procurement
- Hold to Account – Procurement Detection Review
- Hold to Account – NHS Professionals Detection Review
- Hold to Account - Investigations

An anti-fraud annual report was presented to the Audit Committee in April 2014 and provided a summary of the anti-fraud work undertaken based upon the annual work plan.

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.

Additional analysis by Division was included on payments for the loss of dentures, glasses and hearing aids, recognising the particular impact these losses have on patient experience.

Throughout the year bad debts and claims abandoned accounted for the biggest proportion of losses reported to the Committee.

Tenders waived

A summary of all tenders waived was presented at each Audit Committee meeting. In addition, the number of quotation waivers was reported.

All waivers were in accordance with the Trust's Standing Financial Instructions.

Other Reports

The Audit Committee received further information on the following:

The Audit Committee received the Annual Report and the Quality Report for the Trust in May 2014.

The Audit Committee received the Annual Governance Statement 1st April 2013 to March 2014, in May 2014.

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 an update on the 2014/15 annual accounts process and approved a change to the accounting policies in respect of group assets.

Priorities for 2015

The Audit Committee will review the arrangements to be put in place/developed in relation to:

- Compliance with Foundation Trust authorisation/licence
- Care Quality Commission and compliance
- 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

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 2015/16. 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 2015/16 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
CMFT Audit Committee

April 2015





The Remuneration and Nominations Committee Report

The Central Manchester University Hospitals NHS Foundation Trust's Remuneration Report describes how the Trust applies the principles of good corporate governance in relation to Directors' remuneration, as required by the Companies Act 2006, Regulation 11 and Schedule 8 of the Large and Medium-Sized Companies and Groups (Accounts and Reports) Regulations 2008 and elements of the NHS Foundation Trust Code of Governance.

The Trust's underlying principle in respect of Directors' remuneration is to ensure that individuals are appropriately rewarded relative to their responsibility, breadth of portfolio and performance. This principle must be applied consistently and fairly in line with best practice and equality requirements. Only in this way will the Trust be able to attract, retain and motivate high calibre senior managers who can perform to the highest levels of expectations in order to ensure it maintains its excellent standards of clinical outcomes and patient care, functions efficiently and is well positioned to deliver the business strategy.

The recruitment market is competitive for high quality candidates and therefore the Trust must ensure that compensation packages, and any associated benefits, are attractive but, at the same time, must also be flexible enough to accommodate the differing experience levels of candidates, and take into account other variables which may impact on the ability of the Trust to attract and retain suitable staff.

As a fundamental principle, however, the Trust must compare and benchmark itself against other comparable NHS Foundation Trusts (the Shelford Group of FTs), or, where necessary, other professional groups.

Directors of the Trust are employed on a permanent contract basis, all of which commenced prior to financial year 2014/15. Required notice periods are 12 weeks except the Chief Executive whose notice period stands at six months.

Performance of the Executive Directors is assessed and managed through regular appraisal against predetermined objectives along with monthly 1:1's with the CEO. Similarly, the Chairman holds monthly 1:1's with the CEO. Any deficit in performance is identified during these regular meetings. Serious performance issues are managed via the organisational performance capability management policy.

No performance payment element has been paid to any member of the Trust's Executive Directors. Equally, there have been no payments to both Executive and Non-Executive Directors for loss of office. Should this be the case, any payments would be contractual e.g. agreed notice periods. Anything beyond this would be subject to the specific circumstances for that individual Director and would be approved by Monitor in advance.

Remuneration Committee (of the Board of Directors)

The Remuneration Committee is a subcommittee of the Trust Board of Directors chaired by Mr Peter W Mount (Trust Chairman up to December 2014) and Mr Steve Mycio (Trust Chairman from January 2015) with membership comprising Mr Anthony Leon (Deputy Chairman), Mrs Brenda Smith (Independent Non-Executive Director) and Non-Executive Directors Mrs Kathy Cowell, Lady Rhona Bradley, Professor Rod Coombs, Mr John Amaechi (from 16th March 2015) and Mr Anil Ruia (from 16th March 2015).

The Committee's main purpose is to set rates of remuneration, terms and conditions of service for the Chief Executive, Executive Directors and Directors, i.e. those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Trust.

The Chief Executive, Sir Michael Deegan, and, the Executive Director of Human & Corporate Resources, Mrs Margot Johnson, are also in attendance to provide information on Directors' performance and a review of general pay and reward intelligence including comparative data on Directors' salaries and NHS guidance on pay and terms and conditions, as requested. Individuals do not participate in any discussion relating to their own remuneration.

The Committee met once during financial year 2014/15. Attendance at the meeting held on 14th July 2014 included:

- Mr Peter W Mount – Chairman
- Lady Rhona Bradley – Non-Executive Director
- Professor Rod Coombs – Non-Executive Director
- Mr Anthony Leon – Non-Executive Director
- Mr Steve Mycio – Non-Executive Director
- Mrs Brenda Smith – Non-Executive Director
- Sir Michael Deegan – Chief Executive
- Mrs Margot Johnson – Executive Director of Human & Corporate Resources.

The Committee noted that in 2013/14, Executive Directors received a 1% pay uplift in line with all other NHS staff. This was the first pay increase for this group since 2009 when the Trust became a Foundation Trust. However, in reviewing salary levels during the year, and taking into consideration the prevailing financial challenges facing the NHS and using the evidence gained from the updated comparator information, the Committee took the view that there would be no adjustments (uplifts) made to the Executive Directors in 2014/15. Additionally, the Committee considered those staff reporting to Executive Directors who were placed into local pay in September 2013. It was noted that most of these staff were placed onto a spot point between the maximum of the Band 9 pay scale and £120k. A small number remained on AfC Band 9 and continued to receive increments. It was also agreed that this group did not receive a pay award in 2014/15.

Remuneration & Nominations Committee (of the Council of Governors)

The Remuneration & Nominations Committee of the Council of Governors met once during financial year 2014/15 (June 2014) to consider the remuneration of the Non-Executives and the Chairman. An external appraisal specialist was utilised to undertake a 360° 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 Non-Executive Directors are not employees of the Trust. They receive no benefits or entitlements other than fees and are not entitled to any termination payments. The Trust does not make any contribution to the pension arrangements of Non-Executive Directors.

The terms of office for Non-Executive Directors at the Trust are managed in accordance with Monitor's Code of Governance, i.e. any term beyond six years (two three-year terms) will be subject to rigorous review and subject to annual reappointment. Furthermore, the Trust's Constitution mandates the removal of the Chairman or another Non-Executive Director through the approval of three-quarters of the members of the Council of Governors.

Attendance at the meeting held on 11th June 2014 included:

- Cllr Rabnawaz Akbar – Nominated Governor (Manchester City Council)
- Sharon Green – Staff Governor (Nursing & Midwifery)
- Keith Paver – Lead & Public Governor (Chair)
- Lynne Richmond – Public Governor (Greater Manchester).

The following recommendations were made by Committee Members to the Council of Governors at their meeting held on 2nd July 2014, at which the Committee's recommendations were approved:

- The Council of Governors approved and acknowledged that the performance review process for the Chairman had been successfully undertaken.
- The Council of Governors approved and acknowledged that the performance review process for the Non-Executive Directors had been successfully undertaken and approved the Committee's reappointment recommendation (Anthony Leon – to reappoint for a further year to December 2015).
- The Council of Governors approved the recommendation made by the Remuneration Committee of the Council of Governors that an uplift should not be applied for 2014/15 to the remuneration of the Chairman, Chair of the Audit Committee and the Non-Executive Directors.

Sir Michael Deegan, Chief Executive Officer

29th May 2015





Statement of Chief Executive's Responsibilities as the Accounting Officer of Central Manchester University Hospitals NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the 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 NHS Foundation Trust Accounting Officer Memorandum issued by Monitor.

Under the NHS 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 Account 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 its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the account, 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;
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- 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.

Sir Michael Deegan, Chief Executive Officer

29th May 2015



Royal Manchester Children's Hospital

No Smoking
This building is smoke-free.
Smoking is prohibited in all areas.
For more information, please contact the hospital.



Annual Governance Statement

Scope of Responsibility

As Accounting Officer, 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 departmental 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 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.
- 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 2015 and up to the date of approval of the Annual Report and Annual Accounts.

Capacity to handle risk

The Trust leadership plays a key role in implementing and monitoring the risk management process (see further details below). 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 risk appetite is determined by the Board and monitored by the Audit Committee to ensure that the risks faced are consistent.

The Board has designated the Medical Director as the lead Executive and Chairman of the **Clinical Effectiveness Committee**. This 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, Director of Clinical Governance, 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. We have 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. Areas of good practice are collected on a corporate basis and shared throughout the organisation. The Trust is also represented on a number of national and regional working groups.

The risk and control framework

A risk management process covering all risks has been developed throughout the organisation at all levels 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. 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

Responsible for the wide range of interrelated work programmes around finance, strategic planning, contracting and information. Responsible 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 on-going Compliance relationship with Monitor, through monitoring submissions and exception reporting as required. Has regular meetings with local commissioners 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. The post-holder is the Senior Information Risk Officer for the Trust.

Medical Director

Responsible for leading on patient safety and clinical effectiveness, research and innovation and medical education. The post-holder chairs the Clinical Effectiveness Committee, the Safeguarding Effectiveness Committee and the Research Governance Board. The Medical Director is supported by three Associate Medical Directors with specific responsibilities. Also responsible for ensuring compliance with statutory requirements regarding Safeguarding children and vulnerable adults as well as ensuring we are compliant 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. The post-holder is the Caldicott Guardian for the Trust.

Director of Patient Services/Chief Nurse

Responsible for the professional nursing agenda, patient experience work, and facilities management. The post-holder is also the Deputy Chief Executive and the Trust's Director of Infection Prevention and Control.

Director of Human and Corporate Resources

Provides strategic direction and leadership on a range of corporate functions to enable the delivery of the highest quality of services to patients. The post-holder provides strategic advice to the Chief Executive and Board of Directors on all employment matters. Developing, implementing and monitoring a comprehensive HR Strategy ensuring that employee recruitment, retention, leadership, motivation and effectiveness are maximised. Responsible at Board level for effective internal and external communications ensuring at all times the appropriate positive projection of the Trust through the media etc. Responsible to the Board for its secretariat function, Governors and membership, to include support for its various meetings and internal processes.

Chief Operating Officer

Responsible for the successful delivery of clinical operations in the Trust. The post-holder plays an active role in the determination and implementation of corporate strategies and plans. This is a new Board level post with responsibility for four key elements:

- Operational leadership of all clinical Divisions and Directorates.
- Performance management and delivery of all national and local targets.
- Modernisation and process redesign of Trust clinical and business processes.
- Business continuity management (including emergency planning).

The post-holder provides effective management of the Trust on a day-to-day basis, ensuring the provision of appropriate, effective high quality patient-centred care, which meets the needs of patients and can be achieved within the revenues provided. The post-holder contributes to the development and delivery of the wider Trust agenda, including implementation of the Trust's strategic vision.





The **Risk Management Strategy** provides us with a framework that identifies risk and analyses its impact for all individual management units e.g. Directorates, departments, functions or sites for significant projects and for the organisation as a whole.

Any hazard identified is analysed against its severity and the likelihood of it occurring. This determines the overall risk ranking and ensures there is a common methodology being used to rank risks across the organisation. 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 and is reviewed every two years.

There is increasing involvement of key stakeholders through mechanisms such as the Quality Reviews, the annual Clinical Audit and Risk Management Fair and Governors learning events.

Each division and corporate service systematically identifies, evaluates, treats and monitors action on risk on a continuous basis. This work is then reported back through the local and corporate risk management & governance frameworks. This also connects the significant risks (those appraised at level 15 or above on the risk framework) to the organisation objectives and assesses the impact of the risks. The outcome of the local and corporate review of significant risk is communicated to the Risk Management Committee so that plans can be monitored. All divisions report on all categories of risk to both the Trust Risk Management and Clinical Effectiveness Committees.

The Risk Management Committee undertakes further evaluation of the risks presented and their action plans and updates the Assurance Framework so 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 2014/15 in its Head of Internal Audit Opinion.

All identified risks within the organisation are captured in the Risk Register. 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.

Quality governance arrangements

The Trust's Quality Report 2014/15 describes all the key elements of the organisation's quality governance arrangements from measuring the patient experience through the improving quality programme to the initiatives for measuring clinical effectiveness, compliments, complaints and patient safety. Compliance with CQC registration is monitored by the Clinical Standards Committee and Clinical Effectiveness Committee. All divisions report against each of the standards via an electronic system and risks are escalated up to the Risk Management Committee above a score of 15. The Board also undertakes an annual self-assessment against registration compliance.

Quality Reviews

The Trust established internal Quality Reviews to ensure that the organisation can be fully assured of the quality of care being delivered and that it can identify quickly, and respond effectively where improvement is required. The aim of the Reviews is to strengthen clinical quality assurance information and they have been led by the Medical Director and Chief Nurse/Deputy CEO.

The process for the Quality Reviews was aligned with those questions helpfully set out by the CQC in their intended review of clinical care going forward:

- Is care safe?
- Is care effective?
- Are staff caring?
- Is the organisation responsive?
- Is the organisation well led?

The Quality Review was also designed utilising the Trust values and behaviours framework and this very much formed part of the training and the ethos for the review.

Most importantly, the findings and resulting action are intended to provide confidence for patients and service users that they will receive the best experience and the best care at the right time. The initial visits were completed during October 2013 – January 2014 and the outcome of the reviews are captured in detail within the Trust Quality Account (page 48-161).

The Trust undertook follow-up visits during the autumn of 2014 and these have identified where progress has been made during the previous 12 months along with areas of continued focus. Examples of improvements in progress include:

- Focus on improvements to compliance with clinical pathways.
- Improvements to menu choice for patients.
- Changes to the admissions process for paediatric elective surgical patients.
- Establishment of staff forum in Critical Care.
- Improved radiology facilities.
- Improvements to IT access and networks in Community Services.
- Focussed work on discharge pathways.
- The development of clinical audit performance metrics.
- Changes to staff uniforms.
- Focus on the safety needs of 'medical outliers' in the acute hospital.
- Education for staff on the Mental Capacity Act and Deprivation of Liberty Safeguards.

The findings from the initial reviews and follow-up visits have been used to inform our work plans for 2015/16 and they will be repeated this year.

Central Manchester University Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is fully registered with no conditions. The Care Quality Commission has not taken enforcement action against Central Manchester University Hospitals NHS Foundation Trust during 2014/15.

Central Manchester University Hospitals NHS Foundation Trust has not participated in any special reviews or investigations by the CQC in 2014/15.

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.

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

Information Governance (IG) provides the framework for handling information in a secure and confidential manner; covering the collecting, storing and sharing information, it will provide assurance that personal and sensitive information is managed legally, securely, efficiently and effectively in order to deliver the best possible care and service.

The framework is supported by a suite of policies and procedures that set out standards and good practice to ensure data is managed and controlled in a secure and confidential manner and local audits and assessments are undertaken and results circulated internally with appropriate action plans. If there is a breach of IG standards then an incident is logged and the investigation managed through the Trust's incident management system. Serious information governance incidents are also managed in line with the Health and Social Care Information Centre (HSCIC) checklist guidance for reporting, managing and investigating IG SIRI (information governance serious incidents requiring investigation).

Information governance is included in the organisation's corporate induction and annual mandatory training packages, ensuring that all staff are aware of the importance of confidentiality and security of information and how to handle and manage confidential, personal and sensitive information. Staff with specific information governance remits are also required to undertake further specialist training via the national Information Governance training tool. The Trust Information Governance group has Divisional





representation and this provides the framework for awareness and standardisation, as well as monitoring compliance and progress throughout the Trust.

The Trust is continuing to build on its information governance practices, ensuring that it has a full understanding of its systems and data flows, thereby identifying, managing and mitigating potential risks.

For 2014/15 there has not been any incidents assessed as SIRI level 2, or above, in line with the Health and Social Care Information Centre (HSCIC) checklist guidance for reporting, managing and investigating IG SIRI (information governance serious incidents requiring investigation).

The table below includes all incidents assessed as level 1 (or below). Whilst this shows an increase in incidents against numbers logged in 2013/14, this is, in part due, to an increased awareness, monitoring and reporting of Information Governance.

Category	Breach Type	Total
A	Corruption or inability to recover electronic data	10
B	Disclosed in Error	70
C	Lost in Transit	0
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	37
F	Non-secure Disposal - Hardware	0
G	Non-secure Disposal - Paperwork	7
H	Uploaded to Website in Error	0
I	Technical Security failing (including hacking)	4
J	Unauthorised access / disclosure	40
K	Other	46

Overview of the organisation's major risks

The Trust has identified a number of significant internal control issues, also known as significant risks, during 2014/15. These have been or are being addressed through robust monitoring at the bi-monthly Risk Management Committee, chaired by the Chief Executive.

A&E Performance & Emergency Department Capacity - Clinical

The Emergency Department in the MRI has experienced unprecedented increases in demand during 2014/15 (compared to 2013/14) in which the headline measures demonstrate a growth of 4.1% in A&E attendances along with a notable increase in patient acuity resulting in an overall growth in hospital admission of 8.3%. This has placed a significant pressure on the quality of the service provided including physical constraints on existing facilities.

Periods Q1, Q2 & Q4 delivered the 4 hour target for 2014/15. As compliance with the 4 hour A&E target was not achieved in Quarter Q3, exhaustive operational efforts to plan for the heightened pressures associated with winter have been implemented during Quarter 4, 2014/15 resulting in a performance of 95.57% with a full year performance of 94.36%.

Key short-term and medium term solutions have been introduced, for example, the 'Perfect Week' in February 2015 along with a range of initiatives to increase capacity and improve patient flow and to ensure patients receive effective and safe care. Work continues in developing solutions for the medium to long-term.

Infection Control – Clinical

We have continued to robustly manage and monitor performance in preventing health care acquired infections during 2014/15 on all aspects of infection prevention and control. The target for managing C.Difficile (measured by considering if there were any 'Lapse of Care') was achieved and the Trust was under trajectory.

The Trust adopts a zero tolerance approach to infection prevention and control and the effectiveness of this has been particularly evident in addressing the challenge presented by the increased prevalence of Carbapenemase Producing Enterobacteriaceae (CPE). More information can be found in the Quality Report.

Major Trauma – System Readiness – Organisational

Following a review of major trauma services across Greater Manchester in 2014, going forward CMFT will no longer be a principal receiving site for major trauma for adults. The Trust identified that this presented a risk for patients who required specialist services provided by CMFT such as obstetric, hepatobiliary, vascular, vascular interventional radiology and cardiothoracic services. This risk has been mitigated by the agreement of 'exceptional pathways of care' for patients, whereby CMFT will continue to provide these services. This will ensure that patients continue to receive the appropriate care that they require, in the appropriate setting. These services are also vital for the children's major trauma centre which will continue to be provided from RMCH.

Regulatory Framework – Clinical

The Foundation Trust is not fully compliant with the registration requirements of the Care Quality Commission. Recommendations were made following a visit in December 2013 in respect of Records and Nutrition and the Trust has worked hard to address these issues. However, the issues identified were deemed by the CQC as having a minor impact on patients. The Trust has submitted evidence on progress for the CQC to review and awaits feedback.

A programme of planned quality reviews have been underway since Autumn 2013 to make an assessment of all divisions against set key lines of enquiry. Follow-up visits were undertaken in Autumn 2014. It is envisaged that this will continue to provide assurance going forward against the CQC fundamental standards of care.

Trust-wide HSMR and SHMI - Clinical

The Trust Summary Hospital Mortality Indicator (SHMI) and Hospital Standardised Mortality Indicator Ratio (HSMR) has now reduced and is below the national average before rebasing for both indicators.

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, has agreed a consistent approach to mortality review across the entire organisation.

Patient Records – Organisational

The Trust has identified through a series of audits that the current patient record within the Trust needs to be improved in terms of quality of content and the management of the record ie tracking, storage and filing. Work continues on the development of a single patient view electronic record. This is likely to take 18-24 months to complete and therefore the risks associated with a hybrid electronic/paper record will continue in the short to medium term.

Never Events – Clinical

The Trust has reported two Never Events (as defined by the NPSA) in the year 2014/15, three in 2013/14 and eight in 2012/13. A programme of work continues to be in place to mitigate this risk which is being led by an Associate Medical Director. A Never Event Task and Finish group, with four sub-groups, is tasked with looking at key areas which analysis suggests to be the root causes of harm.

Communication of Diagnostic Test and Screening Results - Clinical

The Trust has identified a number of risks in relation to the communication of diagnostic and screening test results and has since implemented a programme of work to mitigate these. One of the high impact interventions to address this risk is the introduction of a new electronic system to order diagnostic tests and communicate test results. The switchover from the old Clinical Work Station (CWS) to the new Integrated Clinical Environment (ICE) is due to take place in Q1 2015. A significant amount of the preparation for the implementation of ICE took place in 2014/15.

Failure to meet statutory Equality and Diversity Obligations - Organisational

A comprehensive Equality and Diversity work programme has been established following the outcome of a race discrimination claim and the judgement of an Employment Tribunal in 2013.

The Trust has been developing robust governance arrangements for equality, diversity and inclusion to ensure that the agenda is integrated into the overall governance structure for the organisation.





There is growing evidence which demonstrates good progress in actions that support the mainstreaming and integration of equality priorities into the overall culture of the organisation.

The Trust has also set up a new external review group for this work. Membership of the review group includes community groups, partners and has strong Governor representation.

Two new staff working groups have been set up to develop further E,D&I data and an accessibility group has been established to drive forward our ambition to provide the best patient experience.

Trading Gap Delivery – Financial

The Trust's Operational Plan for 2015/2016 includes a forecast deficit of £19m, with operational delivery plans including a further level of high risk components which are red-rated for risks of delay and scale of delivery.

The forecast level of further annual efficiency challenge in each future year, remains in the order of £35m. This underlines the imperative for making continuing inroads into the level of risks in our existing plans.

The level of risks associated with current delivery plans and continuing adverse tariff settlements, has resulted in the Board of Directors being unable to confirm in its self-certification to Monitor that the Trust will be clinically and financially sustainable over a five year period.

To address the significant risks associated with the delivery of the 2015/16 Financial Plan, the Trust has introduced a number of additional controls and monitoring arrangements to ensure early warning systems are in place should the Trust's performance deviate from plan.

A quarterly rolling forecast tool has been developed, which will allow the Board to review the Trust's performance for the current quarter of the financial year together with the forecast position for the forthcoming quarter. This reflects on the lessons learnt from sharp deterioration in financial position in the first quarter of 2014/15, in that it:

- Reduces the likelihood of surprises in future quarters.
- Avoids artificial cut-offs, particularly in consideration of performance/trends running up to the financial year-end.

The quarterly rolling forecast will also provide:

- A monthly/quarterly framework for run rate projections over months ahead.
- Underlying trajectory analysis; understanding current run-rate performance and substantive impact of any interventions being made.

The Executive Team has introduced a suite of key performance indicators that it will use to monitor progress against key delivery metrics on a weekly/monthly basis. These include performance information on the following metrics that are crucial to the delivery of the proposed financial plan:

- Elective/day case income.
- Urgent care resilience plan.
- Workforce (sickness absence and vacancies).
- Management of run rate issues (agency and bank expenditure).
- Achievement of Divisional solutions.

Regular reports to the Trust Board's Finance Scrutiny Committee were provided during 2014/15 and this Committee will continue to act as an essential governance mechanism, overseeing and scrutinising the achievement of the provisional Financial Plan. A fixed programme of Board Finance Scrutiny Committees has been established for the rest of the year. Risks will be reported and reviewed at this Committee as well as continuing to be reviewed at overview level, through the Trust's Risk Management Committee.

Commissioning Risk - Financial

There continues to remain the potential for significant disparity between affordable or sustainable outcomes for the Trust and its commissioners when agreeing the contract each year. The normal process of engagement and meetings with Commissioners is ongoing and continues to seek to mitigate these and arrive at outcomes which manage the severe challenges on resource availability, towards sustaining solutions which are in the best interests of patients.

Corporate & Clinical Mandatory Training Compliance - Clinical

There has been significant variation in compliance across the organisation in consistently achieving the 90% Corporate and Clinical Mandatory

training completion rates. A comprehensive workforce recovery plan has been introduced which details revised monitoring and performance management arrangements that have been put in place to ensure an immediate and sustained improvement in HR KPIs, including Corporate and Clinical Mandatory training compliance rates.

The principal risks to compliance with the NHS Foundation Trust Condition 4 (FT Governance)

The principal risks to compliance with the NHS FT Condition 4 are outlined below although the action taken by the Trust to mitigate these risks in the future is outlined elsewhere in the Annual Governance Statement.

Compliance with Care Quality Commission registration requirements

The Foundation Trust is not fully compliant with the registration requirements of the Care Quality Commission. Recommendations were made following a visit in December 2013 in respect of Records and Nutrition and the Trust has worked hard to address these issues. However, the issues identified were deemed by the CQC as having a minor impact on patients. The Trust has submitted evidence on progress for the CQC to review and awaits feedback.

Compliance with the NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

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.

Compliance with Carbon Reduction Delivery Plans

We have undertaken risk assessments and Carbon Reduction Delivery Plans and these are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects. This ensures that the organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Trust invests significant time to improving systems and controls to engender a more embedded range of monitoring and control processes. The review of effectiveness section provides full details of the role of the Board and the infrastructure to support this. The sub committees that support the Board are as follows (further detail below):

- Audit Committee
- Remuneration Committee
- Finance Scrutiny Committee
- Clinical Effectiveness Scrutiny Committee
- Clinical Effectiveness Committee
- Risk Management Committee
- Human Resources Committee
- Research Governance Committee
- Safeguarding Committee.

The Trust maintains a record of attendance at the Board and details of this for 2014/15 can be found in our Annual Report (page 190). The Audit Committee produces an annual report of its effectiveness which is included in the Annual Report together with an overview of the work of the remuneration and nomination committees. The Trust is compliant with the principles and provisions of the NHS Foundation Trust Code of Governance following an annual review with Board Members. The Board's statement on compliance is contained in detail in the Annual Report.





Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of the annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Medical Director, as a member of the Board, is appointed to lead and advise on all matters relating to the preparation of the Trust's Quality Report. The Trust continues to have robust data quality procedures in place that ensure that the data used in the Quality Report reflects the position accurately. 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 Report 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 Report 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. There is a formal annual review whereby the metrics are decided on for the coming year however this does not prevent changes in year. All changes to the Quality Report and any of the metrics reports are signed off by the Executive Medical Director, Director of Informatics and Director of Clinical Effectiveness. The Foundation Trust is not fully compliant with the registration requirements of the Care Quality Commission. Recommendations were made following a visit in December 2013 in respect of Records and Nutrition. However, the issues identified were deemed by the CQC as having a minor impact on patients. The Trust has submitted evidence on progress for the CQC to review and awaits feedback.

The Trust has an action plan to address the risks with compliance as described in the Significant Internal Control Issues section of this report.

Within the Trust, a significant validation exercise is undertaken each month to ensure the accuracy

of our reported elective waiting time position. This validation effort is supported by a suite of reporting that allows all of our operational teams to view their elective waiting list positions at patient level detail. To provide assurance to the organisation that this validation process is completed, a monthly meeting is held where every element of our waiting list is reviewed and signed-off by the senior Corporate Performance Team.

The Trust also regularly updates, and provides training on, its Patient Access Policy to ensure that all staff are working to the correct standards in terms of managing an elective waiting list. Compliance with these standards is regularly audited by both our internal and external auditors. The key risk to ensuring the quality and accuracy of our waiting list position is to ensure that our administrative and managerial staff have the correct knowledge and skills to fully understand the standards that we work to. It is on this basis that significant resource is put into ensuring that our training processes for staff (especially of newly recruited staff) are robust.

Whilst significant validation and training takes place within the Trust, the organisation does not have the capacity to validate 100% of its waiting list on a monthly basis. As such, the Trust does recognise a risk to data quality within its waiting list as a result. This has been raised by our External Auditors as part of their work in testing the 18 week incomplete Referral to Treatment (RTT) indicator. This risk is identified within the organisation and is monitored via appropriate risk management structures. The Trust is also aware of risks to data quality arising from a lack of information contained within inter-provider transfers. The Trust's Patient Access Policy stipulates the local interpretation of national guidance with regard the calculation of the 18 week incomplete RTT indicator. Specifically, where the Trust receives a patient referred from another provider, the Trust uses the date of receipt of transfer as the start point of their pathway for calculating the indicator.

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.

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, Clinical Effectiveness Committee and the Risk Management Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is also informed by other major sources of assurance such as:

- Internal Audit Reports
- External Audit Reports
- Clinical Audit Reports
- Patient Surveys
- Staff Survey
- Royal College accreditation
- Health and Safety Executive Inspection Reports
- Care Quality Commission Intelligent Monitoring Standards
- PLACE assessments
- Senior Leadership Walk-rounds
- Clinical Pathology Accreditation
- Care Quality Commission - registration without conditions
- Equality and Diversity Reports
- General Medical Council Reports.

The Trust applies a robust process for maintaining and reviewing the effectiveness of the system of internal control. A number of key groups, committees and teams make a significant contribution to this process, including:

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 regularly 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 workforce and HR strategy and monitors implementation. The Committee ratifies approved HR policies in line with the Trust 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 Audit Committee and provides assurance on both clinical outcomes and compliance with guidance such as NICE and NCEPOD.

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.

Internal Quality Reviews

The Trust established the Quality Review process in 2013/14 in response to the recommendations set out by the Francis, Keogh and Berwick reports earlier the same year (2013).

Internal reviews were informed by extensive data packs which pull together key indicators reflecting the quality of care across each Division. These included, but were not limited to:

- Complaints
- Patient and staff surveys
- Activity information
- External review findings (such as Deanery reports)
- Never events analysis
- Summary Hospital-level Mortality Indicators (SHIMI).

The packs had been used to develop key lines of enquiry (KLOE) on which the review teams based their approach.

The review has informed work plans for the organisation both locally in specific clinical settings but also a number of Trust-wide projects, such as ensuring consistent quality standards; reviewing out-patient care; strengthening patient identification and site checking processes in the non-theatre environment. More information can be found in the Quality Report.

Our staff were able to discuss openly their views on working in the organisation and, without exception, all divisions were found to have staff that were really proud of their work and comfortable reporting incidents to facilitate learning.

Improvement in progress

The Trust undertook follow-up visits during the autumn of 2014 and these have identified where progress has been made and there is work still to do. Examples of improvements in progress include:

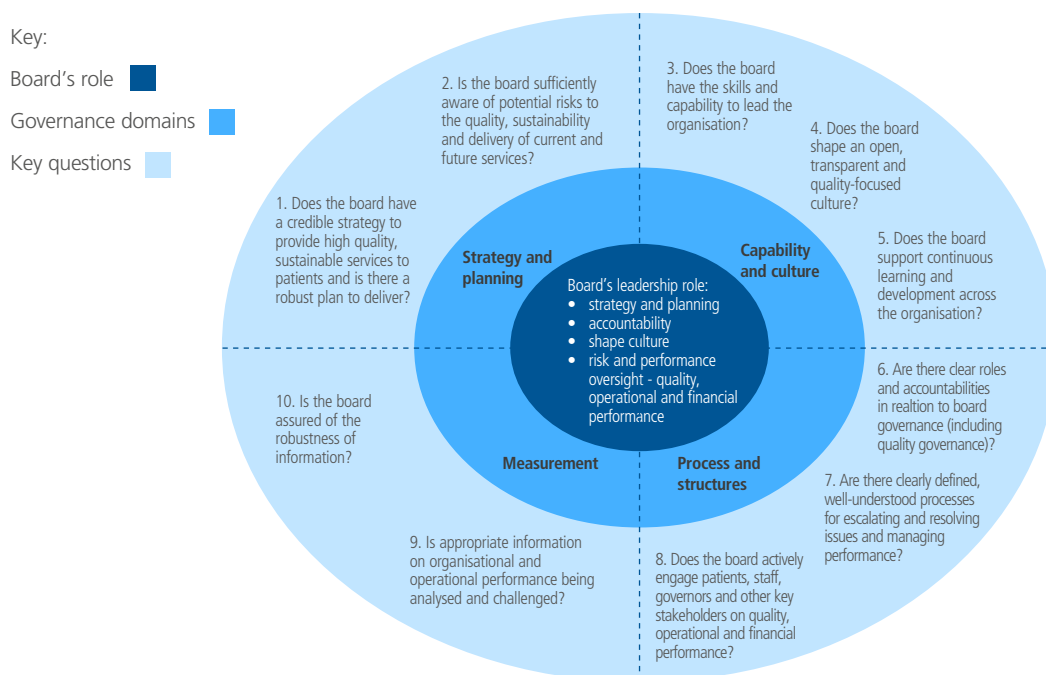
- Focus on improvements to compliance with clinical pathways.
- Improvements to menu choice for patients.
- Changes to the admissions process for paediatric elective surgical patients.
- Establishment of staff forum in Critical Care.
- Improved radiology facilities.
- Improvements to IT access and networks in Community Services.
- Focussed work on discharge pathways.
- The development of clinical audit performance metrics.
- Changes to staff uniforms.
- Focus on the safety needs of 'medical outliers' in the acute hospital.
- Education for staff on the Mental Capacity Act and Deprivation of Liberty Safeguards.

This coming year, the Trust will again undertake the reviews utilising focus groups, visits and data analysis. We will use this information in conjunction with the outcome of any external review of quality to inform improvement going forward.

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.

Figure 1. How the well-led framework for governance reviews fits together and the main areas for review



Independent Board Effectiveness Review

During the second half of 2014, the Board of Directors commissioned an independent review of the Trust's governance arrangements and Board effectiveness via the External Auditors (ref: Monitor's 'Well-led framework' for governance reviews: guidance for NHS foundation trusts'). The 'Well-led framework' prescribes four domains and ten high level questions against which Board governance and effectiveness should be assessed. The External Auditors used this structure to undertake the review and then benchmarked the organisation's governance using a body of good practice outcomes and evidence.

Throughout the independent review a number of areas of good practice were highlighted:

- The Board of Directors has a clear focus on strategic direction.
- There is effective engagement of key stakeholders in strategic planning.
- There is a high degree of Board cohesion.
- There is effective Board level reporting of organisational performance.

Opportunities for enhancing organisational governance were also identified along with an action plan focusing on the main headlines and 36 key recommendations contained in a final report against which a response and/or a planned action

are recorded. The Board of Directors aims to hold a development session in April 2015 to enable full consideration and debate of the recommendations identified for Board resolution. Progress will be reviewed on a monthly basis with all actions to be completed by July 2015.

Conclusion

All significant internal control issues have been identified in this statement as part of the Risk and Control Framework section.

The Board confirms that it is satisfied that, to the best of its knowledge and using its own processes and having regard to Monitor's Quality Governance Framework (supported by Care Quality Commission information, our own information on serious incidents, patterns of complaints) CMFT has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to our patients.

**Sir Michael Deegan,
Chief Executive Officer**

29th May 2015





Independent Auditor's Statement

Independent Auditor's Statement to the Council of Governors and Board of Directors of Central Manchester University Hospital NHS Foundation Trust

We have examined:

- the summary financial statements contained within the Strategic Report for the year ended 31 March 2015 which comprise the Summary Consolidated Statement of Comprehensive Income, the Summary Consolidated Balance Sheet, the Summary Consolidated Statement of Changes in Taxpayers' Equity, the Summary Consolidated Statement of Cash Flows; and
- the table of the single total figure for directors' remuneration contained within the supplementary material accompanying the Strategic Report.

This report is made solely to the Council of Governors and Board of Directors ("the Boards") of Central Manchester University Hospital 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 auditors' 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 Strategic Report (which includes the summary financial statements) and the supplementary material which includes the table of the single total figure for directors' remuneration in accordance with applicable United Kingdom law.

Our responsibility is to report to you our opinion on the consistency of the summary financial statements contained within the Strategic Report with the

full annual financial statements and our opinion on the consistency of the table of the single total figure for directors' remuneration contained within the supplementary material accompanying the Strategic Report with that table in the Directors' Remuneration Report.

We also read the other information contained in the Strategic Report and the supplementary material as described in the contents section and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summary financial statements.

We conducted our work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board. Our report on the Trust's full annual financial statements describes the basis of our audit opinion on those financial statements, the Directors' Remuneration Report, the Strategic Report and the Directors' Report.

Opinion

In our opinion the summary financial statements contained within the Strategic Report are consistent with the full annual financial statements of the Trust for the year ended 31 March 2015 and the table of the single total figure for directors' remuneration contained within the supplementary material accompanying the Strategic Report is consistent with that table in the full Directors' Remuneration Report.

David Wilkinson (Senior Statutory Auditor)

For on and behalf of Deloitte LLP
One Trinity Gardens
Broad Chare
Newcastle
NE1 2HF

29 May 2015

Summary Annual Accounts

The Summary Financial Statements on the following pages are key extracts from the annual Accounts of the Trust for the financial year ending 31st March 2015.

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/annualreports.aspx

We certify that the Summary Financial Statements on pages 224 to 228 are extracts from the annual Accounts of the Trust, as approved by the Board of Directors.

M Deegan
Chief Executive

29 May 2015

A D Roberts
Executive Director of Finance

29 May 2015

The following summary accounts disclose the Trust's financial position alongside that of the Group (which is the Trust and the CMFT Charity combined). The basis of arriving at the Group figures is as follows:- The Charity's own Accounts figures are adjusted firstly for one difference in Accounting Policy (relating to expenditure accrued by the Charity for future commitments - such accruals are not permitted

under the Trust's and the Group's Accounting Conventions). Secondly the Charity's Accounts figures are adjusted in respect of transactions and balances between the two bodies, which are eliminated on Consolidation. The resulting figures for Income and Expenditure; gains and losses; assets and liabilities; reserves; and cash flows, are then consolidated with those of the Trust, to form the Group Accounts.





Statement of Comprehensive Income for the period ended 31 March 2015

	2014/15 Trust £000	2014/15 Group £000	2013/14 Trust £000	2013/14 Group £000
Operating Income from Continuing Operations	1,054,698	1,058,577	919,013	921,952
Operating Expenses of Continuing Operations	(928,510)	(933,573)	(885,714)	(892,432)
Operating Surplus	126,188	125,004	33,299	29,520
Finance Costs:				
Finance Income	239	932	307	926
Finance Expense - Financial Liabilities	(28,770)	(28,770)	(28,917)	(28,917)
Finance Expense - Unwinding of Discount on Provisions	(117)	(117)	(33)	(33)
Public Dividend Capital Dividends Payable	(5,064)	(5,064)	(3,060)	(3,060)
Net Finance Costs	(33,712)	(33,019)	(31,703)	(31,084)
Gain / (Loss) from Transfer by Absorption	0	0	(405)	(405)
Surplus / (Deficit) for the Year	92,476	91,985	1,191	(1,969)
Other Comprehensive Income				
Amounts that will not be reclassified subsequently to income:				
Revaluation Reserve Movements	4,812	4,812	(315)	(315)
Other Reserve Movements	0	0	5	5
Amounts that will subsequently be reclassified to income and expenditure:				
Other Reserve Movements	0	948	0	23
Total Comprehensive Income / (Expense) for the Period	97,288	97,745	881	(2,256)

2014/15

The Trust made a technical surplus of £92.5m as a result of a net increase in the value of its property. This is a reversal of a previous impairment charged to the Statement of Comprehensive Income.

The Trust made an operating surplus of £4.1m, after taking account of donated asset income, non operating income, revaluation, and impairments.

2013/14

The loss of £405k arising from Transfer by Absorption in 2013/14 relates to the transfer of services provided by the National Technology Adoption Centre, to the National Institute of Clinical Excellence.

Statement of Financial Position as at 31 March 2015

	31 March 2015 Trust £000	31 March 2015 Group £000	31 March 2014 Trust £000	31 March 2014 Group £000
Non-Current Assets				
Intangible Assets	995	995	1,032	1,032
Property, Plant and Equipment	624,117	624,239	519,789	519,789
Investments	602	14,959	602	14,011
Trade and Other Receivables	3,053	3,053	2,144	2,144
Total Non-Current Assets	628,767	643,246	523,567	536,976
Current Assets				
Inventories	10,616	10,616	10,522	10,522
Trade and Other Receivables	47,183	47,110	42,480	42,687
Non-Current Assets Held for Sale	1,335	1,335	1,335	1,335
Cash and Cash Equivalents	91,967	96,076	75,506	80,105
Total Current Assets	151,101	155,137	129,843	134,649
Current Liabilities				
Trade and Other Payables	(101,627)	(102,032)	(90,163)	(90,725)
Borrowings	(10,855)	(10,855)	(14,017)	(14,017)
Provisions	(3,471)	(3,471)	(2,509)	(2,509)
Total Current Liabilities	(115,953)	(116,358)	(106,689)	(107,251)
Total Assets less Current Liabilities	663,915	682,025	546,721	564,374
Non-Current Liabilities				
Trade and Other Payables	(4,321)	(4,321)	(4,396)	(4,396)
Borrowings	(363,788)	(363,788)	(346,343)	(346,343)
Provisions	(5,991)	(5,991)	(6,348)	(6,348)
Total Non-Current Liabilities	(374,100)	(374,100)	(357,087)	(357,087)
Total Assets Employed	289,815	307,925	189,634	207,287
Financed by Taxpayers' and Others' Equity				
Public Dividend Capital	195,296	195,296	192,403	192,403
Revaluation Reserve	38,387	38,387	33,575	33,575
Income and Expenditure Reserve	56,132	56,132	(36,344)	(36,344)
Charitable Fund Reserves	0	18,110	0	17,653
Total Taxpayers' and Others' Equity	289,815	307,925	189,634	207,287





Statement of Changes in Equity

2014/15	Public Dividend Capital Trust £000	Revaluation Reserve Trust £000	Income and Expenditure Reserve Trust £000	Total Trust £000	Charity Reserve £000	Total Group £000
Taxpayers' and Others' Equity at 1 April 2014	192,403	33,575	(36,344)	189,634	17,653	207,287
Surplus / (Deficit) for the Year	0	0	92,476	92,476	(491)	91,985
Impairments and Reversals	0	4,812	0	4,812	0	4,812
Public Dividend Capital (PDC) Received	2,893	0	0	2,893	0	2,893
Movement in Fair Value of Available-for-Sale Financial Assets	0	0	0	0	948	948
Taxpayers' and Others' Equity at 31 March 2015	195,296	38,387	56,132	289,815	18,110	307,925

2013/14	Public Dividend Capital Trust £000	Revaluation Reserve Trust £000	Income and Expenditure Reserve Trust £000	Total Trust £000	Charity Reserve £000	Total Group £000
Taxpayers' and Others' Equity at 1 April 2013	192,072	33,890	(37,540)	188,422	20,790	209,212
Surplus / (Deficit) for the Year	0	0	1,191	1,191	(3,160)	(1,969)
Transfers by Absorption: Transfers Between Reserves	0	0	5	5	0	5
Impairments	0	(315)	0	(315)	0	(315)
Revaluations	0	0	0	0	0	0
Public Dividend Capital Received	331	0	0	331	0	331
Movement in Fair Value of Available-for-Sale Financial Assets	0	0	0	0	23	23
Taxpayers' and Others' Equity at 31 March 2014	192,403	33,575	(36,344)	189,634	17,653	207,287

Revaluations for the Trust typically relate to Property, Plant and Equipment, whereas those of the Charity are always in respect of Investments.

Statement of Cash Flows for the Period ended 31 March 2015

	2014/15 Trust £000	2014/15 Group £000	2013/14 Trust £000	2013/14 Group £000
Cash Flows From Operating Activities				
Operating Surplus from Continuing Operations	126,188	125,004	33,299	29,520
Operating Surplus	126,188	125,004	33,299	29,520
Non-Cash Income and Expense				
Depreciation and Amortisation	25,018	25,023	28,437	28,437
Impairments	21,885	21,885	7,973	7,973
Reversals of Impairments	(95,781)	(95,781)	0	0
(Gain)/Loss on Disposal	0	0	29	29
Non-Cash Donations/Grants Credited to Income	(12,189)	(12,189)	(1,536)	(1,536)
(Increase) / Decrease in Trade and Other Receivables	(5,496)	(5,671)	(4,824)	(4,823)
Increase in Inventories	(94)	(94)	(389)	(389)
Increase in Trade and Other Payables	12,251	12,549	5,532	6,093
(Increase) / Decrease in Provisions	488	488	(711)	(711)
Net Cash Generated From Operations	72,270	71,214	67,810	64,593
Cash Flows From Investing Activities				
Interest Received	239	932	307	926
Purchase of Financial Assets	0	0	(602)	(602)
Purchase of Intangible Assets	(46)	(46)	(94)	(94)
Purchase of Property, Plant and Equipment	(40,575)	(40,702)	(36,292)	(36,292)
Sale of Property, Plant and Equipment	0	0	5,533	5,533
Net Cash Used In Investing Activities	(40,382)	(39,816)	(31,148)	(30,529)
Cash Flows From Financing Activities				
Public Dividend Capital Received	2,893	2,893	331	331
Loans Received	28,300	28,300	0	0
Loans Repaid	(8,265)	(8,265)	(8,356)	(8,356)
Capital Element of Private Finance Initiative Obligations	(5,752)	(5,752)	(6,890)	(6,890)
Interest Paid	(1,508)	(1,508)	(1,571)	(1,571)
Interest Element of Private Finance Initiative Obligations	(27,262)	(27,262)	(27,346)	(27,346)
Public Dividend Capital Dividend Paid	(3,990)	(3,990)	(2,940)	(2,940)
Cash Flows Used In Other Financing Activities	157	157	(111)	(111)
Net Cash Used In Financing Activities	(15,427)	(15,427)	(46,883)	(46,883)
Increase / (Decrease) in Cash and Cash Equivalents	16,461	15,971	(10,221)	(12,819)
Cash and Cash Equivalents at Start of Financial Year (April 1st)	75,506	80,105	86,132	93,329
Cash and Cash Equivalents Changes Due to Transfers by Absorption	0	0	(405)	(405)
Cash and Cash Equivalents at End of Period (31st March)	91,967	96,076	75,506	80,105





Better Payment Practice Code - Measure of Compliance

	2014/15 Trust and Group Number	2014/15 Trust and Group £000	2013/14 Trust and Group Number	2013/14 Trust and Group £000
Total Non-NHS Trade Invoices Paid in the Year	142,919	407,259	147,904	411,952
Total Non-NHS Trade Invoices Paid Within Target	136,187	376,037	138,402	373,756
Percentage of Non-NHS Trade Invoices Paid Within Target	95%	92%	94%	91%
Total NHS Trade Invoices Paid in the Year	7,453	104,681	7,374	97,033
Total NHS Trade Invoices Paid Within Target	6,539	93,001	4,854	71,727
Percentage of NHS Trade Invoices Paid Within Target	88%	89%	66%	74%
Total of All Trade Invoices Paid in the Year	150,372	511,940	155,278	508,985
Total of All Trade Invoices Paid Within Target	142,726	469,038	143,256	445,483
Percentage of All Trade Invoices Paid Within Target	95%	92%	92%	88%

The Better Payment Practice Code requires the Trust and the Group 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

No payments were made under the Late Payment of Commercial Debts (Interest) Act in either 2014/15 or 2013/14.

Management Costs

	2014/15 Trust and Group £000	2013/14 Trust and Group £000
Management Costs	26,203	25,200
Income	1,054,698	919,013
Management Costs as a Proportion of Income (%)	2.48%	2.74%

Directors' Remuneration and Benefits

The aggregate amount of Directors' remuneration for 2014/15 was £1.227m (£1.173m for 2013/14). The Trust and the Group made a contribution to the NHS Pension Scheme, a defined benefit scheme, of £112k in respect of five Directors in 2014/15 (2013/14: £99k in respect of five Directors).

Auditor's Liability

There is no specified clause in the Trust's or the Group's contract with the External Auditors, Deloitte LLP, which provides for any limitation of the Auditor's liability.





We would like to thank everyone who has contributed to producing this Annual Report.

For further information about the organisation visit our website:

www.cmft.nhs.uk



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