NHS
Manchester University
NHS Foundation Trust

> Board Assurance

March 2018

Safety

R.Pearson\T.Onon

Core Priorities	✓	◇	✕	No Threshold
	4	0	1	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 - this includes the making of a safety film simulating a wrong route medication event to inform national learning
- Work is being undertaken with the Shelford Safety leads to ascertain if there is further learning and action that can be shared

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

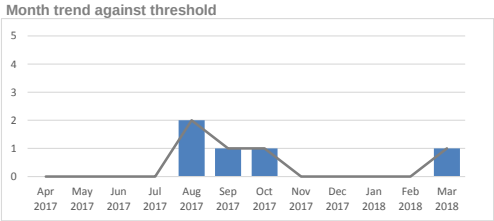
Never Events

MFT

✕

Actual	5	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 (Apr 2017 to Mar 2018)

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	0	3	0	0		0	2

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 4 confirmed Never Events between August and September there have been 2 further Never Events at Wythenshawe Hospital Site (1 retained item and 1 connection of patient to air instead of oxygen). In addition there is an unconfirmed Never Event in St Marys Hospital relating to a retained 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

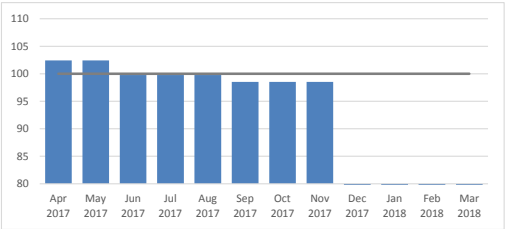
Following these events a number of immediate actions were implemented including issuing of Trust wide alerts. Investigations have been undertaken to identify learning with associated action plans in place. In addition we are working with the Healthcare Safety Investigation Branch on the wrong route medication 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



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	✗	NA	✗	✓		✓	✓
NA	109.9	NA	133.3	13.3		80.1	92.9

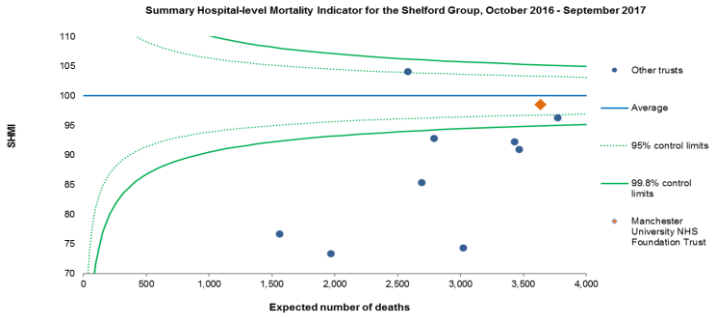
The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. The SHMI indicator gives an indication of whether the 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.

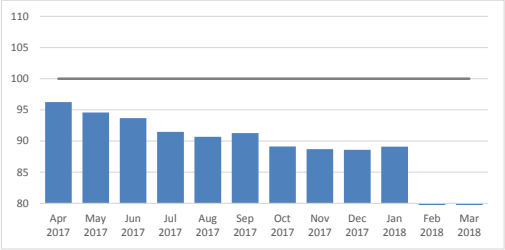
Performance is within the expected range.



HSMR (Rolling 12m)

MFT

Actual	89.1	Latest Period	**Accountability**	R.Pearson\T.Onon
Threshold	100	(Lower value represents better performance)	**Committee**	Clinical Effectiveness



12 month trend (Feb 2017 to Jan 2018)

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	86.8	NA	74.9	0.0		85.0	91.4

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.

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

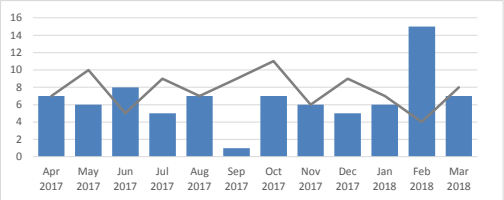
The Group HSMR is within expected levels.

Hospital Incidents level 4-5

MFT

Actual	80	Year To Date	**Accountability**	R.Pearson\T.Onon
Threshold	92	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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	30	2	5	1		2	39

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 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.

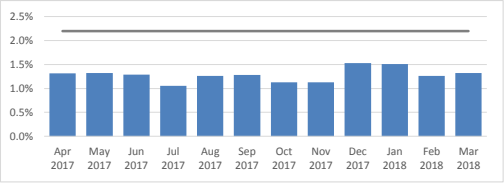
Thematic reports are reviewed at a number of forums and will inform the 18/19 work plans.

Crude Mortality

MFT

Actual	1.28%	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 (Apr 2017 to Mar 2018)

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	2.1%	0.2%	0.4%	0.0%		0.7%	1.3%

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.

Manchester University NHS Foundation Trust

> Board Assurance

March 2018

Patient

C.Lenney

Core Priorities	✓	◇	✕	No Threshold
	5	0	3	2

Headline Narrative

The number of new complaints received across the Trust in March 2018 was 158; this compares to 148 in February and 127 in January 2018. The number of complaints received in March 2018 for the Oxford Road Campus and Trafford Hospital is currently being investigated to determine any specific trends, as this is the highest number of complaints received since MFT was established.

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 or Cheif Executuves of hospitals based on the Oxford Road campus and Trafford Hospital has now been discontinued as this responsibility has been devolved to Hospital/MCS Cheif Executives. Performance is monitored and managed through the Accountability Oversight Framework (AOF). For the hospitals based on the Oxford Road Campus and Trafford Hospital at the end of March 2018 there were 44 cases over 41 days old, compared to 32 at the end of February and 39 at the end of January 2018.

Wythenshawe Hospital had not routinely reported cases over 41 days prior to the merger, however this is now being recorded and work is being conducted to align reports to the new Hospital/MCS structure across the Group. Complaints cases over 41 days old received since 1st April 2018 will be detailed by Hospital from May 2018.

Work is on-going to align the Complaints/PALS management system, processes, recording and reporting across the Group. Devolution of responsibsility of specific aspects of the complaint process to the Hospital Chief Executives and Directors of Nursing continues to progress.

MFT continues to promote the Friends and Family Test (FFT) with 74.0% 'Extremely Likely' to recommend the service they received to their Friends & Family during March 2018, this compares to 76.8% in February 2018 and 78.4% in January 2018.

Patient - Core Priorities

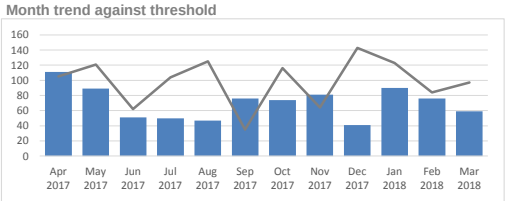
Compliments

MFT

✕

Actual	845	Year To Date	**Accountability**	C.Lenney
Threshold	1179	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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 59 compliments received in March 2018. Medicine and Community Services recorded the highest number of Compliments with 18 during March 2018, recording 30.5% of all compliments received by the Trust. The March position compares to 74 compliments received in February 2018 and 88 in January 2018.

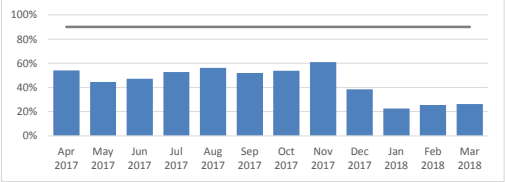
Percentage of complaints resolved within the agreed timeframe

MFT

✕

Actual	44.6%	Year To Date	**Accountability**	C.Lenney
Threshold	90.0%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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 Campus and Trafford Hospital commenced reporting performance in relation to the number of complaints responded to within the agreed time frame in April 2017. This figure is closely monitored and work is on-going to ensure timeframes are appropriate, agreed with complainants and achieved in all cases. In March 2018, performance against this indicator for the Oxford Road Campus and Trafford Hospital was 33.8%. This compares to 27.7% in February 2018 and 36.3% in January 2018. Performance against this indicator for Wytheshawe and Withington Hospitals was 15.2% for March 2018 compared to 22.0% in February and 1.7% in January 2018. Work continues with the WTWA management team to address the previously reported backlog of complaints.

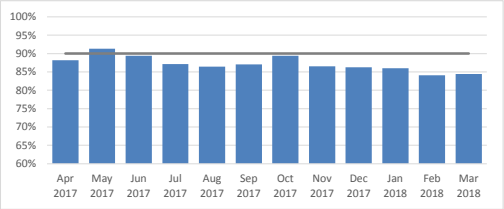
The overall MFT performance for March 2018 was 26.3%, this compares to 25.5% in February 2018 and 22.7% in January 2018.

Nursing Workforce – Plan v Actual Compliance for RN

MFT

Actual	84.4%	Latest Period	**Accountability**	C.Lenney
Threshold	90.0%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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)							✗

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.

At the end of March 2018 there were 23 (23%) in patient wards/departments across the Group that had a registered nurse vacancy factor above 25%. This number has reduced from 28 wards in 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

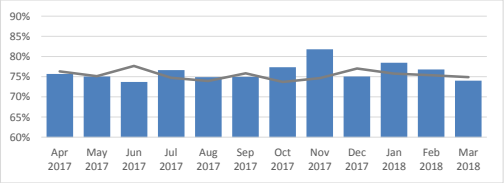
A review of the current planned and actual data collection has been undertaken to ensure that the information within Healthroster reflects the funded budgets for each area.
Acuity and dependency data is captured through Health roster SafeCare system with monthly reports provided to the Heads of Nursing and Directors of Nursing to inform monitoring of safe staffing levels across the Group.

FFT % Extremely Likely

MFT

Actual	76.2%	Year To Date	**Accountability**	C.Lenney
Threshold	75.4%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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.

Actions

All hospitals and Managed Clinical Services review and monitor their FFT repsonse rates and identify areas for local improvements

A new provider has been commissioned to provide the Trust's patient experience feedback system, which includes FFT, commencing in April 2018. Work is currently being undertaken to provide the new electronic devices to clinical areas along with the associated training.

Progress

The overall Trust Response Rate for Inpatients in March 2018 is 19.1%, which is a decrease from 32.7% in February and 23.8% in January 2018. The reduction in response rates is due to an interuption in collection caused by a delay in receiving the new electronic devices some areas of the Trust. This has now been addressed.

For Emergency Departments (ED) the response rate in March 2018 was 18.8% which has slightly increased from 18.0% in February and 16.2% in Janaury 2018. FFT repsonses are collected predominalty through FFT cards and SMS text messaging in EDs with less usage on the electronic devices.

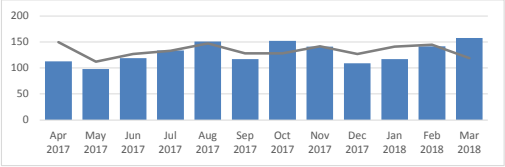
The Quality Improvement Team continue to work collaboratively with all Hospitals/ Managed Clinical Services, wards, departments and frontiline teams to support staff and provide advice on how to make best use of the resources available to collect FFT, in addition to raising awareness of using the platforms available to view Friends and Family test results.

Complaint Volumes

MFT

Actual	1551	Year To Date	**Accountability**	C.Lenney
Threshold	1599	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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 across the Trust in March 2018 was 158. This compares to 148 in February and 127 in January 2018.

For the hospitals based on the Oxford Road Campus and Trafford Hospital, during the month of March 2018, the Division of Surgery received the highest number of formal complaints with 18.

For the hospitals based on the Oxford Road Campus and Trafford Hospital, the total number of 41+ day cases at the end of March 2018 were 44, this compares to 32 in February and 39 at the end of January 2018. At the end of March 2018, the Division of Specialist Medical Services had the most complaints older than 41 days with 10 cases (22.7% of 41+ day cases).

The number of new complaints received at Wythenshawe during March 2018 was 42, which compares to 48 received in February 2018 and 51 received in January 2018.

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

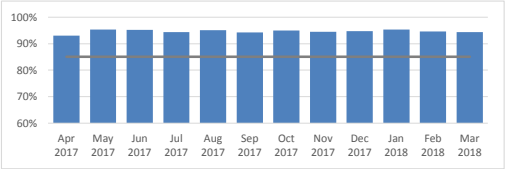
All hospitals/ MCSs are in the process of establishing their governance frameworks to focus on the management of complaints, specifically those that exceed 41 days with a view to expediting closure and identifying learning to inform future complaints management.

Food and Nutrition

Central and Trafford Sites Only

Actual	94.7%	Year To Date	**Accountability**	C.Lenney
Threshold	85.0%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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. The Improvement Programme has been entitled **Good to Great** and is co-ordinated by the Facilities Matron for Dining. One recent achievement has involved the addition of a finger food menu specifically for patients with cognition and dexterity problems, but also available for all adult patients if they so choose.

To provide clear direction a Trust Nutrition and Hydration Strategy is being developed, the Strategy will provide underlying aspirations, aims and objectives, whilst acknowledging the different needs and services on each site. A number of successsful activities were undertaken to raise the importance of good nutrition and hydration in Nutrition and Hydration Week in March 2018.

The procurement of a new supplier to manage the patient experience surveys has provided the opportunity to roll out the patient experience surveys at Wythenshawe from April 2018. The informaiton will ensure that patient expereince feedback for food and nutrition is available at all sites.

Pain Management

Central and Trafford Sites Only

Actual	91.8%	Year To Date	**Accountability**	C.Lenney
Threshold	85.0%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold

12 month trend (Apr 2017 to Mar 2018)

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

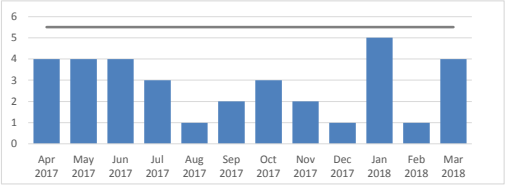
Work continues across the Trust to drive improvements in pain assessment and management. As part of this on-going work the Pain Steering Group is working with the Heads of Nursing to review the programme of work delivered to date and implement specific work streams that are Trust and Hospital/Division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

Clostridium Difficile – Lapse of Care

MFT

Actual	34	Year To Date	**Accountability**	C.Lenney
Threshold	105	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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. 18 cases have been attributed to date as lapses in care, 3 in April; 2 in May; 3 in June, 0 in July, 1 in August, 0 in September, 1 in October, 1 in November, 1 in December, 2 in January, 1 in February and 3 in March.

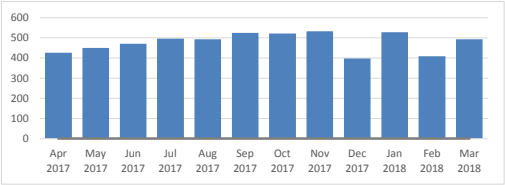
Central and Trafford site has a maximum annual threshold of 66 lapses in care. 16 have been attributed to date as lapses in care, 1 in April, 2 in May, 1 in June, 3 in July, 0 in August, 2 in September, 2 in October, 1 in November, 0 in December, 3 in January, 0 in February and 1 in March.

PALS – Concerns

MFT

Actual	5738	Year To Date	**Accountability**	C.Lenney
Threshold	None	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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 492 PALS concerns were received by the Trust during March 2018. This compares to 409 PALS concerns received during February and 532 in January 2018. This is within the limits of normal variation and is monitored closely.

In total for financial year 2018/19, the Trust has received 5,738 PALS Concerns.

Actions

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

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

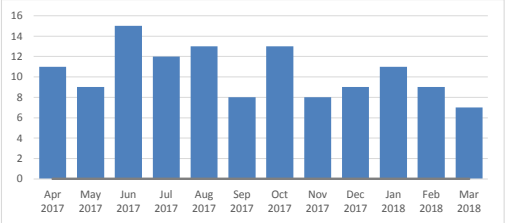
At Wythenshawe Hospital, changes in the processes in relation to recording, managing and feeding back informal concerns and actions has been reviewed which has resulted in the introduction of new systems, with performance management of cases over 5 days being introduced within the month of December 2017.

All Attributable Bacteraemia

MFT

Actual	125	Year To Date	**Accountability**	C.Lenney
Threshold	None	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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 3 apportionable MRSA bacteraemia, 1 in August, 2 in January.

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.

Manchester University NHS Foundation Trust

> Board Assurance

March 2018

Operational Excellence

J.Bridgewater

Core Priorities	✓	◇	✕	No Threshold
	6	2	3	0

Headline Narrative

• Exceptional improvement against the diagnostic standard was seen for the second month in March achieving 1.7% against the 1% standard. Wythenshawe Hospital continue to achieve the standard, with demand and capacity challenges at the Oxford Road Campus for the tests of Paediatric MR and Endoscopy services, in addition there are some challenges across other tests i.e. urodynaics althought small volumes. There has been a slight increase in CT scan breaches in Q4, inline with additional capacity secured on a sessional basis, and the earlier Easter break. Trajectories are in place for under performing areas, in paricular RMCH have made significant improvement and are delivering better than trajectory.

• In Q4 MFT remains the top performing Trust within GM for delivery of the A&E 4 hour wait standard. March position has reduced slightly due to significant winter pressures experienced across all sites, reflected in the continued cancellation of non urgent elective surgery. MFT has achieved +3.7% higher than GM March performance, and circa +3.9% higher than GM Q4 unvalidated performance.

• RTT was underachieved for March, with MFT reporting a final position of 89.88%, underperformance of teh standard was expected due to continued urgent care pressures and large volumes of non urgent elective cancellations (circa 600) across Q4. The impact of reduced elective programme as per recommendations from the National Emergency Pressures Panel, is being monitored by GM through a weekly reporting mechanism. Wythenshawe has reported 31 +52 week breaches, the management of which is ongoing between Wythenshawe team and Commissioners given the limited number of centres offering this highly specialised breast/plastics surgery, a business case has been developed to secure additional resources to ensure the long term sustainability of the service, furthermore clinical validation and individual conversations are taking place with patients to manage safety and experience.

• Cancer 62 Day - MFT final Q3 position reported as 84.3%, Wythenshawe Hospital performance against the 62 day cancer remains strong with the Oxford Road Campus underachieving the standard in Q3. Action plans are in place and delivery of these is tracked through Hospital and the Trust Cancer Board. All Trusts across GM are reporting a more challenged position in Q4 with risk to delivery of the 62 day target.

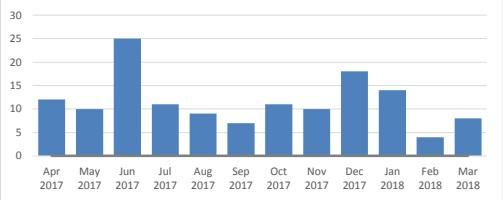
Operational Excellence - Core Priorities

Cancelled operations - rescheduled <= 28 days

MFT

Actual	139	Year To Date	**Accountability**	J.Bridgewater
Threshold	0	(Lower value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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

Resilience to manage Urgent Care demand during Q4 included a national requirement to cancel all non urgent elective surgery to release capacity and workforce to support flow. Coupled with the burden of flu on in patient beds, and the pressures on critical care capacity, this has resulted in an increase of breaches. March remained a challenging month with an inability to return the full elective programme, which had been anticipated at the end of February. The 28 day breaches on each site were due to lack of critical care capacity (8 in total) and in patient beds.

Actions

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

Progress

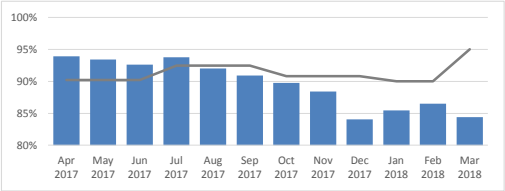
Hospital Directors of Operations are involved in the day to day oversight and management of all cancelled elective surgery, including the risks against the 28 day breach standard. All patients have been reviewed on a individual basis with clinician final approval for patient safety and clinical urgency. Releasing surgical daycase capacity on the Oxford Road Campus to inpatient medical beds has had a direct impact on general and specialist surgery. Plans to recommence the elective programme in full from mid February, has been hampered by the demands of urgent care and flu which have continued in month. Hospital teams continue to managed daily in line with emergency pressures.

A&E - 4 Hours Arrival to Departure

MFT

Actual	85.41%	Quarterly	**Accountability**	J.Bridgewater
Threshold	90.00%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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

• GM reported a March performance of 80.7%, which is - 3% lower than GM February performance. All systems consistently escalating up to OPEL 3 daily due to the significant pressures faced by A&E departments. Extended elective cancellations have continued, with circa 600 non urgent cancellations across the Trust.
• Phased introduction of community beds, and criteria for use of these beds has restricted the level of discharges out of Hospital. Social Care Command and Control in place, access to community beds escalated through commissioning.
• Hign incidence of pre alert Major Trauma into MRI, with presentations weighted towards weekend out of hours creating significant recovery pressures.
• MFT has been consistently approached to accept ambulance diverts from outside the Trust. Mutual aid has been provided whenever possible, but this has placed additional strain on A&E departments.
• 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

▪ Submission of emergency care information to the GM Emergency Care Hub to support system management of demand.
▪ Throughout Q4 MFT has implemented the recommendations set out by the National Emergency Pressures Panel (NEPP) i.e. cancellation of non urgent elective activity, use of day-case facilities, release of workforce to support flow.
▪ A&E Delivery Boards and the Individual hospitals have winter plans in place, with further planning taking place to support Easter Bank Holiday.
▪ 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.
▪ Additional funding of £3m received to support winter resilience schemes and the opening of additional capacity.
▪ Additional continued response in March y included; 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.
▪ Daily system conference calls in place for all partners to escalate pressures. Capacity pressures have been escalated, and the model of community beds for Manchester discussed at the Urgent Care and Transformation Board.
▪ Perfect week took place 14-22 March across the MRI to support a rapid improvement in flow
▪ Multi-Agency Disciplinary Events (MADE) will take place from the end of March onwards to enable a systematic review of reasons for delays. A GM wide audit focused on stranded patients (length of stay >7 days) took place on the 4/5th April.
▪ GM task and finish group has been established and will run until June to determine system issues and support actions to address these. In addition, a clinical reference group to share best proactive across GM will be established. GM is required to produce a plan for the system to deliver performance >90% in Q1.

Progress

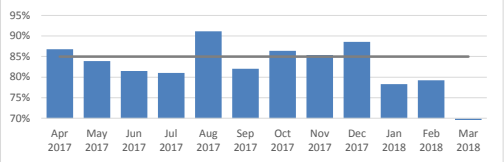
• **Wythenshawe Hospital** - reported 75.49% for March, which is a reduction of -5.22% compared to February performance.
• **Central and Trafford** - reported March performance as 87.25%, which is consistent with previous months in Q4.
• **Combined MFT March** - achieved 84.40% which is **+3.7%** higher than GM 80.7%. **Q4 MFT performance of 85.42%, places MFT as the highest performing organisation in GM, and +3.92% (unvalidated) 18.04.18 higher than GM performance of 81%**. All Hospital sites have experienced significant challenge across the urgent care system.
• A deeep dive of March performance is being undertaken to determine those factors which have had the greatest impact on performance which is less than last year, and places the Trust in a more challenged position going into Q1 18/19.

Cancer 62 Days RTT

MFT

Actual	78.7%	Quarterly	**Accountability**	J.Bridgewater
Threshold	85.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Mar 2017 to Feb 2018)

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 a significant increase in the demand for cancer services, with a consistent +17% increase in cancer referrals across the year. Furthermore, capacity is affected in services where there are known national workforce shortages particularly radiology. Across Q4 cancer activity has been protected, however availablility of critical care capacity is a pressure.

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 has commenced in post with a focus to treat the longer wait patients before moving into improvement as planned in Q4.
- UGI diagnostic pathway pilot to streamline and potentially reduce the number of diagnostic tests.
- Lung pathway reviewed 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 continued improvements in CT and MRI, although reporting pressures remain for certain diagnostic tests particularly at times of holiday periods.
- All Hospital sites focused on increasing the number of patients seen within 7 days for a first appointment.
- Clinical input at PTL meetings to review and action individual patient pathways.
- progress against cancer site peer review work plans was presented to the Trust Cancer Board in January.

Progress

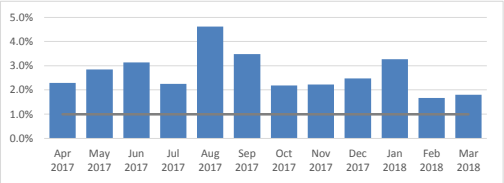
Quarter 3 underachieved at 84.3% against the national standard, related to the Oxford Road campus hospitals
Wythenshawe Hospital continues to deliver the standard.
GM has a strong track record of delivery against the 62 day standard, however GM has failed the standard in January and February due to previously high performing Trusts seeing a reduction in performance. MFT Performance appears consistent overall in Q4.
Inline with Hospital action plans, there has been a month on month improvement following a dip in January, with predictions for March being a pass overall. Furthermore, implemntation of the Trust cancer action plan is showing an improvement with more patients being seen in 7 days for first appointment rather than the national standard of 14 days.

Diagnostic Performance

MFT

Actual	1.8%	Latest Period	**Accountability**	J.Bridgewater
Threshold	1.0%	(Lower value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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

RMCH - Colonoscopy and Gastroscopy have seen the greatest improvements.
CSS - radiology, have seen a consistent improvement in MR scan in Q4, however the quarter does indicate a slight rise in CT scan breaches, consistent with securing capacity on an additional sessional basis.
MRI - a trajectory is in place for adult endoscopy although performance is currently slightly behind this and is being pick up through the Trust AOF process, however following the opening of the new department JAG accreditation has now been received. There are slight breaches for Urodynamic tests but small volumes.
Wytheshawe - continue to deliver the standard.

Actions

Trajectory in place for the key under performing tests with monitoring through the Trust AOF process.
Paediatric MR - Additional anaesthetic sessions are in place. Demand has subsequently increased and is again outstripping capacity, therefore CSS and RMCH are jointly working on further solutions.
Monthly forecasting in place, and weekly oversight meetings to identify issues early.
Hospitals have been provided with patient level detail for those awaiting expected admission dates for diagnostics and potential risk to performance.

Progress

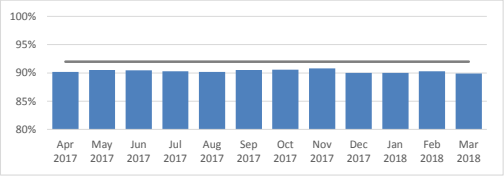
MFT has made exceptional improvements for the second consecutive month against the standard, with a reduction in breaches across all key areas of risk. Forecast performance for March predicted performance below 2%, however the actual achievement has been greater than anticipated, Marked improvements noted in Q4 diagnostic performance:
RMCH - a 64% reduction in breaches, and performance better than trajectory for paediatric endoscopy.
Adult Endoscopy - 50% reduction in breaches.
The recovery trajectories indicate that the 1% standard would be achieved in October, however this may be sooner if the reduction in breaches continues at the accelerated pace seen in February and March .

RTT - 18 Weeks (Incomplete Pathways)

MFT

Actual	89.9%	Latest Period	**Accountability**	J.Bridgewater
Threshold	92.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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

Reduction in pathways on the Central and Trafford Campus due to data quality improvements affects the overall denominator for the standard. This has been combined with long wait patients offered TCI dates for treatment, a loss in elective capacity and reduction in critical care capacity due to winter pressures has had a significant RTT impact.

The number of DIEP 52+ week breaches has increased on the Wythenshawe site, awaiting clinical plans and a business case for these highly specialist, complex procedures. A trajectory to reduce breaches by 50% by March 19 is in place.

Actions

RTT sustainability planning which includes capacity, learning from NHSI good practice and trajectory for recovery has commenced.

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.

SHS Patient Access Policy has been developed and will be implemented from April 2018.

All supported training and Standard Operating Policies have been developed and implemented by the performance team in prepartion for launch to minimise risk.

Progress

The Trust has underachieved against the 92% standard for March reporting 89.88%. This is a 0.4% reduction on February performance as considerable winter pressures continued and circa 600 operations cancelled across the Trust in month to support additional urgent care capacity.

Each site has seen a reduction in performance compared to the previous month reporting; Wythenshawe Hospital 88.77% and the Oxford Road Campus reporting 90.47%.

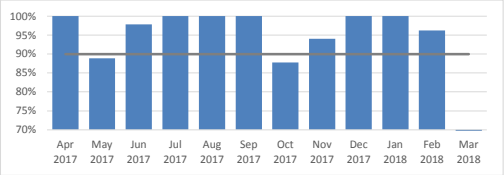
As a posotive trend, RMCH RTT delivery has been challenged for a number of years however, there is an improving position which has continued into March with the highest performance in 17/18.

Cancer 62 Days Screening

MFT

Actual	98.3%	Quarterly	**Accountability**	J.Bridgewater
Threshold	90.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Mar 2017 to Feb 2018)

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

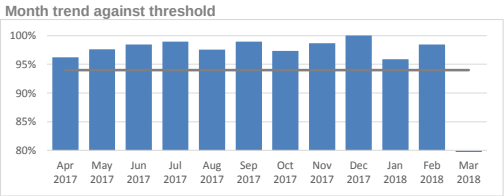
The Trust achieved this target.

Cancer 31 Days Sub Surgical Treatment

MFT

Actual	97.1%	Quarterly	**Accountability**	J.Bridgewater
Threshold	94.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Mar 2017 to Feb 2018)

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 Q2.

Actions

Actions taken as per the 62 day standard.

Progress

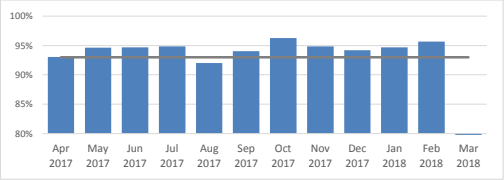
Forecast continued performance against this standard.

Cancer Urgent 2 Week Wait Referrals

MFT

Actual	95.2%	Quarterly	**Accountability**	J.Bridgewater
Threshold	93.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Mar 2017 to Feb 2018)

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 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.
Gynaecology - Hospital teams at St Marys have secured a workforce plan to address capacity challenges.

Progress

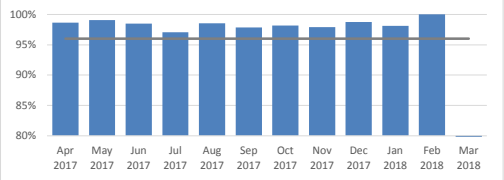
Gynaecology performance has improved to above the 2ww threshold.

Cancer 31 Days First Treatment

MFT

Actual	99.0%	Quarterly	**Accountability**	J.Bridgewater
Threshold	96.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Mar 2017 to Feb 2018)

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.

Actions

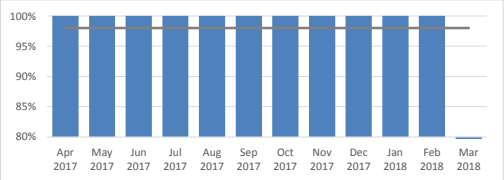
Actions taken as per the 62 day standard.

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 (Mar 2017 to Feb 2018)

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

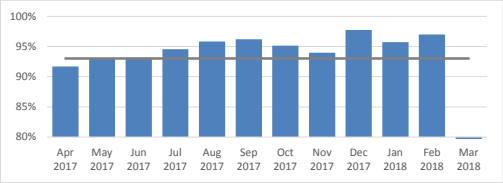
Actions taken as per the 62 day standard.

Cancer 2 Week Wait - Breast

MFT

Actual	96.4%	Quarterly	**Accountability**	J.Bridgewater
Threshold	93.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



12 month trend (Mar 2017 to Feb 2018)

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

March 2018

Workforce and Leadership

M.Johnson

Core Priorities	✓	◇	✕	No Threshold
	5	0	6	3

Headline Narrative

In March 2018 Manchester University NHS Foundation Trust (MFT) held a successful Accessibility Matters Conference. Over 150 people attended the conference. The conference aimed to empower staff to take forward Accessibility across the Trust and to showcase the progress MFT is making on delivering this key priority. Feedback from the conference has been incredibly positive with over 90% of attending, rating the conference as Good or Excellent

MFT are the hosts for Greater Manchester to deliver the national NHS Leadership Academy Mary Seacole leadership programme at a local level. We are currently collaborating with organisations across the region to deliver up to 600 places on the programme.

Launching across the Group is a Team Development tool called the Affina Team Journey, designed to support Team Leaders to develop their teams to high performance by implementing a team diagnostic and developing structure, processes and positive relationships within their teams.

The Group MFT Excellence Awards ceremony took place on 9th March at the Principal hotel, hosted by broadcaster Andy Crane, Group Chief Executive Sir Michael Deegan and Group Chairman Kathy Cowell. The event celebrated those ward areas who have achieved Gold and Diamond accreditation and recognised winners and finalists in 13 Excellence award categories.

Workforce and Leadership - Core Priorities

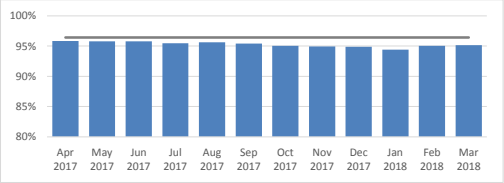
Attendance

MFT

✕

Actual	95.2%	Latest Period	**Accountability**	M.Johnson
Threshold	96.4%	(Higher value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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 March now stands at 95.2% which is a slight improvement from the previous months figure (95.0%)

Actions

Trafford Hospital is currently undertaking an audit of return to work interviews for completion and quality as well as issuing certificates of 100% attendance for the period 1st January to 31st December 2017 for staff who had no absence in this period.

Trafford Hospital is also trialling a 'letter of notice' to inform staff when they reach 3 absences that their next absence will trigger the Absence Management policy.

At Wythenshawe and Withington hospitals, long term sickness case are being scrutinised to ensure appropriate and timely management is in place, alongside ensuring that support mechanisms that are available to staff are being offered and accessed.

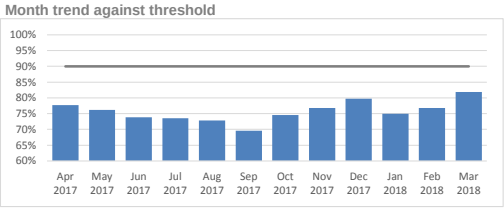
Appraisal- medical

MFT

✕

Actual	81.9%	Latest Period	**Accountability**	M.Johnson
Threshold	90.0%	(Higher value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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

Appraisal compliance for the Group increased by 5.1% in March to 81.9%.

Appraisal compliance for Consultants is 85.3% compared to 58.9% for Staff Grade Doctors and 92.5% for Junior Doctors in February.

Actions

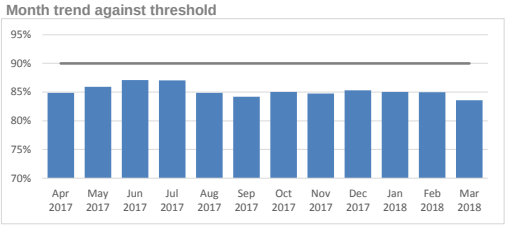
The detailed action plan that was approved by the Group Management Board in December is being implemented across the hospitals. The Group Chief Executive has recently stressed to all hospital Chief Executive Officers the importance of ensuring that processes are in place in each hospital to ensure that the target appraisal compliance is achieved. The Group Executive Director of Workforce and OD has asked all hospitals (through the March AoF meetings)to review the accuracy of reporting to ensure any anomalies can be resolved and to identify plans for improvement.

Appraisal- non-medical

MFT

Actual	83.6%	Latest Period	**Accountability**	M.Johnson
Threshold	90.0%	(Higher value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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

Appraisal compliance for the Group in March has fallen from 85.0% to 83.6%.

Actions

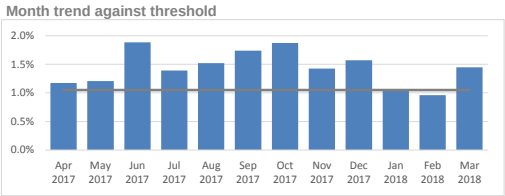
In March only 3 hospitals were achieving target compliance compared to 5 hospitals the previous month. The Group Chief Executive has at a recent meeting of the Risk Management Committee stressed to all hospital Chief Executive Officers the importance of ensuring that processes are in place in each hospital to ensure that the target appraisal compliance is achieved. All Hospital Chief Executives were tasked with having plans in place by the end of quarter 1 to deliver positive results at the earliest opportunity and achieve compliance in year.

B5 Nursing and Midwifery Turnover (in month)

MFT

Actual	1.45%	Latest Period	**Accountability**	M.Johnson
Threshold	1.05%	(Lower value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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 1.45% against a monthly target of 1.05%

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

Turnover (in month)

MFT

Actual	1.29%	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 for the Group has risen sharply and now stands at 1.29% compared to 0.87% for the previous month.

Actions

Within the Eye and Dental Hospitals the main areas that are experiencing higher levels of turnover are within the administration teams, local plans have been developed, including a review of our selection process. Exit interviews continue with senior managers to understand reason for leaving and if any solutions can be offered.

At Wythenshawe and Withington hospitals, the NHS Staff survey results are now available and will be analysed at Divisional and Directorate level to identify areas of good practice that can be shared, and areas of improvement either across the Hospital or at a more local level.

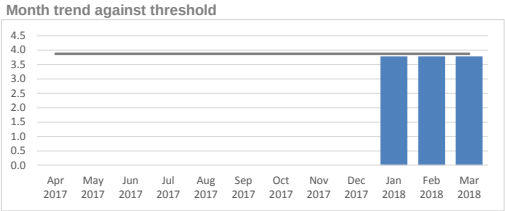
In Trafford Hospital an analysis of the exit interviews and reasons for leaving are being reviewed to support developing an updated action plans to improve retention.

Engagement Score (quarterly)

MFT

Actual	3.78	Latest Period	**Accountability**	M.Johnson
Threshold	3.87	(Higher value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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 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 3.78 for former Central Manchester University Hospitals NHS Foundation Trust (CMFT) and 3.79 for former University Hospitals of South Manchester (UHSM) respectively. This results in an overall staff engagement score of 3.78 for MFT

Actions

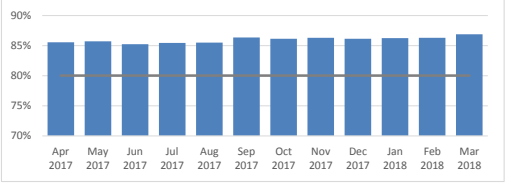
The 2017 Staff Survey results were published nationally on 6th March. As the survey results are drawn from staff in post and organisational structures as at 1st September 2017, published data is for the former CMFT and the former UHSM. A detailed summary of the Group's 2017 Staff Survey results is being shared at April's Board seminar.

Nurse Retention

MFT

Actual	86.9%	Latest Period	**Accountability**	M.Johnson
Threshold	80.0%	(Higher value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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 86.9% which is a slight increase from the previous month's figure (86.5%)

Actions

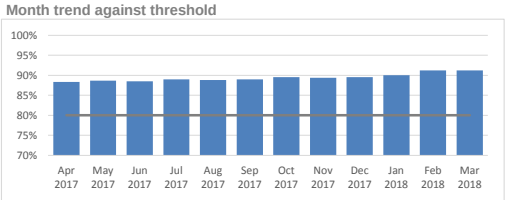
The retention threshold target for nursing and midwifery staff provides a strong indication of whether we are able to retain staff across the Trust and whether our polices, procedures and practices are supportive of the Trust being seen as a good place to work. The overall retention rate is good at 86.5%.

BME Staff Retention

MFT

Actual	91.2%	Latest Period	**Accountability**	M.Johnson
Threshold	80.0%	(Higher value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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 91.2%, which is still well over the 80% target.

Action

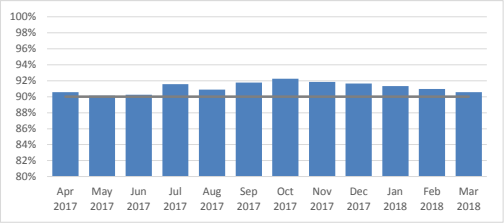
BME staff retention scores continue to perform above White staff retention scores. However the teams are currently pulling together MFT's Workforce Race Equality Standard for 2017/18 which looks at staff experience and representation will be presented to the HR Scrutiny Committee in June. Early indications identify a drop in staff experience scores on some metrics within the WRES.

Trust Mandatory Training - Clinical

Central and Trafford Sites Only

Actual	90.6%	Latest Period	**Accountability**	M.Johnson
Threshold	90.0%	(Higher value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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

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

Compliance continues to exceed target at 90.6%. However, there was a 0.4% decrease in March.

Actions

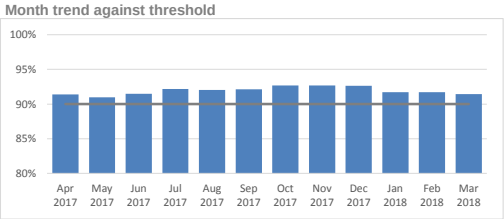
Awareness raising of compliance levels is on-going at the Wythenshawe site. Emails are being sent to individuals that are non-compliant and HRBP's are feeding back at monthly divisional meetings.

Trust Mandatory Training - Corporate

Central and Trafford Sites Only

Actual	91.5%	Latest Period	**Accountability**	M.Johnson
Threshold	90.0%	(Higher value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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

Currently mandatory training is reported in different ways for the Central and Wythenshawe sites. A paper will be presented at GMB on 30th April by the Executive Group Director of Workforce and OD recommending the future approach to compliance reporting. Compliance continues to exceed target at 91.5%.

Actions

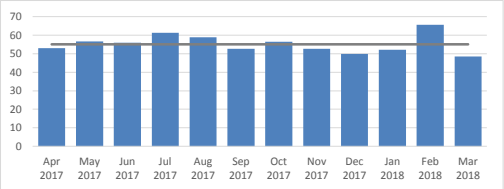
Awareness raising of compliance levels is on-going at the Wythenshawe site. Emails are being sent to individuals that are non-compliant and HRBP's are feeding back at monthly divisional meetings

Time to fill vacancy

MFT

Actual	48.4	Latest Period	**Accountability**	M.Johnson
Threshold	55	(Lower value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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 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 sharply and now stands at 48.8 days

Actions

For March 2018 the 'Time to Hire' figure without Band 5 nursing is 48.4 working days which is 6.6 days under the Trust target. This is a reduction on the average time taken to recruit for the previous month, by 17.1 days which is a positive improvement in the time taken to recruit and fill current gaps in the workforce.

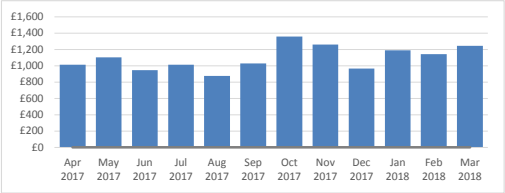
There have been 668 conditional offers of employment made during the month, a 32% increase on the previous month. 707 adverts were published in March 2018 across MFT, attracting 6435 applications from both internal and external candidates. The MFT Resourcing team continue to operate from two sites, whilst working together to plan and continually align the processes to create a streamlined resourcing service for our all of the MFT stakeholders.

Medical Agency Spend

MFT

Actual	£1,244.3	Latest Period	**Accountability**	M.Johnson
Threshold	None	(Lower value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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 March 2018 the total value of Medical and Dental agency staffing was £1,244k.

Actions

A new medical locum booking portal, Liaison Tempre, was rolled out on 12th February 2018 offering an updated booking system for agency medical staff. All bookings are made on a direct engagement basis which offers the Trust a financially efficient method for using agency workers. Tempre offers enhanced reporting features than have previously been available and a reporting suite is currently being developed to support Hospitals in effectively managing their spend and usage.

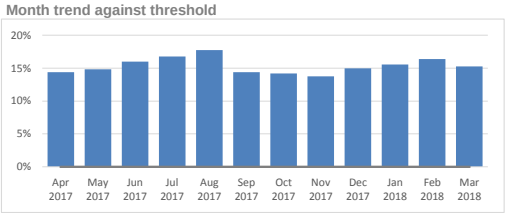
The implementation plan for Liaison Tempre Bank is currently being developed and an incremental approach adopted to implementation across our substantive staff, zero hours staff and lead employer trainees. The bank will gradually be grown over the coming months. Work is taking place across the two former sites to agree common internal locum pay rates that will allow a single service bank to operate.

Qualified Nursing and Midwifery Vacancies B5 Against Establishment

MFT

Actual	15.3%	Latest Period	**Accountability**	M.Johnson
Threshold	None	(Lower value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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 February 2018 there were 593 wte (15.3%) staff nurse/midwife/ODP (band 5) vacancies across the Trust Group.

The overall number of Nursing and Midwifery vacancies has increased slightly by 2.0 wte which would indicate the rise in band 5 vacancies is due to staff being promoted and not leaving the Trust.

Actions

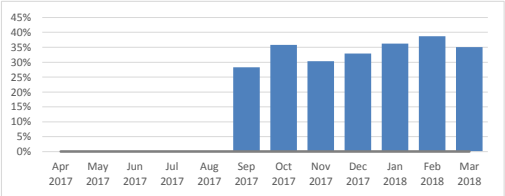
A schedule of recruitment events has been developed to ensure the Trust group is now aligned to a Trust wide recruitment strategy. Events are planned throughout the next 6 months.

% BME Appointments of Total Appointments

MFT

Actual	35.1%	Latest Period	**Accountability**	M.Johnson
Threshold	None	(? value represents better performance)	**Committee**	HR Committee

Month trend against threshold



12 month trend (Apr 2017 to Mar 2018)

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 35.1% which is a decrease compared to the previous month's figure (40.0%)

Actions

Across the Trust we continue to see a fluctuation in the percentage of BME staff appointments. As this is a new measure the team continue to track this metric to understand the overall picture. For March the percentage dropped to 35.1% from February's 43%. However within the Trust some areas are reporting BME appointments to be as high as 62.5% in March.

Manchester University NHS Foundation Trust

> Board Assurance

March 2018

Finance

A.Roberts

Core Priorities	✓	◇	✕	No Threshold
	0	1	1	0

Headline Narrative

- Please see agenda item 5.2

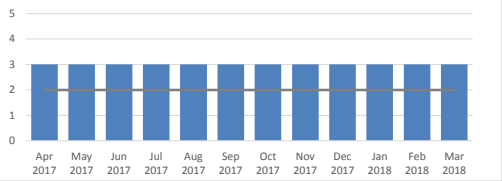
Finance - Core Priorities

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



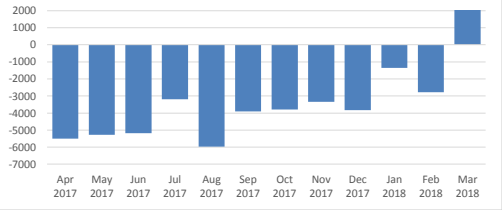
12 month trend (Apr 2017 to Mar 2018)

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	-£37,523	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

March 2018

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
⊘	⊘	⊘	⊘	⊘		⊘	⊘