

# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

## BOARD OF DIRECTORS' MEETING (MEETING IN PUBLIC)

TO BE HELD ON MONDAY, 14<sup>TH</sup> JANUARY 2019  
AT 2.00PM IN THE MAIN BOARDROOM

### A G E N D A

1. Apologies for Absence
2. Declarations of Interest
3. Patient Story (DVD)
4. To Approve the Minutes of the Board of Directors' meeting held on 12<sup>TH</sup> November 2018 (Enclosed)
5. **Matters Arising**
6. **Chairman's Report** (Verbal Report of the Group Chairman)
7. **Chief Executive's Report** (Verbal Report of the Group Chief Executive)
8. **Operational Performance**
  - 8.1 To Consider the Board Assurance Report (Summary Enclosed)
  - 8.2 To Receive the 2018/19 MFT Emergency Preparedness Resilience and Response Care Standards Self-Assessment (Report of the Group Chief Operating Officer Enclosed)
  - 8.3 To Receive the Q3 (2018/19) Transformation Programme Report (Report of the Group Chief Operating Officer Enclosed)
  - 8.4 To Receive a Progress Report on the Single Hospital Service (Report of the Director of Single Hospital Service Enclosed)
  - 8.5 To Receive the Group Chief Finance Officer's Report (Report of the Group Chief Finance Officer Enclosed)
9. **Strategic Review**
  - 9.1 To Receive an Update on Strategic Developments (Report of the Group Executive Director of Strategy Enclosed)
  - 9.2 To Receive an Update Report on the Manchester Local Care Organisation (MLCO) (Report of the Chief Executive MLCO Enclosed)



## 10. Governance

- 10.1 To Receive a Progress Report on the Gosport Improvement Programme

*(Report of the Joint Group Medical Director Enclosed)*

- 10.2 To Receive an Update Report on 'Never Events'

*(Report of the Joint Group Medical Director Enclosed)*

- 10.3 To Receive an Update Report on the Flu Vaccination Programme and Management of Flu Activity

*(Report of the Group Chief Nurse / Group Executive Director of Workforce & OD Enclosed)*

- 10.4 To note the following Committees held meetings:

- 10.4.1 Group Risk Management Committee held on 5<sup>th</sup> November 2018
- 10.4.2 Audit Committee held on 7<sup>th</sup> November 2018
- 10.4.3 Finance Scrutiny Committee on 22<sup>nd</sup> November 2018
- 10.4.4 Quality & Performance Scrutiny Committee held on 3<sup>rd</sup> December 2018
- 10.4.5 Charitable Funds Committee held on 12<sup>th</sup> November 2018
- 10.4.6 MLCO Scrutiny Committee held on 14<sup>th</sup> November 2018
- 10.4.7 HR Scrutiny Committee held on 18<sup>th</sup> December 2018

## 11. Date and Time of Next Meeting

The next meeting will be held on **Monday, 11<sup>th</sup> March 2019 at 2pm** in the **Main Boardroom**

## 12. Any Other Business



## MINUTES OF THE BOARD OF DIRECTORS' MEETING

**Meeting Date: 12<sup>th</sup> November 2018**

**(Held in Public)**

### **147/18 Apologies for Absence**

Apologies were received from Professor Dame S Bailey, Professor L Georghiou and Mr A Roberts.

### **148/18 Declarations of Interest**

There were no declarations of interest received for this meeting.

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| <b>Decision:</b> | Noted | <b>Action by:</b> n/a | <b>Date:</b> n/a |
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### **149/18 Patient Story – ‘What Matters to Me’**

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

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| <b>Decision:</b> | Patient Story Received and Noted | <b>Action by:</b> n/a | <b>Date:</b> n/a |
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### **150/18 Minutes of the Board of Directors Meeting held on 10<sup>th</sup> September 2018**

The minutes of the meeting held on the 10<sup>th</sup> September 2018 were agreed as a correct record.

### **151/18 Matters Arising**

The Board reviewed the actions from the Board of Directors meeting 10<sup>th</sup> September 2018 and noted progress.

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### **152/18 Group Chairman's Welcome and Opening Remarks**

- i) The Group Chairman reminded the Board of Directors that it had been the 1<sup>st</sup> anniversary of Manchester University NHS FT on 1<sup>st</sup> October 2018.
- ii) The Group Chairman reported that the second MFT Excellence Awards had recently been launched following the success of the inaugural MFT staff awards ceremony in March 2018. It was noted that this year's awards would be held at the Principal Hotel Manchester on Friday, 8<sup>th</sup> March 2019.



- iii) The Board was advised that the MFT Charity Team was organising a special Team MFT Awards Ceremony on Wednesday, 14<sup>th</sup> November 2018, to thank staff who took part in this year's Great Manchester Run (as part of 'Team MFT'). The Group Chairman explained that the ceremony would be hosted by BBC Sports Presenter, Mr Hugh Ferris, and would take place at Citylabs from 6:00pm-7.30pm with awards to celebrate the achievements of all staff involved including 'fastest time' and 'biggest departmental sign up'.
- iv) The Group Chairman reported that 18 members of staff had recently been appointed as 'Freedom to Speak Up' (F2SU) Champions across MFT Hospital/MCS sites. The Board was reminded that F2SU was a national programme that supported staff, students and patients to raise concerns and the appointment of Champions was part of MFT's commitment to openness and honesty amongst the workforce.
- v) The Board noted that one of the well-known Manchester 'Bee in the City' sculptures had arrived at Manchester Royal Eye Hospital on 15<sup>th</sup> October 2018. It was reported that celebrating the 25-year partnership between MREH and the Henshaws charity, the 'Bee-yond Expectations' sculpture was sensory themed with tactile and multi-sensory elements.
- vi) The Group Chairman congratulated the work of inclusion team and consultant staff who had recently won the Greater Manchester Caribbean & African Health Networks partnership award.

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## 153/18 Group Chief Executive's Report

- (i) The Group Chief Executive reported that the **CQC** had now concluded their primary on-site inspections (inc. the Well-Led Review) and he wished to thank all MFT staff for welcoming the Inspectors into their areas over a period of 6 weeks. It was noted that further information would be presented to the Board later on the agenda (see minute 155/18).
- (ii) The Board of Directors was advised of two teams at Wythenshawe Hospital, who had won in the Respiratory Nursing & Continence Promotion and Care categories at a recent Nursing Times Awards.
- (iii) The Group Chief Executive reported that following notification of preferred bidder status in August 2018, it had now been confirmed that MFT had been awarded the contract for the NW Genomics Laboratory Hub service and eight specialist testing categories. He explained that this would significantly enhance genetic testing in patients with rare and inherited diseases and for patients with cancer helping to provide accurate diagnosis and treatment

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## 154/18 Operational Performance

### Board Assurance Report

The Joint Group Medical Director reported that there were three main areas she would like to draw to the attention of the Board of Directors, namely, Never Events (NE), Serious incidents (SI's) & Mortality.



It was noted that since the last Board meeting in September, all four NE's since April 2018 had been investigated with duty of candour adhered to in all four. It was confirmed that the main themes identified following the investigations revolved around 'Safe Surgical Checklists' and 'local secondary procedures for interventional procedures'. It was also noted that detailed action plans were in place (especially by CSS which included human factors training focused on cultural behaviour).

The Joint Group Medical Director also reported that there were similar levels of SI's this year compared to the same period in 2017/18. It was noted that the main areas where 'harm' was recorded involved 'Falls' and also 'communication of test results'. The Board was advised that a Task & Finish Group convened to look at the latter along with the Clinical Advisory Committee and a report to the Group Management Board at the end of November 2018. In relation to Mortality, a more detailed paper would be presented in detail later on the agenda (see minute 155/18).

The Group Chief Operating Officer provided an overview of the Trust's operational performance highlighted within the report for September 2018 along with the most up-to-date information (where this was available). The Board was reminded that in terms of 'Diagnostics', there were a number of tests which were required to conform with the 6-weeks target and the Trust was at 1.88% (against the target of 1%) in September 2018. The Group Chief Operating Officer explained that whilst the Trust was hoping to have achieved the 1% target by end October 2018, a number of unexpected challenges had arisen in Adult Endoscopy which required further focused action by the Trust Transformation Team (working alongside the MRI & CSS Leadership Teams).

The Group Chief Operating Officer confirmed that the Trust's A&E 4hrs position was 86.72% in September 2018 (87.46% cumulative for Q2 2018/19). She explained that the position in October (82%) and early November 2018 had been particularly challenging with the main pressures on the MRI & Wythenshawe sites. It was noted that there had been heightened levels of focus on what additional interventions could be identified and introduced in order to see a 'stepped improvement' in performance. She explained that the actions identified varied between sites in response to local challenges e.g. at MRI there is concentration on patient flow. Introduction of a new 'Frailty Unit' improving Minors performance. At Wythenshawe, the focus is on additional support to the A&E Department from consultants at the MRI site. It was further noted that the Trust was working closely with the local health system including the MLCO with good progress in finding solutions for 'stranded' and 'super-stranded' patients in hospital which, in turn, released much needed capacity within the acute setting. The Group Chief Operating Officer also confirmed that since the last meeting in September, the availability of additional 'Winter Pressure' monies for adult social care had been announced (£1.6m for Manchester and £1m for Trafford) and the Trust was working closely with the MLCO to ensure these monies are focused on 'additionality' (stranded patients, re-ablement and double-packages of care).

The Group Chief Operating Officer provided an overview of the Trust's RTT position and was pleased to report that with the exception of the known 25 'plastic surgery' patients at Wythenshawe Hospital (previously reported for completion by end-March 2019), all other patients waiting >52 weeks within the Trust had been accommodated by the end of September 2018 as planned. In terms of the Trust's Cancer performance, it was reported that the position in Q1 (2018/19) was 83.26% against a target of 85%, and, to date in Q2, the position was 81%. It was confirmed that a number of recovery plans were in place, particularly in diagnostics (previously reported) where there were notable real reductions in wait times for MR & CT Scans (down from 32 days to 15 days and 31 days to 13 days respectively) and the Trust is aiming for a step change improvement in Q4 to deliver the Cancer standard.



The Group Chief Operating Officer confirmed that a pilot had been undertaken in Lower Gastro Intestinal cancer site ('straight to test') and the outcome of the pilot would be presented to the Cancer Committee in the New Year.

In response to a question from Dr Benett seeking further clarification on the Cancer position, the Group Chief Operating Officer explained that in Q1 the Trust had experienced a 12% increase in Cancer referrals compared to Q4 17/18 and 20% increase compared to the same period last year. It was acknowledged that whilst this was a significant increase in referrals, it was noticeable across GM that there was early, 'higher suspicious of cancer' and subsequent referral for earlier diagnostics and treatment (as required). Discussions were ongoing locally and across the system on reviewing pathways (including diagnostics) to meet the increased demand.

In response to questions from Mr Clare regarding increased attendances and collaboration between agencies, the Group Chief Operating Officer described the 3-4% increase in attendances and heightened levels of acuity of presenting patients along with the ongoing work with the MLCO (which would be also discussed later on the agenda (see minute 154/18)

The Group Executive Director of Workforce & OD provided an overview of attendance within the organisation and the 'deep dive' undertaken by the HR Scrutiny Committee (on behalf of the Board of Directors) in October 2018. It was noted that both the MRI & Wythenshawe leadership teams were invited to the HRSC to describe their action plans to improve performance in overall attendance. Particular attention was drawn to the 30% improvement in performance in Wythenshawe Theatres following the introduction and evaluation of the *Impactus* pilot programme (with the aim of rolling-out this new monitoring system to the remainder of the organisation subject to approval of an FBC at the GMB at the end of November 2018). Attention was also drawn to the month-on-month deterioration in Clinical Mandatory Training performance and the request for all Hospitals/MCS to provide their recovery plans and improvement trajectories (with noticeable improvement witnessed in some areas in September 2018).

The Group Executive Director of Workforce & OD explained that during August & September, the Trust normally witnesses a seasonal increase in turnover, however, it was noted that there was a decrease in Nursing & Midwifery (N&M) in August. The Board was advised that for general turnover across the organisation, both the MRI & WATW were experiencing the heightened challenge and further work was commissioned to improve retention amongst the wider workforce (including some joint work between the nursing and HR teams to consider opportunities to improve retention among the N&M workforce). Attention was also drawn to the deterioration in Appraisal compliance for non-clinical staff and workstreams were identified to address this shortfall.

The Board noted the Board Assurance Report (September 2018)

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| <b>Decision:</b> | Board Assurance Report for September 2018 was noted | <b>Action by:</b> n/a | <b>Date:</b> n/a |
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#### Report on 'Preparing for the Winter Pressures (2018/19)

The Group Chief Operating Officer provided an overview of the Trust's plan for the 2018/19 winter period. She set out the key initiatives that would support the management of increases in demand and the associated challenges of winter across the Trust's hospitals.



The Board was advised that the year's Winter Plan had been developed for the Trust based on lessons learnt over the course of the last three winters (these were noted in the report as presented). The Group Chief Operating Officer explained that the plan covered all MFT clinical and support services and hospitals, and aimed to ensure that, where services might be impacted by the winter period, plans were in place to ensure patients remained safe through periods of increased demand and that there was minimal delay or disruption to patient experience. She re-stated that lessons learnt and areas of good practice had been incorporated into the 2018/19 Winter Plan as described.

The Board noted the key risks to the delivery of the 2018/19 Winter Plan under the main headings of capacity, staffing, performance, and, working with external partners. Particular attention was also drawn to a number of key Initiatives within the plan focused on the areas of bed and ward capacity, service enhancements and changes, patient flow and discharge management, communication and working with partners and workforce and staff wellbeing.

In response to a question from the Group Chairman, it was confirmed that the delivery of the Winter Plan would be overseen by the Group Chief Operating Officer, with reporting through to the Trust's Operations & Transformation Oversight Group. It was also noted that the Plan would also form part of the 2018/19 Manchester & Trafford Urgent and Emergency Care (UEC) Delivery Board Winter Plan.

In response to a question from Dr Benett regarding patients who may be 'bedded-out' in other wards and assurance surrounding appropriate and timely medical review, the Group Chief Operating Officer explained that medical patients on surgical wards (and vice versa) would receive ongoing care from Junior Drs along with very senior reviews from ST3's and/or Consultants on a daily basis (with appropriate escalation via the Bed Meetings if such reviews had not taken place by mid-afternoon each day).

The Board of Directors noted the contents of the report

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### Quarter 2 (2018/19) Transformation Programme Report

The Group Chief Operating Officer presented an overview of the Quarter 2 (2018/19) Transformation Programme. Particular attention was drawn to the summary of the Quarter 2 progress against a wide range of agreed objectives along with the sustained performance throughout the merger and realisation of the merger benefits. Attention was also drawn to the MFT Operational Excellence Standards and the positive progress achieved against commitment between July and September 2018.

The Group Chief Operating Officer explained that despite the continued success of the MFT Transformation Programme, there was still continued focus in key areas in order to secure further improvement in patient standards. The Board noted ongoing challenges across the Group in outpatients (Did Not Attends - DNAs) and the workstreams to improve performance.

The Group Chief Operating Officer highlighted the Transformation Programme's agenda in Q3 (2018/19) under the key headings of 'Delivery of MFT Operational Excellence Standards'; 'Integration'; and, 'Culture Change & Capability Building'.

The Group Chairman & Mrs McLoughlin extended their appreciation to the MFT Transformation Team(s) for all their continued focus and energy in supporting and facilitating the Transformation Programme and embedding new ways of working alongside the Hospital/MCS Leadership Teams.



The Board noted the Q2 (2018/19) Transformation Report.

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| <b>Decision:</b> | Q2 (2018/19) Report Noted | <b>Action by:</b> n/a | <b>Date:</b> n/a |
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#### Sustainable Development Management Plan (SDMP)

The Group Chief Operating Officer presented the Sustainable Development Management Plan (SDMP) which outlined the organisations vision, aims, objectives, plans and priorities for delivering sustainable healthcare. She explained that the plan set out how the organisation would use its influence to drive improvements in the best interest of the public's health. The Board noted that the SDMP would help MFT to identify clear actions to drive forward sustainable healthcare; achieve cost savings in areas such as utilities, waste disposal and transport; improve the health of our local community; meet legislative and policy requirements; and, provide the required evidence that MFT is effectively managing sustainability and enhancing social value when bidding for work.

The Board was reminded of why there was a need for an SDMP, what was captured in the plan and how it was going to be delivered. The Group Chief Operating Officer explained that the Head of Environmental Sustainability would be responsible for monitoring, tracking and reporting performance against the SDMP through internal and external channels as required. She also explained that the Group Director of Estates and Facilities would be responsible for providing the resources required to deliver the plan and had senior ownership of the Sustainability portfolio.

In response to a question from Mr Rees, the Group Chief Operating Officer & Group Executive Director of Strategy confirmed that the SDMP was not a stand-alone strategy and was closely aligned to all other key MFT Strategies with heightened levels of engagement and involvement from key stakeholders both within and external to the organisation. Mr Clare emphasised the importance of the SDMP's close alignment with the both the Transformation and OD Programmes going forward along with key learning from external partners and the private sector.

In conclusion, the Board of Directors approved the SDMP along with the continued active support of associated work programmes and further annual updates on progress against the SDMP.

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#### Progress Report on the Single Hospital Service (SHS)

The Director of SHS provided an update on the SHS Programme. He explained that integration plans had been progressively and comprehensively updated to ensure that they continued to support the establishment of the new organisation. It was noted that the work had been overseen by the Integration Steering Group chaired by the Director for the SHS supported by a number of Group Executive Directors.

The Board particularly noted that as part of this, a number of corporate programmes had successfully concluded their integration projects, with many continuing as part of the post-merger "business as usual" work. Several examples were cited in the report as presented, for example, the provision of a Group wide Employee Health and Wellbeing Service; implementation of a number of IT systems and tools to assist colleagues in working and communicating across sites; and, the development of a Leadership and Culture Strategy. Particular attention was drawn to a number of clinical services which had also achieved patient benefits through the delivery of specific integration programmes. Examples were noted in the update report under the headings of Urology; Orthopaedic Services; Urgent Gynaecology Surgery; and, Imaging & Nuclear Medicine.



The Director of SHS explained that a small number of year one projects had been re-phased to deliver in year two and this had occurred where clinical staff had identified that by increasing the project scope, there was greater potential to increase patient benefits (e.g. Dental Laboratory consolidation project). He also pointed out that 'Year Two' integration plans were also being further developed with corporate, operational and clinical leads as teams worked towards the implementation of complex programmes of work which would see harmonised care pathways and application of MFT-wide resources to reduce variability of treatment.

The Board was also advised that the Integration Steering Group (ISG) continued to oversee the delivery of the integration work streams, providing resource and support to help work stream leads deliver their programmes of work. It was noted that key workstreams included a commissioned review of the Equality Impact Assessments (EQIAs) that had been completed as part of the SHS Programme.

The Director of SHS also explained that part of the post-merger integration plan included tracking and monitoring delivery of all merger related benefits and the development of the PTIP would outline integration plans for the following year and would continue to ensure that MFT realised and tracked merger benefits wherever possible. He also confirmed that in conjunction with the development of the PTIP, a Year One Report was being produced and was in the final stages of development. It was further confirmed that all integration work remained closely connected to the development of the MFT clinical service strategy and this included a focus on implementation plans for improvements to clinical services.

The Board also noted that the Manchester Investment Agreement patient benefits was reported to Manchester Health and Care Commissioners (MHCC) on a quarterly basis and MFT was held to account by MHCC on the delivery of specific, measurable patient benefits (last updated presented by MFT to the Greater Manchester Health and Social Care Partnership (GMH&SCP) in October 2018. It was reported that colleagues from MHCC and GMHSCP had acknowledged the achievements MFT had been able to make since the merger took place.

The Director of SHS provided a summary update on the proposed acquisition of North Manchester General Hospital (NMGH) by MFT. The Board was reminded that the transaction process was being managed under the auspices of the national NHS I Transaction Guidance with oversight provided by a Transaction Board established at the end of November 2017. It was reported that in anticipation of the proposed transaction, MFT and MHCC continued to engage with colleagues at NMGH through a staff engagement programme. Additionally, it was noted that MFT and NMGH had also undertaken a joint Consultant recruitment programme in the interest of addressing some of the medical staffing challenges across the City of Manchester. The Director of SHS confirmed that as part of the development of a credible strategic case, MFT was working with MHCC to explore the role of NMGH as part of the local health and social care economy. He also explained that this work was being progressed by the North Manchester Strategy Board, led by MHCC.

In conclusion, the Board noted that integration work within MFT was progressing well and the primary focus continued to be realising patient benefits and creating new efficiencies through the application of robust leadership and governance arrangements.



It was also confirmed that as part of the effort being made to deliver the Manchester Locality Plan, MFT remained committed to implementing the Single Hospital Service for Manchester by transferring NMGH to MFT at the earliest practicable opportunity. It was also acknowledged that on this basis, MFT would continue to engage with all key stakeholders and in particular, work with GM H&SCP in its role in overseeing the dissolution of PAHT.

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#### Chief Finance Officer's Report

The Group Director of Finance provided an overview of the Chief Finance Officer's Report. She explained that at Month 6 (2018/19), the Trust was again narrowly within its NHS I control total trajectory with the Trust's deficit of £13.8m representing an underlying run rate deficit of £2.3m per month which, if it were to continue, would not be compatible with the delivery of the £12m deficit control total (excl. PSF) at the year-end (March 2019).

The Group Director of Finance explained that on the back of the Month 5 position, it was recognised that it was necessary for Hospital/MCS to rapidly accelerate targeted interventions to deliver their existing plans and ensure adequate 'grip and control' over expenditure in Quarter Three (2018/19). It was acknowledged that once delivered, such savings should significantly mitigate the adverse run-rate trend by around £7m over Quarter Three with the recurrent elements having an ongoing benefit towards the exit run-rate at the end of March 2019.

The Group Director of Finance emphasised that it was essential that solid progress was made with these interventions over the following two months and that progress against these plans, along with their impact on the final quarter (2018/19) would be scrutinised at the next Finance Scrutiny Committee in November 2018.

The Board noted the Chief Finance Officer's Report.

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## **154/18 Strategic Review**

### Update on Key Strategic Developments

The Group Executive Director of Strategy provided an update on a range of key strategic issues which were currently being progressed. Particular attention was drawn to a number of national issues including the North West Genomics Partnership, hosted by MFT, which had been chosen as one of the seven Genomics Laboratory Hubs across the country. It was noted that in addition, the North West Genomics Partnership had been successful in bidding to provide eight specialist testing categories, namely, Cardiology; Haematology; Hearing; Immunology; Metabolic; Neurology; Ophthalmology; and, Inherited cancer (awarded in conjunction with the North East GLH).

The Group Executive Director of Strategy also provided an update on the 'Theme 3' transformation programme with a focus on the remaining projects in the transformation and design stage. It was particularly noted that all models of care where MFT was the provider transformation lead had now been supported to go through the modelling stage with McKinsey and these included Vascular; Breast cancer; Paediatric surgery; Respiratory; Cardiology.



The Board received an update on the development of the MFT Service Strategy under the headings of 'Overarching Group Service Strategy' and 'Clinical Service Strategies'. It was confirmed that Group Service Strategy was nearing completion and the next step was approval by the Board of Directors following which it will continue to be iterated over the next 6 months.

The Group Executive Director of Strategy confirmed that all workshops, as part of Wave One had now been completed with development of the draft clinical strategy documents ongoing. It was noted that the Clinical Leads of Waves 2 & 3 had been appointed with Wave 2 scheduled to launch at the start of November 2018. The Board was advised that engagement sessions with colleagues from North Manchester General Hospital representing each Wave One service had been well attended.

The Group Executive Director of Strategy also explained that a communications and engagement strategy for both the over-arching Group Service Strategy and the Clinical Service Strategies was being revised now that the organisation was entering a new phase in the work and need to engage more widely.

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#### Report on Annual Planning for 2019/20

The Group Executive Director of Strategy presented a report which set out the annual planning process for 2019/20 and in particular sought agreement to the proposed vision and strategic aims that the whole of the organisation would work towards. He also confirmed that similar to the previous year, these would be set at Group level, with key priorities set by Hospitals / Managed Clinical Services (MCS).

The Board was reminded that the Trust's existing vision and strategic aims were established as part of the Single Service Hospital Programme and acknowledged that since the organisation was still only part way through this programme, it would be appropriate to retain these for 2019/20. It was agreed that this would provide some stability and continuity for the Hospitals and MCSs and that the obvious time to renew the vision was once the acquisition of NMGH had been achieved.

The Board noted the proposed planning process for 2019/20 through which the Hospital / MCS will develop business plans (HBP) that will set out for the coming year how they plan to deliver: all of their targets and aspirations in relation to activity, quality, safety and performance, the SHS benefits and any service developments, including consideration of the workforce requirements and plans for how these would be fulfilled.

It was also noted that the HBPs will be one form of assurance to the Board of Directors that the Hospitals/MCSs will deliver and will form the basis of the Accountability Oversight Framework (AOF) with the AOF metrics used to monitor performance in-year drawn from the HBP.

The Group Executive Director of Strategy reported that NHS I in previous years have required a Group level annual plan that showed how MFT plans to deliver the NHS 'must-dos' for the coming year. The full NHS I requirements for 2019/20 have not yet been published. The Board noted the timeline on how the organisation intends to dovetail MFT's internal planning process with the known NHS I requirements. The involvement of the Council of Governors in the planning process was also outlined and noted. The Group Executive Director of Strategy confirmed that the Service Strategy programme, through which MFT was developing longer-term plans, would conclude in early 2019/20 and would be fed to the Hospitals / MCS as they become available for incorporation into their HBPs.



The Board noted the proposed 2019/20 annual planning process.

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#### Update on the Manchester Local Care Organisation (MLCO)

The Chief Executive (MLCO) provided an update from the MLCO under the headings of Regulatory Assessment; System Escalation; New Care Models; VCSE Memorandum of Understanding; Integrated Care Provider contract national public consultation; MLCO Freedom to Lead event; MLCO Operational Structures and Leadership Arrangements; Bringing Services Together; and, MFT Scrutiny Committee.

Particular attention was drawn to the MLCO system escalation. The Chief Executive (MLCO) explained that alongside leading the programmes of work bringing together health and social care services and delivering transformation activity, the MLCO was working closely with MFT to support local people by working to prevent the need for admission to hospital wherever possible, and getting people home from hospital in a timely and safe manner when they do need hospital care.

The Board noted that with support from partners, including Manchester City Council and Greater Manchester Mental Health NHS Foundation Trust, there had been an initial period of focussed activity to support people who had faced a long length of stay in hospital. The Chief Executive (MLCO) explained that to date, this work had overseen the discharge of 58 complex patients with a cumulative length of almost 6,000 days. He also explained that alongside this, plans had been developed around medium to long term improvements to support system-flow between the community and acute hospitals and to develop sustainability plans. The Board noted the summaries presented in the report.

The Chief Executive (MLCO) confirmed that further to the focused work programmes in development at the MRI, the MLCO was also working collaboratively with colleagues at the Wythenshawe and North Manchester hospital sites and it was expected that a number of the programmes of work would be scaled-up to ensure that there was a consistent offer for people across the City of Manchester.

The Board also noted that the inaugural MFT Scrutiny Committee met on 12<sup>th</sup> September 2018 with the aim of ongoing review of the delivery of MFT's community services (the MLCO Services), through the MLCO Executive.

The Board noted the latest update report from the MLCO.

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155/18

#### **Governance**

##### Update Report on the Regulatory Assessment Process 2018/19 (inc. PIR)

The Group Chief Nurse provided an update on the Regulatory Assessment Process for 2018/19. The Board was advised that the CQC had now completed the on-site component of the Hospital and MLCO Services inspection (visit dates noted) and the CQC Team was now reviewing a large amount of documentary evidence submitted alongside their visit findings, and corroborating their findings. It was noted that these findings would be detailed in a final report with ratings applied (as per CQC guidance, across the core services for Safe, Caring, Effective, Responsive and Well-led for each location).



The Board was reminded that the Well-led assessment rating would be presented separately and the report and Trust ratings would be published approximately 3 months after the Well-led assessment had been completed. It was anticipated that this would be towards the end of January, early February 2019.

The Board noted the update report.

|                  |                     |                       |                  |
|------------------|---------------------|-----------------------|------------------|
| <b>Decision:</b> | Update Report Noted | <b>Action by:</b> n/a | <b>Date:</b> n/a |
|------------------|---------------------|-----------------------|------------------|

#### Safer Staffing Bi-Annual Report

The Group Chief Nurse presented an overview of the bi-annual, comprehensive report on Nursing and Midwifery staffing. She explained that the report set out the MFT position against the context of the National Nursing and Midwifery workforce challenges. The Board noted that the current workforce position was described with the actions in place to improve the Nursing and Midwifery staffing position across the Trust and that the report covered the period from April to August 2018.

The Group Chief Nurse explained that August 2018 reflected the highest number of vacancies in the calendar year (990.7wte 13.7%) as newly qualified nurses graduate in September 2018 and took up post throughout September and October 2018. She also explained that the Trust position was predicted to improve in September 2018 with an overall improved position from last year of 100 nurses and midwives. It was particularly noted that this had been achieved as a result of a successful international recruitment programme.

Attention was drawn to a number of recruitment and retention strategies in place due to high turnover rates with a focus on investment in staff and their career development alongside developing new roles and ways of working which was key to the sustainability of the nursing and midwifery workforce at MFT. Attention was also drawn to the expected increase in the number of International Nurses in the next 12 months and the nursing skill mix review to support the introduction of the Nursing Associate role from January 2019. It was noted this provided an additional workforce supply which had not previously been available and would complement the Group band 5 nursing workforce position.

The Board of Directors noted all the actions taken to recruit and retain the appropriate number of nurses and midwives to provide safe care within MFT.

|                  |                                     |                       |                  |
|------------------|-------------------------------------|-----------------------|------------------|
| <b>Decision:</b> | Q1 Complaints Report (2018/19 noted | <b>Action by:</b> n/a | <b>Date:</b> n/a |
|------------------|-------------------------------------|-----------------------|------------------|

#### Updated MFT Standing Financial Instructions (SFI's)

The Board of Directors approved the amendments and additions to the MFT Standing Financial Instructions (as outlined in the accompanying report).

|                  |                            |                       |                  |
|------------------|----------------------------|-----------------------|------------------|
| <b>Decision:</b> | SFIs approved by the Board | <b>Action by:</b> n/a | <b>Date:</b> n/a |
|------------------|----------------------------|-----------------------|------------------|

#### Q2 Complaints Report (2018/19)

The Group Chief Nurse presented a summary overview of the Quarter 2, 2018/19 complaints report for MFT, covering the period 1<sup>st</sup> July to 30<sup>th</sup> September 2018.



It was noted that during Quarter 2 (2018/19) work had continued to integrate the Trust's complaints functions and develop a single set of performance metrics. The Group Chief Nurse explained that this had enabled comparisons to be made between the Hospitals/MCS/MLCO across the Group and that an integral part of the integration had involved the reporting alignment of formal complaints to Hospitals/MCS/MLCO for services they manage.

The Board noted the breakdown of the PALS Q2 (2018/19) activity data presented in the report along with the activities of the Trust's Complaints Scrutiny Group, which was chaired by a Non-Executive Director and had met twice during the period covered in the report. It was also noted that the Division of Medicine and Surgery at Wythenshawe, Trafford, Withington and Altrincham Hospitals (WTWA), had each presented a case at the July 2018 meeting of the Scrutiny Group, and, Saint Mary's Hospital (SMH) had presented a case at the September 2018 meeting. The Group Chief Nurse confirmed that the key learning identified from the cases presented was detailed in Section 5 of the report as presented.

The Board noted the information highlighted within the report and the ongoing integration and development of the complaints system during Quarter 2 (2018/19) with targeted support from the Corporate Nursing Team. It was also noted that the CQC had recently reviewed the MFT Complaints process (during their comprehensive inspection of MFT) and no significant concerns had been drawn to the attention of the Group Executive Director Team.

The Group Chairman acknowledged the 'good progress' which had been achieved during Quarter Two (2018/19) throughout the organisation.

|                  |                     |                       |                  |
|------------------|---------------------|-----------------------|------------------|
| <b>Decision:</b> | Update Report Noted | <b>Action by:</b> n/a | <b>Date:</b> n/a |
|------------------|---------------------|-----------------------|------------------|

#### Update Report on the 2017 Cancer Survey

The Group Chief Nurse explained that The *Annual National Cancer Patient Experience Survey* [NCPES] (2017) provided useful insight which could support continuous improvement of the services provided by MFT and these findings informed improvement activity for cancer patients at both a strategic and at a local level.

The Board was advised that the results of the NCPES (2017) were published on 28<sup>th</sup> September 2018 by an external provider (Quality Health) on behalf of NHS England and the report now presented provided an analysis of the results.

The Group Chief Nurse explained that the sample of patients included in the survey was prior to the establishment of MFT; therefore separate reports had been published for the former Central Manchester University Hospitals NHS Foundation Trust (CMFT) and the former University Hospitals South Manchester (UHSM).

The Group Chief Nurse reported that many positive elements of cancer patient experience were identified by the NCPES (2017) and that overall, the results for the former CMFT and former UHSM were categorised as 'within the expected range' for Trusts of similar size. The Board particularly noted that when comparisons were drawn between other acute care providers within Greater Manchester and the Shelford Group Trusts, both former organisations compare favourably.



The Board noted that the results which fell below the national average would require further analysis by tumour specific teams to identify areas for their local improvement activity. The Group Chief Nurse explained that Tumour specific information was available where 21 or more responses had been received. She also confirmed that the challenge remained for those tumour groups where responses were less than 21 to consider how the organisation could encourage patients to respond to the future surveys.

In response to questions from Mr Clare, the Group Chief Nurse confirmed that there would be continued focus on shared learning of 'good practice' across the organisation (e.g. from the Nightingale Unit at Wythenshawe Hospital) along with feedback from 'What Matters to Me'. She also confirmed that there would be continued scrutiny, on behalf of the Board of Directors, at the Quality & Performance Scrutiny Committee.

The Board noted the update report

|                  |                     |                       |                  |
|------------------|---------------------|-----------------------|------------------|
| <b>Decision:</b> | Update Report Noted | <b>Action by:</b> n/a | <b>Date:</b> n/a |
|------------------|---------------------|-----------------------|------------------|

#### Report on Learning from Deaths

The Joint Group Medical Director presented a report aimed at providing assurance to the Board that the processes for 'Learning from Deaths' across the organisation were in line with best practice as defined in the National Quality Board's (NQB) National Guidance on Learning from Deaths (LFD) (March 2017), and Guidance on Working with Bereaved Families and Carers (July 2018).

The Board received an overview under the headings of 'Learning from Deaths Policy'; 'Summary Information on Learning from Deaths'; 'External Audit of Mortality Review in Legacy Organisations'; 'Mortality Reviews'; 'Patients with a Learning Disability'; 'Introducing the Medical Examiner System'; 'Involving Families'; 'Mortality Indices Summary'; 'Learning from Deaths Scrutiny Group'; and, 'Improvements'.

In conclusion, the Joint Group Medical Director explained that since the inception of MFT in October 2017, a considerable amount had been achieved in developing a coherent and uniform approach to Learning from Deaths to improve the quality and safety of care. She also confirmed that the role of the Group Mortality Review Group in supporting dissemination of good practice, lessons and action plans was being developed and that the Mortality review processes was generally robust, but would be altered by the introduction of a Medical Examiner system. The Board also noted that a deficiency in mortality review for patients with learning disability had been identified, and a new process had now commenced.

Overall, the Board was advised that the mortality metrics suggested the work programmes of 2017/2018 to address coding issues had been successful, but that co-morbidity coding required further work.

The Joint Group Medical Director explained that the creation of MFT had provided an opportunity to re-evaluate the approaches to learning from deaths in both organisations, and to implement a new policy based on national guidance and best practice in both organisations. She reported that going forward, the focus would be on learning from deaths, and dissemination of the resulting changes and developments in practice across the organisation.

The Board of Directors receive the report and noted the actions taken.

|                  |   |                       |                  |
|------------------|---|-----------------------|------------------|
| <b>Decision:</b> | Report received and actions noted by the Board of Directors | <b>Action by:</b> n/a | <b>Date:</b> n/a |
|------------------|---|-----------------------|------------------|



### Register of Directors' Interests (October 2018)

The Board of Directors noted the MFT Board of Directors' Register of Interests (October 2018).

|                  |  |                       |                  |
|------------------|--|-----------------------|------------------|
| <b>Decision:</b> | Directors' Register of Interests (October 2018) noted. | <b>Action by:</b> n/a | <b>Date:</b> n/a |
|------------------|--|-----------------------|------------------|

### Update Report on the Development of the Board Assurance Framework (BAF)

The Group Executive Director of Workforce & OD provided an update on the development of the Board Assurance Framework (BAF). The Board was reminded that ahead of the merger of the former University Hospital of South Manchester NHS Foundation Trust (UHSM) and former Central Manchester Hospitals NHS Foundation Trust (CMFT), a new Group BAF was successfully created, which combined the content from the BAFs of both predecessor organisations. The Board was also reminded that at the time of the merger, there was an acknowledgement that there would need to take place an iterative process of refinement of the Group BAF, both in terms of its content and format, during the new Trust's first year of operation.

The Group Executive Director of Workforce & OD explained that following a developmental review of Leadership & Governance arrangements using the Well Led framework during the Summer (2018), one of the recommendations arising from the KPMG Reporting Accountant work concerned the further development of the Group BAF and refinement of the process for updating and monitoring this, and of the continued role of the Board sub-committees and the Board itself in overseeing its development.

It was noted that a Task & Finish Group (consisting of Group NEDs and Corporate Officers) was convened in September 2018 and was now overseeing the further refinement of the format, content and operational effectiveness of the current BAF. The Board was also advised that in addition, an Internal Audit review of the BAF was also commissioned with the first phase undertaken in September & October 2018 and a second phase to be completed by March 2019. The Group Executive Director of Workforce & OD confirmed that the first phase of the Internal Audit Report had already highlighted a number of areas of 'good practice' adopted within the MFT BAF along with areas for further improvements and that the Internal Auditors had reported to the Trust's Audit Committee on 7<sup>th</sup> November 2018 that *"Overall, we have graded the arrangements currently in place in relation to the Board Assurance Framework as providing you (the Trust) with significant assurance with minor improvement opportunities."*

The Board of Directors noted progress in the continued refinement of the MFT BAF in response to the recommendations captured within the External, Independent Well Led Review (July 2018) and latest Internal Audit Review (September 2018) along with the next steps which included a progress report to the MFT Audit Committee on 6<sup>th</sup> February 2019 and Board of Directors meeting on 12<sup>th</sup> March 2018

|                  |                     |                       |                  |
|------------------|---------------------|-----------------------|------------------|
| <b>Decision:</b> | Update Report Noted | <b>Action by:</b> n/a | <b>Date:</b> n/a |
|------------------|---------------------|-----------------------|------------------|

### Update Report on the Flu Vaccination Programme

The Group Executive Director of Workforce & OD presented an update report of the first five weeks of MFT's flu campaign. She explained that the Trust had focused communication and activity around the clear message that the flu vaccination was about patient safety.



The Board noted that whilst the Trust had made significant progress towards the 75% target set for the delivery of the Flu Vaccination Programme, the Trust now needed to maintain momentum over the next few months.

The Board of Directors note the update report as presented.

|                  |                     |                       |                  |
|------------------|---------------------|-----------------------|------------------|
| <b>Decision:</b> | Update Report Noted | <b>Action by:</b> n/a | <b>Date:</b> n/a |
|------------------|---------------------|-----------------------|------------------|

Note Committee meetings which had taken place:

- Group Risk Management Committee held on 3<sup>rd</sup> September 2018
- Audit Committee held on 5<sup>th</sup> September 2018
- Finance Scrutiny Committee on 5<sup>th</sup> September 2018
- Charitable Funds Committee held on 10<sup>th</sup> September 2018
- MLCO Scrutiny Committee held on 12<sup>th</sup> September 2018
- Quality & Performance Scrutiny Committee held on 1<sup>st</sup> October 2018
- HR Scrutiny Committee held on 23<sup>rd</sup> October 2018

**156/18 Date and Time of Next Meeting**

The next meeting of the Board of Directors held in public will be on **Monday 14<sup>th</sup> January 2019 at 2pm** in the **Main Boardroom**

**157/18 Any Other Business**

There was no other business.



|                |   |  |
|----------------|---|--|
| Present:       | Mr J Amaechi<br>Mr D Banks<br>Dr I Bennett<br>Mrs J Bridgewater<br>Mrs K Cowell (Chair)<br>Mr B Clare<br>Sir M Deegan<br>Professor J Eddleston<br>Mr N Gower<br>Mrs G Heaton<br>Mrs M Johnson<br>Professor C Lenney<br>Mrs C McLoughlin<br>Miss T Onon<br>Mr T Rees | - Group Non-Executive Director<br>- Group Director of Strategy<br>- Group Non-Executive Director<br>- Group Chief Operating Officer<br>- Group Chairman<br>- Group Deputy Chairman<br>- Group Chief Executive<br>- Joint Group Medical Director<br>- Group Non-Executive Director<br>- Group Deputy CEO<br>- Group Director of Workforce & OD<br>- Group Chief Nurse<br>- Group Non-Executive Director<br>- Joint Group Medical Director<br>- Group Non-Executive Director |
| In attendance: | Mr P Blythin<br>Mr D Cain<br>Mrs U Denton<br>Professor M McCourt<br>Mr A W Hughes   | - Director Single Hospital Service<br>- Deputy Chairman Fundraising Board<br>- Group Director of Finance<br>- Chief Executive, MLCO<br>- Director of Corporate Services/Trust Board Secretary  |
| Apologies:     | Professor Dame S Bailey<br>Professor L Georghiou<br>Mr A Roberts  | - Group Non-Executive Director<br>- Group Non-Executive Director<br>- Group Chief Finance Officer  |



# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

## BOARD OF DIRECTORS' MEETING (Public)

### ACTION TRACKER

| Board Meeting Date: 10 <sup>th</sup> September 2018  |                               |                               |   |
|--|-------------------------------|-------------------------------|---|
| Action   | Responsibility                | Timescale                     | Comments  |
| Update on Never Events to be presented to the Board of Directors   | Joint Group Medical Director  | 14 <sup>th</sup> January 2019 | <i>Included on the Agenda</i>                   |
| Report to the Quality & Performance Scrutiny Committee on the advantages (+/-) of enhancing the current process of capturing and analysing 'Compliments' within the Trust. | Group Chief Nurse             | 5 <sup>th</sup> February 2019 | <i>QPSC 2018/19 Work Programme re-alignment</i> |
| Report on the outcome of the 'Perfect Month' (Cancer) to be presented to the Quality & Performance Scrutiny  | Group Chief Operating Officer | 5 <sup>th</sup> February 2019 | <i>QPSC 2018/19 Work Programme re-alignment</i> |
| Report on cancelled operations and the number of operations re-scheduled within 28 days to the Quality & Performance Scrutiny Committee.                                   | Group Chief Operating Officer | 5 <sup>th</sup> February 2019 | <i>QPSC 2018/19 Work Programme re-alignment</i> |
| Report on 'Appointment Delays' to the Quality & Performance Scrutiny Committee.  | Group Chief Nurse             | 5 <sup>th</sup> February 2019 | <i>Scheduled</i>                                |
| Progress Report on the Gosport improvement Programme at the Board of Directors meeting in January 2019   | Joint Group Medical Director  | 14 <sup>th</sup> January 2019 | <i>Included on the Agenda</i>                   |

| Board Meeting Date: 12 <sup>th</sup> November 2018          |  |                             |                  |
|---|--|-----------------------------|------------------|
| Action  | Responsibility                             | Timescale                   | Comments         |
| Progress report on the continued development of the MFT BAF | Group Executive Director of Workforce & OD | 11 <sup>th</sup> March 2019 | <i>Scheduled</i> |







# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

## BOARD OF DIRECTORS (PUBLIC)


|  |  |
|--|--|
| <b>Report of:</b>                                    | Group Executive Directors  |
| <b>Paper prepared by:</b>                            | Gareth Summerfield, Head of Information, Information Management, CMFT  |
| <b>Date of paper:</b>                                | 2 <sup>nd</sup> January 2019   |
| <b>Subject:</b>                                      | <b>Board Assurance Report – November 2018</b>  |
| <b>Purpose of Report:</b>                            | <p>Indicate which by ✓</p> <ul style="list-style-type: none"> <li>• Information to Consider ✓</li> <li>• Support</li> <li>• Resolution</li> <li>• Receive</li> </ul>   |
| <b>Consideration of Risk against Key Priorities:</b> | The Board Assurance Report is produced on a monthly basis to inform the Board of compliance against key local and national indicators as well as commenting on key issues within the Trust.                                      |
| <b>Recommendations:</b>                              | The Board of Directors is asked to Consider the content of the report  |
| <b>Contact:</b>                                      | <p>Name: <b>Gareth Summerfield</b><br/>         Designation: <b>Head of Information</b> Tel No: <b>0161.276.4768</b><br/>         E-mail: <a href="mailto:Gareth.Summerfield@cmft.nhs.uk">Gareth.Summerfield@cmft.nhs.uk</a></p> |



## > Board Assurance Narrative Report – Guidance Notes

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

### Summary Bar (Example –Safety Domain)

|   |                                   |                 |   |   |   |              |
|---|-----------------------------------|-----------------|---|---|---|--------------|
|  | <b>Safety</b><br>R.Pearson\T.Onon | Core Priorities | ✓ | ◇ | × | No Threshold |
|   |                                   |                 | 3 | 1 | 1 | 0            |



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

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

### Headline Narrative

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

### Section - Core Priorities

|   |                            |                               |   |   |                                  |  |                      |                           |  |                      |   |   |   |   |   |   |   |   |   |  |  |
|---|----------------------------|-------------------------------|---|---|----------------------------------|--|----------------------|---------------------------|--|----------------------|---|---|---|---|---|---|---|---|---|--|--|
| Hospital Incidents level 4-5  |                            | ✓                             | Actual 36   | Year To Date                                | Accountability R.Pearson/T.Onon  |  |                      |                           |  |                      |   |   |   |   |   |   |   |   |   |  |  |
| MFT   |                            |                               | Threshold 38  | (Lower value represents better performance) | Committee Clinical Effectiveness |  |                      |                           |  |                      |   |   |   |   |   |   |   |   |   |  |  |
| <p>Month trend against threshold</p>   |                            |                               | <p>This is a broad, all embracing category covering incidents at a high level e.g. falls, pressure ulcers, medication errors etc.</p> <p><b>Key Issues</b></p> <p>Serious harm (level 4 &amp; 5 actual harm incidents). The organisation continues to report high numbers of patient safety incidents per 1000 bed days, 57.69 in the last NRLS data report. This indicates a willingness to report and learn (an assumption supported by the staff survey results). Over 99% of these incidents are low level harm or no harm incidents. The CQC described a culture of reporting and learning from incidents.</p> |   |                                  |  |                      |                           |  |                      |   |   |   |   |   |   |   |   |   |  |  |
| <p>12 month trend (Sep 2016 to Aug 2017)</p>   |                            |                               | <p>Key issues are a plateau in the level of actual serious harm over the last year against a planned 5% reduction and small cohorts of staff describing dissatisfaction with the reporting and investigation process. A small decrease has been observed in the first 3 months of this year which if sustained would result in achievement of 5% reduction.</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 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | <p><b>Actions</b></p> <p>The thematic reports detailed in the last narrative are reviewed at a number of forums and have informed the 2016/17 work plans.</p> <p>Communication of test results remains a focus and work is underway to further develop the clinical risk plan in respect of communication and response to clinical tests.</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 |                           |  |                      |   |   |   |   |   |   |   |   |   |  |  |
| ✓   | ✓                          | ✓                             | ✓   | ✓   | ✓                                | ✓  | ✗                    |                           |  |                      |   |   |   |   |   |   |   |   |   |  |  |

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

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

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

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

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



## > Board Assurance

November 2018



### Safety

R.Pearson\T.Onon

| Core Priorities | ✓ | ◇ | ✗ | No Threshold |
|-----------------|---|---|---|--------------|
|                 | 4 | 0 | 2 | 0            |

#### Headline Narrative

Core priorities for patient safety are currently being met with one exception. The Group has had a number of Never Events reported over the last 12 months. Since April 2018 there has been four reported events.

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

- The Local Safety Standards for Invasive Procedures (LocSSIPs) are being reviewed as a matter of urgency and the two hospitals with the highest reported incidence (RMCH and Wythenshawe) are a priority in this review.
  - Trust wide alerts and safety information have been disseminated
  - Group wide work is being undertaken on Safe Surgery Checklists
  - Work is being undertaken with the National Health Safety Investigation Branch (HSIB) on learning
  - Work is being undertaken with the Shelford Safety leads to ascertain if there is further learning and action that can be shared
  - A review is being undertaken of policies for safe procedures and the aim is to bring these together as one document this is currently out for consultation with Hospital Sites and MCS
  - A further Safety Alert has been circulated to all Hospital sites with required actions
  - All Hospital Sites / MCS are undertaking risk assessment for each Never Event type including identifying controls in place and actions required and adding to the Risk Register
- The Quality and Safety Committee will be overseeing this work and the aim continues to be to eradicate these events.

Serious harm incidents so far this year are just above the threshold compared with same period last year.

Mortality Metrics at Group level continue to be within accepted performance level and improving over time. Mortality Review procedures are under review and awaiting National guidance before finalising.

#### Safety - Core Priorities

##### Never Events



**Actual** 4

**Year To Date**

**Accountability**

J.Eddleston\T.Onon

MFT

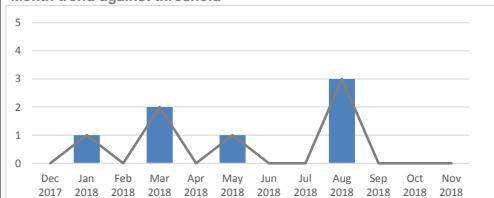
**Threshold** 0

(Lower value represents better performance)

**Committee**

Clinical Effectiveness

##### Month trend against threshold



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.

Since April there have been 4 Never Events 2 misplaced NG Tubes in critical care areas, 1 wrong site surgery and 1 wrong implant. Investigations for all of these are complete with a range of actions being implemented.

##### Actions

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

##### Progress

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

A new MFT Safe Procedure Policy is currently out for consultation. Further work is now being undertaken Group wide on safer surgery checklists and item counts, this work will be reported to the Quality and Safety Committee.

##### 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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| ✗                               | ✓                          | ✓                                    | ✓                  | ✓                             | ✓  | ✗  |
| 3                               | 0                          | 0                                    | 0                  | 0                             | 0  | 1  |



## > Board Assurance

November 2018

### Mortality Reviews - Grade 3+ (Review Date)

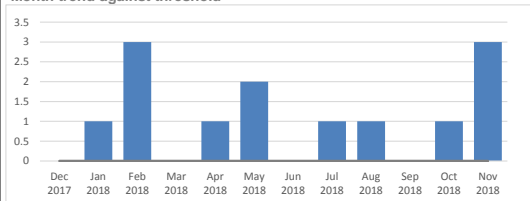


**Actual** 9      Year To Date  
**Threshold** 0      (Lower value represents better performance)

**Accountability** J.Eddleston\T.Onon  
**Committee** Clinical Effectiveness

MFT

Month trend against threshold



The number of mortality reviews completed where the probability of avoidability of death is assessed as definitely avoidable.

#### Key Issues

Since the inception of MFT in October 2017, a considerable amount has been achieved in developing a coherent and uniform approach to Learning from Deaths to improve the quality and safety of care.

The role of the Group Mortality Review Group in supporting dissemination of good practice, lessons and action plans is being developed. Mortality review processes are generally robust, but will be altered by the introduction of a Medical Examiner system. A deficiency in mortality review for patients with learning disability has been identified, and a new process commenced.

Overall, mortality metrics suggest that the work programs of 2017/2018 to address coding issues have been successful, but that co-morbidity coding requires further work.

#### Actions

The creation of MFT has provided an opportunity to re-evaluate the approaches to learning from deaths in both organisations, and to implement a new policy based on national guidance and best practice in both organisations. Going forward, the focus will be on learning from deaths, and dissemination of the resulting changes and developments in practice across the organisation.

#### 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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| ✗                               | ✗                          | ✓                                    | ✓                  | ✓                             | ✓  | ✗  |
| 1                               | 1                          | 0                                    | 0                  | 0                             | 0  | 4  |

### Hospital Incidents level 4-5

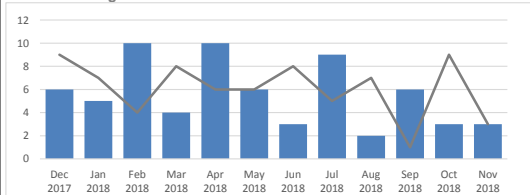


**Actual** 42      Year To Date  
**Threshold** 45      (Lower value represents better performance)

**Accountability** J.Eddleston\T.Onon  
**Committee** Clinical Effectiveness

MFT

Month trend against threshold



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

#### Key Issues

Serious harm (level 4 & 5 actual harm incidents). The organisation continues to report high numbers of patient safety incidents per 1000 bed days, (Central and Trafford site hospitals 57.69 and Wythenshawe Hospital 55.54) in the last NRS data report. This indicates a willingness to report and learn (an assumption supported by the staff survey results). Over 99% of these incidents are low level harm or no harm incidents.

The overall number of serious harm incidents ytd compared to the same period last year is at a similar level. In terms of hospital sites the threshold is based on the same period last year and it can be seen that a small increase has been observed, however these are small numbers and natural variation will occur and a number of these remain unconfirmed. In addition as services change / reconfigure this may impact on this method. Therefore alternative approaches to this are being considered.

#### Actions

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

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

#### 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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| ✗                               | ✓                          | ✗                                    | ✗                  | ✓                             | ✓  | ✓  |
| 3                               | 10                         | 3                                    | 7                  | 0                             | 0  | 19   |



## > Board Assurance

November 2018

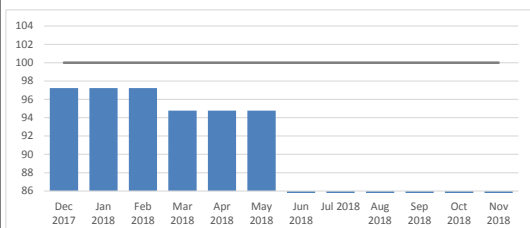
### SHMI (Rolling 12m)

MFT



**Actual** 94.8 Latest Period  
**Threshold** 100 (Lower value represents better performance)

**Accountability** J.Eddleston\T.Onon  
**Committee** Clinical Effectiveness



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

#### Progress

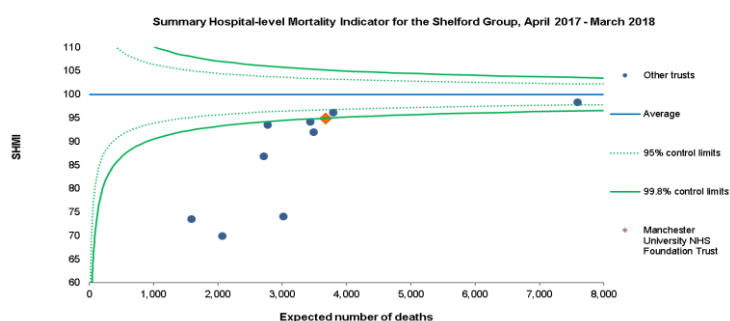
The Learning from Deaths process is currently under review and a Group wide Strategy and Policy is in development. This aims to address inconsistencies in both review and coding to improve learning and assurance processes. Guidance has now been received on Involving Families and Carers in the review process and establishing the Medical Examiner role. This guidance is under review and will inform the revised Strategy.

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

Performance is well within the expected range.

#### 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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| NA                              | ✓                          | NA                                   | ✗                  | NA                            | NA                                       | ✓  |
| NA                              | 96.0                       | NA                                   | 133.6              | NA                            | NA                                       | 92.4   |



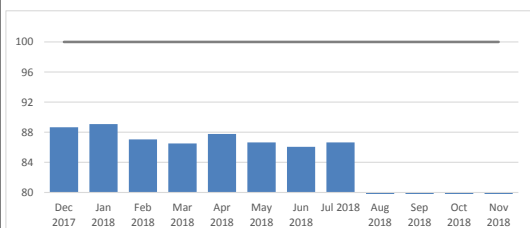
### HSMR (Rolling 12m)

MFT



**Actual** 86.6 Latest Period  
**Threshold** 100 (Lower value represents better performance)

**Accountability** J.Eddleston\T.Onon  
**Committee** Clinical Effectiveness



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

HSMR is a metric designed for adult practice.

Risk adjusted mortality indices are not applicable to specialist children's hospitals. All child deaths undergo a detailed mortality review

HSMR is a weighted metric for all adult acute settings (RMCH, REH and UDHM are excluded)

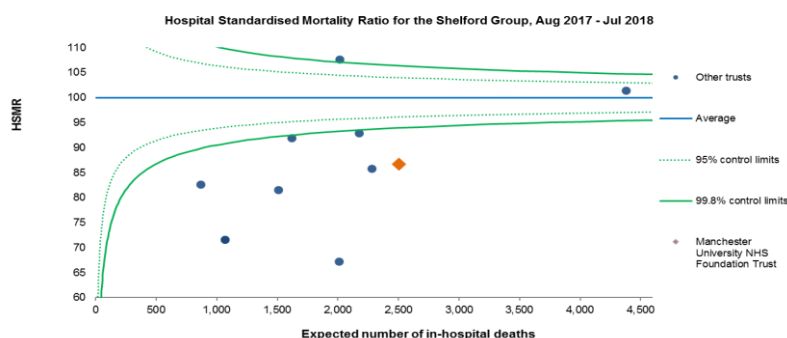
The Learning from Deaths process is currently under review and a Group wide Strategy and Policy is in development. This aims to address inconsistencies in both review and coding to improve learning and assurance processes. Guidance has now been received on Involving Families and Carers in the review process and establishing the Medical Examiner role. This guidance is under review and will inform the revised Strategy.

#### Progress

The Group HSMR is within expected levels.

#### Hospital level compliance

| Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| NA                              | ✓                          | NA                                   | ✗                  | NA                            | NA                                       | ✓  |
| NA                              | 82.6                       | NA                                   | 122.0              | NA                            | NA                                       | 88.0   |





## > Board Assurance

November 2018

### Crude Mortality

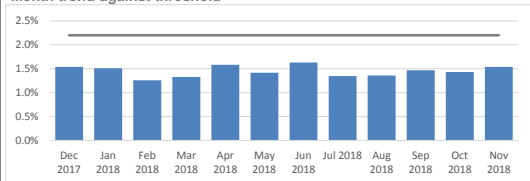
MFT



**Actual** 1.47% Year To Date  
**Threshold** 2.20% (Lower value represents better performance)

**Accountability** J.Eddleston\T.Onon  
**Committee** Audit Committee

Month trend against threshold



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

#### Key Issues

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

For the Crude Mortality the latest figures are within acceptable range.

#### Progress

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

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

Hospital level compliance

| Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| NA                              | ✓                          | ✓                                    | ✓                  | ✓                             | ✓  | ✖  |
| NA                              | 2.0%                       | 0.2%                                 | 0.3%               | 0.1%                          | 0.0%                                     | 2.4%   |



## > Board Assurance

November 2018

|  |                                       |                 |   |   |   |              |
|--|---------------------------------------|-----------------|---|---|---|--------------|
|  | <b>Patient Experience</b><br>C.Lenney | Core Priorities | ✓ | ◇ | ✗ | No Threshold |
|  |                                       |                 | 4 | 1 | 2 | 2            |

### Headline Narrative

The number of new complaints received across the Trust during November 2018 was 118; compared to 138 in October 2018 and 102 in September 2018. Performance is monitored and managed through the Accountability Oversight Framework (AOF). At the end of November 2018 there was a total of 51 cases over 41 days old, compared to 69 cases at the end of October 2018 and 76 cases at the end of September 2018, which reflects an improving position.

Extensive work has been undertaken during 2017/18 to develop and align complaints/PALS systems and processes and accountability for specific aspects of complaints management has been devolved to Hospital Chief Executives and Directors of Nursing/Midwifery.

MFT continues to promote the Friends and Family Test (FFT) with 93.4% of respondents 'Extremely Likely' or 'Likely' to recommend the service they received to their Friends and Family during November 2018, this compares to 92.4% in October 2018 and 92.0% in September 2018. Reporting for this indicator was previously measured using only 'Extremely Likely' responses and this has now been expanded to also include "likely to recommend".

Infection prevention and control remains a priority for the Trust. The total number of attributable bacteraemias reduced from 16 in October 2018 to 10 in November 2018. The threshold for bacteraemias remains zero. C. Difficile lapses in care remain below the Trust's threshold with 27 cases since April 2018 compared to a year to date threshold of 70 cases.

At the end of November 2018 there were 4 (3%) inpatient wards/departments across the Group that had a registered nurse vacancy factor above 25%. This number has reduced from 20 wards in April 2018. Escalation and monitoring processes remain in place to ensure delivery of safe and effective staffing levels.

### Patient Experience - Core Priorities

Percentage of complaints resolved within the agreed timeframe



**Actual** 31.1% Year To Date

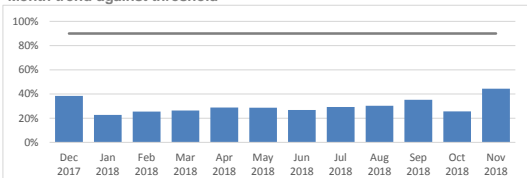
**Accountability** C.Lenney

MFT

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

**Committee** Quality Committee

Month trend against threshold



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

#### Progress

The percentage of complaints resolved within the timeframe agreed with the complainant is closely monitored and work is on-going with hospital/MCS management teams to ensure timeframes are appropriate, agreed with complainants and achieved.

The overall MFT performance for November 2018 was 44.4% compared to 25.6% in October 2018 and 35.3% in September 2018.

In July 2018 the closure of complaints within the agreed timescales at Manchester Royal Infirmary (MRI) was 13.9%. The issue was identified, therefore an improvement programme was developed with an agreed trajectory for improvement. Closure of cases within agreed timeframe at MRI was 20.5% in September 2018, 19.6% in October 2018 and 38.5% in November 2018, demonstrating an improving position.

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

#### Actions

Performance is monitored and managed through the Accountability Oversight Framework (AOF). MRI is currently receiving additional supported from the Corporate Nursing Team to increase compliance with this indicator.

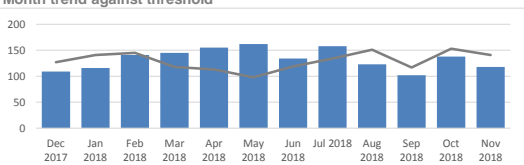
Hospital level compliance

| 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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| ✗                               | ✗                          | ✗                                    | ✗                  | ✗                             | ✗  | ✗  |
| 32.3%                           | 18.3%                      | 24.8%                                | 30.8%              | 41.8%                         | 41.9%                                    | 40.1%  |



## > Board Assurance

November 2018

| Complaint Volumes   |                            | Actual   | 1090                       | Year To Date                                | Accountability                           | C.Lenney                                       |  |  |   |   |   |   |   |   |   |    |     |     |     |    |    |     |  |  |  |  |  |
|---|----------------------------|--|----------------------------|---|--|--|--|--|---|---|---|---|---|---|---|----|-----|-----|-----|----|----|-----|--|--|--|--|--|
| MFT   |                            | Threshold  | 1026                       | (Lower value represents better performance) | Committee                                | Quality Committee                              |  |  |   |   |   |   |   |   |   |    |     |     |     |    |    |     |  |  |  |  |  |
| <div>Month trend against threshold</div>    |                            | <p>The KPI shows total number of complaints received. Complaint volumes will allow the trust to monitor the number of complaints and consider any trends.</p> <p><u>Key Issues</u></p> <p>The number of new complaints received across the Trust in November was 118. This compares to 138 in October 2018 and 102 in September 2018.</p> <p>MRI received the highest number of formal complaints in November with 31. This number was, however, less than the number received by MRI in October 2018 (32) and September 2018 (36).</p> <p>At the end of November 2018, there was a total of 51 cases over 41 days old, this compares to 69 cases at the end of October 2018 and 76 cases at the end of September 2018. The Hospital / MCS with the highest number of cases over 41 days at the end of November 2018 was MRI with 21 (41.2% of total) cases ongoing.</p> <p>Hospital/ MCS level performance against this indicator for year to date is detailed in the Hospital Level Compliance Chart.</p> <p><u>Actions</u></p> <p>All Hospitals/ MCS continue to prioritise closure of complaints older than 41 days. Chief Executives are held to account for the management of complaints cases that exceed 41 days through the Accountability Oversight Framework. MRI is currently being supported by the Corporate Nursing team to expedite the effective closure of complaints older than 41 days.</p> <p><u>Progress</u></p> <p>All Hospitals/ MCS have established their governance frameworks to focus on the management of complaints, specifically those that exceed 41 days with a view to expediting closure and identifying learning to inform future complaints prevention and management.</p> |                            |   |  |  |  |  |   |   |   |   |   |   |   |    |     |     |     |    |    |     |  |  |  |  |  |
| <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>Wythenshawe, Trafford, Withington &amp; Altrincham</td></tr><tr><td>✗</td><td>✗</td><td>✗</td><td>✗</td><td>✓</td><td>✗</td><td>✓</td></tr><tr><td>66</td><td>315</td><td>106</td><td>139</td><td>48</td><td>36</td><td>312</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 | Wythenshawe, Trafford, Withington & Altrincham | ✗ | ✗ | ✗ | ✗ | ✓ | ✗ | ✓ | 66 | 315 | 106 | 139 | 48 | 36 | 312 |  |  |  |  |  |
| 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 | Wythenshawe, Trafford, Withington & Altrincham |  |  |   |   |   |   |   |   |   |    |     |     |     |    |    |     |  |  |  |  |  |
| ✗   | ✗                          | ✗  | ✗                          | ✓   | ✗  | ✓  |  |  |   |   |   |   |   |   |   |    |     |     |     |    |    |     |  |  |  |  |  |
| 66  | 315                        | 106  | 139                        | 48  | 36                                       | 312  |  |  |   |   |   |   |   |   |   |    |     |     |     |    |    |     |  |  |  |  |  |

| FFT: All Areas: % Extremely Likely and Likely  |                            | <div></div>                          | Actual                          | 93.4%                         | Year To Date                                 | Accountability                                 | C.Lenney                      |  |  |   |          |   |          |      |          |      |          |       |          |       |          |       |          |      |          |      |          |      |   |  |  |  |  |
|--|----------------------------|--------------------------------------|---------------------------------|-------------------------------|--|--|-------------------------------|--|--|---|----------|---|----------|------|----------|------|----------|-------|----------|-------|----------|-------|----------|------|----------|------|----------|------|---|--|--|--|--|
| MFT  |                            |                                      | Threshold                       | 95.0%                         | (Higher value represents better performance) | Committee                                      | Quality Committee             |  |  |   |          |   |          |      |          |      |          |       |          |       |          |       |          |      |          |      |          |      |   |  |  |  |  |
| <div>Month trend against threshold</div> <table border="1"><thead><tr><th>Month</th><th>Response Rate (%)</th></tr></thead><tbody><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><tr><td>Apr 2018</td><td>94.5</td></tr><tr><td>May 2018</td><td>95.0</td></tr><tr><td>Jun 2018</td><td>95.0</td></tr><tr><td>Jul 2018</td><td>95.0</td></tr><tr><td>Aug 2018</td><td>95.0</td></tr><tr><td>Sep 2018</td><td>93.4</td></tr><tr><td>Oct 2018</td><td>93.4</td></tr><tr><td>Nov 2018</td><td>93.4</td></tr></tbody></table> |                            |                                      | Month                           | Response Rate (%)             | Dec 2017                                     | 0  | Jan 2018                      | 0  | Feb 2018                                       | 0 | Mar 2018 | 0 | Apr 2018 | 94.5 | May 2018 | 95.0 | Jun 2018 | 95.0  | Jul 2018 | 95.0  | Aug 2018 | 95.0  | Sep 2018 | 93.4 | Oct 2018 | 93.4 | Nov 2018 | 93.4 | <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' and "likely" to recommend the service.</p> <p><u>Actions</u></p> <p>Each Hospital and Managed Clinical Service continues to review and monitor their FFT response rates and identify areas for improvements in order to increase response rates and act upon the feedback received.</p> <p><u>Progress</u></p> <p>The overall Trust Response Rate for Inpatients was 19.2% during November 2018; this compares to 20.0% in October 2018 and 23.1% in September 2018. .</p> <p>For Emergency Departments (ED) the response rate during November 2018 was 17.0%; this compares to 16.7% in October 2018 and 20.0% in September 2018.</p> <p>The Quality Improvement and Patient Experience Teams continue to work collaboratively with Hospitals / MCS, Wards and Departments to support consistent collection of FFT feedback and to advise on resulting improvement projects.</p> |  |  |  |  |
| Month  | Response Rate (%)          |                                      |                                 |                               |  |  |                               |  |  |   |          |   |          |      |          |      |          |       |          |       |          |       |          |      |          |      |          |      |   |  |  |  |  |
| Dec 2017   | 0                          |                                      |                                 |                               |  |  |                               |  |  |   |          |   |          |      |          |      |          |       |          |       |          |       |          |      |          |      |          |      |   |  |  |  |  |
| Jan 2018   | 0                          |                                      |                                 |                               |  |  |                               |  |  |   |          |   |          |      |          |      |          |       |          |       |          |       |          |      |          |      |          |      |   |  |  |  |  |
| Feb 2018   | 0                          |                                      |                                 |                               |  |  |                               |  |  |   |          |   |          |      |          |      |          |       |          |       |          |       |          |      |          |      |          |      |   |  |  |  |  |
| Mar 2018   | 0                          |                                      |                                 |                               |  |  |                               |  |  |   |          |   |          |      |          |      |          |       |          |       |          |       |          |      |          |      |          |      |   |  |  |  |  |
| Apr 2018   | 94.5                       |                                      |                                 |                               |  |  |                               |  |  |   |          |   |          |      |          |      |          |       |          |       |          |       |          |      |          |      |          |      |   |  |  |  |  |
| May 2018   | 95.0                       |                                      |                                 |                               |  |  |                               |  |  |   |          |   |          |      |          |      |          |       |          |       |          |       |          |      |          |      |          |      |   |  |  |  |  |
| Jun 2018   | 95.0                       |                                      |                                 |                               |  |  |                               |  |  |   |          |   |          |      |          |      |          |       |          |       |          |       |          |      |          |      |          |      |   |  |  |  |  |
| Jul 2018   | 95.0                       |                                      |                                 |                               |  |  |                               |  |  |   |          |   |          |      |          |      |          |       |          |       |          |       |          |      |          |      |          |      |   |  |  |  |  |
| Aug 2018   | 95.0                       |                                      |                                 |                               |  |  |                               |  |  |   |          |   |          |      |          |      |          |       |          |       |          |       |          |      |          |      |          |      |   |  |  |  |  |
| Sep 2018   | 93.4                       |                                      |                                 |                               |  |  |                               |  |  |   |          |   |          |      |          |      |          |       |          |       |          |       |          |      |          |      |          |      |   |  |  |  |  |
| Oct 2018   | 93.4                       |                                      |                                 |                               |  |  |                               |  |  |   |          |   |          |      |          |      |          |       |          |       |          |       |          |      |          |      |          |      |   |  |  |  |  |
| Nov 2018   | 93.4                       |                                      |                                 |                               |  |  |                               |  |  |   |          |   |          |      |          |      |          |       |          |       |          |       |          |      |          |      |          |      |   |  |  |  |  |
| <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>Wythenshawe, Trafford, Withington &amp; Altrincham</td></tr><tr><td>✓</td><td>✗</td><td>⬡</td><td>✓</td><td>✓</td><td>✓</td><td>⬡</td></tr><tr><td>98.2%</td><td>89.6%</td><td>94.5%</td><td>97.8%</td><td>97.1%</td><td>97.4%</td><td>92.4%</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 | Wythenshawe, Trafford, Withington & Altrincham | ✓ | ✗        | ⬡ | ✓        | ✓    | ✓        | ⬡    | 98.2%    | 89.6% | 94.5%    | 97.8% | 97.1%    | 97.4% | 92.4%    |      |          |      |          |      |   |  |  |  |  |
| 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     | Wythenshawe, Trafford, Withington & Altrincham |                               |  |  |   |          |   |          |      |          |      |          |       |          |       |          |       |          |      |          |      |          |      |   |  |  |  |  |
| ✓  | ✗                          | ⬡                                    | ✓                               | ✓                             | ✓  | ⬡  |                               |  |  |   |          |   |          |      |          |      |          |       |          |       |          |       |          |      |          |      |          |      |   |  |  |  |  |
| 98.2%  | 89.6%                      | 94.5%                                | 97.8%                           | 97.1%                         | 97.4%  | 92.4%  |                               |  |  |   |          |   |          |      |          |      |          |       |          |       |          |       |          |      |          |      |          |      |   |  |  |  |  |



## > Board Assurance

November 2018

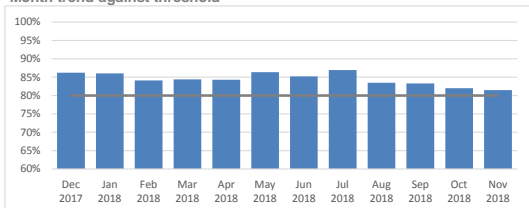
### Nursing Workforce – Plan v Actual Compliance for RN MFT



**Actual** 81.5% Latest Period  
**Threshold** 80.0% (Higher value represents better performance)

**Accountability** C.Lenney  
**Committee** Quality Committee

Month trend against threshold



As part of Safer Staffing Guidance the Trust monitors wards compliance with meeting their planned staffing levels during the day and night. This KPI provides the overall % compliance across all wards within the Trust with meeting the planned staffing levels. The actual staffing includes both substantive and temporary staff usage.

#### Progress

At the end of November 2018 there were 4 (3%) inpatient wards/departments across the Group that had a registered nurse vacancy factor above 25%. This number has reduced from 20 wards in April 2018.

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. Daily senior nurse staffing huddles are in place across the Hospitals

#### Actions

Where shortfalls in nurse staffing levels occur and this cannot be resolved, staff are redeployed from other areas following a risk assessment and professional judgement based on the acuity and dependency of patients in each area. Nursing assistant levels are increased in some areas to support such a shortfall and provide care and enhanced supervision for less acute but dependant patients. These processes are reviewed by the Directors of Nursing for each Hospital/MCS on a weekly basis.

Acuity and dependency data is captured through Health roster SafeCare system with monthly reports provided to the Directors of Nursing to inform them of recommended staffing establishments.

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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| NA                              | ✓                          | ✗                                    | ✓                  | ✓                             | NA                                       | ✓  |
|                                 | 81.2%                      | 78.6%                                | 80.1%              | 88.9%                         |  | 83.0%  |

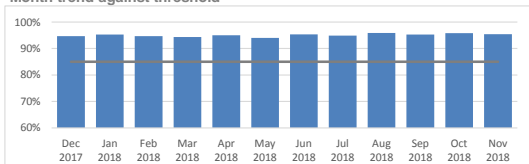
### Food and Nutrition



**Actual** 95.2% Year To Date  
**Threshold** 85.0% (Higher value represents better performance)

**Accountability** C.Lenney  
**Committee** Quality Committee

Month trend against threshold



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

#### Progress

Improvement work continues at both Ward and Trust-wide level across all aspects of food and nutrition. Patient Dining Forums are established for ORC and WTWA and the Trust Improvement Programme Good to Great continues to be coordinated by the ORC Facilities Matron for Dining.

WTWA is progressing the recruitment of an additional Facilities Matron to expand the existing Facilities Matron team to support the delivery of quality improvement relating to Food and Nutrition.

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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| ✓                               | ✓                          | ✓                                    | ✓                  | ✓                             | ✗  | ✗  |
| 97.6%                           | 93.9%                      | 93.1%                                | 96.4%              | 95.9%                         | 65.1%                                    | 81.8%  |

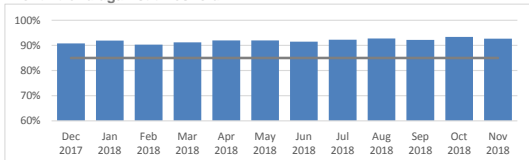
### Pain Management



**Actual** 92.3% Year To Date  
**Threshold** 85.0% (Higher value represents better performance)

**Accountability** C.Lenney  
**Committee** Quality Committee

Month trend against threshold



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

#### Progress

Work continues across the Trust to drive improvements in pain assessment and management. The oversight for this work is now provided by the Deputy Director of Nursing, CSS who continues to lead work to establish a future work programme. Performance against this KPI is monitored through the Trust Harm Free Care structure.

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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| ✓                               | ✓                          | ✓                                    | ✓                  | ✓                             | ✓  | ✓  |
| 96.1%                           | 87.0%                      | 87.3%                                | 94.6%              | 98.2%                         | 86.1%                                    | 92.5%  |



## > Board Assurance

November 2018

### Clostridium Difficile – Lapse of Care

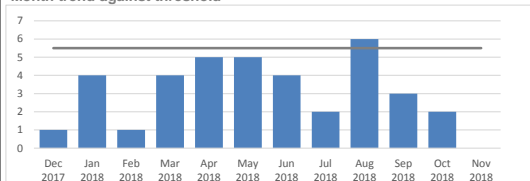
MFT



**Actual** 27 **Year To Date**  
**Threshold** 70 (Lower value represents better performance)

**Accountability** C.Lenney  
**Committee** Quality Committee

Month trend against threshold



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 Hospital has a maximum annual threshold of 39 lapses in care: there have been 14 cases determined as lapses in care for the financial year 2018/2019, (3 in April, 2 in May, 3 in June, 1 in July, 4 in August, 1 in September).  
Oxford Road Campus and Trafford Hospital has a maximum annual threshold of 66 lapses in care: there have been 13 cases that have been attributed as lapse of care for the financial year 2018/2019, (2 in April, 3 in May, 1 in June, 1 in July, 2 in August, 2 in September and 2 in October). There are a number of cases pending review from November.

#### Actions

In response to increased incidents across the Trust, investigations continue to be undertaken by the IPC/TV team with a focus on antimicrobial stewardship, IPC practice in the clinical area and enhanced environmental cleaning in high incidence and high risk areas.

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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| ✓                               | ✗                          | ✓                                    | ✓                  | ✓                             | ✓  | ✗  |
| 2                               | 9                          | 0                                    | 1                  | 0                             | 0  | 15   |

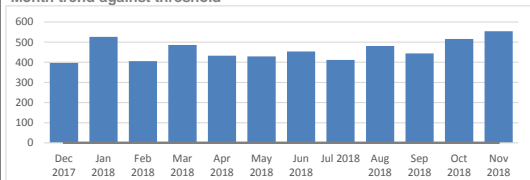
### PALS – Concerns

MFT

**Actual** 3723 **Year To Date**  
**Threshold** None (Lower value represents better performance)

**Accountability** C.Lenney  
**Committee** Quality Committee

Month trend against threshold



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

#### Key Issues

A total of 554 PALS concerns were received by MFT during November 2018. This compares to 516 PALS concerns received during October 2018 and 444 during September 2018. This is within the limits of normal variation and is monitored closely.

The Hospital / MCS level performance against this indicator for year to date is detailed in the Hospital/ MCS Level Compliance Chart.

#### Actions

PALS concerns are formally monitored alongside complaints at weekly meetings within each Hospital / MCS.

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

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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| -                               | -                          | -                                    | -                  | -                             | -  | -  |
| 177                             | 1083                       | 354                                  | 307                | 230                           | 127                                      | 1175   |

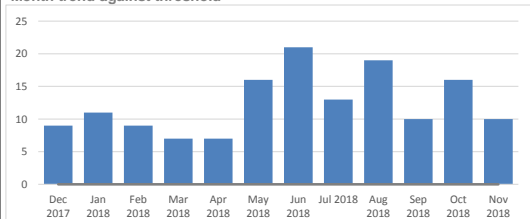
### All Attributable Bacteraemia

MFT

**Actual** 112 **Year To Date**  
**Threshold** None (Lower value represents better performance)

**Accountability** C.Lenney  
**Committee** Quality Committee

Month trend against threshold



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

#### Progress

To the end of November, Wythenshawe Hospital has had 4 attributable MRSA bacteraemias since April 2018, and 14 attributable E. coli bacteraemias during the same period.

Oxford Road Campus and Trafford Hospital have had 2 attributable MRSA bacteraemias since April 2018, and 92 attributable E. coli bacteraemias in the same period.

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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| -                               | -                          | -                                    | -                  | -                             | -  | -  |
| 14                              | 65                         | 8                                    | 4                  | 0                             | 0  | 21   |



## > Board Assurance

November 2018



### Operational Excellence

J.Bridgewater

| Core Priorities | ✓ | ◇ | ✗ | No Threshold |
|-----------------|---|---|---|--------------|
|                 | 5 | 2 | 4 | 0            |

#### Headline Narrative

- Diagnostic standard - November delivery of 2.06% which is better than the national picture of 3.1%. Significant improvement in RMCH which is no longer a risk to the standard. Ongoing demand pressures coupled with workforce challenges in CSS and Adult Endoscopy remain, and are a risk to delivery in December and into Q4.
- A&E 4 hours - In November MFT delivered 85.14% a +2.16% increase against October performance, improving MFT GM ranking from rank 6th in October to 4th in November. Positive improvement has been delivered through a Trust focus on WTBS breaches at WTTWA and Minors breaches at MRI. A number of plans are in place to ensure patient safety, furthermore working with system partners relating to additional winter funding for adult social care, and joint working with GMMH, has resulted in a 23% reduction in Mental health breaches at MRI compared to the same period in 2017.
- RTT - MFT performance remains static at 89.1% in November, which is better than the GM and National position. The Trust has seen an increase in the RTT waiting list, the national focus for 2018/19 is to maintain the waiting list size in March 19 compared to the previous year and the Trust is working with Commissioners on demand management.
- +52 week Waits - The Trust has delivered on its commitment to eradicate +52 week non-RTT breaches by the end of September, on the Oxford Road Campus. The Trust reported 26 breaches in November related to DIEP procedures inline with the trajectory. A taskforce and PMO remains in place to manage the programme of work related to RTT and waiting times.
- Cancer 62 Day - Performance against the cancer standard is challenged in the MRI Hospital and SMH, with strong performance at WTTWA. The Trust reported 80.85% against the 85% standard for Q2, with the greatest pressures in Urology and GI. A task force with MRI, CSS and the corporate performance team has been established to focus on improving timeliness of pathways, with MRI and CSS taking action to improve capacity. NB. national changes to the reallocation of treatment and breaches is likely to impact on provider performance from Q3, despite no real change to pathways, and is a risk to MFT.
- Cancelled operations >28 days - There number of 28 day breaches remains low with 2 reported in November.
- The Board Assurance includes data aligned to Managed Clinical Sites, and whilst some sites will note a shift in performance, there has been no change to final submissions for the Trust.

#### Operational Excellence - Core Priorities

Cancelled operations - rescheduled <= 28 days

✗

Actual

27

Year To Date

Accountability

J.Bridgewater

MFT

Threshold

0

(Lower value represents better performance)

Committee

Trust Board

Month trend against threshold

| Month    | Value |
|----------|-------|
| Dec 2017 | 18    |
| Jan 2018 | 12    |
| Feb 2018 | 5     |
| Mar 2018 | 9     |
| Apr 2018 | 4     |
| May 2018 | 3     |
| Jun 2018 | 8     |
| Jul 2018 | 2     |
| Aug 2018 | 2     |
| Sep 2018 | 5     |
| Oct 2018 | 1     |
| Nov 2018 | 2     |

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

Risk of non elective patient outliers in elective bed capacity.

System response to stranded patients > 7 and >21 days.

Urgent and emergency care pressures

Complex patients requiring specialist skills and beds

Actions

Cancelled operations are escalated and overseen through Hospital / MCS performance meetings, including risks to the 28 day standard.

Progress

• There were two reported 28 day breach for November across the Trust. There was one breach in plastic surgery at Wythenshawe and one in oral surgery MRI. This compares to 10 breaches in November 2017.

• MFT continues to perform strongly against this target, within the top three acute Trusts in GM.

• Nationally cancelled operations reschedule within 28 days are increasing with 9.2% in Q1 18/19 compared to the same period the previous year.

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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| ✓                               | ✗                          | ✓                                    | ✓                  | ✓                             | ✓  | ✗  |
| 0                               | 19                         | 0                                    | 0                  | 0                             | 0  | 8  |



## > Board Assurance

November 2018

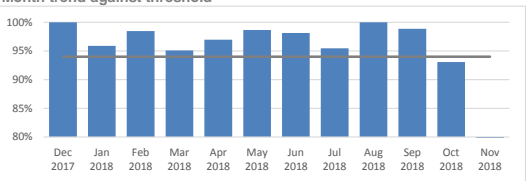
| Cancer 62 Days RTT   |                            | <div>✗</div>                         | Actual                          | 77.2%                         | Quarterly                                    | Accountability                                 | J.Bridgewater                 |  |  |    |          |    |          |    |          |    |          |       |          |       |          |    |          |    |          |    |          |   |  |  |  |  |  |
|--|----------------------------|--------------------------------------|---------------------------------|-------------------------------|--|--|-------------------------------|--|--|----|----------|----|----------|----|----------|----|----------|-------|----------|-------|----------|----|----------|----|----------|----|----------|---|--|--|--|--|--|
| MFT  |                            |                                      | Threshold                       | 85.0%                         | (Higher value represents better performance) |  | Committee                     | Trust Board                              |  |    |          |    |          |    |          |    |          |       |          |       |          |    |          |    |          |    |          |   |  |  |  |  |  |
| <div>Month trend against threshold</div> <table border="1"><caption>Month trend against threshold data</caption><thead><tr><th>Month</th><th>Performance (%)</th></tr></thead><tbody><tr><td>Dec 2017</td><td>88</td></tr><tr><td>Jan 2018</td><td>78</td></tr><tr><td>Feb 2018</td><td>79</td></tr><tr><td>Mar 2018</td><td>90</td></tr><tr><td>Apr 2018</td><td>85</td></tr><tr><td>May 2018</td><td>84</td></tr><tr><td>Jun 2018</td><td>82</td></tr><tr><td>Jul 2018</td><td>80</td></tr><tr><td>Aug 2018</td><td>79</td></tr><tr><td>Sep 2018</td><td>84</td></tr><tr><td>Oct 2018</td><td>76</td></tr><tr><td>Nov 2018</td><td>-</td></tr></tbody></table> |                            |                                      | Month                           | Performance (%)               | Dec 2017                                     | 88   | Jan 2018                      | 78                                       | Feb 2018                                       | 79 | Mar 2018 | 90 | Apr 2018 | 85 | May 2018 | 84 | Jun 2018 | 82    | Jul 2018 | 80    | Aug 2018 | 79 | Sep 2018 | 84 | Oct 2018 | 76 | Nov 2018 | - | <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> <ul style="list-style-type: none"><li>• The Trust continues to experience a significant increase in the demand for cancer services in excess of the national and regional profile.</li><li>• Capacity is affected in services where there are known national workforce shortages particularly radiology.</li></ul> <p><u>Actions</u></p> <ul style="list-style-type: none"><li>• Oversight and Monitoring by Hospital Cancer Boards.</li><li>• Assurance and challenge through AOF</li><li>• Senior Corporate monitoring and escalation of delays in patient pathway on cancer PTL</li><li>• Task force established with MRI, CSS and Corporate Performance team to support the review of cancer pathways at MRI.</li></ul> <p>Key Hospital/MCS Actions:</p> <ul style="list-style-type: none"><li>• Speciality level recruitment of workforce to match demand.</li><li>• Pathway developments i.e. Lung, LGI</li><li>• SMH reviewing the cancer pathway and have developing an action plan.</li><li>• Increasing diagnostic scan and reporting capacity</li><li>• Working with Hospitals/MCS to tailor information to support the management of pathways and waiting times.</li></ul> <p><u>Progress</u></p> <ul style="list-style-type: none"><li>• The Trust is underperforming against the 62 day standard, although this has remained stable despite significant increase in demand.</li><li>• Q2 MFT performance 80.85% with tumour specific action plans in place monitored through Hospital/MCS Cancer Boards.</li><li>• The new national reallocation rules are a risk for all providers from Q3 when the changes will come into effect. Q3 to date performance is 77.2% (as at October).</li><li>• WTWA continue to deliver the cancer standards.</li><li>• Improvement in radiology reporting turnaround times for CT and MRI has been seen since September.</li><li>• The GM region is also experiencing increased pressure with demand growth, which is impacting on performance across a number of providers and underperformance of the 62 day standard in Q1 and likely in Q2.</li></ul> |  |  |  |  |
| Month  | Performance (%)            |                                      |                                 |                               |  |  |                               |  |  |    |          |    |          |    |          |    |          |       |          |       |          |    |          |    |          |    |          |   |  |  |  |  |  |
| Dec 2017   | 88                         |                                      |                                 |                               |  |  |                               |  |  |    |          |    |          |    |          |    |          |       |          |       |          |    |          |    |          |    |          |   |  |  |  |  |  |
| Jan 2018   | 78                         |                                      |                                 |                               |  |  |                               |  |  |    |          |    |          |    |          |    |          |       |          |       |          |    |          |    |          |    |          |   |  |  |  |  |  |
| Feb 2018   | 79                         |                                      |                                 |                               |  |  |                               |  |  |    |          |    |          |    |          |    |          |       |          |       |          |    |          |    |          |    |          |   |  |  |  |  |  |
| Mar 2018   | 90                         |                                      |                                 |                               |  |  |                               |  |  |    |          |    |          |    |          |    |          |       |          |       |          |    |          |    |          |    |          |   |  |  |  |  |  |
| Apr 2018   | 85                         |                                      |                                 |                               |  |  |                               |  |  |    |          |    |          |    |          |    |          |       |          |       |          |    |          |    |          |    |          |   |  |  |  |  |  |
| May 2018   | 84                         |                                      |                                 |                               |  |  |                               |  |  |    |          |    |          |    |          |    |          |       |          |       |          |    |          |    |          |    |          |   |  |  |  |  |  |
| Jun 2018   | 82                         |                                      |                                 |                               |  |  |                               |  |  |    |          |    |          |    |          |    |          |       |          |       |          |    |          |    |          |    |          |   |  |  |  |  |  |
| Jul 2018   | 80                         |                                      |                                 |                               |  |  |                               |  |  |    |          |    |          |    |          |    |          |       |          |       |          |    |          |    |          |    |          |   |  |  |  |  |  |
| Aug 2018   | 79                         |                                      |                                 |                               |  |  |                               |  |  |    |          |    |          |    |          |    |          |       |          |       |          |    |          |    |          |    |          |   |  |  |  |  |  |
| Sep 2018   | 84                         |                                      |                                 |                               |  |  |                               |  |  |    |          |    |          |    |          |    |          |       |          |       |          |    |          |    |          |    |          |   |  |  |  |  |  |
| Oct 2018   | 76                         |                                      |                                 |                               |  |  |                               |  |  |    |          |    |          |    |          |    |          |       |          |       |          |    |          |    |          |    |          |   |  |  |  |  |  |
| Nov 2018   | -                          |                                      |                                 |                               |  |  |                               |  |  |    |          |    |          |    |          |    |          |       |          |       |          |    |          |    |          |    |          |   |  |  |  |  |  |
| <div>Hospital level compliance</div> <table border="1"><thead><tr><th>Clinical and Scientific Support</th><th>Manchester Royal Infirmary</th><th>Royal Manchester Children's Hospital</th><th>St Mary's Hospital</th><th>Manchester Royal Eye Hospital</th><th>University Dental Hospital of Manchester</th><th>Wythenshawe, Trafford, Withington &amp; Altrincham</th></tr></thead><tbody><tr><td>NA</td><td>✗</td><td>NA</td><td>✗</td><td>NA</td><td>NA</td><td>✗</td></tr><tr><td>NA</td><td>69.3%</td><td>NA</td><td>56.3%</td><td>NA</td><td>NA</td><td>82.4%</td></tr></tbody></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 | Wythenshawe, Trafford, Withington & Altrincham | NA | ✗        | NA | ✗        | NA | NA       | ✗  | NA       | 69.3% | NA       | 56.3% | NA       | NA | 82.4%    |    |          |    |          |   |  |  |  |  |  |
| 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     | Wythenshawe, Trafford, Withington & Altrincham |                               |  |  |    |          |    |          |    |          |    |          |       |          |       |          |    |          |    |          |    |          |   |  |  |  |  |  |
| NA   | ✗                          | NA                                   | ✗                               | NA                            | NA   | ✗  |                               |  |  |    |          |    |          |    |          |    |          |       |          |       |          |    |          |    |          |    |          |   |  |  |  |  |  |
| NA   | 69.3%                      | NA                                   | 56.3%                           | NA                            | NA   | 82.4%  |                               |  |  |    |          |    |          |    |          |    |          |       |          |       |          |    |          |    |          |    |          |   |  |  |  |  |  |

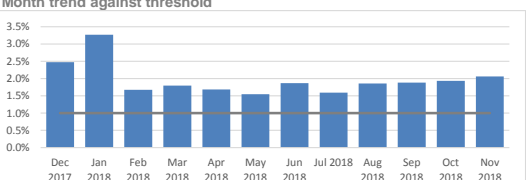
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## > Board Assurance

November 2018

| Cancer 31 Days Sub Surgical Treatment   |                            | Actual  | 93.1%                      | Quarterly                                    | Accountability                           | J.Bridgewater                                  |  |  |    |   |    |   |    |    |   |    |      |    |       |    |    |       |  |  |  |  |  |
|---|----------------------------|---|----------------------------|--|--|--|--|--|----|---|----|---|----|----|---|----|------|----|-------|----|----|-------|--|--|--|--|--|
| MFT   |                            | Threshold   | 94.0%                      | (Higher value represents better performance) | Committee                                | Trust Board                                    |  |  |    |   |    |   |    |    |   |    |      |    |       |    |    |       |  |  |  |  |  |
| <p>Month trend against threshold</p>    |                            | <p>The percentage of patients that waited 31 days or less for second or subsequent treatment, where the treatment modality was surgery.</p> <p><u>Key Issues</u><br/>The Trust met the target for Q1.</p> <p><u>Actions</u><br/>Actions taken as per the 62 day standard.</p> <p><u>Progress</u><br/>The Trust achieved this target in Q2 98.6%. Q3 performance as at October is 93.1%.</p> |                            |  |  |  |  |  |    |   |    |   |    |    |   |    |      |    |       |    |    |       |  |  |  |  |  |
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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 | Wythenshawe, Trafford, Withington & Altrincham |  |  |    |   |    |   |    |    |   |    |      |    |       |    |    |       |  |  |  |  |  |
| NA  | ✗                          | NA  | ✗                          | NA   | NA                                       | ✓  |  |  |    |   |    |   |    |    |   |    |      |    |       |    |    |       |  |  |  |  |  |
| NA  | 8.1%                       | NA  | 75.0%                      | NA   | NA                                       | 96.5%  |  |  |    |   |    |   |    |    |   |    |      |    |       |    |    |       |  |  |  |  |  |

| Diagnostic Performance   |                            | Actual  | 2.1%                       | Latest Period                               | Accountability                           | J.Bridgewater                                  |  |  |   |   |   |   |    |    |   |      |      |      |      |    |    |      |  |  |  |  |  |
|--|----------------------------|---|----------------------------|---|--|--|--|--|---|---|---|---|----|----|---|------|------|------|------|----|----|------|--|--|--|--|--|
| MFT  |                            | Threshold   | 1.0%                       | (Lower value represents better performance) | Committee                                | Trust Board                                    |  |  |   |   |   |   |    |    |   |      |      |      |      |    |    |      |  |  |  |  |  |
| <p>Month trend against threshold</p>    |                            | <p>The number of patients waiting over 6 weeks for a range of 15 key diagnostic tests.</p> <p><u>Key Issues</u></p> <ul style="list-style-type: none"> <li>Demand for Diagnostic tests continues to increase in line with urgent and elective care pressures.</li> <li>Capacity constraints within adult Endoscopy and paediatric MRI.</li> <li>Ability to secure ad hoc sessions and workforce to increase capacity.</li> </ul> <p><u>Actions</u></p> <ul style="list-style-type: none"> <li>Recovery trajectory in place for the key under performing tests with monitoring through the Trust AOF process.</li> <li>Paediatric MRI - recruitment of additional paediatric anaesthetists has been undertaken, and additional capacity secured.</li> <li>Interim actions being undertaken in adult endoscopy to increase capacity since August to reduce breaches including WLI and use of external provider.</li> <li>Implementation of the business case for the 3rd MRI scanner.</li> <li>Additional recurrent radiology sessions.</li> <li>Monthly forecasting in place, risks escalated to Hospital Directors.</li> </ul> <p><u>Progress</u></p> <ul style="list-style-type: none"> <li>Further step change improvement required to achieve the 1% standard on the Oxford Road Campus.</li> <li>Significant improvement in paediatric Endoscopy means this is no longer a risk.</li> <li>Despite improvements up until July, workforce pressures from August has impacted on the Trusts ability to sustain and deliver further improvement to meet the 1% target</li> <li>Revised trajectory for adult endoscopy and CSS.</li> </ul> |                            |   |  |  |  |  |   |   |   |   |    |    |   |      |      |      |      |    |    |      |  |  |  |  |  |
| <p>Hospital level compliance</p> <table border="1"> <thead> <tr> <th>Clinical and Scientific Support</th><th>Manchester Royal Infirmary</th><th>Royal Manchester Children's Hospital</th><th>St Mary's Hospital</th><th>Manchester Royal Eye Hospital</th><th>University Dental Hospital of Manchester</th><th>Wythenshawe, Trafford, Withington &amp; Altrincham</th></tr> </thead> <tbody> <tr> <td>◇</td><td>✗</td><td>✓</td><td>◇</td><td>NA</td><td>NA</td><td>✓</td></tr> <tr> <td>1.5%</td><td>6.3%</td><td>0.9%</td><td>9.1%</td><td>NA</td><td>NA</td><td>0.0%</td></tr> </tbody> </table> <p>NB - the % at RMCH and SMH is high due to the small waiting list in this area, the volume of breaches in these areas are marginal</p> |                            | 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 | Wythenshawe, Trafford, Withington & Altrincham | ◇ | ✗ | ✓ | ◇ | NA | NA | ✓ | 1.5% | 6.3% | 0.9% | 9.1% | NA | NA | 0.0% |  |  |  |  |  |
| 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 | Wythenshawe, Trafford, Withington & Altrincham |  |  |   |   |   |   |    |    |   |      |      |      |      |    |    |      |  |  |  |  |  |
| ◇  | ✗                          | ✓   | ◇                          | NA  | NA                                       | ✓  |  |  |   |   |   |   |    |    |   |      |      |      |      |    |    |      |  |  |  |  |  |
| 1.5%   | 6.3%                       | 0.9%  | 9.1%                       | NA  | NA                                       | 0.0%   |  |  |   |   |   |   |    |    |   |      |      |      |      |    |    |      |  |  |  |  |  |



## > Board Assurance

November 2018

### RTT - 18 Weeks (Incomplete Pathways)

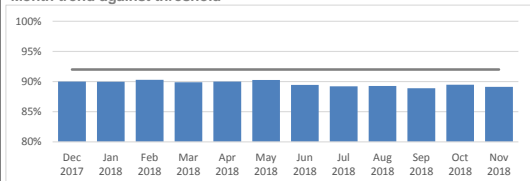


**Actual** 89.1% Latest Period  
**Threshold** 92.0% (Higher value represents better performance)

**Accountability** J.Bridgewater  
**Committee** Trust Board

MFT

Month trend against threshold



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

#### Key Issues

- Demand for Trust services continues to grow, particularly for specialist services and cancer.
- WTWA DIEP service - A trajectory to reduce breaches by 50% by March 19 is in place.
- Oxford Road Campus - A review of long waits, identified additional 52+ week breaches between June - September, trajectory to eradicate to zero achieved.

#### Actions

- RTT Task force focusing on long wait patients, chaired by Deputy COO/ Chief Informatics Officer, in place.
- Action plans in place which includes clinical review and focus on patient safety, and offering patients surgery dates.
- RTT PMO office established from September.
- Continued timely validation of PAS/waiting lists by Hospital sites, and data quality audits on-going.
- Additional resource to support validation and accuracy of data.
- Delivery of Hospital/MCS transformation and capacity plans.
- MFT Patient Access Policy in place.
- Participation in the NHSI Masterclass for RTT
- Participation in NHSI Capacity and Demand modelling training.
- Working with Commissioners in relation to demand management, particularly for specialist hospitals, to support stability of the waiting list.

#### Progress

- The Trust has successfully delivered its commitment to eliminate the non-RTT breaches 52+ weeks at the Oxford Road Campus from September onwards.
- A significant improvement has been made from 293 +52 week waits in June to 26 in November. The remaining area of pressure relates to DIEP procedures with a trajectory in place to reduce these to a maximum of 15 by the end of March 19.
- Trust RTT performance whilst below the standard, November 89.1%, is better than national position (87.1% October latest nationally reported period) and has remained stable.
- Trust waiting list has increased by 6.97% since March 18.

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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| ✓                               | ✓                          | ✗                                    | ✗                  | ✓                             | ✓  | ⬡  |
| 93.0%                           | 92.0%                      | 84.8%                                | 85.3%              | 94.7%                         | 94.0%                                    | 87.9%  |

### Cancer 62 Days Screening

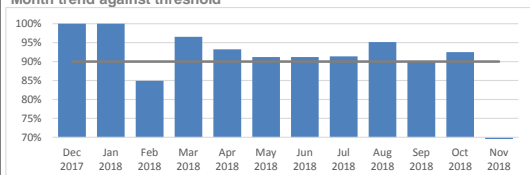


**Actual** 92.5% Quarterly  
**Threshold** 90.0% (Higher value represents better performance)

**Accountability** J.Bridgewater  
**Committee** Trust Board

MFT

Month trend against threshold



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

#### Key Issues

The Trust has delivered performance against this standard.

#### Actions

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

#### Progress

The Trust achieved this target in Q2, reporting 98.8%. This was achieved with Wythenshawe at 100%, and MRI 66.7% (1 breach). The current Q3 performance is 92.5%.

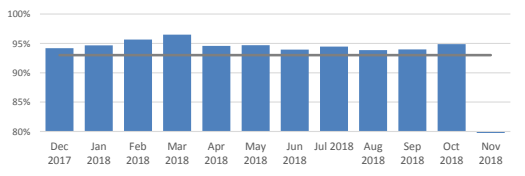
Hospital level compliance

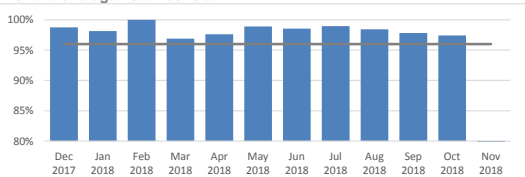
| Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| NA                              | ✗                          | NA                                   | ✓                  | NA                            | NA                                       | ✓  |
| NA                              | 55.6%                      | NA                                   | 100.0%             | NA                            | NA                                       | 97.1%  |

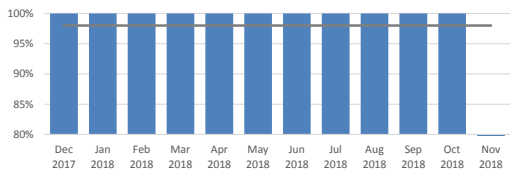


## > Board Assurance

November 2018

| Cancer Urgent 2 Week Wait Referrals   |                            | Actual  | 94.9%                      | Quarterly                                    | Accountability                           | J.Bridgewater                                  |  |  |    |   |   |   |    |    |   |    |       |        |       |    |    |       |  |  |  |  |  |
|---|----------------------------|---|----------------------------|--|--|--|--|--|----|---|---|---|----|----|---|----|-------|--------|-------|----|----|-------|--|--|--|--|--|
| MFT   |                            | Threshold   | 93.0%                      | (Higher value represents better performance) | Committee                                | Trust Board                                    |  |  |    |   |   |   |    |    |   |    |       |        |       |    |    |       |  |  |  |  |  |
| <p>Month trend against threshold</p>    |                            | <p>The percentage of patients urgently referred for suspected cancer by their GP that were seen by a specialist within 14 days of referral.</p> <p><u>Key Issues</u><br/>           Increased demand in 2 week wait referrals continues to place pressure on MFT cancer services. Q2 18/19 has seen an additional 1171 referrals (19%) increase compared to Q2 17/18.</p> <p><u>Actions</u><br/>           Collaborative actions taken with speciality teams to strengthen performance and increase the volume of patients seen within 7 days, within the workforce available.<br/>           SMH have reviewed the Gynaecology pathway and have an action plan in place.<br/>           GM have recognised the increase in demand is significant across the region and are reviewing the demand profile.</p> <p><u>Progress</u><br/>           Trust continues to deliver the standard</p> |                            |  |  |  |  |  |    |   |   |   |    |    |   |    |       |        |       |    |    |       |  |  |  |  |  |
| <p>Hospital level compliance</p> <table border="1"> <thead> <tr> <th>Clinical and Scientific Support</th><th>Manchester Royal Infirmary</th><th>Royal Manchester Children's Hospital</th><th>St Mary's Hospital</th><th>Manchester Royal Eye Hospital</th><th>University Dental Hospital of Manchester</th><th>Wythenshawe, Trafford, Withington &amp; Altrincham</th></tr> </thead> <tbody> <tr> <td>NA</td><td>✓</td><td>✓</td><td>✗</td><td>NA</td><td>NA</td><td>✓</td></tr> <tr> <td>NA</td><td>94.3%</td><td>100.0%</td><td>90.6%</td><td>NA</td><td>NA</td><td>95.6%</td></tr> </tbody> </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 | Wythenshawe, Trafford, Withington & Altrincham | NA | ✓ | ✓ | ✗ | NA | NA | ✓ | NA | 94.3% | 100.0% | 90.6% | NA | NA | 95.6% |  |  |  |  |  |
| 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 | Wythenshawe, Trafford, Withington & Altrincham |  |  |    |   |   |   |    |    |   |    |       |        |       |    |    |       |  |  |  |  |  |
| NA  | ✓                          | ✓   | ✗                          | NA   | NA                                       | ✓  |  |  |    |   |   |   |    |    |   |    |       |        |       |    |    |       |  |  |  |  |  |
| NA  | 94.3%                      | 100.0%  | 90.6%                      | NA   | NA                                       | 95.6%  |  |  |    |   |   |   |    |    |   |    |       |        |       |    |    |       |  |  |  |  |  |

| Cancer 31 Days First Treatment  |                            | Actual  | 97.4%                      | Quarterly                                    | Accountability                           | J.Bridgewater                                  |  |  |    |   |   |   |    |    |   |    |       |        |       |    |    |       |  |  |  |  |  |
|---|----------------------------|---|----------------------------|--|--|--|--|--|----|---|---|---|----|----|---|----|-------|--------|-------|----|----|-------|--|--|--|--|--|
| MFT   |                            | Threshold   | 96.0%                      | (Higher value represents better performance) | Committee                                | Trust Board                                    |  |  |    |   |   |   |    |    |   |    |       |        |       |    |    |       |  |  |  |  |  |
| <p>Month trend against threshold</p>   |                            | <p>The percentage of patients receiving their first definitive treatment for cancer that began that treatment within 31 days.</p> <p><u>Key Issues</u><br/>           The Trust has achieved this standard.</p> <p><u>Actions</u><br/>           Actions taken as per the 62 day standard.</p> <p><u>Progress</u><br/>           The Trust continues to achieve this standard</p> |                            |  |  |  |  |  |    |   |   |   |    |    |   |    |       |        |       |    |    |       |  |  |  |  |  |
| <p>Hospital level compliance</p> <table border="1"> <thead> <tr> <th>Clinical and Scientific Support</th><th>Manchester Royal Infirmary</th><th>Royal Manchester Children's Hospital</th><th>St Mary's Hospital</th><th>Manchester Royal Eye Hospital</th><th>University Dental Hospital of Manchester</th><th>Wythenshawe, Trafford, Withington &amp; Altrincham</th></tr> </thead> <tbody> <tr> <td>NA</td><td>✗</td><td>✓</td><td>✗</td><td>NA</td><td>NA</td><td>✓</td></tr> <tr> <td>NA</td><td>95.6%</td><td>100.0%</td><td>95.5%</td><td>NA</td><td>NA</td><td>98.2%</td></tr> </tbody> </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 | Wythenshawe, Trafford, Withington & Altrincham | NA | ✗ | ✓ | ✗ | NA | NA | ✓ | NA | 95.6% | 100.0% | 95.5% | NA | NA | 98.2% |  |  |  |  |  |
| 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 | Wythenshawe, Trafford, Withington & Altrincham |  |  |    |   |   |   |    |    |   |    |       |        |       |    |    |       |  |  |  |  |  |
| NA  | ✗                          | ✓   | ✗                          | NA   | NA                                       | ✓  |  |  |    |   |   |   |    |    |   |    |       |        |       |    |    |       |  |  |  |  |  |
| NA  | 95.6%                      | 100.0%  | 95.5%                      | NA   | NA                                       | 98.2%  |  |  |    |   |   |   |    |    |   |    |       |        |       |    |    |       |  |  |  |  |  |

| Cancer 31 Days Sub Chemo Treatment   |                            | Actual  | 100.0%                     | Quarterly                                    | Accountability                           | J.Bridgewater                                  |  |  |    |   |    |    |    |    |   |    |        |    |    |    |    |        |  |  |  |  |  |
|--|----------------------------|---|----------------------------|--|--|--|--|--|----|---|----|----|----|----|---|----|--------|----|----|----|----|--------|--|--|--|--|--|
| MFT  |                            | Threshold   | 98.0%                      | (Higher value represents better performance) | Committee                                | Trust Board                                    |  |  |    |   |    |    |    |    |   |    |        |    |    |    |    |        |  |  |  |  |  |
| <p>Month trend against threshold</p>   |                            | <p>The percentage of patients that waited 31 days or less for second or subsequent treatment, where the treatment modality was an anti-cancer drug regimen.</p> <p><u>Progress</u><br/>           The Trust continued to achieve the standard.</p> <p><u>Actions</u><br/>           Actions taken as per the 62 day standard.</p> |                            |  |  |  |  |  |    |   |    |    |    |    |   |    |        |    |    |    |    |        |  |  |  |  |  |
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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 | Wythenshawe, Trafford, Withington & Altrincham |  |  |    |   |    |    |    |    |   |    |        |    |    |    |    |        |  |  |  |  |  |
| NA   | ✓                          | NA  | NA                         | NA   | NA                                       | ✓  |  |  |    |   |    |    |    |    |   |    |        |    |    |    |    |        |  |  |  |  |  |
| NA   | 100.0%                     | NA  | NA                         | NA   | NA                                       | 100.0%   |  |  |    |   |    |    |    |    |   |    |        |    |    |    |    |        |  |  |  |  |  |



## > Board Assurance

November 2018

### Cancer 2 Week Wait - Breast

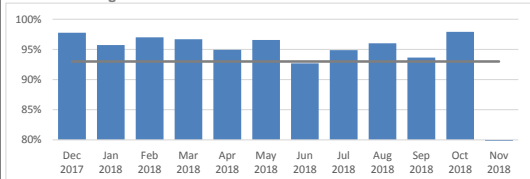
MFT



**Actual** 97.9% Quarterly  
**Threshold** 93.0% (Higher value represents better performance)

**Accountability** J.Bridgewater  
**Committee** Trust Board

Month trend against threshold



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

#### Key Issues

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

#### Progress

The Trust achieved performance in Q2, 95.5% with Q3 as at October reporting 97.9%

#### 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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| NA                              | NA                         | NA                                   | NA                 | NA                            | NA                                       | ✓  |
| NA                              | NA                         | NA                                   | NA                 | NA                            | NA                                       | 97.9%  |



## > Board Assurance

November 2018

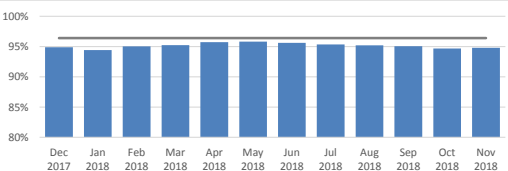
|  |   |                 |   |   |   |              |
|--|---|-----------------|---|---|---|--------------|
|  | <b>Workforce and Leadership</b><br>M. Johnson | Core Priorities | ✓ | ◇ | ✗ | No Threshold |
|  |   |                 | 5 | 1 | 5 | 3            |

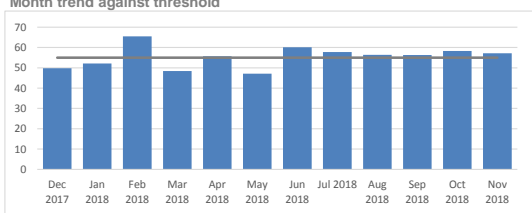
### Headline Narrative

MFT Excellence award nominations took place during November. There were 360 nominations that will be considered by the judging panels in December.

There was an Affina Team Coach networking event to support the Team Coaches in achieving accreditation.

### Workforce and Leadership - Core Priorities

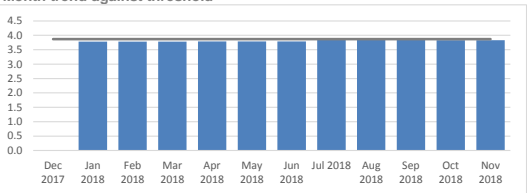
|   |                            |                                      |                    |  |  |  |                |              |
|---|----------------------------|--------------------------------------|--------------------|--|--|--|----------------|--------------|
| Attendance  |                            |                                      | ✗                  | Actual   | 94.8%                                    | Latest Period                                  | Accountability | M. Johnson   |
| MFT   |                            |                                      |                    | Threshold  | 96.4%                                    | (Higher value represents better performance)   | Committee      | HR Committee |
| Month trend against threshold   |                            |                                      |                    | <p>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.</p> <p><u>Key Issues</u></p> <p>The Groups attendance rate for November has increased to 94.8% compared to the previous months figure (94.7%)</p> <p>The attendance rate was higher last year (November 2017) at 95.1%.</p> <p><u>Actions</u></p> <p>In the Manchester Royal Infirmary weekly scrutiny meetings continue to track absences where a central spreadsheet has been created to record all sickness cases that are not on the absence manager system yet.</p> <p>In Wythenshawe, Trafford, Withington and Altrincham (WTWA) sites their has been an emphasis on greater benefits realisation through Absence Manager and the associated benefits of increased data capture and accuracy. Monitoring of managers compliance in relation to call back and return to work discussions is measured through the Absence Manager dashboards at Divisional Performance Review meetings.</p> <p>Actions plans have been put in place via the Accountability Oversight Framework.</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 | Wythenshawe, Trafford, Withington & Altrincham |                |              |
| ✗   | ✗                          | ✗                                    | ✗                  | ✗  | ✗  | ✗  |                |              |
| 95.7%   | 94.3%                      | 95.2%                                | 94.6%              | 93.8%  | 95.0%                                    | 94.2%  |                |              |

| Time to fill vacancy  |                            | ✗                                    | Actual                          | 57.2                          | Latest Period                               | Accountability                                 | M.Johnson                     |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |
|---|----------------------------|--------------------------------------|---------------------------------|-------------------------------|---|--|-------------------------------|--|--|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|------|--|--|--|--|
| MFT   |                            |                                      | Threshold                       | 55.0                          | (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>Dec 2017</td><td>50.0</td></tr><tr><td>Jan 2018</td><td>52.0</td></tr><tr><td>Feb 2018</td><td>65.0</td></tr><tr><td>Mar 2018</td><td>48.0</td></tr><tr><td>Apr 2018</td><td>55.0</td></tr><tr><td>May 2018</td><td>47.0</td></tr><tr><td>Jun 2018</td><td>60.0</td></tr><tr><td>Jul 2018</td><td>58.0</td></tr><tr><td>Aug 2018</td><td>56.0</td></tr><tr><td>Sep 2018</td><td>55.0</td></tr><tr><td>Oct 2018</td><td>57.0</td></tr><tr><td>Nov 2018</td><td>57.2</td></tr></tbody></table> |                            |                                      | Month                           | Time to fill (days)           | Dec 2017                                    | 50.0   | Jan 2018                      | 52.0                                     | Feb 2018                                       | 65.0 | Mar 2018 | 48.0 | Apr 2018 | 55.0 | May 2018 | 47.0 | Jun 2018 | 60.0 | Jul 2018 | 58.0 | Aug 2018 | 56.0 | Sep 2018 | 55.0 | Oct 2018 | 57.0 | Nov 2018 | 57.2 | <p>This indicator measures the average time it takes, in days, to fill a vacancy. It measures the time taken from the advertising date (on the TRAC Recruitment system), up to the day of unconditional offer. The graph shows an in month rate.</p> <p><u>Key Issues</u></p> <p>Group wide, the Time to Fill figure (which doesn't include Staff Nurses) has risen from 56.3 days and now stands at 57.2 days for November.</p> <p><u>Actions</u></p> <p>The Trust 'Time to Hire' for November 2018 without Band 5 Nursing starts is 57.2 working days on average which is improvement of 1.1 from Octobers figures but still 2.2 working days over the Trust target. The number of candidates submitting an application in November is 7,108 and 525 jobs advertised. We had 528 new starters (344 external 184 internal). We have been dealing with the issuing of the back log contracts and also putting plans in place for the new contract. We predict that time to hire should improve during the month of December/January.</p> |  |  |  |
| Month   | Time to fill (days)        |                                      |                                 |                               |   |  |                               |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |
| Dec 2017  | 50.0                       |                                      |                                 |                               |   |  |                               |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |
| Jan 2018  | 52.0                       |                                      |                                 |                               |   |  |                               |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |
| Feb 2018  | 65.0                       |                                      |                                 |                               |   |  |                               |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |
| Mar 2018  | 48.0                       |                                      |                                 |                               |   |  |                               |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |
| Apr 2018  | 55.0                       |                                      |                                 |                               |   |  |                               |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |
| May 2018  | 47.0                       |                                      |                                 |                               |   |  |                               |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |
| Jun 2018  | 60.0                       |                                      |                                 |                               |   |  |                               |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |
| Jul 2018  | 58.0                       |                                      |                                 |                               |   |  |                               |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |
| Aug 2018  | 56.0                       |                                      |                                 |                               |   |  |                               |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |
| Sep 2018  | 55.0                       |                                      |                                 |                               |   |  |                               |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |
| Oct 2018  | 57.0                       |                                      |                                 |                               |   |  |                               |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |
| Nov 2018  | 57.2                       |                                      |                                 |                               |   |  |                               |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |
| <div>Hospital level compliance</div> <table border="1"><thead><tr><th>Clinical and Scientific Support</th><th>Manchester Royal Infirmary</th><th>Royal Manchester Children's Hospital</th><th>St Mary's Hospital</th><th>Manchester Royal Eye Hospital</th><th>University Dental Hospital of Manchester</th><th>Wythenshawe, Trafford, Withington &amp; Altrincham</th></tr></thead><tbody><tr><td>✗</td><td>✗</td><td>✗</td><td>✗</td><td>✓</td><td>✗</td><td>✗</td></tr><tr><td>60.4</td><td>63.8</td><td>69.5</td><td>79.8</td><td>48.2</td><td>60.4</td><td>56.4</td></tr></tbody></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 | Wythenshawe, Trafford, Withington & Altrincham | ✗    | ✗        | ✗    | ✗        | ✓    | ✗        | ✗    | 60.4     | 63.8 | 69.5     | 79.8 | 48.2     | 60.4 | 56.4     |      |          |      |          |      |  |  |  |  |
| 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    | Wythenshawe, Trafford, Withington & Altrincham |                               |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |
| ✗   | ✗                          | ✗                                    | ✗                               | ✓                             | ✗   | ✗  |                               |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |
| 60.4  | 63.8                       | 69.5                                 | 79.8                            | 48.2                          | 60.4  | 56.4   |                               |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |



## > Board Assurance

November 2018

| Engagement Score (quarterly)  |                            | Actual                               | 3.83                       | Latest Period                                | Accountability                           | M.Johnson                                      |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |  |
|---|----------------------------|--------------------------------------|----------------------------|--|--|--|--|--|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|------|--|--|--|--|--|
| MFT   |                            | Threshold                            | 3.87                       | (Higher value represents better performance) | Committee                                | HR Committee                                   |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |  |
| <div>Month trend against threshold</div>  <table border="1"><caption>Engagement Score Data (Estimated)</caption><thead><tr><th>Month</th><th>Score</th></tr></thead><tbody><tr><td>Dec 2017</td><td>3.75</td></tr><tr><td>Jan 2018</td><td>3.75</td></tr><tr><td>Feb 2018</td><td>3.75</td></tr><tr><td>Mar 2018</td><td>3.75</td></tr><tr><td>Apr 2018</td><td>3.75</td></tr><tr><td>May 2018</td><td>3.75</td></tr><tr><td>Jun 2018</td><td>3.75</td></tr><tr><td>Jul 2018</td><td>3.75</td></tr><tr><td>Aug 2018</td><td>3.75</td></tr><tr><td>Sep 2018</td><td>3.75</td></tr><tr><td>Oct 2018</td><td>3.75</td></tr><tr><td>Nov 2018</td><td>3.75</td></tr></tbody></table> |                            | Month                                | Score                      | Dec 2017                                     | 3.75                                     | Jan 2018                                       | 3.75                                     | Feb 2018                                       | 3.75 | Mar 2018 | 3.75 | Apr 2018 | 3.75 | May 2018 | 3.75 | Jun 2018 | 3.75 | Jul 2018 | 3.75 | Aug 2018 | 3.75 | Sep 2018 | 3.75 | Oct 2018 | 3.75 | Nov 2018 | 3.75 | <p>This indicator measures the Staff Engagement score taken from the annual Staff Survey or quarterly Pulse Check. This score is made up of indicators for improvements in levels of motivation, involvement and the willingness to recommend the NHS as a place to work and be treated.</p> <p><u>Key Issues</u></p> <p>The Group Staff Engagement score from the Pulse Survey for Quarter 2 was 3.83 (3.84 in Quarter 1). This will next be updated when the results from the 2018 Staff Survey, which closed on 30th November, are published in mid-February 2019.</p> <p><u>Actions</u></p> <p>The 2018 Staff Survey results will provide staff engagement scores at Group and Hospital/MCS-level, when published in February. The Quarter 4 Pulse Survey will run in February 2019.</p> |  |  |  |  |
| Month   | Score                      |                                      |                            |  |  |  |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |  |
| Dec 2017  | 3.75                       |                                      |                            |  |  |  |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |  |
| Jan 2018  | 3.75                       |                                      |                            |  |  |  |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |  |
| Feb 2018  | 3.75                       |                                      |                            |  |  |  |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |  |
| Mar 2018  | 3.75                       |                                      |                            |  |  |  |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |  |
| Apr 2018  | 3.75                       |                                      |                            |  |  |  |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |  |
| May 2018  | 3.75                       |                                      |                            |  |  |  |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |  |
| Jun 2018  | 3.75                       |                                      |                            |  |  |  |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |  |
| Jul 2018  | 3.75                       |                                      |                            |  |  |  |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |  |
| Aug 2018  | 3.75                       |                                      |                            |  |  |  |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |  |
| Sep 2018  | 3.75                       |                                      |                            |  |  |  |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |  |
| Oct 2018  | 3.75                       |                                      |                            |  |  |  |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |  |
| Nov 2018  | 3.75                       |                                      |                            |  |  |  |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |  |
| <div>Hospital level compliance</div> <table border="1"><thead><tr><th>Clinical and Scientific Support</th><th>Manchester Royal Infirmary</th><th>Royal Manchester Children's Hospital</th><th>St Mary's Hospital</th><th>Manchester Royal Eye Hospital</th><th>University Dental Hospital of Manchester</th><th>Wythenshawe, Trafford, Withington &amp; Altrincham</th></tr></thead><tbody><tr><td>✗</td><td>✗</td><td>✗</td><td>✓</td><td>✗</td><td>✓</td><td>✗</td></tr><tr><td>3.79</td><td>3.77</td><td>3.85</td><td>3.88</td><td>3.86</td><td>3.99</td><td>3.83</td></tr></tbody></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 | Wythenshawe, Trafford, Withington & Altrincham | ✗    | ✗        | ✗    | ✓        | ✗    | ✓        | ✗    | 3.79     | 3.77 | 3.85     | 3.88 | 3.86     | 3.99 | 3.83     |      |          |      |          |      |  |  |  |  |  |
| 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 | Wythenshawe, Trafford, Withington & Altrincham |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |  |
| ✗   | ✗                          | ✗                                    | ✓                          | ✗  | ✓  | ✗  |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |  |
| 3.79  | 3.77                       | 3.85                                 | 3.88                       | 3.86   | 3.99                                     | 3.83   |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |  |  |  |  |  |

| Appraisal- medical |  | Actual    | 84.6% | Latest Period                                | Accountability | M.Johnson |              |
|--------------------|--|-----------|-------|--|----------------|-----------|--------------|
| MFT                |  |           |       |  |                |           |              |
|                    |  | Threshold | 90.0% | (Higher value represents better performance) |                | Committee | HR Committee |
|                    |  |           |       |  |                |           |              |

Month trend against threshold

| Month    | Compliance (%) |
|----------|----------------|
| Dec 2017 | 78             |
| Jan 2018 | 75             |
| Feb 2018 | 75             |
| Mar 2018 | 82             |
| Apr 2018 | 88             |
| May 2018 | 88             |
| Jun 2018 | 88             |
| Jul 2018 | 92             |
| Aug 2018 | 88             |
| Sep 2018 | 82             |
| Oct 2018 | 82             |
| Nov 2018 | 82             |

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

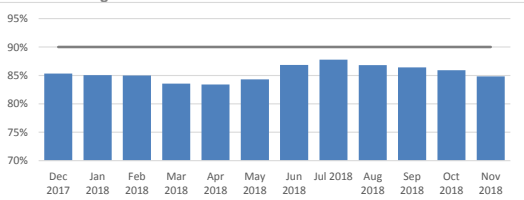
Key Issues

Medical appraisal compliance for the Group has increased by 2% over the last 2 months by 1% in October and by a further 1% in November and is now 84.6% - 5.4% below target.

Actions

All Hospitals continue to deliver plans that were presented to the HR Scrutiny committee in June. Members of the Medical Director and Group Executive Director of HR & OD teams have put in place a number of actions to ensure that there are no anomalies in the reporting process

| 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 | Wythenshawe, Trafford, Withington & Altrincham |
| ⬡                               | ✗                          | ⬡                                    | ✓                  | ⬡                             | ✗  | ⬡  |
| 86.8%                           | 79.6%                      | 85.1%                                | 90.4%              | 87.5%                         | 84.1%                                    | 85.0%  |

| Appraisal- non-medical   |                            | <div>✗</div>                         | Actual   | 84.8%                         | Latest Period                                | Accountability                                 | M.Johnson    |
|--|----------------------------|--------------------------------------|--|-------------------------------|--|--|--------------|
| MFT  |                            |                                      | Threshold  | 90.0%                         | (Higher value represents better performance) | Committee                                      | HR Committee |
| Month trend against threshold  |                            |                                      | <p>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.</p> <p><u>Key Issues</u></p> <p>Non Medical Appraisal compliance for the Group in October decreased by 1.1% to 84.8 %. 3 Hospitals are achieving / exceeding target compliance.</p> <p><u>Actions</u></p> <p>All Hospitals are currently working to plans that were presented to the HR Scrutiny Committee and have provided assurance that they are still on target to achieve 90% or above compliance by March 2019</p> <p>Reports continue to be forwarded to Hospital HRDs to support their management teams in planning appraisal activity to redress the negative trend and the Group Deputy Director of HR and OD has requested that Corporate Directors give this matter urgent attention.</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     | Wythenshawe, Trafford, Withington & Altrincham |              |
| ✗  | ✓                          | ✗                                    | ⬡  | ✓                             | ⬡  | ⬡  |              |
| 83.1%  | 90.8%                      | 84.7%                                | 89.7%  | 91.1%                         | 88.7%  | 88.3%  |              |



## > Board Assurance

November 2018

### Trust Mandatory Training - Clinical

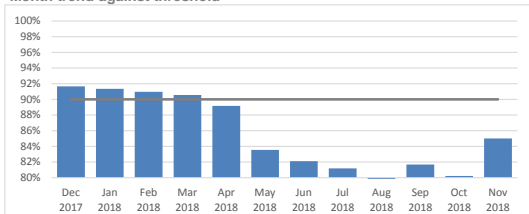
MFT



**Actual** 85.0% Latest Period  
**Threshold** 90.0% (Higher value represents better performance)

**Accountability** M.Johnson  
**Committee** HR Committee

Month trend against threshold



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

#### Key Issues

Compliance has increased by 6% in the last 3 months: By 2.3% across the Trust in September, 2.7% in October and a further 1% in November to 85.0% with 2 Hospitals and a Corporate Division achieving target compliance.

#### Actions

The Workforce Intelligence team now provides the Clinical Mandatory training report via eWIP and, alongside the OD&T team, provides on-going support to hospitals to facilitate effective management of compliance. The Hospital HRDs are ensuring that their management teams are prioritising Clinical Mandatory training compliance improvements as a matter of urgency. The alignment of clinical mandatory training across the Group is being progressed by a task and finish group involving key professional leads. This will be completed by the end of March 2019

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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| ✗                               | ⬡                          | ✗                                    | ✓                  | ⬡                             | ⬡  | ✗  |
| 82.7%                           | 89.7%                      | 76.7%                                | 90.5%              | 85.0%                         | 87.9%                                    | 79.8%  |

### B5 Nursing and Midwifery Turnover (in month)

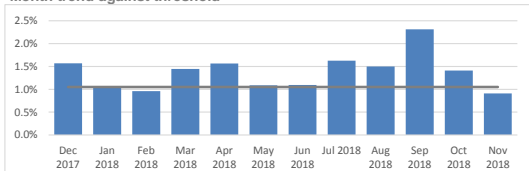
MFT



**Actual** 0.91% Latest Period  
**Threshold** 1.05% (Lower value represents better performance)

**Accountability** M.Johnson  
**Committee** HR Committee

Month trend against threshold



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 shows the rate in a single month.

#### Key Issues

The turnover for the month is 0.91% against a monthly target of 1.05%. This is a reduction in turnover from the previous month at which the turnover was 1.41% and more significantly from the month of September which was 2.29%

#### Actions

Nursing and Midwifery Retention Strategies have been developed by each Hospital/MCS and are monitored by the Directors of Nursing.

The strategies focus on the following work streams:-

- Retention Strategies developed within each Hospital/MCS
- Divisional work streams focusing on wellbeing/staff focus groups/take a break
- Nursing and Midwifery extended induction for new starters
- Roll-out of 12 hour shifts for staff who wish to condense their hours over a shorter working week
- Identifying new roles within the unregistered workforce to support careers/skills escalator
- Band 5 rotation programmes have been introduced in RMCH, MRI and WTW

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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| ✗                               | ✗                          | ✓                                    | ✗                  | ✗                             | NA                                       | ✓  |
| 1.09%                           | 1.10%                      | 0.49%                                | 1.72%              | 1.15%                         | NA                                       | 0.63%  |

### Turnover (in month)

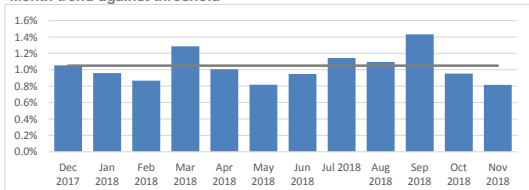
MFT



**Actual** 0.81% Latest Period  
**Threshold** 1.05% (Lower value represents better performance)

**Accountability** M.Johnson  
**Committee** HR Committee

Month trend against threshold



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

#### Key Issues

The single month turnover position for the group has decreased and now stands at 0.81% compared to 0.95% for the previous month. This also compares favourably with a turnover rate of 0.90% in November 2017.

#### Actions

Staff engagement sessions for all staff are planned for the MRI, Clinical Scientific Services and the Children's Hospital.

Turnover is monitored through the Accountability Oversight Framework

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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| ✓                               | ✓                          | ✓                                    | ✓                  | ✗                             | ✓  | ✓  |
| 0.85%                           | 0.82%                      | 0.61%                                | 0.77%              | 1.12%                         | 0.00%                                    | 0.87%  |



## > Board Assurance

November 2018

### Level 1 CSTF Mandatory Training

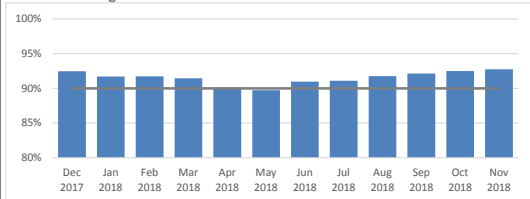
MFT



**Actual** 92.8% Latest Period  
**Threshold** 90.0% (Higher value represents better performance)

**Accountability** M.Johnson  
**Committee** HR Committee

Month trend against threshold



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

#### Key Issues

Performance in November for the Group has seen compliance increase by 0.3% to 92.8%. Nearly all hospitals and Corporate Divisions are achieving target compliance

#### Actions

Detailed monthly reports are being shared with HRDs.

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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| ✓                               | ✓                          | ✓                                    | ✓                  | ✓                             | ✓  | ✓  |
| 93.2%                           | 92.4%                      | 90.6%                                | 96.6%              | 91.7%                         | 90.3%                                    | 92.1%  |

### Nurse Retention

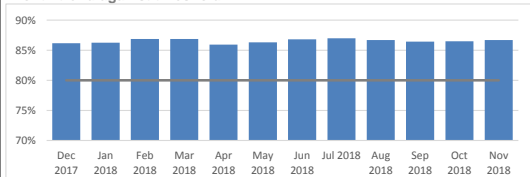
MFT



**Actual** 86.7% Latest Period  
**Threshold** 80.0% (Higher value represents better performance)

**Accountability** M.Johnson  
**Committee** HR Committee

Month trend against threshold



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

#### Key Issues

Nursing and Midwifery retention stands at 86.69% which is a slight increase to the previous month at which the retention rate was 86.47%. This rate remains above the threshold of 80%.

#### Actions

The retention threshold target for nursing and midwifery staff provides a strong indication of whether we are able to retain staff across the Trust and whether our policies, procedures and practices are supportive of the Trust being seen as a good place to work. The overall retention rate is good at 86.7%.

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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| ✓                               | ✓                          | ✓                                    | ✓                  | ✓                             | NA                                       | ✓  |
| 89.1%                           | 82.7%                      | 86.4%                                | 85.3%              | 91.6%                         | NA                                       | 87.2%  |

### BME Staff Retention

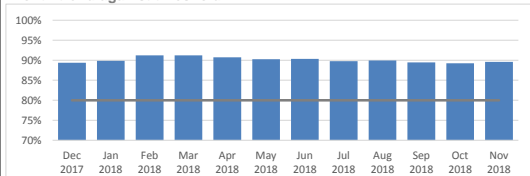
MFT



**Actual** 89.6% Latest Period  
**Threshold** 80.0% (Higher value represents better performance)

**Accountability** M.Johnson  
**Committee** HR Committee

Month trend against threshold



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

#### Key Issues

Black and minority ethnic staff remain slightly less likely to leave the Group than White staff, 89.61% compared to 88.69% respectively. The Group is exceeding its retention threshold for this indicator at 89.61% actual compared to an 80% threshold. The retention rate remains consistent month on month at around 89%.

#### Action

The Group continues to perform strongly on this indicator with a variation in Research and Innovation. Hospital Sites/MCSs and Functions are tracking this within their Accountability Oversight Framework and developing plans to address where negative gaps are being identified.

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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| ✓                               | ✓                          | ✓                                    | ✓                  | ✓                             | ✓  | ✓  |
| 91.4%                           | 87.9%                      | 91.1%                                | 90.4%              | 92.2%                         | 105.6%                                   | 87.6%  |



## > Board Assurance

November 2018

| Medical Agency Spend  |                            | Actual   | £1,336.7                   | Latest Period                               | Accountability                           | M.Johnson                                      |  |  |   |   |   |   |   |   |   |  |  |  |  |  |
|---|----------------------------|--|----------------------------|---|--|--|--|--|---|---|---|---|---|---|---|--|--|--|--|--|
| MFT   |                            | Threshold  | None                       | (Lower value represents better performance) | Committee                                | HR Committee                                   |  |  |   |   |   |   |   |   |   |  |  |  |  |  |
| <p>Month trend against threshold</p>  |                            | <p>The Medical and Dental Agency Spend figure represents the cost of supply/temporary M&amp;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><br/>         For November 2018 the total value of Medical and Dental agency staffing was £1,337k.</p> <p><u>Actions</u><br/>         Each Hospital/Managed Clinical Service is reviewing their agency spend and identifying exit plans for each long term agency worker and plans for recruitment or transition to bank. There are a number of work streams relating to Temporary staffing currently progressing which include additional pay/bank rates harmonisation; negotiation of agency commission rates to demonstrate a reduction and to move as many agency shifts to bank where possible, ensuring appropriate cover to meet service requirements, as Patient safety remains the priority. Weekly dashboards are being developed to enable the Management Teams to understand the spend, and therefore target areas for reduction.</p> |                            |   |  |  |  |  |   |   |   |   |   |   |   |  |  |  |  |  |
| <p>Hospital level compliance</p> <table border="1"> <thead> <tr> <th>Clinical and Scientific Support</th><th>Manchester Royal Infirmary</th><th>Royal Manchester Children's Hospital</th><th>St Mary's Hospital</th><th>Manchester Royal Eye Hospital</th><th>University Dental Hospital of Manchester</th><th>Wythenshawe, Trafford, Withington &amp; Altrincham</th></tr> </thead> <tbody> <tr> <td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></tr> </tbody> </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 | Wythenshawe, Trafford, Withington & Altrincham | - | - | - | - | - | - | - |  |  |  |  |  |
| 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 | Wythenshawe, Trafford, Withington & Altrincham |  |  |   |   |   |   |   |   |   |  |  |  |  |  |
| -   | -                          | -  | -                          | -   | -  | -  |  |  |   |   |   |   |   |   |   |  |  |  |  |  |

| Qualified Nursing and Midwifery Vacancies B5 Against Establishment   |                            | Actual   | 13.5%                      | Latest Period                               | Accountability                           | M.Johnson                                      |  |  |   |   |   |   |   |   |   |       |       |       |      |       |    |       |  |  |  |  |  |
|--|----------------------------|--|----------------------------|---|--|--|--|--|---|---|---|---|---|---|---|-------|-------|-------|------|-------|----|-------|--|--|--|--|--|
| MFT  |                            | Threshold  | None                       | (Lower value represents better performance) | Committee                                | HR Committee                                   |  |  |   |   |   |   |   |   |   |       |       |       |      |       |    |       |  |  |  |  |  |
| <p>Month trend against threshold</p>   |                            | <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 Practitioners.</p> <p>Band 5 and 6 Midwifery vacancies are reported together as these posts are transitional posts for entry level (newly qualified) midwives who progress to band 6 on completion of preceptorship.</p> <p><u>Key Issues</u><br/>         The majority of vacancies with Nursing and Midwifery are within the staff nurse (band 5) role. At the end of November 2018 there were 535.3 wte (13.5%) staff nurse/midwife/ODP (band 5) vacancies across the Trust Group. This remains static from the previous month when there were 536.1 wte vacancies.</p> <p><u>Actions</u><br/>         There are 60 nurses and midwives due to start before the end of January 2019 with a further 177 nurses with conditional job offers and whose appointments are being processed through the Trust recruitment process. The trust continues to recruit nurses from overseas. There will be 18 international nurses starting in the Trust in December 2018 with a further 26 expected at the end of January 2019.</p> <p>A schedule of recruitment events has been developed to ensure the Trust group is now aligned to a Trust wide recruitment strategy.</p> <p>Recent events have been held at the Wythenshawe site and Oxford Road Campus which saw over 200 delegates attend the recruitment events.</p> |                            |   |  |  |  |  |   |   |   |   |   |   |   |       |       |       |      |       |    |       |  |  |  |  |  |
| <p>Hospital level compliance</p> <table border="1"> <thead> <tr> <th>Clinical and Scientific Support</th><th>Manchester Royal Infirmary</th><th>Royal Manchester Children's Hospital</th><th>St Mary's Hospital</th><th>Manchester Royal Eye Hospital</th><th>University Dental Hospital of Manchester</th><th>Wythenshawe, Trafford, Withington &amp; Altrincham</th></tr> </thead> <tbody> <tr> <td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></tr> <tr> <td>12.3%</td><td>17.7%</td><td>10.9%</td><td>6.6%</td><td>12.8%</td><td>NA</td><td>15.7%</td></tr> </tbody> </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 | Wythenshawe, Trafford, Withington & Altrincham | - | - | - | - | - | - | - | 12.3% | 17.7% | 10.9% | 6.6% | 12.8% | NA | 15.7% |  |  |  |  |  |
| 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 | Wythenshawe, Trafford, Withington & Altrincham |  |  |   |   |   |   |   |   |   |       |       |       |      |       |    |       |  |  |  |  |  |
| -  | -                          | -  | -                          | -   | -  | -  |  |  |   |   |   |   |   |   |   |       |       |       |      |       |    |       |  |  |  |  |  |
| 12.3%  | 17.7%                      | 10.9%  | 6.6%                       | 12.8%                                       | NA                                       | 15.7%  |  |  |   |   |   |   |   |   |   |       |       |       |      |       |    |       |  |  |  |  |  |

| % BME Appointments of Total Appointments   |                            | Actual   | 25.6%                      | Latest Period                           | Accountability                           | M.Johnson                                      |  |  |   |   |   |   |   |   |   |       |       |       |       |       |       |       |  |  |  |  |  |
|--|----------------------------|--|----------------------------|---|--|--|--|--|---|---|---|---|---|---|---|-------|-------|-------|-------|-------|-------|-------|--|--|--|--|--|
| MFT  |                            | Threshold  | None                       | (? value represents better performance) | Committee                                | HR Committee                                   |  |  |   |   |   |   |   |   |   |       |       |       |       |       |       |       |  |  |  |  |  |
| <p>Month trend against threshold</p>   |                            | <p>This indicator measures the number of BME appointments as a percentage of all appointments. This is measured through the Trust's Recruitment system (TRAC). The graph shows an in month rate.</p> <p><u>Key Issues</u><br/>         One in four appointments is of black and minority ethnic origin (25%), which is generally consistent month on month. Manchester Local Care Organisation, Saint Marys Hospital and Research and Innovation most significantly appoint at percentages lower than the Group average though consistent with the size of the Greater Manchester black and minority ethnic population and Royal Manchester Eye Hospital, Manchester Royal Infirmary and Trafford Hospital above the group average.</p> <p><u>Actions</u><br/>         The Group figure is higher than the Greater Manchester black and minority ethnic population of almost 17%, which over 80% of the trust's workforce is drawn from, but lower than the Manchester black and minority ethnic population of over 30%. Hospital Sites/MCSs and Functions are tracking this within their Accountability Oversight Framework and developing plans to address where negative gaps are being identified.</p> |                            |   |  |  |  |  |   |   |   |   |   |   |   |       |       |       |       |       |       |       |  |  |  |  |  |
| <p>Hospital level compliance</p> <table border="1"> <thead> <tr> <th>Clinical and Scientific Support</th><th>Manchester Royal Infirmary</th><th>Royal Manchester Children's Hospital</th><th>St Mary's Hospital</th><th>Manchester Royal Eye Hospital</th><th>University Dental Hospital of Manchester</th><th>Wythenshawe, Trafford, Withington &amp; Altrincham</th></tr> </thead> <tbody> <tr> <td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></tr> <tr> <td>29.5%</td><td>33.7%</td><td>21.4%</td><td>17.1%</td><td>47.2%</td><td>24.4%</td><td>30.3%</td></tr> </tbody> </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 | Wythenshawe, Trafford, Withington & Altrincham | - | - | - | - | - | - | - | 29.5% | 33.7% | 21.4% | 17.1% | 47.2% | 24.4% | 30.3% |  |  |  |  |  |
| 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 | Wythenshawe, Trafford, Withington & Altrincham |  |  |   |   |   |   |   |   |   |       |       |       |       |       |       |       |  |  |  |  |  |
| -  | -                          | -  | -                          | -                                       | -  | -  |  |  |   |   |   |   |   |   |   |       |       |       |       |       |       |       |  |  |  |  |  |
| 29.5%  | 33.7%                      | 21.4%  | 17.1%                      | 47.2%                                   | 24.4%                                    | 30.3%  |  |  |   |   |   |   |   |   |   |       |       |       |       |       |       |       |  |  |  |  |  |



## > Board Assurance

November 2018

|  |                 |   |   |   |              |
|--|-----------------|---|---|---|--------------|
|  <b>Finance</b><br>A.Roberts | Core Priorities | ✓ | ◇ | × | No Threshold |
|  |                 | 0 | 1 | 1 | 0            |

### Headline Narrative

- Please see agenda item 5.2

### Finance - Core Priorities

#### Regulatory Finance Rating

MFT



**Actual** 3

Latest Period

**Accountability**

A.Roberts

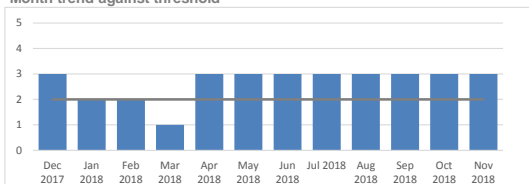
**Threshold** 3

(Lower value represents better performance)

**Committee**

TMB and Board Finance  
Scrutiny Committee

Month trend against threshold



The regulatory finance rating identifies the level of risk to the ongoing availability of key services. A rating of 4 indicates the most serious risk and 1 the least risk. This rating forms part of NHS's single oversight framework, incorporating five metrics:

- Capital service capacity
- Liquidity
- Income and expenditure margin
- Distance from financial plan
- Agency spend

#### Operational Financial Performance



**Actual** -£41,549 Year To Date

**Accountability**

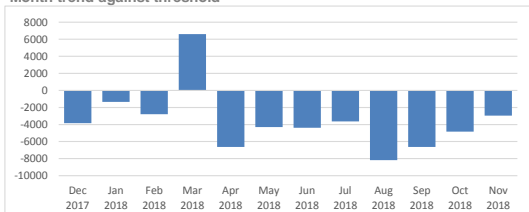
A.Roberts

**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 the Chief Finance Officer's report for more detail.


#### 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 | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|--|--|
| ×                               | ×                          | ◇                                    | ×                  | ×                             | ×  | ×  |



## > Board Assurance

November 2018

|  |                 |                 |   |   |   |              |
|--|-----------------|-----------------|---|---|---|--------------|
|  | <b>Strategy</b> | 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 |
|  |   |   |   | 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.<br>Green indicates that a strategy has been completed and approved by the Trust Service Strategy Committee<br>Amber indicates that a strategy has been developed but not approved.<br>Red indicates that there has been no progress towards the development of a strategy |   |   |                            |
|  |   |   |   |   |   |   |                            |
|  |   |   |   |   |   |   |                            |
|  |   |   |   |   |   |   |                            |
|  |   |   |   |   |   |   |                            |
| Hospital level compliance  |   |   |   |   |   |   |                            |
| Clinical and Scientific Support  | Manchester Royal Infirmary  | Royal Manchester Children's Hospital  | St Mary's Hospital  | Manchester Royal Eye Hospital   | University Dental Hospital of Manchester  | Wythenshawe, Trafford, Withington & Altrincham                                      |                            |
|  |  |  |  |    |  |  |                            |

|   |   |  |   |   |   |   |
|---|---|--|---|---|---|---|
| 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  | Wythenshawe, Trafford, Withington & Altrincham                                      |
|  |  |   |  |  |  |  |

|  |   |   |   |  |   |   |
|--|---|---|---|--|---|---|
| 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  | Wythenshawe, Trafford, Withington & Altrincham                                      |
|  |  |  |  |   |  |  |







**MANCHESTER UNIVERSITY NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS (PUBLIC)**

|   |   |
|---|---|
| <b>Report of:</b>                                   | Chief Operating Officer   |
| <b>Paper prepared by:</b>                           | Tony Diamond, Emergency Planning Manager  |
| <b>Date of paper:</b>                               | 14 <sup>th</sup> January 2019   |
| <b>Subject:</b>                                     | <b>2018/19 MFT Emergency Preparedness Resilience and Response Core Standards Self-Assessment</b>  |
| <b>Purpose of Report:</b>                           | <p>Indicate which by ✓</p> <ul style="list-style-type: none"> <li>• Information to note ✓</li> <li>• Support</li> <li>• Resolution</li> <li>• Approval</li> </ul> |
| <b>Consideration of Risk against Key Priorities</b> | To achieve high standards of patient safety and clinical quality across the Trust demonstrated through performance outcome measures                               |
| <b>Recommendations</b>                              | To note the contents of the report  |
| <b>Contact:</b>                                     | <p><u>Name:</u> Tony Diamond</p> <p><u>Tel:</u> 0161 701 5752</p>   |



# 2018 /19 MFT Emergency Preparedness Resilience and Response Core Standards Self Assessment

## 1. Introduction

The purpose of this report is to provide the Board of Directors with the MFT self-assessment against the NHS England Core Standards for Emergency Preparedness Resilience and Response (EPRR).

### Context

The Civil Contingencies Act 2004 and the NHS Act 2006 as amended by the Health and Social Care Act 2012 underpin EPRR within health. Both Acts place EPRR duties on NHS England and the NHS in England. Additionally, the NHS Standard Contract Service Conditions (SC30) requires providers of NHS funded services to comply with NHS England EPRR guidance.

Under the CCA 2004 Acute Providers are Category 1 responders, which are recognised as being at the core of emergency response and are subject to the full set of civil protection duties including: risk assessment of emergencies, to have in place emergency plans and business continuity management arrangements and a requirement to share information and cooperate with other agencies.

The minimum requirements Acute Providers must meet are set out in the NHSE Core Standards for EPRR, which are in accordance with the CCA 2004 and the Health and Social Care Act 2012. In line with contractual requirements the Trust is required to provide annual assurance of compliance with the Core Standards, with a 2018/19 submission deadline of 31/10/18 comprising key documents of:

- Statement of compliance
- Associated action plan
- EPRR Core Standards Spreadsheet, which outlines the evidence and RAG rating against each individual standard.

There are a total of 64 standards and additionally each year a 'deep dive' is conducted to gain additional assurance into a specific area. In 2018-2019 the 'deep dive' topic is command and control and a deep dive was undertaken against the 8 EPRR Command and Control standards although these do not contribute towards the overall Trust compliance level. The compliance period is based on 2018/19 of which there are 4 levels of compliance:

| Full                                | Substantial                                 | Partial                                     | Non-Compliant   |
|-------------------------------------|---|---|---|
| Compliant with <b>all</b> standards | The organisation is <b>89-99%</b> compliant | The organisation is <b>77-88%</b> compliant | The organisation is compliant with <b>76% or less</b> |

## 2. Compliance

**MFT** - has declared a compliance level of **substantial**, this is the same level of compliance as in 2017/18.

The full statements of compliance have been provided in Appendix A.



### 3. Next Steps

Emergency Planning teams are working collaboratively to provide mutual support and expertise to progress against the action plan which will be monitored through the Trust EPRR Group, with external oversight provided through the Local Health Resilience Partnership and Health Economy Resilience Groups.

The Board of Directors are asked to note the contents of the report.



## 2018-19 Emergency Preparedness, Resilience and Response (EPRR) Assurance

### STATEMENT OF COMPLIANCE

MFT has undertaken a self-assessment against the NHS England Core Standards for EPRR (v5.0).

After self-assessment, and in line with the criteria of compliance stated below, the organisation declares itself as demonstrating the following level of compliance against the 2018-19 standards: **Substantial**

| Overall EPRR assurance rating | Criteria   |
|-------------------------------|--|
| <b>Full</b>                   | The organisation is <b>100% compliant</b> with all Core Standards they are expected to achieve. The organisation's Board has agreed with this position statement.  |
| <b>Substantial</b>            | The organisation is <b>89-99% compliant</b> with the Core Standards they are expected to achieve.<br><br>For each non-compliant Core Standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.  |
| <b>Partial</b>                | The organisation is <b>77-88% compliant</b> with the Core Standards they are expected to achieve.<br><br>For each non-compliant Core Standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.  |
| <b>Non-compliant</b>          | The organisation is <b>compliant with 76% or less</b> of the Core Standards they are expected to achieve.<br><br>For each non-compliant Core Standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.<br><br>The actions plans will be monitored on a quarterly basis to demonstrate progress towards compliance |

The self-assessment results were as follows:

| Number of applicable Core Standards  | Compliance level   |  |   |
|--|--|--|---|
|  | Standards rated as Fully compliant <sup>1</sup>  | Standards rated as Partially compliant <sup>2</sup>  | Standards rated as Not compliant <sup>3</sup>   |
| <b>64</b>  | <b>57</b>  | <b>7</b>   | <b>0</b>  |
| Applicable standards by organisation type:<br><br>Acute providers: <b>64</b><br>Specialist providers: <b>55</b><br>Community providers: <b>54</b><br>Mental health providers: <b>54</b><br>CCGs: <b>43</b> | Definition   |  |   |
|  | <sup>1</sup> Fully compliant with the Core Standard<br><br><b>NOTE:</b> This is the number that is used in order to determine the organisation's overall assurance rating as generated by the self-assessment tool | <sup>2</sup> Not compliant with the Core Standard.<br><br>The organisation's EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months | <sup>3</sup> Not compliant with the Core Standard.<br><br>In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months |



Where areas require further action, this is detailed in the *EPRR Action Plan* and these will be reviewed in line with the organisation's governance arrangements.

I confirm that the organisation's overall assurance rating has been/will be:

- signed off by the organisation's Board / Governing Body / Senior Management Team **31<sup>st</sup> October 2018**
- presented at a public Board meeting **14th January 2019**
- published in the organisation's annual report available **July 2019**

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*Signed by the organisation's Accountable Emergency Officer*

---

*Date of public Board meeting*

---

*Date signed*



| Overall assessment: |                  |                                    | Substantially compliant  |   |  |  |                               |                 |  |
|---------------------|------------------|------------------------------------|--|---|--|--|-------------------------------|-----------------|--|
| Ref                 | Domain           | Standard                           | Detail   | Evidence - examples listed below  | Self assessment RAG<br><br>Red = Not compliant with core standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months.<br><br>Amber = Not compliant with core standard. The organisation's EPRR work programme demonstrates an action plan to achieve full compliance within the next 12 months.<br><br>Green = Fully compliant with core standard. | Action to be taken   | Lead                          | Timescale       | Comments   |
| 17                  | Duty to maintain | Mass Countermeasures               | In line with current guidance and legislation, the organisation has effective arrangements in place to distribute Mass Countermeasures - including the arrangement for administration, reception and distribution, eg mass prophylaxis or mass vaccination.<br><br>There may be a requirement for Specialist providers, Community Service Providers, Mental Health and Primary Care services to develop Mass Countermeasure distribution arrangements. These will be dependant on the incident, and as such requested at the time.<br><br>CCGs may be required to commission new services dependant on the incident. | Arrangements should be:<br>• current<br>• in line with current national guidance<br>• in line with risk assessment<br>• tested regularly<br>• signed off by the appropriate mechanism<br>• shared appropriately with those required to use them<br>• outline any equipment requirements<br>• outline any staff training required  | Partially compliant  | MFT currently has countermeasures in place to deal with HCD and Influenza. There is also the procedure set out for Accessing UK Reserve Nation Stock via NWAS. As advised by CK (NHSE) "The compliance for this standard has been recorded as partial as it is unclear what the expectations are. It is difficult to realistically assess as the field is too extensive and does not provide a context for nationally led intervention and/or guidance." | NHS E                         | Post April 2018 | Await National EPRR update post April 2019 from CK @NHS E  |
| 20                  | Duty to maintain | Shelter and evacuation             | In line with current guidance and legislation, the organisation has effective arrangements in place to place to shelter and / or evacuate patients, staff and visitors. This should include arrangements to perform a whole site shelter and / or evacuation.  | Arrangements should be:<br>• current<br>• in line with current national guidance<br>• in line with risk assessment<br>• tested regularly<br>• signed off by the appropriate mechanism<br>• shared appropriately with those required to use them<br>• outline any equipment requirements<br>• outline any staff training required  | Partially compliant  | Check with the Fire Team risk assessments , training and evacuation resource availability across the Trust. Check with the Estates and Facilities team regarding the process around Permits to Work, risk assessments and Contractor / Work sign off procedure   | T Diamond                     | 2 months        | TD will report progress to the EPRR Group in November 2018   |
| 21                  | Duty to maintain | Lockdown                           | In line with current guidance and legislation, the organisation has effective arrangements in place safely manage site access and egress of patients, staff and visitors to and from the organisation's facilities. This may be a progressive restriction of access / egress that focuses on the 'protection' of critical areas.   | Arrangements should be:<br>• current<br>• in line with current national guidance<br>• in line with risk assessment<br>• tested regularly<br>• signed off by the appropriate mechanism<br>• shared appropriately with those required to use them<br>• outline any equipment requirements<br>• outline any staff training required  | Partially compliant  | Lockdown plan in place at ORC but need to confirm WTWA sites<br>Time frame for 3 Stage lockdown work at WTWA.<br><br>• End of November 2018-Entrances Lockdown.<br>• Commencing November 2018, projected end of project February 2019 -New ED lockdown<br>• Commencing January 2019-Complete zonal and progressive Lockdown project-a large piece of work probably 12 months.  | D Fumival Group Director E& F | 12 Months       | Obtain progress report from Estates and Facilities Jan 2019  |
| 40                  | Cooperation      | LRHP attendance                    | The Accountable Emergency Officer, or an appropriate director, attends (no less than 75%) of Local Health Resilience Partnership (LHRP) meetings per annum.  | • Minutes of meetings   | Partially compliant  | As advised by CK (NHSE) Acute representation at the LHRP is provided by a nominated AEO, Director of Op's, Operational Manager and GMAG Rep who feed back to their peer groups, minutes are distributed to the Core Group Reps for dissemination.  | NHS E                         | Post April 2018 | Await National EPRR update post April 2019 from CK @NHS E  |
| 57                  | CBRN             | HAZMAT / CBRN planning arrangement | There are organisation specific HAZMAT/ CBRN planning arrangements (or dedicated annex).   | Evidence of:<br>• command and control structures<br>• procedures for activating staff and equipment<br>• pre-determined decontamination locations and access to facilities<br>• management and decontamination processes for contaminated patients and fatalities in line with the latest guidance<br>• interoperability with other relevant agencies<br>• plan to maintain a cordon / access control<br>• arrangements for staff contamination<br>• plans for the management of hazardous waste<br>• stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes<br>• contact details of key personnel and relevant partner agencies | Partially compliant  | ED Leads identified and will now attend Mass Casualty Planning Group for assurance purposes and progress. Meeting to be held week commencing 22nd with Matron and Training leads to develop plan of action for training and current capability - new build issues.   | Jane Lane                     | 01/11/2018      | ED Leads identified and invited to attend Mass Casualty Planning Group for assurance purposes and progress. Meeting to be held week commencing 22nd October with Matron and Training leads to develop plan of action for training and current capability - new build issues. |
| 63                  | CBRN             | Equipment PPM                      | There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date decontamination equipment for:<br>• Suits<br>• Tents<br>• Pump<br>• RAM GENE (radiation monitor)<br>• Other equipment  | Completed PPM, including date completed, and  | Partially compliant  | Plysu to be invited in to quote for PPM on tent structure  | Jane Lane                     | Oct-18          | Plysu contacted and can attend 24/10/18 to assess condition of equipment. The report will be shared with the Director of Performance and Resilience for Strategic Management and funding.  |
| 67                  | CBRN             | HAZMAT / CBRN trained trainers     | The organisation has a sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme.   | Maintenance of CPD records  | Partially compliant  | Training programme to be put in place  | Jane Lane                     | Dec-18          | Leads identified for training. PRPS training session organised for Wythenshawe ED staff to attend on 21/11/18 at MRI ED. Awaiting confirmation of dates for staff to attend the Pennine for Train the Trainer/Gold standard training.  |



Please select type of organisation:

**Acute Providers**

| Core Standards          | Total standards applicable | Fully compliant | Partially compliant | Non compliant |
|-------------------------|----------------------------|-----------------|---------------------|---------------|
| Governance              | 6                          | 6               | 0                   | 0             |
| Duty to risk assess     | 2                          | 2               | 0                   | 0             |
| Duty to maintain plans  | 14                         | 11              | 3                   | 0             |
| Command and control     | 2                          | 2               | 0                   | 0             |
| Training and exercising | 3                          | 3               | 0                   | 0             |
| Response                | 7                          | 7               | 0                   | 0             |
| Warning and informing   | 3                          | 3               | 0                   | 0             |
| Cooperation             | 4                          | 3               | 1                   | 0             |
| Business Continuity     | 9                          | 9               | 0                   | 0             |
| CBRN                    | 14                         | 11              | 3                   | 0             |
| <b>Total</b>            | <b>64</b>                  | <b>57</b>       | <b>7</b>            | <b>0</b>      |

| Deep Dive                     | Total standards applicable | Fully compliant | Partially compliant | Non compliant |
|-------------------------------|----------------------------|-----------------|---------------------|---------------|
| Incident Coordination Centres | 4                          | 4               | 0                   | 0             |
| Command structures            | 4                          | 4               | 0                   | 0             |
| <b>Total</b>                  | <b>8</b>                   | <b>8</b>        | <b>0</b>            | <b>0</b>      |

**Overall assessment:**

**Substantially compliant**

Instructions:

Step 1: Select the type of organisation from the drop-down at the top of this page

Step 2: Complete the Self-Assessment RAG in the 'EPRR Core Standards' tab

Step 3: Complete the Self-Assessment RAG in the 'Deep dive' tab

Step 4: Ambulance providers only: Complete the Self-Assessment in the 'Interoperable capabilities' tab

Step 5: Click the 'Produce Action Plan' button below

**Produce Action Plan (Populate Action Plan tab)**







**MANCHESTER UNIVERSITY NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS (PUBLIC)**

|  |  |
|--|--|
| <b>Report of:</b>  | Julia Bridgewater, Chief Operating Officer   |
| <b>Paper prepared by:</b>                                | Vanessa Gardener, Chief Transformation Officer   |
| <b>Date of paper:</b>                                    | 21 December 2018   |
| <b>Subject:</b>  | <b>Transforming Care for the Future -<br/>Q3 Progress Report 2018/19</b>   |
| <b>Purpose of Report:</b>                                | <p>Indicate which by ✓</p> <ul style="list-style-type: none"> <li>• Information to note ✓</li> <li>• Support ✓</li> <li>• Resolution</li> <li>• Approval</li> </ul>  |
| <b>Consideration of Risk<br/>against Key Priorities:</b> | The report provides progress against the Transforming Care for the Future 18/19 plan and commitments to achieve the top decile for quality - clinical outcomes, safety, patient experience, staff engagement and operational efficiency measures |
| <b>Recommendations:</b>                                  | The Board of Directors are asked to note and support the MFT Transforming Care for the Future Programme 18/19 Quarter 3 report.  |
| <b>Contact:</b>  | <p><u>Name:</u> Vanessa Gardener</p> <p><u>Tel:</u> 0161 701 5115</p>  |



# Transforming Care for the Future

2018/19 Quarter 3 Report

Vanessa Gardener, Chief Transformation Officer  
December 2018





# Contents

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| Integrated Care and Pathways to deliver Clinical Benefits                       | 8    |
| Creating the Culture and build capability for continuous improvement for Change | 11   |
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# Overview

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

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



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



Fully integrated single hospital services



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

The aim of our transformation strategy is to ensure we:

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

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



Culture for change

Continue to create the right culture across each Hospital and Division to deliver change through embedding the values and behaviours and leadership



Build Capability

Continue to build staff capability in leadership and change using a single methodology to support continuous improvement



Delivery

Through collaborative working achieve operational excellence and excellence in patient and staff experience which will continue to deliver efficiencies through transformational change, supporting the financial strategy



Governance

Comply with the governance process / PMO to ensure rigour to the work and expectations to achieve top decile for quality



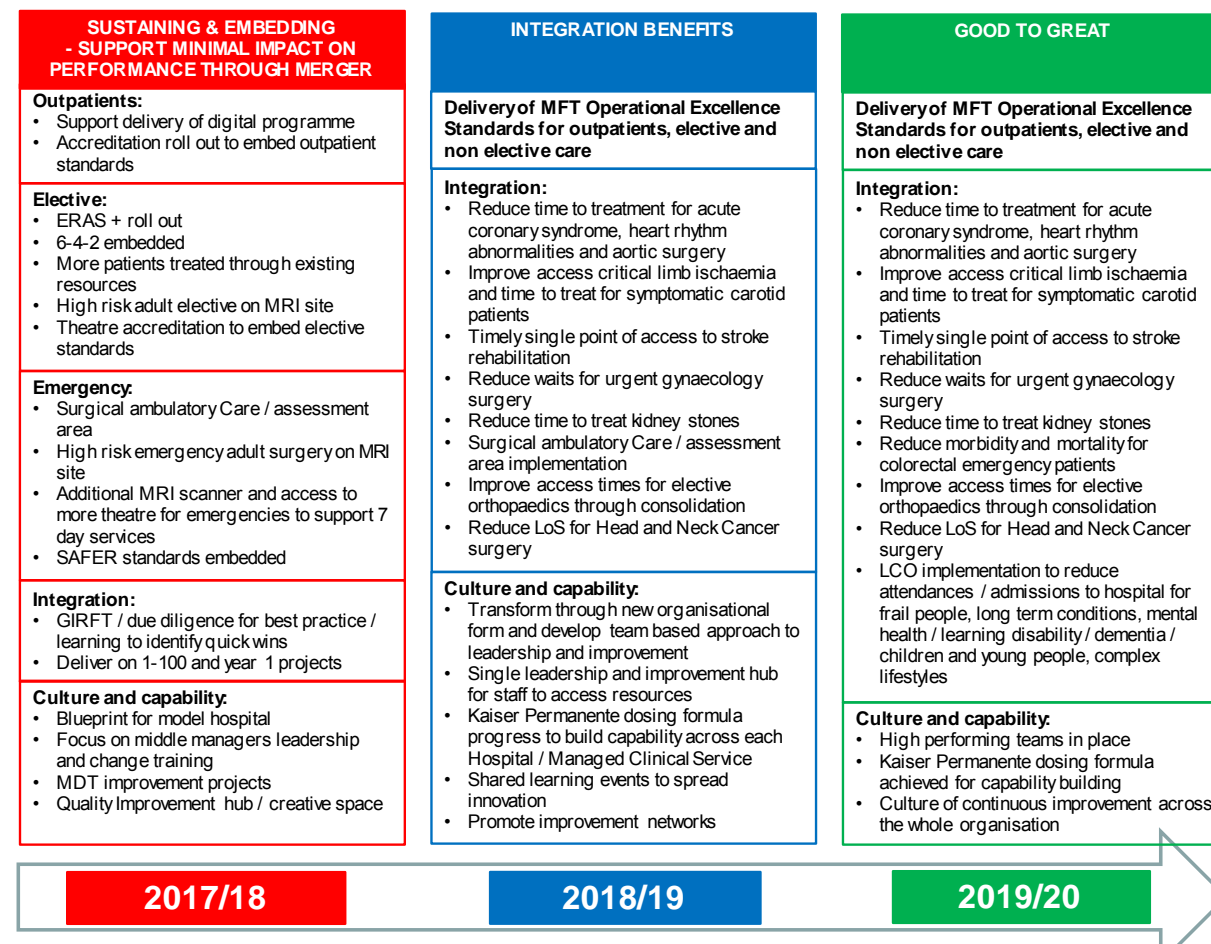
# The Roadmap

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

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

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

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





# Summary of Q3 Progress against agreed objectives

| Objective |  | Q3 Progress   |
|-----------|--|---|
| 1         | Ensure best practice is shared across the Group through quarterly “Transform Together” events, sharing examples of improvement projects and ensuring individuals / teams gain recognition for their work.  | ✓ MFT took part in FabChange 70 Event 17-19 October sharing improvement projects nationally with 45 case studies live streamed during the 70 hours  |
| 2         | Ensure the outpatient, elective and SAFER standards are based on best practice, supported by technology resulting in reduced DNAs, improved theatre touch time and reduced length of stay. We will ensure the standards are reviewed annually with clinical teams and patients | <ul style="list-style-type: none"> <li>✓ MFT took part in the national benchmarking exercise for outpatients and a dashboard has been produced by Deloitte which was released at the end of December via Model Hospital</li> <li>✓ MRI has launched “SAFER, better, together” to roll out the SAFER standards across the hospital and WTWA relaunched SAFER standards in October</li> <li>✓ Review of endoscopy services at the MRI undertaken with recommendations supporting the patient flow transformation programme</li> </ul> |
| 3         | Scale up areas of best practice across the Group and ensure processes are standardised where appropriate providing tools, resources, case studies for staff through a single leadership and improvement programme  | <ul style="list-style-type: none"> <li>✓ Leadership &amp; Improvement framework approved and reviewed as part of the CQC Well Led Assessment</li> <li>✓ Process to embed GIRFT across MFT has been ratified at Clinical Advisory Committee and recognised regionally as an exemplar approach</li> </ul>   |
| 4         | Monitor Group progress through the Accountability Oversight Framework (AOF) measures and accreditation scores  | ✓ Detailed assessment of progress against the Use of Resources (UoR) Clinical Service metrics with Directors of Operations  |
| 5         | Ensure the patient benefits for year 1 are delivered in line with the KPIs and trajectory approved through the Manchester Investment Agreement   | <ul style="list-style-type: none"> <li>✓ Tracking of benefits undertaken through programme boards and reported to the Operational &amp; Transformation Oversight group</li> <li>✓ Contributed to Single Hospital Service Year 1 report and PTIP update</li> </ul>   |
| 6         | Ensure implementation of the first phase of the general surgery Healthier Together consolidation   | ✓ Implementation of ambulatory care for general surgery patients at MRI   |
| 7         | Work with Organisational Development (OD) to ensure the high performing team principles underpin the integration and engagement with staff and patients throughout the process   | <ul style="list-style-type: none"> <li>✓ 64 multidisciplinary staff trained to deliver Affina Team Coaching programme , with 6 fully accredited</li> <li>✓ 47 team leaders are now being coached through the Affina OD programme</li> </ul>   |
| 8         | Work with Finance and Turnaround to ensure the clinical benefits derive financial benefits as outlined in the Business Case and Post Transaction Implementation Plan (PTIP)  | <ul style="list-style-type: none"> <li>✓ Working with Turnaround, Hospital/MCS level opportunity packs have been developed triangulating benchmark, GIRFT, Model Hospital data to identify the financial opportunities for 2019/20</li> <li>✓ Working with the strategy team to understand capacity impacts of the wave 1 clinical service strategies including efficiency opportunities</li> </ul>   |
| 9         | Work with OD to ensure the high performing team principles and values and behaviours underpin the integration programmes of work which in turn will support and improve staff experience   | ✓ MFT Values & Behaviours framework launched and shared through programme boards  |
| 10        | Continue to commission leadership and improvement courses to meet the needs of staff, working with those organisations with a lead role in improvement and innovation, such as NHS Improvement, AQUA, Haelo, Health Innovation Manchester                                      | <ul style="list-style-type: none"> <li>✓ 161 staff trained staff trained in improvement methodologies , an increase of 31 during Q3.</li> <li>✓ 21 have graduated from the Newly Appointed Consultants (NACs) programme Cohort 11, Cohort 12 is underway with 22 participants and overall 241 have been through the NACs programme to date. Planning for Cohort 13 from January with 24 participants expected</li> </ul>  |
| 11        | Work with the Clinical Standards Groups (CSGs) and clinical teams to continue to generate ideas and translate into practice through reviewing new care models nationally and internationally and through established networks  | ✓ Approach and priority areas for CSG approved at Clinical Advisory Committee in November 2018. Clinical Standards leads are now in the process of setting up the groups to drive standardisation in the priority areas   |





# MFT Operational Excellence Standards



**Manchester University**  
NHS Foundation Trust

## OUR COMMITMENTS FROM OCTOBER– DECEMBER 2018, WE WILL:

### Objective 1:

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

### Objective 2:


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

### Objective 3:

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

### Objective 4:

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



For **70 hours** on 17<sup>th</sup>, 18<sup>th</sup> and 19<sup>th</sup> October 2018 staff across the NHS will share what is good about their work - Watch live at [fabnhsstuff.net](https://fabnhsstuff.net)

Find a live stream dedicated to the great work being done across our hospitals at <https://tinyurl.com/ydxbfyon>

- Working together to benefit patients
- Manchester Blue Printing Event
- Working Better Together
- Single Hospital Service
- MFT Update 2017
- Values and Behaviours 2018
- Access Matters Conference 2018
- Integration Benefit: Employee Assistance Programme
- Integration Benefit: Shoulder and Elbow
- Integration Benefit: Response to Flu Outbreak

MFT took part in FabChange 70 to celebrate the 70<sup>th</sup> birthday of the NHS through sharing examples of good practice. 45 case studies were live streamed during the 70 hours.

## PROGRESS DURING QUARTER 3:

By the end of Q3, progress in delivering against the MFT Excellence Standards is:

**Outpatients - £914K has been delivered** across RMCH, REH/dental, MRI, WTTA through outpatient schemes such as an app for staff morale, reducing DNAs, digitalisation, roll out of the MFT standards across WTTA

**Elective - £1m delivered across MRI, WTTA, RMCH** through 6-4-2, optimising lists, magic numbers, golden patient

**Non Elective - £50K in MRI has been delivered** and up to Q2 **length of stay efficiencies** across MRI & Wythenshawe have **totalled 41 beds against an annual target of 65 beds** delivered through reviewing top 10 HRGs, reducing super stranded and outliers. Wythenshawe has had the greatest bed efficiency savings of 22 beds year to date, however it is noted that actively levels have been behind plan. MRI have closed Ward 14 but have additional beds on ward 15 and continue to escalate into Elective Treatment Centre (ETC) meaning they are currently operating above their baseline beds. **MREH has seen a reduction in medical outliers** during this period and It is noted that activity levels are also behind plan in RMCH

The Transformation Team continue to support the **MRI and WTTA in transforming their urgent care pathways**. Key actions include:

### MRI

1. Dedicated minors staffing
2. Frailty service in Ambulatory Care Unit
3. SAFER standards – daily board rounds on each ward

### WTTA

1. ED Leadership – new manager and matron and Clinical leadership from the MRI
2. Increase Direct Clinical Care (DCC) ED Consultant time
3. Extra hours for Surgical & Medical Ambulatory care receiving unit (SACRU/AMRU) – streaming

Transformation are **supporting the MRI** clinical lead in **rolling out their SAFER**, Better, Together patient flow programme across the wards and has also undertaken a **review of endoscopy services** to understand the opportunity to improve the 6 week diagnostic waits through throughput within the endoscopy suite. The Transformation team are also **reviewing the Referral To Treatment (RTT) pathways** within ENT services with the clinical teams to embark on a programme of work to fully transform the clinical pathways for patients.





# MFT Operational Excellence Standards



**Manchester University**  
NHS Foundation Trust

## OUR COMMITMENTS FROM OCTOBER– DECEMBER 2018, WE WILL:

### Objective 1:

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

### Objective 2:

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

### Objective 3:

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

### Objective 4:

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

| Hospital | Q4 (17/18) | Q1 (18/19) | Q2 (18/19) | Q3 (18/19) |  |
|----------|------------|------------|------------|------------|--|
| CSS      | 8.40%      | 7.30%      | 6.24%      | 7.60%      |  |
| REH      | 12.80%     | 11.90%     | 12.97%     | 11.30%     |  |
| MRI      | 15.20%     | 14.10%     | 14.93%     | 12.30%     |  |
| RMCH     | 10.90%     | 11.10%     | 11.58%     | 9.20%      |  |
| SMH      | 11.30%     | 11.60%     | 11.06%     | 8.80%      |  |
| UDH      | 11.10%     | 10.80%     | 10.89%     | 8.70%      |  |
| WTWA     | 9.00%      | 9.10%      | 10.06%     | 7.70%      |  |

DNAs are improving but remain higher than peers

## PROGRESS DURING QUARTER 3:

Significant **review of Hospital / MCS performance against the use of resources metrics** of DNAs, pre-procedure bed days and readmissions indicate that there remains room for improvement in performance against peers groups:

- **MRI and WTWA have the greatest opportunity when compared to peers.** Both Hospitals have highly specialised services such as transplantation that require patients to be admitted the day before. However, using GIRFT national recommendations in specialties such as **cardiac surgery a focus is on admitting on the day of surgery** to bring the metric in line with peers. We are rolling out Enhanced Recovery After Surgery Plus (ERAS+) the first surgical pathway in the UK to focus training patients to be in the best shape possible for surgery, through a consultant led surgery school. Transformation plans are in place for improving emergency theatre access in order to reduce the non-elective pre-operative bed days by the end of Q4.
- **REH, Dental, SMH** are delivering against the use of resources metrics **aside from DNAs**, but REH benchmark comparably for DNAs when using specialist hospitals as the peer group.
- **RMCH** are **delivering** pre-operative bed days but have **opportunity to reduce DNAs** to specialist Children Hospital benchmark of 10% and readmissions to benchmark 5.8%.
- **Clinical support services are delivering the metrics.**

These metrics are monitored via the transformation programmes of work within the Hospital/MCS governance arrangements and via the Accountability Oversight Framework.

A **focus on outpatients** is taking place at the **January Operations and Transformation Oversight Group** with the Directors of Operations. There has been a **recent publication** by the Royal College of Physicians ‘**Outpatients: the Future**’ which needs to be considered and **NHSI have recently commissioned Deloitte** to develop a **national dashboard for Outpatients** with the objective to identify opportunities of which data has been published in December 2018.





# Integrated Care and Pathways to deliver Clinical Benefits

## OUR COMMITMENTS FROM OCTOBER– DECEMBER 2018, WE WILL:

### Objective 5:

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

### Objective 6:

ensure implementation of the first phase of the general surgery Healthier Together consolidation

### Objective 7:

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

### Objective 8:

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

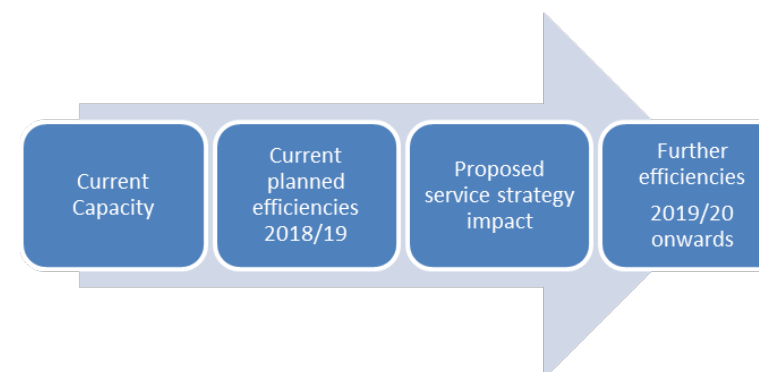


## PROGRESS DURING QUARTER 3:

The Single Hospital Team have **updated the Post Transaction Integration Plan (PTIP)** during quarter 3 which summarises delivery against what was originally set out in the PTIP. In addition, they have **produced a year 1 report with lessons learnt**.

The **Operations and Transformation Oversight Group** oversees the **planning and delivery of the programme** of clinical service integration which has 22 work streams representing services with patient benefits described in the Patient Benefits Case and the Full Business Case. Each month the Group received the Integration Management Office report tracking progress.

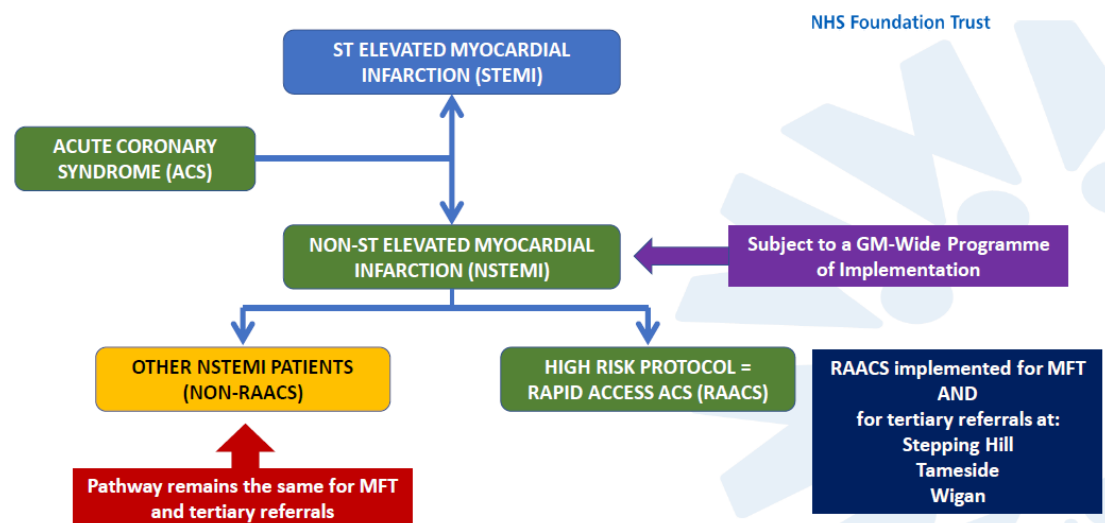
Running parallel, during quarter 2, a series of clinically led workshops were undertaken to develop clinical service strategies. Due to the number of specialties, the process was divided into waves and wave 1 incorporated those areas highlighted in the merger business case for year 1 and 2 integration. **Wave 1 clinical services strategy** workshops have concluded and the first stage (of a 3-stage process) is complete which is the development of the service strategic case. The second stage relates to capacity and third to financial assessment for each clinical service. The Transformation Team are working with the Strategy Team to assess the **capacity impacts** during quarter 4 and will follow the steps outlined below to produce outputs at clinical service and Hospital level. The **efficiencies identified** will align to the opportunity packs for Turnaround and Transformation within each Hospital that will be published during quarter 4.





## Cardiac

- / Phase 1 of the **Acute Coronary Syndrome (ACS) pathway implementation has been successful**. The data from MRI and Wythenshawe has shown a significant reduction in length of stay for patients following the new pathway.
- / Phase 2 plans are now being developed for medium risk patient groups for implementation in year 2.
- / **Phase 1 of the heart rhythm management project went live in December**. This will see the implementation of a joint heart rhythm service between Wythenshawe and MRI offering access to pacing for high risk patients every weekend.



ACS pathway

## Vascular Surgery

- / Plans are being developed in line with **clinical strategy to consolidate tertiary vascular inpatient services**. A consultant time out took place in Q3 to prioritise operational plans.

## Urology

- / **Elective kidney stone patients** from MRI have been offered the choice of treatment at Wythenshawe from January 2018 **reducing waiting times below 4 weeks**. Non-elective service made available to MRI patients from September 2018. Full service transfer due to complete in Q3 along with the realisation of the financial benefits through the cessation of the contract with the private provider.
- / **Pooled theatre lists for circumcision patients** have been in place since September 2018 offering improved access and choice for patients across the group. This will now **roll out to other urology procedures**.

## Orthopaedics

- / To date through the programme board **£400K has been saved through standardising implants** through the procurement team.
- / A **business case has been approved for increased ortho-geriatric support** across MFT at consultant and middle grade level and the posts were advertised in October 2018.
- / A business case has been written outlining the **options to implement a single unit for fractured neck of femur patients**.



## Frailty

- ✓ A joint Frailty project group across Wythenshawe, MRI & Trafford has been established. A set of MFT frailty standards have been developed. There are four work streams identified documentation, pathways & standards, training and education and Workforce.
- ✓ The **Frailty standards have been endorsed through the Clinical Advisory Committee** in November and these have been shared through ACE days with a **focused week planned for February 19.**
- ✓ The ERAS+ (enhanced recovery after surgery plus) has made significant progress in focusing on frail patients with baseline data collection & site based pilots (frailty MDT clinic).

### MFT Frailty Standards

The standards are set out below and are designed to be used across both emergency and elective pathways.



#### Frailty Identification

1. Older people (65+) presenting to acute services should be screened using the CFS (Rockwood) within 30 minutes of arrival (to align with the start time for the four-hour A&E standard).
2. Clinically frail older people (65+) presenting to acute services should be screened for geriatric syndromes within an hour of being identified as scoring CFS of  $\geq 7$ . Those scoring 4-6. Screen for presence of geriatric syndromes refer onwards if identified.
3. Clinically frail older people (65+) presenting to elective services should be screened for frailty using a clinical frailty scale. For those scoring 4 and above, as a minimum an onwards referral to the GP should be completed.
4. MFT Elective services will use the same frailty screening documentation that follows the patient journey.
5. MFT acute services will use the same frailty screening documentation that follows the patient journey.

#### Frailty Care Planning

1. An MDT capable of assessing and managing geriatric syndromes for patients who acutely present should be available 10 hours a day, 7 days a week.
2. Clinically frail older people presenting and admitted outside acute frailty service hours should be reviewed by the frailty team by noon the following day.
3. The MDT input should be recorded in the clinical management plan, incorporating all five domains of the Comprehensive Geriatric Assessment (medical, cognitive/psychological, functional, social and environmental problems). This will include a crisis plan, anticipatory care plan, and the person's individual goals of care.
4. MFT Elective services will use the same comprehensive Geriatric Assessment documentation that follows the patient journey.
5. MFT acute services will use the same comprehensive Geriatric Assessment documentation that follows the patient journey.

## Stroke

- ✓ A single point of access into MFT stroke services was implemented in October 2018 to **ensure speedy repatriation of patients from hyper acute stroke centres.**
- ✓ The Single Point of Access team submitted an entry for the SSNAP (Sentinel Stroke National Audit Programme) case study competition on behalf of MFT and were **awarded a SSNAP QI Champion Award!**
- ✓ The Transformation team completed a **review of the current TIA clinic services** with the stroke teams in October 2018 in order to review options for increasing TIA clinic to 6 days.



Stroke Single Point of Access Team







# Creating the Culture and build capability for continuous improvement for Change



**Manchester University**  
NHS Foundation Trust

## OUR OBJECTIVES FROM OCTOBER– DECEMBER 2018, WE WILL:

### Objective 9:

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

### Objective 10:

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

### Objective 11:

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

## PROGRESS DURING QUARTER 3:

Work continues with the Organisational Development (OD) team to roll out the high performing team principles and 6 members of the Transformation Team are trained as Affina OD coaches and are supporting teams through the process.

A review of the training AQuA has delivered for us during 2018/19 has taken place and **options for delivery of future improvement courses** is currently being reviewed by the Chief Transformation Officer and Group Deputy Director of Workforce and OD.

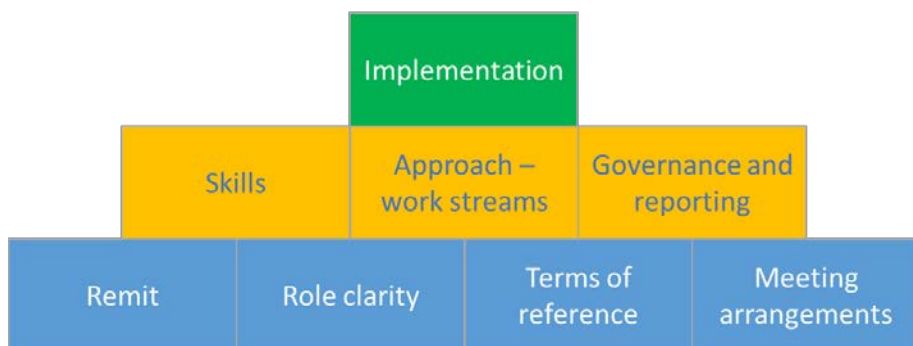
Clinical Standards Groups (CSGs) are being established with a remit **“to set MFT-wide clinical standards to ensure the highest quality care is provided in a consistent manner”**, ensuring standardisation of service provision across all elements of the new Foundation Trust. Each **CSG will develop clinical standards and guidelines**, reflecting current scientific knowledge of practice, using Get IT Right First Time (GIRFT) recommendations and expert clinical judgement to describe the patient pathway based on the most current available evidence. Clinical leadership of the CSG will include Medical, Nursing and AHPs, supported by operational management, OD, finance and transformation.

To date, three clinicians have been appointed to lead a **surgical, medical and heart and lung CSG** respectively. They have run a launch workshop and each have identified membership for their standards group which will all have met by the end of quarter 3. **Governance arrangements have been clarified and ratified at the Clinical Advisory Committee (CAC)** in November 2018 including the:

- Remit of CSG's and the role of group members
- Proposed terms of reference and meeting arrangements
- Principle of training CSG teams and Leads in leadership and improvement skills
- Approach to identifying, sifting through and prioritising ideas
- Process flow between CSG, CAC and Medical Directors
- Agreement to enable the CAC Chair to act on behalf of the CAC to avoid unnecessary delays in the work programme of the CSG's.

The **Managed Clinical Services undertake the same function for their areas of responsibility**, ensuring a comprehensive process for ensuring standardisation and eliminating variation.

## Clinical Standards Groups building blocks for Success



Core elements of CSG's success





## Looking Ahead to Quarter 4

|           | Delivery of MFT Operational Excellence Standards  | Integration  | Culture Change & Capability Building   |
|-----------|---|--|--|
| Quarter 1 | <ul style="list-style-type: none"> <li>• Ratification of Elective Standards</li> <li>• Launch Outpatient Standards across Wythenshawe &amp; Withington</li> <li>• Improvement framework across MRI</li> <li>• Audit of Outpatients across MRI</li> <li>• Share Learning through Transform Together Event and publish case studies</li> <li>• Digitalising Outpatients Simulation Exercise</li> </ul>                              | <ul style="list-style-type: none"> <li>• Endoscopy due diligence</li> <li>• Ratification of Frailty Standards</li> <li>• Review of Cardiac Services</li> <li>• Development of ACS pathways protocol</li> <li>• Options paper developed for Head &amp; Neck</li> <li>• Options appraisal for Orthopaedics elective activity at TGH</li> <li>• Evaluate progress against Manchester Agreement</li> </ul> | <ul style="list-style-type: none"> <li>• Launch new curriculum for building capability</li> <li>• Support Hospitals in developing training plans</li> <li>• High Performing Team Coaching and accreditation</li> </ul> |
| Quarter 2 | <ul style="list-style-type: none"> <li>• Relaunch elective standards and support Hospitals in refresh of improvement plans against Standards</li> <li>• Share Learning through Transform Together Event and publish case studies</li> <li>• Wythenshawe &amp; Withington Outpatient EBD Event</li> <li>• Review of Urgent Care flow across MRI</li> </ul>   | <ul style="list-style-type: none"> <li>• Establish pathway for Fractured neck of femur patients from Wythenshawe to TGH</li> <li>• Evaluate frailty across the 3 sites against standards and develop improvement plans</li> <li>• Pooled daycases in Urology</li> <li>• Implementation of new pathways for Lithotripsy</li> <li>• Evaluate progress against Manchester Agreement</li> </ul>            | <ul style="list-style-type: none"> <li>• Quarterly staff pulse check</li> <li>• Implement Single Improvement Hub</li> <li>• Communicate Transformation Strategy 'Rich Picture'</li> <li>• Shelford Network</li> </ul>  |
| Quarter 3 | <ul style="list-style-type: none"> <li>• Working with the nursing team on ensuring the theatre accreditation process embeds the elective standards</li> <li>• Share Learning through Transform Together Event and publish case studies</li> <li>• Support Wythenshawe &amp; Withington in assessment against outpatient improvement plans</li> <li>• Re-focus on SAFER to embed standards across MRI &amp; Wythenshawe</li> </ul> | <ul style="list-style-type: none"> <li>• Implement Single point of access for Stroke referrals</li> <li>• Establish a Trusted Assessor model</li> <li>• Implementation of ambulatory care for general surgery</li> <li>• Evaluate progress against Manchester Agreement</li> <li>• Review and support quick wins against Clinical Service Strategies</li> </ul>  | <ul style="list-style-type: none"> <li>• Quarterly staff pulse check</li> <li>• Draft capacity training specification for 2019/20</li> </ul>   |
| Quarter 4 | <ul style="list-style-type: none"> <li>• Review standards against good practice</li> <li>• Evaluate progress against the work programme and agree 2019/20 plan</li> <li>• Hospital Capacity Plans</li> <li>• Share Learning through Transform Together Event and publish case studies</li> <li>• Elective standards assessment</li> </ul>   | <ul style="list-style-type: none"> <li>• Develop 19/20 plans based on the opportunity pack data and accountability oversight framework</li> <li>• Evaluate progress against Manchester Agreement</li> </ul>  | <ul style="list-style-type: none"> <li>• Evaluate 19/20 capability programme</li> <li>• Quarterly staff pulse check</li> </ul>   |







# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

## BOARD OF DIRECTORS (PUBLIC)

|  |  |
|--|--|
| <b>Report of:</b>                                    | Peter Blythin, Director Single Hospital Service  |
| <b>Paper prepared by:</b>                            | Peter Blythin, Director, Single Hospital Service   |
| <b>Date of paper:</b>                                | 14 <sup>th</sup> January 2018  |
| <b>Subject:</b>                                      | <b>Progress report on the Manchester Single Hospital Service.</b>  |
| <b>Purpose of Report:</b>                            | <p>Indicate which by ✓</p> <ul style="list-style-type: none"> <li>• Information to note ✓</li> <li>• Support</li> <li>• Resolution</li> <li>• Approval</li> </ul>  |
| <b>Consideration of Risk against Key Priorities:</b> | <p>Failure to deliver the Manchester Single Hospital Service Programme effectively will potentially present risks to all of the Trust's Key Priorities, but particularly Priority 1 – <i>'to deliver the merger of the two organisations with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner.'</i></p> |
| <b>Recommendations:</b>                              | The Board of Directors is asked to receive the report and note the progress made and on-going actions.   |
| <b>Contact:</b>                                      | <p><u>Name:</u> Peter Blythin<br/>Director Single Hospital Service</p> <p><u>Tel:</u> 0161 701 8573</p>  |



# **MANCHESTER UNIVERSITY NHS FOUNDATION TRUST**

## **Introduction**

The purpose of this paper is to provide an update for the Board of Directors on the Single Hospital Service (SHS) Programme.

## **Background**

The proposal to establish a Single Hospital Service in Manchester forms an integral part of the Manchester Locality Plan. Building on the work of the independent Single Hospital Service Review, led by Sir Jonathan Michael, the SHS Programme has been operational since August 2016.

The Programme is being delivered through two linked projects. Project One, the creation of MFT through the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM), was completed on 1st October 2017.

'Project Two' is the proposal for North Manchester General Hospital (NMGH) to transfer from Pennine Acute Hospital NHS Trust (PAHT) to MFT.

## **Integration (Project One)**

### **Development of Integration Plans and Continued Governance Arrangements**

As intended at this stage of the merger, year two integration plans are being developed with direct contributions from corporate, operational and clinical teams. This includes attention to the implementation of complex programmes of work aimed at harmonising care pathways. In effect capitalising on the success of the first year post-merger by applying MFT-wide resources to reduce variability of treatment i.e. achieve the same standard of care wherever a patient is treated in MFT. Group Executive Directors and Hospital / Managed Clinical Services are working closely with the Director for the Single Hospital Service to ensure the pace of delivery is both ambitious and achievable.

In this context the Integration Steering Group (ISG), chaired by the Director for the Single Hospital Service, continues to oversee delivery of all integration work streams, providing resource and support to help work stream leads deliver their objectives.

The ISG also recently organised a review of all work streams where colleagues presented progress reports for their integration projects. This provided additional visibility to the array of emergent benefits that have occurred as a result of the merger. Additionally, ISG commissioned a review of allocated funding across the entire Integration Programme to gain assurance that finances are being deployed efficiently.

Part of the post-merger integration plan includes tracking and monitoring delivery of all merger related benefits. To help ensure this activity is managed and monitored well, the Integration Management Office (IMO) is currently performing in depth reviews of all projects. This work will continue to be monitored and tracked via the Wave programme management system.



In conjunction with the above, the fifth iteration of the Post Transaction Integration Plan (PTIP) is nearing completion. The PTIP will refresh and reinforce integration plans going forward to ensure that MFT realises and tracks merger benefits. The Board of Directors will be briefed further on the scope and content of the PTIP in February 2019.

All of the above-mentioned integration planning remains closely connected to the development of the MFT clinical service strategy. This includes a focus on implementation plans for improvements to clinical services. The work is clinically led which is generating positive clinical engagement.

## **Update on Integration**

Good progress continues with the Integration Programme, details of which are provided in the attached year one post-merger report. The report explains the scale and breadth of achievements made and sets out a high level account of lessons learnt. As a consequence of the efforts made by all staff, MFT has an even firmer platform to begin to operationalise large, complex schemes to promote additional patient and organisational benefits.

The following extracts from the report illustrate the type of patient benefits MFT has achieved in the first year of the merger.

### **Urology**

Patients in need of kidney stone removal now have quicker access to non-invasive lithotripsy treatment following the introduction of a combined lithotripsy service between the MRI and Wythenshawe Hospital. Patients needing kidney stone removal wait no longer than 4 weeks. Before the merger, some patients waited 6 weeks or more.

### **Fractured Neck of Femur Services**

An improved rehabilitation pathway has been developed by Therapy and Nursing Teams for Trafford residents. Patients receiving Fractured Neck of Femur surgery at Wythenshawe Hospital, who meet set criteria, are now able to be transferred to Trafford General Hospital to receive rehabilitation as well as the medical care they need. Patients can recover in a specialist environment closer to home and this enables better outcomes, shorter lengths of stay and improved patient experience.

### **Urgent Gynaecology Surgery**

An additional dedicated urgent gynaecological list has been introduced at Wythenshawe Hospital. Before the merger, patients who needed surgery for an urgent gynaecological condition were added to a general theatre list with the possibility their operation could be delayed due to emergency cases taking priority. Women who need surgery after a miscarriage are getting faster treatment in less than 2.5 days on average instead of 4 days before the merger.

### **Imaging and Nuclear Medicine**

Since the merger, Imaging and Nuclear Medicine colleagues across sites have been working together to combine protocols and procedures to ensure consistent standards are being met across all areas of work. A new process has been introduced to manage turnaround times for scan reports across all MFT Hospitals, reducing the time that patients are waiting to receive their results.



## **Stroke Services**

Staff from across all MFT sites have collaborated to create a single point of access to stroke services to improve the stroke pathway for patients being transferred from a hyper-acute stroke unit to a district stroke centre in MFT. The aim was to improve timely access to stroke treatment and rehabilitation.

A single point of access pilot in June 2018 analysed the potential to prevent delays in patient transfers by deploying the entire stroke bed base across three sites – Wythenshawe, Trafford and Manchester Royal Infirmary. The model was launched on 1st October 2018 and witnessed a dramatic fall in the number of delays from ten in June to one in October. As a result of the initiative, the MFT Stroke Team won an award for Quality Improvement from the Sentinel Stoke National Audit Programme (SSNAP).

## **The Manchester Investment Agreement Metrics**

The delivery of the Manchester Investment Agreement patient benefits is reported to Manchester Health and Care Commissioners (MHCC) on a quarterly basis. MFT is held to account by MHCC on the delivery of specific, measurable patient benefits such as shorter wait times to surgery and improved clinical outcomes. It is anticipated that a further cohort of metrics will be included in the agreement as part of a process to review and re-baseline deliverables that MFT will seek to realise over the coming two years.

MFT colleagues will attend a meeting with MHCC and Greater Manchester Health and Social Care Partnership (GMH&SCP) in February 2019 to update on the delivery of the Manchester Investment Agreement metrics. Clinicians, Service Managers and colleagues from the SHS and Transformation Teams will present updates on the improvements they have been able to realise as a result of the merger.

## **Proposed Transfer of North Manchester General Hospital (NMGH) – Project 2 of the Single Hospital Programme**

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

The transaction process is being managed under the auspices of the national NHS I Transaction Guidance with oversight provided by a Transaction Board established at the end of November 2017. The Board is chaired by Jon Rouse, Chief Officer Greater Manchester Health & Social Care Partnership (GMH&SCP).

One of the challenges in completing this work is the need to ensure the strategic cases submitted by SRFT and MFT are complementary i.e. not contradictory or in any way inconsistent with the two-lot proposal. In this context, MFT continues to work collaboratively with MHCC, PAHT, SRFT, and NHS I and colleagues at GMH&SCP to ensure the two transactions associated with the dissolution of PAHT are progressed as efficiently as possible.



In anticipation of the proposed transaction, MFT and MHCC continue to engage with colleagues at NMGH through a staff engagement programme. Colleagues are able to attend and provide updates for NMGH staff and answer any queries they may have with regards to the transaction.

## **Conclusions**

Integration work is progressing well aimed at realising patient benefits and creating new efficiencies. The year one post-merger report (*Appendix A*) provides a good account of this work and illustrates the criticality of the Post Transaction Integration Plan to ensuring integration objectives stayed on track.

The importance of integration notwithstanding, MFT remains committed to fully establishing the Manchester Single Hospital Service by transferring NMGH to MFT at the earliest practicable opportunity. On this basis, MFT will continue to engage with all key stakeholders and in particular, work with Greater Manchester Health and Social Care Partnership in its role to oversee the plan to dissolve Pennine Acute Hospitals NHS Trust.

## **Recommendation**

The Board of Directors is asked to note the content of the report.





**Manchester University**  
NHS Foundation Trust

# One Year Post-Merger Report

## November 2018





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# Foreword

Manchester University NHS Foundation Trust (MFT) was launched on 1st October 2017. The new organisation brought together a group of nine hospitals plus community services, providing a once in a lifetime opportunity to deliver even better services for the people of Manchester, Trafford and beyond.

Our first priority was to keep services running safely and smoothly. On day one, patients saw little change apart from the new name and new lanyards for staff. We wanted to minimise disruption to maintain stability for staff and ensure patient safety.

We quickly started detailed planning to maximise the opportunities to improve services for patients and address the health inequalities that exist in the City of Manchester, Trafford and the wider communities we serve. We started to deliver changes steadily and we are pleased to see some major improvements for patients being delivered already. Behind the scenes significant work has also taken place to consolidate the systems, policies and processes that support the day-to-day operation of a major organisation.

Designing and embedding new governance and leadership structures was a key component of our early work. It took a great deal of effort and support from staff and, as a result, we now have an

organisational structure that is fit for purpose. This means we can press on to finalise the service strategy which will support more fundamental transformation over the coming years. This is exciting work which will continue to involve staff from across our nine hospitals and community services, along with partner organisations.

All this work has taken place against a challenging backdrop. Like other NHS Trusts, we face increasing demand on our services, workforce challenges and financial pressures. Despite this headwind our staff have continued to deliver outstanding care whilst also developing single services and delivering early transformation. We would like to thank them for their unrelenting efforts and support in establishing MFT, and for the steps they have taken to maintain and improve services for patients.

We look forward to continuing the development of MFT, and remain excited about the potential for us to reduce variation in care so that all patients can get the same standard of service no matter where they are in MFT. Together we can achieve an international reputation and exceed all expectations across care provision, education and training, and research and innovation for the benefit of patients.



**Kathy Cowell OBE DL**  
**Chairman**



**Sir Michael Deegan CBE**  
**Chief Executive**



# Executive Summary



Manchester University NHS Foundation Trust was created through the merger of Central Manchester NHS Foundation (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM) on 1st October 2017.

This One Year Post-Merger Report provides an overview of the Trust's establishment and first year of operation. It outlines the new organisational structure including the scope and scale of services it provides before setting out the vision and values that have been collaboratively developed with staff. It explains the initial priorities of the organisation, including the primary objectives of maintaining stability and continuing to deliver core activities safely.

The Report explains that a new organisation structure has been established comprising both traditional hierarchies and new networks that run across the breadth of the organisation. It outlines how the Trust's formal governance arrangements have been set up and how the Hospital, Managed Clinical Services and Clinical Standards Groups function and interact. It also confirms that despite the significant levels of change staff engagement to date has remained strong.

The Report confirms that the main driver for the creation of MFT was the opportunity to deliver significant patient benefits across the full range of services offered. These span improvements in patient safety, clinical quality and outcomes, to improvements in the experience of patients, carers and their families. It explains how the Trust is developing its overarching service strategy, setting out a long term vision that will shape how services are provided in the future. This service strategy work will inform the delivery of significant service transformation over the coming years.

**"The overriding reason for the merger was to create single hospital services for the people in Manchester and Trafford and, to make sure every person using our hospitals and community services receives the same excellent experience and quality of care, no matter where they live or where they access care. During our first year we have seen many examples of staff working together to improve standards of care for patients and their families."**

Professor Cheryl Lenney, Chief Nurse

The Report outlines that delivery of patient benefits has commenced with major improvements already evidenced in services ranging from lithotripsy and urgent gynaecology services to the better management of patients suffering a fractured neck of femur. Across the organisation staff have been working to develop single services that build on the strengths of the predecessor organisations. This work has been underpinned by efforts to consolidate systems, processes and policies in support services, such as IT, finance, HR and workforce.

The creation of MFT and subsequent work to fully establish the organisation has been a significant undertaking. The Trust has learnt useful lessons during this process and these are set out in the Report. This learning will go on to inform MFT's future work, including the proposed acquisition of North Manchester General Hospital. It is hoped that other NHS organisations will also be able to benefit from this learning.



# Key Messages

The value of having a credible, robust and adaptable Post-Transaction Integration Plan (PTIP) cannot be overstated. The PTIP provided the Group Board of Directors and external scrutineers with a framework to assess progress and gain assurance about the merger. More importantly it afforded staff, clinical leaders, managers and transformation teams a framework against which to operate from day one of the merger.

Having a dedicated Single Hospital Service/ Integration Team avoided the deployment of external consultancy and enabled delivery of the PTIP as a local product recognised and owned by staff. It also provided a resource to coordinate post-merger work including the transition from merger change processes to business as usual linked to portfolios of individual Group Executive Directors and Hospital and Managed Clinical Services Chief Executives.

Communicating and engaging with staff was crucial throughout the merger. Staff were central to the planning and delivery of the merger work and the subsequent development of the Vision and Values of the new Trust. Despite the significant level of change that has taken place staff engagement remains strong.

The establishment of an Integration Steering Group with active involvement of Group Executive Directors has been critical in driving change, tracking patient benefits and planning for Year Two of the merger.

The new organisational structure and governance arrangements were well planned pre-merger and established relatively quickly. Combining hierarchy and certain reporting arrangements with defined structures offered clear lines of accountability without stifling innovation, agility and flexibility. Matrix working has, and continues to be, encouraged.

A key element of post-merger work has been the consolidation of systems, processes and policies on a priority basis to ensure MFT operates as a single entity. This work is complex and will continue to receive attention as part of the PTIP work stream.

As planned, the development of the Trust's long term service strategy is well underway with strong engagement from across the organisation and with relevant partners.

The focus for the first year was on ensuring as much stability for staff as possible as well as protecting patient safety during a time of significant change. In essence it was a deliberate policy to maintain business continuity and avoid any unnecessary disruption to pre-merger working practices.

During the establishment of MFT and in its first year of operation important lessons have been learnt. These will be carefully considered to optimise future work.

"The creation of the new Trust was always going to be a fantastic opportunity to bring together the clinical strengths of our two predecessor organisations, and build on them to provide even better care to our patients. Both in the lead up to the merger and since, clinical engagement has been at the heart of the work to bring about benefits for patients; and I'm sure that's a major factor in achieving the successes we've already delivered."

Miss Toli Onon, Joint Medical Director



## 1

# Introduction to Manchester University NHS Foundation Trust

MFT was created on the 1st October 2017 following the merger of CMFT and UHSM. It is one of the largest acute Trusts in England, employing over 20,000 staff. The Trust is responsible for running a group of nine hospitals across six distinct geographical locations and for hosting the Manchester Local Care Organisation:



In **Manchester City Centre** on the Oxford Road Campus care is delivered from the Manchester Royal Infirmary and four specialist hospitals: Saint Mary's Hospital, Royal Manchester Children's Hospital; Manchester Royal Eye Hospital; the University Dental Hospital of Manchester.

In **South Manchester** care is provided from Wythenshawe

Hospital and Withington Community Hospital.

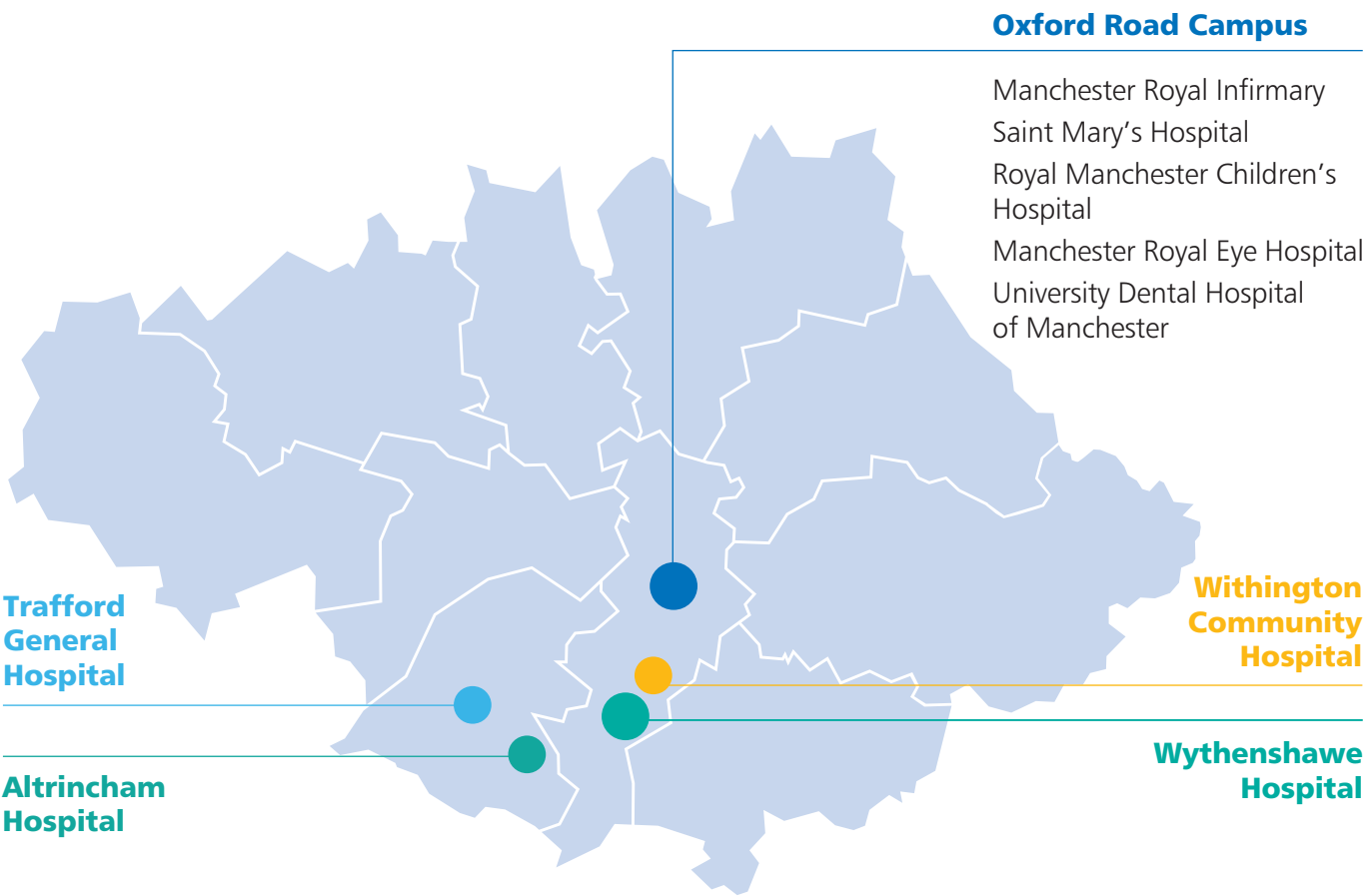
In **Trafford** services are delivered from Trafford General Hospital and from Altrincham Hospital.

MFT hosts the Manchester Local Care Organisation which is responsible for delivering integrated **out-of-hospital care** across the City of





**Figure 1: Manchester University NHS Foundation Trust**



Whilst they operate as distinct hospitals, Saint Mary's Hospital, the Royal Manchester Children's Hospital, the Manchester Royal Eye Hospital, and the University Dental Hospital of Manchester have also been established as Managed Clinical Services. The hospital services use their in depth expertise to deliver and manage specific clinical services across the Trust. In addition, a dedicated Managed Clinical Service for Clinical and Scientific Support Services has been established and operates across the Trust. This arrangement ensures consistency of clinical standards, guidelines and pathways across the breadth of the organisation.

The Trust is the largest and one of the most diverse acute and community hospital groups in the country,

which despite its size is strongly rooted in the local communities it serves. It provides district general hospital services to a population of approximately 750,000 local people. It is also a major provider of tertiary and quaternary services across Greater Manchester and the wider North West region in areas including Vascular, Cardiac, Respiratory, Urology, Renal, Burns/Plastic Surgery, Cancer, Paediatrics, Women's Services, Ophthalmology, Breast Surgery and Genomic Medicine. The Trust is also the largest provider of specialised services in the country, providing 88 specialised services and 9 highly specialised services.



**The Trust employs over 20,000 staff**



**The Trust attends to more than 1,725,000 out-patients per year**



**The Trust has an annual turnover of almost £1.6 billion**



**The Trust delivers over 13,000 babies and carries out in excess of 189,000 operations/procedures per year**

**The Trust sees around 405,000 patients in its Accident & Emergency Departments per year**



**The Trust has approximately 2,500 inpatient beds**



**The Trust's research portfolio is the largest in the North West**



**The Trust has the largest number of undergraduates and clinical staff in training in the North West**

MFT is a major academic research centre and education provider. This clustering of clinical services with life sciences and academia enables the Trust to deliver cutting edge care to patients.





## Manchester Local Care Organisation

Leading local care, improving lives in Manchester, with you

Whilst the creation of MFT was progressing, the Manchester Local Care Organisation (MLCO) was also being established. The Manchester LCO is a partnership between the City Council, Commissioners and providers, including MFT, with responsibility for the delivery of out-of-hospital care and improved community-based health services aimed at preventing illness and caring for people closer to home.

In March 2017, Manchester Health and Care Commissioning (MHCC) invited bids for the award of a single contract for the provision of health and care services across the neighbourhoods and communities of Manchester, through a Local Care Organisation (LCO). The prospectus stipulated that a single provider would be awarded a single contract by commissioners. A range of possible organisational models were reviewed, to establish which model could deliver the objectives and ambition of the LCO. Although a single contract for the delivery of the LCO services was not possible, partners including MFT agreed to develop a legally binding ten-year Partnering Agreement, which commits all parties (MFT, MHCC, Manchester City Council, Manchester Primary Care Partnership and Greater Manchester Mental Health NHS Foundation Trust) to the delivery of the LCO agenda and the transformation of out of hospital services.

The Partnering Agreement was formally signed by all Partners in March 2018, coming into effect on 1st April 2018, and in doing so establishing MLCO. MLCO is a virtual organisation responsible for the delivery of a range of services including community health services, and adult social care. As the organisation develops over an agreed three year phased approach, the range of services that will be delivered through MLCO will grow to include Mental Health and Primary Care.

MLCO continues to develop the Integrated Neighbourhood Team hubs, and the creation of a co-designed and all-encompassing approach to the MLCO. Key deliverables for 2018/19 and beyond will ensure that it is best placed to meet the needs of communities and neighbourhoods of Manchester in regards to integrated health and social care.

The benefits delivered through the Manchester LCO include improved health outcomes, improving people's experience of care, local people being independent and able to self-care, better integrated care, better use of resources, fewer permanent admissions into residential/nursing care and fewer people needing hospital-based care. Alongside progressing integration of the two predecessor Trusts, MFT is also working hard to support the establishment of MLCO.

This large and complex organisation has been in operation for just over twelve months. Although still in its infancy, MFT has already achieved a great deal. This report has been produced to explain some of these achievements and to celebrate the progress that has been made during its first year, including the improvements that have been delivered for patients and staff.



## 2 The Creation of Manchester University NHS Foundation Trust

### Single Hospital Service Review

The principle of significantly changing the way that hospital and community services are provided in Manchester was first established late in 2015, in the Manchester Locality Plan.

This work was led by MHCC in collaboration with the Manchester Health and Wellbeing Board. It commenced in response to the challenges faced by health and social care providers, and set out an ambitious programme of work made up of three 'pillars' and called the Manchester Locality Plan:

- A Single Hospital Service for Manchester;
- A local care organisation that delivers integrated, accessible, out-of-hospital health and care services across Manchester; and
- A single commissioning system for health and social care services across the citywide footprint.

The Manchester Locality Plan was endorsed by all local stakeholders across the city and supported by Trafford Council.

**"The creation of a Single Hospital Service is a key strand of the Manchester Locality Plan, along with the Single Commissioning Function and Local Care Organisation, and was a complex undertaking. The two Trusts achieved this within a year, working in partnership with organisations in the locality. This was a vital step towards ending health inequalities in our city to make sure everyone gets the same quality of care, no matter where they live."**

Ian Williamson, Chief Responsible Officer,  
Manchester Health and Care Commissioning

To commence the Single Hospital Service element of this work the 'Single Hospital Service Review' was commissioned in 2016. This work, independently led by Sir Jonathan Michael, sought to consider the benefits that might be accrued by hospital services in Manchester working more closely together and to identify the optimal organisational form required to deliver these improvements. At the time of the Review there were three hospital service providers in Manchester: CMFT, UHSM, and North Manchester



General Hospital (NMGH) – part of Pennine Acute NHS Hospitals Trust (PAHT). All three were included in the review process.

The first stage of the review acknowledged the significant challenges that were facing health and social care providers in Manchester. The review found that hospital care was fragmented and that there was an unacceptable variation across the City in the provision and quality of care provided. The review also identified that although duplication, and even triplication, existed across the city in some clinical services, in other specialties patients were struggling to access healthcare appropriate to their needs. Workforce challenges facing hospital providers, exacerbated by the imperative to move to more even service provision across the seven days of the week, were also highlighted as a key issue. In line with NHS services nationally, increasing financial and operational difficulties were also acknowledged.

The development of a Single Hospital Service was identified as a key mechanism to address these issues. To identify the potential benefits of a Single Hospital Service the review focussed its attention on eight specialty areas and engaged clinicians to identify specific improvements that could be delivered by closer co-operation of clinical teams. This work was extrapolated and expanded to include contributions from colleagues working in research, training, finance and back office support services.

The process resulted in the identification of a series of high level benefits that cover a range of areas including quality of care, patient experience and financial/operational efficiency. The full list of potential benefits that were identified is shown in Table 1.



**Table 1: High level benefits identified in the Sir Jonathan Michael Review<sup>1</sup>**

| Category                                    | Benefits  |
|---|---|
| <b>Quality of Care</b>                      | <ul style="list-style-type: none"> <li>• Reduce variation in the effectiveness of care</li> <li>• Reduce variation in the safety of care</li> <li>• Develop appropriately specialised clinicians and reduce variation in the access to specialist care, equipment and technologies</li> </ul>   |
| <b>Patient Experience</b>                   | <ul style="list-style-type: none"> <li>• Provide more co-ordinated care across the city (and reduce fragmentation)</li> <li>• Enhance the work of the Local Care Organisation to transfer care closer to home</li> <li>• Improve patient access and choice</li> <li>• Improve access to services and reduce duplication (and thus unnecessary trips to hospital)</li> </ul> |
| <b>Workforce</b>                            | <ul style="list-style-type: none"> <li>• Improve the recruitment and retention of a high quality and appropriately skilled workforce</li> <li>• Support the requirement to provide a seven day service</li> <li>• Reduce the reliance on bank and locum/agency staff</li> <li>• Support teams to meet the needs of current and future demand for services</li> </ul>        |
| <b>Financial and Operational Efficiency</b> | <ul style="list-style-type: none"> <li>• Reduce costs in supplies and services (including drug costs)</li> <li>• Reduce staff costs through improvement in productivity and changes in skill mix</li> <li>• Limit future capital outlay and ongoing fixed costs assets</li> <li>• Improve operational performance</li> </ul>  |
| <b>Research and Innovation</b>              | <ul style="list-style-type: none"> <li>• Increase research activity and income</li> <li>• Create a single point of entry to all clinical trials thereby improving access</li> <li>• Ensure new research and best practice guidelines are implemented consistently to improve services</li> </ul>  |
| <b>Education and Training</b>               | <ul style="list-style-type: none"> <li>• Optimise curriculum delivery, clinical exposure and reduce the variability in the student and trainee experience</li> <li>• Widen student and trainee exposure to different clinical environments</li> <li>• Enhance the reputation of Manchester as a place to come to be trained and to work</li> </ul>                          |

<sup>1</sup>City of Manchester Single Hospital Service Review Stage One Report; April 2016.



Given the scale of the potential benefits, the second stage of the review considered the options for changing the governance and leadership arrangements for hospital services in Manchester to achieve the identified benefits as rapidly and effectively as possible. This process recommended that the most effective organisational approach to delivering benefits would be through the creation of a single new hospital provider, encompassing the existing hospitals (CMFT, UHSM and NMGH) located within the City of Manchester.

The findings of the review were fully supported by all local stakeholders including the three acute Trusts, local commissioners, civic leaders across the city, civic leaders at Trafford Council and Manchester's Health and Wellbeing Board.

**"The creation of Manchester Foundation Trust was a crucial step in the development of a Single Hospital Service for the City of Manchester and our devolved health and care model for Greater Manchester. By UHSM and CMFT bringing together their assets, skills and specialisms, we now have an organisation which is greater than the sum of its parts, of national and global significance. Already we are seeing the impact in terms of improvements to clinical services, enhanced career opportunities and a richer research and development offer."**

Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership

## Creating MFT

To fulfil the recommendations of the Single Hospital Service Review it was decided to first merge the two Foundation Trusts in the expectation that the resulting single Foundation Trust would later acquire NMGH from Pennine Acute NHS Hospitals Trust.

Work started in the Autumn of 2016 to merge CMFT and UHSM. A programme team was established and appropriate governance mechanisms were arranged to ensure elements of process, including Competition and Markets Authority (CMA) submissions, the development of a Business Case, Due Diligence and legal mechanisms were completed.

This work was undertaken in twelve months and obtained clearance from both NHS Improvement

(NHS I) and the CMA. A key component of this work was the development of a PTIP which set out the tasks required to successfully merge CMFT and UHSM, and start to deliver the Single Hospital Service patient benefits, by Day One, Day 100, Year One and Years 2-5.

MFT remains committed to the principal of a Single Hospital Service in the City of Manchester and has started work to enable NMGH to join the Trust. This work is expected to conclude between 1st October 2019 and 1st April 2020 and is being overseen by the Greater Manchester Health and Social Care Partnership. The transfer of NMGH into MFT will truly allow the full range of benefits, outlined in the Single Hospital Service Review, to be delivered to all residents across the City of Manchester, and beyond.





### 3 First Priorities Post-Merger

Although merging two large acute NHS Foundation Trusts to create MFT was a relatively unique undertaking, there have been a number of examples of hospitals integrating. These integrations have achieved varying success, and MFT has sought to learn lessons from elsewhere to avoid the problems that similar projects have experienced. Some of the key issues that NHS I advises merging Trusts to consider are:

- Setting a realistic timeframe for delivering change.
- Engaging with stakeholders.
- Balancing merger implementation and maintaining core activities.
- Embedding a common culture.
- Establishing effective management across multiple sites.

Taking these issues into account, MFT deliberately placed an emphasis on the need to maintain stability throughout the process of merger and immediately after. The PTIP, developed in advance of the merger, intentionally minimised the number of changes that would take place on Day One of the new organisation. This allowed a focus on the basics of constantly and consistently delivering patient safety, patient experience and high quality care. MFT delivered this against the challenging backdrop of unprecedented winter pressure nationally which resulted in considerable demand on urgent and emergency services.

**“The important thing to achieve was to ensure patients and staff felt safe on day one of the merger. Having an integration plan meant we could do that. We deliberately did not plan for major changes in the first year but we did deliver some early benefits.”**

Julia Bridgewater, Group Chief Operating Officer

Throughout the merger and integration UHSM and CMFT, and subsequently MFT, ensured that existing staff, including those at NMGH, were central to the planning and delivery of the merger work. There was a conscious decision to limit reliance on external management consultants. This has ensured that knowledge has been retained and embedded within

the organisation, and that work was undertaken with an in depth understanding and appreciation of the predecessor organisations, including their underlying cultures, strengths and weaknesses.

This measured and steady approach ensured that the new organisation maintained its focus on the delivery of safe and high quality services for patients, whilst also undertaking the significant work required to create a new organisation. The focus on stability and delivering core activities, while steadily implementing the integration required when two organisations come together, has persisted.

In preparation for Day One, significant work was undertaken by support services to provide the essentials to create a new MFT identity. All staff were sent a welcome letter and provided with a new lanyard and badge holder. Although CMFT and UHSM email addresses continued to work, each staff member was provided with a new MFT email address. This helped to promote the sense that staff from both predecessor organisations were now part of a single entity and working together.

Alongside these more visible changes, critical work was undertaken to enable the organisation to operate successfully as a single entity. The majority of this work was overseen by a Corporate Integration Steering Group, chaired by the Deputy Chief Executive, and a Clinical Risk and Governance Steering Group, chaired by the Chief Nurse.

The integration plans for the first 100 days largely focussed on the need to put in place firm and robust organisational structures, including a new Council of Governors, a substantive Group Board of Directors and Hospital/Managed Clinical Service leadership teams. In addition work commenced to consolidate systems, processes and policies and to implement a small number of clinical improvement schemes. Preparation was also undertaken to support the Trust's first Care Quality Commission (CQC) inspection.

The work to consolidate systems, processes and policies has been significant. Immediate work was undertaken to enable cross site working and to support effective management and reporting across the Trust. This included merging the Electronic Staff Records, implementing a single ledger, integration of the Annual Planning Process and development of a single risk management system.



Alongside delivering this change, corporate services began to consolidate into single teams working across MFT, bringing together the teams from the two predecessor organisations. This has involved over 1000 members of staff. Due to the scope and scale of the services, and the pressure to simultaneously support wider changes within the organisation, this work has been carefully paced. The restructures that have been completed to date have delivered financial savings of five percent. It is planned that similar savings will be delivered across the services that remain to be consolidated.

Collectively these early changes began to give the new organisation a sense of identity that staff could relate to and feel part of. To promote this further one of the first priorities was the development of MFT's vision and values as part of a major organisational development programme with staff. Developing these early with staff, patients and partners was essential to supporting the development of the organisation's culture and setting the direction of travel on which the foundations of success would be built. These are set out in Figure 2.

**Figure 2: MFT's Vision and Values**

## Our Vision

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

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

## Our Values

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



<https://mft.nhs.uk/the-trust/our-vision-and-values/>

Staff quickly engaged in this work and related strongly to the vision and values. This has been clearly demonstrated through the regular staff surveys undertaken by the Trust. For example, in Quarter 2 of 2018/19, 89% of MFT staff reported that they were aware of the Trust values.

This significant change work has been delivered carefully without distracting MFT from its core purpose; to excel in quality, safety and patient experience. MFT recognises the valuable contribution that all staff have made following the merger. Whilst the organisation has been committed to ensuring all employees are kept informed and engaged regarding

the integration process, much of the success of MFT's first year is because of the hard work, commitment and dedication of MFT staff. Teams have seized the opportunity that the merger provided and have been working to ensure that the benefits of a Single Hospital Service are delivered. Some examples of the excellent work that has been undertaken following the creation of MFT are outlined in Chapter 8.

The creation of MFT was a ground breaking process that has yet to be repeated elsewhere in the country. The remainder of this document sets out some of the key achievements that have been delivered by MFT during its first year.



## 4 Establishment of Leadership and Organisational Structure

In order to deliver services safely and effectively, MFT prioritised the establishment of a robust organisational structure and new leadership teams. Given the scale of the organisation this was critical to ensuring a strong and continued focus on delivering safe care for patients. In addition to being a new organisation, MFT was formally and legally constituted as a 'Group'. This required a new design of Executive oversight and leadership.

### Trust Membership Base

As a new NHS Foundation Trust, MFT required a new membership base. In order to establish the membership in a timely manner it was formed from the existing CMFT and UHSM membership base. Members were contacted and advised that they would automatically become members of the new Trust unless they actively opted-out. A small number of staff chose to opt-out. The remaining 42,000 members formed the initial membership of the new Trust. Work has since been undertaken to recruit more participants and to refine the involvement, ensuring that it is representative of the population served by MFT.

### Council of Governors

As a new NHS Foundation Trust, MFT also had to meet a statutory requirement to have a new Council of Governors. Immediately after authorisation of the new Trust on 1st October 2017, the MFT Public and Staff Governor election process was instigated. The elections concluded in November 2017 and the results were announced at a Special Members Meeting in December 2017. A new Lead Governor was elected and this appointment was confirmed at the inaugural meeting of the MFT Council of Governors on 20th December 2017. Since then significant work has been undertaken to plan and deliver training and development for the new Council of Governors.



### Group Board of Directors

Prior to the merger of UHSM and CMFT an Interim Group Board of Directors was established in line with the requirements set out in the NHS I Transaction Guidance. This Interim Board remained in operation after the merger to provide stability and continuity. The substantive Group Board of Directors was confirmed and became operational on 20th December 2017 following a robust selection process which included external assessment.

### Design of the Organisational Structure

Alongside the establishment of the high level organisational leadership, implementation of the new organisational structure commenced. To ensure that every member of staff was clear about their own accountability the default position was that pre-merger accountability arrangements would stand and no overnight changes were made for Day One of the new organisation except in exceptional circumstances.

The leadership team carefully designed the new structure, taking into consideration learning from other hospital groups, both nationally and internationally. Some of the organisations reviewed favoured a vertical structure, where hospitals and accountability were the focus, ensuring operational grip. Contrastingly, other organisations favoured a horizontal structure where clinical synergies and pathways were the main focus. Notably, each organisation stated they would have focussed on the opposite approach if they went through the process again.

Considering this learning, MFT designed a structure that starts with the delivery of clear, vertical operational grip to ensure patient safety and maintain clear accountability. This is achieved through the management of the Hospital Sites and Managed Clinical Services as operational units, each with their own Chief Executive and leadership team. These operational units are overseen by the Group Chief Operating Officer with Chief Executives reporting to the Group Chief Executive.

The achievement of clinical synergies is being delivered through the establishment of Managed Clinical Services and Clinical Standards Group functions. The Clinical Standards Groups bring



together a multi-disciplinary group of subject experts and supporting professionals to enable clinical staff to apply best practice and standardisation across the Trust. In addition, Education and Research runs through the whole structure.

Through this comprehensive approach, the new organisational structure facilitates clinical service delivery against evidence-based standards of practice, combining site specific management with the management and ongoing development and change of clinical services across sites. This dual approach is beginning to give the organisation flexibility and agility despite its size. As the horizontal functions and networks mature it is envisaged that they will provide challenge and will enable the organisation to continually adapt and change.

### Detailed Organisational Structure

Breaking down the structure in greater detail, MFT has eight operational units; five of these are described as Managed Clinical Services, two are hospitals and one is the hosted Manchester Local Care Organisation. Of the five Managed Clinical Services, four are associated with a distinct physical site, whilst one manages services across multiple sites. The five Managed Clinical Services are accountable for the delivery and management of a defined group of clinical services taking place on any site within MFT. Their role includes the operation of Clinical Standards Groups for their areas of specialty, setting clinical standards and developing evidence-based guidelines and pathways across the Trust. This arrangement is described in Table 2.

Table 2: Managed Clinical Services

| Managed Clinical Service                       | Services   | Clinical standards development function |
|--|--|---|
| Clinical & Scientific Services (CSS)           | Anaesthesia, Critical Care, Pathology, Radiology et al | Yes                                     |
| Manchester Royal Eye Hospital (MREH)           | Adult & Paediatric Ophthalmology                       | Yes                                     |
| Royal Manchester Children’s Hospital (RMCH)    | Children’s Services                                    | Yes                                     |
| Saint Mary’s Hospital (SMH)                    | Women’s Services & Neonatology                         | Yes                                     |
| University Dental Hospital of Manchester (UDH) | Dental Surgery & Oral Medicine                         | Yes                                     |



The other two operational units are the hospital sites of Manchester Royal Infirmary (MRI) on the Oxford Road campus, and the multiple hospital sites of Wythenshawe, Trafford General, Withington and Altrincham Hospitals (WTWA) managed by the senior leadership team based out of Wythenshawe

Hospital. The two operational units of MRI and WTWA each deliver many clinical services to adults which they share in common, such as Emergency Medicine, Urology and Cardiac Surgery, but which are operationally managed independently by each site. This arrangement is described in Table 3.

**Table 3: Hospital Sites**

| Hospital Site   | Services include:   | Clinical standards development function within hospital site |
|---|---|--|
| Manchester Royal Infirmary (MRI)                      | Adult Medical & Surgical Services including Cardiac & Respiratory | No   |
| Wythenshawe, Trafford, Withington & Altrincham (WTWA) | Adult Medical & Surgical Services including Cardiac & Respiratory | No   |

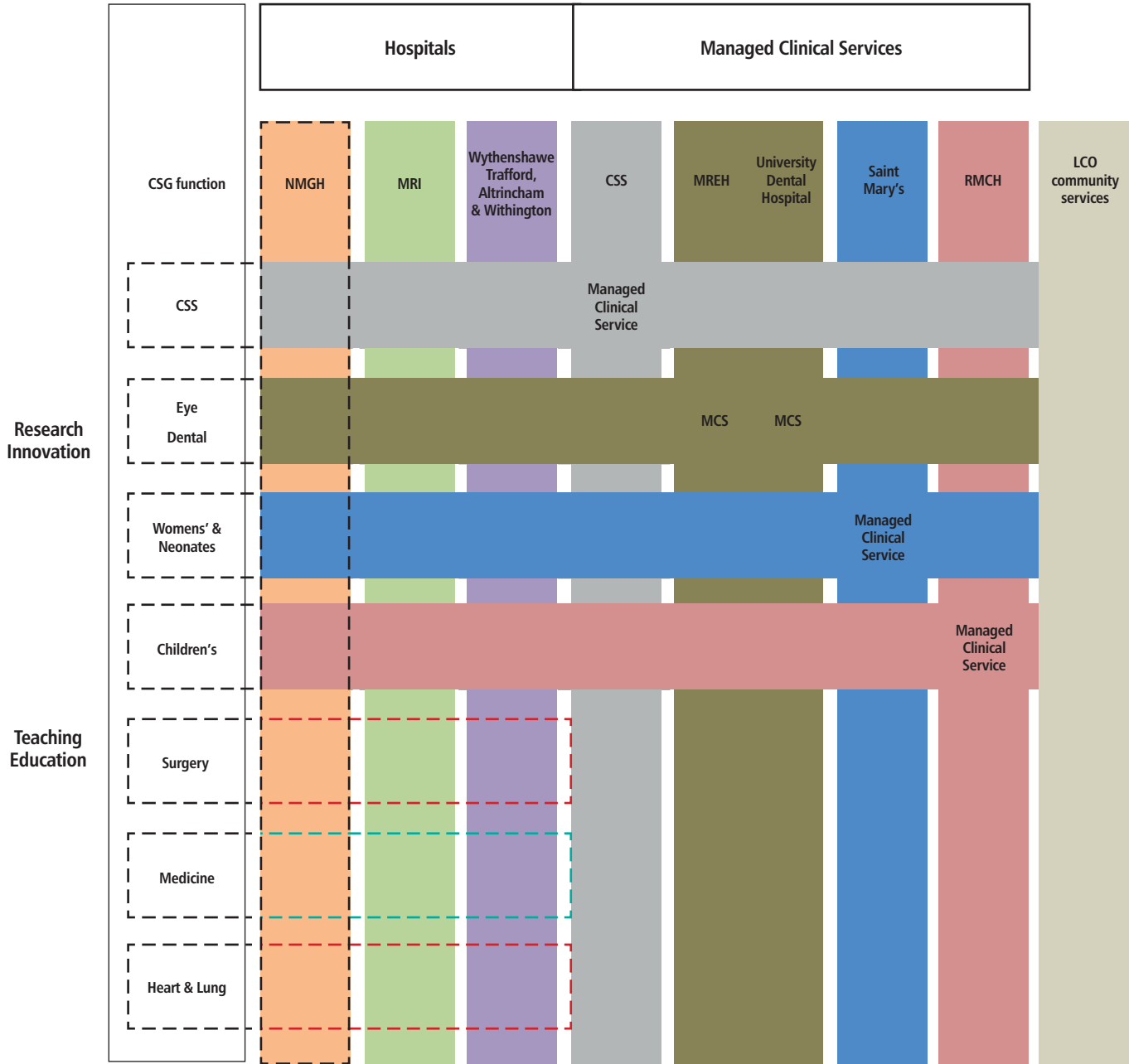
The organisation structure also takes into account the Manchester Local Care Organisation (LCO) and provision of community services. MFT is a key partner in the LCO that is providing integrated out-of-hospital care in the city of Manchester. Services provided incorporate community nursing, community therapy

services, intermediate care and enablement, and some community-facing general hospital services.

The overall organisational structure of MFT is illustrated in Figure 3, including NMGH which is planned to join the Trust in the near future.



Figure 3: Diagram of MFT Organisational Structure



NMGH is planned to join the Trust in the near future.

Organisational Leadership

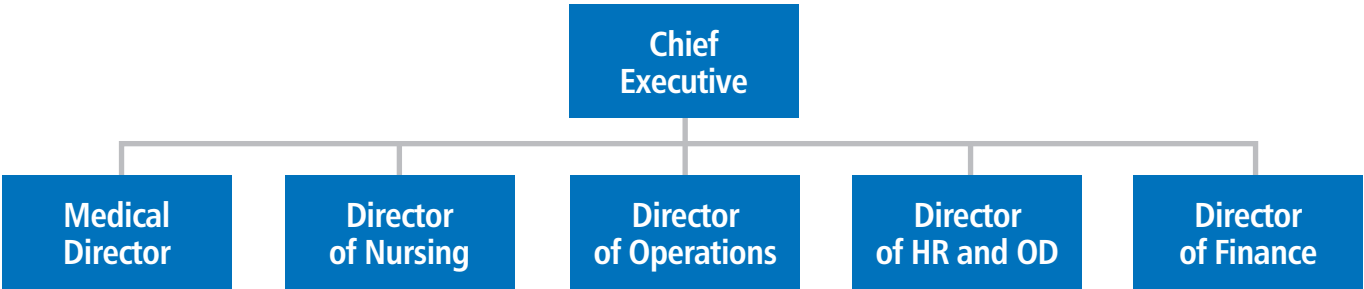
Based on the new organisational structure, implementation of the senior leadership arrangements started immediately after the Trust was established. This was undertaken in a planned, staged approach to limit disruption to services, but at sufficient pace to ensure that the structure was in place by April 2018.

The Hospital and Managed Clinical Service leadership teams are central to maintaining patient safety and

clear accountability. It was therefore decided that they would be recruited as early as possible through rigorous internal and external recruitment processes. Each Hospital and Managed Clinical Service has its own Medical Director, Director of Nursing, Director of Operations, Director of Finance and Director of HR and Organisational Development. These senior leadership teams are each led by a Chief Executive.



**Figure 4: MFT Hospital and Managed Clinical Service Organisational Structure**



The appointment of leaders in the Group Corporate functions followed the establishment of the substantive Group Board of Directors. Each Group Executive Director developed the structures for their own directorates, and formal consultation on these changes started in January 2018. The review and alignment of Group Corporate functions has been undertaken in a phased approach, based on an assessment of priority to minimise disruption, reduce risk and ensure business continuity.

Throughout the recruitment of the organisational leadership there was a strong focus on consistency in both the design of structures, roles and pay, and also in the approach to the process of managing change and recruitment. This ensured transparency and equity of access for all individuals. The process was overseen by the Group Executive Director Team.

**“We made a conscious decision to maintain a clear focus on continuing to deliver stable services during Year 1, while also starting the work required to integrate our hospitals and community services. I’m so proud of what we have achieved so far. Now we will build on this, sharing our many strengths to deliver consistent, high quality care for all.”**

Sir Michael Deegan, Group Chief Executive

In addition to the establishment of the Hospital and Managed Clinical Service leadership teams, the leadership of the three standalone Clinical Standards Groups was appointed to during March 2018.

The Clinical Standards Group leads are medically-qualified consultants who provide clinical leadership and expertise to oversee a set of clinical standards. For example, the Surgery Clinical Standards Group Lead sets standards relating to Adult Surgery including General Surgery, Oral and Maxillofacial Surgery, Otolaryngology, Burns and Plastics, Trauma and Orthopaedics, Urology and Vascular Surgery; but excluding Cardiothoracic and Heart/Lung Transplant Surgery (which would fall under the Heart and Lung CSG), and excluding Paediatric Surgical specialties (whose standards will be monitored and developed by the RMCH Managed Clinical Service).

In undertaking their roles the Clinical Standards Group Leads are expected to foster high levels of clinical involvement and joint working, underpinned by a culture of integrity to reach the best outcomes for patients.







## Freedom to Speak Up Guardian and Champions

The Trust also appointed a Freedom to Speak Up Guardian and Freedom to Speak Up Champions across all hospital sites and Managed Clinical Services to support staff, students and patients to raise concerns. The Champions act as a local resource to support staff who raise concerns. They work continuously to improve safety and quality for patients, carers and families, as well as enhancing the work experience for staff.

Freedom to  
speak  
up

"I know how  
to speak up  
safely at MFT"



*MFT Freedom to Speak Up  
Guardian David Cain*



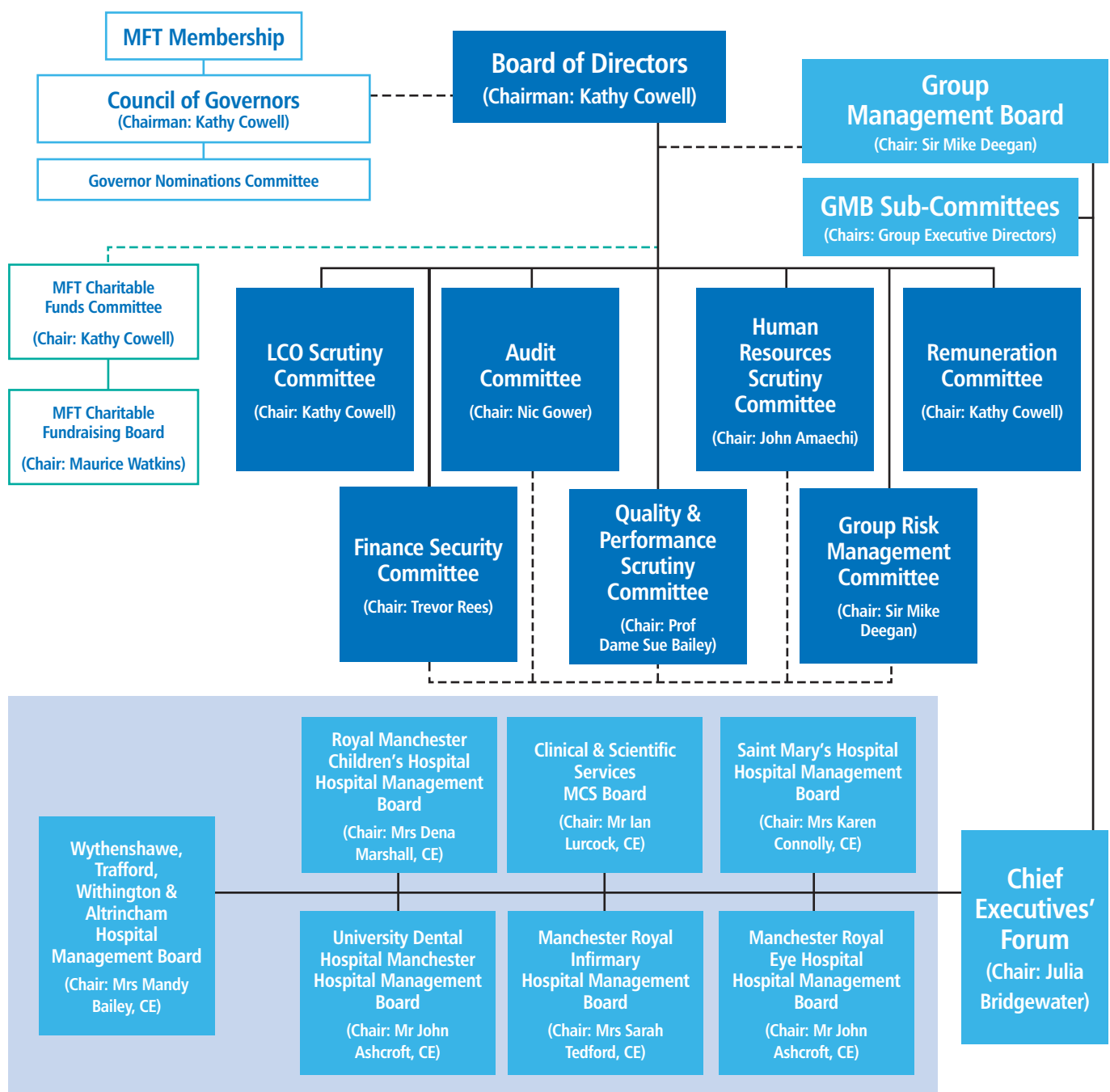
## 5 Establishing Robust Governance and Assurance Arrangements

As a new NHS Foundation Trust, MFT needed to establish its Board Sub-Committee structure and a new design of Executive Director oversight and leadership appropriate to its constitution as a Group. The governance structure and assurance arrangements to support the Board of Directors have been established over the course of the Trust's first year.

### Board Sub-Committees

Board Sub-Committees chaired by the Non-Executive Directors and the Group Chief Executive were established in October 2017, providing oversight of the full breadth of MFT's clinical and non-clinical activities. The Board Sub-Committee structure is illustrated in Figure 5.

**Figure 5: Board Sub-Committee Structure**





## Accountability Oversight Framework

The Accountability Oversight Framework (AOF) underpins how the Hospitals and Managed Clinical Services function and interact with the Group Executive Directors. The AOF contributes to the overarching Board Governance Framework. The key purposes of the AOF are to:

- Provide a fair and transparent means of understanding performance across the Group;
- Identify areas of good and poor performance; and
- Enable Group Executives to direct Group resources to support improvement in areas of greatest need.

The AOF records monthly performance across a wide range of metrics. This provides visibility to the Group Executives on performance trends, providing early warning signs where performance is off track. Focussed discussions are held with Hospitals and Managed Clinical Services to agree remedial actions.

## Single Operating Model

Each Hospital and Managed Clinical Service leadership team is responsible for establishing effective governance and accountability to ensure successful operational delivery and achievement of the metrics set out in the AOF. To support this the Trust introduced a Single Operating Model.

The Hospital and Managed Clinical Service Management Boards have established governance structures that mirror the corporate governance structure. The Management Boards are responsible for the oversight and delivery of performance. They are underpinned by a number of sub-groups focussed on the day-to-day management of performance against key business areas. To gain assurance a performance review process is undertaken with individual service lines to ensure consistency from 'Ward to Board' with input from the Clinical Standards Groups, where appropriate.

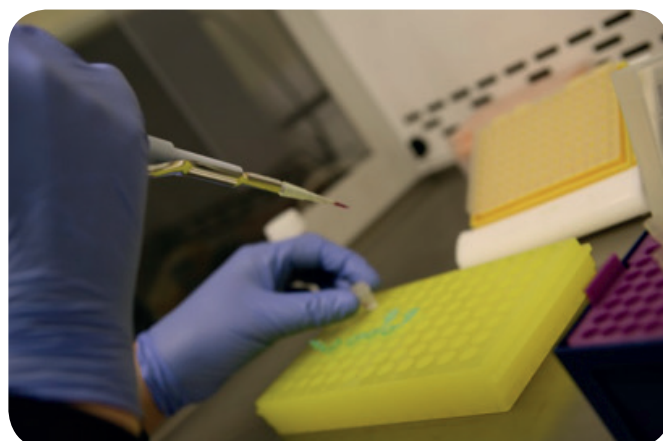
## Clinical Standards Groups

To ensure that the Clinical Standards Groups are embedded across the Trust, the Clinical Standards Group Leads and Managed Clinical Service Medical Directors are members of the Group Management Board, Clinical Advisory Committee and Quality

& Safety Committee. They also share corporate responsibility for the implementation of agreed Board decisions.

The Clinical Advisory Committee, chaired by the Group Joint Medical Directors, provides oversight and assurance of the Clinical Standards Groups' work programmes. This ensures that all hospital and Managed Clinical Service Chief Executives are sighted on their priorities and activities, and that any changes instigated are planned and delivered without unintended consequences on day-to-day operations.

The output of the Clinical Standards Groups is scrutinised by the Quality and Performance Scrutiny Committee and any risks identified are reported to the Group Risk Management Committee; both are sub-committees of the Group Board of Directors.





## Hospital and Managed Clinical Service Reviews

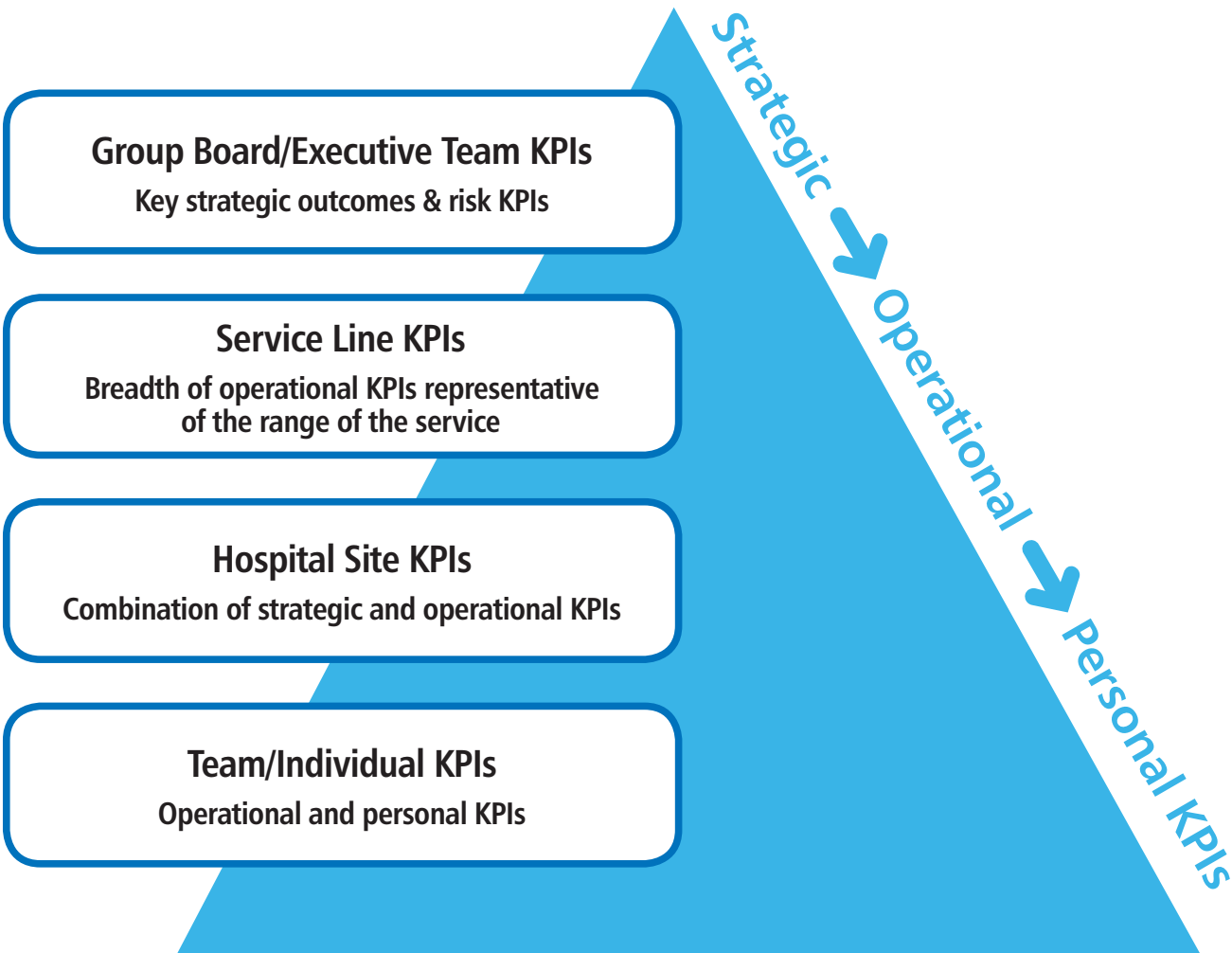
Each Hospital and Managed Clinical Service has regular reviews every six months, chaired by the Group Chief Executive. These reviews focus on the operational unit’s strategic vision, and the key issues and challenges being faced in achieving this. They provide an opportunity for a broad and in-depth discussion about issues such as:

- Leadership and governance, including objectives, priorities and risks
- Strategy and business planning
- Quality, safety and patient experience
- Workforce
- Finance
- Communications and Engagement

## Group Executive Directors’ Appraisals and Mid-Year Reviews

The formal governance mechanisms and clear lines of accountability and assurance are underpinned by regular staff appraisals. Annual appraisals and mid-year reviews are used to set and review clear, measurable objectives for Group Executive Directors which are then cascaded through the organisation, ensuring that all staff have clarity of purpose and accountability. The connection between Group Executive Director and Executive Team objectives is illustrated in Figure 6.

**Figure 6: Cascade of Group Executive Director Objectives**





## External Governance

The establishment of MFT is supported by funding from the Greater Manchester Transformation Fund. The funding was secured through a composite bid that encompassed the full spectrum of health and care transformation activities in the Manchester Locality Plan.

The overarching governance arrangement for this funding is through an Investment Agreement between the Greater Manchester Health and Social Care Partnership and the Manchester system. Within Manchester a more detailed Investment Agreement has been established to manage the partnership working arrangements and the flow of resources.

The Investment Agreement with the Greater Manchester Health and Social Care Partnership required the agreement of a set of high-level indicators to allow the progress and success of integration activities to be assessed. These indicators were agreed in early 2018 and include financial and non-financial metrics. Ongoing monitoring of

these metrics is undertaken and they are reported to the Manchester Health and Care Commissioning performance team on a quarterly basis and then through to the Greater Manchester Health and Social Care Partnership. In addition to the reporting of metrics, MFT has met Manchester Health and Care Commissioning and the Greater Manchester Health and Social Care Partnership to provide a broader overview of the integration and transformation work being undertaken.

Each month the Greater Manchester Health and Social Care Partnership arranges a Performance and Delivery meeting to hold commissioners to account for delivery against the Greater Manchester transformation schemes and key performance metrics. MFT's Group Chief Operating Officer is one of the two provider representatives on this Board.

NHS I is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. They continue to hold MFT to account for delivery of the merger integration through their normal assurance processes.





## 6 Developing MFT's Service Strategy

On the establishment of MFT, there was no overarching service strategy that provided a comprehensive overview of the Trust's services and how they would be developed in the future. The Trust's Strategy Team has therefore been working closely with clinical leaders and stakeholders to develop a full service strategy.

The Trust's strategy is being developed at two levels:

- **Group Service Strategy:** Outlining MFT's long term vision for existing clinical areas, setting out potential new clinical areas to develop, and, outlining linkages across people, research, education and service strategies.
- **Clinical Service Strategies:** Service level plans covering configuration of services across the Hospital Sites, vision for how the service will operate and develop over the next 5-10 years, potential new service provision to develop and recommendations to address specific long standing issues.

The work is supported by clinical leads and overseen by the Group Service Strategy Committee.

The Group Service Strategy has been developed internally through wide engagement across the Trust and externally with key stakeholders. Executive and Corporate Directors, Hospital leadership teams and Clinical Standards Group Leads have informed the starting position. It has been further developed through discussion with external stakeholders including commissioners, Health Innovation Manchester and those involved in the Greater Manchester transformation work. Wider engagement with the Trust's workforce, the Council of Governors and other key groups within the Trust has then further shaped its development.

The content of the Clinical Service Strategies is being developed by Clinical Working Groups, and, due to the scale of the work it has been split into three waves. Each Clinical Working Group includes a Clinical Lead, representatives from all of the constituent specialties, sub-specialties and co-dependent services and representatives from external organisations, principally commissioners and Local Care Organisations. Staff from across the organisation, including over 150 doctors, nurses and allied healthcare professionals, have been engaged in the process.

**"The two Trusts that joined to form Manchester University NHS Foundation Trust had many excellent services. The merger has given us the opportunity to bring clinical teams together to develop service strategies that best serve the city of Manchester and beyond. In this way, the merger will continue to deliver benefits for many years to come."**

Darren Banks, Group Director of Strategy

The Strategy Team has ensured that the strategy development aligns with wider work in the health and social care economy. The aims of the Manchester Locality Plan and those of Trafford have been reflected in a set of principles that have been used to frame the work. Decisions that have already been taken, for example by NHS England or within Greater Manchester, have been considered 'fixed points' and Manchester and Trafford commissioners have been engaged on an on-going basis.

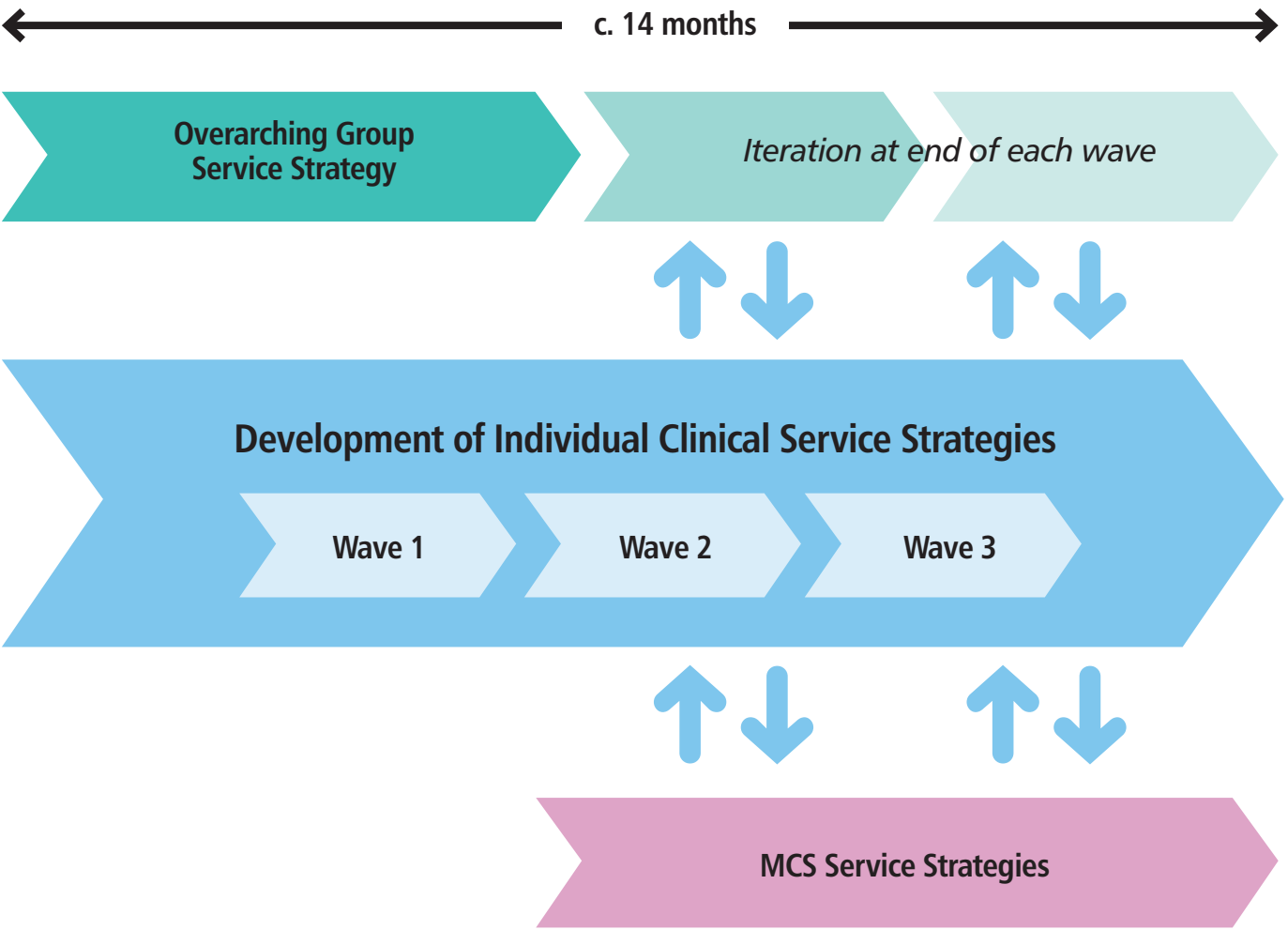
The Service Strategy work is also accounting for NMGH as a future member of the Trust. Each Clinical Lead has considered how their vision for the service would change if NMGH joined the Trust. This has been informed by meetings with groups of NMGH clinicians.

The development of the Service Strategy has proven to be a large and complex task and will take approximately fourteen months to complete (illustrated in Figure 7). Development will continue until April/May 2019 with drafts being iterated during this time.





Figure 7: MFT Service Strategy Development Process



Any significant service changes that are proposed will be taken to commissioners and the public for consultation. Once completed, the maintenance and development of the clinical service strategies will be the responsibility of the Clinical Standards Groups and Managed Clinical Services. Alignment across clinical

service strategies as they develop will be maintained through the Group Service Strategy Committee which includes all three Clinical Standards Group leads and the Medical Directors and Chief Executives of the Hospitals and Managed Clinical Services.



## 7 Planning for Major Clinical Transformation

The primary driver for the establishment of MFT was the delivery of significant benefits for patients. These benefits were set out in the Sir Jonathan Michael Review and in documentation required prior to the merger, such as the Patient Benefits Case submitted to the CMA.

To support effective and timely delivery of these benefits, MFT's Transformation Team established an Operations and Transformation Steering Group. This Group leads the planning and delivery of the programme of clinical integration, including the twenty seven work streams representing the clinical services that have developed integration plans to deliver the patient benefits described in the Patient Benefits Case and the Full Business Case.

Prior to the merger, the Operations and Transformation Steering Group developed a high level project timeline, work stream integration plans and quality impact assessments. It also identified benefits and developed non-financial KPIs. The project plans were uploaded on to a programme monitoring system called Wave to enable regular highlight reporting and robust assurance of project delivery.

The integration projects and work streams differ in scale, scope and complexity and this was taken into account in the planning and delivery. Following the establishment of the new MFT operating model it was necessary to adapt the approach to integration to ensure it worked effectively.

The senior team responsible for the delivery of the integration portfolio mapped the work streams onto a matrix which assessed whether each work stream was strategic or tactical, and, complex or simple. This approach determined whether changes were led and delivered by the clinical directorates themselves, the Hospitals or Managed Clinical Services (with or without Group support) or whether the changes must be led by the Group (complex, strategic projects).

Where an integration work stream was classified as 'complex, strategic' a Programme Board was established. Meeting monthly, chaired by a Group Executive Director and attended by senior clinicians and managers from each site, the Programme Boards are the vehicles driving the integration work across these areas. Programme Boards are now in place for general surgery, urology, cardiac and trauma and orthopaedics.

The Transformation Team has supported the delivery of patient benefits across all of the integration areas. Opportunities for improvement have come from clinical teams from each site working together to understand each other's services. This has been enhanced through use of comparable information and national benchmarks such as 'Getting It Right First Time' and 'the Model Hospital'.

Although improvements for patients are already being delivered, a number of the major clinical benefits that were outlined during the merger process will be facilitated by structural changes that are being decided through the development of Clinical Service Strategies. An Integration Steering Group, chaired by the Director – Single Hospital Service, has maintained oversight of the two areas of work to ensure that any adverse impact of each area of work upon the other is mitigated as far as possible and that the delivery of patient benefits can progress as quickly as possible. Alongside this, both work streams acknowledge the operational pressures across the Trust and aim to ensure that any service plans seek to improve operational efficiency where possible.

Organisational Development tools and techniques have been used to support the teams going through the integration work. Prior to the merger both predecessor organisations engaged in, and collaborated on, a significant programme of work to build on the best of what both Trusts did, and to align and further develop the culture and capabilities of people to lead and manage change.

In November 2017 the Interim Board of Directors approved a Leadership and Culture Strategy for the newly formed Trust. The strategy describes the kind of leadership and culture MFT needs to further build and sustain high quality care and high performance. It is a key enabler for implementing the integration plans and outlines the guidance and plans for developing the cultural conditions needed for a compassionate, inclusive and continuously improving culture.

As part of this strategy there are three core organisation development interventions in place to support teams to successfully integrate:



## High Performing Team Development

Team Leaders are supported by a coach and guided through the foundations of effective team working using an online tool called the 'Affina Team Journey' in order to increase effectiveness, improve the team's ability to manage change and continuously improve. The programme aims to embed positive structures, processes and interpersonal behaviours into team working. The programme includes nine stages of evidence-based assessment tools, with automated on-line reporting, and briefings for development activities, taking between 4-6 months for a team leader to implement. The Team Journey approach is being used for teams leading strategic and system challenges as part of integration and transformation, and bespoke Organisational Development support continues to be offered for teams without a defined team leader or with complex issues.

## Leadership Development

To successfully implement the Group model and integration, MFT leadership must have the right balance of technical knowledge, skills and backgrounds and be appropriately qualified to discharge their roles effectively. This includes setting strategy, monitoring and managing performance and nurturing continuous quality improvement.

Leaders must also demonstrate a commitment to our values, building positive relationships and trust at all levels, and have opportunities to access a range of leadership and management development opportunities.

Leadership programmes to support those managing change have been refreshed and further developed, including the continued delivery of a Newly Appointed Consultant programme and a new Clinical Leadership Programme. The latter is aimed at experienced Consultants leading key Clinical areas. The programmes support participants to deliver a change or transformation project or team development work during the ten month programme.

In addition, bespoke development has been delivered for the Group Board, Governors and Hospital and Managed Clinical Service leadership teams.



*MFT Ward Accreditation Assessment winners*

## Improvement Skills

Staff at all levels of the organisation have access to a range of development programmes aimed at accelerating change and developing a culture of continuous improvement. With programmes available at Foundation, Champion, Practitioner and Expert levels, the Organisational Development and Transformation programmes aim to build confidence and capability to deliver change across the organisation and target areas that are leading integration and key enabling change programmes such as the development of an Electronic Patient Record Services. Teams have had the opportunity to learn from each other where one site is doing something well or in an innovative way or to collaborate and pool resources to provide more responsive care.



## 8 Delivering Benefits in Year One Post-Merger

The Single Hospital Service review identified a range of high level benefits that would be delivered from the creation of a Single Hospital Service for the City of Manchester (see Table 1). During the Trust's first year, clinical and corporate teams have started to implement changes to processes and services with the aim of delivering the best care possible for patients. The benefits realised so far have been categorised under the key themes identified in the review. Many of the benefits envisaged by Sir Jonathan Michael will be delivered over an extended timeframe and long term plans are in place to ensure that these programmes of work will be realised.

### Quality of Care

Quality is defined as having three dimensions: safety, clinical effectiveness and patient experience. These must be present to provide a high quality service.

The Trust's Quality and Safety Strategy 2018-2021 was agreed by the Group Board of Directors in July 2018 and sets out a commitment to provide quality of care that matters to patients and their families as well as caring for the wellbeing of staff. As teams start to work together the Trust has been able to capitalise on the sharing of experience

and knowledge allowing new and different ways of working. Early examples of improvements to reduce variation across hospitals, enhance clinical effectiveness and strengthen services are starting to become a reality. This includes opportunities for sharing specialist equipment and technologies and ensuring patients have access to the most appropriate clinicians for their care. The Transformation Strategy was approved by the Interim Board pre-merger to enable the delivery of patient benefits to start immediately.

### Lithotripsy Service

**Patients needing kidney stone removal wait no longer than 4 weeks. Before the merger, patients waited 6 weeks or more.**

Patients in need of Kidney stone removal now have quicker access to non-invasive lithotripsy treatment following the introduction of a combined lithotripsy service between the MRI and Wythenshawe Hospital. Lithotripsy

uses ultrasound to shatter kidney stones, avoiding the need for potentially more invasive treatments. Following the merger, MRI patients in need of kidney stone removal now have the choice of elective treatment at Wythenshawe Hospital if an earlier appointment becomes available or the location is more convenient. For many patients this means faster and more convenient care and reduced waiting times. It also ensures that the Lithotripsy service at Wythenshawe is better utilised.







## Imaging

Since the merger, Imaging and Nuclear Medicine colleagues across sites are working together to combine protocols and procedures to ensure consistent standards are being met across all areas of work. An accountability and oversight framework has been introduced to manage turnaround times for scan reports across hospitals, reducing the time that patients are waiting to receive their results. Plans are now being developed to offer patients' access to scans at a different site if one hospital has reached capacity or if this is closer to their home

or workplace. A shared on-call rota to deliver increased staff coverage throughout the week is also being put into place. The service is also working towards Imaging Services Accreditation Standard (ISAS).

**"When a hospital gains this accreditation, patients can be assured of a first class imaging service and staff benefit from working in a service that meets the gold standard."**

Catherine Walsh, Divisional Director of Imaging

## Patient Experience

Providing high quality, safe and compassionate care to patients and their families is the heart of what we do every day. Patient experience means putting the patient at the heart of everything, delivering timely access to services, and offering treatment and care that is compassionate, dignified and respectful wherever it is provided.

Improving the experience for patients, carers and their families is one of the Trust's strategic aims. This will be delivered by enhancing access to services, providing patient choice and ensuring a consistency in the quality and delivery of care across hospitals. One of the first service improvements aimed at reducing variation and improving access and choice for patients involved the Trust's Urgent Gynaecology Surgery service.





## Urgent Gynaecology Surgery

**Women who need surgery after a miscarriage are getting faster treatment in less than 2.5 days on average instead of 4 before the merger.**

An additional dedicated urgent gynaecological list has been introduced at Wythenshawe Hospital as a result of the merger to create MFT. Before the merger patients who needed surgery for an urgent gynaecological condition were added to a general theatre list with the possibility that their operation could be delayed due to emergency cases. Women initially treated at Wythenshawe can now choose to join the surgical list at St Mary's and women treated at St Mary's have the choice of going to Wythenshawe to have their pre-op appointment and surgery. This will ensure that surgery is not delayed; there

is a reduced risk of any condition worsening and quicker and more convenient treatment for patients. This has been made possible by dedicated teams at both sites working together to reorganise surgical waiting lists, allowing access to quicker and more convenient care for patients.

**“By introducing a dedicated list at Wythenshawe, we have been able to offer greater choice for patients and reduce the chance of surgery being postponed. I’m proud that our teams have worked together across sites to introduce this extra list as they know it will be better for our patients.”**

Mr Theo Manias, Consultant Obstetrician and Gynaecologist at Wythenshawe Hospital

## Fractured Neck of Femur Service

An improved rehabilitation pathway has been developed by Therapy and Nursing teams for Trafford residents following the recent merger. Patients receiving Fractured Neck of Femur surgery at Wythenshawe hospital sites, who meet set criteria, are now able to be transferred to Trafford General Hospital to receive rehabilitation as well as the medical care they need. Patients can recover in a specialist environment closer to home and this enables

better outcomes, shorter lengths of stay in hospital and improved patient experience. Staff are able to prioritise patients and provide personalised care. The teams are continuing to work together to review the pathway with the aim of increasing the number of patients accessing the rehabilitation service at Trafford General Hospital. This pathway change was an early product of the merger.





## Workforce

Securing the workforce required to deliver high quality services remains an ongoing challenge across the NHS and there continues to be a focus on reducing reliance of locum and agency staff. The retention of the Trust's hard working and skilled employees, and the attraction of new employees, is vital to ensure the delivery of excellent patient-focussed quality care across the new organisation. The merger presents significant opportunities for the recruitment and retention of a range of staff including medical, nursing and specialist clinical staff, and is a key focus for the new organisation. The creation of MFT enables revised patient pathways to be developed leading to:

- The creation of new roles.
- The integration of teams.
- The ability to provide enhanced cover out of hours.
- The creation of single integrated staff rotas.
- The opportunity for staff to sub-specialise.

"It is a real credit to our staff that they engaged so positively with the merger process at a time when for many their own future was uncertain. I'm extremely proud that our staff continued to put patients first during this time of change and are now working hard to realise the benefits of the merger for patients. Our staff are our greatest asset and we want to make MFT an even better place to work, with opportunities for people to develop to their full potential and become the best at what they do."

Margot Johnson, Group Director of Workforce and Organisational Development

"I am pleased to say the Trade Unions were encouraged at the outset to be involved with the merger plans. We had a group which met regularly and the Single Hospital Service Team worked with the Staff Side Committee to ensure we were involved and kept informed. During the first year of the organisation, I am very proud of the hard work our staff have accomplished during a period of change, which has been really exemplary."

Peggy Byrom, Legacy CMFT Staffside Chair

"We've worked hard on a partnership Management of Change document as a process to assist people to move through the change. This has irrefutably been a difficult, complex and sometimes anxiety invoking experience for staff. This being recognised, we have put in place supportive mechanisms within this process. Credit should go to everyone involved for pulling together to make this work and improve services for patients."

Kate Sobczak, Legacy UHSM Staffside Chair



## Joint Recruitment Programme

Following the merger, MFT is currently leading a programme of work across all Manchester hospitals to develop a single attraction strategy for consultant medical staff that will support service development and integration plans. This is illustrated by the recent recruitment of eleven new Consultant Obstetricians and Gynaecologists who recently joined the Saint Mary's Hospital clinical team. These new posts will be based across Saint Mary's Hospital, Wythenshawe Hospital and North Manchester General Hospital. The posts were advertised jointly with North Manchester General Hospital to support recruitment issues. The eleven consultant posts will enable some specialist services to be extended across all three hospitals,

ensuring equity of access to these services for women across Manchester; providing specialist care 'closer to home' and streamlining the referral pathways. The recruitment programme is now being extended to other roles and services across MFT.

**"Candidates were attracted by the breadth of roles available, the professional development opportunities on offer at such a large Trust, and our popular Consultant Development Programme."**

Dr Sarah Vause, Medical Director, St Marys Hospital

## Supporting Staff – Employee Assistance Programme

In order to retain the Trust's dedicated staff, it is vital for them to feel supported in every area of their lives. Following the creation of MFT, a 24/7 assistance programme has been rolled out across all nine hospitals, offering support with any issues MFT's employees are facing. Services were developed to provide staff with improved and enhanced support for work related or personal issues following a review of employee health and wellbeing services that took place prior to the creation of the new Trust. The Employee Assistance Programme (EAP) is available to everyone and offers a 24-hour support service that includes confidential advice, counselling services and access to an online information portal. There has been

positive feedback throughout the Trust with staff actively seeking support for a wide range of personal and work related issues during the first year of operation. These issues include family problems, financial information, personal health and bereavement.

**"Staff members who have used the confidential service have found it really helpful. Knowing that my staff can get immediate advice and support is a real comfort to me as a manager."**

Michelle Hampson, Clinical Coordinator, Manchester Centre for Genomic Medicine





## Financial and Operational Efficiency

The national focus on improving efficiency and productivity across the NHS requires taking local action to deliver financial and operational efficiency and this remains a priority for all NHS organisations. MFT continues to work hard to deliver savings through the delivery of a Cost Improvement Programme with the aim of improving efficiency, reducing waste and at the same time improving quality and safety. The formation of a new organisation provides an opportunity for increased focus for reducing unwarranted variations in every area of the hospital – reducing costs in supplies, reducing staff costs through a reduction in agency spend and by improving operational performance.

### Integration Savings

Bringing together the two legacy Trusts has provided additional opportunities for efficiency benefits through the integration of clinical and corporate teams and services. In the first 12 months of operation, five focus areas have been identified based on the opportunity for financial savings from economies of scale and synergies and from using more efficient processes and working methods.

### Clinical Support Service Integration schemes:

The integration of Clinical Support Service across hospital sites, providing opportunities for combined contracts, cost reductions and service efficiencies. For example, work to change the Medical Equipment Service will deliver significant savings in 2018/19.

**Pay harmonisation schemes:** The harmonisation of pay and benefits structure for ensuring equitable remuneration and conditions across sites.

**Corporate savings:** The integration of the Corporate Services division including the review of team structures and removal of service duplication to deliver a 5% cost reduction.

**Pharmacy Carter Plans:** Cost savings identified through medicine management; reducing the cost of medicines, electronic prescribing and improved administration as identified in Lord Carter Review.

**Workforce transformation:** Working with third party suppliers to reduce agency and locum costs; improving the efficiency of internal systems and processes; on-going work across sites with rota harmonisation and cross site working.

The merger also provides an opportunity for a more cohesive approach to the procurement process. The joint procurement of services across hospital sites are reducing costs and increasing value for money through better negotiation power and identification of single suppliers. As an example, the Trauma and Orthopaedic Programme Board has reported significant savings from joint procurement projects across a number of sub-specialities. Forecast cost savings have already been agreed during the first year of operation across the Trauma and Orthopaedic service amounting to approximately £200,000.





## Informatics Systems and Processes

Since the merger and establishment of MFT, work has commenced to improve quality and efficiency in the hospitals through the establishment of coordinated Informatics systems and processes and the use of digital technology to reduce variation across hospital sites. The informatics team at MFT has implemented a number of systems to create a suite of tools enabling teams to work collaboratively across sites, assist with clinical decision-making and improve operational efficiencies. Examples include:

- The Hive, providing web-based access to operational reports with its repository underpinned by the new MFT data warehouse.
- Lync, a set of desktop tools including WiFi access, video calling service, and instant messaging supporting cross-site collaboration, remote working and reduced travel time between hospital sites.
- A single transition network, enabling corporate and clinical services to run efficiently and safely since the establishment of MFT.

The Informatics Team have also concluded a review of the EPR Systems that are currently in use across the new Trust. It was important to agree early the way forward for the future EPR. In January 2018, it was approved that the new Trust would procure an EPR / PAS through an open Procurement process.

**"This is an exciting time as we help the trust realise the clinical benefits identified as part of becoming a Single Hospital Service by harmonising clinical systems across the new organisation. The EPR decision was a significant step forward on our digital journey which will support us achieving the vision of becoming "A world class academic teaching organisation."**

Alison Dailly, Group Chief Informatics Officer

## Medical Workforce Improvements

One of the workforce benefits highlighted by the recent merger was an opportunity to reduce reliance on agency and locum staff. Since the merger, MFT has committed to reduce expenditure on this element of the workforce budget, not only to save the Trust money but also to improve the opportunities for employees. Two new systems have been implemented that are improving the way the Trust manages its agency spend:

**TempRE:** An online system providing locums with an online user friendly system covering all elements of their assignments and a centralised repository of contracts, payslips and timesheets. The system allows medical workforce to liaise with locums directly, reducing spend on agency fees.

**Medic online:** An e-rostering phone app is helping Junior Doctors and Consultants at Wythenshawe Hospital to manage shift cover and annual leave more easily. The system allows potential gaps in shifts to be identified and managed. As a result of the merger this system is being rolled out across all MFT hospital



sites, supporting a better work-life balance for Junior Doctors and Consultants and improved recruitment and retention across the Trust.

**"Making sure we have enough doctors to cover rotas through the week can be challenging and time consuming. The app means managers and rota coordinators can see potential gaps and book agency staff in advance meaning a more competitive rate, knowledge of shift coverage and the delivery of patient care."**

Christine Tudor, Medical Staffing Manager





## Research and Innovation

Research and Innovation allows MFT to improve the health and quality of life of patients. By combining the research and clinical strengths of the legacy Trust's, MFT will be able to develop and evaluate new treatments and technologies to achieve this ambition. Research and innovation programmes influence advances in medical care on regional, national and international levels, working collaboratively with academic partners and industry to deliver the next generation of treatments and technologies.

The merger to create MFT provides a number of exciting opportunities:

- Improved access to research, leading to better participant recruitment and improved patient outcomes;
- Accelerated adoption of research and innovation into routine clinical practice;
- A driver to leverage additional research income; and
- A more effective and efficient service for companies wanting to trial new tests, medicines and devices.

The opportunities for expanding and improving research and utilising innovation are starting to be realised as a direct response to the formation of MFT.

### Life Sciences Industrial Strategy

The Government's Life Sciences Industrial Strategy brings the NHS together with government and industry to create new jobs and economic growth across the UK as well as aiming to improve care for patients.

Citylabs and Medipark, joint ventures between industry and the legacy organisations, provided an opportunity for health and medical technology

business to grow and co-create new health products in collaboration with the NHS and academia. The creation of MFT has enabled these ventures to come together creating a ground breaking community of industry, clinicians and academic partners to nurture commercial success and provide new products and services for patients. It is attracting major international biotech companies to locate at the Oxford Road campus, creating a world-leading 'precision medicine campus'.

The integration of Medipark and Citylabs ensures that investment into future developments is supported by strong business demand, creating compelling and sustainable economic opportunities, and a more efficient and effective service for companies wanting to trial new tests, medicines and devices.

**"The scale of the new organisation, our links to local universities, and the potential to improve the health of the populations that we serve, creates a unique opportunity. As the largest Trust in the UK, we now have huge potential to dramatically increase the amount of funding we introduce into the system for research and innovation to improve the health of patients across Manchester, Greater Manchester and the North West."**

Professor Bob Pearson, Former Joint Medical Director MFT, Strategic Clinical Adviser on Academic Health Science, Honorary MAHSC Clinical Professor, University of Manchester



## Single Unified Approach to Research Studies

The Research and Innovation Division is creating a single unified process for the set-up of new research studies and trials across the organisation. The first part of this process was to adopt R-Peak as a common research project management system. This has played a vital role in streamlining and unifying the management of research studies across the various research centres within the Trust. Information is securely

held on a central server allowing better communication and reduced duplication and ensuring that data is input, captured and coded in the same way. This has dramatically improved performance reporting to NIHR, the NHS research governing body. During Q4 2017/18, MFT initiated 94.9% of all studies to time and target, a dramatic increase from the legacy Trusts.

## Intensive Care Unit (ICU) Research Trial

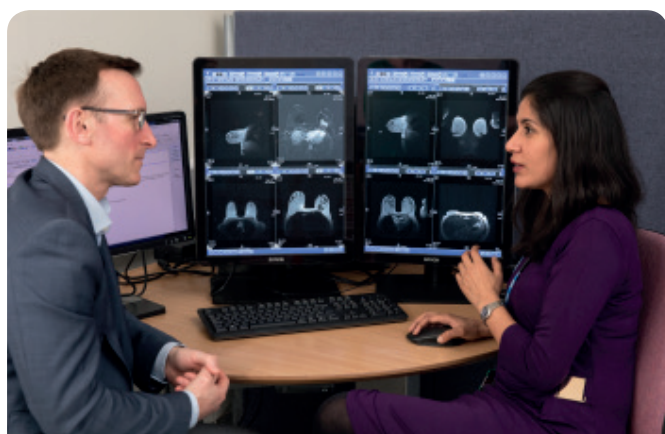


Patients participating in clinical trials are starting to benefit from sharing resources across sites following the creation of MFT. In one example, a patient was recruited to a complex ICU trial at MRI, assessing the use of a respiratory dialysis machine to remove partial CO<sub>2</sub> whilst on a ventilator. Due to the nature of ICU, there are often multiple patients recruited to a research study that require a new dialysis kit for each patient and this is not always available if multiple

patients are recruited at the same time. Working together, the MRI and Wythenshawe ICU research teams and sponsor of the study looked into how they could share kit and transport across sites. This meant the patient had access to the latest treatment pathway as soon as possible and the study did not encounter any delay.

**“This process was made much easier because of the merger, which has enhanced our relationship with Wythenshawe. The patient was subsequently transferred to Wythenshawe for long term ventilation needs, where colleagues were able to continue to collect data and obtain the patient’s regained capacity consent, ensuring safety and high quality data.”**

Richard Clarke, Senior Clinical Research Nurse





## Education and Training

Education and training are regarded as an essential part of the NHS not only to deliver excellence but to ensure that the NHS is responsive to changes in patient needs across healthcare. The Trust's vision is to widen access and exposure to education and training for staff and students, with the aim of

delivering high quality care for all patients. The formation of MFT has provided an opportunity to improve career development opportunities, offer a choice of work locations and provide rotations to gain skills and experience thereby promoting a positive staff experience.

### Educators' Development Programme

Traditionally, a number of courses had been developed to support educators within medical education by the education teams at the Wythenshawe and Oxford road sites. An educator's conference had also been developed on the Oxford Road site.

Following the merger, irrespective of location within the Trust, medical staff are now able to access an increasing number of educational sessions at either site, offering a greater choice of sessions. Regular updates are issued as new courses become available.



### Neonatal Rotation Initiative

As a result of the merger a neonatal nursing rotation initiative has been established, giving nursing staffing from Wythenshawe Hospital and St Mary's Hospital an opportunity to work across the different services within MFT. The Neonatal service at the Oxford Road Campus is a level 3 service, looking after acutely ill and preterm babies that need the highest levels of intensive care. Conditions are often life-threatening with babies requiring constant close monitoring and support. The unit at Wythenshawe Hospital is a level 2 service providing short term intensive care and high dependency care. The service has a community focus and excels in patient experience feedback. Following the merger, rotations between the newborn services provided at both hospitals were offered to staff. Offering rotations allows staff to experience different working environments and opportunities to advance their learning and training. Staff at Wythenshawe Hospital are able to increase intensive care skills and gain exposure



to surgical care. Staff from St Mary's are able to understand how other neonatal units function and increase their managerial skills.

**"This initiative has increased opportunities and choices for staff, which in turn makes them feel valued. A joint competency package was developed to identify individual needs and ensure that staff realised what they wanted to achieve."**

Kath Eaton, Lead Nurse for Newborn Services



## Mary Seacole Programme

MFT has been approved as a host organisation for the Mary Seacole Programme following the merger. The Trust was selected due to its increased size, capacity and commitment to providing excellent health leadership development. The programme is designed for first-time leaders in healthcare or those aspiring to their first formal leadership role, and is developed and run by the NHS Leadership Academy. Being part of the programme

enhances the reputation of the Trust as a place to train and work in Greater Manchester and offers employees access to a nationally recognised qualification. The programme is locally-tailored to offer training across all partnership organisations in Greater Manchester. 70 participants have completed the course since the merger with another 47 registered until December 2018.

## Libraries Service

Following the recent merger, MFT staff and students now have extended access to books, online journals and study areas. Access to online resources has expanded and new facilities have been provided at Trafford Hospital, the Oxford

Road campus and Wythenshawe Hospital. This includes work pods with integrated device chargers, access to new PCs and new furniture to enhance the learning environment for students.

## Emergent Benefits

There have been a number of emergent benefits that have also been realised as a result of the merger. These are benefits that were not identified in the original benefit plans for the merger, and have emerged during the design and implementation of new ways of working across the Trust. Opportunities for these types of benefits are continually being explored and demonstrate additional value to the creation of MFT. Early examples include:

- **Fellowship programme:** The combined Trauma and Orthopaedic service is leveraging its size and scope to create a fellowship programme.
- **MFT Frailty Standards:** A set of standards for the care of frail patients have been agreed that cross all MFT sites and services.
- **Shared capacity for trauma surgery:** At times of high demand for trauma surgery and longer waiting times at MRI, some patients have been transferred to Wythenshawe Hospital for their surgery.
- **Gynaecology Multi-Disciplinary Teams:** Cross site endometriosis and urogynaecology Multi-Disciplinary Teams have been established, improving patient access to specialists and increased capacity across MFT.

- **Gynaecology shared elective capacity:** Over 100 elective patients have chosen to transfer their care from St Mary's to Wythenshawe where they will be seen more quickly.
- **Fractured neck of femur improvements:** The implementation of a shared approach to fractured neck of femur governance has led to improvements in key metrics at Wythenshawe Hospital and MRI.
- **Urgent care recruitment:** A joint recruitment programme to fill specialist urgent care roles is being carried out across the Trust.
- **Microbiology centralisation:** The Microbiology lab will be centralised from Wythenshawe into a new, state of the art, facility at Oxford Road with associated benefits.





## 9 Lessons Learned

A number of important lessons have been learnt through the merger process and during the new Trust's first year of operation. It is important to appraise both the strengths and the challenges although, inevitably, it is more useful to reflect on areas where the process could be improved. Lessons learnt will continue to be used to inform programme decisions and to improve the arrangements put in place for any future transactions.

### Areas of Strength

Some of the key strengths of how the merger was undertaken, and how the new Trust has operated in its first year are as follows:

#### Strategic issues

The Single Hospital Service Review and the reports produced by Sir Jonathan Michael provided a very firm strategic basis for the merger programme, with a clear vision that was widely understood and accepted. The key messages from the original review have been sustained throughout the process and are still relevant now.

The Single Hospital Service Programme arose out of the requirements of the Manchester Commissioners and the Manchester Locality Plan, but the overall approach is also completely consistent with the GM "Taking Charge" strategy, including the emphasis on collaborative working within and across health and social care systems. The merger (and the planned acquisition of NMGH) are creating an organisation which will be a more effective vehicle for delivering key aspects of the GM strategy, particularly in Themes 3 and 4.

#### Engagement and involvement

A significant amount of time and effort was expended on involving and engaging key constituencies in the process, most importantly the engagement with senior clinical staff throughout the two Trusts. In particular, clinicians with dedicated Clinical Lead roles were identified and a standing Clinical Advisory Group was put in place. These arrangements proved to be invaluable in the run in to the merger and the early period post-merger, and have been a strong influence on how the "business as usual" operation of the new organisation has been developed.

Importantly time was also committed to engaging with staff side. A local partnership forum was established specifically to engage with staff representative colleagues and Full Time Officers in a proactive way on Single Hospital Service matters. This forum took a partnership approach to agree processes in relation to consultation, management of change and integration, and development of terms

and conditions for new starters from day one of MFT. These arrangements continued until December 2017 when the new Joint Negotiating and Consultative Committee was established.

The clarity of the strategic approach has also facilitated effective stakeholder engagement, and the new organisation has been fortunate to benefit from positive relationships with its main Commissioners and other partners throughout Greater Manchester. Detailed stakeholder mapping from the early stages of the programme was an essential part of optimising relationships, understanding, and support for the merger.

**"The Chair and Chief Officer of Healthwatch Manchester were interviewed as part of the CMA review of the merger between CMFT and UHSM and we have maintained a constructive dialogue with the SHS leads from an early stage. The move to a Single Hospital Service is welcomed by Healthwatch Manchester. We are monitoring the impact of this initiative closely on local people with particular regard to those patients with protected characteristics."**

Neil Walbran, Chief Officer, Healthwatch Manchester





*The programme team included five clinical leads from UHSM and CMFT*



**Neil Davidson**

**SHS Clinical Lead  
Medical Consultant**

Cardiologist/Deputy  
Medical Director, UHSM



**Ngozi Edi-Osagi**

**SHS Clinical Lead  
Medical Consultant**

Neonatalologist/Associate  
Medical Director, CMFT



**Debra Armstrong**

**SHS Clinical Lead  
Nursing**

Deputy Director of  
Nursing (Quality), CMFT



**Caron Crumbleholme**

**SHS Clinical Lead  
Nursing**

Head of Nursing  
(Scheduled Care), UHSM



**Lesley Coates**

**SHS Clinical Lead  
AHP**

Head of Nutrition and  
Dietetics, UHSM

**Leadership and Organisational Development**

The new organisation prioritised the establishment of experienced and effective senior leadership teams for each of the Hospitals and Managed Clinical Services. The new leadership teams included experienced individuals from the two predecessor organisations, along with key appointments of senior leaders from elsewhere.

The relationship between the Group management and the Hospital leadership teams was given very careful consideration prior to the transaction date, but it has continued to be a subject for active consideration throughout the first year of operation. In particular, the Accountability Oversight Framework (AOF) and the associated review processes have been evolved and iterated in this time, and it is likely that they will continue to be developed and refined. This is an entirely health process that is helping the Trust to ensure that the Group and each of its constituent elements can operate as effectively as possible.

There has been a clear and sustained emphasis on cultural work and organisational development. This commenced from the audits of organisational culture that were undertaken prior to the merger and has been maintained through the organisational change processes, the development of the new statement of behaviours and values, and other key OD activities. Cultural differences are known to be a key risk issue in organisational mergers, and the time and effort put into developing a positive approach has been beneficial.

**Planning and review**

NHS I now places much greater emphasis on PTIP in its assurance processes, and this perhaps creates a risk that PTIP will be seen simply as something that is required to negotiate an external process, rather than being of primary importance in managing the organisational merger. The two Trusts always took the development of the PTIP very seriously, and invested a lot of time and effort in developing multiple iterations, so that the document remains relevant and up to date. Three iterations were developed in the run in to the merger, and a fourth version following the first 100 days. The fifth iteration is being developed following completion of the first year of operation. Board members have been closely involved in the development of PTIP, and there have been regular progress reports at Board level throughout the merger process. This has meant that PTIP has continued to be the central function in guiding MFT’s management of its integration agenda.

The merger process has been subject to a number of external audit processes, from the original Reporting Accountant Reports, through to follow-ups on PTIP and on how the new organisation performs against the Well Led framework. These processes have helped to maintain the standard of the integration work in the merger, from planning through to implementation, and although the audit outcomes have always been positive there has also been something to learn from each exercise.



### **Programme management and resourcing**

In the process of preparing for the merger, the SHS programme team was set up to have a semi-independent role, working between the two merging Trusts. In particular, the SHS Director was clearly understood to be independent, and had sufficient seniority to join the Executive Team and Board meetings at both Trusts. This was of great benefit in fostering confidence in the two Trusts as to the fairness of the process, and allowed more rapid progress to be made.

The use of external support, for example from the major consultancies, was deliberately kept to an absolute minimum, and was focused on areas where specialist skills were required, rather than just additional capacity. This approach means that there

is far better ownership, and buy-in to the integration process, and that continuity and organisational memory are maintained. In essence, the people involved in diagnosing the challenges and developing the integration plans are the same people who then take responsibility for implementation. This has been balanced with sufficient external due diligence and audit work to provide adequate assurance on the information being reported at Group Board-level.

The dedicated resourcing that the programme was able to access from the GM Transformation Fund to support the transaction process and the integration and transformation activities over the first twelve months of operation has been essential to the delivery of the planned benefits.

## **Areas for Improvement**

### **Programme management**

The programme management arrangements for the merger have generally been successful. The two Trusts were fortunate to be able to benefit from resourcing from the GM Transformation Funds, and this allowed for the establishment of a dedicated programme team, with a very experienced and independent senior leader. The team also able to second in key players from within the two Trusts, and this produced a positive blend of local knowledge, established relationships and balanced involvement. The governance processes operated by the programme team were also well organised and effective, as were the communication and engagement activities. The merged Trust has been able to keep together a programme team including many of the key individuals from the merger process, and this group is now managing the process to acquire North Manchester General Hospital. It is expected that the Trust will continue to be able to fund this function from GM Transformation Fund monies. If the Trust were to become involved in a further transaction after the completion of the Manchester Single Hospital Service programme, careful thought would need to be given to how to fund and establish a programme team with the relevant capacity and capabilities.

The scale and complexity of the programme made it inherently difficult to manage, and this was particularly true of the Post Transaction Integration Plan, where there were a very significant number of different activities that had to be monitored and

managed, and a changing programme of work that was updated with each iteration of PTIP. To support the management of this process, the Trusts agreed to deploy a programme management tool (Wave). The functionality of Wave has proved to be very useful, and it is now used to support all of the new Trust's integration and transformation activities. There was a problem, however, with the initial implementation process. The need for a structured programme management tool was not recognised until the PTIP was quite well developed, and many of the Day One plans were being implemented. As such, the Single Hospital Service Programme Team and IM&T had to support the implementation of the package at a time when the planning and implementation agenda was already very busy, and sometimes plans that had already been recorded in other formats had to be re-keyed.

Wave has been used extensively and actively in managing the integration process, and over the long term, there is no doubt that it has been beneficial to have a structured programme management tool in place. However, it is likely that the benefits would have been greater, and the disadvantages reduced, if there had been an earlier realisation that a system of this sort would be required.

### **Working with external agencies**

The merger process required the two Trusts to work in close collaboration with a number of external





## Working with the Councils of Governors

The level of work required with the two Councils of Governors (CoGs) exceeded the original plans and expectations. The process started positively, but as the merger programme developed it became apparent that the interests and needs of the two CoGs were quite different i.e. “one size” did not fit all. There would have been a benefit in preparing a more detailed plan from an earlier stage, including more analysis and testing of the different requirements of the two groups.

At some points there was significant challenging back from the Governors and, while this is not a problem in itself, it did demonstrate that more preparation and support was needed. The intensity of the engagement with the CoGs was stepped-up in the middle of the process, in recognition of the

scale of the task, and the fact that not all of the Governors were in the same place. Working closely with the two Board Secretaries was very beneficial, and it was helpful that the Programme Team had its own governance lead to facilitate these processes. The position reached with the CoGs at the end of the process was very positive, but more preparation at an earlier stage would have been advantageous.

**“Governors were actively listened to and every effort was made to help us understand the formal transaction processes. The Single Hospital Team arranged independent legal advice so that we fully understood our role at the point a vote on the merger was taken.”**

Geraldine Thompson, MFT Lead Governor

agencies, but particularly the CMA and NHS I. Much of the interaction with the CMA was facilitated through the Economic Advisors (Aldwych Partners) and the Trust was fortunate to have such effective and expert support. The relationship and interactions with the CMA proved to be unproblematic throughout the process. The CMA’s working arrangements were clear and easy to understand, and the CMA team seemed to be highly responsive, and gave meaningful feedback in a timely manner. As such, although there was no pre-existing relationship, the Trusts quickly developed a high degree of confidence that the CMA team would operate effectively and efficiently in line with their guidance.

Engagement with NHS I proved to be more problematic. Throughout the merger process, the NHS I Transaction Guidance was in a state of flux, with revisions to the guidance repeatedly

being promised, but not delivered. The role of the competition team was not always as clear as it could have been. The process for critiquing the Patient Benefits Case was slow and cumbersome. The issues raised by the competition team did not always seem well informed, and there were often lengthy delays in getting responses.

The two Trusts invested a significant amount of time and energy in managing relationships with external agencies, and this proved to be essential in making sure the merger progressed on the planned timescale.

### Working in a novel transaction environment

The transaction was a true merger between two existing acute Foundation Trusts. There had only been one previous merger in the NHS, with all the other transactions being acquisitions, so the two Trusts



were exploring new territory in pursuing a merger. The significant additional challenge that comes with a merger is that both of the predecessor organisations cease to exist, and so there is no constitution, senior leadership, governance arrangements or operational processes that can automatically be carried forward to the new organisation.

To address this situation, the two Trusts had to agree ways to work collaboratively in the run in to the merger, including the creation of the Interim Board, and the integration plans had to set some very rapid timescales for putting in place the new governance arrangements. There also had to be some careful judgements made about how legacy operational process could be maintained until such time as new integrated arrangements could be implemented.

All of the experience of the transaction and the first year of operation indicates that a merger was the only way to create an effective new organisation: the merged Trust is significantly different in size, scope and culture from either of its predecessor, and entirely governance arrangements and organisational structure would always have been necessary to make it function properly.

Further transactions that the Trust may be involved in are likely to be acquisitions rather than mergers, so the risk of encountering this problem again is limited. Having said that, the learning from this experience is that:

- Mergers are intrinsically more complex than acquisitions, requiring expert legal and economic advice.
- Undertaking novel processes inevitably takes more time, effort and care than following a “well-trodden path”.
- The right transaction mechanism is the one that produces the right sort of post-transaction organisation.
- The engagement of Governors is critical to the smooth management of a merger of two NHS Foundation Trusts.

### **Describing merger benefits**

The process that the two Trusts went through to deliver the merger included extended and detailed engagement with the CMA. To ensure clearance from the CMA to proceed with the merger, there was a requirement to develop a Patient Benefits Case, and this attempted to quantify what the CMA would recognise

as “Relevant Customer Benefits” (RCBs). In large part, NHS I accepted that it could depend on the CMA’s assessment of patient benefits, so the Patient Benefit Case became the principal description of the merger benefits, and a lot of time and resource was put into evidencing these benefits robustly.

In many ways, this was beneficial, in that it ensured that a high priority was attached to patient benefits, and some of these were described in considerable detail. However, there may have been an effect whereby the focus on this benefit area was at the expense of detailed work on other areas, such as finance. It was always recognised that there would be financial benefits associated with the merger. These were not deemed to involve the delivery of productivity improvements beyond the scope of what the two Trusts would have been seeking to achieve absent the merger, but it was argued that the merged organisation would have greater confidence about delivering the productivity improvement objectives determined through the normal NHS processes, for example, tariff deflation, particularly over the longer term.

The fact that there was less emphasis on describing the detail of financial benefits in the pre-merger phase has meant that in tracking the delivery of integration plans in the first year of operation it has been difficult to link these back to business as usual financial planning processes.

### **Strategy development**

The predecessor organisations had strategic intentions of one sort or another that predated the merger, but during the period running up to the merger it was no longer appropriate to update or develop these. It was always clear that, when the new organisation commenced operation, there would be some elements of strategic thinking that could be continued from the previous organisations. Similarly, there would be some themes that arose out of the objectives of merger itself, for example, developing single services, minimising variation, and learning from the best services in the Trust. However, there was also an explicit understanding that there would be a need to develop a comprehensive new strategy for the new organisation, and this has been a consistent feature in all of the iterations of PTIP.

The initial intention was that the new strategy should be developed by March 2018 i.e. within six months of the creation of MFT, but in practice the process has



taken longer to deliver. Prior to the commencement of the Service Strategy Programme it was determined that:

- the strategy development work should be focused on a long-term time frame i.e. five to ten years
- in order to expedite the delivery of the quality and financial benefits the strategy development work should be supported by specialist external resources which involved a procurement process to identify and secure the correct support
- the scope of the strategy development work was too extensive to undertake it as one exercise, and so it was broken down into three “waves”, with some services being considered earlier and others later.

In combination, these effects have meant that the timeframe for the completion of the new strategy will be circa 12 months following commencement in May 2018. Work to realise the merger benefits has continued to be progressed through the Trust’s Transformation Programme, and those services where reconfiguration was likely to be required were planned in to the early waves of the strategy programme. For services where a major reconfiguration is envisaged, the strategic planning process may be followed by a lengthy implementation timescale, and this may mean that some merger benefits take longer to deliver than would originally have been expected.

It was recognised that the service strategy should, as far as possible, take account of the incorporation of North Manchester General in to MFT. This is being achieved by asking the clinical leads to consider scenarios with and without NMGH for any significant service change. It must be recognised that this has

introduced further uncertainty into the process.

Any further transactions that the Trust is involved in are unlikely to require a wholesale redevelopment of strategic thinking on this scale, so the risks of encountering this problem again are limited. Having said that, the learning from this experience is as follows:

- to begin to consider how the long term strategy work can be effected at as early a stage as possible
- to give careful consideration to the lead time and resource requirements for an exercise of this scale and scope
- to identify any benefits that rely on the completion of the development of a long-term strategy at an early stage and plan accordingly.

This would minimise the risk of tensions between the pressure for rapid implementation of transformational change, and the need for all service change proposals to be developed in the context of a clear and comprehensive long-term strategy.

## In Summary

Many elements of the merger programme have progressed well and, overall, the merger process has managed the key risks effectively, and has delivered the planned benefits for the first year of operation. However, there are always lessons to be learnt in major projects of this sort, and the issues identified above should be used to improve the arrangements put in place for any similar future exercise.



## 10 Conclusion



MFT was established as a new organisation on 1st October 2017. Since then significant work has been undertaken to transition and integrate the two predecessor organisations, slowly and carefully evolving the new organisation to one that has the right culture from the start, and that maintains a focus on patient safety, patient experience and high quality care.

The Trust intends to build one of the best healthcare systems in the world, underpinned by a clear understanding of the needs of the people it serves and a commitment to the skilled and dedicated

people that work within it. Significant transformation will be carefully delivered over the coming years as MFT fully implements its developing service strategy and NMGH is integrated into the organisation.

The work undertaken to date, and future plans that have been made, have been achieved with the continued support of organisations in the City of Manchester and Greater Manchester, including the Greater Manchester Health and Social Care Partnership, Manchester City Council, Trafford Council and commissioners.

**"I have been very impressed by our teams' enthusiasm and receptiveness to new ways of doing things during our first year as Manchester University NHS Foundation Trust – and would like to thank everyone for their contribution. I look forward to continuing to work with staff and partner organisations to further develop our world class staff and services to benefit patients."**

Kathy Cowell OBE DL, Chairman







**MANCHESTER UNIVERSITY NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS (PUBLIC)**

|  |   |
|--|---|
| <b>Report of:</b>                                    | Adrian Roberts – Chief Finance Officer  |
| <b>Paper prepared by:</b>                            | Ursula Denton – Group Director of Finance   |
| <b>Date of paper:</b>                                | 19th December 2018  |
| <b>Subject:</b>                                      | <b>Financial Performance for 2018/19</b>  |
| <b>Purpose of Report:</b>                            | <p>Indicate which by ✓</p> <ul style="list-style-type: none"> <li>• Information to note</li> <li>• Support</li> <li>• Resolution</li> <li>• Approval ✓</li> </ul>   |
| <b>Consideration of Risk against Key Priorities:</b> | Maintaining financial stability for both the short and medium term  |
| <b>Recommendations:</b>                              | <p>Working within a Group Financial Recovery framework and timeline, Hospital leadership teams have each identified further targeted interventions which will accelerate delivery of existing plans and ensure adequate grip and control over their run-rate performance over the third quarter. In each case, accountability, timescales and quantified impacts are now set out for these further steps, which will continue to:</p> <ul style="list-style-type: none"> <li>• Drive agency costs reductions</li> <li>• Accelerate delivery of identified savings plans</li> <li>• Sustain income delivery</li> <li>• Further strengthen accountability for control of expenditure</li> </ul> |
| <b>Contact:</b>                                      | Adrian Roberts<br>Tel: 0161 276 6692  |

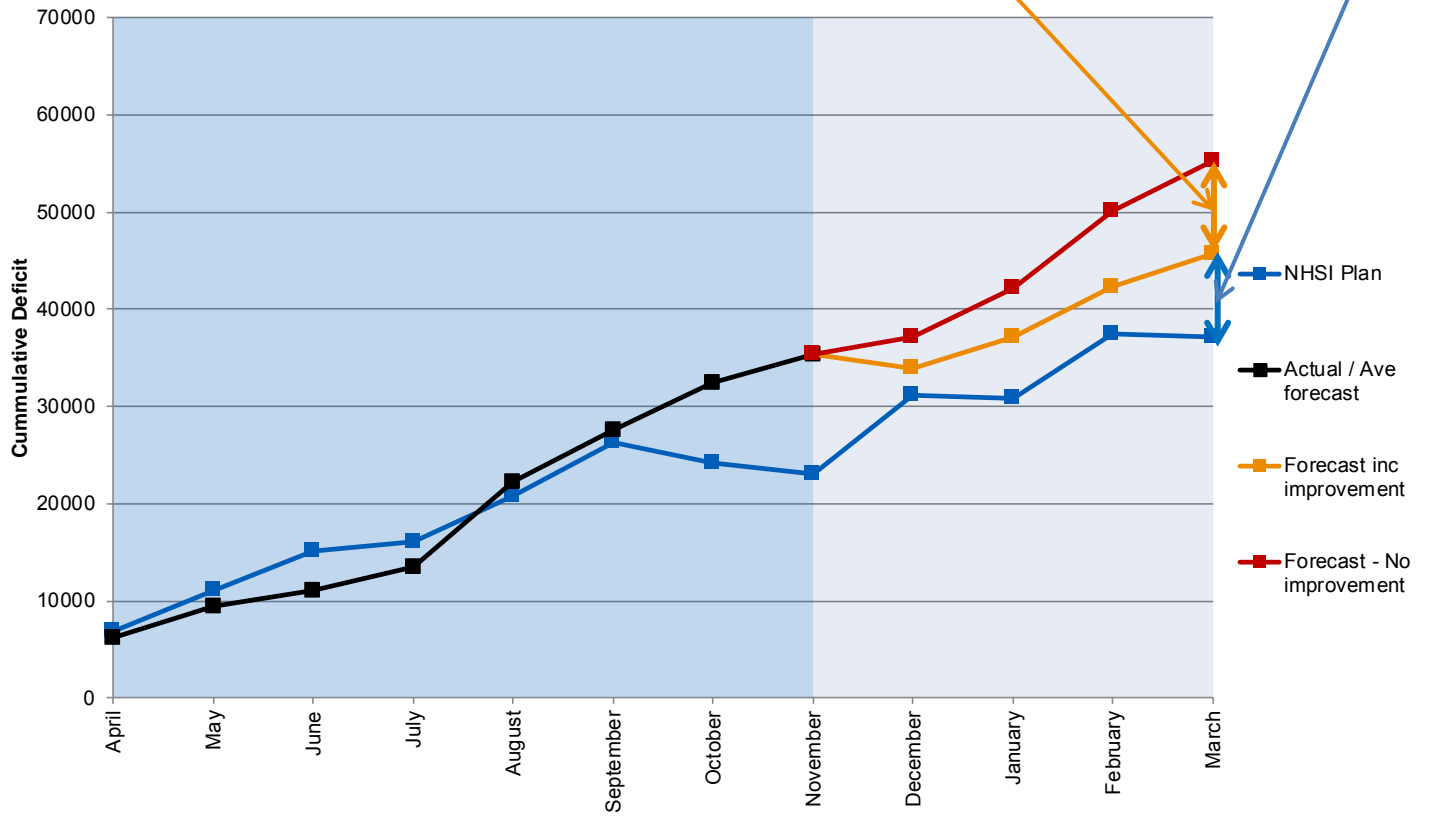


## Executive Summary

|     |                                     |  |
|-----|-------------------------------------|--|
| 1.1 | Delivery of financial Control Total | <p>The financial performance for the first eight months was a <b>bottom line deficit</b> (on a control total basis excluding Provider Sustainability Fund) of <b>£9.1m</b> (0.8% of operating income).</p> <p>Year-to-date results are now <b>£2.7m worse than</b> the NHS I Plan delivery profile resulting in a breach of the Trust's Control Total for the second month in 2018/19.</p>   |
| 1.2 | Run Rate                            | <p>The operational financial performance of the Hospital/MCSs has worsened by £4m since month 7. If sustained, this would represent an incrementally improved monthly operating financial performance deficit compared to over £5m across earlier months. The graph on page 4 illustrates how a lack of further improvement in Hospital financial results over the remaining months of the year would put delivery of the year end control total in severe jeopardy and remove eligibility to earn the finance element of the PSF.</p> <p>The agency spend ceiling set nationally by NHS Improvement requires a <b>reduction</b> in spending this year of <b>17.5%</b>, however actual agency spending has increased when compared to 2017/18 and is now circa 25% above the ceiling. Table 2 on page 6 shows the average spend in the first six months compared to months 7 and 8, across Hospitals and staff groups.</p>   |
| 1.3 | Remedial action to manage risk      | <ul style="list-style-type: none"> <li>Working within a Group Financial Recovery framework and timeline, Hospital leadership teams identified further targeted interventions (with a value of £7m) to accelerate delivery of existing plans and ensure adequate grip and control over their run-rate performance over the third quarter.</li> </ul> <p>Against a target level of £4.1m over the two months, 77% of these further targeted interventions savings have been achieved in months 7 and 8 (£3.2m).</p> <p>Progress update:-</p> <ul style="list-style-type: none"> <li>Drive agency costs reductions – the average monthly spend on agency at Trust level has fallen by £120k at month 8 compared to the M1- 6 average</li> <li>Accelerate delivery of identified savings plans – £2m of additional delivery in November, £1m of which represents a one-off saving</li> <li>Sustain income delivery – income overachievement has remained steady.</li> <li>Further strengthen accountability for control of expenditure – learning from the results of efforts in October and November to tighten controls on expenditure has identified further strengthening of rigour and consistency which is required in underpinning processes but also in the levels of challenge brought to bear before expenditure is authorised.</li> </ul> |
| 1.4 | Cash & Liquidity                    | As at 30 <sup>th</sup> November 2018 the Trust had a cash balance of £114.6m.  |
| 1.5 | Capital Expenditure                 | The Capital Plan for 2018/19 is £74.0m. Capital expenditure in the year to date was £32.1m against a plan of £51.8m. In light of the factors causing slippage over the early months, forecast spending to March 2019 has been reviewed.  |



## Projected Performance to March





# Financial Performance

|   | Year to date - Month 8 |                     |                      |                         |                     |                     |
|---|------------------------|---------------------|----------------------|-------------------------|---------------------|---------------------|
|   | Annual Plan            | Year to date budget | Variance from budget | Variance as % of budget | Variance to Month 7 | Year to date Actual |
|   | £'000                  | £'000               | £'000                | %                       | £'000               | £'000               |
| <b>INCOME</b>   |                        |                     |                      |                         |                     |                     |
| <b>Income from Patient Care Activities</b>            |                        |                     |                      |                         |                     |                     |
| A and E   | 45,379                 | 30,438              | 320                  |                         | 289                 | 30,758              |
| Non-Elective (includes XBD's)                         | 263,388                | 175,925             | 1,824                |                         | 1,180               | 177,749             |
| Elective (includes Day Case & XBD's)                  | 213,805                | 143,783             | -2,172               |                         | -2,000              | 141,611             |
| Out-Patients (includes First & Follow up)             | 173,805                | 117,268             | 330                  |                         | 138                 | 117,598             |
| Other NHS Clinical Income                             | 474,771                | 317,674             | 3,458                |                         | 2,799               | 321,132             |
| Community Services (includes LCO)                     | 103,421                | 68,949              | -729                 |                         | -24                 | 68,220              |
| Drugs (excludes Blood Products)                       | 105,319                | 70,215              | -1,057               |                         | -476                | 69,158              |
| <b>Sub -total Income from Patient Care Activities</b> | <b>1,379,888</b>       | <b>924,252</b>      | <b>1,974</b>         | <b>0.2%</b>             | <b>1,906</b>        | <b>926,226</b>      |
| Private Patients/RTA/Overseas(NCP)                    | 8,135                  | 5,390               | 1,053                |                         | 800                 | 6,443               |
| <b>Total Income from Patient Care Activities</b>      | <b>1,388,023</b>       | <b>929,642</b>      | <b>3,027</b>         | <b>0.3%</b>             | <b>2,706</b>        | <b>932,669</b>      |
| Training & Education                                  | 61,163                 | 40,780              | -664                 |                         | -52                 | 40,116              |
| Research & Development                                | 55,629                 | 37,090              | 712                  |                         | -119                | 37,802              |
| Misc. Other Operating Income                          | 109,714                | 80,946              | -10,158              |                         | -9,987              | 70,788              |
| <b>Other Income</b>                                   | <b>226,506</b>         | <b>158,816</b>      | <b>-10,110</b>       | <b>-6.4%</b>            | <b>-10,158</b>      | <b>148,706</b>      |
| <b>Total Income</b>                                   | <b>1,614,529</b>       | <b>1,088,458</b>    | <b>-7,083</b>        | <b>-0.7%</b>            | <b>-7,452</b>       | <b>1,081,375</b>    |
| <b>EXPENDITURE</b>                                    |                        |                     |                      |                         |                     |                     |
| Pay   | -917,483               | -620,500            | -9,737               | -1.6%                   | -6,560              | -630,237            |
| Non pay   | -634,454               | -424,895            | 11,424               | 2.7%                    | 10,200              | -413,471            |
| <b>Total Expenditure</b>                              | <b>-1,551,937</b>      | <b>-1,045,395</b>   | <b>1,687</b>         | <b>0.2%</b>             | <b>3,640</b>        | <b>-1,043,708</b>   |
| <b>EBITDA Margin (excluding PSF)</b>                  | <b>62,592</b>          | <b>43,063</b>       | <b>-5,396</b>        | <b>-12.5%</b>           | <b>-3,812</b>       | <b>37,667</b>       |
| <b>Interest, Dividends and Depreciation</b>           |                        |                     |                      |                         |                     |                     |
| Depreciation  | -30,226                | -20,231             | 2,408                |                         | 2,134               | -17,823             |
| Interest Receivable                                   | 443                    | 295                 | 198                  |                         | 155                 | 493                 |
| Interest Payable                                      | -41,138                | -27,505             | 70                   |                         | -281                | -27,435             |
| Dividend  | -3,755                 | -2,000              | 1                    |                         | 1                   | -1,999              |
| <b>Surplus/(Deficit) on a control total basis</b>     | <b>-12,084</b>         | <b>-6,378</b>       | <b>-2,719</b>        | <b>-42.6%</b>           | <b>-1,803</b>       | <b>-9,097</b>       |
| <b>Surplus/(Deficit) as % of turnover</b>             |                        |                     |                      |                         |                     | <b>-0.8%</b>        |
| <b>PSF Income</b>                                     | <b>44,931</b>          |                     |                      |                         |                     | <b>17,298</b>       |
| <b>Non operating Income</b>                           |                        |                     |                      |                         |                     | <b>693</b>          |
| <b>Depreciation - donated / granted assets</b>        |                        |                     |                      |                         |                     | <b>-496</b>         |
| <b>Impairment</b>                                     |                        |                     |                      |                         |                     | <b>-14,693</b>      |
|   | <b>32,847</b>          |                     |                      |                         |                     | <b>-6,295</b>       |

## Income & Expenditure Account for the period ended 30<sup>th</sup> November 2018

### Operating Unit Performance against breakeven measures

| Income                | Pay    | Non Pay | Trading Gap | Hospital                         | Variance to breakeven budgets - (adverse) / positive |        | Variance to Control Total |                           | I&E Annual Turnover |
|-----------------------|--------|---------|-------------|----------------------------------|--|--------|---------------------------|---------------------------|---------------------|
| Year to date variance |        |         |             |                                  | Year to date (to month 8)                            |        | Control total (YTD)       | Variance to control total |                     |
| £000s                 |        |         |             |                                  | £000s  | %      | £000s                     | £000s                     |                     |
| £000s                 | £000s  | £000s   | £000s       |                                  | £000s  | %      | £000s                     | £000s                     |                     |
| 1,454                 | -1,132 | -1,707  | -292        | Clinical & Scientific Support    | -1,677   | -1.1%  | -1,586                    | 587                       | 220,726             |
| 589                   | 5,274  | -2,145  | -2,830      | Facilities, Research & Corporate | 888  | 0.5%   | -231                      | 0                         | 255,119             |
| 671                   | 1,948  | -766    | -408        | Manchester LCO                   | 1,445  | 2.2%   | 1,444                     | 1,445                     | 96,964              |
| 1,454                 | -7,405 | -1,404  | -18,357     | MRI                              | -25,712  | -10.7% | -21,552                   | -15,856                   | 361,948             |
| 758                   | 743    | 255     | -3,676      | REH / UDH                        | -1,920   | -3.7%  | -1,714                    | -2,000                    | 77,789              |
| 538                   | -504   | -266    | 0           | RMCH                             | -232   | -0.2%  | 56                        | 1,000                     | 223,746             |
| 930                   | 46     | -735    | -2,264      | Saint Mary's Hospital            | -2,024   | -1.9%  | -1,739                    | -1,200                    | 161,675             |
| -1,437                | -1,988 | 355     | -9,247      | WTWA                             | -12,317  | -4.6%  | -13,269                   | -8,488                    | 399,253             |
| 4,957                 | -3,019 | -6,414  | -37,074     | Trust position                   | -41,549  | -3.5%  | -38,591                   | -24,512                   | 1,797,220           |



# Key Run Rate Areas

## 1. 2018/19 Trading Gap challenge

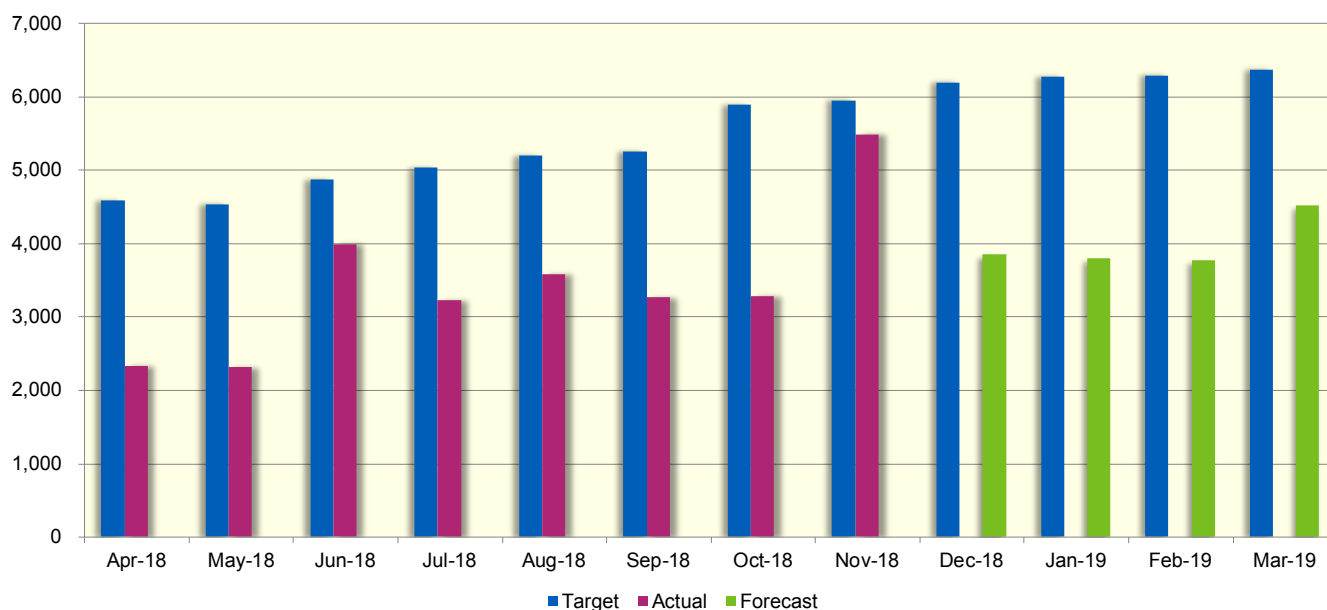
| Theme Breakdown                        | Savings to date |                   |                   |               | Forecast to year-end |                   |                   |                           |
|--|-----------------|-------------------|-------------------|---------------|----------------------|-------------------|-------------------|---------------------------|
|  | Target<br>£'000 | Achieved<br>£'000 | Variance<br>£'000 | Financial RAG | Target<br>£'000      | Forecast<br>£'000 | Variance<br>£'000 | Financial<br>Forecast RAG |
| Admin and clerical                     | 1,462           | 1,582             | 120               | 108%          | 2,235                | 2,094             | (141)             | 94%                       |
| Blood Management                       | 9               | 2                 | (7)               | 22%           | 14                   | 5                 | (9)               | 36%                       |
| Contracting & income                   | 4,940           | 4,818             | (122)             | 98%           | 7,700                | 7,301             | (399)             | 95%                       |
| Hospital Initiatives                   | 3,404           | 5,055             | 1,651             | 149%          | 6,411                | 7,951             | 1,540             | 124%                      |
| Length of stay                         | 17              | 7                 | (10)              | 0%            | 50                   | 20                | (30)              | 40%                       |
| Outpatients                            | 1,200           | 914               | (286)             | 76%           | 1,801                | 1,506             | (295)             | 84%                       |
| Pharmacy and medicines management      | 1,070           | 936               | (134)             | 87%           | 1,835                | 1,395             | (440)             | 76%                       |
| Procurement                            | 2,952           | 2,325             | (627)             | 79%           | 5,256                | 4,526             | (730)             | 86%                       |
| Theatres                               | 1,488           | 1,413             | (75)              | 95%           | 2,742                | 2,355             | (387)             | 86%                       |
| Workforce - medical                    | 3,293           | 2,523             | (770)             | 77%           | 5,673                | 4,245             | (1,428)           | 75%                       |
| Workforce - nursing                    | 998             | 886               | (112)             | 89%           | 1,743                | 1,630             | (113)             | 94%                       |
| Workforce - other                      | 614             | 1,087             | 473               | 177%          | 709                  | 1,182             | 473               | 98%                       |
| Full year effect of prior year schemes | 6,317           | 6,317             | 0                 | 100%          | 9,476                | 9,476             | 0                 | 100%                      |
| Unidentified                           | 13,919          | 0                 | (13,919)          | 0%            | 20,879               |                   | (20,879)          | 0%                        |
| <b>Grand Total</b>                     | <b>41,683</b>   | <b>27,865</b>     | <b>(13,818)</b>   | <b>67%</b>    | <b>66,524</b>        | <b>43,686</b>     | <b>(22,838)</b>   | <b>66%</b>                |

### Financial RAG

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

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

Trading Gap Target and Achievement /Forecast by Month



### Narrative:

The year-to-date Trading Gap position includes £6.5m of non-recurrent items:-

- June - £238k
- July - £402k
- September - £374k
- November - £1,101k

In addition there are two additional schemes with a planned year-end impact of 1.9m



## 2. Agency spend by Hospital / MCS

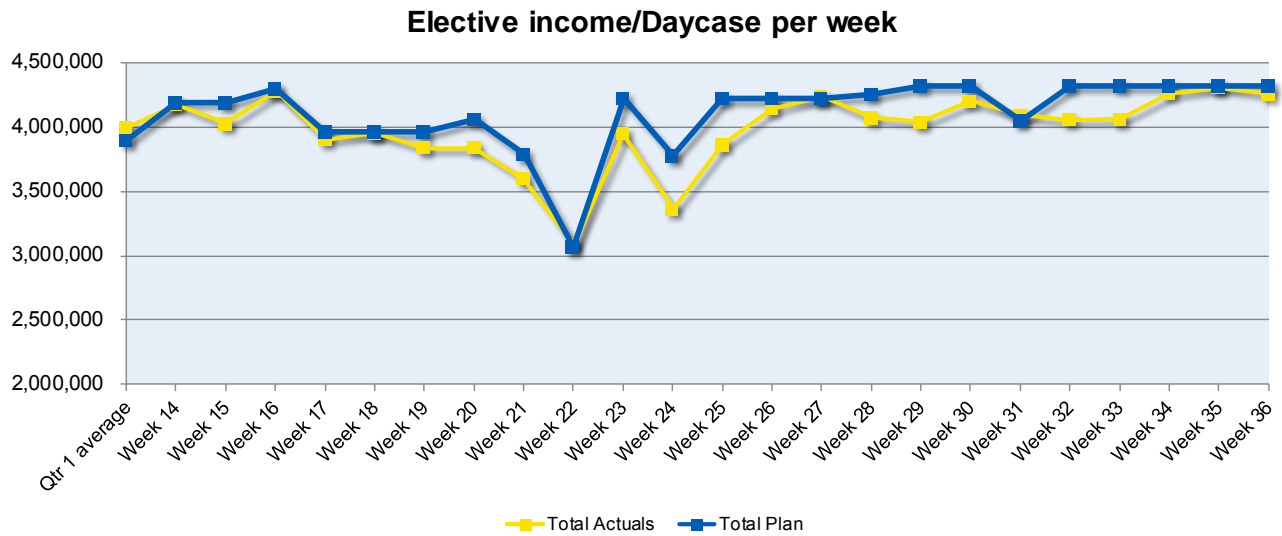
| Hospitals                     | YTD M1-8<br>£'000s | Average m1-6<br>£000's | Average m7-8<br>£000's |
|-------------------------------|--------------------|------------------------|------------------------|
| Clinical & Scientific Support | -3,199             | -444                   | -268                   |
| Manchester LCO                | -275               | -47                    | 5                      |
| MRI                           | -7,496             | -924                   | -976                   |
| REH / UDH                     | -928               | -111                   | -130                   |
| RMCH                          | -1,290             | -144                   | -213                   |
| Saint Mary's Hospital         | -286               | -36                    | -34                    |
| WTWA                          | -6,975             | -899                   | -790                   |
| Corporate                     | -1,391             | -164                   | -208                   |
| Research                      | -206               | -17                    | -52                    |
| <b>Total</b>                  | <b>-22,046</b>     | <b>-2,786</b>          | <b>-2,666</b>          |

| Staff Group                      | YTD M1-8<br>£'000s | Average m1-6<br>£000's | Average m7-8<br>£000's |
|----------------------------------|--------------------|------------------------|------------------------|
| Consultant                       | -3,890             | -452                   | -590                   |
| Career Grade Doctor              | -400               | -48                    | -57                    |
| Trainee Grade Doctors            | -5,324             | -685                   | -608                   |
| Registered Nursing Midwifery     | -5,944             | -772                   | -654                   |
| Support to Nursing               | -1,234             | -137                   | -210                   |
| Allied Health Professionals      | -1,206             | -177                   | -71                    |
| Other Scientific and Therapeutic | -1,510             | -177                   | -224                   |
| Healthcare Scientists            | -1,106             | -164                   | -63                    |
| Support to STT / HCS             | -786               | -89                    | -126                   |
| Infrastructure Support           | -646               | -85                    | -63                    |
| <b>Grand Total</b>               | <b>-22,046</b>     | <b>-2,786</b>          | <b>-2,666</b>          |

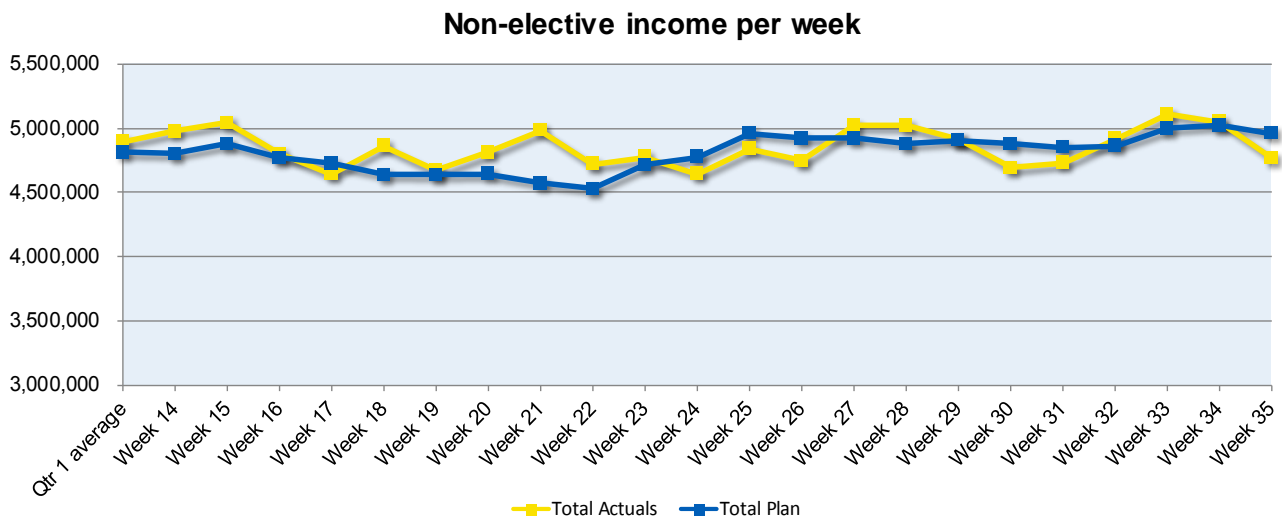
|                    | Agency spend M1- 8<br>(£000) | Agency ceiling M1- 8<br>(£000) | Difference<br>(£000) | % Above<br>Ceiling |
|--------------------|------------------------------|--------------------------------|----------------------|--------------------|
| <b>Trust Total</b> | <b>-22,046</b>               | <b>-17,680</b>                 | <b>-4,366</b>        | <b>24.7%</b>       |



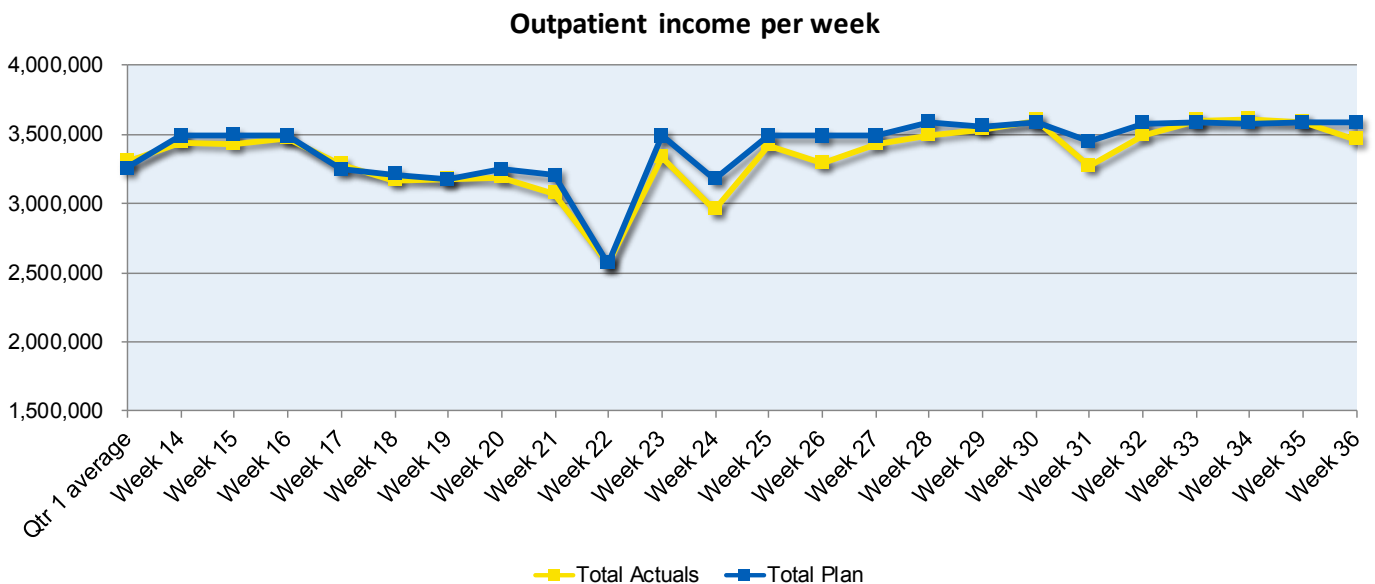
### 3. Elective / Daycase income: November 2018



### 4. Non-Elective income: November 2018

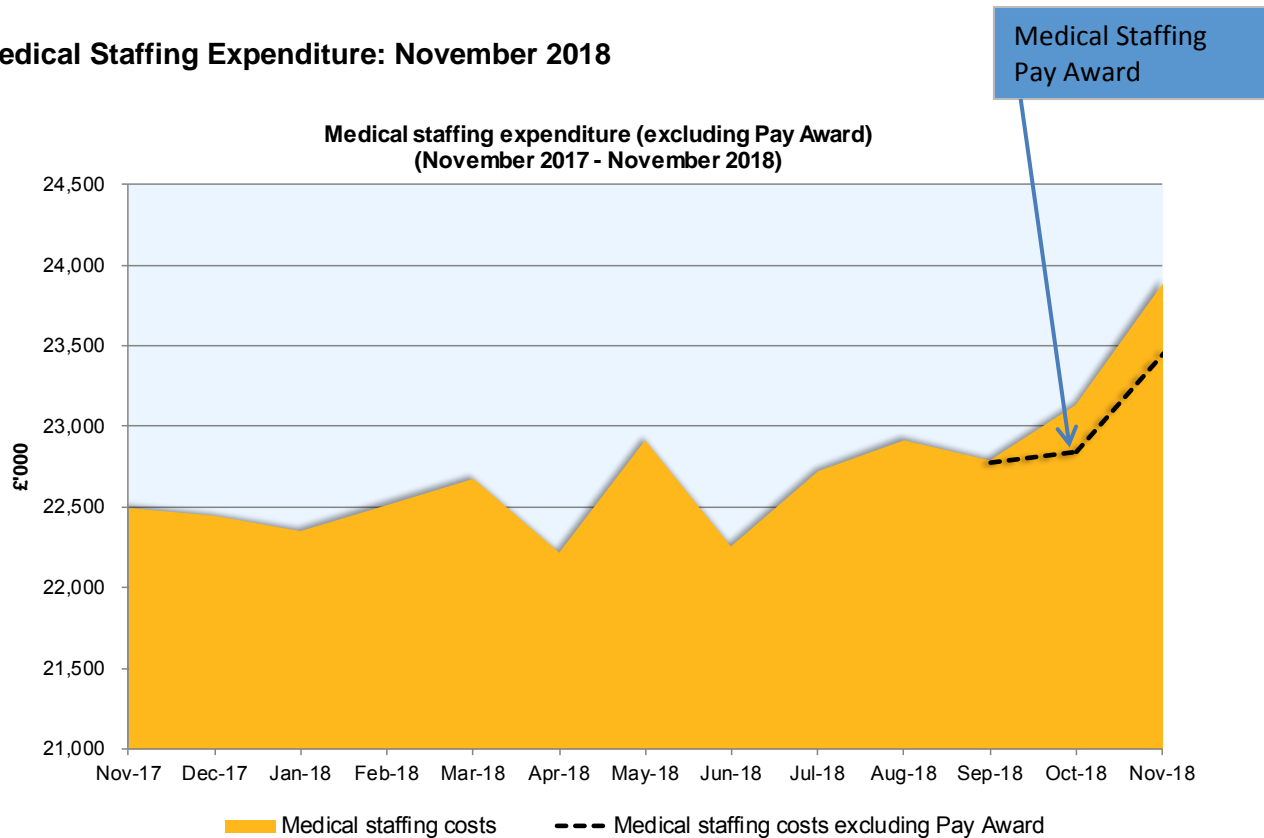


### 5. Outpatient income: November 2018

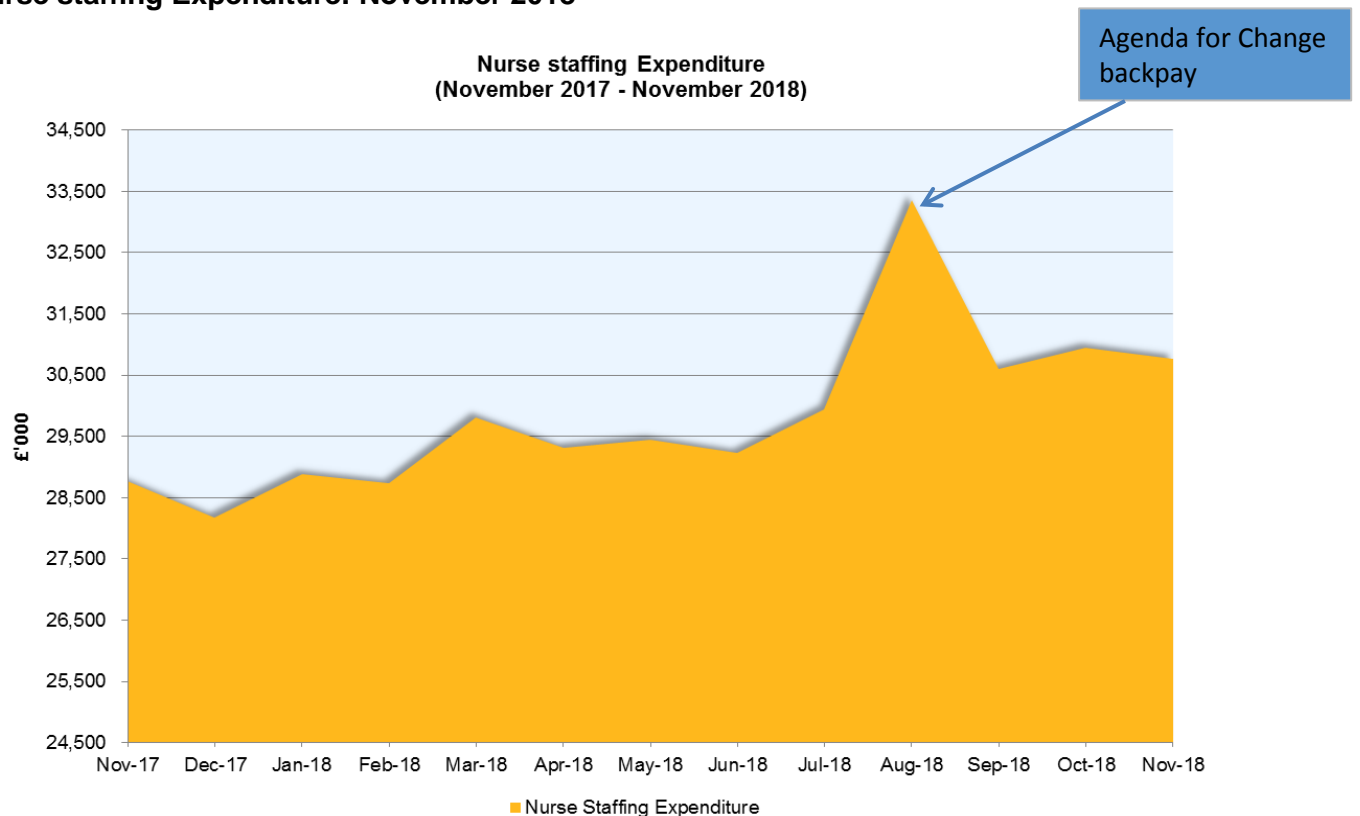




## 6. Medical Staffing Expenditure: November 2018

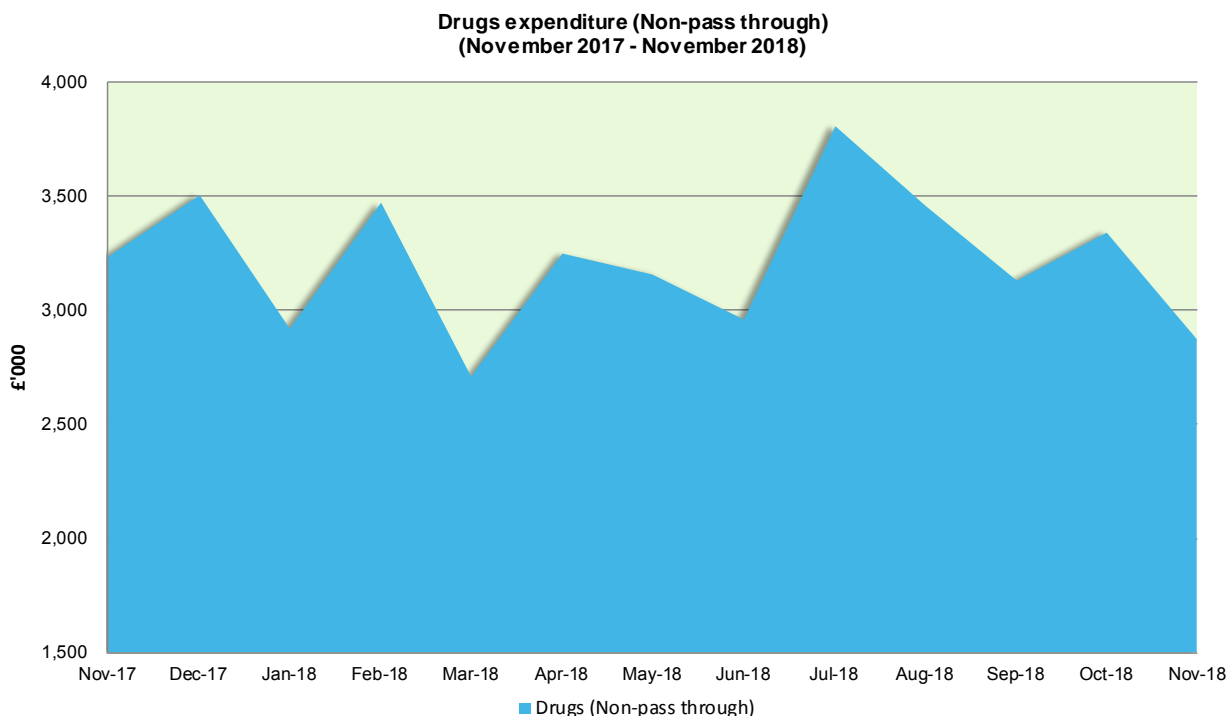


## 7. Nurse staffing Expenditure: November 2018





## 8. Prescribing Drugs: November 2018



## NHS Improvement's KPIs

|  | Plan YTD |          | Actual YTD |          |
|--|----------|----------|------------|----------|
|  | Metric   | Level    | Metric     | Level    |
| Liquidity ratio  | 0.7      | 1        | 0.1        | 1        |
| Capital servicing capacity                                   | 1.5      | 3        | 1.2        | 4        |
| I&E Margin   | 1.7%     | 1        | 0.7%       | 2        |
| I&E margin: Distance to financial plan                       | 0.0%     | 1        | (1.0%)     | 2        |
| Agency spend Metric - above / (below) the agency ceiling     | 9.1%     | 2        | 24.7%      | 2        |
| <b>Use of Resource (UOR) metrics - Level 1 being highest</b> |          | <b>2</b> |            | <b>3</b> |

|  | Annual Plan (full year) |          | Forecast 18/19 |          |
|--|-------------------------|----------|----------------|----------|
|  | Metric                  | Level    | Metric         | Level    |
| Liquidity ratio  | 0.2                     | 1        | (1.2)          | 2        |
| Capital Servicing Capacity                                   | 1.6                     | 3        | 1.4            | 3        |
| I&E Margin   | 2.0%                    | 1        | 1.2%           | 1        |
| I&E margin: Distance to financial plan                       | 0.0%                    | 1        | (0.8%)         | 2        |
| Agency spend Metric - above / (below) the agency ceiling     | 8.1%                    | 2        | 18.0%          | 2        |
| <b>Use of Resource (UOR) metrics - Level 1 being highest</b> |                         | <b>2</b> |                | <b>2</b> |

### Narrative:

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

Two elements are driving adverse variances to the plan submitted to NHSI:

- An adverse variance on the agency spend, which now exceeds the agency ceiling by 25% in-year.
- The loss of the Provider Sustainability Fund associated with A&E performance is driving a deterioration in the I&E margin scores.



# Balance Sheet

|  | Actual Opening<br>Bals<br>01/04/2018<br>£000 | Actual<br>Year to Date<br>30/11/2018<br>£000 | Movement in Year<br>to Date<br>£000 |
|--|--|--|-------------------------------------|
| <b><u>Non-Current Assets</u></b>             |  |  |                                     |
| Intangible Assets                            | 4,397  | 3,434  | (963)                               |
| Property, Plant and Equipment                | 617,672                                      | 617,759                                      | 87                                  |
| Investments                                  | 866  | 866  | 0                                   |
| Trade and Other Receivables                  | 5,591  | 6,857  | 1,266                               |
| <b>Total Non-Current Assets</b>              | <b>628,526</b>                               | <b>628,916</b>                               | <b>390</b>                          |
| <b><u>Current Assets</u></b>                 |  |  |                                     |
| Inventories                                  | 17,026                                       | 17,125                                       | 99                                  |
| NHS Trade and Other Receivables              | 90,505                                       | 84,860                                       | (5,645)                             |
| Non-NHS Trade and Other Receivables          | 41,863                                       | 45,361                                       | 3,498                               |
| Other Current Assets                         | 0  | 0  | 0                                   |
| Non-Current Assets Held for Sale             | 210  | 210  | 0                                   |
| Cash and Cash Equivalents                    | 119,896                                      | 114,654                                      | (5,242)                             |
| <b>Total Current Assets</b>                  | <b>269,500</b>                               | <b>262,210</b>                               | <b>(7,290)</b>                      |
| <b><u>Current Liabilities</u></b>            |  |  |                                     |
| Trade and Other Payables: Capital            | (9,497)                                      | (4,258)                                      | 5,239                               |
| Trade and Other Payables: Non-capital        | (154,265)                                    | (170,869)                                    | (16,604)                            |
| Borrowings                                   | (22,286)                                     | (22,923)                                     | (637)                               |
| Provisions                                   | (23,052)                                     | (20,512)                                     | 2,540                               |
| Other liabilities: Deferred Income           | (22,635)                                     | (25,823)                                     | (3,188)                             |
| Other Liabilities: Other                     | 0  | 0  | 0                                   |
| <b>Total Current Liabilities</b>             | <b>(231,735)</b>                             | <b>(244,385)</b>                             | <b>(12,650)</b>                     |
| <b>Net Current Assets</b>                    | <b>37,765</b>                                | <b>17,825</b>                                | <b>(19,940)</b>                     |
| <b>Total Assets Less Current Liabilities</b> | <b>666,291</b>                               | <b>646,741</b>                               | <b>(19,550)</b>                     |
| <b><u>Non-Current Liabilities</u></b>        |  |  |                                     |
| Trade and Other Payables                     | (2,601)                                      | (2,600)                                      | 1                                   |
| Borrowings                                   | (423,858)                                    | (411,259)                                    | 12,599                              |
| Provisions                                   | (7,251)                                      | (9,168)                                      | (1,917)                             |
| Other Liabilities: Deferred Income           | (5,252)                                      | (2,680)                                      | 2,572                               |
| <b>Total Non-Current Liabilities</b>         | <b>(438,963)</b>                             | <b>(425,707)</b>                             | <b>13,255</b>                       |
| <b>Total Assets Employed</b>                 | <b>227,328</b>                               | <b>221,034</b>                               | <b>(6,295)</b>                      |
| <b><u>Taxpayers' Equity</u></b>              |  |  |                                     |
| Public Dividend Capital                      | 203,291                                      | 203,291                                      | 0                                   |
| Revaluation Reserve                          | 45,408                                       | 45,408                                       | 0                                   |
| Income and Expenditure Reserve               | (21,371)                                     | (27,666)                                     | (6,295)                             |
| <b>Total Taxpayers' Equity</b>               | <b>227,328</b>                               | <b>221,034</b>                               | <b>(6,295)</b>                      |
| <b>Total Funds Employed</b>                  | <b>227,328</b>                               | <b>221,034</b>                               | <b>(6,295)</b>                      |

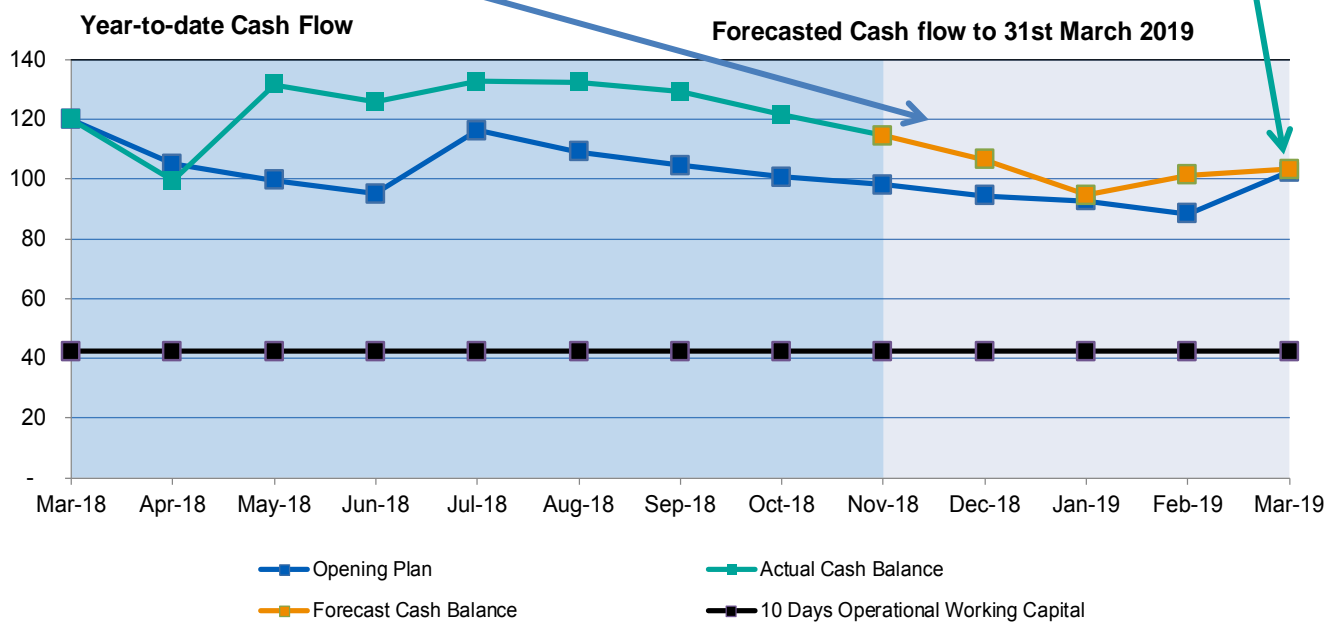


# Cash flow and capital expenditure

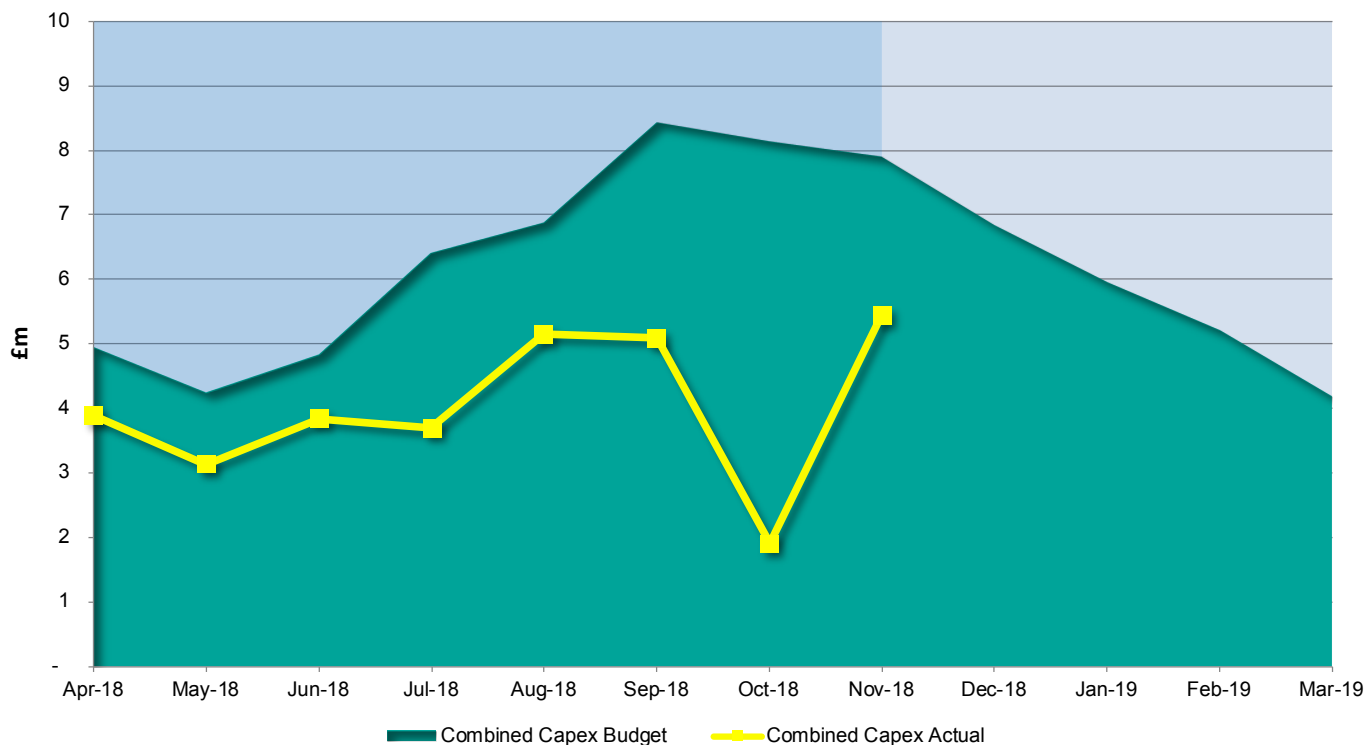
Cash Position of £115m against plan of £98m

Cash Flow - Actual vs Planned  
April 2018 to March 2019

Forecast cash position of £103m as at 31st March 19



## Capital Expenditure





| Scheme                                       | Plan<br>£'000 | Plan YTD at<br>30th Nov 2018<br>£'000 | Spend YTD at<br>30th Nov 2018<br>£'000 | Spend in<br>future months<br>£'000 | Forecast Year<br>End<br>£'000 |
|--|---------------|---------------------------------------|--|------------------------------------|-------------------------------|
| <b>Property and Estates schemes</b>          |               |                                       |  |                                    |                               |
| Helipad                                      | 5,246         | 4,400                                 | 46                                     | 2,192                              | 2,238                         |
| Diabetes Centre                              | 1,849         | 1,669                                 | 10                                     | 345                                | 355                           |
| Emergency Department - Wythenshawe           | 5,548         | 3,699                                 | 4,540                                  | 1,818                              | 6,358                         |
| MRI ED redevelopment                         | 3,992         | 2,100                                 | 347                                    | 1,003                              | 1,350                         |
| RMCH ED redevelopment                        | 1,000         | 667                                   | 0                                      | 0                                  | 0                             |
| Property & Estates Schemes - Compliance Work | 18,534        | 13,362                                | 7,922                                  | 5,935                              | 13,857                        |
| Property & Estates Schemes - Development     | 11,862        | 8,686                                 | 3,263                                  | 4,926                              | 8,189                         |
| <b>Property &amp; Estates - sub-total</b>    | <b>48,031</b> | <b>34,583</b>                         | <b>16,128</b>                          | <b>16,219</b>                      | <b>32,347</b>                 |
| <b>IM&amp;T schemes</b>                      |               |                                       |  |                                    |                               |
| Electronic Patient Records (EPR)             | 2,100         | 1,202                                 | 1,563                                  | 618                                | 2,181                         |
| IM&T Rolling Programme                       | 1,555         | 1,011                                 | 812                                    | 954                                | 1,766                         |
| IM&T Strategy                                | 7,949         | 5,681                                 | 3,792                                  | 5,976                              | 9,768                         |
| <b>IM&amp;T - sub-total</b>                  | <b>11,604</b> | <b>7,894</b>                          | <b>6,167</b>                           | <b>7,548</b>                       | <b>13,715</b>                 |
| Equipment rolling replacement programme      | <b>6,904</b>  | <b>4,339</b>                          | <b>4,730</b>                           | <b>3,194</b>                       | <b>7,924</b>                  |
| PFI Lifecycle                                | <b>7,500</b>  | <b>5,000</b>                          | <b>5,103</b>                           | <b>2,397</b>                       | <b>7,500</b>                  |
| <b>Total expenditure</b>                     | <b>74,039</b> | <b>51,816</b>                         | <b>32,128</b>                          | <b>29,358</b>                      | <b>61,486</b>                 |



**MANCHESTER UNIVERSITY NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS (PUBLIC)**

|  |   |
|--|---|
| <b>Report of:</b>                                    | Group Executive Director of Strategy  |
| <b>Paper prepared by:</b>                            | Group Executive Director of Strategy  |
| <b>Date of paper:</b>                                | 27 December 2018  |
| <b>Subject:</b>                                      | <b>Strategic Development Update</b>   |
| <b>Purpose of Report:</b>                            | <p>Indicate which by ✓</p> <ul style="list-style-type: none"> <li>• Information to note ✓</li> <li>• Support</li> <li>• Resolution</li> <li>• Approval</li> </ul>   |
| <b>Consideration of Risk against Key Priorities:</b> | All individual strategic developments are risk assessed and monitored through the Board Assurance and Risk Management processes.  |
| <b>Recommendations:</b>                              | <p>The Board of Directors is asked to note the report and in particular:</p> <ul style="list-style-type: none"> <li>- Announcement of the new combined NHS I/NHS E leadership roles and appointments</li> <li>- Publication of 2019/20 operational planning guidance – first part</li> <li>- Updates on the GM Theme 3 transformation and implementation programmes</li> <li>- Progress on the development of the MFT overarching group service strategy and the individual clinical service strategies.</li> </ul> |
| <b>Contact:</b>                                      | <p><u>Name:</u> Darren Banks, Group Executive Director of Strategy</p> <p><u>Tel:</u> 0161 276 5676</p>   |



## **1. Introduction**

The purpose of this paper is to update the Board of Directors in relation to strategic issues of relevance to MFT.

## **2. National Issues**

### 2.1 Alignment of NHS England and NHS Improvement

As part of closer working arrangements between NHS E and NHS I, a new combined management group chaired by the two chief executives has now been created. Appointments have been made to the majority of the posts. Recruitment is underway for a small number of remaining posts, which includes the Chief Provider Strategy Officer. The corporate team members will take a national lead on their areas as well as providing specialist support and expertise to the regional teams.

Appointments have also been made to the Regional Director posts. Bill McCarthy has been appointed as the North West Regional Director, which covers Greater Manchester. He is currently deputy vice chancellor at the University of Bradford and chair of Bradford Teaching Hospital Foundation Trust. He has previously worked as policy director for NHS England, in senior national roles at the Department of Health, as chief executive of City of York Council, and as chief executive of the Yorkshire and the Humber Strategic Health Authority.

The integrated regional teams will play a major leadership role in the geographies they manage, making decisions on how best to assure and support performance in their region, as well as supporting local system transformation.

Further details of all appointments are set out in attachment A.

### 2.2 Planning Guidance

NHS E and NHS I published the first part of the 2019/20 operational planning guidance on 21 December 2018. The guidance is not complete; full guidance is expected in January alongside the NHS long term plan.

The guidance signals a greater focus on system planning, with system plans to be submitted and system control totals to be set for each Integrated Care System and Sustainability Transformation Partnership. For MFT we expect this would mean a Greater Manchester level control total.

Funding for specialised services will not be included within control totals, which is likely to make planning more complex for large specialised trusts like MFT. Commissioning of specialised services will focus on the following priorities for the next 2 years:

- Helping patients to benefit from innovative specialised cancer treatments
- Providing specialised mental health services that are integrated with local services
- Reducing treatment in inpatient facilities for people with learning disabilities and autism
- Improving cardiovascular services
- Improving outcomes and reducing mortality for babies, children and young people
- Supporting patients with a range of long term conditions, including those with hepatitis C and those accessing neurosciences services
- Improving equality of access to services
- Enabling patients to benefit from the latest advances in genomics and personalised medicine.



### **3. Greater Manchester Issues**

#### Theme 3 Transformation Projects

The proposed models of care for the theme 3 projects have now been endorsed by the GM Joint Commissioning Board and will proceed to the next stage which is the modelling work that the partnership is undertaking, supported by McKinsey.

#### Theme 3 Implementation Projects

The new single Upper GI Surgical service for Greater Manchester which is based at Salford NHS FT has now been formally launched. A 'lessons learned' event was held to share the findings from the upper GI service reconfiguration and present early findings from RESPECT-21, a national research project set up to assess the impact of the centralisation of specialist surgical pathways across two health care systems: London and Manchester. The study is looking at how the centralisations were planned and implemented, and the impact of the changes on the organisation and delivery of care, clinical outcomes, patient experience, and cost-effectiveness.

### **4. MFT Issues**

#### Service Strategy Development

##### *Overarching group service strategy*

A first version of the Group Service Strategy has now been approved by the Board. A programme has been developed to engage with a wider audience, both internally and externally, on the key messages. The document will continue to be iterated over the next six months to take account of:

- any issues arising through the development of the individual Clinical Service Strategies for wave 2 and 3 services and the Managed Clinical Services (Children's services, Women's services, Eye services and Dental services).
- feedback received through the engagement process.

##### *Clinical service strategies*

Draft clinical strategy documents have been completed for all of the wave 1 clinical services. Further work is being undertaken to assess the impact of any service changes proposed within the strategies in terms of resources and capacity.

It should be noted that any site-specific proposals or proposals for major service change are at a formative stage. We will not decide to make or implement any material service changes until after we and/or our commissioners have taken appropriate steps that may (as required) include public involvement, consultation with the relevant Health Overview Scrutiny Committee(s) and the completion of an equality impact assessment.

Workshops for the wave two services and the Managed Clinical Services (Children's, Eye and Dental) have commenced. As for wave 1 these include clinicians and managers from across the Trust and from key external organisations, in particular the Local Care Organisations and commissioners. Bespoke engagement sessions with colleagues from North Manchester General Hospital, the Council of Governors and Manchester and Trafford CCGs are also being organised.

It is expected that the strategies for the wave 2 services will be completed in February and that the strategies for the wave 3 services and the MCSs will be completed during April / May.



## **5. Actions / Recommendations**

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

- Announcement of the new combined NHS I/NHS E leadership roles and appointments
- Updates on the GM Theme 3 transformation and implementation programmes
- Progress on the development of the MFT overarching group service strategy and the individual clinical service strategies.



## NHS England and NHS Improvement joint senior leadership team – the NHS Executive Group

| Post   | Director                 | Current Post   |
|--|--------------------------|--|
| NHS Chief Financial Officer                                  | Julian Kelly             | Currently Director General Nuclear, leading the Defence Nuclear Organisation at the Ministry of Defence.         |
| National NHS Medical Director                                | Professor Stephen Powis. | Currently National Medical Director of NHS England and Professor of Renal Medicine at University College London. |
| Chief Nursing Officer  | Ruth May                 | Currently executive director of nursing at NHS Improvement   |
| Deputy Chief Executive                                       | Matthew Swindells        | Currently NHS E National Director: Operations and Information.   |
| National Director for Emergency & Elective Care              | Pauline Philip           | Currently National Director of Urgent and Emergency Care   |
| National Director for Strategy & Innovation                  | Ian Dodge                | National Director – Strategy and Innovation  |
| National Director for Transformation & Corporate Development | Emily Lawson             | Currently National Director for Transformation & Corporate Development.  |
| Chief Commercial Officer                                     | To be appointed          |  |
| Chief Improvement Officer                                    | To be appointed          |  |
| Chief People Officer   | To be appointed          |  |
| Chief Provider Strategy Officer                              | To be appointed          |  |

## Regional Directors

| Region                   | Director           | Current post  |
|--------------------------|--------------------|---|
| South West               | Elizabeth O'Mahony | Chief Financial Officer at NHS Improvement  |
| South East               | Anne Eden          | Regional Director of the South East region for both NHS I and NHS E   |
| Midlands                 | Dale Bywater       | Regional Director of the Midlands and East region at NHS I  |
| East of England          | Ann Radmore        | Chief Executive of Kingston Hospital NHS Foundation Trust   |
| North West               | Bill McCarthy      | Bill is Deputy Vice-Chancellor (Operations) and Honorary Professor of Health Policy at the University of Bradford and Chair of Bradford Teaching Hospital NHS Foundation Trust. |
| North East and Yorkshire | Richard Barker     | North Regional Director   |
| London                   | Sir David Sloman   | Group Chief Executive of the Royal Free London NHS Foundation Trust   |







**MANCHESTER UNIVERSITY NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS (PUBLIC)**

|  |   |
|--|---|
| <b>Report of:</b>                                    | Michael McCourt<br>Chief Executive, Manchester Local Care Organisation  |
| <b>Paper prepared by:</b>                            | Tim Griffiths<br>Assistant Director - Corporate Affairs,<br>Manchester Local Care Organisation  |
| <b>Date of paper:</b>                                | 14 <sup>th</sup> January 2018   |
| <b>Subject:</b>                                      | <b>Manchester Local Care Organisation (MLCO) Update</b>   |
| <b>Purpose of Report:</b>                            | <p>Indicate which by ✓</p> <ul style="list-style-type: none"> <li>• Information to note ✓</li> <li>• Support</li> <li>• Resolution</li> <li>• Approval</li> </ul> |
| <b>Consideration of Risk against Key Priorities:</b> | Leading on the development and implementation of integrated care.   |
| <b>Recommendations:</b>                              | The Board of Directors are asked to note the contents of this paper.  |
| <b>Contact:</b>                                      | <u>Name:</u> Tim Griffiths<br><u>Tel:</u> 07985448165   |



## **1. Introduction**

1.1 Further to the establishment of the Manchester Local Care Organisation (MLCO) in April 2018, this report provides a further update from the MLCO to the Board. It covers updates in regards to the following areas:

- MLCO System Escalation;
- New Care Models;
- MLCO Roadmap Planning; and
- MFT Scrutiny Committee

## **2. MLCO System Escalation**

2.1 Alongside leading the programmes of work bringing together health and social care services and delivering transformation activity, the MLCO is working with MFT to support local people by working to prevent the need for admission to hospital wherever possible, and getting people home from hospital in a timely and safe manner when they do need hospital care. With support from partners including Manchester City Council and Greater Manchester Mental Health NHS Foundation Trust, there has been an initial period of focussed activity to support people who have faced a long length of stay in hospital.

2.2 To date this work has focussed predominantly on the pressures at the Manchester Royal Infirmary with the MLCO senior leadership working closely with colleagues to expedite the movement and discharge of patients from an acute to the most appropriate community setting. As at 14<sup>th</sup> December 2018, this programme of work led by the MLCO has supported the discharge of 91 patients with an accumulated length of stay of circa 9,750 days. This programme of work, which has been operational for 3 months, has supported the average length of stay at the MRI has decreasing by 5 days, indicating the impact this is having on acute flow, as well as ensuring that patients are treated in appropriate community settings and home where possible.

2.3 In order to support this programme of work being developed across the City, the MLCO is working collaboratively with Partners as part of the winter resilience programme. Several schemes have been identified, including the establishment of a citywide control centre. It is planned that this will build on the approach to date, support a wider coverage across the City. It should be noted that this work is in addition to the mobilisation of new care models, some of which are described in this report.

## **3. New Care Models**

3.1 The New Care Models (NCM) which the MLCO is responsible for mobilising, continue to progress through the key phases of business case, design, mobilisation, implementation and evaluation. The priority for 2018/19 is threefold and a detailed update is provided against each of the programmes:

- Integrated Neighbourhood Teams
- Manchester Community Response
- High Impact Primary Care



### **3.2 Integrated Neighbourhood Teams**

3.2.1 Through 2018, the MLCO has been working together with staff, partners and trade unions, to create new structures for our public-facing services, including 12 Integrated Neighbourhood Teams (INTs) and three new Manchester Community Response (MCR) Teams.

3.2.2 Following an initial consultation period, the MLCO have been actively progressing with an external recruitment process to recruit to 12 INT Lead posts. Following an interview process in November 2018, nine of the 12 posts have been filled. Following this successful outcome, it is planned that the candidates will start in post from February 2019. In regards to the three remaining posts, a number of options are being worked through to ensure quality candidates are recruited to.

3.2.3 In addition to the leadership roles outlined above, the MLCO is also in the process of confirming the rest of the INT leadership quintet. In terms of the GP Leads, it has been agreed that these posts will undertake two sessions a week as part of this role, increasing from the one session a week that is currently in place. 11 of the 12 INT GP Leads are in place and underwent a two-day leadership session, aligned to the overarching INT development plan, in November 2018. Each of the GP Leads will receive a personalised plan and 2 sessions of coaching to support them in this role. It should be noted that the funding for the GP Leads has only been secured on a one-year basis, with the future funding yet to be agreed. The final post is based in one of the neighbourhoods in South Manchester, with recruitment to this role currently ongoing.

3.2.4 In regards to the rest of the roles, the majority of these have now been recruited to. There are six Mental Health Leads who have been assigned two neighbourhoods each. The 12 Nursing Leads have been confirmed and are in the process of being allocated neighbourhoods and the Social Care Leads recruitment process is currently ongoing.

### **3.3 Manchester Community Response**

3.3.1 Manchester Community Response (MCR) is a seven-day service that provides community based intermediate care, reablement and rehabilitation services to patients. These are often older people, after leaving hospital or when they are at risk of being sent to hospital. These services offer an interface between hospitals and where people live, working across the health and social care system. It is an evolution of the highly-effective North Manchester Community Assessment and Support Service. Two component parts of the MCR model are Crisis Response and Discharge 2 Assess services. An update on the mobilisation of these services and some associated activity to date is provided below.



### **3.4 Crisis Response**

- 3.4.1 The Crisis Response Team, which supports patients who need urgent support at home, but who do not need to be admitted to hospital. The team accept referrals from North West Ambulance Service (NWAS) and the service is being mobilised across the City.

The team provides urgent assessments and interventions for people who have a health or social care crisis, to support people to remain at home, while the crisis situation is addressed.

- 3.4.2 The Crisis Response service in Central Manchester went live, 5<sup>th</sup> November 2018. Although implemented ahead of schedule, due to staffing and recruitment issues only the amber pathway element of the service is operational, with the whole service expected to be operational by March 2019. During the first four weeks of operations, the service has had a total of 57 referrals, 41 of which were accepted. This has a direct impact on admission avoidance with 34 of the 41 referrals being cared for in the community. Work is ongoing with the North West Ambulance Service to increase the referrals and usage of this service further.

- 3.4.3 The Crisis Response service launched in part in South Manchester, 3<sup>rd</sup> December 2018. The community referral element of the model was launched, with there being the aim to operationalise the whole model by March 2019, subject to recruitment. The service is currently operational 7 days a week from 08:30 to 18:30, accepting three out of the four available pathways.

### **3.5 Discharge 2 Assess**

- 3.5.1 Discharge 2 Assess (D2A) helps people home from hospital, quickly and safely. The essence of the approach is that the person, once medically optimised, leaves hospital and is assessed for their ongoing needs in their home or other place of residence. The aim is to reduce unnecessary delays in discharge when people could be back at home or in a more appropriate place to receive ongoing assessment, short term interventions and support from community teams. Funding has been provided to design, implement and roll-out D2A across the entire city.

- 3.5.2 The rollout of Discharge to Assess has commenced in both North and South Manchester. The service commenced in North Manchester in May 2018 and South Manchester in September 2018. Similarly, to other care models, there have been recruitment challenges, which have influenced the roll out of the service. Staff continue to be recruited into the teams to deliver the required capacity as quickly as possible.

- 3.5.3 In North Manchester, the rollout of the service is complete. By the end of October 2018, the service had supported the discharge of 135 patients through Pathway 1 alone. In contrast in South Manchester, the service is still ramping up. It is planned that the South rollout should be complete by end February 2019.



### **3.6 High Impact Primary Care**

3.6.1 High Impact Primary Care (HIPC) continues to be mobilised across the City of Manchester with there being a HIPC team based in three neighbourhoods, which span across each of the localities. This service is a vital component of local care organisation models and is supported by international evidence in terms having a positive impact on population health, specifically for those at high risk of admission to acute and secondary care.

3.6.2 There are numerous patient case studies being collected and shared, demonstrating the quality impact of the service on patients' lives. In terms of quantitative activity data, information has been provided below. From an activity perspective, the service is having a demonstrable impact on the cohort of patients, with the cost of emergency activity reducing by 65%. Further 75% of the discharges have had no further emergency activity at all.

### **4. MLCO Roadmap Planning**

4.1 Reflecting on the work done to establish a new organisation and its first six months of operations, the MLCO Partnership Board had a facilitated workshop, which presented feedback as to what the key features were of successful integrated care type organisations in accordance with international best practice. There was an assessment of where the MLCO currently is against each of these features, as the MLCO looks to develop into Phase two and deliver the services in scope to transfer in 2019/20 such as Adult Social Care commissioning.

4.2 It is recognised that there are currently both local and national barriers which prevent the MLCO from currently being able to progress effectively towards Phase Two, such as the lack of a national single contract. Therefore, a series of roadmaps are being developed, which take into consideration the international best practice work as well as the initial vision set out in the LCO prospectus. These roadmaps will look to provide clarity as to the MLCO's service strategy over the next six months, but also provide an overview as to the transactional options that are available to Partners in order to achieve the ambition set out and agreed in the Partnering Agreement.

4.3 It is expected that an update on the approach to Phase Two will be agreed by January 2019, to support business planning arrangements. Further updates will be provided to the Board when appropriate.

### **5. MFT Scrutiny Committee**

5.1 As discussed at the last meeting, MFT oversight of MLCO comes via the MLCO Scrutiny Committee chaired by Kathy Cowell. The last meeting of this committee took place on 14<sup>th</sup> November, and received reports on the following:

- Assurance against the delivery of MLCO Business Plan;
- Progress report on mobilisation of Integrated Neighbourhood Teams; and,
- Progress report on Manchester Community Response and system escalation.



5.2 The next meeting of the committee is scheduled for 22<sup>nd</sup> January 2019.

**6. Phase Two development**

6.1 As Board will be aware the MLCO will realise its full potential in a three year phased approach. The majority of services that were transferred in year one were community health services (including North Manchester Community Health Services) and directly provided Adult Social Care.

6.2 Year two will see a range of other services move under the management of MLCO including a host of commissioned services such as Home Care and Residential and Nursing Care. The MLCO are now in the process of developing a range of road maps that will support the development and growth of the organisation to enable it to realise the potential that was outlined in the original prospectus.

**7. Recommendations**

7.1 The Board are asked to note the contents of the report.



**MANCHESTER UNIVERSITY NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS (PUBLIC)**

|   |   |
|---|---|
| <b>Report of:</b>                                   | Group Chief Nurse (Professor Cheryl Lenney) and<br>Joint Group Medical Director (Miss Toli Onon)  |
| <b>Paper prepared by:</b>                           | Sarah Corcoran, Director of Clinical Governance   |
| <b>Date of paper:</b>                               | January 2019  |
| <b>Subject:</b>                                     | <b>Progress Report on the Gosport Inquiry Improvement Programme</b>   |
| <b>Purpose of Report:</b>                           | <p>Indicate which by ✓</p> <ul style="list-style-type: none"> <li>• Information to note ✓</li> <li>• Support</li> <li>• Resolution</li> <li>• Approval</li> </ul> |
| <b>Consideration of Risk against Key Priorities</b> | To improve patient safety, clinical quality and outcomes  |
| <b>Recommendations</b>                              | The Board of Directors is asked to note the content of the progress report.   |
| <b>Contact:</b>                                     | <p>Name: Sarah Corcoran, Director of Clinical Governance</p> <p>Tel: 0161 276 8764</p>  |



# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

## 1. Overview

- 1.1. *Gosport War Memorial Hospital - The Report of the Gosport Independent Panel* was published in June 2018. The report detailed the findings of an independent panel set up to investigate concerns raised by families and nursing staff at the Gosport War Memorial Hospital from 1991 onwards.
- 1.2. The investigation at Gosport found that the pattern of opioid prescribing of concern occurred during the period between 1989 and 2000 at the Gosport War Memorial Hospital and that over the period the panel concluded that:
  - There was a disregard for human life and a culture of shortening the lives of a large number of patients
  - There was an institutionalised regime of prescribing and administering “dangerous doses” of a hazardous combination of medication not clinically indicated or justified, with patients and relatives powerless in their relationship with professional staff.
  - When the relatives complained about the safety of patients and the appropriateness of their care, they were consistently let down by those in authority – both individuals and institutions
  - The senior management of the hospital, healthcare organisations, Hampshire Constabulary, local politicians, the coronial system, the Crown Prosecution Service, the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) all failed to act in ways that would have better protected patients and relatives, whose interests some subordinated to the reputation of the hospital and the professions involved.”
- 1.3. The Gosport Report was presented to the Group Quality and Safety Committee in August 2018 and a number of questions raised by the Clinical Governance Team in response. It was agreed that the questions would be reviewed both by the hospitals and MCSs and by the corporate Medical and Nursing Teams.
- 1.4. In September 2018 a report was presented to the Group Management Board setting out the main findings and an analysis of the position at Manchester University NHS Foundation Trust (MFT) in respect of the potential for this practice to have arisen in the past or in the future.

## 2. Action in Response

- 2.1. The September 2018 paper presented to GMB set out a number of Group wide actions and the monitoring arrangements going forward. The progress against these actions is presented at appendix 1.
- 2.2. Hospitals and MCS have undertaken a self-assessment and review and a summary of progress is reported below:



### **2.3. Manchester Royal Infirmary**

The Manchester Royal Infirmary have reviewed the report and recommendations and set out a number of actions which include the harmonisation of documentation to support end of life care, the amalgamation of the T34 Policy, further development of the Learning from deaths process and a wide reaching programme on medication storage.

### **2.4. Wythenshawe, Trafford, Withington and Altrincham**

The WTWA Hospitals have reviewed the report and recommendations and set out a number of actions which include a deep dive on incident reports and analysis, alignment of the clinical audit programme with NICE guidance, improvements to complaints management and response processes, development of the F2SU Champions and increased audit on controlled drugs.

### **2.5. Royal Manchester Children's Hospital**

The Royal Manchester Children's Hospital have reviewed the report and recommendations and set out a number of actions which include further development of the Freedom to Speak Up champion's network, implementation of a local patient safety strategy, pharmacy clinical audits and a review of mortality review processes.

### **2.6. Saint Mary's Hospital**

The Saint Mary's MCS Senior Team reviewed the Gosport Enquiry Report they did not identify any gaps in our assurance within the service and therefore had no actions from it. This decision was ratified at the SMH Quality and Safety Committee.

### **2.7. Clinical and Scientific Services**

CSS MCS have reviewed the report and recommendations and set out a number of actions which include further development of the Freedom to Speak Up champion's network, implementation pharmacy clinical audits (see detail in appendix 1), improvements to medicines management and security and a review of mortality review processes.

## **3. Recommendations**

- 3.1. The Board of Directors are asked to note progress
- 3.2. A follow up report will be prepared in Summer 2019 to provide assurance that there are no on-going areas of concern



## Appendix 1 – Update against agreed action

| Improvement Required   | Oversight                      | Lead  | Update  |
|--|--------------------------------|---|---|
| Further alignment of the monitoring of NICE guidance and associated clinical audit programme                           | Quality and Safety Committee   | Director of Clinical Governance   | <p>Clinical Audit processes now agreed and to be finalised with new Hospital / MCS clinical audit roles established from April 1<sup>st</sup> 2019.</p> <p>Clinical audit programme aligned with NICE guidance.</p> <p>Clinical audit programme monitored at the Group Clinical Governance Committee and reported to the Quality and Safety Committee.</p> <p><b>Assurance: Clinical Audit monitoring reports to Clinical Governance Committee February 2019</b></p>  |
| Improvements to the controlled drugs audit tool  | Medicines Management Committee | Directors of Pharmacy   | <p>Controlled Drug audit harmonised and consistent across all sites</p> <p>Plan to audit the prescribing and administration of palliative care/anticipatory medicines across all sites against the standards identified in the relevant MFT guidelines.</p> <p><b>Assurance:</b> Audit outcomes and action plans will be reported to MFT Medicines Management Committees and Group Medicines Safety Committee.</p> <p>Plan to audit palliative care/anticipatory medicines across all sites.</p>                                      |
| Improvements to the complaints management process and timeliness of response and alignment of systems across all sites | Quality and Safety Committee   | <p>Directors of Nursing/Midwifery &amp; HCPS</p> <p>Corporate Director of Nursing</p> | <p>Since the formation of MFT work has successfully been completed to align the complaints processes of the legacy Trusts to ensure Manchester University NHS Foundation Trust maintains compliance with the NHS Complaints regulations (2009).</p> <p>During Quarter 1 (2018/19), a new single Ulysses Safeguard System has been implemented across the Trust. The Customer Service Module of the MFT Ulysses System captures and tracks the receipt and progress of Complaints, PALS Concerns and Compliments across all sites.</p> |



| Improvement Required | Oversight | Lead | Update  |
|----------------------|-----------|------|---|
|                      |           |      | <p>During Quarter 2, 2018/19 the MFT Compliments, Concerns and Complaints Policy (2018) was ratified at the Group Quality and Committee and circulated widely across the Trust. The policy provides a framework for MFT to meet the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) and provides staff with support and assistance in dealing consistently with complaints, concerns and compliments.</p> <p>Following the devolvement of accountability for complaints management, which included Quality Control processes and monitoring to the Hospital/MCS/MLCO Chief Executives in Quarter 1, 2018/19 performance timeliness of response is monitored at a Group level via the Accountability Oversight Framework (AOF).</p> <p>As the Trust now provides services across six sites and community locations it is important that patients, relatives and carers wishing to raise a concern/ complaint know how to do so and who to contact, and that in line with the 'My Expectations' principles complainants find it easy to make their complaint. To provide ease of access to the PALS service the team have developed a single point of access to the service via one telephone point, one email point and one postal point. In addition during Quarter 1 (2018/19) a MFT PALS leaflet has been designed and is now available for teams to order and on the MFT website, which informs patients, carers and relatives how to register compliments and raise concerns and complaints.</p> <p>'Tell us Today' is an MFT service that enables inpatients and their families to escalate concerns in real time via a dedicated telephone number to a senior nurse/ manager so that the issues can be resolved, the patient's experience improved and potentially a formal complaint averted.</p> <p>'Tell us Today' and was re-launched on Monday 17<sup>th</sup> September 2018 and is now operational across all inpatient sites at MFT.</p> <p>Ongoing education sessions are organised for staff involved in managing/ responding to complaints.</p> <p><b>Assurance: Complaints reporting data</b></p> |



| Improvement Required   | Oversight                        | Lead                            | Update  |
|--|----------------------------------|---------------------------------|---|
| Feedback to staff following reporting of serious incidents and themes identified | Quality and Safety Committee     | Director of Clinical Governance | <p>Improvements to feedback mechanisms built into Medical Director's work plan.</p> <p>Good mechanisms for Group feedback at a high level – MFT Safety Matters, intranet site in development, Group Governance structure.</p> <p>Systems for individual feedback and support being integrated into incident investigation processes – feedback monitored via Ulysses.</p> <p><b>Assurance: Ulysses feedback data to Clinical Governance Committee in February</b></p>   |
| Pharmacy support – consistency across all sites                                  | Medicines Management Committee   | Directors of Pharmacy           | <p>Pharmacy CD meetings held every 2 months – CDAO and pharmacy staff representing all sites (including community)</p> <p>Monthly ADiOS reports produced for all sites</p> <p>Quarterly review of CD incidents undertaken for all sites</p> <p>Review of palliative care pharmacy services to be undertaken as inconsistencies across different sites. This will be undertaken as part of a wider review of Clinical Services starting April 2019.</p> <p><b>Assurance:</b> Meeting minutes, reports and audit outcomes will be reported to the Division of Pharmacy and Medicines Optimisation Quality and Safety Committee and ultimately any exceptions to the Group Medicines Safety Committee.</p> |
| Consistency and completeness of mortality reviews                                | Group Mortality Review Committee | Associate Medical Director - CE | <p>Plan for introduction of Medical Examiner role to be led by Associate Medical Director for completion in 2019.</p> <p>Mortality review processes in place across Group – roll out of SJR underway for completion in 2019.</p> <p><b>Assurance: Mortality reports to BoD, Group mortality portal data</b></p>   |



| Improvement Required   | Oversight                        | Lead                                     | Update   |
|--|----------------------------------|--|--|
| Availability of site level data for some outcomes and specialty SHMI | Group Mortality Review Committee | Director of Digital Delivery             | <p>The Group has the ability to load a record specialty level SHMI data set, and in future we plan to import and present in the KPI dashboard, aligned to MCS.</p> <p>This will be scheduled once phase 2 priority data sets are complete on the SHS work programme (RTT, incidents/harms, theatre, Cancer, CUR, VTE, waits, Critical care, bed days, Maternity, cancelled ops, CDS, readmissions, activity, and FFT) – approximately quarter 2 19/20.</p> <p><b>Assurance: Hive, SHMI to be tested as an indicator as part of the audit process for the annual Quality Report</b></p>       |
| Storage and security of medicines                                    | Medicines Management Committee   | Directors of Pharmacy                    | <p>Multidisciplinary Task and Finish group set up to review Schedule 3-5 CDs and make recommendations for consistent management of these medicines across all Trust sites to be adopted into revisions of the Trust Medicines Policy and Controlled Drugs Policy.</p> <p><b>Assurance:</b> Revised Medicines and Controlled Drugs Policies approved at MMCs.</p> <p>Controlled Drug audit subsequently harmonised and consistent across all sites.</p>   |
| Completion of Freedom to Speak Up Champion appointments              | HR Scrutiny Committee            | Associate Director Inclusion & Community | <p>18 Champions were recruited in August 2018 to support the Trusts Freedom to Speak Up Champions.</p> <p>A programme of communication and engagement has supported the roll out of the Champions.</p> <p>The Trust has established two KPI's for the programme, developed an online reporting concerns recording system and reviewed responsibilities across the Trust for Freedom to Speak Up programme.</p> <p>The Trust is already seeing a rise in number of people contacting the Guardian and Champions in Quarter 3.</p> <p><b>Assurance: Freedom to Speak Up reporting data</b></p> |







**MANCHESTER UNIVERSITY NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS (PUBLIC)**

|  |   |
|--|---|
| <b>Report of:</b>                                    | Joint Group Medical Director, Miss Toli Onon  |
| <b>Paper prepared by:</b>                            | Director of Clinical Governance, Sarah Corcoran<br>Associate Director of Clinical Governance, Ann Parker-Clements,  |
| <b>Date of paper:</b>                                | 02 January 2019   |
| <b>Subject:</b>                                      | <b>Never Events 2018-19</b>   |
| <b>Purpose of Report:</b>                            | Indicate which by ✓<br><ul style="list-style-type: none"> <li>• Information to note ✓</li> <li>• Support</li> <li>• Resolution</li> <li>• Approval</li> </ul> |
| <b>Consideration of Risk against Key Priorities:</b> | To improve Patient Safety, Clinical Quality and Outcomes  |
| <b>Recommendations:</b>                              | The Board is requested to note the information and the actions planned to mitigate risk of recurrence.  |
| <b>Contact:</b>                                      | Name: Ann Parker-Clements<br>Tel: 0161 276 6179   |



# **MANCHESTER UNIVERSITY NHS FOUNDATION TRUST**

## **1.0 Background**

- 1.1 Never Events are defined nationally as incidents which are wholly preventable - as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. Of note serious harm does not need to have occurred for an event to be defined as a Never Event and many of these events result in low or no harm to patients.
- 1.2 The Never Event Framework was updated in January 2018. There were a number of changes to existing definitions and guidance. Key changes were communicated throughout the organisation and risk assessments have also been completed within each Hospital Site / Managed Clinical Service against each Never Event type.
- 1.3 Never Events are included on the MFT Accountability Oversight Framework under the Patient Safety section.
- 1.4 There have been 8 Never Events reported since the merger in October 2017, 4 of these have been since April 2018.
- 1.5 In the time period April to October 2018 a total of 294 Never Events were reported nationally with 25 organisations reporting 4 or more during this period. Details of these are included in Appendix C.

## **2.0 Summary of Events**

- 2.1 The types of Never Events reported in 2018/19 were:
  - Two misplaced naso-gastric (NG) tubes within Intensive Care setting
  - A wrong device implanted (right instead of left wrist plate) and
  - A wrong side anaesthetic block.
- 2.2 Further details of each of these are provided, alongside those reported in the previous year at appendix A.
- 2.3 The Hospital Sites/MCS where the above never events occurred were Wythenshawe and CSS.
- 2.4 Duty of candour has been completed for each incident.



- 2.5 Full root cause analysis investigations have been undertaken for each incident. The confirmed harm levels for incidents reported in 2018/19 to date are detailed below:

| NE Number | NE Description              | Actual Harm Level |
|-----------|-----------------------------|-------------------|
| 2006878   | Misplaced NG Tube           | TBC               |
| 2021225   | Wrong Implant – wrist plate | 1 (low level)     |
| 2022057   | Misplaced NG Tube           | TBC               |
| 2023187   | Wrong site surgery - block  | 1 (low level)     |

- 2.6 Medical staff in training were involved in 3 of the incidents and appropriate referrals to the Dean were made.

### **3.0 Key Findings / Themes**

- 3.1 Local Safety Standards for Invasive procedures had not been developed for some procedures across the organisation.
- 3.2 Whilst the safe surgery checklist processes were completed there were deficiencies in how this was undertaken and a lack of clarity identified within the policy as to the exact requirements for each stage for example attendance at Team Brief and the need for view of consent by surgeon as part of Time Out.
- 3.3 There were issues relating to the Consent Policy and the level of understanding of this including taking consent on the day of elective procedures and not detailing laterality on consent form.
- 3.4 The correct procedures were followed in one of the incidents of misplaced naso-gastric tubes however despite this human errors were still made.
- 3.5 A summary table of key findings and actions for each event is included in Appendix A.

### **Summary of Investigation Recommendations and Actions**

- 4.1 A number of recommendations have been identified as part of each investigation with a range of actions to achieve these already undertaken or planned.
- 4.2 The key recommendations are focussed on reviewing Safe Surgery, Sedation and Consent policies, review of risk assessments, development of Local Safety Standards for Invasive procedures and education and awareness raising across the Trust.
- 4.3 A multi-disciplinary workshop was held in April 2018 and a programme of work is being undertaken following this. A draft policy for Safe Procedures is currently with Hospital Sites/MCS for comments with a plan to ratify in January 2019.



Following this a programme of work will be undertaken to re-design and align all procedure checklists.

- 4.4 The protocol for checking NG tube placement in critical care meets national guidance which allows any medical staff who have been trained and competency assessed to check NG tube position on x-ray images. This protocol and the audit arrangements for it are currently under review.
- 4.5 Following the recent Never Events the risk score was reviewed.
- 4.6 All Hospital sites / MCS have undertaken detailed risk assessments, including current controls and any gaps against all Never Event types.
- 4.7 Learning from Never Events incidents has been shared across the organisation and includes internal safety alerts and a range of articles in Safety Matters @MFT and Safety One Liners. The Hospital Site /Managed Clinical Service Medical Directors agreed at the September 2018 MD Forum to champion dissemination of learning from Never Events as well as other measures to raise awareness and reduce risk of recurrence.

### **Recommendation**

- 5.1 The Board are requested to note the information and the actions planned to mitigate risk of recurrence.
- 5.2 An update report will be provided on progress with actions in 6 months.



## Appendix A Analysis of key findings from each incident

| Incident Details            | Summary  | Key Findings  | Key Recommendations / Actions   |
|-----------------------------|--|---|---|
| 1129905<br>23/10/17<br>RMCH | <i>Wrong Site Procedure</i><br><i>Cystoscopy performed in error</i><br>Child was admitted for vaginoscopy however a cystovaginoscopy was performed in error.   | The operating surgeon for this case was not present for Team Brief<br>Consent for patients was being taken on the day of procedure which added to the time pressure<br>The operating surgeon did not view the consent form as part of timeout, this was read aloud by the scrub nurse   | The Safe Surgery processes and supporting policy and documentation should be reviewed and updated in line with key learning from all incidents<br>The Consent Policy and supporting training package should be reviewed to include clarification with regards to taking consent   |
| 1142076<br>11/03/18<br>SMH  | <i>Retained Foreign Object</i><br><i>Guidewire left in Catheter</i><br>Conducting top to toe check on new-born infant at start of shift; noticed guide wire had been left in catheter                      | Neonate had urinary catheter inserted at approximately 19:20 the usual stock of neonatal catheters was not available as it had inadvertently been removed from the stock list and therefore a specialist catheter was accessed.<br><br>Local procedures had been followed on insertion of catheter and a guidewire was not part of a formal count or check as the urinary catheters in use on NICU did not previously include guidewires. | Urinary catheter stock and supply chain on NICU requires review to ensure sufficient supplies are delivered.<br><br>The process for stock amendment within the procurement team needs to be determined and strengthened so that any changes they make to stock requirements are automatically highlighted to the NICU team.<br><br>There is a need to review, with input from the urology team, the urinary catheter requirements for neonatal use. |
| 112574<br>19/01/18<br>WTWA  | <i>Retained Foreign Object</i><br><i>Valve Holder left in situ</i><br>The Retention clip that holds and supports the valve was not removed when the valve was initial inserted in to the hemashield graft. | The heart valve was implanted in the patient. The valve holder was not included on the formal 'Swab, Suture and Instrument' count or recorded on the 'Swabs and Sutures board' and was left in situ when it should have been removed.<br><br>Communication issue following a handover and change in the scrub practitioner during the procedure at the aortic valve implantation stage  | The Valve Handle and Holder need to be included as part of the Scrub Practitioner's formal 'Swab, Sutures & Instrument Count'. This learning has also been shared with MRI cardiac theatres.<br><br>The Safer Surgery Checklist to be updated to include the requirements at each stage of the process.   |



| Incident Details            | Summary   | Key Findings   | Key Recommendations / Actions  |
|-----------------------------|---|--|--|
| 116688<br>21/03/18<br>WTWA  | <i>Connected to Air Instead of O2</i><br>Patient Transferred to cubicle in Majors area and connected to wall mount air flow meter rather than oxygen flow meter   | Air flow meters were still available within the Wythenshawe A&E setting and the physical barrier of black flip did not prevent connection.<br><br>As no Oxygen flow meter within room this may have led to the connection to Air being used  | Air Flow terminals have been capped off and no longer available for use.<br><br>Piped air flow meters stored in agreed locations within neonatal resuscitation area and Cystic Fibrosis Unit.<br><br>Risk assessments of areas with remaining piped air and flowmeters to be undertaken.   |
| 2006878<br>15/05/18<br>CSS  | <i>Misplaced Naso-Gastric Tube</i><br>Patient developed low saturations. It was found that feed was coming up from the suction catheter. The NG feed was immediately stopped. The CXR showed the patient had 2 NG tubes in place. A ryles tube could be seen below the diaphragm but the feeding tube was seen in the left main bronchus on the CXR | Two NG tubes were present. The two clinicians interpreting the x-ray correctly identified an NG tube in the stomach but did not address the presence of a second NG tube specifically. National and local guidelines were followed, but these do not address the issue of a second NG tube being present. The guidelines focus on the presence of one NG tube being identified as situated within the stomach. Practice at that time was to leave the Ryles NG tube in place until the feeding NG tube was inserted and the NG tube documentation did not support the presence of 2 NG tubes specifically. | procedure reviewed to ensure avoidance of the presence of two NG/NJ tubes wherever possible<br>procedure reviewed to take steps to avoid the presence of distracting shadows from multiple lines on CXR.<br>Implementation of additional training and competency assessments and the introduction of e-learning to department induction. |
| 2021225<br>11/08/18<br>WTWA | <i>Wrong Implant</i><br>Patient with left wrist fracture underwent internal fixation, surgeon requested and inserted a right wrist plate. The fixation achieved is optimal no revision surgery required.  | A 'time out' at the point of implant did not occur, this would have highlighted that a plate designed for the right wrist was to be implanted into the left wrist.<br>Not all staff present at time of implant were present at Team Brief<br>The Surgeon B did not clearly advise that as a result of reviewing the fracture he deliberately had chosen to use a right sided plate to fix a left wrist.  | A range of actions are underway in relation to improving the Safe Procedure policy and processes as detailed in Appendix B. These include a specific requirement for a time out immediately before device implantation   |



| Incident Details           | Summary  | Key Findings  | Key Recommendations / Actions  |
|----------------------------|--|---|--|
| 2022057<br>16/08/18<br>CSS | <i>Misplaced Naso-Gastric Tube</i><br>Ventilated patient requiring NG tube for medication. Nasogastric tube inserted by Anaesthetic Registrar. Followed the protocol as nil aspirate. X-RAY ordered and reviewed by Dr and needed to reposition the NG tube a further 5-10cm. This was then re-checked and confirmed by the Dr who advised to give oral medication. Total volume of 40 mls administered by nurse. Second chest x-ray ordered which confirmed that the NG was in Right bronchus.  | The doctor had not received specific training nor had his competency been assessed to confirm the position of a nasogastric tube. Lack of robust training and assessment of competency to identify the position of a nasogastric tube in doctors starting work on the Cardiac Surgical Intensive Care Unit.<br>Following an incident an action was put in place in 2016 to complete the NPSA training package on NG tubes at induction this has not been sustained.<br>A contraindicated test (Whoosh test) was used to support confirmation of placement   | Please refer to actions under 2006878<br>In addition Implement new NG tube confirmation form with explicit protocol. |
| 2023187<br>23/08/18<br>CSS | <i>Wrong site surgery (block)</i><br>Patient listed for right shoulder decompression on elective orthopaedic list under regional anaesthesia block.<br>All safety checks were undertaken but in the anaesthetic room the left shoulder was blocked. Staff realised what had happened. Patient was then given general anaesthetic and surgery undertaken as planned.<br>Patient had successful surgery and in recovery it was explained to her that she had received a block to the left shoulder. It was also explained that she would have an overnight stay to allow the effects of the block to wear off. | It has been recognised that despite the National 'Stop Before You Block initiative', there has not been a noticeable decrease in the number of incorrect site blocks nationally. The Healthcare Safety Investigation Branch have indicated that it is unclear whether SBYB in its current format has had any impact on the incidence of wrong site blocks and that the guidance does not provide sufficient clarity or direction.<br>However the investigation team finding is that despite human error being identified as one of the major factors, the presence of a formal Stop Before You Block policy and visual prompts may have reduced the risk of this error occurring. | Implementation of Stop Before you Block processes currently used at ORC across Wythenshawe Hospital                  |



## Appendix B MFT Overarching Never Event Action Plan (Safe Procedures) 2018

### Controls in place

- Monthly monitoring audit of SSCL compliance
- Risk assessments against all invasive procedures by Hospital Site
- Range of LocSSIPs developed and in place

### General

| Action   | Scope                | Lead   | Deadline                    | Progress   |
|--|----------------------|--|-----------------------------|--|
| Remove all air flowmeters from Emergency department in ED except Neonatal resuscitation      | WTWA                 | Clinical Governance Manager                  | 30/06/18                    | Complete   |
| Add a regular item to Safety One Liners and Safety Matters to share learning on Never Events | Trust                | Clinical Governance Managers                 | 31/08/18                    | Complete and ongoing   |
| Undertake Risk assessments against each Never Event type                                     | Hospital Sites / MCS | Hospital Site/ MCS Clinical Governance Leads | 31/10/18<br>31/01/19 (RMCH) | This has been completed in most Hospital sites, however not yet completed within RMCH extension given to the end of January for completion of these  |
| Undertake risk assessment of areas with air flowmeters (CF unit and Neonatal Resuscitation)  | WWA                  | Clinical Governance Manager                  | 30/11/18                    | This has been undertaken for both areas with a plan to remove from neonatal ED following the new Paediatric area opening as storage can then be identified for air cylinders. The CF unit will continue to require air flowmeters. |



## Safe Procedures

| Action  | Scope              | Lead  | Deadline                     | Progress  |
|---|--------------------|---|------------------------------|---|
| Raise awareness for operating surgeon to view consent at timeout and add to the monthly audit | Trust              | Associate Director Clinical Governance        | 01/01/18                     | Updated question implemented in all areas from January 2018   |
| Add valve holder to counts  | Cardiac Theatres   | Clinical Governance Managers (Hospital Sites) | 31/07/18                     | Has been implemented in Cardiac Theatre at Wythenshawe and MRI  |
| Hold MDT workshop on safe procedures  | Trust              | Associate Director Clinical Governance        | 30/04/18                     | Completed on 16 <sup>th</sup> April 2018  |
| Develop safety video with HSIB  | Trust              | Associate Director Clinical Governance        | 30/04/18                     | Final video completed 15 <sup>th</sup> April shared at the safe procedure workshop, awaiting approval from HSIB to release more widely                                      |
| Update all procedure risk assessments undertaken in 2015                                      | All Hospital Sites | Clinical Governance Leads Hospital Sites      | 31/08/18<br>31/01/19<br>WTWA | All sites completed except WTWA ( they were starting from beginning as did not undertake in 2015) Work is continuing on this with a plan to complete be end of January 2019 |
| Develop and implement unified Consent Policy  | Trust              | Head of Clinical Governance                   | 31/10/18                     | Complete  |
| Develop Central LocSSIP resource accessible to all staff                                      | Trust              | Clinical Governance Manager                   | 31/10/18                     | Complete  |
| Develop unified MFT Safe Procedure Policy   | Trust              | Associate Director Clinical Governance        | 31/01/19                     | Final draft out to all hospital sites / MCS for comment. Plan to go to January Clinical governance committee for ratification   |
| Share patient safety video developed with HSIB widely   | Trust              | Associate Director Clinical Governance        | 31/03/19                     | Still awaiting HSIB approval to commence using  |
| Unify monthly Clinical Audit  | Trust              | Head of Compliance                            | 28/02/19                     |   |



| Action  | Scope | Lead                                   | Deadline | Progress |
|---|-------|--|----------|----------|
| of compliance with SSCL   |       |  |          |          |
| Undertake Clinical Audit of Revised Consent Policy                            | Trust | Head of Clinical Governance            | 31/03/19 |          |
| Develop unified standard checklist design for surgery and invasive procedures | Trust | Associate Director Clinical Governance | 31/05/19 |          |



## Appendix C All Trusts experiencing more than 3 Never Events in Last 6 months

| Trust   | Total Number |
|---|--------------|
| Barts Health                                      | 9            |
| Royal Free London                                 | 9            |
| Kings College                                     | 8            |
| University Hospitals Birmingham                   | 8            |
| Oxford University                                 | 6            |
| Basildon and Thurrock                             | 5            |
| Bedford Hospital                                  | 5            |
| University Hospitals Derby and Burton             | 5            |
| Birmingham Women's and Children's                 | 4            |
| County Durham and Darlington                      | 4            |
| East and North Herefordshire                      | 4            |
| East Suffolk and North Essex                      | 4            |
| Great Western Hospitals                           | 4            |
| Guys and St Thomas                                | 4            |
| London North West                                 | 4            |
| <b>Manchester University NHS Foundation Trust</b> | <b>4</b>     |
| Newcastle upon Tyne                               | 4            |
| Norfolk and Norwich                               | 4            |
| Portsmouth  | 4            |
| Royal Berkshire                                   | 4            |
| Royal Wolverhampton                               | 4            |
| University Hospital Leicester                     | 4            |
| University Hospitals Plymouth                     | 4            |
| Wrightington Wigan and Leigh                      | 4            |
| All Others total                                  | 175          |







**MANCHESTER UNIVERSITY NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS (PUBLIC)**

|  |  |
|--|--|
| <b>Report of:</b>                                    | <p>Group Chief Nurse/Director of Infection Prevention and Control (DIPC) – Professor Cheryl Lenney</p> <p>Group Executive Director of Workforce &amp; OD<br/>– Margot Johnson</p>  |
| <b>Paper prepared by:</b>                            | <p>Consultant Virologist – Dr Nicolas Machin</p> <p>Associate Director of Employee Wellbeing, Inclusion &amp; Community – Mags Bradbury</p> <p>Assistant Chief Nurse Infection Prevention and Control/Clinical DIPC) - Julie Cawthorne</p> |
| <b>Date of paper:</b>                                | December 2018  |
| <b>Subject:</b>                                      | <b>Report on the progress in the management of patients with influenza, and, the staff influenza vaccination programme for 2018/19</b>   |
| <b>Purpose of Report:</b>                            | <p>Indicate which by ✓</p> <ul style="list-style-type: none"> <li>• Information to note ✓</li> <li>• Support</li> <li>• Resolution</li> <li>• Approval</li> </ul>  |
| <b>Consideration of Risk against Key Priorities:</b> | <ol style="list-style-type: none"> <li>1. Patient Safety</li> <li>2. Patient experience</li> <li>3. Productivity and Efficiency</li> </ol>   |
| <b>Recommendations:</b>                              | Board of Directors are asked to note the Trust's plans and performance to date for the 2018/2019 flu season.   |
| <b>Contact:</b>                                      | <p><u>Name</u> : Julie Cawthorne</p> <p><u>Tel:</u> 0161 276 4042</p>  |



# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

## 1. Introduction

- 1.1 This paper provides an update on progress of the key activities and developments in the management of patients with flu and the staff flu vaccination programme for the 2018/2019 season.

## 2. Background

- 2.1 The timing, extent and severity of 'seasonal' influenza activity can vary. It occurs mainly during an eight to ten-week period during the winter and usually peaks between December and March, although activity can persist as late as May. It anticipated that the activity for this year will be relatively mild based on the activity observed in the Southern Hemisphere.
- 2.2 Activity at MFT in the 2017/18 flu season reflected the national picture with high levels of Influenza related admissions across all sites in comparison to the previous two seasons. The increased activity provided challenges for service delivery with the implementation of additional actions from January 2018, directed by regular cross site meetings led by the DIPC, to facilitate safe and effective patient management. Lessons learned from last year have been incorporated into the plan in anticipation of the 2018/19 flu season.
- 2.3 The Healthcare Workers Flu vaccination Programme was launched on the 1st October 2018. The programme plan has been led and managed by the Group Employee Health and Wellbeing (EHW) Service, working in partnership with Hospitals/Managed Clinical Services, Infection Control and Communication teams to ensure successful delivery of the programme across MFT. The vaccination campaign has Executive leadership provided by both the Group Chief Nurse and Group Executive Director of Workforce and OD.
- 2.4 The Department of Health has set a 75% target for all frontline healthcare workers to be vaccinated, although MFT offers the vaccine to all staff regardless of their role. A CQUIN target relating to achieving a 75% uptake rate is also in place. To support the achievement of the target, this year's programme has been developed to incorporate lessons learnt from past flu vaccination programmes (pre the UHSM and CMFT merger).

## 3. Management of Patients with Influenza 2018/2019

- 3.1 Additional actions implemented to facilitate patient flow from January 2018 included; the introduction of rapid Influenza testing, attendance at bed management meeting by the Infection Control (IC) Team, an updated patient management pathway and enhanced surveillance data. The rapid testing provided within the Virology Department at ORC significantly reduced the turnaround time for obtaining Influenza results, providing near real time data to support bed management, application of control measures and clinical management of patients thus reducing the risk of bed closures.

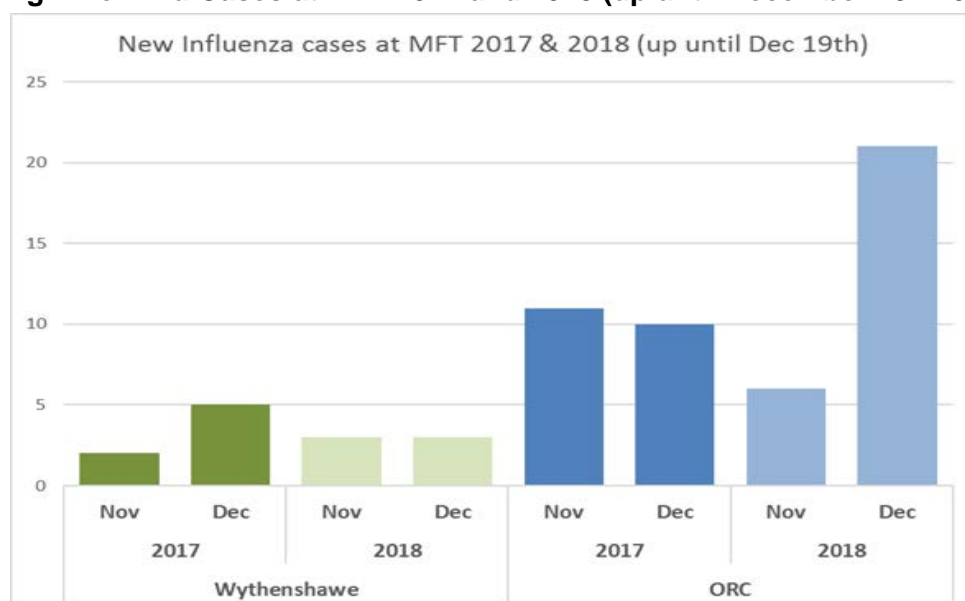


3.2 Following on from the lessons learned during the previous season, a programme of actions has been implemented in order to ensure that MFT is prepared for this year. The management plan has been prepared in advance of the 2018/19 flu season and approved by the Group Infection Control Committee. The actions include:

- The patient clinical management and infection control pathways have been reviewed and updated to reflect national guidance and reflect the availability of rapid testing.
- A rapid testing service for flu for the 2018/19 season was put in place in November 2018. This is supported by a seven day laboratory service with extended laboratory working hours and a dedicated rapid testing phone line.
- Laboratory data and Trust inpatient data are being used to provide real time updates on inpatient flu positive cases via the Trust Reporting and Information Service in order to assist the IC team and bed management teams.
- Flu guidance, including control measures, clinical management and testing pathways have been published on the Trust intranet. Clinical teams have also been made aware of the guidance via email and the intranet homepage.
- Plans are in place to provide additional support to the Trust if required in the form of further extended laboratory testing times and provision of additional IC team resources. The trigger for escalation will be in response to increased activity and request from the Hospital /MCS Management Teams.

3.3 The number of new cases of flu for the 2018/19 season to date can be seen in Figure 1 below. Although there have been 10 more cases reported for December 2018 at ORC compared to December 2017 this is probably attributable to an increase in the number of samples tested. There were 1,356 specimens processed in 2017, (from November up until December 19th) for MFT and 1,673 specimens so far in 2018, which represents a 23% increase in testing.

**Fig.1 New Flu Cases at MFT 2017 and 2018 (up until December 19<sup>th</sup> 2018)**





#### 4. Staff Flu Vaccination Campaign 2018/19

- 4.1 In September NHS employers and NHSI set out recommendations for this year's flu programme. MFT has reviewed the best practice management checklist, required to provide public assurance and has confirmed that the organisation is meeting each element of best practice. Trusts have been asked to provide data relating to the reasons why staff declined to have the vaccine (to try and target messages and to aim development of future programmes). At MFT the flu enrolment form has been adapted to capture the required data in readiness for submission and to provide further organisational insight re staff perceptions.
- 4.2 Planning for this year's campaign started prior to the summer. A key component on the plan was to make the vaccination programme as accessible and engaging to all staff across the Trust. A group communication plan was developed utilising all available media channels. The programme was launched by the Chief Nurse on the 1st October. The communications plan has included: weekly flu messages on iNews, social media campaigns, screen savers and bespoke hospital communication.
- 4.3 Over 170 flu champions have been recruited and trained. Their role is to ensure that colleagues are vaccinated by making vaccination locally accessible and to engage colleagues in the programme. Hospital/Managed Clinical Services have dedicated support for flu clinics on their sites. All hospitals have delivered pop up clinics which are promoted locally and in group wide communications. This work has been supported by the EHW out on the hospital sites. In addition clinics were used at key events for example the Nursing, Midwifery and Allied Health Professionals Conference and staff induction.
- 4.4 Considerable improvements have been made to the data collection process to ensure that MFT has accurate and timely reporting. However the integration of new single hospital teams has created significant challenges for the teams reporting data. The reports have supported Hospital/Managed Clinical services to target their flu champion programmes. Figure 2 below demonstrates the uptake of the flu vaccine by frontline healthcare workers from 1st October – the first week in December. Royal Manchester Children's Hospital is currently the highest performing hospital with 71.1% of staff vaccinated.

**Fig.2 Uptake of flu Vaccination by Healthcare Care Workers October – December 2018**

|                          | Total Number of Vaccinations Forms Returned | Frontline Health Care Workers Vaccinated | % Health Care Workers Vaccinated |
|--------------------------|---|--|----------------------------------|
| <b>October</b>           | 9454  | 7715                                     | 45.7%                            |
| <b>November</b>          | 2891  | 2325                                     | 13.9%                            |
| <b>December (1 week)</b> | 265   | 247                                      | 1.47%                            |
| <b>Total</b>             | <b>12,610</b>                               | <b>10,287</b>                            | <b>61.02%</b>                    |



- 4.5 To achieve the target of 75% the Trust needs to vaccinate a further 2,357 frontline staff. At the point of writing the report the following staff group performance can be found in Figure 3:

**Fig.3 Uptake of Flu Vaccination by Healthcare Care Workers by Occupation**

| Frontline Health Care Workers as defined by the Department for Education |        |                  |
|--|--------|------------------|
| Staff Group  | Number | % of Staff Group |
| Doctor   | 1490   | 71.05%           |
| Nurse/Midwife  | 3936   | 57.34%           |
| Professional Qualified Clinical Staff                                    | 1796   | 56.58%           |
| Support to Clinical Staff  | 3065   | 64.88%           |

- 4.6 To ensure that MFT are meeting its 75% target the communications and engagement plan has been revised. Pop up clinics and Flu Champions will be out on site throughout December, EHWB service will support with an additional trolley service and targeting areas identified by the tracker as under target. The Manchester Local Care Organisation who are currently showing a significantly lower percentage of uptake have recruited an additional eight flu champions and increased the number of pop up clinics in key locations. Each Hospital/Managed Clinical service have plans in place to target key areas identified as significantly below target.

## 5. Summary

- 5.1 Nationally and locally the 2017/18 flu season was the most challenging since the pandemic of 2010/11. It is anticipated that the 2018/19 season will not be as severe however; lessons learned from last year have been identified and incorporated into the management plans for patients with influenza in 2018/19 to facilitate a proactive approach as far as is possible.
- 5.2 There were challenges identified from the staff flu vaccination programme for 2017/18 following the creation of Manchester University NHS Foundation Trust in October 2017 as both predecessor organisations had initially developed separate plans for the delivery of the 2017/18 programme. This year there has been a unified approach, led by the EHW service based on the lessons learned from last year.

## 6. Recommendation

- 6.1 Board members are asked to note the Trust's plans and performance to date for the 2018/2019 flu season.