

> Board Assurance

August 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 2 reported incidents in the Royal Manchester Children's Hospital in August 2017. Both events are currently under investigation.

Safety - Core Priorities

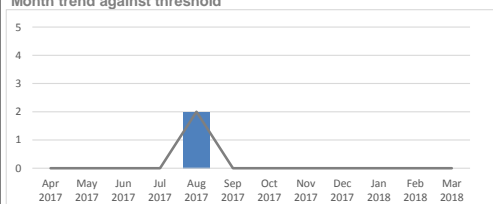
Never Events

MFT



Actual	2	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 (Sep 2016 to Aug 2017)



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	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 have been 2 Never Events in August both of these occurred in Royal Manchester Children's Hospital.

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 2 reported incidents in August 2017. The first event was wrong surgery (insertion of grommets that were then removed) and the second event a medication administration error (intravenous administration of an oral medication).

Progress

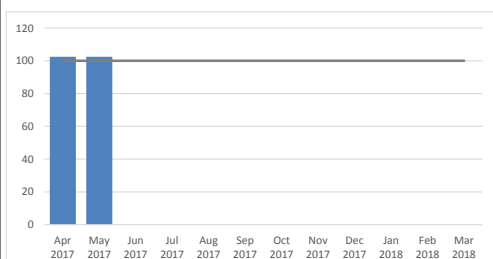
Following these events a number of immediate actions were implemented including issuing of Trust wide alerts. Investigations are currently underway to identify further learning.

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)



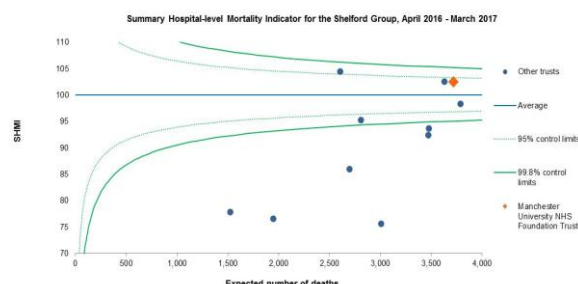
Hospital level compliance

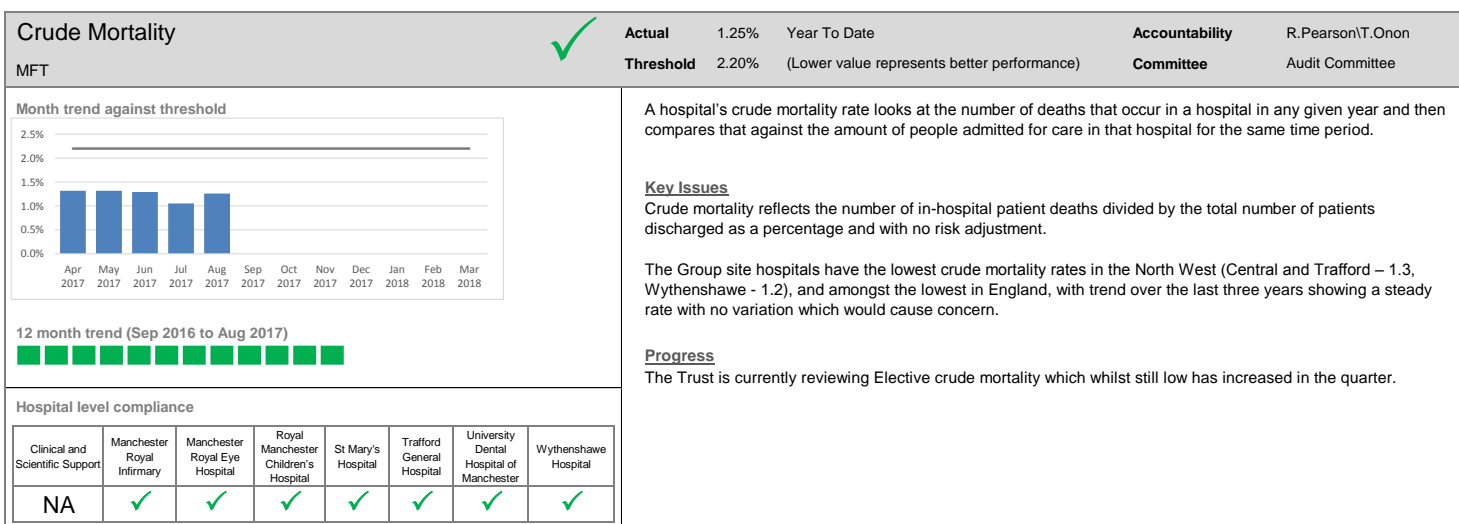
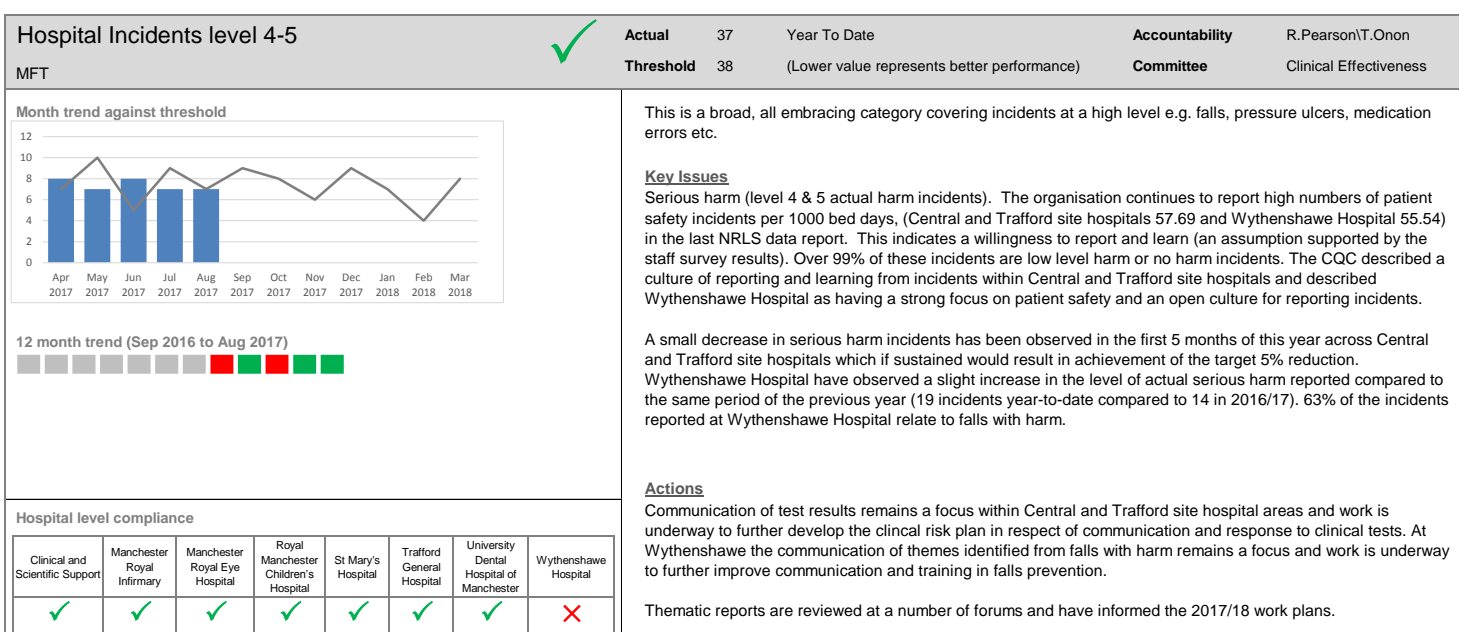
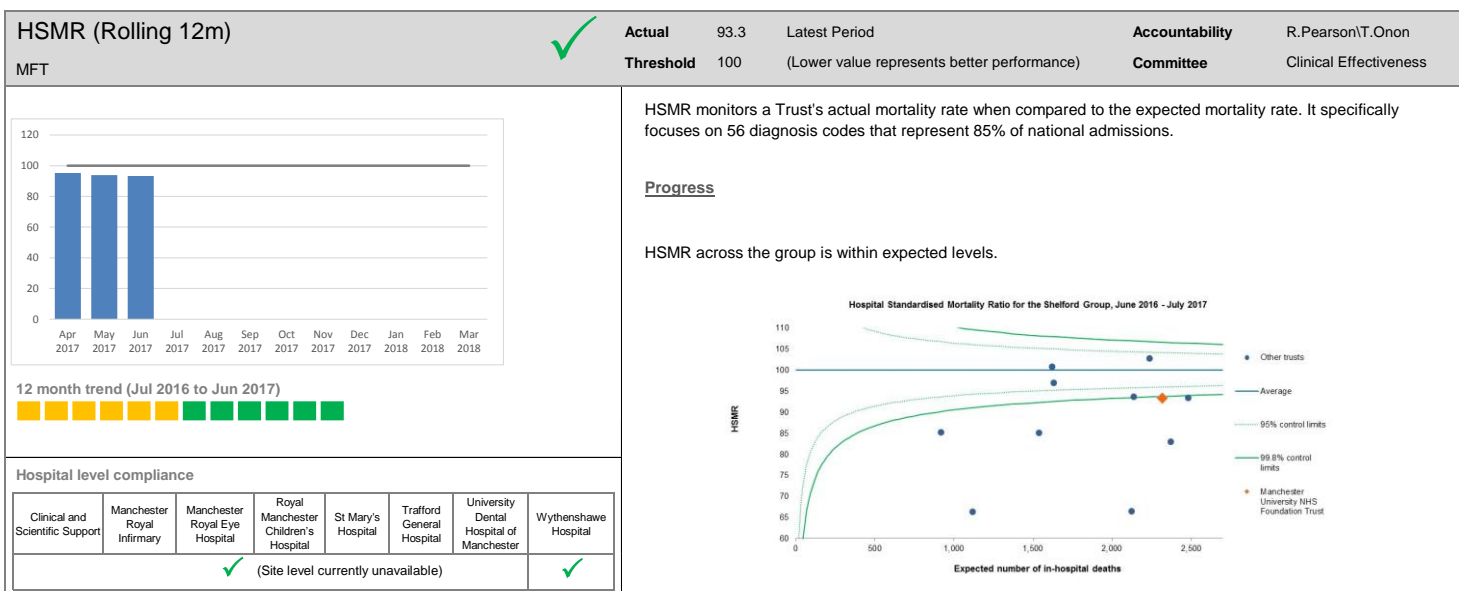
Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital
			✗ (Site level currently unavailable)				✓

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

August 2017



Patient
C.Lenney

Core Priorities	✓	◇	✗	No Threshold
	4	1	3	2

Headline Narrative

The number of new complaints received in August 2017 was 154. This compares to 133 in July and 119 in June 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 August 2017, there were 58 cases over 41 days old compared to 42 at the end of July and 36 at the end of June 2017.

MFT continues to promote the Friends and Family Test (FFT) with 74.9% of respondents in August 2017, compared to 76.6 % in July 2017, reporting they would be 'extremely likely' to recommend the service they received to their Friends and Family.

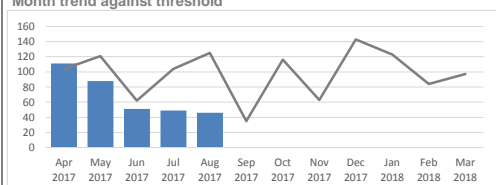
Patient - Core Priorities

Compliments



Actual	345	Year To Date		Accountability	C.Lenney
Threshold	516	(Higher value represents better performance)		Committee	Quality Committee

Month trend against threshold



12 month trend (Sep 2016 to Aug 2017)



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	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 August 2017, recording 26% of all compliments received by the Trust. The number of compliments received in July 2017 was 44 compared to 43 in July and to 44 in June 2017.

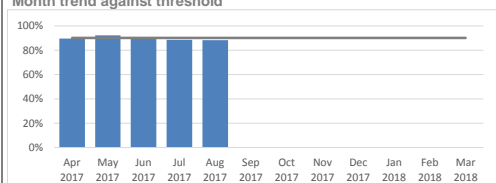
At Wythenshawe, the number of compliments received in August (2) was lower than the previous month (6). The average number of compliments received each month is slightly higher in the year-to-date (12.0) compared to 2016/17 (8.0).

Nursing Workforce – Plan v Actual Compliance for RN



Actual	88.2%	Latest Period		Accountability	C.Lenney
Threshold	90.0%	(Higher value represents better performance)		Committee	Quality Committee

Month trend against threshold



12 month trend (Sep 2016 to Aug 2017)



Hospital level compliance

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

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.

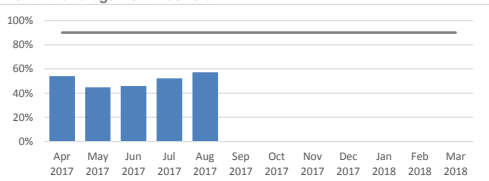

Actions


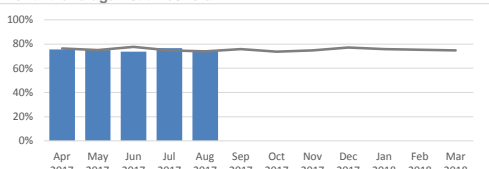




Central & Trafford Hospitals

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		<div><div></div></div>	Actual	50.7%	Year To Date	Accountability	C.Lenney											
MFT			Threshold	90.0%	(Higher value represents better performance)	Committee	Quality Committee											
<div>Month trend against threshold</div> <div></div>			<div>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.</div> <div><u>Progress</u></div> <div>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.</div>															
<div>12 month trend (Sep 2016 to Aug 2017)</div> <div></div>																		
<div>Hospital level compliance</div> <table><tr><td>Clinical and Scientific Support</td><td>Manchester Royal Infirmary</td><td>Manchester Royal Eye Hospital</td><td>Royal Manchester Children's Hospital</td><td>St Mary's Hospital</td><td>Trafford General Hospital</td><td>University Dental Hospital of Manchester</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	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital	✗	✗	✗	✗
Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital											
✗	✗	✗	✗	✗	✗	✗	✓											

FFT % Extremely Likely			Actual	75.1%	Year To Date	Accountability	C.Lenney															
MFT			Threshold	75.5%	(Higher value represents better performance)	Committee	Quality Committee															
<p>Month trend against threshold</p> 							<p>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.</p> <p><u>Progress</u></p> <p>Collaborative working across all hospitals, wards and departments continues to support FFT collection processes and promote the FFT survey.</p> <p>The team at Wythenshawe continue to work with the divisions and areas locally to re-train staff and give them advice and support on how to make the most of the devices and software available, in addition to raising awareness in 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.</p> <p>At Central Hospitals we are continuing to publicise the 'Staff guide for our handheld devices and the Patient Experience Team and Quality Improvement Team will be visiting areas during the month of September to support staff in using devices, publicising FFT to patients and staff.</p> <p>Monthly FFT review meetings continue at Central and Trafford site hospitals to oversee and monitor FFT response rates and scores across all hospitals.</p>															
<p>12 month trend (Sep 2016 to Aug 2017)</p> 																						
<p>Hospital level compliance</p> <table><tr><td>Clinical and Scientific Support</td><td>Manchester Royal Infirmary</td><td>Manchester Royal Eye Hospital</td><td>Royal Manchester Children's Hospital</td><td>St Mary's Hospital</td><td>Trafford General Hospital</td><td>University Dental Hospital of Manchester</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	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital	✓		✓	✓	✓	✓	✓	✓				
Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital															
✓		✓	✓	✓	✓	✓	✓															

Complaint Volumes		Actual	609	Year To Date		Accountability	C.Lenney
MFT		Threshold	669	(Lower value represents better performance)		Committee	Quality Committee

Month trend against threshold

Month	Value
Apr 2017	115
May 2017	100
Jun 2017	120
Jul 2017	130
Aug 2017	154

12 month trend (Sep 2016 to Aug 2017)

Month	Value
Sep 2016	100
Oct 2016	100
Nov 2016	100
Dec 2016	100
Jan 2017	100
Feb 2017	100
Mar 2017	100
Apr 2017	115
May 2017	100
Jun 2017	120
Jul 2017	130
Aug 2017	154

Hospital level compliance

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

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

Key Issues

The number of new complaints received in August was 154. This compares to 133 received in July and 119 received in June 2017.

At Central and Trafford site hospitals, during the month of August 2017, Specialist Medical Services received the highest number of formal complaints, receiving a total of 18 complaints. 'Treatment and Procedure' is the theme with the highest number of complaints in August 2017 (44).

At Central and Trafford site hospitals, the total number of 41+ day cases at the end of August 2017 was 58, which compares to 42 at the end of July and 36 at the end of June 2017. At the end of August 2017, the Division with the most complaints older than 41 days was the Division of Surgery with 15 cases. This represented 25.8% of all 41+ day unresolved complaints at the end of the month of August 2017.

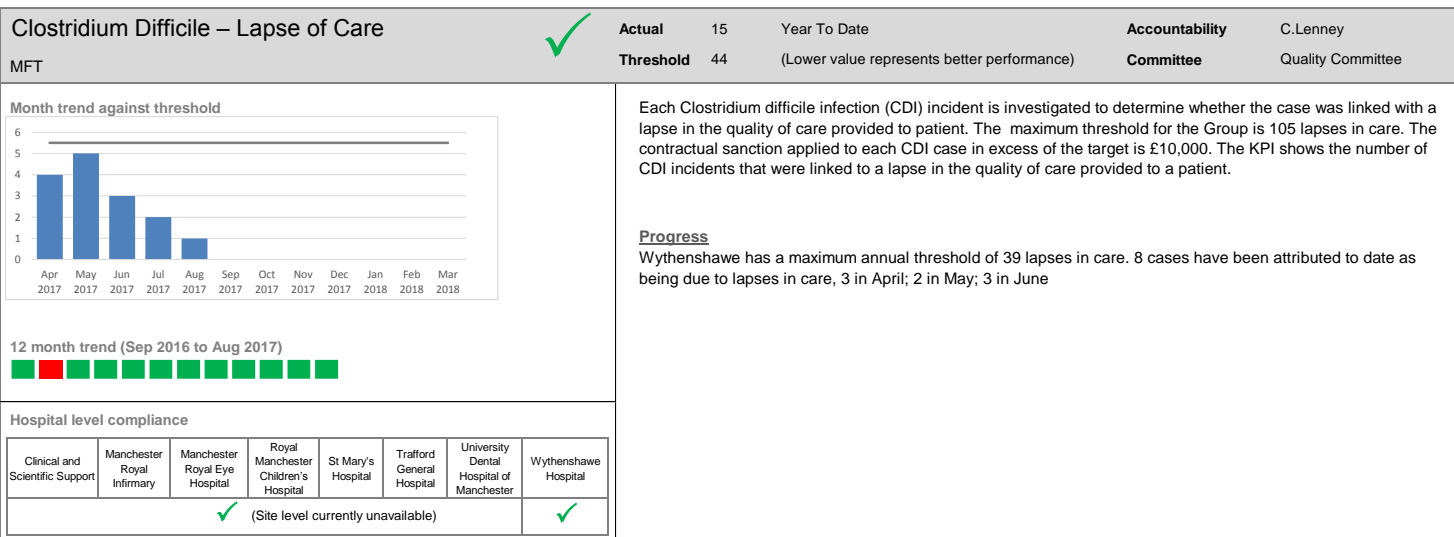
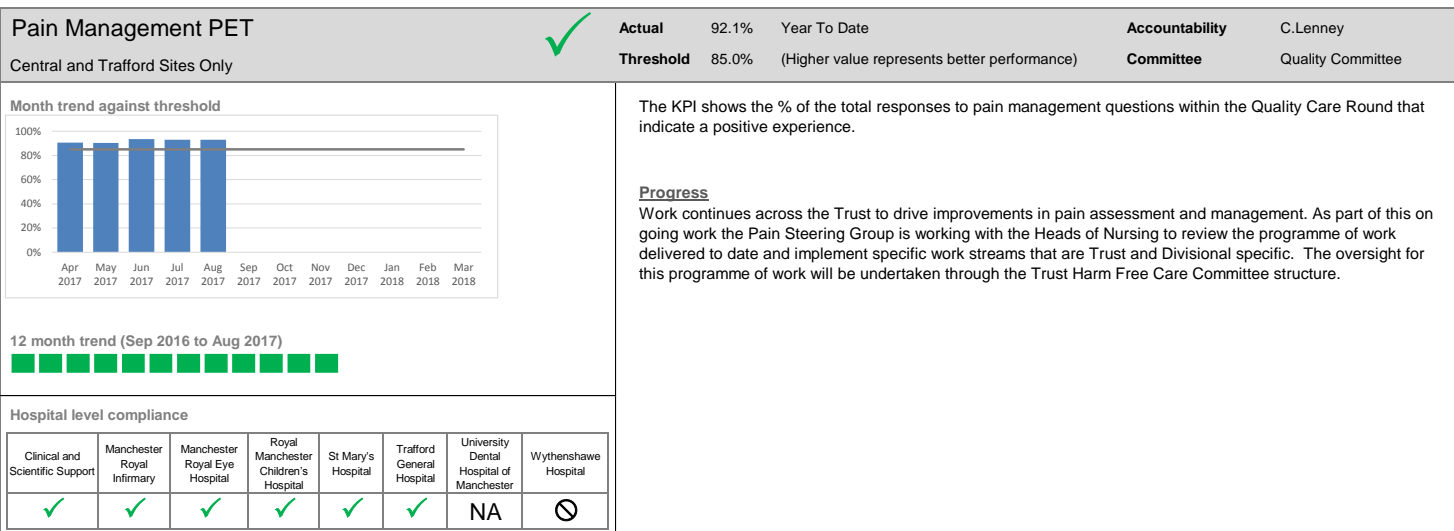
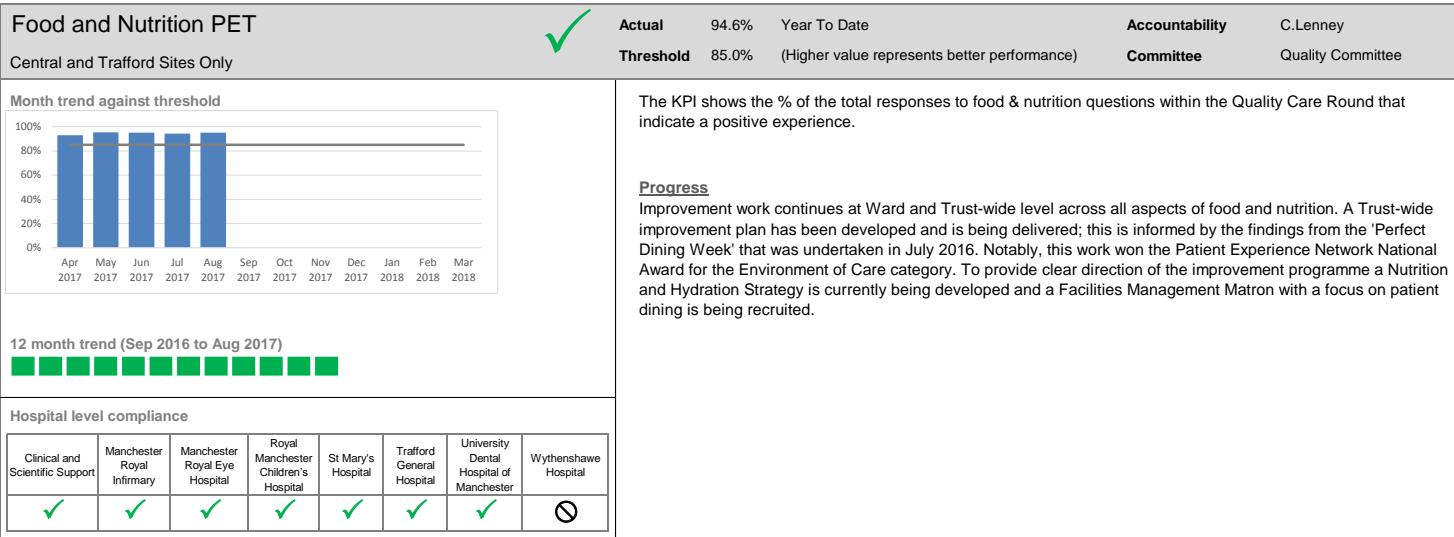
49 formal complaints were received in August at Wythenshawe. Of these, 24 were for Scheduled Care, 18 were for Unscheduled Care and 7 were for Clinical Support Services. Clinical Care is the theme with the highest number of complaints in August 2017 (27).

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, continues to focus on complaints that have exceeded 41 days with a view to expediting closure and identifying learning to inform future complaints management.

Progress

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

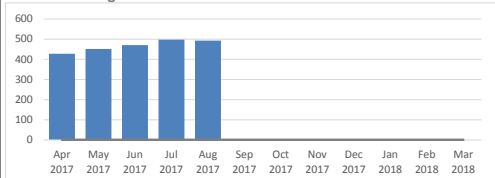


PALS – Concerns

MFT

Actual	2338	Year To Date	Accountability	C.Lenney
Threshold	None	(Lower value represents better performance)	Committee	Quality Committee

Month trend against threshold



12 month trend (Sep 2016 to Aug 2017)



Hospital level compliance

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

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

Key Issues

491 PALS concerns were received in August 2017. This compares to 489 received in July and 431 concerns received in June 2017. This is within the limits of normal variation and is monitored closely.

At Central and Trafford site hospitals, the largest number of concerns raised were in relation to 'Communication' (31%), which equates to 125 contacts (excluding those escalated for formal response). The second largest number are categorised as 'Treatment/ Procedure' (23%) which equates to 95 contacts.

At Wythenshawe Hospital 106 informal concerns were raised in August. Of these, the largest number of concerns raised were in relation to Outpatient / appointment delays (28), The second largest was both communication and clinical concerns which recieved equally 26 out of the total contacts each.

Actions

At 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.

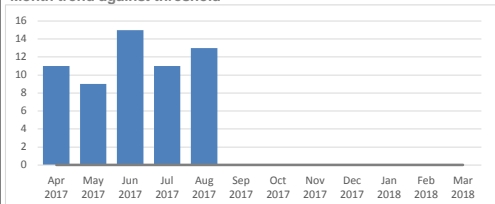
At Wythenshawe Hospital there is a site-wide project looking at improving communication between staff and patients.

All Attributable Bacteraemia

MFT

Actual	59	Year To Date	Accountability	C.Lenney
Threshold	None	(Lower value represents better performance)	Committee	Quality Committee

Month trend against threshold



12 month trend (Sep 2016 to Aug 2017)



Hospital level compliance

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

August 2017



Operational Excellence

J.Bridgewater

Core Priorities	✓	◇	×	No Threshold
	7	2	2	0

Headline Narrative

- Overall Manchester University Foundation Trust is performing well and is "Green Rated" by NHSI.
- The Trust has reported a reduction in its diagnostic performance for August (-2.3%) against July. Capacity and administrative issues identified at Wythenshawe Hospital within non obstetric ultra sound and MR has caused significant breaches. However, Intensive recovery plans are in place and forecast actions into September are in place.
- A&E performance is linked to STF funding with existing trajectories in place for August. Central and Trafford site hospitals STF (92.98%) and Wythenshawe Hospital STF (90.8%). All sites have performed strongly against GM A&E performance, but August has been increasingly challenged with Central and Trafford site hospitals underachieving in month against STF (-0.05%) and Wythenshawe Hospital underachieving by (-1.4%). COO oversight and bi weekly A&E meetings continue for the Central site as Q2 STF remains achievable with plans in place moving into September.
- RTT has underachieved for August (- 0.2%) against the national standard. Wythenshawe Hospital achieving 86.33% and Central Manchester Hospitals including Trafford 92.06%.

Operational Excellence - Core Priorities

Cancer 62 Days RTT

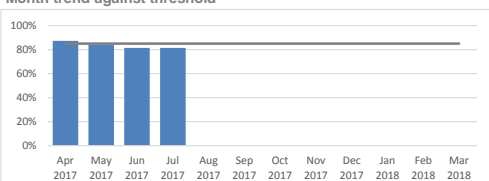


Actual 81.4% Quarterly
Threshold 85.0% (Higher value represents better performance)

Accountability J.Bridgewater
Committee Trust Board

MFT

Month trend against threshold



12 month trend (Aug 2016 to Jul 2017)



Hospital level compliance

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

✗ (Site level currently unavailable)



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

Key Issues

The Trust continues to experience an upward demand for diagnostics and specialities across Cancer services and workforce pressures in specific tumour groups.

Actions

Escalated oversight and governance arrangements continue. Individual cancer site action plans are being implemented, key actions focus on addressing workforce and capacity gaps to meet on-going demand pressures including:

- Urology additional consultant from November
- UGI diagnostic pathway pilot to streamline and potentially reduce the number of diagnostic tests.
- Lung pathway reviewed in August and improvements being implemented, Lung team are working within sector arrangements to implement the lung optimum pathway and to support access to diagnostic tests.
- Radiology additional reporting sessions came on line in June and have resulted in improvements in CT and MRI.
- Demand and capacity analysis across all cancer sites is being undertaken to support an increase in the number of first appointments seen within 7 days.

Each tumour site are to have clinical input at PTL meetings going forward and review of individual pathways to match against national best practice.

The Trust is compliant with the 10 High Impact Actions for cancer, presented to the Cancer Board for Central and Trafford Hospitals in July.

Peer review of cancer sites has been undertaken in 2017, with self assessments for each cancer site uploaded to the national website, and supporting MDT work programmes are in place.

Workforce recruitment within key areas remains active and monitored through Divisional and Cancer Boards.

Progress

Hospital plans have been submitted to Cancer Board with tumour specific actions underway. Executive led weekly PTL have 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 achievement against the standard.

Cancelled operations - rescheduled <= 28 days

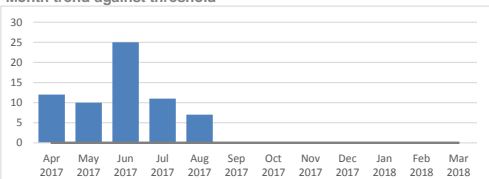


Actual 65 Year To Date
Threshold 0 (Lower value represents better performance)

Accountability J.Bridgewater
Committee Trust Board

MFT

Month trend against threshold



12 month trend (Sep 2016 to Aug 2017)



Hospital level compliance

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

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

Key Issues


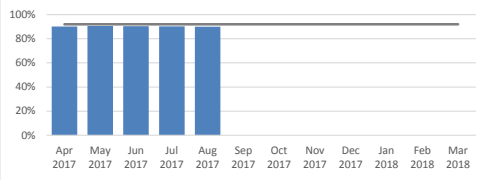

Following the Manchester Arena incident in May, theatres and surgical teams were reallocated in June to follow up the immediate life saving surgery on the night of the incident. Corrective and complex surgery for those involved in the attack took place in June, which displaced the lower clinical priority patients. Waiting list validation and dating for surgery any patient over 52 weeks has added additional pressure on elective capacity.


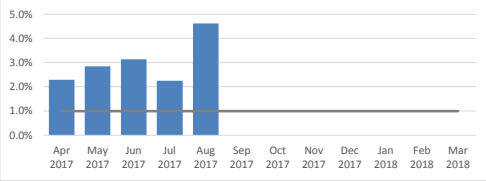







Actions

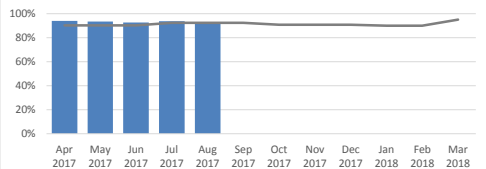

28 Day cancelled operations will be monitored and managed through the Trust Performance and Delivery

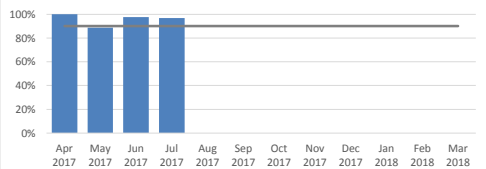

Progress

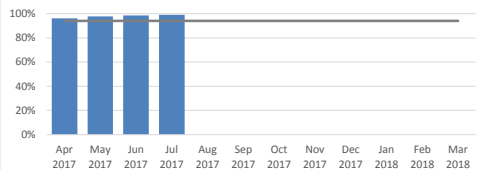

A GP led clinical audit for the CCG reviewed all patients cancelled on the day at Central and Trafford Hospitals in April and May. The audit concluded that each operation was appropriately cancelled. The patients within this clinical audit include those breaching 28 days in June.

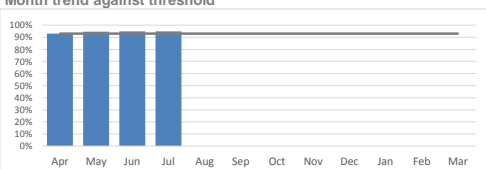

RTT - 18 Weeks (Incomplete Pathways)				Actual	90.0%	Latest Period	Accountability	J.Bridgewater																
MFT				Threshold	92.0%	(Higher value represents better performance)	Committee	Trust Board																
<p>Month trend against threshold</p> 				<p>The percentage of patients whose consultant-led 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 August. Wythenshawe Hospital has experienced the greatest challenge with 86.33% (-3.3%) against the improvement trajectory of 89.7% for the month. The risk specialities at Wythenshawe contributing to the back log are: Plastic Surgery, Gastroenterology and Cardiology. Furthermore, the impact of the major incident has impacted on routine activity.</p> <p>At the end of August the Trust overall reported 11 - 52+ week breaches. 2 patients at RMCH will be treated in August and there will be no further 52 week breaches for RMCH from September. Wythenshawe has 9 breaches all of which were a specialist plastics procedure only offered at a limited number of Trusts nationally.</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 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 August. All 52+ week breaches have been treated for RMCH. Wythenshawe Hospital has treated 2 of the 8 in August, with a further patient dated for September.</p>																				
<p>12 month trend (Sep 2016 to Aug 2017)</p> 																								
<p>Hospital level compliance</p> <table><tr><th>Clinical and Scientific Support</th><th>Manchester Royal Infirmary</th><th>Manchester Royal Eye Hospital</th><th>Royal Manchester Children's Hospital</th><th>St Mary's Hospital</th><th>Trafford General Hospital</th><th>University Dental Hospital of Manchester</th><th>Wythenshawe Hospital</th></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	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital	✓	✓	✓	✗	✗	✓	✓	✗					
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✓	✓	✓	✗	✗	✓	✓	✗																	

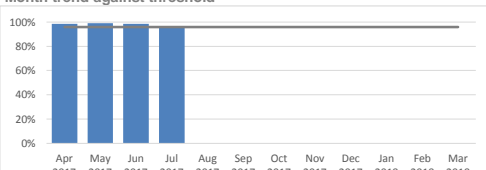

Diagnostic Performance			Actual	4.6%	Latest Period	Accountability	J.Bridgewater															
MFT			Threshold	1.0%	(Lower value represents better performance)	Committee	Trust Board															
<div>Month trend against threshold</div>  <div>12 month trend (Sep 2016 to Aug 2017)</div> 			<div>The number of patients waiting over 6 weeks for a range of 15 key diagnostic tests.</div> <div><u>Key Issues</u></div> <div>Following improved performance in July there was a deterioration in the Trust's position in August as a result of significant capacity and workforce issues in MR and non-obstetric ultrasound at Wythenshawe. A recovery plan is in place at Wythenshawe Hospital to support a return to compliance against 1% standard in November. Key areas of risk on the Central and Trafford sites include: RMCH endoscopy, Adult Endoscopy, Paediatric MR. Demand is a continuing pressure across diagnostic services, and is a recognised issue within GM where in particular endoscopy services are challenged.</div> <div><u>Actions</u></div> <div>RMCH Endoscopy - Recruitment to 2 additional consultant posts, use of a locum, undertaking additional weekend sessions, use of a 3rd party provider and the private sector have been explored but proved unsuccessful due to the paediatric anaesthetic requirement.</div> <div>Adult endoscopy - actions previously reported to CMFT Board remain in place, key actions: estates work and refurbishment of the unit, use of a 3rd party provider and the Trafford site, recruitment to workforce plans.</div> <div>Paediatric MR - additional baseline anaesthetic capacity has been put in place from the end of August to sustainability meet demand pressures within MR.</div> <div>Wythenshawe MR - additional quality assurance checks put in place to support delivery of the standard.</div> <div>Increased support from the Booking Team from the clinical lead radiographers to assist in timely decision-making on complex patients or scans.</div> <div>Ultrasound - Work force plans to address sickness and maternity leave, with extra capacity being put in place for Wythenshawe during Q3. Developing a training programme for sonographers to undertake head-and-neck ultrasound.</div> <div>Monthly forecasting in place.</div> <div>Escalated oversight arrangements in place for risk areas via the COO, with supporting recovery trajectories.</div> <div>GM have instigated a regional task and finish group to support delivery of the diagnostic standard, and MFT will be participating in this.</div> <div><u>Progress</u></div> <div>Recognising the challenge of increased demand for 6 week and cancer diagnostics across all providers, Manchester commissioners are to lead a system wide task and finish review of diagnostic capacity and demand.</div>																			
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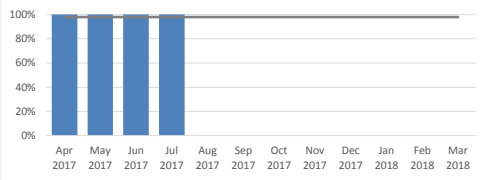

A&E - 4 Hours Arrival to Departure		Actual	92.93%	Quarterly	Accountability	J.Bridgewater																
MFT		Threshold	92.46%	(Higher value represents better performance)	Committee	Trust Board																
<div>Month trend against threshold</div>  <div>12 month trend (Sep 2016 to Aug 2017)</div>  <div>Hospital level compliance</div> <table><tr><td>Clinical and Scientific Support</td><td>Manchester Royal Infirmary</td><td>Manchester Royal Eye Hospital</td><td>Royal Manchester Children's Hospital</td><td>St Mary's Hospital</td><td>Trafford General Hospital</td><td>University Dental Hospital of Manchester</td><td>Wythenshawe Hospital</td></tr><tr><td>NA</td><td>✗</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>⬡</td></tr></table>		Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital	NA	✗	✓	✓	✓	✓	✓	⬡	<p>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.</p> <p><u>Key Issues</u></p> <p>A&E on all sites have performed well in Q1 and July of 17/18, in addition the Trust is a top performer within Greater Manchester whose August performance was at 87.6%. Pressures on the urgent care pathway increased in August, Wythenshawe Hospital achieved 89.4% against the STF of 90.8% and Central Hospitals combined achieved 92.93% against STF 92.98% for the month. In addition, the majority of the Trust meets the GM DToc standard of 3.3% with the exception of Wythenshawe at circa 8%. Wythenshawe performance was particularly affected in August due to nurse sickness levels affecting the ENP service.</p> <p><u>Actions</u></p> <p>The Trust planned for the change-over of doctors at the beginning of August to ensure that the A&E standard continued to perform well throughout the period of change.</p> <p>System-wide winter planning has remained a focus for local A&E Operational Delivery Boards throughout August 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.</p> <p>Individual hospitals are developing Winter plans, aligned to national and GM guidance, to support sustainability of the standard from October onwards.</p> <p>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.</p> <p>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.</p> <p>GM have put in place standards to be adopted by all providers to support effective and timely discharge of patients.</p> <p>Additional funding has been put in place to support the system during winter, with all partners putting forward winter resilience schemes.</p> <p>In September Perfect Month for ambulatory care is being undertaken at MRI ED and Change week will take place at Wythenshawe to support delivery of the quarterly STF threshold.</p> <p>Estates plans for both MRI and Wythenshawe Hospital ED's.</p> <p><u>Progress</u></p> <p>A&E delivery remains priority for the Trust with COO oversight, actions are being implemented and winter planning is underway. Although performance was challenged in August, the Trust performance is significantly in excess of the GM region, and the Trust is focused on recovering this in September to deliver the STF requirements. 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>				
Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital															
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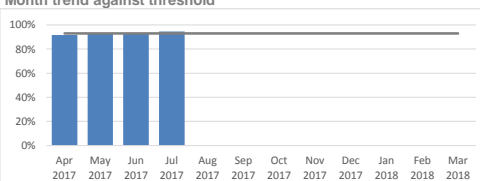
Cancer 62 Days Screening		Actual	96.8%	Quarterly	Accountability	J.Bridgewater																
MFT		Threshold	90.0%	(Higher value represents better performance)	Committee	Trust Board																
<div>Month trend against threshold</div>  <div>12 month trend (Aug 2016 to Jul 2017)</div> 		<p>The percentage 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	98.9%	Quarterly	Accountability	J.Bridgewater																																																			
MFT		Threshold	94.0%	(Higher value represents better performance)	Committee	Trust Board																																																			
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Cancer Urgent 2 Week Wait Referrals		Actual	94.8%	Quarterly	Accountability	J.Bridgewater																
MFT		Threshold	93.0%	(Higher value represents better performance)	Committee	Trust Board																
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Cancer 31 Days First Treatment		Actual	96.8%	Quarterly	Accountability	J.Bridgewater																																																														
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Cancer 2 Week Wait - Breast				✓	Actual	94.6%	Quarterly	Accountability	J.Bridgewater																										
MFT					Threshold	93.0%	(Higher value represents better performance)	Committee	Trust Board																										
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Month	Value																																		
Apr 2017	100%																																		
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NA	NA	NA	NA	NA	NA	NA	✓																												

> Board Assurance

August 2017



Workforce and Leadership

M. Johnson

Core Priorities	✓	◇	×	No Threshold
	5	0	5	2

Headline Narrative

The Group has achieved target compliance for Corporate Mandatory training, Clinical Mandatory training and Appraisals for the last 2 months. July's compliance figures are the highest over the last 3 years and is a reflection of all the hard work being made across the Divisions and Corporate Directorates in order to achieve this.

Across the North West there is currently a Lead Employer arrangement in place whereby Doctors in Training are employed by Pennine Acute Trust and then placed with Trusts for training. This arrangement has been funded by Health Education England (HEE) who are exploring removing funding that only benefits this region. There is a Group being set up to look at the impact of this and the options available across Greater Manchester and the Trust has a representative on this group. At present it is anticipated that funding will cease from 31st March 2018.

Workforce and Leadership - Core Priorities

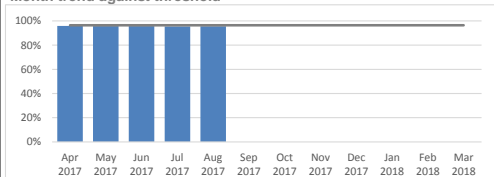
Attendance



Actual	95.6%	Latest Period	Accountability	M. Johnson
Threshold	96.4%	(Higher value represents better performance)	Committee	HR Committee

MFT

Month trend against threshold



12 month trend (Sep 2016 to Aug 2017)



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	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 Trust reported a salary based sickness cost for August of £1,146,020 which is £55,158 less than what was spent in the previous month (£1,201,179).

August's performance for compliance with Return to Work interviews was 89.8%, which is an improvement from last month's position (87.0%). This is being monitored to ensure compliance is sustained.

Actions

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

Central & Trafford hospitals

- Eye Hospital are asking staff to complete a Health and Wellbeing questionnaire in their return to work interview. This three month pilot will then be used to create and drive Health and Wellbeing initiatives.

- Specialist Medicine are developing robust action plans to focus on areas which have been identified from the Staff Survey such as Health & Wellbeing, Job Satisfaction and Staff Engagement, at both a Divisional and Directorate level. In addition, a cross section of staff and directorate level representatives are being identified to create a Task & Finish Group to focus on these areas and share good practice.

- Managers within the Dental and Eye Hospital will receive workshop training covering: Resilience, Promoting a psychologically healthy workplace and Managing Mental Health at Work.

- Both the Dental and Eye Hospital will also be holding monthly staff health and wellbeing sessions supported by the Employee Health & Wellbeing team, these sessions include topics and discussions on how to improve your work/life balance, strategies and tools to help this and staff taking a stress & pressure test.

Wythenshawe Hospital

In areas where sickness levels are high, departments are being supported by the HR Business Partner/ Advisory Team to ensure they understand and apply the sickness policy consistently. LEAD courses for managing sickness absence are delivered in support of this.

The 'Absence Manager' system is being rolled out. This system supports the way in which unplanned absence (sickness, dependants leave, domestic leave and compassionate leave) is managed across the hospital. Absence Manager provides line managers with robust and comprehensive information to ensure that employees can be supported back to work. It provides fast access to information, prompts appropriate actions to aid return to work and provides meaningful data for senior managers.

The HR Advisory Team continues to work closely with managers to review absence cases linking were necessary with Employee Health and Wellbeing to facilitate safe return to work. Case conferences are held in partnership between HR, Employee Health & Wellbeing, Management and Individuals were appropriate. The HR Team continues to audit sickness and support development of actions plans were necessary.

Turnover (in month)		✗	Actual	1.09%	Latest Period	Accountability	M.Johnson																																					
MFT			Threshold	1.05%	(Lower value represents better performance)	Committee	HR Committee																																					
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Month	Turnover (%)																																											
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✗	✗	✗	✓	✓	✓	✗	✗																																					

B5 Nursing and Midwifery Turnover (in month)		<div></div>	Actual	1.52%	Latest Period	Accountability	M.Johnson															
MFT			Threshold	1.05%	(Lower value represents better performance)	Committee	HR Committee															
<div>Month trend against threshold</div> <div></div>			<p>This indicator measures and monitors the turnover of 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 graphs shows a single month rate.</p> <p><u>Key Issues</u></p> <p>The single month turnover position is 1.52% against a target of 1.05%.</p>																			
<div>12 month trend (Sep 2016 to Aug 2017)</div> <div></div>			<p><u>Actions</u></p> <p>Central & Trafford hospitals</p> <p>A revised Nursing & Midwifery Retention Strategy is now in place and will continue to focus on the following work streams:-</p> <ul style="list-style-type: none">- Director of Nursing Preceptee Listening events- Divisional work streams focusing on wellbeing/staff focus groups/take a break- Nursing and Midwifery extended induction for new starters- Introduction of 12 hour shifts for staff who wish to condense their hours over a shorter working week- Streamlining internal transfer process across nursing areas- Identifying new roles within the unregistered workforce to support careers/skills escalator- Developing career framework for theatre staff to support progression and retention- Introduction of pharmacy technician drug rounds to release staff to care- Speciality rotation programmes- Launch of Nursing and Midwifery careers/professional skills framework																			
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Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hosital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital															
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	NA	<div></div>															

Appraisal- medical

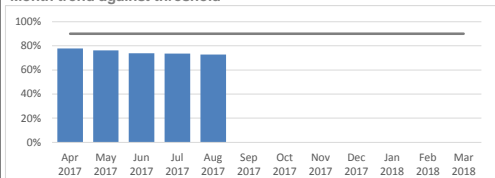
MFT



Actual 72.8% Latest Period
Threshold 90.0% (Higher value represents better performance)

Accountability M.Johnson
Committee HR Committee

Month trend against threshold



12 month trend (Sep 2016 to Aug 2017)



Hospital level compliance

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

Progress

Wythenshawe Hospital

Key support is being given to improve compliance, including:

- Divisional reminder to cascade key messages about importance of Appraisal conversations, particularly during programmes of organisational change
- Divisional reminder of the data entry requirement following Appraisal meetings to ensure statistics are up-to-date
- Further promotion of the education and training offer to support staff and managers to complete Appraisals

Appraisal- non-medical

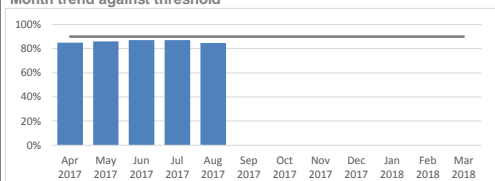
MFT



Actual 84.8% Latest Period
Threshold 90.0% (Higher value represents better performance)

Accountability M.Johnson
Committee HR Committee

Month trend against threshold



12 month trend (Sep 2016 to Aug 2017)



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital
Green Check	Yellow Diamond	Yellow Diamond	Green Check	Green Check	Green Check	Yellow Diamond	Red X

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

At Central & Trafford hospitals in the previous 12 months the total number of staff who completed their appraisal equated to 10,336 employees; 90.1% compliance - which is a 0.4% decrease on the previous month. Therefore 9.9% of employees remain non-compliant.

Actions

Central & Trafford Hospitals

Appraisals decreased by 0.4% in August and the compliance rate is now 0.1% above target at 90.1%. Five Divisions are below target - Four are within 3% and the other is within 6% of target

Wythenshawe Hospital

Key support is being given to improve compliance, including:

- Divisional reminder to cascade key message about importance of Appraisal conversations, particularly during programmes of organisational change
- Divisional reminder of the data entry requirement following Appraisal meetings to ensure statistics are up-to-date
- Further promotion of the education and training offer to support staff and managers to complete appraisals

Nurse Retention

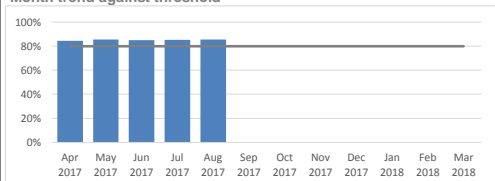
MFT



Actual 85.4% Latest Period
Threshold 80.0% (Higher value represents better performance)

Accountability M.Johnson
Committee HR Committee

Month trend against threshold



12 month trend (Sep 2016 to Aug 2017)

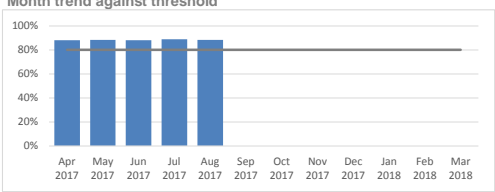



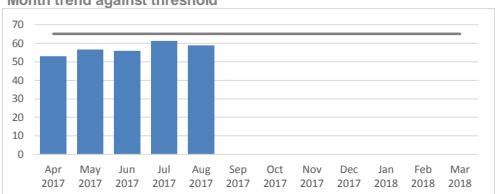

Hospital level compliance

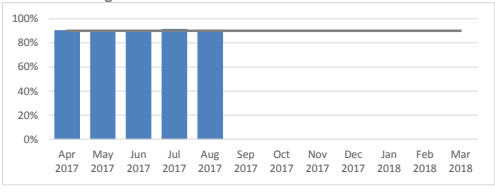

Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital
Green Check	Green Check	Green Check	Green Check	Green Check	Red X	Red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

Progress

See Nurse Turnover sections

BME Staff Retention		Actual	88.3%	Latest Period	Accountability	M.Johnson	
MFT		Threshold	80.0%	(Higher value represents better performance)	Committee	HR Committee	
<div>Month trend against threshold</div> 		<p>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.</p> <p><u>Key Issues</u></p> <p>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.</p> <p>The BME retention rate has remained high at 88.7%, and is still well over the 80% target and compares well against the overall Trust retention rate. 294 of the 514 departments with BME staff across the Trust reported a 100% retention rate, with 352 of the 514 reporting retention on or above the Trust target of 80%.</p> <p><u>Action</u></p> <p>BME staff retention continues to be monitored. Overall the trend is positive, with BME staff retention above the Trust average; where BME staff retention is below the trust average within directorates this is being monitored. In addition the Trust has an action plan in place to deliver improvements for the Workforce Race Equality standard which has shown a dip in performance over the last 12 months.</p>					
<div>12 month trend (Sep 2016 to Aug 2017)</div> 							
Hospital level compliance							
Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital
✓	✓	✓	✓	✓	✓	✓	✓

Time to fill vacancy		Actual	58.9	Latest Period		Accountability	M.Johnson												
MFT		Threshold	65	(Lower value represents better performance)		Committee	HR Committee												
<div>Month trend against threshold</div>  <table border="1"><thead><tr><th>Month</th><th>Time to fill (days)</th></tr></thead><tbody><tr><td>Apr 2017</td><td>55</td></tr><tr><td>May 2017</td><td>58</td></tr><tr><td>Jun 2017</td><td>58</td></tr><tr><td>Jul 2017</td><td>62</td></tr><tr><td>Aug 2017</td><td>60</td></tr></tbody></table>		Month	Time to fill (days)	Apr 2017	55	May 2017	58	Jun 2017	58	Jul 2017	62	Aug 2017	60	<p>This indicator measures the average time it takes, in days, to fill a vacancy. It measures the time taken from the day of full submission of a complete vacancy (to the TRAC Recruitment system), up to the day of unconditional offer. The graph shows an in month rate.</p> <p><u>Key Issues</u></p> <p>Central & Trafford Hospitals Time to fill for August 2017 has fallen to 68.7 days (a decrease of 0.8 days from the previous month).</p> <p><u>Actions</u></p> <p>Work is being developed with Corporate Communications to design a new employer brand for MFT which will influence the overall look and feel of future recruitment campaigns. As a result, plans are taking place to consider interim arrangements for the careers presence of both Central and Wythenshawe Hospitals across all media platforms to present a common approach from 1st October until this wider work is complete.</p> <p>Central & Trafford Hospitals</p> <p>Transactional activity still remains high for the Resourcing team during the month of August resulting in 2983 new applications, 407 conditional offers of employment issued and 284 new starters booked for the month.</p> <p>Wythenshawe Hospital</p> <p>The Time to Hire has improved in August 2017 due to particular improvements in elements of the process;</p> <ul style="list-style-type: none">- A significant decrease in Advert to Conditional Offer from an average of 24.6 days in July 2017 to an average of 18.2 days in August 2017. This is likely due to the centralisation of various Recruitment Campaigns such as Healthcare Support Workers and Nurses.- Advert to Unconditional offer average days decrease from 53.2 days to 49.1 days largely based on the fact that Recruitment campaigns are becoming increasingly centralised and effectively controlled.- Activity remains high during August 2017 there was an increase in average vacancies from 234 to 249.					
Month	Time to fill (days)																		
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Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital												
<div>✗ (Site level currently unavailable)</div>							<div>✓</div>												

Trust Mandatory Training - Clinical		✓	Actual	90.9%	Latest Period	Accountability	M.Johnson											
Central and Trafford Sites Only			Threshold	90.0%	(Higher value represents better performance)	Committee	HR Committee											
<div>Month trend against threshold</div> 			<p>This indicator measures the % of staff who are compliant at the point the report is run. Staff are compliant if they have undertaken mandatory training within the previous 12 months.</p> <p><u>Key Issues</u></p> <p>In the previous 12 months the total number of staff who completed their Clinical Mandatory training equated to 7064 employees; 90.9% compliance - which is over the Trust target but a slight deterioration of 0.7% from the previous month.</p> <p><u>Actions</u></p> <p>Trust compliance continues to exceed target. The compliance rate decreased by 0.7% in August to 90.9%. Four Divisions are currently below target – all are within 2% of target.</p>															
<div>12 month trend (Sep 2016 to Aug 2017)</div> 																		
<div>Hospital level compliance</div> <table><tr><td>Clinical and Scientific Support</td><td>Manchester Royal Infirmary</td><td>Manchester Royal Eye Hospital</td><td>Royal Manchester Children's Hospital</td><td>St Mary's Hospital</td><td>Trafford General Hospital</td><td>University Dental Hospital of Manchester</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	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital	✓	✗	✓	✗
Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital											
✓	✗	✓	✗	✓	✓	✓	⊘											


Trust Mandatory Training - Corporate			Actual	92.0%	Latest Period	Accountability	M.Johnson																								
Central and Trafford Sites Only			Threshold	90.0%	(Higher value represents better performance)	Committee	HR Committee																								
<p>Month trend against threshold</p> <p>12 month trend (Sep 2016 to Aug 2017)</p> <p>Hospital level compliance</p> <table border="1"> <thead> <tr> <th>Clinical and Scientific Support</th> <th>Manchester Royal Infirmary</th> <th>Manchester Royal Eye Hospital</th> <th>Royal Manchester Children's Hospital</th> <th>St Mary's Hospital</th> <th>Trafford General Hospital</th> <th>University Dental Hospital of Manchester</th> <th>Wythenshawe Hospital</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7">✓ (Site level currently unavailable)</td> <td>⊗</td> </tr> </tbody> </table>			Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital									✓ (Site level currently unavailable)							⊗					
Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital																								
✓ (Site level currently unavailable)							⊗																								

Medical Agency Spend			Actual	£877.3	Latest Period	Accountability	M.Johnson																
MFT			Threshold	None	(Lower value represents better performance)	Committee	HR Committee																
<p>Month trend against threshold</p> <p>12 month trend (Sep 2016 to Aug 2017)</p> <p>Hospital level compliance</p> <table border="1"> <thead> <tr> <th>Clinical and Scientific Support</th> <th>Manchester Royal Infirmary</th> <th>Manchester Royal Eye Hospital</th> <th>Royal Manchester Children's Hospital</th> <th>St Mary's Hospital</th> <th>Trafford General Hospital</th> <th>University Dental Hospital of Manchester</th> <th>Wythenshawe Hospital</th> </tr> </thead> <tbody> <tr> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> </tbody> </table>			Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital	-	-	-	-	-	-	-	-	<p>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.</p> <p><u>Key Issues</u> For August 2017 the total value of Medical and Dental agency staffing was £750k, which is a £187k decrease from the previous month.</p> <p><u>Actions</u> Central & Trafford Hospitals A high level weekly report of compliance against National Health Service Improvement (NHSI) Agency Caps is currently being pulled together to ensure that the Trust position can be easily reported to the Executive team. The weekly report of all agency worker bookings is now available to Divisions via the Electronic Workforce Information Portal (eWIP). This report provides detailed information on all medical agency worker bookings for the previous week by grade, specialty, hourly rate and performance against agency price caps.</p> <p>Wythenshawe Hospital Medical Agency spend continues to be scrutinised through the ' Medical Productivity Board' and a number of initiatives have been put in place to drive down usage including: - The commencement of roll out of Health Medics (Health Roster for medical staff) - Creation of a Medical Locum Dashboard to support intelligence gathering - Continued use of the TeMpre platform to increase bank usage - Continued scrutinisation of Extra Contractual Lists (ECLs) usage via weekly Exec led panel for approval - Ensure the use of permanent contract for permanently funded medical posts to reduce turnover.</p>				
Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital																
-	-	-	-	-	-	-	-																

Qualified Nursing and Midwifery Vacancies B5 Against Establishment			Actual	18.0%	Latest Period	Accountability	M.Johnson																
MFT			Threshold	None	(Lower value represents better performance)	Committee	HR Committee																
<p>Month trend against threshold</p> <p>12 month trend (Sep 2016 to Aug 2017)</p> <p>Hospital level compliance</p> <table border="1"> <thead> <tr> <th>Clinical and Scientific Support</th> <th>Manchester Royal Infirmary</th> <th>Manchester Royal Eye Hospital</th> <th>Royal Manchester Children's Hospital</th> <th>St Mary's Hospital</th> <th>Trafford General Hospital</th> <th>University Dental Hospital of Manchester</th> <th>Wythenshawe Hospital</th> </tr> </thead> <tbody> <tr> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> </tbody> </table>			Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital	-	-	-	-	-	-	-	-	<p>The Qualified Nursing and Midwifery figure represents the total number of posts currently vacant within the Nursing and Midwifery staff group for staff at Band 5 level, including Operating Department Technicians.</p> <p><u>Key Issues</u> The majority of vacancies within Nursing and Midwifery are within the staff nurse (band 5) role. At the end of August 2017 there were 396.4 WTE staff nurse (band 5) vacancies across Central & Trafford Hospitals and a vacancy rate of 17.0%. The band 5 nursing establishment increased in August 2017 by 1.45 wte staff nurse posts.</p> <p><u>Actions</u> Central & Trafford Hospitals Recruitment campaigns have continued throughout July to support the expansion of services in Specialist Medical Services and increased activity in the Division of Surgery. There are currently 271 band 5 nurses and midwives due to commence in post before October 2017, many of which will be newly qualified nurses who will graduate in September 2017. Nursing recruitment events are now planned for September and November 2017 An outdoor community advertising attraction strategy has gone live across various sites within the surrounding areas of Trafford to support the recruitment of band 5 staff nurses. The Division of Surgery has launched a social media campaign to attract theatre practitioners for both anaesthetics and scrub.</p> <p>Wythenshawe Hospital There has been an increased focused on attending Recruitment Jobs Fairs for 2017 and so far have attended 11 Events – with a total of over 600 Newly Qualified Nurses we are now in regular contact with. We also have 7 more events booked so far, before the end of the year. There were 21 external Band 5 Nurses who started in August 2017, with a remaining 209 with start dates booked for subsequent months or still in pre-employment checks.</p> <p>External Band 5 Nurses due to start in the future months are as follows: Sep-17 - 56 in total Oct-17 - 50 in total Nov-17 - 13 in total Total - 119 over the next 3 months</p>				
Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital																
-	-	-	-	-	-	-	-																

> Board Assurance

August 2017

 Finance A.Roberts	Core Priorities	✓	◇	✗	No Threshold
		1	0	1	0

Headline Narrative

- Please see agenda item 5.2

Finance - Core Priorities

Regulatory Finance Rating

MFT



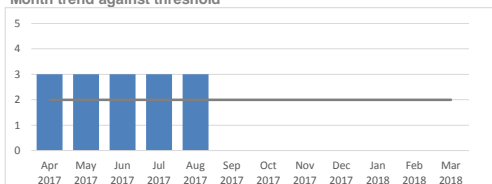
Actual 3 Latest Period

Accountability A.Roberts

Threshold 2 (Lower value represents better performance)

Committee TMB and Board Finance Scrutiny Committee

Month trend against threshold



12 month trend (Sep 2016 to Aug 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



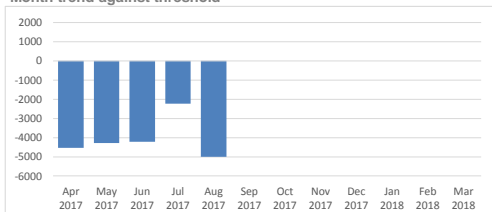
Actual -£20,248.0 Year To Date

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	Manchester Royal Eye Hospital	Royal Manchester Children's Hospital	St Mary's Hospital	Trafford General Hospital	University Dental Hospital of Manchester	Wythenshawe Hospital
✓	✗	◇	✗	✗	✗	◇	✓

> Board Assurance

August 2017



Strategy

Core Priorities	✓	◇	×	No Threshold
	0	0	0	0

Headline Narrative

The strategy section is currently being defined and will be available in future iterations.

Strategy - Core Priorities

To Be Confirmed	Actual	Accountability
MFT	Threshold	Committee
Hospital level compliance		
Clinical and Scientific Support	Manchester Royal Infirmary	Manchester Royal Eye Hospital
	Royal Manchester Children's Hospital	St Mary's Hospital
	Trafford General Hospital	University Dental Hospital of Manchester
		Wythenshawe Hospital