Manchester University NHS Foundation Trust

> Board Assurance

November 2017

Safety

R.Pearson\T.Onon

Core Priorities	✓	◇	✕	No Threshold
	4	0	1	0

Headline Narrative

Patients, the public and the Trust must be assured through SHMI/HSMR of <100 that clinical quality is high and that mortality is at the expected rate. If the Trust Summary Hospital - Level Mortality Indicator (SHMI) and Hospital Standardised Mortality Indicator Ratio (HSMR) remain above the expected level of 100 (after re-basing) the Trust will face reputational and financial risk.

The Mortality Review process is under review to ensure that all hospitals in the Group meet the requirements in respect of the National Guidance on Learning from Deaths (National Quaity Board, March 2017). Controls currently in place include: Mortality review, alerts, clinical audit, benchmarking data and HLI thematic review and the development of a Mortality Dashboard. The Trust HSMR and SHMI currrently sit below 100 and the crude death rate remains low.

The never events risk is under review following 3 reported incidents in all events are currently under investigation. The Trust is now contributing to a National piece of work on learning from wrong route medication errors.

Safety - Core Priorities

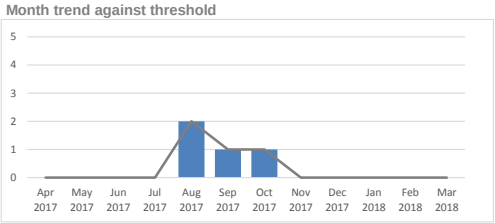
Never Events

MFT

✕

Actual	4	Year To Date	**Accountability**	R.Pearson\T.Onon
Threshold	0	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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
✓	✓	✕	✓	✓		✓	✕

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.

Following on from the 3 Never Events in August and September a further wrong site surgery Never Event occurred in October in Royal Manchester Children's Hospital Site.

Actions

Working groups in each division 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 following 4 reported incidents. The latest event was wrong procedure undertaken (cystoscopy).

Progress

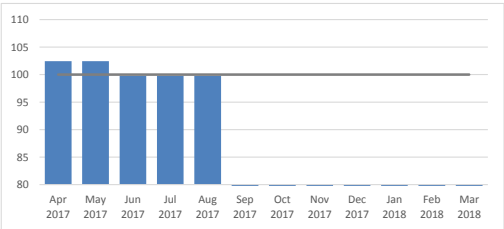
Following these events a number of immediate actions were implemented including issuing of Trust wide alerts. Investigations are currently underway to identify further learning. In addition we are working with the Healthcare Safety Investigation Branch with a preliminary investigation of the wrong route medication Never Event to contribute to national learning and solution development.

SHMI (Rolling 12m)

MFT

✓

Actual	99.8	Latest Period	**Accountability**	R.Pearson\T.Onon
Threshold	100	(Lower value represents better performance)	**Committee**	Clinical Effectiveness



12 month trend (Sep 2016 to Aug 2017)

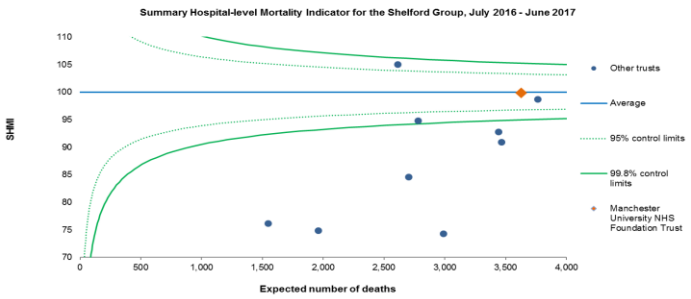
Hospital level compliance

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)							

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

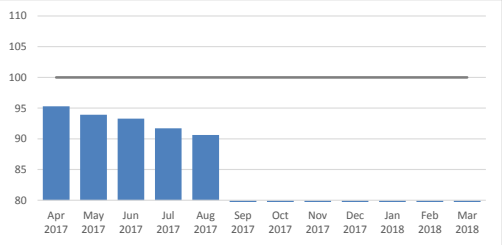
Individual scrutiny meetings are now underway with all hospitals chaired by the non-executive lead on mortality. At these meetings the local hospital issues on outlier reports, HSMR / SHMI, number of reviews completed and outcomes and, most importantly, improvements made will be discussed and evidence sought.



HSMR (Rolling 12m)

MFT

Actual	90.6	Latest Period	**Accountability**	R.Pearson\T.Onon
Threshold	100	(Lower value represents better performance)	**Committee**	Clinical Effectiveness



12 month trend (Sep 2016 to Aug 2017)

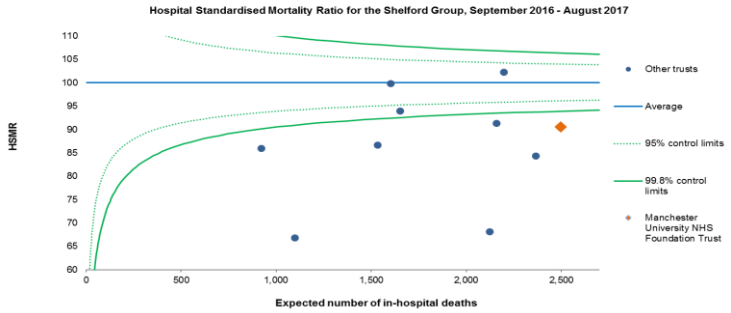
Hospital level compliance

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	91.8	171.7	67.6	32.8		89.9	90.4

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.

Progress

HSMR across the group is within expected levels.

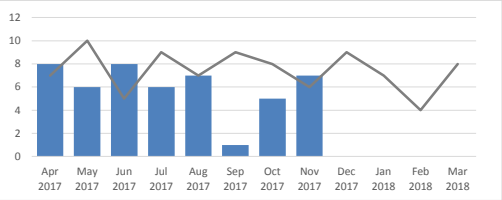


Hospital Incidents level 4-5

MFT

Actual	48	Year To Date	**Accountability**	R.Pearson\T.Onon
Threshold	61	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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
✓	✓	✓	✓	✓		✓	✗

This is a broad, all embracing category covering incidents at a high level e.g. falls, pressure ulcers, medication errors etc.

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 small decrease in serious harm incidents has been observed in the first 8 months of this year across Central and Trafford site hospitals which if sustained would result in achievement of the target 5% reduction. Wythenshawe site continues to report a slightly increased number of level 4/5 actual serious harm incidents compared to the same period the previous year (21 incidents year-to-date compared to 20 in 2016/17). 81% of the incidents reported relate to falls with harm with 3 reported deaths from falls.

Actions

Communication of test results remains a focus within Central and Trafford site hospital areas and work is underway to further develop the clincal risk plan in respect of communication and response to clinical tests. At Wythenshawe the communication of themes identified from falls with harm remains a focus and work is underway to further improve communication and training in falls prevention.

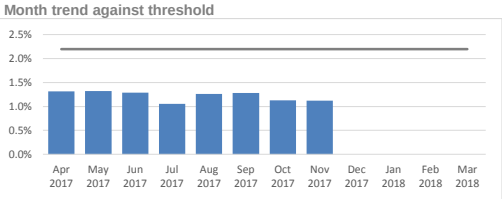
Thematic reports are reviewed at a number of forums and have informed the 2017/18 work plans.

Crude Mortality

MFT

Actual	1.22%	Year To Date	**Accountability**	R.Pearson\T.Onon
Threshold	2.20%	(Lower value represents better performance)	**Committee**	Audit Committee

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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	✓	✓	✓	✓		✓	✓

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.

Manchester University NHS Foundation Trust

> Board Assurance

November 2017

Patient Experience

C.Lenney

Core Priorities	✓	◇	✕	No Threshold
	6	0	2	2

Headline Narrative

The number of new complaints received in November 2017 was 153. This compares to 164 in October , 121 in September and to 154 in August 2017. These monthly changes are within normal variation and trends are closely monitored.

The dedicated fortnightly complaint KPI meeting, chaired by the Chief Nurse, or the Deputy Chief Nurse on her behalf, and attended by the Divisional Directors of hospitals based on the Oxford Road and Trafford sites, continues to review all longstanding complaints. All cases over 41 days are scrutinised at the meeting. For the hospitals based on the Oxford Road and Trafford sites at the end of November 2017 there were 42 cases over 41 days old, compared to 36 at the end of October, 43 at the end of September and to 58 at the end of August 2017. All ongoing complaints for Wythenshawe is currently are no cases over 41 days old at Wythenshawe Hospital.

MFT continues to promote the Friends and Family Test (FFT) with 81.8% of respondents during November 2017 reporting they would be 'extremely likely' to recommend the service they received to their Friends and Family. This is an 4.4% increase from 77.4% in October 2017.

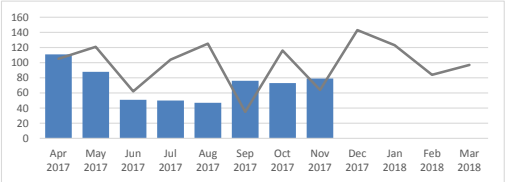
Patient Experience - Core Priorities

Compliments

MFT

Actual	575	Year To Date	**Accountability**	C.Lenney
Threshold	732	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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 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, with 78 compliments received in November 2017. Wythenshawe Hospital recorded the highest number of Compliments during November 2017, recording 33.3% of all compliments received by the Trust. The number of compliments received in November 2017 was 78 compared to 67 in October, 71 in September and 47 in August 2017.

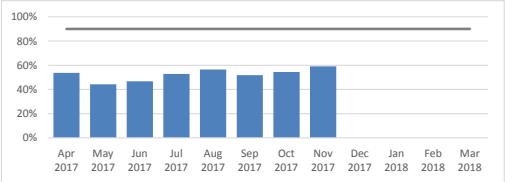
At Wythenshawe Hospital compliments had previously been received through various routes and had not been previously logged on the Safeguard system. A system has been developed to ensure all compliments are now logged.

Percentage of complaints resolved within the agreed timeframe

MFT

Actual	52.5%	Year To Date	**Accountability**	C.Lenney
Threshold	90.0%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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 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 hospitals based on the Oxford Road and Trafford sites commenced reporting performance in relation to the number of complaints responded to within the timeframe agreed in April 2017. This figure is closely monitored and work in on-going to ensure timeframes are appropriate, agreed with complainants and achieved in all cases.

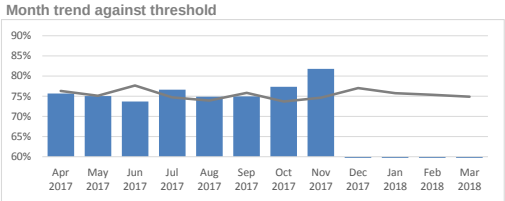
For the Wythenshawe site 97.4% of complaints requiring a response were answered in the timescale agreed during November 2017.

FFT % Extremely Likely

MFT

Actual	76.3%	Year To Date	**Accountability**	C.Lenney
Threshold	75.2%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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 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.

Progress

Collaborative working across all the Trust's hospitals, wards and departments continues to promote the FFT survey and support FFT collection processes.

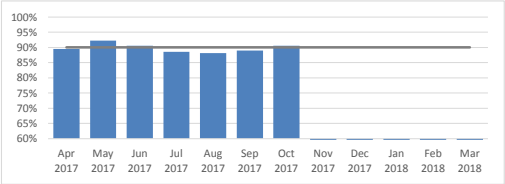
The monthly FFT review meetings to oversee and monitor FFT response rates continue at the hospitals based on the Oxford Road and Trafford sites. The meeting also identifies any lessons learned and any improvements about the overall management of FFT.

Nursing Workforce – Plan v Actual Compliance for RN

MFT

Actual	90.6%	Latest Period	**Accountability**	C.Lenney
Threshold	90.0%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



12 month trend (Nov 2016 to Oct 2017)

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
✓	✓	✗	✓	✓		✓	✗

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.

Progress

There has been an improvement in October 2017 of which 90.6% of all wards within the Trust met their planned staffing levels (89.0% in September 2017).
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.

At the end of November 2017 there were 18 in-patient wards/departments across the Group that had a registered nurse vacancy factor above 25%. This number has reduced from 28 wards in September 2017 due to the commencement of new starters over the months of September and October 2017. 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

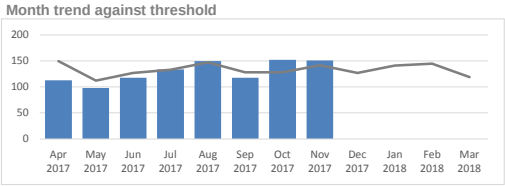
A review of the current planned and actual data collection has been undertaken to ensure that the information within Healthroster reflects the funded budgets for each area.
From November 2017 the Trust Unify Safer Staffing monthly submission is now extracted from Healthroster. This will negate the requirement for ward staff to input this data into a separate database on a daily basis for each shift to produce this report.
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	1034	Year To Date	**Accountability**	C.Lenney
Threshold	1067	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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 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 in October was 164. This compares to 121 received in Steptember and to 154 received in August 2017.

For the hospitals based on the Oxford Road and Trafford sites, during the month of October 2017, the Royal Manchester Children's Hospital received the highest number of formal complaints, receiving a total of 17 complaints.

For the hospitals based on the Oxford Road and Trafford sites, the total number of 41+ day cases at the end of November 2017 was 42, which compares to 36 at the end of October, 43 at the end of September and to 58 at the end of August 2017.

At the end of November 2017, the Division with the most complaints older than 41 days was the Specialist Medical services with 9 cases. This represented 21.4% of all 41+ day unresolved complaints at the end of the month of November 2017.

49 formal complaints were received at the Wythenshawe site in November 2017 of which 27 related to Scheduled Care, 15 related to Unscheduled Care, 15 related to Clinical Support Services. In addition one complaint was recieved by Corporate services.

Actions

All divisions/hospitals continue to prioritise closure of complaints older than 41 days. For the hospitals based on the Oxford Road and Trafford sites a fortnightly complaints performance meeting, chaired by the Chief Nurse or Deputy Chief Nurse on her behalf, continues to focus on complaints that have exceeded 41 days with a view to expediting closure and identifying learning to inform future complaints management.
At Wythenshawe Hospital, a weekly meeting is held with the complaints manager and the divisions to review outstanding complaints. In addition, a monthly panel is held, chaired by the Director of Nursing.

Progress

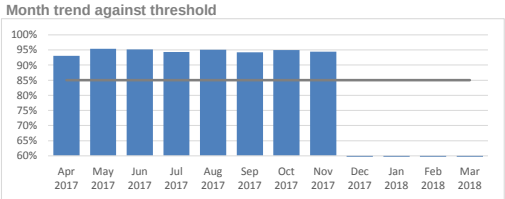
For the hospitals based on the Oxford Road and Trafford sites, weekly meetings continue to take place within the hospitals with the relevant case managers. The overall performance was previously monitored by the Quality Committee and will be monitored by the new Quality and Safety Committee, chaired by the Medical Director in the future.

Food and Nutrition PET

Central and Trafford Sites Only

Actual	94.6%	Year To Date	**Accountability**	C.Lenney
Threshold	85.0%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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 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. A Trust-wide improvement plan has been developed and is being delivered; this is informed by the findings from the 'Perfect Dining Week' that was undertaken in July 2016. Notably, this work won the Patient Experience Network National Award for the Environment of Care category. To provide clear direction of the improvement programme a Nutrition and Hydration Strategy is currently being developed and an additional Facilities Management Matron has been recruited to focus on patient dining.

Pain Management PET

Central and Trafford Sites Only

Actual	92.2%	Year To Date	**Accountability**	C.Lenney
Threshold	85.0%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold

12 month trend (Dec 2016 to Nov 2017)

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

Progress

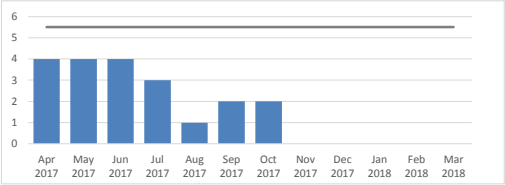
Work continues across the Trust to drive improvements in pain assessment and management. As part of this on-going work the Pain Steering Group is working with the Heads of Nursing to review the programme of work delivered to date and implement specific work streams that are Trust and Hospital/Divisional specific. The oversight for this programme of work will be undertaken through the Trust Harm Free Care Committee structure.

Clostridium Difficile – Lapse of Care

MFT

Actual	20	Year To Date	**Accountability**	C.Lenney
Threshold	67	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



12 month trend (Nov 2016 to Oct 2017)

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)							✓

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. 9 cases have been attributed to date as lapses in care, 3 in April; 2 in May; 3 in June, July 0, 1 in August, September figures are currently under validation.

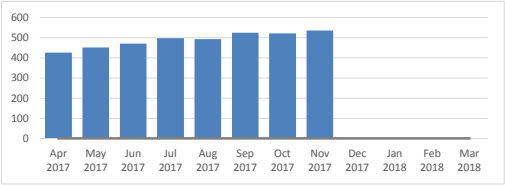
Central and Trafford site has a maximum annual threshold of 66 lapses in care. 6 have been attributed to date as lapses in care, 1 in April, 2 in May, 1 in June, 2 in July, 0 in August. Cases for September are currently under validation.

PALS – Concerns

MFT

Actual	3921	Year To Date	**Accountability**	C.Lenney
Threshold	None	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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

Key Issues

A total of 536 PALS concerns were received by the Trust in November 2017. This compares to 523 received in October, 527 received in September and to 491 received in August 2017. This is within the limits of normal variation and is monitored closely.

Actions

For the hospitals based on the Oxford Road and Trafford sites, concerns are formally monitored within the divisions alongside complaints at weekly meetings.

Work continues to reduce the time taken to resolve PALS enquiries with formal performance management of cases over 7 days in place.

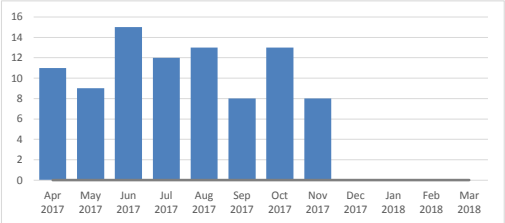
At Wythenshawe Hospital processes are being reviewed in relation to recording, managing and feeding back informal concerns and actions.

All Attributable Bacteraemia

MFT

Actual	89	Year To Date	**Accountability**	C.Lenney
Threshold	None	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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
-	-	-	-	-	-	-	-

All bacteraemia includes both MRSA and E.coli. There is a zero tolerance approach to MRSA bacteraemia and the contractual sanction that can be applied to each trust assigned/apportioned case of MRSA bacteraemia is £10,000 in the relevant month.
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, following post infection review (PIR), have had 4 apportionable MRSA bacteraemia, 1 in April, 1 in May and 2 in June.

Central and Trafford site, following post infection review (PIR), have had 1 apportionable MRSA bacteraemia in August .

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.

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> Board Assurance

November 2017

Operational Excellence

J.Bridgewater

Core Priorities	✓	◇	✕	No Threshold
	6	4	1	0

Headline Narrative

• The Trust combined diagnostic position is 2.23% for November, (0.22%) better than the 2.79% forecast. Actions taken to reduce non obstetric ultra sound breaches on the Central and Trafford sites contributed to a stronger than anticipated month end performance. Wythenshawe Hospital has achieved a month end position of 0.25%, which is a further 0.13% improvement on October and exceptional performance for patient experience.

• The Q3 A&E performance target to achieve STF funding is 90.8%. Combined performance of Wythenshawe, Central and Trafford Hospitals is 88.40% for November, underachieving by (-2.4%) aganist STF. Wythenshawe Hospital reported 85.54% for November which is a (- 3.26%) reduction in A&E performance against October, while Central and Trafford reported 89.33% a (-0.7%) reduction in performance compared to October. DTOC numbers have reduced slightly at Wythenshawe Hospital to 7.6% due to commissioner escalation, however remain significantly higher than the GM threshold of 3.3% to support patient flow. Increase and surges in demand is a critical factor impacting on performance in Q3.

• RTT was underachieved for October with MFT reporting a final position of 90.57%. Central And Trafford Hospital have seen a (-0.39%) reduction in performance compared to September, while Wythenshawe has an improved (+0.94%) performance against September. Central and Trafford Hospitals experienced an increase in Gynaecology breaches due to workforce pressures, with Cardiology and General Surgery noted a higher number of breaches compared to September. Wythenshawe has reported 17 52+ breaches, 16 of which are linked to complex DIEP surgery, and 1 patient is under the care of Cardiology. The management of 52+ weeks remains a dialogue between Wythenshawe teams and commissioners as treatment plans are difficult to secure due to the limited number of centres offering this highly specialised surgery.

• Wythenshawe Hospital performance against the 62 day cancer remains strong and will achieve the standards for Q2. Central and Trafford Hospitals have forecast underachievement against 2WW, 31 Day first treatment and 62 day standards. Actions against the Cancer Plan and substantive post holders will contibute to improvement in Q3, and forecast recovery in Q4. At the time of writing the report the 2WW performance indicates recovery in Q3.

Operational Excellence - Core Priorities

Cancelled operations - rescheduled <= 28 days

MFT

✕

Actual	90	Year To Date	**Accountability**	J.Bridgewater
Threshold	0	(Lower value represents better performance)	**Committee**	Trust Board

Month trend against threshold

12 month trend (Dec 2016 to Nov 2017)

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
✓	✕	✕	✓	✓		✓	✕

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

Following an improving trend, November saw a slight increase (+2) 28 breaches compared to October. Of the total 9 breaches reported: 5 breaches occurred in Gastroenterology, Central and Trafford Hospitals and 4 at Wythenshawe Hospital (2 in plastics, 2 in breast).

Actions

28 Day cancelled operations will be monitored and managed through the Trust Performance and Delivery Assurance Group.

Progress

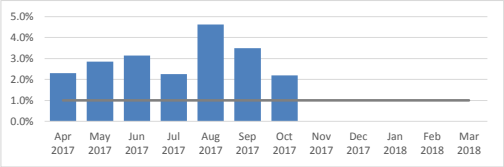
Weekly Hospital KPI planning meetings to discuss and manage potential medical issues which may lead to cancellation, and revised alerts for patients at risk of 28 day breaches. The Performance and Delivery Group will be leading a workstream focused on 28 day assurance process and analaysis in the event of a 28 day breach. Hospitals/ Division have introduced a range of additional schemes to reduce cancelled operations in the first instance, which includes; A recently introduced pre op check tracker role to ensure patients are prepared for theatre and all clinical checks completed. Standard Operating Procedure with escalation for all non medical reasons to cancel is in place to reduce cancellations. The introduction of a new admissions coordinator to oversee daily admissions and daycase service. In addition, the Trust transformation programme encompasses a theatre programme which will reduce the risk to cancelled operations.

Diagnostic Performance

MFT

Actual	2.2%	Latest Period	**Accountability**	J.Bridgewater
Threshold	1.0%	(Lower value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Nov 2016 to Oct 2017)

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	✓

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

Key Issues

Increased demand for diagnostic services is a recognised issue within GM in particular for endoscopy services, with a commissioner led review of demand planned to explore management of diagnostics as a GM system. MFT will participate in the review as increased demand on the Trust for diagnostics continues. Internal scrutiny on diagnostic wait times and reporting is taking place as part of the Executive sponsored and Director led Cancer tracking meetings.

Actions

RMCH Endoscopy - Recruitment to 2 additional consultant posts, use of a locum, undertaking additional weekend sessions, use of a 3rd party provider and the private sector have been explored but proved unsuccessful due to the paediatric anaesthetic requirement.
Adult Endoscopy - Planned return of Endoscopy unit to the MRI site in January, which should build additional capacity into Central and Trafford.
Paediatric MR - Additional anaesthetic sessions are in place, and recovery is in progress. Central and Trafford radiology have secured additional non obstetric ultra sound capacity to improve Trust Performance.
Monthly forecasting in place, and weekly oversight meetings to identify issues early.
Escalated oversight arrangements in place for risk areas via the COO, with supporting recovery trajectories.

Progress

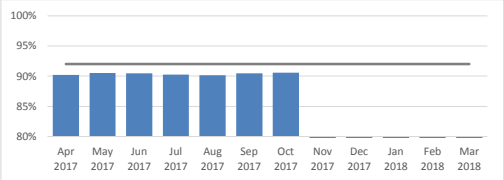
Central and Trafford have proactively managed a reduction in non-obstetric ultrasound breaches during November, significantly reducing actual braeches to those forecast by securing addional capacity. Overall the Trust has delivered a 0.22% improved performance than the forecast 2.79% for month end November. Further improvement against the standard is not expected until Q4 in line with planned actions.

RTT - 18 Weeks (Incomplete Pathways)

MFT

Actual	90.6%	Latest Period	**Accountability**	J.Bridgewater
Threshold	92.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Nov 2016 to Oct 2017)

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 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

The Trust has underachieved against the 92% standard for October.
- Wythenshawe Hospital has achieved 88.55% a positive increase in performance of (+0.94%) against September.
- Central and Trafford have underachieved in October, with a final position of 91.66%. The areas of risk include: Gynaecology, Cardiology, and General Surgery, RMCH whilst underachieving the standard has had less breaches compared to the previous month. There are 17 52+ breaches at Wythenshawe Hospital with ongoing dialogue between commissioners and clinical teams as these relate to complex DIEP surgery which is only available in a small number of providers across the country.

Actions

RTT sustainability plans to commence for MFT, with Gynaecology, who have experienced the greatest shift in performance implementing targeted plans to increase capacity.
Weekly senior RTT action-plan meeting chaired by the Director of Operations at Wythenshawe.
Data quality and accuracy of reporting patient pathways is monitored through the monthly audit cycle.
Wythenshawe have a recovery trajectory in place, which is subject to review with the COO, and are working with Commissioners and NHSI to improve performance against the standard. In addition, escalation arrangements are in place to support the most risk specialities.
Wythenshawe speciality-specific actions are being taken to improve performance including: additional skin consultant recruited, undertaking additional activity in Gynaecology in September, purchase of additional diagnostic equipment to support ENT capacity, use of the private sector and utilising available capacity at other local NHS providers, implementation of locally-agreed protocols defining 'first definitive treatment' for specific clinical pathways, and additional validation support for the management of data quality.

Progress

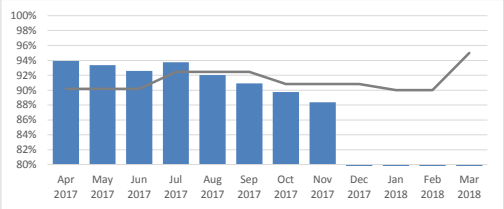
The Trust has underachieved against the 92% standard for October. All 52+ week breaches have been treated for RMCH, reporting 0. Wythenshawe Hospital has 17 52+ week breaches with ongoing dialogue to plan treatments for the remaining patients with limited capacity available.

A&E - 4 Hours Arrival to Departure

MFT

Actual	89.09%	Quarterly	**Accountability**	J.Bridgewater
Threshold	90.83%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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	✗	◇	✓	✓		✓	✗

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

• Daily surges to exceptional levels and a general increase in demand is a critical factor impacting on MRI, Wythenshawe and RMCH EDs.
• MRI has experienced the additional impact of city centre activities associated with the festive season, and an increase in alcohol related presentations.
• Wythenshawe stepped down from taking Major Trauma from the 1st October, as a result MRI has noted a 26% corresponding rise in Major Trauma cases. For the same period, Royal Manchester Childrens Hospital has seen the greatest shift in performance against the 4 hour standard and shift in clinical traige category of children attendance. Compared to October 2016, RMCH had an additional (+61) children arriving by ambulance and a further significant rise of (+235) in children traiged as straight to resuscitation.

Actions

The Trust is working with GM IT service to implement an Urgent and Emergency Care hub which will support system resilience during the winter.
A&E Delivery Boards and the Individual hospitals have developed winter plans aligned to national and GM guidance to support sustainability of the standard from October onwards. In addition to MFT winter plans, planning for the festive period and immediate post holiday period has commenced across all Hospital sites. Delivery Boards have been asked to complete local modelling to ensure health and social discharge capacity is planned to meet daily demand, including variation across the whole of winter. Local capacity will support the key drivers of the Eight High Impact Changes for Managing Transfers of Care.
GM have put in place standards to be adopted by all providers to support effective and timely discharge of patients and these have been aligned to Trust policies. MFT have secured winter monies through the CCG of £1.6m to support demand management and flow. MFT have put forward further bids to NHSI as a result of the budget anouncement and are awaiting the outcome. The schemes include; strengthening medical/nursing cover, increasing bed capacity, reducing ED demand by increasing streaming to primary care within the Walk in Centre, investing in additional bed capacity coordination.

Progress

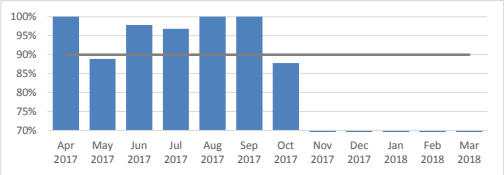
• **Wythenshawe Hospital** - reported 85.54% for November which is a (-3.26%) reduction from October performance, and reflects the seasonal changes, in addition DTOC remains higher than the GM standard at 7.6%.
• **Central and Trafford** - have reported 89.33% (-0.7%) which is a reduction in performance compared to October, and a marginal rise in DTOCs to 3.2%, which is in line with the threshold of the 3.3% GM standard for optimum patient flow.
• **Combined MFT November** - achieved 88.40% against MFT STF of 90.8% (-2.4%) below the trajectory which is a risk to the Trust.
A&E delivery remains a priority for the Trust with Hospital Site CEO oversight, actions are being implemented and winter plans are underway. Daily reporting of OPEL and local pressures to commissioners has commenced, and 4 times daily reporting of OPEL levels to the GM Emergency Care Hub commenced 1st December.

Cancer 62 Days Screening

MFT

Actual	87.8%	Quarterly	**Accountability**	J.Bridgewater
Threshold	90.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Nov 2016 to Oct 2017)

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)							✓

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

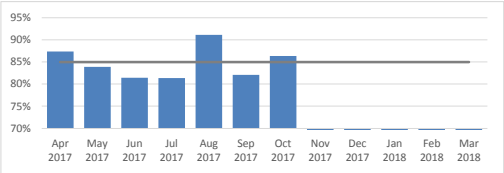
The Trust achieved this target.

Cancer 62 Days RTT

MFT

Actual	86.4%	Quarterly	**Accountability**	J.Bridgewater
Threshold	85.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Nov 2016 to Oct 2017)

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)							✓

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 an upward demand for diagnostics and specialities across Cancer services and workforce pressures in specific tumour groups. Central and Trafford continue to underachieve against the standard reporting 79.2% in Q2, with forecast recovery in Q4.

Actions

Escalated oversight and governance arrangements continue.
Individual cancer site action plans are being implemented, key actions focus on addressing workforce and capacity gaps to meet on-going demand pressures including:
- Urology additional consultant from November
- UGI diagnostic pathway pilot to streamline and potentially reduce the number of diagnostic tests.
- Lung pathway reviewed in August and improvements being implemented, Lung team are working within sector arrangements to implement the lung optimum pathway and to support access to diagnostic tests.
- Radiology additional reporting sessions came on line in June and has resulted in improvements in CT and MRI.
- Demand and capacity analysis across all cancer sites is being undertaken to support an increase in the number of first appointments seen within 7 days.

Each tumour site are to have clinical input at PTL meetings going forward and review of individual pathways to match against national best practice.
The Trust is compliant with the 10 High Impact Actions for cancer, presented to the Cancer Board for Central and Trafford Hospitals in July.
Peer review of cancer sites has been undertaken in 2017, with self assessments for each cancer site uploaded to the national website, and supporting MDT work programmes are in place.
Workforce recruitment within key areas remains active and monitored through Divisional and Cancer Boards.

Progress

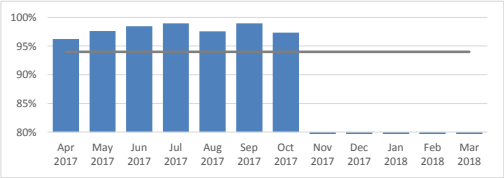
Hospital plans have been submitted to Cancer Board with tumour specific actions underway. Executive led weekly PTL review has commenced on Central and Trafford sites with senior managers present for immediate escalation and action to pathway delay. Wythenshawe Hospital continues with existing plans due to its sustained achievement against the standard. To support local clinical MDT meetings, the Cancer Dashboard is shared every two weeks and includes: number of HSC referrals, % HSC referrals seen by time, number of days from referral to decision to treat and number of days from referrals to MDT which are showing an improvement in performance.

Cancer 31 Days Sub Surgical Treatment

MFT

Actual	97.3%	Quarterly	**Accountability**	J.Bridgewater
Threshold	94.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Nov 2016 to Oct 2017)

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)							✓

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 Q1.

Actions

Actions taken as per the 62 day standard.

Progress

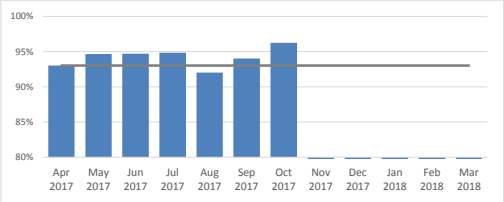
Standard achieved in Q1 17/18.

Cancer Urgent 2 Week Wait Referrals

MFT

Actual	96.2%	Quarterly	**Accountability**	J.Bridgewater
Threshold	93.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Nov 2016 to Oct 2017)

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)							✓

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 with Central and Trafford reporting 91.5% for Q2 (-1.5%) below the standard. Skin capacity pressures remain across all GM providers which has been escalated to the GM Cancer Network. Locally, Gynaecology at St Marys Hospital is experiencing a shortfall in nursing and medical workforce causing pressure to the 2 week wait impacting on capacity until end of Q3.

Actions

Collaborative actions taken with speciality teams to strengthen Q2 performance and increase the volume of patients seen within 7 days, within the workforce available.
Demand and capacity analysis to assess the requirements for providing first appointments within 7 days is being undertaken across Central and Trafford Hospitals.
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.
Gynaecology - Divisional teams have secured a workforce plan to address capacity challenges.

Progress

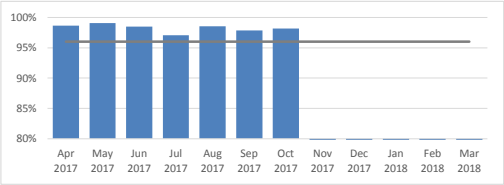
The shortfalls in gynaecology have adversely affected the Trust Q2 position. However, at the time of writing the report, the current performance for Q3 suggests Central and Trafford Hospitals will have recovered this standard in Q3.

Cancer 31 Days First Treatment

MFT

Actual	98.1%	Quarterly	**Accountability**	J.Bridgewater
Threshold	96.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Nov 2016 to Oct 2017)

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)							✓

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. However, Central and Trafford Hospitals have forecast an underachievement of Q2 position at 93.9%, falling (- 2.1%) below the standard.

Actions

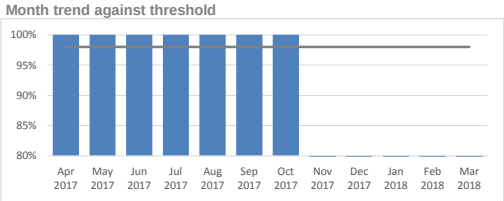
Actions taken as per the 62 day standard.

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



12 month trend (Nov 2016 to Oct 2017)

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)							✓

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

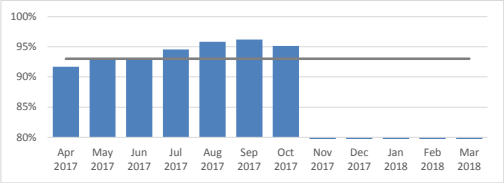
Actions taken as per the 62 day standard.

Cancer 2 Week Wait - Breast

MFT

Actual	95.1%	Quarterly	**Accountability**	J.Bridgewater
Threshold	93.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Nov 2016 to Oct 2017)

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	✓

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 (+2.5%) against the national standard of 93%.

Manchester University NHS Foundation Trust

> Board Assurance

November 2017

Workforce and Leadership

M.Johnson

Core Priorities	✓	◇	✕	No Threshold
	5	1	4	3

Headline Narrative

Following the appointment of the Trust's Executive Management Team, both internal and external appointments have been taking place during November to fill a number of senior leadership roles in the new organisation. These appointments are at both Group level and in the Hospitals/Sites.

The MFT Leadership and Culture Strategy for creating a culture for high quality and performance was approved by the Board in November.

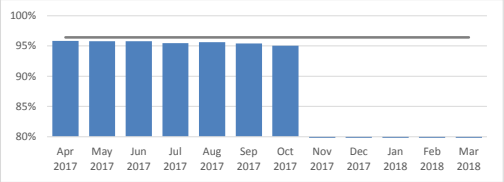
Workforce and Leadership - Core Priorities

Attendance

MFT

Actual	95.1%	Latest Period	**Accountability**	M.Johnson
Threshold	96.4%	(Higher value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Nov 2016 to Oct 2017)

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
✕	✕	✕	✕	✕		✕	✕

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 October now stands at 95.08% which is a slight deterioration from the previous months figure (95.44%)

Actions

Central & Trafford Hospitals

The focus continues on the nursing hotspot areas particularly for nursing support roles. Surgeries are being held in these areas by the Human Resources Advisors to ensure that managers are confident in managing and supporting sickness absence. This also provides an opportunity to focus on local reasons for sickness absence and feed into the wellbeing discussions. Heads of Nursing and HR Business Partners (HRBP's) are also meeting with lead nurses and ward managers from these areas regularly to seek assurance that the process is being followed and to discuss any complex cases in order to provide additional support and advice. The new Employee Assistance Programme is being championed as an additional support mechanism for employees.

Wythenshawe Hospital

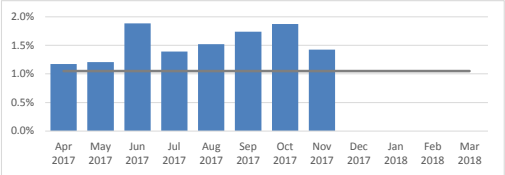
Roll out for the Absence Manager project is well underway and it is expected that this will be complete by the end of January 2018. The Absence Manager system will provide line managers with robust and comprehensive information to ensure that employees can be supported back to work.

B5 Nursing and Midwifery Turnover (in month)

MFT

Actual	1.43%	Latest Period	**Accountability**	M.Johnson
Threshold	1.05%	(Lower value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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
✗	✗	✗	✗	✗		✓	✗

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 1.43% against a monthly target of 1.05%

Actions

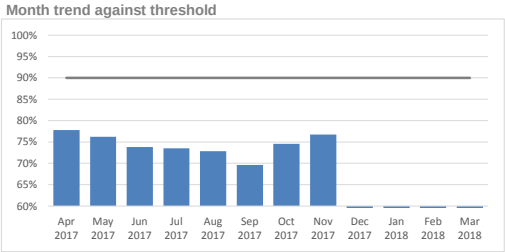
- Director of Nursing Preceptee Listening events
- Divisional work streams focusing on wellbeing/staff focus groups/take a break
- Nursing and Midwifery extended induction for new starters
- Introduction of 12 hour shifts for staff who wish to condense their hours over a shorter working week
- Streamlining internal transfer process across nursing areas
- Identifying new roles within the unregistered workforce to support careers/skills escalator
- Developing career framework for theatre staff to support progression and retention
- Introduction of pharmacy technician drug rounds to release staff to care
- Specialty rotation programmes
- Launch of Nursing and Midwifery careers/professional skills framework
- Review of exit questionnaire to support intelligence gathering and investigate turnover of band 5 staff nurses focusing on newly qualified staff who have left in the first year of qualifying to understand staff turnover and potential trends.

Appraisal- medical

MFT

Actual	76.8%	Latest Period	**Accountability**	M.Johnson
Threshold	90.0%	(Higher value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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
◇	✗	✗	✗	✗		✗	✗

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

Key Issues

The Group has seen the number of Medical Appraisals increase from 74.5% to 76.8% in the month of November.

Wythenshawe Hospital

November compliance was 78.9% - an increase of 3.4% on October's position.

Central Site

November compliance was 75.6% - an increase of 1.6% on October's position

Actions

Central & Trafford Hospitals

Hospital senior leadership teams are now receiving monthly reports to support compliance management

Wythenshawe Hospital

A detailed action plan is in place in order to support improved compliance across the hospital.

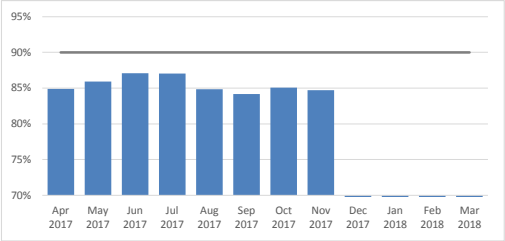
An appraisal paper focusing on increasing organisational compliance is being presented to the December Group Management Board.

Appraisal- non-medical

MFT

Actual	84.7%	Latest Period	**Accountability**	M.Johnson
Threshold	90.0%	(Higher value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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
◇	◇	◇	✓	✓		✓	✗

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

Wythenshawe Hospital
November compliance for non-medical appraisal was 74.4% a 1.9% increase on last month's position.

Central Site
November compliance for non-medical appraisal was 89.0% a 1.1% decrease on last month's position.

Actions

Central & Trafford Hospitals
Compliance fell across 8 of the 11 Divisions. The Hospital HRBP's will be contacted by the Deputy Group Director of Workforce and OD where compliance is below target to highlight the shortfall so that the appropriate action can be taken.

Wythenshawe Hospital
A detailed action plan is in place in order to support improved compliance across the hospital.

An appraisal paper focusing on increasing organisational compliance is being presented to the December Group Management Board.

Time to fill vacancy

MFT

Actual	52.6	Latest Period	**Accountability**	M.Johnson
Threshold	55	(Lower value represents better performance)	**Committee**	HR Committee

Month trend against threshold

12 month trend (Dec 2016 to Nov 2017)

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)							✓

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) stands at 52.59 days

Actions

The Time to Hire inclusive of Band 5 nursing roles across the MFT Group for November is 53.28 working days, 1.72 days below the Trust target of 55 days. This is a reduction of 6.39 working days from the October performance and which demonstrate positive progress towards the overall objective to reduce the time taken to hire a candidate. The Time to Hire without Band 5 nursing roles included is 52.59 working days which further demonstrates an improvement of 3.76 working days on October performance.

During November, the Resourcing Teams across MFT have collectively sent conditional offers of employment to 563 candidates. The number of new starters for November is 436 and 64% of these are external candidates who are new to the Trust.

All MFT Resourcing team members are beginning the process of cleansing the vacancy and candidate information that is currently held in the online recruitment system (TRAC) in preparation for the integration of the two separate recruitment systems which currently operate. Leadership recruitment activity also continues to take place across the Group to populate senior leadership appointments across all hospitals within the Group and for Corporate functions.

Turnover (in month)

MFT

Actual	0.90%	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
✓	◇	✓	✓	✗		✗	✓

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 has slightly improved immensely compared to last months figure (1.16%) and is now 0.90%, which is now below the Group target of 1.05%.

Actions

Central & Trafford Hospitals

In the Medicine and Community Division there has been strengthening of support roles across the medical wards. A Business Case has been approved to increase the number of Nursing Assistants and administrative Ward Assistants have also been introduced. Both of these changes are designed to support and improve staff experience within the qualified nursing staff group.

Dental celebrated recognition of the hard work and efforts of all the staff in achieving a Gold accreditation for the Hospital, with a Gold Party on 30th November.

Wythenshawe Hospital

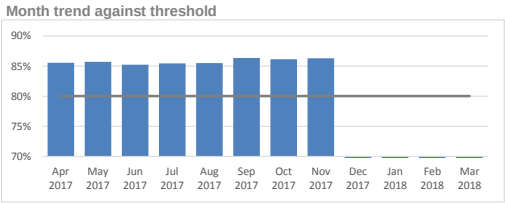
Workforce information is being analysed across a number of Workforce Systems to help develop future improvement plans for the effective management of workforce indicators.

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



12 month trend (Dec 2016 to Nov 2017)

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
✓	✓	✓	✓	✓		✗	✓

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 reduction from the previous month's figure (86.6%)

Actions

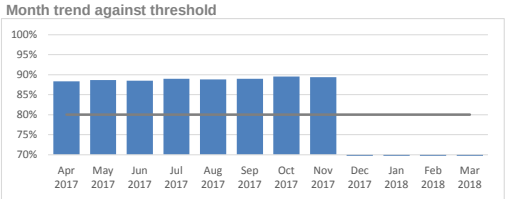
The retention threshold target for nursing and midwifery staff provides a strong indication of whether we are able to retain staff across the Trust and whether our polices, procedures and practices are supportive of the Trust being seen as a good place to work. The overall retention rate is good at 86.3%.

BME Staff Retention

MFT

Actual	89.4%	Latest Period	**Accountability**	M.Johnson
Threshold	80.0%	(Higher value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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
✓	✓	✓	✓	✓		✓	✓

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

The retention threshold target of 80% for our BME staff provides a strong indication of whether our overall culture is inclusive and helps the board identify any positive or negative impact of its policies/practices and development on a group of staff who have been identified as being discriminated against in the NHS.

The BME retention rate figure continues to remain high at 89.4%, and is still well over the 80% target but a slight reduction of 0.3% compared to the previous month.

Action

BME staff retention continues to perform slightly higher that White Staff retention.

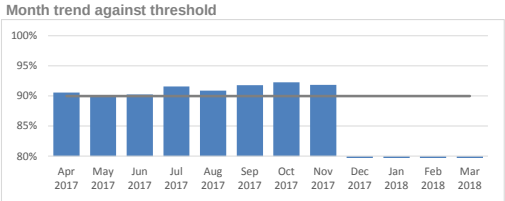
Work on creating a single approach across both Hospital sites for a Workforce Race Equality Standard is part of the Trust Post Transaction Integration Plan (PTIP) process.

Trust Mandatory Training - Clinical

Central and Trafford Sites Only

Actual	91.8%	Latest Period	**Accountability**	M.Johnson
Threshold	90.0%	(Higher value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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
✓	✓	✗	✓	✓		✓	⊘

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

In the previous 12 months the total number of staff who completed their Clinical Mandatory training equated to 7357 employees; 91.8% compliance - which is over the Group's target but a fall of 0.4% from the previous month.

Actions

Currently mandatory training is reported in different ways for the Central and Wythenshawe sites. A common approach will be agreed for 1st April 2018 in line with the OD&T PTIP.

Central & Trafford Hospitals

Compliance continues to exceed target at 91.8%, although there was a decrease of 0.4% in November.

Wythenshawe Hospital

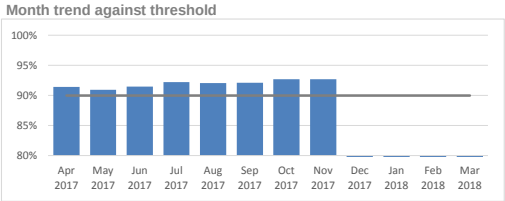
Compliance decreased in November by 1.1% to 82.3% which is 7.7% below target. Awareness raising of compliance levels is on-going. Emails are being sent to individuals that are non-compliant and HRBP's are feeding back at monthly divisional meetings.

Trust Mandatory Training - Corporate

Central and Trafford Sites Only

Actual	92.7%	Latest Period	**Accountability**	M.Johnson
Threshold	90.0%	(Higher value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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)							⊘

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

Compliance has increased to 92.6% which is a slight increase compared to the previous months figure (92.5%)

Actions

Currently mandatory training is reported in different ways for the Central and Wythenshawe sites. A common approach will be agreed for 1st April 2018 in line with the OD&T PTIP.

Central & Trafford Hospitals

Compliance continues to exceed target at 92.6%

Wythenshawe Hospital

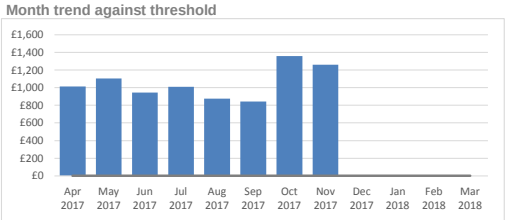
Compliance decreased in November by 0.9% to 84.4% which is 5.6% below target. Awareness raising of compliance levels is on-going. Emails are being sent to individuals that are non-compliant and HRBPs are feeding back at monthly divisional meetings.

Medical Agency Spend

MFT

Actual	£1,260.0	Latest Period	**Accountability**	M.Johnson
Threshold	None	(Lower value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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 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 November 2017 the total value of Medical and Dental agency staffing was £1260k.

Actions

Central & Trafford Hospitals

For October 2017 the total value of Medical and Dental agency staffing was £969k, which is a £22k increase from the previous month. Agency spend for medical staff has continued to increase and non-compliance with the NHSI agency caps is also high. The control mechanisms in place to manage price cap escalations are being reviewed to strengthen the review and sign off arrangements prior to booking. The initial outcomes of an audit on agency cap compliance are also being reviewed to identify where improvements are required to support improved compliance.

Wythenshawe Hospital

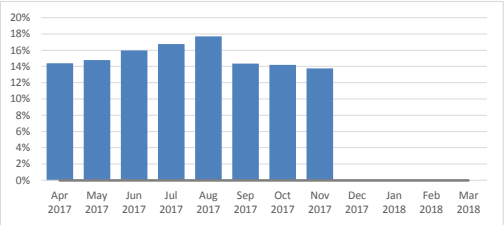
Actions currently being undertaken within Wythenshawe are:
- Agency spend continues to be scrutinised through the ' Medical Productivity Board'
- Commencement of roll out of Health Medics (Health Roster for medical staff)
- Continued use of the TeMpre platform to increase bank usage
- Continued scrutinisation of Extra Contractual Lists usage via weekly Executive led panel for approval
- Divisional action plans for the top 5 areas of spend

Qualified Nursing and Midwifery Vacancies B5 Against Establishment

MFT

Actual	13.8%	Latest Period	**Accountability**	M.Johnson
Threshold	None	(Lower value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

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 within Nursing and Midwifery are within the staff nurse (band 5) role. At the end of November 2017 there were 488.7 WTE (13.8%) staff nurse/midwife/ODP (band 5) vacancies across the Trust group. The number of vacancies in this staff group has decreased from the end of October 2017 position when there were 507.4 WTE vacancies and a vacancy factor of 14.3%.

A total of 344.5 WTE band 5 nurses and midwives and ODPs have commenced in post in the Trust since September 2017. There are 46 wte band 5 nurses, midwives and ODP's with a confirmed start date and due to commence in the Trust before the end of January 2018. There are an additional 130 wte who are progressing through employment checks and expected to commence employment within the next 3 months.

Actions

An interim nurse recruitment campaign and identity has been launched in order for the Trust to remain competitive and visible to potential recruits, which includes a series of recruitment events. Work has started to develop a permanent nursing and midwifery recruitment identity and marketing strategy which will be launched early 2018.

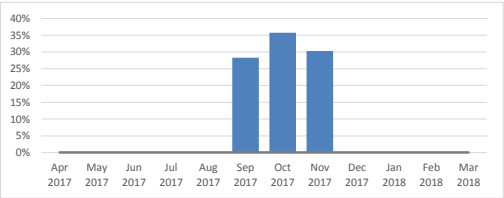
A schedule of recruitment events has been developed to ensure the Trust group is now aligned to a Trust wide recruitment strategy. Events are planned throughout the next 6 months.

% BME Appointments of Total Appointments

MFT

Actual	30.3%	Latest Period	**Accountability**	M.Johnson
Threshold	None	(? value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Apr 2016 to Mar 2017)

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
-	-	-	-	-	-	-	-

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 30.34% which is a reduction compared to the previous month's figure (35.79%)

Actions

At 30.34% the BME appointments has decreased this month. However as indicated previously the trend needs to be tracked over a longer period. The teams also need to review what the detailed breakdown on this figure is telling MFT, looking to identify areas of good practise and areas for concern.

The overall % for MFT (excluding South data at present) shows a positive trend for the appointment of BME employees. However some areas of the trust underperform on this metric. This data continues to be shared with HR and recruitment colleagues to track trends in this data as the Trust has only been tracking it, outside of the annual Workforce Race Equality Report, on a monthly basis.

Manchester University NHS Foundation Trust

> Board Assurance

November 2017

Finance

A.Roberts

Core Priorities	✓	◇	✕	No Threshold
	0	1	1	0

Headline Narrative

- Please see agenda item 5.2

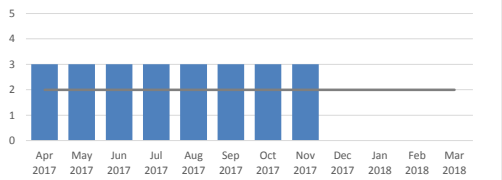
Finance - Core Priorities

Regulatory Finance Rating

MFT

Actual	3	Latest Period	**Accountability**	A.Roberts
Threshold	2	(Lower value represents better performance)	**Committee**	TMB and Board Finance Scrutiny Committee

Month trend against threshold



12 month trend (Dec 2016 to Nov 2017)

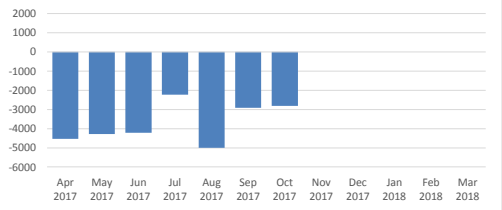
The regulatory finance rating identifies the level of risk to the ongoing availability of key services. A rating of 4 indicates the most serious risk and 1 the least risk. This rating forms part of Monitors risk assessment framework, incorporating two common measures of financial robustness : Liquidity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

Operational Financial Performance

Central and Trafford Sites Only

Actual	-£25,984	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
✓	✕	✕	✕	◇		✕	✓

Manchester University NHS Foundation Trust

> Board Assurance

November 2017

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
Threshold
Accountability D.Banks
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
Threshold
Accountability D.Banks
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
Threshold
Accountability D.Banks
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
⊘	⊘	⊘	⊘	⊘		⊘	⊘