MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING
(MEETING IN PUBLIC)

TO BE HELD ON MONDAY, 9TH JULY 2018
AT 2.00PM IN THE MAIN BOARDROOM

A G E N D A

1.	Apologies for Absence	
2.	Declarations of Interest	
3.	Patient Stories	*(DVD)*
4.	To Approve the Minutes of the Board of Directors' meeting held on 14th May 2018	*(Enclosed)*
5.	**Matters Arising**	
5.1	To Receive an Update on the Values & Behaviours Framework	*(Report of the Group Director of Workforce & OD Enclosed)*
6.	**Chairman's Report**	*(Verbal Report of the Group Chairman)*
7.	**Chief Executive's Report**	*(Verbal Report of the Group Chief Executive)*
8.	**Operational Performance**	
8.1	To Consider the Board Assurance Report	*(Summary Enclosed)*
8.2	To Receive the Q1 (2018/19) Transformation Programme Report	*(Report of the Group Chief Operating Officer Enclosed)*
8.3	To Receive a Progress Report on the Single Hospital Service	*(Report of the Director of SHS Enclosed)*
8.4	To Receive the Group Chief Finance Officer's Report	*(Report of the Group Chief Finance Officer Enclosed)*
9.	**Strategic Review**	
9.1	To Receive an Update on Strategic Developments	*(Report of the Group Director of Strategy Enclosed)*
9.2	To Receive an Update on Annual Planning (2018/19) and the MFT Operational Plan (2018/19)	*(Report* of the Group Director of Strategy Enclosed)
9.3	To Receive an Update on the Manchester Local Care Organisation	*(Report of the Chief Executive MLCO Enclosed)*
10.	**Governance**	
10.1	To Receive an Update Report on the Regulatory Assessment Process 2018/19 (inc. PIR)	*(Report of the Group Chief Nurse Enclosed)*

10.2 To Receive and Approve the MFT Quality & Safety Strategy — *(Report of the Group Chief Nurse Enclosed)*

10.3 To Receive the Greater Manchester Clinical Research Network Annual Delivery Report (2017/18) — *(Report of the Group Joint Medical Director Enclosed*

10.4 To Receive the Complaints Annual Report (2017/18) — *(Report of the Group Chief Nurse Enclosed)*

10.5 To Receive the Safeguarding Annual Report (2017/18) — *(Report of the Group Chief Nurse Enclosed)*

10.6 To note the following Committees held meetings:

10.6.1 Group Risk Management Committee held on 9th May 2018

10.6.2 Quality & Performance Scrutiny Committee held on 4th June 2018

10.6.3 HR Scrutiny Committee held on 19th June 2018

11. Date and Time of Next Meeting

The next meeting will be held on **Monday 10th September 2018** at **2pm** in the **Main Boardroom**

12. Any Other Business

NHS
Manchester University
NHS Foundation Trust

MINUTES OF THE BOARD OF DIRECTORS' MEETING

Meeting Date: 14th May 2018

(Held in Public)

71/18 Apologies for Absence

There were no apologies for absence

72/18 Declarations of Interest

There were no declarations of interest received for this meeting.

Decision:	Noted	**Action by:** n/a	**Date:** n/a

73/18 Patient Story – 'What Matters to Me'

The Chief Nurse introduced a patient story in the form of a DVD clip. The Board did not debate or discuss the clip, preferring to use the story and the imagery to keep the business of the Board focused on the patient experience.

Decision:	Noted	**Action by:** n/a	**Date:** n/a

74/18 Minutes of the Board of Directors Meeting held on 12th March 2018

The minutes of the meeting held on the 12th March 2018 were agreed as a correct record.

75/18 Matters Arising

The Board reviewed the actions from the Board of Directors meeting 12th March 2018 and noted progress.

76/18 Group Chairman's Welcome and Opening Remarks

i) The Group Chairman described how the Trust was planning to mark the one year anniversary of the Manchester Arena Attack on 22nd May 2018. It was also noted that a Remembrance Service was scheduled to take place in the Manchester Cathedral and 7 representatives from MFT would be attending in addition to Mrs Michelle Milner, Deputy Director of Nursing for RMCH, who had been invited to read a poem at the service.

ii) The Group Chairman provided a brief update on how MFT was planning to celebrate the NHS 70th anniversary in each hospital. It was anticipated there would be a focus (locally and nationally) on Trafford Hospital as the birthplace of the NHS. It was also reported that nominations were also being requested for four members of staff to attend a service at Westminster Abbey and a choral concert at York Minster on the 5th July 2018.

iii) The Group Chairman reported that a very successful Nursing, Midwifery & Allied Health Professional Research Conference was held in the Post-Graduate Centre on Friday, 11th May 2018.

iv) The Board extended its congratulations to Emergency Department at the MRI for winning the national student placement of the year at the Student Nursing Times awards. It was also noted that the RMCH Emerge 16-17 Mental Health Service had been shortlisted in the Equality, Diversity and Inclusion category in the first ever GM Health and Care Champion Awards.

v) The Group Chairman reported that she had attended the opening of the Taylor Unit on the Trafford Hospital site on 18th April 2018. It was noted that the event marked the successful transfer of Taylor Unit (neuro rehab) from Leigh Infirmary and would now be one of the largest neuro rehabilitation units in the country.

vi) Finally, the Board was reminded that the Great Manchester Run was scheduled to take place on Sunday, 20th May 2018 with an MFT team of over 350 people, including many members of the Board of Directors, taking part.

Decision:	The Chairman's Report was noted	**Action by:** n/a	**Date:** n/a

77/18 Group Chief Executive's Report

i) The Group CEO reported that the Manchester Local Care Organisation (MLCO) was launched on 1st April 2018 and was responsible for co-ordinating and delivering health and social care across the City of Manchester. he explained that a number of organisations were now working together formally through a Partnering Agreement (more under Agenda Item 54/18)

ii) The CEO was pleased to report that Phase 1 of the new Emergency Department expansion at Wythenshawe Hospital was due to 'go live' on Wednesday, 16th May 2018. He explained that the facility would serve to enhance patient experience and care.

iii) The Group CEO reported that GM had been invited, with 10 other regions, to bid for £7.5M of funding over 2 years to support the establishment of an Interoperability Hub. He explained that The Centre expected to fund 7 hubs across the country with this bid a forerunner of a larger bid for up to £27M to support the establishment of 5 Innovation Hubs

iv) The Group CEO invited the Chief Operating Officer to provide and update on an issue with the NHS Breast Screening Programme which had been widely reported in the Press & Media during the previous few weeks. The Chief Operating Officer explained that there had been an issue with the National Patient Notification System which had led to some women not being invited for their final screen between their 68th and 71st birthday. She explained that this was now resolved, and NHSE, PHE and the Department of Health and Social Care had taken the decision together to offer a re-screen to women who had been affected. As part of this Patient Notification Exercise, all of the affected women registered with a GP would receive a letter with clear advice and signposting. At a local level, with MFT being one of the largest breast screening facilities in the country (with 1,127 women >70yrs), it was noted that staff had been working hard to ensure that all these women had been re-booked for screening by October 2018. It was further noted that this additional work was undertaken in evenings and weekends and did not adversely impact on the routine breast screening programme offered by the Trust (at Wythenshawe) and associated waiting times. Further national guidance was expected regarding women >72yrs.

Decision:	CEO's Report was noted	**Action by:** n/a	**Date:** n/a

78/18 Operational Performance

Board Assurance Report

The Group Joint Medical Director reported that the Trust had experienced a total of six Never Events (a correction from the previously reported seven) during 2017/18. She also provided a brief description of two Never Events (NE) which had occurred in the Trust since April 2018 and their details were noted along with action plans to mitigate reoccurrence and learning shared across the Group.

The Group Joint Medical Director reported that the Trust's Mortality indices, SHMI & HSMR, remained below the national average.

The Chief Operating Officer reported that MFT's A&E performance in March 2018 was 84.4% and the overall Q4 performance was 85.42%. It was noted that this compared to a GM average position of 81.5% (against a target of 95%). The Board was advised that the MRI & Wythenshawe Hospitals had been working on, and, implementing specific *'Patient Flow Improvement Programmes'* to improve performance across the system and minimise the adverse impact of heightened emergency/urgent care activity on the Trust's elective access standards. The Board noted the Trust's performance in reducing 'Cancelled Operations'.

In response to a question from Mr Rees regarding A&E attendances and the collection of data on patients who attend but could have been seen in alternative settings such as GP Practices, the Chief Operating Officer explained that she would share the available information with NEDs. She also explained that the Trust was focused on 'streaming patients' to the right setting when they arrived in A&E and there was a heightened level of 'learning from good practice' shared between MFT Hospital sites.

The Executive Director of Workforce & OD reported that the Trust was focused on supporting staff 'Return to Work' initiatives which included a review of an electronic 'Return to Work' notification system at Wythenshawe Hospital compared to a more traditional approach adopted in the MRI and Trafford. The Board was also reminded that it was the Healthy Awareness Week (w/c 14.05.18).

The Executive Director of Workforce & OD also reported that Appraisal performance was receiving heightened level of focus at the HR Scrutiny Committee and Hospital / MCS CEOs had been requested to provide recovery plans for discussion at the HR Scrutiny Committee in June 2018. In response to a question from Professor Bailey, discussion also centred on the impact of appraisals on the workforce and research in this area.

In response to a question from Mr Gower, the Executive Director of Workforce & OD reported that whilst the Band 5 turnover within Nursing appeared to have increased in March, it was explained that this was because January and February 2018 witnessed an unusually low level of turnover amongst the workforce. However, it was also noted that further analysis of the outturn positions during Q4 was underway ('cause and effect').

The Board noted the Board Assurance Report (January 2018)

Decision:	Noted	**Action by:** n/a	**Date:** n/a

Transforming Care for the Future – 2018/19 Annual Plan and Commitments

The Chief Operating Officer provided an overview of the 2018/19 'Transforming Care for the Future' Annual Plan and Commitments. She explained that the focus would be to deliver the patient and financial benefits from the merger business case, as well as continuing to embed and sustain the MFT standards for outpatients, elective and non-elective care across all Hospitals / Managed Clinical Services.

It was noted that the transformation resource would focus on the complex change work streams which would primarily be in the delivery of the integration benefits. The Board noted that the report outlined the timescales and commitments to deliver the integration programmes of work. It was further noted that 11 objectives would be delivered under 4 quarters in 2018/19 under headings of Delivery of MFT Operational Excellence Standards; Integrated Care and Pathways to deliver Clinical Benefits; and, Creating the culture and build capability for continuous improvement. Attention was also drawn to the Key Outcomes Measures.

Mrs McLoughlin thanked the Chief Operating Officer and the Transformation Team for a concise and clear report.

The Group Board of Directors noted the 2018/19 'Transforming Care for the Future' Annual Plan and Commitments

Decision:	The 2018/19 Annual Plan & Commitments Noted	**Action by:** n/a	**Date:** n/a

Progress Report on the Single Hospital Service (SHS)

The Director for the SHS provided an update on the Manchester SHS Programme activities. It was confirmed that MFT continued to focus on planning for, and delivery of, the integration of services and achieving the anticipated benefits of the merger of the former UHSM & CMFT on 1st October 2017. He confirmed that this work was reflected in the Post Transaction Integration Plan (PTIP) which supported and guides integration activity.

The Board was reminded that the fourth iteration of the PTIP had recently been finalised to reflect the integration activity undertaken in the first 100 days of the new organisation and to support delivery of the next phase of implementation. The Director for the SHS explained that at this point, the majority of work was being delivered through 'business as usual' with Group Executive Directors owning integration activity relevant to their portfolios. It was also noted that increasingly, ownership by the Hospital Chief Executives and their leadership teams would become more prominent as the new organisational structures matured and the Annual Planning process for 2018/19 would further embed this approach.

The Director for the SHS reported that the integration activity was progressing strongly across MFT. It was noted that a series of Programme Boards had now been established to take responsibility for the delivery of the major change programmes which cut across hospital sites and Managed Clinical Services and the Manchester Local Care Organisation was also engaged with this work. It was confirmed that the focus was currently on three areas, namely, Orthopaedics; Cardiac; and, Elderly Care. It was also noted that a Respiratory Board would be established in May 2018.

The Director for the SHS described the establishment and roles of the Programme Boards chaired by either a Group Executive Director, or, Hospital Chief Executive with a standardised approach being adopted for all. It was confirmed that in addition to the establishment of the Programme Boards and delivery of day 1-100 projects, integration work had been continuing across the organisation (with examples cited in the report as presented).

In response to questions from Dr Benett and Mr Rees, the Director for the SHS confirmed that further information videos would be produced as a form of communication with the wider workforce on the integration prcess and benefits realisation following the merger in October 2017.

The Board also received an update on the proposal for MFT to acquire North Manchester General Hospital (NMGH) as part of an overall plan to dissolve Pennine Acute Hospitals NHS Trust (PAHT) and transfer the remaining hospital sites to Salford Royal NHS Foundation Trust (SRFT).

The Board was reminded that the Care Quality Commission (CQC) inspected PAHT, including NMGH, in 2016 and issued a rating of 'Inadequate' to the Trust overall and the NMGH / Royal Oldham Hospital sites in particular. The Director for the SHS explained that a further inspection was completed at the end of 2017 and results were published in March 2018 which demonstrated that improvements had been made generally within PAHT and specifically on the NMGH site; both had now been assessed by the CQC as 'Requires Improvement'.

The Director for the SHS confirmed that a number of services on the NMGH site showed that particular progress had been made to improve services for patients with Maternity and Urgent/Emergency Care having improved from 'Inadequate' to 'Good' over the course of the two inspections. The Board was reminded that both of these services had, and continued to receive direct input from teams / colleagues at MFT.

The Board noted that in addition to the above, work had started, within MFT, to develop the strategic case which was the first key submission required in the transaction process.

The Board noted the work underway to progress the post-merger integration plans along with the position of the proposed transfer of North Manchester General Hospital as part of NHS Improvement's plan for the dissolution of Pennine Acute NHS Trust

Decision:	Update Report Noted	**Action by:** n/a	**Date:** n/a

Chief Finance Officer's Report

The Group Chief Finance Officer provided a summary overview of the 2017/18 out turn position. He explained that the full set of year-end accounts would be formally presented to the Audit Committee on 23rd May 2018 (within the 2017/18 Annual Report & Accounts), and, a more detailed briefing session ('run through') would be provided to NEDs following the Public Board Meeting on 14th May 2018.

The Group Chief Finance Officer drew attention to the key features within the report presented and it was noted that the consolidated financial performance for the year was a bottom line surplus (on a control total basis) of £36.5m (2.3% of operating income). He explained that this result was reliant upon £39.1m of Sustainability funding. He also explained that the financial performance of the Trust was assessed net of the Sustainability funding and against this measure, the Trust's surplus exceeded its plan by £8.2m.

The Board was reminded that as one year came to an end, the next year had now commenced and despite a very good level of performance in 2017/18, the Trust was now facing a new financial challenge and in response, all Hospitals/Managed Clinical Services were now working on their plans to meet this challenge. It was noted that continued focus and challenge would be provided by the Finance Scrutiny Committee on behalf of the Board of Directors.

The Group Chairman reflected on the Trust's 2017/18 year-end financial position and explained that this was a tremendous achievement and wished to thank everyone for all their hard work, energy and efforts throughout the year.

Dr Benett congratulated everyone for a significant level of achievement and in response to his question regarding how the Trust had once again managed to meet and exceed its financial challenge, Mr Roberts briefly reminded the Board of the significant financial challenge facing the NHS during the previous eight years and explained that the MFT workforce and leadership teams were to be commended for their efforts and diligence in delivering a sustained level of performance (operationally and financially) since the Autumn (2017) which placed the organisation is a much stronger position going forward into 2018/19.

Mr Clare also congratulated the Hospital/MCS and corporate teams for all their hard work and efforts and in response to his question regarding the MRI's financial performance, Mr Roberts explained that the MRI's outturn position was marginally better than what had been previously reported to the Finance Scrutiny Committee in mid-March 2018 and was steadily improving in first few months of 2018/19.

In conclusion, the Board noted that going forward, there was a need for continued intense leadership focus on four key areas, namely, sustained income delivery; renewed grip and control over expenditure; the drive on agency costs reductions; and, continued savings delivery.

Decision:	CFO's Report Noted	**Action by:** n/a	**Date:** n/a

79/18 Strategic Review

Update on Key Strategic Developments

The Group Executive Director of Strategy provided an update on a range of key strategic issues which were currently being progressed. Particular attention was drawn to the key items discussed at the meeting of the GM Health and Care Partnership Executive (formerly known as SPB E) on 19th April 2018 which included 'Improving urgent and emergency care across Greater Manchester'; 'Children's Health and Wellbeing Framework'; 'Adult Social Care Transformation'; and, 'Theme 3 Transformation'. It was also reported that Trafford CCG had now merged with Trafford Council and the new organisation was to be known as 'Trafford Together for Health and Social Care'.

The Group Executive Director of Strategy reported that for 2018/19, the annual planning process had been amended to reflect the revised organisational structure and leadership arrangements. He explained that the vision and strategic aims which set out what the Trust would want the organisation to look like in the longer term had been set at the MFT group level. However, it was noted that the key priorities (i.e. the 'must-dos' for the coming year), had been set by each Hospital / Managed Clinical Service and had formed the basis of the Annual Plans that they were each developing.

The Board noted that this approach ensured the organisation had alignment across the group, at the same time as giving the Hospital / Managed Clinical Services the autonomy to decide on what their priorities should be based on their own local circumstances. It was also noted that the first drafts of the Annual Plans had been submitted and were being reviewed by Executive Directors and final plans would be produced by 27th April 2018.

The Group Executive Director of Strategy confirmed that an overarching MFT Operational Plan was currently being developed. It was also reported that Dr Jane Eddleston has been appointed as the overall Clinical Lead for the Service Strategy Development as part of her role as Deputy Medical Director. It was noted that a Service Strategy Steering Group was being established to oversee the programme and would be chaired by the clinical lead and would be responsible for ensuring alignment across service strategies, quality assuring the deliverables and considering alignment with external work programmes such as GM theme 3 and NHS England commissioning specification requirements.

The Board was advised that the Group Service Strategy Committee (GSSC) would oversee the development of the over-arching group service strategy. It was reported that in terms of *Clinical Service Strategies,* service groupings and the allocation of services to waves had now been completed and the Trust was in the process of appointing clinical leads for each of the six services within wave one. It was further noted that regular meetings were taking place with the Transformation and the Single Hospital Service teams to ensure that the strategy work aligned with other work that was underway.

The Board of Directors noted progress and the current position in relation to the key strategic areas as presented.

Decision:	Update Report Noted	**Action by:** n/a	**Date:** n/a

Update on the Manchester Local Care Organisation (MLCO)

Mr Michael McCourt (CEO, MLCO) provided an update on progress regarding the development of the MLCO and confirmed that on 1st April 2018, the MLCO was established. He reminded the Board that the MLCO had a single leadership structure to provide integrated health and social care across the communities and neighbourhoods of Manchester as provisionally set out in the LCO prospectus released in March 2017 by Manchester Health and Care Commissioning (MHCC).

Mr McCourt described progress in producing a Partnering Agreement with associated schedules (formally approved and signed by all Partner organisations internal governance processes during March 2018) and explained that this was a legally binding document which committed the Partners to the supporting the establishment and the delivery of the MLCO, realising the ambition set out provisionally in the LCO Prospectus. The Board noted that it had been agreed that a review of the efficacy of the Partnering Agreement would take place during Q1 (2018/19) via a recently established Governance Working Group.

Particular attention was drawn to the MLCO 2018/19 Business Plan and key Deliverables along with the Corporate and Service Objectives. Mr McCourt also explained that the new care models that the MLCO was responsible for mobilising, funded through the GM Transformation Fund and Adult Social Care Grant, continued to progress through the key phases of business case, design, mobilisation, implementation and evaluation. The Board was advised that a North Manchester Community Health Services Transfer Committee was established with representation from relevant stakeholders, with the purpose to ensure safe and effective transfer of North Manchester Community Services. Mr McCourt confirmed that the committee successfully facilitated and oversaw the transfer of the contract from Pennine Acute Hospital NHS Trust (PAHT) to MFT on 1st April 2018. He also explained that a service level agreement was established between the two organisations until July 2018, with the TUPE transfer of staff associated with the services to be complete by July 2018.

In response to the Group CEO, the Mr McCourt described the

The Board noted the contents of the update report.

Decision:	Update report noted	**Action by:** n/a	**Date:** n/a

80/18 Governance

Delegated Authority to Sign-off the CMFT & UHSM Legacy Annual Reports & Accounts for April-September 2017, and, the MFT Annual Report & Accounts for October – March 2017/18, to the MFT Audit Committee

The Chief Finance Officer requested that the Board delegated authority, as in previous years, to the Audit Committee for the formal sign-off of the CMFT & UHSM Legacy Annual Reports & Accounts for April-September 2017, and, the MFT Annual Report & Accounts for October – March 2017/18 (which included the 2017/18 Annual Quality Account) to the MFT Audit Committee

The Board approved this request.

Decision:	The Board delegated authority to the MFT Audit Committee for the formal sign-off of the three Annual Report & Accounts (inc. the Annual Quality Account) for 2017/18.	**Action by:** The Chief Finance Officer. and, Chair of the Audit Committee	**Date:** 22nd May 2018

L

Local Clinical Research Network Annual Plan for 2018/19

The Group Joint Medical Director provided an overview of the Greater Manchester Local Clinical Research Network (LCRN) Annual Plan (2018/18). He explained that the GM Annual Plan set out the expectations for Research Delivery across the network during 2018/19 with assurance that this would be in full compliance with the DoH/LCRN Host Organisation Agreement (referred to in Section 1 of the document presented). He also explained that this must be agreed by the CRN: GM Partnership Group and be formally approved by the CRN: GM Host Organisation Board.

The Board noted that the Annual Plan detailed the strategic and operational direction for CRN: GM within the reporting year and constituted the Delivery Plan, Financial Plan, Risk Register and latest Business Development plans and key elements of the plan.

It was noted that there was an expectation the Host Organisation and CRN: GM Partners were able to meet all requirements and deliver in full compliance with the Performance and Operating Framework for 2018/19. Details of the various Sections of the network projects for 2018/19 were noted.

The Board considered and approved the GM LCRN Annual Plan for 2018/19.

Decision:	GM LCRN Annual Plan for 2018/19 approved.	**Action by:** n/a	**Date**: n/a

Complaints Report – Quarter 4 (2017/18)

The Group Chief Nurse presented an overview of the Complaints and PALS performance for Quarter 4; reporting period 1st January to 31st March 2018. It was particularly noted that during Q4 of 2017/18, work had continued to be undertaken to integrate complaints functions and develop a single set of performance metrics for MFT and challenges with the Ulysses System on the Wythenshawe site had been addressed and a steady recovery of the backlog was progressing in accordance with revised performance trajectories.

The Board noted that during Q4, a total of 420 formal complaints were received and this compared to 333 complaints received in Q1, 400 complaints received in Q2 and 408 received in Q3 2017/18. It was further noted that there was a 2.9% increase in formal complaints (increase of 12 in number) received in Q4, compared to Q3, which was recognised to be within normal variation. It was reported that the Trust-wide top three category types for Formal Complaints in Q2 to Q4 (2017/18) was 'Treatment/Procedure'; 'Communication'; and, 'Access, admission, Discharge'.

The Group Chief Nurse explained that all Hospitals/MCSs regularly received their complaint data and reviewed the outcomes of complaint investigations at their Quality and Safety or Clinical Effectiveness Committees. She also explained that learning was disseminated through Hospital/MCS Divisional structures as well as through Trust-wide communications media and alerts. The Board noted how learning from a selection of complaints (as presented in the report) in Q4 (2017/18) had been applied in practice to contribute to continuous service improvement within the Hospitals/MCSs.

In conclusion the Board noted the good progress which had continued to be made to deliver the Post Transaction Implementation Plan in order to integrate and develop the MFT complaints systems and processes. The Board also noted the content of the Q4, 2017/18 Complaints Report and the on-going work of both the Corporate teams and the Hospital/MCS teams to ensure that the Trust was responsive to concerns raised and learnt from patient feedback in order to continuously improve the patient's experience when accessing services or when raising complaints, concerns or providing complimentary feedback about the Trust's services

Decision:	Complaints Report – Quarter 4 (2017/18) noted	**Action by:** n/a	**Date:** n/a

Annual Infection, Prevention Control Report (2017/18)

The Group Chief Nurse provided an overview of the Infection Prevention and Control Annual Report for 2017/18. The Board was reminded that the Trust had a statutory responsibility to be compliant with the Health and Social Care Act 2008 (Department of Health, 2010) and a requirement of this Act was for the Board of Directors to receive an annual report from the Director of Infection Prevention and Control. The Group Chief Nurse explained that the report detailed Infection Prevention and Control activity from April 2017 to March 2018, outlining key achievements and an assessment of performance against national targets for the year (including from the two predecessor organisations: CMFT & UHSM).

The Group Chief Nurse reported that the prevention and control of infection was a high priority for the Trust and there was a strong commitment to preventing all Healthcare Acquired Infections (HCAI). She explained that since the objective for meticilin resistant *Staphylococcus aureus* (MRSA) bacteraemia was first introduced in 2006, the Oxford Road/Trafford Campus had achieved an 81.3% reduction (from 16 to three) in the number of incidents of attributable MRSA, and, Wythenshawe Hospital had achieved a 76.5% reduction (from 17 to four). Similarly, it was reported that the objective for *Clostridium difficile* infection (CDI) was introduced in 2007/8 and since then, there had been a 67% and 82% reduction in the number of attributable incidents of CDI reported by Oxford Road/Trafford Campus and Wythenshawe Hospital, respectively.

The Board was advised that in November 2016 the Health Secretary announced plans to reduce healthcare associated Gram-negative bloodstream infections (GNBSI) by 50%, by March 2021. The Group Chief Nurse explained that in 2017/18, the objective was to reduce the number of incidents of *Escherichia.coli* (*E.coli*) bacteraemia, (one of the largest GNBSI groups), by 10% using the 2016 data as the baseline. It was noted that the actual number of cases reported by the Trust represented a 16.7% decrease and MFT was one of only 59 Trusts in England to achieve the objective and were contacted by the Executive Director of Nursing, NHS Improvement)to feedback areas of good practice which had been implemented. It was further noted that areas of good practice that may have contributed to the organisation's success included a focus on the prevention of Catheter Associated Urinary Tract Infection (CAUTI) and a review of antibiotic guidelines for uro-sepsis.

The Group Chairman commended the heightened level of performance as presented and the Board noted the Annual Infection, Prevention Control Report and agreed to the publication of the report on the Trust web site. (2017/18).

Decision:	Annual Report Noted	**Action by:** n/a	**Date:** n/a

T

Annual Nursing & Midwifery Revalidation Report (2017/18)

The Group Chief Nurse provided an overview of the first annual report for MFT to provide assurance on Nursing and Midwifery Revalidation to the Board of Directors. She explained that within the report, the data was reported separately from 1st April to 30th September 2017 to reflect the separate legacy Trusts that were in place prior to the establishment of MFT (UHSM & CMFT). It was noted that data from 1st October 2017 to 31st March 2018 is presented for MFT.

The Group Chief Nurse reminded the Board that since April 2016, nurses and midwives had been required to undergo a three yearly process of revalidation to demonstrate that their practice was in line with the Nursing and Midwifery Council (NMC) Code. She explained that revalidation replaced the previous post-registration education and practice (PREP) standards and the Board noted the requirements and the responsibilities of Registrants.

The Group Chief Nurse described the NMC annual reporting schedule and the overall responsibility for nursing and midwifery revalidation in the former CMFT & UHSM.

It was noted that a significant factor in the successful implementation of Nursing and Midwifery Revalidation had been the integration of the requirement within everyday practice and to ensure continued success within MFT, a number of actions were in progress including the review of existing policies and development of an MFT Nursing and Midwifery Revalidation Policy to align governance and processes across MFT (which would include introduction of a standardised approach to reporting reasons for lapsed registrations); a review of existing policies and development of an MFT Verification of Professional Staff Registration to align governance and processes across MFT; the alignment of resources, support and advice available to staff; and, the alignment of monitoring and data collection across all hospitals and Managed Clinical Services.

The Group Chief Nurse explained that in order to maintain stability, existing policies and processes would remain in place until the new Nursing and Midwifery Revalidation policy was implemented.

The Board noted that the Nursing and Midwifery Revalidation had been successfully implemented across MFT and the continued support of Registrants to ensure that they successfully revalidated remained a core patient safety objective for the Trust. It was further noted that the data to record the reasons for not revalidating would be collated and reported Group wide from April 2018.

The Board of Directors note the remaining content of the report as presented

Decision:	Report Noted	**Action by:** n/a	**Date:** n/a

R

Annual Medical Workforce Revalidation Report (2017/18)

The Group Joint-Medical Director provided an overview on the progress of the Trust towards the management of medical appraisal and revalidation since its implementation in March 2013.

The Board was advised that following the establishment of the new Trust on 1st October 2017, the new Responsible Officer was Professor Robert Pearson (Group Joint Medical Director) and that at the end of 2017/18 (31st March 2018), MFT had 1,590 doctors with a prescribed connection.

The Group Joint-Medical Director explained that during the first 100 Days (since 01.01.2017), the medical appraisal and revalidation policies from both sites were reviewed, updated and merged. He also confirmed that the new policy was currently with the Joint Local Negotiating Consultative Committee (JLNCC) for review and agreement.

The Board noted that work towards procurement of a single cross-site appraisal management system was on-going and 93% of connected doctors had an appraisal within the year. It was also confirmed that the Quality Assurance of the process was subject to ongoing review and appraisers were being trained or refreshed to ensure they all meet the required standards.

The Board noted the summary of the Trust's performance in relation to appraisal and revalidation for the period April 2017 to March 2018. The Board also received assurance that the Trust was compliant as a designated body and that the Responsible Officer (RO) was discharging his statutory responsibilities.

Decision:	Annual Report Noted	**Action by:** n/a	**Date:** n/a

Annual Accreditation Report (2017/18)

The Group Chief Nurse provided an overview of the Annual Accreditation Report (2017/18) for MFT. She explained that the accreditation process is part of the Trust's assurance mechanisms for ensuring high quality care and the best patient experience and was underpinned by the Trust Improving Quality Programme in order to promote a culture of continuous improvement.

It was noted that prior to the formation of MFT, accreditation programmes were established in both former Trusts, although there were some differences in the assessment processes and scoring criteria for each Trust. The Group Chief Nurse explained that in order to ensure continuity following the merger, accreditation programmes continued with their planned schedule for 2017/18 and the annual report, as presented, set out the results of these accreditations.

The Board noted that in 2017/18, one hundred accreditations were undertaken utilising the former CMFT accreditation system, with 26% of areas attaining Gold status; forty six accreditations were undertaken utilising the former UHSM accreditation system with 19.5% of areas attaining Diamond and 6.5% attaining Gold status. It was further noted that no areas in either former Trust, or following the merger, were classified as White in 2017/18. Particular attention was drawn to areas that attained Gold and Diamond Status who were presented with their certificates by the Group Chief Nurse and, following the establishment of MFT, representatives were invited to the MFT Excellence Awards in recognition of and to celebrate their achievement.

The Group Chief Nurse particularly emphasised the importance of effective leadership which was assessed within the accreditation process, on the delivery of high quality patient experience.

The Group Board of Directors noted the content of the report and the plans for the MFT 2018/19 accreditation programme.

Decision:	Annual Report Noted	**Action by:** n/a	**Date:** n/a

E

Update on the Values & Behaviours Framework

The Group Executive Director of Workforce & OD provided an overview of the development of the Trust's Values & Behaviour along with the behavioural framework. The Board was reminded that the MFT Values and Behaviour Framework made explicit the behaviours that all staff needed to display to ensure a high quality and compassionate culture that was required for high performance and the delivery of excellent standards of care.

The Group Executive Director of Workforce & OD explained that through a variety of mechanisms, almost 5,000 staff had been involved in developing the MFT Values and Behaviours Framework. She also reported that Staff groups had included members of the Board of Directors, clinical and administrative staff, Sodexo staff and staff with protected characteristics. Volunteers and patients have also been included in its development. The Board noted the output of the engagement sessions and it was recognsied that the values that mattered the most to staff fell into four value sets, namely, 'Working Together', 'Dignity & Care'; 'Everyone Matters'; and, 'Open & Honest'.

The Board of Directors was advised that the MFT Values and Behaviours Framework was being built from this extensive engagement exercise and was being kept simple. It was noted that research suggested that organisations which had most successfully developed a strong commitment to values had simple and memorable statements. With thin in mind, and to aid this, an overarching values statement for MFT had been developed which was *'Together Care Matters'.*

The Group Executive Director of Workforce & OD described the further design stages (and timescales) and the importance of effective communications to help embed the Framework throughout he organisation (once approved by the Board of Directors) was a key component. She explained that a range of plans were being developed by the Communications team to launch the framework once approved and these included incorporate of the key messages as part of the NHS 70th birthday celebrations; a Values & Behaviours video for a variety of uses (including Induction); Payslip leaflets (June); a Social Media campaign; and, screensavers and posters throughout the organisation.

The Board of Directors approved the MFT Values and Behaviours Framework and noted the high level programme plans outlined in the report as presented.

Decision:	MFT Values and Behaviours Framework approved and high level programme plans noted.	**Action by:** n/a	**Date:** n/a

S

Staff Survey Report

The Group Executive Director of Workforce & OD provided a final briefing to the Board of Directors (BoD) on the 2017 national Staff Survey results, following the initial presentation of the results in March 2018 and the more detailed report presented in April 2018. She explained that the purpose was to provide the Board of Directors with further detail on the plans in place to build on what the organisation was doing well, and, address areas for development. The Board noted that a full summary of the data and benchmarks was available on request.

The Board was advised that the 2017 NHS Staff Survey results were based on staff in post and organisational structures as at 1st September 2017 and therefore, national reporting of the 2017 survey was for MFT's predecessor organisations (UHSM & CMFT). It was further noted that just over 7,000 staff had responded to this year's survey.

The Group Executive Director of Workforce & OD provided a summary overview of the key findings (as presented in the report) and it was acknowledged that the staff survey was the Trust's primary method by which the organisation measured its' culture, how well it lead and supported the well-being of its workforce, and, enabled each member to fulfil their potential (best described as staff experience).

The Group Executive Director of Workforce & OD reminded the Board that the culture the organisation was aiming to create was described in the MFT Leadership and Culture Strategy. Attention was drawn to specific actions for improvement over the next three years along with specific milestones in 2018/18, namely, improve the staff engagement score to 'above average' for combined acute and community Trusts; improve scores for the 5 Key Findings where the organisation was 'below average' for combined acute and community Trusts (2.7 above) and improve those where the organisation had deteriorated; continue to maintain and improve scores for those key findings where MFT is doing well; and, have no Key Findings 'below average' for combined acute and community Trusts.

The Board of Directors noted the strengths, improvements and areas for development and agreed the actions outlined in section 3 and goals in section 4 of the report presented.

Decision: R e p	Noted the strengths, improvements and areas for development and agreed the actions outlined in section 3 and goals in section 4 of the report presented.	**Action by:** n/a	**Date:** n/a

o

Report on the 2018/19 NHS I FT Self-Certification

The Group Executive Director of Workforce & OD reminded the Board of Monitor's healthcare licensing regime and that all NHS Foundation Trusts were required to self-certify whether or not they had complied with the conditions of the NHS provider licence, had the required resources available if providing commissioner requested services, and, had complied with governance requirements.

The Board was also reminded that MFT had an NHS Provider Licence (No. 130164) and the guidance issued by NHSI in April 2017 required NHS Providers to self-certify only three Licence Conditions after each financial year-end, namely, Condition G6; Condition FT; and, Condition CoS7.

The Executive Director of Human & Corporate Resources provided an overview of the evidence presented for each condition and following a short discussion it was agreed that based on the evidence highlighted in the supporting documentation, Condition G6 Self-Certification would be formally signed-off as 'Confirmed'. Similarly, and based on the evidence highlighted, the Board agreed that declaration 'B' within the Condition CoS7 Self-Certification would be formally signed-off as 'Confirmed'.

With regards to Condition FT4, it was noted that the Board had already received an electronic copy of the *draft* summary set of evidence to support this Condition with the aim of identifying any risks with compliance and any action taken, or, being taken to maintain future compliance. It was agreed that the Board would review and comment (via the Board Secretary) on the draft governance statements during May and early June 2018 and that the Group Chairman & Chief Executive would be given delegated authority to 'sign-off' the Self-Certification ('Condition FT4') in order to meet the self-certification deadline of 30th June 2018; which was prior to the next Board of Directors meeting on 9th July 2019.

Decision:	The Board agreed to 'sign-off' Self Certification Conditions G6 and CoS7 as 'Confirmed'.	**Action by:** Board Secretary	**Date:** 31st May 2018

Board of Directors Declarations of Interests (April 2018)

The Board received and noted the Annual Declaration of Interests (April 2018).

Decision:	Report (April 2018) Received and Noted	**Action by:** n/a	**Date:** n/a

T

The MFT Board Assurance Framework (April 2018)

The Board of Directors received the latest version of the Board Assurance Framework (April 2018) and noted the updated Strategic Aims and associated Key Priorities for 2018/19.

Decision:	BAF (April 2018) Received and Noted	**Action by:** n/a	**Date:** n/a

To Note Committee meetings which had taken place:

- Group Risk Management Committee held on 5th March 2018
- Finance Scrutiny Committee held on 14th March 2018
- Quality & Performance Scrutiny Committee held on 3rd April 2018
- Audit Committee held on 4th April 2018
- HR Scrutiny Committee held on 17th April 2017

81/18 Date and Time of Next Meeting

The next meeting of the Board of Directors held in public will be on **Monday, 9th July 2018** at **2:00pm** in the **Main Boardroom.**

82/18 Any Other Business

There was no other business.

Present:	Mr J Amaechi	- Group Non-Executive Director
	Mr D Banks	- Group Director of Strategy
	Professor Dame S Bailey	- Group Non-Executive Director
	Dr I Benett	- Group Non-Executive Director
	Mrs J Bridgewater	- Group Chief Operating Officer
	Mr B Clare	- Group Deputy Chairman
	Mrs K Cowell	- Group Chairman
	Sir M Deegan	- Group Chief Executive
	Mr N Gower	- Group Non-Executive Director
	Mrs G Heaton	- Group Deputy CEO
	Mrs M Johnson	- Group Director of Workforce & OD
	Professor C Lenney	- Group Chief Nurse
	Mrs C McLoughlin	- Group Non-Executive Director
	Miss T Onon	- Group Joint-Medical Director
	Professor R Pearson	- Group Joint-Medical Director
	Mr T Rees	- Group Non-Executive Director
	Mr A Roberts	- Group Chief Finance Officer
In attendance:	Mr P Blythin	- Director Single Hospital Service
	Mr D Cain	- Deputy Chairman Fundraising Board
	Mr A W Hughes	- Director of Corporate Services/Trust Board Secretary
	Mr M McCourt	- Chief Executive Officer, MLCO
Apologies:	No apologies for absence	

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING (Public)

ACTION TRACKER

Board Meeting Date: 12th March 2018			
Action	Responsibility	Timescale	Comments
MFT Annual Plan to be submitted to the Board of Directors	Group Director of Strategy	July 2018	
Update Report on Never Events action plans to mitigate risk of recurrence to be presented to the Board in six months.	Group Joint Medical Director	September 2018	

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Director of Workforce & Organisational Development
Paper prepared by:	Margot Johnson Group Executive Director of Workforce & Organisational Development Helen Farrington, Deputy Director of Workforce and Organisational Development
Date of paper:	July 2018
Subject:	Manchester University Foundation Trust (MFT) Values and Behaviours Framework
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Resolution • Approval
Consideration of Risk against Key Priorities:	The MFT values and behaviour framework make explicit the behaviours that all staff need to display to ensure a high quality and compassionate culture that is required for high performance
Recommendations:	This a resubmission of the paper originally presented to the Board of Directors (Public) in May following the recommendation by the Board to amend the wording in the MFT Values and Behaviours Framework from 'Behaviours we don't want', to 'Behaviours we will not accept'. There was also a typographical error. These amendments are highlighted in section 4. The remainder of the paper is unchanged.
Contact:	Name: Margot Johnson, Group Executive Director of Workforce & Organisational Development Tel: 0161 276 4795

1.0 Introduction

1.1 This is a resubmission of the paper originally presented to the Board of Directors (Public) in May following the recommendation by the Board to amend the wording in the MFT Values and Behaviours Framework from 'Behaviours we don't want', to 'Behaviours we will not accept'. There was also typographical error. These amendments are highlighted in section 4. The remainder of the paper is unchanged.

2.0 Background and Context

2.1 The purpose of this paper is to provide the Board of Directors with an overview of how the values have been developed and seek approval of the Manchester University NHS Foundation Trust (MFT) Values and Behaviours Framework.

2.2 A key element of the merger plans and the MFT Leadership and Culture Strategy is the development of values and behaviours which describe the core cultural characteristics of MFT.

2.3 Organisational values are the principles or standards that guide the behaviour of all staff. Together with the vision they define the purpose, culture and beliefs of an organisation.

2.4 Research suggests that commitment to values is fundamental in determining the quality and safety of patients and staff.[1]

2.5 The MFT Values and Behaviour Framework makes explicit the behaviours that all staff need to display to ensure a high quality and compassionate culture that is required for high performance and the delivery of excellent standards of care. The aim of the Framework is to support the creation of a compassionate, inclusive and high quality care culture that is underpinned by exemplary leadership and ensures the best outcomes for people; improving the health of our local population. More specifically:

- Create and build a common purpose, identity and sense of belonging to hospitals and MFT
- Be a celebration of what we do well – as well as stopping the behaviour we don't want
- Be as much about the little things as the big eg first impressions
- Be modelled by our leaders
- Be about permission to use our initiative
- Be an enabler to holding each other to account – decisions and behaviours congruent with values
- Be an enabler to how we achieve targets – consistency of behaviours and reward and recognition of them
- Support a culture of hard work, enjoyment, satisfaction, kindness and helpfulness

2.6 MFT culture is measured through the NHS staff survey, quarterly staff pulse checks, team and cultural diagnostics and patient experience feedback. A key measure is staff engagement which is included in the Accountability Oversight Framework (AOF).

[1] NHS Improvement Culture and Leadership Programme Phase 2 2017

2.7 The MFT values project has been led by the MFT Values and Behaviours Steering Group chaired by Julia Bridgewater.

3.0 Developing the MFT Values and Behaviours Framework

3.1 Through a variety of mechanisms almost 5,000 staff have been involved in developing the MFT Values and Behaviours Framework.

3.2 Staff groups have included members of the Board of Directors, clinical and administrative staff, Sodexo staff and staff with protected characteristics. Volunteers and patients have also been included in its development.

3.3 Initial engagement sessions focussed around understanding the values that matter most to staff and this was refined into four value sets:

- ***Working Together***
- ***Dignity and Care***
- ***Everyone Matters***
- ***Open and Honest***

3.4 Research suggests that organisations which have most successfully developed a strong commitment to values have simple and memorable statements. Therefore to aid this, an overarching values statement for MFT has been developed which is ***'Together Care Matters'.***

3.5 These Values were presented at the CEO forum in January with John Ashcroft CEO at Manchester Royal Eye Hospital and University Dental Hospital of Manchester taking a lead in developing the behavioural framework which underpins the values.

3.6 Based on conversations with staff and a review of other NHS Foundation Trust 'values into behaviour' approaches a core group of behavioural statements were shared with staff who were asked to vote via a survey for the behaviours that they felt were most important to them and best reflected the values.

3.7 The survey was then shared widely with the other Hospitals sites, corporate teams and volunteers to increase engagement with the development process. Over 850 staff completed the survey

3.8 To finalise and further test the co-created values and behaviours with staff, volunteers, patients and networks, the framework was taken out into the hospitals during 'Patient Experience and Care' week roadshows. Patients in particular were targeted for their feedback.

4.0 MFT Values and Behaviours Framework

4.1 The MFT Values and Behaviours Framework built from this extensive engagement exercise has been kept simple

MFT Values and Behaviours Framework 'Together Care Matters'

Value	Behaviours we want - Examples of this Value in practice	Behaviours we will not accept - Examples of the opposite of this Value in practice
Working Together	• I listen and value others views and opinions • We work together to overcome difficulties • I effectively communicate and share information with the team • I do everything I can to offer my colleagues the support they need	• I am aggressive, impolite and rude towards my colleagues • I do not communicate or share crucial information with others • I act in a way that undermines others • Our department works in isolation and we don't work collaboratively with others
Dignity and Care	• I treat others the way they would like to be treated – putting myself in their shoes • I show empathy by understanding the emotions, feeling and views of others • I demonstrate a genuine interest in my patients and the care they receive • I am polite, helpful, caring and kind	• I do not listen to other people's issues or problems • I lack empathy when supporting others • I tell my colleagues and patients I am too busy to help • I show little energy or enthusiasm in the work that I do
Everyone Matters	• I listen and respect the views and opinions of others • I recognise that different people need different support and I accommodate their needs • I treat everyone fairly • I encourage everyone to share ideas and suggestions for improvements	• I discriminate against others • I make no attempt to see things from other people's point of view • I exclude others based on their values and beliefs • I do not listen to what others say
Open and Honest	• I admit when I have made a mistake, and learn from these • I feel I can speak out if standards are not being maintained or patient safety is compromised • I deal with people in a professional and honest manner • I share with colleagues and patients how decisions were made	• I am dishonest and cover up my mistakes • I blame others for my mistakes • I do not keep people informed when problems occur • I openly criticise other people's views and opinions

5.0 Embedding the values

5.1 Led by the MFT Values and Behaviours Steering Group the values will be embedded through five core programmes:

- Performance, Accountability and Appraisal – Lead: Helen Farrington Deputy Group Director of Workforce and OD
- Communication and Engagement (symbols and branding) – Lead: Sarah Booth, Associate Director of Strategic Communications
- Recruitment and Talent (including leadership and team development) – Lead: Stacy Bullock, Head of Change and Talent Management
- Challenging Poor Behaviour and Inclusion – Lead: Mags Bradbury, Associate Director of Inclusion and Community
- Integration and Policies – Lead: Claire MacConnell: Associate Director of Quality Workforce Governance & Quality

5.2 The project groups will have representatives from across all disciplines to ensure the values and behaviours are embedded in all professions.

5.3 Hospital sites have in place plans to embed the values identified in their staff survey and annual plans.

6.0 Launching the MFT Values and Behaviours Framework

5.1 A range of plans are being developed by the Communications team to launch the framework and these include:

- Incorporate as part of the 70 year birthday celebrations
- Values and behaviours video for a variety of uses but including Induction
- Payslip leaflet (June)
- Social Media campaign
- Screensavers and posters.

6.0 Recommendations

6.1 The Group Board of Directors are recommended to approve the amendments to MFT Values and Behaviours Framework presented in section 4.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Executive Directors
Paper prepared by:	Gareth Summerfield, Head of Information, Information Management, CMFT
Date of paper:	July 2018
Subject:	**Board Assurance Report – May 2018**
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Resolution • Receive
Consideration of Risk against Key Priorities:	The Board Assurance Report is produced on a monthly basis to inform the Board of compliance against key local and national indicators as well as commentating on key issues within the Trust.
Recommendations:	The Board of Directors is asked to note the content of the report
Contact:	Name: **Gareth Summerfield** Designation: **Head of Information** Tel No: **0161.276.4768** E-mail: Gareth.Summerfield@cmft.nhs.uk

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS

BOARD ASSURANCE REPORT

(MAY 2018)

1. Introduction

The Board Assurance Report is produced on a monthly basis to inform the Board of compliance against key local and national indicators as well as commentating on key issues within the Trust.

2. Overview

The Board Assurance Report provides further evidence of compliance, non-compliance and/or risks to the achievement of the required thresholds within individual indicators. The report also highlights key actions and progress in addressing any shortfalls.

3. Key Priority Areas

The report is divided into the following six key priority areas:

- **Safety**
- **Patient**
- **Operational Excellence**
- **Workforce & Leadership**
- **Finance**
- **Strategy**

Headline narratives provide context to the above key priority areas, stating current issues, identifying where progress is 'good', identifying future challenges and risks, and commenting on the latest developments around performance of the various indicators.

The narrative is provided by the person(s) accountable for the individual priority areas.

'Guidance Notes' are also included to support the interpretation of the data presented each month.

> Board Assurance Narrative Report – Guidance Notes

The purpose of this document is to assist with the navigation and interpretation of the Board Assurance Report, taking into account Trust performance, indicator statuses, desired performance thresholds as well as who is accountable for the indicator. The report is made up six distinct domains as follows: Safety, Patient, Operational Excellence, Workforce & Leadership, Finance, and Strategy. Each domain is structured as follows:

Summary Bar (Example –Safety Domain)

Safety
R.Pearson\T.Onon

Core Priorities	✓	◇	×	No Threshold
	3	1	1	0

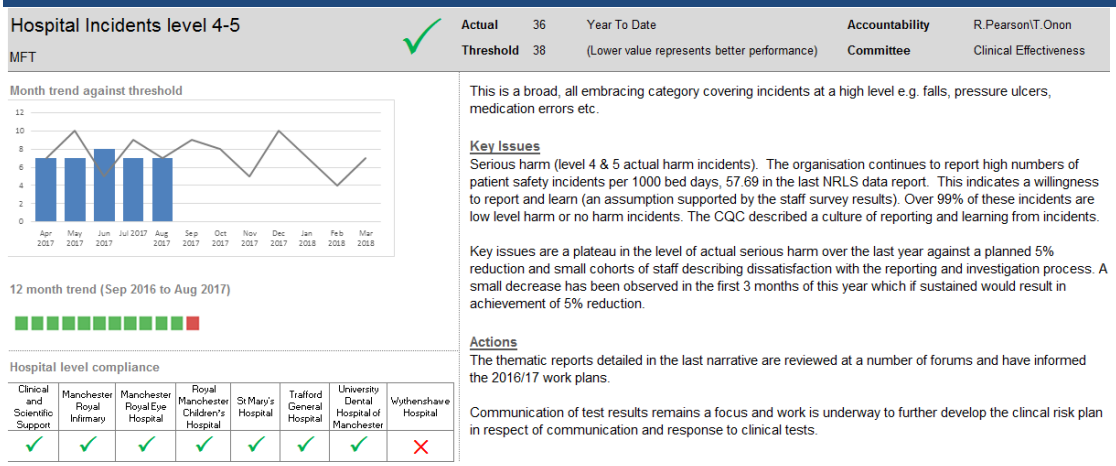
The bar at the very top of each page identifies the domain and accountability. To the right of the top bar is a summary of the core priority indicators associated with the domain. For the example of Patient Safety:

- 3 indicators are flagged as achieving the Core Priorities desired threshold
- 1 indicator is flagged as a warning. A warning may relate to the indicator approaching a threshold or exceeding the threshold by a set margin.
- 1 indicator is flagged as failing the desired threshold
- 0 indicators have no threshold attributed. In some cases, indicators will not have a national of local target/threshold in which to measure against.

Headline Narrative

Headline narratives give context to the domain, stating current issues, good news stories, future challenges and risks, and commenting on the latest developments around performance of the indicators. Narrative is provided by the person(s) accountable for the individual domain

Section - Core Priorities



Each of the individual core priorities are set out as above. Firstly with an individual summary bar detailing:

- **Actual** – The actual performance of the reporting period
- **Threshold** – The desired performance threshold to achieve for the reporting period. This may be based on a national, local, or internal target, or corresponding period year prior.
- **Accountability** - Executive lead
- **Committee** – Responsible committee for this indicator
- **Threshold score measurement** – This illustrates whether or not the indicator has achieved the threshold, categorised into three classifications: Meeting threshold (green tick), approaching threshold (amber diamond) and exceeding threshold (red cross). Amber thresholds are indicator specific.

Below the summary box detail on the left hand side of the page are 3 graphics, as follows:

- **Bar Chart** – detailing the monthly trend (bar) against the threshold for this particular indicator (line)
- **12 month trend chart –** Performance of this indicator over the previous 12 months.
- **Hospital Level Compliance –** This table details compliance of the indicator threshold by hospital

On the right hand side of these graphics is the executive narrative which details the key issues behind indicator compliance and the actions in place to mitigate this.

NHS
Manchester University
NHS Foundation Trust

> Board Assurance

May 2018

Safety

R.Pearson\T.Onon

Core Priorities	✓	◇	✕	No Threshold
	3	0	2	0

Headline Narrative

Core priorities for patient safety are currently being met with one exception. The Group has had a number of Never Events reported in year. There have, to date, been six reported events plus one curerntly under review.

In response to this the following actions are underway and will be included in a review of the group risk (Never Events - 3228).

- The Local Safety Standards for Invasive Procedures (LocSSIPs) are being reviewed as a matter of urgency and the two hospitals with the highest reported incidence (RMCH and Wythenshawe) are a priority in this review.
- Trust wide alerts and safety information have been disseminated across February and March 18
- Group wide work is being undertaken on Safe Surgery Checklists
- Work is being undertaken with the National Health Safety Investigation Branch (HSIB) on learning
- Work is being undertaken with the Shelford Safety leads to ascertain if there is further learning and action that can be shared
- A review is being undertaken of policies fior safe procedures and the aim is to bring these together as one document

The Quality and Safety Committee will be overseeing this work and the aim continues to be to eradicate these events.

A decrease in serious harm incidents has been observed across Central and Trafford site hospitals (from 68 down to 40) which is a reduction of 41%. Wythenshawe site continues to report an increased number of level 4/5 actual serious harm incidents compared to the same period the previous year (34 incidents year-to-date compared to 24 in 2016/17). 71% of the incidents reported relate to falls with harm.

Safety - Core Priorities

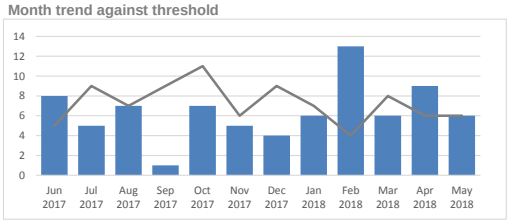
Hospital Incidents level 4-5

MFT

✕

Actual	15	Year To Date	**Accountability**	R.Pearson\T.Onon
Threshold	12	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✕	✕	✕	✓	✓		✕	✓
2	5	2	1	0		2	3

This is a broad, all embracing category covering incidents at a high level e.g. falls, pressure ulcers, medication errors etc. (These figures include incidents that are unconfirmed so may decrease)

Key Issues

Serious harm (level 4 & 5 actual harm incidents). The organisation continues to report high numbers of patient safety incidents per 1000 bed days, (Central and Trafford site hospitals 57.69 and Wythenshawe Hospital 55.54) in the last NRLS data report. This indicates a willingness to report and learn (an assumption supported by the staff survey results). Over 99% of these incidents are low level harm or no harm incidents. The CQC described a culture of reporting and learning from incidents within Central and Trafford site hospitals and described Wythenshawe Hospital as having a strong focus on patient safety and an open culture for reporting incidents.

A decrease in serious harm incidents has been observed across Central and Trafford site hospitals (from 68 down to 40) which is a reduction of 41%. Wythenshawe site continues to report an increased number of level 4/5 actual serious harm incidents compared to the same period the previous year (34 incidents year-to-date compared to 24 in 2016/17). 71% of the incidents reported relate to falls with harm.

Actions

Communication of test results remains a focus across the Group and work is underway to further develop the clinical risk plan in respect of communication and response to clinical tests.

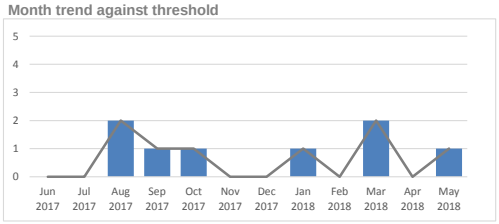
Thematic reports are reviewed at a number of forums and will inform the 18/19 work plans.

Never Events

MFT

Actual	1	Year To Date	**Accountability**	R.Pearson\T.Onon
Threshold	0	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✗	✓	✓	✓	✓		✓	✓
1	0	0	0	0		0	0

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Key Issues

Never events are those clinical incidents that should not happen if appropriate policies and procedures are in place and are followed. The list is determined nationally.

Between May 17 and Apr 18 there have been 6 confirmed Never Events 3 in RMCH and 3 in WTWA plus 1 still pending agreement of downgrade in St Marys Hospital relating to a retained urinary catheter guidewire.

Actions

Working groups are reviewing local risks and implementing solutions to reduce harm with the ongoing implementation of Local Safety Standards for Invasive Procedures (LocSSIPs).
The never events risk is under review.

Progress

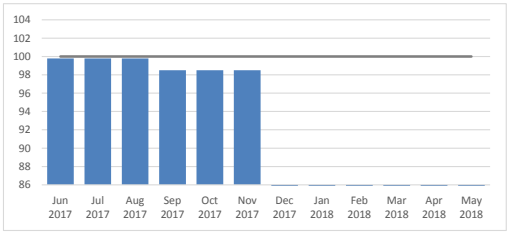
Following these events a number of immediate actions were implemented including issuing of Trust wide alerts. Investigations have been undertaken to identify learning with associated action plans in place. In addition we are working with the Healthcare Safety Investigation Branch on the wrong route medication Never Event to contribute to national learning and solution development.

Further work is now being undertaken Group wide on safer surgery checklists and item counts, this work will be reported to the Quality and Safety Committee.

SHMI (Rolling 12m)

MFT

Actual	98.5	Latest Period	**Accountability**	R.Pearson\T.Onon
Threshold	100	(Lower value represents better performance)	**Committee**	Clinical Effectiveness



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
Not Available							

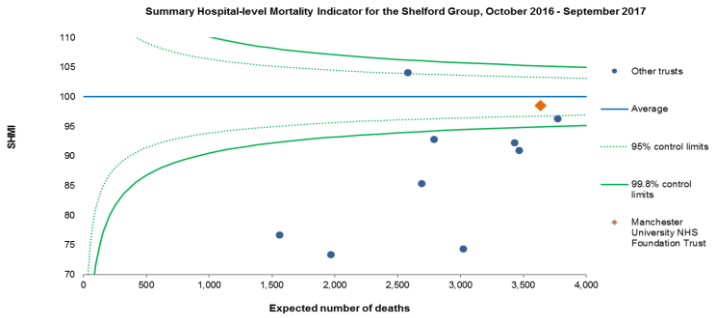
The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. The SHMI indicator gives an indication of whether the mortality ratio of a provider is as expected, higher than expected or lower than expected when compared to the national baseline.

Progress

The Learning from Deaths process is currently under review and a Group wide Strategy and Policy is in development. This aims to address inconsistencies in both review and coding to improve learning and assurance processes.

SHMI is a weighted metric for all adult acute settings (RMCH, REH and UDHM are excluded). Risk adjusted mortality indices are not applicable to specialist children's hospitals. All child deaths undergo a detailed mortality review.

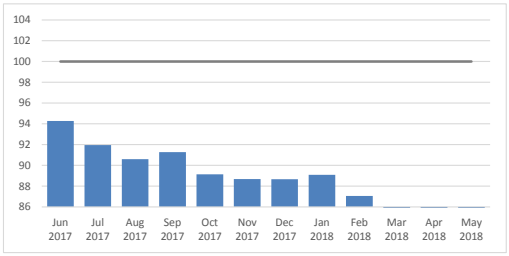
Performance is within the expected range.



HSMR (Rolling 12m)

MFT

Actual	87.1	Latest Period	**Accountability**	R.Pearson\T.Onon
Threshold	100	(Lower value represents better performance)	**Committee**	Clinical Effectiveness



HSMR monitors a Trust's actual mortality rate when compared to the expected mortality rate. It specifically focuses on 56 diagnosis codes that represent 85% of national admissions.

HSMR is a metric designed for adult practice.
Risk adjusted mortality indices are not applicable to specialist children's hospitals. All child deaths undergo a detailed mortality review
HSMR is a weighted metric for all adult acute settings (RMCH, REH and UDHM are excluded)

The Learning from Deaths process is currently under review and a Group wide Strategy and Policy is in development. This aims to address inconsistencies in both review and coding to improve learning and assurance processes.

Progress

The Group HSMR is within expected levels.

Hospital level compliance

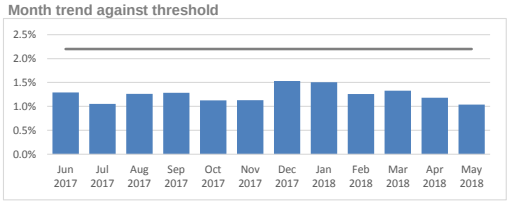
Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
NA	✓	NA	✓	NA		✓	✓
NA	83.7	NA	90.0	NA		83.4	89.2

Crude Mortality

MFT

Actual	1.11%	Year To Date	**Accountability**	R.Pearson\T.Onon
Threshold	2.20%	(Lower value represents better performance)	**Committee**	Audit Committee

Month trend against threshold



A hospital's crude mortality rate looks at the number of deaths that occur in a hospital in any given year and then compares that against the amount of people admitted for care in that hospital for the same time period.

Key Issues

Crude mortality reflects the number of in-hospital patient deaths divided by the total number of patients discharged as a percentage and with no risk adjustment.

The Group site hospitals have the lowest crude mortality rates in the North West (Central and Trafford – 1.3, Wythenshawe - 1.2), and amongst the lowest in England, with trend over the last three years showing a steady rate with no variation which would cause concern.

Progress

The Trust is currently reviewing Elective crude mortality which whilst still low has increased in the quarter.

There is currently consideration being given to mortality metrics in RMCH, deaths per 1000 bed days will now be reported to allow for additional benchmarking with other specialist children's hospitals.

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
NA	✓	✓	✓	✓		✓	✓
NA	1.8%	0.3%	0.2%	0.0%		0.6%	1.1%

Patient Experience

C.Lenney

Core Priorities	✓	◇	×	No Threshold
	3	1	4	2

Headline Narrative

The number of new complaints received across the Trust in May 2018 was 182 this compares to 158 in April 2018 and 145 in March 2018. Performance is monitored and managed through the Accountability Oversight Framework (AOF). For the hospitals/MCS based on the Oxford Road Campus at the end of May 2018 there were 62 cases over 41 days old, compared to 45 at the end of April 2018 and 44 at the end of March 2018. For WTWA at the end of May 2018 there were 64 cases over 41 days old, compared to 105 cases over 41 days at the end of April 2018. Wythenshawe Hospital did not routinely report cases over 41 days prior to the merger, however this information has been recorded since 1st April 2018.

Extensive work has been undertaken during 2017/18 to develop the complaints systems and processes for the newly formed Manchester University NHS Foundation Trust and work continues to align the Complaints/PALS management system, processes, recording and reporting across the Group. Devolution of responsibility of specific aspects of the complaints management process to the Hospital Chief Executives and Directors of Nursing continues to progress.

MFT continues to promote the Friends and Family Test (FFT) with 74.8% 'Extremely Likely' to recommend the service they received to their Friends and Family during May 2018; this compares to 75.4% in April 2018 and 74.0% in March 2018.

This is the first time Hospital/ MCS level performance has been available for a number of Patient Experience Indicators.

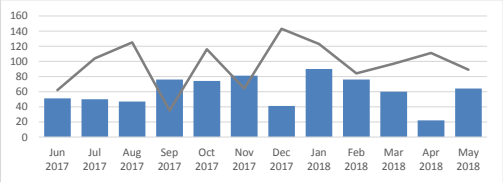
Patient Experience - Core Priorities

Compliments

MFT

Actual	86	Year To Date	**Accountability**	C.Lenney
Threshold	200	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✓	✓	✓	✓	✓		×	×
2	27	3	5	16		7	20

The number of compliments received by the Trust through the office of the CEO are recorded on the Safeguard system.

Progress

Work continues to increase the number of compliments recorded across all hospitals/MCS, with 64 compliments received in May 2018, compared to 22 received in April 2018. Manchester Royal Infirmary recorded the highest number of Compliments with 27 during May 2018.

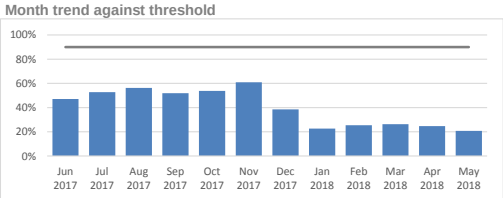
The Hospital/ MCS level performance against this indicator for May 2018 is detailed in the Hospital Level Compliance Chart.

Percentage of complaints resolved within the agreed timeframe

MFT

Actual	22.7%	Year To Date	**Accountability**	C.Lenney
Threshold	90.0%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
×	×	×	×	×		×	×
40.0%	6.0%	25.9%	19.0%	59.1%		20.7%	23.5%

The Trust has a responsibility to resolve complaints within a timeframe agreed with the complainant. The timeframe assigned to a complaint is dependent upon the complexity of the complaint and is agreed with the complainant.

Progress

The percentage of complaints resolved within the agreed timeframe with the Complainant is closely monitored and work is on-going to ensure timeframes are appropriate, agreed with complainants and achieved in all cases. Work continues with the WTWA management team to address the previously reported backlog of complaints.

The overall MFT performance for May 2018 was 29.6%, this compares to 32.4% in April 2018 and 26.3% in March 2018.

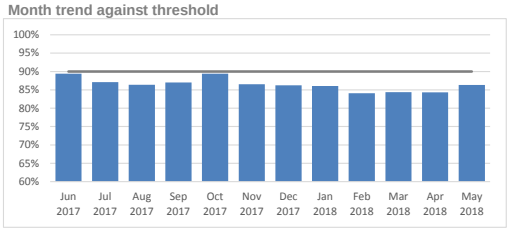
The Hospital/ MCS level performance against this indicator for May 2018 is detailed in the Hospital Level Compliance Chart. It should be noted that for Hospitals/MCS that receive lower numbers of complaints, small numbers can result in high percentages.

Nursing Workforce – Plan v Actual Compliance for RN

MFT

Actual	86.3%	Latest Period	**Accountability**	C.Lenney
Threshold	90.0%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✗ (Site level currently unavailable)							✗
87.0%							85.3%

As part of Safer Staffing Guidance the Trust monitors wards compliance with meeting their planned staffing levels during the day and night. This KPI provides the overall % compliance across all wards within the Trust with meeting the planned staffing levels. The actual staffing includes both substantive and temporary staff usage. There has been a decrease in the number of wards meeting their planned staffing levels during February due to the high number of hospital admissions and the requirement to open additional unfunded capacity.

Progress

Established escalation and monitoring processes are in place to ensure delivery of safe and effective staffing levels to meet the acuity and dependency of the patient group.

Areas with high number of vacancies are supported through the use of temporary nursing staff of which the acuity of individual areas, the usage and cost is monitored through weekly bank and agency meetings chaired by the Directors of Nursing.

Actions

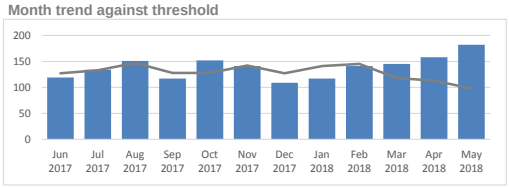
Acuity and dependency data is captured through Health roster SafeCare system with monthly reports provided to the Heads of Nursing and Directors of Nursing to inform monitoring of safe staffing levels across the Group.

Complaint Volumes

MFT

Actual	340	Year To Date	**Accountability**	C.Lenney
Threshold	211	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✗	✗	✗	✗		✗	✗	✗
22	86	30	36		28	32	76

The KPI shows total number of complaints received. Complaint volumes will allow the trust to monitor the number of complaints and consider any trends.

Key Issues

The number of new complaints received across the Trust in May 2018 was 182. This compares to 158 in April 2018 and 145 in March 2018.

For the hospitals/MCS based on the Oxford Road Campus, during the month of May 2018, Manchester Royal Infirmary received the highest number of formal complaints (n= 51).

The number of new complaints received at WTWA during May 2018 was 55, which compares to 53 during April 2018 and 42 in March 2018.

For the hospitals/MCS based on the Oxford Road Campus, the total number of 41+ day cases at the end of May 2018 was 62; this compares to 45 in April 2018 and 44 at the end of March 2018. At the end of May 2018, on the Oxford Road Campus, MRI had the most complaints older than 41 days with 37 cases (36% of 41+ day cases). For WTWA, the total number of 41+ day cases at the end of May 2018 were 64, compared to 105 in April 2018. Work continues to reduce the previously reported backlog and closure of all legacy cases is expected by the end of June 2018.

The Hospital/ MCS level performance against this indicator for May 2018 is detailed in the Hospital Level Compliance Chart. This is the first time Hospital/ MCS level performance has been available.

Actions

All hospitals/ MCS continue to prioritise closure of complaints older than 41 days. Chief Executives are held to account for the management of complaints cases that exceed 41 days through the Accountability Oversight Framework.

Progress

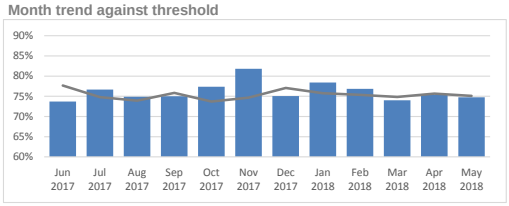
All hospitals/ MCSs are progressing establishment of their governance frameworks to focus on the management of complaints, specifically those that exceed 41 days with a view to expediting closure and identifying learning to inform future complaints management.

FFT % Extremely Likely

MFT

Actual	75.0%	Year To Date	**Accountability**	C.Lenney
Threshold	75.4%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✓	✓	✗	✓	✓		✓	◇
85.7%	68.0%	64.7%	77.1%	84.4%		86.6%	79.0%

The Friends and Family Test (FFT) is a survey assessing patient experience of NHS services. It uses a question which asks how likely, on a scale ranging from extremely unlikely to extremely likely, a person is to recommend the service to a friend or family member if they needed similar treatment. This indicator measures the % of inpatients 'extremely likely' to reccommend the service.

Actions

Each Hospital and Managed Clinical Service continues to review and monitor their FFT response rates and identify areas for improvements.

Progress

The overall Trust Response Rate for Inpatients has increased to 26.1% in May 2018, this compares to 19.2% in April 2018 and 19.1% in March 2018. The reduction in response rates over the last 3 months compared to previous performance is associated with and attributed to the change in supplier, system and processes that were implemented March/April 2018. The increase in May 2018 demonstrates that the new system is embedding and future improvements are predicted.

For Emergency Departments (ED) the response rate in May 2018 is 15.4%; this is an increase from 13.0% in April 2018.

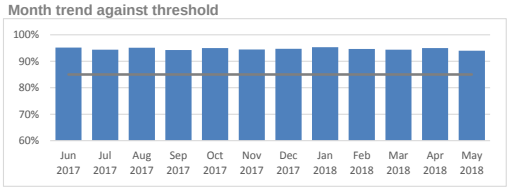
The Quality Improvement and Patient Experience Teams continue to work together with Hospitals/ Managed Clinical Services, wards, departments and frontline teams to promote the FFT survey and support FFT collection processes.

Food and Nutrition

MFT

Actual	94.5%	Year To Date	**Accountability**	C.Lenney
Threshold	85.0%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✓	✓	✓	✓	✗		✓	✓
98.0%	93.5%	91.0%	97.0%	74.5%		91.0%	96.5%

The KPI shows the % of the total responses to food & nutrition questions within the Quality Care Round that indicate a positive experience.

Progress

Improvement work continues at Ward and Trust-wide level across all aspects of food and nutrition. The Improvement Programme of work, Good to Great, continues and is co-ordinated by the Facilities Matron for Dining.

Pain Management

MFT

Actual	92.0%	Year To Date	**Accountability**	C.Lenney
Threshold	85.0%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✓	✗	✓	✓	✓		✓	✓
96.5%	84.0%	89.5%	93.0%	99.3%		92.5%	96.0%

The KPI shows the % of the total responses to pain management questions within the Quality Care Round that indicate a positive experience.

Progress

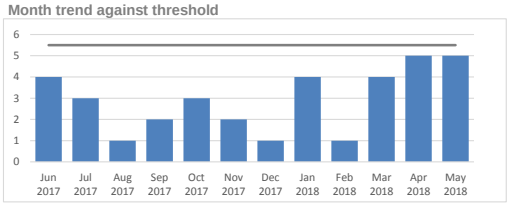
Work continues across the Trust to drive improvements in pain assessment and management.
The oversight for this work is provided by the Director of Nursing, MREH who is currently leading an exercise to map existing work and establish a future plan.Performance against this KPI is monitored through the Trust Harm Free Care structure.

Clostridium Difficile – Lapse of Care

MFT

Actual	10	Year To Date	**Accountability**	C.Lenney
Threshold	18	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✓	✓	✓	✓	✓		✓	✓
0	5	0	0	0		0	5

Each Clostridium difficile infection (CDI) incident is investigated to determine whether the case was linked with a lapse in the quality of care provided to patient. The maximum threshold for the Group is 105 lapses in care. The contractual sanction applied to each CDI case in excess of the target is £10,000. The KPI shows the number of CDI incidents that were linked to a lapse in the quality of care provided to a patient.

Progress

Wythenshawe site has a maximum annual threshold of 39 lapses in care: there have been 5 cases determined as lapses in care for the financial year 2018/2019, (3 in April, 2 in May).

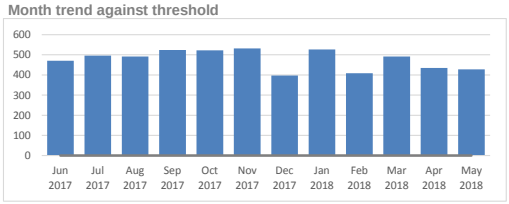
Central and Trafford site has a maximum annual threshold of 66 lapses in care: there have been 5 cases have been attributed as lapse of care for the financial year 2018/2019, (2 in April, 3 in May)

PALS – Concerns

MFT

Actual	863	Year To Date	**Accountability**	C.Lenney
Threshold	None	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
-	-	-	-	-	-	-	-
18	265	78	44	95		69	239

The number of PALS enquires received by the Trust where a concern was raised.

Key Issues

A total of 428 PALS concerns were received by the Trust during May 2018. This compares to 435 PALS concerns received during April 2018 and 492 in March 2018. This is within the limits of normal variation and is monitored closely.

The Hospital/ MCS level performance against this indicator for May 2018 is detailed in the Hospital Level Compliance Chart. This is the first time Hospital/ MCS level performance has been available.

Actions

For the hospitals/MCS based on the Oxford Road Campus, concerns are formally monitored alongside complaints at weekly meetings within the Hospital/MCS.

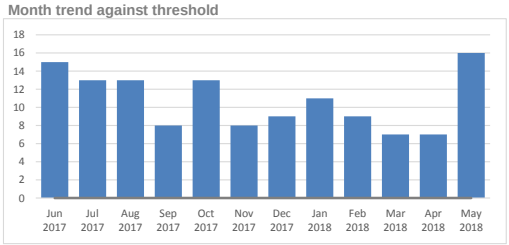
Work continues to reduce the time taken to resolve PALS enquiries with formal performance management of cases over 5 days in place.

All Attributable Bacteraemia

MFT

Actual	23	Year To Date	**Accountability**	C.Lenney
Threshold	None	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
-	-	-	-	-	-	-	-
0	12	2	1	0		0	8

MRSA and E.coli. There is a zero tolerance approach to MRSA bacteraemia.
For healthcare associated Gram-negative blood stream infections (GNBSIS), trusts are required to achieve a 50% reduction in healthcare associated GNBSIs by March 2021, with a focus on a 10% or greater reduction of E.coli in 2017/18 (based on number of incidents for 2016/2017). There are currently no sanctions applied to this objective.

Progress

The Wythenshawe site have had 4 attributable MRSA bacteraemia since April '18.

Central and Trafford site have had 1 attributable MRSA bacteraemia since April '18.

The Trust has received notification from NHSI extending mandatory reporting of GNBSI's to include Klebsiella species and Pseudomonas aeruginosa. The Trust will now report additionally on Klebsiella species and Pseudomonas aeruginosa GNBSIs retrospectively from 1 April 2017 to Public Health England.

Operational Excellence

J.Bridgewater

Core Priorities	✓	◇	✕	No Threshold
	6	2	3	0

Headline Narrative

• Diagnostics - Significant improvement against the diagnostic standard has continued achieving 1.55% in May against the 1% standard. Wythenshawe Hospital continue to achieve the standard, with improved performance in urodymanics seen on both the Oxford Road and Wythenshawe campus following a period of static performance and service challenge. Pressures at the Oxford Road Campus for the tests of Paediatric MR and adult Endoscopy services, have continued, in addition to a static performance in Cardiac Echo. Trajectories are in place for under performing areas, with some Hospitals, in particular RMCH making significant improvement and are delivering better than trajectory.

• A&E - In April MFT delivered a strong recovery following the extremely challenging pressures of Q4. However, in May pressures have continues with a - 1.78% reduction in performance, which places the Trust at financial risk against the 89% STF trajectory. Intensive recovery actions are required by Hospitals to improve performance on each Hospital site, with Group Executive oversight to monitor progress.

• RTT was underachieved for May, with MFT reporting a final position of 90.28%, although a slight improvement compared to April of +0.3%. The uplift in performance is due to Wythenshawe Hospital and the Oxford Campus demonstrating marginal improvements in Hospital performance. The Trust has reported 31 +52 week breaches, 2 in SMH and 29 DIEP breaches at Wythenshawe Hospital, with all breaches clinically triaged to manage and minimise risk. A trajectory for DIEPs is in place to reduce the long waits by half by year end in line with the national expectation.

• Cancer 62 Day - MFT current performance for April is 84.5%. On the Central/ Trafford sites performance is underachieving at 77.7% with Wythenshawe performing at 88.7%. The Cancer Board took place on the 22nd May covering: The Cancer Governance Structure, a Patient Story, a summary of Lung Cancer audits, Primary care and feedback from each Hospital/ MCS. Joint working across CSS, MRI and the corporate team is taking place to review the key actions that need focus in the next few months to ensure improvement in performance for Q3 18/19.

Operational Excellence - Core Priorities

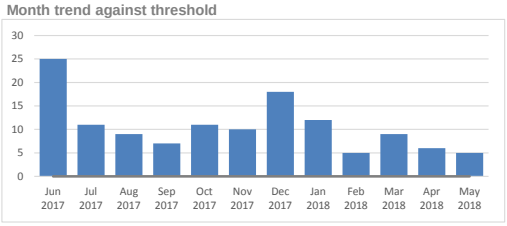
Cancelled operations - rescheduled <= 28 days

MFT

✕

Actual	11	Year To Date	**Accountability**	J.Bridgewater
Threshold	0	(Lower value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✓	✕	✓	✓	✓		✓	✕
0	5	0	0	0		0	6

Patients who have operations cancelled on or after the day of admission (for non clinical reasons) must be offered a binding date for their surgery to take place within 28 days.

Key Issues

Director of Operations oversight to anticipate and reduce 28 day breaches, against the competing demands of urgent care.
Q1 recovery of the elective programme is dependant upon the reduction of outliers across Hospitals, and the system response to reduce stranded patients with a LoS >7 and >21 days.

Actions

28 Day cancelled operations will be monitored and managed through the Hospital/MCS performance and operational meetings.

Progress

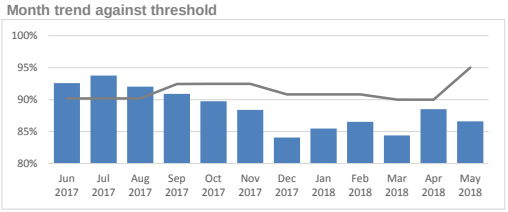
Hospital Directors of Operations are involved in the day to day oversight and management of all cancelled elective surgery, including the risks against the 28 day breach standard. All patients have been reviewed on a individual basis with clinician final approval for patient safety and clinical urgency. A positive downward trend in Q1, which has continued in May reporting a total of 4 28 day breaches, 1 at MRI and 3 at Wythenshawe Hospital.

A&E - 4 Hours Arrival to Departure

MFT

Actual	87.52%	Quarterly	**Accountability**	J.Bridgewater
Threshold	95.00%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
NA	✗	◇	◇	✓		✓	✗
NA	79.9%	93.2%	93.8%	99.6%		99.7%	80.6%

The total time spent in A&E - measured from the time the patient arrives in A&E to the time the patient leaves the A&E Department (by admission to hospital, transfer to another organisation or discharge). With a target that 95% of all patients wait no more than four hours in accident and emergency from arrival to admission, transfer or discharge.

Key Issues

• Slower than anticipated recovery in Q1 following significant pressures in Q4.
• Hospital response supported by social and commissioning actions following Stranded Patient audit, on the 5th & 6th April.
• High incidence of pre alert Major Trauma into MRI, with presentations weighted towards weekend out of hours and the demands of highly specialist services creating significant recovery pressures.
• Staffing pressures within ED at Wythenshawe affects wait to be seen times.
• Occupancy levels across the Trust has averaged 96%, which outside the national optimal occupancy of 85% required to support A&E performance and will have impacted on flow.

Actions

•Hospital Executives reporting twice daily to the Chief Operating Officer to confirm actions and recovery plans to improve performance to meet STF trajectory.
•Weekend plan submission to group Executives by Wednesday of each week, including Director oversight of Hospital performance.
• Both MRI and Wythenshawe have in place Urgent Care Improvement Programmes, developed with support of the Transformation Team, which take key areas within the patient journey (Emergency Department, Flow, and Discharge), and provide a targeted response to manage key areas of delay.
• Additional Group support has been provided to Wythenshawe Hospital with the Transformation Team undertaking a review of the urgent care pathway in the first two weeks of June, outcomes are currently being feedback and will be actioned.
• Hospitals are undertaking MADE (Multi - Agency Discharge Events) with commissioners and providers partner support to support the management of stranded (> 7 day LoS) and super stranded patients (>21 day LoS).
• Integrated Complex Discharge Managers and Social Care teams will provide critical roles to facilitate discharge on the MRI and Wythenshawe sites, supporting the safe discharge of stranded and super stranded patients. These teams have been strengthened on each site.
• Primary care streaming is taking place at Wythenshawe and MRI. The GM Partnership have site visits to learn and share good practice across GM planned for the 13th & 17th July.
• Trust representatives will take part in the Urgent and Emergency Care Transformation Programme Workshops, which begin on 6th June and include; Stay Well - Early identification and Prevention, Home First - Attendance and Admission Avoidance and Discharge and Recovery. The events have representation from each system provider across GM.
• GM has had a Task Force running throughout Q1 to support improvement against the standard.

Progress

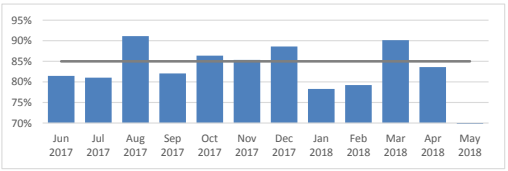
• Wythenshawe Hospital - reported 79.47% for May.
• Central and Trafford - reported May performance as 88.9%.
• Combined MFT May - achieved 86.61%, a decline of - 1.89% against April.
• Q1 MFT position is currently 87.75% (21/06/18), therefore unlikely to meet the STF requirement of 89%.

Cancer 62 Days RTT

MFT

Actual	83.6%	Quarterly	**Accountability**	J.Bridgewater
Threshold	85.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
NA	✗	NA	✗	NA		✓	✓
NA	76.1%	NA	66.7%	NA		89.3%	85.3%

The percentage of patients receiving first treatment for cancer following an urgent GP referral for suspected cancer that began treatment within 62 days of referral.

Key Issues

The Trust continues to experience a significant increase in the demand for cancer services, with a consistent +17% increase in cancer referrals. Furthermore, capacity is affected in services where there are known national workforce shortages particularly radiology. The challenge to the 62 day standard is focused on the Oxford Road Campus in the main within MRI. WTWA have strong performance with consistent delivery of the standard.

Actions

• Escalated oversight and governance arrangements continue.
• Individual cancer site action plans in place with key actions focusing on addressing workforce and capacity gaps to meet on-going demand pressures, pathway innovations to streamline pathways in line with best practice, improving diagnostic turnaround times.
• All Hospital sites focused on increasing the number of patients seen within 7 days for a first appointment.
• Clinical engagement and management at PTL meetings to review and action individual patient pathways.
• Cancer sites are completing their self assessments against peer review standards which will be submitted at the end of June 18.
• To support the improvement of performance at the Oxford Road Sites additional targeted actions have been taken in June 18 including:
- Additional Corporate support to local cancer site PTL tracking meetings to ensure patients are escalated through the pathway.
- Weekly corporate PTL meeting to ensure actions have been completed and to tackle blockages in the pathway across the sites.
- Strengthened tracking of patients within CSS.
- Planning has commenced to undertake a perfect month for the pathways of urology/Lower GI to be undertaken in September.

Progress

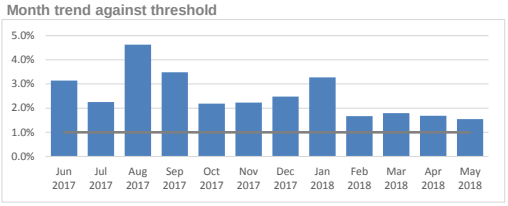
MFT current performance for April is 84.5% against the national standard, with under achievement related to the Oxford Road campus hospitals reporting 77.7% for the month, while Wythenshawe continued to report strong performance of 85.8%.
With the exception of the 62 day standard in the main all other cancer standards are being delivered.

Diagnostic Performance

MFT

Actual	1.5%	Latest Period	**Accountability**	J.Bridgewater
Threshold	1.0%	(Lower value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
◇	◇	✗	✗	NA		NA	✓
1.5%	2.8%	10.5%	42.9%	NA		NA	0.5%

The number of patients waiting over 6 weeks for a range of 15 key diagnostic tests.

Key Issues

Key risk areas have been: Adult and Paediatric Endoscopy and paediatric MRI, in the main due to workforce and capacity shortages resulting in breaches of the standard.
A trajectory agreed with Commissioners is in place for all risk areas forecasting delivery of the standard by October 18.

Actions

Trajectory in place for the key under performing tests with monitoring through the Trust AOF process.
Paediatric MR - Additional anaesthetic capacity is required for sustainable reductions in breach volumes, created by increased demand outstripping capacity, therefore CSS and RMCH are jointly working on interim solutions whilst the recruitment of paediatric anaesthetic posts is taking place.
Monthly forecasting in place, and weekly oversight meetings to identify issues early.

Progress

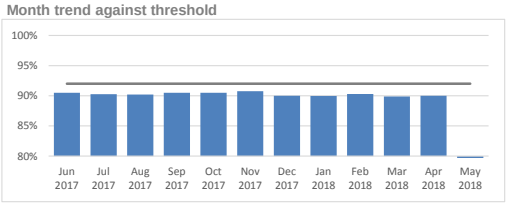
MFT has made exceptional improvement against the standard during the last 3 months, with May performance at 1.55%.
Performance against trajectories and breach tolerance to meet the 1% target are being managed through the AOF process.
CSS/RMCH - Paediatric MRI is the key area of risk contributing to the underperformance.
MRI - Adult endoscopy has a consistent improving trend and is marginally out with their trajectory.
RMCH - have maintained significant improvement better than the recovery trajectory.
Cardiac Echo on the Oxford Road campus has remained static with circa +20 breaches each month.
Wythenshawe - continue to deliver the standard, with an emerging pressure in urodynamics related to workforce pressures.

RTT - 18 Weeks (Incomplete Pathways)

MFT

Actual	90.0%	Latest Period	**Accountability**	J.Bridgewater
Threshold	92.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✓	✓	◇	✗	✓		◇	◇
92.2%	93.2%	90.0%	77.7%	95.8%		91.9%	88.6%

The percentage of patients whose consultant-led treatment has begun within 18 weeks from the point of a GP referral. Incomplete pathways are waiting times for patients waiting to start treatment at the end of the month.

Key Issues

Reduction of the elective programme over the winter, combined with ongoing urgent care pressures has impacted on RTT performance.
Key risk areas - historical underperformance at Wythenshawe and RMCH, and a reduction in performance at SMH in the main due to workforce and capacity pressures, all Hospitals/MCS have RTT improvement trajectories in place and are monitored through the AOF process.
52 week waits - increased demand has outstripped capacity within the Wythenshawe DIEP service resulting in an increase in the waiting time.

Actions

RTT sustainability planning which includes capacity, learning from NHSI good practice and trajectory for recovery has commenced.
Trajectories in place for all Hospitals/MCS
Group support provided to SMH by the Deputy Chief Executive and the Performance Team, a task force has been established, which includes clinical engagement, to take forward the actions for improvement of the position.
Weekly Hospital performance management meetings in place to track delivery of RTT
Data quality and accuracy of reporting patient pathways continues monthly as part of the audit cycle.
MFT Patient Access Policy implemented from April 2018, training and Standard Operating Policies are being developed to support the policy.
DIEP - joint working with commissioners has taken place with revised clinical protocols established to support demand management and agreement of tariff arrangements to support the service, a business case has been developed to support the long term sustainability of the service and a trajectory to reduce breaches by half by March 19.

Data quality and accuracy of reporting patient pathways continues monthly as part of the audit cycle.
MFT Patient Access Policy implemented from April 2018.
Training and Standard Operating Policies developed to support the policy

Progress

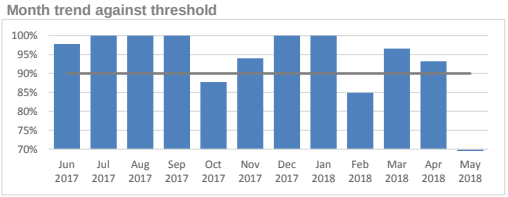
The Trust has underachieved against the 92% standard for May reporting 90.28%, which 0.3% higher than April and the second consecutive month of improvement.
Wythenshawe Hospital have reported 89.26%, which is + 0.7% higher than the previous month, and the Oxford Road Campus has achieved 90.82%, an improved position against April.
The number of DIEP 52+ week breaches has reduced to 29 on the Wythenshawe site.
SMH have reported 2 52+ week breaches in benign gynaecology, as teams, led by senior clinical leadership review capacity to assure treatment to those most clinically urgent patients.

Cancer 62 Days Screening

MFT

Actual	93.2%	Quarterly	**Accountability**	J.Bridgewater
Threshold	90.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
NA	✗	NA	NA	NA		NA	✓
NA	50.0%	NA	NA	NA		NA	100.0%

The percentage of patients receiving first definitive treatment for cancer following referral from an NHS cancer screening service that began treatment within 62 days of that referral.

Key Issues

The Trust has delivered performance against this standard.

Actions

Actions to improve and refine current cancer pathways included in Divisional cancer plans submitted to Cancer Board.

Progress

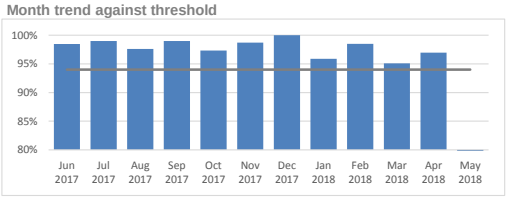
The Trust achieved this target.

Cancer 31 Days Sub Surgical Treatment

MFT

Actual	97.0%	Quarterly	**Accountability**	J.Bridgewater
Threshold	94.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
NA	✗	NA	✓	NA		NA	✓
NA	92.3%	NA	100.0%	NA		NA	97.9%

The percentage of patients that waited 31 days or less for second or subsequent treatment, where the treatment modality was surgery.

Key Issues

The Trust met the target for Q4.

Actions

Actions taken as per the 62 day standard.

Progress

Forecast continued performance against this standard.

Cancer Urgent 2 Week Wait Referrals

MFT

Actual	94.6%	Quarterly	**Accountability**	J.Bridgewater
Threshold	93.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
NA	✗	✓	✓	✓		✗	✓
NA	92.9%	100.0%	98.4%	100.0%		92.9%	95.5%

The percentage of patients urgently referred for suspected cancer by their GP that were seen by a specialist within 14 days of referral.

Key Issues

Increased demand in 2 week wait referrals continues to place pressure on MFT cancer services.

Actions

Collaborative actions taken with speciality teams to strengthen performance and increase the volume of patients seen within 7 days, within the workforce available.
Commissioners and local health economy providers have in place a cancer work programme which incorporates a number of standards that underpin delivery of the main national cancer standards, the Trust is working towards delivery of these with oversight from the Trust Cancer Board.
Overarching Trust Cancer Action plan is in place.

Progress

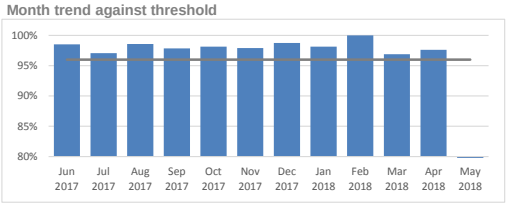
Weekly PTL's attended by the Trust Cancer Manager to provide expertise and monitoring against the target.

Cancer 31 Days First Treatment

MFT

Actual	97.6%	Quarterly	**Accountability**	J.Bridgewater
Threshold	96.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
NA	✗	✓	✗	NA		✗	✓
NA	95.7%	100.0%	87.5%	NA		95.2%	99.1%

The percentage of patients receiving their first definitive treatment for cancer that began that treatment within 31 days.

Key Issues

The Trust has achieved this standard.

Actions

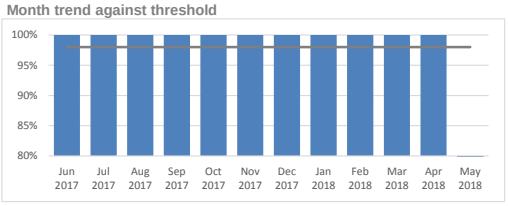
Actions taken as per the 62 day standard.

Cancer 31 Days Sub Chemo Treatment

MFT

Actual	100.0%	Quarterly	**Accountability**	J.Bridgewater
Threshold	98.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
NA	✓	NA	NA	NA		NA	✓
NA	100.0%	NA	NA	NA		NA	100.0%

The percentage of patients that waited 31 days or less for second or subsequent treatment, where the treatment modality was an anti-cancer drug regimen.

Progress

The Trust continued to achieve the standard.

Actions

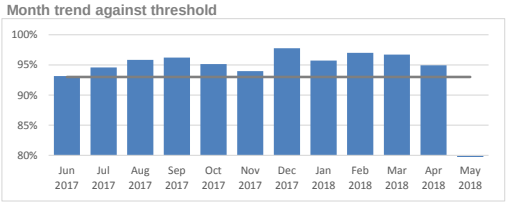
Actions taken as per the 62 day standard.

Cancer 2 Week Wait - Breast

MFT

Actual	94.9%	Quarterly	**Accountability**	J.Bridgewater
Threshold	93.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
NA	NA	NA	NA	NA		NA	✓
NA	NA	NA	NA	NA		NA	94.9%

Any patient referred with breast symptoms would be seen within 2 weeks, whether cancer was suspected or not.

Key Issues

Specialist cancer services are provided by Wythenshawe Hospital. The Hospital continues to deliver strong performance against this standard.

Progress

The Trust over achieved by (+1.9%) against the national standard of 93%.

NHS Manchester University NHS Foundation Trust

> Board Assurance

May 2018

Workforce and Leadership

M.Johnson

Core Priorities	✓	◇	✕	No Threshold
	4	1	6	3

Headline Narrative

Preparation is underway for the launch of the new MFT Values and Behaviours, which includes commencing the new values based Trust Induction in September.

Cohort 1 of the GM local Mary Seacole leadership development programme commenced in May with a full quota of 20 delegates.

The second cohort of the Affina Team Coach programme have now completed their training and can now commence developing their teams. The Trust has 38 accredited coaches now in place.

The new MFT Learning Hub was launched in May and all staff can now access all their individual statutory and mandatory training modules under the ' My Active' Learning section.

Workforce and Leadership - Core Priorities

Attendance

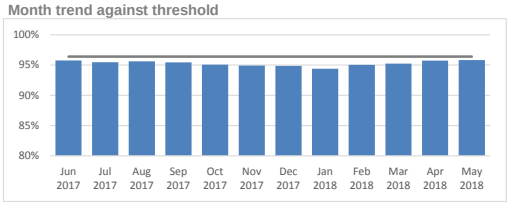
MFT

✕

Actual 95.8% Latest Period **Accountability** M.Johnson

Threshold 96.4% (Higher value represents better performance) **Committee** HR Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✓	✕	✕	✕	✕		✕	◇
96.5%	95.3%	96.0%	95.8%	95.1%		94.1%	96.3%

This monitors staff attendance as a rate by comparing the total number of attendance days compared to the total number of available days in a single month.

Key Issues

The Groups attendance rate for May now stands at 95.8% which is a slight improvement from the previous months figure (95.7%)

Actions

In St Marys Hospital there was focussed attention on adherence to the policy and bespoke training which has shown an improved position, in particular Neonatal Intensive Care Unit has exceeded the trajectory.

Within Clinical Scientific Services consistent management of cases in line with policy with a particular focus on long term sickness has achieved an improved position which exceeds the trajectory.

At Wythenshawe Hospital, in order to ensure appropriate ongoing support to managers, the HR team are assessing the capability of departmental managers in managing sickness absence with the aim of targeting interventions including training, refresher training and coaching. Absence Manager refresher sessions are taking place across the clinical Divisions to increase manager engagement and use on this system.

Trust Mandatory Training - Clinical

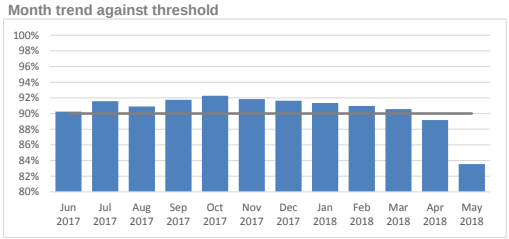
Central and Trafford Sites Only

✕

Actual 83.5% Latest Period **Accountability** M.Johnson

Threshold 90.0% (Higher value represents better performance) **Committee** HR Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✕	✕	✕	✓	✕		✕	NA
88.3%	78.0%	85.4%	90.2%	88.8%		84.9%	NA

This indicator measures the % of staff who are compliant at the point the report is run. Staff are compliant if they have undertaken clinical mandatory training within the previous 12 months.

Key Issues

Currently mandatory training is reported in different ways for the Central and Wythenshawe sites. A paper was presented at GMB on 30th April by the Executive Group Director of Workforce and OD recommending the future approach to compliance reporting.

Compliance fell by 5.6% in May to 83.5%.

Actions

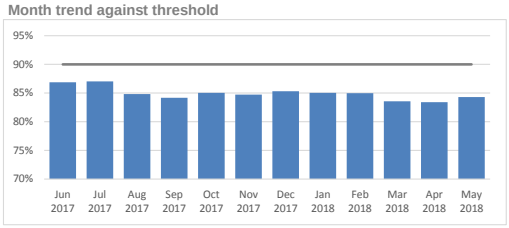
Although compliance was expected to fall this month as the system was unavailable for over a week whilst the E Learning platform was upgraded to a common platform across MFT the decrease in compliance was significantly more than expected. For this reason the Group Executive Director of Workforce and OD is writing to all Hospital CEOs highlighting the reduction in compliance and requesting that plans are put in place to redress this negative trend in compliance.

Appraisal- non-medical

MFT

Actual	84.3%	Latest Period	**Accountability**	M.Johnson
Threshold	90.0%	(Higher value represents better performance)	**Committee**	HR Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
◇	✗	✗	✓	✓		✗	◇
89.1%	79.7%	80.2%	94.0%	92.5%		85.2%	86.7%

These figures are based upon compliance for the previous 12 months, new starters are now included in these figures and will be given an appraisal date with a 3 month compliance end date, in line with the appraisal policy statement: 'new starters should have an initial appraisal meeting within three months of commencement in post'. These figures do not include Medical Staff.

Key Issues

Appraisal compliance for the Group in May increased by 0.9% to 84.3%. This is the first month that compliance has not decreased for the last 6 months. 3 hospitals are now achieving target compliance compared to 2 hospitals the previous month

Actions

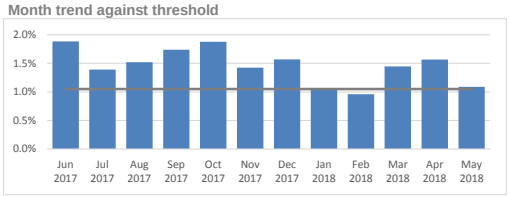
Each Hospital plan for increasing Non Medical appraisal performance is being presented to the HR Scutiny committee on 19th June.

B5 Nursing and Midwifery Turnover (in month)

MFT

Actual	1.09%	Latest Period	**Accountability**	M.Johnson
Threshold	1.05%	(Lower value represents better performance)	**Committee**	HR Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✗	✗	✗	✓	✓		✓	✓
1.90%	1.54%	1.60%	0.73%	0.86%		0.00%	0.93%

This indicator measures and monitors the turnover of Band 5 Qualified Nursing & Midwifery staff within the organisation by comparing the total number of leavers and the total number of Full Time Employment (FTE) staff as a rate (excludes Fixed Term Contract staff). The graph show the rate in a single month.

Key Issues

The turnover for the month is 1.09% against a monthly target of 1.05% This B5 Nursing and Midwifery turnover figure is higher than the same period last year which was 1.03% (May 2017).

Actions

Nursing and Midwifery Retention Strategies are in place across the Trust Group. Work is now underway to align the strategies and will continue to focus on the following work streams:-

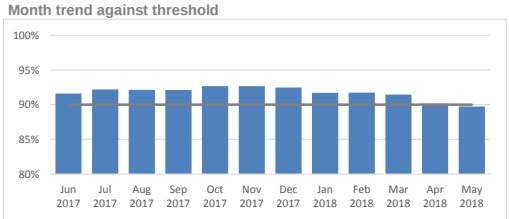
- Recent Chief Nurse engagement sessions held with newly qualified staff nurses and Oxford Road campus and Wythenshawe
- Divisional work streams focusing on wellbeing/staff focus groups/take a break
- Nursing and Midwifery extended induction for new starters
- Introduction of 12 hour shifts for staff who wish to condense their hours over a shorter working week
- Identifying new roles within the unregistered workforce to support careers/skills escalator
- Specialty rotation programmes
- Introduction of band 5 rotation programmes for newly qualified staff within a number specialties

Trust Mandatory Training - Corporate

MFT

Actual	89.7%	Latest Period	**Accountability**	M.Johnson
Threshold	90.0%	(Higher value represents better performance)	**Committee**	HR Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✓	✗	✗	✓	✓		✓	✗
91.6%	89.8%	88.0%	93.9%	94.2%		94.2%	87.1%

This indicator measures the % of staff who are compliant at the point the report is run. Staff are compliant if they have undertaken corporate mandatory training within the previous 12 months.

Key Issues

Aggregate performance in May for WTWA and the Oxord Road Campus are the same at 89.7%

Actions

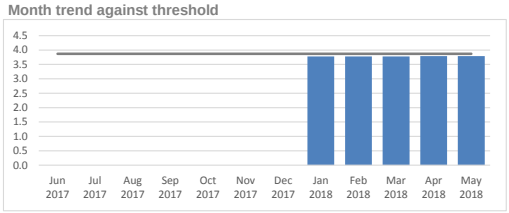
A communication is being sent to all Hospital Leadership teams detailing the new reporting mechanism, highlighting any low compliance for individual modules and offering support from the Worforce Intelligence and OD&T teams in terms of to interpreting reports, training staff to run these reports and providing clarification around any queries that they might have.

Engagement Score (quarterly)

MFT

Actual	3.79	Latest Period		**Accountability**	M.Johnson
Threshold	3.87	(Higher value represents better performance)		**Committee**	HR Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✗	✗	✗	✓	✓		✗	✗
3.76	3.78	3.74	3.91	3.95		3.80	3.73

This indicator measures the Staff Engagement score taken from the annual Staff Survey or quarterly Pulse Check. This score is made up of indicators for improvements in levels of motivation, involvement and the willingness to recommend the NHS as a place to work and be treated.

Key Issues

The overall staff engagement scores are 3.79 for the Group from the Quarter 4 Pulse Check. This is a slight increase of 0.01 from the previous staff engagement scores taken from the staff survey.

Actions

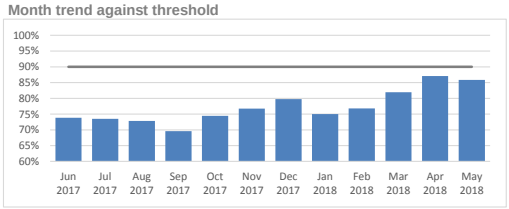
The quarter 4 2017-18 pulse check results have been shared with hospitals across the Group, who have provided a summary of high-level action plans to the Group Board. The quarter 1 2018-19 Pulse Check will run during June and the results will be available at the end of July. The proposed quarter 1 Pulse Check questions have been developed with the hospital Human Resource Directors. The Trust will ask a set of core questions to measure staff engagement in each survey, with a different set of additional themed questions each quarter to measure priority issues from the most recent staff survey results (e.g. teamwork, appraisal).

Appraisal- medical

MFT

Actual	85.8%	Latest Period		**Accountability**	M.Johnson
Threshold	90.0%	(Higher value represents better performance)		**Committee**	HR Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✓	◇	◇	✓	✗		⊘	⊘
95.1%	86.6%	89.0%	92.5%	79.9%			

These figures are based upon compliance for the previous 12 months for Medical & Dental staff.

Key Issues

Appraisal compliance for the Group decreased by 1.2% in April to 85.8%.

Actions

Each Hospital plan for increasing Medical appraisal performance is being presented to the HR Scutiny committee on 19th June..

Turnover (in month)

MFT

Actual	0.82%	Latest Period		**Accountability**	M.Johnson
Threshold	1.05%	(Lower value represents better performance)		**Committee**	HR Committee

Month trend against threshold

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✓	✓	✓	✓	✓		✓	✓
0.92%	0.87%	0.76%	0.80%	0.97%		0.28%	0.82%

This indicator measures and monitors the turnover of staff within the organisation by comparing the total number of leavers and the total number of Full Time Employment (FTE) staff as a rate (excludes the naturally rotating Foundation Year 1 and Year 2 junior medical staff and the Fixed Term Contract staff). The graphs shows a single month rate.

Key Issues

The single month turnover position for the Group has fallen sharply and now stands at 0.82% compared to 1.01% for the previous month.

Actions

The Manchester Royal Infirmary (MRI) hospital board have recently developed the MRI objectives, these have been communicated and circulated across the hospital. As part of this work all staff appraisals are to be completed by June 18, with the focus around the MRI objectives.

Staff engagement sessions for all staff are also planned for the MRI, Clinical Scientific Services and the Childrens Hospital.

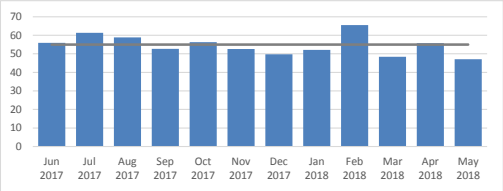
At Wythenshawe Hospital, turnover continues to be monitored via the monthly Divisional Performance reviews with hotspot areas providing assurances that plans are in place.

Time to fill vacancy

MFT

Actual	47.1	Latest Period	**Accountability**	M.Johnson
Threshold	55.0	(Lower value represents better performance)	**Committee**	HR Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
◇	✗	✗	✗	✗		✗	✓
54.7	57.6	59.8	64.9	62.0		56.4	40.1

This indicator measures the average time it takes, in days, to fill a vacancy. It measures the time taken from the advertising date (on the TRAC Recruitment system), up to the day of unconditional offer. The graph shows an in month rate.

Key Issues

Group wide, the Time to Fill figure (which doesn't include Staff Nurses) has fallen and now stands at 47.1 days

Actions

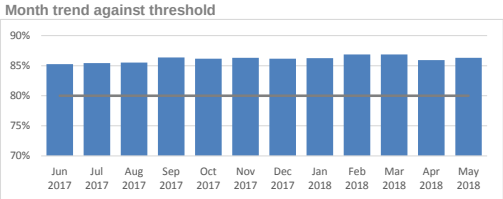
For May 2018, the Trust has seen a reduction in the 'Time to Hire' figure from the previous month to 47.1 working days on average, without Band 5 nursing. This is 7.9 working days less than the Trust 'Time to Hire' target with hiring managers and the Resourcing Team, striving to continue to reduce the time taken to fill vacant posts. The Trust's recruitment activity levels have increased during the month of May 2018, in comparison to the previous month there have been 114 more adverts published, with a total of 792 adverts live within the month. The adverts published in May have attracted 6658 candidates to submit an application to MFT, with these now being managed through the selection process.

Nurse Retention

MFT

Actual	86.3%	Latest Period	**Accountability**	M.Johnson
Threshold	80.0%	(Higher value represents better performance)	**Committee**	HR Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✓	✓	✓	✓	✓		✓	✓
95.0%	84.5%	84.5%	87.0%	87.2%		84.0%	85.3%

This indicator measures the Nursing & Midwifery staff retention rate. It measures, by %, the Nursing & Midwifery registered staff in post for the Trust 12 months ago who are still employed in the organisation to date.

Key Issues

Nursing retention now stands at 86.3% which is a slight increase from the previous month's figure (86.2%)

Actions

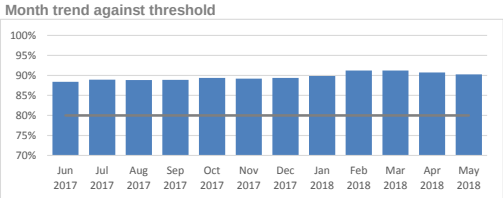
The retention threshold target for nursing and midwifery staff provides a strong indication of whether we are able to retain staff across the Trust and whether our polices, procedures and practices are supportive of the Trust being seen as a good place to work. The overall retention rate is good at 86.3%.

BME Staff Retention

MFT

Actual	90.2%	Latest Period	**Accountability**	M.Johnson
Threshold	80.0%	(Higher value represents better performance)	**Committee**	HR Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✓	✓	✓	✓	✓		✓	✓
87.3%	89.0%	93.2%	89.9%	92.8%		85.0%	93.0%

This indicator measures the Black minority & Ethnic (BME) staff retention rate. It measures, by %, the BME staff in post for the Trust 12 months ago who are still employed in the organisation to date. The retention rate information excludes the naturally rotating Foundation Year 1 and Foundation Year 2 junior medical staff. The rate is shown as a rolling 12 month position.

Key Issues

We continue to track BME staff which for May was 90.2% for BME staff and 89.1% for White Staff.

Action

BME staff retention scores continue to perform above White staff retention scores. However the last 3 months have shown a decline. This trend is being monitored by the Equality and Diversity team and discussions are taking place with areas which have been identified as needing support.

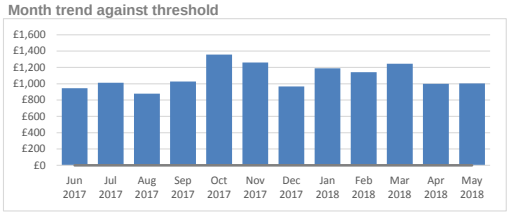
Medical Agency Spend

MFT

Actual £1,004.0 Latest Period **Accountability** M.Johnson

Threshold None (Lower value represents better performance) **Committee** HR Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
-	-	-	-	-	-	-	-
£19.7	£636.6	£69.2	£0.0	£83.3		£0.0	£199.0

The Medical and Dental Agency Spend figure represents the cost of supply/temporary M&D staff throughout the Trust. This may represent cover for long term absences either through vacancies, long term illnesses or for other specific staffing requirements. The value is in £000s and is the reported month cost.

Key Issues

For May 2018 the total value of Medical and Dental agency staffing was £1,004k.

Actions

The implementation across MFT of the TempRE temporary staffing portal for agency bookings continues with further communication to hospital sites being circulated to provide additional guidance and support on the new process. The reporting available from the system is enabling the hospital sites to understand their spend more effectively, and therefore where costs can be reduced.

The Medical Bank is now live, and the migration of all bank work to this new portal is ongoing. Take up to shifts on the bank has been good, and feedback has been positive from the junior doctors.

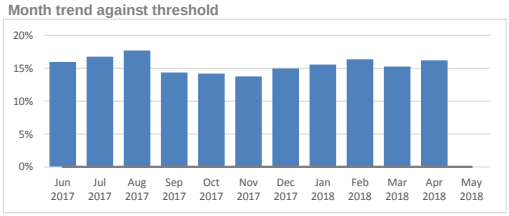
Qualified Nursing and Midwifery Vacancies B5 Against Establishment

MFT

Actual Latest Period **Accountability** M.Johnson

Threshold None (Lower value represents better performance) **Committee** HR Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
-	-	-	-	-	-	-	-

The Qualified Nursing and Midwifery vacancy rate represents the total number of posts vacant within the Band 5 Nursing and Midwifery staff group, including Operating Department Practitioners.

Key Issues

The majority of vacancies with Nursing and Midwifery are within the staff nurse (band 5) role. At the end of April 2018 there were 613 wte (16.2%) staff nurse/midwife/ODP (band 5) vacancies across the Trust Group This a reduction of band 5 vacancies of 3 wte from the previous month.

The overall number of Nursing and Midwifery vacancies has decreased by 3 wte which would indicate staff are being promoted and not leaving the Trust.

The overall nursing and midwifery workforce establishment increased in April 2018 by 50.2 wte posts due to increased activity and capacity at Trafford Hospital and funded nurse research posts.

Actions

A schedule of recruitment events has been developed to ensure the Trust group is now aligned to a Trust wide recruitment strategy. Events are planned throughout the next 6 months.

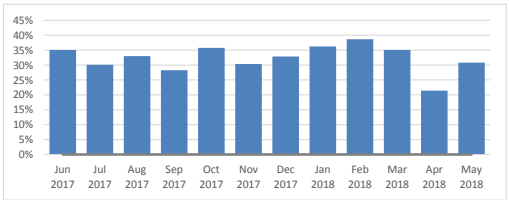
% BME Appointments of Total Appointments

MFT

Actual 30.8% Latest Period **Accountability** M.Johnson

Threshold None (? value represents better performance) **Committee** HR Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
-	-	-	-	-	-	-	-
35.5%	41.9%	7.1%	37.0%	62.5%		30.0%	25.8%

This indicator measures the number of BME appointments as a percentage of all appointments. This is measured through the Trust's Recruitment system (TRAC). The graph shows an in month rate.

Key Issues

Black and Minority Ethnic (BME) appointments now stands at 30.8% which is a decrease compared to the previous month's figure (32.1%)

Actions

The Trust continues to see significant monthly differences in BME recruitment. Whilst the Trust overall score is 30.83%, some areas show results for may significantly higher up to 83%, one area for this month is 0%. The teams are using this data for discussions with teams to understand the variations and to identify trends. The Trust wide data for the WRES has now been calculated and is being used alongside this data to develop the WRES action plan for MFT.

Finance

A.Roberts

Core Priorities	✓	◇	×	No Threshold
	0	1	0	0

Headline Narrative

- Please see agenda item 5.2

Finance - Core Priorities

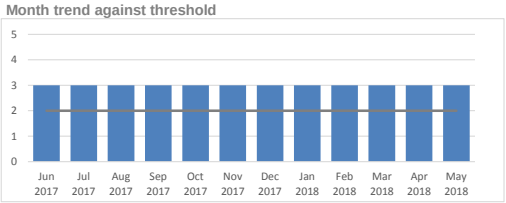
Regulatory Finance Rating

MFT

Actual Latest Period **Accountability** A.Roberts

Threshold (Lower value represents better performance) **Committee** TMB and Board Finance Scrutiny Committee

Month trend against threshold



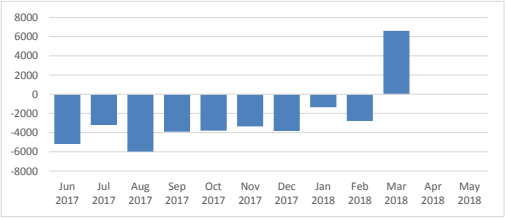
The regulatory finance rating identifies the level of risk to the ongoing availability of key services. A rating of 4 indicates the most serious risk and 1 the least risk. This rating forms part of Monitors risk assessment framework, incorporating two common measures of financial robustness : Liquidity and Capital Service Capacity.

Operational Financial Performance

Actual Year To Date **Accountability** A.Roberts

Threshold **Committee** TMB and Board Finance Scrutiny Committee

Month trend against threshold



Comparing the financial actual expenditure against the agreed budget (£'000). A negative value represents an overspend. A positive value represents an underspend.

Please see agenda item 5.2

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
⊘	⊘	⊘	⊘	⊘		⊘	⊘

Strategy

Core Priorities	✓	◇	×	No Threshold
	1	1	0	0

Headline Narrative

The Trust is in the process of developing its Service Strategy. This will describe an overarching group level strategy and a series of more detailed service level strategies. Through this process a range of metrics will be identified for each service and Hospital/MCS which will be incorporated in their Annual Plan. Through the Annual Planning process a number of key milestones will be agreed that will be used to monitor progress through the year. The percentage of the agreed milestones achieved will be used to determine the RAG rating.
As these are strategic aims, assessment will be carried out on a quarterly / 6-monthly basis.
In the interim three generic indicators have been selected to assess performance in relation to strategy: (1) existence of a 5 year strategy, (2) existence of an annual plan and (3) delivery against the anual plan. The third indicator cannot be assessed until Divisions/Hospitals/MCSs have undertaken their self-assessment and presented progress at the Autumn round of Divisonal Reviews.

Strategy - Core Priorities

Agreed 5-year strategy in place

MFT

Actual Amber **Accountability** D.Banks
Threshold **Committee** Service Strategy Committee

Each service should have a 5 year strategy setting out their vision and strategic aims and the key milestones towards achieving their vision. This should be approved by the Trust Service Strategy Committee. The service level strategies will form the basis of a Hospital / MCS level strategy.
Green indicates that a strategy has been completed and approved by the Trust Service Strategy Committee
Amber indicates that a strategy has been developed but not approved.
Red indicates that there has been no progress towards the development of a strategy

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
◇	◇	◇	◇	◇		◇	◇

Agreed annual plan for 2017-18

MFT

Actual Green **Accountability** D.Banks
Threshold **Committee** Service Strategy Committee

Each service should have an annual plan setting out the actions that they are going to take in the coming year to deliver all local and national targets and actions towards achieving their vision and strategic aims. It will include a financial plan showing how this will be achieved within budget.
Green indicates that an annual plan has been completed and approved by the Trust Service Strategy Committee
Amber indicates that an annual plan has been developed but not approved.
Red indicates that there has been no progress towards the development of an annual plan

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
✓	✓	✓	✓	✓		✓	✓

Progress against delivery of service strategy milestones in annual plan

MFT

Actual **Accountability** D.Banks
Threshold **Committee** Service Strategy Committee

Progress against the strategic development plans set out in the annual plan will be monitored on a quarterly basis. The proportion of the agreed key milestones achieved will be used to RAG rate each Hospital / MCS.

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
⊘	⊘	⊘	⊘	⊘		⊘	⊘

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Julia Bridgewater, Chief Operating Officer
Paper prepared by:	Vanessa Gardener, Chief Transformation Officer
Date of paper:	26 June 2018
Subject:	**Transforming Care for the Future - Q1 Progress Report 2018/19**
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support ✓ • Resolution • Approval
Consideration of Risk against Key Priorities	The report provides progress against the Transforming Care for the Future 18/19 plan and commitments to achieve the top decile for quality - clinical outcomes, safety, patient experience, staff engagement and operational efficiency measures
Recommendations	The Board of Directors are asked to note the MFT Transforming Care for the Future Programme 18/19 Quarter 1 report.

Manchester University
NHS Foundation Trust

Transforming Care for the Future

2018/19 Quarter 1 Report

Vanessa Gardener, Chief Transformation Officer
June 2018

Contents

Manchester University NHS Foundation Trust

Overview

Manchester University NHS Foundation Trust

The MFT Transformation Strategy was approved by the Board of Directors on 19 September 2017. Our ambition is to lead healthcare in the NHS and therefore we need to be in the top decile for quality in its broadest sense not only on outcomes and safety but patient and staff experience and operational efficiency.

As a result we aspire to be recognised for excellence in patient and staff experience and use of technology, facilities and strong leadership are enablers for staff to change. This is the key driver for our transformation programme and in 3 years' time through a culture of clinically led change we want to achieve:

Operational excellence across all hospitals and community services, alongside being recognised for excellence in quality, patient and staff experience

Fully integrated single hospital services

Effective partnerships with our Local Care Organisation, Devolution Manchester, Shelford Group and other key stakeholders

The aim of our transformation strategy is to ensure we:

- ✓ Continue to build upon and strengthen the transformation work already in place
- ✓ Continue to build the capability of staff to ensure a culture of continuous improvement.
- ✓ Ensure we are making best use of existing resources and corporate teams to support improvement and support the clinical teams and divisions / hospitals in a coherent way.
- ✓ Continue to co-ordinate projects to ensure lessons are shared .

The Transforming Care for the Future Programme objectives for the next 3 years are:

	Culture for change	Continue to create the right culture across each Hospital and Division to deliver change through embedding the values and behaviours and leadership
	Build Capability	Continue to build staff capability in leadership and change using a single methodology to support continuous improvement
	Delivery	Through collaborative working achieve operational excellence and excellence in patient and staff experience which will continue to deliver efficiencies through transformational change, supporting the financial strategy
	Governance	Comply with the governance process / PMO to ensure rigour to the work and expectations to achieve top decile for quality

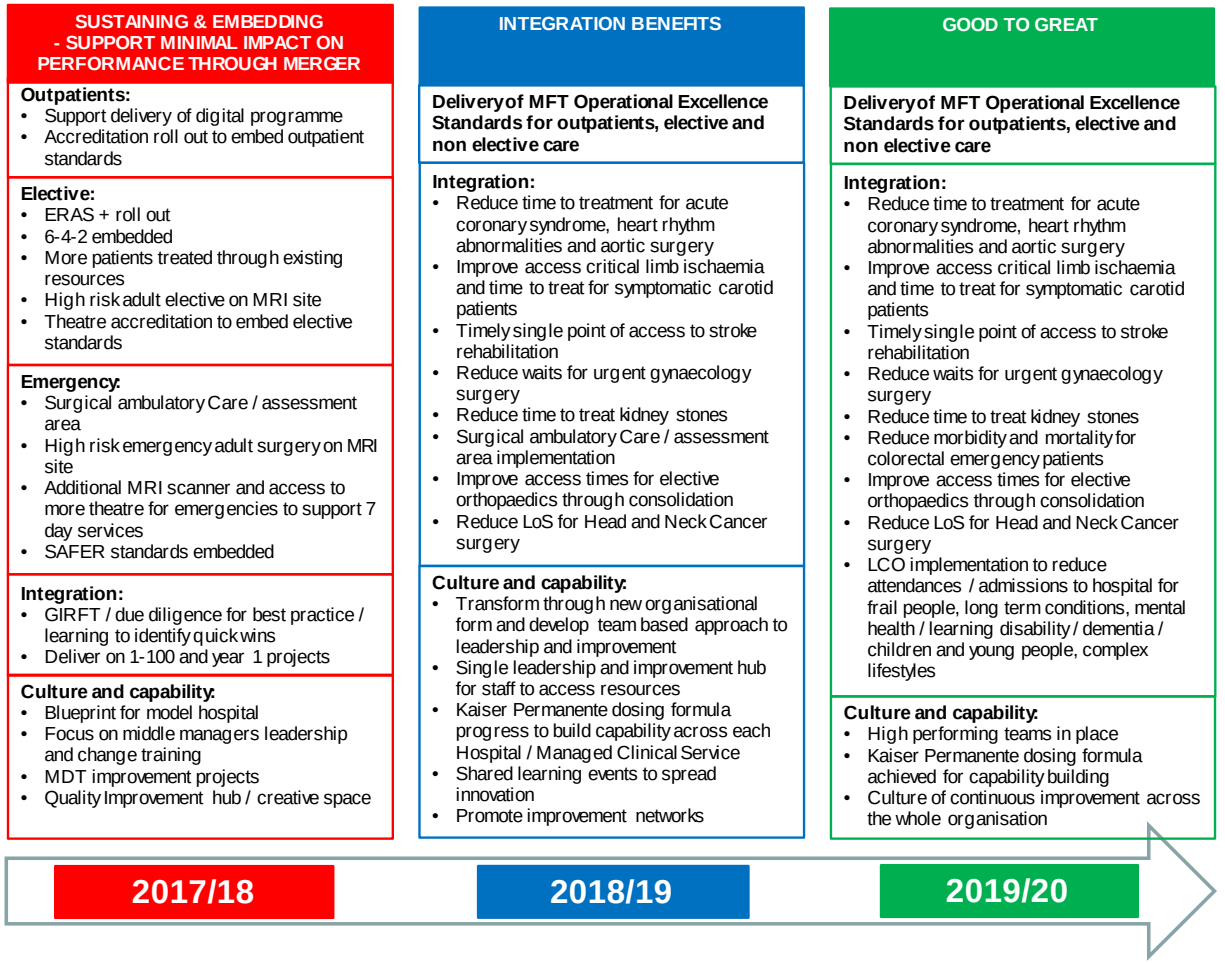
The Roadmap

The 3 year road map within the Transformation Strategy outlined year 2 as delivering integration benefits and going from “good” to “great” in year 3.

During 2018/19 the focus will be to deliver the patient and financial benefits from the merger business case, as well as continuing to embed and sustain the MFT standards for outpatients, elective and non elective care across all Hospitals / Managed Clinical Services.

The transformation resource will focus on the complex change work streams which will primarily be in the delivery of the integration benefits.

This report outlines the timescales and commitments to deliver the integration programmes of work.



Summary of Q1 Progress against agreed objectives

	Objective	Q1 Progress
1	Ensure best practice is shared across the Group through quarterly "Transform Together" events, sharing examples of improvement projects and ensuring individuals / teams gain recognition for their work.	✓ Transform Together Shared Learning Event held 28 June 2016
2	Ensure the outpatient, elective and SAFER standards are based on best practice, supported by technology resulting in reduced DNAs, improved theatre touch time and reduced length of stay. We will ensure the standards are reviewed annually with clinical teams and patients	✓ Refreshed Elective Standards ratified through Quality Committee 5 June 2018 ✓ Outpatient Standards launched across Wythenshawe & Withington 16 April 2018 ✓ Digitalising Outpatients Simulation Exercise planned for September 2018
3	Scale up areas of best practice across the Group and ensure processes are standardised where appropriate providing tools, resources, case studies for staff through a single leadership and improvement programme	✓ Improvement framework in place across MRI ✓ Review of urgent care pathways across Wythenshawe undertaken with recommendations forming a patient flow transformation programme
4	Monitor Group progress through the Accountability Oversight Framework (AOF) measures and accreditation scores	✓ Operational excellence standards monitored through the AOF on a monthly basis ✓ Areas identified for audit of Outpatients across MFT to compliment the outpatient accreditation programme
5	Ensure the patient benefits for year 1 are delivered in line with the KPIs and trajectory approved through the Manchester Investment Agreement	✓ Tracking of benefits undertaken through programme boards and reported to the Operational & Transformation Oversight group ✓ Dashboard in development
6	Ensure implementation of the first phase of the general surgery Healthier Together consolidation	✓ Successful recruitment of 4 General Surgeons
7	Work with Organisational Development (OD) to ensure the high performing team principles underpin the integration and engagement with staff and patients throughout the process	✓ A number of teams are now being coached through the Affina OD programme
8	Work with Finance and Turnaround to ensure the clinical benefits derive financial benefits as outlined in the Business Case and PTIP	✓ Endoscopy due diligence completed May 2018 ✓ MFT Frailty Standards agreed with clinical teams ✓ Review of Cardiac Services completed June 2018 ✓ Development of Acute Coronary Syndrome pathways protocol ✓ Options paper developed for Head & Neck ✓ Options appraisal for Orthopaedics elective activity at Trafford drafted
9	Work with OD to ensure the high performing team principles and values and behaviours underpin the integration programmes of work which in turn will support and improve staff experience	✓ Cohort 1 High Performing Team Coaching and accreditation delivered April 2018
10	Continue to commission leadership and improvement courses to meet the needs of staff, working with those organisations with a lead role in improvement and innovation, such as NHS Improvement, AQuA, Haelo, Health Innovation Manchester	✓ Launched new curriculum for building capability with AQUA – May 2018 ✓ Support Hospitals in developing training plans
11	Work with the clinical standards groups and clinical teams to continue to generate ideas and translate into practice through reviewing new care models nationally and internationally and through established networks	✓ Supporting Clinical Standards Group leads in identifying opportunities using national best practice and Get it Right First Time national reports

MFT Operational Excellence Standards

Manchester University NHS Foundation Trust

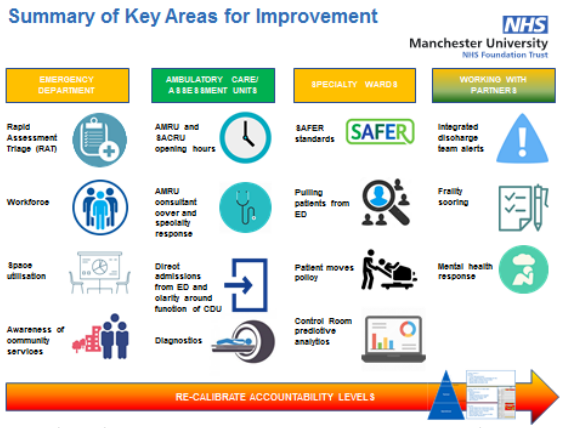
OUR COMMITMENTS FROM APRIL – JUNE 2018, WE WILL:

Objective 1:
Ensure best practice is shared across the Group through quarterly "Transform Together" events, sharing examples of improvement projects and ensuring individuals / teams gain recognition for their work. We will continue to support standards becoming "business as usual" through Hospital / Managed Clinical Service Transformation Leads

Objective 2:
Ensure the outpatient, elective and SAFER standards are based on best practice, supported by technology resulting in reduced DNAs, improved theatre touch time and reduced length of stay. We will ensure the standards are reviewed annually with clinical teams and patients

Objective 3:
Scale up areas of best practice across the Group and ensure processes are standardised where appropriate providing tools, resources, case studies for staff through a single leadership and improvement programme

Objective 4:
Monitor Group progress through the Accountability Oversight Framework (AOF) measures and accreditation scores



Wythenshawe Urgent Care Review Recommendations

PROGRESS DURING QUARTER 1:

During Q1 the Chief Transformation Officer has been working with CEOs of both WTWA & MRI to establish an improvement / transformation board that will support the delivery of the transformation and integration programmes. A number of projects have been formalised with senior clinical and operational leadership that will embed the MFT operational standards across outpatients, elective and patient flow and deliver against the single hospital benefits case and Manchester agreement through the integration workstreams.

To contribute to the improvement portfolio at WTWA the CEO of the hospital commissioned the Transformation team to undertake a **review of urgent care at Wythenshawe Hospital**. This was in response to concerns regarding **patient flow** across the urgent care pathway and delivery against the **A&E 4hr standard performance**. The review was led by the Chief Transformation Officer with the transformation team over week commencing 11th June 2018. Throughout the review 24 staff were interviewed, all 35 wards audited against the SAFER standards, 10 patient interviews were undertaken and a 24hr ED shift carried out shadowing the nurse and doctor in charge. An assessment against national and local good practice and guidelines was also included.

The outputs from the review have been shared with the Executive team of the Hospital and Group Executives. This showed **areas of good practice** that could be scaled up and areas for improvement. A **set of recommendations** have been made which will now feed into the WTWA transformation programme.

Q1 Transform Together event took place on 28th June 2018 which showcased best practice projects across **urgent care pathways** along with projects that have been successful through the transform together charitable fund. The event was opened by our Chairman, Kathy Cowell and Group Chief Operating Officer, Julie Bridgewater with 17 projects being shared.

MFT Operational Excellence Standards

Manchester University NHS Foundation Trust

OUR COMMITMENTS FROM APRIL – JUNE 2018, WE WILL:

Objective 1:
Ensure best practice is shared across the Group through quarterly "Transform Together" events, sharing examples of improvement projects and ensuring individuals / teams gain recognition for their work. We will continue to support standards becoming "business as usual" through Hospital / Managed Clinical Service Transformation Leads

Objective 2:
Ensure the outpatient, elective and SAFER standards are based on best practice, supported by technology resulting in reduced DNAs, improved theatre touch time and reduced length of stay. We will ensure the standards are reviewed annually with clinical teams and patients

Objective 3:
Scale up areas of best practice across the Group and ensure processes are standardised where appropriate providing tools, resources, case studies for staff through a single leadership and improvement programme

Objective 4:
Monitor Group progress through the Accountability Oversight Framework (AOF) measures and accreditation scores

MFT Elective Standards June 2018

PROGRESS DURING QUARTER 1:

During Q1 progress has continued to be made in implementing and embedding operational excellence standards across the Group. Monitoring the success of the standards is through the Accountability Oversight Framework with key metrics on outpatient did not attends, theatre touch times and length of stay thresholds.

The **elective standards** have been refreshed following a theatre summit held in March 2018. The standards provide a set of good practice principles across the complete elective pathway from pre-operative assessment, admission and discharge. The standards have been ratified by the Quality & Safety Committee in June 2018. Hospitals are now undertaking a baseline assessment by way of a table top exercise against the updated standards with a fuller assessment being planned for December 2018.

Across **Wythenshawe & Withington Hospitals MFT outpatient standards** have been launched through an engagement session held in April 2018 with multidisciplinary staff and an improvement programme now developed.

The **outpatient accreditation for 2018/19** is underway and transformation continue to support the nursing team in undertaking the assessments. During 2017/18 80% of clinics were assessed and therefore for the remaining 20% these will be audited separately and plans are being developed to undertake these during Q2.

An **outpatient simulation exercise** is being planned for September 2018 to bring to life for staff all the new technologies that are being implemented across outpatient areas during 2018/19. This will give an overall view of the patient journey from point of referral using e-referral, text/digital reminders to the clinic setting with self check in kiosks, clinical correspondence and voice recognition.

Integrated Care and Pathways to deliver Clinical Benefits

NHS
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OUR COMMITMENTS FROM APRIL – JUNE 2018, WE WILL:

Objective 5:
ensure the patient benefits for year 1 are delivered in line with the KPIs and trajectory approved through the Manchester Investment Agreement

Objective 6:
ensure implementation of the first phase of the general surgery Healthier Together consolidation

Objective 7:
work with Organisational Development (OD) to ensure the high performing team principles underpin the integration and engagement with staff and patients throughout the process

Objective 8:
work with Finance and Turnaround to ensure the clinical benefits derive financial benefits as outlined in the Business Case and PTIP

The Transformation team has continued to support the major inter-hospital integration projects. Groups and Programme boards are well established for Trauma & Orthopaedics, Cardiac and Urology specialties.

The first Programme Board for Respiratory service integration was held in June. Subgroups focusing on Asthma, COPD, Pneumonia, Lung Cancer and Community Pathways have been established with clinical leads from Wythenshawe and MRI Hospitals identified.

A **review of endoscopy services** across MFT with an in depth look at capacity and demand was completed in June. The review provided comparable information for the three endoscopy units and made recommendations as to how the units could work more closely together.

Cardiology

A new **shared pathway** has been agreed and piloted for **Acute Coronary Syndrome** facilitating the reduction in the access time for angiography led by Faz Fath-Ordoubadi and Sanjay Sastri. This will see patients with high risk ACS **offered angiography within 24 hours**.

Plans have been developed for a **cross site weekend rota** for the implantation of pacemakers. This is a **key first step towards a 7 day service for patients** with acute heart rhythm problems.

Urology

Kidney Stone Patients – increased choice of treatment for lithotripsy patients through improved capacity at Wythenshawe and Ben Grey, Consultant Urologist treating MRI patients at Wythenshawe.

Orthopaedics

Joint Multi disciplinary meetings are now in place for hip/knee, shoulder/elbow, foot/ankle and hand patients. **Pooled waiting lists are now in place with** 20 patients benefited so far.

Hip fracture patients following surgery at Wythenshawe are now being transferred to Trafford for **rehabilitation.**

An **options appraisal** for elective services at Trafford has been completed

Integrated Care and Pathways to deliver Clinical Benefits

NHS
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General Surgery

Four **new emergency general surgeons have been appointed** and are due to start by September 18. Miss Patrizia Capozzi, Consultant General Surgeon is leading the project to develop the surgical ambulatory care unit at the MRI to reduce the number of non-elective general surgical admissions.

Frailty

MFT frailty standards have been developed with clinicians which are aligned to the city and GM wide work on frailty. These will harmonise pathways and **improve access to specialist care for patients with frailty** attending any of hospitals.

Head & Neck

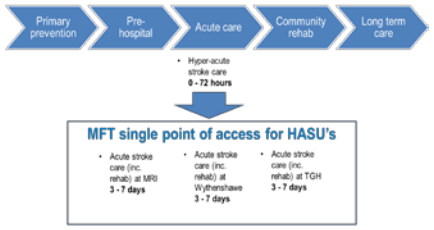
An **options paper for the integration of head and neck cancer services has been completed.** The paper focuses on the creation of a single site for head and neck cancer surgery and options were presented by the head and neck clinicians to the Integration Strategy Group. The clinical strategy is being developed which will decide on the option/service model to implement.

Vascular

An options appraisal has been undertaken across sites looking at the **requirements of a merged arterial centre** and GIRFT recommendations from the national report have been reviewed to understand areas for improvement .

Stroke

The **single point of access to improve access for the repatriation of stroke patients** has been progressing well with implementation planned for Q2. The transformation team is supporting a review of TIA services to determine what is needed to achieve a 6/7day service.



Gynaecology

An **extra dedicated list for emergency gynaecology** at Wythenshawe in now in place on a Wednesday.

Creating the Culture and build capability for continuous improvement for Change

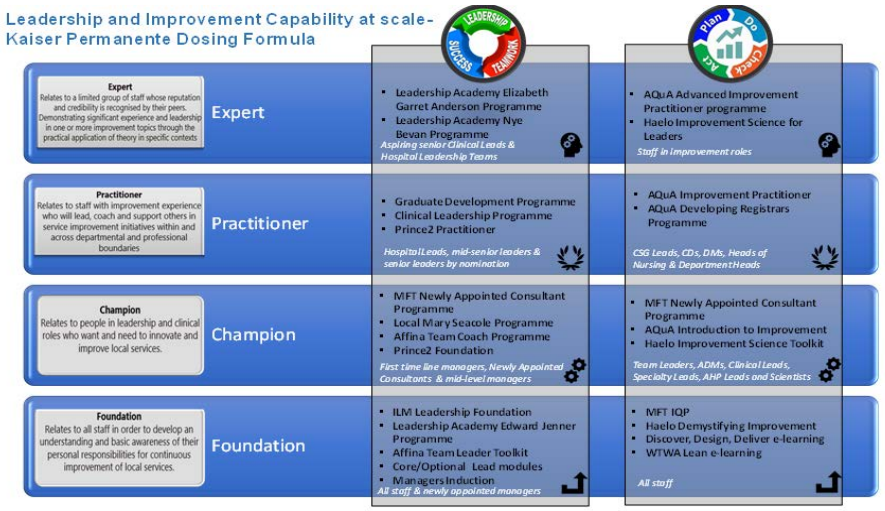
Manchester University NHS Foundation Trust

OUR OBJECTIVES FROM APRIL – JUNE 2018, WE WILL:

Objective 9:
work with OD to ensure the high performing team principles and values and behaviours underpin the integration programmes of work which in turn will support and improve staff experience

Objective 10:
continue to commission leadership and improvement courses to meet the needs of staff, working with those organisations with a lead role in improvement and innovation, such as NHS Improvement, AQuA, Haelo, Health Innovation Manchester

Objective 11:
work with the clinical standards groups and clinical teams to continue to generate ideas and translate into practice through reviewing new care models nationally and internationally and through established networks



Capability Curriculum

PROGRESS DURING QUARTER 1:

During Q1 the Organisational Development (OD) and the Transformation Team have worked with training partners to create an **Improvement and Leadership capability curriculum** for 2018/19.

The approach and curriculum was presented at the Operational & Transformation Oversight Group in April 2018 where it was agreed that Human Resources Directors (HRDs) and Hospital Transformation Leads of all Hospitals and Managed Clinical Services (MCS) would lead on the **development of training plans for staff**. Hospital/MCS training plans are in the process of being developed with HRDs and Transformation leads taking a targeted approach to identifying staff. Concurrently Divisions and Directorates are actively booking on to forthcoming courses, to ensure that we make best use of available training capacity, whilst long term plans are being created, for example 23 staff are booked on to attend an on-site Improvement Practitioner Training delivered by AQuA in August 2018. To reach out to the numbers of staff required to deliver a culture of continuous improvement an e-learning module for foundation level training has been developed.

The **High Performing Team approach**, as identified in the Leadership and Culture strategy is being shared across the Group. The Trust is working with Affina OD (AOD) to help build our capacity for developing effective team based working to deliver high quality care, operational performance, and staff and patient satisfaction. To do this we are using evidence-based tools, within the Affina Team Journey for Team Leaders which is well researched in healthcare, backed up by training, delivery and support. Throughout Q1, 38 multidisciplinary staff ranging from middle managers to senior leaders and service improvement, OD and Transformation specialists are underway with the Affina Team Coach training programme. Each team coach has 6 months to gain their full Team Coach accreditation but is already able to support team leaders now and many are already working with a number of teams to access the AOD Connect on line platform and apply the ten-staged Affina Team Journey programme.

The Team Journey approach will be used for strategic teams as part of integration and transformation, operational teams defined by hospital leadership and team leaders self selecting and bespoke OD support will continue to be offered for teams without a team leaders or with complex issues.

Looking Ahead

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	Delivery of MFT Operational Excellence Standards	Integration	Culture Change & Capability Building
Quarter 1	• Ratification of Elective Standards • Launch Outpatient Standards across Wythenshawe & Withington • Improvement framework across MRI • Audit of Outpatients across MRI • Share Learning through Transform Together Event and publish case studies • Digitalising Outpatients Simulation Exercise	• Endoscopy due diligence • Ratification of Frailty Standards • Review of Cardiac Services • Development of ACS pathways protocol • Options paper developed for Head & Neck • Options appraisal for Orthopaedics elective activity at TGH • Evaluate progress against Manchester Agreement	• Launch new curriculum for building capability • Support Hospitals in developing training plans • High Performing Team Coaching and accreditation
Quarter 2	• Relaunch elective standards and support Hospitals in refresh of improvement plans against Standards • Share Learning through Transform Together Event and publish case studies • Wythenshawe & Withington Outpatient EBD Event • Review of Urgent Care flow across MRI	• Establish pathway for Fractured neck of femur patients from Wythenshawe to TGH • Evaluate frailty across the 3 sites against standards and develop improvement plans • Pooled daycases in Urology • Implementation of new pathways for Lithotripsy • Evaluate progress against Manchester Agreement	• Quarterly staff pulse check • Implement Single Improvement Hub • Communicate Transformation Strategy 'Rich Picture' • Shelford Network
Quarter 3	• Working with the nursing team on ensuring the theatre accreditation process embeds the elective standards • Share Learning through Transform Together Event and publish case studies • Support Wythenshawe & Withington in assessment against outpatient improvement plans • Elective standards assessment	• Implement Single point of access for Stroke referrals • Establish a Trusted Assessor model • Implementation of ambulatory care for general surgery • Evaluate progress against Manchester Agreement	• Host Shelford Network event • Quarterly staff pulse check • Draft capacity training specification for 2019/20
Quarter 4	• Review standards against good practice • Evaluate progress against the work programme and agree 2019/20 plan • Hospital Capacity Plans • Share Learning through Transform Together Event and publish case studies	• Develop 19/20 plans based on the opportunity pack data and accountability oversight framework • Evaluate progress against Manchester Agreement	• Evaluate 19/20 capability programme • Quarterly staff pulse check

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Peter Blythin, Director Single Hospital Service
Paper prepared by:	Peter Blythin, Director Single Hospital Service
Date of paper:	9th July 2018
Subject:	Progress report on the Single Hospital Service
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Resolution • Approval
Consideration of Risk against Key Priorities:	Failure to deliver the Single Hospital Service Programme effectively will present risks to all of the Trust's Key Priorities, but particularly Priority 1: - to deliver the merger of the two organisations with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner.
Recommendations:	The Board of Directors is asked to receive the report and note the progress made and on-going actions.
Contact:	Name: Peter Blythin Director Single Hospital Service Tel: 0161 701 8573

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

Introduction

This report provides an update on progress of the Manchester Single Hospital Service (SHS) Programme including the NHS Improvement proposal for MFT to acquire North Manchester General Hospital.

Merger of University Hospital of South Manchester NHS Foundation Trust and Central Manchester University Hospitals NHS Foundation Trust (Project 1) to form Manchester University NHS Foundation Trust (MFT)

Integration activity across Manchester University Foundation Trust (MFT) continues to progress as planned. The main focus of activity is currently on implementing and planning for the more complex strategic programmes of work due to deliver in Years 1 and 2. This work continues to be actively overseen by the Integration Steering Group (ISG) with cross referencing to the work underway to design an MFT Clinical Service Strategy and deliver a major transformation programme including a significant organisational development agenda.

To support delivery of the integration objectives, ISG commissioned work on the detail of the integration planning process. This included consideration by ISG of specific services and possible options for their future configuration and how post-merger benefits can be realised as planned. This exercise highlighted the complexity generated by the many factors that need to be considered by services in evaluating different options, including supporting timely delivery of the SHS benefits and enabling full development of MFT's Clinical Service Strategy.

The progress of integration activity continues to be closely monitored and reported on by the SHS Integration Management Office (IMO) to ensure that patient benefits are being delivered in a timely manner. In addition, progress against the Manchester Investment Agreement improvement targets is being eagerly tracked. Delivery against this set of objectives will be reported formally to Manchester Heath and Care Commissioners from Q1 2018/19.

Programme Boards for the key clinical integration programmes have now been established and an update on the main programmes of work underway is outlined below:

- **Urology** teams from Wythenshawe and Manchester Royal Infirmary (MRI) Hospitals have been continuing to work on improving services for patient s with kidney stones through increased utilisation of the Lithotripter at Wythenshawe Hospital. The objective is to ensure that this service is available to MRI and Wythenshawe patients throughout the week, and that no patient waits more than a maximum of four weeks. The teams have also been identifying how capacity for routine patients can be optimised across all MFT sites through the "pooled" (i.e. joint) day case project. The change in service provision has had a positive impact on patient choice.

- **Orthopaedic** services are now running joint Multidisciplinary Teams (MDTs) across all MFT sites for key clinical groups including hip/knee, shoulder/elbow, foot/ankle and hand patients. This work is being developed further for shoulder/elbow and foot/ankle patients, where pooled waiting lists are operating across MFT. The MDTs help to ensure that best clinical practice is applied consistently across MFT and the pooled waiting lists optimise waiting times. Work is also proceeding on identifying a single supplier for surgical implants in respect of shoulder/elbow surgery, and this can be expected to improve the quality of service and achieve the best value for money.

- The merger continues to facilitate the implementation of **Healthier Together plans and associated surgical services**. Four Consultant General Surgeons have been appointed to strengthen the provision of emergency general surgery. There is also an important focus on developing ambulatory care (avoiding unnecessary admission to a surgical ward) and a clinical lead has been appointed to take this work forward, including the provision of "hot clinics" seven days/week at MRI. A joint MDT is being established for high risk colorectal cancer patients. These initiatives are improving the quality and consistency of surgical service provision across MFT, and this rate of progress would not have been possible without the merger.

- In respect of **Acute Coronary Syndrome**, a new shared pathway has been piloted and is now being implemented across MFT. This will involve seven day provision for the cardiac physiology service through a joint rota between staff at Wythenshawe and MRI. A single access point is also due to be piloted from June 2018. These improvements are expected to facilitate a reduction in the access time for angiography (the key clinical intervention) to 24 hours.

- An improved rehabilitation pathway has been established for Trafford residents who have a **hip fracture**. Following surgical treatment at Wythenshawe Hospital, it is now possible for these patients to transfer to Trafford General Hospital for rehabilitation. This provides care closer to home (facilitating contact with family and friends) and also reduces workload pressure on the Wythenshawe wards (facilitating admissions through A&E). This pathway was an early product of the merger changes, and has now been in place for six months.

- The newly established **Managed Clinical Services** have a primary focus on integration notably across the Oxford Road Campus, Wythenshawe and Trafford sites. The new cross-site management structures which are being implemented in these areas have been designed to enhance the pace of delivery of integration benefits across women's services, children's services and clinical support functions. For example, the pharmacy teams based at the Oxford Road campus and Wythenshawe Hospital are making good progress towards establishing a single team with one process for medicines governance.

Integration planning for Year 2 and beyond is underway but a formal process to re-affirm plans and reflect on the progress made at one year post merger will be commenced in mid/late August. This work will engage colleagues from across MFT.

North Manchester General Hospital (Project 2)

Work is progressing on the second phase of the SHS Programme: the acquisition of North Manchester General Hospital (NMGH) by MFT.

Background

NHS Improvement (NHS I) has set out a proposal for MFT to acquire NMGH as part of an overall plan to dissolve PAHT and transfer the remaining hospital sites to Salford Royal NHS Foundation Trust (SRFT). The intention for MFT to acquire NMGH is consistent with the Manchester Locality Plan to establish a Single Hospital Service within the City of Manchester.

The transaction process is being managed under the auspices of the NHS I national transaction guidance. A Transaction Board, to oversee the dissolution of PAHT, has been established chaired by Jon Rouse, Chief Officer for the Greater Manchester Health and Social Care Partnership (GMH&SCP). Associated sub-groups have been established and representatives from MFT attend all relevant meetings.

As predicted, the process for MFT to acquire NMGH is providing complex requiring a significant degree of effort across a range of interactions with stakeholders. Notwithstanding the challenges, MFT remains committed to acquiring NMGH and is working collaboratively with local and national stakeholders to ensure the transfer of NMGH can be delivered at the earliest practicable opportunity.

Progress with the transaction

The Board of Directors received an update on the progress of the NMGH acquisition at the last meeting. An update on the work that has been undertaken since this time is provided below:

- Manchester Health and Care Commissioning and the North East Sector Commissioners are leading separate processes to develop service model for acute services at NMGH and the other PAHT sites, respectively. MFT is providing input into the MHCC process as required. GMH&SCP will also support this process as necessary to ensure that the Commissioning plans are consistent.

- Work is continuing, within MFT, to develop the Strategic Case which is the first key submission required in the transaction process. MFT is on track to deliver this objective within the planned timescale.

- MFT has started the process of understanding the profile of clinical services at NMGH. This commenced with the sharing of written clinical service profiles by PAHT and has now progressed to face to face discussions with clinical leads. This work will support the ongoing development of the Strategic Case and will feed into the due diligence process.

- Work to undertake vendor due diligence is progressing and a shared approach to acquirer due diligence is being agreed. The shared approach on acquirer due diligence will help to ensure the process is effective and efficient, whilst providing the required information. Discrete elements of due diligence for MFT will be pursued when necessary to provide the Board of Directors with assurance.

- A staff engagement plan for NMGH is currently being developed and staff engagement sessions open to all staff at NMGH are being planned, with the first one scheduled to take place on 11th July 2018.

Recommendations

The Board of Directors is asked to:

I. Receive the report and note the work underway to progress the post-merger integration plans.

II. To note the position of the proposed transfer of North Manchester General Hospital as part of NHS Improvement's plan for the dissolution of Pennine Acute NHS Trust.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Adrian Roberts – Chief Finance Officer
Paper prepared by:	Ursula Denton – Director of Finance
Date of paper:	27th June 2018
Subject:	Financial Performance for 2018/19
Purpose of Report:	• Approval ✓
Consideration of Risk against Key Priorities:	Maintaining financial stability for both the short and medium term
Recommendations:	Intense leadership focus is needed to: • Sustain income delivery • Renew grip and control over expenditure • Drive agency costs reductions • Continue savings delivery
Contact:	Adrian Roberts Tel: 0161 276 6692

Executive Summary

1.1	**Delivery of financial Control Total**	The financial performance for the first two months of the year was **a bottom line deficit (on a control total basis) of £2.4m** (0.9% of operating income). This is in line with the plan submitted to NHS Improvement.
1.2	**Run Rate**	**The 'underlying' deficit of £6.9m in just 2 months** (excluding Provider Sustainability Funding) **represents £3.5m per month, compared to an aggregate monthly deficit around £1m per month over the final 5 months of 2017/18.** Hospitals/MCS' have aggregate Trading Gap targets of £66m. The reported position across the Turnaround programmes highlights that insufficient delivery plans have been developed, with **a gap of £22m**. To date, delivery plans totalling £41m have been identified, and these continue to be developed by the Hospital/MCS'. Delivery across the identified plans is itself lower than planned to the end of May. The Trust continues to breach it's agency spend ceiling, with spending exceeding the ceiling by 18% in the first two months of the year.
1.3	**Risk**	Insufficient control over medical agency and locum costs, together with slippage in delivery of savings plans, continue to represent material risks to sustained delivery in 2018/19 financial year. Intense leadership focus is needed to: • Sustain income delivery • Renew grip and control over expenditure • Drive agency costs reductions • Continue savings delivery
1.4	**Cash & Liquidity**	As at 31st May 2018 the Trust had a cash balance of £131.8m.
1.5	**Capital Expenditure**	The Capital Plan for 2018/19 is £74.0m. Capital expenditure in the year to date was £7.0m against a plan of £9.2m.

Financial Performance

Income & Expenditure Account for the period ended 31st May 2018

	Annual Plan	Year to date - Month 2			Variance to month 1	Year to date Actual
		Year to date budget	Variance from budget	%		
INCOME	**£'000**	**£'000**	**£'000**		**£'000**	**£'000**
NHS Clinical Income						
A and E	45,378	7,632	-15		-57	7,617
Non-Elective	263,810	43,948	187		-111	44,134
Elective	214,554	33,828	299		-145	34,127
Out-Patients	174,274	27,826	563		140	28,389
Other NHS Clinical Income	474,245	79,004	466		126	79,470
Community Services (includes LCO)	103,382	17,230	0		0	17,230
Drugs	105,319	16,960	3		190	16,963
Total NHS Clinical Income	**1,380,963**	**226,428**	1,502	0.7%	144	**227,930**
Private Patients/RTA	8,093	1,621	-226		-226	1,396
Total Clinical Income (NHS & Non NHS)	**1,389,056**	**228,050**	1,276	0.6%	-82	**229,326**
Training & Education	61,278	10,211	-160		-44	10,051
Research & Development	55,638	9,324	-228		-68	9,097
STF Income	44,931	4,494	0		0	4,494
Misc. Other Operating Income	116,498	15,418	-1,522		-682	13,896
Total Non-Clinical Income	**278,345**	**39,447**	-1,910	-4.8%	-794	**37,538**
Total Income	**1,667,400**	**267,497**	-633	-0.2%	-876	**266,864**
EXPENDITURE						
Pay	-869,217	-148,175	-4,433	-3.0%	-1,651	-152,608
Non pay	-692,012	-110,190	5,534	5.0%	1,688	-104,656
Total Expenditure	**-1,561,229**	**-258,365**	1,100	0.4%	37	**-257,264**
EBITDA Margin	**106,171**	**9,132**	467	3.6%	-839	**9,599**
Interest, Dividends and Depreciation						
Depreciation	-29,028	-4,921	213		-3	-4,708
Exceptional Costs	0	0	0		0	0
Interest Receivable	463	77	9		8	87
Interest Payable	-41,004	-6,848	-19		-6	-6,867
Dividend	-3,755	-500	0		0	-500
Surplus/(Deficit) on a control total basis	**32,847**	**-3,060**	670		-840	**-2,390**

Surplus/(Deficit) as % of turnover						**-0.9%**
Non operating Income	**0**					**87**
Depreciation - donated / granted assets	**0**					**-116**
Impairment	**0**					**-262**
	32,847					**-2,681**

Operating Unit Performance against breakeven measure

Income	Pay	Non Pay	Trading Gap	Hospital	Variance to breakeven budgets - (adverse) / positive			Variance to Control Total		I&E Annual Budget
Year to date variance					Year to date (to month 2)		Comparative position as at month 1	Control total (YTD)	Variance to control total	
£000s					£000s	%	£000s	£000s	£000s	£000s
124	-251	90	-440	Clinical & Scientific Support	-478	-2.5%	-382	-194	-284	113,408
40	284	-66	-408	Corporate Divisions	-151	-0.5%	-35	0	-151	176,452
-112	402	-16	-168	Manchester LCO	107	1.3%	11	0	107	50,504
512	-1,582	109	-3,630	MRI	-4,592	-6.8%	-2,178	-3,983	-609	402,260
304	103	134	-927	REH / UDH	-386	-3.2%	-293	-500	114	73,155
64	-130	166	0	RMCH	99	0.3%	50	250	-151	209,189
-72	137	-180	-752	Saint Mary's Hospital	-867	-4.3%	-488	-300	-567	121,958
144	115	-18	-1,301	Trafford Hospitals	-1,060	-13.7%	-702	-750	-310	46,561
45	74	-111	-3,606	Wythenshawe Hospital	-3,598	-4.4%	-2,605	-3,606	8	491,678
1,049	**-847**	**107**	**-11,233**	**Trust position**	**-10,925**	**-3.9%**	**-6,621**	**-9,083**	**-1,841**	**1,685,165**

Key Run Rate Areas

1. 2018/19 Trading Gap challenge

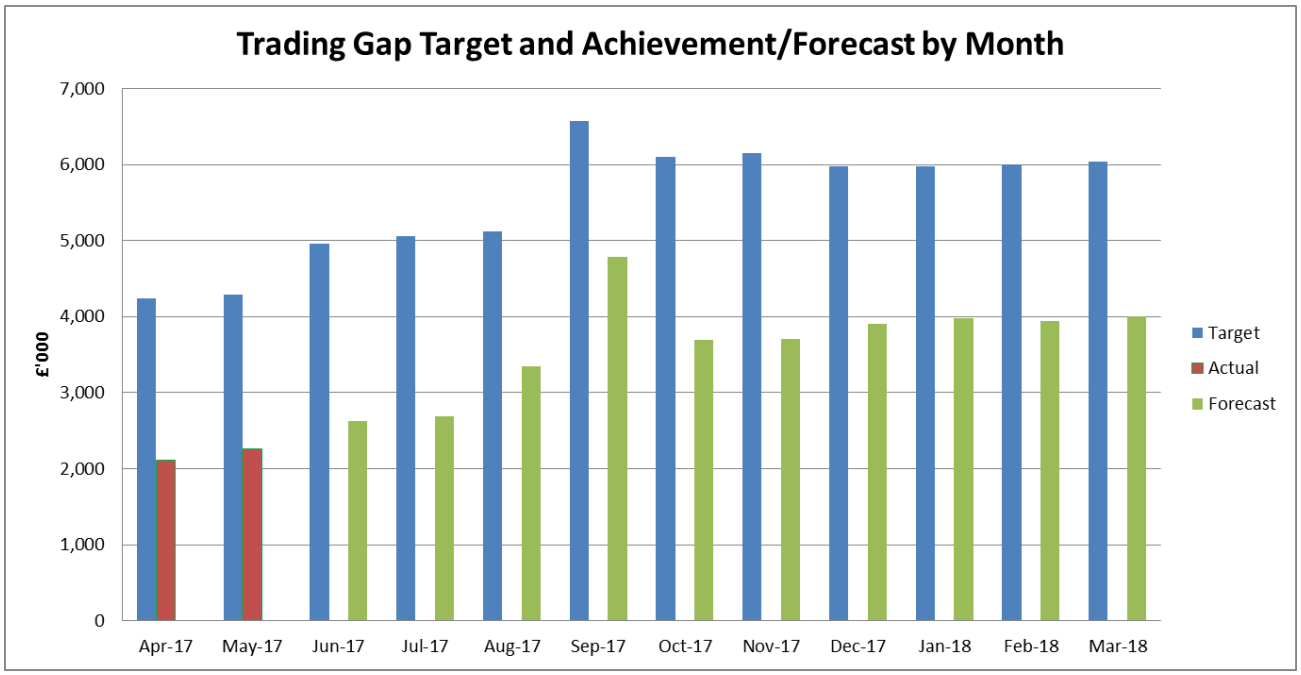
Theme Breakdown	Savings to date				Forecast to year-end			
	Target £'000	Achieved £'000	Variance £'000	Financial RAG	Target £'000	Forecast £'000	Variance £'000	Financial Forecast RAG
Admin and clerical	10	0	(10)	0%	145	96	(49)	66%
Blood Management	2	1	(1)	50%	14	1	(13)	7%
Contracting & income	1,186	1,182	(4)	100%	7,576	7,571	(5)	100%
Hospital Initiative	334	156	(178)	47%	5,643	5,013	(630)	89%
Length of stay	0	0	0	0%	50	50	0	100%
Outpatients	182	266	84	146%	1,201	1,285	84	107%
Pharmacy and medicines management	224	201	(23)	90%	1,847	1,678	(169)	91%
Procurement	301	211	(90)	70%	3,468	4,126	658	119%
Theatres	125	131	6	105%	2,253	1,106	(1,147)	49%
Workforce - medical	484	274	(210)	57%	5,267	3,568	(1,699)	68%
Workforce - nursing	224	205	(19)	92%	1,618	1,478	(140)	91%
Workforce - other	157	169	(121)	108%	5,602	5,612	(121)	98%
Full year effect of prior year schemes	1,569	1,569	0	100%	9,476	9,476	0	100%
Unidentified	3,728	0	(3,728)	0%	22,365	0	(22,365)	0%
Grand Total	**8,526**	**4,365**	**(4,294)**	**51%**	**66,525**	**41,060**	**(25,596)**	**62%**

Financial RAG

The RAG Rating in the table above is the overall financial risk rating based on the criteria defined below. There are many individual schemes within each main savings theme, and at a detailed level there will be a range of ratings within each theme.

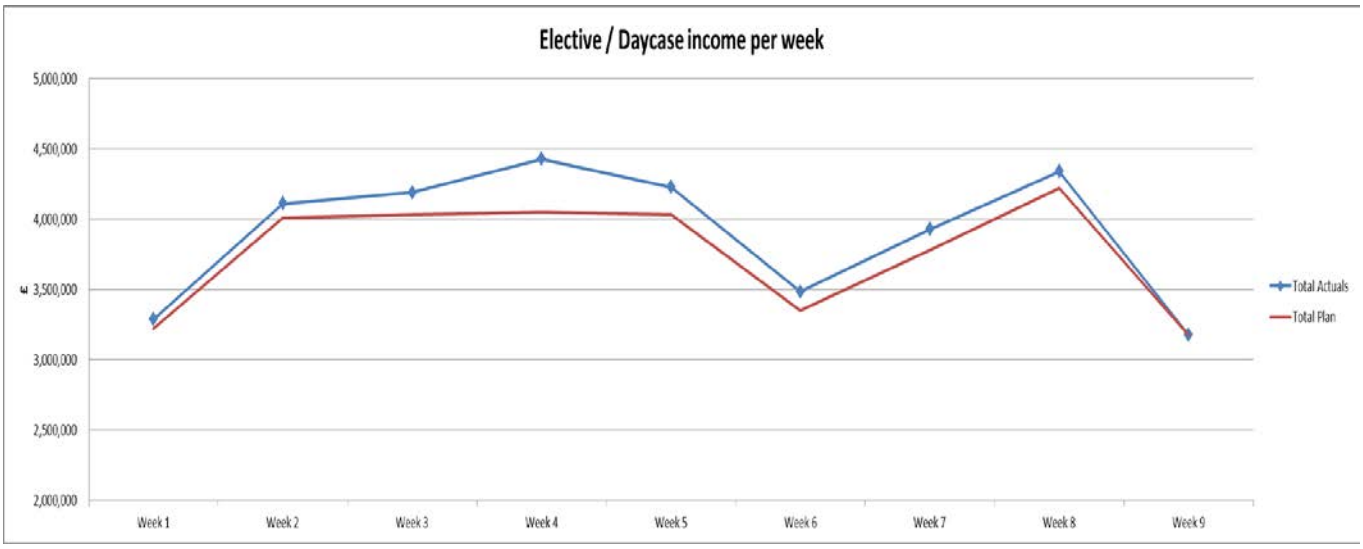
	Financial Delivery less than 90%
	Financial Delivery greater than 90%, but less than 97%
	Financial Delivery greater than 97%

Graph 1



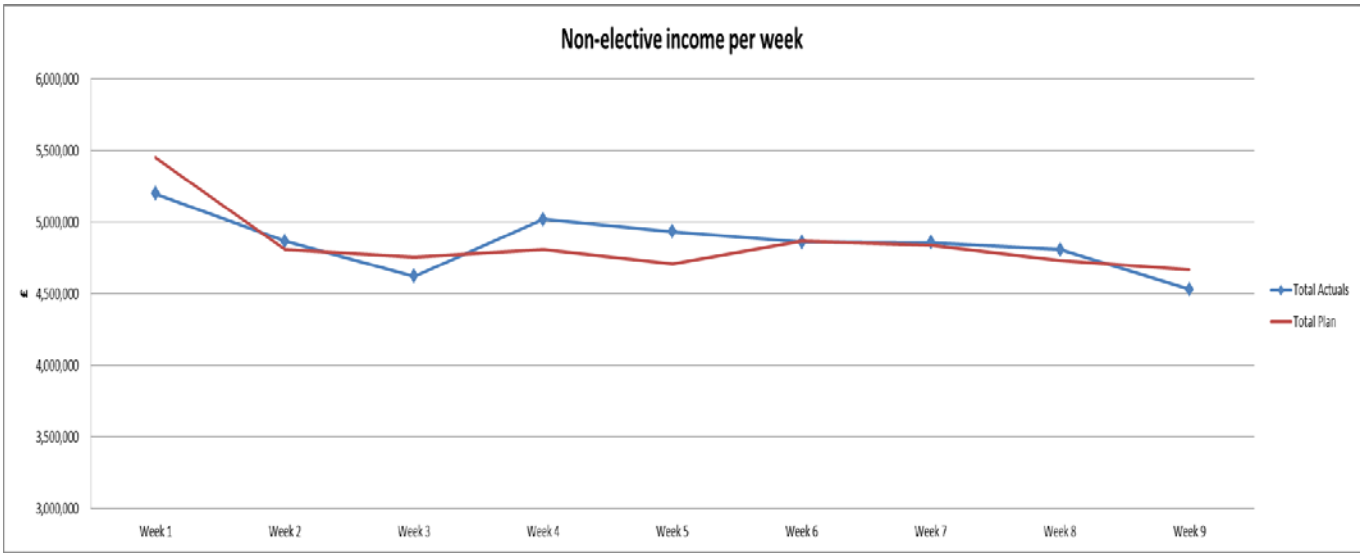
2. Elective / Daycase income: May 2018

Graph 2



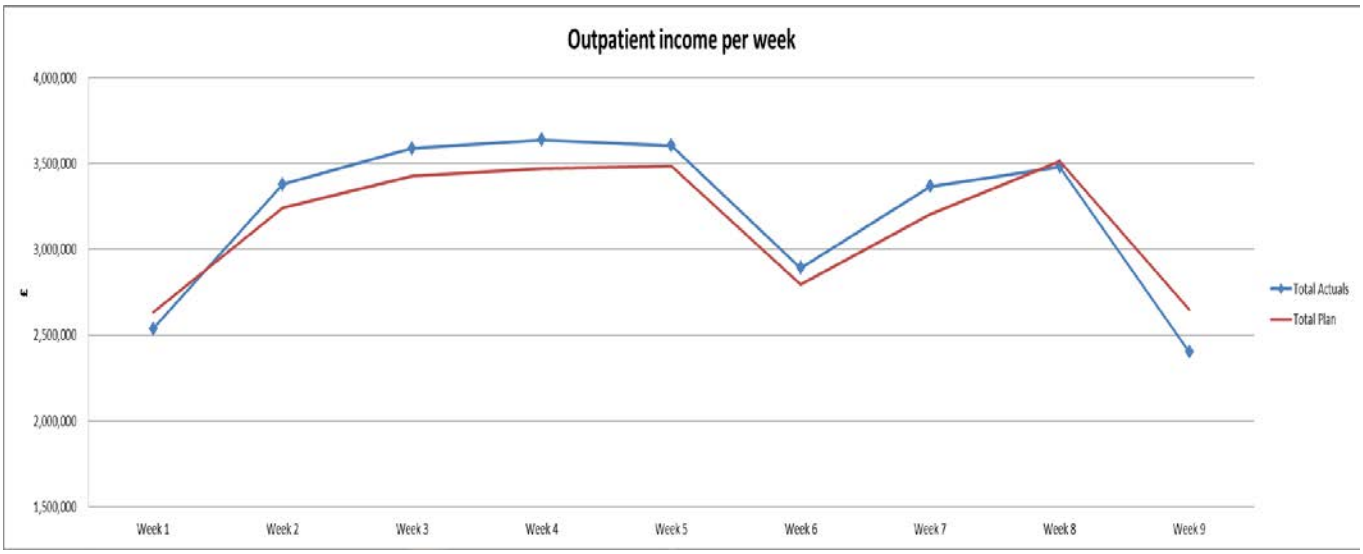
3. Non-Elective income: May 2018

Graph 3



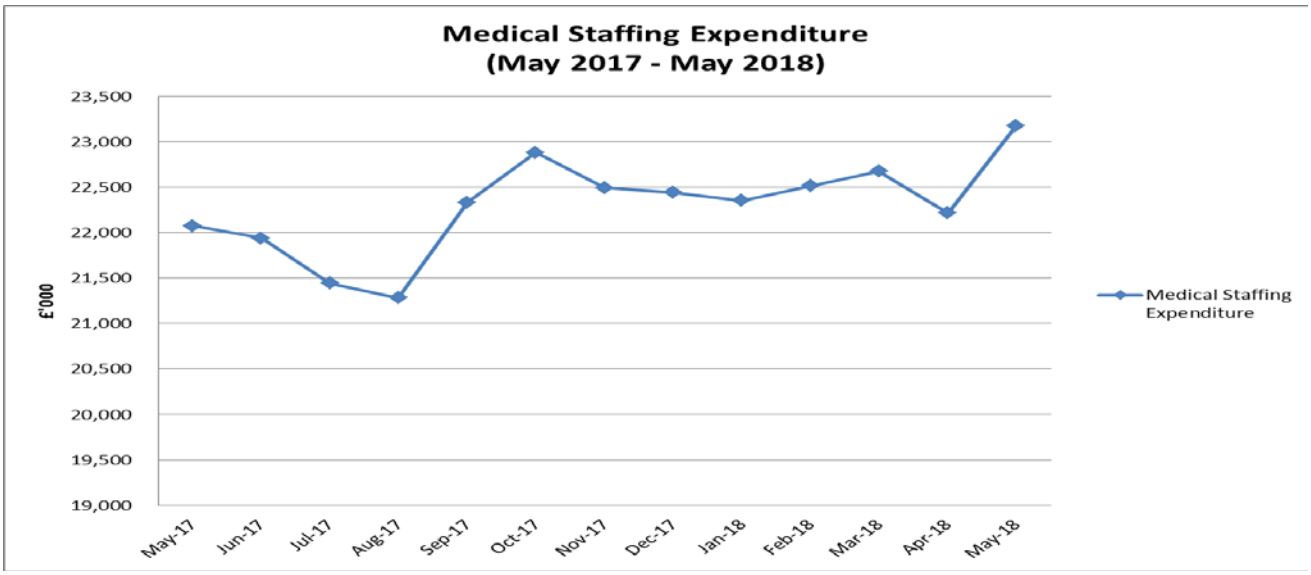
4. Outpatient income: May 2018

Graph 4



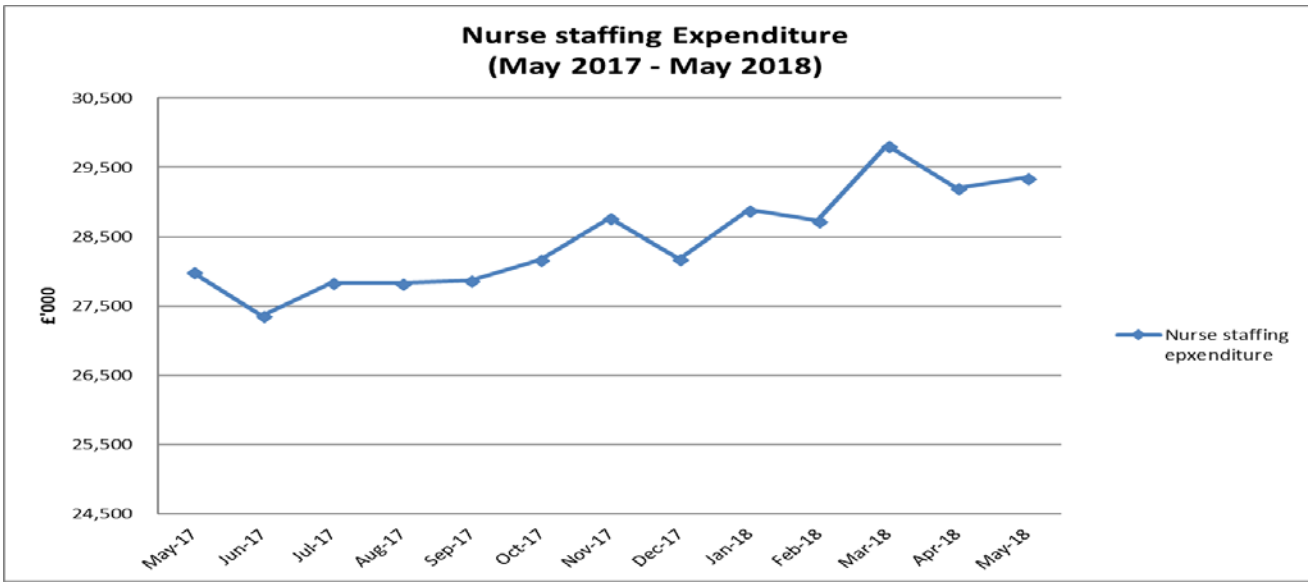
5. Medical Staffing: May 2018

Graph 5

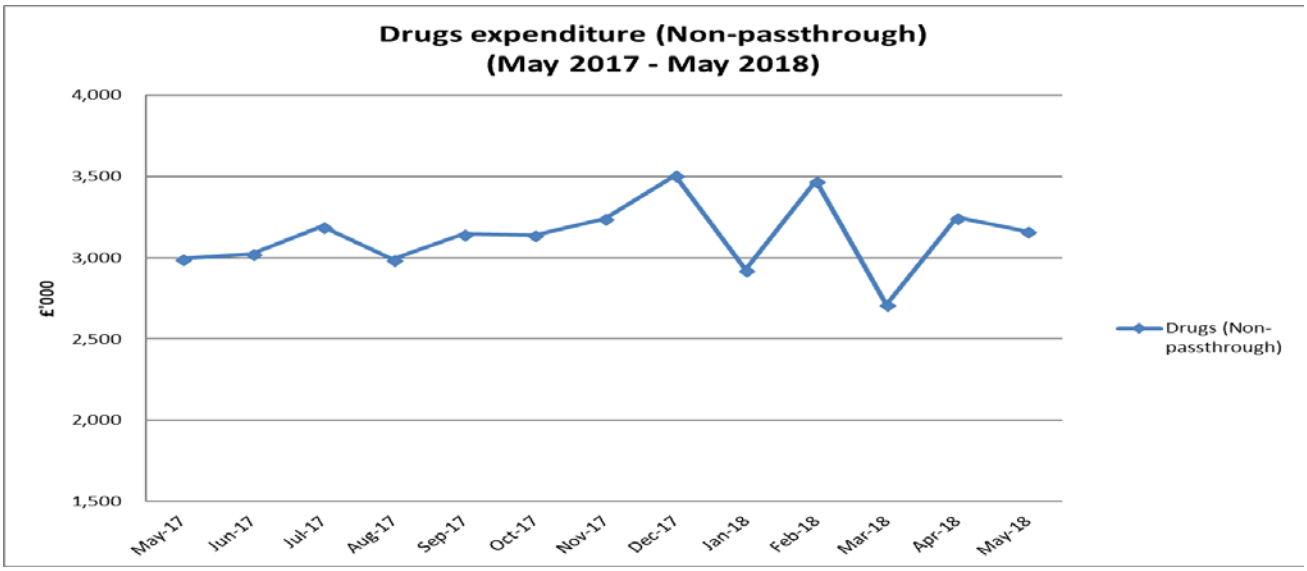


6. Nurse staffing: May 2018

Graph 6



7. Prescribing Drugs: May 2018 Graph 7



NHS Improvement's KPIs

	Plan YTD		*Actual YTD*	
	Metric	***Level***	***Metric***	***Level***
Liquidity ratio	2.5	1	2.9	1
Capital servicing capacity	0.9	4	0.8	4
I&E Margin	(0.9%)	3	(0.9%)	3
I&E margin: Distance to financial plan	0.0%	2	0.0%	2
Agency spend Metric - above / (below) the agency ceiling	11.2%	2	18.1%	2
Use of Resource (UOR) metrics - Level 1 being highest		**3**		**3**

Narrative:

Under the Use of Resource (UOR) metrics, the Trust achieves an overall level 3.

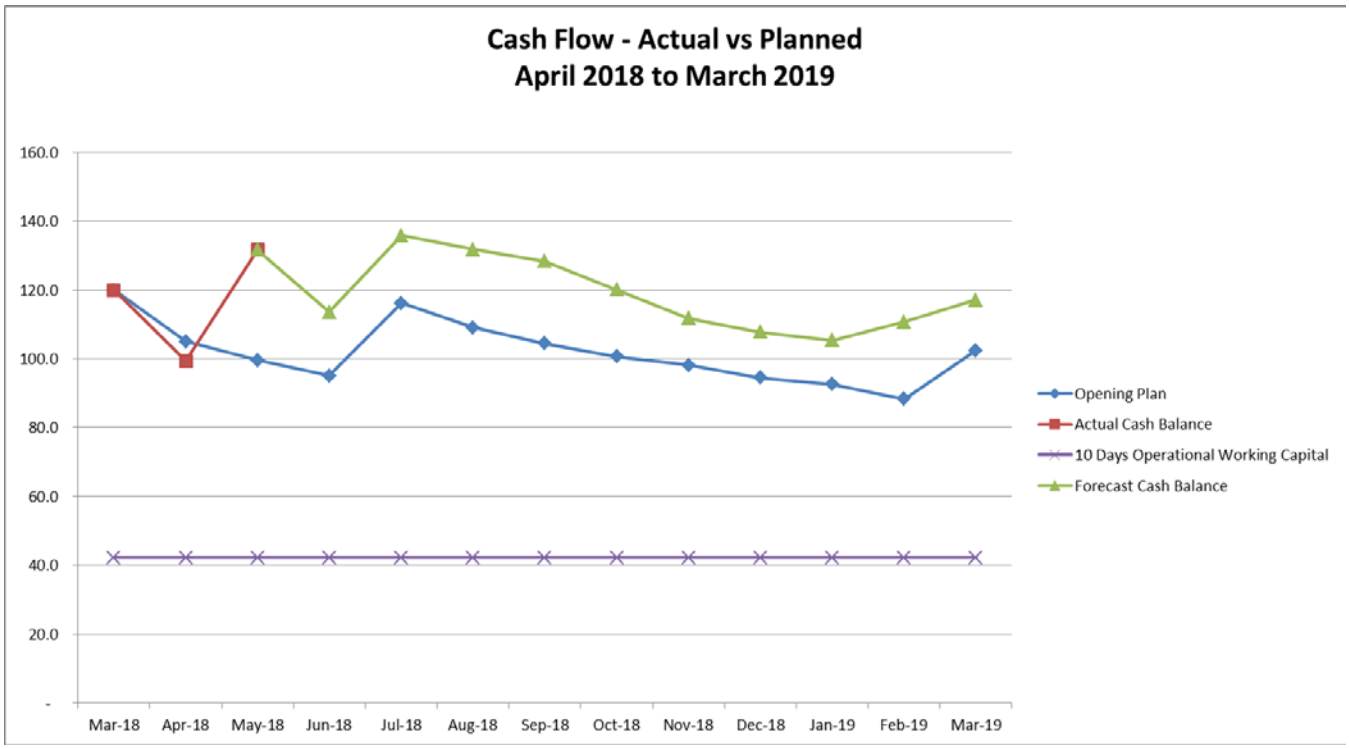
Performance is consistent with the plan submitted to NHSI with the exception of the adverse variance on the agency spend, which continues to be significantly higher than the agency ceiling.

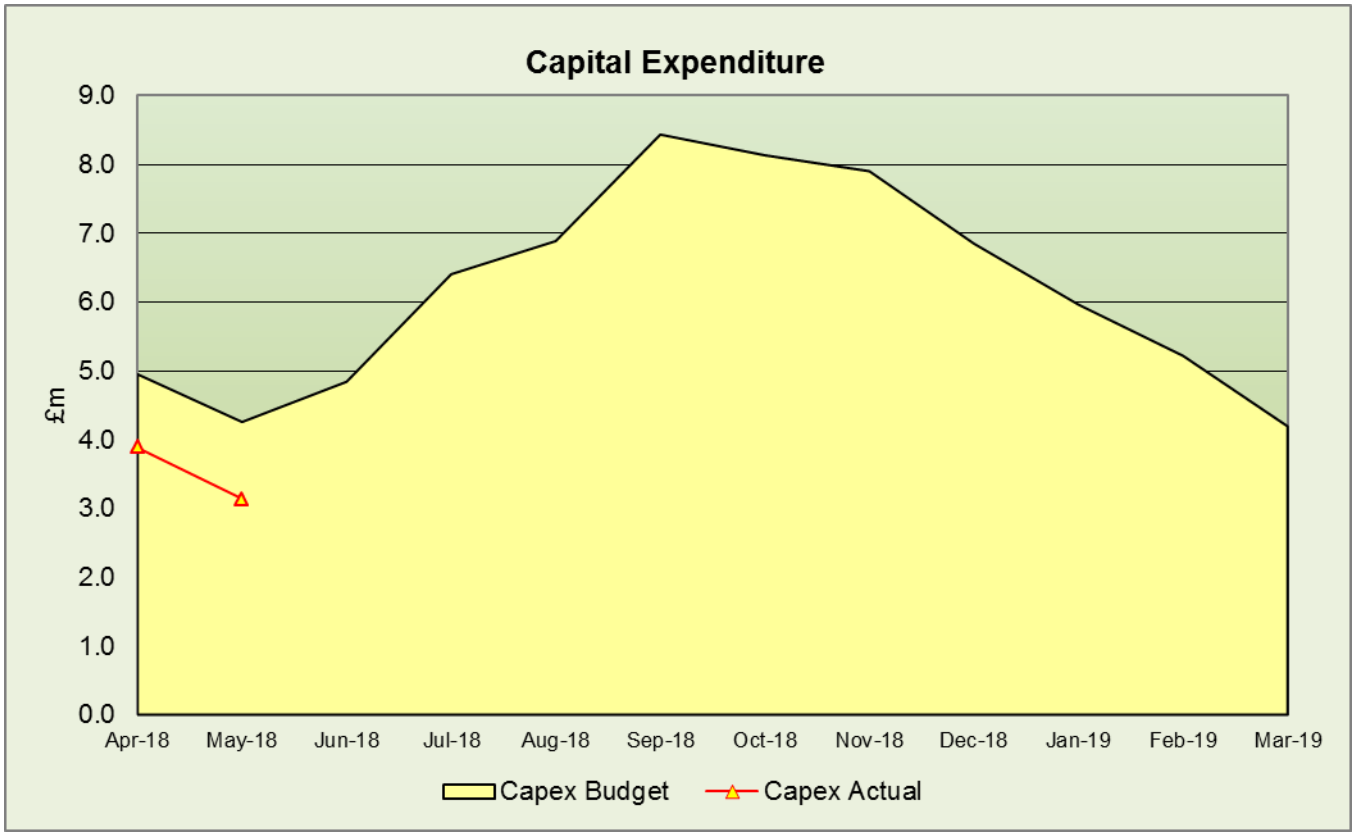
	Annual Plan (full year)		*Forecast 18/19*	
	Metric	***Level***	***Metric***	***Level***
Liquidity ratio	0.2	1	0.2	1
Capital Servicing Capacity	1.6	3	1.6	3
I&E Margin	2.0%	1	2.0%	1
Variance in I&E Margin as a % of income	0.0%	1	0.0%	1
Agency spend Metric - above / (below) the agency ceiling	8.1%	2	8.1%	2
Use of Resource (UOR) metrics - Level 1 being highest		**2**		**2**

Balance Sheet

	Actual Opening Bals 01/04/2018 £000	Actual Year to Date 31/05/2018 £000	Movement in Year to Date £000
Non-Current Assets			
Intangible Assets	4,397	3,564	(833)
Property, Plant and Equipment	617,672	619,719	2,047
Investments	866	866	0
Trade and Other Receivables	5,591	5,560	(31)
Total Non-Current Assets	**628,526**	**629,709**	**1,183**
Current Assets			
Inventories	17,026	17,026	0
NHS Trade and Other Receivables	90,505	166,356	75,851
Non-NHS Trade and Other Receivables	41,863	40,243	(1,620)
Other Current Assets	0	6,427	6,427
Non-Current Assets Held for Sale	210	210	0
Cash and Cash Equivalents	119,896	131,780	11,884
Total Current Assets	**269,500**	**362,042**	**92,542**
Current Liabilities			
Trade and Other Payables: Capital	(9,497)	(9,148)	349
Trade and Other Payables: Non-capital	(154,265)	(257,600)	(103,335)
Borrowings	(22,286)	(22,389)	(103)
Provisions	(23,052)	(20,389)	2,663
Other liabilities: Deferred Income	(22,635)	(22,635)	0
Other Liabilities: Other	0	(500)	(500)
Total Current Liabilities	**(231,735)**	**(332,661)**	**(100,926)**
Net Current Assets	**37,765**	**29,381**	**(8,384)**
Total Assets Less Current Liabilities	**666,291**	**659,090**	**(7,201)**
Non-Current Liabilities			
Trade and Other Payables	(2,601)	(2,601)	0
Borrowings	(423,858)	(419,444)	4,414
Provisions	(7,251)	(7,155)	96
Other Liabilities: Deferred Income	(5,252)	(5,252)	0
Total Non-Current Liabilities	**(438,962)**	**(434,451)**	**4,511**
Total Assets Employed	**227,329**	**224,639**	**(2,690)**
Taxpayers' Equity			
Public Dividend Capital	203,291	203,291	0
Revaluation Reserve	45,408	45,408	0
Income and Expenditure Reserve	(21,371)	(24,061)	(2,690)
Total Taxpayers' Equity	**227,328**	**224,638**	**(2,690)**
Total Funds Employed	**227,328**	**224,638**	**(2,690)**

Cash flow and Capital Expenditure





Scheme	Plan £'000	Plan YTD at 31st May 2018 £'000	Spend YTD at 31st May 2018 £'000	Spend in future months £'000	Forecast Year End £'000
Property and Estates schemes					
Helipad	5,246	500	33	5,213	5,246
Diabetes Centre	1,849	79	54	1,795	1,849
Emergency Department - Wythenshawe	5,548	924	1,250	4,298	5,548
Emergency Department - MRI	3,992	612	38	3,954	3,992
Children's Emergency Department - RMCH	1,000	166	0	1,000	1,000
Property & Estates Schemes - Compliance Work	18,534	2,734	2,627	15,907	18,534
Property & Estates Schemes - Development	11,862	1,002	54	11,808	11,862
Property & Estates - sub-total	**48,031**	**6,017**	**4,056**	**43,975**	**48,031**
IM&T schemes					
Electronic Patient Records (EPR)	2,100	152	0	2,100	2,100
IM&T Rollng Programme	1,555	260	153	1,402	1555
IM&T Strategy	7,949	927	968	6,981	7,949
IM&T - sub-total	**11,604**	**1,339**	**1,121**	**10,483**	**11,604**
Equipment rolling replacement programme	**6,904**	**602**	**540**	**6,364**	**6,904**
PFI Lifecycle	**7,500**	**1,250**	**1,303**	**6,197**	**7,500**
Total expenditure	**74,039**	**9,208**	**7,020**	**67,019**	**74,039**

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Director of Strategy, Darren Banks
Paper prepared by:	Group Director of Strategy, Darren Banks
Date of paper:	26th June 2018
Subject:	Strategic Development Update
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Resolution • Approval
Consideration of Risk against Key Priorities:	All individual strategic developments are risk assessed and monitored through the Board Assurance and Risk Management processes.
Recommendations:	The Board of Directors is asked to note the report and to note progress made and the current position in relation to the following areas: - Proposals for a reconfiguration of East Cheshire services and the likely impact on MFT patient flows. - Updates on the GM Theme 3 transformation programme and constituent projects. - Progress on the development of an overarching group service strategy and underpinning clinical service strategies for the organisation. -
Contact:	Name: Darren Banks, Group Director of Strategy Tel: 0161 276 5676

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

Introduction

The purpose of this paper is to update the Board of Directors in relation to the strategic issues that we are progressing.

1. National

Genomics

The North West bid to host a national genomics laboratory was completed and submitted on 30 April with the contract initially due to be awarded on 1st June. NHS England has, however, continued to review the specialist testing envelope during this time and the contract award has been delayed as a result. Service commencement is still currently scheduled for 1st October 2018.

NHSE and NHSI

In order to support STPs better, NHS England and NHS Improvement have published plans to work more closely together. Work is underway to align the work of the two national bodies, refocusing their priorities away from regulation and towards improvement. A joint board, the NHS Executive Board, is being established and will be co-chaired by the two CEOs, with representation from all national directors and the Regional Directors from both organisations.

New roles and reporting lines are being established across the 2 organisations (see figure 1 below). A significant change will be the introduction of 7 new Regional Directors, who will report to both CEOs and carry out the work of NHS England and NHS Improvement on a regional level. The Regional Directors will also be expected to manage system control totals.

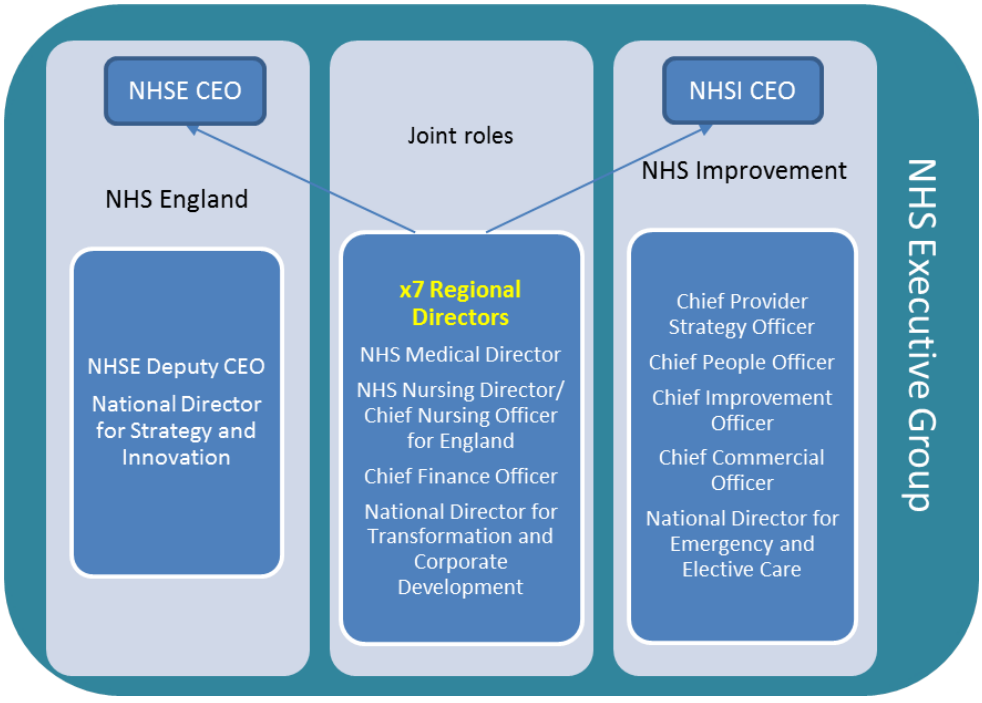


Figure 1. Roles and reporting lines across NHSE and NHSI.

A new forum, provisionally titled as the NHS Assembly, will be set up with the remit of wider engagement with the NHS. The NHS Assembly will also have a role in overseeing progress on the NHS Five Year Forward view and co-design the proposed NHS 10 year plan.

2. Greater Manchester

GMHSCP update

- *GM Target operating model*
  - GMH&SC Partnership is developing a new Target Operating Model.

- *GM and National Bodies*
  - NHS England and NHS Improvement have been working to establish a national financial framework to apply to Integrated Care Systems. GM providers have put forward their views via the Provider Federation Board.

- *Developing GM metrics*
  - Metrics are being defined for measuring urgent and emergency care pressures and performance across the conurbation.
  - Neighbourhood level metrics are also being defined to measure the whole health and social care system, with a focus on understanding the effectiveness of transitions between sectors and services.

- *Estates and capital bids*
  - The GM estates strategy is in the process of being updated, partly as a requirement of bidding for the national NHS STP wave 4 capital allocation in July.

- *GM Digital programme*
  - The GM Digital Board was established in May 2018 and is being co-chaired by GMHSCP Chief Officer and the Chair of Health Innovation Manchester.
  - GM has secured capital funding after being awarded status as a Local Health and Care Records Exemplar, one of only three nationally.

- *Transformation Programme*
  - A pipeline of additional projects is being developed for when further transformation funding becomes available.

Theme 3 transformation

Healthier Together, Urology Cancer, Gynaecological Cancer and Upper Gastrointestinal Cancer projects are now at the implementation stage.

The status of the remaining Theme 3 projects in the transformation and design stage are set out in table 1 below.

Table 1: Theme 3 projects in transformation stage

Theme 3 transformation projects									
Provider lead	MFT				MFT & Wigan	MFT and ODN	SRFT	SFT	WWL
	Vascular	Breast cancer	Paeds	Resp	Cardio	Critical care & anaesthetics	INRU	Benign urology	Ortho MSK
Case for change	√	√	√				√	√	√
Co-dependencies and clinical standards	√	√	√				√	√	√
Model of care		√					√	√	
ECAP approval							√		
Options appraisal									

Updates on MFT-led transformation projects:

- *Vascular*
  - A new deadline for the revised model of care has been set for the end of July.
  - The development of the model of care is on-going.

- *Breast cancer*
  - The model of care document is now largely complete and has been endorsed by the clinical and workforce reference groups and Theme 3 Executive.

- *Paediatrics*
  - All surgical work streams have had their first meetings to work towards individual service models of care to feed into an overall model of care for paediatric surgery across GM.
  - The deadline for developing GM paediatric surgery models of care for ENT surgery, anaesthetics, PEWS, general surgery (excl. urology) is 27th June.
  - The deadline for developing a GM paediatric surgery model of care for orthopaedics, oral surgery and dentistry is 31st July,
  - Theme 3 governance groups will review all proposed models for paediatrics in August.

- *Respiratory*
  - A clinical lead from NMGH has now been appointed to the project
  - The GM adult respiratory steering group has also been established and the case for change is in development.

- *Cardiac*
  - Joint clinical leads and a TU programme manager for the project have now been appointed and the case for change is being developed.

- *Critical care and anaesthetics*
  - The project is being supported by the Operational Delivery Network,

3. MFT

Service strategy development

Overarching group service strategy - 121 interviews have now taken place to gather views on current challenges and game changers. The Group Service Strategy committee has met and discussed the areas where the greatest range of views have been expressed and a Council of Governors workshop is now being planned.

Clinical service strategies - the discovery phase of developing the clinical service strategies has commenced, focusing on the development of factbooks for each of the services identified for the first wave. Clinical leads for each of the first wave services have now been appointed and workshops have been arranged and commenced.

4. Actions / Recommendations

The Board of Directors is asked to note the report and in particular:

- Proposals for a reconfiguration of East Cheshire services and the likely impact on MFT patient flows.
- Updates on the GM Theme 3 transformation programme and constituent projects.
- Progress on the development of an overarching group service strategy and underpinning clinical service strategies for the organisation.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Director of Strategy, Darren Banks
Paper prepared by:	Director of Strategy, Caroline Davidson
Date of paper:	9 July 2018
Subject:	Annual Planning 2018/19 - Update
Purpose of Report:	Indicate which by ✓ • Information to note • Support ✓ • Resolution • Scrutiny & Assurance ✓
Consideration of Risk against Key Priorities:	The vision and strategic aims set the basis of the Board Assurance Framework against which strategic risks are monitored.
Recommendations:	Board of Directors is asked to: - Approve the MFT Operational Plan - Note that proposals for the 2019/20 planning process will be brought to GMB in September.
Contact:	Name: Caroline Davidson Tel: 0161 2768976

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

Annual Planning 2018/19 – Update

1. Introduction

The purpose of this paper is to ask Board of Directors to approve the MFT Operational Plan for 2018/19 and to update the Board on planning for 2019/20.

The approach to annual planning this year brought together the ex-CMFT and ex-UHSM processes and has been used to produce plans for 2018/19. A new approach for 2019/20 and subsequent years that better reflects MFT's new organisational structure and emphasises the links to the Accountability Oversight Framework and to the Hospital / MCS reviews and will be developed over the coming months.

2. MFT Operational Plan

An overarching MFT Operational Plan has been developed for 18/19. This is based on the format of the operational plans that we have historically been required to submit to NHS Improvement and Monitor.

Corporate directors have contributed to the overarching plan, describing their departmental priorities and anticipated challenges for 18/19.

The draft plan has been reviewed by the Council of Governors. Any comments received have been considered reflected in further versions of the document. The document has been signed off by the Executive Director Team collectively as well as by the Group Management Board (GMB), and approval is now sought from the Board of Directors.

For information, members of the Board will recall that for 2019/20 there was no requirement for MFT to submit a full operational plan to NHS I/ Monitor. A refresh of the 17/18-18/19 plan was provided, as requested. The production of this document was led by Finance and it focused largely on activity and workforce.

3. Hospital/MCS Business Plans

In line with the new organisational structure Hospital / MCSs have written their own business plans, which include key priorities for the coming year that reflect their particular services and circumstances, as well as aligning to the Group level vision and aims. The Council of Governors received an early version of each Hospital / MCSs' key priorities. Their comments were fed back to the Hospitals / MCS for consideration and were reflected in revisions to the key priorities. EDT has collectively signed off the Hospital/MCS plans and GMB has given approval.

4. Planning for 2019/20

As this was the first year of annual planning for MFT, it was always intended that the process would be further developed and refined for 2019/20 and subsequent years.

Based on lessons learned this year, a revised process is being developed that:

- Brings the timeline forward so that plans are finalised for the start of the year
- Sets the framework that enables Hospitals / MCSs to develop plans that reflect the specific nature of their business and their local circumstances as well as aligning with Group level aims
- Enables the Council of Governors to input their views at an early stage to the over-arching plan and to the individual Hospital / MCS plans
- Forms the basis of the Accountability Oversight Framework and Hospital / MCS Reviews.

Proposals for the 2019/20 planning process will be brought to GMB in September.

5. Recommendations

GMB is asked to:

- Approve the MFT Operational Plan
- Note that proposals for the 2019/20 planning process will be brought to GMB in September.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

OPERATIONAL PLAN

2018/19

Contents

1. Introduction

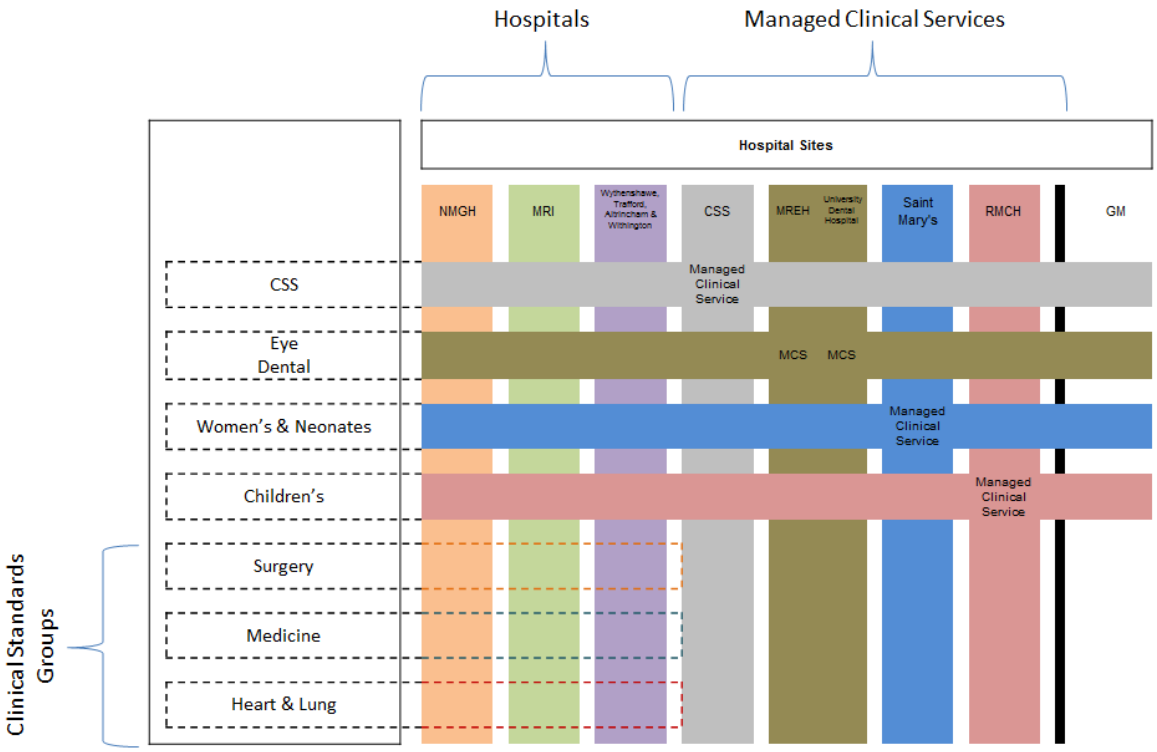
Manchester University NHS Foundation Trust (MFT) was created on 1 October 2017 through the merger of Central Manchester University NHS Foundation Trust (CMFT) and University Hospital of South Manchester (UHSM). It is one of the largest NHS trusts in England providing community, secondary, tertiary and quaternary services to the populations of Greater Manchester and beyond. With a workforce of over 20,000 staff, we are the main provider of hospital care to approximately 750,000 people in Manchester and Trafford and the single biggest provider of specialised services in the North West of England. We are a university teaching hospital with a strong focus on research and innovation.

The Trust is responsible for the management of nine hospitals across six different sites, in addition to a range of community services provided through the Manchester Local Care Organisation (LCO).

The purpose of this document is to set out what our key priorities are for 2018/19 and show how we plan to deliver them.

MFT - Organisational Structure

The new organisational structure has been designed to support the delivery of our vision and aims for the Trust through devolving leadership and accountability to a local level, at the same time as ensuring that there is a mechanism for driving standardisation across hospitals and that there is appropriate Group level oversight. This has been achieved through the development of a matrix structure illustrated in the graphic below. The structure is made up of three entities: Hospital Sites, Managed Clinical Services (MCS), and Clinical Standards Groups (CSGs).



Hospital Sites – Their role is to ensure the delivery of safe clinical services. They are responsible for operational delivery, achievement of clinical standards and management of budgets, staff and facilities. The management team comprises of a Chief Executive, supported by a range of directors.
The chart also shows how North Manchester General Hospital will fit into the structure, although this will not become operational until NMGH has been formally acquired, estimated to be 12 -18 months after the CMFT/UHSM merger.

Managed Clinical Services – Managed Clinical Services are sites and/or services with a single management team. Their role is the delivery of services across all sites within the Trust and, for services that are provided on a Greater Manchester or North West basis, outside the Trust. They are responsible for operationally managing, including managing the associated resources, a defined range of services wherever they are delivered. Their responsibilities include all those described for a Hospital Site (see above), ***as well as*** the setting of standards and the strategic development of their services (i.e. those of the Clinical Standards Group – see below). The management team comprises a Chief Executive, supported by a range of Directors.

Clinical Standards Groups – Clinical Standards Groups (CSGs) run horizontally across the three general hospital sites: MRI, Wythenshawe Hospitals and NMGH. They are responsible for standards, guidelines and pathways for a group of clinical services and will eventually take on responsibility for setting strategy.

Vision, strategic aims and key priorities

Our vision and strategic aims which set out our longer term (5 – 10 year) aspirations for the organisation have been set at the Group level.

Our **vision** is to improve the health and quality of life of our diverse population by building an organisation that:

- Excels in quality, safety, patient experience, research, innovation and teaching
- Attracts, develops and retains great people
- Is recognised internationally as a leading healthcare provider

These are underpinned by a number of more specific **strategic aims**:

1. To complete the creation of a Single Hospital Service for Manchester/MFT with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner
2. To improve patient safety, clinical quality and outcomes
3. To improve the experience of patients, carers and their families
4. To develop single services that build on the best from across all our hospitals
5. To develop our research portfolio and deliver cutting edge care to patients
6. To achieve financial sustainability
7. To develop our workforce enabling each member of staff to reach their full potential

Our key priorities, which are the 'must-dos' for the coming year have been set at the Hospital / MCS level as set out below. Appendix 1 illustrates how the key priorities align to MFT's strategic aims.

1. To complete the creation of a Single Hospital Service for Manchester/MFT with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner	
WTWA	Transitional period to the new reporting and accountability arrangements and beyond (leadership/staff engagement) Contribute to and help inform the Group Service Strategy programme.
RMCH	To continue to forge good working relationships across RMCH and Wythenshawe
Saint Mary's Hospital	Accountability oversight framework delivery work programme.
CSS	Maintain operational/clinical management focus during transition to new reporting and accountability arrangements Implement an effective and visible clinical, nursing and operational leadership team deliver performance and safe/effective services. MCS Transformation to support Single Hospital Service (SHS), 7 day services, Local Care Organisation, Healthier Together, GM Hospital Pathology, Pharmacy and Radiology transformation and NHSI Hospital Pharmacy Transformation plans.
UDHM	Transformation portfolio

2. To improve patient safety, clinical quality and outcomes	
WTWA	To improve patient safety and clinical outcomes Improved performance against key access targets e.g. 4 hour waits, RTT, Cancer and 6 week diagnostics
MRI	Delivering operational excellence Continuously improving patient care

	Working towards outstanding
RMCH	To deliver on key major projects
Saint Mary's Hospital	CQC standards work programme. Development of Women's Health Ambulatory Care Centre. Embedding & delivery of core standards within Health and Care Act
CSS	Develop the capability and capacity to deliver the MFT Medicines Optimisation Strategy. Establish robust processes to ensure all key performance indicators are met and recovery plans are in place for areas of challenge e.g. MR capacity Establish an Improving Outcomes Guidance (IOG) fully compliant Haematological Cancer Diagnostic Partnership (HCDP) service.
UDHM	Embedding and delivery of core standards within the Health and Care Act Promoting national leadership in patient safety Managed Clinical Networks and LCO
MREH	Embedding and delivery of core standards within the Health and Care Act. Deliver the Outpatient Improvement Programme. Deliver the Theatre Improvement Programme

3. To improve the experience of patients, carers and their families	
WTWA	To improve patient experience Development of the Wythenshawe Site Masterplan Programme. Deliver the Wythenshawe Emergency Department development
MRI	Working towards outstanding
RMCH	To continue to improve the quality, safety and the experience of children, young people and their families/carers. To continue to work closely with MFT charity team To improve internal and external communications and engagement
Saint Mary's Hospital	Develop plans for relocation of Sexual Assault Referral Centre (SARC). Develop plans for relocation of IVF service. Continuation of 'What matters to me' patient and staff engagement.
CSS	Develop a service model which addresses the shortfall in Magnetic Resonance Imaging capacity which is currently experienced by both the Oxford Road and Wythenshawe sites. Continuation of the Clinical Sciences Building estates works (Oxford Road/ Wythenshawe) ahead of Managed Equipment Service re-equip. Continued reduction in the requirement for blood transfusion. Focus on reduction in cancellation of elective high risk surgery.
UDHM	Long-term estates requirement planning

4. To develop single services that build on the best from across all our hospitals	
WTWA	Embedding and delivery of core standards within the Health and Care Act

	To ensure that developments to the WTWA structures are implemented in an effective manner
MRI	Developing our clinical services
RMCH	To develop a five year clinical strategy
Saint Mary's Hospital	Continued development of the Obstetrics, Gynaecology, and Neonatal Managed Clinical Services.
CSS	To effectively deliver the SHS integration workstreams to improve/standardise services & reduce variation. Supporting compliance with statutory & regulatory requirements in pharmacy, pathology and radiology Support and engagement with the IT Strategy - GM PACS procurement and EPR
UDHM	Commissioner engagement
MREH	Provide system leadership in GM

5. To develop our research portfolio and deliver cutting edge care to patients	
WTWA	Support the delivery of Group Director plans for Corporate areas Research – alignment with Group Strategy and delivery of key WTWA research priorities
MRI	Working with our partners
RMCH	To ensure that research and innovation has a high profile
Saint Mary's Hospital	Mobilisation and delivery of the North West Genomics Hub Laboratory.
CSS	Reconfiguration of the cytology department and tender response submitted ahead of the 2019 human papillomavirus (HPV) conversion.

6. To develop our workforce enabling each member of staff to reach their full potential	
WTWA	Continue to create a flexible workforce
MRI	Becoming an employer of choice
RMCH	To develop a team culture across RMCH/MCS To develop our workforce
CSS	Develop a communication and engagement strategy to ensure all staff are supported through the transition and informed of Trust/MCS developments. Deliver against our Human Resources Key Performance Indicators and the workforce strategy including the introduction of team job plans. Reduce locum spend via Bank, Variation Order use, recruit to turnover and a new Allied Health Professional/ Healthcare Scientist direct hire contract.
UDHM	Medical workforce development
MREH	Workforce development

7. To achieve financial sustainability	
WTWA	Delivery of the agreed 18/19 financial plan.
MRI	Using our resources effectively
RMCH	To achieve our financial and performance targets and other statutory requirements
CSS	Maintain effective financial management to ensure month/year end surplus and trading gap contribution delivered.
UDHM	Service Line Reporting and income development
MREH	Sustain market position and extend where appropriate Ensure financial sustainability

2. Context

National

The following describes the national context for our plans.

National planning assumptions for 2018/19 are summarised below:

Performance

- A&E performance recovery trajectory has been pushed back one year – NHS performance against the standard expected at or above 90% by September 2018.
- Trusts will be expected to meet 90% by September 2018, and return to 95% by March 2019.
- Funding allows for 2.3% growth in non-elective admissions and ambulance activity in 2018/19, as well as 1.1% growth in A&E attendances.
- There will be incentive schemes for community providers and CCGs to moderate demand for emergency care.
- Waiting lists must not be any higher in March 2019 than in March 2018.
- The number of patients waiting over 52 weeks should be halved during 18/19.
- Key national planning assumptions include:
    - 4.9% growth in total outpatient attendances (4.0% per working day)
    - 3.6% growth in elective admissions (2.7% per working day)
    - 0.8% growth in GP referrals by (no change per working day)

Finance

- The Sustainability and Transformation Fund is to become the Provider Sustainability Fund (PSF), with total funding of £2.45bn (up from £1.8bn currently). Access to 30% of the fund remains linked to A&E performance.
- Trusts must accept their control totals to be eligible to be considered for any discretionary capital allocations.
- If a control total is not accepted for 2018/19, this will likely trigger action under the Single Oversight Framework.
- A new £400m commissioner sustainability fund (CSF) will also be introduced to enable CCGs to return to in-year financial balance.
- There will be no additional winter funding in 2018/19. Systems are required to produce a winter demand and capacity plan with actions and proposed outcomes.
- The two-year National Tariff Payment system is unchanged, with local systems encouraged to consider local payment reform in certain areas.
- Trusts are urged to ensure their workforce plans are robust as they will be used to inform pay modelling nationally.

Integrated care systems

- Accountable Care Systems and devolved health and care systems are to be known as Integrated Care Systems (ICS) and are expected to move towards a single system operating plan and control total and to move to a more 'autonomous' regulatory relationship with NHS England and NHS Improvement.

Commissioning Intentions

The following describes commissioners' longer term plans and specific changes to the services that they commission from MFT in 2018/19.

NHS England - Specialised Commissioning (national)

NHS E has initiated 24 service reviews of which 18 are still ongoing:

- Proton beam therapy
- PET-CT phase II
- Children's and young person's cancer
- Cancer surgery
- Low & medium secure
- Hyperbaric oxygen therapy
- Spinal cord injury
- Intestinal failure
- Prosthetics
- Haemoglobinopathy
- Infectious diseases
- PICU and paediatric surgery review
- Genomic labs
- Gender identity
- Congenital heart disease
- Auditory brain implants
- Transforming care partnerships
- Paediatric obesity surgery

Of particular significance for MFT are:

- *Congenital Heart Disease services* – the national review into congenital heart disease services for adults and children concluded in November 2017. To ensure compliance with new NHS England clinical standards, services in the North West will be reconfigured. Liverpool Heart and Chest will provide the most acute services for adults (level 1 services) and MFT will provide the full range of level 2 adult CHD services, including maternity, as an integral part of the network. MFT will continue to work closely with colleagues across the region to ensure that the new service is implemented safely.
- *PET-CT Phase II* – MFT has submitted a bid for the PET-CT Phase II contract in partnership with The Christie. Our proposed partnership model positions The Christie as Lead Provider, with MFT as Key Provider.
- *Genomics* – MFT is leading a tender submission for the national procurement of Genomic Laboratory Hubs, on behalf of providers in the North West. The new model has a national hub for whole genome sequencing with seven regional hub laboratories providing genomic services more locally.

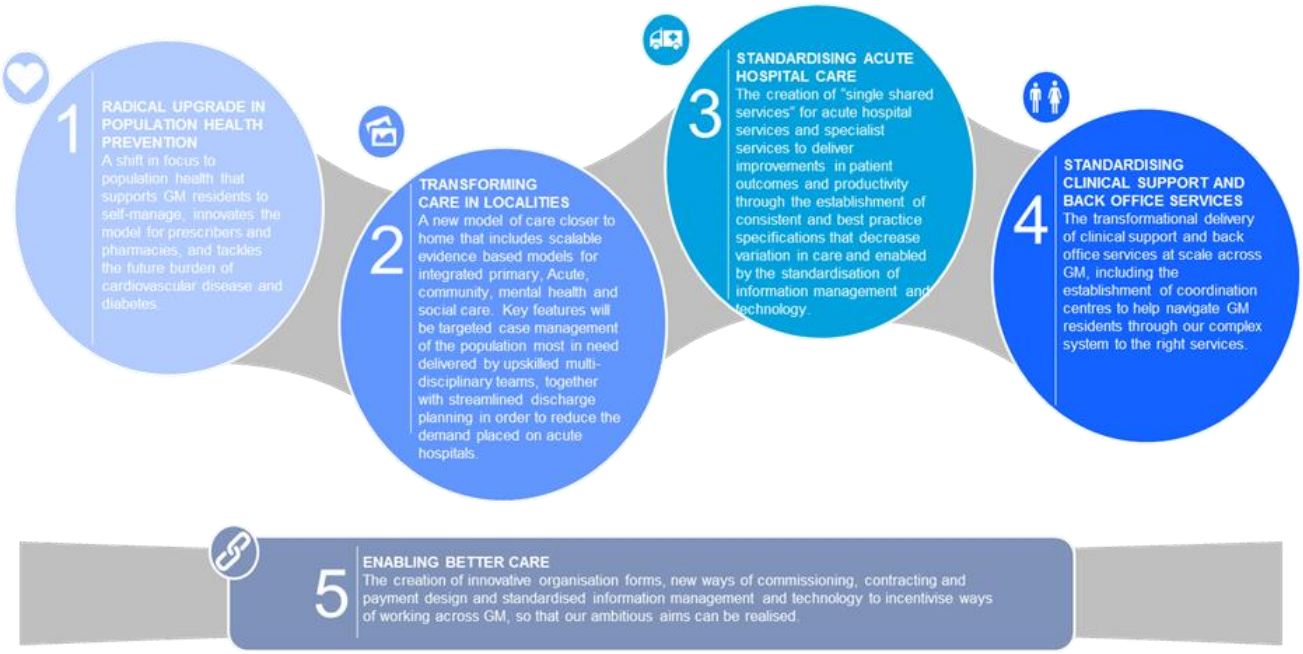
NHS England - Specialised Commissioning (North West)

Regional commissioning priorities include:

- Neonatal transport service
- Cardiac surgery
- Cardiac review against Right Care
- Dermatology
- Severe asthma
- Ventilation/weaning
- Infectious disease
- Interstitial lung disease

Greater Manchester

In 2015, the 37 NHS organisations and local authorities in GM signed a landmark agreement to take charge of the £6 billion health and social care bill over five years. MFT is committed to working in partnership with colleagues across health and social care to achieve our ambition of delivering the 'greatest and fastest possible improvement to the health and wellbeing of the 2.8 million residents of GM'. The GM Health and Social Care Partnership (GMHSCP) Sustainability and Transformation Plan 'Taking Charge' sets out how public services will be radically reformed through five transformation themes, which will help us to achieve a clinically and financially sustainable health and social care system:



GMHSCP Priorities

The key priorities for the partnership for 2018/19 are:

- The establishment of 10 LCOs.
- Pooled health and social care resources into a single budget, managed through an integrated Single Commissioning Function in all ten localities.
- New models of hospital provision seeing hospitals working together in GM at a much greater scale than ever before to a set of consistent quality standards.
- A GM-wide architecture where it makes sense to do things at greater scale – including the GM Commissioning Hub, Health Innovation Manchester, a Digital Collaborative and a Workforce Collaborative.

The major steps towards this architecture in 2018-19 include:

- The continued support of LCO development through the LCO Network – including implementation of the actions arising from the peer review process carried out in early 2018
- Continuing to hold local systems to account for delivery of the milestones relating to their local care models and the activity shifts set out in Transformation Fund Investment Agreements
- The translation of GM-level programmes into neighbourhood delivery within LCOs. This will include parts of the population health programme, mental health, adult social care transformation, Learning Disability, Person and Community Centred Approaches and the Housing and Health programme
- Accelerating the pace of the review of models of care as part of the programme of Standardising Acute and Specialist Care – including modelling the impact of change across Greater Manchester
- Delivering the first phase of the Urgent and Emergency Care Improvement Plan
- Supporting the development of Single Commissioning Functions through a peer review process
- Agreeing plans for maternity, diabetes, medicines, children's and end-of-life care
- Developing the GM Commissioning Hub and working with all partners to confirm its scope and functions
- Delivering Health Innovation Manchester's work programme in its first full year of operation.

<u>GM Commissioning Intentions</u>

Although GMHSCP does not issue formal commissioning intentions, there has been a prioritisation process for 18/19 for the transformation portfolio. The workstreams proposed for acceleration are:

- **Acute service reconfiguration –** standardising the out of hospital offer for neurorehabilitation to support acute reconfiguration.
- **Dementia –** development of the lived experience barometer, supporting people to have equal access to community health and care services, assessing people for assistive technology and reasonable adjustments.
- **Population health –** eradication of HIV, health and employment, drugs and alcohol, physical activity, health checks, common health outcomes framework.
- **Elective demand strategy –** dermatoscope and tele-dermatology, direct to scope testing for gastro pathway, rollout of FIT testing, MSK toolkit, review of standards and data quality along the elective pathway.
- **Theme 3 projects –** gynae cancer, OG cancer, urology cancer, vascular, specialised neuro-rehabilitation, complex cardiology.

City of Manchester

The Manchester Locality Plan was developed in 2016 by health and social care commissioners, with input from key stakeholders. The plan describes how health and social care will be transformed in Manchester, enabled by the creation of core organisational architecture:

- *A Single Hospital Service* – bringing together CMFT, UHSM and North Manchester General Hospital (NMGH) into a single organisation providing services for the whole of the city.
- *A single commissioning system for health and social care* – in 2017 the three Clinical Commissioning Groups in Manchester merged and then formed a strategic commissioning partnership with Manchester City Council to create Manchester Health and Care Commissioning.
- *A single Local Care Organisation (LCO) for community services* – from April 2018 Manchester LCO will provide integrated community care in Manchester.

<u>MHCC key priorities for 2018/19</u>

1. Develop high quality, effective residential, nursing and home care
2. Deliver effective out of hospital care
3. Develop core primary care services

4. Tackle health inequalities to reduce the variation in health outcomes across Manchester
5. Deliver strategic programmes in line with Manchester's priorities
    - Children's transformation plan
    - Mental health
    - Learning disability
    - Cancer
    - System resilience

6. Deliver a transformed health and care system
    - Deliver acute care reconfiguration to ensure clinical and financial sustainability of the sector
    - Procure an effective LCO
    - Deliver MHCC phase 2

7. Deliver national and statutory requirements and drive the transformation of health and care in Manchester
    - This relates to a range of service areas including, but not limited to, finance, performance and quality improvement, and safeguarding

<u>Manchester Commissioning Intentions</u>

MHCC's 2018/19 commissioning intentions that have particular relevance for MFT are summarised below:

- **Long term conditions –** implementing new service specifications for atrial fibrillation and cardiac rehab.
- **Urgent care –** standardising existing ambulatory care models, implementing primary care streaming and urgent treatment centre national guidelines.

- **Planned care –** agree eligibility criteria for provision of wheelchairs, ensure providers adhere to standardised pathway for dermatology, implement national referrals gateway for electronic referrals.
- **SHS –** review of vascular and neuro-rehab services, continue to develop respiratory pathways, redesign community IV and gastroenterology services, develop bid to roll out North Manchester Macmillan palliative care model city-wide.
- **LCO –** put building blocks in place for new models of care across 12 neighbourhood teams – adult community health, community respiratory, expansion of lung health checks.

Trafford

Trafford Together for Health and Care was formed on 1 April 2018 and functions as the single integrated commissioning function for Trafford CCG and Trafford Metropolitan Borough Council.

Trafford Locality Plan

Primary care – there will be a shift from care delivered in hospital to care in a community setting; the role of local pharmacies in offering services and advice will be enhanced; residential and nursing homes will get dedicated health and social care support; continued investment in, and potentially expansion of enhanced community care services

Health and social care teams - an increasing number of services will be delivered in community settings as part of the changes. There will be four neighbourhood localities sited in the north, south, central and west areas of the borough. In each case these new hubs will offer all-age integrated health and social care services. Each hub will be run along multi-agency lines with health and social care staff teams working closely with local GPs to ensure the relevant needs of the area are met.

Community enhanced care - it has long been recognised that Trafford need to invest in "out-of-hospital" care while developing community resilience and identifying more ways that people can be cared for in their own homes or other settings near to where they live. Trafford is committed to delivering this as part of a key shift from care in an acute setting to care provided as close to home as possible

Re-shaping social care - the aim is to ensure a full life - a valued place in the community with meaningful activity and positive relationships. The focus for health and social care interaction, however, between the public sector and our local residents will change. The emphasis will be towards individuals and their families being more pro-active in helping to manage their own care package, rather than relying on traditional services or solutions. Care will be more creative and delivered cost-effectively with greater use of technology and wireless computer systems such as "personal care robots" to maximise people's independence at home.

Learning disability and mental health services - anyone with learning disabilities, autism and mental health needs will receive access to improved quality, and a wider range of, services to support personal resilience

Trafford's key priorities

Health inequalities in Trafford will be tackled to reduce the variation in health outcomes. Generally, residents in the north of the borough have lower life expectancy than in the south. In Trafford there are an estimated 1902 deaths per year. Almost a third of these are classed as premature which means people are dying before the age of 75; two thirds of those deaths have preventable elements. The three largest killers in Trafford are cardiovascular disease, cancer and respiratory disease.

Trafford also wants to improve the quality of life for residents by improving the pathway of care in areas such as diabetes and frailty. The changes below will realign focus to prevention:

- Reducing the number of people who smoke especially in deprived areas
- Increasing physical activity
- Reducing harm from alcohol

- Having people maintain a healthy weight.

Trafford wants to build a health and social care system that will:

- Have a community focused model of care around our four localities
- Have joined up health and social care services whatever your age
- Encourage independence and self-reliance through a new model of social care
- Ensure resources are used effectively to sustain our health and social care system

Trafford Commissioning Intentions for 2018/9

With Local Care Alliance (LCA) partners Trafford will work to provide care closer to home through the introduction of new models of care for:

- Respiratory – including COPD, asthma, flu and pneumonia
- Diabetes
- Adult care services closer to home including intermediate care services and rehabilitation
- Medicines optimisation
- GP led dedicated multi-disciplinary teams (MDT) for nursing home patients

During 2018/19 Trafford CCG will be reviewing several services and putting in place sustainability plans where required. The CCG will also be working with the LCA on the Ageing Well agenda and the older population, particularly in the context of winter. Trafford's priorities for 18/19 that are of strategic importance to MFT include urgent care front door services, services for older people including frailty and falls, services for those with long term conditions including diabetes and plans for integrated community health and social care services across the system which support acute care.

In 2018, the CCG will also introduce cancer recovery packages within Trafford, in line with the GM Cancer Plan to improve the outcomes for people living with and beyond their cancer diagnosis.

MFT Service Strategy Programme

A key task for MFT will be to ensure that we capitalise on the unique strengths of the new organisation to develop as a centre of excellence for clinical services, research and education and to deliver high quality, leading edge healthcare to our patients. This must be achieved at the same time as meeting the financial challenges that we are faced with.

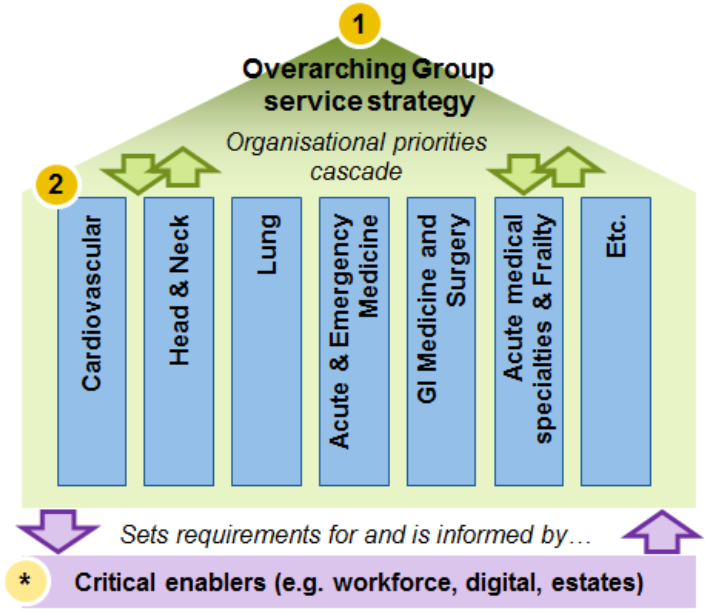
In order to do this we are developing a Service Strategy for MFT. This will build on the work already taking place within MFT and across GM such as the Single Hospital Service integration plan, development of the Manchester LCO, Healthier Together and Theme 3.

The service strategy will be at two levels:

An overarching Group Service Strategy – outlining our long term vision and ambitions including consideration of which clinical areas we expect to grow / contract, new areas of business development, linkages across our people, research, education and service strategies and ensuring alignment of service strategy across the Group

A series of Clinical Service Strategies – service level plans setting out the five year vision for the service and covering configuration of services across the Hospital Sites, elements of services to grow or contract, new service provision opportunities and recommendations to address specific long standing issues

The diagram below illustrates the two levels of the strategy and the relationship to the enablers.



The output will set out the five year strategy with milestones for each year. These milestones will form the basis of future annual plans.

3. Single Hospital Service

Integration and Benefits Realisation

The merger between CMFT and UHSM was achieved without causing any major disruption for patients or staff. The importance of maintaining business as usual was emphasised in the lead up to the merger, and this continues to be the message for the next phase of the Single Hospital Service programme. A dedicated SHS programme team has been resourced to oversee integration, benefits realisation, in addition to project two – the acquisition of North Manchester General Hospital.

The plans for the integration of CMFT and UHSM were set out in a Post Transaction Implementation Plan (PTIP). The latest iteration of the document was developed at 100 days post-merger and reviewed by the Group Board of Directors. It outlines the strong progress made in delivering integration activities, including the implementation of deliverables identified for Days 1-100. This activity has included:

- The election of the Council of Governors;
- The establishment of the substantive Group Board; and
- The establishment of the new Group structure, including appointment to the majority of key leadership roles.

The Post Transaction Implementation Plan sets out the integration plans for Years One (1st October 2017 – 30th September 2018) and Year Two (1st October 2018 – 30th September 2019) post-merger. During 2018/19 the Year One and Year Two plans will continue to be updated and strengthened and the delivery of significant change across the organisation will continue.

Integration activity across the fourteen corporate work streams will continue at pace to achieve the agreed planned deliverables, including the completion of Management of Change processes. Work on clinical risk and governance will focus on the integration of the Ulysses (safeguard) system and the embedding of organisational plans, protocols and strategies within the organisation. The enabling service functions will continue to support significant integration activity whilst also supporting the ongoing functioning of clinical and operational services. This activity will primarily be delivered through the Group Executive Directors and their teams as part of 'business as usual' operation.

The planning and implementation of the clinical operations and transformation work, managed by the Group Transformation function, will accelerate as a new dedicated delivery team is established early in the year. This team will support a set of projects ranging in scope and scale, including:

- Development of an elective Orthopaedic hub at Trafford General Hospital;
- Consolidation of PPCI/heart rhythm/acute aortic surgery services;
- Development of a single vascular arterial centre for the City;
- Development of a single head and neck cancer service; and
- Development of a single point of access to stroke services.

Robust governance arrangements have been established to reflect the delivery arrangements. These centre on an Integration Steering Group with representation of key Group executive directors to ensure that core areas of work progress in a coordinated manner, including the interfaces between the development of the new Group Clinical Service Strategy, service integration/transformation and the acquisition of North Manchester General Hospital.

The established Integration Management Office, managed by the Group Turnaround directors, will continue to provide assurance and monitoring of delivery against plans. This will support the evidencing of progress in delivering the identified merger benefits, including those that have been committed to within the Greater Manchester Investment Agreement and the Manchester Agreement. Working closely with the Turnaround function and Finance team the integration delivery will support the organisation to be more financially stable.

The continued successful delivery of the merger benefits during 2018/19 will set solid foundations for the upcoming acquisition and integration of North Manchester General Hospital, including any further Competitions and Markets Authority process. The PTIP will be updated in mid-2018/19, at approximately one year post merger, to reflect the latest progress in delivering the integration plans.

NMGH Acquisition

Work has since started on the second phase of the programme: the transfer of North Manchester General Hospital (NMGH) from Pennine Acute NHS Hospitals Trust (PAHT) into MFT. Completion of this second phase will enable a truly single, city-wide, hospital service to be delivered across the conurbation.

NMGH is currently one of four hospital sites that make up PAHT. PAHT itself has operated under a management contract with Salford Royal NHS Foundation Trust (SRFT) since April 2017 and the NMGH transaction forms part of an overall plan to dissolve PAHT and transfer the remaining hospital sites to SRFT. This complex dissolution process is being overseen by GMHSCP and demands a significant degree of co-operation and partnership work across a range of stakeholders.

NMGH has, for some time, been operating under a number of challenging circumstances. Financial sustainability remains highly problematic and the hospital is working with a number of significant workforce issues. Parts of the estate and IT infrastructure require substantial improvement to facilitate the delivery of modern healthcare services. Moreover, the CQC inspection of NMGH in 2016 rated the site as 'Inadequate' and arrangements were put in place, through the management contract with SRFT and with the direct support of clinical teams from MFT in certain clinical areas, to improve the quality of services provided. The most recent (2018) CQC inspection shows that clinical quality issues have been stabilised –the site was rated as 'Requires Improvement' – and MFT intends to further improve the stability of NMGH through the acquisition process.

The process of 'disaggregating' NMGH from the remainder of PAHT is not without challenge. As a constituent part of PAHT, the NMGH site provides clinical services that, in many areas, deliver cross-site patient pathways across the Trust. In other words, patients and staff from NMGH may receive or deliver services at other sites within PAHT through established pathways of care. Similarly, patients/staff from other PAHT sites travel to NMGH for certain types of services. Corporate services at PAHT have also been largely centralised with limited site-specific management arrangements in place. This complexity is recognised by both MFT and SRFT and the organisations are working collaboratively to ensure a practical and equitable process of disaggregation can be delivered.

The MFT acquisition of NMGH will be governed by NHS Improvement (NHS I) Transaction Guidance. Based on the criteria described in this guidance the transaction has been classed as 'significant' and will therefore be subject to a detailed NHS I review. This review will be a two stage process involving the development of a Strategic Case followed by the production of a Full Business Case. Further work will also be required to obtain clearance from the Competition and Markets Authority (CMA). The anticipated completion date for the acquisition is expected to be in Q3/Q4 of 2019/20.

4. Quality

Quality and Safety Strategy

The Trust aims to work with patients, staff and the communities we serve to improve the quality of services and we will continue to do this through 2018/19. The people who use our services and the staff who work here are central to the design and delivery of the new MFT Quality and Safety Strategy. Patient and staff feedback is sought regularly and the Trust's improving quality methodology is applied at local and corporate levels to address the issues identified.

The Quality and Safety Strategy will be launched in quarter 2 of 2018/19. Our aim is to apply clinical and academic research, education and teaching to the delivery of care; provided by people with the right skills, knowledge, attitude and behaviours. The Strategy will provide an overarching framework for a number of work programmes across the Trust and will be underpinned by the Trust's vision, strategic aims and values. It will align with other key strategies such as the Leadership and Culture Strategy, Transformation Strategy and Group Service Strategy.

The Quality and Safety Strategy will set out the following broad commitments, the detail of which will inform the quality priorities for the year:

SAFE	Right care, first time, every time
CARING	Providing the quality of care that matters to patients, carers and families
EFFECTIVE	Best outcomes for every patient
RESPONSIVE	Hearing the patient, public and staff voice at every level of the organisation
WELL-LED	Exemplary leadership at all levels

Monitoring Quality

The Trust is committed to understanding quality and safety performance through the effective measurement of and response to evidence based metrics. These metrics along with other information sources, such as patient and staff feedback, will be used to monitor the delivery and impact of the Quality and Safety Strategy throughout the year. Key quality and safety metrics are reflected in the Trust's Accountability Oversight Framework to support monitoring and continuous improvement at a Hospital/MCS level. The Accountability Oversight Framework sets out a number of metrics across six domains:

1. Safety
2. Patient Experience
3. Finance
4. Operational Excellence
5. Workforce and Leadership
6. Strategy

The assessments against these domains inform the score which in turn informs the decision-making rights of a Hospital or MCS. In addition, performance against identified quality and safety metrics is reviewed at all levels of the organisation including the Group Quality and Safety Committee and the Board of Directors. The safety metrics used are based on the model 'Measurement and Monitoring of Safety', developed by the Health Foundation, and fall into five broad categories:

1. **Has patient care been safe in the past?**
2. **Are our clinical systems and processes reliable?**
3. **Is care safe today?**

4. **Will care be safe in the future?**
5. **Are we responding and improving?**

The two legacy trusts were recently inspected by the CQC and findings were published in 2016. We anticipate that, as a new organisation, MFT will undergo a comprehensive CQC inspection in the next financial year as per the CQC regulations. We aim to achieve a good or outstanding rating across all of our services, we are however clear about the risks to quality that we face and how they are managed. The action plans arising from previous CQC inspections were a significant component of the Trust quality improvement plan in 2017/18. The Trust will continue to be responsive to the recommendations of internal and external quality reviews and inspections.

Management of Risk

The Group Risk Management Committee oversees the management of all high level risks to the delivery of the organisational strategic aims and key priorities and these are mapped on the Board Assurance Framework. A thematic review of current risks on the Trust's risk register highlights the following three overarching risks to clinical quality:

1. **Demand** – maintaining and improving the quality of clinical services with an increasing demand on services

2. **Clinical systems** – improving the quality of the clinical record and communication of diagnostic and screening test results

3. **Finance** – maintaining and improving the quality of clinical services within the current financial constraints

Risks that present a significant threat to the Trust objectives or that score 15+ are reported bi-monthly to the Group Risk Management Committee. Detailed plans are in place to mitigate against these risks.

Accountability

The primary mechanism for feedback on the progress of the Quality and Safety Strategy to stakeholders is our Quality Report, which is published annually as per statutory requirements.

All functions of the organisation play a role in the improvement of quality. However, there are a number of key committees and functions which oversee more explicitly the delivery of the Quality and Safety Strategy. The Quality and Safety Committee (jointly chaired by the Group joint medical director and chief nurse) is the main committee where progress is monitored. This committee reports to the Board of Directors via the Group Management Board, so there is a clear line of accountability. Additionally the Trust has a Quality and Performance Scrutiny Committee, chaired by a non-executive director, at which board members can drill down into the detail of particular metrics and hold the executive directors to account.

Whilst all executive directors have responsibility for the delivery of quality improvement, the named executive leads for quality are the Group joint medical directors and the chief nurse. Their clinical quality objectives for 2018/19 will be set out in the Quality and Safety Strategy.

Safety

The organisation will continue to participate in the national Sign Up to Safety Campaign.

The Association of Medical Royal Colleges' guidance on the responsible consultant has been fully taken into account and quality improvement work streams are fully aligned with the guidelines.

MFT Quality Improvement Plan

The inception of MFT has heralded a new and innovative approach to designing services to improve the quality of care, for the people of Manchester, Trafford and beyond.

Existing and new quality improvement plans to address the following will be delivered and further enhanced through the year:

- Improvements to the management of and response to national clinical audits
- Work to improve the care experience of patients with a mental health diagnosis
- Reviewing our approach to serious incidents
- Monitoring, acting on and learning from incidents and near misses
- A programme of work will continue to strengthen mortality review
- We will continue to act on national guidance and ensure that we implement evidence-based, best practice to improve outcomes, such as NCEPOD, NICE and national audit reports.
- There will be a sustained focus on continuous improvement of End of Life Care, following on from a programme of work undertaken during 2016/17 and 2017/18.
- Reducing harm will continue to be a focus of improvement work across the Trust; this year oral care will be embedded into the Trust's harm free care framework
- The Trust is committed to creating an environment in which people can enjoy their meals and drinks safely and comfortably. To ensure the Trust meets and exceeds patient nutrition and hydration requirements a Nutrition and Hydration Strategy will be launched.
- CQUINS for 2018/19 are being discussed with commissioners. The Trust will continue the programme of work undertaken on sepsis over the past two to three years to raise awareness, early detection and treatment of sepsis within A&E and other clinical areas.
- The Trust's Patient Experience Framework - 'What Matters to Me' - has been embedded throughout many services during 2017/18 and will be rolled out across all MFT services. This will include the development and introduction of a 'First Impressions training programme', for administrative staff, and continuing to embed the programme in a wide range of activities, such as induction, training and appraisals. The impact will continue to be measured through patient experience metrics.
- The Trust will introduce a new Quality of Care Round and Patient Experience Survey system in Q1 of 2018/19 to enable on-going audit of care quality and the collection of patient feedback, which will inform continuous quality improvement.
- Following the publication of the 'Better Births' Report, a Transformation Board has been established for Greater Manchester and Eastern Cheshire to support the implementation of actions in response to the recommendations of the review.

Seven day services

Both legacy trusts were early implementer sites and work will continue as a single organisation to deliver the 7 Day Services standards for urgent and emergency care as well as participating in the twice yearly national self-assessment survey administered by NHSE. MFT has formed a Joint 7 Day Services Assurance Group to deliver a collaborative approach towards the national self-assessment surveys. This Group has responsibility to assure the Board of Directors that the Hospitals/MCS have plans in place to deliver the ten standards ahead of the national target date of April 2020.

Quality Impact Assessment

The Trust Turnaround programme uses tools and templates prescribed by NHSI to assess the potential impact of projects on clinical quality and safety, clinical outcomes and patient experience. The QIA process is an integral part of the Turnaround Framework and the relevant sections of the framework are set out at Appendix B.

All project plans must include a range of Key Performance Indicators (KPIs), both financial and non-financial, that link to the quality of services or patient experience. These indicators inform a QIA to determine whether the project can go ahead based on the risk posed. Where possible, projects are expected to have a neutral or positive impact on quality as well as reducing costs; as a minimum quality must be maintained above essential standards.

The executive team, led by the chief nurse and Group joint medical directors, provide oversight to the QIA process. Hospital/MCS medical directors and directors of nursing review and monitor the progress of projects to ensure that the standards of quality and patient experience are maintained.

Triangulation of Quality with Workforce and Finance

The Trust utilises indicators extensively to inform and monitor the quality agenda. Data is used to triangulate quality, workforce and financial indicators, which are monitored by the Board of Directors.

The key indicators used in this process are set out in Appendix C.

5. Workforce & Organisational Development

Workforce Strategy

Our future workforce requirements are driven by our vision and strategic aims. Over the next year we will be reviewing our workforce and OD programme in the light of our developing organisational form and strategy.

The Trust has a People Strategy built around five key deliverables, each with a work plan:

1. Information and HR Policies
2. Workforce design
3. Planning and succession management
4. Attraction and recruitment
5. Motivating, involving and engaging our staff
6. Talent and performance improvement

As part of our ongoing programme of work to develop a compassionate, inclusive and high quality culture underpinned by exemplary leadership the Trust also has Leadership and Culture and Equality, Diversity and Inclusion (ED&I) strategies in place. The Leadership and Culture Strategy includes detailed implementation plans for the delivery against objectives focussed around our vision and values, learning and innovation, support and compassion, performance and teamwork.

Workforce Planning and Development

Our high level workforce requirements are estimated through the development of the Trust Workforce Plan that is submitted to Health Education England. This forms the over-arching framework within which Hospital/MCS HR & OD Directors work with the wider hospital leadership and HR and OD teams, clinicians and managers within to develop their local workforce plans. Local workforce plans are developed as part of the business planning process and are therefore closely linked to service and activity requirements. The local workforce plans are brought together and reviewed at Group level to ensure that they are deliverable and have the appropriate skill mix. The Group level workforce plan is reviewed as part of the annual planning process to ensure that it is affordable. Operationally, safe staffing tools that assess the requirements to deliver safe care are used by lead nurses to calculate staffing requirements on a day to day basis.

The Trust continues to focus on the development of a range of apprenticeships for all professionals and in 2018-19 a nursing associate and Graduate Management apprenticeships will be offered to staff. Plans to improve the use of the apprenticeship levy and support the ongoing development of our staff is detailed in the Trust's Apprenticeship Strategy.

Accountability

The Human Resources Scrutiny Committee, a sub-committee of the Group Board of Directors, provides assurance and monitors performance against the workforce plan in-year. The Board is kept informed about workforce risks and performance through the Board Assurance Framework and Board Assurance Report respectively.

Recruitment and Retention

We are focussed on developing attraction and retention strategies for all staff groups in order to:

- establish MFT as an employer of choice
- support workforce stability, sustainability and productivity
- ensure there are targeted workforce capacity and supply plans in place
- improve calibre and capability of staff
- provide excellent placements for graduates
- increase the number of medical students we host

We will continue to develop and implement high quality inclusive recruitment practices and processes that minimise delays to recruitment and support us to deliver ambitious plans to increase access to employment and opportunities for the local community. We also have on-going recruitment initiatives that target hard to fill posts and specialties or staff groups with high vacancies. This includes specific campaigns to present the Trust as an employer of choice both locally, nationally and internationally; Hospital/MCS based open days for nursing and midwifery staff and nursing assistants; and GM-wide schemes to support new role development such as the nurse associate. The Trust has a nursing and midwifery recruitment and retention strategy in place that details the actions required to ensure the trust meets evidence-based safe staffing establishments for nurses and midwives.

Medical Workforce

We have a Medical Workforce programme that oversees agency and locum spend, to reduce costs and minimise risks to patient safety associated with gaps in medical rotas. The programme aims to ensure:

- all individual job plans are approved and that team job plans are in place where appropriate
- a reduction in locum and agency spend
- a recurrent or persistent gaps in staffing are identified and addressed
- capability and capacity is improved within hospitals

The Trust ensures that the utilisation and booking of agency workers across all specialties is compliant with the requirements of NHSI where feasible, and we complete regular compliance reports as requested. Compliance with the national agency rate caps for medical staff is challenging due to market pressures, although price cap compliance is regularly secured in other clinical areas such as nursing and AHP's. The Trust is currently implementing Liaison Tempre as an electronic portal to secure medical agency workers via a direct engagement model and to develop an internal medical bank to enhance the supply of cost effective internal locums. Work is taking place across the two legacy organisations to agree common internal locum pay rates that will allow a single workforce bank to operate. The Trust has participated in some initial discussions with NHSI and local organisations for the development of a GM-wide collaborative bank.

Key priorities for 2018/19

Post Transaction Implementation Plans (PTIP)
We will continue to focus on the integration of our workforce, ensuring that Hospital HR & OD structures are in place, governance arrangements are established, the staff Health and Wellbeing service is integrated, payroll integration plans are in place and implementation has commenced. We will also have a plan in place to roll out electronic workforce systems and establish a single policy

development framework for all workforce policies, working in partnership with Trade Union representatives.

During 2018-19 we will develop an integrated learning and education strategy which will include ensuring quality standards are established for all trainee placements and workplace training. The ED&I Strategy will be reviewed this year as part of the Trust's merger plans.

Medical workforce
A consultant recruitment campaign is in development to secure high quality candidates to work across the Single Hospital Service. These campaigns aim to inform both medium and long term workforce gaps and to reduce any dependence on agency staff. We are also pursuing becoming a GMC approved sponsor.

We will be rolling out the Allocate electronic job planning system to improve the governance and accountability around consultant job plans.

We will also be continuing to implement developments around seven day services.

City-wide initiatives
We are part of the Manchester Local Workforce and Transformation Group (LWTG). LWTG includes Manchester commissioners, providers and local authority representatives and has developed a locality workforce and OD plan, which has four priority workstreams:

- *System Culture and Leadership* – building system capacity and capability to enable leaders to think, plan and work better together from a locality perspective. Outcomes: Improved collaboration, co-ordination and co-production of health and social care around the needs of the individual citizen;
- *Transforming the Workforce* – ensuring that workforce modelling, planning and ways of working are responsive to the emergent health and social care landscape. Outcomes: New ways of working towards a sustainable health and social care economy;
- *Workforce Supply and Capacity* – looks to understand the current workforce position at a system level and create a stable pipeline of health and social care workers in Manchester. Outcomes: Improved and timely access driving person-centred care for the people of Manchester;
- *Health and Wellbeing* – supporting and caring for staff in the workplace to enable high performance and productivity. Outcomes: A healthy, energised, motivated and engaged workforce at the heart of health and social care services in Manchester.

Equality, Diversity and Human Rights

Equality, diversity and inclusion are built into the Trust's vision and values, as well as our commitment to 'treating our customers safely, courteously and with dignity and respect'.

PTIP

The equality, diversity and human rights function at MFT is currently being integrated as part of the merger. We have an interim equality, diversity and human rights strategy for 2018/2019 that outlines our plans for integration as set out below. A crucial step is to develop a single equality and diversity strategy with patients, service users and our people. Once the new strategy is in place the Trust will set ambitious KPI's and targets to track progress against the delivery of the plan.

Day 1	Day 1-100	Year 1
A single EIA	A single equality and diversity governance structure	A single equality and diversity policy and strategy
	A single public sector duty report	A single approach to the Equality and Diversity Delivery System 2
		A single equality and diversity training strategy
		A single Accessible Information Standard plan
		A single Workforce Race Equality Standard

Monitoring Equality

The Trust is committed to understanding equality and diversity performance through the effective measurement of and response to evidence-based metrics. These metrics along with other information sources, such as patient and staff feedback, will be used to monitor the delivery and impact of the Equality, Diversity and Human Rights Strategy throughout the year. The Trust's AOF includes workforce equality and diversity metrics and thresholds relating to the recruitment and retention of staff of black and minority ethnic (BME) origin as follows:

- % BME appointments as proportion of overall appointments
- BME staff retention

The single equality and diversity strategy will include a reporting framework structured around four domains aligned to the Equality Delivery System 2, now part of the NHS England Standard Contract:

- Better health outcomes
- Improved patient experience and access
- A representative and supported workforce
- Inclusive leadership

Equality Impact Assessment

The Trust uses tools and templates based on national guidance and practice to assess the potential impact of policies, procedures, guidelines, projects and business plans on equality, diversity and human rights. The equality impact assessment process is an integral part of committee processes whereby committee reports and papers require an equality impact assessment registration number to confirm that equality impact assessment has been undertaken and quality assured. EIA is also a mandatory consideration for the single hospital service integration programme.

Workforce Equality and Diversity Initiatives

We are in the process of transforming the NHS in Manchester so that it serves patients fairly. A key task is to ensure that MFT is an employer of choice that recruits and develops staff fairly, taking appropriate positive action wherever necessary, so that talented people choose to join, remain and develop with the Trust. Patients are more likely to receive the services they need if staff are not only competent but are drawn representatively from the population served. MFT's workforce statistics are encouraging in that there has been steady improvement in appointing a workforce that reflects

the community it serves. This has been achieved through programmes including Reverse Mentoring to provide leadership and personal development opportunities for minority ethnic staff wishing to move into senior positions; the Diverse Panels Programme to build a more diverse workforce through recruitment; the Supported Internship Programme; the development of the Behaviours Campaign aimed at creating a trust wide culture based on MFT's values and tackling bullying and harassment; and promotion of Leadership Academy positive action initiatives.

However, there is more to do. Few staff identify as having a disability and few staff identify their sexual orientation. There are not enough people from BME communities in senior management positions or males in the workforce. The Staff Survey suggested disparities in experience of discrimination, harassment and bullying. Our gender pay gap is particularly impacted by doctors in senior positions. On 17 July 2018, the Trust is holding a seminar to determine how we can mitigate against known workforce inequalities and the future workforce inequalities we need to be prepared for. The seminar will review the initiatives that the Trust has undertaken to date, hear about successful initiatives from other organisations, embed lessons learned, and identify priorities and action plans.

The Trust is also part of the GM Authority Workforce Race Equality Standard initiative and the Manchester Workforce Inclusion initiative - both of which are looking at the issue on a system-wide level.

Internal accountability

All functions of the Trust play a role in advancing equality, diversity and human rights. However, there are a number of key functions which oversee more explicitly such as the Group Equality, Diversity and Human Rights Committee which reports through the Quality and Safety Committee to Group Management Board.

Whilst all executive directors have responsibility for advancing equality, diversity and human rights, there are named executive leads for equality, diversity and human rights from each Hospital/MCS who sit on the Group Equality, Diversity and Human Rights Committee.

External accountability

The Trust has a number of mechanisms for feedback on the progress of the Equality and Diversity Strategy from and to stakeholders. We publish an Equality and Diversity Report report annually in January as per statutory requirements. The single approach to the Equality and Diversity Delivery System 2, which is a Year 1 single hospital service integration deliverable, will include opportunity for community organisations to feed back to the Trust on our performance and priorities. We have a Disabled Patients' User Forum that meets quarterly.

6. Transformation

The transformation strategy sets out our ambition to reach top decile over three years by 'Transforming Care for the Future'.

The aim of our transformation strategy is to ensure that we:

- Continue to build upon and strengthen the transformation work already in place.
- Continue to build the capability of staff to understand change at a fundamental level through to advanced and expert level, ensuring that enough staff are adequately skilled in leadership and change to ensure a culture of continuous improvement.
- Ensure we are making best use of existing resources and corporate teams to support improvement and support the clinical teams and hospitals in a coherent way.
- Continue to co-ordinate projects to ensure lessons are shared - the organisation is large and therefore it becomes more important to share across the organisation as well as nationally and internationally.

During 2018/19 we will continue to work with patients and staff to embed our MFT standards for outpatients, elective and emergency pathways. These are standards of care that should be expected for all patients no matter what hospital or service they are using. These standards help clinical teams to assess the care they give, demonstrating when they have best practice examples to share, or where they might need support for improvement. Our focus throughout the next 12 months is to work with Hospitals/MCS and clinical teams to realise the benefits of integration and our commitments are as follows:

Outpatients

- Harmonisation of standard operating procedures
- Embedding our outpatient standards across all outpatient areas
- Accreditation of outpatient areas
- Introduce digital technologies to improve patient experience

Elective Pathway

- Roll out the enhanced recovery plus programme to all surgical areas
- Update and embed the revised elective standards in order to optimise costly estate such as theatres, catheter labs and endoscopy rooms
- Ensure the theatre accreditation covers the perioperative phase of the pathway

Emergency Pathway

- Standardise frailty pathways
- Embed our SAFER standards across all wards to improve flow through our hospitals and align to the ward accreditation process
- Comply with 7 day service standards

Integration

- Work with and ensure our programmes of work align to the Local Care Organisation
- Develop an elective Orthopaedic hub at Trafford General Hospital
- Consolidate our PPCI/heart rhythm/acute aortic surgery services
- Develop a single vascular arterial centre for Manchester
- Develop a single head and neck cancer service
- Develop a single point of access to our stroke service

Culture & Capability

- Develop a single improvement and leadership hub to systemise quality improvement
- Develop Hospital/MCS capability, building plans in line with the Keizer Permanente dosing formula to achieve a culture of continuous improvement
- Quarterly shared learning events to spread innovation
- Promote improvement networks

7. Informatics

Current Position

Single Hospital Service
Informatics' Day 100 deliverables have been achieved, with the exception of the Single Patient Master Index. A paper was approved at Group Informatics Strategy Board to deliver a multisite registration solution with Clinicom PAS as a single patient record.
Significant network remediation continues to be undertaken to enable seamless IT access between the Central and South sites.

Health Records
The health records transformation programme is ongoing, moving the organisation towards a terminal digit filing and scanning solution. This is a key enabler for the Single Hospital Service and also for Healthier Together.

Electronic Patient Record
In January 2018, Board of Directors approved a proposal to proceed to conduct an open procurement of a new EPR and PAS. Planning, stakeholder engagement and pre-procurement activities are underway with a view to publish the OJEU and start the procurement after Board of Directors meeting in May.

IT and Infrastructure
Following the merger, we have undertaken infrastructure assessments and work is underway to prioritise and implement the actions that have been identified. For example a single servicedesk tool has been implemented across sites and new processes are being developed to align IT services in preparation for the IT service merger. Furthermore significant improvements have been made in the virtual desktop environment for community and remote users.

Data Quality
We have developed a MFT strategy for delivering on the data quality diamond and kite marking across the new organisation. We are also reviewing the RTT processes across the organisation in order to improve performance.

Clinical Coding
The Informatics department has merged the clinical coding improvement programme schemes across Central and Wythenshawe sites. The training programme for clinical coders has been aligned across both coding teams, and we plan to standardise the audit approach so that one methodology is used.

Key Challenges for 2018/19

Single Hospital Service
The next stage of planning is underway to deliver a single patient identifier. There is also planning underway for the due diligence required for SHS project two, the acquisition of North Manchester General Hospital.

Clinical Systems and Corporate Systems
The consolidation process will continue in three stages

- Stage 1: Identifying organisational risk of critical systems not merging in year one

- Stage 2: Identify the top 15 critical services and examining the systems used within the services
- Stage 3: Prepare options appraisals to consolidate systems

Once these three stages are completed, the objective is to consolidate 25% of the priority list by the end of year one (September 2018). In addition, both corporate and clinical systems will be continued to be consolidated where possible and the asset register updated accordingly.

Capital Programme
Delivery of the capital programme over 18/19 will include, subject to business case approval:

- Clinical correspondence solution
- New PACS solution
- Deployment of patient self-service check-in kiosks
- Genomics laboratory systems consolidation
- CAMHS Electronic Patient Records
- Electronic Document Management System

Electronic Patient Record/Patient Administration System
- Procurement of, and organisational preparation for, a single EPR and PAS
- Planning of tactical roadmaps for existing Allscripts Sunrise and Chameleon products
- Preparation and implementation of PAS tactical solutions

IT and Infrastructure
- Bringing splinter IT groups into Group Informatics
- Consolidation of IT service desks
- Provision of patient Wi-Fi
- Consolidation of infrastructures to support MFT across sites.
- Implementation of single log-in solution across all sites
- Server upgrade for Wythenshawe laboratories

Clinical Coding
The clinical coding service will continue to work on standardising departmental processes and policies, deliver information governance coding audit standards, and embed working practices across the department.

Health Records
The transformation of health records to support cross-site working and patient care will continue.

Informatics
The Informatics team will be focusing on four key themes for 2018/19:

- Data quality
  - Integration with operational admin services
  - RTT improvements at the Central site

- Data Warehousing
  - Consolidation of the data warehouses from two to one
  - Development of the reporting portal

- Corporate Information
    - Expanded to clinical audit and local returns
    - CQUIN Monitoring
    - Standards review

- Business Analysis
    - Data analysis - proactive service improvement
    - Leadership role/relationship management
    - Development of capacity tools for operational management

Information Governance

The Information Governance team will continue to support high standards of privacy and confidentiality and ensure that there is an appropriate framework to achieve compliance across a range of areas including the Data Protection, Freedom of Information & Subject Access requests.

The team will ensure the embedding of the new European General Data Protection Regulations as they are enacted into UK law. Implementation of the new NHS Data Security & Protection Toolkit will be a key focus for 2018/19.

Group Informatics

- Support of the Manchester Locality and Manchester Care Record.
- Support of the newly formed LCO
- Support for GM Interoperability and Innovation hubs
- Introduction of KPI's into the department
- Development of robust governance and business case processes.
- Re-structure and management of change process to unify Informatics service

8. Finance

2018/19 Financial Plan

The Trust is forecasting a net deficit of £12.084m on a control total basis without Sustainability Funding (SF) for 2018/19. With the addition of £44.931m gross available SF, the Trust's resulting control total surplus is £32.847m for 2018/19.

Financial Forecast and Modelling

Run Rate and Financial Pressures

The Trust's financial plan for 2018/19 continues to aim for full delivery of the control total. This financial plan is built from the underlying run rate performance over 2017/18, tested against months 6 to 10 in particular.

Run Rate challenges

Hospitals' Run Rate over 2018/19: £34m
The elements impacting on the run rate challenges are:

- The accumulated scale of efficiency requirements brought forward for which Hospitals have not been able to fully identify sufficient delivery plans
- Shortfalls in delivery of activity and income in some Hospitals
- The excess costs of using medical agency and locum cover

2018/19 efficiency and funding challenges: £29m
The efficiency and funding reduction challenges comprise the below elements:

i. Pay settlements: £10m is provided for general 1% pay settlement, £5m for incremental progression and other specific quantified pay bill inflation. Pay settlement costs in excess of a 1% general settlement will be funded to the NHS nationally by Government.
ii. Prescribing and clinical consumables costs are forecast across Hospitals to increase by around £7m.
iii. Continuing reductions in funding for training and education - £2m.
iv. PFI operating costs and premises costs are forecast to increase by £5m.

The overall run-rate inflation and efficiency challenge for 2018/19 therefore equates to £63m, against which delivery plans of £51m are required, to secure a deficit before SF of £12m.

Activity and Contract Income assumptions/approach

The 2018/19 activity plan has been developed using the Trust's activity planning model which is deployed at hospital level.

For planned care activity the model used forecast activity from month 1-8 of 2017/18 together with a cross check to current run rates and then adjusted for the following:

- Waiting list movements which encompasses local and national performance standards e.g. RTT, cancer and diagnostic waiting times

- Underlying population and demographic trends based from the Office of National Statistics (ONS), with the key assumption that the health needs of the population will remain consistent with existing patterns

For unscheduled care the baseline was the forecast activity for the current year and then adjusted for underlying growth, population and demographic trends.

Service developments and transfers initiated by commissioners include:

- ➢ expansion of the neuro-rehabilitation service arising from the transfer of beds from Wrightington, Wigan and Leigh Foundation Trust
- ➢ introduction of a community infant feeding service commissioned by MHCC
- ➢ transfer of North Manchester's community services to the LCO
- ➢ implementation of the 'Healthier Together' Standards in line with the Greater Manchester strategy
- ➢ transfer of neonatal transport services from Liverpool Community
- ➢ closure of MLU services at Salford

An overview of the more notable changes to the plan for 2018/19 against forecast is as follows:

- Elective growth has arisen largely due to increased day case activity attributable to Endoscopy services (diagnostics 6 week target pressures)
- Growth in paediatric, urology and respiratory specialties.
- Non–elective plans now reflect updated run-rates including using months 6-10 period. This increase is representative in the paediatric, haematology, gastroenterology, cardiology and general medicine specialties.
- The outpatients movement is across a number of specialties that have either experienced capacity constraints during 2017/18 or are accounting for demand and backlog pressures. Main specialties include eye and dental specialties that were particularly affected by the impact of temporary shortfalls in consultant capacity during 2017/18
    - paediatrics addressing growth and waiting list pressures
    - gynaecology, clinical genetics growth pressures and the recognition of increased follow ups for metabolic disorders for complex patients
    - surgical Urology, ENT and respiratory specialities to address RTT /waiting list pressures
- Device cost pass throughs (ICDs /stents) are reduced to reflect the move to the national zero cost device procurement programme together with a reduction in blood costs following the recent procurement savings.
- A&E (net of pricing) has increased largely due to changes in acuity resulting in a change in case mix and income.
- Community includes the introduction of a new infant feeding service commissioned by MHCC (£0.5m), together with the transfer of North Manchester community services to the LCO (£16.8m) and a further £1.5m from MHCC for LCO investments.
- Other clinical income growth includes:-
    - increased neuro rehabilitation activity as referred to above
    - increase in transplantation activity and increased donor related charges
    - growth projections arising in the fertility service and respiratory services arising from the hospitals demand models

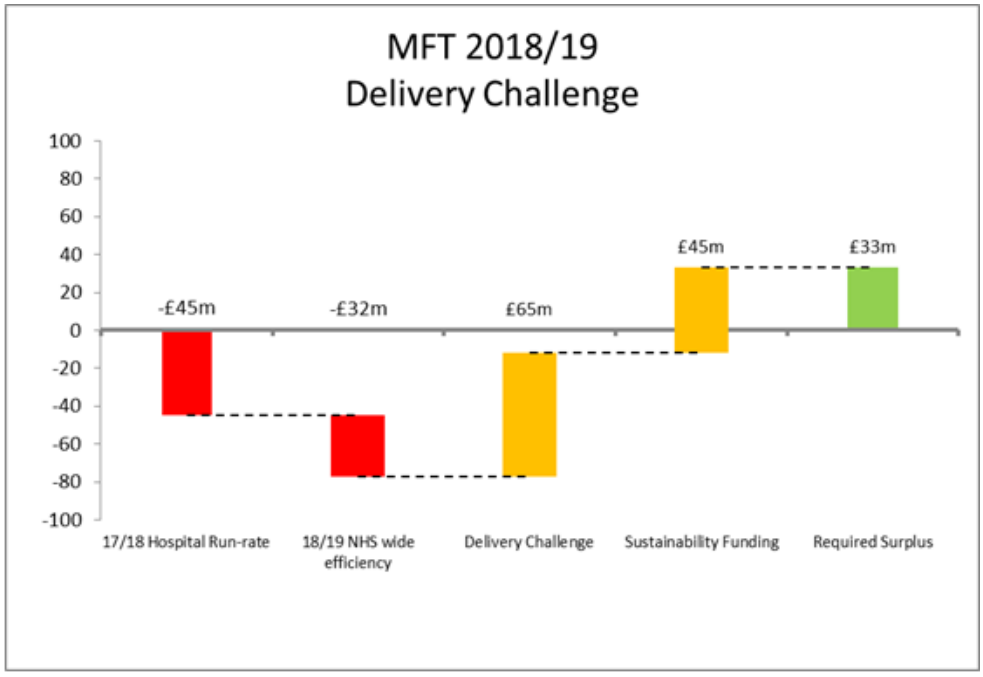
The 2018/19 financial plan reflects MFT hosting Health Innovation Manchester from 1st April 2018, previously hosted by Salford Royal NHS Foundation Trust, and includes additional income of £9.7m

The Financial Plan for 2018/19 also reflects additional income and expenditure in relation to the SHS Programme of £14.8m, enabling the standardisation and integration of care within Manchester and work towards the acquisition of North Manchester General Hospital.

Efficiency Savings for 2018/19

MFT 2018/19 Financial Delivery challenge

The aggregate financial delivery challenge for 2018/19 is £51m combining the underlying £34m run rate operating deficit and the £29m new efficiency challenge from which delivery plans return the position to a net deficit of £12m before SF.



Solutions continue to be identified across Hospitals to address the financial challenge, and include:

- £9.5m of full year effect from continuing delivery which began mid-year in 2017/18
- new delivery for 2018/19, including £11.2m margin from recovery and growth in clinical income, additional non-clinical income of £2.4m along with cost reductions so far identified of £17.5m

Hospitals are continuing to develop and specify further delivery programmes for the additional savings required in 2018/19.

Risks to the Financial Plan

The detail from Hospitals' delivery plans identifies an emergent set of plans to bridge the financial delivery challenge, which would be consistent with the Board maintaining commitment to delivery of the control total set for the Trust – and in turn maintain access to the conditional SF of £44.931m.

To further mitigate against the risks, financial performance and achievement of the delivery programme will be monitored on a regular basis at both Hospital Board level and at the Finance Scrutiny Committee (FSC). FSC will continue to oversee and scrutinise the achievement of the overall Financial Plan and progress with delivery programmes across Hospitals. Delivery risks will be reported and reviewed at this Committee.

Resultant income and expenditure plan

This plan for 2018/19 underpins acceptance of the requirements set out in the letter to MFT of 6 February 2018 and achieving a control total position of £32.847m. £44.931m of SF has accordingly been incorporated as income within MFT's financial plans and cash flow forecasts.

The high level Income & Expenditure Account for forecast outturn 2017/18 and the financial plan for 2018/19 is set out below.

	2017/18 Outturn	2018/19 Plan
	£m's	£m's
Operating Income		
Commissioner Income excl Cost Pass Through items	1,219.198	1,257.959
Cost Pass Through Income (Drugs and Haem)	121.529	121.929
Sustainability Funding	39.064	44.931
	1,379.791	**1,424.819**
Other Clinical Income - PPI/RTA/Overseas income	9.254	8.135
Education & Training	65.538	61.163
R&D	43.253	55.629
Other - Hospital Income	93.853	109.714
	211.898	**234.641**
Total Income	**1,591.689**	**1,659.460**
Operating Expenditure		
Pay	-887.575	-917.483
Non-pay	-598.198	-634.454
	-1,485.773	-1,551.937
EBITDA	**105.916**	**107.523**
Interest, Dividend & Depreciation		
Depreciation	-27.987	-30.226
Interest receiveable	0.313	0.443
Interest payable	-39.886	-41.138
PDC Dividend	-1.861	-3.755
	-69.421	-74.676
Net Position - Control Total Basis	**36.495**	**32.847**

	2017/18 Forecast	2018/19 Plan
	£m's	£m's
Excluded Items for Control Total Calculation - Initial Estimates		
Grant Income	2.073	6.585
Depreciation on Donated Assets	-1.011	-0.835
Additional 2016/17 STF received in 2017/18	0.419	
Impairment	-31.602	11.179
	-30.121	16.929
Initial "Bottom-line" Estimate of published Position	**6.374**	**49.776**
Overall Risk Rating	**1**	**2**

Capital Programme

Following rigorous review of the capital schemes, the indicative capital programme for 2018/19 is shown at a total value of £74.03m related to the following areas;

Scheme Descriptions	Total 18/19
Property and Estates Schemes	**£M**
Compliance Works	18.53
Property and Estates Development Schemes	11.86
Emergency Department - Wythenshawe	5.55
Helipad	5.25
Emergency Department - Central	4.00
Diabetes Centre	1.85
Emergency Department - Children's - Central	1.00
Subtotal Property and Estates Schemes	**48.03**
IM&T Schemes	
IM&T Strategy	5.02
Schemes Carried Forward From 2017/18	2.93
Electronic Patient Records (EPR)	2.10
IM&T Rolling Programme	1.56
Subtotal IM&T Schemes	**11.60**
PFI Lifecycle	7.50
Equipment Schemes	6.90
Total 2018/19	**74.03**

Capital expenditure plans have been prioritised to support delivery of the objectives of the Trust.

Key schemes include:

- Continued investment in the schemes to redevelop, expand and refurbish the Trust's Main Emergency Departments on both the Oxford Road and Wythenshawe sites. The total value included in the programme for these three projects is £10.55m. This will provide increased capacity and improve patient flow, thereby supporting the key strategic objective of safe, effective and timely care for patients.
- Funding for a rolling programme to address backlog maintenance, including the continuation of schemes relating the Health and Safety, along with Fire Stopping works.
- Procurement of, and preparatory work for, a Trust-wide Electronic Patients Record (EPR) system and continuing tactical short-term investments in current EPRs to provide the following benefits:
    - Clinical benefits – improving services to patients, increasing the reliability, safety and consistency of care, and promoting evidence-based practice;
    - Operational benefits – increasing the efficiency of patient flows and utilisation of resources, improving the user interface, reducing duplication and barriers to use, and supporting new Trust clinical pathways.

Funding for the ongoing medical equipment replacement programme which is prioritised using a risk-based approach, with a commitment to rolling replacement programmes.

The Trust's capital investment programme is funded from £6.6m of grants and charitable donations together with £67.43m of internally generated cash.

The uncertainty over any access to external financing facilities in 2018/19 has placed additional pressure on the capital programme. However, following a review a decision has been made to fund the high priority schemes to a level which is £25m beyond the internally generated funds in-year giving the capital investment required to progress the Trust's key objectives during 2018/19.

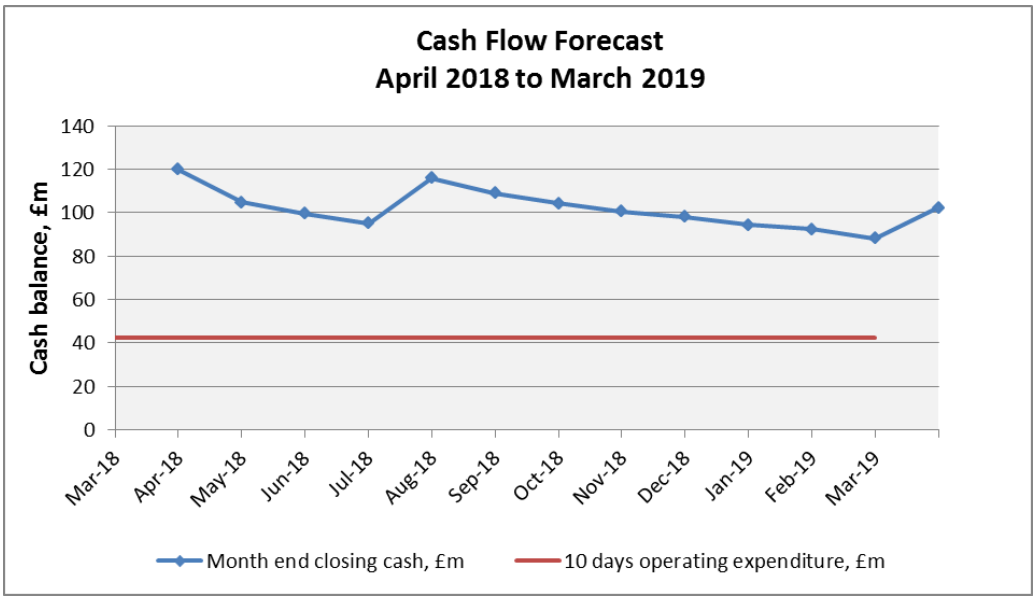
The timing and delivery of projects will remain under regular review.

Liquidity

The cash flow graph below is based on the forecast monthly cash receipts and outgoings and demonstrates the ability of the Trust to continue to meet its current obligations as these fall due in all reasonably foreseeable scenarios throughout the financial year 2018/19.

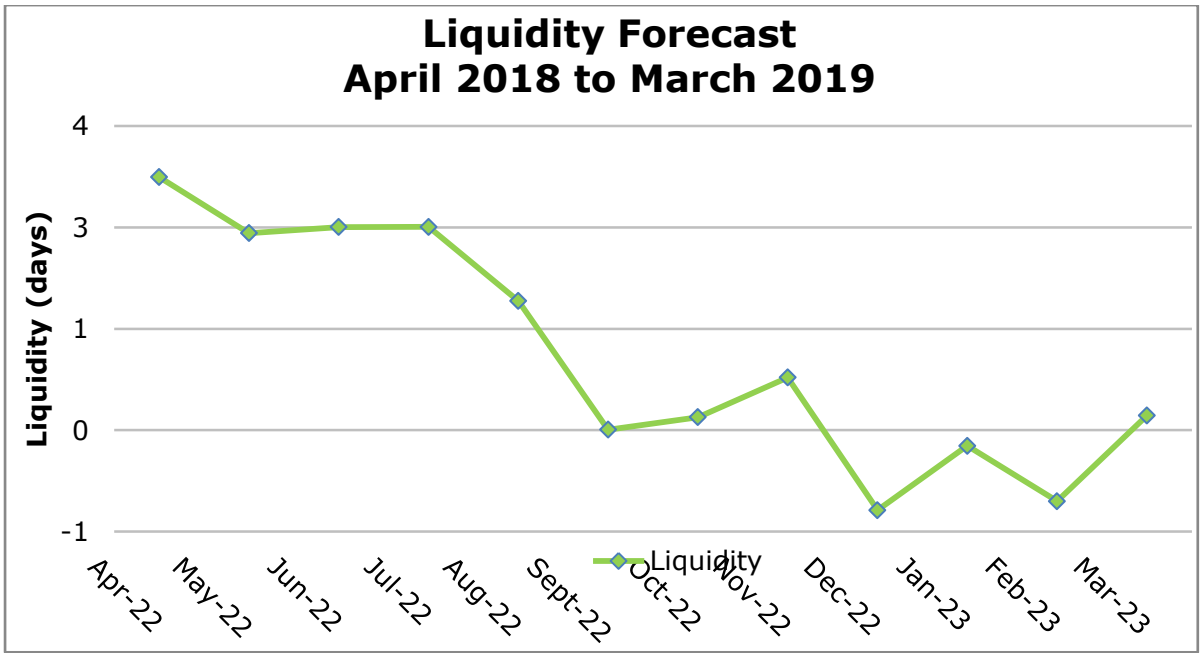
2018/19 Cash flow assumptions

The Trust's planned cash flow for 2018/19 recognises repayment commitments against existing DH loans and PFI liabilities, and also investment in the £74.03m capital programme. Whilst the cash flow plan shows a relatively strong level of cash is maintained through the year, there is an overall cash deterioration of £17.6m. Additional financing options will therefore continue to be pursued to further support investment into the future.



2018/19 NHSI Financial Plan Risk Rating

The profile of the forecast results give rise to a quarterly Capital Service Cover (CSC) rating of 4 for quarters 1 and 2, and improving to a 3 from quarter 3 onwards, and a liquidity rating of level 1 for quarters 1 and 2, level 2 for quarter 3 before improving to a level 1 gain for quarter 4 of 2018/19. The I&E Margin rating in year improves from a 3 rating for quarter 1 to a rating of 1 by quarter 4, based on the surplus planned, with the forecast variance from control total remaining at an overall rating of level 1 for quarters 1-4. The overall 'Use of Resource' is a level 3 for the Trust for quarter 1 and 2 of 2018/19, improving to a rating of 2 for the remaining two quarters if the outturn position is fully delivered.



9. Research & Innovation

MFT's vision is to improve the health and quality of life of our diverse population and to contribute to economic and social wellbeing. By developing and evaluating new treatments and technologies we will combine our research and clinical strengths to help us achieve this ambition. We work collaboratively with academic partners and industry to deliver the next generation of treatments and technologies and to ensure we develop a professional workforce that can meet the challenges of the future.

This year the will have a focus on three objectives. One is to establish a research and innovation structure and workforce across the organisation that supports the Hospitals/MCS in their research and in their development of innovative ideas. Our specific operational goals for the coming year are:

- Creation of a single research office
- Establish agreed workflows for research management IT system and the capture and exploitation of intellectual property
- Standardise all research, innovation and commercial policies and procedures
- Agree with Hospitals research management representation in their structures

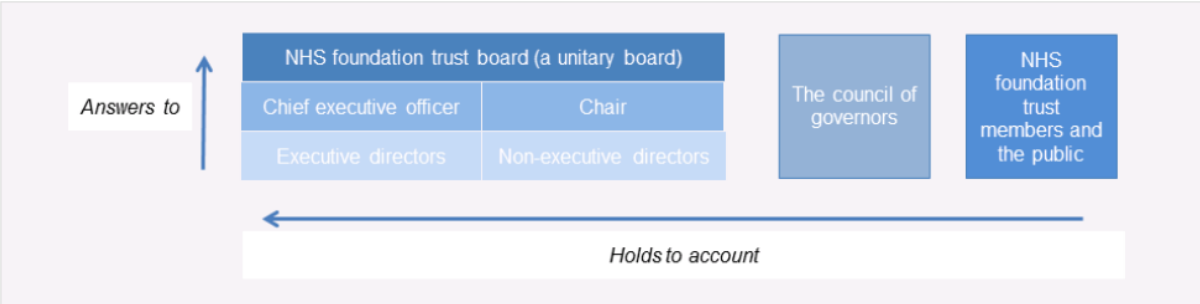
The second objective this year will focus on the development of partnerships, platforms and an embedded innovative culture to support all Hospitals/MCS in their research ambitions and in their ability to compete in the highly competitive commercial world of innovative diagnostics and medical devices and to unlock the potential of data through artificial intelligence and machine learning (AI/ML). These platforms will involve both academic and commercial partnerships in the areas of:

- Integrating health and bioinformatics research through use of health data and AI/ML working with our university and industry partners and the GM digital infrastructure
- Development of new healthcare solutions enabled by digital, AI/ML tools working closely with the medtech, digital and pharma industries; liaising with geographical partnerships including the Northern Health Sciences Alliance
- Supporting the group hospitals to access and implement novel solutions to their clinical and business problems; working closely with the group Transformation Team and Health Innovation Manchester
- Commencing the construction of Citylabs 2.0 and completing the design of Citylabs 3.0 and progressing the concept of Medipark at Wythenshawe as an integral part of their hospital masterplan; developing the business case for the redevelopment of the central campus education facilities and hotel
- Securing industry partnerships that help us to deliver these ambitions and that make significant contributions to the economic and social economy;

The third objective is to target major research and technology infrastructure funding to support the delivery of the above aims, including NIHR, UKRI, charities, Innovate UK and DCMS. To improve success rates, we will partner with the best in GM, UK and internationally including major industry partnerships.

10. Membership

As a Foundation Trust, MFT has a duty to establish a Council of Governors, elected directly by local people and staff to represent the constituent population. Governors are involved in shaping the future of services, and provide a core function in holding the Board of Directors to account as illustrated by the diagram below:



Board accountability, Your statutory duties: a reference guide for NHS foundation trust governors (Monitor)

Governor Elections

The majority of our governors are elected from and by our membership, and all qualifying members that are aged 16 years or over are able to nominate themselves to stand for election during the process. Elections are held each year for those posts where the term of office is ending, or the post-holder has resigned. All qualifying members are issued with ballot papers and vote for the candidate(s) that they wish to be elected to the Council of Governors.

During 2017, 24 governor seats were open for election with 77 valid candidates standing for election. All seats open for election were filled. During 2018, there will be a number of seats that will be open to election, and plans are in place for a further governor election campaign in summer 2018 in order to encourage members to stand.

At the start of the election process an invitation letter from our Group Chairman is sent out to all qualifying members. Elections are also promoted via:

- Membership newsletter and our governor election webpage
- Trust intranet and staff newsletters
- Comms to each Hospital/Managed Clinical Service
- Social media channels including the Trust's Twitter and Facebook accounts.

Governor Training and Development

Training and development for governors includes:

- An induction programme which in 2017/18 included an introductory meeting with our Group Chairman, a performance overview, a networking session with Group Non-Executive Directors and a tour of key locations within the Trust
- Role training session facilitated by external, independent training specialist
- Issuing of a bespoke governors' resource pack including support arrangements
- Regular governor meetings where topical health matters and links to MFT are discussed

- Holding an annual governors' forward planning workshop which in 2017/18 included a governor development session and overviews of the Trust's quality reporting, Single Hospital Service Plans for project two, strategic planning and development of the Trust's new values.

Governors will continue to be briefed regularly on several major on-going health programmes including Single Hospital Service (SHS), Local Care Organisations (LCO) and Manchester and Trafford Locality Plans, with regular key updates being issued to the Council of Governors so that governors can make appropriate informed decisions going forward.

Under the new merged organisation, the Group Chairman will continue to work with governors to develop a new framework for Governor Meetings, as well as future training and development plans, in order to support the needs of the new Council of Governors going forward.

The Trust recognises that it can be difficult for governors to engage with their members. We support and facilitate governor/public engagement through:

- Issuing bespoke membership and public Engagement Packs
- Holding major engagement events such as a Young People's Open Day and Annual Members' Meeting with questionnaires and engagement information packs issued to governors, to empower face-to-face engagement between governors and members.

The new MFT Council of Governors will work with the Trust to develop new membership engagement initiatives as part of the newly formed Governors' Membership & Engagement Sub-Group.

Membership Strategy

The Trust's total public membership is circa. 21,700 public members in addition to a staff membership of circa. 21,900, totalling an overall membership community of over 43,000.

We aim to ensure that our public membership is representative of the communities that we serve by addressing any natural attrition and membership profile gaps. This is facilitated each year by a targeted annual recruitment campaign. For example in early 2018, a review of the Trust's membership profile was undertaken; this data was used for a targeted recruitment campaign in February – March 2018. As part of this campaign, around 1,400 new public members were recruited to each targeted profile group namely: young people (11 – 16 and 17 – 21 years), adults (22 - 59 years), males, and specific ethnic groups.

The new Council of Governors will work with the Trust to develop a new Membership Strategy as part of the newly formed Governors' Membership & Engagement Sub-Group.

Hospital/Managed Clinical Service Key Priorities.

Appendix A

	KEY PRIORITIES FOR 2018/19 BY HOSPITAL/MANAGED CLINICAL SERVICE (MCS)	
MFT STRATEGIC AIMS	**Manchester Royal Infirmary (MRI)**	**Wythenshawe, Trafford, Withington, Altrincham (WTWA)**
To complete the creation of a Single Hospital Service for Manchester/ MFT with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner		
To improve patient safety, clinical quality and outcomes	Delivering operational excellence Continuously improving patient care Working towards outstanding	
To improve the experience of patients, carers and their families	Working towards outstanding	To improve patient experience Development of the Wythenshawe Site Masterplan Programme. Deliver the Wythenshawe Emergency Department development.
To develop single services that build on the best from across all our hospitals	Developing our clinical services	Embedding and delivery of core standards within the Health and Care Act To ensure that developments to the WTWA structures are implemented in an effective manner
To develop our research portfolio and deliver cutting edge care to patients	Working with our partners	Support the delivery of Group Director plans for Corporate areas Research – alignment with Group Strategy and delivery of key WTWA research priorities
To develop our workforce enabling each member of staff to reach their full potential	Becoming an employer of choice	Continue to create a flexible workforce
To achieve financial sustainability	Using our resources effectively	Delivery of the agreed 18/19 financial plan.

KEY PRIORITIES FOR 2018/19 BY HOSPITAL/MANAGED CLINICAL SERVICE (MCS)

MFT STRATEGIC AIMS	Royal Manchester Children's Hospital (RMCH)	Clinical Support Services (CSS)
To complete the creation of a Single Hospital Service for Manchester/ MFT with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner	To continue to forge good working relationships across RMCH and Wythenshawe	Maintain operational/clinical management focus during transition to new reporting and accountability arrangements Implement an effective and visible clinical, nursing and operational leadership team deliver performance and safe/effective services. MCS Transformation to support Single Hospital Service (SHS), 7 day services, Local Care Organisation, Healthier Together, GM Hospital Pathology, Pharmacy and Radiology transformation and NHSI Hospital Pharmacy Transformation plans.
To improve patient safety, clinical quality and outcomes	To deliver on key major projects	Develop the capability and capacity to deliver the MFT Medicines Optimisation Strategy. Establish robust processes to ensure all key performance indicators are met and recovery plans are in place for areas of challenge e.g. MR capacity Establish an Improving Outcomes Guidance (IOG) fully compliant Haematological Cancer Diagnostic Partnership (HCDP) service.
To improve the experience of patients, carers and their families	To continue to improve the quality, safety and the experience of children, young people and their families/carers. To continue to work closely with MFT charity team To improve internal and external communications and engagement	Develop a service model which addresses the shortfall in Magnetic Resonance Imaging capacity which is currently experienced by both the Oxford Road and Wythenshawe sites. Continuation of the Clinical Sciences Building estates works (Oxford Road/ Wythenshawe) ahead of Managed Equipment Service re-equip. Continued reduction in the requirement for blood transfusion. Focus on reduction in cancellation of elective high risk surgery.
To develop single services that build on the best from across all our hospitals	To develop a five year clinical strategy	To effectively deliver the SHS integration workstreams to improve/standardise services & reduce variation. Supporting compliance with statutory & regulatory requirements in pharmacy, pathology and radiology Support and engagement with the IT Strategy - GM PACS procurement and EPR
To develop our research portfolio and deliver cutting edge care to patients	To ensure that research and innovation has a high profile	Reconfiguration of the cytology department and tender response submitted ahead of the 2019 human papillomavirus (HPV) conversion.
To develop our workforce enabling each member of staff to reach their full potential	To develop a team culture across RMCH/MCS To develop our workforce	Develop a communication and engagement strategy to ensure all staff are supported through the transition and informed of Trust/MCS developments. Deliver against our Human Resources Key Performance Indicators and the workforce strategy including the introduction of team job plans. Reduce locum spend via Bank, Variation Order use, recruit to turnover and a new Allied Health Professional/Healthcare Scientist direct hire contract.
To achieve financial sustainability	To achieve our financial and performance targets and other statutory requirements	Maintain effective financial management to ensure month/year end surplus and trading gap contribution delivered.

	KEY PRIORITIES FOR 2018/19 BY HOSPITAL/MANAGED CLINICAL SERVICE (MCS)		
MFT STRATEGIC AIMS	**University Dental Hospital of Manchester (UDH)**	**Manchester Royal Eye Hospital (MREH)**	**Saint Mary's Hospital**
To complete the creation of a Single Hospital Service for Manchester/ MFT with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner	Transformation portfolio		Accountability oversight framework delivery work programme.
To improve patient safety, clinical quality and outcomes	Embedding and delivery of core standards within the Health and Care Act Promoting national leadership in patient safety Managed Clinical Networks and LCO	Embedding and delivery of core standards within the Health and Care Act. Deliver the Outpatient Improvement Programme. Deliver the Theatre Improvement Programme	CQC standards work programme. Development of Women's Health Ambulatory Care Centre. Embedding & delivery of core standards within Health and Care Act
To improve the experience of patients, carers and their families	Long-term estates requirement planning		Develop plans for relocation of Sexual Assault Referral Centre (SARC). Develop plans for relocation of IVF service. Continuation of 'What matters to me' patient and staff engagement.
To develop single services that build on the best from across all our hospitals	Commissioner engagement	Provide system leadership in GM	Continued development of the Obstetrics, Gynaecology, and Neonatal Managed Clinical Services.
To develop our research portfolio and deliver cutting edge care to patients			Mobilisation and delivery of the North West Genomics Hub Laboratory.
To develop our workforce enabling each member of staff to reach their full potential	Medical workforce development	Workforce Development	
To achieve financial sustainability	Service Line Reporting and income development	Sustain market position and extend where appropriate Ensure Financial Sustainability	

3. Project Quality Impact Assessment (QIA)

- Where possible, projects are expected to have a neutral or positive impact on quality as well as reducing costs or generating income. As a minimum they should not put the Trust at risk by bringing quality below essential standards.
- The potential risks that transformation, cost saving or income generating projects could have on the quality of services will therefore be assessed as part of the project planning stage, using the Quality Impact Assessment approach defined by the Department of Health.
- This approach aligns with the Trust's Risk Management Strategy, which details how the Trust identifies, manages and reduces risk across the organisation. A component of this is the risk matrix, which details the approach in assessing and mitigating risk across the Trust.
- The Trust has developed an Accountability Oversight Framework (AOF) to support delivery of the organisation's vision and strategic objective. Amongst other matters, the AOF promotes devolved decision making and autonomy subject to regular performance assessments.
- The QIA includes risks relating to a number of key clinical quality, patient experience and operational areas, as detailed in the table, right. This also includes a number of areas relating to equality. Project Managers are required to assess the project against each of these risk areas, assigning a risk score and detailing mitigating actions. Key questions for each of these areas are detailed in the appendix.
- Under the AOF, all QIAs are to examined and approved as part of each Hospital / MCS own Gateway Review process. Following which a desktop review will then be carried out by the Group Chief Nurse, Medical Director, Chief Operating officer and Human Resources Director. The purpose being to review hospital scoring and documentation of mitigating actions to reduce the impact risk.
- A further follow up session with a Hospital may be required if the Group desktop review identifies schemes they believe to be inappropriately scored, not sufficiently mitigated, or which do not sufficiently consider the impact on other hospitals/MCS.

Diagram: Risk Matrix

Severity	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
1: Low	1 Very Low	2 Very Low	3 Very Low	4 Very Low	5 Very Low
2 :Slight	2 Very Low	4 Very Low	6 low	8 low	10 Medium
3: Moderate	3 Very Low	6 Low	9 Medium	12 Medium	15 High
4: Major	4 Very Low	8 Low	12 Medium	16 High	20 High
5 Catastrophic	5 Very Low	10 Medium	15 High	20 High	25 High

Diagram: Quality and Equality Impact Assessment: Risk areas

Corporate Functions
Patient Safety
Clinical Effectiveness
Patient Experience
Operational Effectiveness
Trust Reputation
Equality/Protected Character
Social Exclusion
Other
eQIA: Legislation/Regulation
eQIA: Equality/Protected Characteristics
eQIA: Social Exclusion

4

Triangulation Indicators

Appendix C

Finance
Continuity of Services Rating
Delivery of Financial Plan – All Divisions

Patient Experience
Clostridium Difficile - Lapse of Care
Complaint Volumes
Complaint Volumes - Reopened
Complaints - Outstanding
Complaints - Outstanding Beyond 40 Days
Complaints Resolved Within 25 Days
Complaints Unresolved Within 40 Days
Compliments
FFT % Extremely Likely
FFT A&E % Extremely Likely
FFT A&E Response Rate
FFT Inpatient % Extremely Likely
FFT Ward Response Rate
Food and Nutrition
Nursing Workforce – Plan Compliance
Nursing Workforce Day Hours – Plan Compliance
Nursing Workforce Night Hours – Plan Compliance
Pain Management
PALS - Concern

Patient Safety
Actual Harm Incidents: Level 4-5
Clostridium Difficile - Incidents
CPE New Positives
CPE Percentage Screened Positive
Crude Mortality
Crude Mortality - Elective
Crude Mortality - Non Elective
EWS Alert Response Rate
GMC Trainee Survey – Number of low scoring outliers
GMC Trainee Survey – Specialties meeting national average
Harm: Catheter Associated Urinary Tract Infection
Harm: Patient Falls
Harm: Pressure Ulcers
Harm: VTE
HSMR
Incidents: Patient Falls: Level 4-5
Incidents: Pressure Ulcers: Grade 3-4
Medication Errors: Level 4-5
Methicillin-resistant Staphylococcus Aureus
Never Events
Participation of Mandatory National Clinical Audits
SHMI
Regulatory Framework
Community Activity Data Completeness
Community Referral Completeness
Community RTT Completeness
Continuity of Services Rating
CQC Rating
Governance Risk Rating - Trust

Performance
18 Weeks Specialty Performance - Admitted
18 Weeks Specialty Performance - Incomplete
18 Weeks Specialty Performance - Non Admitted
A&E - 4 Hours Arrival to Departure
Average Inpatient LOS Days (Excl. Assessment Units)
Cancelled Operations 28 day Breaches
Cancer 31 Days First Treatment
Cancer 31 Days Sub Chemo Treatment
Cancer 31 Days Sub Surgical Treatment
Cancer 62 Days RTT
Cancer 62 Days Screening RTT
Cancer Urgent 2 Week Wait Referrals
Diagnostic Performance
DNA Rate: Follow-up Appointments
DNA Rate: New Appointments
Elective Actual vs Plan
Emergency Admissions - Short Stay
Emergency Admissions - Avg. LOS
Internal Governance Risk Rating – All Divisions
Outpatient Actual vs Plan
Percentage of Cancelled Operations
RTT - 18 Weeks(Admitted Patients)
RTT - 18 Weeks(Incomplete Pathways)
RTT - 18 Weeks(Non-Admitted Patients)

Ward View
Ward: Clinical Mandatory Training
Ward: Complaint Volumes
Ward: FFT Inpatient % Extremely Likely
Ward: Food and Nutrition
Ward: Incidents: Patient Falls: Level 4-5
Ward: Incidents: Pressure Ulcers: Grade 3-4
Ward: Medication Errors: Level 4-5
Ward: Nursing Workforce Non-RN Day Hours – Plan Compliance
Ward: Nursing Workforce Non-RN Night Hours – Plan Compliance
Ward: Nursing Workforce RN Day Hours – Plan Compliance
Ward: Nursing Workforce RN Night Hours – Plan Compliance
Ward: Pain Management
Ward: Sickness Absence
Ward: Turnover

Human Resources
Admin and Clerical Agency Spend
Appraisals
BME Staff Retention
Clinical Mandatory Training
Qualified Nursing & Midwifery Vacancies
Sickness Absence
Staff Retention
Time to Fill Vacancy
Time to Fill Vacancy - 3mth rolling
Turnover
Turnover - 3mth rolling

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Michael McCourt Chief Executive, Manchester Local Care Organisation
Paper prepared by:	Elliot Shuttleworth Programme Manager, Manchester Local Care Organisation
Date of paper:	26th June 2018
Subject:	Manchester Local Care Organisation Update
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Resolution • Approval
Consideration of Risk against Key Priorities:	N/A
Recommendations:	The BoD are asked to note the contents of this paper and specifically: o The continued progress made in developing the New Care Models and establishing 12 Integrated Neighbourhood Team hubs across the City of Manchester; o The development of the 12 Integrated Neighbourhood Team Leads positions, with the intention to recruit to these posts by Quarter 3 2018; o Establishment of a monitoring and reporting mechanism of the 2018/19 key deliverables associated with the MLCO, through Programme Board and into MLCO Partnership Board; o The progress made in regards to the TUPE transfer of staff in North Manchester Community Services from PAHT to MFT from July 2018 following the contract transfer in April 2018; and o The establishment of the MLCO's internal governance structures and associated processes.
Contact:	Name: Elliot Shuttleworth Tel: 07779981115 Name: Tim Griffiths Tel: 07985448165

1.0 Introduction

1.1 Further to the establishment of the Manchester Local Care Organisation (MLCO) in April 2018 through the agreement and signing of a Partnering Agreement, this paper sets out an update on the development of the MLCO and provides specific updates in relation to:

- New Care Models;
- Development of Integrated Neighbourhood Team Leads;
- MLCO 2018/19 key deliverables;
- North Manchester Community Services transfer; and
- MLCO internal governance.

2.0 New Care Models

2.1 The New Care Models (NCM) which the MLCO is responsible for mobilising, continue to progress through the key phases of business case, design, mobilisation, implementation and evaluation. These are the NCMs which have been funded through the Greater Manchester Transformation Fund and the Adult Social Care Grant as agreed during 2017/18.

2.2 The pilot of High Impact Primary Care (HiPC) in 3 neighbourhoods across North, Central and South Manchester is now fully mobilised and the service is operational. Whilst still in its early stages there is evidence to suggest that there has been a positive impact on patients as part of the HiPC cohort, such as a reduction in demand for other services including A&E, outpatients and general practice. The metrics of reporting these outcomes are in the process of being finalised.

2.3 Recruitment of staff into the additional reablement capacity and complex reablement service has commenced with the complex reablement service going live 21st May 2018. A total of 42 additional posts have been recruited to in total with 25 of these already in post.

2.4 A number of the NCMs are still progressing through the stages of business case development and approval and design through to evaluation. These are being effectively monitored and tracked within the MLCO and with partners through the Health and Social Care Commissioning Group, chaired by the Executive Director of Strategic Commissioning.

2.5 The hubs for the Integrated Neighbourhood Teams (INTs) across Manchester continue to be mobilised, which will ensure that staff from across health and social care are physically co-located. It is still the intention of MLCO to have all hubs operationally live in Quarter 3 2018/19 as agreed with Manchester Health and Care Commissioning (MHCC). The locations of the hubs are as follows:

Central –	Chorlton
Central –	Gorton District Office
Central –	Vallance Centre
Central –	Moss Side Health Centre
North –	Victoria Mill
North –	Cheetham Hill PCC
North –	Cornerstones
North –	Harpurhey District Office
South –	Etrop Court

South – Burnage
South – Parkway Green House
South – Withington Community Hospital

2.6 To date Estates and IM&T work in six of the 12 hubs has been completed with Health staff operating out of all six. Social care staff are permanently working out of one (Gorton South) and have the ability to hot-desk in the remaining five prior to permanent re-location (Chorlton, Vallance Centre, Moss Side Health Centre, Burnage, Withington Community Hospital).

2.7 In parallel to the Estates and IM&T work, plans to finalise the co-location of social care staff into the operational INT Hubs are nearing completion, this work is being supported by Bernie Enright, Director of Adult Services and will ensure that all operational challenges are identified and resolved where staff are already co-located. Discussions and work on the remaining six hubs is still ongoing with each having its unique challenges and interdependencies, however, progress continues to be made.

3.0 Integrated Neighbourhood Team Leads

3.1 Conversations regarding the development of the 12 Integrated Neighbourhood Teams (INT) began in late summer 2017 involving staff side and trade union colleagues. Initially it was envisaged that the 12 new INT Lead roles could be advertised as additional new posts. However, following discussion within the MLCO and with Manchester City Council (MCC), it was recognised that there was an advantage in realigning the existing locality and neighbourhood services at the same time as appointing to the INT Lead roles.

3.2 Since April, the MLCO Executive has been working together on the alignment of health and social care services to develop an operational structure. Through this process a preferred model for a new senior leadership structure for Adult Social Care (ASC) has been identified, as has the subsequent re-alignment of city-wide and locality ASC teams into MLCO structures. The timetable for implementation of the process to recruit into the 12 Neighbourhood Leads will be developed in conjunction with our trade union partners and it is intended that these posts will be filled by Autumn 2018.

4.0 2018/19 Key Deliverables

4.1 During 2018/19 a collaborative approach to planning the MLCO's key deliverables for 2018/19 have been produced with MHCC. The deliverables are what the MLCO are committed to delivering throughout the year. This was done to ensure that the transition of services into the MLCO was undertaken in a safe manner, whilst planning ahead towards 2019/20.

4.2 The 2018/19 deliverables are being managed by the MLCO Executive Team through internal governance processes, with progress and impact reports to be provided to the MLCO Partnership Board and MHCC where appropriate. The deliverables have categorised into six key priority areas, aligned to the Business Plan which are as follows:

- **Ensure a safe transition and a safe start**
  The MLCO will ensure that the services that transfer from partner organisations are done so safely, and that the delivery and quality of services is maintained for local people.

- **Improve lives through population health and primary care**
  The MLCO is to take a whole population approach throughout the 12 neighbourhoods of Manchester. During the year the MLCO will focus on making sure the neighbourhoods function effectively whilst understanding the needs of people in the communities that we work in.

- **Redesign core services**
  The MLCO delivers services across neighbourhoods, localities and city-wide. We will continue the work with citizens on service improvement and on the design of new models of care.

- **Ensure financial sustainability**
  The MLCO is a platform to drive system change and ensure health and social care in the city is sustainable in the long term. As such will ensure that the anticipated financial benefits associated with the MLCO are delivered and also produce a longer term financial plan.

- **Create our organisational strategy**
  The MLCO has brought, and continues to bring, staff together from a range of organisations and sectors to work collectively to deliver services on behalf of the people of Manchester. We will create an organisation that staff, residents and stakeholders are proud to be associated with.

- **Prepare for 2019/20 and beyond**
  As more services will transfer to MLCO over the coming years, a focus will be placed on a number of critical tasks to embed the operational structures needed to realise the benefits of integrated working and ensure we are ready for this growth.

4.3 The MLCO is working with partners to identify the deliverables which will be delivered in collaboration with them. The MLCO has established regular joint Executive meetings with partners to ensure 2018/19 delivery plans are aligned and delivered as far as possible in collaboration. This work has started with both Manchester Primary Care Partnership (MPCP) and MHCC. Monitoring of these deliverables will be done through the MLCO Programme Board.

5.0 North Manchester Community Services

5.1 A North Manchester Community Health Services Transfer Committee was established with representation from relevant stakeholders, with the purpose to ensure safe and effective transfer of North Manchester Community Services. The committee successfully facilitated and oversaw the transfer of the contract from Pennine Acute Hospital NHS Trust (PAHT) to MFT on 1st April 2018.

5.2 The Implementation Group which has been established to oversee the TUPE transfer of staff associated with the services, has met regularly since April 2018, with representation from MLCO, MFT and PAHT. Staff who are in scope are expected to transfer as planned from 1st July 2018, with a Service Level Agreement in place between MFT and PAHT. The Group will continue to meet for the foreseeable future to ensure that there is smooth transition of services moving forward.

6.0 MLCO Internal Governance

6.1 The MLCO's internal governance structures and processes have been mobilised during Quarter 1 2018/19. Key forums have been established such as Programme Board and the Quality and Safety Group. In addition, the Chief Executive Accountability Meeting has been established which will be attended by MFT Group Deputy Chief Executive and Executive Member for Health and Wellbeing to provide additional assurance.

6.2 Work is ongoing to ensure that there is connectivity between the MLCO internal governance structures and MFT's structures. A MLCO and MFT scrutiny committee is in the process of being developed and the MLCO is also working collaboratively with MFT in developing an Accountability Oversight Framework, which will be monitored by the Group Chief Operating Officer.

7.0 Recommendations

7.1 The BoD are asked to note the following:

- The continued progress made in developing the NCMs and establishing 12 Integrated Neighbourhood Team hubs across the City of Manchester;
- The development of the 12 Integrated Neighbourhood Team Leads positions, with the intention to recruit to these posts by Quarter 3 2018;
- Establishment of a monitoring and reporting mechanism of the 2018/19 key deliverables associated with the MLCO, through Programme Board and into MLCO Partnership Board;
- The progress made in regards to the TUPE transfer of staff in North Manchester Community Services from PAHT to MFT from July 2018 following the contract transfer in April 2018; and
- The establishment of the MLCO's internal governance structures and associated processes.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Chief Nurse Professor Cheryl Lenney
Paper prepared by:	Director of Clinical Governance, Sarah Corcoran
Date of paper:	June 2018
Subject:	CQC Registration and Inspection Update
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Resolution • Approval
Consideration of Risk against Key Priorities	Quality, safety, experience, research, innovation and teaching
Recommendations	The Board of Directors are asked to note the content of this report
Contact:	Name: Sarah Corcoran Tel: 0161 276 8764

MANCHESTER HOSPITALS NHS FOUNDATION TRUST

1. Introduction

1.1. The Care Quality Commission (CQC) is the quality regulator of the NHS. It is required by statute that all NHS Trusts are appropriately registered with the CQC and that the CQC inspects all core services of any new NHS Trust.

1.2. This paper sets out the revised registration details of the Manchester University NHS Foundation Trust and details of the notification of a proposed inspection.

2. Registration Arrangements

2.1. Following the merger the Trust proposed a revised registration arrangement with the CQC and this was approved by the CQC Registration Team. The application was made and the new registration details are now reflected on the CQC website – www.cqc.org.uk

2.2. The Trust is now registered as follows:

- Manchester Royal Infirmary
- Wythenshawe Hospital
- Royal Manchester Children's Hospital
- Saint Mary's Hospital
- Trafford Hospital
- Manchester Royal Eye Hospital
- University Dental Hospital of Manchester
- Withington Community Hospital
- Altrincham Hospital
- Local Care Organisation Sites
- Renal Satellite Sites

2.3. Each site will receive its own CQC rating and the Group as a whole will receive a rating. The report will follow the structure of this registration.

2.4. The registration certificate is presented for information at appendix A. This will now be published on the Trust website.

3. Regulatory Inspection

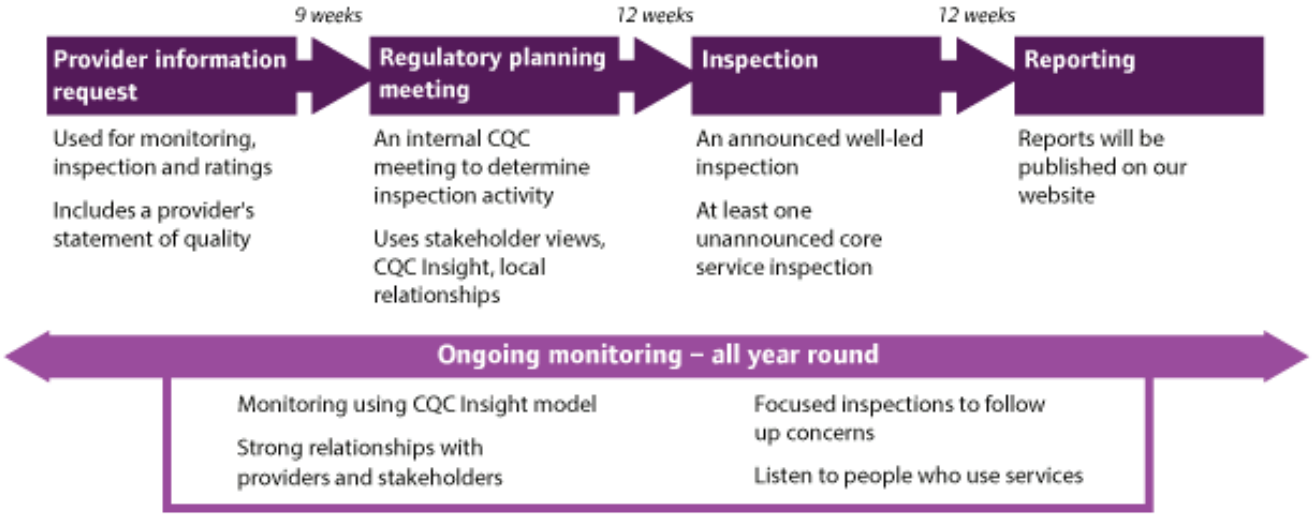
3.1. The CQC have indicated their intention to undertake an inspection of all core services across all sites within one year of the formation of the new organisation, this is as set out in their regulatory guidance.

3.2. The CQC issued a pre-inspection request (PIR) on Friday 15th June 2018 – these are usually issued 9 weeks before the Regulatory Planning Meeting (see diagram 1). The deadline for submission is Friday 13th July.

3.3. The well-led inspection will be completed within 12 weeks of the regulatory planning meeting.

3.4. Inspection of the core services will take place in between the regulatory planning meeting and the well-led inspection. As there are more than four core services being inspected at a time, the CQC will be able to announce these, along with the dates of the well-led inspection, after the regulatory planning meeting.

Diagram 1.



3.5. The CQC target is to publish reports within 12 weeks of the well-led inspection.

3.6. It is considered likely that component parts of managed clinical services will be published within a report on the host geographical site, for example maternity services at Wythenshawe are likely to be inspected as a core service at Wythenshawe.

3.7. The Board of Directors will be notified of progress and the inspection date once received.

4. Recommendations

4.1. The Board of Directors are asked to note the revised registration arrangements and the notification of inspection.

Certificate of Registration

This is to certify the following service provider has been registered by the Care Quality Commission under the Health and Social Care Act 2008

Certificate number: CRT1-5354824909
Certificate date: 14/06/2018
Provider ID: R0A

Section 1 **Service Provider details**

Name of service provider: Manchester University NHS Foundation Trust

Address of service provider: Trust Headquarters
Cobbett House Manchester Lancashire
M13 9WL

Date of Registration: 01/10/2017

Signed

Sir David Behan
CBE Chief
Executive

You can email CQC at: enquiries@cqc.org.uk
You can contact CQC on telephone number: 03000 616161
You can write to CQC at: CQC National Correspondence, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

Section 2

Manchester University NHS Foundation Trust is registered in respect of
Regulated Activity: **Accommodation for persons who require nursing or personal care**

For Regulated Activity **Accommodation for persons who require nursing or personal care**
the Nominated Individual (where applicable) is:
Sarah Corcoran

Conditions of registration that apply to:
Manchester University NHS Foundation Trust for **Accommodation for persons who require nursing or personal care**

1. The registered provider must ensure that the regulated activity accommodation for persons who require nursing or personal care is managed by an individual who is registered as a manager in respect of that activity at or from all locations.
2. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Buccleugh Lodge Elizabeth Slinger Road Manchester Lancashire M20 2XA
Location ID	R0A49
Additional conditions that apply at this location	**1.** The registered provider must only accommodate a maximum of 14 service users at Buccleugh Lodge.

Location Name and address	Dermot Murphy Centre 91 Dermot Murphy Close Withington Manchester Lancashire M20 1FQ
Location ID	R0AX2
Additional conditions that apply at this location	**1.** The registered provider must only accommodate a maximum of 22 service users at Dermot Murphy Centre.

Location Name and address	Short Break Service 144 Wythenshawe Road Manchester Lancashire M23 0PF
Location ID	R0AX1
Additional conditions that apply at this location	**1.** The registered provider must only accommodate a maximum of 3 service users at Short Break Service. **2.** The registered provider must not provide nursing care under accommodation for persons who require personal or nursing care at Short Break Service.

Manchester University NHS Foundation Trust is registered in respect of
Regulated Activity: **Assessment or medical treatment for persons detained under the Mental Health Act 1983**

For Regulated Activity **Assessment or medical treatment for persons detained under the Mental Health Act 1983** the Nominated Individual (where applicable) is:
Sarah Corcoran

Conditions of registration that apply to:
Manchester University NHS Foundation Trust for **Assessment or medical treatment for persons detained under the Mental Health Act 1983**

1. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Manchester Royal Infirmary Oxford Road Manchester Lancashire M13 9WL
Location ID	R0A02
Additional conditions that apply at this location	

Location Name and address	Royal Manchester Children's Hospital 4 The Boulevard Oxford Road Manchester M13 9WL
Location ID	R0A03
Additional conditions that apply at this location	

Location Name and address	Saint Mary's Hospital 3 The Boulevard Oxford Road Manchester M13 9WL
Location ID	R0A05
Additional conditions that apply at this location	

Location Name and address	Trafford General Hospital Moorside Road Urmston Manchester Lancashire M41 5SL
Location ID	R0A09
Additional conditions that apply at this location	

Location Name and address	Wythenshawe Hospital Southmoor Road Manchester Lancashire M23 9LT
Location ID	R0A07
Additional conditions that apply at this location	

Manchester University NHS Foundation Trust is registered in respect of
Regulated Activity: **Diagnostic and screening procedures**

For Regulated Activity **Diagnostic and screening procedures** the Nominated Individual (where applicable) is:
Sarah Corcoran

Conditions of registration that apply to:
Manchester University NHS Foundation Trust for **Diagnostic and screening procedures**

1. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Altrincham General Hospital 15 Railway Street Altrincham Cheshire WA14 2RQ
Location ID	R0A2Q
Additional conditions that apply at this location	

Location Name and address	Brownley Green Health Centre Dental Department Brownley Road Manchester Lancashire M22 4GA
Location ID	R0AX3
Additional conditions that apply at this location	

Location Name and address	Dental Hospital Manchester University Dental Hospital Of Manchester Higher Cambridge Street Manchester Lancashire M15 6FH
Location ID	R0A06
Additional conditions that apply at this location	

Location Name and address	Harpurhey Health Clinic Dental Department 1 Church Lane Manchester Lancashire M9 4BE
Location ID	R0A68
Additional conditions that apply at this location	

Location Name and address	Longsight Health Centre Dental Department 526-528 Stockport Road Manchester Lancashire M13 0RR
Location ID	R0A21
Additional conditions that apply at this location	

Location Name and address	Manchester Royal Infirmary Oxford Road Manchester Lancashire M13 9WL
Location ID	R0A02
Additional conditions that apply at this location	

Location Name and address	Moss Side Health Centre Dental Department Monton Street Manchester Lancashire M14 4GP
Location ID	R0A26
Additional conditions that apply at this location	

Location Name and address	Newton Heath Health Centre Dental Department 2 Old Church Street Manchester Lancashire M40 2JF
Location ID	R0A62
Additional conditions that apply at this location	

Location Name and address	Plant Hill Clinic Dental Department Plant Hill Road Manchester Lancashire M9 8LX
Location ID	R0AX5
Additional conditions that apply at this location	

Location Name and address	Royal Manchester Children's Hospital 4 The Boulevard Oxford Road Manchester M13 9WL
Location ID	R0A03
Additional conditions that apply at this location	

Location Name and address	Royal Manchester Eye Hospital 2 The Boulevard Oxford Road Manchester M13 9WL
Location ID	R0A04
Additional conditions that apply at this location	

Location Name and address	Saint Mary's Hospital 3 The Boulevard Oxford Road Manchester M13 9WL
Location ID	R0A05
Additional conditions that apply at this location	

Location Name and address	The Cornerstone Centre Dental Department 2 Graham Street Manchester Lancashire M11 3AA
Location ID	R0A15
Additional conditions that apply at this location	

Location Name and address	Trafford General Hospital Moorside Road Urmston Manchester Lancashire M41 5SL
Location ID	R0A09
Additional conditions that apply at this location	

Location Name and address	Trust Headquarters Cobbett House Oxford Road Manchester M13 9WL
Location ID	R0A01
Additional conditions that apply at this location	

Location Name and address	Withington Community Clinic Dental Department 535 Wilmslow Road Manchester Lancashire M20 4BA
Location ID	R0A50
Additional conditions that apply at this location	

Location Name and address	Withington Community Hospital Nell Lane Withington Manchester Lancashire M20 2LR
Location ID	R0A08
Additional conditions that apply at this location	

Location Name and address	Wythenshawe Forum Dental Department Forum Square, Wythenshawe Manchester Lancashire M22 5RX
Location ID	R0A54
Additional conditions that apply at this location	

Location Name and address	Wythenshawe Hospital Southmoor Road Manchester Lancashire M23 9LT
Location ID	R0A07
Additional conditions that apply at this location	

Manchester University NHS Foundation Trust is registered in respect of
Regulated Activity: **Family planning**

For Regulated Activity **Family planning** the Nominated Individual (where applicable) is:
Sarah Corcoran

Conditions of registration that apply to:
Manchester University NHS Foundation Trust for **Family planning**

1. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Manchester Royal Infirmary Oxford Road Manchester Lancashire M13 9WL
Location ID	R0A02
Additional conditions that apply at this location	

Location Name and address	Saint Mary's Hospital 3 The Boulevard Oxford Road Manchester M13 9WL
Location ID	R0A05
Additional conditions that apply at this location	

Location Name and address	Trust Headquarters Cobbett House Oxford Road Manchester M13 9WL
Location ID	R0A01
Additional conditions that apply at this location	

Location Name and address	Withington Community Hospital Nell Lane Withington Manchester Lancashire M20 2LR
Location ID	R0A08
Additional conditions that apply at this location	

Location Name and address	Wythenshawe Hospital Southmoor Road Manchester Lancashire M23 9LT
Location ID	R0A07
Additional conditions that apply at this location	

Manchester University NHS Foundation Trust is registered in respect of Regulated Activity:
Management of supply of blood and blood derived products

For Regulated Activity **Management of supply of blood and blood derived products** the Nominated Individual (where applicable) is:
Sarah Corcoran

Conditions of registration that apply to:
Manchester University NHS Foundation Trust for **Management of supply of blood and blood derived products**

1. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Manchester Royal Infirmary Oxford Road Manchester Lancashire M13 9WL
Location ID	R0A02
Additional conditions that apply at this location	

Location Name and address	Trafford General Hospital Moorside Road Urmston Manchester Lancashire M41 5SL
Location ID	R0A09
Additional conditions that apply at this location	

Location Name and address	Wythenshawe Hospital Southmoor Road Manchester Lancashire M23 9LT
Location ID	R0A07
Additional conditions that apply at this location	

Manchester University NHS Foundation Trust is registered in respect of
Regulated Activity: **Maternity and midwifery services**

For Regulated Activity **Maternity and midwifery services** the Nominated Individual (where applicable) is:
Sarah Corcoran

Conditions of registration that apply to:
Manchester University NHS Foundation Trust for **Maternity and midwifery services**

1. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Saint Mary's Hospital 3 The Boulevard Oxford Road Manchester M13 9WL
Location ID	R0A05
Additional conditions that apply at this location	

Location Name and address	Trust Headquarters Cobbett House Oxford Road Manchester M13 9WL
Location ID	R0A01
Additional conditions that apply at this location	

Location Name and address	Wythenshawe Hospital Southmoor Road Manchester Lancashire M23 9LT
Location ID	R0A07
Additional conditions that apply at this location	

Manchester University NHS Foundation Trust is registered in respect of
Regulated Activity: **Surgical procedures**

For Regulated Activity **Surgical procedures** the Nominated Individual (where applicable) is:
Sarah Corcoran

Conditions of registration that apply to:
Manchester University NHS Foundation Trust for **Surgical procedures**

1. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Brownley Green Health Centre Dental Department Brownley Road Manchester Lancashire M22 4GA
Location ID	R0AX3
Additional conditions that apply at this location	

Location Name and address	Dental Hospital Manchester University Dental Hospital Of Manchester Higher Cambridge Street Manchester Lancashire M15 6FH
Location ID	R0A06
Additional conditions that apply at this location	

Location Name and address	Harpurhey Health Clinic Dental Department 1 Church Lane Manchester Lancashire M9 4BE
Location ID	R0A68
Additional conditions that apply at this location	

Location Name and address	Longsight Health Centre Dental Department 526-528 Stockport Road Manchester Lancashire M13 0RR
Location ID	R0A21
Additional conditions that apply at this location	

Location Name and address	Manchester Royal Infirmary Oxford Road Manchester Lancashire M13 9WL
Location ID	R0A02
Additional conditions that apply at this location	

Location Name and address	Moss Side Health Centre Dental Department Monton Street Manchester Lancashire M14 4GP
Location ID	R0A26
Additional conditions that apply at this location	

Location Name and address	Newton Heath Health Centre Dental Department 2 Old Church Street Manchester Lancashire M40 2JF
Location ID	R0A62
Additional conditions that apply at this location	

Location Name and address	Plant Hill Clinic Dental Department Plant Hill Road Manchester Lancashire M9 8LX
Location ID	R0AX5
Additional conditions that apply at this location	

Location Name and address	Royal Manchester Children's Hospital 4 The Boulevard Oxford Road Manchester M13 9WL
Location ID	R0A03
Additional conditions that apply at this location	

Location Name and address	Royal Manchester Eye Hospital 2 The Boulevard Oxford Road Manchester M13 9WL
Location ID	R0A04
Additional conditions that apply at this location	

Location Name and address	Saint Mary's Hospital 3 The Boulevard Oxford Road Manchester M13 9WL
Location ID	R0A05
Additional conditions that apply at this location	

Location Name and address	The Cornerstone Centre Dental Department 2 Graham Street Manchester Lancashire M11 3AA
Location ID	R0A15
Additional conditions that apply at this location	

Location Name and address	Trafford General Hospital Moorside Road Urmston Manchester Lancashire M41 5SL
Location ID	R0A09
Additional conditions that apply at this location	

Location Name and address	Trust Headquarters Cobbett House Oxford Road Manchester M13 9WL
Location ID	R0A01
Additional conditions that apply at this location	

Location Name and address	Withington Community Clinic Dental Department 535 Wilmslow Road Manchester Lancashire M20 4BA
Location ID	R0A50
Additional conditions that apply at this location	

Location Name and address	Withington Community Hospital Nell Lane Withington Manchester Lancashire M20 2LR
Location ID	R0A08
Additional conditions that apply at this location	

Location Name and address	Wythenshawe Forum Dental Department Forum Square, Wythenshawe Manchester Lancashire M22 5RX
Location ID	R0A54
Additional conditions that apply at this location	

Location Name and address	Wythenshawe Hospital Southmoor Road Manchester Lancashire M23 9LT
Location ID	R0A07
Additional conditions that apply at this location	

Manchester University NHS Foundation Trust is registered in respect of
Regulated Activity: **Termination of pregnancies**

For Regulated Activity **Termination of pregnancies** the Nominated Individual (where applicable) is:
Sarah Corcoran

Conditions of registration that apply to:
Manchester University NHS Foundation Trust for **Termination of pregnancies**

1. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Saint Mary's Hospital 3 The Boulevard Oxford Road Manchester M13 9WL
Location ID	R0A05
Additional conditions that apply at this location	

Location Name and address	Wythenshawe Hospital Southmoor Road Manchester Lancashire M23 9LT
Location ID	R0A07
Additional conditions that apply at this location	

Manchester University NHS Foundation Trust is registered in respect of
Regulated Activity: **Transport services, triage and medical advice provided remotely**

For Regulated Activity **Transport services, triage and medical advice provided remotely**
the Nominated Individual (where applicable) is:
Sarah Corcoran

Conditions of registration that apply to:
Manchester University NHS Foundation Trust for **Transport services, triage and medical advice provided remotely**

1. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Royal Manchester Children's Hospital 4 The Boulevard Oxford Road Manchester M13 9WL
Location ID	R0A03
Additional conditions that apply at this location	

Location Name and address	Saint Mary's Hospital 3 The Boulevard Oxford Road Manchester M13 9WL
Location ID	R0A05
Additional conditions that apply at this location	

Location Name and address	Trust Headquarters Cobbett House Oxford Road Manchester M13 9WL
Location ID	R0A01
Additional conditions that apply at this location	

Manchester University NHS Foundation Trust is registered in respect of
Regulated Activity: **Treatment of disease, disorder or injury**

For Regulated Activity **Treatment of disease, disorder or injury** the Nominated Individual (where applicable) is:
Sarah Corcoran

Conditions of registration that apply to:
Manchester University NHS Foundation Trust for **Treatment of disease, disorder or injury**

1. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Altrincham General Hospital 15 Railway Street Altrincham Cheshire WA14 2RQ
Location ID	R0A2Q
Additional conditions that apply at this location	

Location Name and address	Brownley Green Health Centre Dental Department Brownley Road Manchester Lancashire M22 4GA
Location ID	R0AX3
Additional conditions that apply at this location	

Location Name and address	Buccleugh Lodge Elizabeth Slinger Road Manchester Lancashire M20 2XA
Location ID	R0A49
Additional conditions that apply at this location	

Location Name and address	Crumpsall Vale Intermediate Care Unit Delaunays Road Manchester Lancashire M8 5RB
Location ID	R0AX6
Additional conditions that apply at this location	

Location Name and address	Dental Hospital Manchester University Dental Hospital Of Manchester Higher Cambridge Street Manchester Lancashire M15 6FH
Location ID	R0A06
Additional conditions that apply at this location	

Location Name and address	Dermot Murphy Centre 91 Dermot Murphy Close Withington Manchester Lancashire M20 1FQ
Location ID	R0AX2
Additional conditions that apply at this location	

Location Name and address	Harpurhey Health Clinic Dental Department 1 Church Lane Manchester Lancashire M9 4BE
Location ID	R0A68
Additional conditions that apply at this location	

Location Name and address	Longsight Health Centre Dental Department 526-528 Stockport Road Manchester Lancashire M13 0RR
Location ID	R0A21
Additional conditions that apply at this location	

Location Name and address	Manchester Royal Infirmary Oxford Road Manchester Lancashire M13 9WL
Location ID	R0A02
Additional conditions that apply at this location	

Location Name and address	Moss Side Health Centre Dental Department Monton Street Manchester Lancashire M14 4GP
Location ID	R0A26
Additional conditions that apply at this location	

Location Name and address	Newton Heath Health Centre Dental Department 2 Old Church Street Manchester Lancashire M40 2JF
Location ID	R0A62
Additional conditions that apply at this location	

Location Name and address	North Manchester General MFT Renal Satellite Delaunays Road Manchester Lancashire M8 5RB
Location ID	R0A66
Additional conditions that apply at this location	

Location Name and address	Plant Hill Clinic Dental Department Plant Hill Road Manchester Lancashire M9 8LX
Location ID	R0AX5
Additional conditions that apply at this location	

Location Name and address	Royal Manchester Children's Hospital 4 The Boulevard Oxford Road Manchester M13 9WL
Location ID	R0A03
Additional conditions that apply at this location	

Location Name and address	Royal Manchester Eye Hospital 2 The Boulevard Oxford Road Manchester M13 9WL
Location ID	R0A04
Additional conditions that apply at this location	

Location Name and address	Saint Mary's Hospital 3 The Boulevard Oxford Road Manchester M13 9WL
Location ID	R0A05
Additional conditions that apply at this location	

Location Name and address	Tameside General Hospital MFT Renal Satellite Fountain Street Ashton Under Lyne Lancashire OL6 9RW
Location ID	R0A71
Additional conditions that apply at this location	

Location Name and address	The Cornerstone Centre Dental Department 2 Graham Street Manchester Lancashire M11 3AA
Location ID	R0A15
Additional conditions that apply at this location	

Location Name and address	Trafford General Hospital Moorside Road Urmston Manchester Lancashire M41 5SL
Location ID	R0A09
Additional conditions that apply at this location	

Location Name and address	Trust Headquarters Cobbett House Oxford Road Manchester M13 9WL
Location ID	R0A01
Additional conditions that apply at this location	

Location Name and address	Withington Community Clinic Dental Department 535 Wilmslow Road Manchester Lancashire M20 4BA
Location ID	R0A50
Additional conditions that apply at this location	

Location Name and address	Withington Community Hospital Nell Lane Withington Manchester Lancashire M20 2LR
Location ID	R0A08
Additional conditions that apply at this location	

Location Name and address	Wythenshawe Forum Dental Department Forum Square, Wythenshawe Manchester Lancashire M22 5RX
Location ID	R0A54
Additional conditions that apply at this location	

Location Name and address	Wythenshawe Hospital Southmoor Road Manchester Lancashire M23 9LT
Location ID	R0A07
Additional conditions that apply at this location	

End of certificate

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Cheryl Lenney - Chief Nurse
Paper prepared by:	Sue Ward – Deputy Chief Nurse Sarah Corcoran, Director of Clinical Governance
Date of paper:	June 2018
Subject:	Quality and Safety Strategy 2018 - 2021
Purpose of Report:	Indicate which by ✓ • Information to note • Support • Resolution • Approval ✓
Consideration of Risk against Key Priorities	Patient safety Patient experience
Recommendations	The Board of Directors is asked to approve the MFT Quality and Safety 2018-2021, which was endorsed by the Group Quality and Safety Committee on 5th June 2018.
Contact:	Name: Sue Ward, Deputy Chief Nurse Tel: 0161 702 0331

1. Introduction

1.1 The MFT Quality and Safety Strategy is presented to the Board of Directors to approve, following endorsement and recommendation by the Group Quality and Safety Committee. Quality and safety are fundamental aspects of the Trust's vision and inform the strategic and operational priorities of the organisation. There is well established evidence that quality, patient safety, patient experience and staff experience are inter-reliant. Therefore the Quality and Safety Strategy is central to the work of the Trust and aligns closely with other core strategies such as the Leadership and Culture Strategy and the Trust Values and Behaviours. The accountability structure for delivery of the Strategy will be through the Quality and Performance Scrutiny Committee to the Board of Directors.

2. Content

2.1 The Quality and Safety Strategy is set in the context of the breadth of services; from community through to quaternary level, that are provided to the local diverse population and beyond. Informed by the analysis of extensive quality and safety data, the Strategy sets out an ambition for MFT, underpinned by a series of priorities and key objectives, aligned to the CQC regulatory domains. These broad objectives enable each Hospital/Managed Clinical Service (MCS)/Local Care Organisation (LCO) team to identify specific objectives relevant to the services they provide.

2.2 In order to drive the continuous development of a positive safety culture, six principles are identified to inform the delivery of the Strategy:

- Patient-focused services that deliver the Best Outcomes every time
- Right Care First Time and every time for every patient
- Accountability and outstanding leadership at every level
- Commitment to continuous learning and improvement
- Develop and share best practice at scale and pace and reduce inappropriate variation
- Being Open and transparent and learning when things go wrong

2.3 Additionally, the essential role of exemplary leadership in achieving a compassionate, inclusive and high quality care culture is threaded through the Strategy.

2.4 The Strategy sets out a model for measuring and monitoring safety alongside established patient experience metrics. This provides an overall framework within which each Hospital/MCS/LCO will be able to identify, monitor and report relevant metrics.

2.5 Finally the Strategy states a commitment to effective communication and hearing the voice of patients, carers, staff and stakeholders and offers a selection of mechanisms that are available to each Hospital/MCS/LCO to support engagement.

3. Strategy development

3.1 The Strategy reflects the priorities and ambitions of the organisation. In addition to being underpinned by quality and safety literature and research evidence, the Strategy has been developed through engagement and discussion with corporate and Hospital/MCS/LCO teams and clinical leaders.

4. Implementation

4.1 Following the launch of the Strategy, each Hospital/MCS/LCO will develop a local Implementation Plan, setting out specific annual targets and trajectories to deliver the quality and safety priorities and objectives set out in the Strategy. This plan will be informed by Hospital/Managed Clinical Service/LCO-specific metrics, which will be incorporated into Hospital/MCS/LCO performance dashboards to enable local monitoring, as well as enabling Group level monitoring through the Accountability Oversight Framework; thereby ensuring that performance and progress can be tracked from “ward to Board”.

5. Recommendation

5.1 The Board of Directors is asked to approve the Quality and Safety Strategy and support implementation across the Group.

Manchester University
NHS Foundation Trust

Quality and Safety Strategy 2018 – 2021

Continuing to Shine

SHINE

Contents

1. Forward from the Joint Group Medical Directors and Chief Nurse

On October 1st 2017 Manchester University Hospitals NHS Foundation Trust (MFT) was established following the merger of Central Manchester University Hospitals NHS Foundation Trust and the University Hospitals of South Manchester NHS Foundation Trust. This heralded a new and innovative approach to designing services to improve the quality of care, for the people of Manchester, Trafford and beyond.

Grounded in strong links to Manchester's universities, both former trusts had a proven track record in providing evidence-based, high quality, safe and effective care to both the local population and beyond through secondary, tertiary and community services.

We set out the benefits that we will achieve in our full business case in 2017[1] and this Quality and Safety Strategy now sets out our aims and objectives to become the best in class; delivering high quality, safe and effect healthcare services that are informed by cutting edge research that enables us to be ambitious for the future health and wellbeing of the people of Manchester and surrounding areas.

MFT, as a Group of Hospitals and a key partner in the Manchester Local Care Organisation, now has a unique opportunity to deliver benefits at scale for the people we serve, whilst maintaining the flexibility to respond quickly to local needs through our discrete component hospital structure and specialist Managed Clinical Services, supported by expert Clinical Standards Groups.

We are setting out here our commitment to everyone who uses our services, our staff and stakeholders; that quality and safety will always be our top priority and that we will continue our journey of improvement as we move forward. We will work together with our patients, families, carers and service users, our stakeholders, Governors and staff to ensure we implement a programme of sustained improvement supported by our values and behaviours and a safety culture where quality and safety are everybody's business, to ensure we deliver the best outcomes and experience every time.

Through the delivery of this strategy, our ambition is to provide the highest quality of care and the best patient experience, making Manchester University NHS Foundation Trust the place that people want to work and receive care.

Professor Bob Pearson
Joint Medical Director

Professor Cheryl Lenney
Chief Nurse

Miss Toli C Onon
Joint Medical Director

[1] Anticipated Merger of Central Manchester University Hospitals NHS Foundation Trust and University Hospital of South Manchester NHS Foundation Trust: Full Business Case. March 2017

2. Introduction

This is the first MFT Quality and Safety Strategy. The purpose of the strategy is to set out the priorities, principles and ambitions for providing high-quality services over the next three years and, therefore, delivering our vision and objectives. Our Quality and Safety Strategy is the plan through which we will focus on the quality and safety of clinical care and ensure that we use learning from positive and adverse events and evidence from research to continuously improve our services. It will ensure that quality and safety drive the overall direction of our work and that the patient is at the centre of all that we do.

MFT is one of the largest acute Trusts in the UK, employing approximately 20,000 staff. We serve a super diverse population, where over 190 languages are spoken; 1 in 3 residents is from a BME background; 6-8% of residents are LGBT and 1 in 5 residents identify themselves as disabled. The city has a high proportion of young residents and mobile population. There are also high levels of deprivation, which particularly affect older people and children and contribute to poor health outcomes. We are responsible for operating a group of nine hospitals across six separate sites, providing a wide range of services from comprehensive local community and general hospital care for our local population, through to highly specialised regional and national services.

As the main provider of hospital care to approximately 750,000 people in Manchester and Trafford and the single biggest provider of specialised services in the North West of England, we have the opportunity to make a difference at scale. MFT is also the lead provider for a significant number of specialised services including Breast Care, Vascular, Cardiac, Respiratory, Urology Cancer, Paediatrics, Women's Services, Ophthalmology and Genomic Medicine.

Our vision is to improve the health and quality of life of our diverse population by building an organisation that:

- **Excels in quality, safety, patient experience, research, innovation and teaching,**
- Attracts, develops and retains great people, and;
- Is recognised internationally as a leading healthcare provider.

Our work is underpinned by our values statement that **Together Care Matters** and a values and behaviours framework, which sets out four value sets:

- Everyone Matters
- Working Together
- Dignity and Care
- Open and Honest

These values and associated behaviours will support the creation of a compassionate, inclusive and high quality care culture that enables excellence in quality and safety to flourish.

What is the definition of quality?

The NHS Five Year Forward View[2] highlights that the definition of quality in health care is enshrined in law and includes three key aspects: patient safety, clinical effectiveness and patient experience. A high quality health service exhibits all three. However, achieving all three ultimately happens when a caring culture, professional commitment and strong leadership are combined to serve patients. To

[2] www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

this end the National Quality Board[3] (NQB) offer a single shared view of quality, represented in figure 1 below:

Figure 1: NQB Single Shared View of Quality

The NQB shared view aligns with our recognition as an organisation of the strong inter-reliance[4,5,6,7,8] between quality, patient safety, patient experience and staff experience and the essential role of exemplary leadership at every level in order to develop a compassionate, inclusive and high quality care culture. Therefore this strategy is underpinned by, and aligned to, a range of organisational and external strategies as set out in figure 2 below.

Figure 2: Strategic alignment

[3] National Quality Board (2016) www.england.nhs.uk/wp-content/uploads/2016/12/nqb-shared-commitment-frmwrk.pdf
[4] NHS Confederation, http://www.nhsconfed.org/Publications/Documents/Feeling better Improving patient experience in hospital. Report.pdf
[5] The King's Fund, Seeing the Person in the Patient, The Point of Care Review, 2008
[6] The Beryl Institute (2011), Return on Service, The Financial Impact of Patient Experience and HFM, Building the Business Case for Patient-Centred Care
[7] Studer Group (2007) http://www.studergroup.com/newsletter/Vol1_Issue8/spring2007_sec8.htm
[8] Charmel PA, Frampton SB (2008) Building the business case for patient-centered care. Healthcare Financial Management. March, vol 62(3), pp.80-5

Setting our ambition

Through the delivery of our Quality and Safety Strategy, our **ambition** is to create a **safety culture** that is woven through every aspect of our work. We want to maximise our **research** capacity and **education** opportunities to ensure that our services are at the **cutting edge of innovation** and we want to use feedback and data effectively in partnership with patients, staff and stakeholders to **continuously improve**. We aim to be in the **top decile** in the NHS across all quality, safety, patient experience and staff satisfaction metrics and to be **nationally and internationally** renowned for excellence in providing every patient with a high quality, **personalised experience** at every contact.

3. Our quality and safety priorities

We are committed to the delivery of safe, caring, effective and responsive services, which make best use of resources and are well-led at every level. Through the analysis of the extensive quality and safety feedback and data that we collect, we have identified the quality and safety priorities and associated broad objectives upon which we will focus during this strategy period. These are presented in Table 1, below and are aligned to the regulatory domains set out by the Care Quality Commission (CQC). For each high level objective, each of our hospitals/Managed Clinical Services/ Local Care Organisation will identify specific objectives of relevance to their services and the patients who use them.

Table 1: MFT Quality and Safety priorities

	Priority	Key Objectives
SAFE	Providing the Right Care First Time, every time delivered by staff with the right skills and knowledge	• Eliminate avoidable deaths • Ensure all patients and staff are safeguarded from abuse and harm • Effectively identify and manage quality and safety risks • Create a culture where people can speak up, report concerns and be open and learn when things go wrong • Eliminate Never Events • Collaborate and share good practice at scale • Reduce variation in the safety and effectiveness of care across the city • Ensure we have a workforce equipped to provide safe and effective care • Ensure effective medicines optimisation • Eliminate avoidable infections • Reduce the number of falls that result in harm to patients • Ensure safe and effective discharge from hospital care
CARING	Providing the quality of care that matters to patients and their families and caring for the wellbeing of staff	• Treat all patients and each other with kindness, respect and compassion • Embed our What Matters to Me principles and our Values and Behaviours into the work of every service in the Trust • Actively involve patients and their loved ones in decisions about care • Improve the provision of accessible information for patients and their families • Care for patients in a way that protects their privacy, dignity and Human Rights • Continuously improve the environment of care, including cleanliness and the quality of food • Improve our scores in National Patient Surveys for food and cleanliness • Ensure that patients receive outstanding end of life care

EFFECTIVE	Achieving the best outcomes for every patient	• Work together as teams to provide individualised, evidence-based care that meets the needs of our diverse population • Coordinate care across the city • Lead developments in clinical effectiveness nationally and globally through our Research programmes • Actively translate research into practice to improve clinical and quality outcomes
RESPONSIVE	Hearing, and being responsive to patients, the public and staff voice at every level of the organisation	• Ensure services are accessible to all who need them, recognising people's unique needs and making reasonable adjustments accordingly • Monitor and adjust our workforce to ensure our establishments are responsive to changes in patient need • Ensure that we understand and meet the diverse needs of the communities we serve • Ensure that care is person-centred and that it can be accessed in a timely way • Reduce variation in access to specialist care, equipment and technologies • Further develop 7 day services • Work with partners to reduce variation in Length of Stay • Work with the Manchester Local Care Organisation, to seamlessly transfer care closer to home where appropriate • Ensure that service and care pathway design is informed by patients, families and carers • Increase our responsiveness to complaints, ensuring that they are managed efficiently and effectively
WELL LED	Outstanding leadership at all levels	• Work together as teams with shared values and purpose, to develop a compassionate, inclusive and high quality care culture that is underpinned by exemplary, clinically focused leadership at every level • Ensure robust systems of clinical and quality governance are in place • Optimise and spread learning from others • Ensure risks are identified and effectively mitigated • Work across the health economy to improve the health of the population and reduce health inequalities • Work with patients and staff at all levels on the design of quality and safety systems • Collaborate with external partners, including regulators to release the benefits of a whole system approach to quality and safety

4. Our Quality and Safety Principles

Informed by the elements of a positive safety culture, we have set out six principles, which will inform our approach to the delivery of high quality, safe, leading edge services:

1. Patient-focused services that deliver the Best Outcomes every time
2. Right Care First Time and every time for every patient
3. Accountability and outstanding leadership at every level
4. Commitment to continuous learning and improvement
5. Develop and share best practice at scale and pace and reduce inappropriate variation
6. Being Open and transparent and learning when things go wrong

Quality and Safety Principle 1: Patient-focused services that deliver the Best Outcomes Every Time

We will use all of the information available to the Trust to develop services which are consistently delivered across all our Hospitals/Managed Clinical Services/Local Care Organisation. Many national studies and clinical audits are relevant to the Trust's services. The purpose of these studies and audits is to compare outcomes and care quality across the NHS enabling learning from each other to drive improvement. The Trust will contribute and respond to national studies and audits including all relevant National Clinical Audits, NCEPOD enquiries and Getting It Right First Time (GIRFT) Reports, taking action to make improvements were indicated. This work will be complemented by a programme of local internal and clinical audit, which will be determined by local priorities and will be informed by both staff and patients.

Ensuring that we have the right workforce is also central to delivering the best outcomes for patients. We are committed to safe staffing[9,10,11] and we will continue to ensure that ward, department and team establishments are informed by tools such as acuity and dependency and caseload management tools, used alongside professional judgement, so that they are responsive to the changing needs of patients. Additionally real time monitoring of planned versus actual staffing levels, the use of red flag events and triangulation of staffing levels with events such as complaints and incidents will continue to ensure appropriate escalation and intervention to maintain safe staffing.

We will develop interactive, real-time workforce dashboards to ensure that we deploy staff with the right skills effectively to meet patients' needs. The Trust's Human Resources Scrutiny Committee will continue to monitor and measure safe staffing and detailed Nursing and Midwifery Safer Staffing reports will be presented to the Board of Directors bi-annually.

Quality and Safety Principle 2: Right Care First Time and every time for every patient

The Trust is committed to the provision of safe care. We recognise that healthcare is not risk free and seek to constantly improve safety.

As a group of hospitals we have a unique opportunity to improve locally and to collaborate and share good practice at scale. Our work on safety aims to improve outcomes, reduce mortality, ensure all patients and staff are safeguarded from abuse and harm and reduce variation in the safety and effectiveness of care.

The Trust is participating fully in Getting It Right First Time (GIRFT); a programme designed to improve clinical quality and efficiency within the NHS by reducing unwarranted variations. In the first year of this strategy this scheme will be expanded to cover 30 clinical specialties.

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[9] National Quality Board (2013) How to ensure the right people, with the right skills, are in the right place at the right time.

[10] National Quality Board (2016) Supporting NHS Providers to deliver the right staff, with the right skills in the right place at the right time.

[11] NICE (2014) Safe staffing for nursing in adult inpatient wards in acute hospitals overview file://xcmmc.nhs.uk/UserData$/ReDir/sue.ward/Downloads/safe-staffing-for-nursing-in-adult-inpatient-wards-in-acute-hospitals-safe-staffing-for-nursing-in-adult-inpatient-wards-in-acute-hospitals-overview.pdf

We will use all of the information available to us on past harm and, importantly, predictors of future harm to ensure that patients receive the right care at the right time, delivered by staff with the right skills.

Quality and Safety Principle 3: Accountability and outstanding leadership at every level

The commitment of an organisation's leaders to safety and engagement with frontline teams is considered to improve the overall patient safety culture and climate[12]. As such the Board of Directors and senior leaders will role model the organisation's values and engage with staff around the shared purpose set out in this strategy. Our Leadership and Culture Strategy will support the development of a compassionate, inclusive and high quality care culture that is underpinned by exemplary leadership, ensuring the best outcomes for patients. It is recognised that the performance of larger organisations depends on the effectiveness of microsystems shaped by the nature of organisational culture[13]. As people experience care at the microsystems level, we will equip clinical leaders with the skills to support healthy cognitive and emotional cultures within teams in order to enable effective team functioning[14,15] and the delivery of safe, effective, high quality care.

We also recognise the value of leadership at every level across every team and will identify and support leadership development within administrative, clinical support staff and non-patient-facing teams.

The evidence is clear that safe and effective services support the delivery of positive experience and achievement of operational and financial targets. Therefore to achieve the aims of this strategy requires full integration of quality, safety, operational and performance governance systems.

MFT has a strong governance structure across all services, including those delivered with the Manchester Local Care Organisation. In accordance with the principles of integrated governance we have a committee structure which supports the Board of Directors in ensuring that quality and safety metrics are visible, understood and can be interrogated where needed. Further detail of the MFT Governance structure is provided at Appendix 1 for information.

The Board of Directors has responsibility for the quality of our services and recognises that scale is an enabler to the delivery of improved quality and efficiency, but it is also crucial that decisions are made at the right level in the organisation. The Trust has implemented a decision-making rights framework to enable devolved decision-making that is close to patients and staff. Each Hospital/Managed Clinical Service/Local Care Organisation is led by a Chief Executive and devolved

[12] Rotteau, L., Shojania, K. G., & Webster, F. (2014). 'I think we should just listen and get out': a qualitative exploration of views and experiences of Patient Safety Walkrounds. BMJ Quality and Safety, 23(10), 823-829.

[13] Manley, K., Sanders, K., Cardiff, S., & Webster, J. (2011). Effective workplace culture: the attributes, enabling factors and consequences of a new concept. International Practice Development Journal, 1(2).

[14] Kerfoot, K. M. (2016). Patient safety and leadership intentions: is there a match?. Nursing Economics, 34(1), 44-45.

[15] Berwick, D. M. (2002). A user's manual for the IOM's 'Quality Chasm' report. Health Affairs, 21(3), 80-90.

decision making to the Chief Executives is informed by an Accountability Oversight Framework which is used to monitor a number of metrics across the following six domains:

1. **Safety**
2. **Patient Experience**
3. Finance
4. Operational Excellence
5. Workforce and Leadership
6. Strategy

As well as recognising well-led services, the Accountability Oversight Framework enables early identification and support if performance falls below the expected level. **Safety measures are weighted and override all other measures, ensuring that safety is central to every Hospital/Managed Clinical Service/Local Care Organisation's clinical strategy and that leadership teams are held to account for the quality and safety of their services.** The detail of the metrics included in the Accountability Oversight Framework are provided at Appendix 2 for information, and Appendix 3 demonstrates how the Accountability Oversight Framework score for each Hospital/Managed Clinical Service/Local Care Organisation is used to determine the level of autonomy and frequency of oversight.

MFT aims to operate an accountable care system where every employee of the Trust, in whatever service, discipline or level of seniority has responsibility for the quality of care received by the people who use our services; and an understanding of their role in the delivery of that care. Through our integrated governance systems and the Accountability Oversight Framework staff at all levels will be aware of the quality of care and patient experience in their own services and will contribute to meeting the aims of this strategy.

Corporate Teams, led by Directors are accountable for the delivery of high quality support services to the Hospitals/Managed Clinical Service/Local Care Organisation, the outcomes of which will be measured through existing key performance indicators and internal audit mechanisms.

Quality and Safety Principle 4: Commitment to continuous learning and improvement

Evidence and experience from high quality health and care systems suggests that there are five conditions common to high quality systems that interact to produce a culture of continuous learning and improvement[16].

Figure 3: Conditions common to high quality systems

[16] Developing People – Improving Care: A national framework for action on improvement and leadership development in NHS-funded services. NHS Improvement – February 2016

Our widely embedded Improving Quality Programme (IQP) is underpinned by safety and quality audit data and Patient Experience feedback and can be applied to any circumstance where change is needed. Its basic premise is that in order to effect sustained improvement, staff must understand not only how to continuously improve quality but why improvements are required through the analysis of local data. Our improvement model provides a simple structure to set and maintain the focus on measurable improvement targets.

In addition to our Improving Quality Programme and Leadership and Culture Strategy, we also have a Transformation Strategy "Transforming Care for the Future". Capability building is at the heart of these strategies in order to achieve a culture of continuous improvement. Literature suggests it is helpful to have an explicit ambition for how many people should be skilled in leadership/ improvement capability and without a considerable number of people with explicitly recognised leadership and improvement capability transformational change will not be achieved. Therefore it is important to ensure there is investment in training in IQP, leadership and improvement skills so that improvement capability is translated into our Hospitals/Clinical Managed Services/Local Care Organisation to ensure sufficient expertise to enable them to effectively achieve a culture of continuous improvement. Staff who have attended training courses must demonstrate translation of learning into practice but often need the opportunity and support to continue to use their newly acquired skills.

Using learning from global leaders, we are using the Kaiser Permanente formula and NHS Institute for Innovation and Improvement approach, ensuring that over the next 3 years there are enough staff at each level outlined below for each Hospital/Managed Clinical Service/Local Care Organisation to ensure the scale of improvement required. Building on the strong foundations of, and working in synergy with IQP, the Transformation Team will continue to lead an approach to skill staff in improvement using a blended approach of the Institute of Health Improvement, Model for Improvement and Lean, which will enable staff to improve services and solve problems using measurement, improvement tools and lean daily management within a Discover, Design, Deliver Improvement Framework. More innovative ways of training staff will also be sought working with NHS Improvement, Shelford Peers, AQuA and others.

In accordance with the Trust's commitment to learning, we also have an established programme of mortality review supported by a Learning from Deaths Strategy document. The Strategy and policy documents were approved in June 2018 and detail the organisation commitment to learning and the process for doing so. This learning will continue to contribute to the wider Quality and Safety agenda and themes and improvements will be reported to the Quality and Safety Committee. Reports will then be provided to the Board of Directors on the numbers of reviews complete, numbers of deaths deemed as avoidable and themes emergent from reviews, which are built into our ongoing quality improvement work.

Quality and Safety Principle 5: Develop and share best practice at scale and pace and reduce inappropriate variation

The Trust is a key partner in Manchester's health and social care system. We will use the opportunities created by the size and breadth of the services provided by MFT within the system to spread learning, innovation and research findings at scale and pace across the system, translating evidence into practice to continuously improve outcomes for patients and service users.

We will use benchmarking data to identify inappropriate variations in practice and patient outcomes, and supported by our Clinical Advisory Committee, Clinical Standards Groups and Managed Clinical Services we will establish work programmes to develop consistent practice across the city based on the best available evidence.

Quality and Safety Principle 6: Being Open and Transparent and learning when things go wrong

The Trust is fully committed to the recommendations set out by Sir Robert Francis in 2013[17] in respect of openness and transparency when things go wrong and when patients or their representatives raise concerns or complaints regarding their care. The Trust has a Being Open Policy in place, and staff are actively encouraged and supported to have transparent and honest discussions with patients and carers. Application of the policy is measured and monitored through the incident investigation and management system.

We commit to publish quality and safety information in a way that can be easily understood by everyone. The Trust's Annual Quality Account will present benchmarked information on quality and safety to enable a comparison to be made with other trusts on our performance.

5. Measuring, monitoring and reporting quality and safety performance

The Group Quality and Safety Committee will oversee the implementation of this Strategy, and the Quality and Performance Scrutiny Committee will hold Hospital/ Managed Clinical Service/Local Care Organisation Chief Executives and Senior Leadership Teams to account for local delivery of the Strategy.

We are committed to the understanding of quality and safety performance through effective measurement against evidence-based metrics. The Health Foundation provides a model consisting of five dimensions for safety measuring and monitoring[18], represented in figure 4 below. These dimensions will be used as a framework for each Hospital/Managed Clinical Service/Local Care Organisation to develop appropriate safety metrics; examples of which are set out at Appendix 4. Local metrics will be informed by the relevant Royal College standards and NICE guidance. Through this framework, both leading and lagging[19] indicators will form an integral part of our integrated governance approach to oversight and accountability. These metrics, along with our operational data, such as length of stay and quality and patient experience measures, such as local and national patient and staff surveys, monthly Quality of Care round data, complaints and compliments data will be used to monitor the delivery and impact of the Quality and Safety Strategy throughout the year.

Figure 4: Health Foundation five dimensions of safety measurement and monitoring

Past harm: encompasses psychological and physical measures.
Reliability: encompasses measures of behaviour and systems
Sensitivity to operations: the information and capacity to monitor safety on an hourly or daily basis
Anticipation and preparedness: the ability to anticipate, and be prepared for problems
Integration and learning: the ability to respond to, and improve from, safety information

[17] The Francis Inquiry Report into Mid-Staffordshire Hospitals Trust, February 2013
[18] Vincent C, Burnett S, Carthey J. The measurement and monitoring of safety. The Health Foundation, 2013. www.health.org.uk/publications/the-measurement-and-monitoring-of-safety
[19] Lagging indicators (after the event) are those that have been more commonly used in the NHS, such as the number of incidents that have occurred or themes on complaints raised. Leading indicators are those that may inform how safe care may be in the future such as variations in capacity and flow, training compliance rates or staff satisfaction measures.

Accreditation of Clinical Areas

Monitoring quality and safety through annual accreditation of our clinical areas is well embedded across the Trust and following a full review of the accreditation process, the MFT programme commences in May 2018. This process measures every clinical area's local continuous improvement journey and forms part of the Trust's assurance mechanism for ensuring high quality care and the best patient experience. The process is underpinned by the Trust's Improving Quality Programme and supported by the Values and Behaviours Framework and the Nursing, Midwifery and AHP Strategy and, commencing in May 2018, will be informed by the results of a bi-annual local culture survey of each team, which will provide an indicator of the leadership capability and maturity of the safety culture within each team. Areas that undergo accreditation include: Inpatient Wards, Day Case areas, Critical Care areas, Dialysis Units, Emergency Departments, Theatres, Clinical Research Units, Outpatient Departments, Treatment Centres and Community Services.

Areas of best practice will be identified through the accreditation result validation process and will be shared across the organisation by the Quality Improvement Team to support the spread of excellence and a reduction in practice variations and associated patient outcomes.

We will continue to develop and further improve our internal accreditation programme, specifically by involving members of the multi-professional team in the accreditation process. We will also continue to undertake speciality-specific accreditation, including Anaesthesia Clinical Services Accreditation and accreditation of areas such as radiology, nuclear medicine and laboratories.

Regulatory self-assessment

In addition to our extensive internal monitoring of quality and safety standards, in year 1 of this strategy period, we will undertake self-assessment against the standards and regulatory requirements that apply to our services. Comparisons to national benchmarks and reviews will provide both assurance on standards of care and a view on the organisational maturity in respect of understanding our own performance. Actions arising from our self-assessment will be integrated into our work programmes to ensure continuous improvement.

6. Assurance and Scrutiny

Quality and Performance Scrutiny Committee

The Trust scrutinises quality and safety in the same way as any other part of our business. The Quality and Performance Scrutiny Committee, chaired by a Non-Executive Director, reviews and examines specific quality and safety issues. The agenda is informed by the patient voice, quality and safety metrics, the Board Assurance Framework and the work of the Group Risk Management Committee.

The Quality and Performance Scrutiny Committee will examine the delivery of this strategy, reporting to the Board of Directors accordingly.

Internal Audit

Our strategic and operational internal audit plan maps to the key lines of enquiry within NHSI's Well-Led governance framework, thereby enabling assurance concerning compliance with the framework to be gained with regard to delivery of the commitments set out in this strategy.

Additionally, alignment of our Quality and Safety priorities to the regulatory domains set out by the Care Quality Commission (CQC) will provide a framework for the development of annual Hospital/Managed Clinical Service/Local Care Organisation implementation plans, within which any actions identified through regulatory assessment will be incorporated. This will ensure that delivery is monitored, scrutinised and where appropriate escalated through the Trust's established governance structures.

Complaints Scrutiny Group

The Complaints Scrutiny Group, chaired by a Non-Executive Director, has been established to review the Trust's complaints processes in a systematic and detailed way to ascertain what can be learnt about the overall quality of complaints management and to indicate changes that might lead to future improvements in the management of complaints within the Trust. All Hospitals/Managed Clinical Service/Local Care Organisation are required to present complaints to the Complaints Scrutiny Group and deliver actions arising from the learning.

Hearing the Staff Voice

The development of the Freedom to Speak Up process and the outcomes from it form a key component of the assurance process on the delivery of the Trust's strategic aim to deliver safe and high quality care. The establishment of a repository of the issues raised and responses made to concerns will enable themes to be identified to enable learning and continuous development as well as informing the Trust's quality and safety Key Performance Indicators.

7. Information and communication

Effective communication is recognised as the bedrock of a patient safety culture in frontline practice[20]. We recognise that leadership for safety promotes improved communication and teamwork in order to facilitate effective coordination of care, to alleviate risks and to maximise positive health outcomes[21].

It is extremely important to us that any staff member is able to communicate a good idea or a concern to their colleagues, managers or to the Board of Directors if necessary and equally important that the Board of Directors can communicate messages to staff and other stakeholders. The Trust governance structure is designed to ensure that information can be communicated and effective decisions made at the right level. The Group structure set out in Appendix 1 is underpinned by quality and safety structures within each Hospital/Managed Clinical Service/Local Care Organisation.

Table 2, below, provides examples of the many ways that the organisation ensures that the voice of patients, carers, staff and stakeholders is heard, and messages are communicated effectively. This is underpinned by an Equality Impact Assessment framework in order to ensure opportunities are

[20] Martin, A. and Manley, K. (2017). (SCQIRE) Patient safety, culture, leadership and improvement capability in frontline practice literature review. England Centre for Practice Development and Canterbury Christchurch University

[21] Vincent, C., & Amalberti, R. (2016). Progress and Challenges for Patient Safety. (eds) In Safer Healthcare (pp. 1-12). Springer International Publishing.

created to hear the voice of people with protected characteristics and the impact of our services on this group of people is understood.

Table 2: Mechanisms to support effective communication

Staff Voice	Patient and Carer Voice	Stakeholder Voice
Chief Executive Engagement sessions	What Matters to Me Patient Experience Surveys	Manchester Local Care Organisation stakeholders
Senior Leadership walk rounds	National Patient Surveys	Commissioner Quality and Safety monitoring
National Staff Survey, local 'Pulse Check', Junior Doctor Survey, Student Surveys, Culture of Care Survey	Friends and Family Test	GM Health & Social Care Strategic Partnership Board
Freedom to Speak Up[22]	Complaints and PALS	Networks with other NHS provider trusts
Guardian of Safe Working[23]	Compliments	NHSE monitoring meetings
Incident Reporting System	Patient Forums and Organisations	Meetings with Regulators/Inspectors
Risk Register	Learning Disability Forum	NHSI monitoring processes
Patient Safety Forum	Youth Forum	Universities/HEIs
Excellence Reporting System	NHS Choices	Clinical Networks
Local and Trust-wide Staff Briefings and Newsletters	MFT Disabled Patient Forum	Charities Committee
Team structures	Tell Us Today	Community Groups
Staff BME Network	Maternity Voices Programme	
Local and Trust-wide systems	Healthwatch	
Staff side communication mechanisms		
Safety Alerts		
MFT Governors		

Group governance structures enable identification of themes that emerge through the range of communication media and action to be taken across the Trust to make any improvements that are required, whilst Hospital/Managed Clinical Service/ Local Care Organisation governance structures ensure responsiveness at a local level.

8. Implementation: Continuing to SHINE

During Quarter 2 of 2018/19, each Hospital/Managed Clinical Service/Local Care Organisation will develop a local Quality and Safety Strategy Implementation Plan, setting out specific annual targets and trajectories to deliver the quality and safety priorities and objectives set out in this strategy.

Hospital/Managed Clinical Service/Local Care Organisation-specific metrics will be developed with clinical teams and ratified by the Group Quality and Safety Committee. These metrics will be incorporated into the Hospital/Managed Clinical Service/Local Care Organisation performance dashboards, which are monitored by their Chief Executive and Management Boards and represented in the Accountability Oversight Framework, which is monitored by the Group Executive Directors

[22] http://www.cqc.org.uk/national-guardians-office/content/national-guardians-office

[23] http://www.nhsemployers.org/~/media/Employers/Documents/Need%20to%20know/Jnr%20Dr%20guardian%20of%20safe%20working%2030%2003.pdf

and reported to the Board of Directors, thereby ensuring that performance and progress can be tracked from ward to Board.

The Group Quality and Safety Committee will oversee implementation of the strategy, receiving exception reports from Hospitals/Managed Clinical Services/Local Care Organisation in relation to their progress as well as identifying cross cutting themes and overseeing programmes of work to ensure there is continuous improvement and to share and spread best practice.

The priorities and objectives set out in the Strategy will be reviewed annually to ensure that they remain responsive to issues that matter to patients.

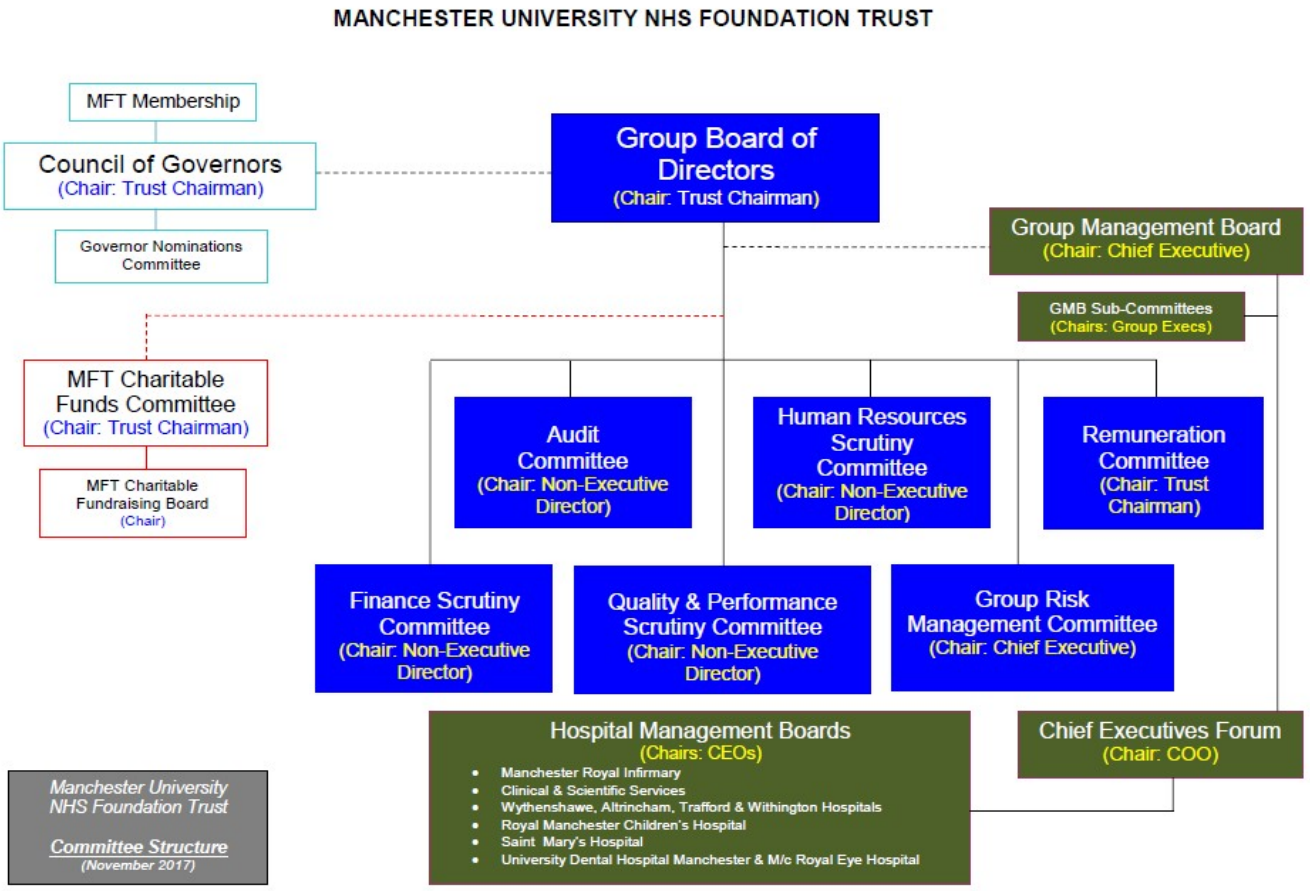
9. The Quality Report

Providers of NHS healthcare are required by the Health Act 2009 to publish a quality account each year[24]. NHS Improvement also requires all NHS foundation trusts to produce quality reports as part of their annual reports. Quality reports help trusts to improve public accountability for the quality of care they provide. Foundation trusts are also required to obtain external assurance on their quality reports.

The MFT Annual Quality Report will set out, each year, progress against the delivery of this Strategy. This will include information on delivery of all of the strategic priorities and objectives.

[24] https://improvement.nhs.uk/documents/2474/Detailed_requirements_for_quality_report_final_-_updated.pdf

Appendix 1: MFT integrated governance committee structure



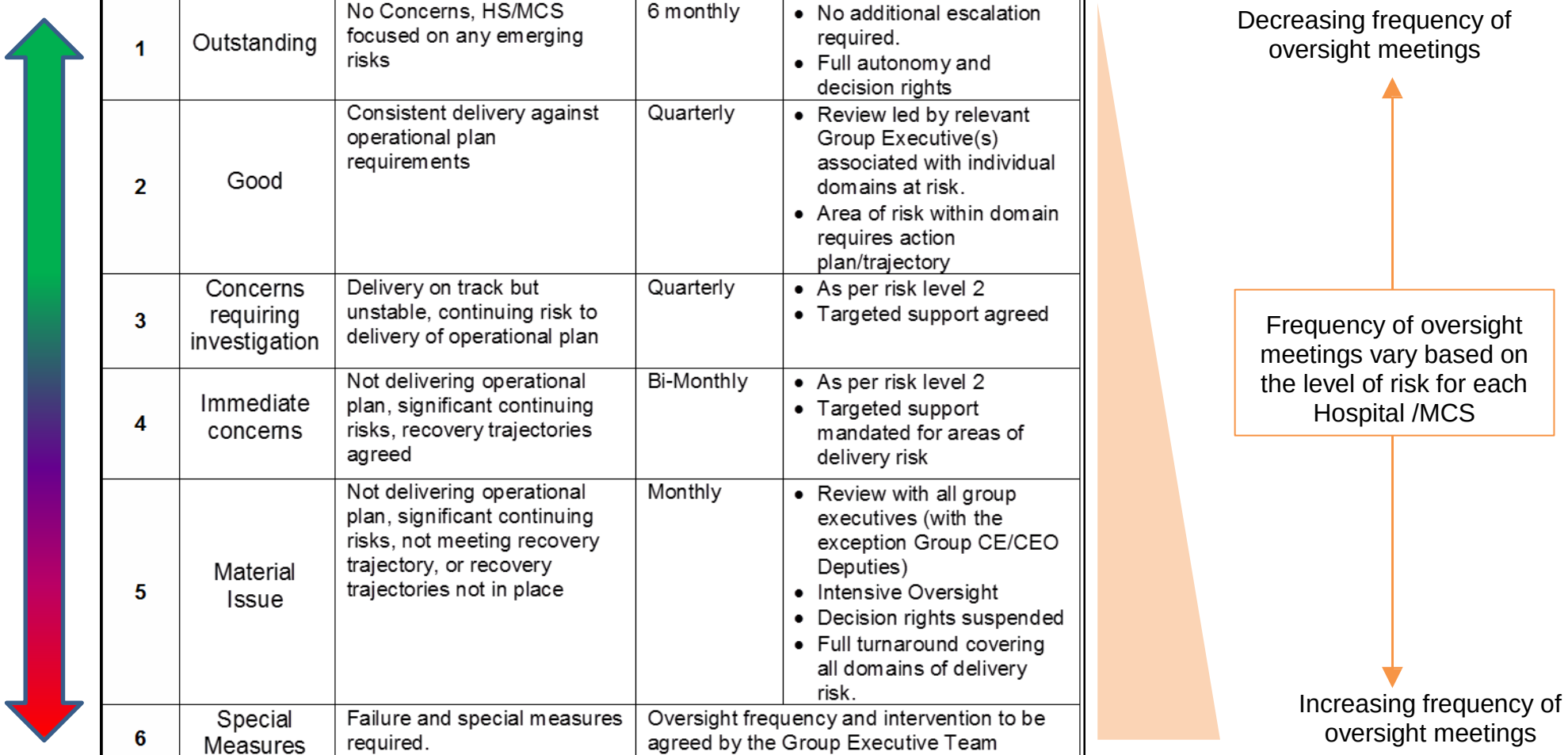
NB: The Manchester Local Care Organisation governance arrangements connect into the MFT integrated committee structure in order to ensure consistent governance across an integrated system.

Appendix 2: MFT Accountability Oversight Framework Safety and Patient Experience metrics

Accountability Oversight Framework Domain KPIs	
Patient experience	**Safety**
FFT % Extremely Likely	Hospital Standardised Mortality Ratio (HS
Complaint Volumes (trends)	Summary Hospital-level Mortality Indicator (SHMI)
Complaints not responded to by day 41	Fairness and effectiveness of reporting score (Annual Rating Only)
PALS Concerns Volumes (trends)	Attributable/avoidable IPC indicators (MRSA, CPE, Cdiff, VRE)
Food and Nutrition Patient Experience survey	Never Events
Pain Management Patient Experience survey	Trainee satisfaction score (Annual Rating Only)
Ward/dept accreditation progress and outcomes (continuous improvement profile)	Falls with harm (3-5) by patient bed day
	Pressure ulcers (Grade 3+ avoidable)
Operational Excellence	Mortality outlier alert
Diagnostic Performance	Confirmed level 5 harms
A&E - 4 Hours Arrival to Departure	VTE Risk Assessment
RTT - 18 Weeks (Incomplete Pathways)	Delayed Transfers of Care
Cancer Urgent 2 Week Wait Referrals	**Workforce and Leadership**
Cancer 2 Week Wait breast Symptom	Attendance
Cancer 31 Days First Treatment	Turnover (Rolling 12m)
Cancer 31 Days Sub Surgical Treatment	Engagement Score (quarterly)
Cancer 31 Days Sub Chemo Treatment	Appraisal - Medical
Cancer 62 Days RTT	Appraisal - Non-Medical
Cancer 62 Days Screening	Appraisal Quality (quarterly)
Cancelled operations - rescheduled <= 28 days	Trust Mandatory Training - Clinical
12 hour trolley waits	Trust Mandatory Training - Corporate
Finance	Nurse Retention
Delivery of Financial Plan	BME Staff Retention
Strategy	Band 5 Nursing & Midwifery Turnover (Rolling 12m)
Existence of a strategy	% Band 5 Nursing & Midwifery Vacancies vs Est (Rolling 12m)
Existence of annual plan	Time To Fill Vacancy
Delivery against plan	% BME appointments as proportion of overall appointments
	Medical Agency Spend (£k)
	Proportion of appointments that are internal
	Median time to complete ER Investigations

Appendix 3: Accountability Oversight Framework governance process

AOF Level	Risk Category	Characteristics of Hospital Site/MCS	Oversight Frequency	Intervention to Support Recovery
1	Outstanding	No Concerns, HS/MCS focused on any emerging risks	6 monthly	• No additional escalation required. • Full autonomy and decision rights
2	Good	Consistent delivery against operational plan requirements	Quarterly	• Review led by relevant Group Executive(s) associated with individual domains at risk. • Area of risk within domain requires action plan/trajectory
3	Concerns requiring investigation	Delivery on track but unstable, continuing risk to delivery of operational plan	Quarterly	• As per risk level 2 • Targeted support agreed
4	Immediate concerns	Not delivering operational plan, significant continuing risks, recovery trajectories agreed	Bi-Monthly	• As per risk level 2 • Targeted support mandated for areas of delivery risk
5	Material Issue	Not delivering operational plan, significant continuing risks, not meeting recovery trajectory, or recovery trajectories not in place	Monthly	• Review with all group executives (with the exception Group CE/CEO Deputies) • Intensive Oversight • Decision rights suspended • Full turnaround covering all domains of delivery risk.
6	Special Measures	Failure and special measures required.	Oversight frequency and intervention to be agreed by the Group Executive Team	



Appendix 4: Health Foundation Model for safety measuring and monitoring

The model asks five key questions and proposes examples of metrics to inform the answers.

1. **Has patient care been safe in the past?**
   - ✓ mortality statistics (including HSMR and SHMI)
   - ✓ record review (including mortality review and clinical audit)
   - ✓ staff reporting (including incident report and 'never events')
   - ✓ clinical effectiveness information such as length of stay

2. **Are our clinical systems and processes reliable?**
   - ✓ percentage of all inpatient admissions screened for MRSA
   - ✓ percentage compliance with all elements of the pressure ulcer care bundle
   - ✓ percentage of patients risk assessed for VTE
   - ✓ implementation of the sepsis 6 bundle

3. **Is care safe today?**
   - ✓ safety walk-rounds
   - ✓ using designated patient safety officers
   - ✓ meetings, handovers and ward rounds
   - ✓ day-to-day conversations
   - ✓ staffing levels
   - ✓ patient interviews to identify threats to safety

4. **Will care be safe in the future?**
   - ✓ risk registers
   - ✓ safety culture analysis and safety climate analysis
   - ✓ safety training rates
   - ✓ sickness absence rates
   - ✓ frequency of sharps injuries per month
   - ✓ human reliability analysis (e.g. FMEA)
   - ✓ safety cases

5. **Are we responding and improving?**
   - ✓ automated information management systems highlighting key data at a clinical unit level (e.g. medication errors and hand hygiene compliance rates)
   - ✓ at a board level, using dashboards and reports with indicators, set alongside financial and access targets

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Joint Group Medical Director – Professor Bob Pearson
Paper prepared by:	Debbie Vinsun - Chief Operating Officer, Greater Manchester Clinical Research Network
Date of paper:	July 2018
Subject:	**Greater Manchester Clinical Research Network Annual Delivery Report - 2017/18**
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Resolution • Approval ✓
Consideration of Risk against Key Priorities:	The LCRN Annual Delivery Report shows the progress made against the NIHR High Level and Specialty Objectives set by the NIHR Co-Ordinating Centre for 17/18
Recommendations:	1. The Board is asked to approve the progress report of LCRN objectives for 2017/18 2. The Board is asked to note MFT's strong performance within CRNGM.
Contact:	Debbie Vinsun Debbie.vinsun@mft.nhs.uk Tel: 0161 276 8008

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

CRNGM Annual Delivery Report 2016/17

Summary

There are 15 Local Clinical Research Networks (LCRN) across England, funded by the National Institute for Health Research (NIHR). The Greater Manchester LCRN (CRNGM) is hosted by MFT. The Annual Delivery Report is completed to a template required by the national co-ordinating centre. The full report is available to Board members through the Board Secretary, or the Chief Operating Officer at CRNGM.

Appendix 1 shows summary comparative activity across the LCRN.

Appendix 2 is the summary performance dashboard for MFT.

Highlights of Performance against the Annual Delivery Plan include:

Greater Manchester has had a successful year with the one Network approach motivating our Partner Organisations to work flexibly and collaboratively offering research opportunities across specialties to all our patients.

Clinical Trials Recruitment metrics

	Plan	Outcome	Comment
Patient participation	39,626	43,922	Above target by 11%
Recruitment to Time & Target (Commercial)	80%	85.4%	GM highest performer from 15 CRNs for the 3rd consecutive year. CRNGM's dedicated Industry team hold bi-monthly performance review meetings and attend the site selection and site initiation visits to support sites in start-up of commercial clinical trials. The Industry delivery team has worked hard with District General Hospitals to increase participation in commercial studies. A total of 307 commercial studies were open and recruiting during 17/18 – this is the highest number of commercial studies in any one year for GM.
Proportion of eligible studies achieving NHS set up at all site within 40 calendar days.	80%	84.6%	The Study Support Service and Industry team have merged to provide an all-round service for both commercial and non-commercial studies. Provides advice and guidance to researchers enabling navigation through the research process leading to rapid set up of studies
NHS participation Provider Trusts	100%	100%	GM has continued to deliver high levels of portfolio activity, recruiting to 1043 studies within year (5th/15 LCRN's in terms of study numbers).
General Medical Practices	35%	20%	This has fallen to 20% in 17/18. The CRN is looking at how this data is being collected as some practices have amalgamated into "Mega Practices." In these practices

			all are still participating in research but it now may be classed as one site and not as previously 3 or 4. We will continue to work closely with our GP partners. 1518 patients were recruited into Primary Care studies across GM.
Participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies.	2200	3266	Above target by 43% CRNGM held a series of public facing events, to engage with local communities and disseminate information about dementia research. Join Dementia Research (JDR) is a database of patients/volunteers that wish to take part in dementia research. CRNGM remains one of the leading regions matching volunteers to studies (currently 50%). A dedicated core team of flexible staff that can support Trusts, Primary Care, Nursing homes and participants in their own home.
Workforce Delivery Training			58 sessions delivering training to 793 attendees CRNGM continues to offer a wide range of learning opportunities comprising of both nationally developed and locally led programmes. These events are open to all involved in research.
Notable first patient recruited		5	3 Global and 2 European

Other
The LCRN has brokered relationships between the Mental Health Trusts, Acute trusts and academic units in order to facilitate commercial clinical trials within dementia and mental health.

In 17/18 Greater Manchester has maintained a consistently strong performance across all of the clinical specialties, demonstrated by over 80% ranking in the top 10 nationally.

Quarterly Specialty Lead meetings provide a vital forum for performance review, engagement and collaboration.

Communications and PPI.

Greater Manchester has a communication team that covers all national and local events engaging with Partner Organisations, sharing patient stories, research success and delivering local elements of national initiatives such as International Clinical Trails Day, and Join Dementia Research. A screening of the "People are Messy" film had the largest number of attendees of all 15 CRN's.
The 5th Annual GM Clinical Research Awards recognised the continued success of research across the footprint of Greater Manchester.
There were 78 pieces of coverage in local media and Trust publications and a further 4 online.
Further successes in the media featured 4 studies on local TV news channel "Granada Reports," one of which gained over 124,000 Facebook views and 2,430 Twitter views.

On “That’s Manchester” TV channel there were 4 featured stories including the launch of the Kidney Disease area of Research for The Future.

Finances throughout 17/18 were delivered on time and balanced at year end.
MFT and CRNGM Finance teams meet regularly to discuss any operational issues and systems continue to work well.

The Local Portfolio Management System (LPMS) R-Peak is fully operational with all Trusts now using the system. The LPMS is providing vital study information so that we can keep up to date with performance.

CRNGM has continued to work closely with the Northern Health Science Alliance and the other 3 Northern LCRN’s over the past 12 months.

The NHSA initiatives echo the one NIHR approach and seek to strengthen collaborations across Northern Trusts and Universities.

Recommendation:

The Board of Directors is asked to approve the CRNGM Annual Delivery Report
The Board of Directors is asked to note MFT’s strong performance within CRNGM. MFT recruited 39% of the total number of recruits in 17/18.

Clinical Research Network
Greater Manchester

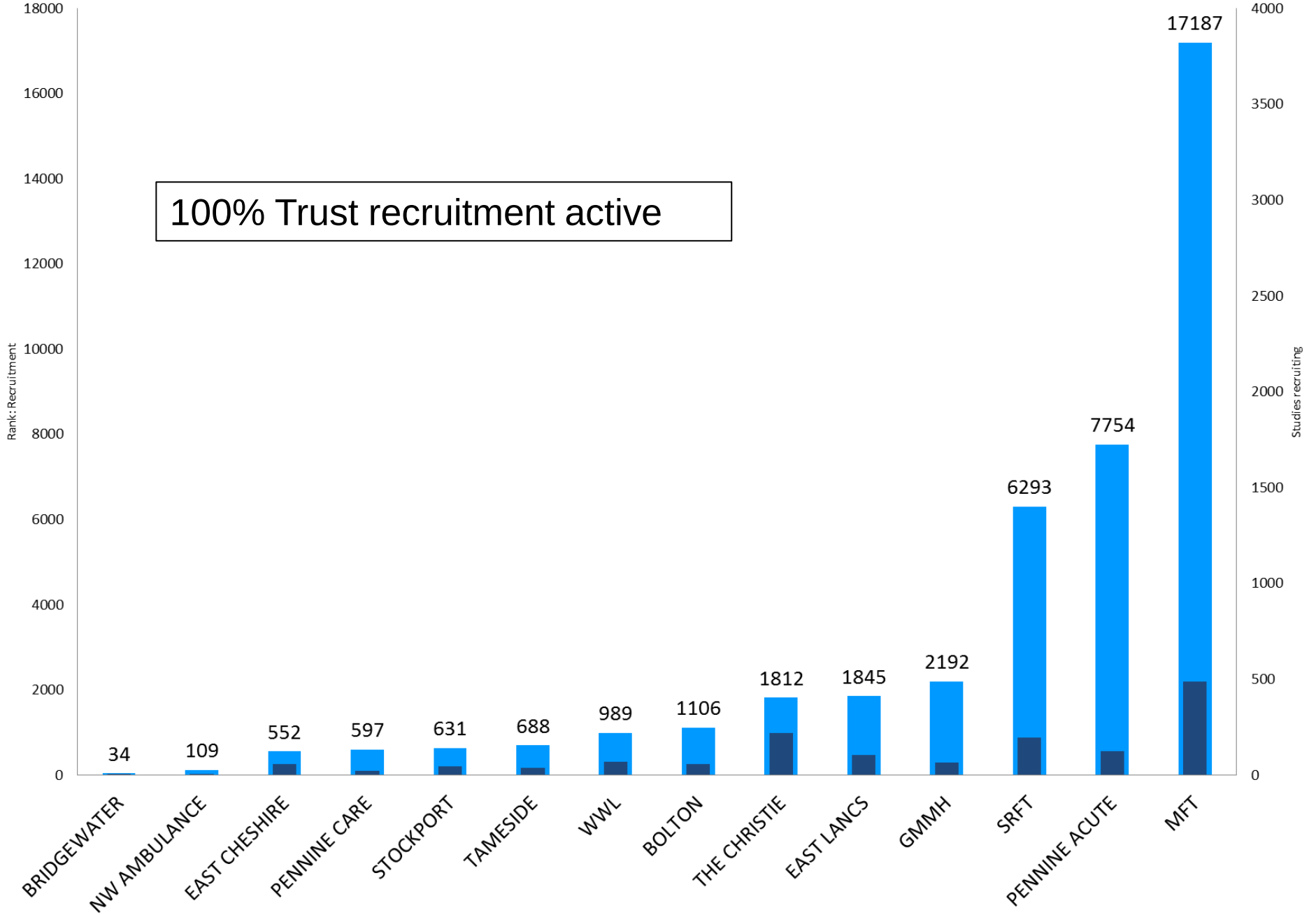
Agenda Item 10.3(ii)

NHS
National Institute for Health Research

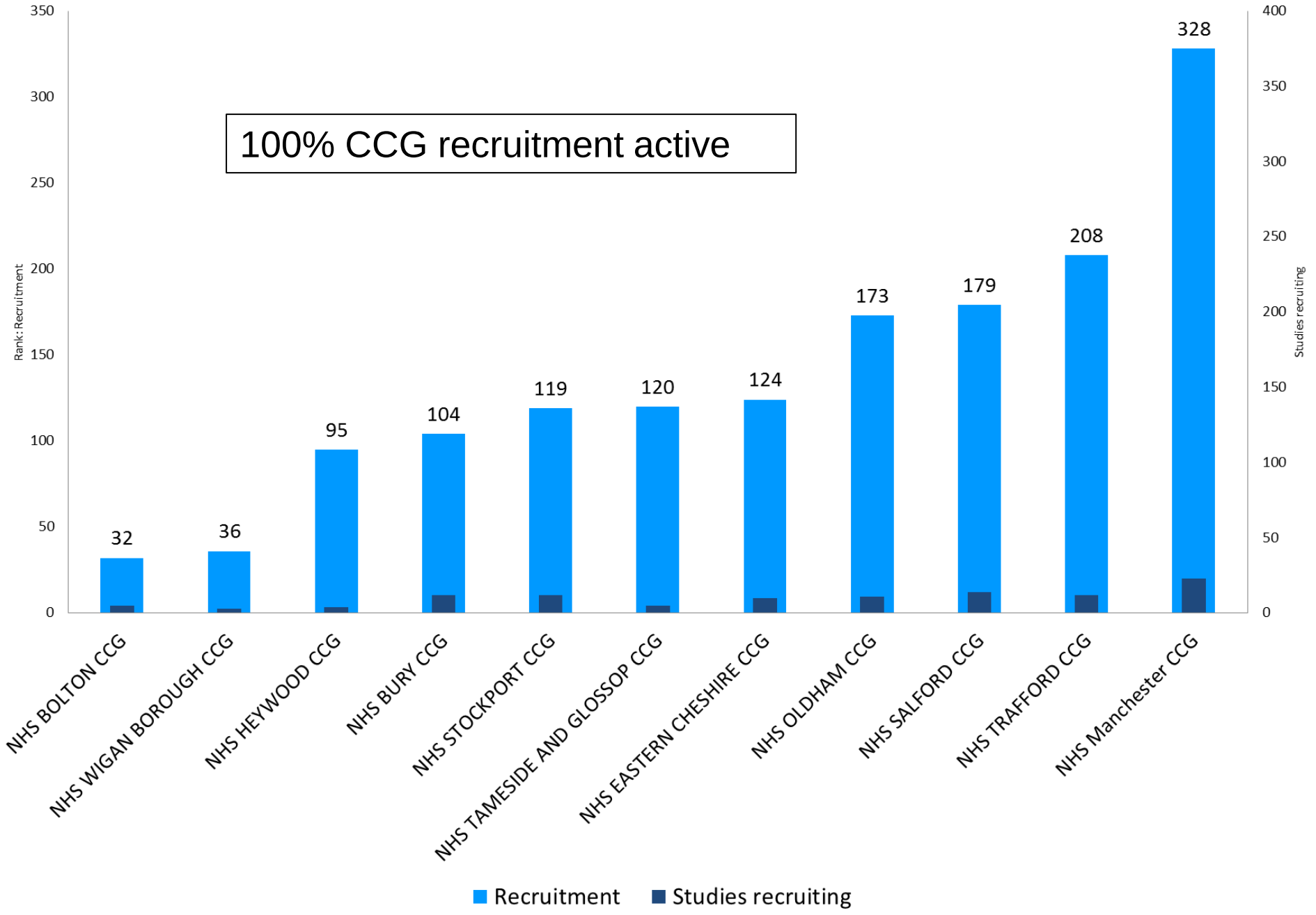
CRN Annual Report
Trust Board

Portfolio Activity FY2017/18
(Data-cut 21st May 2018)

CRN: GM Trust Portfolio Activity FY 2017/18



CRN: GM CCG Portfolio Activity FY 2017/18



CRN GM member organisation
Recruitment to Goal FY 2017/18

NHS
National Institute for Health Research

Member Organisation	Goal 17/18	Rec 17/18	% Rec to Goal
All CCG's	4325	1518	**35%**
Bolton NHS Foundation Trust	783	1106	**141%**
Bridgewater Community Healthcare NHS Trust	50	34	**68%**
Manchester University Hospitals NHS Foundation Trust	14388	17187	**119%**
East Cheshire NHS Trust	613	552	**90%**
East Lancashire Hospital NHS Trust	1904	1845	**97%**
Greater Manchester Mental Health NHS Foundation Trust	2000	2192	**110%**
Pennine Acute Hospitals NHS Trust	3359	7754	**231%**
Pennine Care NHS Foundation Trust	700	597	**85%**
Salford Royal NHS Foundation Trust	4860	6293	**129%**
Stockport NHS Foundation Trust	645	631	**98%**
Tameside Hospital NHS Foundation Trust	544	688	**126%**
The Christie NHS Foundation Trust	1589	1812	**114%**
Wrightington, Wigan And Leigh NHS Foundation Trust	834	989	**119%**

CRN GM Recruitment comparative vs all LCRN's National England FY 2017/18

Top 5 = Green
Top 10 = Amber
Other = Red

SPECIALTY GROUP	GM CURRENT POSITION	MONTH TREND	TOTAL CRN RECRUITING
Cardiovascular Disease	2	→	15
Oral Health and Dentistry	3	↓	14
Gastroenterology	3	↓	15
Injuries/Emergencies	3	→	15
Dementias and Neurodegeneration (DeNDRoN)	3	→	15
Cancer	4	↓	15
Children	4	↑	15
Metabolic & Endocrine Disorders	5	→	15
Stroke	5	↑	15
Dermatology	6	↓	15
Genetics	6	↓	15
Neurological Disorders	6	↓	15
Musculoskeletal Disorders	6	↓	15
Renal Disorders	6	→	15
Anaesthesia/Peri-Operative Medicine and Pain	6	→	15
Diabetes	6	→	15
Reproductive Health & Childbirth	6	→	15
ENT	6	↑	14
Public Health	6	↑	15
Surgery	8	→	15
Ophthalmology	9	↓	15
Critical Care	9	↑	15
Health Services and Delivery Research	12	↓	15
Haematology	12	↓	15
Respiratory Disorders	12	↓	15
Ageing	13	→	14
Mental Health	13	↑	15
Hepatology	14	↑	15
Primary Care	15	↓	15
Infectious Diseases/Microbiology	15	→	15

30%

43%

27%

National England LCRN's - Recruitment compared to local population FY2017/18

Top 5 = Green
Top 10 = Amber
Other = Red

SPECIALTY GROUP	GM CURRENT POSITION	MONTH TREND	TOTAL CRN RECRUITING
Oral Health and Dentistry	1	→	11
Cardiovascular Disease	1	→	15
Injuries/Emergencies	3	↓	15
Cancer	3	↓	15
Dermatology	3	↓	15
Dementias and Neurodegeneration (DeNDRoN)	3	→	15
Renal Disorders	3	→	15
Gastroenterology	3	→	15
Anaesthesia/Peri-Operative Medicine and Pain	4	→	15
Reproductive Health & Childbirth	4	→	15
Metabolic & Endocrine Disorders	4	→	15
Stroke	4	→	15
Diabetes	4	↑	15
Surgery	4	↑	15
Children	4	↑	15
Neurological Disorders	5	↓	15
Genetics	5	↓	15
ENT	5	↑	13
Musculoskeletal Disorders	5	↑	15
Public Health	5	↑	14
Critical Care	6	↑	15
Ophthalmology	7	→	15
Health Services and Delivery Research	8	↓	15
Haematology	10	↑	15
Respiratory Disorders	11	→	15
Ageing	13	→	14
Hepatology	13	↑	15
Infectious Diseases/Microbiology	14	→	15
Mental Health	14	↑	15
Primary Care	15	↓	15

67%

13%

20%

CRN GM Commercial Studies Recruiting comparative vs all LCRN's National England FY 2017/18

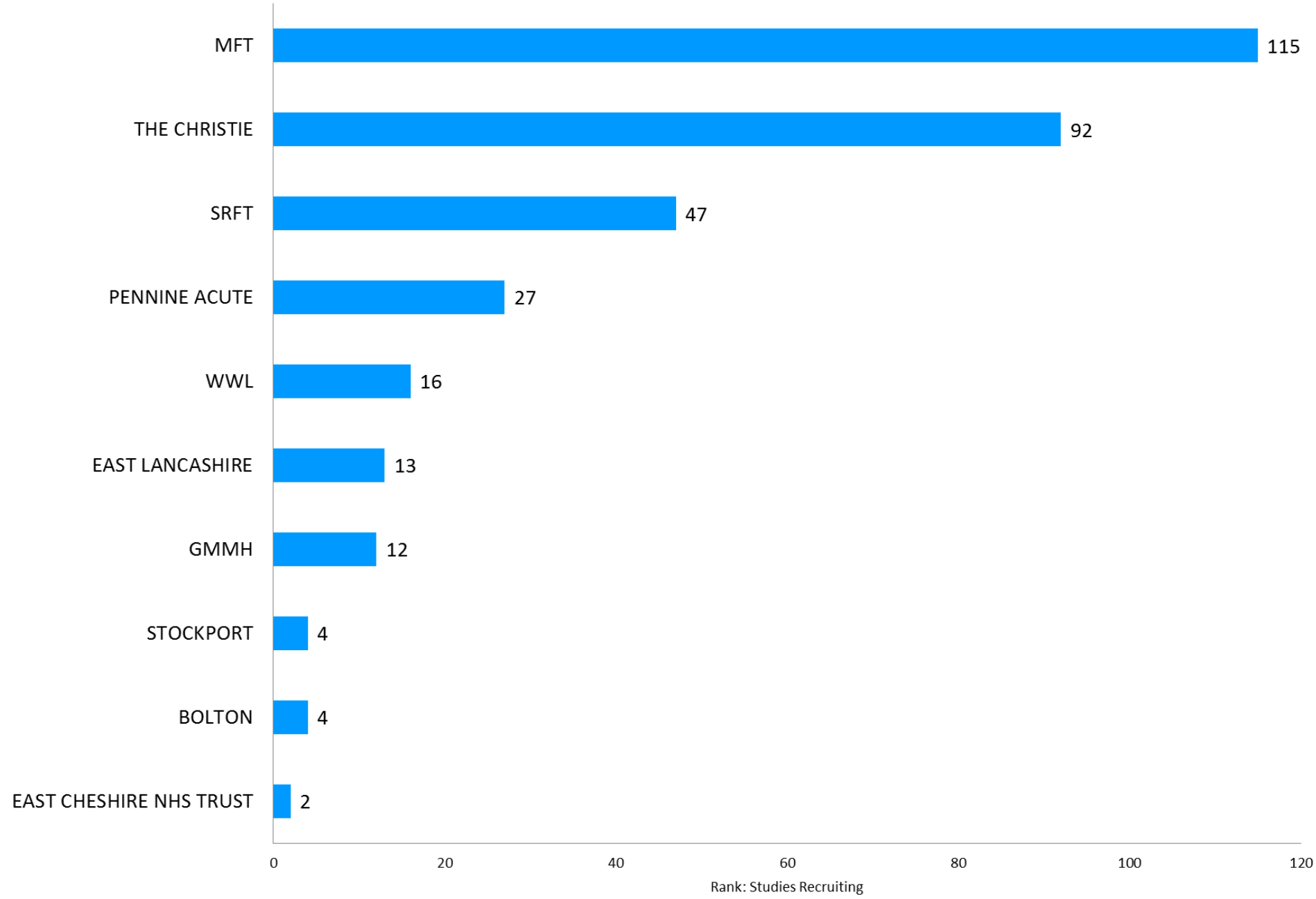
Top 5 = Green
Top 10 = Amber
Other = Red

SPECIALTY GROUP	GM CURRENT POSITION	JOINT POSITION	TOTAL CRN RECRUITING
Public Health	1	Y	6
Dementias and Neurodegeneration (DeNDRoN)	1	N	15
Metabolic & Endocrine Disorders	1	Y	15
Genetics	2	Y	4
Critical Care	2	Y	10
Health Services and Delivery Research	2	Y	11
Reproductive Health & Childbirth	2	Y	14
Surgery	2	N	13
ENT	2	Y	10
Infectious Diseases/Microbiology	2	Y	11
Respiratory Disorders	3	Y	15
Gastroenterology	3	Y	15
Cancer	3	N	15
Haematology	3	Y	14
Mental Health	3	Y	12
Children	3	Y	15
Ophthalmology	3	Y	15
Renal Disorders	4	Y	15
Injuries/Emergencies	4	Y	12
Dermatology	4	Y	15
Neurological Disorders	4	N	14
Diabetes	4	N	15
Primary Care	4	Y	15
Musculoskeletal Disorders	5	Y	15
Cardiovascular Disease	7	Y	15
Hepatology	10	N	15
Oral Health and Dentistry	0	n/a	3
Stroke	0	n/a	14
Anaesthesia/Peri-Operative Medicine and Pain	0	n/a	9
Ageing	0	n/a	0

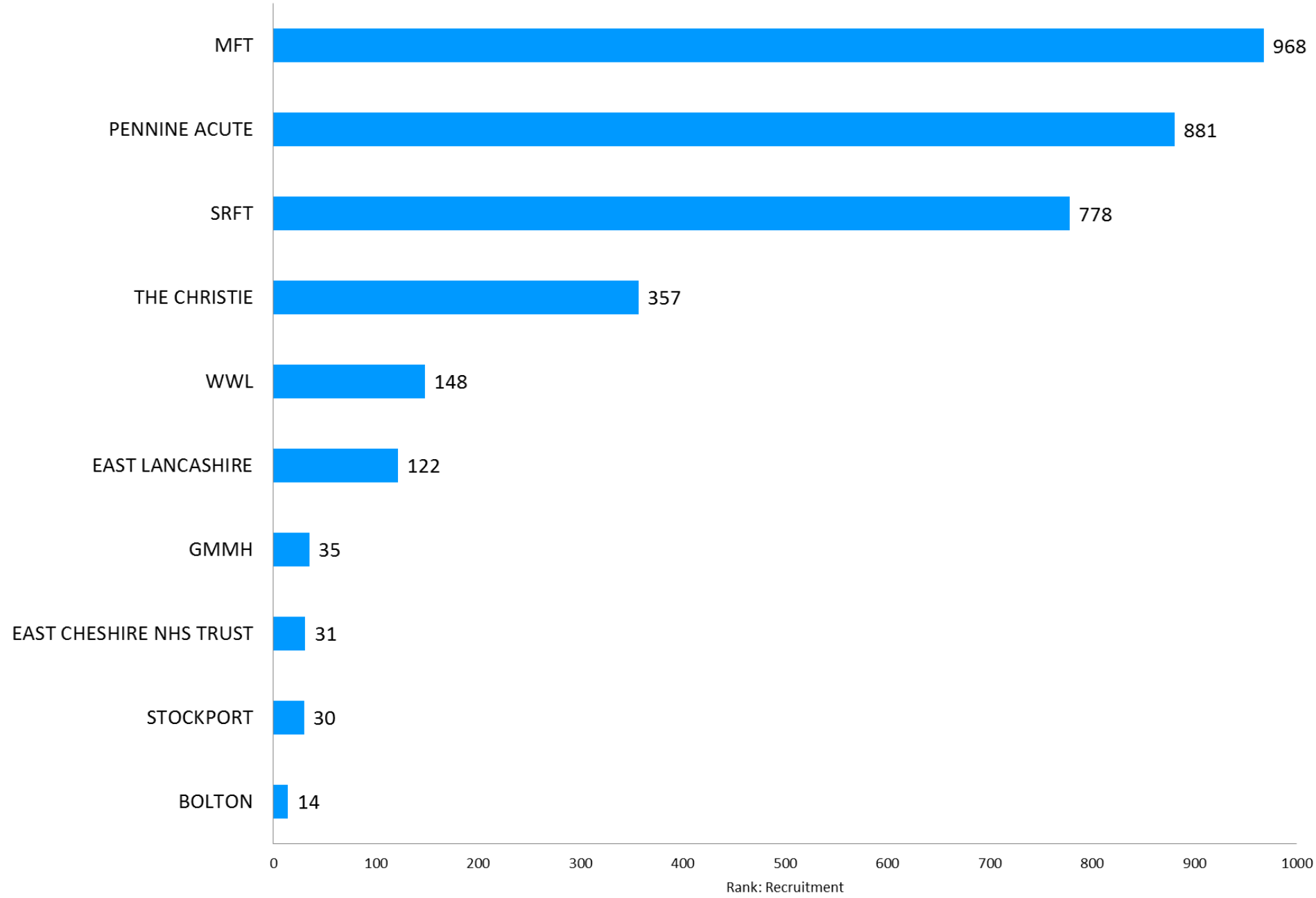
92%

8%

CRN GM Trust Commercial studies recruiting FY 2017/18



CRN GM Trust Commercial recruitment FY 2017/18



NHS
National Institute for
Health Research

Any Questions?

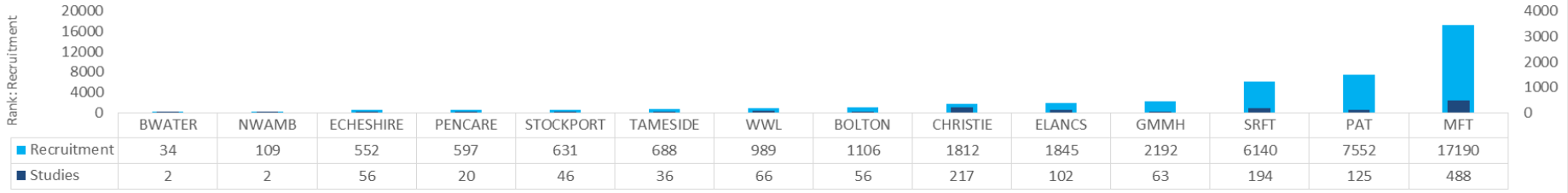
NIHR Portfolio activity FY 2017/18 - Datacut 21/05/2018

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

NHS National Institute for Health Research
Clinical Research Network Greater Manchester

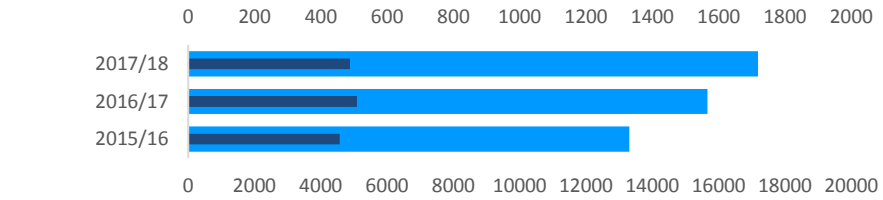
Studies recruiting:	Recruitment activity:	% Recruit to Goal:
488	17187	119%

CRN: GM Trust Portfolio activity FY 2017/18



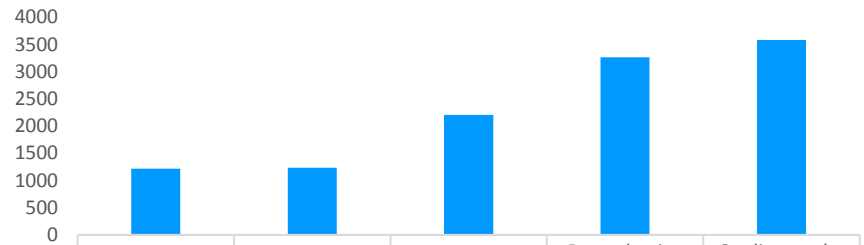
	BWATER	NWAMB	ECHESHIRE	PENCARE	STOCKPORT	TAMESIDE	WWL	BOLTON	CHRISTIE	ELANCS	GMMH	SRFT	PAT	MFT
Recruitment	34	109	552	597	631	688	989	1106	1812	1845	2192	6140	7552	17190
Studies	2	2	56	20	46	36	66	56	217	102	63	194	125	488

FY Comparative



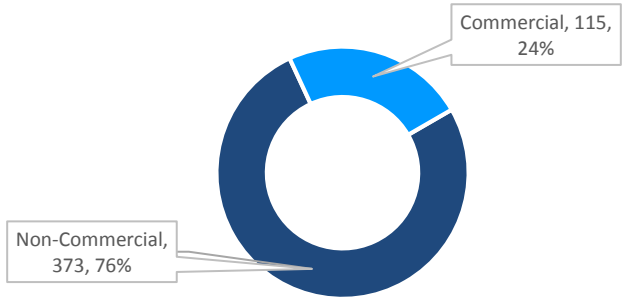
	2015/16	2016/17	2017/18
Recruitment	13304	15658	17187
Studies recruiting	457	509	488

Top 5 Recruiting Specialty 17/18



	Genetics	Public Health	Cancer	Reproductive Health	Cardiovascular Disease
Total	1218	1238	2208	3266	3585

Studies Recruiting 17/18



Commercial Studies Recruiting FY

	2015/16	2016/17	2017/18
Total	105	117	115

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Cheryl Lenney - Chief Nurse
Paper prepared by:	Debra Armstrong – Assistant Chief Nurse, Quality and Professional Practice Sue Ward – Deputy Chief Nurse
Date of paper:	June 2018
Subject:	Annual Complaints Reports 2017/18 for former CMFT and UHSM (1st April to 30th September 2017) and MFT (1st October 2017 to 31st March 2018)
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Resolution • Approval ✓
Consideration of Risk against Key Priorities	Patient and Staff Experience
Recommendations	The Board of Directors is asked to note the content of this report, the work undertaken during 2017/18 and, in line with statutory requirements, provide the approval for the report to be published on the Trust website.
Contact:	Name: Debra Armstrong, Assistant Chief Nurse, Quality and Professional Practice Tel: 0161 276 5061

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

1. Executive Summary

1.1 The Trust adheres to the Statutory Instruments No. 309, which requires NHS bodies to provide an annual report on the Trust's complaints handling, which must be made available to the public under the NHS Complaint Regulations (2009)[1]. This annual report reflects all complaints and concerns made by (or on behalf of) patients of the current and legacy Trusts, received between 1 April 2017 and 31 March 2018.

1.2 On 1st October 2017 Manchester University NHS Foundation Trust (MFT) was established following the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and the University Hospital of South Manchester NHS Foundation Trust (UHSM).

1.3 Extensive work has been undertaken during 2017/18 to develop the complaints systems and processes for the newly formed Manchester University NHS Trust. This report celebrates some of those achievements and improvements, whilst acknowledging there are further improvements still to be realised in the newly established Trust.

1.4 Throughout the report the term **Complaints** is used to describe formal complaints requiring a response from the Chief Executive and the term **Concerns** is used to describe informal contacts with Patient Advice and Liaison Service (PALS), which require a faster resolution to issues that may be resolved in real time.

1.5 The report refers to the Oxford Road Campus, which includes Manchester Royal Infirmary (MRI), Manchester Royal Eye Hospital (MRI), Saint Mary's Hospital (SMH), Royal Manchester Children's Hospital (RMCH), University Dental Hospital of Manchester (UDHM) and other divisions in legacy CMFT, such as Research and Innovation and Estates and Facilities. When the term Trafford Hospitals is used in relation to the former CMFT, this refers to Trafford General Hospital and Altrincham Hospital.

2. Summary of Activity

2.1 Comparative data is provided within the report compared to the previous year's performance. During 2017/18, the quality of complaints data reporting has continued to improve. However caution should be applied to attempting direct comparison of the data from the two former Trusts, as the data collection is extracted from different versions of the Ulysses Safeguard Complaints Management System for each legacy Trust.

2.2 Where data is provided that is pre-merger (October 2017), this has been aggregated from the legacy Trusts' datasets to provide a direct MFT comparison. Where it is either not possible, or if the data of the legacy organisations was significantly different and would be normalised if aggregated the data has been displayed separately. It is therefore important that the data is presented separately to prevent the aggregated figures disguising any areas of concern or high performance.

2.3 Due to the nature of complaints processes and management, the data fluctuates from day to day as complaints progress through the process and this can influence the numbers reported within any one reporting period. Small variances within monthly, quarterly and annual reporting are therefore expected and accepted.

[1]The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009). Available from: http://www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf

2.4 The number of PALS concerns received in 2017/18 by the former Trusts and MFT was 5,831. This represents a decrease of 207 compared with 6,038 received in 2016/17. This equates to a decrease of 3.4% in the number of PALS concerns received during the last year.

2.5 There has been an overall decrease in the number of formal complaints in 2017/18, with a total of 1,572, which is 54 less than the 1,626 formal complaints received in 2016/17. This represents a **3.3% reduction** in the number of Formal Complaints received during the last year.

2.6 As a measure of performance against organisational activity, the number of formal complaints must be considered in context. The following table (**Table 1**) shows the number of formal complaints in the context of Inpatients, Outpatients and Emergency Department attendances for 2017/18 for former CMFT and UHSM to 30th September 2017 plus MFT from 1st October 2017 to 31st March 2018 compared to 2017/16 former CMFT plus former UHSM complaints and activity data.

Table 1: Complaints received in context of activity

		2016/17	2017/18
Inpatient Episodes	Formal Complaints received(FC)	705	603
	Finished Consultant Episodes (FCE)	417,749	423,559
	Rate of FCs per 1000 FCEs	1.69	1.42
Out-patient Appointments	Formal Complaints received (FC)	685	691
	Number of appointments	2,352,688	2,417,358
	Rate of FCs per 1000 appointments	0.29	0.29
A&E Attendances	Formal Complaints received (FC)	106	117
	Number of attendances	408,697	406,512
	Rate of FCs per 1000 attendances	0.26	0.29

2.7 The average age of formal complaint cases for the Oxford Road Campus and Trafford Hospitals (which include Trafford General Hospital and Altrincham Hospital) at the 31st March 2018 was 27 working days. This compares to 29 working days as at 31st March 2017, 33 working days as at 31st March 2016, 43 working days at 31st March 2015 and 63 working days at 1st April 2014; which demonstrates **positive progress** with regard to the timeliness of investigations and responses to complainants.

For Wythenshawe and Withington Hospitals the average age of formal complaint cases as at 31st March 2018 was 49 working days. This compares to 52 working days as at 31st March 2017, 50 working days as at 31st March 2016, 52 working days at 31st March 2015 and 53 working days at 1st April 2014.

2.8 The Trust has an internal target of no more than 20% of unresolved cases being over 41 days old at any one time. At the end of March 2018 for the Oxford Road Campus and Trafford Hospitals, 31% of cases were over 41 days. This compares to 23.0% at the end of March 2017, 26% at the end of March 2016 and 48% at the end of March 2015. All cases over 41 working days old continue to be escalated within the relevant Hospitals/Managed Clinical Services and assurance is provided via the Accountability Outcomes Framework (AOF).

For Wythenshawe and Withington Hospitals, 78% of cases were over 41 days old at the end of March 2018. A detailed breakdown of previous financial years' performance is not available for Wythenshawe and Withington Hospital.

2.9 The average response rate for patients and carers raising a concern through the PALS at the Oxford Road Campus and Trafford Hospitals was 6.8 days during 2017/18, compared with 6 days during 2016/17, 6 days during 2015/16 and 11 days at the end of Quarter 4, 2014/15. The average response rate for patients and carers raising a concern through the PALS at Wythenshawe and Withington Hospitals was 8.5 days during 2017/18, compared to 15 days in 2016/17.

2.10 There has been an improvement in performance in relation to the acknowledgement of complaints within 3 working days (which is a statutory requirement) at the Oxford Road Campus and Trafford Hospitals. Throughout 2017/18, 100% has been continuously achieved. This compares to 99%-100% during 2016/17 and 95%-100% during 2015/16. For Wythenshawe and Withington Hospitals the performance was 87.5% for 2017/18 compared to 89.6% during 2016/17. This performance was due to 66 cases at Wythenshawe and Withington Hospitals that were not acknowledged within the 3 day timescale. The overall MFT performance in relation to the acknowledgement of complaints within 3 working days during financial year 2017/18 was 95.8%. Following the establishment of MFT, performance in this regard has improved and the Trust has been 100% compliant since 1st April 2018.

2.11 The Parliamentary and Health Service Ombudsman (PHSO) represents the second and final stage of the NHS complaints process and the Trust has worked with the PHSO to satisfactorily resolve the referrals to the PHSO during the year.

2.12 The PHSO closed 15 cases pertaining to the Trust between 1st April 2017 and 31st March 2018; of these; 1 (6%) complaint was upheld, 4 (27%) were partly upheld and 10 (67%) were not upheld. The details of each PHSO case are set out in this report (as detailed in Section 13). This compares to 31 cases closed in 2016/17 when 3 complaints were upheld, 7 cases were partly upheld and 20 cases were not upheld. At 31st March 2018 there were 26 cases under investigation by the PHSO.

2.13 Scheduled Care at Wythenshawe Hospital received the highest number of Formal Complaints with 16.5% (260 out of a total of 1,572). This compares to 282 (17.3%) Formal Complaints received in 2016/17, which is a reduction of 22 cases.

The Division of Surgery in Manchester Royal Infirmary received the highest number of PALS concerns with 12.4% (721 out of a total of 5,831). This compares to 797 (13.2%) PALS Concerns received in 2017/18, which is a reduction of 76 cases.

2.14 The oldest case recorded during the year was received by Wythenshawe Hospital. The case was re-opened on 22nd January 2016 and the case was 496 days old when it was closed on 9th January 2018.

3 Complaints Scrutiny Group

3.1 The Complaints Scrutiny Group demonstrates Board level engagement and assurance regarding complaints handling through the Non-Executive Chair. This role is complemented by other core group members, which includes Trust Governors, an Associate Medical Director, Assistant Chief Nurse (Quality and Professional Practice) and Customer Services Manager. The group met six times in total during 2017/18 and reviewed twelve presented cases involving all operational divisions within legacy CMFT. At each meeting one complaint for each participating division was reviewed, including an evaluation of the effectiveness of actions taken and a progress review of any actions from the previous occasion the division attended the meeting.

3.2 As part of the Single Hospital Service Integration the Terms of Reference for the Complaints Scrutiny Group have been reviewed and as agreed by the Trust's Quality and Safety Committee will have a Group-wide remit reviewing complaints across all MFT Hospitals/ MCSs going forward.

4 Complaints Improvement Programme

4.1 The Assistant Chief Nurse (Quality and Professional Practice) continues to work with the Customer Services Manager, the PALS and Complaints Team and Hospital/ Managed Clinical Services (MCS) Chief Executives, Directors of Nursing/ Midwifery, Divisional Directors and Complaints Coordinators to continue making improvements to the management of PALS and Complaints within the Trust.

4.2 Significant improvements delivered in 2017/18 include:

- **Parliamentary and Health Service Ombudsman visit**
  Professor Behrens, the newly appointed Parliamentary and Health Service Ombudsman visited the newly established Manchester University NHS Foundation Trust on 19th October 2017. His visit was part of a series of visits to trusts to learn about NHS delivery, the current challenges faced by the sector and to hear views from the service regarding any improvements that could be made at the PHSO's office.

- **Single Hospital Service**
  During Quarter 3 and 4 of 2017/18 work continued to align the complaints processes of the legacy trusts to ensure Manchester University NHS Foundation Trust maintained compliance with the NHS Complaints Regulations (2009). Aspects of the complaints management process were devolved from Corporate Services to the Hospitals and Managed Clinical Services (MCSs).

- **New MFT Ulysses System**
  A new single Ulysses System was implemented across the Trust during Quarter 4 of 2017/18, which enabled the Customer Service Module of the MFT Ulysses Safeguard System to capture and track the receipt of Complaints and PALS concerns.

- **Staff Support**
  In order to support the health and wellbeing of the PALS team, formal staff support sessions were piloted during Quarter 1, 2017/18. The sessions are facilitated by the Trust's Staff Support Service and offer staff the opportunity to talk with trained counsellors and psychologists about some of the cases they found difficult or challenging to manage. Further sessions are planned and will continue during 2018/19.

- **Education**
  Further educational sessions were held for staff who manage complaints. These sessions have specifically focussed on the PHSO processes and the development of handling verbal complaints.

- **Complaints Triage**
  The revised Complaints Triage Process was implemented at the legacy Central Manchester University Hospitals NHS Foundation Trust on 1st April 2017. This assigns a more robust timeframe to those complaints that are inherently complex in nature, and enables the Complainant to have a more realistic timeframe in which their complaints will be answered. The triage process has been rolled out Trust-wide from 1st April 2018.

5 Learning

5.1 This report details examples of learning and change as a direct result of feedback received through complaints and concerns. Examples of learning from complaints have been published in each Quarter during 2017/18 as part of the Quarterly Complaints Report.

6 People

6.1 The Trust is grateful to those patients and families who have taken the time to raise concerns and acknowledges their contribution to improving services, patient experience and patient safety.

6.2 The Group Board of Directors is asked to note the content of this report and in line with statutory requirements provide approval for it to be published on the Trust's website.

Picture 1: Observations for Discharge, Ward 76

Contents

1. Statement

1.1 The Trust adheres to the Statutory Instruments No. 309 which requires NHS bodies to provide an annual report on its complaints handling, which must be made available to the public under the NHS Complaints Regulations (2009)[1]. This annual report reflects all complaints and concerns made by (or on behalf of) patients of the Trust, received between 1 April 2017 and 31 March 2018.

2. Introduction

2.1 On 1st October 2017 Manchester University NHS Foundation Trust (MFT) was established following the merger of Central Manchester University Hospitals NHS Foundation Trust and the University Hospital of South Manchester NHS Foundation Trust.

2.2 This Annual Report demonstrates the progress made to develop the complaints systems and processes for the newly established Manchester University NHS Foundation Trust. This report celebrates some of the achievements and improvements of both legacy Trusts and the newly established organisation, whilst acknowledging there are further improvements still to be realised in the newly merged Trust.

2.3 Throughout this report the term ***Complaints*** is used to describe formal complaints requiring a response from the Chief Executive and the term ***Concerns*** is used to describe informal contact with PALS requiring a faster resolution to issues that may be resolved in real time.

2.4 The report refers to the Oxford Road Campus, which includes Manchester Royal Infirmary (MRI), Manchester Royal Eye Hospital (MRI), Saint Mary's Hospital (SMH), Royal Manchester Children's Hospital (RMCH), University Dental Hospital of Manchester (UDHM) and other divisions in legacy CMFT, such as Research and Innovation and Estates and Facilities. When the term Trafford Hospitals is used this refers to Trafford General Hospital and Altrincham Hospital.

2.5 Comparative data is provided within the report compared to the previous year's performance. During 2017/18, the quality of complaints data reporting has continued to improve. However caution should be applied to attempting direct comparison of the data from the two former Trusts, as the data collection is extracted from different versions of the Ulysses Safeguard complaints management system for each legacy Trust.

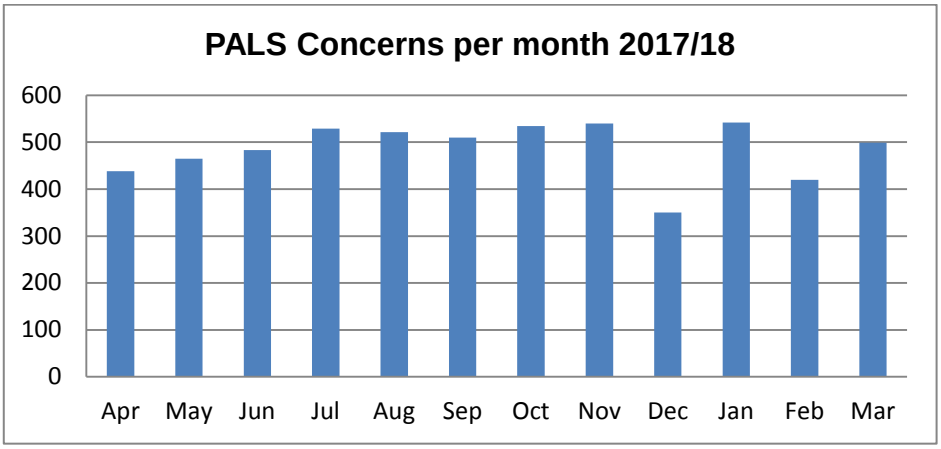
2.6 Where data is provided that is pre-merger (October 2017), this has been aggregated from the legacy Trusts data sets to provide a direct MFT comparison. Where it is either not possible, or if the data of the legacy organisations was significantly different and would be normalised if aggregated the data has been displayed separately. It is therefore important that the data is presented separately to prevent the aggregated figures disguising any areas of concern or high performance.

2.7 Due to the nature of complaints processes and management, the data fluctuates from day to day as complaints progress through the process and this can influence the accuracy of the numbers reported within any one reporting period. For example, complaints may be withdrawn, de-escalated, deemed to be out of time or consent not received. Small variances within monthly, quarterly and annual reporting are therefore expected and accepted.

3. Overview of Activity

3.1 The number of PALS contacts received for 2017/18 was 5,831, which is 207 less than the number received in 2016/17 (6,038). This shows a 3.4% reduction in the number of PALS concerns received during the last year. **Graph 1** provides the number of Trust-wide PALS contacts received by month for the financial year 2017/18.

Graph 1: Number of PALS contacts (by month) for 2016/2017, Trust-wide



3.2 Work to increase awareness of the PALS service across the Trust is likely to have contributed to the rise in numbers of PALS concerns.

Table 2: Number of PALS contacts by Hospital/Managed Clinical Service/Division (5 year trend), Trust-wide

Hospital/MCS/Division	2013/14	2014/15	2015/16	2016/17	2017/18
Oxford Rd Campus/ Trafford Hospitals					
Not stated/General Enquiry/Non-CMFT	53	37	51	100	116
Clinical Scientific Services (CSS)	107	112	158	171	183
Corporate Services	173	154	179	251	208
University Dental Hospital of Manchester (UDHM)	156	175	130	181	216
Division of Medicine and Community Services, MRI	256	301	361	364	307
Division of Specialist Medical Services, MRI	374	468	576	556	664
Division Of Surgery, MRI	598	825	914	797	721
Manchester Royal Eye Hospital (MREH)	378	355	361	412	394
Royal Manchester Children's Hospital (RMCH)	648	601	663	671	563
Saint Mary's Hospital	271	242	280	296	357
Trafford Hospitals	430	304	465	564	549
Research & Innovation					1
Oxford Rd Campus/ Trafford Hospitals Total	**3,444**	**3,574**	**4,138**	**4,363**	**4,279**
Wythenshawe and	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**

Withington Hospitals					
Unassigned Wythenshawe	111	220	324	455	323
Clinical Support Services	96	137	161	186	220
Corporate	36	55	45	93	100
Scheduled Care	294	399	412	572	497
Trust wide	2	0	1	9	31
Unscheduled Care	213	324	304	360	381
Wythenshawe and Withington Hospital Total	**752**	**1,135**	**1,247**	**1,675**	**1,552**
MFT Total	**4,196**	**4,709**	**5,385**	**6,038**	**5,831**

3.3 The Division of Surgery in Manchester Royal Infirmary received the highest number PALS concerns with 12.4% (721 out of a total of 5,831). This compares to 797 (13.2%) PALS Concerns received in 2016/17 which is a reduction of 76 cases. St.Mary's Hospital showed the largest percentage increase from 296 concerns raised in 2016/17 compared to 397 concerns in 2017/18. This equates to an increase of 20.6%.

3.4 All PALS concerns are RAG rated upon receipt based on the severity of the initial details of the concerns raised.

3.5 **Table 3** indicates the number of MFT contacts by risk rating grade. No PALS concerns were graded as red (catastrophic) in 2017/18.

Table 3: 2017/18 MFT PALS contacts by risk grading, Trust-wide

Category	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**
Not graded, escalated or enquiry	30	346	336	400	371
White	1214	N/A	N/A	N/A	N/A
Green	2257	3522	3958	4463	4490
Yellow	502	720	975	1089	830
Amber	188	116	113	83	140
Red	5	5	3	3	0
Total	**4,196**	**4,709**	**5,385**	**6,038**	**5,831**

3.6 The 2017/18 total of PALS concerns does not include those cases that were escalated for formal investigation (these are reported in the formal complaints section), were withdrawn by the complainant or were considered to be out of time according to the NHS Complaints Regulation (2009)[1] timescales.

3.7 Tables 4 to 7 are presented in Appendix 1. These tables indicate how people access the PALS service and provide information on their demographics. Table 4 shows that the number of concerns raised by email has increased from 1,141 in 2016/17 to 1,610 in 2017/18. This represents an increase of 41.1%. The number of concerns raised by telephone continues to be the most favoured route of contact.

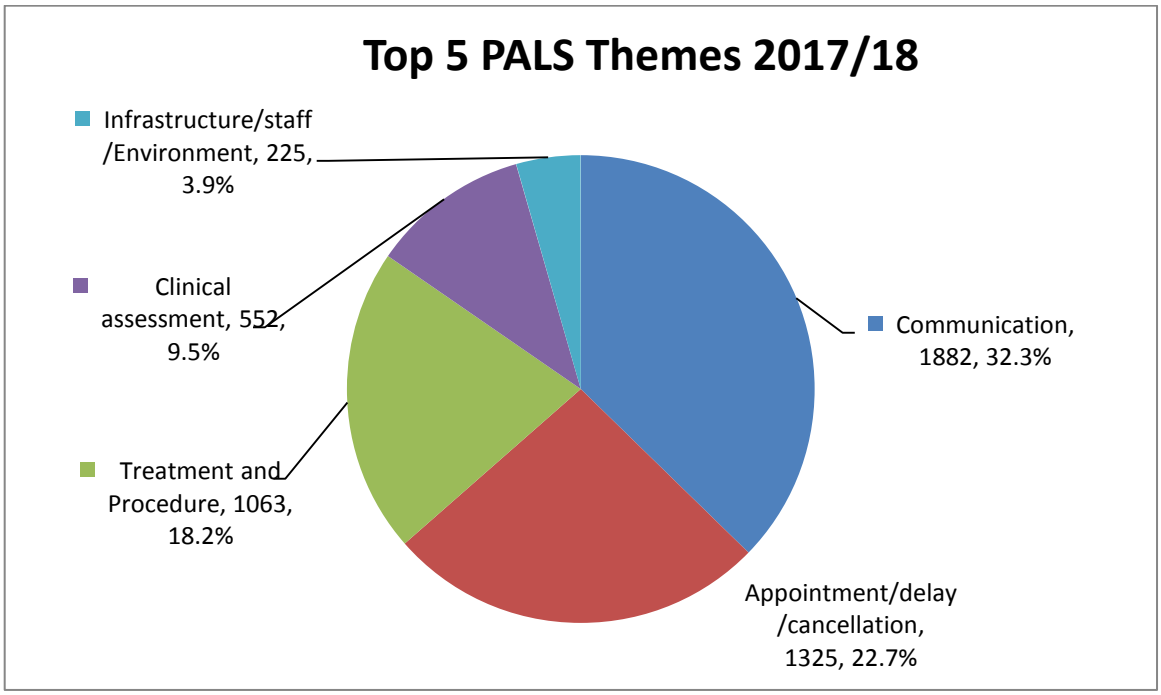
3.8 Table 5 details the number of contacts by age; the age range relates to the people who were the focus of the PALS concern as opposed to the complainant. Table 6 details the number of contacts by sex; again the sex relates to the people who were the focus of the PALS concern.Table 7 describes the ethnicity of the patients who were the focus of the PALS enquiry.

3.9 The demographic data for PALS concerns presented within Appendix 1 supports the findings[2] that younger people (or their parents) are more likely to be dissatisfied with services than older people and women more likely to be dissatisfied with services than other sexes.

3.10 The percentage of people who did not state their ethnicity for PALS Concerns has increased from 39% in 2016/17 to 54.6% in 2017/18. This information supports the service to meet the specific needs of the population it serves and work will continue in 2018/19 to improve the quality of this data.

3.11 **Graph 2** and **Table 8** provide a more detailed analysis of the principle PALS themes, indicating the main themes for PALS concerns relate to treatment and procedure, communication and appointment delays and cancellations. It is noteworthy that NHS England's[3] recommendation to extend the deferral of all non-urgent inpatient elective care during January 2018, due to winter pressures, may be a reason for the increase of PALS concerns related to appointment delay/ cancellation.

Graph 2: Top 5 PALS Themes 2017/18, Trust-wide



[2] DeCourcy, West and Barron (2012) The National Adult Inpatient Survey conducted in the English National Health Service from 2002 to 2009: how have the data been used and what do we know as a result? BMC Health Services Research series: Open, Inclusive and Trusted 2012 12:71

[3] NHSE (2018). Operational Update from the NHS National Emergency Pressures' Panel. Available from :https:www.england.nhs.uk/2018/01

Table 8: Comparison of Top 5 PALS Themes**,** Trust-wide

	2015/16	2016/17	2017/18
1.	Treatment / Procedure	Communication	Communication
2.	Communication	Treatment / Procedure	Appointment Delay / Cancellation
3.	Appointment Delay / Cancellation	Appointment Delay / Cancellation	Treatment / Procedure
4.	Clinical Assessment (Diagnostics, Scan)	Infrastructure (Staffing / Environment)	Clinical Assessment (Diagnostics, Scan)
5.	Attitude Of Staff	Access, Admission, Transfer, Discharge	Infrastructure (Staffing / Environment)

3.12 The average response rate for patients and carers raising a concern through the PALS at the Oxford and carers raising a concern through the PALS at Wythenshawe Hospital was 8.5 days during 2017/18, compared to 15 days in 2016/17.

4. Complaints Activity

4.1 There has been an overall decrease in the number of formal complaints in 2017/18, with a total of 1,572 formal complaints received, which is 54 less than the number of complaints received in 2016/17 (1,626). This represents a 3.3% reduction in the number of Formal Complaints received during the last year.

Table 9: Number of Formal Complaints Trust wide (5 year trend), Trust-wide

Year	2013/14	2014/15	2015/16	2016/17	2017/18
Complaints Received	1,822	1,595	1,743	1,626	1,572

4.2 **Table 10** details the 5 year trend for formal complaints at Hospital/MCS/Divisional level. The Scheduled Care Division at Wythenshawe Hospital received the most formal complaints during 2017/18 with 260 complaints received; however this is 7.8% fewer complaints received compared to 282 received in 2016/17. Other Hospitals/Managed Clinical Services and Divisions that achieved a reduction in the number of formal complaints received during 2017/18 included Clinical Scientific Services (Oxford Road Campus and Wythenshawe Hospital), Specialist Medical Services (MRI), St Marys Hospital, Surgery (MRI) and Unscheduled Care (Wythenshawe Hospital).

Table 10: Number of complaints by Hospital/MCS/Division (5 year trend), Trust-wide

Oxford Road Campus/ Trafford Hospitals	2013/14	2014/15	2015/16	2016/17	2017/18
Clinical Scientific Services	36	29	56	50	34
Corporate Services	34	30	52	34	50
University Dental Hospital of Manchester	44	47	44	25	31
Manchester Royal Eye Hospital	114	90	79	72	84
Medicine And Community Service	152	115	123	119	124
Royal Manchester Children's Hospital	164	126	150	133	143
Specialist Medical Services	123	105	137	148	142
Saint Mary's Hospital	166	149	160	154	124
Surgery (MRI)	183	203	239	190	169

Trafford Hospitals	137	116	119	120	123
Research and Innovation	0	2	0	0	0
External	39	5	0	0	0
Not Specified/other	0	0	1	6	2
Totals	**1,192**	**1,017**	**1,160**	**1,051**	**1,026**
Wythenshawe and Withington Hospitals	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**
Scheduled Care	**278**	**257**	**301**	**282**	**260**
Unscheduled Care	**204**	**215**	**193**	**205**	**200**
Clinical Support Services	**97**	**78**	**66**	**68**	**56**
Corporate	**43**	**27**	**23**	**20**	**25**
Not Specified / Other	**8**	**1**	**0**	**0**	**5**
Totals	**630**	**578**	**583**	**575**	**546**
MFT	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**
Total	**1,822**	**1,595**	**1,743**	**1,626**	**1,572**

4.3 Complaints are risk rated using a matrix closely aligned to that used by the Risk Management Team when assessing the severity of incidents. When compared to 2016/17, the number of green cases and amber/ orange cases have increased by 21% and 9% respectively, whilst the number of yellow cases and red cases have decreased by 13.2% and 10.4% respectively. Of the 14 complaints rated as red in 2017/18 at the Oxford Road Campus and Trafford Hospital 8 relate to Treatment or Procedure, 5 related to Clinical Assessment and 1 related to lack of Respect and Compassion and of the 12 complaints rated as red in 2017/18 at Wythenshawe and Withington Hospitals, 10 related to Clinical Treatment, 1 related to Appointment / Delays (OP) and 1 related to Failure to Follow Procedure.

4.5 Table 11, presented in Appendix 2, provides the breakdown of the risk rating of complaints over the previous 5 years.

4.6 Equality monitoring data is collected in relationship to complainants' protected characteristics. In addition, complainants are requested to provide information regarding their protected characteristics when they receive a written acknowledgement in response to a formal complaint; this information is presented within Tables 12 to 14 in Appendix 2. The age and sex of the patients involved in formal complaints during 2016/17 and 2017/18 are highlighted in Tables 12 and 13. Table 14 describes the ethnicity of the patients represented in formal complaints for the past 3 financial years.

4.7 The demographic data for Formal Complaints presented within Appendix 2, also supports the findings[4] that younger people (or their parents) are more likely to be dissatisfied with services than older people and women more likely to be dissatisfied with services than other sexes.

4.8 For Formal Complaints the percentage of people who did not state their ethnicity has increased from 38.3% in 2016/17 to 45.7% in 2017/18. This information supports the service to meet the specific needs of the population is serves therefore work will continue in 2018/19 to improve the quality of this data and to explore the reasons that people opt not to state their ethnicity.

[4] DeCourcy, West and Barron (2012) The National Adult Inpatient Survey conducted in the English National Health Service from 2002 to 2009: how have the data been used and what do we know as a result? BMC Health Services Research series: Open, Inclusive and Trusted 2012 12:71

Picture 2: Dying Matters Week (2017) – The picture achieved a top ten place in the Greater Manchester and Eastern Cheshire Strategic Clinical Network for Palliative and EOLC Artwork Competition – CMFT, Activity Co-ordinator.

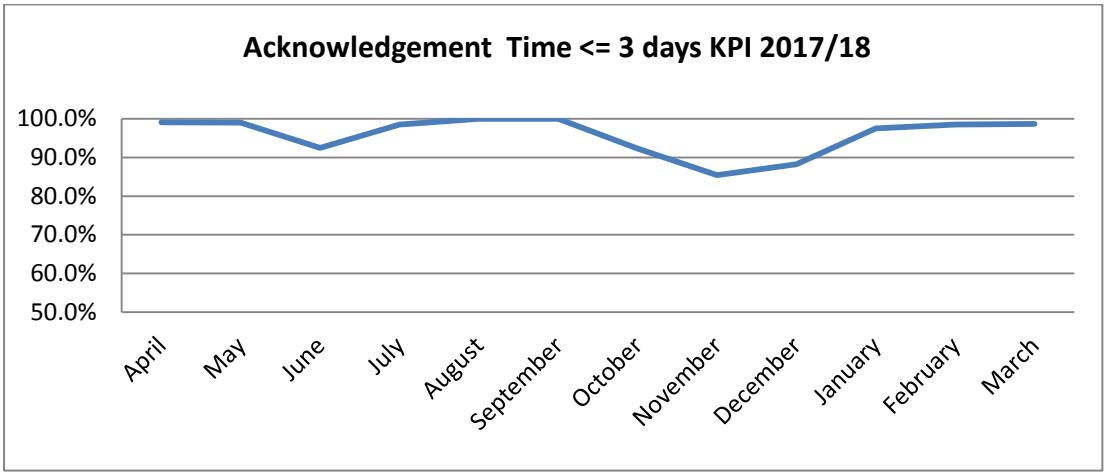
5. Acknowledging Complaints

5.1 The NHS Complaints regulations (2009)[1] place a statutory duty upon the Trust to acknowledge 100% of complaints within 3 working days.

5.2 There has been an improvement in performance in relation to the acknowledgement of complaints within 3 working days (which is a statutory requirement) at the Oxford Road Campus and Trafford Hospitals. Throughout 2017/18, 100% has been continuously achieved. This compares to 99%-100% during 2016/17 and 95%-100% during 2015/16. However, at Wythenshawe and Withington Hospitals the performance was 87.5% for 2017/18 compared to 89.6% during 2016/17. This was due to 66 Wythenshawe and Withington Hospitals cases being acknowledged outside of the 3 day window. The MFT Total across all areas during financial year 2017/18 was 95.8%.

5.3 Following the creation of MFT, performance in this regard has improved and the Trust has achieved 100% compliance since 1st April 2018. Complaints requiring acknowledgement also include those which are withdrawn, where consent or required information is not received, are descalated or are deemed 'out of time' under the 2009 NHS Complaints Regulations.[5]

Graph 3: Percentage of complaints acknowledged ≤ 3 working days during 2017/18, Trust-wide



6. Response Times

6.1 The Trust target of resolving 80% of complaints within 25 working days continues to be monitored closely. **Table 15** provides a breakdown of performance by month for the Oxford Road Campus/Trafford Hospitals and **Table 16** provides a breakdown in performance for Wythenshawe and Withington Hospitals.

[5] The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 http://www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf

Table 15: Monthly breakdown of complaints closed within timeframes 2017/18, Oxford Road Campus / Trafford Hospitals

Number and percentage of complaints closed within timeframes 2017/18												
Days to close	Apr	%	May	%	Jun	%	Jul	%	Aug	%	Sep	%
0-25	25	34%	29	28%	12	18%	21	29%	23	27%	17	20%
26-40	25	34%	33	32%	20	30%	25	34%	31	36%	25	30%
41+	23	32%	42	40%	35	52%	27	37%	32	37%	42	50%
Total	73		104		67		73		86		84	
	Oct	%	Nov	%	Dec	%	Jan	%	Feb	%	Mar	%
0-25	34	30%	34	35%	26	29%	23	26%	13	20%	19	29%
26-40	33	29%	26	27%	38	43%	32	36%	23	35%	24	36%
41+	46	41%	38	39%	25	28%	34	38%	29	45%	23	35%
Total	113		98		89		89		65		66	

6.2 Generally, performance in response times has been variabe throughout the year at the Oxford Road Campus and Trafford Hospitals. Specifically, the proportion of cases resolved in 0-25 working days at the Oxford Road Campus and Trafford Hospitals decreased (negative) from April 2017 when performance was 34% to March 2018 when performance was 29%. There was an increase (negative) in the number of cases resolved between 26-40 days and the number of cases resolved at 41+ days when performance in April 2017 is compared to March 2018, but this is within normal variation. The results for 2017/18 demonstrate whilst there were in year variaitions there was no overall improvement in response times and work continues to improve performance in this respect.

Table 16: Monthly breakdown of complaints closed within timeframes 2017/18, Wythenshawe / Withington Hospitals

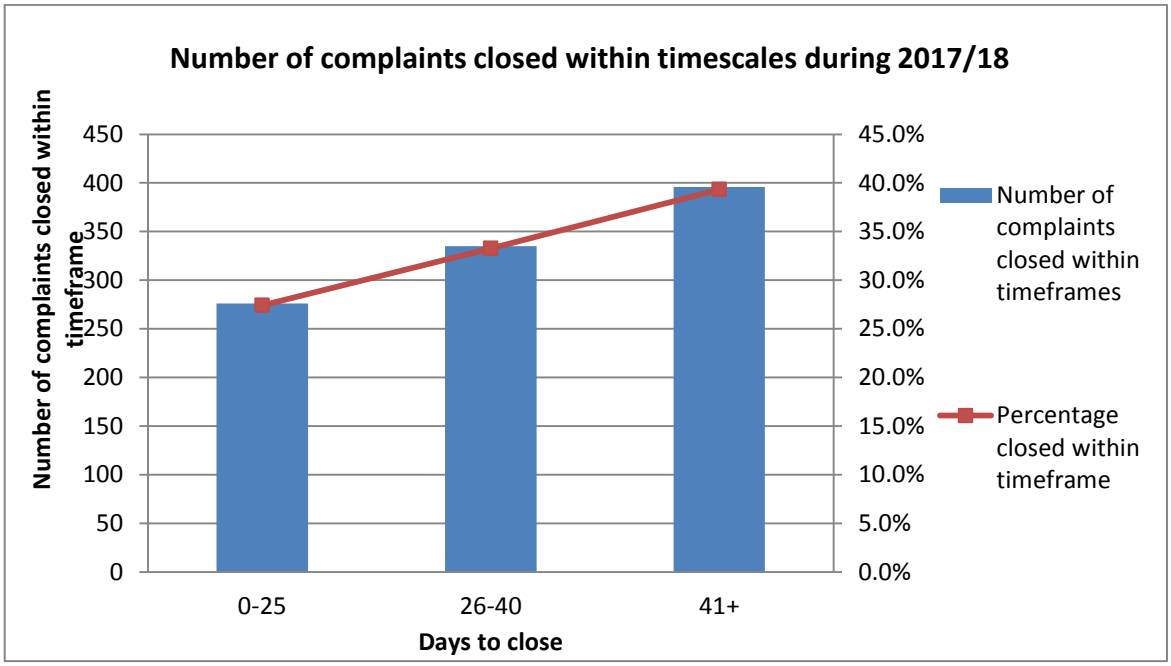
Number and percentage of complaints closed within timeframes 2017/18												
Days to close	Apr	%	May	%	Jun	%	Jul	%	Aug	%	Sep	%
0-25	30	71%	23	77%	23	51%	33	69%	28	54%	23	55%
26-40	8	19%	3	10%	11	24%	10	21%	16	31%	13	31%
41+	4	10%	4	13%	11	24%	5	10%	8	15%	6	14%
Total	42		30		45		48		52		42	
	Oct	%	Nov	%	Dec	%	Jan	%	Feb	%	Mar	%
0-25	35	58%	7	14%	2	5%	6	12%	6	13%	7	17
26-40	13	22%	2	4%	0	0%	5	10%	3	6%	28	67
41+	12	20%	41	82%	36	95%	41	79%	39	81%	7	17
Total	60		50		38		52		48		42	

6.3 Performance in response times at Wythenshawe and Withington Hospitals was relatively high from April – October 2018, with 51 to 77% of complaints responded to in 0-25 working days and 10 to31% of complaints being resolved in 26-40 days; with the number of cases responded to in 41+ days ranging from 10 to 24%. Due to unplanned and significant reduction in the number of PALS staff available to support the management of complaints relating to Wythenshawe and Withington Hospitals from November 2017 a significant deterioration in performance was experienced. The issue was promptly identified, action taken and an Improvement Programme

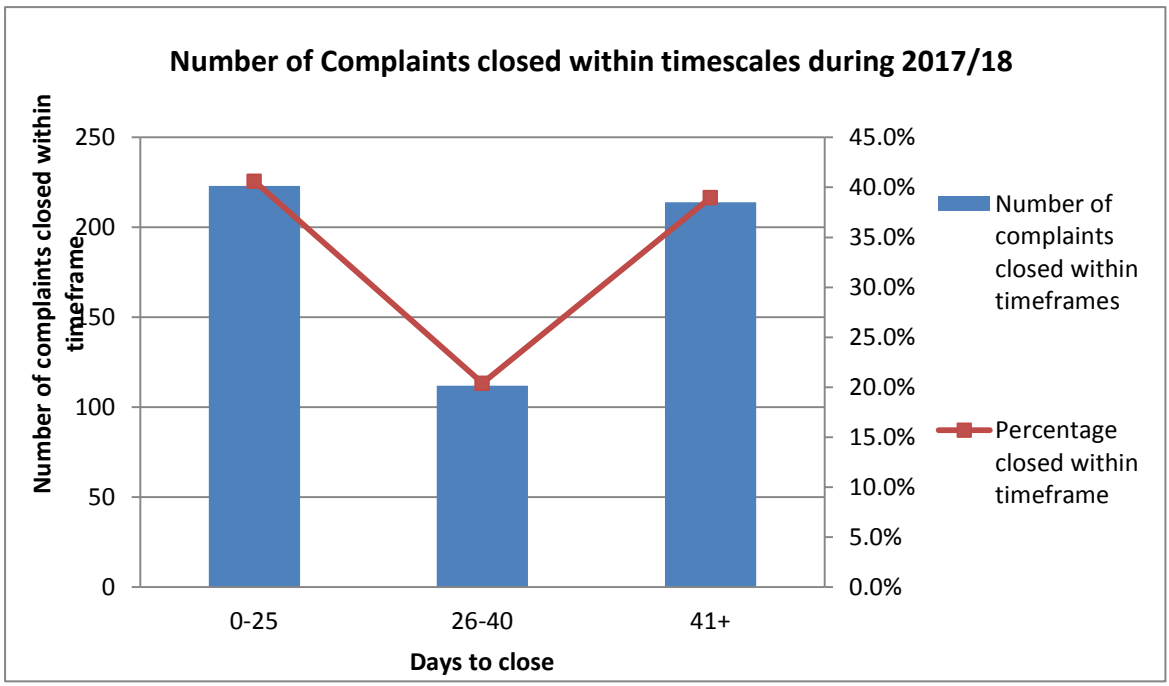
developed and implemented. In March 2018, performance improved with 17% of complaints being responded to in 0-25 days, 67% between 26-40 days and 17% being responded to in 41+ days.

6.4 **Graphs 4 and 5** show the overall performace in relation to reponse times for complaints closed during 2017/18, for the Oxford Road Campus and Trafford Hospitals (**Graph 4**) and Wythenshawe and Withington Hospitals (**Graph 5**). Graph 6 then presents a granular level breakdown of the data shown in Graph 4, Trust-wide and Graphs 7 and 8 provide a breakdown of this performance by month during 2017/18.

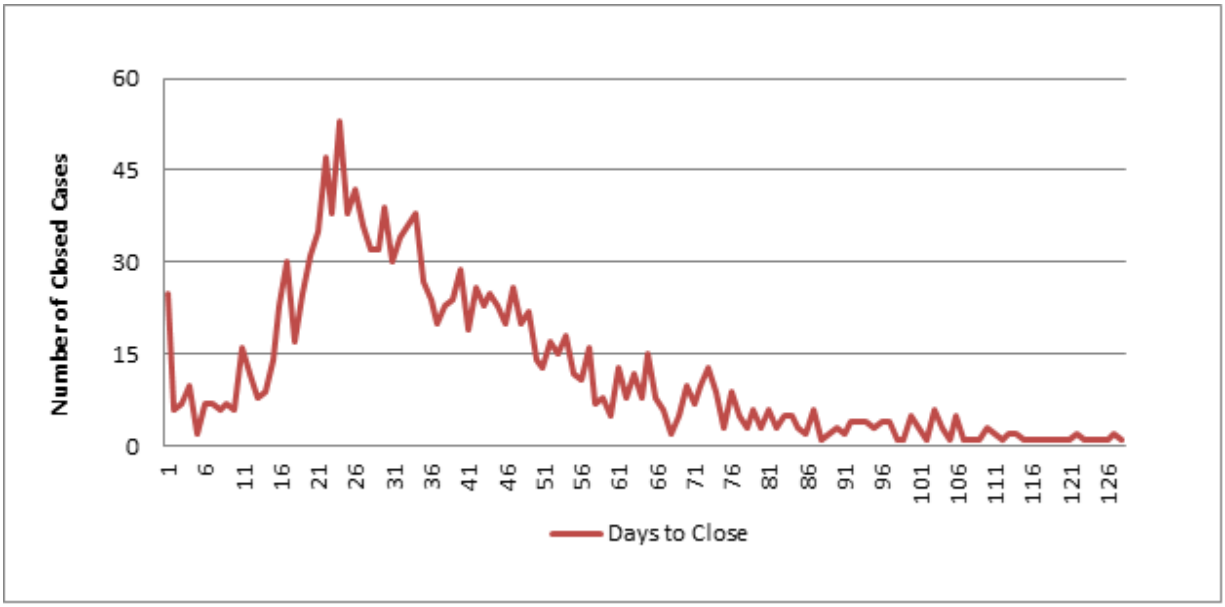
Graph 4: Complaints closed at the Oxford Road Campus and Trafford Hospitals within timeframes during 2017/18



Graph 5: Complaints Closed at Wythenshawe and Withington Hospitals within timeframes 2017/18



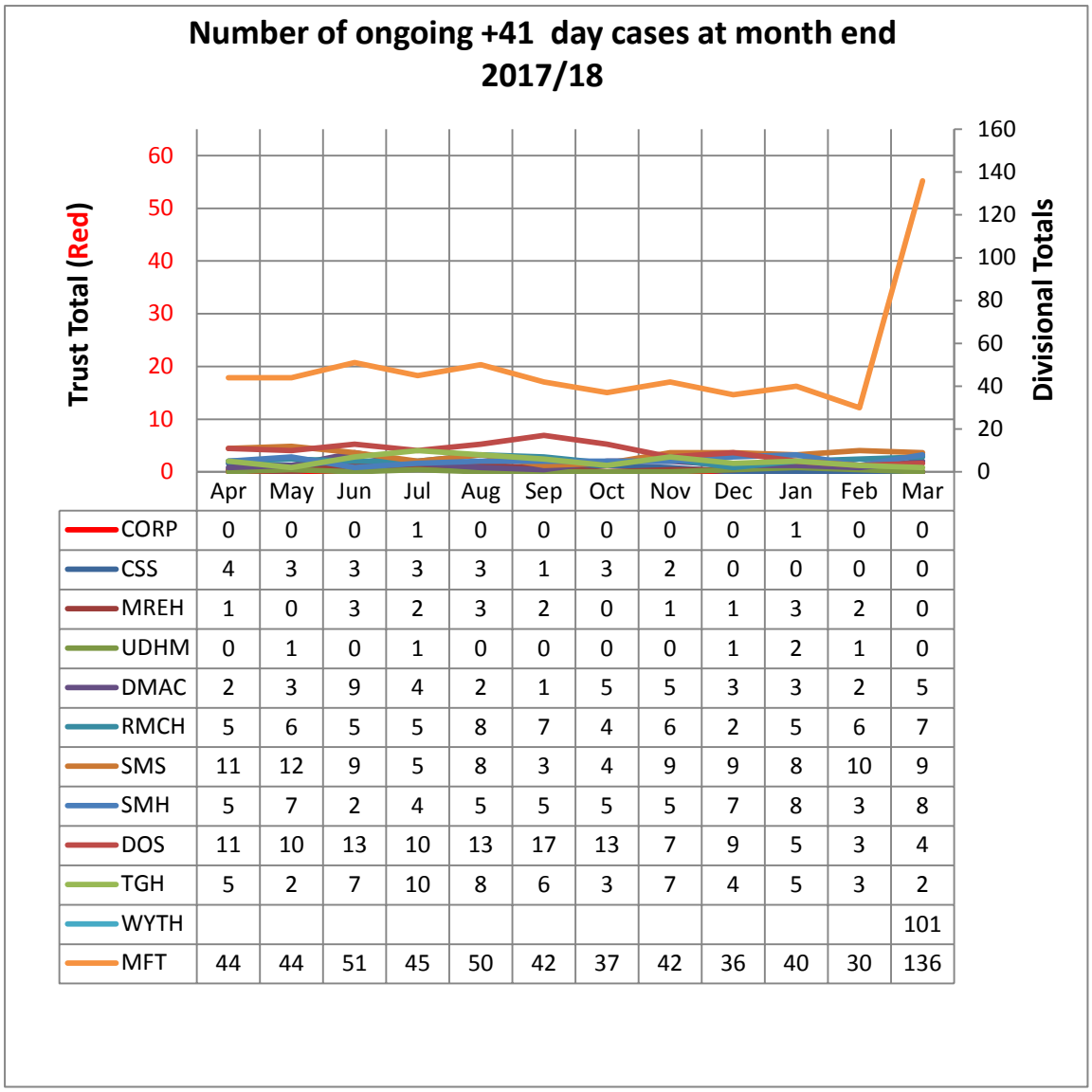
6.3 **Graph 6:** Granular brakedown of closed cases 2017/18 (extremely long cases not included), Trust-wide



6.5 **Ongoing Complaints**

There has been a continued focus during 2017/18 on managing the number of open complaints that were over 41 working days old. At the beginnng of April 2017, there were 44 cases (21% of open cases) at the Oxford Road Campus/ Trafford Hospital that were unresolved over 41 days. This figure increased to 136 (36.9% of open cases) at the end of March 2018. Wythenshawe and Withington Hospitals data in relation to this performance measure is only available from March 2018. **Graph 7**, shows the monthly variation in relation to the number of open complaints, unresolved after 41 days, 101 of these cases in March 2018 relate to a backlog of complaints at Wythenshawe and Withington Hospitals. The backlog of compalints at Wythenshawe and Withington Hospital developed for the previously exlpained reason of the unplanned and significant reduction in the number of PALS staff available to support the management of complaints relating to Wythenshawe and Withington Hospital, which was fully quantified in March 2018, as described later in this report.

Graph 7: Monthly variation in complaints unresolved after 41 days, Trust-wide for March 2018



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CORP	0	0	0	1	0	0	0	0	0	1	0	0
CSS	4	3	3	3	3	1	3	2	0	0	0	0
MREH	1	0	3	2	3	2	0	1	1	3	2	0
UDHM	0	1	0	1	0	0	0	0	1	2	1	0
DMAC	2	3	9	4	2	1	5	5	3	3	2	5
RMCH	5	6	5	5	8	7	4	6	2	5	6	7
SMS	11	12	9	5	8	3	4	9	9	8	10	9
SMH	5	7	2	4	5	5	5	5	7	8	3	8
DOS	11	10	13	10	13	17	13	7	9	5	3	4
TGH	5	2	7	10	8	6	3	7	4	5	3	2
WYTH												101
MFT	44	44	51	45	50	42	37	42	36	40	30	136

6.6 Historically, at the Oxford Road Campus and Trafford Hospitals, all cases over 41 working days old were escalated within the Divisions and discussed at the fortnightly Complaints KPI Meeting, chaired by the Chief Nurse or Deputy Chief Nurse. The accountability for complaints management and monitoring was fully devolved to the Hospital Chief Executives during Quarter 4, 2017/18 and the Corporate KPI meeting was discontinued as all cases over 41 working days are now monitored at Group level via the Accountability Oversight Framework (AOF), which informs the decision-making rights of Hospital/Managed Clinical Service Chief Executives and their teams.

6.7 A detailed analysis of all complaints received prior to 1st April 2018 at Wythenshawe and Withington Hospitals has been undertaken collaboratively between the PALS and Director of Nursing, WTWA and the Senior Leadership team at WTWA have established processes to deliver a trajectory for improvement.

6.8 The oldest case during the year 2017/18 was received by Wythenshawe Hospital. The case was re-opened on 22nd January 2016 and the case was 496 days old when it was closed on 9th January 2018. An initial response was sent to the complainant in February 2014; however, the complainant remained dissatisfied which led to a further investigation

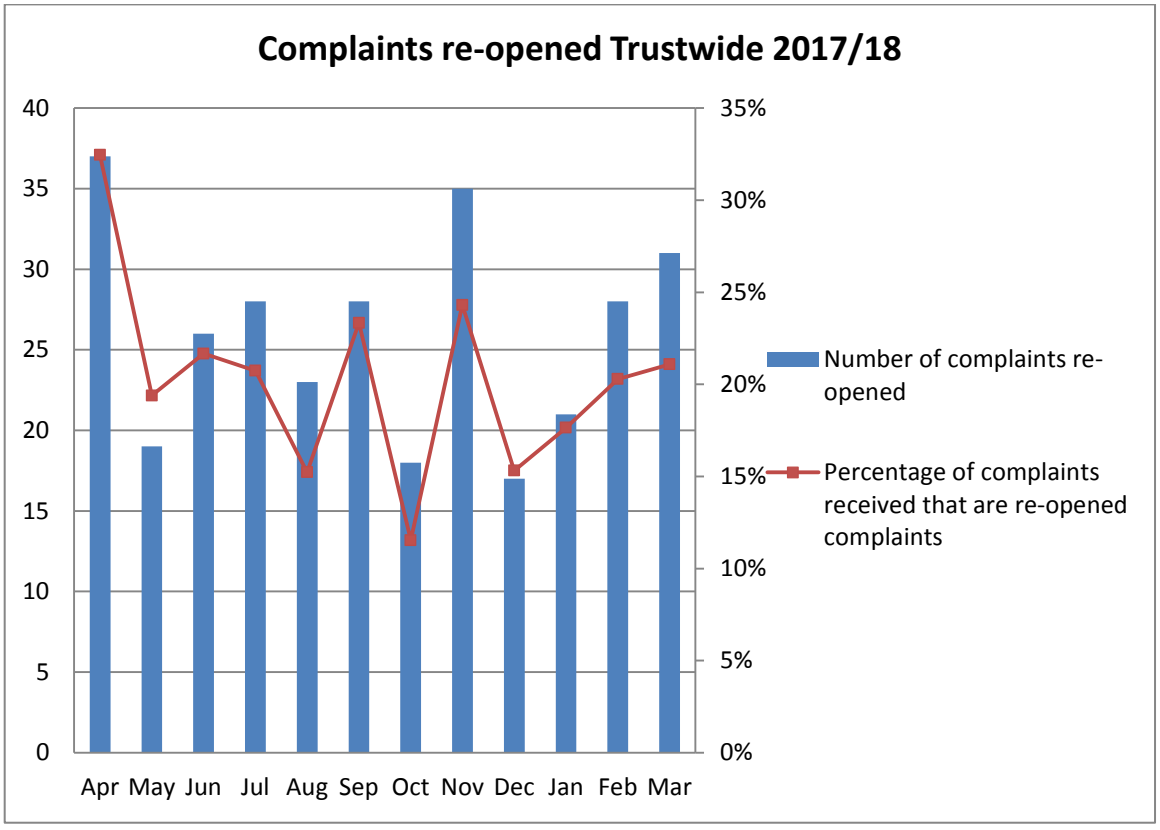
by the Wythenshawe Hospital team. A dissatisfied response and a further investigation were undertaken and a further response was sent to the complainant in June 2014. Regrettably the complainant remained dissatisfied and a further investigation was undertaken. A further response was sent to the complainant in February 2015; however the complainant remained dissatisfied, making contact in January 2016 to express their dissatisfaction. Unfortunately, due to an administration oversight within the Patient Experience Team at Wythenshawe Hospital the investigation was not initiated until December 2017 and a final written response was provided to the complainant in January 2018. Systems have subsequently been reviewed and improvements made to prevent a recurrence of such an error.

6.9 Following the implementation of a the new system for triaging complaints based upon their complexity, all complaints continue to be triaged in line with this process.

6.10 Re-opened cases due to dissatisfaction with the response provided to the complainant provides an indication of the quality of the response. Throughout 2017/18 there was a wide variation in the number of re-opened complaints received across the Trust with a total of reopened cases during 2017/18 equating to 311 (20%). This compares to 231 (22%) reopened in 2016/17, 287 (24.7%) reopened in 2015/16 and 274 (27%) reopened in 2014/15 for the Oxford Road Campus and Trafford Hospital; the data for previous years is not available for Wythenshawe and Withington Hospitals, but will be available for future reports.

6.10 **Graph 8** details the number of re-opened complaints by month during 2017/18.

Graph 8: Number of Re-opened Complaints by Month 2017/18, Trust-wide



7. Themes

7.1 The themes and trends from complaints are reviewed at a number of levels. Each Hospital/ MCS/ Division considers local complaints on a regular basis as part of their weekly complaints review meetings and monthly Quality Forums. Further analysis of complaint themes and trends is provided in quarterly complaints reports to the Board of Directors.

7.2 **Tables 17 and 18** demonstrate the 3 most prevalent category types raised in complaints in 2017/18, compared to the previous 4 financial years.

Table 17: Top 3 complaint themes (5 year trend) Oxford Road Campus and Trafford Hospital

Category	2013/14	2014/15	2015/16	2016/17	2017/18
Appointment Delay / Cancellation (OP)	80	893	916	1032	1037
Treatment / Procedure	440	796	1056	896	1320
Consent/Communication/Confidentiality	475	907	1457	907	1363

Table 18: Top 3 complaint themes (5 year trend) Wythenshawe and Withington Hospitals

Category	2013/14	2014/15	2015/16	2016/17	2017/18
Clinical	327	303	266	289	262
Staff Attitude	59	70	73	57	61
Appointment / Delays (Outpatients)	79	79	71	56	52

7.3 The Ulysses Safeguard System used at the Oxford Road Campus and Trafford Hospital had the functionality to enable complaints to be mapped and themed against the previous Trust Values. Values are currently being developed for Manchester University NHS Foundation Trust and once these have been developed, mapping will similarly be developed within the new Ulysses Safeguard module, that is used to record and monitor comoplaints management to enable the mapping of complaints against the Trust Values.

7.4 Similarly, the mapping and tracking of complaints to specific topic areas has also continued during 2017/18. Complaints relating to dementia, pain relief and end of life care are now captured and are used for monitoring and for targeting improvement activity.

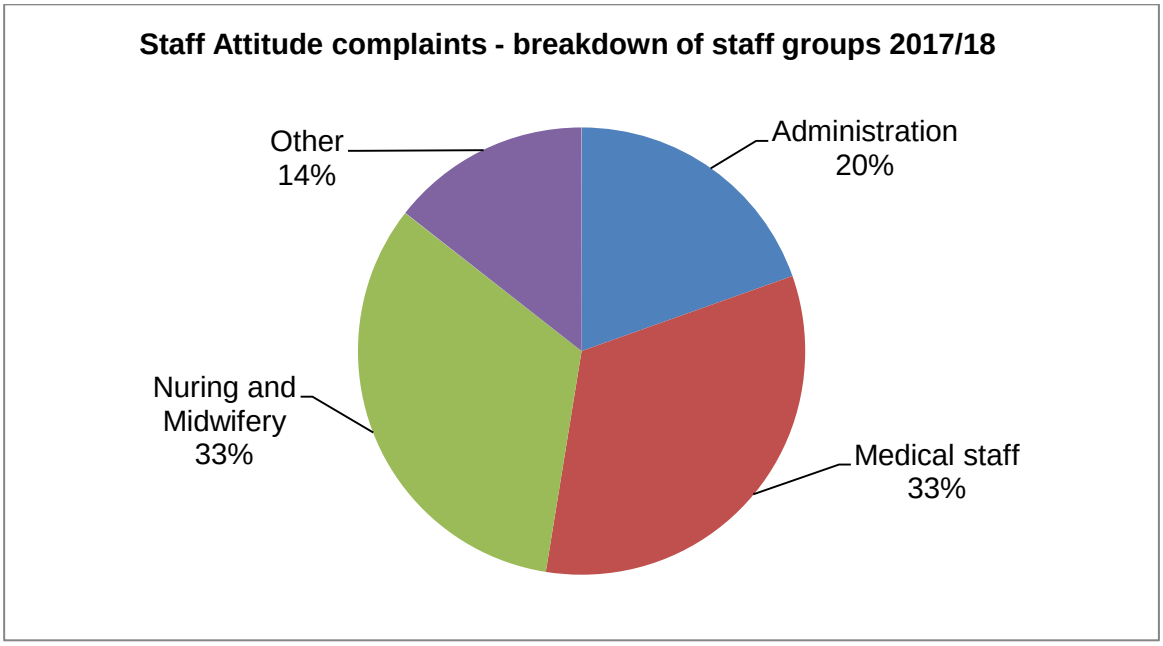
8. Our People

8.1 **Table 19** provides the number of Formal Complaints and PALS concerns that refer to 'staff attitude' and **Graph 9** breaks these down into the staff groups involved.

Table 19: Number of complaints that refer to staff attitude, Trust-wide

Attitude of Staff	2014/15	2015/16	2016/17	2017/18
PALS Concerns	251	238	223	210
Formal Complaints	364	356	213	296
Totals	**615**	**594**	**436**	**506**

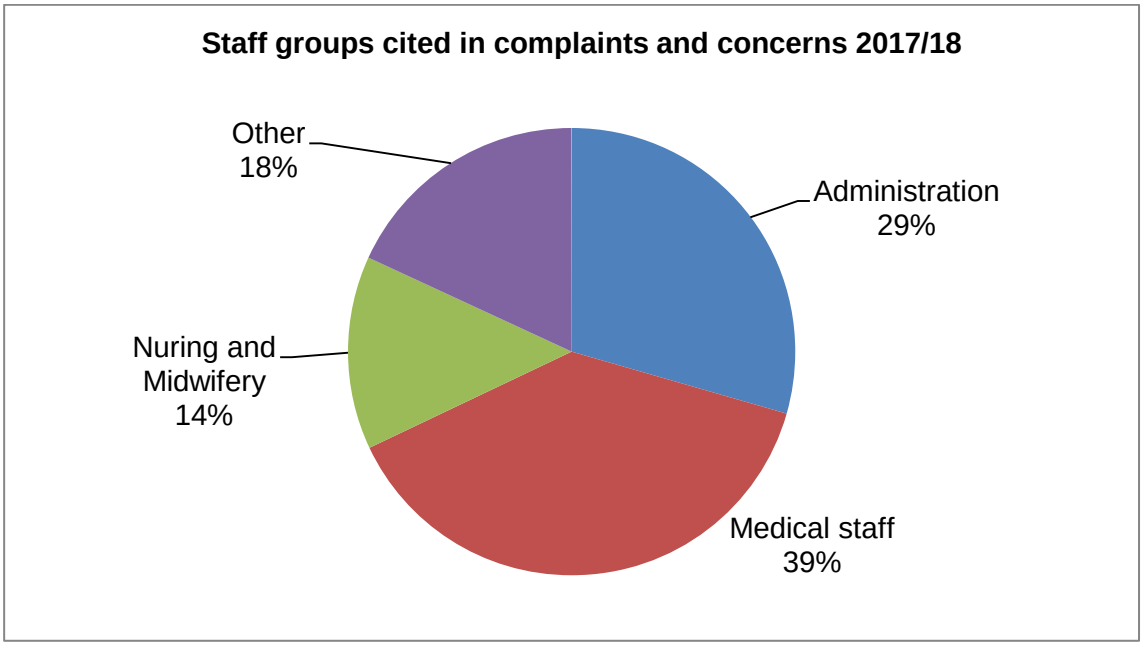
Graph 9: Percentage of complaints and concerns relating to staff attitude by staff group, Trust-wide



8.2 During 2017/18, the number of complaints which cited staff attitude increased to 506 compared to 436 during 2016/17. This represents an increase of 16.1%.The importance of Positive Communication is one of the 6 Key Themes identified as part of the ***What Matters to Me*** Patient Experience Programme. Often, the first interaction a patient has with the Trust's services is with a receptionist or another member of Administrative and Clerical (A&C) staff. In recognition of this key interface an integral element of the What Matters to Me work programme is to develop and implement a First Impressions training programme for A&C staff during 2018/19.

8.3 **Graph 10** highlights the top 3 professions referenced in formal complaints or concerns. Medical Staff are the highest group referenced with a total of 2,841 complaints, followed by Administration and Clerical (A&C) staff who are referenced in 2,176 complaints. Unfortunately, due to the limitations of the data, further analysis relating to the grade of the staff involved is not possible.

Graph 10 Top 3 most referred to professions in complaints and concerns, Trust-wide



9. Overview and Scrutiny

9.1 The Trust Complaints Scrutiny Group, chaired by a Non-Executive Director, is a sub-committee of the Trust Quality and Safety Committee, with meetings held every two months. The Group was established by the former CMFT, however, as part of the Single Hospital Service Integration programme the Terms of Reference of for the Complaints Scrutiny Group have been reviewed and, as agreed by the Trust's Quality and Safety Committee, now set out a Group-wide remit for reviewing complaints across all MFT Hospitals/Managed Clinical Services with effect from April 2018.

9.2 The main purpose of the Committee is to review the Trust's complaints processes in a systematic and detailed way through the analysis of actual cases, to ascertain learning that can be applied in order to continuously improve the overall quality of complaints management; with the ultimate aim of improving patient experience.

9.3 The Complaints Scrutiny Committee met in total six times during 2017/18 and reviewed twelve presented cases involving all operational divisions within legacy CMFT. The actions agreed at each of the Scrutiny Committee meetings are recorded and provided to the respective Hospitals/Managed Clinical Services and Divisions following the meeting in the form of an action log, with progress being monitored at subsequent meetings.

9.6 Examples of the learning identified from the cases presented and actions discussed and agreed at the meeting are outlined in **Table 20**. All Hospitals/Managed Clinical Services and Divisions are asked to identify and share transferable learning from the scrutiny process within and across their services.

Table 20: Actions identified at the Trust Complaints Scrutiny Committee during 2017/18

	Division	Learning	Actions
Quarter 1	**Specialist Medical Services**	Learning Disability Passports not fully utilised.	▪ Reminders concerning use of learning disability passports shared at CICU handovers for an 8-week period. ▪ Patient Story shared at CICU Staff meeting.
		Concerns regarding nursing knowledge and empathy for patient's communication and medication needs.	▪ Complaint has informed amendments to Divisional Learning Disability plans. ▪ Patient Story shared with ACHD team. ▪ Improved preparation and awareness of this patient's needs.
Quarter 1	**Division of Surgery**	Issues regarding communication of patient needs.	▪ Ward round handover checklist has been initiated. ▪ Poster providing name and contact details of senior staff for patients to make contact developed. ▪ Training provided to staff re dealing with challenging patients and their families.
		Poor handover from one Trust to former CMFT	▪ Informatics piloting a referral pro-forma which senior doctors are to complete when a patient is transferred into the Trust from another Trust.
Quarter 2	**Clinical Scientific Services**	Issues relating to the management of complex complaints across multiple divisions.	▪ Implementation of local database to monitor dates and to chase responses in a timely fashion ▪ To ensure all questions are allocated for responses and that there is a central location for the medical records.
		Issues relating who to contact regarding corporate element of complaint	▪ Clarity provided regarding escalation procedure for corporate elements of complaints
Quarter 2	**Division of Medicine and Community Services**	Concerns relating to nursing care, nutrition, inconsistent mobilisation, visiting relative being able to support patient.	▪ Introduction of open visiting hours ▪ Increased partnership working with families involved in patient care ▪ Widespread feedback to clinical teams following complaint
		Delays in accessing medical records and complexity due to number of external agencies involved.	▪ Implementation of complaints triage system allows complex cases to be identified early in the process and for necessary steps to be implemented to prevent delays as far as possible.

Quarter 2	**Royal Manchester Children's Hospital**	Delays relating to child requiring Hickman line insertion	▪ Electronic listing system introduced for CEPOD theatres (Dedicated theatre lists for emergencies). ▪ Second 'line' theatre list to be run by interventional radiology will reduce need to go to 'emergency' theatre for the procedure.
		Communication with parent and child relating to delays.	▪ Complaint shared with ward teams on ward 84 regarding communication.
Quarter 2	**Specialist Medical Services**	Patient expectations regarding where treatment should be undertaken.	▪ Leaflet to be provided to NWAS to provide to patients with reassurance that they are being given the correct care in the appropriate setting. ▪ Doctor to continue on-going communications with NWAS to support them in communicating well with patients about where they are being taken and why, and what might happen if they do not need the emergency service they are being taken to.
		Complainant became 'vexatious' during the complaints process	▪ Early recognition of and implementation of Trust 'Vexatious and Persistent Complainants' procedure.
Quarter 2	**St. Mary's Hospital**	Delays in complaints process due to clinician having conflicting priorities.	▪ Ensure complaint case work is identified where individual circumstance change to ensure complaints timeline is maintained.
		Communication and attitude of staff involved.	▪ Ensure complaint letter is shared with team as well as the 'acknowledgement' letter. ▪ Complaint shared at clinical effectiveness meeting.
Quarter 3	**Division of Surgery, MRI**	Communication. Managing expectations of relatives better	▪ Meeting with and providing regular updates to families proactively. ▪ Providing key contact details to families. ▪ Divisional reports re: cancellations and patients awaiting emergency theatre to be circulated to teams.
		Management of emergency operating lists and coordination of emergency theatre	▪ Theatre coordinator posts recruited to and to commence in post in January 2018.
Quarter 4	**MREH**	Waiting time unclear within Emergency Eye Department (EED).	▪ Whiteboard introduced to clearly display waiting times. ▪ Staff actively informing patients of waiting times within EED
		Difficulty in contacting Emergency Eye Department (EED) by telephone.	▪ Phone line usage to be audited.

		Short notice cancellation of Out Patient Appointment.	▪ Clear process for booking further appointments communicated to A&C staff ▪ Bespoke Customer service Training undertaken
Quarter 4	**UHDM**	Poor written and verbal communication	▪ #hellomynameis campaign re-launched at ACE day. ▪ Re-iteration of standards of communication at induction.
		Managing patient expectations Post-Graduate service	▪ Leaflet devised regarding Post-Graduate treatment by students (qualified dentists). ▪ Consent form devised in collaboration with University of Manchester.
Quarter 4	**SMS, MRI**	Breakdown in communication and processes within Endoscopy Department	▪ Investment made to improve capacity of Department including employment of a consultant and 3x SpR level doctors, A&C staff and specialist nursing team. ▪ The Endoscopy Department refurbishment has now been completed.
Quarter 4	**Trafford Hospital**	Ineffective communication in a specific Patient Booklet.	▪ Review and amend wording in specific Patient Booklet ▪ Guidelines to be reviewed and reissued
		Multiple cancellations of complex orthopaedic patient's operations	▪ Review of complex patient pathway ▪ Review of escalation process for multiple cancellations
		No record of intimate swab being taken in patient's medical records	▪ Ensure staff aware of necessary documentation standards for intimate swab
		Difficulty with transportation of notes across sites	▪ Review of transportation of notes across sites to be undertaken in collaboration with Medical Records Department

9.7 In addition to the scrutiny described above, complaints are also reviewed within the Accreditation process to assess if the teams are aware of complaints and to examine what actions have been taken to improve services.

9.8 Complaints are also triangulated with feedback received through a number of different processes including the Friends and Family Test (FFT), National Survey data, the Care Opinion/NHS Choices websites and real time Patient Experience Trackers to identify areas requiring targeted improvement.

Picture 3: Patient Art Class, Ward 45

10. Patient Experience Feedback

10.1 Care Opinion and NHS Choices Feedback

Care Opinion is an independent healthcare feedback platform service whose objective is to promote honest conversations about patient experience between patients and health services. NHS Choices was launched in 2007 and is the official website of the NHS in England. It has over 48 million visits per month and visitors can leave their feedback relating to the NHS services they have received. The Care Quality Commission (CQC) utilises information from both these websites to help them decide when, where and what to inspect, spot problems in care and make decisions on whether a service should continue to provide care and more[6].

10.2 There has been a 22.4% decrease in the number of postings made in relation to the Oxford Road Campus and Trafford Hospital services on these websites during 2017/18 (from 402 postings in 2016/17 to 312 postings in 2017/18). The number of posts on these websites by category; positive, negative and mixed negative and positive comments, are recorded as detailed in **Table 21a.** The data demonstrates that the majority of comments received in 2017/18 were positive (55.8% compared to 53.5% from 2016/2017), however, 29.5% of the comments related to a negative experience of the Trust's services. This is a reduction (positive) in negative postings of 4.0% compared to 2016/017 when 33.5% of comments were categorised as negative.

[6] Share Your Reviews With Us. CQC, 2017 available at: http://www.cqc.org.uk/content/share-your-reviews us

Table 21a Number of Care Opinion postings at the Oxford Road Campus and Trafford Hospital Services by Hospital/MCS/Division 2017/18

Number of Patient Opinion Postings received by Hospital/MCS/Division, Oxford Road Campus and Trafford 2017/18			
Division	**Positive**	**Negative**	**Mixed**
Clinical Scientific Services	6	4	2
Corporate Services - Facilities	0	4	1
University Dental Hospital of Manchester	9	3	2
Manchester Royal Eye Hospital	16	4	2
Medicine And Community Service, MRI	17	5	6
Royal Manchester Children's Hospital	11	7	1
Specialist Medical Services, MRI	17	16	9
St Marys Hospital	29	9	5
Surgery, MRI	24	11	4
Trafford Hospitals	45	32	11
Total	**174**	**95**	**43**

10.3 The number of postings from Wythenshawe and Withington Hospitals on these websites during the financial year 2017/18 was 131 in total. The breakdown by category is detailed in table **21b**. The data demonstrates that the majority of comments received in 2017/18 were positive (72%) with 18% of postings reflecting negative feedback with the remainder (10%) reflecting a mixture of positive and negative comments. Comparative data for 2016/17 for Wythenshawe and Withington Hospitals is not available.

Table 21b Number of Care Opinion postings at Wythenshawe/ Withington Hospitals by Division 2017/18

Number of Care Opinion and NHS Choices Postings received by Division, Wythenshawe and Withington Hospitals			
Division	Positive	Negative	Mixed
Clinical Support Services	10	7	2
Scheduled Care (Maternity)	15	1	2
Scheduled Care (Surgery)	35	8	3
Unscheduled Care	35	8	5
Total	**95**	**24**	**12**

10.4 The Care Quality Commission monitors issues and concerns raised together with the Trust responses. The Trust actively responds to the posts, however, a full response to posts is not always possible as specific patient details are not always provided. The PALS team contact details are always provided in these circumstances in order that such cases can be investigated further should the person posting the feedback wish to pursue this option.

10.5 **Table 22** provides three examples of the feedback received and the subsequent responses posted on Care Opinion and NHS Choices that were published in 2017/18

Wythenshawe Hospital
Ear, Nose and Throat Clinic Review: I attended the clinic on Monday 20th November 2017. I had been referred by my GP as I was experiencing Tinnitus. The nurses on the clinic reception were helpful, pleasant and informative. Before seeing a doctor my hearing was tested and the nurse explained each step of the procedure very well. I then went in to see a doctor who first of all asked me if it was OK for a trainee nurse to sit in on the consultation and I said this was OK. The doctor then asked me a series of what I thought were very meaningful questions and not just an exercise in ticking boxes. We discussed my tinnitus and my slight loss of hearing and at all times the doctor's manner and explanations were given in a very professional manner and with the correct degree of empathy. The doctor said that they wanted me to have a scan of my ear and would mark their request as urgent. At the end of the consultation I felt assured that my case was in excellent hands and the Doctor said an appointment would be made after the scan and they would then discuss the results with me. This doctor is a perfect example of the professional expertise and customer care and satisfaction that is provided by our NHS. I returned home and within minutes received a call from the cardiac centre and I am having my scan this Friday morning. My overall experience can be justifiably described as our NHS at its very best.
Response: Thank you for taking the time to post your feedback on the NHS Choices website. Please accept our apologies for our delayed response to your comments. We were pleased to read that you found our staff to be helpful and pleasant. We were especially pleased that you received a good standard of information and that you were provided with personalised care. We were also pleased that our staff showed empathy whilst providing your care, as this is one of the core values of our Trust. It is always good to receive feedback which highlights the dedication and consideration of our staff. It was good to know that you left your consultation feeling assured and confident that you were in good hands. We will pass your kind comments on to the Deputy Head of Nursing so that it can be shared with the team in the Ear, Nose and Throat Department.
Surgery (MRI) **Outstanding Care from Wards 9 and 10:** I had a live donor kidney transplant from my husband in July 2017, I was on Ward 10 and he was next door on Ward 9. Every aspect of the hospital stay was absolutely outstanding. All the staff, HCAs, catering staff, porters, nurses, students, junior doctors, registrars, consultants, anaesthetists and surgeons were totally professional, dedicated and caring. They all worked so hard but always had time for patients. Pain relief, which I was worried about, was excellent. I was regularly asked my pain level and if I needed pain relief. I was given codeine and paracetamol to come home with but only needed paracetamol. I was able to recover at my pace, I did not feel up to getting out of bed the day after surgery but managed it the next day with lots of help, and the wash I was given that day felt wonderful! I was asked when I felt ready to go home, and drains etc. were removed in order that I could do so. I was pleased to (be) asked to take responsibility for recording my

fluid balance as it helped me have ownership of my care. I would like to see the "Hello, my name is" initiative more comprehensively rolled out across all staff, but this is a minor point.

My opinion was taken into consideration around my treatment and aftercare and I felt valued as an individual. I felt cared for physically, mentally, and emotionally (and my emotions were all over the place.) My family and friends who visited were also treated with care and compassion.

Nothing was too much trouble whether it was help to walk to the toilet, fresh water or a cup of tea, or extra towels for a shower. The wards, toilets and showers were all perfectly clean.

I know NHS food gets a bad rep, but I found it excellent! I had no appetite at all before transplant and it came rushing back! As a vegetarian I was worried about what I would eat but had plenty of options. The desserts were especially delicious! Food ordering and mealtimes were very anticipated!

"Thank you" really does not say just how grateful I am for the attentive, dedicated, caring and professional staff on wards 9 and 10 and for the marvellous NHS!

Response:

Thank you for taking the time to share your feedback via the NHS Choices website about your positive experience at the Manchester Royal Infirmary.

We were pleased to read that you found you and your Husband's care and treatment to be an outstanding standard. We understand that this must have been an anxious time for you and your Husband and we were especially pleased that all of our staff were able to contribute to your experience by helping to keep you comfortable and ensuring that you were able to play an active role in your own care, helping you to feel valued.
It was good to know that our Trust values were present in every part of your journey and that you were treated with compassion.

It is always great to receive feedback which highlights the dedication and hard work of all of our staff members. It was also good to learn that you found our facilities clean and that you were happy with the dining provisions provided during your stay.

Once again, thank you for taking the time to share your experience and we hope that both you and your Husband are recovering well. We will ensure that your feedback is passed on to the Clinical Effectiveness Manager of Surgery so that it can be shared with the teams involved in your care.

CSS, DMACS and Surgery (MRI)

My partner was admitted through A&E on Sunday 11th March with sepsis and was found to have a perforated bowel. We cannot thank the staff in A&E, radiology, ESTU and especially ward 11. The care and respect we both received was without a doubt exceptional, everything was done efficiently, with dignity and respect and we were kept informed at all times exactly what was happening and what to expect. From the portering staff right through to the surgeons the care was fantastic! Exceptional thanks and praise goes to the staff nurses and the lovely student nurses on Ward 11. ESTU, you were amazing, so efficient and professional and a credit to your manager and the hospital too! Thank you HDU and theatres for keeping me updated on my partners condition whilst he was a patient with yourselves. Last but not least a big huge thank you to the surgeon and his wonderful team for saving my partners life! Although I am a member of nursing staff at MRI and have been for almost 20 years, I was so very humbled and proud of the respect,

professionalism, kindness and efficiency we experienced from everyone we dealt with during a very scary experience, cannot thank everyone enough!! Keep up the fantastic work!
Response:
Thank you for taking the time to share your feedback via the NHS Choices website. We were pleased to read that you had a positive experience at Manchester Royal Infirmary and that you felt that the standard of care provided to your partner was to an exceptional and efficient standard. We understand that this must have been a very worrying time for you and your partner, so we were especially pleased that you felt treated with respect and dignity and that you were kept well informed throughout this difficult time. It is always good to receive feedback which highlights the hard work and compassion of our staff. We will ensure that your feedback is passed on to the staff involved in your partners care in the Accident and Emergency Department, the Emergency Surgical Trauma Unit (ESTU), the High Dependency Unit (HDU) and Ward 11. Once again thank you for taking the time to share your comments.

11 Compliments

11.1 The Trust received and recorded 860 compliments during 2017/18 compared to 932 compliments during 2016/17. This represents a decrease of 8%. Of the recorded compliments received 151 (17.5%) related to Trafford Hospitals. Work continues to encourage the capture and recording of compliments across all Hospitals and Managed Clinical Services.

11.2 The registration of compliments received by the Chief Executive's Office is managed by the PALS team and Hospitals/Managed Clinical Services manage registration of locally received compliments on the Safeguard Complaint Management System. All responses are managed locally and authorised by the Hospital/ Managed Clinical Service Chief Executives

11.3 All positive Patient Opinion and NHS Choices postings are also shared with the relevant departments. In addition, weekly reports are circulated to Hospitals/Managed Clinical Services detailing compliments that are registered both corporately and locally. The reports include the number, detail and progress and are shared within Hospitals/Managed Clinical Services in order to celebrate and spread good practice.

11.4 **Table 23** details the numbers of compliments registered for each Hospital/MCS and division for 2017/18.

Table 23: Distribution of Compliments received by hospital/MCS/Division during 2017/18, Trust-wide

	Number of Compliments received by Division				
Hospital/MCS	**Division where applicable**	**Q1**	**Q2**	**Q3**	**Q4**
	Division not recorded	33	26	20	9
CSS	Clinical Scientific Services	31	11	4	4
Corporate	Corporate Services	2	1	0	2
MREH/UDHM	University Dental Hospital of Manchester	1	5	0	0
	Manchester Royal Eye Hospital	4	14	7	12
RMCH	Royal Manchester Children's Hospital	2	11	3	5
Saint Mary's	St Marys Hospital	4	18	6	8
MRI	Specialist Medical Services	31	11	6	11
	Medicine And Community Service, MRI	17	15	40	43
	Surgery, MRI	10	12	25	36
Wythenshawe, Trafford, Altrincham and Withington	Trafford and Altrincham Hospitals	89	28	19	15
	Wythenshawe and Withington Hospitals	35	26	69	79
	Total	**259**	**178**	**199**	**224**

12 Meetings with Complainants

12.1 A total of 101 Local Resolution Meetings are recorded as taking place during 2017/18 of which 11 related to Saint Mary's Hospital, 19 were within Royal Manchester Children's Hospital, 23 within MRI and 31 at Wythenshawe and Withington Hospitals, with the rest being spread relatively evenly across the other Hospitals. This compares to 113 Local Resolution Meetings held in 2016/17. This represents a reduction of 11%, however further analysis is restricted by pre-merger data recording limitations at Wythenshawe and Withington Hospitals.

12.2 Meetings are facilitated by the identified PALS Case Managers and summary letters are provided to the complainant with an audio recording of the discussion. This enables the complainant to listen to the recording outside the meeting so that they can review specific responses or consider any further questions they may wish to raise.

13. Parliamentary and Health Service Ombudsman (PHSO)

13.1 The PHSO is commissioned by Parliament to provide an independent complaint handling service for complaints that have not been resolved by the NHS in England and UK government departments. The PHSO is not part of government, the NHS in England, or a regulator. The PHSO is accountable to Parliament and their work is scrutinised by the Public Administration and Constitutional Affairs Committee.

13.2 The PHSO is the final stage for complaints about the NHS in England and public services delivered by the UK Government. The PHSO considers and reviews complaints where someone believes there has been injustice or hardship because an organisation has not acted properly or fairly or has given a poor service and not put things right.

13.3 During 2014/15, the PHSO announced plans to increase the number of investigations that are considered and undertaken. As a result, there was an expectation that the Trust would experience an increase in the number of investigations. However, as shown in **Table 24**, the number of cases has decreased to 15 during 2017/18 (compared to 31 during 2016/17). The percentage of cases **not** upheld is comparable in 2017/18 (66.6%) to 67.7% in 2016/17.

Table 24: Number of resolved PHSO cases comparison, Trust-wide

	2014/15	2015/16	2016/17	2017/18
Fully up-held	1 (7%)	3 (11%)	3 (9.7%)	1 (6.6%)
Partially up-held	7 (50%)	13 (48%)	7 (22.6%)	4 (26.6%)
Not up-held or withdrawn	6 (43%)	11 (41%)	21 (67.7%)	10 (66.6%)

13.4 The Trust had 26 cases under the review of the Parliamentary and Health Service Ombudsman at the end Quarter 4 2017/18. **Table 25** provides details of the PHSO cases resolved in 2017/18 and shows the distribution of PHSO cases across the Hospital/Managed Clinical Services and former CMFT divisions.

13.5 In summary, 10 cases were not upheld or withdrawn, 4 cases were partially upheld and 1 case was fully upheld.

13.6 In total payment of compensation was advised by the PHSO in 2 of the 15 cases totalling a sum of £850.00. This compares to the payment of £2,300 to complainants in 2016/17.

Table 25: PHSO cases closed between 1st April 2017 and 31st March 2018, Trust-wide

Division/Hospital	Outcome	Date original complaint received	PHSO Rationale/Decision	Recommendation
DMACS, MRI	Not Up-held	23/01/17	No failings found	None
DMACS, MRI	Partly Up-held	18/09/14	Failings in care and treatment	Provide a full acknowledgement of and apology for the distress and failings identified in the report caused. Prepare an action plan to address the failings identified in the report.
DMACS, MRI	Not Up-held	16/12/15	No failings found	None
Surgery, MRI	Partly Up-held	15/03/17	Failings in care, treatment and communication	Provide a full acknowledgement of and apology for the impact of the failings identified in the report. Explain what actions have been taken to

				address the failings that the PHSO identified.
Surgery, MRI	Not Up-held	31/03/17	No failings found	None
Surgery, MRI	Not Up-held	05/01/17	No failings found	None
SMS, MRI	Not Up-held	08/11/16	No failings found	None
SMH	Not Up-held	19/10/17	No failings found	None
RMCH	Not Up-held	07/07/15	No failings found	None
TGH	Not Up-held	24/03/16	No failings found	None
TGH	Partly Up-held	15/12/16	Failings in care	Provide a full acknowledgement of and apology for the impact of the failings identified in the report. Paying £250 in recognition of additional and prolonged pain.
TGH	Not Up-held	06/01/17	No failings found	None
TGH	Partly Up-held	12/01/17	Failings in: ▪ Consenting ▪ Documentation ▪ Nursing care (removal of cannula) ▪ Provision of follow up appointment	Offer the complainant £500 as a financial remedy for the distress caused Write to the complainant to acknowledge the failings identified and apologised for the impact of those failings Create an action plan detailing what has been done to ensure that such failings will be prevented in the future
UDHM	Up-held	13/01/17	Failings in the Trust's management of the complaint, specifically around poor communication in relation to complainants NHS and private treatment	Acknowledge failings identified and issue and apology specifically for the distress caused by you providing conflicting information Create an action plan detailing how the Trust will ensure that such failings in complaint handling will be prevented in the future Create an action plan detailing how the Trust

				will ensure that records clearly identify if care is NHS funded or privately funded to avoid confusion. Provide financial compensation to the amount of £100 for the distress caused
Wythenshawe Hospital	Not Up-held	28/07/17	No failings found	None

14. Tell Us Today

14.1 **'Tell us Today'** enables patients and families to escalate concerns in real time via a dedicated telephone number to a senior manager so that the issues can be resolved, the patient's experience improved and potentially a formal complaint averted. '**Tell us Today'** is available for inpatients at the Hospitals on the Oxford Road Campus and Trafford, with plans to roll out to Wythenshawe Hospital in 2018/19.

14.2 During 2017/8 the number of recorded calls on the Safeguard system has been exceptionally low. A total of only 5 calls were recorded on the system in 2017/18, compared to 17 in 2016/17. However, there is anecdotal evidence to suggest that the service is being actively used and that the quick response to concerns has been well received by patients, however due to the pressures of time these calls and actions are not being recorded on the electronic system, especially out of hours when the Senior Nurse Bleep Holder, who responds to the calls, has numerous competing priorities.

14.3 '**Tell us Today'** is currently being refreshed and will be re-launched, including roll out to Wythenshawe Hospital in 2018/19 on National **'What Matters to Me'** Day on 6th June 2018, to promote this service across the Trust and to further encourage the recording of calls on the system.

15 Complaint Data Analysis and Implementing Learning to Improve Services

15.1 All Hospitals/Managed Clinical Services Divisions regularly receive their complaint data via automated reports produced by the electronic Complaint Management system, Safeguard. Hospitals/Managed Clinical Services also review the outcomes of complaint investigations at their Quality or Clinical Effectiveness Committees. The following tables identify the complaint data for each of the Hospitals/Managed Clinical Services/Divisions mapped against a number of key performance indicators and a selection of complaints that demonstrate how learning from complaints has been applied in practice to contribute to continuous service improvement during 2017/18. All of these examples have been published in the quarterly Board of Directors Complaints Reports.

15.2 Former CMFT Division of Surgery, MRI

Division Of Surgery	2016/17	2017/18
Number of formal complaints	190	168
Number of PALS concerns	797	721
Number of reopened	56	48
Number closed in 25 days	43	34
Number closed over 41 days	115	81
Number of meetings held	18	16
Top 3 themes		
1. Treatment / procedure - 297		
2. Communication – 235		
3. Appointment Delay / Cancellation (OP) - 157		

Division	Complaint and Lessons Learnt
Surgery, MRI **Q1**	**Poor nursing and medical care, poor communication and documentation, delay in scan being undertaken and delay in follow-up appointment: Urology:** A patient was admitted from the Emergency Department to Ward 10 (via ESTU) at Manchester Royal Infirmary with acute pyelonephritis. The patient was admitted for intravenous antibiotics (Gentamycin). The patient's creatinine levels were high; when patient's creatinine levels are high Gentamycin should not be administered. The nurse administered the Gentamycin. The administration of the Gentamycin delayed the patient's discharge as she required a period of observation and administration of saline due to the concern about kidney damage . The patient was discharged but then re-admitted the following month as she was still feeling unwell. During this subsequent admission the consultant undertook a consultation with the patient, with a cleaner in the room, with no consideration of respect or confidentiality for the patient. The patient was advised that she was to undergo an ultrasound scan, the patient was advised of the scheduled date of the scan, however it transpired she was not on the list of patients to undergo a scan on that day. On another occasion during this admission, the patient enquired why she had not received pain relief or antibiotics that she believed were due to be administered and she was advised that her drug prescription chart could not be found and that she could not receive any medication. At the time of discharge, the patients Discharge Notification Form (DNF) included the wrong diagnosis and list of procedures that the patient had not undergone The patient was shown blood test results and an ultrasound

	report for a different patient with the same name; ultimately a breach of confidentiality. On another occasion it took a member of staff six attempts to insert a cannula, despite the patient asked the doctor to stop after three failed attempts. The patient did not receive a follow-up outpatient clinic appointment that she understood should have been 2-3 weeks after her discharge. The appointment was received and scheduled for a few months after her discharge. Lessons Learned: The investigation into the concerns raised by the patient identified: The importance of effective communication between all disciplines and the need to improve communication channels. There is now a ward specifically for Urology and a consultant of the week system is now in place, which has made significant improvements to the communication on the ward. ▪ The importance of undertaking consultations in a private environment has been reiterated to all staff, as the exact member of staff cannot be identified. ▪ The importance of confidentiality needs reiterating. ▪ Lack of awareness of what drugs can be given when creatinine is high, which requires additional training for the individual member of staff concerned. ▪ The need for clear documentation in patient's notes and communication with the patient regarding any delays or cancellations in regard to their treatment/procedures. ▪ Although it is not understood entirely how the prescription chart was misplaced, there should have been expedited attempts to create a replacement prescription chart so that the patient was able to receive her medication and painkillers in a timely manner. ▪ Medical staff now use patient district numbers when accessing electronic records for test results instead of using a patient's name as the identifier, as such errors retrieving the incorrect patient details/results should not happen. This should also prevent issues with incorrect information being populated into patient DNF. ▪ The Consultant Urologist has reiterated to all junior staff that after two failed attempts of catheter insertion they should escalate to a more senior member of staff and not to continue to attempt insertion. ▪ At the time of the patient's discharge in 2015, the Urology Department were lacking in secretarial support and acting upon DNF instructions and making arrangements for outpatient appointments were unfortunately delayed, this has now been rectified and there is now more staff in post. In addition the Urology team have established Hot Clinics, which are accessible to patients at short notice after discharge. The clinics provide the patient the opportunity to be reviewed if they are unwell rather than wait until an outpatient appointment is available.

15.3 Former CMFT Division of Medicine and Community Services, MRI

Division of Medicine and Community Services	2016/17	2017/18
Number of formal complaints	119	124
Number of PALS concerns	364	307
Number of reopened	29	35
Number closed in 25 days	39	34
Number closed over 41 days	39	43
Number of meetings held	26	19
Top 3 themes		
1. Treatment / procedure – 110		
2. Communication – 93		
3. Clinical assessment – 52		

Division	Complaint and Lessons Learnt
DMACS, MRI **Q4**	Urgent Care: A recent complaint was received that questioned whether staff knew about the Emergency Medical Information facility function on mobile telephones. The complaint concerned a patient who had collapsed in Manchester and was brought into the Emergency Department (ED) in a cardiac arrest. Unfortunately as the patient was not conscious at that time, the ED team had to contact Greater Manchester Police (GMP) to request next of kin information, which led to a delay in the family being contacted. The patients' family were eventually contacted via the GMP, however very sadly, by the time they arrived at the hospital their relative had died of an undiagnosed cardiac condition. While the complaint did raise some clinical questions, the family wanted to know if the ED team knew about the function available on most mobile telephones that involves being able to access Emergency Medical Information, which is inclusive of next of kin details. The contact card can be accessed even when the phone is locked and usually includes important information such as patient details, next of kin details, medical history, allergies and blood type. It is up to the mobile phone owner to set up this card and in this instance there was one available on the patients' mobile phone. The family expressed their belief that had the ED team known about this function, and then they may have been contacted sooner and possibly would have to the hospital in time. It was identified while this function was known about by some staff that had used this facility on their own phones, it was not widely known about and the ED Team had not considered this function as a mechanism for establishing patient's next of kin in emergency situations. In view of this, communication has been issued across the Emergency Department and across the Manchester Royal Infirmary. Wider communication has also been issued across the organisation via staff net and shared with key individuals within teams for the information to be cascaded to all front line staff. The Trust has also shared the information with the North West Ambulance service, at the request of the family as it is recognised that they too could use this mobile telephone function. The

	Division continues to promote this mobile phone function via as many routes as possible. The steps to locate the information are very simple and include: ▪ Press home on the iPhone to enter the passcode section ▪ Press Emergency in the bottom left ▪ Press Medical ID. If the information has been stored, it will show DOB, medical conditions, allergies, medications, and emergency contacts. To create your own Medical ID, open Health and tap Medical ID > Edit. Enter your emergency contacts and health information like DOB, blood type etc. Turn on Show When Locked to make your Medical ID available from the Lock screen.

15.4 Former CMFT Division of Specialist Medical Services, MRI

Division of Specialist Medical Services	2016/17	2017/18
Number of formal complaints	148	142
Number of PALS concerns	556	664
Number of reopened	32	37
Number closed in 25 days	29	40
Number closed over 41 days	89	71
Number of meetings held	18	11
Top 3 themes		
1. Communication - 270		
2. Treatment / Procedure - 186		
3. Appointment Delay / Cancellation (OP) - 131		

Division	Complaint and Lessons Learnt
SMS, MRI **Q4**	Gastroenterology Department: Poor Customer Care: A patient contacted the Gastroenterology Department by telephone to enquire when he would receive an appointment to see his Consultant. The patient left a message initially on the Department answer phone requesting someone to call him back. When did not receive a response he contacted the Department on another number that had been provided, but the telephone was not answered. On the third attempt using a different number he spoke to a Secretary who refused to pass on his message to the Consultant and was told he would have to wait until his appointment was due for scheduling. The concerns raised by the patient were investigated, an apology was given to the patient and all members of the Clerical Team have undergone refresher training in Customer Care Practice and reminders given in regards to responding to answerphone messages.

15.5 Royal Manchester Children's Hospital

Royal Manchester Children's Hospital	2016/17	2017/18
Number of formal complaints	133	143
Number of PALS concerns	671	563
Number of reopened	20	19
Number closed in 25 days	43	35
Number closed over 41 days	68	55
Number of meetings held	7	11
Top 3 themes		
1. Treatment / Procedure – 228		
2. Communication – 151		
3. Appointment Delay / Cancellation (OP) – 149		

Division	Complaint and Lessons Learnt
RMCH **Q3**	**Wrong Site Procedure:** A patient was admitted for a tonsillectomy. In addition to their procedure, there were four other children on the planned theatre list who were scheduled to undergo surgery. The theatre list was manually transcribed on to the theatre whiteboard to complete the team brief which was undertaken before the list commenced, using the details transcribed on to the whiteboard (not checked against the theatre list). The patient was transferred to theatre and after relevant checks, was anaesthetised. During the 'Time Out', the surgeon read the procedure from the whiteboard while the Operating Department Practitioner checked this against the consent form. The discrepancy between the whiteboard (which detailed insertion of grommets and tonsillectomy) and the consent form (for tonsillectomy only) was not noted at this point. Grommets were inserted before commencing a tonsillectomy. While undertaking paperwork the Scrub Nurse noticed the discrepancy, the error was realised and a decision taken to remove the grommets. The parents of the child were informed of the error. Upon investigation, it was found that: The procedure was transcribed from the theatre list to the whiteboard incorrectly as insertion of grommets and tonsillectomy; this procedure was planned for the child immediately after this patient. The Team Brief was undertaken purely against the whiteboard and this was not checked against the theatre list. ▪ The 'Time Out' was undertaken without all staff members having sight of the consent form to check against. ▪ Following this incident a number of actions were identified: ▪ The processes around Safe Surgery should be reviewed and improved (in particular within the Paediatric Theatre setting) consideration should be given to how effective the barriers in place are. ▪ Prior to any Surgical procedures and before patients have been

	prepared and draped, the surgeon, the scrub nurse and anaesthetist must view the consent form against the patient's identification bracelet simultaneously. ▪ Surgery cannot commence until this has been completed and the 3 checkers agree it is the correct patient and the correct procedure.

15.6 Trafford Hospitals

Trafford Hospitals	2016/17	2017/18
Number of formal complaints	120	123
Number of PALS concerns	564	549
Number of reopened	30	31
Number closed in 25 days	44	20
Number closed over 41 days	37	66
Number of meetings held	16	6
Top 3 themes		
1. Treatment / procedure – 183		
2. Appointment Delay / Cancellation (OP) – 167		
3. Communication – 139		

Division	Complaint and Lessons Learnt
Trafford Hospital **Q1**	**Communication and Discharge:** A complaint was received by Trafford Day Surgery Unit from the parent of a young adult with regards to medication discharge instructions. The patient had been discharged with Co-codamol 30/500 mg for pain relief and told that she could take two tablets every 4 – 6 hours, as required. The concern raised was that the patient had not been told that they could not exceed more than 8 tablets in 24 hours. On return home the patient's mother calculated the doses every 4 hours and administered the tablets every 4 hours for the next 40 hours, there for significantly exceeding the maximum daily dose. The patient's mother only noticed the instruction on the medication package, not to exceed 8 tablets in 24 hours 2 days later. NHS Direct were contacted and they advised attending the Accident & Emergency. The patient's aminotransferase (ALT) levels were abnormal; the alanine ALT test is done to identify liver disease, especially cirrhosis and hepatitis caused by alcohol, drugs, or viruses. The patient was admitted to hospital for 36 hours for observation and follow up blood tests. Identified Improvement: ▪ All Day Surgery Unit staff have been advised to emphasis to patients the maximum number of tablets that can be taken in 24 hours and the importance of reading medication advice leaflet/packaging before taking any medication. ▪ The Day Surgery Unit Team are also designing a new discharge leaflet to include advice on take home medication – to include advice on reading enclosed medication advice notices.

15.7 Saint Mary's Hospital

Saint Mary's Hospital	2016/17	2017/18
Number of formal complaints	154	124
Number of PALS concerns	296	357
Number of reopened	20	22
Number closed in 25 days	26	22
Number closed over 41 days	53	39
Number of meetings held	11	5
Top 3 themes		
1. Treatment / procedure – 143		
2. Communication – 121		
3. Appointment Delay / Cancellation (OP) – 97		

Division	Complaint and Lessons Learnt
SMH **Q3**	**Listening and Responding. Positive communication:** The Ward Manager for the Midwifery Led Unit (MLU) shared the story of one patient's disappointing experience of the maternity pathway. The story was disclosed through the Tell us Today / local resolution route and an action plan was drawn up between the patient and the Ward Manager. The Patient's story and the actions were shared with the senior Nursing and Midwifery team at the Saint Mary's Professional Forum and a PowerPoint presentation developed for dissemination to all wards. This was the woman's first pregnancy and she had planned as natural a birth as possible. During her pregnancy she was advised that baby wasn't growing quite as expected and the Consultant recommended induction of labour. The patient wanted to leave this for a further week but felt she didn't have a choice as any other option was to put her baby at risk. The patient told us that she felt she wasn't given enough information about the Induction of labour and that when she was admitted she felt more like a protocol rather than an individual. The woman wanted to use the birthing pool but due to the rapid advancement of her labour, the lady was quickly transferred to the labour ward and her birth plan was not discussed with her. The woman went on to have a normal birth but had to go to theatre for a repair of a 3rd degree tear and was separated from her baby for a short period. The woman remembers her postnatal care as a series of conflicting advice from caring midwives but that in reality she feels her birth experience was not what she had wanted or expected. The concerns raised by this patient have culminated in the team at St Mary's Hospital developing the following Action Plan: ▪ To share the woman's story, experience and feelings with staff at St Marys. Staff have been asked to reflect and consider their own practice and how they communicate with the women and families in their care ▪ The Ward manager has provided positive feedback to the staff recognised by the woman that who provided good care. ▪ The Directorate will review the practice of keeping the baby with mum for repair of a 3rd degree tear if possible. ▪ Training and improving skills and competencies: Full Obstetric Anal Sphincter Injuries (OASIS) Care Bundle has been widely disseminated

	and a team established to champion compliance and to ensure accurate data and therefore contribute to best practice guidelines for the future.

15.8 Division of Clinical and Scientific Services (former CMFT)

Division of Clinical and Scientific Services	2016/17	2017/18
Number of formal complaints	50	34
Number of PALS concerns	171	183
Number of reopened	10	14
Number closed in 25 days	16	8
Number closed over 41 days	14	14
Number of meetings held	5	5
Top 3 themes		
1. Clinical Assessment – 51		
2. Communication - 46		
3. Treatment / Procedure - 29		

Division	Complaint and Lessons Learnt
CSS **Q2**	**Medication Dispensing Packs:** A complaint was received from the daughter of a patient, who identified that the medicines blister pack that her mother was given on discharge was very difficult for her to use based on the design of the pack due to her mother's vision impairment. The blister pack was navy blue plastic with the days of the week etched out in clear plastic and as such the days of the week were not clearly legible. The daughter also explained that her mother struggled to fully see how the packet opened. She requested that the hospital pharmacists review how practical this type of blister pack was for other vision impaired patients. There is more than one type of blister pack available. The Ward Pharmacists usually assess patient's requiring a blister pack, to determine the preferred option. Unfortunately, as the request for a blister pack was only made on the morning of discharge the Ward Pharmacist did not have the opportunity to undertake the options appraisal with the patient. In response to the patients' daughter highlighting this issue, the Pharmacy Team will ensure that in future Ward Pharmacists check that patients, who are issued with blister packs, are able to manage with the type supplied.

15.9 University Dental Hospital of Manchester

University Dental Hospital of Manchester	2016/17	2017/18
Number of formal complaints	25	31
Number of PALS concerns	181	216
Number of reopened	8	10
Number closed in 25 days	14	11
Number closed over 41 days	5	8
Number of meetings held	3	3
Top 3 themes		
1. Appointment Delay / Cancellation (OP) - 76		
2. Communication - 71		
3. Treatment / Procedure - 61		

Division	Complaint and Lessons Learnt
UDHM **Q1**	**Communication**: A complaint was received regarding the lack of communication relating to treatment in the Postgraduate Department. The Postgraduates are qualified dentists but are undertaking further training in a specialist area and as such require supervision. The patient advised that he was unaware who had been identified to treat him, what qualifications the clinician had and what supervision would be provided by the consultant. The complaint highlighted that information about the Postgraduate Department Services was lacking. As a direct result a leaflet has been developed that explains fully what Postgraduate treatment involves. In addition a consent form for patients to sign when they are placed on the Postgraduate waiting list has been developed and introduced that records the explanation to the patient about what treatment is to be provided, by whom and with what supervision. A Patient Listening Event is scheduled for the 30th August 2017 and the team at UDHM will be seeking patient and carer feedback on these two documents before finalising. Once agreed these will be placed on the UDHM website under the patient information section. An issue was also raised about continuity of care and cancellation of appointments within the Postgraduate Department. Previously Postgraduate students were individually responsible for the booking of follow up appointments and these were not entered onto the Patient Administration System (appointment booking database). From September 2017, when the new intake of Postgraduate students commences, all appointments will be made via the Out Patient Clerks and entered on to PAS, to ensure full audit trial of appointments.

15.10 Manchester Royal Eye Hospital

Manchester Royal Eye Hospital	2016/17	2017/18
Number of formal complaints	72	84
Number of PALS concerns	412	394
Number of reopened	20	19
Number closed in 25 days	46	50
Number closed over 41 days	8	17
Number of meetings held	9	7
Top 3 themes		
1. Appointment Delay / Cancellation (OP) – 169		
2. Communication – 138		
3. Treatment / Procedure - 78		

Division	Complaint and Lessons Learnt
MREH **Q2**	**Responding to Patient Personal Needs:** Information contained within a referral letter from a local optician, outlined that the patient had specific mobility requirements. The information was not acted upon by staff at the Withington Community Hospital. This resulted in the unavailability of appropriate equipment and assistance and ultimately the patient's surgery being cancelled on the day. The patient complained that the information in the referral was not acted upon, as the nursing staff were unaware until the patient's arrival of her personal mobility requirements. **Lessons Learnt:** As a direct result of the investigation into the concerns raised by the patient the following actions have been identified: ▪ Amendments are required to patient admission letter to include an invitation to patients and carers to contact the Unit Manager to discuss specific personal needs with the nursing staff prior to admission. ▪ Staff require training in the use of specific moving and handling equipment i.e. hoist ▪ Portable diagnostic equipment (i.e. slit lamp) is required for patients with who are wheelchair users.

15.11 Wythenshawe and Withington Hospitals

Wythenshawe and Withington Hospital	2016/17	2017/18
Number of formal complaints	282	260
Number of PALS concerns	1675	1552
Number of reopened	41	54
Number closed in 25 days	89	112
Number closed over 41 days	30	34
Number of meetings held	Unknown	15
Top 3 themes 2017/18		
1. Clinical – 129		
2. Communication (Written / Oral) – 27		
3. Appointment / Delays – 25		

Division	Complaint and Lessons Learnt
Un-Scheduled Care, Wythenshawe **Q3**	**Confidentiality Breech:** Questions identified within the complaint: ▪ Why task someone on their first day to speak with patient on the telephone? ▪ Who was delegated to supervise the apprentice? ▪ What training had the apprentice had regarding Caldicott, ▪ Information Governance and the important of confidentiality? ▪ Too much information was given. The conversation should have ended when the apprentice realised that the patient was not there. No further Information should have been divulged. Response to the complaint: As part of the investigation it was confirmed that the clerk should have documented that confirmation had been received. If this documentation had been completed then no further telephone call would have been necessary, the mistake was due to a human error. The knowledge and abilities of the junior member of staff were unknown when they were delegated the task of telephoning patients. The junior member of staff lacked understanding of the protocols and the importance of maintaining confidentiality, due to being new in post. Due to this incident the booking clerk will not be telephoning patients until further training has been provided. The Management Team recognised the need to ensure all new staff are provided with the appropriate support and training before being asked to carry out work in the department, with immediate effect. All new staff within the department will receive an induction and an assessment prior to allocation of work, with regular appraisals to identify gaps in knowledge and understanding. The following actions were taken immediately following the Complaint: ▪ The Management Team were made aware that work is to be appropriately delegated to staff according to their abilities and

	skill set. ▪ An Incident report was submitted to ensure that the senior management team were made aware of this Data Protection Breach. ▪ The booking clerk had been alerted to the error and the importance of maintaining confidentiality. ▪ The booking clerk has been informed to ensure that the correct person is spoken to before imparting any information that may compromise confidentiality. ▪ The booking clerk has been stopped from contacting patients to confirm appointments, until further training provided. ▪ The booking clerk has completed the mandatory Caldecott training course.

Division	**Complaint and Lessons Learnt**
Scheduled Care, Wythenshawe **Q4**	**Communication and Access to Medical Staff:** A complainant was concerned that after repeatedly asking nursing staff to speak to a doctor this was not facilitated, despite their attempts. Specifically, the complainant want to know: ▪ Why we're nursing staff unable to arrange a meeting with medical staff? ▪ Why did it take repeated asking and escalation before this was acted on? ▪ Why was it that the only way to speak to a doctor was to attend the morning ward rounds? Lessons Learnt: ▪ The investigation confirmed that the nursing staff did document within the nursing notes that a doctor did speak with the complainant, however the doctor's name or grade was not documented and the context of the conversation was also not documented. ▪ The Ward Manager apologised that the staff on the ward failed to escalate concerns about the request to see a doctor. ▪ The incorrect advice was offered to the family in regards to having to attend the morning Ward Rounds to see or speak to a senior doctor. The following actions were taken immediately following the complaint: ▪ Management teams were made aware that processes to improve access to medical staff out of hours needed to be promoted ▪ The complaint was used as means of educating ward staff and was utilised as part of the safety huddle to raise awareness around the need to address and action family concerns ▪ Information for families has been made more readily accessible in regards to raising concerns both at ward level and at a more senior level within the Hospital ▪ Ward staff were made aware of how to escalate concerns to senior medical staff out of hours and how these should be documented within the patient records ▪ Following each weekend the Matron discusses with the Ward Team any outstanding issues that have not been resolved.

15.12 Corporate Services

Corporate Services	2016/17	2017/18
Number of formal complaints	34	50
Number of PALS concerns	251	208
Number of reopened	6	9
Number closed in 25 days	23	22
Number closed over 41 days	0	2
Number of meetings held	0	1
Top 3 themes		
1. Infrastructure – 119		
2. Communications – 39		
3. Documentation/Records – 37		

Division	Complaint and Lessons Learnt
Estates and Facilities **Q3**	**Car Parking:** A number of complaints have highlighted communication issues regarding the newly implemented car parking system in Grafton Street Multi Storey car park. In response, the Facilities Management Team have reviewed the current signage provision, increased the signage in several locations and are currently reviewing the design and content of a further 20 signs.

15.13 Research and Innovation

Research and Innovation	2016/17	2017/18
Number of formal complaints	0	0
Number of PALS concerns	1	0
Number of reopened	0	0
Number closed in 25 days	0	0
Number closed over 41 days	0	0
Number of meetings held	0	0

15.14 Non – MFT

Non – MFT/ Other	2016/17	2017/18
Number of formal complaints	6	2
Number of PALS concerns	100	0
Number of reopened	0	0
Number closed in 25 days	N/A	N/A
Number closed over 41 days	N/A	N/A
Number of meetings held	N/A	N/A

16 Complainant's Satisfaction Survey

The Complaints Satisfaction Survey was developed by the Picker Institute and is based upon the PHSO, the Local Government Ombudsman (LGO) and Healthwatch England's user-led 'vision' of the complaints system; **'My Expectations for Raising Concerns and Complaints'**[7]. The survey was sent to all complainants from the Oxford Road Campus and Trafford Hospitals during 2017/18; however this will be expanded to cover all MFT complainants during Quarter 1, 2018/19. Since implementation on 1st November 2016, the response rate for the survey had consistently been between 23-29%, however during Quarter 4 of 2017/18 a significant increase was seen in responses to surveys with a response rate of 54%.

Comments received include the following:

- 'It worked well, changes made and improvements achieved'
- 'I don't think anything could have been done better after my complaint was raised; the necessary appointments were made for me and this gave me the peace of mind I needed, thank you'
- 'The speed of response was positive'
- 'The complaint was fully investigated and promise of remedial action'
- 'The reply I received was very well written. The person had obviously looked into the questions I raised and were able to give a full comprehensive report I feel my knowledge about my care has improved'
- A response by email would have also been sufficient'.
- 'The outcome was repetitive and I did not feel it was fully accepting of the situation we had face excuses were made. However I did not take the matter further as it concerned one dreadful dept and the rest of the service in the hospital was excellent'.

Results for National Pilot Survey for 2017/18:

- 91% of complainants said the outcome of their complaint was explained to them in a way that they could understand.
- 89% of complainants said they were made aware of their right to take their complaint further if they were not completely satisfied with the outcome and/or the recommendations.
- 85% of complainants were able to complain in their preferred format.
- 84.5% of complainants said they found it easy to make their complaint.
- 78% of complainants said they had a single point of contact at the Trust to who they could approach if they had any questions.
- 77.5% felt their complaint was handled professionally by the organisation
- 74.5% of complainants felt that they were taken seriously when they first raised their complaint.
- 53% of complainants said they received the outcome of their complaint within the given timescales.

[7] PHSO, the Local Government Ombudsman (LGO) and Healthwatch (2014) My Expectations for Raising Concerns and Complaints. Available from: https;//www.ombudsman.org.uk/publications/my-expectations-raising-concerns-and-complaints

17 Work Programme 2017/18 - Update

17.1 In 2017/18 the Patient Services Team committed to a number of work-streams, a progress update on each of the work-streams is detailed below:

- **Parliamentary and Health Service Ombudsman visit.**

  Professor Behrens, the newly appointed Parliamentary and Health Service Ombudsman visited the newly formed Manchester University NHS Foundation Trust on 19th October 2017. His visit was part of a series of visits to trusts to learn about NHS delivery, the current challenges faced by the sector and to hear views from the service regarding any improvements that could be made at the PHSO's office.

  During his visit Professor Behrens met with Professor Cheryl Lenney, Group Chief Nurse, Sue Ward, Deputy Chief Nurse, Debra Armstrong, Assistant Chief Nurse (Quality), the Corporate Complaints team and Karen Connolly, Hospital Chief Executive at Saint Mary's Hospital. Whilst at the Trust Professor Behrens also took the opportunity to visit Ward 45 to discuss patient experience.

Picture 4: Professor Rob Behrens, Parliamentary and Health Service Ombudsman pictured with (L to R) Debra Armstrong, Deputy Director of Nursing (Quality), Sue Ward, Deputy Chief Nurse and Professor Cheryl Lenney, Group Chief Nurse

  Professor Behrens and his team expressed their gratitude for the visit and were complementary in relation to Trust's performance and improvement work in relation to complaints management.

- **Single Hospital Service**
  During Quarter 3 and 4 of 2017/18 work continued to align the complaints processes of the legacy trusts to ensure Manchester University NHS Foundation Trust maintained compliance with the NHS Complaints Regulations (2009). Aspects of the complaints management process were devolved from corporate services to the Hospitals and Managed Clinical Services. This included delegation of the Quality Assurance process and Chief Executive sign off of complaint responses to Hospital Chief Executives.

- **Benefits of the New MFT Ulysses System.**
  A new single Ulysses System was implemented across the Trust during Quarter 4 of 2017/18, which enabled the Customer Service Module of the MFT Ulysses System to

capture and track the receipt of Complaints and PALS concerns on one system, across the entire Trust.

The MFT Ulysses system is tailored and configured to meet the specific needs of the single hospital service, which provides a single streamlined clinical governance process across all hospital sites using the same data sets.

- **Staff Support**
  In order to support the health and wellbeing of the PALS team, formal staff support sessions were introduced during Quarter 1, 2017/18. The sessions are facilitated by the Trust's Staff Support Service and offer staff the opportunity to talk with trained counsellors and psychologists about some of the cases they found difficult or challenging to manage. Further sessions are planned and will continue during 2018/19.

- **Education**
  During Quarter 2 of 2017/18 a **Safeguard Master Class** was undertaken and facilitated by the Customer Services Manager and a PALS Case Manager that focussed upon deepening divisional staff knowledge and skills in relation to using Safeguard for divisional management and reporting of complaints.

  The Masterclass demonstrated to the delegates the value of reporting directly from Safeguard and provided technical information and insights about strategies and procedures for reporting. This has enabled the delegates to effectively extract their own Customer Service reports for use within the Divisions.

  Further complaints educational sessions are planned and will continue during 2018/19. This will include the provision of Writing Complaints Responses course for the relevant staff at Wythenshawe Hospital in April 2018.

- **Reorganisation of the roles within PALS to include a new role of PALS Receptionist**
  The PALS office re-located to Entrance 2, Manchester Royal Infirmary in March 2017 and a new PALS reception was opened as part of the relocations and is now staffed by two full time PALS Receptionists. The role of the PALS Receptionist has proved to be very successful. The reception staff are now able to answer low level queries and concerns in real time, which could previously have been escalated as a PALS concern. The receptionists are responding to an average of 1,300 enquiries and way finding requests per month.

- **Implementation of the new Triage process for complaints was introduced in 2017/18**
  The Triage process remains in place and allows for the allocation of a more realistic timeframe for complex complaints, and is more appropriate and personalised to the specific circumstances of the complaint. This approach is specifically in line with 'My Expectations for Raising Concerns and Complaints' which states that Complainants should receive resolution in a time period that was relevant to their particular case and complaint. The triage system has been rolled out to complaints received relating to Wythenshawe and Withington Hospital services.

- **Evaluation of the Complainants Satisfaction Survey**
  The Satisfaction Survey provides a wealth of feedback related to complainants' experience of the complaint process and from 1st April 2018 will be rolled out to include complaints received relating to Wythenshawe and Withington Hospitals.

- **Formalised supervision for corporate staff who consistently work with Complainants:**
  Supervision was developed and piloted and feedback was extremely positive. Following re-organisation of the Staff Well-Being Services the Patient Services Management Team are working collaboratively with ODT to introduce the Affina Team based- working model, which will support the team to consider how they work as a team and agree clear shared team objectives.

18 Work Programme 2018/19

18.1 As the Trust now provides services across 9 hospitals and a range of community locations as host of the Manchester Local Care Organisation, it is important that patients, relatives and carers wishing to raise a concern/complaint know how and who to contact and that in line with the 'My Expectations' principles complainants find making their complaint to be simple. To provide ease of access to the PALS service the team are in the process of developing a single point of access to the service via one telephone point, one email point and one postal point.

18.2 Work will continue to align the complaints processes of the legacy Trusts to ensure Manchester University NHS Foundation Trust maintains compliance with the NHS Complaints regulations (2009); including the development of an aligned Complaints, Concerns and Compliments Policy. All Complaints and PALS Standard Operating Procedures will also be reviewed and aligned.

18.3 The Patient Services Team will continue to work with the Hospitals/Managed Clinical Services and their Divisional teams in order to improve responsiveness to complaints and to improve the processes by which they are managed.

18.4 The Educational Programme for staff who deal with complaints will continue and be developed further during 2018/19. This will commence in Quarter 1 with an externally facilitated course designed to improve knowledge and skills in relation to responding to written complaints for staff at Wythenshawe Hospital. In addition, the Complaints and PALS Managers will continue to deliver bespoke Ulysses Safeguard Masterclasses to support staff who manage complaints data using the electronic management system and in-house educational sessions for staff will be scheduled with the aim of developing regular training to improve knowledge and skills for staff involved in writing complaint responses and verbal communication with complaints. The Patient Services Team will also work collaboratively with the PHSO to develop educational sessions to improve staff knowledge related to the role of the PHSO and the process of PHSO investigations.

18.5 Guidance for staff related to Complaints, the Process and the Regulations will be updated and recirculated. The intention of the Guidance is to provide teams with information about the Regulations related to complaints, the Trust process for the management of complaints and to support staff to prepare high quality complaint responses.

19 Conclusion and Recommendation

In accordance with the principles of continuous improvement, considerable work has been undertaken during 2017/18 to develop the complaints and PALS services and processes and to integrate the services provided by the two former trusts following the establishment of MFT in October 2017. This work has presented challenges and opportunities and new systems will continue to be developed in 2018/19 in order to ensure that the Trust continues to be responsive to feedback received in the form of complaints or PALS enquiries.

The Board of Directors is asked to note the content of this report, the work undertaken by the corporate and Hospital/Managed Clinical Service teams to improve the patient's experience of raising complaints and concerns and, in line with statutory requirements, provide approval for the report to be published on the Trust's website.

Appendix 1

Tables 4 to 7 provide information regarding how people access the PALS service and provides their demographical breakdown.

Table 4: Route of PALS Concerns by enquirer, Trust-wide

Category	2015/16	2016/17	2017/18
Comment Box	9	1	4
Email	768	1141	1610
Face To Face	519	602	514
Fax	2	2	0
From Complaints	1	1	6
From Family Support	0	3	0
From PALS	1	21	0
Letter	57	29	47
Other	187	162	112
Telephone	2648	2535	2635
Tell Us Today	1	1	0
Website	1	0	0
Complainant	844	1128	638
Family Member / Friend	341	403	264
M.P.	6	9	1
Totals	**5385**	**6038**	**5831**

Table 5 details the number of contacts by age; the age range relates to the people who were the focus of the PALS concern as opposed to the complainant.

Table 5: PALS contact by age range, Trust-wide

Age Range	2015/16	2016/17	2017/18
0 - 18	1459	1442	1249
19 - 29	523	622	593
30 - 39	532	653	742
40 - 49	561	623	585
50 - 59	653	744	758
60 - 69	693	794	745
70 - 79	555	703	697
80 - 89	334	379	375
90 - 99	71	74	80
100+	4	4	7
Totals	**5385**	**6038**	**5831**

Table 6 details the number of contacts by sex; again the sex relates to the people who were the focus of the PALS concern.

Table 6: PALS concerns by sex, Trust-wide

	205/16		2016/17		2017/18	
Sex	**Number of concerns**	**Percentage of concerns**	**Number of concerns**	**Percentage of concerns**	**Number of concerns**	**Percentage of concerns**
Female	2857	53.1%	3259	54.0%	3192	54.7%
Male	2309	42.9%	2641	43.7%	2542	43.6%
Not specified	219	4.1%	138	2.3%	97	1.7%
Total	**5385**		**6038**		**5831**	

Table 7 describes the ethnicity of the patients who were the focus of the PALS enquiry.

Table 7: PALS contacts by ethnicity, Trust-wide

Ethnicity	**2015/16**	**2016/17**	**2017/18**
Any Other Ethnic Group	38	27	30
Asian Or Asian British - Bangladeshi	7	20	9
Asian Or Asian British - Indian	26	49	30
Asian Or Asian British - Other Asian	34	48	29
Asian Or Asian British - Pakistani	83	116	80
Black Or Black British - African	28	31	25
Black Or Black British - Caribbean	24	61	40
Black Or Black British - Other Black	11	21	15
Chinese Or Other Ethnic Group - Chinese	7	22	10
Mixed - Other Mixed	10	17	16
Mixed - White & Asian	4	11	8
Mixed - White & Black African	7	9	10
Mixed - White & Black Caribbean	9	21	19
Not Stated	2975	2356	3178
White - British	2012	3071	2202
White - Irish	35	66	52
White - Other White	75	92	73
Do Not Wish to Answer	0	0	5
Total	**5385**	**6038**	**5831**

Appendix 2

Tables 11 to 14 provide information regarding the risk rating of formal complaints and the demographic details of people maing complaints.

Table 11: Complaints 5 year trend by risk rating, Trust-wide

Category	2013/14	2014/15	2015/16	2016/17	2017/18
Not Stated/other	0	0	2	20	7
White	0	0	0	0	0
Green	470	240	175	89	108
Yellow	847	827	801	863	749
Amber	468	516	745	625	682
Red	37	12	20	29	26
Totals	**1822**	**1595**	**1743**	**1626**	**1572**

Table 12: Age range of people who made formal complaints, Trust-wide

Age Range	2015/16	2016/17	2017/18
0 – 18	302	289	347
19 – 29	196	178	145
30 – 39	240	231	200
40 – 49	183	167	169
50 – 59	219	205	197
60 – 69	238	218	181
70 – 79	209	194	199
80 – 89	119	104	100
90 – 99	36	36	32
100+	1	4	2
Totals	**1743**	**1626**	**1572**

Table 13: Sex of people who made formal complaints, Trust-wide

	2015/16		2016/17		2017/18	
Sex	**Number of complaints**	**Percentage of complaints**	**Number of complaints**	**Percentage of complaints**	**Number of complaints**	**Percentage of complaints**
Female	1017	58%	929	57%	855	54%
Male	714	41%	674	41%	686	44%
Not specified	12	1%	23	2%	31	2%
Total	**1743**		**1626**		**1572**	

Table 14 describes the ethnicity of the patients represented in formal complaints for the past 3 financial years.

Table 14: Ethnicity of people who made complaints, Trust-wide.

Ethnicity	2015/16	2016/17	2017/18
Any Other Ethnic Group	22	13	9
Asian Or Asian British - Bangladeshi	4	3	2
Asian Or Asian British - Indian	18	17	10
Asian Or Asian British - Other Asian	17	11	12
Asian Or Asian British - Pakistani	48	34	29
Black Or Black British - African	16	12	8
Black Or Black British - Caribbean	14	18	15
Black Or Black British - Other Black	4	4	2
Chinese Or Other Ethnic Group - Chinese	6	5	5
Mixed - Other Mixed	12	12	10
Mixed - White & Asian	1	7	4
Mixed - White & Black African	5	2	3
Mixed - White & Black Caribbean	5	10	4
Not Stated	607	617	713
White – British	921	815	696
White – Irish	15	23	18
White - Other White	27	17	27
Do not wish to answer	1	6	5
Total	**1743**	**1626**	**1572**

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Cheryl Lenney - Chief Nurse
Paper prepared by:	Sue Ward – Deputy Chief Nurse Bridget Thomas, Assistant Chief Nurse (Safeguarding) Deborah Ward, Head of Nursing
Date of paper:	June 2018
Subject:	Annual Safeguarding Reports 2017/18 for former CMFT and UHSM (1st April to 30th September 2017) and MFT (1st October 2017 to 31st March 2018)
Purpose of Report:	Indicate which by √ • Information to note √ • Support • Resolution • Approval √
Consideration of Risk against Key Priorities	Patient safety
Recommendations	The Board of Directors is asked to note the content of this report, the work undertaken during 2017/18 to ensure that the Trust complies with statutory requirements.
Contact:	Name: Bridget Thomas, Assistant Chief Nurse, Safeguarding Tel: 0161 274 4981

Safeguarding

Children, Adults

and

Looked After Children

Annual Report

2017/18

Authors: Bridget Thomas, Assistant Chief Nurse (Safeguarding)

Debbie Ward, Head of Nursing (Safeguarding)

Sue Ward, Group Deputy Chief Nurse

Overview

In October 2017 Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital South Manchester (UHSM) merged into a single hospital service – Manchester University NHS Foundation Trust (MFT).

Therefore separate reports are presented for each legacy Trust from 1st April to 30th September 2017 (Quarters 1 and 2); a single MFT report is then presented for the period 1st October to 31st March 2017/18.

Contents

SECTION A

Introduction

1. Introduction

1.1 The 2017/18 Annual Report for Manchester University NHS Foundation Trust (MFT) is the first report of the newly merged Single Hospital Service (SHS). On 1st October 2017 Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital South Manchester (UHSM) merged as a single hospital trust - Manchester University NHS Foundation Trust (MFT). This merger provides a range of opportunities for safeguarding across the city to ensure a cohesive and consistent approach to safeguarding children and adults.

1.2 The format for this year's annual report reflects the safeguarding work undertaken by both previous organisations up to and since the merger and outlines some of the key priorities across the city of Manchester that both former organisations contributed to prior to 1st October 2017 and continue to contribute to as a single hospital service.

1.3 2017/18 has been an extremely busy year for safeguarding with challenges, changes and opportunities. The development of the SHS and the Manchester Local Care Organisation (MLCO) has enabled safeguarding to be considered at a whole system level across the organisation and beyond. Throughout these changes, the underpinning safeguarding principle has remained unchanged: ***'We listen, We believe, We act'***

1.4 Supporting staff to ensure all patients and service users are protected, is crucial in ensuring safe and effective safeguarding for all age groups regardless of ethnicity, religion, gender or background.

1.5 Key events have shaped safeguarding services during 2017/18, some of which have challenged teams to think and work differently; F**igure 1** provides an overview of some of these events. Whilst this is not an exhaustive list, it provides an overview of a range of safeguarding activity and key priorities throughout 2017/18.

Figure 1: Overview of Key Events

1.6 The voice of patients is vitally important, and in 2017/18 Making Safeguarding Personal (MSP) has been embedded through work plans linked to wider work across Manchester. This, along with the voice of the child, will be a priority area for MFT's safeguarding work programme in 2018/19. This will require Hospitals and Managed Clinical Services (MCS) to ensure that systems and processes across all clinical areas, ensure that adult and child patients who are at risk of abuse or neglect, are asked about their wishes and feelings and that this forms a vital part of their treatment and care choices.

1.7 The city's Children's Safeguarding and Looked After Children (LAC) services were inspected by the Care Quality Commission (CQC) in August 2017. The outcome of this inspection was positive, and no safeguarding risks were identified. Many of the actions following the inspection were either already in progress or included in plans for aligning services as part of the SHS programme. A work plan was developed following the inspection and has been used as a framework for further improvement.

1.8 Last year the importance of ensuring that the Complex Safeguarding agenda was embedded across the Trust in line with partnership working was identified as a priority work stream. This report highlights the work undertaken across the Trust aligned to the Complex Safeguarding agenda and focuses on areas of complexity in safeguarding across Manchester to which the Trust will be required to respond in 2018/19.

1.9 The Trust has actively supported the work of the Manchester Safeguarding Boards (MSBs) for both adults and children and has supported the development of the Adult Multi-Agency Safeguarding Hub (MASH), the implementation of Early Help and Signs of Safety processes, and, as a key partner, supported Manchester City Council (MCC) Children's Services in achieving 'Requires Improvement' following the Ofsted inspection in November 2017. This inspection recognised the work of the partnership in moving Children Services out of 'inadequate'.

1.10 Deprivation of Liberties Safeguards (DoLS) remains a challenge for which new legislation, which is expected to simplify the process, is awaited. The challenges associated with limited capacity within the Local Authority DoLS teams to undertake timely assessments has been acknowledged and processes are in place to recognise and escalate the potential risk that this poses to any patient who is deprived of their liberty, and to the Trust itself.

1.11 2017/18 saw the successful roll-out of the Child Protection Information Sharing (CP-IS) system across key areas of the Trust. 2018/19 will see phase 2 of this roll-out to Trafford Hospital, Eye and Dental Emergency Departments and Gynaecology Emergency Department. The planning for phase 3 of the rollout to St Mary's Hospital is underway however this is co-dependant on the alignment of IT systems across the Trust.

1.12 2018/19 will mark a new era for safeguarding across the Trust with the merging of the Safeguarding Teams from the former CMFT and UHSM under a single safeguarding service within MFT.

1.13 This will require a new model of working to futureproof safeguarding in MFT in preparation for the changing health economy and partnership arrangements across Manchester. Although challenging, this is also an exciting time to ensure that services are designed to put patients and service users at the centre and to ensure that safeguarding, like other specialist services, has a high profile across the Trust.

1.14 April 2018 will see the formation of the MLCO, which brings further opportunity for the development of a single, cohesive safeguarding service across the city, designed to support hospital and community teams to recognise and respond to safeguarding needs.

1.15 The Safeguarding Teams are prepared to support a busy year ahead with an anticipated Comprehensive CQC inspection of the new SHS and an anticipated JTAI (Joint Targeted Area inspection) in Manchester across the partnership. The Trust will also be assessed against section 11 of the Children Act 2004 and will complete an Adult Safeguarding MSAB Assessment to demonstrate compliance with statutory requirements.

1.16 Prior to the merger of CMFT and UHSM much preparatory work took place to ensure that safeguarding services remained safe throughout the transition. This included ensuring continuity in the advice, support and training on all sites, with a plan to merge teams over a longer period to ensure there was no compromise to patients and service users.

1.17 Key policies (Children, Adult, Mental Capacity Act [MCA] and DoLS) were merged prior to October 2018 to ensure that staff on all sites were following the same statutory processes whilst mindful that each site required local processes that would be merged at a later date. In 2018/19 the Safeguarding Service will work through a detailed project plan to ensure all policies and process are merged as a single hospital function.

1.18 The MFT Safeguarding Team is ready for these challenges whilst remaining focussed on ensuring that all patients are afforded safety and protection while in the care of the Trust, and staff are supported to recognise, respond and listen to patients to ensure the best outcome for those in our care.

2 Purpose of the Report

2.1 This Annual Safeguarding Report for Children, Adults and Looked After Children (LAC) informs and provides the Board of Directors with information regarding internal and external safeguarding activity undertaken by the Safeguarding Team in 2017/18 and outlines key priority areas for 2018/19.

2.2 The Safeguarding Annual Report for 2017/18 provides assurance to the Board of Directors that the Trust is fulfilling its statutory safeguarding responsibilities as outlined in Section 11 of the Children Act 2004[1] and in the Care Act 2014[2]. This provides assurance that all MFT service users regardless of age, gender, religion or ethnicity are kept safe while in the care of the Trust's Group of Hospitals and Managed Clinical Services and the Manchester Local Care Organisation and are protected from neglect or harm. It also ensures that patients, service users and their loved ones have a voice, ensuring that they are actively involved in any decision making regarding their safety and protection and that they feel safe in our care and are protected from harm or neglect.

2.3 Safeguarding activity is underpinned by the standard and statutory guidance outlined below in **Figure 2**. This is not an exhaustive list but outlines the key legislation and statutory guidance that the Trust is required to follow to ensure statutory safeguarding compliance.

Figure 2: Standard and Statutory Guidance

[1] https://www.legislation.gov.uk/ukpga/2004/31/contents
[2] http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

SECTION B

National Overview

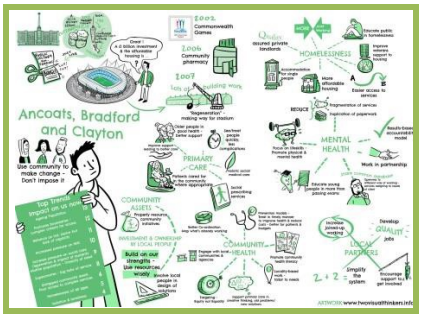
and

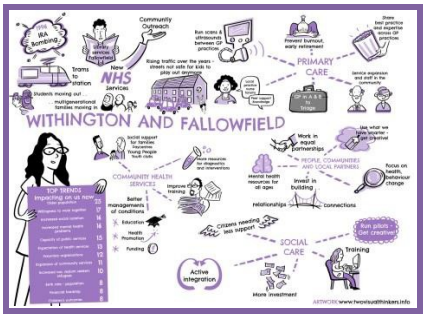
Reflections on Manchester Citywide Safeguarding

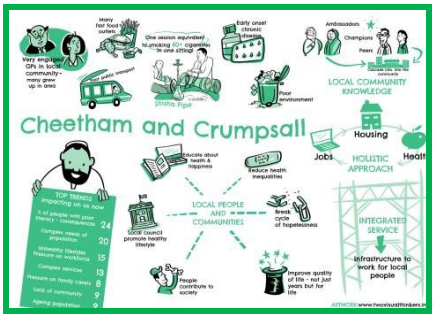
1 Manchester Neighbourhoods

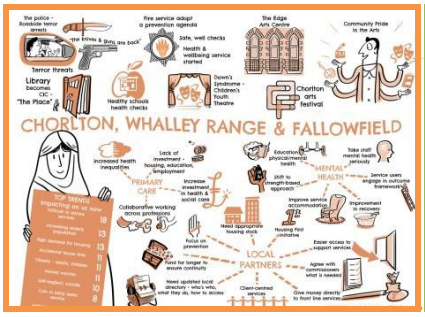
1.1 Manchester consists of 12 local neighbourhoods each with their own unique culture and demographic. The pictures below *(courtesy - Manchester City Council)* show the uniqueness of each of the neighbourhoods across Manchester.

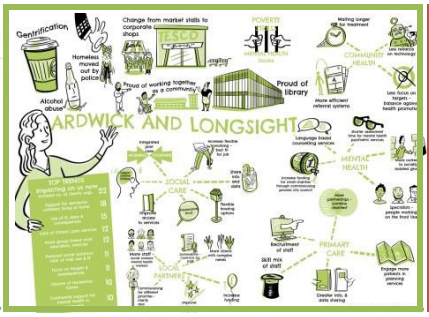
1.2 The pictures below outline the diversity of the 12 neighbourhoods across Manchester in residents own words. Acute and community safeguarding across MFT spans the diversity and needs of all these neighbourhoods.

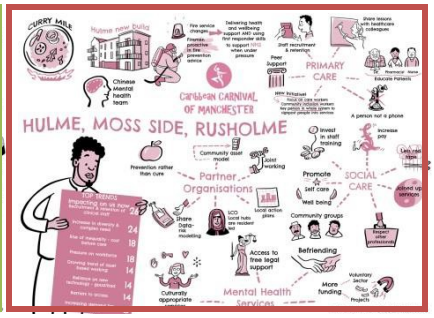


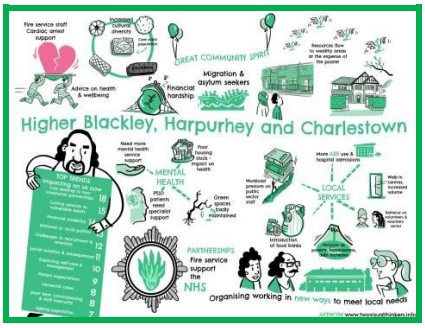


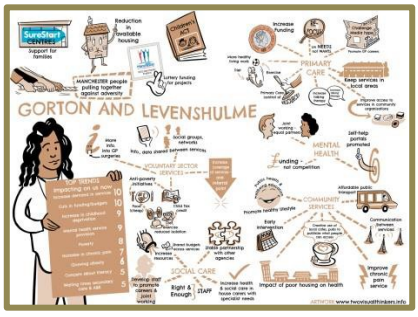


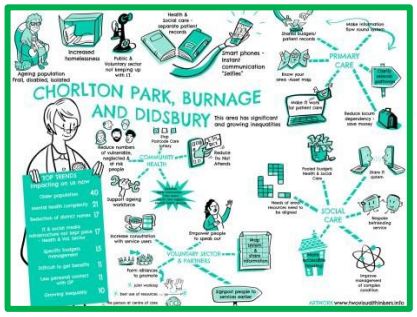


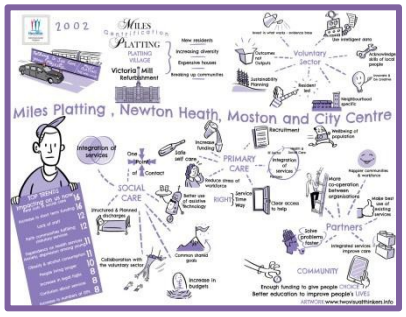












2 Keeping Adults Safe

2.1 Along with many major cities across the UK and the world, Manchester has a wide range of significant safeguarding challenges affecting its adult population. Manchester still lags well behind much of the rest of the country in terms of health outcomes across the population and this is strongly linked with levels of deprivation.

2.2 Ensuring that the citizens of Manchester can live a life free from harm and abuse is every person's human right. In Manchester, all agencies both statutory and voluntary, work together to ensure people are safe from abuse and neglect.

2.3 All staff at MFT regardless of role and responsibility have a role in identifying and escalating safeguarding concerns, along with taking necessary steps to prevent harm or abuse occurring. This includes the identification of poor professional practices which may put a patient or service user at risk.

2.4 Recent learning from a number of Safeguarding Adult Reviews (SARs) in Manchester identified a number of themes that allowed more focus on specific areas of adult vulnerability and enabled MFT to look at how emerging themes are managed in clinical practice both in the hospital and community settings.

2.5 Well established processes are already in place across the Trust to address some of these themes such as neglect, sexual, physical, financial and psychological abuse affecting adult patients. However themes such as hoarding, and mate crime require more consideration especially in the discharge process from Acute Services into the Community. The emerging themes from Complex Safeguarding are also cross-cutting across Adults and Children and these are outlined later within this report.

2.6 The Care Act (2014) outlines the following categories of abuse for adults with many of these categories falling into the area of Complex Safeguarding (**Figure 3**).

Figure 3: Categories of Adult Abuse

2.7 In addition to the categories of abuse set out above, **Figure 4** outlines some of the emerging issues from both local and national Safeguarding Adult Reviews (SARs) and from referrals, which affect adult patients and service users across Manchester, and impact the practice of frontline staff across MFT.

Figure 4: **Emerging Issues**

Substance Misuse across Manchester

Estimated around **200,000** adults currently receiving treatment for substance misuse

1/3 are parents who have children living with them

May include experimental, recreational, poly-drug

Misuse of drugs and/or alcohol is strongly associated with significant harm to children

Mental Health across Manchester

16.3% of patients report moderate or extreme anxiety or depression. (National average 12%).

7.1% of patients report a long term mental health problem, (National average of 4.5%)

Between **1:8-10** Manchester adults are prescribed anti-depressant medication.

Hoarding

An emerging issue often identified by Community staff.

A debilitating psychological condition that is only just beginning to be recognised.

When hoarding interferes with everyday living or negatively affects the person's quality of life help needs to be sought.

Hoarding disorders are challenging to treat, because many people who hoard don't see it as a problem, or have little awareness of how it's impacting their life

Fraud, Scams & safety

UK estimated to lose around £3.5 billion every year – the equivalent of £70 for every adult in the country.

People are cheated out of their money by post, phone, email, online and sometimes by a knock on the door.

Many of our patients and clients can be vulnerable and have experienced this type of abuse.

Mate crime

Defined as the exploitation, abuse or theft from any person at risk from those they consider to be their friends. Those that commit such abuse or theft are often referred to as **'fake friends'.**

People with disabilities, particularly those with learning disabilities, are often the targets of this type of crime. In some cases victims of mate crime have been badly harmed or even killed.

3. Keeping Children Safe

3.1 The 2017 NSPCC report provides an overview of the current child protection landscape across the country based on the available data tells.

3.2 It is known that in recent years there has been an increase in emotional abuse as a reason for children being on a child protection plans in England. There has also been an increase in child sexual offences recorded by the police, particularly in relation to indecent image offences.

3.3 The last 10 years has seen a year on year increase in children subject to child protection plans and becoming looked after. The information below; taken from national statistics published by the NSPCC in 2017[3], highlights the trends nationally in relation to safeguarding children. These trends are reflected in Manchester.

Figure 5: NSPCC National statistics 2017

- **Neglect remains the most common reason for being subject to a Child Protection Plan (CPP) in England**
- **↑ In CPP due to Emotional Abuse**
- **↓ In death rates for assault, neglect and undetermined intent.**
- **↑ Suicide rates among 15 to 19 year olds**
- **↑ The rate of recorded sexual offences across the UK**
- **↑ Increase in recorded offences of cruelty and neglect of children under 16 by a parent or carer**
- **18.6% of 11 to 17 year olds have experienced some type of severe maltreatment**
- **61.4% of 11 to 17 year olds have been exposed to some form of community violence.**

[3] https://www.nspcc.org.uk/globalassets/documents/research-reports/how-safe-children-2017-report.pdf

Manchester

3.4 The Manchester Safeguarding Children Board vision is that:

"Every child and young person in Manchester should be able to grow up safe; free from abuse, neglect or crime; allowing them to enjoy a happy and healthy childhood and fulfil their potential."

3.5 As a committed Local; Safeguarding Board partner, MFT embraces this vision and puts systems in place to ensure that all children in its care are protected from abuse and neglect. However, some children remain vulnerable and suffer from harm.

3.6 In 2017 Safeguarding and Looked After Children health services were inspected by the CQC across the City of Manchester. The CQC considered the following Manchester dataset as part of their inspection:

- **Children and young people under the age of 20 make up 25.6% of the population of Manchester.**
- **60.9% of school age children from a minority ethnic group.**
- **Health of children in Manchester is not as good as the rest of England**
- **Family homelessness is significantly higher than the rest of England**
- **The proportion of children living in low income families is also significantly higher than the England average**
- **The number of children in care is significantly greater than England**
- **Infant mortality rate is greater than the England average**
- **More babies in Manchester have low birth weights than in the rest of England**
- **More children aged 4-5 years with obesity**
- **Children's dental health is significantly worse than the rest of England**
- **Under 18 conceptions are higher than average**
- **Hospital admissions for young people under 18 with alcohol related conditions are higher**
- **Hospital emergency department (ED) attendances for young children aged 0-4 years is worse than England**
- **It was noted by inspectors that the inspection took place just over two months after the terrorist attack at Manchester Arena on 22 May 2017. They acknowledged the major role that CMFT and UHSM played in treating the victims and also acknowledged the impact of this trauma on children, families and staff.**

3.7 Manchester has a significant number of children and young people who need statutory intervention to keep them safe at both Child in Need (Section 17) and Child Protection (Section 47) levels and removal into care. A robust partnership approach is essential in identifying children who are at risk or suffering harm and to ensure the best protection is afforded to these children and young people.

3.8 The following data (**Figures 6a and 6b**) outlines how Manchester compares statistically in relation to national, North West and statistical neighbours in terms of numbers of children who are categorised as Children in Need, Children on Child Protection Plans (CPP) and Looked After Children. Manchester aligns with the national statistics which show that neglect is the highest category of abuse for children subject to CPP.

Figure 6a: Children in Need statistical comparison

	Area	Children In Need on 31st March 2017	% against population 0-17 years (P)
	England	777,850	**6.6%** *P=11,785,300*
	North West	114,770	**7.5%** *P=1,532,700*
	Manchester	9,925	**8.3%** *P=119,800*
Statistical Neighbours	**Liverpool**	9,563	**10.4%** *P=91,900*

Figure 6b: Children subject to a child protection plan statistical comparison

Area	*Children on a Child Protection Plan on 31st March 2016*	Children on a Child Protection Plan on 31st March 2017	% against population 0-17 years (P)	Neglect	Physical Abuse	Emotional Abuse	Sexual Abuse	Combined
England	***50,310***	**66,410**	**0.60%** *P=11,785,300*	**30,650** *46%*	**5,120** *7.7%*	**24,190** *36.4%*	**2,800** *4.2%*	**3,660** *5.5%*
North West	***8,400***	**11,170**	**0.73%** *P=1,532,700*	**4,280** *38.3%*	**850** *7.6 %*	**4,580** *41%*	**520** *4.6 %*	**940** *8.4%*
Manchester	***840***	**1,154**	**0.96%** *P=119,800*	***570*** *49.4%*	***38*** *3.3 %*	***294*** *25.5%*	***14*** *1.2 %*	***238*** *20.6%*
Statistical Neighbours — **Liverpool**	***430***	**597**	**0.65%** *P=91,900*	**208** *35%*	**73** *12.2%*	**279** *46.7%*	**x**	**x**

Analysis

3.9 The number of Manchester Children considered to be in need is above the national and North West average but lower than Manchester's statistical neighbour. However, Child Protection figures show Manchester has higher numbers of children subject to Child Protection plans than nationally, North West and statistical neighbours. This

figure has risen since 2016/17. This suggests that early help may not yet be effectively preventing children from requiring statutory intervention to keep them safe.

Looked After Children (LAC)

3.10 A child is 'looked after' if they are in the care of the local authority for more than 24 hours. Legally, this could be when they are:

- With foster carers.
- At home with their parents under the supervision of social care.
- In residential children's homes, schools or secure units.
- Placed in care voluntarily by parents struggling to cope.
- Where children's services have intervened because a child was at significant risk of harm and an interim or full care order is in place.

3.11 Figure 7a below, demonstrates the comparisons of LAC in Manchester with national, North West and statistical neighbours. Figure 7b provides a comparison with the numbers of Unaccompanied Asylum Seeking Children (UASC), Care leavers, LAC young people who go missing, and the numbers of children adopted in Manchester with national, North West and statistical neighbours. MFT services contribute significantly to the care of Looked After Children across Manchester.

Figure 7a: Looked After Children statistical comparison

	Area	Looked After Children on 31st March 2016	Looked After Children on 31st March 2017	% LAC per 0-17 Population (P)
	England	70,440	72,760	0.62% *P=11,785,300*
	North West	9,280	13,230	0.86% *P=1,532,700*
	Manchester	1,236	1,165	0.97% *P=119,800*
Statistical Neighbours	Liverpool	750	1,120	1.2% *P=91,900*

Figure 7b: Additional LAC statistical comparison

	Additional categories as of 31st March 2017				
	Area	Unaccompanied Asylum Seeking Children (UASC)	Care Leavers 17-21 years	LAC missing At least 1 episode in 12 months	Adoption
	England	4560	37,720	10,700	4350
	North West	190	4790	1,820	740
	Manchester	45	630	195	80
Statistical Neighbours	Liverpool	30	380	140	45

Analysis

3.12 Manchester has higher numbers of LAC compared with national, north west and statistical neighbour figures. This places significant pressures on both the LAC team, but also paediatricians, health visitors and school nurses in ensuring the statutory health needs of LAC are met in line with statutory requirements.

Looked After Children in Manchester

3.13 The MFT LAC team provide a citywide health LAC service for Manchester LAC placed in Manchester and children Looked After from other local authority areas placed in Manchester. The work undertaken is underpinned by statutory requirements against which performance is monitored by the Manchester Health and Care Commissioning.

3.14 A partnership approach is key to ensuring best outcomes for LAC and the team work closely with MCC colleagues to ensure they have the correct information in a timely manner to provide a robust health offer for LAC. Escalation processes are also agreed and in place between MFT and MCC, to address issues as they arise to ensure the response and service provided for our Looked After Children is timely.

Statutory Guidance and Responsibilities

3.15 Statutory guidance set out in Care Planning, Placement and Case Review (England) Regulations (2010)[4] states:

- Local Authorities (LA) must arrange for all Looked after Children to have a health assessment;
- The Initial Health Assessment (IHA) must be undertaken by a registered medical practitioner;
- The IHA should result in a health plan, which should be available in time for the first statutory review of the child's care plan by the Independent Reviewing Officer (IRO);
- The case review by the IRO must happen within 20 working days from when the child became LAC (Regulation 33(1)

3.16 Nationally LAs and Clinical Commissioning Groups (CCGs) adopt a standard for IHAs to be completed within 20 working days of a child entering care. Performance with regard to this standard is not nationally monitored and benchmarks are not available.

Health Providers' Responsibility

3.17 Once notified by the LA of a child coming into care, MFT is responsible for making the arrangements for the IHA. MFT responsibility is as follows:

- IHA completion for Manchester children placed in Manchester.
- IHA completion for children from other LA placed in Manchester.
- Request sent to the relevant provider to complete the IHA for Manchester children placed out of Manchester,

[4] http://www.legislation.gov.uk/uksi/2010/959/contents/made

3.18 Completion of IHAs within 20 working days is wholly dependent on the timeliness of the notification and request (including consent) from the Local Authority, without which an IHA cannot take place.

Manchester's Promise to Looked after Children and Care Leavers; says we will care for you and support you to stay healthy and make sure you get good health care when you need it (including physical, mental and sexual health)

LAC Performance Data

3.19 MFT are commissioned to provide IHA and Review Health Assessments (RHA) for LAC, including Manchester LAC placed in Manchester and children from other LA areas placed in Manchester.

- Children are required to have an Initial Health Assessment within 20 working days of becoming LAC
- Children under 5 years are required to have 2 yearly Review Health Assessments
- Children over 5 years are required to have yearly Review Health Assessments

Figure 8: LAC Key Performance Indicator (KPI) Data 1st April 2017 to 31st March 2018

KPI	Manchester LAC - Manchester Placed	Manchester LAC – Out of Area placed	Manchester LAC Total	Total MFT performance *
Review Health Assessment up to date	95%	84%	88%	**93%**
Immunisations up to date	88%	86%	87%	**86%**
Developmental Assessment up to date	100%	95%	97%	**99%**

* *Total Performance includes Manchester LAC placed in Manchester, Manchester LAC placed in other LA areas, other LA LAC placed in Manchester or attending a Manchester school.*

Figure 9: Percentage of Initial Health Assessments completed within 20 working days of a child becoming 'looked after'

	Month	Manchester LAC placed in Manchester	Manchester LAC placed out of area
2017	**April**	67%	30%
	May	80%	44%
	June	54%	31%
	July	68%	40%
	August	66%	8%
	September	88%	6%
	October	76%	40%
	November	89%	33%
	December	65%	47%
2018	**January**	78%	21%
	February	91%	27%
	March	64%	28%
	Year to date	**74%**	**28%**
	Total children	**192/261**	**50/176**

Analysis

3.20 Initial Health Assessment (IHA) performance fluctuates, however, audit shows that the quality of health assessments completed by MFT staff remains 'good'. Performance for Manchester LAC placed in Manchester is better than for Manchester LAC placed out of area, which equates to more than half of Manchester's LAC population. While MFT request IHA to be undertaken by out of area providers, the Trust does not have influence over the timeliness of these assessments. This impacts on the overall IHA performance and has been raised with the Designated Safeguarding Team within MHCC. Additionally, an issue with non-attendance of LAC placed at home has been identified and this issue will be presented by the Named Doctor for LAC to the LAC Strategic Board (LSB) so that action can be identified to improve attendance.

3.21 Review Health Assessments (RHA) for Manchester children placed out of area also impacts the overall total performance which fluctuates between 86 and 90%. This fluctuation relates to the timeliness of the receipt of the request for RHA from the Local Authority. This issue has been escalated to the Director of Children's Services so that processes can be reviewed and action taken to improve.

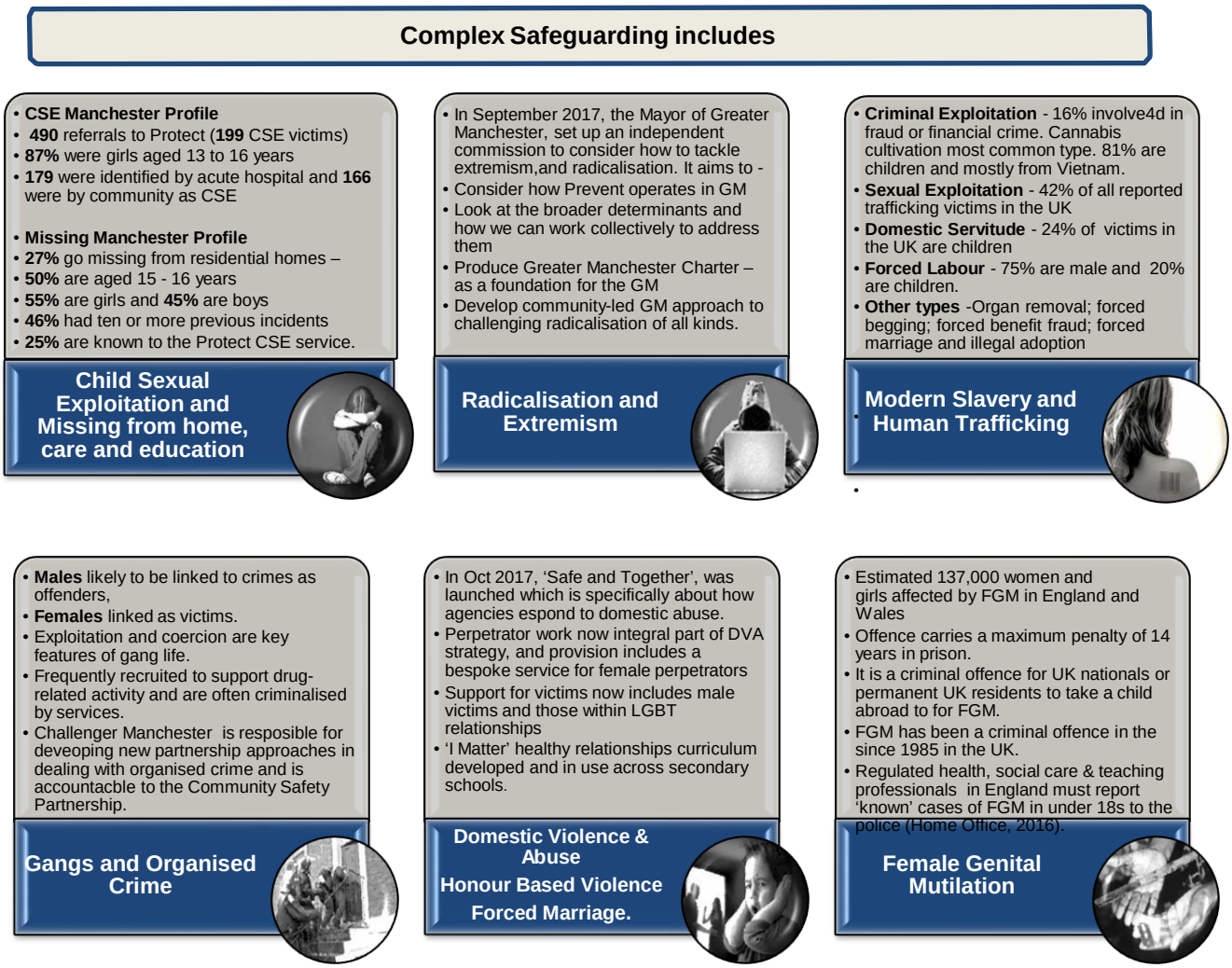
3.22 MFT performance for Immunisations is 86% against a stretch target of 92%. The impact of infection outbreaks in 2017/18 has affected the ability to achieve this target.

4. Complex Safeguarding

4.1 In 2016/17 the concept of Complex Safeguarding was discussed across the City leading to a significant focus on this emerging issue over the past year with the development of a Complex Safeguarding sub-group of both Manchester Safeguarding Boards. MFT is represented on both sub-groups having contributed to all aspects of Complex Safeguarding data collection and strategy development; most recently in 2017/8 for Child Sexual Exploitation (CSE) and Modern Slavery.

4.2 There is increased complexity across both Adult and Children's Safeguarding services in managing cases and supporting health practitioners to identify complexities and escalate for support. Complex Safeguarding is a highly challenging and stressful part of safeguarding work and this section of the report provides an overview of the complexities that are being experienced within the city. (**Figure 10)**.

Figure 10: Overview of Complex Safeguarding



Domestic Violence and Abuse

4.3 Statistics on domestic violence and abuse indicate a significantly high prevalence across the city of Manchester.

- From September 2015 to September 2017: **10,525** crimes of domestic abuse were recorded by the police;
- In 2016/17 MCC children's services received **5,312** contacts where there were safeguarding children concerns where domestic violence and abuse was a key issue;
- In 2017/2018 there were **1,443** high risk victims of domestic abuse cases identified in Manchester.

MFT Domestic Violence and Abuse Sub-group

4.4 A Domestic Violence and Abuse (DV&A) and Female Genital Mutilation (FGM) group was established approximately three years ago in the former CMFT and has been

reviewed and extended through the SHS work programme to include representation from Wythenshawe Hospital in order to ensure membership from all hospitals/MCSs in the Group. This group is now established as a sub-group of the Group Safeguarding Committee, has consistent membership and receives reports from clinical areas on how MFT services are responding locally to DV&A and FGM.

4.5 The group has continued to meet quarterly and has led on the Trust's response to DV&A and FGM. The work plan ensures that national and local learning, policy and practice are reviewed and developed to influence frontline practice across the Trust.

4.6 Key messages from the following local strategic groups, to which MFT actively contribute, are shared across the MFT Group via the sub-group:

- Manchester Domestic Abuse Forum
- Greater Manchester Forum
- Manchester IRIS steering group (Identification and Referral to Improve Safety)
- Manchester Safe and Together Board

4.7 In addition the following organisations and individuals, who work in partnership with MFT to deliver services across the Trust's sites to victims of domestic violence and abuse, contribute to the work of the sub-group:

- Independent Domestic Violence and Abuse Advocates (IDVA)
- Manchester Women's Aid
- NESTAC (New Step for African Community) FGM service

4.8 The poster shown in **Figure 11,** which was designed by staff in the Division of Specialist Medicine, Manchester Royal Infirmary, to raise awareness of DV&A across the division provides examples of how DV&A is embedded in clinical areas. This is an innovative and effective way of getting the message to staff and raising awareness of DV&A from a patient and staff perspective.

Figure 11: DV&A Poster

4.9 Domestic Violence and Abuse Sub-group key Achievements 2017/18

- Raised awareness and reviewed response to domestic violence and abuse to older people.
- Informed the Trust response to domestic violence and abuse for victims or perpetrators with dementia.
- Shared learning from the newly established Manchester Safe and Together approach to safeguarding children in the context of domestic violence and abuse. This ensures a partnership approach to work with victims and perpetrators of domestic violence to address abusive behaviours to safeguard children.
- Held an awareness event in the Trust during the National Campaign for Elimination of Violence Against Women and Girls. Events were held in partnership with Manchester Women's Aid to highlight to staff the importance of the health professional's role in recognition and response to domestic violence and abuse.
- Contributed to multi agency work streams to review the response to children living with domestic abuse and ensure the effective multi agency response to information sharing regarding domestic abuse and children.

Figure 12: Domestic Violence and Abuse Key Achievements 2017/18

In 2016/17 we said we would:	In 2017/18 we did:
Deliver a DV&A training programme to meet the needs of all front-line staff identified in the domestic violence and abuse training plan.	Completed a Training Needs Analysis across the Trust and continued to deliver a quality DVA training programme, open to all staff.
Ensure training needs were met within newly acquired services such as Stockport, Tameside and Trafford sexual health services	Designed training for all three sexual health services and delivered training to Trafford with dates booked for Tameside and Stockport in April 2018. Developed DVA referral pathways for Stockport, Tameside and Trafford sexual health services.
Be mindful of statistics which report that 30% of DVA starts during pregnancy and if already present is likely to escalate. Therefore, we would roll out of DVA training across all maternity services as a priority.	Worked with Maternity services to provide regular training to midwives.

Voice of the Victim

4.10 MFT is committed to listening to those who are affected by domestic violence and abuse and has a policy in place to support staff who are victims of domestic violence and abuse. The Safeguarding Teams across the Trust's Group of Hospitals/MCS support managers and victims in accessing support. In August 2017 a former staff member wrote a letter to the Safeguarding Team following attendance at Domestic Abuse training. Through attending DV&A training, this former staff member recognised themselves to be a victim of domestic violence and subsequently accessed support services. F**igure 13** provides an excerpt from this letter, which is shared with the consent of the author.

Figure 13: Excerpt from letter to the Safeguarding Team

As I leave the Trust to move onto a new role …….I wanted to take this opportunity to thank you so much for helping me in ways that you may not have realised.

…..I was in a psychologically, emotionally and sexually abusive relationship. At the time it never occurred to me it was abusive. After all, he never actually hit me, I just knew I was desperately unhappy, scared and trapped.

It wasn't until I attended your training, that what I went through really hit me. Hearing what others had been through was like hearing a checklist of my life.

It took another year for me to finally pluck up the courage to seek support.

Finally telling my story was not the weight off my shoulders that I expected but it felt so good to hear that I wasn't crazy, that it wasn't my fault and I didn't deserve it.

Please feel free to share so professionals know they are not alone and they deserve to be cared for too!

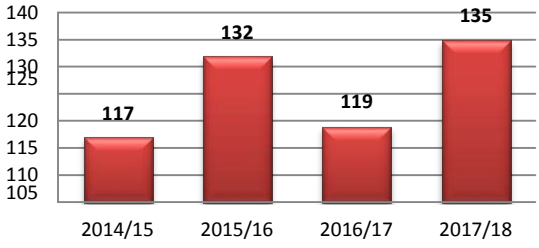
Multi-Agency Risk Assessment Conference (MARAC) across Manchester

4.11 MARAC is a police led meeting which puts safety plans in place across the partnership for high level victims of domestic abuse who are at risk of domestic homicide. Manchester is an area of high levels of domestic abuse and a multi-agency approach is required to meet the demand and the needs of victims across the city.

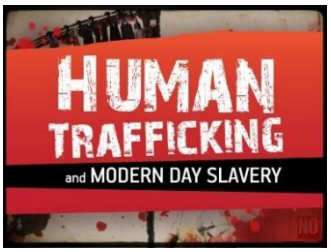
4.12 MARAC referrals require a significant amount of work for the Safeguarding Team in researching cases prior to the meeting and providing feedback on risk to frontline practitioners. MARAC meetings are held in each of the three localities across Manchester; with a total of five meetings each month. MARAC numbers have increased slightly in 2017/18 and MFT have contributed to the risk assessment and safety planning of **1443 referrals** to MARAC which included consideration of **1928 children** living within the household. This compares to 1371 in 2014/15, 1790 in 2015/16 and 1407 in 2016/17.

4.13 Many cases are referred to MARAC directly by health practitioners where victims of domestic abuse have made a disclosure to a healthcare professional. Referrals to MARAC from health practitioners have increased by 13% in 2017/18 compared to 2016/17. The MFT Safeguarding Team contribute to all these cases. Local statistics show that Manchester's health economy makes 8.5% of all referrals into Manchester MARAC, compared with the national rate of 4%.This increase is reflective of a 5% increase in the number of children identified to be living in high risk domestic abuse households across Manchester.

Chart 1: Health MARAC Referrals



Modern Slavery and Human Trafficking



4.14 In 2017/18, as part of Complex Safeguarding work, a multi-agency strategic working group was formed to look at the prevalence of Modern Slavery and Human Trafficking across Manchester. From this working group the beginning of a strategy for Manchester was developed. This strategy will be launched in 2018/19, with the requirement for all agencies to ensure that Modern Slavery is included in training and policies. In MFT this work will be progressed in 2018/19 to ensure that MFT embed key elements of the strategy within its processes. **Figures 14a** below provides further detail regarding what constitutes modern slavery and human trafficking and **Figure 14b** demonstrates the extent of this global issue.

Figure 14a: What is Modern Slavery/Human Trafficking?

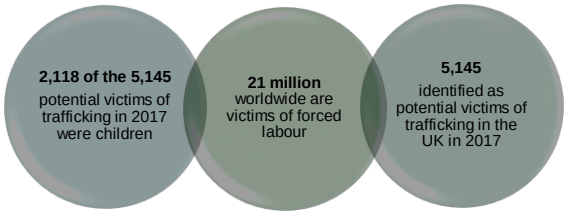
What is Modern Slavery?

- **'Slavery'** is where ownership is exercised over a person
- **'Servitude'** involves the obligation to provide services imposed by coercion
- **'Forced or compulsory labour'** involves work or service extracted from any person under the menace of a penalty and for which the person has not offered himself voluntarily
- **'Human trafficking'** concerns arranging or facilitating the travel of another with a view to exploiting them.
  Modern Slavery Act 2015

Human Trafficking

- Recruitment, transportation, transfer, harbouring or receipt of persons.
- By means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person; (where a child is involved, the above means are irrelevant).
- For the purposes of exploitation, which includes (but is not exhaustive):
  - Prostitution
  - Other sexual exploitation
  - Forced labour
  - Slavery (or similar)
  - Servitude
  - Removal of organs

Figure 14b: Modern Slavery and Human Trafficking Statistics 2017/18



5. Safeguarding Referral Activity

Police and Ambulance Referrals

5.1 The Citywide Community Safeguarding Children Team process safeguarding referrals from police and ambulance services, ensuring that this information is disseminated to frontline health visitors and school nurses. 2017/18 saw a 28% increase in the numbers of referrals from this route compared to 2016/17. Many of the referrals from the police are cases where the police have been called to a domestic abuse incident. Some of these incidents will be categorised by the police as low level and will not require a referral to MARAC, however, the police always notify community health services to ensure the child's health needs are being met. This also allows the health practitioner to build a chronology around a child's daily lived experience.

Figure 15: Police and Ambulance Referral to MFT Safeguarding Services Data

Year	Police & Ambulance Referrals	Total number of children involved
2016-17	2202	5498
2017-18	2820	6068

Referrals from Manchester Acute Hospitals

5.2 Lord Laming's recommendations following the Victoria Climbie inquiry in 2003 [5], required all Emergency Departments to notify the health visitor or school nurse when a child attended. These notifications are well established and systems are in place whereby the Royal Manchester Children's Hospital Emergency Department notifies the Child Health Team who forward this information to the relevant Health Visitor or School Nurse; notifications from Wythenshawe Hospital and North Manchester General Hospital Emergency Departments are processed via the MFT community safeguarding team.

5.3 The Community Safeguarding Team ensure these are disseminated to the Health Visiting and School Nursing Teams for information and management. In 2017/18 there was an increase in the number of children attending North Manchester General Hospital with safeguarding concerns. This aligns with the demographic data seen in the north of the city, which has the highest levels of child protection within Manchester. The lower numbers are reflective of the demographic in South Manchester.

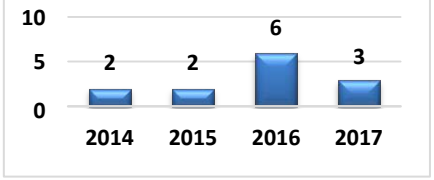
Figure 16: Notifications from Acute Hospitals to the Community Safeguarding Team

Year	North Manchester General Hospital	Wythenshawe Hospital
2016-17	2655	589
2017-18	2953	561

Prevent

5.4 The Safeguarding Team supports Prevent training across the Trust and manages referrals to Channel, which provides support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. Referral data demonstrates that very few referrals are made to Channel, despite training and awareness raising at all levels across the Trust.

Figure 17: Referrals to Channel



[5] https://www.gov.uk/government/publications/the-victoria-climbie-inquiry-report-of-an-inquiry-by-lord-laming

SECTION C

Central Manchester University Hospitals NHS Foundation Trust (CMFT)

Annual Report

1st April – 30th September 2017

Central Manchester University Hospitals NHS
NHS Foundation Trust

1. Introduction

1.1 The following section provides an overview of CMFT performance prior to the establishment of MFT in October 2017. The information in this section covers the period from 1st April 2017 to 30th September 2017, covering Quarter 1 and 2 reporting periods. The CMFT report provides assurance that prior to merging with UHSM as a single hospital service, CMFT fulfilled its statutory and regulatory requirements for safeguarding children and adults as outlined in the Children Act 1989 and 2004 and the Care Act 2014, and CQC Regulation 13.

2. CMFT Progress against 2017/18 Priorities

Alignment with Manchester Safeguarding Board's Strategic Objectives

2.1 In the 2016/17 Annual Report, CMFT committed to ensuring that the strategic objectives of the Manchester Safeguarding Adults and Children's Boards (MSAB and MSCB) were clearly embedded in the safeguarding agenda across CMFT. **Figures 18a and 18b** below provide information on how this was achieved in 2017/18.

Figure 18a: CMFT Achievements against MSAB Strategic Objectives

	In 2016/17 we said…	In 2017/18 we did...
Human Trafficking and Modern Slavery	*CMFT will be a member of the Trafficking and Modern Slavery Strategic Group to understand the prevalence and health needs of victims of trafficking and modern slavery.* *Actions and learning will be disseminated throughout the Trust.*	Part of the multi-agency Trafficking and Modern Slavery Strategic Group. Contributed to the development of a Modern Slavery Strategy for Manchester.
Preventing radicalisation	*CMFT has a robust process in place and Prevent training was mandatory.* *CMFT will contribute to this agenda and issues are shared across the Trust.*	CMFT have continued to support this area through training and referrals. In 2018/19 CMFT will continue to embed changes to the current processes across the Trust.
Domestic Violence and Abuse	*CMFT would contribute to the DV&A agenda from a partnership and Trust perspective via attendance and contribution at strategic groups and further development of the CMFT sub-group.*	CMFT have been fully involved in the Domestic Abuse work streams internally and externally. Information and learning is disseminated via the Trust DV&A sub-group. Bespoke training delivered to key areas as per NICE guidance and the DASH audit was repeated.
Health and social care integration	*CMFT will continue to support the transition into new ways of working across the city in line with integration of services and Devolution.*	Safeguarding has been involved in shaping support to the MLCO to ensure community practitioners continue to receive high quality support and supervision.
Early Help	*CMFT will support the development of the adult Early Help agenda.*	This is work in progress led by MCC and will continue in 2018/19.
Safeguarding across partner agencies	*CMFT will ensure a robust partnership approach to all areas of safeguarding and associated work streams.*	CMFT actively contributed to all adult and children's safeguarding work streams including Boards, subgroups and strategic and operational groups.
Making Safeguarding Personal	*CMFT will ensure that this forms a part of the Trust safeguarding work plan for 2017/18*	MSP has been embedded in all work plans and divisions have provided assurance and evidence of how this has been implemented across CMFT clinical areas.
Transition	*Transition is high on the agenda for CMFT, and will therefore ensure on-going contribution to the wider transition agenda across the city.*	CMFT has developed a Transition Strategy and appointed a Consultant Nurse for Transition. The Trust will contribute to the multi-agency audit on transition once the audit tool is agreed.

Figure 18b: CMFT Achievements against MSCB Strategic Objectives

	In 2016/17 we said…	In 2017/18 we did...
Early Help	*To continue to support the effectiveness of the preventative services being provided to children and families, with an emphasis on Early Help.*	Alignment of health practitioners to Early Help Hubs. Increased numbers of Early Help Assessments completed and referrals made. Developed a CMFT Early Help sub-group aligned to the MCC Early Help Strategic group.
Complex Safeguarding	*To be a member of the Complex Safeguarding Group and contribute to the wider agenda. To ensure the effectiveness of thematic strategies, plans, developments and provide a challenge and support role within the context of operational delivery of Complex Safeguarding work streams:* • *Child Sexual Exploitation;* • *Missing from home, care and education;* • *Gangs and violence;* • *Modern Slavery and Trafficking;* • *Radicalisation and extremism;* • *Female Genital Mutilation* • *Honour based violence;* • *Understanding / identifying emerging areas of risk e.g. Cyber crime*	Member of the Complex Safeguarding sub-group contributing to all work streams of the group. Dissemination of information via CMFT Sub- groups for DV&A, FGM, CSE and the Trust Safeguarding Group. Involved in developing the Modern Slavery Strategy for Manchester.
Domestic Violence & Abuse	*CMFT would contribute to the DV&A agenda from a partnership and Trust perspective via attendance and contribution at strategic groups and further development of the CMFT sub-group.*	CMFT have been fully involved in the Domestic Abuse work streams internally and externally. Information and learning is disseminated via the Trust DV&A sub-group. Bespoke training delivered to key areas as per NICE guidance and DASH audit was repeated.
Neglect	*To contribute to the development and assessment of the impact of the Neglect Strategy and use the learning from SCRs where neglect is a significant factor, identify themes and integrate that learning into the multi-agency training programme.*	Contributed to the Neglect strategy, audit and roll-out. Supported implementation of the Graded Care Profile 2 assessment tool and exploring the most effective ways to embed this into frontline practice.
Serious Case Review learning	*To ensure that the learning and recommendations from SCRs, Domestic Homicide Reviews (DHRs) and other local and national reviews are identified and tracked and action plans are followed up in order to make sure that learning has changed practice.*	Actively contributed to SCRs and other reviews ensuring processes are in place to embed learning. Learning from SCRs rolled out in a planned way across the Trust to ensure frontline staff are aware of learning.
Partnership engagement with Children and Young People (CYP):	*To share examples of good practice and assure the effectiveness of partnership engagement with CYP. In addition, to ensure that the Board itself is informed of and responds to the priorities and concerns of CYP in Manchester.*	Continued to ensure the voice of the child is a key area of practice in both children and adult services. This will be audited in 2018/19.

3 CMFT Safeguarding Activity 2017/18

Safeguarding Referrals

3.1 **Figure 19** (below) provides a breakdown of referrals across the Safeguarding Teams for Q1 and Q2 of 2017/18. The common themes featuring in referrals to all teams were mental health/ parenting and domestic abuse.

3.2 These referrals relate to cases that have been notified to the Safeguarding Teams and for which the Teams have provided advice and case management support to practitioners. A small proportion of these cases will be referred to Local Authority Children's or Adult services. The role of the Safeguarding Team is to support practitioners in decision making to ensure that each referral to child or adult protection is at the correct threshold for statutory intervention.

3.3 Collectively during this reporting period (6 months) the CMFT teams dealt with **4,929** referrals to the MFT Safeguarding services for children and adults with varying levels of need who are at risk of, or suffering abuse and/or neglect.

Figures 19: Quarter 1 and 2 Breakdown of Safeguarding Referrals in CMFT

Team	Number of referrals			Top 3 categories of referral
	Q1	Q2	TOTAL	
Children's Acute Safeguarding	502	451	**953**	• Emotional Abuse • Parenting • Domestic Abuse
Adult Safeguarding team	358	565	**923**	• Emotional Abuse • Domestic Abuse • Physical Abuse
Maternity Team	723	832	**1,555**	• Mental Health • Domestic Abuse • FGM
Children's Community Safeguarding	735	763	**1,498**	• Parenting • Domestic Abuse • Neglect
Combined Total			**4,929**	

4. Safeguarding Training

4.1 It is a statutory requirement that all staff regardless of role and responsibility undertake the appropriate level of safeguarding training on a 3 yearly basis. CMFT offers statutory safeguarding training along with a range of safeguarding speciality courses which include:

- Domestic Violence and Abuse.
- Modern Slavery.
- Forced Marriage and Honour Based Violence.
- Child Sexual Exploitation.
- Female Genital Mutilation.
- Child Neglect.
- Court report writing and safeguarding documentation.

Mandatory Training Compliance for quarters 1 and 2 of 2017/18

4.2 **Figures 20** below shows compliance from 1st April 2017 to 30th September 2017/18. The **Trust compliance target is 90% and the CQC target is 80%.** This year there has been a significant focus on ensuring compliance with Level 3 Safeguarding Adult training. Compliance with this training has improved from 56% in Q4 of 2016/17 to 75% in Q2 of 2017/18. However, further work will be required to continue to increase compliance. To ensure access for staff, safeguarding training is delivered on separate sites. Work is planned for 2018/19 to merge the training to ensure consistency across MFT.

Figures 20: Mandatory Training Compliance

Mandatory Training	Q1	Q2
Level 1 Training –eLearning as part of corporate mandatory training, includes Level 1 adult and children safeguarding.	**91.5%**	**92%**
Level 2 Training – eLearning as part of clinical mandatory training includes Level 2 adult and children safeguarding,& MCA and DoLS training.	**90%**	**91%**
Level 3 Training Children – Full day face to face training delivered by the safeguarding team	**94%**	**95%**
Level 3 Safeguarding Adults – This is a full day face to face training delivered by the safeguarding team.	**72%**	**75%**

Additional Training

Domestic Violence and Abuse (DV&A) Training

4.3 Provision of DV&A training supports frontline staff in implementing policy and ensuring that victims/survivors of domestic violence and abuse receive a timely and safe response in line with Manchester's Multi-Agency Domestic Violence and Abuse Strategy and Policy.

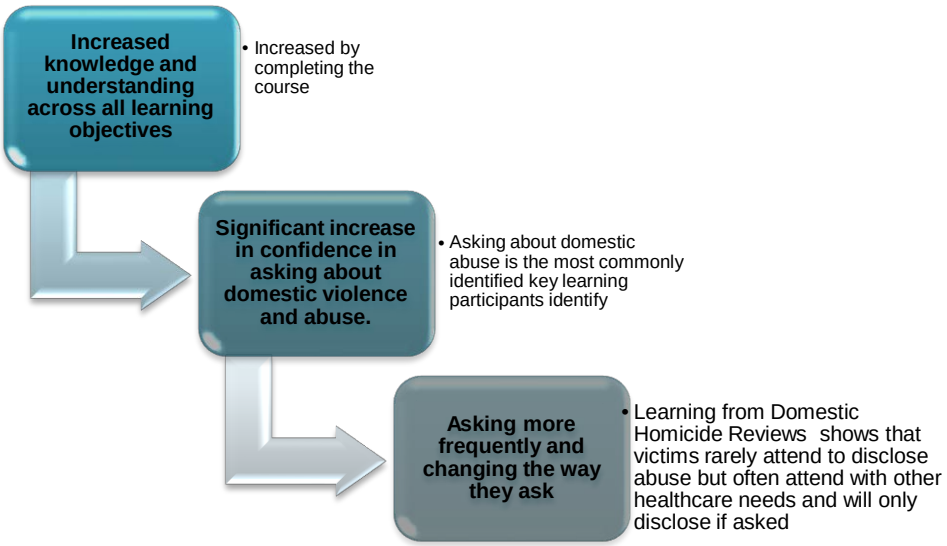
4.4 The Trust Domestic Abuse sub-group has developed a Training Plan identifying the priority areas and services that require training in domestic violence and abuse in line with NICE guidance. These areas are illustrated in **Figure 21.**

Figure 21: Areas in which Domestic Violence and Abuse Training has been delivered

The Safeguarding Team has also contributed to the Healthy Schools *Behind the Behaviours* programme by designing the Domestic Violence and Abuse courses which focus on the impact of DVA on children.

4.5 The number of staff attending domestic abuse training during Q2 decreased in 2017/18 compared with Q1 with 119 staff trained in Q1 and 119 staff trained in Q1. Plans are in place to address this by broadening the training pool across safeguarding to include the adult safeguarding team to support the Trust's dedicated Domestic Abuse trainer. However despite the lower attendance, feedback regarding the quality of the training demonstrates impacts on practice with regard to knowledge and confidence to identify and respond to domestic abuse (**Figure 22**).

Figure 22: Evaluation of DV&A training



Child Sexual Exploitation (CSE) Training

4.6 CSE training is delivered by a Senior Specialist CSE Nurse who works within the multi-agency CSE Protect Team. CSE training is delivered across the Trust but targeted to areas more likely to see CSE for example Children's Acute and Community services, Adult and Children's Emergency Care and Sexual Health Services. 50 staff were trained in Q1 and 2 of 2017/18, with a plan to significantly increase this number in Q3 and 4.

Female Genital Mutilation (FGM) Training

4.7 In 2016/17 FGM training was developed to raise awareness about FGM and also about mandatory reporting requirements. This training has been further developed in line with the Manchester Safeguarding Board's Female Genital Mutilation (FGM) Practice Guidance published in April 2017. The Trust policy was also updated following this publication to align with Manchester and Greater Manchester guidelines.

Trust FGM sub-group Training

4.8 Members of the Trust FGM group received a number of awareness sessions and presentations throughout the year with the expectation that this will be shared across services via Divisional Safeguarding Operational Group (DSOG) meetings.

FGM Training

4.9 FGM training is delivered in two ways across the Trust:

- Incorporated into generic safeguarding training at levels 1, 2 and 3

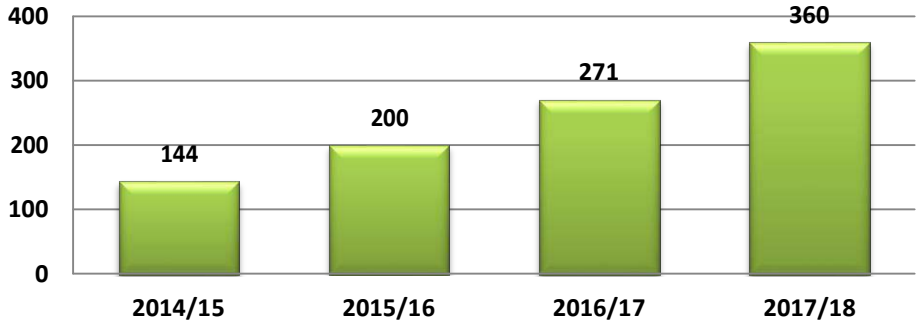
- Bespoke FGM training delivered for key areas that are more likely to see and treat women and children who are at risk.

4.10 A bespoke training package for Community staff was established in 2015/16 to ensure that enquiry into FGM is completed as part of the Universal Healthy Child Programme by Health Visitors and School Nurses. In 2017/18, 66 staff attended FGM bespoke training. However, a basic awareness is also delivered as part of Level 3 mandatory safeguarding children training. Additionally information regarding FGM has been shared widely within the Trust through the regular Safeguarding newsletter.

Forced Marriage and Honour Based Violence (HBV) Training

4.11 **Figure 23** demonstrates the year on year increase in staff who have attended force marriage and so called honour based violence training. ACE days have been utilised in Acute services, to raise the profile of this issue. Many excellent examples have been identified from practice where staff have identified potential victims of Forced Marriage and HBV and have taken the appropriate steps to safeguard these individuals.

Figure 23: Bespoke Forced Marriage & HBV training attendance



5. Community Children's Safeguarding Activity

The top 5 areas for referral in the Community are:

- Parenting
- DV&A
- Neglect
- Sexual Abuse/CSE
- Parental Mental Health

5.1 The community safeguarding children team provide a citywide safeguarding service to all children's community staff. Support for the community children's workforce is vitally important as Health Visitors and School Nurses hold and manage child protection caseloads.

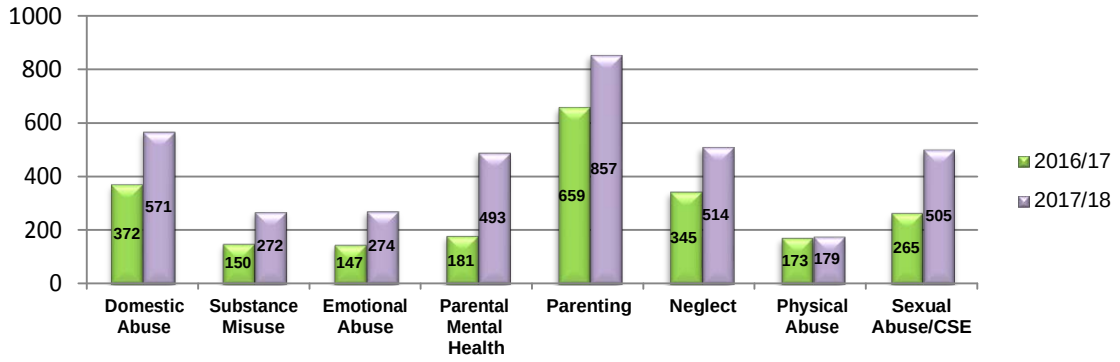
5.2 The complexity of safeguarding is changing with a shift to Complex Safeguarding, which incorporates domestic violence and abuse and CSE. This year, as can be seen in **Figure 24** below, notifications include categories such as child criminal activity, FGM, Forced Marriage and Honour Based Violence and radicalisation, all of which pose significant challenges to both the safeguarding team and clinical staff in practice areas.

Figure 24: Safeguarding notifications by category

2017/18	Q1	Q2	Total
Parenting	140	215	355
DV&A	91	121	112
Neglect	107	147	254
Sexual Abuse/CSE	112	110	122
Parental Mental Health	81	119	180
Emotional Abuse	43	52	95
Substance misuse	58	73	131
Physical	34	26	60
Self-Harm	30	28	58
LAC	29	26	55
Missed appointment	14	20	34
FGM	24	13	37
Child Criminal Activity	13	11	24
Fabricated Induced Illness	6	9	15
Forced Marriage /HBV	5	2	7
Radicalisation	5	0	5
Private fostering	4	2	6
Allegation against staff	0	0	0

5.3 **Figure 25** below, shows the comparison between 2016/17 and 2017/18 categories of referral. It highlights an increase across all categories of referral in 2017/18 with the exception of physical abuse.

Figure 25: Comparison of categories of referral 2016/17 and 2017/18



Community Safeguarding Supervision

5.4 Safeguarding supervision is mandatory for all children's services community staff who are caseload holders. Compliance reduced in Q4 of 2016/17 due to the concentration on the implementation of Electronic Patient Records across community services which needed time and resource to support implementation. However, as outlined in **Figure 26** below, good compliance was maintained in Q1 and 2 of 2017/18.

Figure 26: Safeguarding supervision

2017/18	Q1	Q2
School Nurses	100%	95%
Health Visitors	100%	92%
Specialist Nurses	94%	100%
Group Supervision	100%	86%

Court Report Activity

5.5 Court Reports are requested by Manchester City Council legal team and are completed within defined timescales by community practitioners. Robust quality assurance by the safeguarding team of these reports prior to submission ensures that very few frontline practitioners are called to give evidence in court. **Figure 27**, below outlines the numbers of court reports undertaken by community and maternity services in 2017/18.

Figure 27: Court reports undertaken by community and maternity services

Staff Group	Number of Court Reports completed 2017/18
Health Visitors	107
School Nurses	122
Other community staff	80
Maternity	60
Total	**309**

Family Court Statements

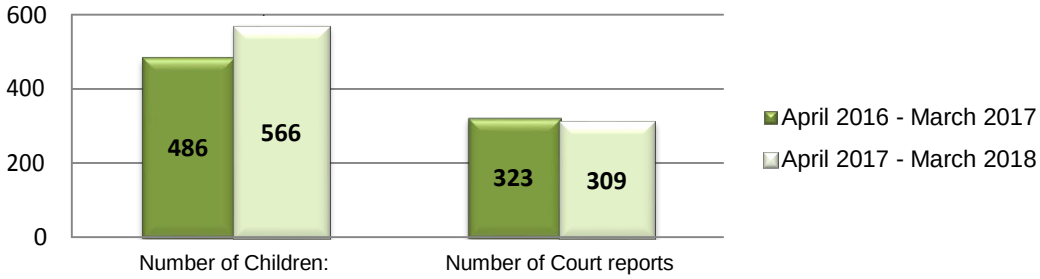
5.6 Statements are requested by Manchester City Council legal team to submit to the Family Court. This generates considerable work for community children's health practitioners and the community safeguarding team. The quality assurance process by the safeguarding team has ensured that very few community practitioners are called to give evidence in court and MCC legal team report that the reports from health practitioners are consistently of a high standard.

Criminal Court

5.7 The Safeguarding Children Team support staff in producing witness statements for police investigations and preparing staff should they be required to give evidence in court. **Figure 28** outlines the 2017/18 court report activity in comparison to 2016/17.

The chart shows that there is little change in the numbers of requests, however the numbers of children associated with larger family groups as resulted in a **14%** increase in the numbers of court reports required. This may be attributed to the increasing numbers of children at PLO (Public Law Outline), which is a pre-proceedings meeting, held if there are concerns about the welfare of a child to inform decisions to make an application to the Court to seek orders to protect the child. However the increase also aligns with an increased number of children becoming LAC within Manchester in 2017/18.

Figure 28: Court Reports - Community Children's Services



CMFT MARAC activity

5.8 The Trust makes a significant contribution to the Manchester MARAC process and good quality referrals are essential in line with the Trust's safeguarding policies, guidance, practice and training. **Figure 29** below demonstrates the number of referrals made by health staff in Q 1 and 2 of 2017/18, highlighting the commitment of staff to ensuring the safety of both adults and children who are victims of domestic violence and abuse.

Figure 29: MARAC referrals

	Q1	Q2	Total
Number of MARAC referrals	332	374	**706**
Number of MARAC referral's generated by Acute and Community staff	70	39	**109**
Number of MARAC cases where children are present	127	337	**464**

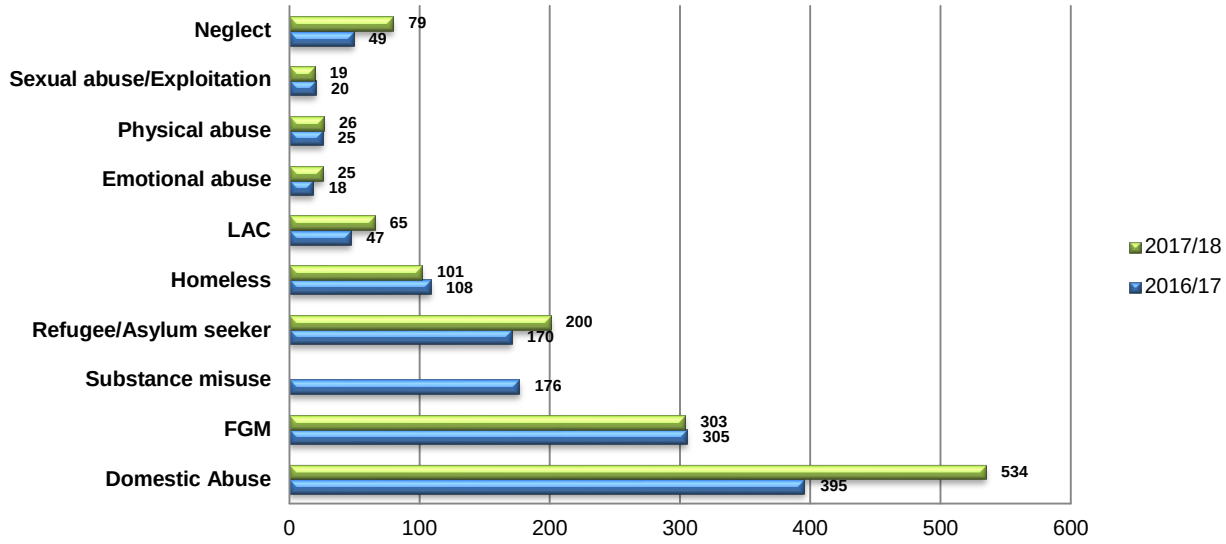
6. Maternity Safeguarding Activity

The top 5 areas for referral in Maternity are –

- Mental Health
- Domestic Abuse
- Female Genital Mutilation (FGM)
- Substance Misuse
- Refugees/Asylum

6.1 **Figure 30** shows a comparison between 2016/17 and 2017/18 referral figures. It is clear that mental health and domestic abuse form the largest number of referrals.

Figure 30: Comparison between 2016/17 and 2017/18 Maternity Referrals



Maternity

6.2 The categories of complex safeguarding feature along with domestic abuse. Newly emerging categories, similar to community teams, have included an increase in criminality. FGM, Forced Marriage, Honour Based Violence, continue to be complex safeguarding categories managed across Maternity Services. This is demonstrated in **Figure 31**.

Figure 31: Numbers of referrals for Q1 and 2 2017/18

	Q1	Q2	Total	Top 3 categories of referral
Maternity Team	723	832	**1,555**	• Mental Health • Domestic Abuse • FGM

Analysis

6.3 The data presented above shows that in line with other areas of safeguarding within the Trust, there has been an increase in the number of domestic abuse referrals, an increase in referrals for women seeking asylum and an increase in neglect since 2016/17. The majority of the other categories have seen little change. The volume and complexity of cases is demonstrated in this data.

Maternity Court Report Activity

6.4 The Trust Maternity Safeguarding Team submitted **60 court reports** in 2017/18. Of these, there were **2 attendances in court** by Trust staff and 38 babies were removed following court proceedings.

Maternity Child Protection Referrals to Children's Services

6.5 In 2017/18 **1171** referrals were made at Child Protection level to Children's Services, which represents a 12% increase from 2016/17. Of these referrals many were for multiple concerns (see **Figure 32** below).

Figure 32: Maternity Referral Categories

- **626** were already known to Children's Services.
- **348** Domestic Abuse referrals included 40 already referred to MARAC by the IDVA (Independent Domestic Violence Advisor) based in St Marys Hospital.
- **255** had known Mental Health issues.
- **88** were known substance users.
- **85** were known to the Young Parents Specialist Midwifery Team
- **61** were known to be Homelessness
- **54** were currently or previously Look After Children
- **33** for current or recent criminality
- **31** Refugees or Asylum Seekers
- **26** for concerns relating to Female Genital Mutilation

Midwifery Safeguarding Supervision

6.6 The monthly Safeguarding Supervision group continues to be facilitated by Safeguarding midwives, with membership expanding to include specialist midwives across a range of hospital and community midwifery specialities such as mental health; substance abuse; refugees; young parents; antenatal screening; NICU and HIV. Dissemination of key safeguarding activities and priorities, legislation updates, learning from complex cases and bespoke safeguarding speakers has contributed to increased learning and development within this group.

7. Children's Acute Services Safeguarding Activity

Children's Acute Referrals

7.1 The total number of referrals to the Children's Acute Safeguarding Team in Q1 and 2 2017/18 was **953**. **Figure 33** provides the breakdown of the top 3 categories of referral. **Figure 34** provides a comparison with the total annual referrals to the Acute Safeguarding Children Team since 2014/15.

The top 5 areas for referral in Acute Children's safeguarding are –

- Sexual Abuse/Exploitation
- Parenting Capacity
- Emotional Abuse
- Substance Misuse
- Physical Abuse

Figure 33: Numbers of referral in Q1 and 2, 2017/18

	Q1	Q2	Total	• Top 3 Categories of referral
Children's Acute Safeguarding	502	451	**953**	• Emotional Abuse • Parenting • Domestic Abuse

Figure 34: Yearly Comparison of Referrals to the Acute Safeguarding Children Team

2014/15	2015/16	2016/17	2017/18
2163	2139	2759	2328

Analysis

7.2 In contrast to Community and Maternity services the main category seen in Acute Children's Safeguarding referrals is sexual abuse/exploitation. The service covers sexual health services for young people along with the SARC in addition to both RMCH and the wider Trust, which accounts for an increase in this category. Parenting capacity remains a significant reason for referral in Acute services which is consistent with 2016/17.

7.3 Referral numbers have reduced in 2017/18. This is likely to have been influenced by the increased presence of the Safeguarding Team in Royal Manchester Children's Hospital (RMCH), providing real time support and as such negating the need to refer into the Team for support.

8. Adult Acute Safeguarding Activity

Acute Adult Referrals

8.1 The total number of referrals to the Adult Acute Safeguarding Team in Q1 and 2 2017/18 was **923**. **Figure 35** provides the breakdown of these referrals by category. **Figure 36** provides a comparison with the total annual referrals to the Acute Safeguarding Adult Team since 2015/16.

Figure 35: Breakdown of Referrals to the Acute Adult Safeguarding Team in 2017/18

	Q1	Q2	Total	Top 3 categories of referral
Adult Safeguarding team	**358**	**565**	**923**	• **Emotional Abuse** • **Domestic Abuse** • **Physical Abuse**

Figure 36: Yearly Comparison of Referrals to the Acute Adult Safeguarding Team

2015/16	2016/17	2018/19
1972	1033	2176

Analysis

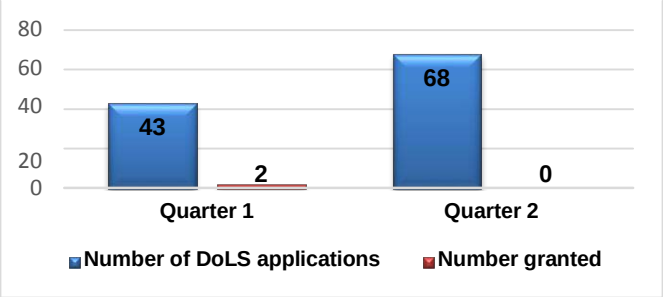
8.2 The numbers of referrals relating to domestic abuse increased in 2017/18. This correlates with an increase in the support given to adult practitioners to raise awareness of Domestic abuse and the MARAC process resulting in increased awareness in areas such as ED and Dental services.

Deprivation of Liberty Safeguards (DoLS)

8.3 In Q1 and 2 of 2017/18, 111 DoLS applications were made by the Trust, which is lower than would be expected. Training provision was therefore increased to provide all relevant staff with the opportunity to be updated on the DoLS process. In 2016/17 a DoLS portal was introduced to ensure that staff could make DoLS applications in a more streamlined way electronically, allowing ward areas to quality assure (QA) the applications and to monitor DoLS applications relating to their patients. While this was positively received, it has not increased the numbers of DoLS applications. In 2017/18 phase 2 of the DoLS portal was introduced which further streamlined the process.

8.4 There have continued to be significant delays in the processing and assessment of DoLS applications by Manchester City Council. **Figure 37** below outlines the numbers of DoLS applications assessed and granted by MCC compared to those submitted. The delays and the associated low numbers granted has been recognised as an organisational risk and is recorded on the Trust Risk Register with a process of incident reporting when DoLS applications have not been assessed after 14 days of application. The issue has been raised at Manchester Safeguarding Adult Board as the majority of DoLS applications are to Manchester City Council.

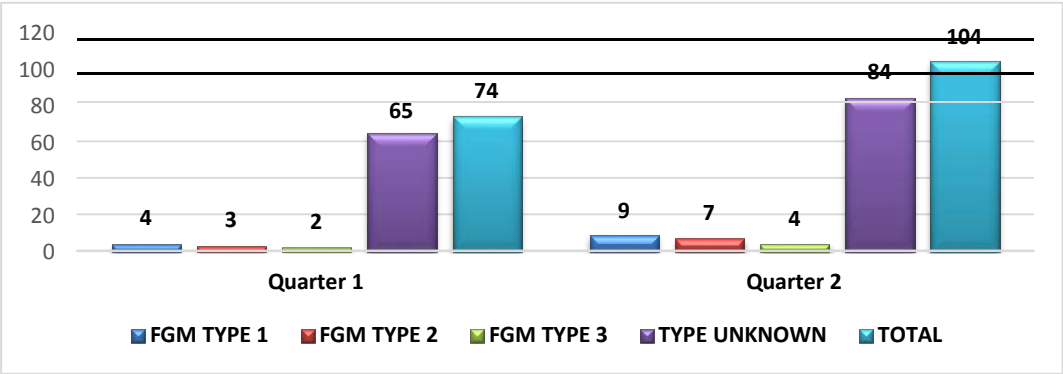
Figure 37: DoLS Applications Q 1 and 2 of 2017/18



Mandatory Reporting and the FGM Data Collection Tool

8.5 Mandatory reporting continues with the Trust and this data is shared with the Department of Health in accordance with mandatory reporting requirements. Data is also shared with Manchester Safeguarding Boards Quality Assurance Performance Information sub-group (QAPI). The data demonstrates a consistent and embedded approach to routine enquiry regarding FGM in health visiting and midwifery practice.

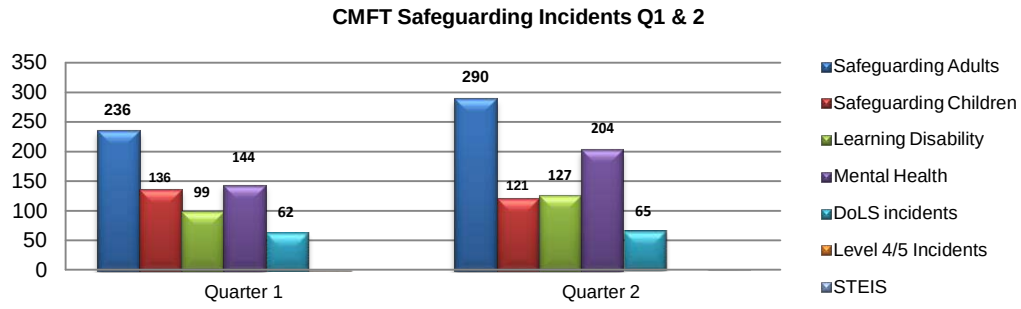
Figure 38: FGM Mandatory Reporting Data



9. Incident Reporting

9.1 The Trust incident reporting system includes a facility for incidents to be categorised as safeguarding. **Figure 39** shows the breakdown of the sub categories of safeguarding incident reports. This categorisation enables a report of all safeguarding incidents to be produced each week for review by the Deputy Chief Nurse and Assistant Chief Nurse (Safeguarding), in addition to the action taken in response to each incident through the incident investigation process.

Figure 39: Incidents Categorised as Safeguarding (Q1 and 2 2017/18)



9.2 Safeguarding Adults incident data includes reports relating to delays in conducting DoLS assessments by the Local Authority and the Safeguarding Children incident data includes non-attendance at case conferences by the School Nursing Service and Health Visiting Service in accordance with statutory guidance. This issue relates to the volume of case conferences being held in Manchester, which averages five per day, and subsequently places significant pressure on these services to attend where the child has health related issues. This pressure is recorded on the Safeguarding Risk Register and has been presented to the MSCB. Mitigation includes review by the Team Manager to prioritise activity, submission of a report where there is no capacity to attend and identification of other relevant health practitioners who could attend.

9.3 Analysis of the data shows that the categories of incidents, once DoLS and Case Conference attendance are excluded, are evenly spread across domestic abuse, neglect and parenting concerns. Many of the incidents relating to neglect centre around adult neglect which is predominantly self-neglect.

10. Conclusion

10.1 The increasing complexity of safeguarding is evident in this report and activity has been extensive across the Trust during the reporting period to protect patients and service users and to support staff to effectively identify and manage safeguarding issues. A wide-reaching training programme has been delivered to support the development of knowledge and skills across the workforce and the impact of this training is evidenced by the increase in referrals to the Trust Safeguarding Team.

10.2 The Trust continues to play an active role in partnership activity across the city and can demonstrate achievements in support of the Manchester Safeguarding Boards' objectives. This report provides assurance that the Trust is not only meeting its statutory obligations but actively developing safeguarding practice and services to meet the changing needs of the population it serves.

SECTION D

University Hospital South Manchester NHS Foundation Trust

Annual Report

1st April 2017 – 30th September 2017

1. Introduction

1.1 This report covers the period 1st April 2017 to 30th September 2017 and aims to give a broad overview of the service delivered by all aspects of the Organisational Safeguarding Team. This report is provided to offer assurance that University Hospital South Manchester NHS Foundation Trust (UHSM) met all safeguarding statutory duties and requirements. The UHSM safeguarding service is a whole of life service covering three different specialities:

- Safeguarding adults at risk of abuse
- Safeguarding children and young people
- Safeguarding within maternity care

1.2 In 2017/18 UHSM Safeguarding Service experienced significant change with both the Named Nurse for Safeguarding Adults and the Named Nurse for Safeguarding Children retiring from the NHS both having given 40 years' service to the NHS. These posts were both recruited to in 2017/18, providing both leadership and stability to both of these teams.

2. Safeguarding Training Compliance

2.1 Safeguarding training continues to be delivered across the organisation. This incorporates safeguarding adults at risk of abuse level 1 and 2 and safeguarding children level 1 and 2 via e-learning. In addition to e-learning, face to face training is delivered by the service across multiple subjects. Face to face training includes Safeguarding Children Level 3, Prevent, Mental Capacity Act and Deprivation of Liberty Safeguards. The Safeguarding Team is also responsible for delivering Prevent training and compliance is outlined in **Figure 40**, below.

Figure 40: UHSM Overall Training Compliance 2017/18

Type of Training	Q1	Q2	Q1 &2 compliance
SG Adult Level 1	81%	84%	82.5%
SG Adult Level 2	89%	89%	89%
SG Children Level 1	80%	84%	82%
SG Children Level 2	89%	88%	88.5%
SG Children Level 3	74%	71%	72.5%
Prevent Basic Awareness	92%	91%	91.5%
Prevent Wrap 3 (once only)	71%	74%	72.5%

2.2 The CQC safeguarding training compliance requirement is set at 80% and the UHSM internal target is set at 85%. The compliance rate of Level 3 Safeguarding Children training has been monitored by both the Operational Safeguarding Sub-Committee and the Executive Safeguarding Committee. The low compliance rate for Level 3 training is recorded on the organisational risk register and also forms part of the CCG action plan as part of the annual self-assessment audit tool. Work has been undertaken to understand the reasons for non-compliance and reports are shared with Divisional Heads of Nursing quarterly to enable identification of individual staff members who

were non-compliant. Non-compliance has also been raised within Divisional Governance meetings. To support attendance, the frequency of training was increased during the reporting period which staff could access via the learning hub.

3. Risk Register

3.1 At the end of the reporting period there were four identified risks related to safeguarding on the organisational risk register relating to the following areas:

- **Deprivation of Liberty Safeguards (DoLS)**
  Risk 1: This is an accepted risk and relates to the process associated with the Local Authority authorising and processing Deprivation of Liberty Safeguards applications. This continues to be a risk to the Trust as following the expiry of the urgent authorisation, the deprivation of liberty becomes illegal until a time the Local Authority have authorised the standard application. This legal responsibility sits with the Local Authority and is out of the control of the Trust.

  Risk 2: This risk relates to the implementation of Deprivation of Liberty Safeguards and identification of patients who may require the safeguards authorising. If process is not followed this will result in a patient being illegally deprived of liberty leading to a risk of legal action against the Trust and the risk of reputational damage. This risk is mitigated through training and policy implementation.

- **Level 3 Safeguarding Children Training**
  This risk relates to current compliance with the level 3 safeguarding children's training target. It is a mandatory requirement that all staff who have a primary role working with children and young people must attend level 3 training on a three yearly basis.

- **Mental Capacity Act**
  This risk relates to implementation of the Mental Capacity Act across the organisation, and ensuring compliance with the statutory requirements of the legislation to empower and protect adults who lack capacity to make their own decisions.

4. Adult Acute Safeguarding Activity

Safeguarding Adults at Risk of Abuse Key Work Streams

4.1 The Safeguarding Adult Team delivers support, advice and guidance to all Trust employees. Key work streams are set out in **Figure 41** below.

Figure 41: Key Work Streams

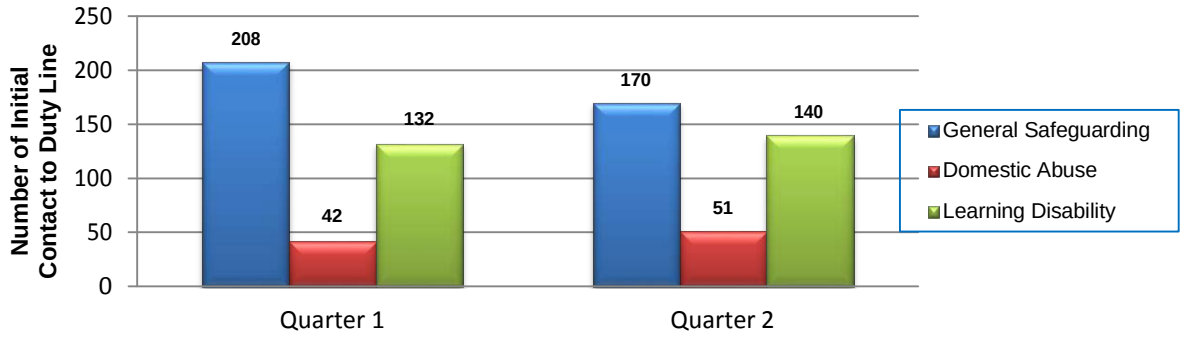
Safeguarding Adult Support and Advice

- **Support, Training and Advice (Safeguarding, Mental Capacity Act, Learning Disabilities)**
- **Safeguarding Adult Section 42 Enquiries**
- **Mental Capacity Act Implementation & Deprivation of Liberty Safeguards**
- **Safeguarding Adult Boards**
- **Domestic Homicide Reviews / Safeguarding Adult Reviews**
- **Learning Disabilities liaison support**
- **Domestic Violence and Abuse**

Safeguarding Adult Activity

4.2 There were 382 contacts in Q1 of 2017/18 and 361 contacts in Q2. When compared to the same time period in 2016/17 this is a significant increase in total contacts to the Safeguarding Adult Team. Following receipt of information, the Safeguarding Service may advise the staff member to immediately make an alert to the relevant Local Authority. **Figure 42** shows the breakdown of these contacts against 3 categories.

Figure 42: UHSM Safeguarding Adult Initial Contacts



Safeguarding Adult Local Authority Enquiries

4.3 In line with the Care Act 2014, Local Authorities have a duty to either make a safeguarding enquiry or cause an enquiry to be made. These are known as section 42 enquires due to the section of the Care Act that relates to the process. If a safeguarding concern is raised in relation to care and/or treatment provided by UHSM, Manchester Local Authority will liaise directly with the Safeguarding Team and request

the incident to be reviewed. Following internal investigation the outcome report and any lessons learnt are then shared with the lead social worker.

4.4 To support the Local Authority in completing safeguarding enquiries, the Safeguarding Team act as co-ordinator and on completion of an internal review will ensure the outcome is shared with the Local Authority to enable the case to be closed by the Local Authority.

4.5 The number of enquiries has significantly increased when compared with 2016/17 when there were 22 cases requiring section 42 enquiry. In the first 6 months of 2017/18 UHSM received 77 requests to undertake section 42 enquiries. This increase is partly due to a change in process at Manchester City Council in which all safeguarding concerns are reported through the Multi Agency Safeguarding Hub (MASH). In addition to a change in process, UHSM are now reporting all falls with harm and all grade 3 and 4 pressure ulcers to the Local Authority as a safeguarding concern as per policy.

Deprivation of Liberty Safeguards (DoLS)

4.6 UHSM are a managing authority under DoLS legislation, and are required to apply to the relevant Local Authority (supervisory body) if it is identified that a patient is being deprived of their liberty. If a potential deprivation of liberty is identified, ward staff are required to complete the relevant documentation self-authorising the deprivation for 7 calendar days. This completed form is then quality assured by the Safeguarding Adult Team and forwarded via secure email to the relevant Local Authority. The relevant Local Authority is identified by where the patient is usual resident.

4.7 Once processed by the Local Authority (LA), the LA is required to commission a Best Interest Assessor and a Mental Health Assessor who will complete the six assessments required to authorise a standard application. This assessment process should occur prior to the expiry date of the urgent authorisation. However, due to demand and capacity affecting all Local Authorities, the Local Authority DoLS teams continue to utilise the ADASS triage tool[6] which has been nationally recognised. On receiving the standard authorisation, the Trust must notify The Care Quality Commission of the Deprivation of Liberty, and this process is completed by the safeguarding adult team.

4.8 In Q1 of 2017/18, 189 DoLS applications were made to the Local Authority of which 9 were granted. In Q2, 211 were made and 13 were granted. During the same reporting period in 2016/2017 a total of 86 applications were made in Quarter 1 and 89 applications were made in Quarter 2. These data suggest that awareness in relation to making Deprivation of Liberty Safeguards applications has continued to increase.

Learning Disabilities

4.9 Support and guidance in relation to supporting reasonable adjustments, best interest meetings and supported decision making for a person with a learning disability is provided by the Safeguarding Specialist Nurse and supported by the wider team in his

[6] https://www.adass.org.uk/adass-priority-tool-for-deprivation-of-liberty-requests/

absence. The Safeguarding Specialist Nurse aims to support staff providing care to individuals with a learning disability to ensure 'traffic light passports' are available to staff providing care and treatment, and also to offer guidance to support a safe discharge. The breakdown of data relating to patients with a learning disability can be seen in **Figure 43**.

Figure 43: Breakdown of Data Relating to Patients with a Learning Disability

	Quarter 1	Quarter 2	Total
Total number of patients with a LD admitted to UHSM	123	140	**263**
Total number of patients with a LD reviewed by Safeguarding Nurse	43	36	**79**

4.10 The Trust has continued to support the greater Manchester Learning Disabilities Mortality Review (LeDeR) Programme. The LeDeR Programme is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and delivered by the University of Bristol. Work on the LeDeR programme commenced in June 2015 for an initial three-year period. A key element of the LeDeR Programme is to support local areas to review the deaths of people with learning disabilities, helping to promote and implement the new review process, and providing support to local areas to take forward the lessons learned in the reviews in order to make improvements to service provision. During the reporting period **9** cases were referred for review under the programme. It is anticipated that learning will be shared from these reviews as the LeDeR programme develops.

Domestic Abuse

4.11 Domestic abuse has remained a priority across Greater Manchester and the Safeguarding Service has ensured regular attendance at and participation in the South Manchester Multi Agency Risk Assessment Conference (MARAC) process. MARAC meetings are held bi-monthly and the safeguarding service research all cases that are being presented at MARAC to provide health information to the process. **Figure 44** sets out MARAC activity during Q1 and 2 of 2017/18.

Figure 44: UHSM MARAC Activity Q1 and 2 of 2017/18

	Quarter 1	Quarter 2
Number of MARAC Meetings Attended	**6**	**5**
Number of UHSM Referrals to MARAC	**14**	**23**
Number of MARAC cases researched by UHSM & Information provided	**73**	**92**

5. Children's Acute Safeguarding Activity

Overview

5.1 The Safeguarding Children's Team delivers support, advice and guidance to all employees of the Trust. Key work streams are set out in **Figure 45** below.

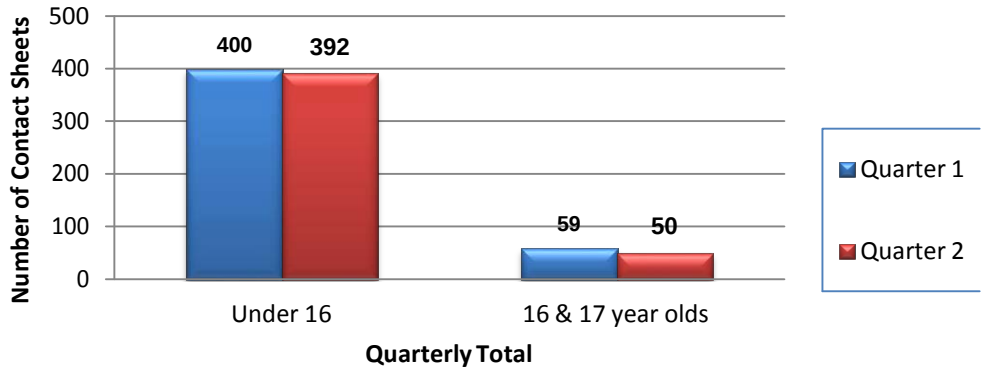
Figure 45: Key Work Streams

- **Support and Advice**
- **Training**
- **Child Protection**
- **Supervision**
- **Court Reports**
- **LADO**
- **Domestic Abuse**
- **MASH**
- **Safeguarding Children Boards**
- **Serious Case Reviews**

Safeguarding Children Support and Advice

5.2 There were **901** contacts during Q1 and 2 of 2017/18, comprising of 459 in Q1 and 442 in Q2. **Figure 46** identifies the total number of initial contacts to the Safeguarding Children's Team presented for children under the age of 16 and young people aged 16 and 17.

Figure 46: Safeguarding Children Initial Contacts to Team

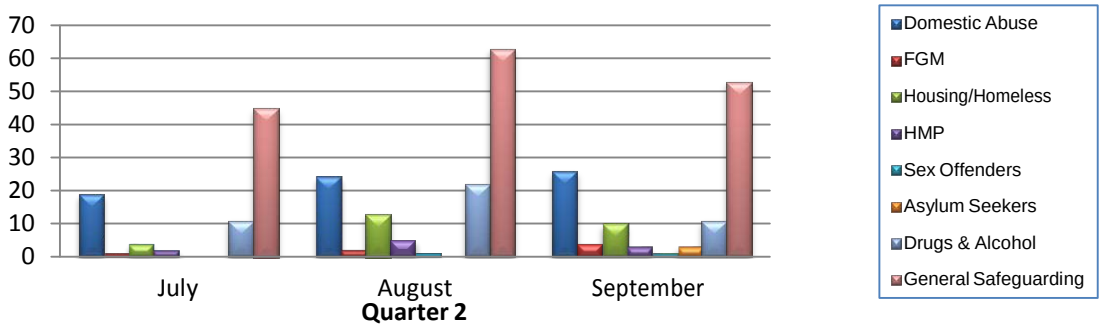


Safeguarding Specialist Midwifery Team

5.3 The Named Midwife and Specialist Midwife for Safeguarding are part of the wider specialist midwifery team but are directly line managed by the Named Nurse for Safeguarding Children. In addition to offering support and advice in relation to safeguarding matters, the safeguarding midwives caseload manage safeguarding cases for either unborn babies or babies up to 28 days old prior to handing over the case to the relevant Health Visitor.

5.4 Detailed data collection for the safeguarding midwifery team commenced at the beginning of Quarter 2. During this period it was identified that the Named Midwife and specialist midwife had received **590** contacts. The breakdown of these contacts can be seen in **Figure 47** below. This data shows that general safeguarding issues accounted for the majority of contacts, however, issues relating to drugs and alcohol and domestic abuse are prominent.

Figure 47: Safeguarding Midwifery Contacts



Female Genital Mutilation (FGM)

5.5 In line with mandatory reporting requirements, the Trust submits monthly data relating to FGM to the Information Standards Board for Health and Social Care. The purpose of this data is to enable identification of the prevalence of FGM in order to improve the NHS response. Across the Trust, eight cases of historical FGM were identified and reported in line with the mandatory requirements during the reporting period.

6. Conclusion

6.1 Throughout 2017/18 the Safeguarding Service have continued to raise awareness of all aspects of safeguarding across the organisation which has led to an increase in demand on the service, evidenced through the increased contacts in relation to both safeguarding adult and safeguarding children concerns. The information set out in this report provides assurance in relation to the activity undertaken to enable the Trust to comply with statutory safeguarding obligations.

SECTION E

Manchester University NHS Foundation Trust (MFT)

Annual Report

1st October 2017 – 31st March 2018

NHS
Manchester University
NHS Foundation Trust

1. Introduction

1.1 On 1st October 2017, CMFT merged with UHSM to form Manchester University NHS Foundation Trust (MFT). This merger brought together the safeguarding services from both UHSM and CMFT to begin arrangements to work together as a single integrated MFT safeguarding service for the city. The new structure merges the following safeguarding services:

- Acute Children's Safeguarding
- Acute Adult Safeguarding
- Maternity Safeguarding Services

The Community Safeguarding Children and Looked After Children teams will continue to provide citywide safeguarding services.

1.2 Preparation for the new organisation began with the review and integration of key safeguarding policies for adults, children and MCA and DoLS to ensure statutory and legal requirements were aligned for safeguarding adults and children across the new Trust.

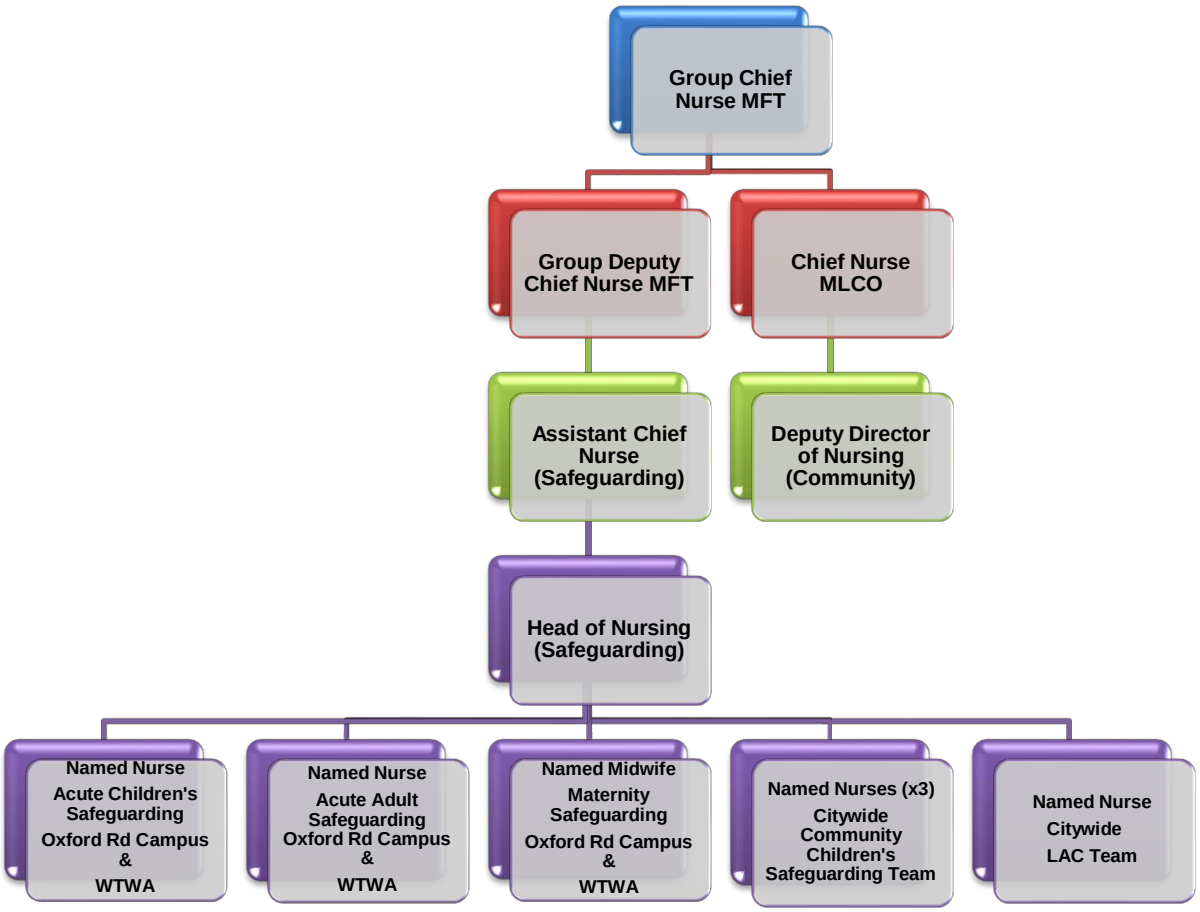
1.3 A Post Transaction Implementation Plan (PTIP) has been devised and is being actively delivered to support a programme of work to align all underpinning safeguarding additional policies and procedures. A new senior structure has been developed and implemented to lead safeguarding not only across MFT and the MLCO but across the partnership and provide focussed strategic working partnerships and planning for future safeguarding developments across the city informed by commissioning plans.

1.4 This report provides assurance that MFT has established a robust safeguarding governance structure and has met its statutory responsibilities since its establishment on 1st October up to 31st March 2018.

2. Safeguarding Governance and Accountability

2.1 The MFT Chief Nurse is the Board Executive lead for Safeguarding and is accountable for safeguarding across MFT. The Chief Nurse is supported by a robust senior and operational structure that ensures both Acute and Community Safeguarding Services are aligned in terms of governance and accountability (see **Figure 48**). In recognition of the priority afforded to safety and therefore safeguarding within the MFT vision, an Assistant Chief Nurse (Safeguarding) has been appointed. This post will provide expert leadership across the Trust and support the Deputy Chief Nurse strategically across the partnership. This appointment demonstrates the commitment of the Chief Nurse and Board to Safeguarding Adults and Children. Additionally, the Head of Nursing (Safeguarding) provides operational leadership across the extensive safeguarding service whilst also contributing to partnership activity to underpin the objectives of the local safeguarding boards.

Figure 48: Safeguarding structure



2.2 Further work will take place in 2018/19 to review the structure of the safeguarding function across the city to ensure that it is designed in a way that meets the growing requirements and complexities of Adult and Children's safeguarding and continues to support practitioners as new service models emerge.

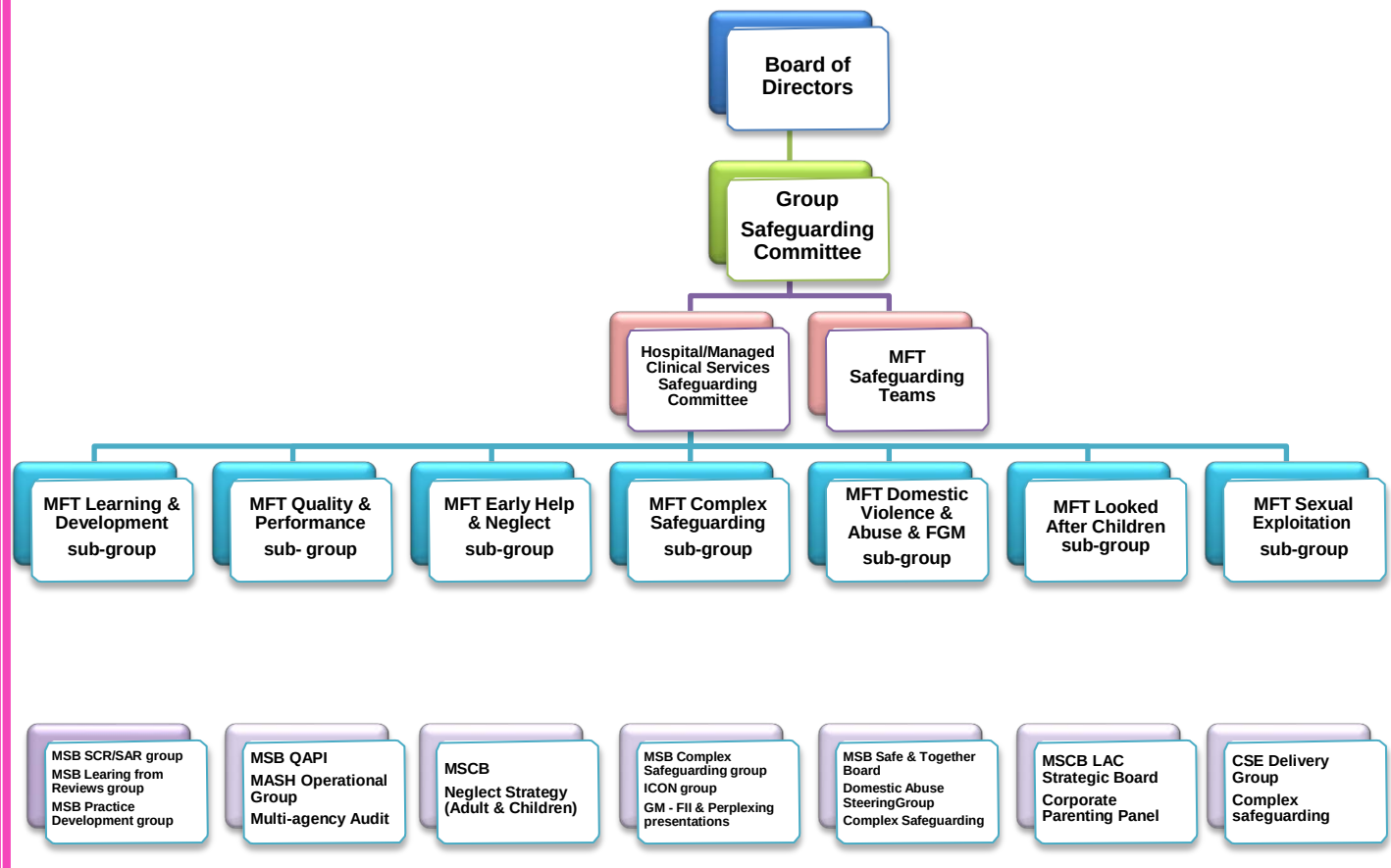
2.3 MFT has recognised the complexity of safeguarding and the importance of an approach to governance, which incorporates both adults and children along with a 'Think Family' approach. Effective safeguarding communication and information

sharing across MFT is essential to support hospitals/Managed Clinical Services in the new Group structure while aligning to Manchester and Greater Manchester governance requirements.

2.4 In order to effectively address the breadth of safeguarding practice, the governance structure set out in **Figure 49** has been established. This will ensure that there is a clear line of sight from multiagency work streams into Hospitals, Managed Clinical Services (MCS) and the Manchester Local care Organisation (MLCO).

2.5 The sub-groups are chaired by a senior member of the Safeguarding Team and all hospitals, MCS and the MLCO are represented. The sub-groups and the Hospital/MCS safeguarding committees are accountable to the Group Safeguarding Committee which is a sub-committee of the MFT Board of Directors.

Figure 49: MFT Safeguarding Sub-structure



3. MFT Safeguarding Activity and Performance 1st October 2017 to 31st March 2018

3.1 The following data combines data from the former CMFT and UHSM to give assurance that since the merger, statutory requirements have continued to be achieved and there has been no additional risks for the organisation. Data collection and reporting processes differed across the former trusts but will be reviewed and redesigned in 2018/19 as part of the PTIP programme in order to establish a consistent approach across all teams. This will require the support of the Informatics Service to align IT systems.

Referrals to the Safeguarding Teams: Quarters 3 and 4

3.2 **Figure 50** below outline the significant levels of case management undertaken by the safeguarding teams. The data reflects both the complexity of need and also the value placed on the teams by the staff they support.

Figure 50: Quarterly Breakdown of Safeguarding Referrals – Oxford Road Campus and Community Q3 and 4

Team	Number of referrals			Top 3 categories of referral
	Q3	Q4	TOTAL Q3 & 4	
Oxford Rd Campus Children's Acute Safeguarding	482	372	**854**	• Emotional Abuse • Parenting • Domestic Abuse
Oxford Rd Campus Adult Safeguarding team	761	492	**1,253**	• Emotional Abuse • Domestic Abuse • Physical Abuse
Oxford Rd Campus Maternity Team	740	875	**1,615**	• Mental Health • Domestic Abuse • FGM
Citywide Children's Community Safeguarding	922	899	**1,821**	• Parenting • Domestic Abuse • Neglect
Wythenshawe Adult safeguarding team	300	311	**611**	• General Safeguarding • Domestic Abuse • Learning Disability
Wythenshawe Children's Acute Safeguarding	685	457	**1,142**	• Not available
Combined Total Q3 and 4			**7,296**	

Children's Community Referrals Quarters 3 & 4

3.3 The number of referrals to community safeguarding in Q 3 and 4 of 2017/18 (**Figure 51**) was consistent with Q 1 and 2. No emerging themes have been identified and the top 5 referral categories remain unchanged.

Top 5 categories in Q3 and 4 for Community Children's safeguarding

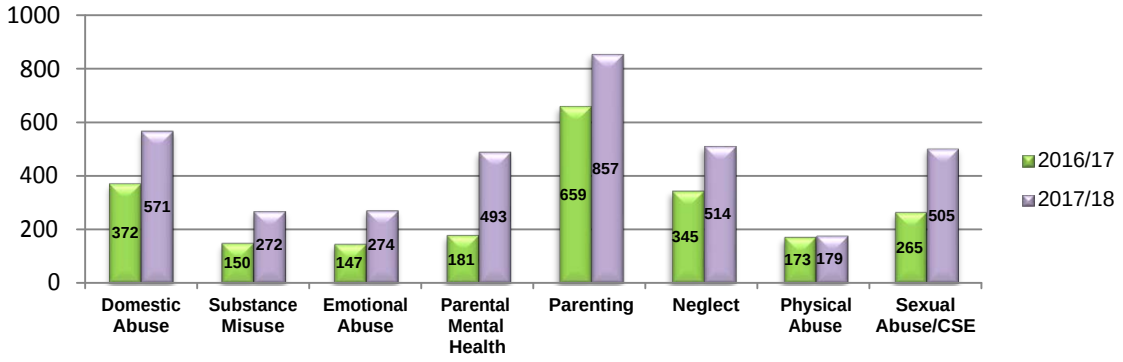
- Parenting
- DV&A
- Parental Mental Health
- Neglect
- Sexual Abuse/CSE

Figure 51: Children's Community Safeguarding Referrals Q3 and 4

2017/18	Q3	Q4	Total
Parenting	232	270	502
DV&A	181	178	359
Neglect	124	136	260
Sexual Abuse/CSE	92	91	183
Parental Mental Health	128	165	293
Emotional Abuse	64	115	179
Substance misuse	74	67	141
Physical	57	62	119
Self-Harm	28	28	56
LAC	25	31	56
Missed appointment	24	33	57
FGM	24	9	33
Child Criminal Activity	20	25	45
Fabricated Induced Illness	21	23	44
Forced Marriage /HBV	5	4	9
Radicalisation	2	3	5
Private fostering	1	0	1
Allegation against staff	1	0	1

3.4 **Figure 52**, below, compares community safeguarding referrals for the past 2 years. It is evident that apart from physical abuse, which has shown only a slight increase, there has been a considerable increase in all other categories from the previous year.

Figure 52: 2016/17 and 2017/18 Comparisons of Referral Categories



Mandatory Training

3.5 Considerable work has already taken place to align level 1 and 2 e-learning and work is ongoing to align level 3 safeguarding children and adults training across the Trust. **Figure 53** outlines the combined training figures for MFT incorporating Oxford Road Campus (ORC), (including Trafford Hospital and Altrincham Hospital) and Wythenshawe Hospital (including Withington Hospital) figures.

Figure 53: MFT Training compliance Q3 and 4 of 2017/18

Mandatory Training	Q3		Q4		
	Oxford Rd Campus	Wythenshawe	Oxford Rd Campus	Wythenshawe	Combined Q 3 & 4%
Level 1 Training: e-Learning as part of corporate mandatory training, includes Level 1 adult and children safeguarding.	92%	88%	91.5%	88.5%	90%
Level 2 Training: e-Learning as part of clinical mandatory training includes Level 2 adult and children safeguarding,& MCA and DoLS training.	92%	89%	90.6%	88.5%	90%
Level 3 Training Children: Full day face to face training delivered by the safeguarding team	95%	73%	88%	77%	83%
Level 3 Safeguarding Adults: This is a full day face to face training delivered by the safeguarding team.	77%	-	86%	-	81%

Analysis

3.6 The combined compliance for MFT shows levels 1 and 2 children and adult safeguarding training achieved 90%, which meets the Trust target of 90%. Level 3 adult and children's safeguarding training compliance was 81% and 83% respectively, which meets the CQC target of 80% but is below the local MFT compliance target of 90%. A plan is in place and work is ongoing to address the gap in compliance as a priority. Work is being undertaken to ensure that the correct staff are aligned to the competencies required for safeguarding training at all levels. This will continue as part of the Hospital/MCS/MLCO safeguarding work plans for 2018/19.

Prevent

3.7 At 31st March 2018 MFT were 84% compliant with basic awareness and 72% compliant with WRAP training. In order to meet the 85% target for WRAP an additional 1,699 clinical staff need to receive the higher-level training. There are plans for Level 3 training to be provided as an e-learning package from May 2018/19, which is expected to positively impact the uptake of training. Progress on Prevent training compliance will be monitored by the Safeguarding Committee and monthly compliance reports are distributed to the Chief Executive, Medical Director and Chief Nurse of each Hospital allowing them to monitor compliance and identify individual staff and groups who require training. Notably, no referrals were made to Channel during this period.

3.8 An action plan has been developed to ensure that a single Prevent strategy and policy will be in place and applied consistently for all MFT staff from September 2018.

Figure 54: Number of Staff in Receipt of Prevent Training (Q3 and 4 2017/18)

	Level 1-2 (Basic Awareness)		Level 3+ (WRAP)		Total MFT trained Q3&4
	Oxford Rd Campus	WTWA	Oxford Rd Campus	WTWA	
Q3	1666	88	824	76	**2654**
Q4	1984	90	1110	79	**3263**

Domestic Abuse Training

3.9 During Q 3 and 4 of 2017/18, 111 staff received domestic abuse training (77 in Q3 and 34 in Q4). The numbers attending domestic abuse training in Q4 were fewer than previous quarters due to absence of the key trainer. It is anticipated that training attendance will increase again in 2018/19 and a plan is in place to create a pool of domestic abuse trainers to strengthen the resilience of the training provision. Training has been maintained during this time by the Safeguarding Adult team who have provided bespoke and ad hoc one to one training to individuals in key areas such as Emergency Departments. This has proved very successful and has evaluated very well. Domestic abuse is also included in all levels of safeguarding training to ensure there is a wide understanding across the Trust. Despite the temporary reduction in Trust-wide training, high levels of domestic abuse are being identified and referred to both social care and MARAC, providing assurance of the effectiveness of the targeted approach that has been taken.

MARAC Activity

3.10 **Figure 55** outlines the high levels of activity across all sites with regard to high level Domestic Abuse cases. The increase in referrals in Q3 and 4 by MFT staff highlight the increased levels of domestic abuse associated with the Christmas and New Year holiday period which is reflected in the cases escalated across all safeguarding teams in this timeframe. Domestic Abuse remains consistently the highest category of referral across all teams.

Figure 55: MARAC referrals Q3 and 4, 2017/18

	Q3		Q4		Total
	Oxford Rd Campus	**Wythenshawe**	**Oxford Rd Campus**	**Wythenshawe**	
Number of MARAC referrals processed by safeguarding	336	101	401	144	**982**
Number of MARAC referrals generated by Acute and Community staff	26	16	48	24	**114**
Number of MARAC cases where children are present	445	-	472	-	**917**

Deprivation of Liberty Safeguards (DoLS)

3.11 As outlined in both CMFT and UHSM legacy reports issues continue in relation to DoLS applications being authorised by Local Authorities which is demonstrated in **Figures 56a and 56b** below. Significant work is being undertaken to increase the numbers of DoLS applications, in particular on the Oxford Rd Campus, where the numbers are lower than expected. The Safeguarding Team is working closely with the Directors of Nursing/Midwifery across all MFT services to address this issue in the clinical areas and a point prevalence survey will be conducted in 2018/19 to inform this work.

Figure 56a

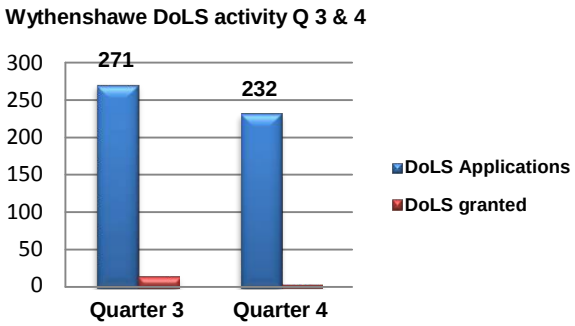
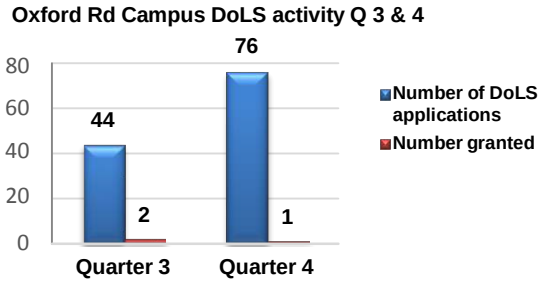


Figure 56b



MFT Safeguarding Incidents

3.12 **Figure 57** outlines the incidents categorised as safeguarding during Q3 and 4 of 2017/18 on the Oxford Road Campus. The majority of incidents are related to adult safeguarding and this is reflective of the patients seen across all adult services. There are a significant number of patients with a learning disability where safeguarding concerns have been reported; this is reflective of the both acute services but also the citywide Adult Learning Disability Team. There is a good incident reporting culture within MFT and each of these incidents is followed up by the safeguarding team to ensure advice and support are provided and escalation is actioned accordingly.

Figure 57: Safeguarding Incidents Q3 and 4, 2017/18

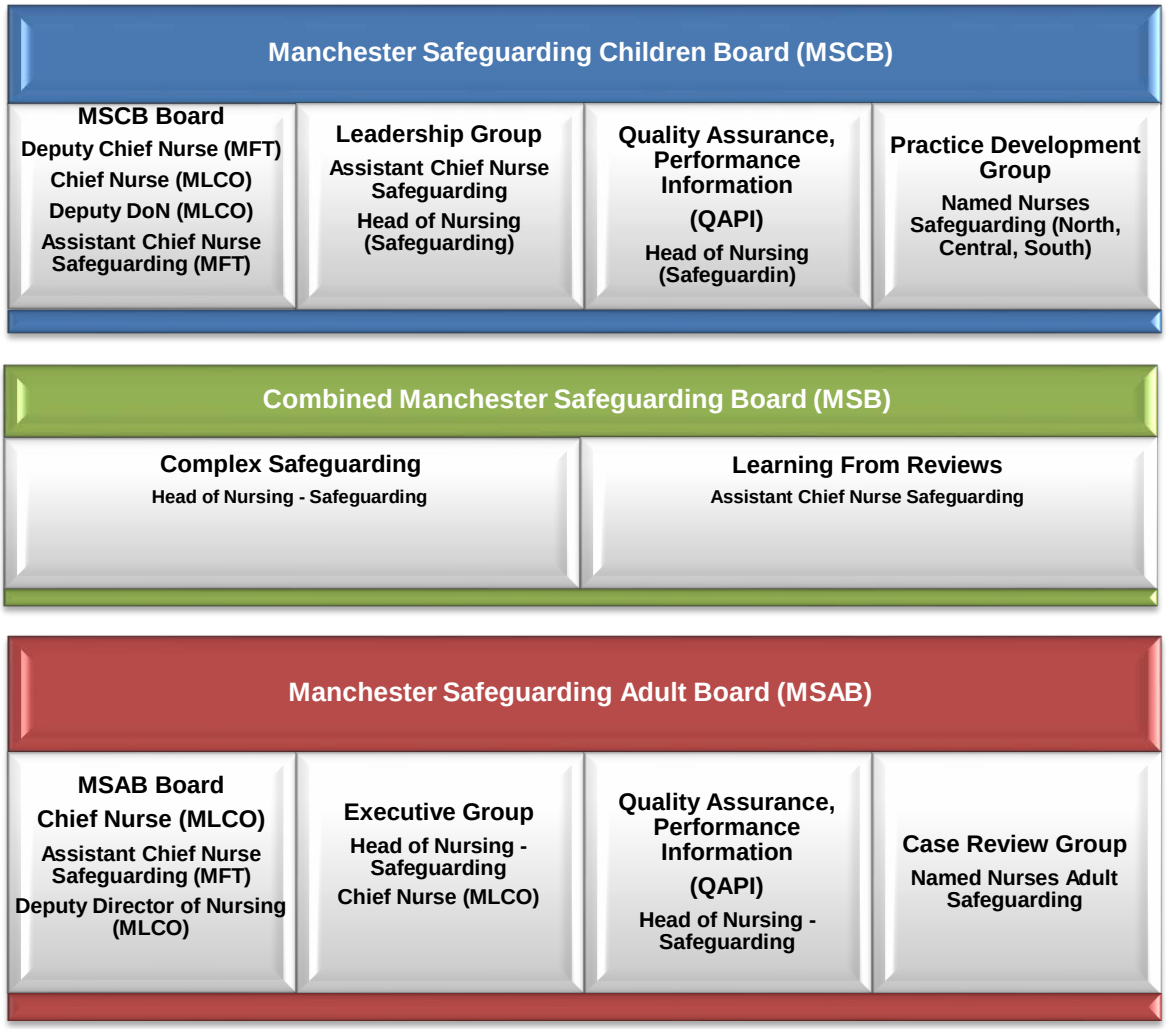
2017/18	Q3	Q4	TOTAL
Safeguarding Adults	267	298	**565**
Safeguarding Children	118	109	**227**
Learning Disability	109	133	**242**
DoLS Incidents	78	54	**132**
STEIS	0	0	**0**
Level 4 and 5	0	0	**0**

4. Partnership Working

MFT Contribution to MSAB and MSCB

4.1 MFT is fully committed to multi-agency working for both adult and child safeguarding. MFT staff play an active role in Local Safeguarding Board activity at all levels and contribute to the wider work of the Boards in ensuring feedback from sub-groups and lessons from Serious Case Reviews (SCR) and Safeguarding Adult Reviews (SAR) are embedded into practice. **Figure 58**, below outlines the commitment of MFT to the MSCB and MSAB.

Figure 58: MFT/MLCO Representation on the MSCB and MSAB



MFT contribution to the Multi-agency Safeguarding Hub (MASH)

Children's MASH

4.2 The Children's MASH was established in 2014/15 and has developed and evolved over the past 3 years. MFT have a specialist health visitor working in the MASH and a safeguarding administration post. In 2017/18 MHCC commissioned a fixed term midwifery post in the MASH; this is hosted by MFT and is due to end in June 2018. Additionally, the Community Named Nurses continue to have oversight of MASH health activity and provide leadership to health practitioners in the MASH, spending two sessions in the MASH as part of each Named Nurse's Duty Week. In 2017/18 the Health Visitor (HV) in the MASH came under the line management of a Named Nurse which has improved support, communication and increased understanding of MASH processes.

4.3 The CQC, in their inspection of Safeguarding in July 2017, recognised that health staff in the MASH gather, analyse and share information very well with multi-agency colleagues, however the inspectors highlighted that health staff are not invited to play a full part in decision making and planning in the MASH. The CQC recommended that the role of the health practitioner in the MASH should be strengthened to ensure

that health information and its interpretation supports decision making at the safeguarding 'front door'. This is at the forefront of future developments by health practitioners in the MASH with the support of the Named Nurses.

4.4 A Monthly MASH Health Dashboard has been developed to provide analysis of work undertaken and identification of improvements. To support development, the Named Nurses are involved with regular multi-agency audits to look at the quality of referrals and ensure that they are reaching the correct threshold for MASH. In addition, the Community Safeguarding Team quality assure community referrals into MASH. This has demonstrated that referrals are of a high quality.

Adult MASH

4.5 In 2017/18 the Adult MASH was established and is co-located with the Children's MASH. Processes are currently being considered to improve working together to share relevant information and prevent duplication. There are no MFT staff in the adult MASH, however the workforce includes a health team commissioned and hosted by MHCC. MFT Adult Safeguarding Team work closely with the MASH to ensure appropriate information sharing and good working relationships are in place.

Serious Case Reviews (SCR), Safeguarding Adult Reviews (SAR) and Domestic Homicide Reviews (DHR)

4.6 2017/18 has been again another busy year in terms of SCR/SAR/DHR activity. As MFT provide tertiary Children's and Adult Acute services, MFT Safeguarding Teams and practitioners are involved in SCRs, SARs and DHRs outside the Manchester area as well as locally. Lessons from reviews are shared across the Trust in a variety of ways and Named Nurses from across the Safeguarding Teams represent MFT on review panels.

4.7 MFT has contributed to the range of methodologies used to undertake reviews both in Manchester and out of area, as demonstrated in **Figure 59** below. The increase in the number of SARs in 2017/18 compared to 2016/17 is mainly due to SARs outside the Manchester area.

Figure 59: MFT Contribution to SCR/SAR/DHR 2017/18 compared to 2016/17

2017/18	Q1	Q2	Q3	Q4	2017/18 Total	2016/17 Total
Serious Case Reviews (child)	**2**	**4**	**4**	**2**	**12 →**	**12**
Safeguarding Adult Reviews	**8**	**7**	**3**	**2**	**20 ↑**	**15**
Domestic Homicide Reviews	**0**	**2**	**2**	**3**	**7 ↑**	**5**

5 Assurance

Audit

5.1 Progress against the 2017/18 audit plan is presented in **Appendix 1** and demonstrates that the following audits were completed this year:

- Voice of the Child - Midwifery Safeguarding team
  Significant assurance

- Quality of referrals to Children's Services – Community & Acute Safeguarding teams
  Significant Assurance

- Compliance against MCA/DoLS process - Adult Safeguarding team
  Very limited assurance

- Learning Disability – Utilising the safeguarding LD mortality tool on a sample of discharged patients - Adult Safeguarding team
  Very limited assurance

5.2 Where assurance was limited, action has been identified and further audit will be undertaken following implementation of the actions. A further six audits are in progress and will report in Q1 of 2018/19 as follows:

- **Midwifery**
  - Hidden Male
  - Re-Audit of the quality of referrals to Children Services
- **Community Children's Safeguarding**
  - A re-Audit of MARAC/DASH processes
  - Effectiveness of Domestic Violence and Abuse Training
- **Wythenshawe Hospital**
  - Mental Capacity Act Implementation Audit
  - A Repeat 16 & 17 year old audit to identify if improvements have been made following initial audit completed November 2016. and the following audits will be carried forward to 2018/19:

5.3 The following two planned audits were not conducted in 2017/18 and have been rolled over into the 2018/19 safeguarding audit plan.

- **Looked After Children**
  The Named Nurse for LAC and the LAC team is working with the Adult and Children's Safeguarding teams to agree the priority area for audit in order to identify any gaps and support practice development.

- **Children's Community**
  An audit was proposed following a significant update of the Safeguarding Supervision Policy (Community only) to reflect a change in supervision practice.

CQC Safeguarding and Looked After Children Inspection 2017

5.4 A CQC inspection of Safeguarding and Looked after Children's Health Services in Manchester took place from 31st July 2017 to 4th August 2017. The MFT legacy trusts were inspected as part of the process.

5.5 The review explored the effectiveness of health services for looked-after children and the effectiveness of safeguarding arrangements within health for all children. The focus was on the experiences of looked-after children and children and their families who receive safeguarding services. The CQC checked whether healthcare organisations were working in accordance with statutory responsibilities under section 11 of the Children Act 2004 including statutory guidance set out in Working Together to Safeguard Children (2015).

5.6 A range of methods was used to gather information both before and during the inspection; including document reviews, interviews, focus groups and visits. Children and young people were also interviewed. A number of cases where children had been referred to social care were tracked along with families assessed as needing Early Help and further sampling of other cases also took place. The inspectors also explored the effectiveness of health services for Looked After Children in promoting their well-being. In total, the experiences of 161 children and young people were reviewed.

5.7 The resulting report identified many areas of good practice within MFT services along with specific areas for further improvement; many of which had actions progressing in accordance with continuous service improvement. An action plan was developed following the inspection and progress is overseen by the Group Safeguarding Committee. **Figure 60** provides a summary of findings.

Figure 60 : CQC Inspection Findings (2017)

	Areas of good practice	Areas for Improvement
Early help	• Strong focus on prevention and early intervention • Signs of Safety approach clearly embedded across services which supports a child focussed assessment. • Health visitors highlighted as having good involvement in Team around the Child processes evidenced in antenatal visits with client and child focussed outcomes. • School nursing 'Chat health' and CAMHS 2+1 facility along with the CAP (Child and Parent) service were highlighted as good practice. • Good practice for ED staff to Eclypse drug and alcohol services for under 18s. • Think Family well embedded across services • The Sexual Health Service, outreach team and liaison with school nursing was seen as a positive.	• Variation of information sharing across services • Documentation in ED and PED needs further development to capture safeguarding risk during booking in. • Use of paper records hampers tracking families. • RMCH to look at an assessment tool to assess the environment that a child with mental health needs is admitted to.

Child in Need (CIN)	• Benefit of specialist roles in maternity such as mental health midwife and teenage parent midwife in supporting mothers. • Voice of the child evident in health visiting records and safeguarding reports. • Good liaison between health visiting and school nursing with good handover on transition to school. • Good CAMHS assessment for under 16s who attend ED with good liaison between CAMHS and ward staff. • Good awareness in ED of needs of 16-17 year olds	• Signs of safety not fully embedded in CAMHS
Looked After Children (LAC)	• A greater proportion of Manchester's LAC had an annual health assessment than the rest of England. • Better immunisation uptake, dental checks and under 5s developmental assessment England. • Recognised the strengths of a dedicated LAC team • Strong multi-agency commitment to identify issues with Initial Health Assessments. • Robust Quality Assurance process • Benefit of a dedicated nurse for Unaccompanied Asylum Seeking young people.	• Timeliness of out of area assessments (MFT not commissioned to undertake). • Delays in meeting the statutory requirements for Initial health assessment although on-going work was acknowledged. • Paper heavy causing record keeping issues • Need for a more robust health summary (passport) when a young person leaves care (on-going work process).
Safeguarding	• High standards of safeguarding practice observed • Consistent processes for escalation in ED/PED • Strong involvement form health visitors and school nurses in the child protection processes making a positive contribution.	• Highlighted that Manchester City Council had not implemented CP-IS at the time of the inspection therefore information on local children on child protection plans were not available to ED staff. • Variable standards of referral to children's services noted in CAMHS. • CSE underdeveloped in CAMHS.
Leadership	• Effective visible leadership evident across all services inspected. • MFT staff 'bought in' to the positive changes that Single Hospital Services wold achieve and how it would benefit patients. • There was a culture of continuous improvement.	• Limitations of paper heavy systems. • Health staff in MASH are not invited to be involved in decision making.
Governance	• Safeguarding is high on everyone's agenda with good governance processes underpinning practice. • Safeguarding practice is generally of a high standard • There is appropriate representation at the Safeguarding Children Board and sub-groups • Robust accountable governance for	• Information and record keeping governance in CAMHS needs to be reviewed

	safeguarding at executive and clinical level. • CMFT and UHSM annual reports highlighted as relatively sophisticated and set out a clear picture of each Trust's safeguarding performance. • Robust lines of safeguarding accountability in place • Culture of continuous improvement and learning • Good incident reporting system.	
Training and supervision	• Exceptional support from St Mary's safeguarding team for safeguarding and supervision • Good compliance with training and supervision for community staff	• Level 3 training to be further developed in Wythenshawe • Protected time for supervision in RMCH • Level 3 training and supervision to be addressed in CAMHS

SECTION F

Manchester University NHS Foundation Trust (MFT)

Safeguarding Achievements 2017/18

1. Named Doctors Child Safeguarding, Community Child Health

Key Achievements 2017/18

- The Community Child Protection Clinic has been established for many years and takes referrals from Social Workers, mainly but not exclusively for children where physical abuse is suspected, and children are seen the same day or the next working day.
- In 2017/18 the name of the Child Protection Suite at Moss Side Health Centre was changed to the ***Coral Suite*** to provide a more child friendly feel.
- In September 2017 the on-call Child Protection rota moved from afternoon clinics only to a whole day rota, with doctors remaining on call all day at the suite and, on three days of the week, seeing LAC and some child protection cases in the mornings. This provides a more rapid response to incoming strategy calls and queries.
- The Named Doctors have worked with the Designated Doctor for Safeguarding to provide a service for children where there are concerns around Fabricated and Induced Illness/Perplexing Presentations of illness to collate information and provide advice to the Safeguarding team, including where appropriate identifying a Lead Paediatrician.
- Work in the Coral Suite is supported by a dedicated administration team. A very experienced Community Nursery Nurse supports children attending Coral Suite.
- The Coral Suite provides excellent experience for Specialist Trainees in Paediatrics.
- There is regular Peer Review of cases seen in the Coral Suite which provides excellent in-service training for Paediatricians.

Performance

- **In Q 1, 2 and 3 (2017/18)** - **400** children were seen.
  - This is on **average** of **33 children per month**.
  - The **range** per month was between **17 and 59 children**.
  - There are very low numbers referred during school holiday periods which demonstrates the essential role schools play in identifying abuse and the increased vulnerability of children.

- **In Q4 (2017/18)** - **125** children were referred
- The **average** is **42 children per month;** an increase from the previous quarters.

2. Paediatric Medical Looked After Children Service

Key Achievements 2017/18

- Successful pilot with a GP at Manchester Medical Practice (MMP) to see all LA aged over 15 (including Unaccompanied Asylum Seeking Children (UASC), for Initial Health Assessment (IHA) with the aim to help LAC young people be more aware of GP services with the option of registering with that practice if they do not have GP. This began in July 2017 and has been agreed to be continued with formal arrangements following very positive feedback from young people.
- Arranged from September 2017 - all IHA appointments to be held at Moss Side HC with Nursery Nurse support for all appointments. This has had a positive impact on larger sibling groups' attendance.
- Maintained high rate of offer of 1st IHA appointment within statutory timescales despite significant issues regarding Paediatric medical capacity.
- Very good working relations between MMP and MFT Paediatricians
- Nursery nurse support for all LAC health assessments
- Timely health assessment appointment offer once health staff are aware re LAC status.

Performance 2017/18

- **75%** of Manchester LAC had their IHA assessment within 20 working days from becoming LAC
- **25% of non-a**ttendance was for the following reasons – Did not attend (DNA), was not brought, late notifications of LAC, placements changes.
- **349** of Manchester Placed LAC children attended for IHA
  - **Monthly range - 12- 47 -** ↑from 2016/17 (n=322)
  - **89** children were not brought
  - **Monthly range - 3-16 -** ↑from 2016/17 (n=69)
- **Unaccompanied Asylum Seeking Children (UASC)**
  - **36** Initial Health Assessments offered - ↓from 2016/17 (n=45) (numbers lower but higher attendance in 2017/18 – 28 attended in 2016/17)
  - **30** seen
  - **6** DNA (including 2 left UK before IHA)
- **Training:**
  - Monthly safeguarding peer review improving quality of assessments.
  - Twice yearly Safeguarding CPD for Paediatricians
  - Monthly Doctors LAC meeting
- **Adoption Team**
  - **101** referrals received for Pre- Adoption Medical assessments
  - All Review Health assessments for children where plan is for Adoption and placed in city or close surrounding area were all completed within statutory timescales by Adoption team.

3 Looked After Children Nursing Service

Key Achievements 2017/18

- Implementation of 'What Matters to Me' within the Specialist LAC nursing tea are using this approach when completing health assessments with young people.
- Delivered a responsive and flexible service to an increasingly complex caseload of vulnerable looked after young people, whilst meeting key performance priorities, working to a high profile agenda that has on-going external scrutiny and oversight.
- Specialist LAC Nursing team are now using electronic patient records as part of the Trust's EMIS implementation programme in community services, moving away from being a 'paper heavy' service.
- For those children who have had a child protection medical and have already been seen by a paediatrician, health assessments are not repeated which supports the 'tell it once' approach and means that children and young people do not have to repeat their 'story' or undergo the same process in a short period of time.
- Nurse led 'decliner' pathway is in place for those young people who are reluctant to engage with the initial health assessment
- MFT performance for review health assessments has been consistently **>90%**
- Strong commitment to work in partnership to address challenges and operationally manage these.
- Quality assurance process of health assessments is robust and continues to evidence MFT completed health assessments are of a good and outstanding standard.
- MFT is now represented on the Corporate Parent Panel.

4. Safeguarding Children Service - Trafford Hospital

Key Achievements 2017/18

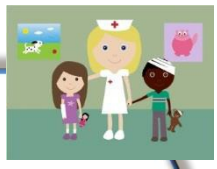
- In addition to Levels 1-3 Safeguarding training. The following additional training has been delivered to Trafford staff:
- **31** staff have attended Child Sexual Exploitation training
- **4** staff attended the Domestic Violence and Abuse Training
- **5** staff attended the Managing Allegations of Abuse Training
- Named Nurse is an active member of the Trust CSE and DV&A/FGM Subgroups.
- Completed a comprehensive safeguarding assurance document.
- Level 3 Safeguarding Children training continues to be delivered on site at Trafford General Hospital.
- ACE Days utilised to offer training to staff within settings that find it harder to routinely release staff for training.
- Attended the Trafford Safeguarding Children Board (TSCB) board meetings to represent the Divisional Director
- Named Nurse Safeguarding Children has remained accessible to staff to offer advice and guidance on safeguarding children concerns as required.
- Safeguarding Supervision continues to be delivered to community Trafford Early Development Service and Children's Learning Disability Team on a quarterly basis.

Performance 2018/19

- **30** notifications were made to the Named nurse for Safeguarding Children
- Top 3 categories were:
    - Domestic Abuse
    - Parental Mental Health
    - Neglect

- This figure only represents those referrals that have been notified to the Named Nurse. A higher proportion of referrals have been made directly to Children's Services. The process has now been reviewed with the merging of the safeguarding team in WTWA and this is now being rectified.
- There has been a significant reduction in referrals compared with 2016/17 due to the decommissioning of a Health Visitor Liaison post.
- Urgent Care which incorporates Altrincham Minor Injury Unit remain the predominant referrer and since their triage system has changed, there has been a reduction in children attending Urgent Care with the majority of children presenting at Trafford Urgent Care being directed through to the GP Walk in Centre which is not part of MFT.

5. Acute Children's Safeguarding Service - Wythenshawe



Key Achievements 2017/18

- Named Nurse Safeguarding Children commenced in post January 2018 and Specialist Nurse recruited and due to commence in post April 2018.
- Voice of the Child Audit in relation to 16-17 year olds repeated showing improvement in their wishes and feelings being considered during their hospital stay and appropriate reasonable adjustments are being made.
- Bespoke safeguarding children training has been delivered to theatres, CCTCU, A&E, Coronary Care focusing on recognition and response.
- Child Protection Information sharing (CPIS) embedded across EDs, Children's Ward and Children's Paediatric Observation and Assessment Unit.
- Level 3 Safeguarding Children training is being delivered on a monthly basis by the Safeguarding Children and midwifery teams- IDVA also provides a section within this training that is well received by staff.
- Regular meetings with ED are being held to address any safeguarding children practice issues
- Safeguarding Children Team attend the Operational Mental Health Group with partner agencies
- Safeguarding Children team attend the Children's Unit governance and risk meetings to ensure any learning from incidences are discussed and ensure that safeguarding children remains high on the children's agenda.
- Safeguarding Children Team have been an active member providing advice and guidance to the working group who have overseen the development of a ligature free room within the children's ward.

6. Midwifery Safeguarding Service - Wythenshawe

Key Achievements 2017/18

- New Band 6 Safeguarding Midwife has been appointed and is due to commence in post April 2018
- Safeguarding Supervision is now in place within the midwifery service.
- Continued to provide speciality specific advice and support to the midwives based at Wythenshawe Hospital and manage complex safeguarding cases.
- Ensured appropriate reports are developed to support statutory safeguarding processes and referrals to local authority.

7. Oxford Road Campus Acute Safeguarding Children Service

Key Achievements 2017/18

- New Level 3 full day Safeguarding Children training developed and delivered with positive evaluation from staff.
- Ongoing development of skills and experience within the Team.
- Further development of good working relationships between the Safeguarding Team and hospital staff across the Trust.
- Implementation of the Child Protection Information Sharing (CP-IS) system in PED, MRI ED and WIC.
- Learning from SCR's, work undertaken with specialist teams to update and review learning.
- De-brief sessions for staff to supplement reflection and learning in relation to specific cases.
- Supported information sharing practice following the Manchester Arena bombing ensuring health professionals including GPs were are of young people on their caseload who were in RMCH following the bombing. This was also shared at the Tertiary Named Nurses meeting hosted in the Trust in June 2017.
- Continued joined up working across Acute sites and Community Services.
- Safeguarding Link Nurse Meetings promoting shared learning and development.
- Good links developed with specialist areas, such as Burns, PICU and the Trauma team.

8. Oxford Road Campus – Midwifery Safeguarding Service

Key Achievements 2017/18

- Supported awareness training of the PREVENT agenda across midwifery services.
- Continued dissemination of learning on Potential Victims of Trafficking (PVoT) to medical, nursing, and midwifery staff across the Trust.
- Named midwife is a member of the Abusive Head Trauma Prevention Programme Steering Group.
- Named Midwife invited to join Saint Mary's Reproductive Medicine Team quarterly Ethics Committee to provide safeguarding guidance to their decision making.
- The Maternity Information Referral Form (MIRF) has been adapted electronically and assessments are required for every disclosure. This is shared with Health Visitors to be filed in female infant's child health record (red book).
- Safeguarding Midwives continue to deliver bi-monthly Level 3 Safeguarding Children training to maternity and Neonatal Intensive Care Unit staff.
- Safeguarding Midwives continue to facilitate undergraduate Safeguarding training to student nurses and midwives at the University of Manchester.
- Processes and pathways embedded within safeguarding in maternity were considered to be robust by the CQC in the 2017 SLAC inspection.
- Access to Manchester City Council information systems (Micare) has enhanced the support offered by the Safeguarding Midwifery Team ensuring safeguarding decisions can be made in a timelier manner.
- Daily ward rounds across St Mary's hospital has ensured that direct support can be given on complex cases and newly identified safeguarding concerns.
- Multi-disciplinary team working works with good relationships and links within other safeguarding teams.
- Information sharing of Safeguarding referrals and care plans are now accessible electronically on all maternity and gynaecology wards within Saint Mary's Hospital.

9. Wythenshawe Adult Safeguarding Service

Key Achievements 2017/18

- Recruitment of a new Named Nurse in September 2017 following the retirement of the previous named nurse.
- Following a service review, an additional full time band 6 Specialist Nurse has commenced in January 2018.
- Increased awareness of Deprivation of Liberty Safeguards across the site leading to an increase in Urgent and Standard Application to the relevant Local Authority.
- Approval from former UHSM Board in Quarter 2 for the development of a new safeguarding office to enable joined up and partnership working with the Safeguarding Children's Team. This work commenced in Quarter 4 with a view to completion in Quarter 1 2018/19.
- Bespoke training on ward areas has increased awareness and referrals; this has been reflected in an increased number of referrals to the Local Authority.
- Safeguarding Adults Level 3 training has been developed to provide training to Matrons and Duty Managers, ensuring key staff are in a position to signpost front line staff out of hours in relation to both safeguarding adults at risk of abuse and the Mental Capacity Act. The training has been well received by the identified staff and has been opened to Ward Managers. Currently the training is offered on a monthly basis.
- The Mental Health Lead Nurse role was integrated into the Safeguarding Adult Team in April 2017, which ensured a joined up approach to assessing need, support and advice to patients and staff of Wythenshawe Hospital.
- Attendance at Pressure Ulcer and Falls Accountability meetings to enable robust safeguarding consideration of incidents to ensure appropriate safeguarding actions are implemented if required.
- Participation with both Manchester and Trafford Safeguarding Adult Boards and associated sub groups.
- Continued involvement in the learning disability mortality review process has ensured safeguarding specialist oversight and consideration specifically looking for reasonable adjustments and implementation of the Mental Capacity Act.
- Evidence submitted to Manchester Safeguarding Board provided assurance that the Site was achieving compliance with all safeguarding adult requirements. The feedback received was positive and this partnership work will continue through the coming year.

10 Oxford Road Campus – Adult Safeguarding

Key Achievements 2017/18

- Safeguarding Adult team now fully established
- Improvements made to the Deprivation of Liberty Safeguards (DoLS) Portal and this is now more 'user friendly'.
- Development of a rolling programme of guest speakers for Adult Safeguarding Champion sessions.
- Representation at Manchester Safeguarding Adult Board and sub-groups.
- Increased number of staff trained at level 3 and MCA/DoLS as reflected within the training figures.
- The provision of weekly Adult Safeguarding representation at Trafford division (until 5th March 2018), including delivery of safeguarding training to cover a secondment from Trafford safeguarding adult provision.
- Established excellent working relationship with the Social Work Team based at Manchester Royal Infirmary (MRI).
- Adult safeguarding representation on Manchester Safeguarding Adult Board (MSAB) and sub groups
- Supporting the writing of the new MFT safeguarding adult and MCA/DoLS policies.
- Process in place to ensure staff on adult acute wards acknowledge the safeguarding needs of 16-17 year olds and contact Children's Safeguarding Team as required.
- Good partnership working with the Multi-Agency Safeguarding Hub (MASH).
- Attendance at Divisional Safeguarding Operational meetings.
- Provision of supervision for the Adult Safeguarding Team.
- Bespoke training has been delivered to a variety of areas with more requests being received weekly.

11 Safeguarding Children Community Team

Key Achievements 2017/18

- Contribution to Missing from Home panels across north, central and south localities to oversee the safeguarding plan for high risk young people who have been missing from home. The Team contribute to multi-agency risk assessment and planning and have shared plans across health services such as Children's Community Services and CAMHS practitioners.
- Implemented new documentation based on the Signs of Safety Model which has empowered staff to be to develop more efficient risk assessments and case plans for vulnerable children.
- Contribution to the refreshed Manchester Early Help Strategy
- Supported community and acute services prior to and during the CQC inspection of safeguarding in 2017
- Supported Manchester City Council prior, during and following the Ofsted inspection in 2017.
- Community named nurses co-chair the 3 locality Manchester Safeguarding Children Board Fora in the city ensuring that MFT are closely engaged in work across partnerships, responding to local safeguarding needs, risks and themes and enabling information sharing to and from the MSCB
- Developed an SCR training package to inform practitioners of learning and recommendations from the Manchester SCRs published in last 12 months. The SCR learning included themes such as complex health needs due to disability, asthma and obesity.
- Worked with CAMHS to identify a plan for Safeguarding Supervision following recommendations from the CQC.
- Named Nurses involved in the Fabricated and Induced Illness Task and Finish Group developing improved processes which are already having an impact on the effectiveness of how timely cases are picked up.
- Involved in the Obesity Pathway Steering Group set up to address learning from a recent SCR.
- Contribution and development of a joint protocol in meeting the needs of children whose parents have a learning disability.

12. Child Sexual Exploitation (CSE)

Key Achievements 2017/18

Key achievements centre around the role of the CSE Special nurse who sits the Protect team which is a multi-agency team working together to identify, engage and support victims of CSE. A major element of the role is to deliver CSE training to staff across the Trust. This training is not mandatory and is targeted to areas that are more likely to treat victims of CSE. These areas include:

- Sexual Health Services
- Emergency Departments for both Adults and Children
- CAMHS
- Children's Acute and Community Services
- Midwifery& Gynaecology
- Sexual Health
- Trafford Urgent Care
- GP practices

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- The CSE Specialist Nurse has coordinated and arranged training for CAMHS to deliver training to the multi-agency CSE team regarding working with young people with learning disabilities and ASD diagnoses
- The CSE sub-group has developed a consistent and committed membership. Members are responsible for coordinating training needs within their departments and maintaining a training plan on the shared drive. Through the sub group, CAMHS have developed a champions system to disseminate learning and act as a source of advice.
- The CSE Specialist Nurse continues to represent on the multi-agency CSE Delivery Group and contributes to the development of the action plan.
- The CSE risk indicator check list has been promoted across MFT through the CSE subgroup and its use is being encouraged via training and is a standing agenda item at the CSE sub-group.
- The CSE Specialist Nurse has been involved in coordinating the health information gathering and sharing in a high level CSE police operation which is ongoing
- The CSE Specialist Nurse continues to support some very hard to reach young people with complex needs.
- The CSE specialist nurse is providing safeguarding supervision for the sexual health outreach workers and is attending a monthly safeguarding meeting at the Hathersage Centre to support safeguarding practice.

SECTION G

Manchester University NHS Foundation Trust (MFT)

Safeguarding Forward Plan for 2018/19

1. Safeguarding Service Development Plans for 2018/19

Named Doctors Child Safeguarding, Community Child Health

- To scope the offer of a 5 day service in the Coral Suite for CP medicals.
- Full implementation of Electronic Patient Records has the potential to speed communication around children deemed to be vulnerable or at risk.
- The service plans to recruit and train a Clinical Support Worker to work alongside the Community Nursery Nurse to support the clinic.
- The service now receives referrals of children with Fabricated and Induced Illness and there is a plan to audit this work particularly the time taken to prepare and assess children.

Paediatric Doctors Looked After Children Service

- Address delays due to increasing numbers of children on Care Orders placed at home with only 50% attending the first IHA appointment. Further MCC and commissioners discussion to progress work.
- Joint work with LAC nursing team to better understand why some teenagers decline IHA assessment with a doctor.
- Develop wider offer to older LAC and care leavers.
- Aim to offer more holistic service and drop-in options - currently seeking young people's views prior to seeking multi-agency funding.
- Widening ways of seeking views of Looked after children on health assessments.

Looked After Children Nursing Service

- Ensure the quality of assessments are robust and monitoring impact. Work with MCC and MHCC to review health assessment pathways with a view to exploring new ways of working. Further strengthen partnership with Safeguarding Improvement Unit and the Independent Reviewing Officers for LAC.
- Engagement with the child or young person to ensure we are making a difference to health outcomes. Embed 'What Matters to Me' approach in all health assessments.
- Targeted immunisation service offer to be reviewed with a renewed focus to improve immunisation outcomes for our children.
- Development of the Specialist LAC Nursing Team, to meet increasing demands relating to the wider complexities of caseloads. Further development of the SEND agenda and LAC.
- Further strengthen partnerships with Care Leavers service to understand roles to enhanced joint working.
- Promote plain jargon free language and words that are more appropriate for Our Children.
- Consultation/feedback/engagement with young people about their reluctance to engage with IHA . Recognise, celebrate and share our successes and good practice.

Safeguarding Children Community Service

- The introduction in January 2018 of electronic patient records (EPR) in children's community services has provided an opportunity to review and develop safeguarding record keeping practice and this will continue throughout 2018/19.
- Further role out of training to capture lessons learnt and recommendations from SCRs, expected to be published imminently.
- Human Trafficking has been identified as a priority for 2018-2019. The Community Safeguarding Team will coordinate the contribution of this work, develop a community pathway for health staff and a training package. The Modern Slavery and Human Trafficking Strategy is about to be launched by MCC which will support the implementation with community staff.
- MARAC process to be reviewed within MFT to make the process more efficient and less resource intense
- The Early Help subgroup which was established from is now Chaired by Deputy Director of Nursing to with contribution across divisions with different areas having a range of plans for implementation

Acute Safeguarding Children Service

- To continue to maintain good working relationships with multi-agency partners.
- Safeguarding Supervision to be reviewed and implemented across acute paediatric services.
- Align Acute Safeguarding Children processes across MFT.
- Data reporting mechanism to be reviewed to ensure data regarding safeguarding children is captured appropriately and consistently across all sites.
- Review and redevelop the safeguarding children training strategy for the whole organisation.
- Review and align, policies and procedures across all MFT acute services.
- Audit of CPIS processes to ensure effective working and utilisation of the system. Implement CP-IS as per project plan for phase 2 and 3 in partnership with informatics.
- Further development of safeguarding processes in relation to complex safeguarding issues and develop links with Local Authority multi-agency work streams.
- Further development of Fabricated Induced Illness (FII) and Perplexing Illness Presentation processes and identified training in specific areas.

Adult Safeguarding Service

- Align Adult safeguarding services across all sites.
- Established representation and regular attendance of allocated MSAB/TSAB sub-groups.
- To embed Making Safeguarding Personal across MFT.
- Continue to a streamlined safeguarding referral process in line with risk and governance requirements that is accessible across MFT.
- Continue to develop and establish key relationships with partner agencies including Local Authority, Police and CCG.
- Alignment of all Safeguarding Adult policies across MFT.
- Lead on the development of the multi-agency Adult Neglect Strategy for MSAB.
- Continued work to improve the number of staff accessing DoLS/MCA training.
- To develop a process for reporting avoidable Harm Free Care to the Local Authority.
- To develop a process for communicating actions from section 42 strategy meetings to the relevant areas.
- Further development of the Adult Safeguarding Champion role.
- Development of the Adult Safeguarding Team across MFT
- Implement IQP for adult safeguarding

Midwifery Safeguarding Service

- Ensure systems and processes are aligned across the St Mary's MCS.
- Harmonise pathways and procedures across MFT .
- Further develop the Electronic Resource folder, ensuring joint working across all sites.
- To review safeguarding training to ensure consistency across all sites.
- To contribute to the Trust-wide safeguarding audit plan along with developing bespoke service specific audit for both sites.
- Support awareness raising and rollout of Abusive Head Trauma Prevention Programme across Manchester in 2018/19.
- In order to target all "new starters" and to ensure that all staff are up to date with change in legislation or "hot topics"; Safeguarding midwives will attend ward Professional Development Forums to provide snap shot training on a regular basis.
- Further dates have been secured to train midwives in undertaking RIC/DASH assessments and to be aware of the referral to MARAC process.

Child Sexual Exploitation Nurse Specialist

- The CSE Specialist Nurse has a plan to spend more time in the adult A&E and PED promoting the tool
- To support on-going changes in he Protect team with the introduction of a Complex Safeguarding Hub
- To continue to embed CSE across all areas and ensure training is available for Wythenshawe staff
- To continue to contribute to the Missing from Home group and high profile CSE investigations as required.

2. Safeguarding Audit Plan 2018/19

2.1 In line with key priorities of the Safeguarding Adults and Children Boards, it is proposed that 2 cross-cutting audits are undertaken this year alongside the audits that will be carried forward:

Audit 1 – Neglect
Audit 2 - Making Safeguarding Personal / Voice of the Child.

2.2 These audits will span all services and give MFT a clearer picture on gaps and areas for development as well as areas of good practice. This will allow alignment with MSAB/MSCB key priority areas. MFT will also continue to take part in MSAB and MSCB multi-agency audits.

3. Safeguarding Work Plan 2018/19

Progress against 2017/18 Trust Safeguarding Work Plan 2017/18 and Priorities for 2018/19

Key Priority	Key outcome	Achieved	2018/19 Priority
Audit	All Audits completed, with action plans in place Plan for re-audit if assurance not given. Plan for audit in 2018/19 with rationale where audit not completed in 2017/18 as planned		**To complete Trustwide audits in 2 key areas –** **Making Safeguarding Personal/Voice of the Child** **Neglect (adult and Child)**
Supervision	All staff have access to supervision and support relevant to their area of work. Community Safeguarding Supervision compliance is above 90% for all relevant staff. Supervision developed in areas such as CAMHS and Sexual Health services	✓	**To expand supervision to include acute serives for children and adults.**
Policy /practice changes	Policies and practice is reviewed and updated within timescales and all divisions receive timely updates. Divisions have provided assurance that these have been embedded across all relevant staff groups.	✓	**To merge all safeguarding policies in line with the MFT Single Hospital Service PTIP**
Section 11 Audit	Section 11 audit is completed and action plan is completed or in progress.	✓	**To complete new section 11 audit**
Training	Training compliance across the trust is above 90% for all levels of training.		**To merge adult and childrens safeguarding level 3 training across all sites.** **To provide bespoke additional training across all sites.**
Safeguarding children/Adults	Key messages regarding priority areas have been shared across all divisions. Domestic Abuse, Female Genital Mutilation and Child Sexual Exploitation sub-groups are well established within CMFT. Key priority areas - CSE (Child Sexual Exploitation), DV&A (Domestic Violence and Abuse), FGM (Female Genital Mutilation)	✓	**To embed the neglect strategy for children across the Trust.** **Contribute to the development of the neglect startegy for adults.** **To embed the Complex saefgusrding agenda across adult and childrens services.**
LAC (Looked After Children)	Compliance against statutory requirements monitored and risks identified. Close working with multi agency partners to achieve best outcomes for Looked After Children.		**To continue to work woth MCC to streamline the request process for IHA and RHA requests.** **To complete and launch the Care Leavers Health Summary.**

Voice of the Child Voice of the Vulnerable Adult	All divisions are aware of the need to include the child and vulnerable adult's wishes and views in all safeguarding decisions. Gaps are identified within divisions and there is evidence of plans to manage any gaps in practice areas. Safeguarding Adult and Children champions are in place across all frontline areas.		**To audit MSP and Voice of the child and embed in 'What Matters to me' agenda.**
Mental Capacity Act (MCA) Deprivation of Liberty Safeguards DoLS	Staff have an increased understanding of MCA/DoLS across the Trust. Staff understand their role and responsibility, and are following guidelines. Divisions monitor their DoLS activity		**To further develop understanding of MCA/DoLS across all services.**
Serious Case Reviews/ Safeguarding Adult Reviews and Domestic Homicide Reviews	CMFT contribute to All reviews Lessons learnt are shared across the Trust and inform practice.		**To ensure there are robust processes inplace and learning is dissenainated to all areas from SCRs SARs and DHR.**

4. Conclusion and Recommendation

4.1 Manchester continues to have one of the country's highest rates of deprivation bringing with it a range of challenges for safeguarding and for all health services, which are reflected in the extensive activity described in this report. The strategic landscape is changing across Manchester in response to the identified needs of the local population, with the development of MFT and the plans for a Local Care Organisation to be launched on 1st April 2018.

4.2 Amidst these changes MFT safeguarding teams will ensure that the Trust remains informed of and compliant with legislative and practice changes that affect safeguarding. The implementation of new Working Together guidelines for safeguarding children arrangements across the partnership and new Domestic Abuse legislation will be key priorities in 2018/19. Challenges will emerge with the further embedding of the Complex Safeguarding agenda and the need to prepare safeguarding services for future challenges within the evolving health and social care landscape.

4.3 This 2017/18 Annual Report demonstrates the complexity of the work undertaken by the safeguarding team and practitioners across the Trust to ensure patients and staff are safe. Safeguarding is a key priority for the Trust, and this report provides assurance the Safeguarding Team deliver high volume and high quality support to practitioners and managers, ensuring that the Trust meets its statutory requirements.

4.4 In the coming year, the Safeguarding Team will continue to integrate into a single MFT service and will ensure that the support of staff and the protection of patients remains central in any organisational change. The Trust will continue to embrace best practice, actively participate as a key multi-agency partner, but most importantly ensure that all our patients and service users regardless of age, ability, gender, race and religion are afforded the best possible protection from abuse and neglect.

4.5 The Board of Directors is asked to accept this report as assurance that the Trust is pro-actively meeting its statutory safeguarding obligations and is continuously learning and developing safeguarding practice.

APPENDIX 1 – Overview of 2017/18 Audit Calendar

Safeguarding Audit Calendar 2017/18

Maternity

Title	Time Frame	Strategic Links	Assurance	Evidence Assurance	RAG
Hidden Male Midwifery Safeguarding team	March 2018	Statutory Guidance Section 11 Audit Trust policy Lessons from SCRs	Trust Safeguarding Group Safeguarding Effectiveness Committee	**Registered in December 2017. Due for completion end of March 2018**	
Voice of the Child Midwifery Safeguarding team	March 2018	Statutory Guidance Section 11 Audit Trust policy Lessons from SCRs Trust Safeguarding and Record keeping policy CQC Regulation 13	Trust Safeguarding Group Safeguarding Effectiveness Committee	**Registered in December 2017. Due for completion end of January 2018.** **Final report available.** **Complete with significant assurance given.**	
RE-AUDIT **Referrals to Children Services** Midwifery Safeguarding team	March 2018	Statutory Guidance Section 11 Audit Trust policy Trust Safeguarding and Record keeping policy MSCB procedures	Trust Safeguarding Group Safeguarding Effectiveness Committee	**Registered in December 2017. Due for completion end of February 2018.**	

Looked After Children

Title	Time Frame	Strategic Links	Assurance	Evidence Assurance	RAG
Audit to benchmark staff awareness of LAC requirements in practice LAC team	March 2018	LAC Statutory Guidance Section 11 Audit Trust policy Trust Safeguarding and Record keeping policy MSCB procedures	Trust Safeguarding Group Safeguarding Effectiveness Committee	**May be forwarded to 2018/19 calendar.** **Q4 Update –** Audit to be moved to 18/19 audit calendar. Audit unable to be completed due to significant performance and staff pressures in the LAC team. 18/19 Audit to incorporate both Central and Wythenshawe sites.	

Community/ Acute Children's Safeguarding

Title	Time Frame	Strategic Links	Assurance	Evidence Assurance	RAG

Quality of referrals to Children's Services Community / Acute Safeguarding teams	March 2018	Statutory Guidance Section 11 Audit Trust policy Trust Safeguarding and Record keeping policy MSCB procedures	Trust Safeguarding Group Safeguarding Effectiveness Committee	**Q4 Update** All referrals to children's services for request for social work support completed by children's community health professionals are copied into the safeguarding team. Safeguarding team Quality Assure all referral and produce a monthly report. **Significant Assurance.** **Process embedded into practice as business as usual.**	
RE-AUDIT **MARAC/ DASH process** Community / Acute Safeguarding Teams	March 2018	Statutory Guidance Section 11 Audit Trust policy Trust Safeguarding and Record keeping policy MSCB procedures	Trust Safeguarding Group Safeguarding Effectiveness Committee	Audit registered and is currently being completed in Quarter 4. **Q4 Update** Report will be available in Q1 of 18/19	
Safeguarding Supervision audit of effectiveness of new policy *(Community only)* Community Safeguarding teams	March 2018	Statutory Guidance Section 11 Audit Trust policy Trust Safeguarding and Record keeping policy MSCB procedures	Trust Safeguarding Group Safeguarding Effectiveness Committee	**Audit registered –** Due to commence in March 2018 to look at compliance against the updated policy and new Signs of Safety documentation. **Q4 Update –** Audit Department will not support this audit as they believe it is a staff survey and not an audit.	
Effectiveness of Domestic Violence and Abuse Training Community / Acute Safeguarding teams	March 2018	Statutory Guidance Section 11 Audit Trust policy Trust Safeguarding and Record keeping policy MSCB procedures	Trust Safeguarding Group Safeguarding Effectiveness Committee	Audit Is currently being completed in quarter 4 **Q4 Update** Report will be available in Q1 of 18/19	
Adult Safeguarding					
Title	**Time Frame**	**Strategic Links**	**Assurance**	**Evidence Assurance**	**RAG**
Compliance against MCA/DoLS process Adult Safeguarding team	March 2018	Statutory Guidance MSAB Assurance Trust policy Trust Safeguarding and Record keeping policy MSAB procedures	Trust Safeguarding Group Safeguarding Effectiveness Committee	**Q4 Update** MCA Audit completed in Q2 2017/18. Very poor uptake from across the Trust with only 113 respondents. To be re-audited across both sites in 2018/19 **Very limited assurance. Needs Hospital support for next audit.**	
Wythenshawe Hospital					
Adult Safeguarding					
Title	**Time Frame**	**Strategic Links**	**Assurance**	**Evidence Assurance**	**RAG**

Learning Disability – Utilising the safeguarding LD mortality tool on a sample of discharged patients. Adult Safeguarding team	January 2018	Statutory Guidance MSAB Assurance Trust policy Trust Safeguarding and Record keeping policy MSAB procedures	Wythenshawe Safeguarding Committee	**Audit has been completed and report is due to go to Wythenshawe Safeguarding Committee Jan 2018. Very limited assurance. Needs Hospital support for next audit.**	
Mental Capacity Act Implementation – Audit to gain baseline of implementation and to identify areas of risk Adult Safeguarding team	April 2018	Statutory Guidance MSAB Assurance Trust policy Trust Safeguarding and Record keeping policy MSAB procedures	Wythenshawe Safeguarding Committee	**Audit completed report likely to go to April Wythenshawe Safeguarding Committee.**	
Children's Safeguarding					
Title	**Time Frame**	**Strategic Links**	**Assurance**	**Evidence**	**RAG**
Repeat 16 & 17 year old audit – to identify if improvements have been made following initial audit completed November 2016. Children's Safeguarding team	January 2018	Statutory Guidance Section 11 Audit Trust policy Trust Safeguarding and Record keeping policy MSCB procedures	Wythenshawe Safeguarding Committee	**Audit has commenced, report likely to go to April Wythenshawe Safeguarding Committee.**	
Looked after children audit – baseline audit of LAC case notes to identify how consent process for LAC is implemented and followed. Children's Safeguarding team	TBC	LAC Statutory Guidance Section 11 Audit Trust policy Trust Safeguarding and Record keeping policy MSCB procedures	Wythenshawe Safeguarding Committee	**TBC** **To roll over to 18/19**	

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING
(MEETING IN PUBLIC)

TO BE HELD ON MONDAY, 9TH JULY 2018
AT 2.00PM IN THE MAIN BOARDROOM

A G E N D A

1.	Apologies for Absence	
2.	Declarations of Interest	
3.	Patient Stories	*(DVD)*
4.	To Approve the Minutes of the Board of Directors' meeting held on 14th May 2018	*(Enclosed)*
5.	**Matters Arising**	
5.1	To Receive an Update on the Values & Behaviours Framework	*(Report of the Group Director of Workforce & OD Enclosed)*
6.	**Chairman's Report**	*(Verbal Report of the Group Chairman)*
7.	**Chief Executive's Report**	*(Verbal Report of the Group Chief Executive)*
8.	**Operational Performance**	
8.1	To Consider the Board Assurance Report	*(Summary Enclosed)*
8.2	To Receive the Q1 (2018/19) Transformation Programme Report	*(Report of the Group Chief Operating Officer Enclosed)*
8.3	To Receive a Progress Report on the Single Hospital Service	*(Report of the Director of SHS Enclosed)*
8.4	To Receive the Group Chief Finance Officer's Report	*(Report of the Group Chief Finance Officer Enclosed)*
9.	**Strategic Review**	
9.1	To Receive an Update on Strategic Developments	*(Report of the Group Director of Strategy Enclosed)*
9.2	To Receive an Update on Annual Planning (2018/19) and the MFT Operational Plan (2018/19)	*(Report* of the Group Director of Strategy Enclosed)
9.3	To Receive an Update on the Manchester Local Care Organisation	*(Report of the Chief Executive MLCO Enclosed)*
10.	**Governance**	
10.1	To Receive an Update Report on the Regulatory Assessment Process 2018/19 (inc. PIR)	*(Report of the Group Chief Nurse Enclosed)*

10.2 To Receive and Approve the MFT Quality & Safety Strategy — *(Report of the Group Chief Nurse Enclosed)*

10.3 To Receive the Greater Manchester Clinical Research Network Annual Delivery Report (2017/18) — *(Report of the Group Joint Medical Director Enclosed*

10.4 To Receive the Complaints Annual Report (2017/18) — *(Report of the Group Chief Nurse Enclosed)*

10.5 To Receive the Safeguarding Annual Report (2017/18) — *(Report of the Group Chief Nurse Enclosed)*

10.6 To note the following Committees held meetings:

10.6.1 Group Risk Management Committee held on 9th May 2018

10.6.2 Quality & Performance Scrutiny Committee held on 4th June 2018

10.6.3 HR Scrutiny Committee held on 19th June 2018

11. Date and Time of Next Meeting

The next meeting will be held on **Monday 10th September 2018** at **2pm** in the **Main Boardroom**

12. Any Other Business