

> Board Assurance

September 2017



Safety
R.Pearson\T.Onon

Core Priorities	✓	◇	✗	No Threshold
	3	1	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 Quality 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 currently sits below 100 and the crude death rate remains low, but the SHMI is above the threshold at 102.7.

Hospital Mortality Review meetings are in place and work is underway to improve the SHMI.

The never events risk is under review following 3 reported incidents in all events are currently under investigation.

Safety - Core Priorities

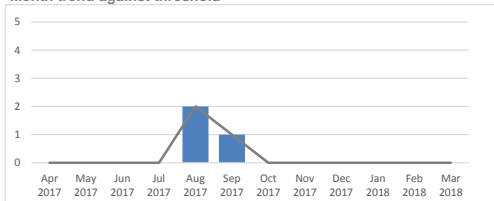
Never Events

MFT



Actual 3 **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 (Oct 2016 to Sep 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.

There were 2 Never Events in August both of which occurred in Royal Manchester Children's Hospital Site and a further one in September at Wythenshawe 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 3 reported incidents. The latest event was wrong side bronchoscopy.

Progress

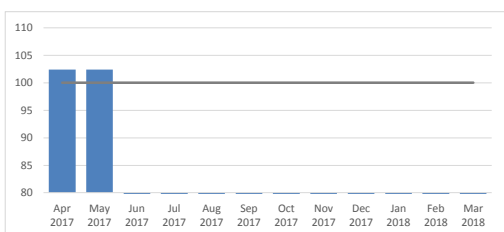
Following these events a number of immediate actions were implemented including issuing of Trust wide alerts. Investigations are currently underway to identify further learning. In addition we are working with the Healthcare Safety Investigation Branch with a preliminary investigation of the wrong route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

SHMI (Rolling 12m)

MFT



Actual 102.4 **Latest Period** **Accountability** R.Pearson\T.Onon
Threshold 100 **(Lower value represents better performance)** **Committee** Clinical Effectiveness



12 month trend (Jun 2016 to May 2017)



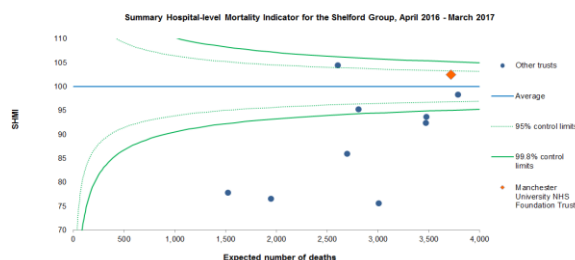
Hospital level compliance

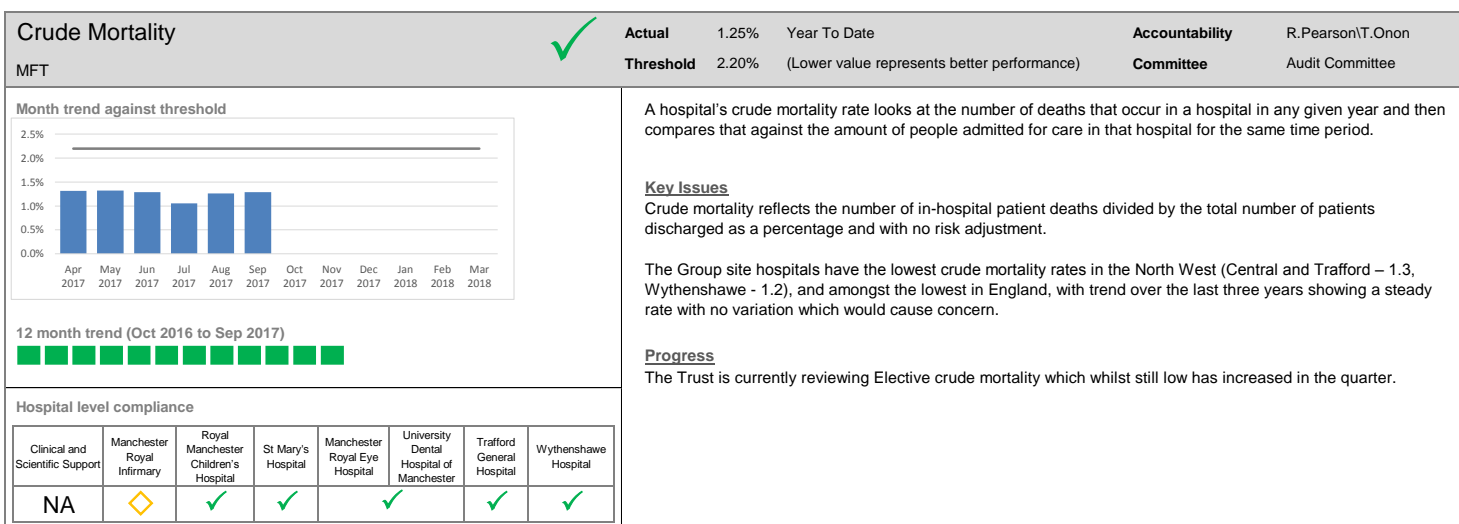
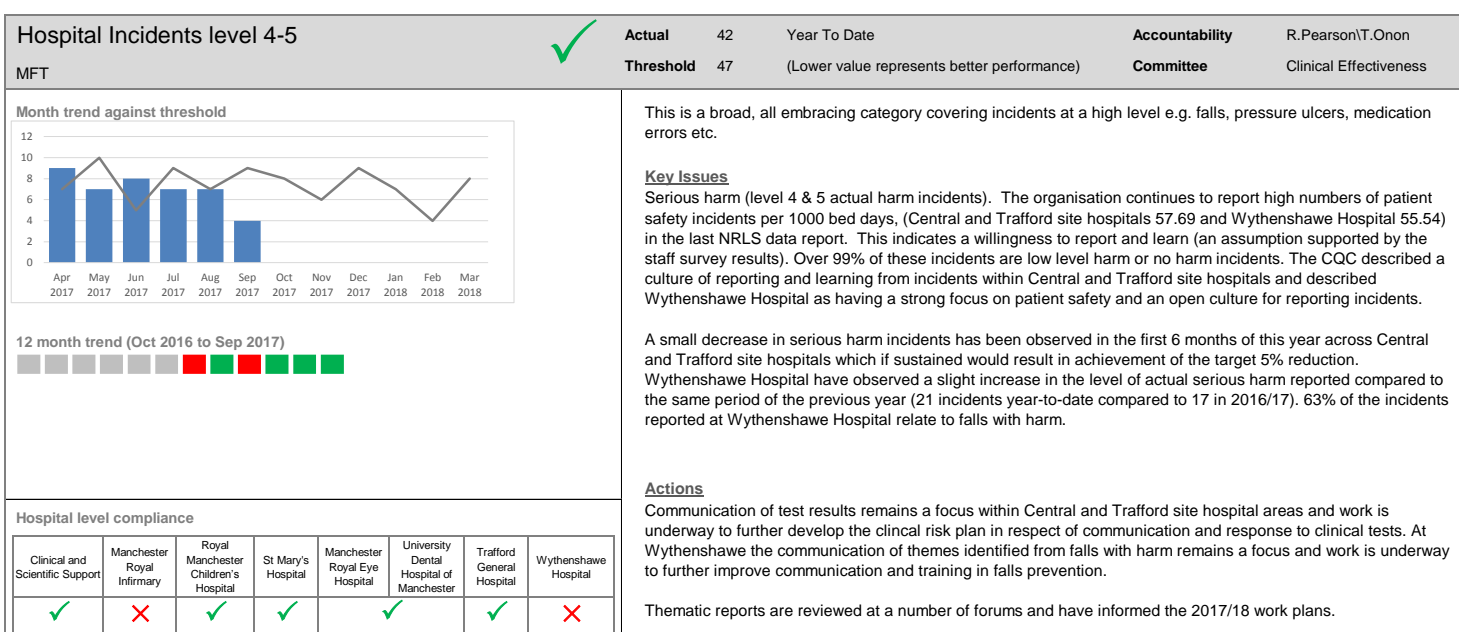
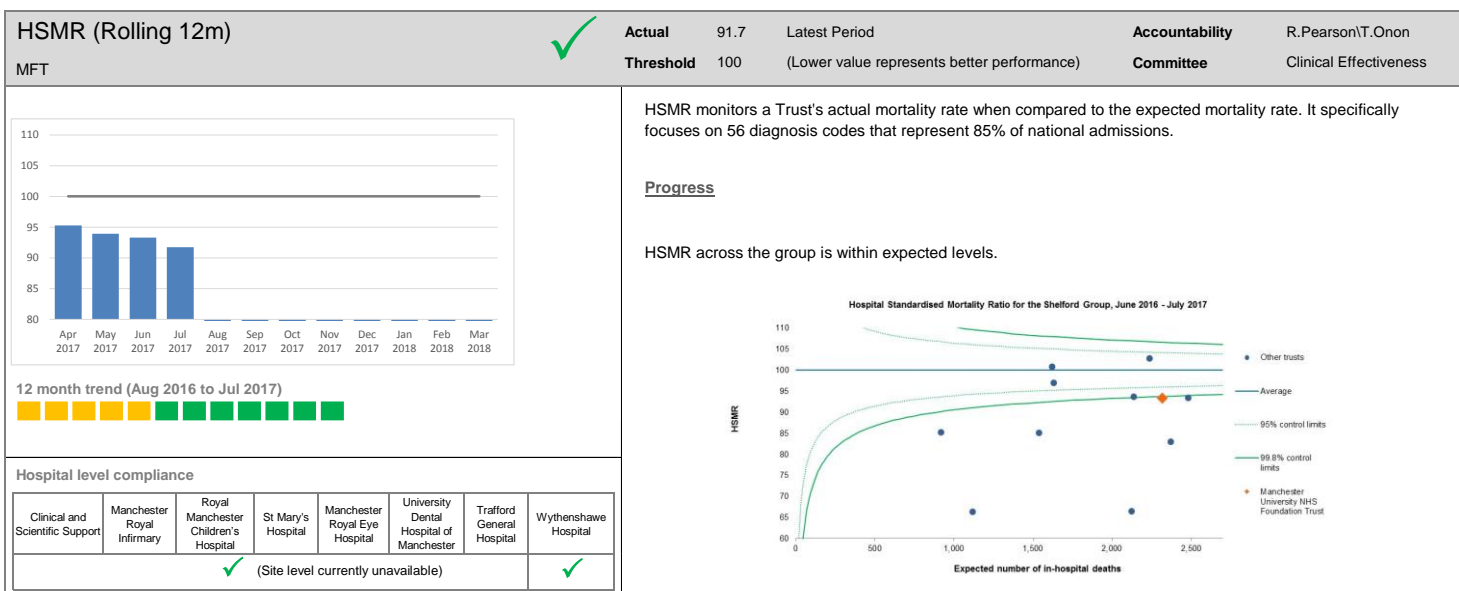
Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital
		✗ (Site level currently unavailable)					✓

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.





> Board Assurance

September 2017

	Patient C.Lenney	Core Priorities	✓	◇	×	No Threshold
			4	1	3	2

Headline Narrative

The number of new complaints received in September 2017 was 121. This compares to 154 in August and to 133 in July 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 Director of Nursing on her behalf, and attended by the Divisional Directors of Central hospitals, continues to review all longstanding complaints. All cases over 41 days are scrutinised at the meeting. At Central hospitals at the end of September 2017 there were 43 cases over 41 days old, compared to 58 at the end of August and to 42 at the end of July 2017. There are no cases over 41 days old at Wythenshawe Hospital.

MFT continues to promote the Friends and Family Test (FFT) with 75% of respondents in September 2017, compared to 74.9% in August 2017 reporting they would be 'extremely likely' to recommend the service they received to their Friends and Family.

Patient - Core Priorities

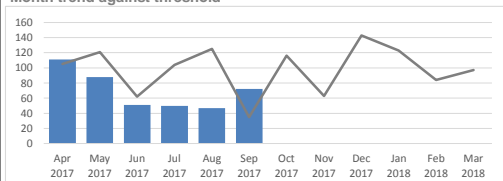
Compliments

MFT



Actual	419	Year To Date		Accountability	C.Lenney
Threshold	552	(Higher value represents better performance)		Committee	Quality Committee

Month trend against threshold



12 month trend (Oct 2016 to Sep 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. Trafford General Hosdpital recorded the highest number of Compliments during September 2017, recording 18.3% of all compliments received by the Trust. The number of compliments received in September 2017 was 71 compared to 47 in August and 49 in July 2017.

At Wythenshawe compliments have been received through various routes and have not been previously logged on safeguard. A system has been developed to ensure all compliments are now logged. 9 compliments were logged in September.

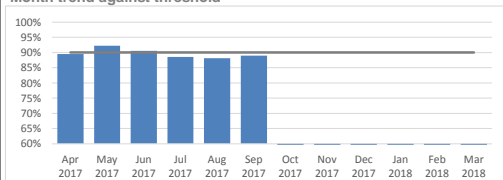
Nursing Workforce – Plan v Actual Compliance for RN

MFT



Actual	89.0%	Latest Period		Accountability	C.Lenney
Threshold	90.0%	(Higher value represents better performance)		Committee	Quality Committee

Month trend against threshold



12 month trend (Oct 2016 to Sep 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

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. Progress on reducing vacancies across the Group continues, and work is taking place to improve attendance within aspects of the nursing and midwifery workforce.

Actions

Central & Trafford Hospitals

A review of current data collection methodology has been undertaken.

Plan to move to providing Unify data from health roster from October 2017 to ensure planned and actual data is inputted in real time.

Acuity and dependency data inputted into Allocate SAfeCare with monthly reperot provided to the Divisions and Directors of Nursing to inform monitoring of safe staffing levels.

Percentage of complaints resolved within the agreed timeframe

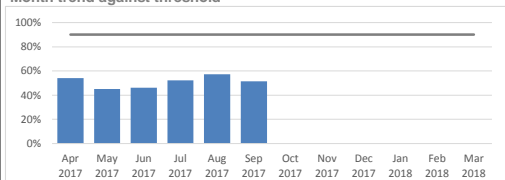
MFT



Actual	51.0%	Year To Date
Threshold	90.0%	(Higher value represents better performance)

Accountability	C.Lenney
Committee	Quality Committee

Month trend against threshold



12 month trend (Oct 2016 to Sep 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
X	X	X	X	X	X	X	✓

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 Central and Trafford Hospital 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 and achieved in all cases.

For the Wythenshawe site 95.9% of complaints requiring a response were answered in the timescale agreed

FFT % Extremely Likely

MFT



Actual	75.1%	Year To Date
Threshold	75.6%	(Higher value represents better performance)

Accountability	C.Lenney
Committee	Quality Committee

Month trend against threshold



12 month trend (Oct 2016 to Sep 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 recommend the service.

Progress

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

The team at Wythenshawe Hospital continue to work with the divisions and areas locally to re-train staff and give them advice and support on how to make best use of the devices and software available, in addition to raising awareness of using the platforms available to view Friends and Family test results. This has been implemented both at the Withington and Wythenshawe Hospital sites. Stands have been held around staff restaurant areas and at Withington to promote and encourage patient and carer feedback.

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

The Quality Improvement Team and Patient Experience Team at Central Hospitals have visited areas and held events in the atriums across several hospitals to publicise the Friends and Family Test to both patients and staff. More events are being arranged during November 2017.

The monthly FFT review meetings to oversee and monitor FFT response rates continue at Central and Trafford site hospitals.

Complaint Volumes

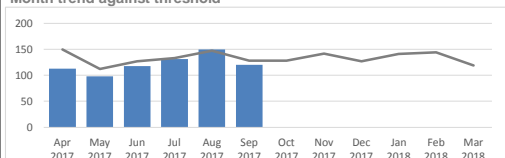
MFT



Actual	730	Year To Date
Threshold	797	(Lower value represents better performance)

Accountability	C.Lenney
Committee	Quality Committee

Month trend against threshold



12 month trend (Oct 2016 to Sep 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
✓	X	✓	✓	X	X	X	✓

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 September was 121. This compares to 154 received in August and to 133 received in July 2017.

At the Central and Trafford site hospitals, during the month of September 2017, Trafford Hospitals received the highest number of formal complaints, receiving a total of 14 complaints. 'Treatment and Procedure' is the theme with the highest number of complaints in August 2017 (31).

At the Central and Trafford site hospitals, the total number of 41+ day cases at the end of September 2017 was 43, which compares to 58 at the end of August and to 42 at the end of July 2017. At the end of September 2017, the Division with the most complaints older than 41 days was the Division of Surgery with 12 cases. This represented 28% of all 41+ day unresolved complaints at the end of the month of September 2017.

37 formal complaints were received at the Wythenshawe site in September 2017 of which 22 related to scheduled care, 11 related to Unscheduled care, 2 related to Clinical support services and 1 related to estates and facilities.


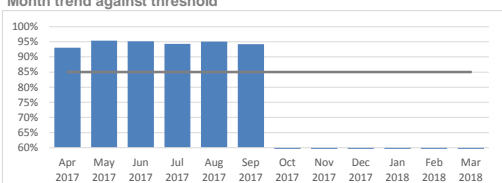








Actions


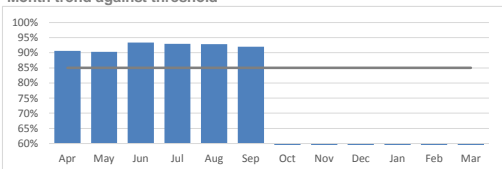









All divisions continue to prioritise closure of complaints older than 41 days. At Central hospitals, a fortnightly complaints performance meeting, chaired by the Chief Nurse or Director of Nursing on her behalf, continues to focus on complaints that have exceeded 41 days with a view to expediting closure and identifying learning to inform future complaints management.

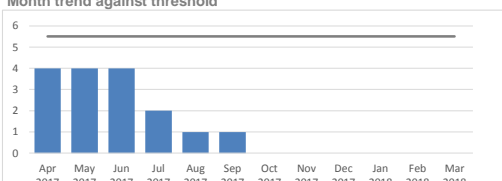

At Wythenshawe a weekly meeting is held with the corporate complaints manager and the divisions to review outstanding complaints. In addition, a monthly panel is held, chaired by the Director of Nursing and Medical Director.

Progress

At the Central and Trafford site hospitals, weekly meetings continue to take place within the hospitals with the relevant case managers. The overall performance is monitored by the Quality Committee chaired by the Chief Nurse.

Food and Nutrition PET				Actual	94.6%	Year To Date	Accountability	C.Lenney
Central and Trafford Sites Only				Threshold	85.0%	(Higher value represents better performance)	Committee	Quality Committee
Month trend against threshold				<p>The KPI shows the % of the total responses to food & nutrition questions within the Quality Care Round that indicate a positive experience.</p> <p><u>Progress</u></p> <p>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 a Facilities Management Matron with a focus on patient dining is being recruited.</p>				
								
12 month trend (Oct 2016 to Sep 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	
								

Pain Management PET				Actual	92.0%	Year To Date	Accountability	C.Lenney
Central and Trafford Sites Only				Threshold	85.0%	(Higher value represents better performance)	Committee	Quality Committee
<p>Month trend against threshold</p> 				<p>The KPI shows the % of the total responses to pain management questions within the Quality Care Round that indicate a positive experience.</p> <p><u>Progress</u></p> <p>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 Divisional specific. The oversight for this programme of work will be undertaken through the Trust Harm Free Care Committee structure.</p>				
<p>12 month trend (Oct 2016 to Sep 2017)</p> 								
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	
								

Clostridium Difficile – Lapse of Care			Actual	16	Year To Date	Accountability	C.Lenney
MFT			Threshold	53	(Lower value represents better performance)	Committee	Quality Committee
<div>Month trend against threshold</div> 			<p>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.</p>				
<div>12 month trend (Oct 2016 to Sep 2017)</div> 			<p><u>Progress</u></p> <p>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.</p> <p>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.</p>				
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.

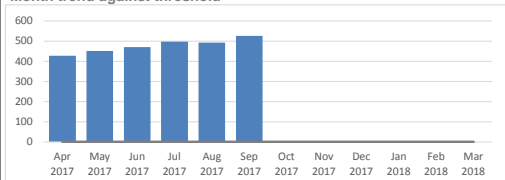
Central and Trafford site has a maximum annual threshold of 66 lapses in care. 6 have been attributed to date as lapses in care, 1 in April, 2 in May, 1 in June, 2 in July, 0 in August. Cases for September are currently under validation.

PALS – Concerns

MFT

Actual	2864	Year To Date	Accountability	C.Lenney
Threshold	None	(Lower value represents better performance)	Committee	Quality Committee

Month trend against threshold



12 month trend (Oct 2016 to Sep 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

527 PALS concerns were received in September 2017. This compares to 491 received in August and to 489 received in July 2017. This is within the limits of normal variation and is monitored closely.

At the Central and Trafford site hospitals, the largest number of concerns raised were in relation to 'Communication' (26.7%), which equates to 141 contacts (excluding those escalated for formal response). The second largest number are categorised as 'Treatment/ Procedure' (16%) which equates to 85 contacts.

At Wythenshawe Hospital 144 informal concerns were raised in September.

Actions

At the Central and Trafford site hospitals, 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.

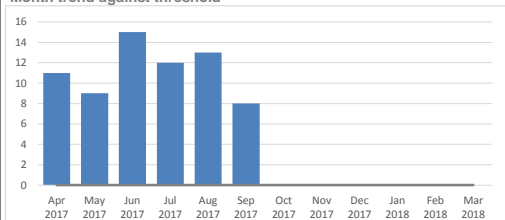
At Wythenshawe Hospital processes are being reviewed with divisions in relation to feeding back informal concerns and actions.

All Attributable Bacteraemia

MFT

Actual	68	Year To Date	Accountability	C.Lenney
Threshold	None	(Lower value represents better performance)	Committee	Quality Committee

Month trend against threshold



12 month trend (Oct 2016 to Sep 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.

> Board Assurance

September 2017



Operational Excellence

J.Bridgewater


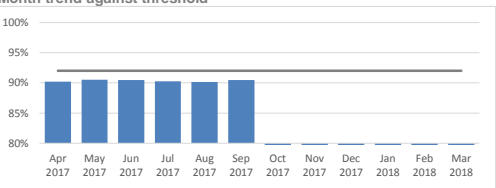






















Core Priorities	✓	◇	✗	No Threshold
	8	2	1	0

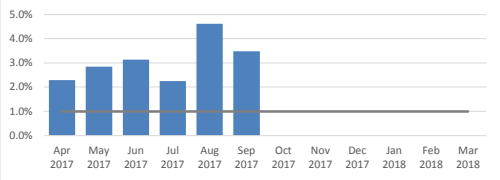
Headline Narrative

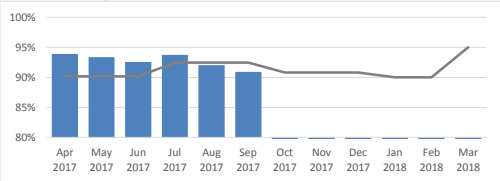

- The Trust combined diagnostic position was 3.49% for September. Wythenshawe Hospital achieved 3.83% with pressures and actions in place to reduce non-obstetric ultrasound, while Central and Trafford Hospitals have reported 3.29% for diagnostics, with the greatest pressure within paediatric MR and Endoscopy.
- A&E performance is linked to STF funding with existing trajectories in place as a Single Hospital to achieve 90.8% in Quarter 3. Closing Quarter 2 Central and Trafford site hospitals achieved an aggregate 93.3% against the STF of 92.98%, securing £1,213m. Wythenshawe Hospital continued to experience the challenge of 8% DTOC each month throughout the Quarter reporting 89.12% against STF 90.8%.
- RTT has underachieved for September with a combined performance of 90.49% against the 92% national standard. Wythenshawe Hospital reported an improved position in September reporting 87.61%, while Central and Trafford Hospitals achieved the standard at 92.05%. There are 13 52+ breaches linked to complex DIEP surgery at Wythenshawe Hospital to report for September with plans for 9 patients and ongoing planning for the remaining 4. RMCH have completed treatment on all 52+ week patients, reporting 0 for September.
- Wythenshawe Hospital performance against the 62 day cancer remains strong and forecast achievement of the standard for Q2. Central and Trafford Hospitals have revised the trajectory for recovery to Q4, as substantive post holders come into post during Quarter 3.

Operational Excellence - Core Priorities

Cancelled operations - rescheduled <= 28 days		✗	Actual	66	Year To Date	Accountability	J.Bridgewater																									
MFT			Threshold	0	(Lower value represents better performance)	Committee	Trust Board																									
<div>Month trend against threshold</div> <table border="1"><caption>Month trend against threshold</caption><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Apr 2017</td><td>12</td></tr><tr><td>May 2017</td><td>10</td></tr><tr><td>Jun 2017</td><td>25</td></tr><tr><td>Jul 2017</td><td>12</td></tr><tr><td>Aug 2017</td><td>8</td></tr><tr><td>Sep 2017</td><td>2</td></tr><tr><td>Oct 2017</td><td>0</td></tr><tr><td>Nov 2017</td><td>0</td></tr><tr><td>Dec 2017</td><td>0</td></tr><tr><td>Jan 2018</td><td>0</td></tr><tr><td>Feb 2018</td><td>0</td></tr><tr><td>Mar 2018</td><td>0</td></tr></tbody></table> <div>12 month trend (Oct 2016 to Sep 2017)</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			Month	Value	Apr 2017	12	May 2017	10	Jun 2017	25	Jul 2017	12	Aug 2017	8	Sep 2017	2	Oct 2017	0	Nov 2017	0	Dec 2017	0	Jan 2018	0	Feb 2018	0	Mar 2018	0	<p>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.</p> <p><u>Key Issues</u></p> <p>Following the Manchester Arena incident in May, theatres and surgical teams were reallocated in June to follow up the immediate life saving surgery on the night of the incident. Corrective and complex surgery for those involved in the attack took place in June, which displaced the lower clinical priority patients. Waiting list validation and dating for surgery any patient over 52 weeks has added additional pressure on elective capacity.</p> <p><u>Actions</u></p> <p>28 Day cancelled operations will be monitored and managed through the Trust Performance and Delivery</p> <p><u>Progress</u></p> <p>A GP led clinical audit for the CCG reviewed all patients cancelled on the day at Central and Trafford Hospitals in April and May. The audit concluded that each operation was appropriately cancelled, including patients at 28 days. As further improvement can be achieved, follow up meetings with commissioners and Divisional teams are planned to identify and address the top 3 avoidable cancellation reasons.</p>			
Month	Value																															
Apr 2017	12																															
May 2017	10																															
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✓	✗	✗	✓		✓	✓	✗																									

RTT - 18 Weeks (Incomplete Pathways)			Actual	90.5%	Latest Period	Accountability	J.Bridgewater															
MFT			Threshold	92.0%	(Higher value represents better performance)	Committee	Trust Board															
<div>Month trend against threshold</div>  <div>12 month trend (Oct 2016 to Sep 2017)</div> 			<p>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.</p> <p><u>Key Issues</u></p> <p>The Trust has underachieved against the 92% standard for September. Wythenshawe Hospital has achieved 87.61% with continued pressures in Plastics, Cardiology, Gastroenterology and ENT. There are 13 52+ breaches at Wythenshawe Hospital with plans in place for 9. Ongoing dialogue continues with commissioners and clinical teams as the breaches related to complex DIEP surgery which is only available in a small number of providers across the country.</p> <p><u>Actions</u></p> <p>Delivery of Divisional activity and capacity plans.</p> <p>Weekly senior RTT action-plan meeting chaired by the Director of Operations at Wythenshawe.</p> <p>Data quality and accuracy of reporting patient pathways is monitored through the monthly audit cycle.</p> <p>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.</p> <p>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.</p> <p><u>Progress</u></p> <p>The Trust has underachieved against the 92% standard for September. All 52+ week breaches have been treated for RMCH, reporting 0 in September. Wythenshawe Hospital has 13 52+ week breaches with plans for 9 patients to be treated. Ongoing dialogue continues to plan treatments for the remaining patients with limited capacity available.</p>																			
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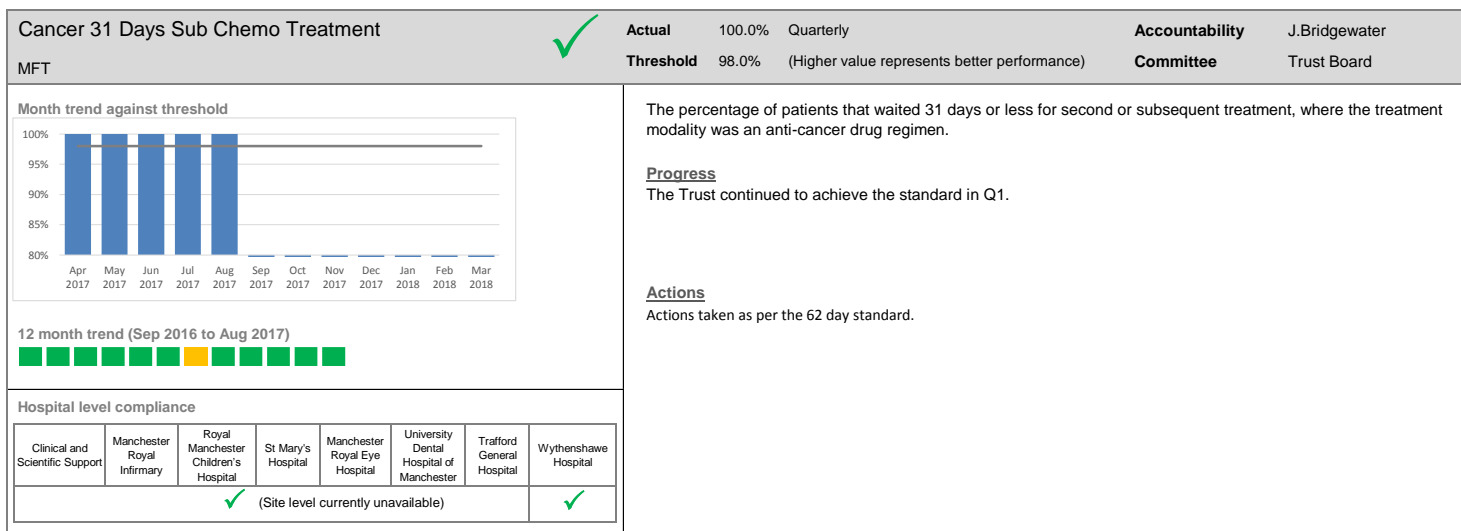
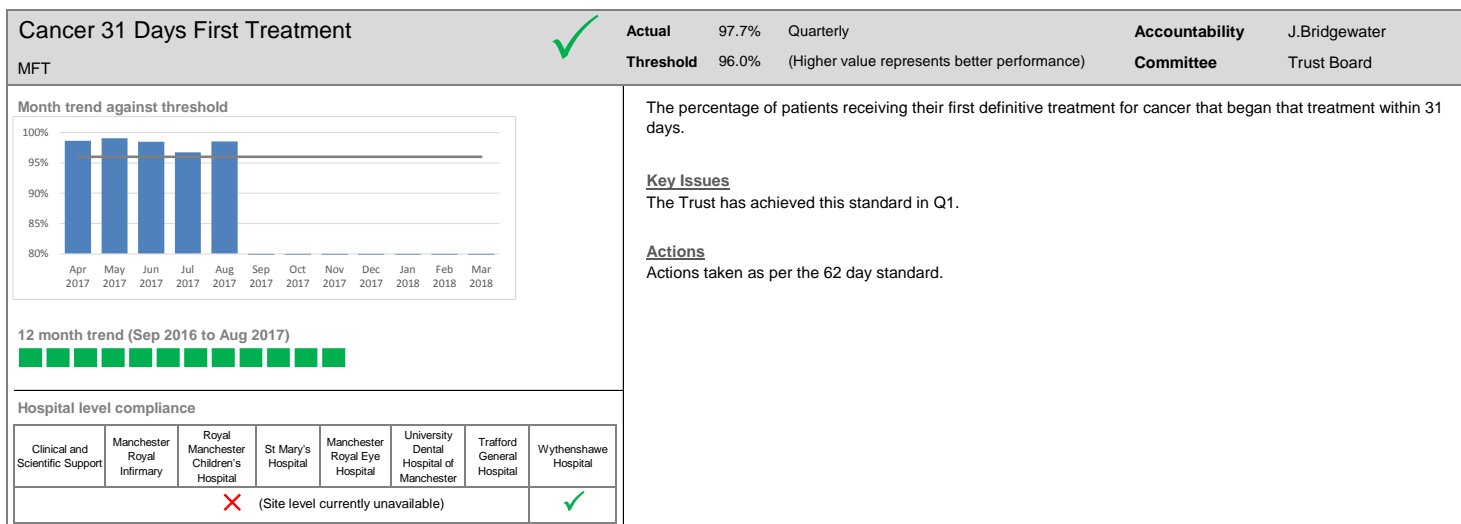
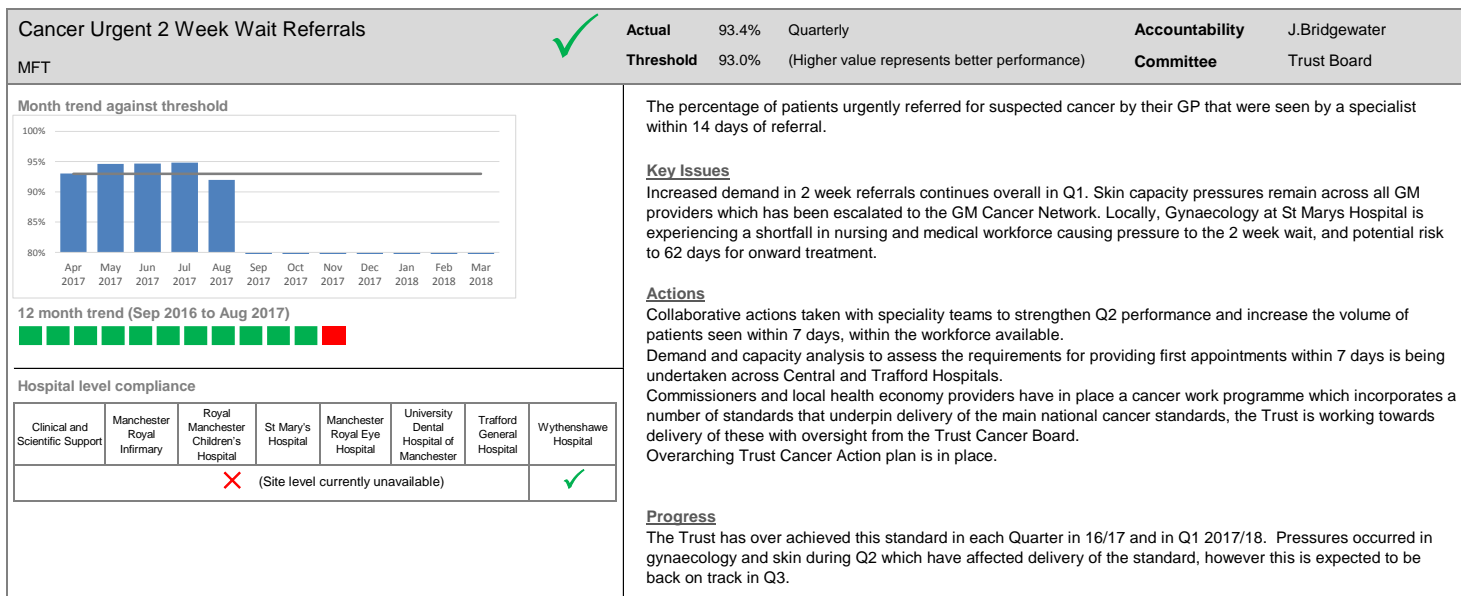
Diagnostic Performance				Actual		3.5%	Latest Period	Accountability	J.Bridgewater																										
MFT				Threshold		1.0%	(Lower value represents better performance)	Committee	Trust Board																										
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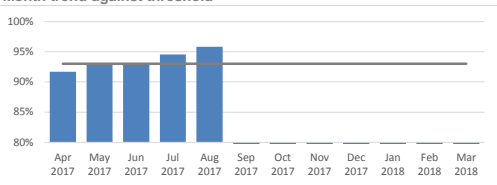




A&E - 4 Hours Arrival to Departure				Actual	92.93%	Quarterly	Accountability	J.Bridgewater																
MFT				Threshold	92.46%	(Higher value represents better performance)	Committee	Trust Board																
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NA	✗	✓	✓	✓	✓	✓	◇																	
				<div>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.</div> <div>Key Issues</div> <p>September reported a reduction in performance against the August position across all sites. DTOC remains over 8% for each month in Quarter 2 at Wythenshawe Hospital, which impacted on patient flow and available capacity, resulting in a September performance of 86.71%. Central and Trafford Hospitals also saw a reduction in performance compared to August achieving 92.26% in month. Demand has not increased overall across MFT, however there has been a marginal increase though MRI ED (+94) in Q2 compared to the same period 16/17, in addition there has been significant variation in daily demand with peaks in demand outwith usual activity levels. Surges in demand and impact of Major Trauma are currently being reviewed to understand the effects on flow.</p> <div>Actions</div> <p>The Trust is working with GM IT service to implement an Urgent and Emergency Care hub by 1st December. System-wide winter planning has remained a focus for local A&E Operational Delivery Boards and the Trust continues to work with partners to support the 3 priority work streams of: support to care homes, bed capacity and patient flow, which will offer the greatest benefit to the system over Winter. Individual hospitals have developed winter plans aligned to national and GM guidance to support sustainability of the standard from October onwards, these were presented to the Trust OMG meeting in October 2017. Hospitals have undertaken a self assessment against the NHSI Good Practice Guide: Focus on improving patient flow, aligned to existing programmes of work i.e. transformation. 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. Additional funding has been put in place to support the system during winter. In September Perfect Month for ambulatory care has been undertaken at MRI ED and Change Week will take place at Wythenshawe to support delivery of the quarterly STF threshold. Estates plans for both MRI and Wythenshawe Hospital ED's.</p> <div>Progress</div> <p>A&E delivery remains a priority for the Trust with COO and interim Hospital Site CEO oversight, actions are being implemented and winter plans are underway. Although performance was challenged in August and September the Trust performance is significantly in excess of the GM region. In addition, the CQC have recognised the Trust as a high performer and the Trust participated in a CQC event in September to share best practice which will inform the CQC inspection process.</p>																				

Cancer 62 Days RTT		Actual	86.2%	Quarterly	Accountability	J.Bridgewater																
MFT		Threshold	85.0%	(Higher value represents better performance)	Committee	Trust Board																
<div>Month trend against threshold</div> <div>12 month trend (Sep 2016 to Aug 2017)</div>		<p>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.</p> <p><u>Key Issues</u></p> <p>The Trust continues to experience an upward demand for diagnostics and specialities across Cancer services and workforce pressures in specific tumour groups.</p> <p><u>Actions</u></p> <p>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:</p> <ul style="list-style-type: none">- 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. <p>Each tumour site are to have clinical input at PTL meetings going forward and review of individual pathways to match against national best practice.</p> <p>The Trust is compliant with the 10 High Impact Actions for cancer, presented to the Cancer Board for Central and Trafford Hospitals in July.</p> <p>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.</p> <p>Workforce recruitment within key areas remains active and monitored through Divisional and Cancer Boards.</p> <p><u>Progress</u></p> <p>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.</p>																				
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Cancer 62 Days Screening		Actual	98.5%	Quarterly	Accountability	J.Bridgewater																
MFT		Threshold	90.0%	(Higher value represents better performance)	Committee	Trust Board																
<div>Month trend against threshold</div> <div>12 month trend (Sep 2016 to Aug 2017)</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		<p>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.</p> <p><u>Key Issues</u></p> <p>The Trust has delivered performance against this standard.</p> <p><u>Actions</u></p> <p>Actions to improve and refine current cancer pathways included in Divisional cancer plans submitted to Cancer Board.</p> <p><u>Progress</u></p> <p>The Trust achieved this target.</p>																				
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Cancer 31 Days Sub Surgical Treatment		Actual	98.3%	Quarterly	Accountability	J.Bridgewater																																																				
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Cancer 2 Week Wait - Breast				Actual	95.2%	Quarterly	Accountability	J.Bridgewater																																																				
MFT				Threshold	93.0%	(Higher value represents better performance)	Committee	Trust Board																																																				
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Workforce and Leadership

M. Johnson

Core Priorities	✓	◇	✗	No Threshold
	5	0	5	2

Headline Narrative

As part of work for the creation of Manchester University NHS Foundation Trust (MFT) a number of key actions have been put in place;

A new interim Corporate Induction programme for the new organisation was developed ready for implementation from 1st October and a series of staff engagement sessions were held during September with very positive evaluations from attendees.

It has been agreed with the British Medical Association (BMA) that the previous Central Manchester University Hospitals Foundation Trust (CMFT) procedure for dealing with conduct, capability and health issues for medical and dental staff which incorporates Maintaining High Professional Standards (MHPS) will be adopted for new employees joining MFT..

During periods of significant organisational change employees will often require additional support and advice to help them cope with the uncertainty of change and adapt to new ways of working. This issue was recognised and agreement was given to extend the Employee Assistance Programme (EAP) across the whole organisation. Wythenshawe site has seen significant benefits from having an EAP in place for the past 3 years. The purpose of the EAP is to provide employees with rapid access to advice and psychological support whilst enhancing their general health and wellbeing. The EAP compliments the trust's health and wellbeing programme and the service is provided via an external provider (Health Assured Ltd.).

Workforce and Leadership - Core Priorities

Attendance



Actual 95.4% Latest Period

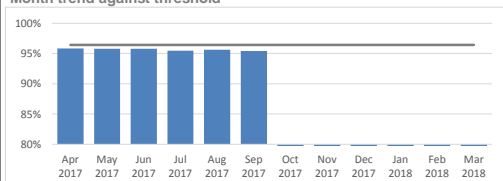
Accountability M. Johnson

MFT

Threshold 96.4% (Higher value represents better performance)

Committee HR Committee

Month trend against threshold



12 month trend (Oct 2016 to Sep 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 September now stands at 95.44% which is a slight deterioration from the previous months figure (95.61%)

Actions

The Group continues to develop initiatives and actions across all Hospitals to support the employee Health & Well Being agenda.

Central & Trafford Hospitals

• Regular review meetings are being held with ward managers and departmental managers to review how they manage sickness absence and identify areas / subjects for bespoke training. Successful events were also held within the hospital sites for World Mental Health day.

Trafford have revisited their sickness, health and wellbeing and recruitment and retention action plans and are engaging in number of activities including:

- Attendance Management Training for new and existing managers
- An audit of compliance with attention to the different stages of the Attendance Policy.
- Planning of a health and wellbeing day for staff in January with a particularly focus on Musculoskeletal (MSK) and Mental Health which are the divisions highest areas for sickness.
- Restructure of the Health and Wellbeing (HWB) forum and activities to be more directive.

Wythenshawe Hospital

In areas where sickness levels are high departments are being supported by the HR advisory team to ensure they understand and apply the sickness policy consistently.

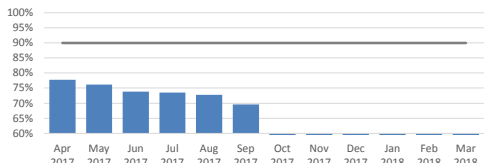

The HR advisory team continue to work closely with managers to review absence cases linking where necessary with employee health and wellbeing to facilitate safe return to work.

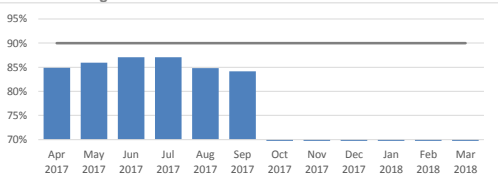

























The HR team continues to audit sickness and support development of actions plans were necessary.

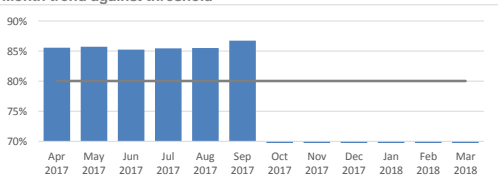
The continuation of Absence Manager roll out. To date we have 3187 staff members live on the system. It is expected 3944 members will be live by the end of October 2017 (including medical staff), with the remainder of staff going live by the end of the year. Absence Manager will provide line managers with robust and comprehensive information to ensure that employees can be supported back to work.

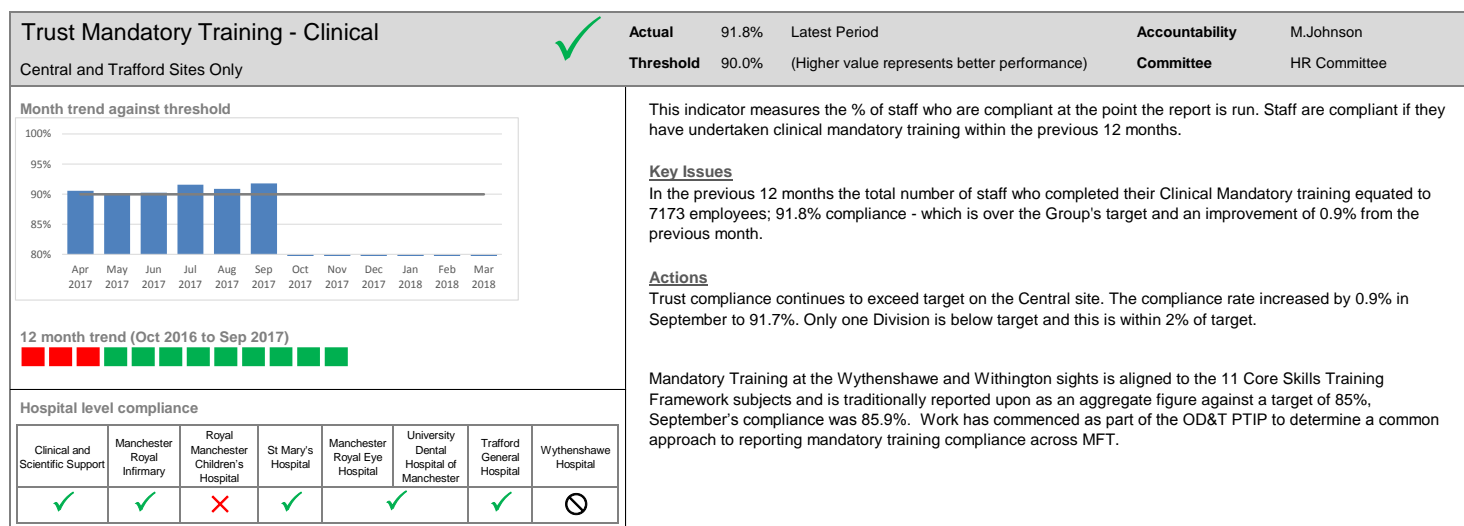
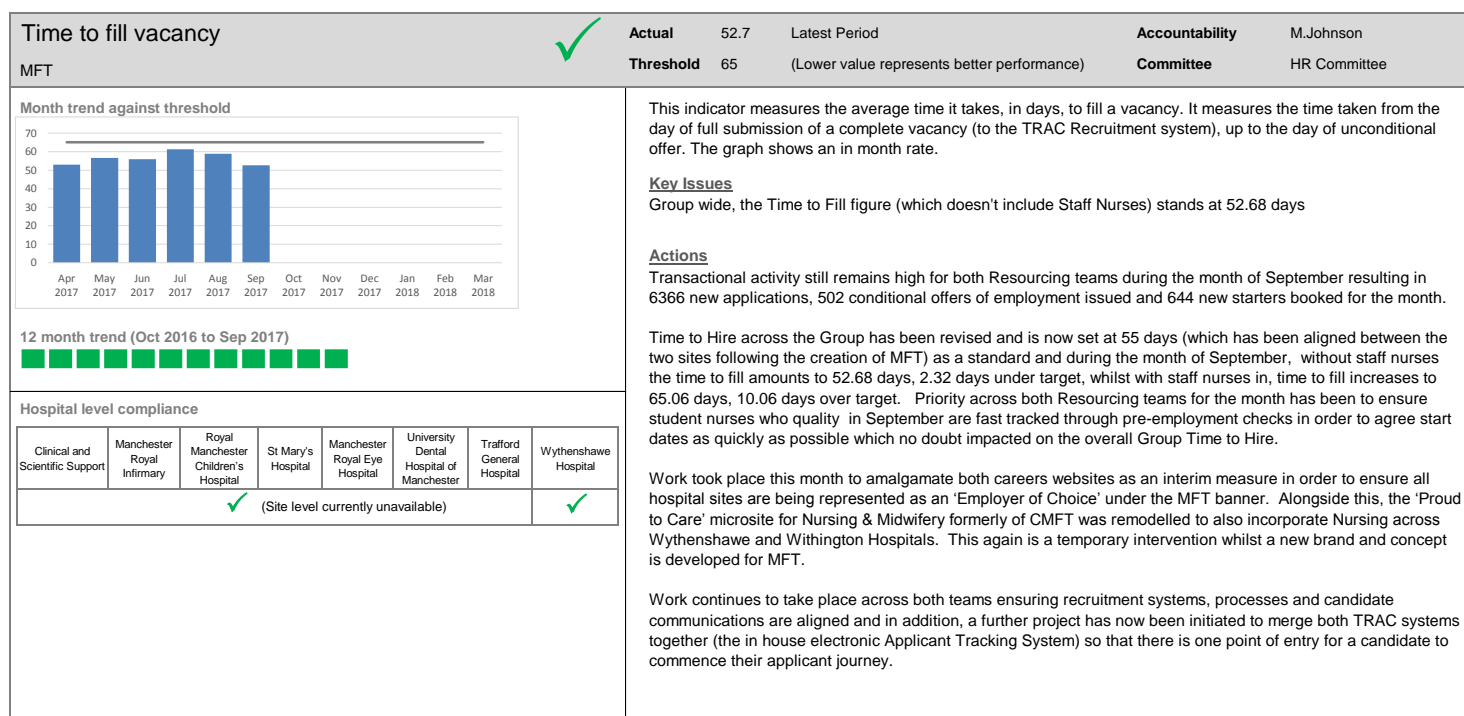
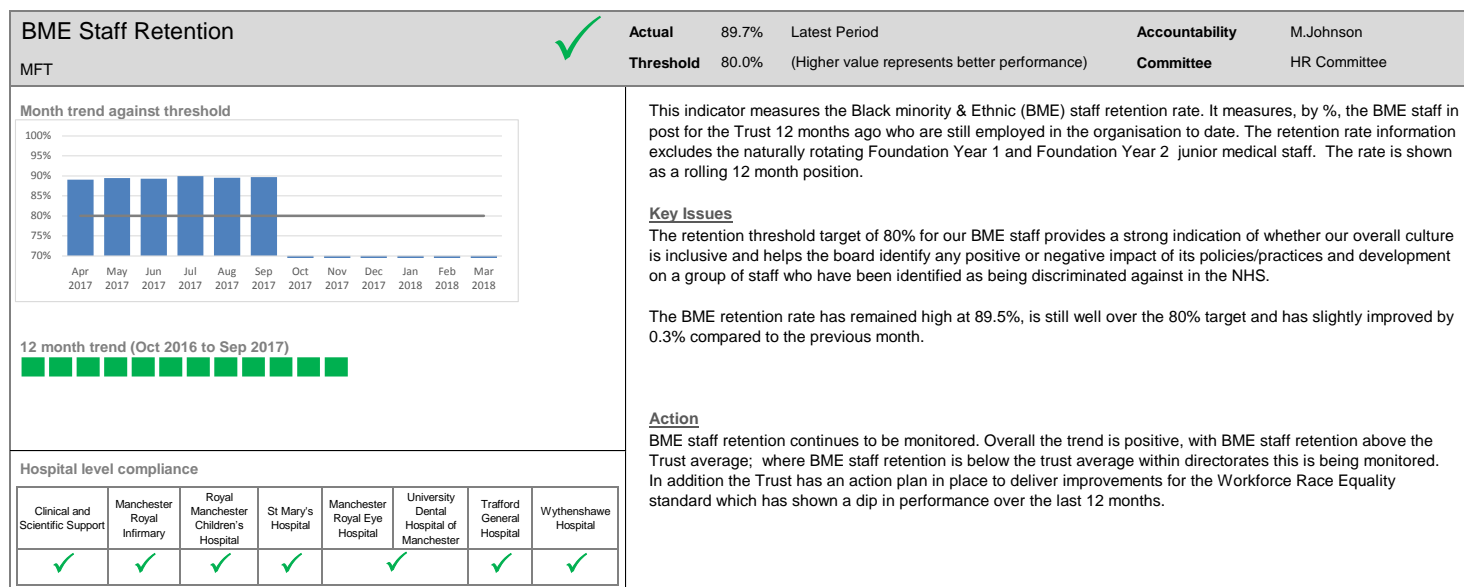
Turnover (in month)		<div></div>	Actual	1.20%	Latest Period	Accountability	M.Johnson																					
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B5 Nursing and Midwifery Turnover (in month)		<div>✗</div>	Actual	1.74%	Latest Period	Accountability	M.Johnson																									
MFT			Threshold	1.05%	(Lower value represents better performance)	Committee	HR Committee																									
<div>Month trend against threshold</div> <table border="1"><caption>Month trend against threshold</caption><thead><tr><th>Month</th><th>Turnover (%)</th></tr></thead><tbody><tr><td>Apr 2017</td><td>1.15</td></tr><tr><td>May 2017</td><td>1.15</td></tr><tr><td>Jun 2017</td><td>1.85</td></tr><tr><td>Jul 2017</td><td>1.35</td></tr><tr><td>Aug 2017</td><td>1.50</td></tr><tr><td>Sep 2017</td><td>1.75</td></tr><tr><td>Oct 2017</td><td>1.05</td></tr><tr><td>Nov 2017</td><td>1.05</td></tr><tr><td>Dec 2017</td><td>1.05</td></tr><tr><td>Jan 2018</td><td>1.05</td></tr><tr><td>Feb 2018</td><td>1.05</td></tr><tr><td>Mar 2018</td><td>1.05</td></tr></tbody></table>			Month	Turnover (%)	Apr 2017	1.15	May 2017	1.15	Jun 2017	1.85	Jul 2017	1.35	Aug 2017	1.50	Sep 2017	1.75	Oct 2017	1.05	Nov 2017	1.05	Dec 2017	1.05	Jan 2018	1.05	Feb 2018	1.05	Mar 2018	1.05	<p>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.</p> <p><u>Key Issues</u></p> <p>The turnover for the month is 1.74% against a monthly target of 1.05%</p>			
Month	Turnover (%)																															
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<div>Hospital level compliance</div> <table><tr><td>Clinical and Scientific Support</td><td>Manchester Royal Infirmary</td><td>Royal Manchester Children's Hospital</td><td>St Mary's Hospital</td><td>Manchester Royal Eye Hospital</td><td>University Dental Hospital of Manchester</td><td>Trafford General Hospital</td><td>Wythenshawe Hospital</td></tr><tr><td>✓</td><td>✗</td><td>✗</td><td>✓</td><td>✗</td><td>✗</td><td>✓</td><td>✗</td></tr></table>			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	✓	✗	✗	✓	✗	✗	✓	✗														
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Appraisal- medical		Actual	69.6%	Latest Period	Accountability	M.Johnson																										
MFT							Threshold	90.0%	(Higher value represents better performance)	Committee	HR Committee																					
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⬡	✗	✗	✗		✗	✗	✗																									

Appraisal- non-medical		Actual	84.2%	Latest Period	Accountability	M.Johnson																
MFT							Threshold	90.0%	(Higher value represents better performance)	Committee	HR Committee											
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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															
																						

Nurse Retention		Actual	86.7%	Latest Period	Accountability	M.Johnson																																										
MFT		Threshold	80.0%	(Higher value represents better performance)	Committee	HR Committee																																										
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✓	✓	✓	✓		✓	✗	✓																																									



Trust Mandatory Training - Corporate				Actual	92.1%	Latest Period	Accountability	M.Johnson																										
Central and Trafford Sites Only				Threshold	90.0%	(Higher value represents better performance)	Committee	HR Committee																										
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Month	Compliance (%)																																	
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Medical Agency Spend				Actual	£842.3	Latest Period	Accountability	M.Johnson																										
MFT				Threshold	None	(Lower value represents better performance)	Committee	HR Committee																										
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Qualified Nursing and Midwifery Vacancies B5 Against Establishment				Actual	14.4%	Latest Period	Accountability	M.Johnson																										
MFT				Threshold	None	(Lower value represents better performance)	Committee	HR Committee																										
<div>Month trend against threshold</div> <table border="1"><caption>Month trend against threshold</caption><thead><tr><th>Month</th><th>Value (%)</th></tr></thead><tbody><tr><td>Apr 2017</td><td>14.0</td></tr><tr><td>May 2017</td><td>14.5</td></tr><tr><td>Jun 2017</td><td>15.5</td></tr><tr><td>Jul 2017</td><td>16.5</td></tr><tr><td>Aug 2017</td><td>17.5</td></tr><tr><td>Sep 2017</td><td>14.4</td></tr><tr><td>Oct 2017</td><td>0.0</td></tr><tr><td>Nov 2017</td><td>0.0</td></tr><tr><td>Dec 2017</td><td>0.0</td></tr><tr><td>Jan 2018</td><td>0.0</td></tr><tr><td>Feb 2018</td><td>0.0</td></tr><tr><td>Mar 2018</td><td>0.0</td></tr></tbody></table>				Month	Value (%)	Apr 2017	14.0	May 2017	14.5	Jun 2017	15.5	Jul 2017	16.5	Aug 2017	17.5	Sep 2017	14.4	Oct 2017	0.0	Nov 2017	0.0	Dec 2017	0.0	Jan 2018	0.0	Feb 2018	0.0	Mar 2018	0.0	<p>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 Technicians.</p> <p><u>Key Issues</u></p> <p>The majority of vacancies within Nursing and Midwifery are within the staff nurse (band 5) role. At the end of September 2017 there were 511.1 WTE staff nurse (band 5) vacancies across Central & Trafford Hospitals and a vacancy rate of 14.4%.</p> <p><u>Actions</u></p> <p>The majority of vacancies within Nursing and Midwifery are within the staff nurse (band 5) role. At the end of September 2017 there were 511.1 WTE (14.4%) 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 August 2017 position when there were 643.25 WTE vacancies and a vacancy factor of 18.4%.</p> <p>In September 2017, 176.49 wte band 5 staff nurses, midwives and ODP's commenced employment in the Trust. There are 129 wte band 5 nurses, midwives and ODP's due to commence employment in October 2017 and a further 180 wte who are progressing through employment checks and expected to commence employment within the next 3 months.</p> <p>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.</p>				
Month	Value (%)																																	
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<div>12 month trend (Oct 2016 to Sep 2017)</div>																																		
<div>Hospital level compliance</div> <table><tr><td>Clinical and Scientific Support</td><td>Manchester Royal Infirmary</td><td>Royal Manchester Children's Hospital</td><td>St Mary's Hospital</td><td>Manchester Royal Eye Hospital</td><td>University Dental Hospital of Manchester</td><td>Trafford General Hospital</td><td>Wythenshawe Hospital</td></tr><tr><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></tr></table>				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	-	-	-	-	-	-	-	-															
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-	-	-	-	-	-	-	-																											

> Board Assurance

September 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



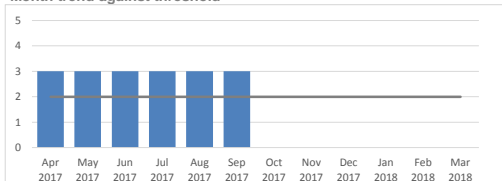
Actual 3 Latest Period

Threshold 2 (Lower value represents better performance)

Accountability A.Roberts

Committee TMB and Board Finance Scrutiny Committee

Month trend against threshold



12 month trend (Oct 2016 to Sep 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



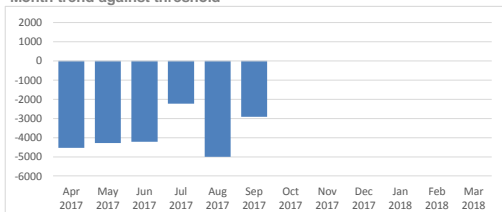
Actual -£23,168 Year To Date

Threshold

Accountability A.Roberts

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
✓	✗	✗	✗	◇	◇	✗	✓

> Board Assurance

September 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 annual plan. The third indicator cannot be assessed until Divisions/Hospitals/MCSs have undertaken their self-assessment and presented progress at the Autumn round of Divisional Reviews.

Strategy - Core Priorities

Agreed 5-year strategy in place			Actual	Amber	Accountability	D.Banks	
MFT			Threshold		Committee	Service Strategy Committee	
			<p>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.</p> <p>Green indicates that a strategy has been completed and approved by the Trust Service Strategy Committee</p> <p>Amber indicates that a strategy has been developed but not approved.</p> <p>Red indicates that there has been no progress towards the development of a strategy</p>				
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				Actual	Green	Accountability	D.Banks
MFT				Threshold		Committee	Service Strategy Committee
				<p>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.</p> <p>Green indicates that an annual plan has been completed and approved by the Trust Service Strategy Committee</p> <p>Amber indicates that an annual plan has been developed but not approved.</p> <p>Red indicates that there has been no progress towards the development of an annual plan</p>			
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			Actual	Accountability	D.Banks		
MFT			Threshold	Committee	Service Strategy Committee		
			Progress against the strategic development plans set out in the annual plan will be monitored on a quarterly basis. The proportion of the agreed key milestones achieved will be used to RAG rate each Hospital / MCS.				
Hospital level compliance							
Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Trafford General Hospital	Wythenshawe Hospital