NHS
Manchester University
NHS Foundation Trust

MINUTES OF THE BOARD OF DIRECTORS' MEETING

Meeting Date: 9th September 2019

(Held in Public)

125/19 Apologies for Absence

Apologies were received from

126/19 Declarations of Interest

There were no declarations of interest received for this meeting.

Decision:	Noted	**Action by:** n/a	**Date:** n/a

127/19 Patient Story – 'What Matters to Me'

The Group Chief Nurse introduced a DVD highlighting the extraordinary work of the MFT Volunteer Service. 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.

Decision:	Patient Story Received and Noted	**Action by:** n/a	**Date:** n/a

128/19 Minutes of the Board of Directors Meeting held on 8th July 2019

The minutes of the meeting held on the 8th July 2019 were agreed as a correct record.

129/19 Matters Arising

The Board reviewed the actions from the Board of Directors meeting 8th July 2019 and noted progress.

Decision:	Noted	**Action by:** n/a	**Date:** n/a

130/19 Group Chairman's Report

(i) The Group Chairman reminded the Board that the Annual Members' Meeting would be taking place on Tuesday, 24th September, from 1.00pm to 4.00pm at the Post-Graduate Centre. It was also reported that during the AMM, the results of the MFT Summer Governor Elections would be announced

(ii) The Group Chairman reported that Kate Green MP had visited Trafford Hospital on Friday, 30th August 2019, to open the relocated Phlebotomy Service.

(iii) The Board noted that MFT was now signed-up to the national NHS Rainbow Badge initiative.

(iv) The Group Chairman was pleased to report that three MFT services had been shortlisted at this year's HSJ Awards, recognising their outstanding contribution to healthcare (two from RMCH and one from the MLCO).

(v) The Board was advised that the Cystic Fibrosis Team at the Manchester Adult Cystic Fibrosis Centre had recruited the first participant in the world to a research study investigating a new anti-fungal drug to help treat certain fungal lung infections.

Decision:	Verbal Report Noted	**Action by:** n/a	**Date:** n/a

131/19 Group Chief Executive's Report

i). The Group Chief Executive reported that whilst the news agenda continued to heavily report each day on the Government, EU Exit and the potential impact the on NHS, Greater Manchester and Trust governance arrangements remained robustly in place. He explained that work was intensifying through the MFT EU EXIT Contingencies Group chaired by the Chief Operating Officer (with more later on the agenda under Agenda Item No. 132/19).

ii). The Group Chief Executive also reported that **a**s part of the Spending Review, the Chancellor had recently announced that NHS spending would increase by £6.2bn next year **(**2020/21) including a new £210m fund for frontline NHS staff. It was also noted that the PM had also confirmed plans for a £2bn capital fund to begin upgrades to 20 hospitals this year and £250m to be spent on developing new artificial intelligence technologies**.** He also announced that £1.5bn will be made available to help improve social care provision.

iii). It was noted that MFT would continue to work with partners across the city to promote the development of the entire North Manchester site which included the mental health re-provision as well as a modern North Manchester General Hospital.

Decision:	Verbal Report Noted	**Action by:** n/a	**Date:** n/a

132/19 Operational Performance

Board Assurance Report

The Joint Group Medical Director provided an overview of three 'Never Events' which had occurred within the organisation since April 2019 (one in RMCH, one in MREH and one on the Wythenshawe site). It was noted that each event was subject to a full learning exercise with a focus on developing a comprehensive action plan and shared learning across MFT sites. It was also noted that Hospital/MCS incident reporting was high (good) with 90% categorised as 'low level' (focused on themes such as 'Communications of Test Results'; 'Wrong Blood in Tube'; and, Staffing Challenges) and no reported incidents of 'higher levels of harm'.

The Joint Group Medical Director explained that the organisation continued to experience good levels of 'Mortality Reviews' and that 'Crude Mortality Rates' remained low (<1.5%). It was also noted that SHMI & HSMR performance was also good.

The Group Chief Operating Officer was pleased to report that in July 2019, the organisation had successfully achieved the 6 weeks diagnostic target with work ongoing in CSS and Hospitals/MCS to sustain this position going forward (10-year plan).

The Board was reminded that the organisation continued to witness unrelenting pressure on emergency/urgent care services across all sites; with no apparent seasonal variation in demand/activity. It was particularly noted that key workstreanms to address the current challenges included ongoing review of emergency and urgent care pathways across the Hospitals/MCS, primary and community care (as detailed in the report). The Group Chief Operating Officer explained that despite an improvement in performance in July (84.2%), August (88.16%), MFT was continuing to fall short of the 95% national standard.

The Board noted the organisation's performance against the Cancer & RTT national standards and it was confirmed that there were no 52 weeks patients and the MFT Waiting List size trajectory was 'on plan'.

The Group Director of Workforce & Corporate Business reported that there was heightened focus and scrutiny on 'Attendance' throughout the organisation. Particular attention was drawn to the work around Health & Wellbeing and the introduction of a new electronic management system (Absence Manager) and supporting training scheme for staff. It was further noted that Level 2 & 3 Mandatory Training compliance was also receiving heightened attention throughout the organisation. The Group Director of Workforce & Corporate Business also confirmed that key indicators around 'time to fill' was good and that 'Medical Recruitment' was receiving more attention and focus.

The Board Assurance Report was noted.

Decision:	Board Assurance Report Noted	**Action by:** n/a	**Date:** n/a

<u>EU Exit Preparation Report</u>

The Chief Operating Officer reported that robust planning based on available information and guidance from the national team had been undertaken to date, with supporting governance and business as usual arrangements in place throughout the organisation.

In response to observations and questions from Dr Ivan Benett (re impact on the Workforce), Mr John Amaechi (re 'settled status'), Mr Trevor Rees (re impact on Pharmacy Stock), and, Professor Luke Georghiou (re supply of radioisotopes), the Chief Operating Officer confirmed that a number of national subgroups were in place underpinning the 7 areas of EU Exit Operational Readiness, namely, Pharmacy; Procurement; Workforce; Reciprocal Healthcare; Research; and, Data Sharing. It was further noted that the national subgroups were working directly with subject experts across providers, including senior representatives from MFT (e.g. NHS Procurement).

The Chief Operating Officer advised that there would be an intensity of national planning from August through to October 2019 and MFT would continue to respond to new guidance accordingly and that ongoing reporting / escalation would be to the Executive Team and Group Risk Management Committee. In response to observations and questions from Mr Barry Clare, the Chief Operating Officer explained that MFT would be adhering to national guidelines around ongoing communication and key messages with patients and members of the public.

The update report was noted as presented

Decision:	Update Report Noted	**Action by:** n/a	**Date:** n/a

Group Chief Finance Officer's Report

The Group Chief Finance Officer presented a summary overview of the financial performance for August 2019 which was a bottom line deficit (on a control total basis excluding Provider Sustainability Fund) of £14.4m (2.1% of operating income).

The Group Chief Finance Officer explained that the operating performance up to the end of month 5 had reached £9.6m worse than the approved Hospital/MCS Control Totals (compared to £7.5m when the FSC last met in July 2019) and the current progress with delivery was still inconsistent with the financial plans put in place across Hospitals/MCSs.

It was noted that whilst the financial performance in both July and August 2019 had showed some progress with improved delivery, the Group Chief Finance Officer explained that this had as yet been too patchy and too modest to stabilise the month-on-month run rate. It was confirmed that further detailed analysis and discussion would be undertaken at the next Finance Scrutiny Committee scheduled for Wednesday, 18th September 2019.

The Month 5 (2019/120) Report was noted.

Decision:	Month 5 (2019/120) Report Noted	**Action by:** n/a	**Date:** n/a

133/19 Strategic Review

Update on Key Strategic Developments

The Group Executive Director of Strategy provided an update to the Board of Directors in relation to strategic issues of relevance to MFT.

Particular attention was drawn to the NHS Long Term Plan which was published in January 2019 with an Implementation Framework published in June 2019. The priority areas set out in the framework that were of particular relevance to MFT were noted as presented in the report.

The Group Executive Director of Strategy also confirmed that staff from the Liverpool Women's NHS Foundation Trust had recently joined the genomics department as part of the North West Genomic Laboratory Hub (NW GLH). It was further noted that the service built on the legacy of the successful 100,000 Genomes Project and would make available in routine clinical care the benefits of whole genome sequencing for both rare disease and cancer patients.

The Board was reminded that the overarching Group Service Strategy had been approved by the Board of Directors at the previous meeting in July (2019) following feedback from key stakeholders and input of any issues that arose during the development of the individual clinical service strategies. The Group Executive Director of Strategy also reminded the Board that Wave 1 (approved February 2019), Wave 2 (approved March 2019) and Wave 3 (approved July 2019) Clinical Services Strategies covered the services spanning WTWA and MRI with the Clinical Service Strategies for Manchester Royal Eye Hospital and University Dental Hospital approved in May 2019 and Saint Mary's Hospital and RMCH in July 2019.

It was recognised that this would mark the end of the development phase of the clinical service strategy programme and that one of the key next steps was a programme of engagement with patients, their families and the wider public which the organisation was undertaking in partnership with Commissioners.

It was also noted that following completion of Waves 1-3 and the MCS Clinical Service Strategies, work had begun to develop the supporting strategies for Clinical and Scientific Services. The Group Executive Director of Strategy explained that in order to communicate the key messages about the Group Service Strategy, a series of articles were included in MFT iNews and across the Intranet.

The Board also noted that RMCH had signed a memorandum of understanding with Alder Hey Children's Hospital which set out how MFT would collaborate on the delivery of specific specialist and tertiary paediatric services in the North West, to deliver safe, high quality and equitable care for children and young people.

The Board noted the updates under each of the key headlines as presented.

Decision:	Update Report Noted	**Action by:** n/a	**Date:** n/a

Update Report on the Manchester Local Care Organisation (MLCO)

The Chief Executive of the MLCO presented a summary overview of a report which provided a more detailed update from the MLCO under the key headlines of 'System resilience and escalation'; 'Integrated neighbourhood working'; 'Communications and engagement'; 'Phase II and business case development'; 'New Care Models and Evaluation'; and, 'Trafford'.

The Board particularly noted the MLCO's mobilisation of their response to the increasing number of DTOCs in the Manchester system coupled with the re-mobilisation of the intensive MLCO led response (which followed the work that MLCO had led from August 2018 to March 2019 with MRI), that saw a significant number of long length of stay patients supported in alternative care settings with a reduction in the average length of stay at MRI by 5 days. The Chief Executive of the MLCO confirmed that as part of this work, the MLCO had agreed multipoint action plans with MRI, Wythenshawe, and RMCH and these had now been mobilised and were at various stages of delivery.

In response to observations and questions from the Group Chairman and Mr Barry Clare, the Chief Executive of the MLCO explained that despite the additional capacity that had been mobilised to deliver the initial action plans that were developed in July 2019, it had been identified that further work was now required and over a longer period of time. He went on to explain that this included working to establish an effective and sustainable seven-day Integrated Discharge Team that was able to respond to the pressures within the system and in particular, MRI. It was noted that the establishment of this team was reliant on commissioner support and discussions remained ongoing in regards to how the resource requirement could be met.

The Chief Executive of the MLCO also confirmed that in relation to integrated neighbourhood working, leadership teams were now in place across the city in the 12 neighbourhoods, namely, Miles Platting, Newton Heath, Moston and City Centre; Cheetham and Crumpsall; Chorlton, Whalley Range and Fallowfield; and, Wythenshawe, Bagueley, Sharston and Woodhouse Park. It was confirmed that work was now underway to develop an appropriate performance and impact framework to assess the efficacy of interventions at a neighbourhood level (supported by Manchester Health and Care Commissioning).

The Board was reminded that MFT and MLCO continued to work with colleagues both in Trafford and at Pennine Care Foundation Trust to complete due diligence in respect of the proposed transfer of community health services. The Board was further reminded that subject to agreement, the transfer was scheduled to take effect on 1st October 2019 and would see c700 staff TUPE to MFT from Pennine Care.

The Board noted the remaining content of the MLCO update report.

Decision:	Update Report Noted	**Action by:** n/a	**Date:** n/a

134 /19 Governance

Update Report on the Regulatory Assessment Process (2019/2020)

The Group Chief Nurse provided a summary update on MFT's current position in respect of the NHS Regulatory Framework process. It was noted that following completion of the comprehensive inspection in 2018, the CQC was continuing with its programme of regulatory oversight of the Trust which included receiving regular updates on MFT's comprehensive inspection action plan; routine engagement meetings; unannounced inspection programme; and, regular enquiries in respect of outlier reports and notifications.

Particular attention was drawn to progress against the comprehensive inspection action plan and it was noted that all Hospitals / MCS / MLCO / Corporate Services had reported progress on the action plan which was monitored by the Trust's monthly CQC Inspection Response Group (CIRG). Specific progress highlighted in July 2019 were noted in the report presented.

The Group Chief Nurse explained that at the next Performance Assurance Meeting, scheduled for 25th September 2019, an in-depth review with Hospital / MCS / MLCO and Corporate Teams would be undertaken on progress against the plan and assurance evidence on outcomes. It was also noted that the CQC Relationship Team would be in attendance at these meetings and a report would be provided to the Quality & Safety Committee and any issues escalated if necessary.

The Board was advised that as part of the transfer of Trafford Community Care Services from Pennine Care to MFT, the organisation was required to update the CQC *'Statement of Purpose'* document. The Group Chief Nurse explained that whilst there was no change to MFT's function or purpose, new locations had been added (and were noted in the supporting appendix).

The Group Chief Nurse also confirmed that the CQC had not undertaken any 'unannounced' inspections or routine visits since the last meeting in July 2019. The Board noted an update report on the last unannounced visit which had taken place in mid-May 2019 (144 Wythenshawe Road Short Break Service). It was noted that the MLCO was working on an action plan in response to the visit and the CQC would be invited back once the work was completed.

Attention was also drawn to the HFEA visit to Saint Mary's Hospital IVF service in March 2019 and it was noted that a further 3 year license had been granted. It was also confirmed that HFEA had made a number of recommendations for improvements and a team from Saint Mary's Hospital and Corporate Services were currently overseeing the improvements required.

The Board was advised that the Human Tissue Authority (HTA) had visited the Stem Cell Laboratory on the Oxford Road Campus for a routine inspection of License number 22596. It was further noted that the final report was a positive one with only minor recommendations for improvement.

The Board noted the update report and approved the updated 'Statement of Purpose' as detailed in section 2.4 of the report presented.

Decision:	Update Report Noted Updated *'Statement of Purpose'* approved.	**Action by**: n/a	**Date:** n/a

Nursing & Midwifery Safer Staffing Report

The Group Chief Nurse presented the bi-annual comprehensive report on Nursing and Midwifery staffing. It was noted that the report detailed the Trust's position against the requirements of the National Quality Board (NQB) Safer Staffing Guidance 2016, and, the NHS Improvement (NHSI) Developing Workforce Safeguards Guidance, published in October 2018.

The Group Chief Nurse explained that the report provided analysis of the Trust workforce position at the end of June 2019 and the actions being taken to mitigate and reduce the vacancy position, specifically within the nurse and midwifery band 5 and 6 workforce.

The Board was advised that at the end of June 2019, there was a total of 820.3wte (11.6%) qualified Nursing and Midwifery vacancies across the Group which was an increase in the overall Nursing and Midwifery vacancies of 79.6wte since December 2018. It was further noted that the majority of vacancies were within the Staff Nurse (band 5) workforce with 567.1wte (14.2%) vacancies across the Trust which was an increase of 12.6wte nursing and midwifery band 5 vacancies since December 2018. It was further reported that the overall number of staff in post had increased by 42.1wte and that half of the increase in vacancies was a result of an increase in establishment since April 2019.

The Group Chief Nurse described recruitment initiatives and Trust-wide recruitment campaigns with 446 nurses and midwives currently with conditional job offers whose appointments were being processed through the Trust recruitment process. It was further reported that a total of 155 International nurses had commenced in post since January 2019 with a further 150 nurses expected to arrive before the end of March 2020.

The Board noted that following the introduction of the Nursing Associates (NA) training programme in January 2017, the first cohort of NAs had now completed the programme with 68 registered with the NMC.

It was acknowledged that whilst the Trust had seen an improved workforce position during Q1 (2019/20) in comparison to Q1 in previous years, this improvement had been predominantly achieved due to the increase in International nurses joining the Trust over the last 12 months. It was recognised that whilst this improved position supported the Hospitals/MCS to achieve their workforce plans, there is an understanding that more work was required to maximise domestic recruitment and specifically nurse retention.

Attention was also drawn to Sickness Absence profile amongst the registered nursing and midwifery workforce with an overall reduction of 0.5% in sickness rate since December 2018 with the biggest improvement seen in MRI where the registered nurse sickness rate had reduced from 6.6%in December 2018 to 4.1% in June 2019.

The Group Chief Nurse confirmed that the Trust had been invited to join the NHSI Nursing and Midwifery Retention programme which would be launched in September 2019. She explained that this would provide an opportunity for the Trust to access NHSI resources and sharing good practice to support the development of retention schemes and improvement plans going forward.

The Board noted that the end of year report (March 2020) would include the first reporting of Allied Health professionals staffing in line with NHSI requirements.

In conclusion, the Board of Directors received and noted progress of the work undertaken to address the Nursing and Midwifery vacancy position across the Group.

Decision:	Report Received and Noted	**Action by:** n/a	**Date:** n/a

Q1 (2019/20) Complaints Report

The Group Chief Nurse provided a summary overview of the 2019/20 Complaints Report for MFT covering the period 1st April 2019 – 30th June 2019 (Q1).

It was noted that there was a total of 1,644 PALS concerns received during the period compared to 1,748 the previous quarter (a 5.9% decrease). It was also reported that a total of 361 new complaints had been received which was an 8.4% decrease compared to the previous quarter (394 new complaints).

Variance in performance across MFT sites were noted (as presented in the report) with an increase in the number of complaints closed in 25 days (228 [53.4%] compared to 159 [45.3%] in the previous quarter). It was also noted there was a decrease in the number of complaint responses resolved over 41 days, compared to the previous quarter reflecting a reduction of 17 cases.

The Group Chief Nurse explained that in accordance with the agreed schedule, the Complaints Scrutiny Group, which is chaired by a Group Non-Executive Director, met once during Q1 (2019/20) with Management Teams from the Manchester Royal Infirmary (Division of Medicine and Division of Surgery) each presenting a case at the June 2019 meeting. The learning identified from the cases presented were noted in the supporting appendix. Improvements in the Complaint and PALS management processes were also described in the report with future quality improvements identified and noted.

The Board noted the information presented within the report, which demonstrated that the number of PALS Concerns and Complaints received had decreased and there had been an improvement in the timeliness of closing complaints, however, there had been a slight increase in the time to close PALS Concerns during Q1 (2019/20).

Decision:	Q1 (2019/20) Complaints Report Noted	**Action by:** n/a	**Date:** n/a

'Freedom to Speak Up' Annual Report

Mr David Cain (Freedom to Speak Up Guardian) and the Group Deputy Chief Executive presented a summary review of the work undertaken from April 2018 to March 2019 on progressing the programme of Freedom to Speak Up at MFT. The Board was reminded that in August 2018, it had supported a proposal to create new roles and responsibilities in relation to this work which were in line with NHS Improvement guidance issued in May 2018.

Mr Cain explained that the purpose of the report was to summarise activity undertaken in the year, and provide the Board of Directors with the annual number of concerns raised to the 'Freedom to Speak Up Guardian' or Champions and outline the future high level plans to continue to build a robust programme where staff felt safe to speak up safely. It was noted that the report was not the sum of MFT's work to ensure there was a culture of openness and honesty across MFT; with a significant amount of work having been undertaken by the Trust to embed its Values & Behaviours. It was noted that the report presented supported the delivery of the Trust value of openness and honesty.

The Board noted the key points outlined in the report and that 84 people had made contact with the Freedom to Speak Up Guardian or Trust wide Freedom to Speak Up Champions in the previous twelve months. It was further noted that nationally, the Guardians Office continued to see a rise in number of cases.

Mr Cain explained that the Trust had established a key performance indicator as a rise in number of cases demonstrated the effectiveness of the programme reaching out to all staff across MFT. The Board noted the supporting statistical data for the period in question along with key themes locally compared to similar data presented at a national level. It was reported that a review of MFT data against the 2018/19 data set would be completed once the national office had compiled and released the data.

The Board was reminded that the Trust had undertaken a major engagement programme in October 2018 to engage staff across the organisation and the results of this work could be seen in the number of Freedom to Speak Up Champions recruited and the increase in the number of cases raised in the intervening period. It was confirmed that this work was continuing and the recruitment of a further 10 champions would commence in July (2019) and a major staff engagement programme would be delivered in October (2019).

The Group Chairman and Mr John Amaechi welcomed the report and thanked Mr Cain, Dr Ivan Benett, Ms Mags Bradbury and the FTSU Champions for their continued focus and commitment to this important agenda.

The Board noted and supported the Freedom to Speak Up Annual Report.

Decision:	Freedom to Speak Up Annual Report noted and supported.	**Action by:** n/a	**Date:** n/a

Annual Medical Workforce Revalidation Report (2018/2019)

The Joint Group Medical Director presented a report which described the progress of the Trust towards the management of medical appraisal and revalidation since its implementation in March 2013.

The Board noted that the aim was to summarise the Trust's performance in relation to medical appraisal and revalidation for the period April 2018 to March 2019 and provide assurance that the organisation was compliant as a designated body for medical revalidation, and continued its pursuit of quality improvement, and that the Responsible Officer (RO) was discharging her statutory responsibilities. It as also noted that the report sought the approval of the Board to submit the Annual Statement of Compliance to NHS England on or before 27th September 2019.

The Joint Group Medical Director highlighted the key messages captured within the report and it was noted that at the end of the last appraisal year (31st March 2019), MFT had 1,680 doctors with a prescribed connection; 93.7% of connected doctors had an appraisal within the year; the Quality Assurance of the process was subject to ongoing review and appraisers were being trained or refreshed to ensure they all met the required standards; there had been a successful introduction of a new single electronics system for medical appraisal and revalidation; and, a single appraisal policy had been introduced and ratified to cover all MFT sites.

In conclusion, the Joint Group Medical Director reported that the appraisal rate of doctors across the Trust had been improved since the merger, despite the challenges of harmonising two systems and processes, and the number of unapproved appraisals had also decreased; however, work was still required to ensure that this progress continued with the new appraisal system. It was also reported that work was on-going to ensure clinical fellows and doctors transferring from abroad in particular, many of whom had fixed term contracts, were not overlooked and were fully supported and engaged with the appraisal process; the roll out of appraiser allocation by Hospital sites would help to further achieve this.

The Board also noted that MFT had appointment a Deputy Group Director of Postgraduate Medical Education to support non-Consultant, non-training grade doctors with their professional development, including all elements of their practice that were annually appraised.

The Group Director of Workforce & Corporate Business confirmed that further work was required to ensure that the processes for all doctors in the Trust are aligned and consistently applied. He explained that this would require support and action from all the Hospitals/MCS Medical Directors and Appraisal Leads, and would be assisted by the new Appraisal and Revalidation Group due to meet monthly from October 2019 with clinical and managerial representatives from each Hospital / MCS in addition to the Group revalidation team.

The Board received the update as part of the Annual Board Report on the implementation of Medical Revalidation, and, approved submission of an Annual Statement of Compliance to the Higher Level Responsible Officer, NHS England (North); signed on behalf of the designated body by the Group Chief Executive Officer.

Decision:	Annual Report Noted, and, Annual Statement of Compliance to the Higher Level Responsible Officer, NHS England (North) approved (and to be signed on behalf of the designated body by the Group CEO)	**Action by:** n/a	**Date:** n/a

Report on the Equality, Diversity and Inclusion Strategy

The Group Director of Workforce & Corporate Business presented an overview of the *MFT Equality, Diversity and Inclusion Strategy* in keeping with the requirement to prepare and publish four yearly equality objectives, under the Equality Act 2010 Public Sector Equality Duty.

The Board noted that the Strategy had the support and approval of the Group Equality, Diversity and Human Rights Committee, the Group Quality and Safety Committee, the Executive Directors Team, and, the General Management Board (GMB).

The Board noted the Trust's equality, diversity and inclusion ambitions outlined in the Strategy along with the process adopted to develop the key aims & objectives described. Attention was also drawn to the plans for dissemination and implementation.

The Group Director of Workforce & Corporate Business explained that the next steps would include Hospitals/Managed Clinical Services, Community and Corporate Services building objectives into their business plans in the next round of business planning. He also explained that the Strategy aims and objectives would also be embedded into Trust-wide strategies and initiatives such as the, *'All Here for You',* attraction and recruitment campaign. It as confirmed that Communications on the Strategy would begin once the Strategy was approved.

The Board was advised that an equality, diversity and inclusion learning and development needs assessment had been undertaken across the Trust and a plan would be developed to build capability and capacity to deliver the Strategy. It was also noted that a needs assessment had been developed with the help of the Alliance Business School, University of Manchester.

In conclusion, the Board noted the inclusive work undertaken to develop the Strategy (including subsequent scrutiny applied by the groups cited) and approved the Strategy for publication.

Decision:	The MFT Equality, Diversity and Inclusion Strategy Approved for Publication.	**Action by:** n/a	**Date:** n/a

Annual Patient Experience Report

The Group Chief Nurse presented an overview of MFT's Annual Patient Experience Report. The Board recognised that understanding people's experiences of care and treatment provided key information about the quality of services, which could be used to drive improvement both nationally and locally. The Group Chief Nurse reminded the Board that Patient Experience feedback provided a rich source of data to support continuous improvement of the services provided by MFT and was sought continuously through a range of formats.

The Board was advised that the report provided a summary of the MFT results of the mandatory national surveys that had been published in 2019: the Maternity Survey (2018) and the Adult National Inpatient Survey (2018) alongside comparisons with Shelford Group Trusts or where applicable specialist hospitals. It was also noted that the surveys were the first surveys conducted since the establishment of MFT in October 2017; therefore exact comparisons could not be made with previous surveys.

The Group Chief Nurse reported that overall, the National Maternity Services Survey (2018) demonstrated positive experiences of care, with improvements across most aspects of maternity care based on comparison with the survey results for the former Trusts (2017). She also explained that the National Adult Inpatient Survey (2018) demonstrated results that were predominantly 'about the same' as other NHS Trusts, with the exception of 1 question, which was categorised as 'worse'. She also explained that MFT corporate hospitals/MCS and MLCO improvement plans had been developed with specific focus on the notably low scoring questions as detailed within the report.

The Board was pleased to note that the report provided an update on the positive progress undertaken during 2018/19 to embed the process and detailed the planned development in 2019/20 of a new phase of the *WMTM* framework to explore the integration of the approach into the coproduction of services through the Always Events Methodology.

In conclusion, the Board noted that patient feedback received through the National Surveys identified that MFT, was categorised as *'about the same'* as other organisations, with some positive high scores and some identified areas where there was recognition a fundamental analysis and change was required to deliver significant improvements. It was also noted that overall, real time patient experience feedback from the *'What Matters to Me'* Patient Experience Survey showed more positive results, demonstrating that progress continued to be made to deliver improvements in some key areas, whilst highlighting the continued activity required to drive a shift from 'average' to 'excellent'.

The Group Chief Nurse explained that the Trust's approach to Patient Experience 'What Matters to Me', continued to place the focus on delivering a personalised approach to care. She explained that this Programme had gained momentum and had maintained the commitment and enthusiasm of a wide range of staff across many disciplines with significant progress to roll out the approach across the organisation and embed the approach into all activities across the Trust.

The Group Chairman thanked everyone for an excellent report and the Board noted the content of the report and supported the actions required to ensure continuous improvement.

Decision:	Report Noted	**Action by:** n/a	**Date:** n/a

Board Assurance Framework (September 2019)

The Board of Directors received the Board Assurance Framework (September 2019) and noted that next phase in the development of the BAF would include enhanced training and awareness for key contributors with a particular focus on 'Risk Scoring Consistency' & 'Quality Control'.

Decision:	MFT BAF (September 2019) received by the Board	**Action by:** n/a	**Date:** n/a

Committee meetings which had taken place:

- Group Risk Management Committee held on 1st July 2019
- Charitable Funds Committee held on 8th July 2019
- MLCO Scrutiny Committee held on 10th July 2019
- Finance Scrutiny Committee held on 11th July 2019
- HR Scrutiny Committee held on 6th August 2019
- Quality & Performance Scrutiny Committee held on 6th August 2019

135/19 Date and Time of Next Meeting

The next meeting of the Board of Directors held in public will be on **Monday 11th November 2019** at **2pm** in the **Main Boardroom**

136/19 Any Other Business

There was no other business.

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

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING (Public)

ACTION TRACKER

Board Meeting Date: 11th March 2019			
Action	Responsibility	Timescale	Comments
Priority areas for action from the 2018 National Staff Survey to receive a mid-year review of progress against agreed actions by the HR Scrutiny Committee.	Group Executive Director of Workforce & Corporate Business	October 2019	*Completed*

Board Meeting Date: 8th July 2019			
Action	Responsibility	Timescale	Comments
Update on how progress with the MFT Annual Plan (2019/20) will be monitored	Group Executive Director of Strategy	November 2019	Scheduled
Awareness (development) session on the new Attendance Absence Management System for the Group Non-Executive Directors	Executive Director of Workforce & Corporate Business	December 2019	Scheduled

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Directors
Paper prepared by:	Gareth Summerfield, Head of Information, Information Management, CMFT
Date of paper:	September 2019
Subject:	Board Assurance Report
Purpose of Report:	Indicate which by ✓ • Information to Note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration of Risk against Key Priorities:	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.
Recommendations:	The Board of Directors is asked to note the content of the report.
Contact:	Name: Gareth Summerfield, Head of Information Tel: 0161 276 4768

> 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)

Safety
R.Pearson\T.Onon

Core Priorities	✓	◇	×	No Threshold
	3	1	1	0

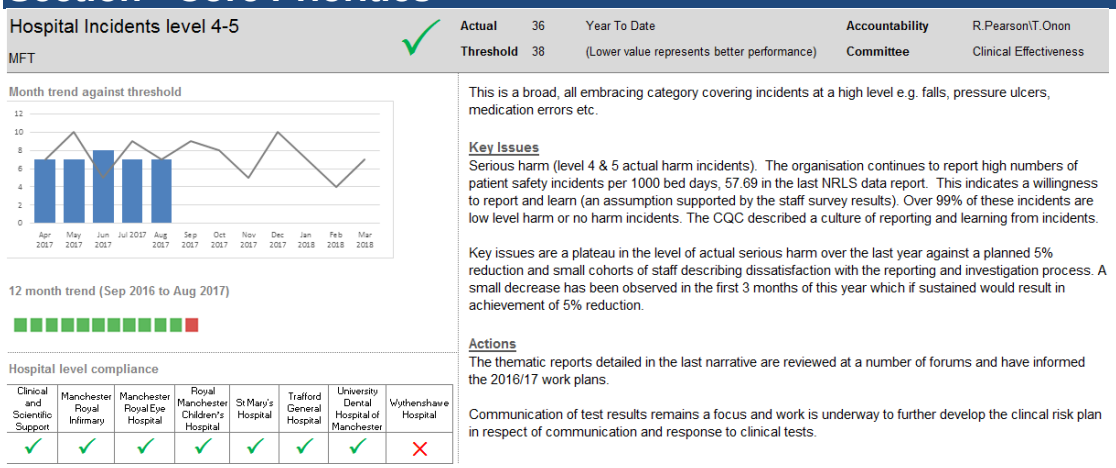
The bar at the very top of each page identifies the domain and accountability. To the right of the top bar is a summary of the core priority indicators associated with the domain. For the example of Patient Safety:

- 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 of 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



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.

NHS
Manchester University
NHS Foundation Trust

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Safety

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

- New MFT Policy in place for Safe procedures and being implemented
- Group wide work is being undertaken on Safe Surgery/Procedure Checklists. New Safety Checklist and process implemented in MRI work ongoing to undertake this work trust wide.
- Work has been 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 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 abovethe threshold compared with same period last year. Incident reporting per day has fallen slightly on the same period last year the reasons for this are being explored.
Mortality Metrics at Group level continue to be within accepted performance level and improving over time. The Chief Medical Examiner has now been appointed to and the national tool is being rolled out across all sites. A group to review all deaths of patinets with a recognised Learning Disability has been established and is now reviewing all deaths.

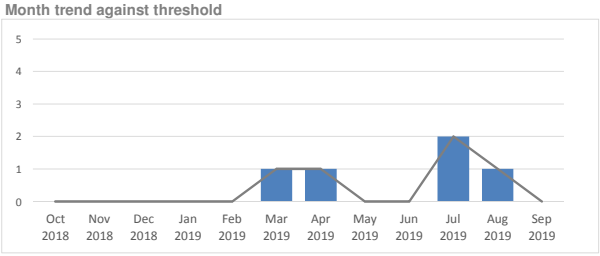
Safety - Core Priorities

Never Events

✕

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

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✓	✓	✕	✓	✕	✓	✕
0	0	2	0	1	0	1

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.

In the last 12 months there have been 5 Never Events 1 misplaced NG Tube, 1 wrong site surgery, 1 retained item, 1 connection to air instead of oxygen and 1 insulin event. Investigations for all of these are complete or underway with a range of actions being implemented.

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

Following these events a number of immediate actions were implemented including issuing of Trust wide alerts. Investigations have been undertaken or arer underway to identify learning with associated action plans in place.

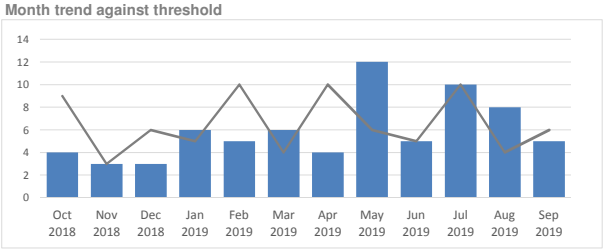
A new MFT Safe Procedure Policy is now in place. Further work is now being undertaken Group wide on safer surgery/procedure checklist and item counts, with a focused pilot in MRI bearing completion and a plan to rollout across group from the Autumn. This work will be reported to the Quality & Safety Committee.

Hospital Incidents level 4-5

✕

Actual	44	Year To Date	**Accountability**	J.Eddleston\T.Onon
Threshold	41	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✕	✕	✓	✓	✕	✓	✓
4	14	2	4	3	0	15

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, 54.10 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 incidentsare low level harm or no harm incidents.

The overall number of serious harm incidents YTD compared to the same period last year is slightly higher. 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 in some sites, 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 2019/20 work plans.

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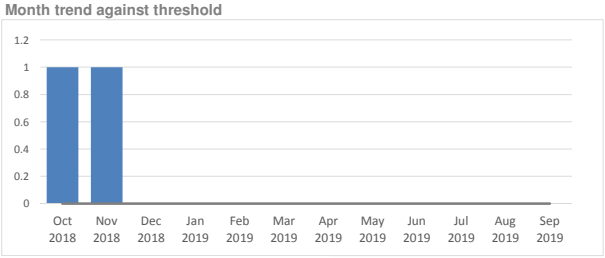
Mortality Reviews - Grade 3+ (Review Date)

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

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✓	✓	✓	✓	✓	✓	✓
0	0	0	0	0	0	0

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.

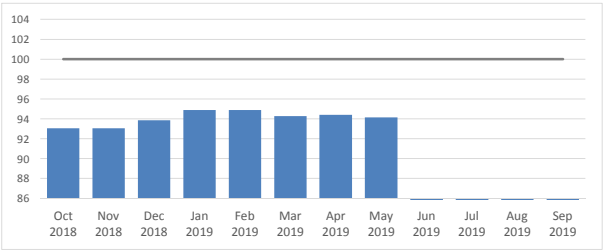
The role of the Group Mortality Review Group in supporting dissemination of good practice, lessons and action plans is being developed. Mortality review processes are generally robust, but will be altered by the introduction of a Medical Examiner system, the Medical Examiner has now been appointed. A deficiency in mortality review for patients with learning disability has been identified, and a new process commenced. Reviews of all patients with a learning disability who died have now been completed and a group established to continue this 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.

SHMI (Rolling 12m)

Actual	94.1	Latest Period	**Accountability**	J.Eddleston\T.Onon
Threshold	100	(Lower value represents better performance)	**Committee**	Clinical Effectiveness



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	96.0	NA	NA	NA	NA	92.4

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.

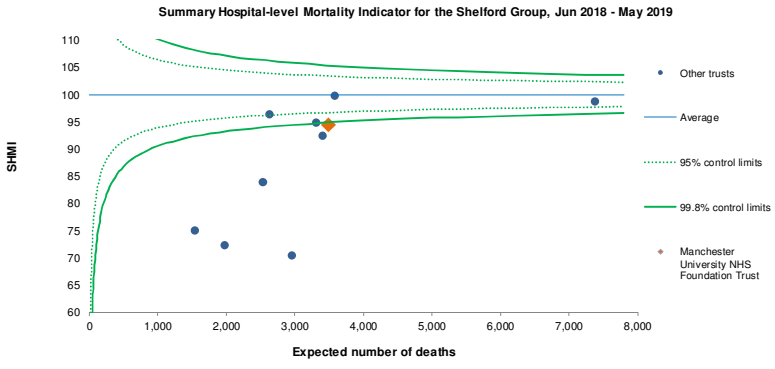
Progress

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 and adults with a Learning Disability undergo a detailed mortality review.

Performance is well within the expected range.



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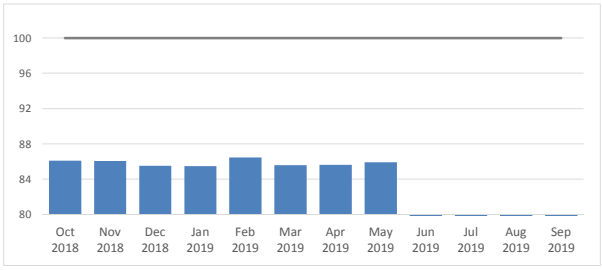
HSMR (Rolling 12m)

Actual	85.9	Latest Period	**Accountability**	J.Eddleston\T.Onon
Threshold	100	(Lower value represents better performance)	**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.

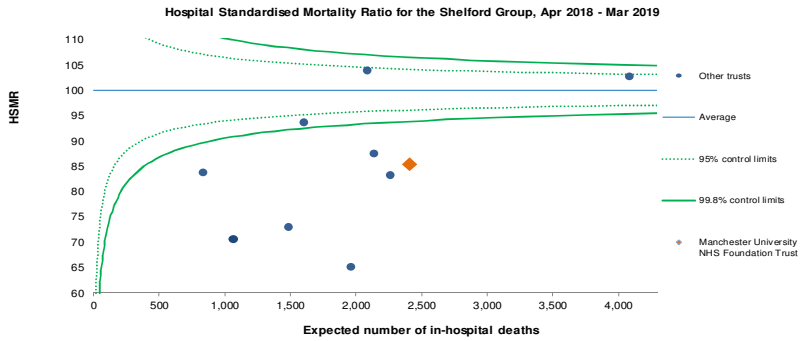
HSMR is a metric designed for adult practice.

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

Performance is well within the expected range.

Progress

The Group HSMR is within expected levels.



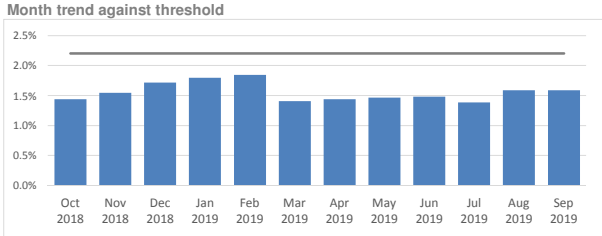
Hospital level compliance

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	✓
NA	80.2	NA	NA	NA	NA	86.0

Crude Mortality

Actual	1.49%	Year To Date	**Accountability**	J.Eddleston\T.Onon
Threshold	2.20%	(Lower value represents better performance)	**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.

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	1.8%	0.2%	0.3%	0.0%	0.0%	2.2%

Patient Experience

C.Lenney

Core Priorities	✓	◇	✕	No Threshold
	5	2	0	2

Headline Narrative

The number of complaints received and the overall year to date responses within timescale continues to improve. The number of new formal complaints received across the Trust during September 2019 was 105, which is a decrease compared to 142 formal complaints received in August 2019.

Performance is monitored and managed through the Accountability Oversight Framework (AOF). There was an increase in cases over 41 days at the end September 2019 (55) when compared to August 2019 (39) and July 2019 (32). The closure of complaints within the agreed timescales across MFT in September 2019 was 77.9%,demonstrating a decrease (negative) in the number of complaints resolved within the timeframe agreed with the complainant.

The Friends and Family Test (FFT) score of 'Extremely Likely' or 'Likely' to recommend the service they received to their Friends and Family in September 2019 was 92.6%.

Infection prevention and control remains a priority for the Trust. Trust performance for the current financial year (until the end of August 2019) is below trajectory for CDI but above trajectory for MRSA due to four trust-attributable cases having been reported 1 in May, 1 in July and 2 in August 2019 (against a threshold of zero).

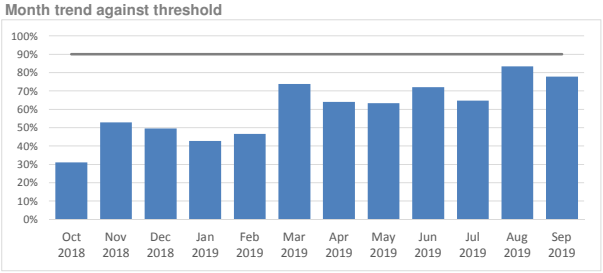
Patient Experience - Core Priorities

Percentage of complaints resolved within the agreed timeframe

◇

Actual	71.2%	Year To Date	**Accountability**	C.Lenney
Threshold	90.0%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
◇	✕	✕	◇	✓	◇	◇
87.8%	48.3%	54.3%	89.2%	93.8%	77.3%	89.9%

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 demonstrated a 5.4% reduction in the number of complaints resolved within the agreed timeframe in September 2019 at 77.9%.

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

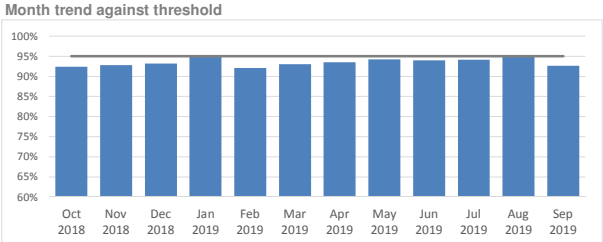
Performance is monitored and managed through the Accountability Oversight Framework (AOF).

FFT: All Areas: % Extremely Likely and Likely

◇

Actual	94.0%	Year To Date	**Accountability**	C.Lenney
Threshold	95.0%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✓	◇	◇	✓	◇	✓	◇
96.2%	92.5%	90.3%	97.5%	94.5%	97.1%	94.1%

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.

Progress

The response rate for Inpatients in September 2019 was 15.2%.

The Emergency Departments response rates in September 2019 was 8.6%.

FFT data is captured through a number of methods including hand held electronic devices. There have been some technical issues with the Wi-Fi Network and the Trust is in the process of moving to a new server; the Qualtiy and Patient Experience teams are working closley with IT to support this transition.

Actions

Each Hospital/Managed Clinical Service reviews and monitors of FFT response rates and patient feedback to identify any areas for improvements in order to increase response rates and act upon the feedback received.

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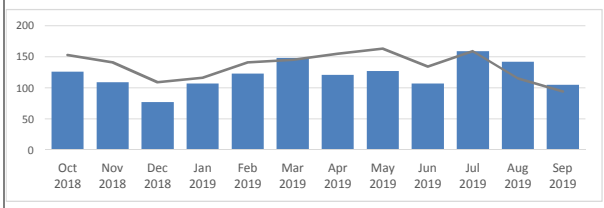
Complaint Volumes

Actual	761	Year To Date	**Accountability**	C.Lenney
Threshold	820	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✓	✓	✗	✓	✓	✓	✓
43	211	94	88	33	19	234

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

Key Issues

The number of new complaints received across the Trust in September 2019 was 105,which is a decrease compared to 142 in August 2019.
WTWA received the highest number of formal complaints in September 2019, receiving 27 complaints (25.71% of total). This is a decrease of 22 in number of complaints for WTWA compared to the previous month.Of the 27 complaints received the specific themes were 'communication' & 'treatment/procedure'. Acute Medical Unit (AMU) at Wythenshawe were identified in 2 of the complaints relating to 'treatment/procedure', as were the Urgent Care Centre (UCC) at Trafford Hospital, Ward F6 at Wythenshawe and Orthopaedic Administration.
MRI received the second highest number of formal complaints in September 2019, receiving 25 complaints (23.80% of total).

At the end of September 2019 there was a total of 55 cases over 41 days old, this is an increase of 16 compared to the previous month of August 2019 (39). The Hospital/MCS with the highest number of cases over 41 days at the end of September 2019 was MRI with 18 (32.72%) of total cases at 41 days old. This number is higher than the number of MRI cases over 41 days old at the end of August 2019 (13) and July 2019 (7).

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

Actions

All Hospitals/MCS continue to prioritise closure of complaints older than 41 days. Chief Executives are held to account for the management of complaints cases that exceed 41 days through the Accountability Oversight Framework (AOF).

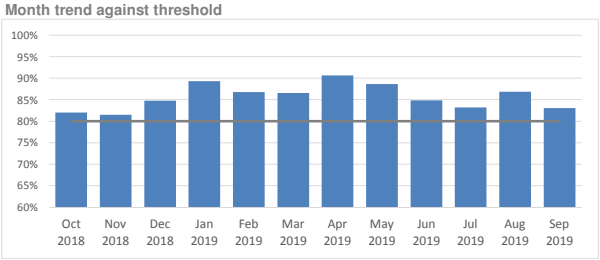
Progress

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.

Nursing Workforce – Plan v Actual Compliance for RN

Actual	83.1%	Latest Period	**Accountability**	C.Lenney
Threshold	80.0%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
NA	✓	✓	✓	✓	NA	✓
NA	81.6%	82.2%	86.9%	82.4%	NA	83.4%

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 September 2019 there were 12 (12.7%) inpatient wards across the Group that had a registered nurse vacancy factor above 25%. The nurse fill rate continues to reach the 80% target with a fill rate of 83.1% in September 2019.However this is a slight decrease from August 2019 when the fill rate was 86.9%.It is anticipated that the fill rate will increase in October 2019 when the rest of the newly qualified nurses commence in post. Established escalation and monitoring processes are in place to ensure delivery of safe and effective staffing levels meet the acuity and dependency of the patient group. Daily senior nurse staffing huddles are in place across the Hospitals.

Actions

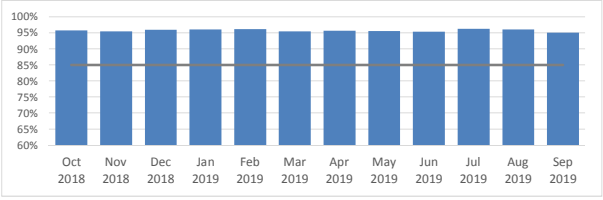
Where shortfalls in nurse staffing levels occur and this cannot be resolved, staff are redeployed from other areas following a risk assessment and professional judgement based on the acuity and dependency of patients in each area. Nursing assistant levels are increased in some areas to support such a 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 the Allocate SafeCare system which supports daily deployment of nursing staff. The Safer Care Nursing Tool (SNCT) is used to support establishment reviews. The hospitals have completed 3 census collection periods in 2019 to determine the acuity and dependancy of patients on their wards. Having 3 sets of SNCT data will support upcoming establishment reviews to ensure wards are staffed safely based on patients needs.

Food and Nutrition

Actual	95.6%	Year To Date	**Accountability**	C.Lenney
Threshold	85.0%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✓	✓	✓	✓	✓	✗	✓
98.1%	95.7%	91.3%	97.2%	98.4%	83.0%	96.5%

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 in response to the low score achieved by the Trust within the National Impatient Survey. Patient Dining Forums are established for ORC and WTWA. The Oxford Road Campus Improvement Programme 'Good to Great' is now led by the Head of Nursing (Quality and Patient Experience) the Improvement Programme has been rolled out to WTWA, led by the Deputy Director of Nursing.

The MFT Nutrition and Hydration (food and drink) Strategy 2019-2022 was launched as part of Nutrition and Hydration Week in Mar 19. The Strategy sets out our commitments to improve Nutrition and Hydration.

The Hospital/ MCS progress related to delivering the commitments withing the Nutrition and Hydration Strategy is monitored through the Trust Patient Experience and Quality Forum.

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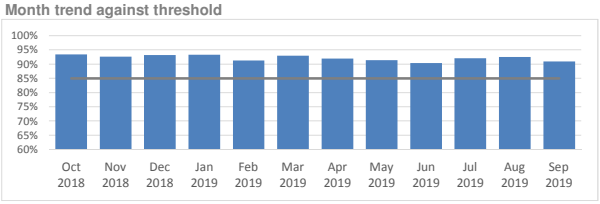
Pain Management

✓

Actual	91.5%	Year To Date	**Accountability**	C.Lenney
Threshold	85.0%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✓	✓	✓	✓	✓	✓	✓
96.4%	87.1%	86.3%	95.0%	97.8%	100.0%	92.9%

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.

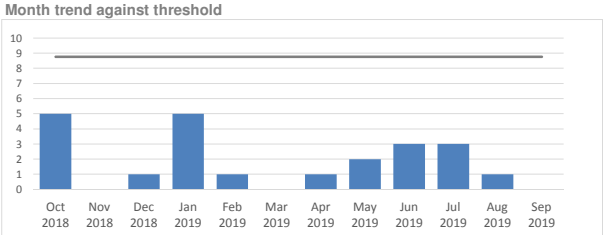
The oversight for this work is now provided by the Deputy Director of Nursing, CSS who continues to lead work to establish a future work programme. Performance against this KPI is monitored through the Trust Harm Free Care structure.

Clostridium Difficile – Lapse of Care

✓

Actual	10	Year To Date	**Accountability**	C.Lenney
Threshold	53	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✓	✓	✓	✓	✓	✓	✓
0	3	0	0	0	0	7

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. Recent changes to the national apportioning algorithm means that trust attributable cases now also include cases that have been an inpatient at the reporting trust within the previous 28 days. Accordingly, the new maximum threshold for the Group for 2019/2020 is 173 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

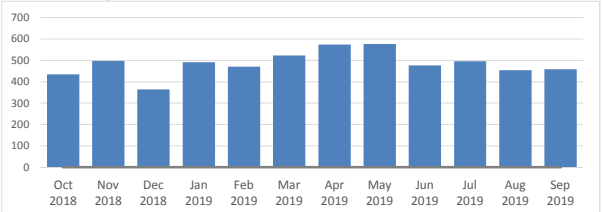
There have been a total of 102 cases of Clostridium difficile infection reported since April 2019: 73 (72%) of which were trust-attributable against a trajectory of 97.
Following CCG review, there have been 11 lapses in care identified: three lapses in care identified at MRI and eight lapses in care identified at Wythenshawe Hospital, with 40 cases pending review (awaiting ribotyping results, details of further investigations and direction from the CCG regards the new apportioning algorithm).

PALS – Concerns

-

Actual	3035	Year To Date	**Accountability**	C.Lenney
Threshold	None	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
-	-	-	-	-	-	-
170	774	317	264	191	97	989

The number of PALS concerns received by the Trust is within the limits of normal variation.

Key Issues

A total of 458 PALS concerns were received by MFT during September 2019 compared to 454 PALS concerns in August 2019.

The Hospital / MCS level performance against this indicator for year to date is detailed in the Hospital/ MCS Level Compliance Chart and volumes of PALs are monitored via the AOF.

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.

> Board Assurance

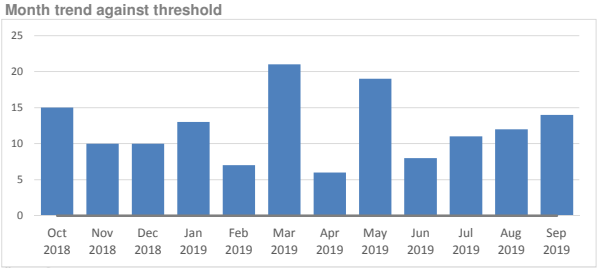
September-19

All Attributable Bacteraemia

-

Actual	70	Year To Date	**Accountability**	C.Lenney
Threshold	None	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
-	-	-	-	-	-	-
6	36	4	4	0	0	20

MRSA and E.coli.There is a zero tolerance approach to MRSA bacteraemia. For healthcare associated Gram-negative blood stream infections (GNBSI), trusts are required to achieve a 25% reduction in healthcare associated GNBSIs by April 2022, and a 50% reduction by April 2024. There are currently no sanctions applied to this objective

Progress

There have been 307 incidents of E. coli bacteraemia reported since April 2019. Of these, 65 (21%) cases were determined to be hospital-onset, against a trajectory of 50. Exceedances have been seen across the country. A number of reduction strategies are in place at MFT, working in collaboration with colleagues from the CCG, MLCO and neighbouring trusts

There have been five trust-attributable MRSA bacteraemias reported since April 2019: two from AICU and one from the Burns Unit (both at Wythenshawe Hospital), and one case from each Ward 36 and Manchester Vascular Centre (Oxford Road Campus). Full RCAs have been completed and action plans devised and implemented locally. There have also been five non trust-attributable MRSA bacteraemias reported for this period.

Operational Excellence

J.Bridgewater

Core Priorities	✓	◇	✕	No Threshold
	2	1	8	0

Headline Narrative

• Diagnostic standard - achieved for the third consecutive month.

• No 52 week waits occurred in September

• MFT in line with its trajectory for waiting list size.

• RTT performance remains below the standard, as expected due to an upgrade of the Patient Administration to support management of RTT pathways.

• 2 Cancer Standards achieved, 5 standards are not being achieved, in part due to continued significant increases in demand. across the 5 standard challenged sites are: urology, Lung, Lower and Upper GI, and Gynaecology. Breast has been underperforming due to aid provided by MFT to the Stockport service and in October is showing signs of improvement. Effective governance and a programme of work are in place to support improvements against the standard, with external assurance from the NHSI team.

• Urgent Care performance has not improved despite additional actions being undertaken over the last 3 months, this is in part due to exceptional demand that has been experienced in Q2. Safety remains a key priority and no trolley waits have occurred, and MFT continues to have strong performance against the ambulance turnaround standards. Urgent care delivery is impacting on other operational standards and is a risk to the elective programme with the potential for 52 week waits to occur. MFT is focused on improving long length of stay performance and reducing Delayed Transfers of Care, and additional investment has supported the development of an integrated discharge team at MRI, working in conjunction with the MLCO.

• Cancelled Operations >28 days - More cancelled operations occurred in September compared to previous months, half of which was due to unexpected sick leave. Patients have been offered suitable alternative dates.

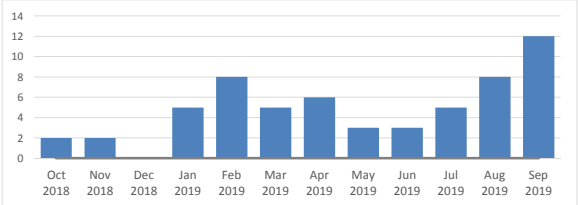
Operational Excellence - Core Priorities

Cancelled operations - rescheduled <= 28 days

✕

Actual	37	Year To Date	**Accountability**	J.Bridgewater
Threshold	0	(Lower value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✕	✕	✓	✓	✓	✓	✕
2	12	0	0	0	0	23

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 long length of stay patients and Delayed Transfers of Care.
• 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.
• Capacity and Demand plans are in place to support Trust bed requirements which is a factor in cancellations.

Progress

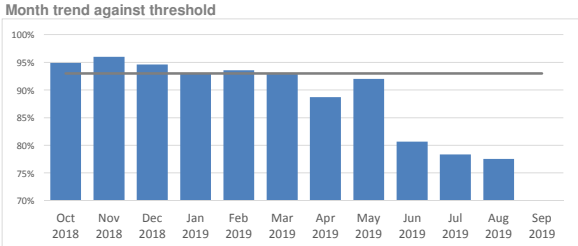
In September the Trust reported a higher number of 28 day breaches. There was a total of 11 breaches, of which 9 occurred at Wythenshawe Hospital and 2 at Manchester Royal Infirmary. 5 of the 9 breaches reported at Wythenshawe, were due to unforeseen circumstances related to sick leave.

Cancer Urgent 2 Week Wait Referrals

✕

Actual	77.9%	Quarterly	**Accountability**	J.Bridgewater
Threshold	93.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
NA	✕	✓	✕	NA	NA	✕
NA	91.1%	94.4%	90.2%	NA	NA	70.3%

The percentage of patients urgently referred for suspected cancer by their GP that were seen by a specialist within 14 days of referral.

Key Issues

• Increased demand in 2 week wait referrals continues to place pressure on MFT cancer services, creating capacity pressures. From April - August 19 MFT has seen 12% (c1500) more 2ww referrals compared to the same period last year.
Aid to the Stockport Breast service has exceeded capacity and is having significant impact on performance.
• High numbers of breaches in Breast, patients from all areas affected. Performance dropped to 20.1% in August.

Actions

• The MFT Cancer Excellence Programme incorporates actions to support 2ww delivery including: increasing the number of patients seen within 7 days, implementation of best practice pathways, straight to test models, currently considering options for expansion of Rapid Diagnostic Centre pathways.
• An action plan is in place for the WTWA Breast pathway working collaboratively with Stockport and Commissioners to sustain provision of Breast services for patients in GM.
• Actions being taken to support the 62 Day standard will also support 2ww delivery.

Progress

• High numbers of breaches in Breast, patients from all areas affected. WTWA plans are being progressed, interim actions are being taken to increase capacity through ad-hoc sessions, with substantive additional capacity due to come on line from October and November. In addition, joint working with North Manchester has provided some additional capacity. The service is still challenged although the waiting time has reduced to a current 14 days - however it is breast awareness month in October which may cause a rise in demand.
• MRI improving performance with progress in LGI. IST supporting Capacity and Demand assessment for the speciality, the National Optimal Pathway for straight to test is scheduled to commence in December subject to recruitment.
Gynaecology performance on the Oxford road site has been challenged through Q1 and Q2, however this has started to improve with current August performance at 91.2%.

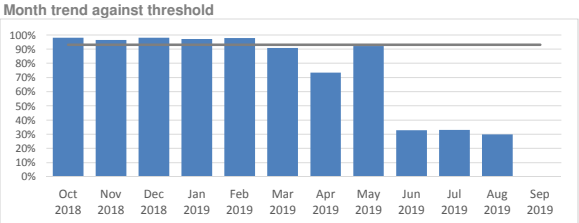
> Board Assurance

September-19

Cancer 2 Week Wait - Breast

Actual	31.7%	Quarterly	**Accountability**	J.Bridgewater
Threshold	93.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
NA	NA	NA	NA	NA	NA	✗
NA	NA	NA	NA	NA	NA	31.7%

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, with a strong track record of delivery.
- Support to Stockport has placed considerable pressure on service delivery.

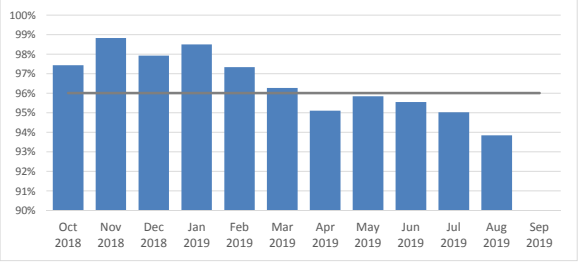
Actions
- Actions to support recovery of the service are outlined above as per the 2ww standard, which also incorporates Breast activity.

Progress
- The Trust is underachieving against the standard, performance is being monitored and escalated by Manchester Commissioners.
- August reported 29.7% on the symptomatic pathway a slight drop from July position, although current provisional data for October demonstrates an improvement.

Cancer 31 Days First Treatment

Actual	94.5%	Quarterly	**Accountability**	J.Bridgewater
Threshold	96.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
NA	✗	✗	✗	NA	NA	✗
NA	93.3%	95.0%	92.3%	NA	NA	95.0%

The percentage of patients receiving their first definitive treatment for cancer that began that treatment within 31 days.

Key Issues
- Cancer Demand
- 2 key challenged pathways: lung and urology

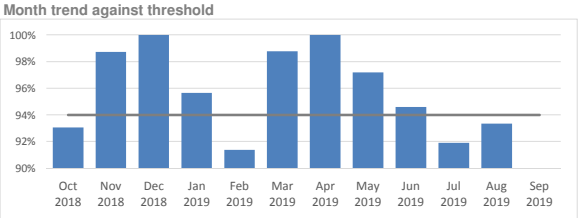
Actions
- Cancer Excellence Programme will support resilience across all cancer pathways.
- Capacity pressures in Renal Surgery at MRI managed through senior clinical and management teams.
- Continued pressures in Lung Surgery at WTWA due to constraints in anaesthetic and nursing cover for theatre, and demand for transplants. Capacity has been further impacted by theatre estates issues and lists were lost due to heavy flooding, and contamination which has since been resolved.

Progress
- 6 out of 10 cancer sites in Q2 are achieving the standard.
- Typically the Trust performs well against this standard. However, MRI urology and Wythenshawe Lung pressures have contributed to lower performance.

Cancer 31 Days Sub Surgical Treatment

Actual	92.5%	Quarterly	**Accountability**	J.Bridgewater
Threshold	94.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
NA	✗	NA	✗	NA	NA	✓
NA	80.0%	NA	80.0%	NA	NA	96.1%

The percentage of patients that waited 31 days or less for second or subsequent treatment, where the treatment modality was surgery.

Key Issues
- Cancer Demand
- smaller volume of treatments on this pathway

Actions
- Cancer Excellence Programme will support resilience across all cancer pathways.

Progress
- The Trust is currently 1.5% below the threshold in Q2
- 6 out of 10 pathways are achieving the standard in Q2
- Q2 has seen 10 breaches of the standard occurring across Urology, Lung, LGI and Gynaecology pathways.

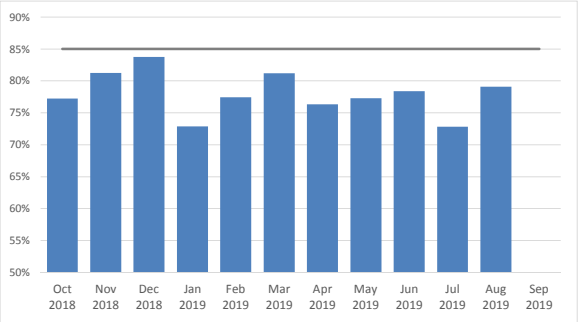
> Board Assurance

September-19

Cancer 62 Days RTT

Actual	75.8%	Quarterly	**Accountability**	J.Bridgewater
Threshold	85.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
NA	✗	NA	✗	NA	NA	✗
NA	78.3%	NA	44.9%	NA	NA	78.1%

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

Key Issues

- The Trust continues to experience a significant increase in the demand for cancer services at circa 12%.
- Capacity pressures within high demand services.
- Capacity pressures within radiology, as a result of increased cancer demand and diagnostic demand for other patient groups i.e. inpatients.
  - Urgent care, high bed occupancy and inpatient demand impacts on diagnostic and lab capacity.
  - Physical resource constraints within labs and Radiology.

Actions

- Governance processes in place through the MFT Cancer Committee and Hospital Cancer Boards.
- Assurance and challenge through MFT Accountability Oversight Framework
- Root Cause analysis is undertaken for all patients who breach 62 days and Harm reviews undertaken for any patient over 104 days.
- Cancer Excellence Programme in place - 6 Key Elements based on NHSI and Best Practice including:
  1. Patient pathways and innovation
  2. Capacity and demand planning
  3. Training and best practice
  4. Operational delivery
  5. Professional development & resilience
  6. Data
- In addition, working with NHSI to access external expertise and assurance of the programme of work, focused on utilisation of demand and capacity tools, strengthening training for teams.
- There are a number of tumour specific developments incorporated within the programme which are jointly supported by the corporate performance team and the Hospital / MCS teams.

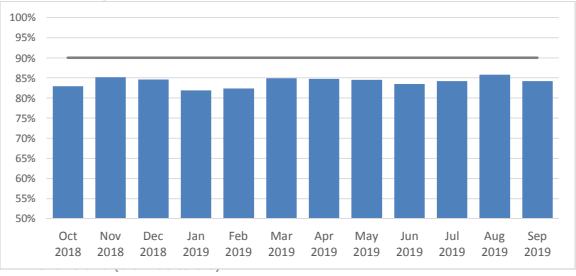
Progress

- The Trust is underperforming against the 62 day standard, with August's performance at 75.8% from 72.84% in July.
- WTWA performance historically achieved the standard, however recent pressures in Lung and Breast has impacted on performance, although August improved at 81.5% .
- Typically MRI has failed the cancer standard, however over the last 4 months there is an improving picture and August performance was 82.3%.
- SMH experiencing significant pressure in Gynaecology, reflective of GM demands on this service.
- A number of actions have been completed to secure LGI straight to test implementation in December, subject to recruitment to supporting posts.
- As part of the Cancer Excellence programme a pilot has commenced in October in the Head and Neck pathway to book diagnostics tests direct from clinic, patients will leave clinic with the next step in the pathway confirmed with the aim of improving patient experience.

A&E - 4 Hours Arrival to Departure

Actual	84.70%	Quarterly	**Accountability**	J.Bridgewater
Threshold	90.00%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
NA	✗	✓	✓	✓	✓	✗
NA	77.3%	90.4%	97.0%	99.9%	100.0%	85.3%

The total time spent in A&E - measured from the time the patient arrives in A&E to the time the patient leaves the A&E Department (by admission to hospital, transfer to another organisation or discharge). With a target that 95% of all patients wait no more than four hours in accident and emergency from arrival to admission, transfer or discharge.

Key Issues

- Mutual aid to other GM providers is a risk of increased pressure on A&E and out of area admissions.
- Greatest challenge for Hospitals include: Overnight pressures in A&E, Stranded patients and DTOC.
- Increased demand continues to be a key pressure, with exceptional peaks experienced across EDs in Q2. In Q1/Q2 MFT have seen 8338 (4%) more ED attendances across all portals compared to last year.
- Community capacity as alternative to A&E, Primary care capacity to facilitate increased streaming.
- Reduction/changes in community/care home capacity across GM.
- Age profile of presentations to Wythenshawe weighted with older, frail patients.

Actions

- Internal oversight arrangements are in place with twice between the Group COO and Hospital Chief Executives.
- Hospitals have a number of plans in place that are being progressed to support resilience including:
  - 2019/20 Capacity Plans
  - Transformation plans and patient flow programmes
- Hospital plans focus on key areas aligned to national priorities including:
  - Development of new models and urgent care treatment centres.
  - Maximising streaming, and increasing Same Day Emergency Care Pathways
  - Focus on improving flow, timely discharge, reducing long length of stay and Delayed Transfers of Care
- In addition, the Trust is working with GM Mental Health, to improve ambulatory pathways and assessment times.
- Working with the MLCO to implement new models of care, with agreed additional funding to support the implementation of an Integrated Discharge Team (IDT) at MRI, and some additional physical capacity. The recruitment to the IDT has commence and is expected to be completed in full by January.
- Longer term capital upgrade is planned for MRI, and PED.
- Working with system partners and NHSI ECIST team to seek external expertise and assurance.
- Additional interim actions have been taken over the last three months to maintain safety and resilience, although the positive impact of these has in part been offset by demand pressures. Furthermore, action to reduce elective programmes has been overseen by Hospital Chief Executives and MFT COO, based on safety considerations.
- MFT winter plan in place to support resilience in Q4.

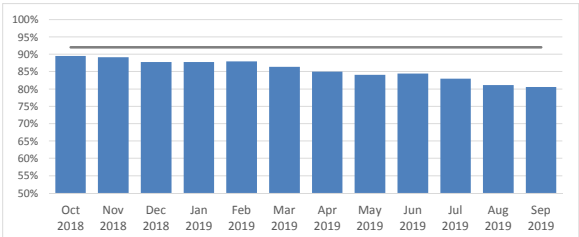
Progress

- MFT reported performance of 84.17%
- The Trust has experienced a 5.7% growth in walk patients compared to August 2018, placing additional pressure on MRI, Wythenshawe and RMCH.
- Pressures overnight remain a challenge at MRI and Wythenshawe.
- MFT is an outlier in the North West in relation to long length of stay patients and DToCs, which has resulted in the action noted above with the MLCO.

RTT - 18 Weeks (Incomplete Pathways)

Actual	80.5%	Latest Period	**Accountability**	J.Bridgewater
Threshold	92.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
◇	✗	✗	✗	✗	✗	✗
91.3%	82.8%	76.0%	79.7%	84.9%	77.8%	80.7%

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, with a small increase in referrals across in 19/20 YTD Vs 18/19
- Capacity and workforce pressures.
- Urgent Care pressures a risk to the elective programme.
- Work to upgrade the PAS across the ORC and implementation of Clinicom 4.4 impact on waiting list size.

Actions

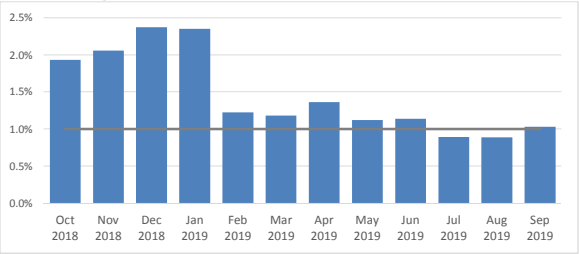
RTT Taskforce in place, chaired by the Chief Operating Officer and Chief Information Officer
- RTT Recovery programme in place, with continued delivery across 6 work streams including 52+ week waits, data quality, PAS upgrade, training and education and outpatient transformation.
- RTT PMO in place to ensure delivery and support to hospitals.
- 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.
- Elective care education programme, in conjunction with NHS Improvement, has been rolled out.
- Working with Commissioners in relation to demand management, particularly for specialist hospitals, to support stability of the waiting list.
- Working with NHSI to access external expertise and assurance, focused on utilisation of demand and capacity sustainability tools, strengthening training, knowledge and expertise for hospital teams.
- Establishment of a joint planned care board between MFT and MHCC and Trafford Commissioners to focus on transformation opportunities, in particular related to outpatients.

Progress
- Trust RTT performance in September is 80.52%% which is below the National profile of 85% (Aug 19)
- Trust's RTT waiting list size has been delivered below trajectory each month YTD, this has been due to improvements in the timely treatment of patients and data quality validation of the waiting list.
- The Trust has had no 52 week breaches to date in 19/20
- Circa 350 staff have participated in face to face RTT and elective care training workshops
- A new RTT e-learning package has been deployed to the learning hub
- The Trust Access policy and associated supporting documents including a new Elective care Training policy are in the process of being developed and ratified
- The NHSI training course delivered in partnership with MFT has been completed by 34 senior operational managers

Diagnostic Performance

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

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
◇	◇	◇	✗	NA	NA	✓
1.1%	1.2%	3.7%	29.4%	NA	NA	0.2%

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

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

Key Issues
- Demand for Diagnostic tests continues to increase in line with urgent and elective care pressures.
- Physical capacity constraints of scanners.
- Ability to secure ad hoc sessions and workforce to increase capacity.
- Prioritisation of cancer scanning/reporting, with is also increasing, is a risk to routine capacity.

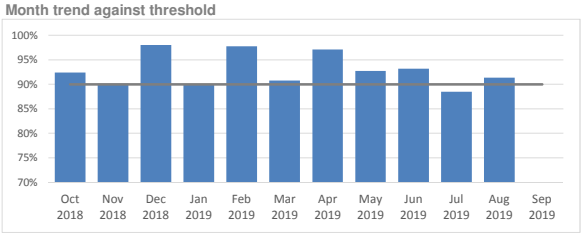
Actions
- Monitoring sustainability through AOF process.
- Implementation of the business case for the 3rd MRI scanner.
- Additional recurrent radiology sessions.
- Monthly forecasting in place, risks escalated to Hospital Directors.
- Outsourcing of routine capacity.

Progress
- The Trust has achieved the 1% target, reporting 1.03% for the third consecutive month since 2014. This outstanding achievement has been against backdrop of a 10.8% increase in referrals.
- The performance for SMH is high due to a very small waiting list, with only 4 breaches in month. This is similarly the case for RMCH reporting 9 endoscopy breaches for August.

Cancer 62 Days Screening

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

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
NA	✗	NA	NA	NA	NA	✓
NA	66.7%	NA	NA	NA	NA	91.3%

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 is currently on target at 90%, however there are issues within Bowel Screening following implementation of FIT testing with capacity which may have future impact. There was only 1 breach in bowel screening in August at MRI.

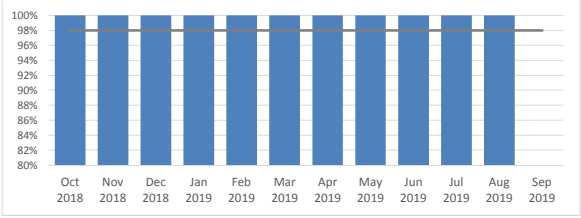
Actions

Cancer Excellence Programme will support resilience of all cancer standards.

Cancer 31 Days Sub Chemo Treatment

Actual	100.0%	Quarterly	**Accountability**	J.Bridgewater
Threshold	98.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

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

The percentage of patients that waited 31 days or less for second or subsequent treatment, where the treatment modality was an anti-cancer drug regimen.

Progress

The Trust continues to achieve the standard.

Actions

Cancer Excellence Programme will support resilience across all cancer standards.

Workforce and Leadership

P. Blythin

Core Priorities	✓	◇	✕	No Threshold
	5	0	6	3

Headline Narrative

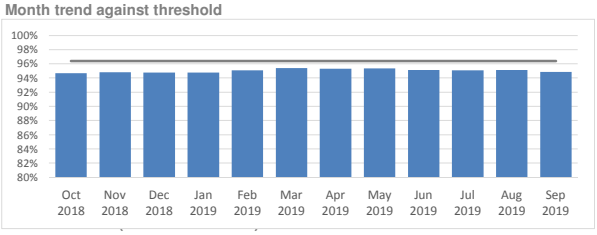
The Staff Survey and MFT Excellence Awards launched in September.

Workforce and Leadership - Core Priorities

Attendance

Actual 94.9% Latest Period **Accountability** P. Blythin
Threshold 96.4% (Higher value represents better performance) **Committee** HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✕	✕	✕	✕	✕	✕	✕
95.9%	94.4%	95.0%	95.5%	91.8%	93.0%	94.3%

This monitors staff attendance as a rate by comparing the total number of attendance days compared to the total number of available days in a single month.

Key Issues

The Group attendance rate for September is 94.9% which is lower than the previous month's figure (95.1%). The attendance rate was slightly higher at the same point last year (September 2018) at 95.1%. Meanwhile the latest figures released by NHS Digital show that for February 2019 the monthly NHS staff sickness absence for the whole of the North West HEE region was 5.2% (these figures include all provider organisations and commissioners). MFT's performance for the same period was 4.9%.

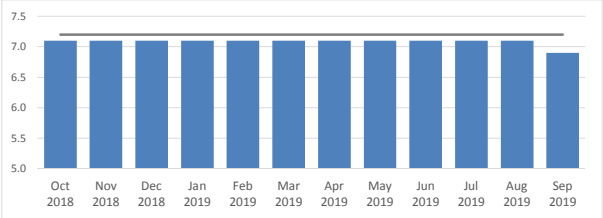
Actions

Work is underway to ensure Health and Wellbeing initiatives are focussed in areas where the biggest improvements can be made. The MFT HWB Framework is currently in development and will be ready for application by November 2019.
Attendance is one of the key metrics which is closely monitored through the Accountability Oversight Framework (AOF). Focussed discussion with the HR Directors of each Hospital/Managed Clinical Service (MCS) also features prominently in the actions to improve performance. Corporate performance is addressed though the Corporate Directors' Group.
A programme to implement Absence Manager across all Hospitals/MCS sites has been launched and is sponsored by Group Deputy Chief Executive, Gill Heaton to oversee implementation. Cohort 1 which included Corporate Services, Trafford and Altrincham hospital launched the system in September 2019. Each Hospital/MCS has developed a trajectory and action plan to increase attendance.

Engagement Score (quarterly)

Actual 6.90 Latest Period **Accountability** P. Blythin
Threshold 7.20 (Higher value represents better performance) **Committee** HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✕	✕	✕	✕	✕	✕	✕
6.9	6.5	7.1	6.8	6.9	7.1	6.9

This indicator measures the Staff Engagement score taken from the annual Staff Survey or quarterly Pulse Check. This score is made up of indicators for improvements in levels of motivation, involvement and the willingness to recommend the NHS as a place to work and be treated.

Key Issues

The 2019-20 Quarter 2 Pulse Survey was conducted between 19th August and 8th September. The Group staff engagement score from this survey was 6.9 (unchanged from Q1 2019-20). The 2019 NHS Staff Survey launched at MFT on 23rd September 2019. The Trust will be running a census again this year and the survey will provide the staff engagement scores for Q3 (published in February 2020).

Actions

The Group, Hospital and Managed Clinical Service (MCS) staff engagement scores were identified and disseminated within 10 working days of the close of the Q2 Pulse Survey. The overall Group staff engagement score was unchanged from Q1 and this was generally reflected in the scores for each Hospital/MCS. The Staff Friends and Family Test (SFFT) question scores showed little change at Group level. The 2019 NHS Staff Survey launched on 23rd September at MFT (within the first 25% of trusts to launch the survey this year). It will remain open until 5pm on Friday 29th November 2019 and we are again running a census this year. The survey is being promoted using various media channels across MFT and within each Hospital/MCS and Corporate Services via their local staff engagement groups/forums.
Staff Survey plans and improvement trajectories are in place across hospitals/MCS/MLCO and Corporate Teams and were presented to HRSC.

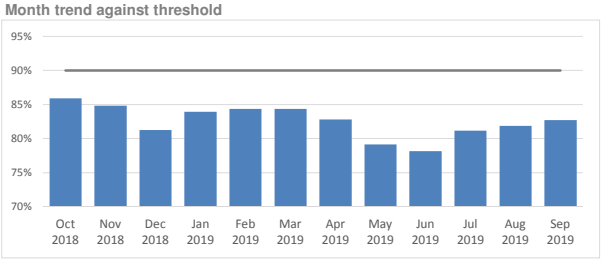
> Board Assurance

September-19

Appraisal- non-medical

Actual 82.7% Latest Period **Accountability** P. Blythin
Threshold 90.0% (Higher value represents better performance) **Committee** HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
◇	✗	✗	◇	✓	✓	◇
86.7%	77.2%	83.7%	88.1%	91.2%	91.1%	85.7%

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 because this data is captured in a separate metric aligned to the medical appraisal system.

Key Issues

Compliance in September increased by 0.8% to 82.7%. This is the 3rd consecutive monthly increase and compliance is now 4.5% higher than it was in June. The Eye and Dental Hospitals are achieving target compliance. There were significant increases of 5.0% for the MRI and 5.4% for MLCO. Compliance increased for two of the other hospitals in month whilst compliance decreased slightly for the other two as well as for the Corporate Division.

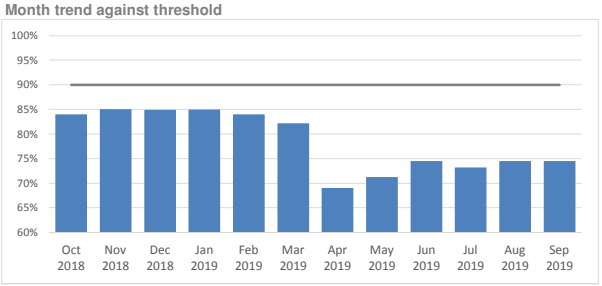
Actions

All Hospitals/MCS & Corporate Services have plans in place to improve compliance. Progress against these plans will be reviewed as part of the monthly AOF process and adjustments will be made to ensure compliance improves. A review of actions an progress for corporate teams is a standing agenda item at the Corporate Directors Group. HRDs also have regular ongoing discussions within their Hospital/MCS & Corporate Services management teams to monitor progress and compliance against plans that are developed. There have been a number of OD&T led communications and 'drop in' sessions for staff in relation to preparation for and conducting and recording of appraisals.

Level 2 & 3 CSTF Mandatory Training

Actual 74.5% Latest Period **Accountability** P. Blythin
Threshold 90.0% (Higher value represents better performance) **Committee** HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✗	✗	✗	✗	✗	✗	✗
77.5%	69.6%	70.3%	79.4%	79.4%	75.5%	80.0%

This indicator measures the % of staff who are compliant at the point the report is run. Staff are compliant if they have undertaken Level 2 & 3 CSTF Mandatory training within the previous 12 months.

Key Issues

A new Clinical Mandatory Training Programme became effective across the Group from the start of the financial year. Some of these subjects have previously not been reported as part of mandatory training. In view of this it was agreed at EDT that Hospitals/MCS & Corporate Services ensure 90% compliance by October 1st and the trend has been reset to April 2019. Plans are now in place and improvements are monitored through the AOF.
The aggregate compliance against all 9 of the Level 2 and Level 3 Core Clinical subjects has been reported since July, whereas previously the aggregate compliance was for 6 subjects only.
The aggregate compliance for September remained the same as the previous month at 74.5%.

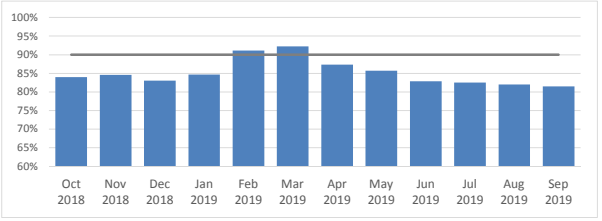
Actions

A monthly tracker showing compliance for each of the 9 Level 2 and Level 3 Core Clinical subjects is being shared with the Hospital/MCS & Corporate Services HRDs to allow a focused approach to managing compliance.
The new Induction & Mandatory training policy was ratified in September and this summarises the mandatory training requirements for all staff groups. A briefing document has been sent by the Chief Nurse to all the Hospital Leadership teams outlining the requirements around Safeguarding. Dialogue with Hospital Leadership teams has continued in respect of improving accessibility and recording of mandatory training.

Appraisal- medical

Actual 81.5% Latest Period **Accountability** P. Blythin
Threshold 90.0% (Higher value represents better performance) **Committee** HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✗	✗	✗	◇	✗	✗	✗
82.8%	80.5%	77.6%	88.3%	70.3%	80.3%	82.8%

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

Key Issues

Compliance fell by 0.5% in September to 81.5% and no Hospital / MCS is achieving target compliance. The number of appraisals held each month has remained relatively consistent; the primary cause of non-compliance is Clinical Fellows with no previous appraisal history provided. There are also a significant number of Consultants whose last appraisal was more than 15 months ago.

Actions

The new Appraisal and Revalidation Group is meeting in October, where arrangements for Clinical Fellow appraisals will be discussed in depth and reasons for apparent non-compliance will be discussed with the Hospitals/MCS.

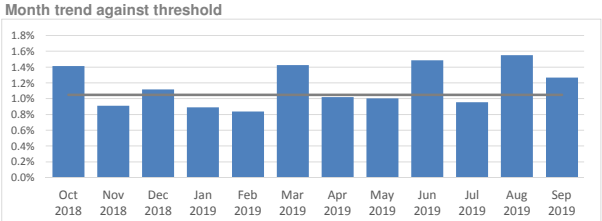
> Board Assurance

September-19

B5 Nursing and Midwifery Turnover (in month)

Actual	1.27%	Latest Period	**Accountability**	P. Blythin
Threshold	1.05%	(Lower value represents better performance)	**Committee**	HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✗	✗	✗	✗	✓	NA	✗
1.44%	1.24%	1.91%	1.14%	0.49%	NA	1.28%

This indicator measures and monitors the turnover of Band 5 Qualified Nursing & Midwifery staff within the organisation by comparing the total number of leavers and the total number of Full Time Employment (FTE) staff as a rate (excludes Fixed Term Contract staff). The graph show the rate in a single month.

Key Issues

The turnover for September 2019 is 1.27% against a monthly target of 1.05%. This is a decrease in turnover from August 2019 at which the turnover was 1.55%.

Actions

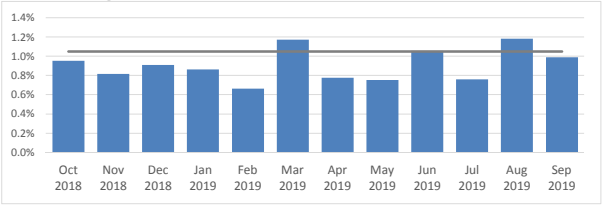
Retention of Nurses and Midwives remains a key focus for the Trust with each Hospital/MCS establishing a retention strategy that includes:-

- Internal transfer process for band 5 Staff Nurses and Nursing Associates
- Development of an apprenticeship strategy to support nursing careers
- Opportunities for Nurses and Midwives to retire and return flexible
- Expansion of rotational programmes
- Staff engagement events
- Pastoral support for new starters

Turnover (in month)

Actual	0.99%	Latest Period	**Accountability**	P. Blythin
Threshold	1.05%	(Lower value represents better performance)	**Committee**	HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✗	◇	✓	✗	✓	✓	✗
1.22%	1.02%	0.82%	1.09%	0.67%	0.10%	1.08%

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 0.99% compared to 1.2% for the previous month.
The turnover rate was higher at the same point last year (September 2018) at 1.4%.

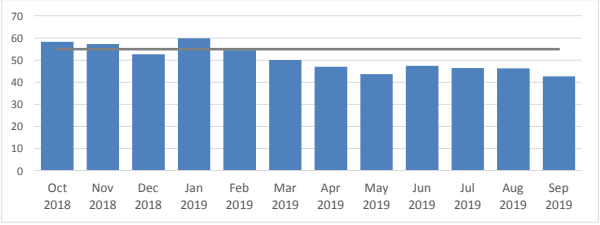
Actions

The Hospitals/MCS continue to focus on staff turnover with regular staff engagement sessions, facilitating internal moves to prevent staff leaving the organisation.

Time to Fill Vacancy

Actual	42.7	Latest Period	**Accountability**	P. Blythin
Threshold	55.0	(Lower value represents better performance)	**Committee**	HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✓	✓	✓	✓	✗	✓	✓
51.9	42.7	38.5	41.8	81.0	40.3	43.9

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. The metric does not include Staff Nurses as there is a separate metric for this provision.

Key Issues

Group wide, the Time to Fill figure has decreased from 46.3 days and now stands at 42.7 days for September.

Actions

The Trust 'Time to Hire' for September 2019 is 49.3 working days (with staff nurses), a slight increase of 1.1 working days on the previous month but is 5.7 working days under the target of 55 working days. The figure without Band 5 Nursing is 42.7 working days, this figure has decreased significantly from last month's figure of 46.3 and is 12.4 working days under the target of 55 working days. The majority of Nursing students will have confirmed completion of their course and now have started with the Trust.

The 'Time to Hire' figure for medical staff increased slightly by 1.8 working days from 79.6 working days to 81.4 working days, with the main issues identified as delays in shortlisting and departments, appointing candidates with delayed start dates therefor affecting time to hire figures. There remains to be pieces of work to pursue around streamlining processes in medical recruitment and these are currently being managed by the recruitment team.

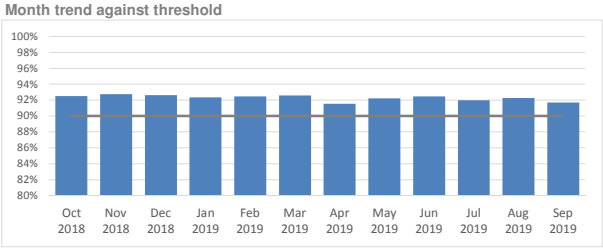
> Board Assurance

September-19

Level 1 CSTF Mandatory Training

Actual	91.7%	Latest Period		**Accountability**	P. Blythin
Threshold	90.0%	(Higher value represents better performance)		**Committee**	HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✓	✓	✓	✓	✓	✓	✓
92.3%	90.2%	90.1%	96.0%	93.0%	91.8%	91.0%

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

Following the successful integration of Core Level 1 training in the 2018/19 financial year, compliance is now being monitored against the aggregate of all 11 Core Level 1 subjects.
In September the aggregate compliance decreased by 0.6% but remains 1.7% above target at 91.7%

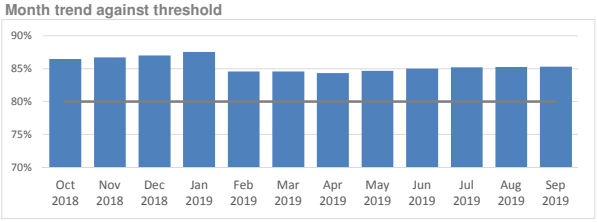
Actions

Monthly compliance reports continue to be made available via the electronic Workforce Intelligence Portal (eWIP).
Ongoing review of target compliance will continue with non-compliant Hospitals/MCS being monitored by the AOF process.
Monthly review of target compliance for Corporate functions is monitored through the Corporate Directors' Group.

Nurse Retention

Actual	85.3%	Latest Period		**Accountability**	P. Blythin
Threshold	80.0%	(Higher value represents better performance)		**Committee**	HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✓	✓	✓	✓	✓	NA	✓
86.1%	84.8%	86.8%	86.4%	86.6%	NA	84.0%

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

In September 2019, Nursing and Midwifery retention stands at 85.3% which is an increase from the previous month (85.2%). 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 polices, procedures and practices are supportive of the Trust being seen as a good place to work. The overall retention rate is good at 85.3%.

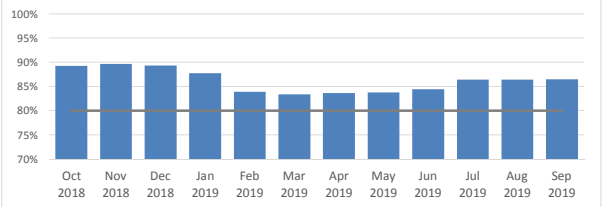
Actions are detailed in the above metric for Nursing and Midwifery Turnover and are a result of the retention plan developed in January 2019 which continues to progress and be monitored.

The Trust have commenced a nurse retention programme with NHSI with an aim to improve retention.

BME Staff Retention

Actual	86.5%	Latest Period		**Accountability**	P. Blythin
Threshold	80.0%	(Higher value represents better performance)		**Committee**	HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✓	✓	✓	✓	✓	✓	✓
87.9%	87.5%	83.6%	88.7%	89.0%	81.5%	84.2%

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 as they are employed by the lead employer St Helens & Knowsley Trust. The rate is shown as a rolling 12 month position.

Key Issues

In September 2019, the BME retention rate is significantly above the Trust's threshold of 80% month on month at 86.5%.
The Group continues to perform strongly on this indicator with retention rates above the 80% threshold.

Action

Hospital/MCS are tracking this within their AOF and developing plans to address where negative gaps are being identified.

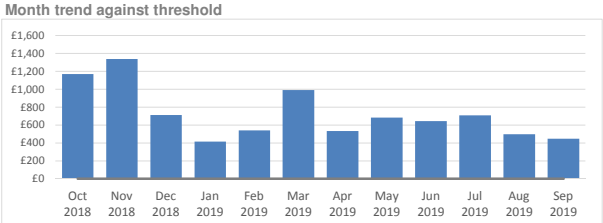
> Board Assurance

September-19

Medical Agency Spend

Actual £448.3 Latest Period **Accountability** P. Blythin
Threshold None (Lower value represents better performance) **Committee** HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
-	-	-	-	-	-	-
-£8.2	£285.2	£52.4	-£2.1	£90.3	£0.0	£30.8

The Medical and Dental Agency Spend figure represents the cost of supply/temporary M&D staff throughout the Trust. This may represent cover for long term absences either through vacancies, long term illnesses or for other specific staffing requirements. The value is in £000s and is the reported month cost.

Key Issues

For September 2019 the total value of Medical and Dental agency staffing was £448.3 compared to £498.0 in August 2019.

Actions

Weekly and monthly reviews of Medical bank and Agency spend continue to take place at Hospital/MCS level.

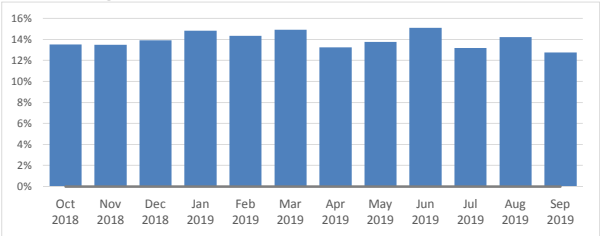
There has been a reduction in spend for August/September, some of which can be attributed to the August rotation of trainee doctors, which has led to a reduction in vacant posts.

Review meetings with our Agency partners continue to take place to ensure, that when agency workers have to be engaged, the best rates are paid.

Qualified Nursing and Midwifery Vacancies B5 Against Establishment

Actual 12.7% Latest Period **Accountability** P. Blythin
Threshold None (Lower value represents better performance) **Committee** HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
-	-	-	-	-	-	-
10.0%	13.5%	6.0%	12.6%	6.6%	NA	15.1%

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.

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.

Key Issues

The majority of vacancies within Nursing and Midwifery are within the staff nurse (band 5) role.
At the end of September there were 498.9 wte (12.7%) staff nurse/midwife/ODP (band 5) vacancies across the Trust Group. This is an decrease from August 2019 when there were 560.3 wte (14.2%).

Actions

There are 255 nurses and midwives expected to start before the end of December 2019 upon graduation and registration with the NMC.

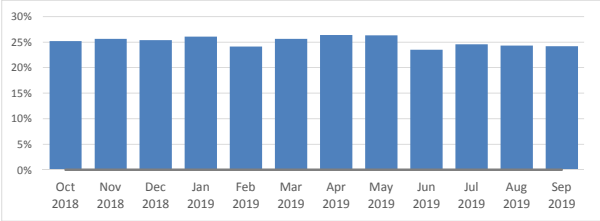
The Trust continues to recruit nurses from overseas. There are 65 international nurses (IR) that started in September 2019 with a further 81 cohort to start in November 2019. Approximately another 150 IR nurses are expected to arrive in the rest of the financial year.

A Group Resourcing Plan has been developed including a schedule of recruitment events to support the recruitment strategies implemented across the Hospitals/MCS.

% BME Appointments of Total Appointments

Actual 24.2% Latest Period **Accountability** P. Blythin
Threshold None (Higher value represents better performance) **Committee** HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
-	-	-	-	-	-	-
26.5%	29.1%	21.0%	15.2%	48.1%	37.5%	23.8%

This indicator measures the number of BME appointments as a percentage of all appointments. This is measured through the Trust's Recruitment System (TRAC). The graph shows an in month rate.

Key Issues

Almost one in four appointments is of black and minority ethnic origin (24.2%), which is consistent month on month.

Hospitals/MCS below the Group average are SMH (15.2%) and RMCH (21.0%).

Actions

The Group figure is higher than the Greater Manchester BME population of almost 17% but lower than the Manchester BME population of over 30%. Hospital/MCS are tracking this within their Accountability Oversight Framework and developing plans to address where negative gaps are being identified.

Preparing for the launch of remaining barriers programme in November 2019 as part of the Equality, Diversity and Inclusion strategy.

Finance

A.Roberts

Core Priorities	✓	◇	×	No Threshold
	0	1	1	0

Headline Narrative

- Please see agenda item 5.2

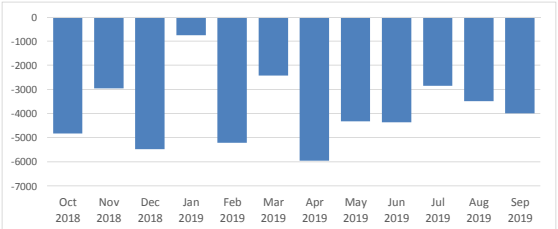
Finance - Core Priorities

Operational Financial Performance

Actual -£24,990 Year To Date **Accountability** A.Roberts

Threshold **Committee** TMB and Board Finance Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
◇	×	×	×	×	×	×

Comparing the financial actual expenditure against the agreed budget (£'000). A negative value represents an overspend. A positive value represents an underspend.

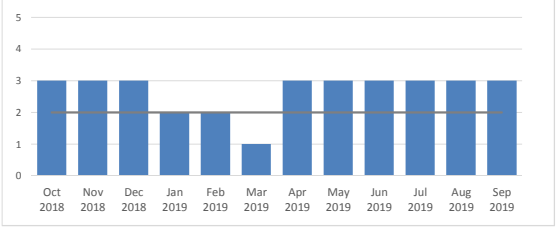
Please see the Chief Finance Officer's report for more detail.

Regulatory Finance Rating

Actual 3 Latest Period **Accountability** A.Roberts

Threshold (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 NHSI's single oversight framework, incorporating five metrics:

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

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Julia Bridgewater, Chief Operating Officer
Paper prepared by:	Marie Rowland, Assistant Director of Performance Rachel Bayley, Director of Performance
Date of paper:	October 2019
Subject:	Summary of the MFT Winter Plan for 2019/20
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration of Risk against Key Priorities:	a. Delivery of safe and effective care across the 2019/20 winter period b. Resilience of national standards for urgent care across the 2019/20 financial year c. Maintain staff wellbeing across winter period
Recommendations:	The Board of Directors is asked to note the report
Contact:	Name: Marie Rowland, Assistant Director of Performance Tel: 0161 2765789

1. Introduction

This report provides an overview of the Trust's plan for the 2019/20 winter period. It sets out the key initiatives that will support the management of increases in demand and the associated challenges of winter across the Trust's hospitals.

This year's Winter Plan has been developed for the Trust based on lessons learnt from previous winters. The plan covers all MFT clinical and support services and hospitals, and aims to ensure that, where services might be impacted by the winter period, plans are in place to ensure patients remain safe through periods of increased demand and that there is minimal delay or disruption to patient experience.

2. Lessons learnt from previous winters

Lessons learnt from previous winter periods has demonstrated higher levels of activity and acuity of patients and increased delayed discharges, with common themes including:

- A need for greater engagement and coordination with external partners to support transfers of care and complex discharges.
- Ability to flex additional bed capacity to manage major surges in demand.
- Ability to manage surges in emergency attendances and ambulance arrivals at certain periods of the day.

Areas of good practice and key initiatives that have supported improvements in flow across the winter period, include:

- Tracking and targeting of long length of stay patients working with the LCO.
- Length of stay reviews with multi-disciplinary teams.
- Use of capacity escalation areas and additional clinical staffing
- Implementation of internal divert processes for ambulances between MRI and Wythenshawe Hospital, as part of escalation
- Adoption of the flu campaign across hospitals

Planning for 2019/20 incorporates these lessons learnt.

3. Aims of the 2019/20 Winter Plan

The aim of this plan is to ensure that patient safety is maintained, through the delivery of effective care, as well as maintaining service delivery and minimising delays in discharge. The plan also focuses on supporting staff retention and well-being over this period.

4. Key risks to the delivery of the 2019/20 Winter Plan

There are a number of key risks relating to the delivery of the Winter Plan, including demand levels, system capacity, staffing, performance, outlined below. These risks will be managed and mitigated as part of the implementation and ongoing delivery of the Winter Plan.

Areas	Identified risks
System Resilience	• Demand has continued to rise in Q1 / Q2 2019/20, with unprecedented peaks experienced at MFT in September / October. • Resilience of care home bed capacity. • Mental Health capacity. • Infection and Flu outbreaks • Potential unknown risk due to EU Exit

Elective activity	• Ability to manage elective capacity across winter period and subsequent impact on RTT and cancer performance.
Performance	• Ability to achieve national urgent care standards across winter periods and resultant impact on patient experience and safety
Staffing	• Recruitment and retention of staff across winter period • Flu coverage and potential levels of staff sickness across hospitals • Ability to maintain consistent clinical services and business continuity due major flu pandemic • Staff resilience and wellbeing over winter period

Key Initiatives for 2019/20 Winter Resilience

MFT urgent care performance in 2019/20 has not seen the typical level of improvement over the spring / summer period, following winter 2018/19. In part this has been due to significant level of demands at 4% higher (c. 8500 A&E attendances) than last year, coupled with delayed discharge and high levels of long length of stay patients (+21 days).

As a result Hospitals / Managed Clinical services, alongside the MLCO have in place longer term urgent care programmes which incorporate a number of actions to support winter resilience. These programmes form the foundation of the Winter Plan, and align to national priorities relating to:

- New models of care
- Maximising GP streaming models
- Maximising ambulatory care and Same Day Emergency care pathways
- Timely discharge and reducing Delayed Transfers of Care
- Reduction of Long Length of Stay patients (+21 days)
- 7 Day working

Due to the level of demand peaks experienced through the summer months, a number of additional actions have been put in place which have prevented any further reduction in performance and maintained patient safety. These actions also provide continued resilience for winter and incorporate:

- Joint working with partners to deliver improvements in ambulance handover, which has been successful.
- Focus on reducing minors breaches, in particular overnight.
- Clinical leadership in ED.
- Increase of staffing levels.
- Review of pathways and deflection from ED direct to appropriate services.
- Additional management support out of hours.
- Additional CSS support out of hours and weekends.

The below table provides a summary of the Winter Plan:

Hospital	Key initiatives
Group and Trust wide	• Staff flu vaccine programme • Staff recruitment, retention and staff wellbeing • Communication of Trust plans with external partners • System escalation and reporting to Greater Manchester Partnership and CCG • Continuation of governance arrangements between the Group and Hospitals, MCS and MLCO to oversee urgent care delivery. • The NHSI Emergency Care Intensive Support team are providing support across the Group to the Main adult and paediatric ED departments and to the MLCO. • Review of elective programmes based on safety factors.

Manchester Royal Infirmary	• Excellence in Flow Programme undertaken in September to test new ideas and models of care. • Weekly long length of stay review meetings • Focus on increasing weekend discharge • Safer Better Together Programme is the MRI overarching programme of work designed to deliver sustainable improvements in urgent care including: - 24 hour site management - Attendance avoidance – frequent attenders - Maximising ED streaming - Extended hours for ambulatory care - Promotion and embedding of SAFER standards across wards - Manchester ward – maximise admission criteria and focus on discharge • Major Trauma ward to be implemented from early December – 8 beds • Further 12 additional winter escalation beds to be opened across Q4
Wythenshawe, Trafford, Withington and Altrincham Hospitals (WTWA)	• Development of the Urgent Care Treatment centre model, with a focus on streaming. • Ambulatory and assessment – extension of AMRU/SRU, frailty model, speciality in-reach to medical wards and pull through to base wards to support flow. • Focus on maintaining the flow for ambulatory major patients within ED. • Overnight staffing • Improvement in flow and discharge – Standardised board rounds, embed SAFER standards, weekly reviews of patients over 21 day LoS. • Working with the British Red Cross to support patients home.
Royal Manchester Children's Hospital	• Implemented Hospital at Night model • Treat and Transfer to Starlight centre • Additional middle grade clinical fellows in Paediatric ED • GP sessions within Paediatric ED • Additional 8 beds on high dependency • Considering options to implement streaming model • Additional ED capacity following estates works.
Clinical and Scientific Services	• Additional imaging lists at weekends and evenings and additional reporting sessions • Pharmacy support to escalation wards and areas • Additional allied health professionals across A&E and wards • Rapid flu testing
Saint Mary's Hospital	• Additional EGU capacity in Q4 following estates works • Agreement of escalation processes and use of bed capacity by MRI, currently modelling this year's EGU activity in order to confirm the number of ring-fenced beds.
Manchester Royal Eye Hospital	• Additional staffing within EED in place to mitigate increases in demand • Agreement of escalation processes use of bed capacity by MRI • Working with primary care to develop options for streaming
Manchester Local care Organisation	• Additional investment agreed in October to implement an Integrated Discharge Team at MRI, initial posts in place but will mature through Q3 with expected full recruitment to the model by January 2020. • Homeless accommodation – 20 places • Discharge to Assess – 10 beds • Additional care home places – 9 beds • Package of care - 30

The delivery of the Winter Plan will be overseen by the Chief Operating Officer through the ED assurance governance arrangements. The Plan will also form part of the 2019/20 Manchester & Trafford Urgent and Emergency Care (UEC) Delivery Board Winter Plan.

5. **Recommendation**

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

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Julia Bridgewater, Group Chief Operating Officer
Paper prepared by:	Mike Allison, Acting Deputy Director, Transformation
Date of paper:	October 2019
Subject:	A report on the MFT Transformation Programme for quarter 2 2019/20
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	The Transforming Care Quarterly Report demonstrates the work done by the Transformation Team to support delivery of delivery high quality patient care and integration of services.
Recommendations:	To note the progress made during quarter 2 of 2019/20 against the delivery of the MFT Transformation strategy 2017-20
Contact:	Name: Mike Allison, Acting Deputy Director, Transformation Tel: 0161 276 6121

1. Overview

The MFT Transformation Strategy was approved by the Interim Board of Directors on 19 September 2017 pending the formation of MFT on the 1st October 2017. The strategy describes the ambition of MFT 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. Excellence in patient and staff experience and use of technology, facilities and strong leadership are key drivers for the transformation programme. The vision described in the strategy is that through a culture of clinically led change we will 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, GM and Manchester commissioners, Shelford Group and other key stakeholders

The Transforming Care for the Future Annual Plan for 2019/20 outlined the objectives for this year across three main themes:

1. Delivery of MFT Operational Excellence Standards
2. Integration
3. Culture Change, Capability Building & Standardisation

The objectives for the year were defined on a quarterly basis and updates are provided to the board each quarter on progress against these objectives. The objectives for quarter 2 as defined in the quarter 1 report are shown in full in appendix 1.

2. Delivery of the MFT Operational Excellence Standards

2.1. The MFT Outpatient Transformation programme continues with the focus on driving standardisation and service redesign of outpatient services.

2.2. During quarter 2 a detailed review of Gynaecology Outpatients across MFT was completed. Over the two weeks of the review the team spoke to staff and patients at St Mary's, Wythenshawe, Trafford and Altrincham, completed a full review of outpatient data and mapped the outpatient processes and identified bottlenecks. Following publication of the report the team has continued to support the St Mary's management team to assist with development and prioritisation of actions leading to the completion of a detailed action plan of which a number of areas are now complete.

2.3. During quarter 2 the first phase of the MRI outpatient standardisation and transformation programme was completed with the implementation of an off-site letter printing and sending service.

At a stroke this significantly improved the quality and legibility of appointment letter being sent to patients and provided assurance that letters were being sent and received by patients. This service is now handling in excess of 1000 letters per day. Plans for the next phases of the MRI programme have progressed with the next key milestone the standardisation of the text message reminder service due to be implemented in November.

2.4. The new MFT Outpatient Clinic Outcome Letter standards based on guidance from the Academy of Medical Royal Colleges were accepted by the MFT Clinical Advisory Committee in August. In line with the guidance the letters will be addressed to the patient, record relevant facts about the patient's health and wellbeing present information in a way that improves understanding and communicate a management plan to the patient and their GP. The restorative dentistry service will now pilot the standards before moving towards trust wide implementation.

2.5. Work has continued with the ENT service across MRI and Wythenshawe to redesign the outpatient model and reduce the demand for face to face consultant led appointments. Working with the clinicians new models have been designed for each sub speciality including stratified and open access follow up, the use of telephone and nurse led appointments and the expansion of tier 2 ENT and advice and guidance. The new models have been signed off by the Clinical Advisory Committee and are in the process of implementation. Once complete they will save over 1000 appointments per annum.

2.6. The transformation support that was being provided to REH in delivering against the outpatient standards concluded during quarter 2.

3. Operational Excellence Priorities for quarter 3:

3.3. Work on the Gynaecology outpatient programme will continue with the transformation team leading work with the clinical teams on referral pathways, interface with primary care and outpatient model redesign.

3.4. The next phase of the MRI transformation programme will be implemented at the end of October. At this point the work will be handed over to the MRI team.

3.5. The ENT programme will continue towards full implementation.

3.6. The implementation of the MFT outpatient clinic outcome letter in restorative dentistry will be evaluated and rolled out to other areas of the dental hospital.

3.7. A baseline exercise of outpatient business and management processes will take place across all MFT sites and services to understand the work required to support the Hive implementation.

3.8. The team will work with the hospitals and MCSs to identify the priorities for outpatient redesign in addition to the existing programmes in ENT and gynaecology.

3.9. Work with informatics to develop MFT wide dashboard for outpatients and theatres

4. Integration

4.1. The Transformation support to the integration programme is focussing on the delivery of the major integration and re-configuration schemes outlined in the MFT clinical strategies that concern services provided on the MRI and Wythenshawe sites. During Q2 a new governance process was established for this work through the MRI / WTWA Integration Portfolio Delivery Board which is now chaired by the Chief Transformation Officer. The CEOs of MRI and WTWA attend the meeting along with director representatives of their hospitals and CSS. This group is overseeing the major integration schemes relating to fractured neck of femur and elective orthopaedics, cardiac, vascular, head and neck, urology and general surgery. The board has established a checkpoint process supported by the transformation project resource to ensure that project plans and risk registers are sufficiently robust and any issues identified and resolved by the executive teams. Highlight reports will be submitted monthly across all areas.

4.2. Following the transfer of bladder cancer surgery in quarter 1 the kidney cancer surgery project progressed into the mobilisation phase in quarter 2. Teams from MRI and WTWA are working through a small number of remaining issues before the service transfers from the MRI to WTWA in quarter 3.

4.3. MFT remained compliant with the Manchester Agreement KPIs across all areas in quarter 2 with the integration schemes across stroke, urology and gynaecology maintaining or exceeding the trajectory.

Transformation area	Benefit Description	Benefit Measure	Target	Q2
Stroke	Timely single point of access to stroke specialist rehabilitation in a district stroke centre.	Increased number of patients transferred within 72 hours from being listed to a stroke specialist rehabilitation in a district stroke centre.	85%	97.00%
	Ensuring a maximum waiting time for patients awaiting repatriation	No patient will wait longer than 7 days for repatriation to a district stroke centre	0	0
Urgent gynaecology surgery	Reduced waits for urgent gynaecology surgery	Reduced time to treatment for surgical management of miscarriage (days)	2.5 days	2.3 days
Kidney stone removal	Reduced time to treatment	No patients waiting longer than 4 weeks for lithotripsy	0	0
	Increased choice of treatment	Number of days available for lithotripsy treatment per week	3	3

4.4. The Manchester Agreement metrics for cardiac will go live in quarter 3. The transformation team has been working with the clinical and operational teams at the MRI and Wythenshawe sites to ensure that the improvements in the rapid access acute coronary syndrome and inpatient cardiac surgery pathways are implemented and maintained to ensure the achievement of the agreed thresholds.

4.5. Discovery work has commenced with MRI, WTWA and the LCO's to look at the pathways to stroke rehabilitation in the community. The objective is to provide a seamless pathway which provides community rehab in a timely way for stroke patients. A key metric for this work will be hospital length of stay for stroke patients. The improvements to the TIA service at Trafford and Wythenshawe is now being managed by WTWA through business as usual arrangements.

5. Integration Priorities for quarter 3:

5.1. Continue to support the development of a robust plan for the phase 1 strategic moves through the Integration Portfolio Delivery Board

5.2. Work with the cardiac teams on both sites to ensure achievement of the Manchester Agreement KPIs

5.3. Begin work on COPD improvement linked to the heart and lung CSG

6. <u>Culture Change, Capability Building & Standardisation</u>

6.1. In July a Transform Together event was held in conjunction with the MRI focussing on virtual clinics. The event was very well attended and the winner of the Transform Together trophy was the remote follow up of devices service from the MRI. Subsequently the project lead Sophie Rooker presented the project and the learning at the Operations and Transformation Oversight Group.

6.2. A visit was held under the Getting It Right First Time (GIRFT) programme for dermatology in September. The acute and general medicine visit has been postponed to March. The transformation team continues to support the work of the Clinical Standards Groups and following direction from site medical directors the CSGs are going to be including GIRFT in their portfolio. An assessment of GIRFT actions and benefits has been compiled for each CSG. A group has been established with transformation support for Wythenshawe and MRI to take forward admission on the day of surgery in cardiac surgery as recommended by GIRFT. Additionally the transformation team has been supporting the CSGs in the implementation of other agreed pathways including surgical consent, WHO checklist and others.

6.3. A programme of readiness work to support Hive is in development, focussing on 3 main areas: Out Patient Standardisation, theatres processes and pharmacy. These will be supported by the Transformation Team.

These workstreams have been developed based on current knowledge of systems and processes and feedback from the Epic sites which have gone live in the UK.

6.4. Transformation has been working closely with the Hive team to develop the change model and approach for the implementation of the new EPR which will be a critical factor in the success of the project. Senior members of informatics, hospital CCIOs and transformation team members were trained on this approach during August. The feedback was excellent and the plan is to adopt the model for Hive and wider use across MFT change projects.

6.5. The team has worked to develop the Transform Together network offer and this will be launched in October.

7. Culture Change, Capability Building & Standardisation Priorities for quarter 3:

7.1. Support GIRFT visits for vascular surgery in October and anaesthetics and perioperative medicine in November

7.2. Transform Together event held on NHS Change Day in October

7.3. Continue to train key personnel in the MFT change model in readiness for Hive

7.4. Launch the Transform Together Network to support shared learning and capability for improvement across the organisation

Appendix 1 – Quarter 2 Objectives

Delivery of MFT Operational Excellence Standards	Integration	Culture Change, Capability Building & Standardisation
Implement initial phase of outpatient booking centralisation at the MRI Roll out of first wave of virtual clinics at MRI Roll out of RTT improvement programme to other MRI services Outpatient clinic letter standards drafted for Clinical Advisory Group approval Continue to support REH in delivering against outpatient standards Support St Mary's in developing a continuous improvement programme in Gynaecology, undertaking a review of Out Patient Services	Evaluate progress against Manchester Agreement Audit of programme documentation to uphold process and reporting standards, and continuous improvement Begin implementation of the wave 1 strategic moves Implement first phase of the TIA improvement programme Urology programme to oversee the transfer of nephrectomies from MRI to Wythenshawe	Share Learning through Transform Together Event Quarterly staff pulse check Transformation team development session to deliver continuous improvement Facilitation of GIRFT acute and general medicine specialty visits Assessment of GIRFT actions, implementation and benefits report to Clinical Advisory Committee Support implementation of clinical standards via CSG's: surgical consent, WHO checklist, cardiothoracic GIRFT recommendations, pulmonary embolism pathway Collaborate with Hive implementation team to develop a standardised change management approach to support Hive implementation Develop a plan for capacity and capability building in Transformation Team and wider team leading Hive, to support the organisational culture change required to drive continuous quality improvement and successful Hive adoption Develop the Transformation and OD Network offer and begin linking up staff across the trust to drive continuous improvement

Appendix 2 – Quarter 3 Objectives

Delivery of MFT Operational Excellence Standards	Integration	Culture Change, Capability Building & Standardisation
Support gynaecology with referral pathways, interface with primary care and outpatient model redesign. Implement phase 2 of the MRI outpatient programme and hand over to the MRI team. The ENT programme will continue towards full implementation Evaluate MFT outpatient clinic outcome letter in restorative dentistry and roll out to other areas of the dental hospital. Complete baseline exercise of outpatient business and management processes across all MFT sites and services Work with the hospitals and MCSs to identify the priorities for outpatient redesign in addition to the existing programmes in ENT and gynaecology. Work with informatics to develop MFT wide dashboard for outpatients and theatres Work with turnaround on development of opportunity packs for Hospitals to develop 20/21 plans	Evaluate progress against Manchester Agreement Continue to support the development of a robust plan for the phase 1 strategic moves through the Integration Portfolio Delivery Board Work with the cardiac teams on both sites to ensure achievement of the Manchester Agreement KPIs Begin work on COPD improvement linked to the heart and lung CSG Develop a detailed plan and begin the preparatory work for the transfer of elective orthopaedics from Wythenshawe to Trafford and fractured neck of femur from MRI to Wythenshawe. Complete transfer of kidney cancer surgery from MRI to Wythenshawe	Draft capacity training specification for 2020/21 GIRFT update to Clinical Advisory Committee Support implementation of clinical standards via CSG's including admission on day of surgery, cardiac MDTs Support GIRFT visits for vascular surgery in October and anaesthetics and perioperative medicine in November Transform Together event held on NHS Change Day in October Continue to train key personnel in the MFT change model in readiness for Hive Launch the Transform Together Network to support shared learning and capability for improvement across the organisation Quarterly staff pulse check

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Julia Bridgewater, Chief Operating Officer
Paper prepared by:	Rachel Bayley, Director of Performance and EPRR
Date of paper:	October 2019
Subject:	EU Exit Preparation
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Delivery of safe and effective services
Recommendations:	To note the contents of the report
Contact:	Name: Rachel Bayley, Director of Performance and EPRR Tel: 0161 276 6718

Agenda Item 8.4

Manchester University
NHS Foundation Trust

EU Exit

October 2019

Julia Bridgewater
Chief Operating Officer

Governance Arrangements

- **EU Exit Operational Readiness Guidance -** published 21 December 2019 – Focus on 7 areas:

- **Senior Responsible Officer** – Chief Operating Officer, Julia Bridgewater
- **MFT EU Exit Contingencies Group** - in place since January 2019, with representatives covering the above 7 areas
- **Risk Register –** Composite risk added to the MFT risk register since January 2019
- **National / Regional Workshops –** attendance by MFT to support EU Exit planning
- **GM Partnership Coordination** - of regional response and collaborative working across providers via the Local Health Resilience Partnership forum.
- **MFT Business Continuity** – Robust MFT process in place for Business Continuity Planning across all hospitals and Managed Clinical Services, places MFT in the best possible position.
- **MFT EPRR Governance structure**

Latest Position

KEY MESSAGE:

- EU Exit scheduled to occur at the end of January, which inherently is more of a risk/challenge due to winter pressures.
- If the current withdrawal agreement, or a revised one, is agreed and ratified during this time, the UK could leave the EU sooner than the 31/01/2020.
- Organisation's to retain preparations over the next 3 months, and maintain compliance with national directives

- Nationally there is assurance of NHS preparation, with lessons learnt being factored into ongoing planning and testing.
- A number of national subgroups in place underpinning the 7 areas of EU Exit Operational Readiness - working directly with subject experts across providers.
- Additional subject matter expertise within the national team will work with regions to mitigate issues as much as possible at a local level.
- National team working with regions to focus on whole system resilience
- Organisation’s to maintain existing business / clinical practices i.e. no stockpiling
- Intensity of preparations and communications through August – October and SITREP reporting, this has now been suspended due to the extension.
- SITREP reporting to recommence in January

Current Position

Pharmacy	• MFT compliant with the national guidance that local Trusts must not stockpile • NHSE additional stockpile to mitigate any short term delays.
Procurement	• Routine stock reviews undertaken across wards. • Work undertaken by MFT procurement team with specific areas of higher risk to standardise and strengthen stock management processes.
Workforce	• Settled status – choice of individuals to opt for 'settled status', currently no change to the requirements for evidence of right to work. • Communications and support to Trust EU staff • MFT Risk Register - identify any concentrated workforce risks across services.
Reciprocal Healthcare	• Emergency and GP services will remain exempt from charges. • Visitors from the EU, Norway, Iceland, Liechtenstein or Switzerland will **not** be covered for healthcare in the same way they are now if there is a no-deal EU Exit. • Citizens from these countries living lawfully in the UK on or before exit day will still be eligible for free NHS care. • MFT processes in place to manage the changes to reciprocal healthcare.
Research	• No new guidance at this point.
Data Sharing	• Workshops took place in September • MFT compliant with guidance

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Adrian Roberts, Chief Finance Officer
Paper prepared by:	Ursula Denton, Group Director of Finance
Date of paper:	October 2019
Subject:	Financial Performance for 2019/20
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Maintaining financial stability for both the short and medium term
Recommendations:	Operating financial performance has been consistently worse than plan, with performance against operational income & expenditure budgets up to the end of month 6 now over £11.4m worse than the approved Hospitals;/MCS Control Totals Robust delivery of the signed-off operational and financial plans needs to be demonstrated month-on-month to assure the Trust's continuing financial sustainability
Contact:	Name: Adrian Roberts, Chief Finance Officer Tel: 0161 276 6692

Executive Summary

1.1	**Delivery of financial Control Total**	The financial performance for the first half of the year was **a bottom line deficit** on a control total basis (excluding Provider Sustainability Fund) **of £15.9m** (1.9**%** of operating income). Operating financial performance up to the end of month 6 has reached £11.4m worse than the approved Hospital/MCS Control Totals. Current progress with delivery is still inconsistent with the financial plans put into place across Hospitals. Successful delivery of the overall 2019/20 plan approved by the Board demands further significant improvements to be embedded and sustained over the months ahead.
1.2	**Run Rate**	The second quarter's financial performance fell a further £5.1m short of Control Total requirements across Hospitals collectively, demonstrating that significant challenges to stabilise the month-on-month run-rate remain. Visible and sustained improvements need to be delivered across all areas over the third quarter to provide greater assurance of the Trust's continuing financial sustainability. Improved delivery in turn remains critical to the Board's ability to commit strategic investment decisions over the months ahead.
1.3	**Remedial action to manage risk**	Specific additional recovery and delivery actions have been agreed with each Hospital/MCS leadership team during the second quarter to secure stronger, more consistent delivery of the required operating financial performance through the immediate upcoming months. Follow up discussions will continue to be held regularly between the Group CFO, Group COO and Hospital CEOs and leadership teams to ensure that progress is maximised and any delay factors are systematically tackled and removed.
1.4	**Cash & Liquidity**	As at 30th September 2019 the Trust had a cash balance of £157.2m.
1.5	**Capital Expenditure**	The Board Finance Scrutiny Committee approved a revised capital spending ceiling for 2019/20 of £75.7m in September. The position reported below reflects the internal profiling of plan and that expenditure will be within this ceiling at year-end.

Financial Performance

Income & Expenditure Account for the period ended 30th September 2019

	Year to date - Month 6					
	Annual Plan	Year to date budget	Variance from budget	Variance as % of budget	Variance to month 5	Year to date Actual
	£'000	£'000	£'000	%	£'000	£'000
INCOME						
Income from Patient Care Activities						
A and E	53,712	26,894	217		172	27,111
Non-Elective (includes XBD's)	304,268	151,503	973		1,188	152,476
Elective (includes Day Case & XBD's)	229,764	113,190	-3,390		-2,989	109,800
Out-Patients (includes First & Follow up)	188,113	92,368	-1,553		-1,224	90,815
Other NHS Clinical Income	448,019	223,065	-3,150		-3,177	219,915
Community Services (includes LCO)	106,822	53,412	156		-22	53,568
Passthrough drugs and devices	146,417	73,206	597		471	73,803
Sub -total Income from Patient Care Activities	**1,477,115**	**733,638**	**-6,151**	**-0.8%**	**-5,580**	**727,487**
Private Patients/RTA/Overseas(NCP)	10,964	5,271	-683		-801	4,588
Total Income from Patient Care Activities	**1,488,079**	**738,909**	**-6,834**	**-0.9%**	**-6,381**	**732,075**
Training & Education	62,438	31,218	1,205		966	32,423
Research & Development	58,061	29,032	1,027		962	30,059
Misc. Other Operating Income	110,272	55,112	-5,440		-5,161	49,672
Other Income	**230,771**	**115,362**	**-3,208**	**-2.8%**	**-3,233**	**112,154**
Total Income	**1,718,850**	**854,271**	**-10,042**	**-1.2%**	**-9,614**	**844,229**
EXPENDITURE						
Pay	-1,010,287	-507,084	-10	0.0%	1,612	-507,094
Non pay	-650,218	-327,465	8,908	2.7%	7,197	-318,557
Total Expenditure	**-1,660,505**	**-834,549**	**8,899**	**1.1%**	**8,809**	**-825,650**
EBITDA Margin (excluding PSF)	**58,345**	**19,722**	**-1,144**	**2.2%**	**-805**	**18,578**
Interest, Dividends and Depreciation						
Depreciation	-27,927	-14,085	911		776	-13,174
Interest Receivable	444	222	315		252	537
Interest Payable	-40,848	-20,437	-73		-47	-20,510
Dividend	-3,261	-1,631	347		289	-1,284
Surplus/(Deficit) on a control total basis	**-13,247**	**-16,209**	**356**	**2.2%**	**465**	**-15,853**
Surplus/(Deficit) as % of turnover						**-1.9%**
PSF Income	**27,020**					**10,013**
Additional PSF from 18/19						**917**
Non operating Income						**630**
Depreciation - donated / granted assets						**-356**
Impairment						**-16,483**
	13,773					**-21,131**

Operating Unit Performance against breakeven measures

Income	Pay	Non Pay	Trading Gap	Hospital / MCS	Variance to breakeven budgets - (adverse) / positive		Prior months distance from Control Total	Variance to Control Total		I&E Annual Turnover
Year to date variance					Year to date (to month 6)			Control Total (YTD)	Variance to control total	
£000s					£000s	%	£000s	£000s	£000s	£000s
2,250	-1,115	-176	-649	Clinical & Scientific Support	310	0.3%	18	750	-440	239,608
222	3,274	-400	-1,022	Facilities, Research & Corporate	2,075	1.4%	1,324	0	2,075	297,992
-203	1,362	-49	-526	Manchester LCO	584	1.2%	-45	700	-116	100,492
-2,552	-1,626	-1,697	-12,704	MRI	-18,579	-9.9%	-6,244	-11,600	-6,979	377,145
-338	625	-191	-1,277	REH / UDH	-1,181	-2.8%	-564	-600	-581	84,038
-458	-732	421	0	RMCH	-769	-0.6%	-903	707	-1,476	248,772
-451	-60	447	-1,212	Saint Mary's Hospital	-1,276	-1.4%	-565	-464	-812	177,544
-1,920	752	403	-5,388	WTWA	-6,153	-2.9%	-2,661	-3,052	-3,101	418,400
-3,450	**2,480**	**-1,242**	**-22,778**	**Trust position**	**-24,990**	**-2.6%**	**-9,639**	**-13,559**	**-11,431**	**1,943,991**

Key Run Rate Areas

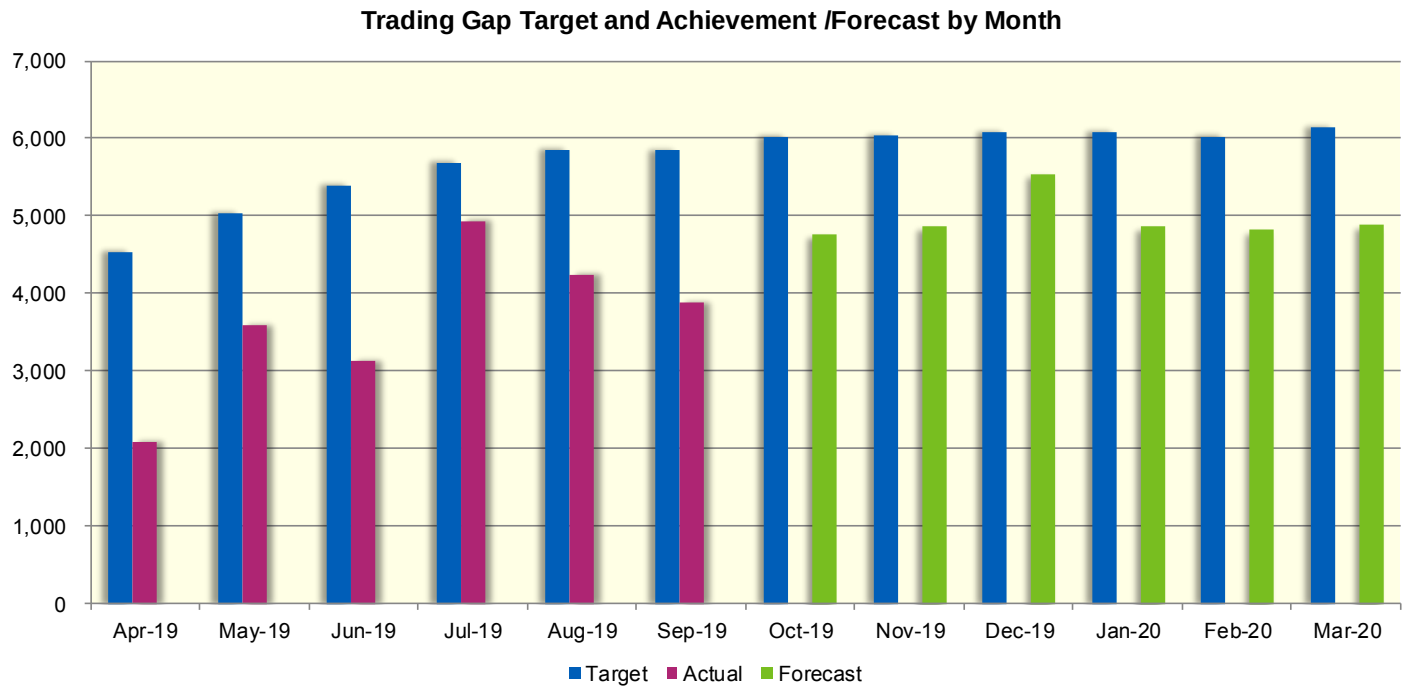
1. 2019/20 Trading Gap challenge

Theme Breakdown	Savings to date				Forecast to year-end			
	Target £'000	Achieved £'000	Variance £'000	Financial RAG	Target £'000	Forecast £'000	Variance £'000	Financial Forecast
Hospital Initiative	1,460	1,559	99	107%	2,504	2,949	446	118%
Contracting & income	11,245	10,426	(819)	93%	22,808	22,613	(195)	99%
Procurement	3,264	3,311	47	101%	7,495	8,162	667	109%
Pharmacy and medicines management	1,111	645	(466)	58%	2,743	2,333	(411)	85%
Length of stay	1,820	1,006	(814)	55%	4,338	2,944	(1,394)	68%
Outpatients	340	276	(65)	81%	902	830	(73)	92%
Theatres	751	333	(418)	44%	1,967	1,189	(777)	60%
Workforce - medical	1,403	1,214	(189)	87%	3,358	3,006	(352)	90%
Workforce - nursing	1,096	564	(532)	51%	2,670	2,004	(666)	75%
Admin and clerical	771	715	(56)	93%	1,589	1,452	(138)	91%
Workforce - other	1,926	1,640	(286)	85%	3,979	3,711	(268)	93%
Budget Review	272	204	(68)	75%	557	458	(99)	82%
Total identified (at or above level 3)	**25,458**	**21,894**	**(3,564)**		**54,909**	**51,651**	**(3,258)**	
Total identified (below level 3)	1,570	0	(1,570)		5,268	3,698	(1,570)	
Unidentified	6,173	0	(6,173)		8,575	0	(8,575)	
Grand Total	**33,201**	**21,894**	**(11,307)**	**66%**	**68,752**	**55,349**	**(13,403)**	**81%**

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%



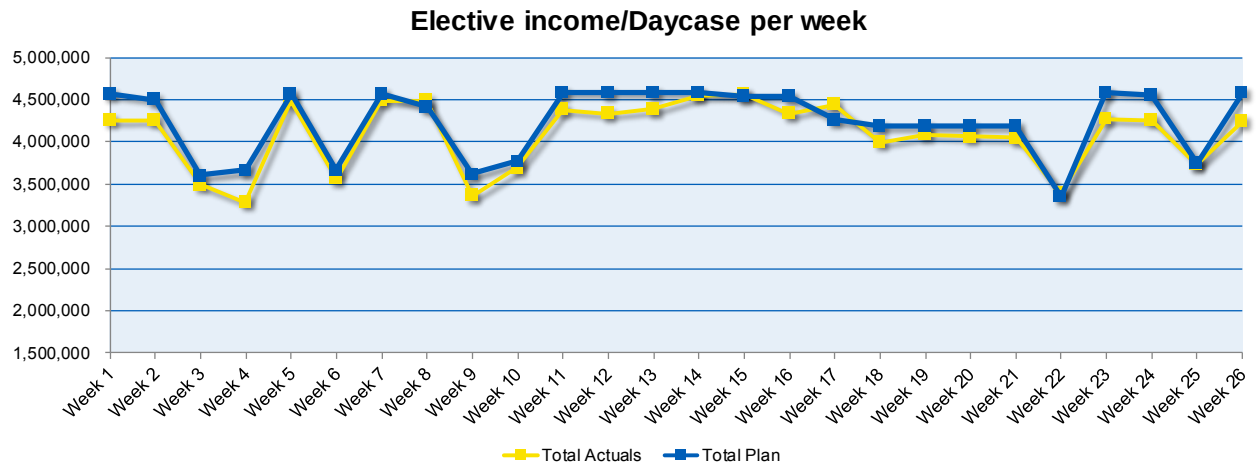
2. Agency spend by Staff Group and Hospital / MCS

Staff Group	Average M1-6 (18/19) £000's	Average M7-9 (18/19) £000's	Average M10-12 (18/19) £000's	Average M1-3 (19/20) £000's	Average M4-6 (19/20) £000's
Consultant	-452	-438	-258	-284	-268
Career Grade Doctor	-48	-52	-38	-89	-29
Trainee Grade Doctors	-685	-571	-352	-247	-253
Registered Nursing Midwifery	-772	-637	-601	-574	-530
Support to Nursing	-137	-150	-117	-48	-45
Allied Health Professionals	-177	-93	-103	-83	-72
Other Scientific and Theraputic	-177	-206	-135	-141	-105
Healthcare Scientists	-164	-81	-105	-8	-73
Support to STT / HCS	-89	-106	-41	-32	-39
Infrastructure Support	-85	-90	-113	-101	-40
Grand Total	**-2,786**	**-2,424**	**-1,863**	**-1,607**	**-1,454**

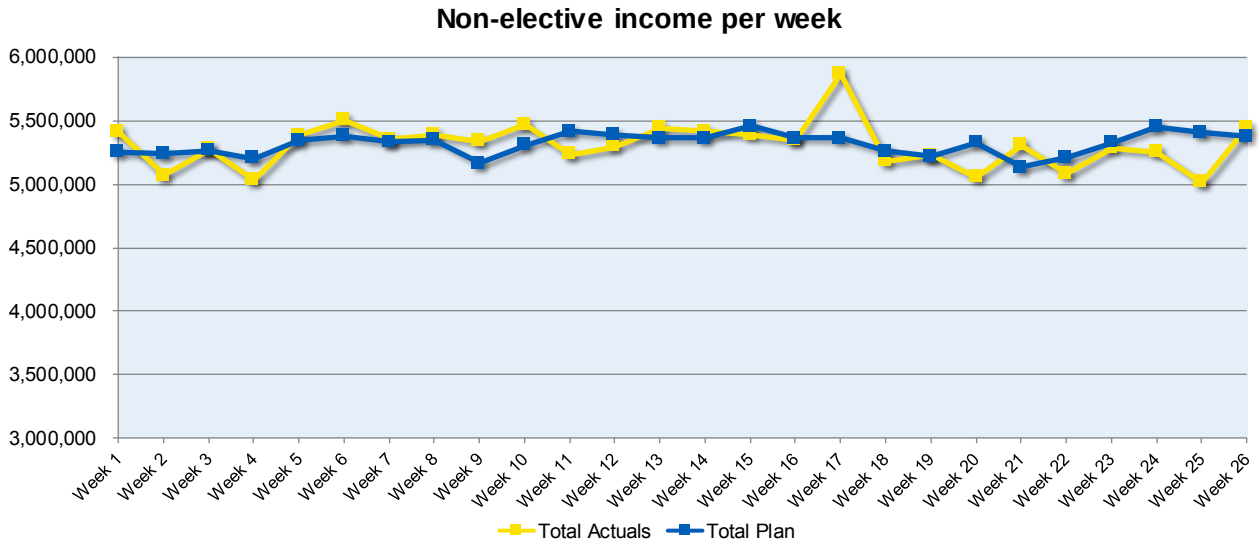
Hospitals	Average M1-6 (18/19) £000's	Average M7-9 (18/19) £000's	Average M10-12 (18/19) £000's	Average M1-3 (19/20) £000's	Average M4-6 (19/20) £000's
Clinical & Scientific Support	-444	-301	-271	-191	-218
Manchester LCO	-47	-44	-61	-44	-43
MRI	-924	-859	-524	-680	-534
REH / UDH	-111	-117	-89	-82	-91
RMCH	-144	-157	-142	-78	-94
Saint Mary's Hospital	-36	-30	-38	-24	-36
WTWA	-899	-697	-632	-412	-390
Corporate	-164	-179	-101	-99	-40
Research	-17	-40	-5	2	-8
Total	**-2,786**	**-2,424**	**-1,863**	**-1,607**	**-1,454**

Trust Total	Agency spend - YTD	Agency ceiling - YTD	Difference (£000)	% Above / (below) ceiling
	9,184	13,205	-4,021	(30.5%)

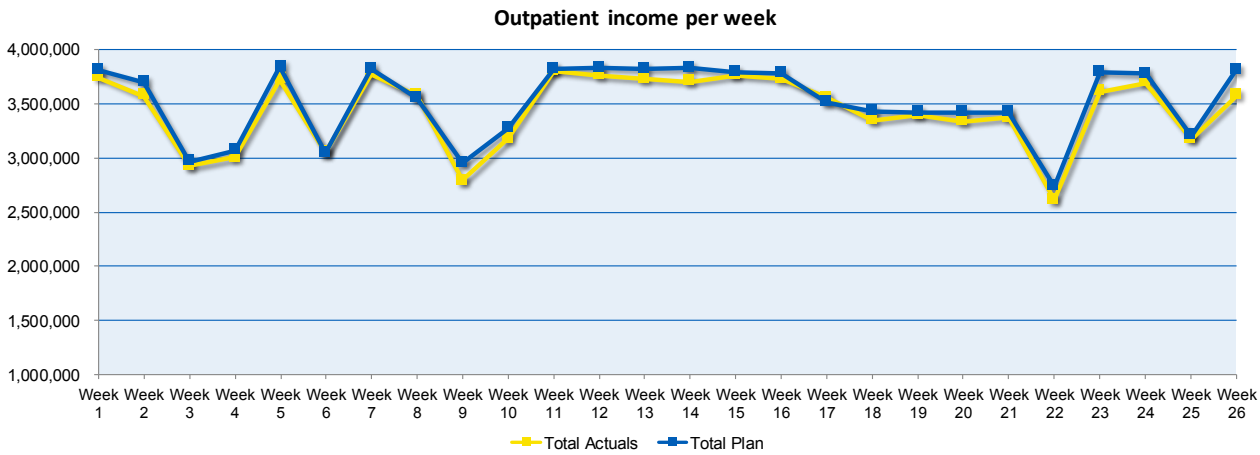
3. Elective / Daycase income: September 2019



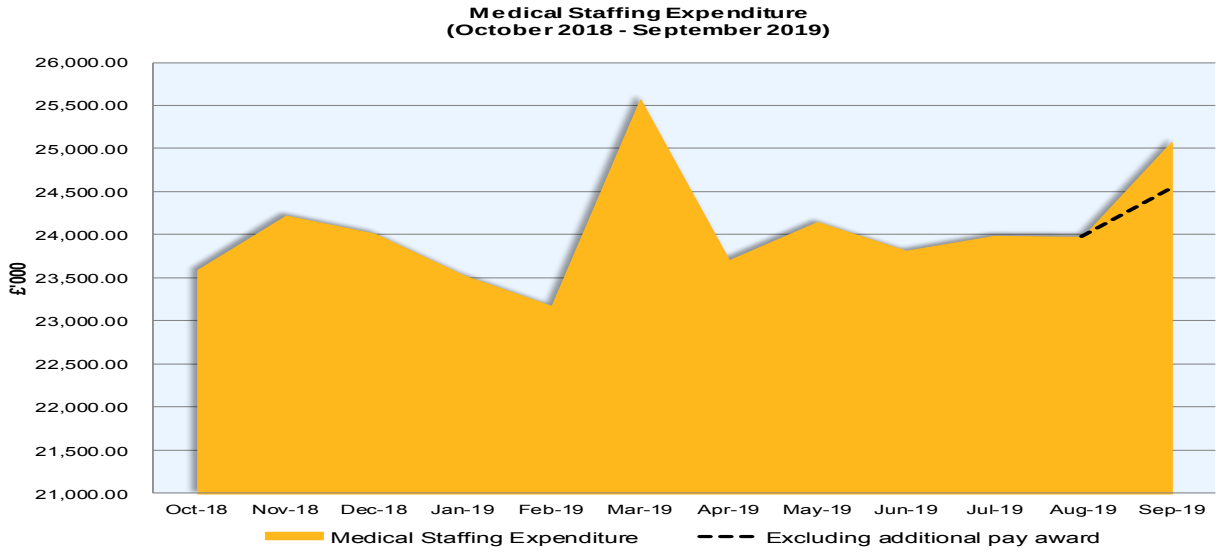
4. Non-Elective income: September 2019



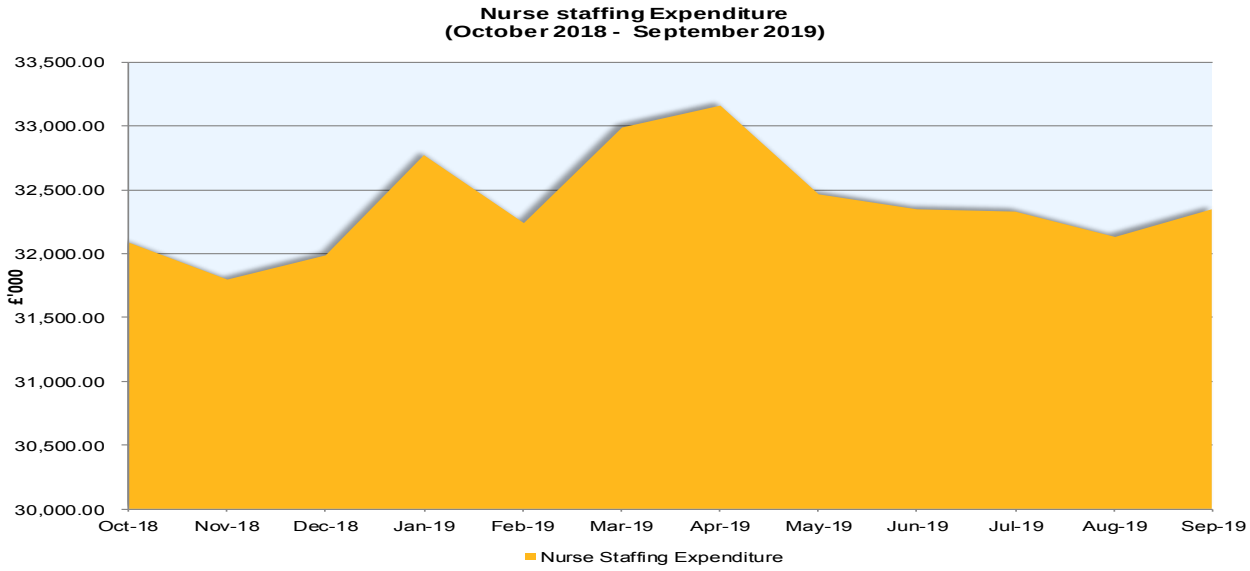
5. Outpatient income: September 2019



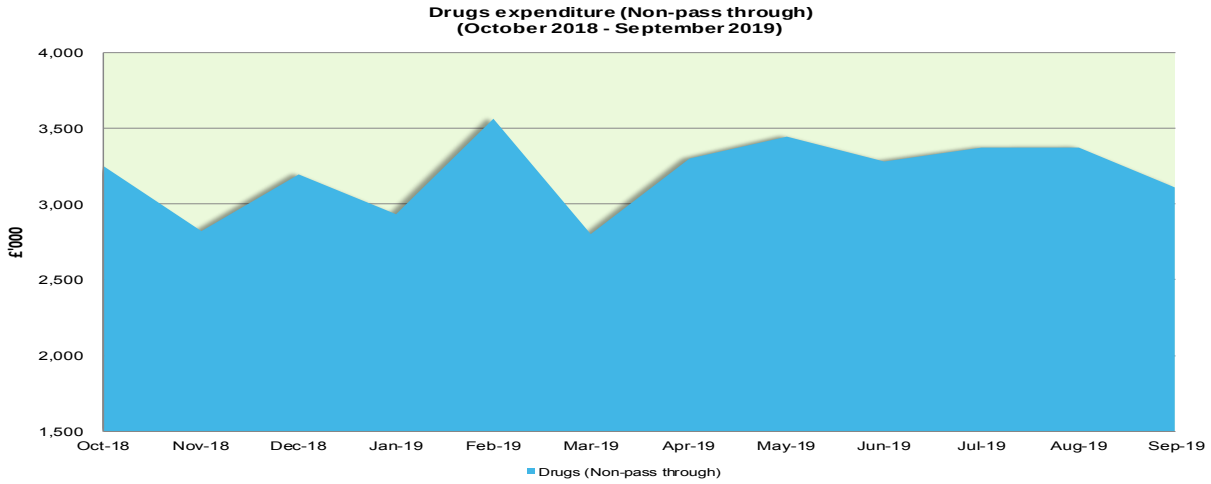
6. Medical Staffing: September 2019



7. Nurse staffing: September 2019



8. Prescribing: September 2019



NHS Improvement's KPIs

	Plan YTD		Actual YTD	
	Metric	Level	Metric	Level
Liquidity ratio	(1.0)	2	5.2	1
Capital servicing capacity	0.9	4	1.0	4
I&E Margin	(0.7%)	3	(0.7%)	3
I&E margin: Distance to financial plan	0.0%	1	0.0%	1
Agency spend Metric - above / (below) the agency ceiling	(7.3%)	1	(30.5%)	1
Use of Resource (UOR) metrics - Level 1 being highest		**3**		**3**

	Annual Plan (full year)		Forecast 19/20	
	Metric	Level	Metric	Level
Liquidity ratio	(3.2)	2	(3.2)	2
Capital Servicing Capacity	1.4	3	1.4	3
I&E Margin	0.8%	2	0.8%	2
I&E margin: Distance to financial plan	0.0%	1	0.0%	1
Agency spend Metric - above / (below) the agency ceiling	(9.1%)	1	(9.1%)	1
Use of Resource (UOR) metrics - Level 1 being highest		**2**		**2**

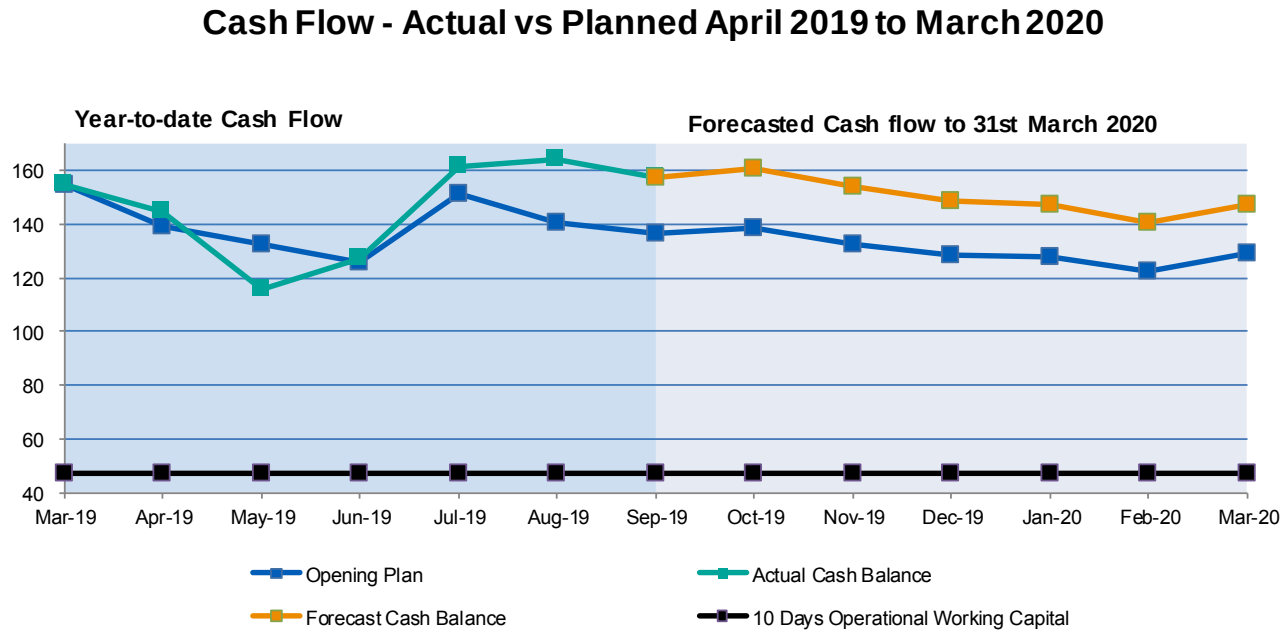
Narrative:

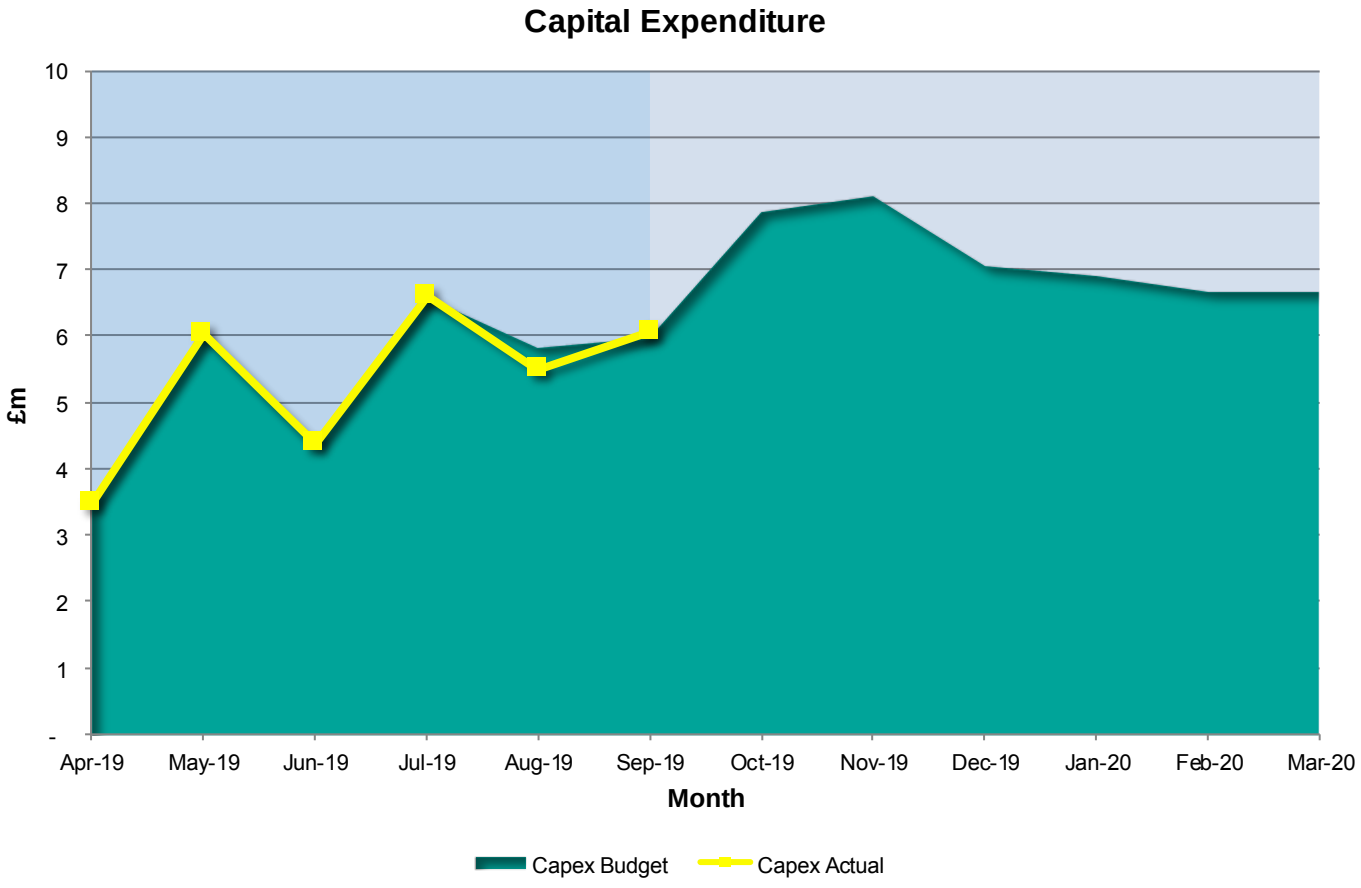
Overall, the Financial Risk Rating (FRR) remains a '3' (second worst) because the capital servicing capacity position remains a '4' (below 'acceptable'). This measure underlines how any continuation of the current operating run-rate performance would fail to support any strategic investment decisions until significant improvement has been demonstrated over time.

Balance Sheet

	Opening Balance 01/04/2019 £000	Actual Year to Date 30/09/2019 £000	Movement in Year to Date £000
Non-Current Assets			
Intangible Assets	4,120	3,656	(464)
Property, Plant and Equipment	594,723	597,300	2,577
Investments	2,513	2,513	0
Trade and Other Receivables	4,969	5,310	341
Total Non-Current Assets	**606,325**	**608,779**	**2,454**
Current Assets			
Inventories	16,462	16,908	446
NHS Trade and Other Receivables	83,118	70,336	(12,782)
Non-NHS Trade and Other Receivables	45,816	34,888	(10,928)
Non-Current Assets Held for Sale	210	210	0
Cash and Cash Equivalents	154,563	157,197	2,634
Total Current Assets	**300,169**	**279,539**	**(20,630)**
Current Liabilities			
Trade and Other Payables: Capital	(4,242)	(5,721)	(1,479)
Trade and Other Payables: Non-capital	(171,403)	(178,970)	(7,567)
Borrowings	(19,780)	(19,628)	152
Provisions	(15,858)	(15,205)	653
Other liabilities: Deferred Income	(20,400)	(19,545)	855
Total Current Liabilities	**(231,683)**	**(239,069)**	**(7,386)**
Net Current Assets	**68,486**	**40,470**	**(28,016)**
Total Assets Less Current Liabilities	**674,811**	**649,249**	**(25,562)**
Non-Current Liabilities			
Trade and Other Payables	(2,600)	(2,984)	(384)
Borrowings	(407,793)	(401,209)	6,584
Provisions	(8,815)	(8,025)	790
Other Liabilities: Deferred Income	-	(2,559)	(2,559)
Total Non-Current Liabilities	**(419,208)**	**(414,777)**	**4,431**
Total Assets Employed	**255,603**	**234,472**	**(21,131)**
Taxpayers' Equity			
Public Dividend Capital	204,780	204,780	0
Revaluation Reserve	45,408	45,408	0
Income and Expenditure Reserve	5,415	(15,716)	(21,131)
Total Taxpayers' Equity	**255,603**	**234,472**	**(21,131)**
Total Funds Employed	**255,603**	**234,472**	**(21,131)**

Cash flow and capital expenditure





Scheme	Full Year Plan £'000	Plan YTD at 30th September 2019 £'000	Spend YTD at 30th September 2019 £'000	Spend in future months £'000	Forecast Year End £'000
Property and Estates schemes					
Cardiac MR Scanner	850	68	71	779	850
Diabetes Centre	1,649	6	188	1,461	1,649
Helipad	4,746	1,308	385	4,361	4,746
Other Charity Funded Projects	496	66	61	435	496
Property & Estates Schemes - backlog maintenance	23,751	8,221	9,059	14,692	23,751
MRI ED redevelopment	1,000	342	422	578	1,000
RMCH ED redevelopment	885	152	73	812	885
RMCH Atrium	200	152	5	195	200
3rd MRI scanner	1,692	1,661	1,600	92	1,692
BMT	3,000	927	250	2,750	3,000
Property & Estates - sub-total	**38,269**	**12,903**	**12,114**	**26,155**	**38,269**
IM&T schemes	**17,625**	**10,471**	**10,692**	**6,933**	**17,625**
Equipment rolling replacement programme	**6,500**	**3,033**	**3,515**	**2,985**	**6,500**
Charity Equipment	**234**	**0**	**0**	**234**	**234**
Equipment	**3,250**	**1,101**	**1,101**	**2,149**	**3,250**
Healthier Together	**0**	**0**	**0**	**0**	**0**
PFI Lifecycle	**9,813**	**4,817**	**4,702**	**5,111**	**9,813**
Total expenditure	**75,691**	**32,325**	**32,124**	**43,567**	**75,691**

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Darren Banks, Group Executive Director of Strategy
Paper prepared by:	Caroline Davidson, Director of Strategy
Date of paper:	October 2019
Subject:	Strategic Development Update
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	All individual strategic developments are risk assessed and monitored through the Board Assurance and Risk Management processes.
Recommendations:	The Board of Directors is asked to note the updates in relation to: National Issues • NHS Oversight framework • NHS Bill Recommendations • Health Infrastructure Plan Greater Manchester Issues • Improving Specialist Care (ISC) Programme MFT Issues • Trafford Local Care Alliance
Contact:	Name: Darren Banks, Group Executive Director of Strategy Tel: 0161 276 5676

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

NHS Oversight framework

NHS E/I have published the NHS Oversight Framework for 2019/20, which outlines the joint approach to overseeing performance and identifying support needed by providers and commissioners. This framework now replaces both the NHS single oversight framework for providers and the improvement and assessment framework for CCGs.

The framework gives greater emphasis to system performance, alongside the contribution of individual healthcare providers and commissioners to system goals. The framework emphasises working with and through system leaders to tackle problems, while also granting greater autonomy for systems with evidenced capability for collective working and track record of successful delivery of NHS priorities.

Regional directors and teams will lead on system oversight, but support ICSs to take on greater collaborative responsibility for use of NHS resources, quality of care and population health. This year, regional teams will also determine the level of oversight based on the performance and relative maturity of ICSs. The year ahead will also be used to develop proposals for a new framework from 2020 onwards.

NHS Bill Recommendations

Recommendations for a new NHS Bill have been published, following on from previous recommendations made by the Health and Social Care Select Committee. The 23 recommendations involve minimal primary legislation and focus on freeing up different parts of the NHS to work together and with partners as well as speeding up implementation of the 10 year NHS Long Term Plan. The Bill is planned for introduction in the next session of Parliament.

The recommendations fall under the following 9 broad themes / aims:

- Promoting collaboration
- Getting better value for the NHS
- Increasing the flexibility of national payment systems
- Integrated service provision
- Managing resources effectively
- Every part of the NHS working together
- Shared responsibility for the NHS
- Planning our services together
- Joined up national leadership

Next steps will be to take these recommendations forward into a draft NHS Bill, which will make its way through parliament alongside further consultation activity outside the parliamentary process.

Health Infrastructure Plan

The Department of Health and Social Care (DHSC) has released its healthcare infrastructure plan (HIP), setting out changes for how NHS capital funding will be prioritised and allocated. The plan sets out a 5 year programme of investment in health infrastructure which includes capital for new hospitals, but also signals an intention to modernise primary care estate, invest in diagnostics and technology and eradicate critical health and safety issues in NHS estate.

There is a commitment to six new hospital projects to be built immediately (2020-25). Health Infrastructure Plan 2 (HIP2) includes 21 schemes for which seed funding has been provided to allow trusts to proceed to the next stage of development of their plans. This includes North Manchester General Hospital. There is also a commitment to HIP3 (2030-35). These projects will be selected based on open consultation.

DHSC is also considering the need for capital investment across the wider health and care infrastructure. This includes:

- Genomics – commitment to sequence 500,000 genomes
- R&D funding – focused on enhancing translation of basic science and support for the life-sciences industry, prevention and research to improve NHS productivity and efficiency.

3. Greater Manchester Issues

Improving Specialist Care (ISC) Programme

The Greater Manchester Joint Commissioning Board considered the recommendations of the ISC Programme Board to progress the models of care. It also considered the recommendation to prioritise breast services, urology and vascular on the grounds of their fragility and the overall phasing of the workstreams. The JCB approved the development of Pre-Consultation Business Cases (PCBC) to the timescales set out below:

- Breast services, vascular services & urology – 31 January 2020
- Paediatric Surgery & Respiratory – 31 July 2020.

4. MFT Issues

Trafford Local Care Alliance

The transfer of Trafford Local Care Alliance into Manchester Foundation Trust has now been completed. Community services moved from Pennine Care to MFT on 1 October 2019.

5. Actions / Recommendations

The Board of Directors is asked to note the updates in relation to:

National Issues

- NHS Oversight framework
- NHS Bill Recommendations
- Health Infrastructure Plan

Greater Manchester Issues

- Improving Specialist Care (ISC) Programme

MFT Issues

- Trafford Local Care Alliance

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Darren Banks, Group Executive Director of Strategy
Paper prepared by:	Darren Banks, Group Executive Director of Strategy
Date of paper:	October 2019
Subject:	Annual Planning 2020/21
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval ✓ • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	The paper sets out the process by which we will plan towards the delivery of our vision and strategic aims.
Recommendations:	The Board of Directors is asked to: • Approve the vision and strategic aims for 2020/21 • Note the proposed 2020/21 annual planning process and arrangements for Council of Governor involvement.
Contact:	Name: Darren Banks, Group Executive Director of Strategy Tel: 0161 276 5676

Annual Planning 2020/21

1. Introduction

Annual planning is the process by which we develop our plans for the coming year that set out how we will achieve our performance, activity and quality targets and make progress towards our longer term aims, all within our allocated resources. The starting point for the planning cycle is to review the Trust vision and strategic aims.

The purpose of this paper is to seek agreement from the Board to the proposed vision and strategic aims and to describe the approach to annual planning for 2020/21.

2. Vision and Strategic Aims

The Trust vision and strategic aims set the context for planning across the Hospitals / Managed Clinical Services and corporate teams. Hospitals / Managed Clinical Services (MCS) and corporate teams translate the Trust–level vision and strategic aims into a set of locally relevant key priorities for the coming year.

The existing Trust vision and strategic aims were established as part of the Single Hospital Service Programme. As we are still part way through this programme, it is proposed that they are retained for 2020/21. This gives some stability and continuity for the Hospitals and MCSs.

The MFT vision and strategic aims are set out below:

> 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, and;
> - Is recognised internationally as leading healthcare provider.
>
> This is underpinned by our strategic aims, which are:
>
> - To complete the creation of a Single Hospital Service for Manchester/ MFT with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner
> - To improve patient safety, clinical quality and outcomes
> - To improve the experience of patients, carers and their families
> - To develop single services that build on the best from across all our hospitals
> - To develop our research portfolio and deliver cutting edge care to patients
> - To develop our workforce enabling each member of staff to reach their full potential
> - To achieve financial sustainability

3. Planning Process for 2019/20

3.1 Planning Documents

As in 2019/20 we will produce the following:

I. **Hospital / MCS Business Plans and Corporate Work Plans –** these set out how each Hospital / MCS is going to achieve all of their activity and performance targets for the year as well as make progress in-year towards their longer term aims, including how they plan to implement the year 1 developments from the Clinical Service Strategies.

The HPB provides assurance to the Group Board that the Hospitals/MCSs will deliver and forms the basis of the Accountability Oversight Framework (AOF) with the AOF metrics used to monitor performance in-year drawn from the HBP.

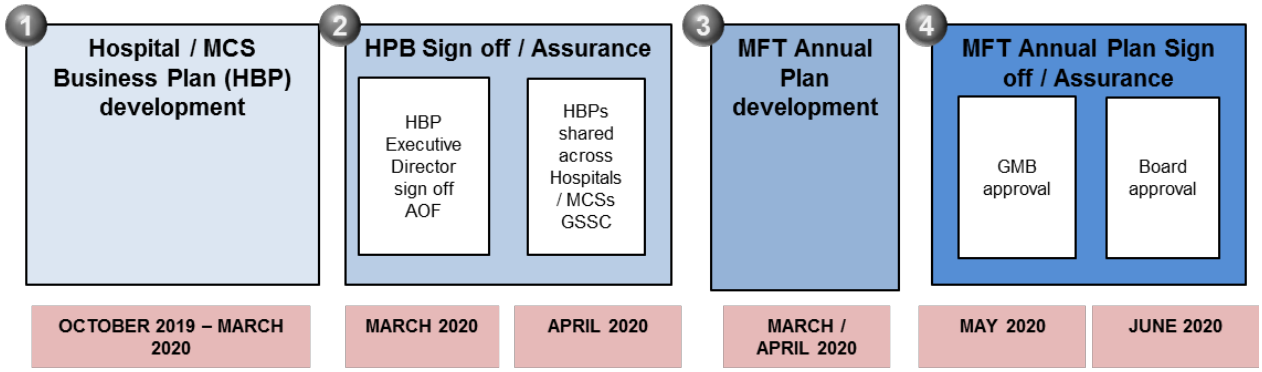
Corporate departments develop their own work plans setting out their priorities and how they plan to take them forward in the coming year.

II. **MFT Annual Plan 2019/20 –** this brings together, at a summary level, the Hospital / MCS business plans and the corporate department plans. It shows the contribution made by the individual Hospitals/ MCS and corporate departments to each of the Trust strategic aims.

III. **MFT Operational Plan –** this is the submission required by NHS E/I in relation our plans for the coming year. The NHS E/I guidance and their requirements for 20/21 have not yet been published.

3.2 Timeline

The schematic below shows the timeline for the development and approval of the Hospital / MCS Business Plans and the MFT Annual plan for 2020/21.



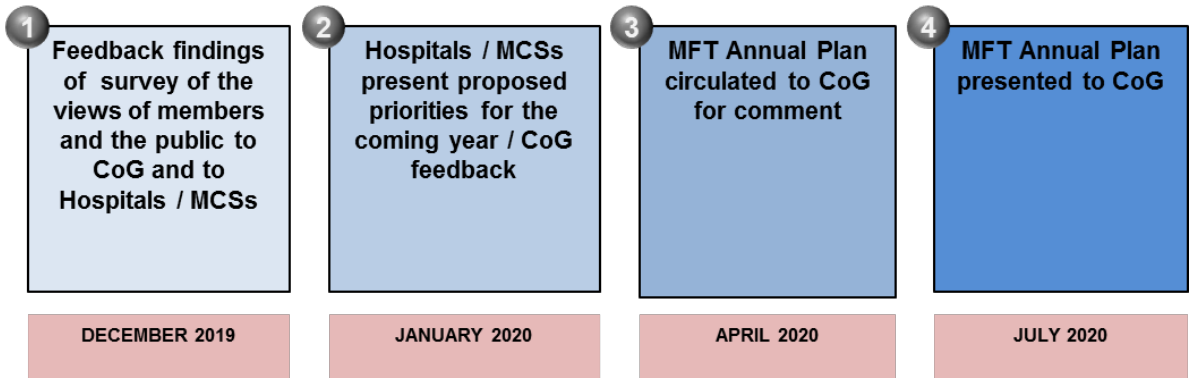
4. Council of Governors

The guidance on the duties of NHS Governors states that 'preparation of the trust's forward plan is led by the board, but the law requires the board of directors to have regard to the view of the council of governors. To present an informed and representative view, governors should canvass the views of members and the public and feed back their views to the board of directors.'

In order to facilitate this, the Membership Team undertake a survey of members and the public to obtain their views on what our priorities for the coming year should be. The findings are fed back to the Council of Governors and to the Hospitals / MCSs and corporate teams for consideration and inclusion in their plans.

The Hospitals/ MCSs present their proposed priorities to the Council of Governors for comment in January. The CoG feedback is then considered and reflected in further iterations of the plans.

The timeline below shows Council of Governor involvement in the Annual Planning process.



The alignment of the annual planning process set out in section 3.2 and the Council of Governor involvement is set out in attachment A.

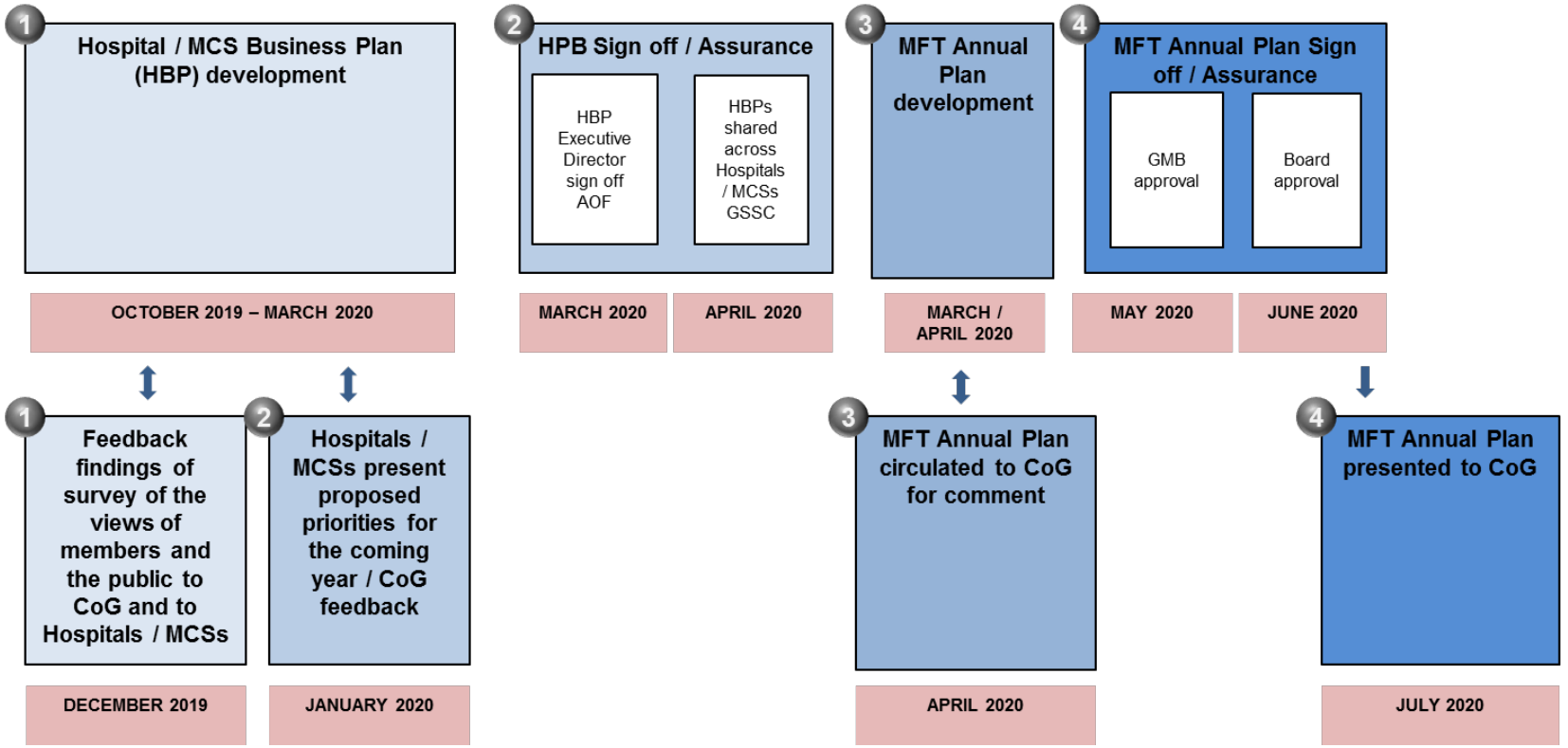
4. Actions / recommendations

The Board of Directors is asked to:

- Approve the vision and strategic aims for 2020/21
- Note the proposed 2020/21 annual planning process and arrangements for Council of Governor involvement.

Attachment A

Annual planning process timeline showing Council of Governor involvement



MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Peter Blythin, Group Executive Director of Workforce and Corporate Business.
Paper prepared by:	Hailey McGlynn, Single Hospital Service.
Date of paper:	October 2019
Subject:	Progress report on the Manchester Single Hospital Service.
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration of Risk against Key Priorities:	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 – '*to deliver the merger of the two organisations with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner.'*
Recommendations:	The Board of Directors is asked to receive the report and note the progress made/on-going actions.
Contact:	Name: Peter Blythin, Group Executive Director of Workforce and Corporate Business Tel: 0161 701 0190

1. Purpose

1.1. The purpose of this paper is to provide an update on the Single Hospital Service (SHS) Programme with particular reference to the proposed acquisition of North Manchester General Hospital (NMGH) and the associated development of the NMGH site.

2. Proposed Acquisition of North Manchester General Hospital

2.1. NMGH is situated in the Crumpsall area of Manchester and is currently one of four hospital sites that make up Pennine Acute NHS Hospitals Trust (PAHT). NMGH is a large District General Hospital employing over 2,000 staff. It sees approximately 100,000 A&E attendances each year and around 4,000 babies are delivered. The Hospital also provides a number of specialist services including head and neck surgery and the regional Infectious Disease Unit.

2.2. PAHT is currently managed by Salford Royal NHS Foundation Trust (SRFT) under the terms of a management agreement issued by NHS Improvement (now NHS England / Improvement).

2.3. North Manchester has some of the most challenging health and economic statistics in the country, including the highest level of health-related deprivation. For this reason it has become a strong focal point of the Manchester Locality Plan. One part of this plan is to provide a Single Hospital Service for the City of Manchester, ensuring that all patients can access the same high standard of care, whichever hospital they use.

2.4. NHS Improvement (NHS I) set out a proposal for MFT to acquire NMGH as part of an overall plan to dissolve PAHT and formally transfer the remaining hospital sites to SRFT. The intention for MFT to acquire NMGH is consistent with the Manchester Locality Plan.

2.5. A Strategic Case, which set out MFT's argument to acquire NMGH, was submitted to NHS I on 29th March 2019. SRFT also submitted its Strategic Case at the same time regarding the proposed acquisition of the remaining PAHT sites.

2.6. Following submission of the Strategic Cases, NHS I commenced a review of the documents. This process was anticipated to last approximately six weeks, however due to the high level of complexity associated with both of the proposed transactions a significant delay has been incurred. That stated NHS England / Improvement (NHS E/I) are continuing to examine the cases in the context of the funding required to enable the transactions to take place. There is no firm date for conclusion of this work.

2.7. Because of the delay in realising a statutory transaction to transfer NMGH to MFT, NHS E / I is currently considering interim solution to allow MFT to provide management and leadership to NMGH prior to a formal transfer. The outcome of this process is likely to conclude before the end of the calendar year and could lead to MFT managing NMGH early next year.

2.8. The inclusion of NMGH within MFT has the potential to deliver significant benefits for patients, alongside wider strategic opportunities for North Manchester.

2.9. Notwithstanding the focus on the statutory transactions, partners in Manchester have designed a 'proposition' for NMGH and the wider hospital site.

These proposals are anchored in delivery of high quality health and social care services but developed to drive much broader change in the locality, improve neighbourhood prosperity and strengthen the local community. For the North Manchester population this will ultimately mean longer life expectancy, improved quality of life, increased economic productivity, and better health outcomes through more effective, and higher quality, support and care.

3. Proposition Vision

3.1. The North Manchester Proposition (the Proposition) focuses on the development of stronger integrated care, increasing delivery of community based services, promoting healthy lifestyle choices and, critically, taking the opportunity to influence the root causes of ill health, including employment, education and social cohesion.

3.2. The opportunity to redevelop the NMGH site is significant. Re-provision of the healthcare buildings provides a mechanism to promote more efficient and effective care. It also allows the surrounding land to be utilised for other purposes without diminishing the level of capacity to meet health needs.

3.3. The site presents an opportunity for a broader integration offer i.e. health as the basis for major urban change. This will initially involve using acute hospital and mental health services as the starting point to drive improvements in primary/community care, wellbeing, education and training.

3.4. The Proposition also has much broader appeal which includes a wider range of public services aimed at facilitating increased community involvement. For example, surplus land on the North Manchester site could be made available for affordable and/or supported housing as part of a coherent regeneration plan.

3.5. The vision for the site essentially identifies NMGH as an anchor point for the community. An opportunity exists to increase employment for local people and business development. In addition, becoming part of MFT will bring a broader range of benefits to the staff who work on the NMGH site.

3.6. The Proposition is the starting point, building on the efforts of partners across the City including the City Council, Universities, Commissioners and Greater Manchester Mental Health NHS Foundation Trust (GMMH). This partnership is set to continue and will enable the already strong, cohesive and innovative offer to be developed further so Manchester capitalises on the national interest being shown in the Proposition.

3.7. The Proposition was presented and endorsed at the Manchester Health and Wellbeing Board meeting on 30th October, and this gave formal confirmation to the multi-agency support that had been gathered through the process of developing the proposals. Details of the next stages in the process will be shared with the Board in due course.

4. Commitment from Government – capital funding announcement

4.1. On 29th September 2019, Prime Minister Boris Johnson, and Secretary of State for Health and Social Care, Matt Hancock, visited the NMGH site. Sir Mike Deegan joined the visit along with senior leaders from the Manchester City Council, SRFT and PAHT. The Prime Minster gave an undertaking to fund the rebuild of NMGH.

4.2. NMGH was also announced as one of 21 sites to be given seed funding as part of the Health Infrastructure Plan that has recently been published by the Department of Health and Social Care's. At present £100m of seed funding is available for Trust's with sites on this list to access to develop their plans.

4.3. The focus on NMGH will include close liaison with GMMH to ensure the appropriate planning for the redevelopment of the mental health facilities at Park House which is on the NMGH site.

5. Next Steps

5.1. The process and timescales for capital investment remains under discussion with NHS E / I regional and national teams. As part of this MFT and City partners are developing detailed proposals to ensure that the current planning momentum is maintained whilst capital funding allocations are confirmed.

5.2. Plans for the regeneration of hospital site and the surrounding area will continue to be finessed as part of the formal planning processes required to deliver a scheme such as the rebuilding of NMGH.

5.3. In the coming weeks a Strategic Oversight Board will be established to direct the implementation of the Proposition. MFT will drive the NMGH planning aspects of this process.

6. Recommendations

6.1. The Board of Directors is asked to:

6.1.1 Note the work underway to progress the acquisition of NMGH.

6.1.2 Endorse the proposal to deliver a much broader improvement plan through the North Manchester Proposition.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Michael McCourt, Chief Executive, Manchester Local Care Organisation
Paper prepared by:	Tim Griffiths, Assistant Director - Corporate Affairs, Manchester Local Care Organisation
Date of paper:	September 2019
Subject:	Manchester Local Care Organisation Update
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Leading on the development and implementation of integrated care.
Recommendations:	The Board of Directors is asked to note the contents of the report.
Contact:	Name: Tim Griffiths, Assistant Director, Corporate Affairs Manchester Local Care Organisation Tel: 07985448165

1. Introduction

1.1 This report provides an update from Manchester Local Care Organisation to GMB. It covers the following:

- Urgent care and system resilience;
- MLCO Phase II;
- Trafford Community Services;
- MLCO Scrutiny Committee;
- Integrated Neighbourhood working; and,
- Care Quality Commission.

2. Urgent care and system resilience

2.1 As per previous updates to the Board, MLCO continues to work closely with MFT and its principal hospital sites to support the alleviation of current acute flow pressures.

2.2 Board will be aware that up to March 2019, MLCO actively led a programme of intense work at MRI to support the movement of super stranded patients from MRI back into community settings. This intensive period of work (delivered between August 2018 and March 2019) saw a significant number of long length of stay patients supported in alternative care settings and reduced the average length of stay at MRI by 5 days.

2.3 In July 2019, MLCO reassumed a leadership role in regards to the work, which as of the 22nd October had seen 409 people supported off the DTOC list (over a 14-week period). In addition to this, MLCO are supporting MFT by tracking all Manchester and non-Manchester resident patients who are admitted at the MRI and have a LOS of 70 days or above. As of 20th October, 133 Manchester priority patient discharges had been facilitated, who up to the point of discharge had a combined length of stay of over 11,000 days.

2.4 However, despite the additional capacity that has been mobilised to deliver the initial action plans that were developed by MLCO along with colleagues at MRI, MHCC and MCC, it has been concluded that a more sustainable bespoke approach was required to alleviate ongoing pressures at MRI. As such, MLCO has agreed additional investment across MHCC and MFT to support the establishment of an integrated discharge team.

2.5 Work is now underway to recruit into the agreed establishment, which includes additional social work and nursing provision. It is expected that the team will be fully staffed by January 2020. In the interim, MLCO have revisited and strengthened its governance arrangements (both operationally and strategically) to ensure that the Executive Team have appropriate oversight of all MLCO led activity.

3. MLCO Phase II

3.1 As Board are aware, it was agreed by commissioners that the procurement of MLCO would be achieved through the production of a comprehensive joint business case. This business case will be required to offer assurances in multiple areas, and will be assessed against the ability of MLCO to deliver the requirements placed upon it. Board are advised that the components of the business case are more common to what would ordinarily be found in a business transfer agreement.

3.2 The production of a final business case has always been reliant on the conclusion of a process that has multiple work streams. Underpinning those work streams is a due diligence process on the contracts and functions that are scheduled to move to MLCO. At its September meeting, Partnership Board agreed that the Business Case (albeit with a revised name) would be brought forward for agreement in November 2019.

3.3 Updates on the due diligence process have been taken to Partnership Board in August and September 2019. These updates have highlighted a number of key risks that have emerged as a result of the work that has been undertaken.

Contract type	Risk identified
Primary Care	Change in the proposed schedule contracts to transfer. Additional savings requirements identified.
Continuing healthcare	Financial deficit identified. Clarity required re deployment of senior leadership capacity to support the discharge of decision making functions. NB this is subject to ongoing discussion.
Learning Disability	No significant risk in regards to health contracts. There are financial pressures with adult social care commissioned contracts, however these do not transfer to MFT. NB these do not transfer to MFT.
Social care	Due diligence complete – gaps now clear in terms of capacity to manage contracts. Plan required as part of MHCC Phase 2 to mitigate. NB there is no risk transfer to MFT.

3.4 Work is now ongoing to identify appropriate mitigations to enable the transfer of contracts and functions to take place. Whilst orginally it was anticipated that there would be a full transfer of responsibilities in October 2019, Partnership Board have now agreed that October will mark the beginning of a mobilisation process.

3.5 To support this mobilisation, a first wave of commissioning staff (c60) have been identified and deployed into MLCO, effective August 2019. This includes Adult Social Care commissioning staff, Continuing Health Care staff, and other commissioning staff. Work is now underway to ensure that an appropriate governance framework is in place to support MLCO to discharge the functions that are being transferred to it.

4. Trafford

4.1 Previous updates to Board have described the upcoming transfer of community services from Pennine Care FT to MFT. This transaction was completed on 1st October 2019. As such, over 700 staff TUPE transferred into MFT. The vast majority of these staff have been deployed directly into MLCO, with the exception of CAMHS staff (which have been transferred to RMCH) and a small number of staff who have moved into the corporate core.

4.2 As per agreement with Commissioners, the transaction was undertaken utilising the following principles:

- A safe transition and safe start
- Limited disruption to operational teams
- Focus on transformation post-transfer
- Working towards financial sustainability
- Preparing for 2020/21 and beyond.

4.3 As Board have been previously advised, TCHS will assimilate their existing governance into existing MLCO arrangements, adopting the principles that supported the transfer of North Manchester Community Services in July 2018. In order to minimise disruption, MLCO have sought to minimise the amount of changes that will be made. MLCO is focussing primarily on ensuring that the gaps in governance that would emerge as result of Pennine Care Foundation divesting themselves of their interest in the services are identified and alternate arrangements are put in place.

4.4 Clinical governance for TCHS will replicate the arrangements that are in place for MLCO, with MLCO continuing to offer assurance through the relevant subcommittees of the Board.

4.5 MLCO have earmarked an early review of governance arrangements in December 2019. This is to ensure that arrangements remain effective in regards to appropriate oversight, support, and assurance.

4.6 Board are reminded that the delivery of community services in Trafford adopts a fully integrated delivery model with Trafford Council. This is underpinned by a Section 75 agreement.

4.7 The Board are reminded that a significant majority of services included in the overarching contract between Trafford CCG and MFT will be delivered through MLCO, however RMCH will assume responsibility for the delivery of both the Child and Adolescent Mental Health Services (CAMHS) and Community Eating Disorder Services (CEDS). As such, the governance of both of these services will assimilate into existing arrangements at RMCH.

4.8 Work is now underway to finalise the Post Transaction Implementation Plan, and to develop the required programme of transformation. Board are reminded that both commissioners and MLCO were in clear agreement that there would be a significant programme of transformation required in Trafford to address legacy financial and performance challenges.

5 MLCO Scrutiny Committee

5.1 As Board are aware, as part of group governance arrangements, an MLCO Scrutiny Committee was established to oversee the delivery of community health services within MFT. Its remit encompasses an ability to look at the following:

- Performance against the MLCO Accountability Oversight Framework
- Exploration of emerging or identified financial risks
- Monitoring of clinical core priorities and performance
- Monitoring of quality and governance
- Progress in delivery of revised models of care and improved outcomes
- Monitoring of MLCO risk register.

5.2 The Committee last met on 11th September 2019 to consider papers on the following:

- MLCO Phase 2 and business case development
- Accountability and oversight framework
- MLCO and system resilience.

5.3 The Committee next meets on Wednesday 13th September 2019 to consider the following:

- Update on Trafford Local Care Organisation Transition
- Update on system resilience, urgent care, and winter planning
- Update on primary care and primary care networks
- Updated MLCO Board Assurance Framework
- MLCO AOF.

6 Integrated neighbourhood working

6.1 Board have been previously advised that ‘putting integrated neighbourhood teams into action’ has been identified as one of MLCO’s key priorities for 2019/20.

6.2 After some significant recruitment delays (largely beyond the control and influence of MLCO), all INT leads have now taken up post and it is anticipated that all teams will be co-located by Quarter Four 2019/20.

6.3 The principal focus of MLCO neighbourhood activity since the last meeting has been to develop 12 neighbourhood plans and mobilise neighbourhood based governance.

6.4 Having now developed the neighbourhood plans, MLCO is working with colleagues in MHCC to develop an appropriate performance and impacts framework to ensure that MLCO (and the wider system) can understand the efficacy of the interventions that are made. An initial version aligned to the MLCO Outcomes Framework is available in draft form. However, it should be acknowledged that its functionality at this stage is limited, and further work is required with MHCC (who have been integral to its development) to increase the level of functionality, particularly in regards to ascertaining cause and effect in relation to a number of the indicators.

6.5 The first stage of the work to measure the performance and functionality of integrated neighbourhood teams has been to develop a series of high level indicators. The indicators, in essence, measure whether MLCO has created the conditions for integrated neighbourhood delivery and measure progress against the same (see appendix one). Aligned to this is a clear framework that ostensibly seeks to measure performance against a range of output type measures. NB: further informatics work will be required to ensure there is the prerequisite level of IMT capability in place to support reporting against this framework.

6.6 The NESTA programme has now moved into Wave 2 and is being delivered across four neighbourhoods:

- Levenshulme and Gorton
- Ancoats, Clayton, and Bradford
- Wythenshawe (Brooklands), and Northenden
- Didsbury, Chorlton Park, and Burnage.

6.6 Each of these neighbourhoods will take part in a 100-day challenge and deliver a programme of work that is built out of the needs of the local population. For wave 2, these range from low mood and wellbeing, to people with chronic conditions who are not engaging with a GP and/or social care - further information can be found at https://www.manchesterlco.org/nesta.

7 Care Quality Commission

7.1 MLCO was inspected as part of the comprehensive MFT CQC inspection undertaken in October 2018. MLCO was awarded a rating of Good overall.

7.2 Thirty “should do” actions were identified across Community Health Services for Adults, Community Health Services for Children and Young People, Community Health Inpatient Services, Community End of Life Care and Community Dental Services. The actions fall broadly into the following themes:

- Information, communication and technology
- Access
- Documentation

- Equipment
- Estates
- Leadership
- Policies and Evidence Based Practice
- Training
- Transformation.

7.3 A comprehensive improvement plan has been formulated to address the areas of improvement. The improvement plan is monitored monthly by MLCO Shine Committee. Progress against this plan was presented back to the CQC in early October.

7.4 Nine actions are completed, with 15 expected to be completed within the 19/20 financial year. The remaining three relate to level 3 safeguarding training, medical devices management and EMIS. Safeguarding training and medical devices management are part of a wider MFT plan, of which MLCO forms part of. The roll out of EMIS remains MLCO's principal operational risk, which has been escalated into Group Risk Management Committee. Group have committed to supporting the roll out of EMIS if the GM Digital Fund bid is unsuccessful.

7.5 An announced CQC inspection was undertaken at The Short Break Service at 144 Wythenshawe Road over three days from 13th – 16th May 2019. The service offers short-term planned respite care for up to three adults with learning disabilities and /or autism. These services form part of the city wide Learning Disability services within the Central Adults and Specialist Services directorate within MLCO.

7.6 The overall rating awarded at this inspection was Requires Improvement, with two regulatory breaches identified. These breaches relate to the garden space, provision of sensory equipment and the standard of refurbishment following extensive remodelling, and timely completion of fire risk assessments following remodelling.

7.7 An improvement plan, with assurance evidence to address the regulatory breaches, has been accepted by CQC with immediate actions undertaken to address concerns. A Learning Disability Shine Group has been formed to lead the action plan.

8 Recommendations

8.1 Board is asked to note the contents of the report.

Appendix One(a) – Integrated Neighbourhood Team Leadership Quintet (NB TO BE UPDATED 28th October)

MLCO Integrated Neighbourhood Teams – allocated posts as July 2019

Manchester Local Care Organisation

Neighbourhood	INT Hub	Neighbourhood leadership quintet					Health Development Coordinator
		INT Lead	GP lead	Nurse lead	Social Care lead	Mental health lead	
Ancoats, Clayton and Bradford	Cornerstone Centre	Angela Beacon	Dr Nouman Khan	Amanda Murray	Cath Williams	Linda Lewis	Zak Valli
Miles Platting, Newton Heath, Moston and City Centre	Victoria Mill	Chris Martin	Dr Himanshu Dubey	Margherita Ilkovics	Sandra Jackson		Claire Duffy
Cheetham and Crumpsall	Cheetham Primary Care Centre	Lizzie Hughes	Dr Jason Wong	Karen Morgan	Eoin Kelly	Michelle Bennett	Adiba Sultan
Higher Blackley, Harpurhey and Charlestown	Harpurhey District Office	Kathryn Kavanagh	Dr Sobia Kashif	Elaine Sutcliffe	Noki Gwebu		Dave Bradley
Ardwick and Longsight	Vallance Centre	Mags Doherty	Dr Syed Naqvi	Central nurse teams in place - nurse lead currently being allocated	Orlaith Kelly	Michael Bourne	Carlos Tait
Gorton and Levenshulme	Gorton South District Office	Sarah Lake	Dr Dominic Hyland		Norah Wheeldon		Bethan Galliers
Chorlton, Whalley Range and Fallowfield	Chorlton Health Centre	Andy Brennan	Dr Tim Greenaway		Anne Pierucci	Wendy Daniels	Dawn Harris
Holme, Moss Side and Rusholme	Moss Side Health Centre	John Egerton (July 2019)	Dr Umar Tahir		Val Saddoo		Adam Conroy
Fallowfield (Old Moat) and Withington	Burnage Health Centre	Anne Godding	Dr Andrew Coupes	Abigail Drew	Marie Holt	Jamie Smith	Jane McAllister
Didsbury East and West, Burnage and Chorlton Park	Withington Community Hospital	Annabel Hammond	Dr Oliver Atkinson	Suzanne Leonard	Nikkwa Kotey		Fiona Vincer
Wythenshawe (Baguley, Sharston, Woodhouse Park)	Etrop Court	Paula Frigieri	Dr Binoj Nair	Jane Syson*	Andrea Moran	Nicola Beaumont	Sean Vickers
Wythenshawe (Brooklands) and Northenden.	Parkway Green House	Gilly Lee	Dr Paul Wright	Maeve McNaulty	Clare McNicholas		Rachel Harding

*for 12 months from Nov 2018 while Jan Ogonovsky is on maternity leave

Appendix One (b) – Integrated Neighbourhood Team

Descriptor	Rationale	Measure	Data Source
Neighbourhood Leadership quintet in place	A measure of whether leadership structures are being aligned to support integrated working.	Yes (blue) No, but a plan in place (green) No, no plan in place or severe slippage (red).	MLCO Exec
Neighbourhood governance model in place	A measure of whether decision making is aligned across organisations and the conditions are in place for a culture of integrated neighbourhood working to grow.		MLCO Exec
Teams co-located in a hub	A measure of whether the infrastructure is in place for INTs (given co-location can only happen if estates and IM&T solutions have been delivered)		MLCO Exec
Neighbourhood OD plan in place	A measure of whether INTs are being supported to develop a culture of integrated working.		MLCO Exec

Neighbourhood	Quintet in place	Governance in place	Teams co-located	OD Plan in place
Cheetham & Crumpsall	Yes	Yes	Cheetham PCC	No
Higher Blackley, Harpurhey & Charlestown	Yes	Yes	Harpurhey DO	No
Miles Platting, Newton Heath, Moston & City Centre	Yes	Yes	Victoria Mill	No
Ancoats, Clayton & Bradford	Yes	Yes	Cornerstone Centre	No
Ardwick & Longsight	Yes	Yes	Vallance Centre	No
Hulme, Moss Side & Rusholme	No*	Yes	Moss Side HC	No
Chorlton, Whalley Range & Fallowfield	No*	Yes	Chorlton HC	No
Gorton & Levenshulme	Yes	Yes	Gorton South DO	No
Wythensahwe (Baguley, Sharston & Woodhouse Park)	Yes	Yes	Etrop Court	No
Wythenshawe (Brooklands & Northenden)	Yes	Yes	Parkway Green	No
Didsbury, Burnage & Chorlton Park	Yes	Yes	Withington Hospital	No
Fallowfield (Old Moat) & Withington	Yes	Yes	Burnage HC	No

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Professor Cheryl Lenney, Group Chief Nurse
Paper prepared by:	Sarah Corcoran, Director of Clinical Governance
Date of paper:	October 2019
Subject:	Regulatory Update
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Patient safety and clinical quality
Recommendations:	The Board of Directors are asked to note the content of this report
Contact:	Name: Sarah Corcoran, Director of Clinical Governance Tel: 0161 276 8764

1. Introduction

1.1. This paper sets out an exception report on the current position in respect of the NHS Regulatory Framework for Manchester Foundation Trust.

2. Care Quality Commission

2.1. Following completion of the comprehensive inspection in 2018 the CQC is continuing with its programme of oversight of the Manchester University NHS Foundation Trust. This oversight consists of:

- Comprehensive inspection action plan oversight
- Routine Engagement Meetings
- Unannounced inspection programme
- Regular enquiries in respect of outlier reports and notifications to the CQC

This section sets out progress against the plan and details engagement with the CQC.

2.2. <u>Comprehensive Action Plan Oversight</u>

2.2.1. All Hospitals / MCS / MLCO / Corporate Services report progress on the action plan and this is presented at the monthly CQC Inspection Response Group (CIRG).

2.2.2. On September 25th 2019 the Chief Nurse chaired the first of the milestone meetings for Hospitals / MCS and the MLCO to present progress and importantly assurance information. Cathy Winn, CQC Inspector was in attendance at the meeting. Also present, Peter Blythin, Director SHS and Group Director of Workforce and Corporate Business, Sue Ward, Deputy Chief Nurse, Sarah Corcoran, Director of Clinical Governance, Charlotte Skitterall, Group Director of Pharmacy and Dympna Ebah, Group Head of Clinical Governance.

2.2.3. The meeting was a ‘check and challenge’ session to ensure that actions being completed were both progressing but also effective. All Hospitals / MCS and the MLCO attended with the exception of the University Dental Hospital Manchester and the Manchester Royal Eye Hospital. The Senior Leadership Team from these hospitals had previously attended the CIRG in August to present their plans, as ‘outstanding’ hospitals. The actions undertaken provided sufficient assurance to the group and they will attend the sign off meeting in March 2020.

2.2.4. Examples of progress and risks reported at October 2019 include:

Manchester Royal Infirmary

Progress:

- MRI has seen a decrease in hospital acquired infections over the past 9 months
- Hospital compliance with peer hand hygiene consistently above 90%
- August compliance on mandatory training 90.4%, trajectory in place to continue delivery of compliance
- Escalation pathways are in place to ensure effective management of patients' nutrition. There were no incidents related patients being nil by mouth greater 24 hours in last 12 months in Orthopaedics
- The WHO Safer Surgery process is under review (as part of Group wide project)
- The Nutrition Pathway Audit June 2019 provided good assurance
- Swipe access to theatres has been installed and is now operational to address security concerns
- Out patients letters have been redesigned and the text messaging service went live July 2019
- In the Emergency Department the daily audits of controlled drug recording and equipment cleanliness processes have demonstrated compliance
- A Governance review has been completed as part of well-led self-assessment and a response is underway

Risks:

- Strength of assurance detail
- Mandatory training – Level 3 Safeguarding
- Cleanliness
- Safe and secure management of medicines
- Fridge Temperatures

Wythenshawe, Trafford, Withington and Altrincham

Progress

Wythenshawe Hospital

- The Emergency Department at Wythenshawe Hospital has a workforce plan in place aligned to safe staffing levels to meet the needs of the patients

accessing the service. Further investment in line with the workforce plan has been presented within a business case and agreed.

- A comprehensive recruitment campaign is ongoing in addition to the implementation of a retention strategy, to ensure that the department staffing requirements are met. Actions are on track to deliver a full Emergency Department nursing establishment by October 2019
- The Division of Medicine has recruited four registrants who also have Learning Disability (LD) qualifications

Trafford Hospital

- Monthly documentation and record keeping audits have been undertaken. Outcomes are demonstrating improvements in compliance. Sustainable improvement actions being developed using IQP methodology
- Working with the MRI, patient pathways for adults and children are to be synergised by November 2019
- A review of urgent care pathways to be undertaken as part of the wider Urgent Care Transformation work
- A number of clinical audits have been completed and full audit cycle is now in place
- Introduction of a model of clinical supervision for ACPs and Medical Staff
- The WHO Safer Surgery process is under review (as part of Group wide project)

Withington Hospital

- An on line booking system was launched in February 2019 for accessing the service based at Withington. The impact of this has eliminated the ‘walk-in’ queue and reduced over-crowding of waiting area.
- Children’s Safeguarding level 2 training OPD performance in August 2019 was 91.67%

<u>Risks</u>

- Safeguarding Adult Level 3 training compliance in line with Trust target
- Safeguarding Children's Level 3 training compliance in line with Trust target
- Compliance with 6 month post stroke follow-up
- Trafford Theatre recovery area improved to support Paediatrics. Awaiting confirmation of funding for required estates work
- All staff being compliant with required training on syringe drivers

Clinical and Scientific Services (CSS)

Progress

- Significant amount of work in Medical Engineering and Applied Mechanics Department (MEAM) to build a service fit for purpose for the future
- New staff in post/ Integration of Services/ New ways of working/ Outsourcing/ Weekly key performance indicators
- Work on Radiology rotas and recruitment and a new cross site senior rota in place
- Group wide Pharmacy audits are being undertaken on medication storage and fridge temperature monitoring
- Scoping of shortfall of Allied Health Professionals and statement of case completed against National Standards

Risks:

- MEAM staffing and sustaining change
- Cross Hospital / MCS interdependencies
- Care that Hospital / MCS actions are not lost in CSS oversight
- Mandatory training - Safeguarding Adult Level 3 training compliance in line with Trust target

Royal Manchester Children's Hospital

Progress

- Advanced Paediatric Life Support (APLS) training requirement on track for completion in timeframe
- Improvements to security in Paediatric Emergency Department
- Removal of ligature points in Paediatric Emergency Department
- Audit evidence of improvements to health records standards
- The Triage Escalation Policy has been approved that escalates patients waiting in excess of 15 minutes from time of arrival to initial assessment
- Paediatric resuscitation equipment in place for children transferred from the ward to surgery at Starlight
- Medications within resuscitation trolleys are tagged and tamper evident within the Wythenshawe site
- Safeguarding question asked as part of pre op assessment and documented within Synopsis
- Patient alarms in place across the Child and Adolescent Mental Health Service (CAMHS) at Galaxy House and each individual patient is assessed with a plan of care put in place that reviews whether they require a personal alarm.

- New induction packs have been developed and in place for all student nurses and trainees working within Galaxy House
- Compliance on mandatory and safeguarding is monitored via weekly compliance reports with oversight at CSU performance meetings

Risks

- Installation of CCTV Cameras within CAMHS inpatient unit, Galaxy House. Timescales provided by Estates and Facilities are:
  June - July 2020: site installation and handover
- CAMHS electronic patient record solution is aligned with the overall Trust Electronic Patient Record implementation

Saint Mary's Hospital

Progress

- Improvements to mandatory training compliance
- Review and harmonisation of guidelines on track for completion by the end of Quarter 4
- As part of the Family Integrated Care (FiCare) approach in the Neonatal Unit an improving quality project has been established to focus on increasing the uptake of breastfeeding
- The Newborn Services have explored open visiting and revised the policy to facilitate 24 hour access for parents and their contribution during medical ward rounds
- Weekly surveillance of compliance in the clinical areas on fridge temperature monitoring has been sustained by the matrons across the MCS. Quarter 1 audit results demonstrated good compliance with only one standard failing (fridge wired into a switchless socket)
- At the Wythenshawe site the maternity unit has introduced the house keeper role to support the ongoing monitoring of equipment servicing

Risks

- Until all staff are recruited and in post the staffing risks continue
- Saint Mary's Hospital noted as an outlier on puerperal sepsis
- Safeguarding Adult Level 3 training compliance in line with Trust target

Manchester Local Care Organisation

Progress

- Local records are kept of staff training

- All staff will have access to ESR Self Service by December 2019, currently smart cards being configured
- 100% of MLCO Children's services utilising same care record platform (September 2019)
- Additional recruitment of Occupational Therapist and Community Paediatrician to support reduction in waiting list times
- Development of standardised approach to pain assessment being led by MacMillan
- Checklist developed to ensure that all equipment present and in date
- Dress code audit completed in July 2019 with 100% compliance
- Continued improvement in mandatory training rates
- Environmental improvements at 144 Wythenshawe Road

Risks

- Egton Medical Information Systems (EMIS) electronic patient record systems roll out paused due to funding gap (under review)
- Recruitment to key posts
- Safeguarding Adult Level 3 training compliance in line with Trust target

2.2.5. Key messages for circulation across the Group were:

- Assurance evidence needs to be reviewed in every area
- Improvements required in compliance with Level 3 Safeguarding Training across all sites (improving trajectory)
- Hospital / MCS reports to be reviewed by corporate leads to check alignment and progress
- Policy / guideline review progress needed

2.2.6. To strengthen assurance Shine walk rounds are planned for:

- Medicines management
- Mandatory training and appraisal
- Equipment maintenance checks and cleanliness
- All core services rated as requires improvement

2.3. CQC Feedback

2.3.1. The CQC inspectors advised that they were satisfied with the process in place for monitoring progress on improvements and confident that the Trust had the appropriate level of 'check and challenge' in place. They will sign off actions through their internal processes following the next milestone

meeting (planned for March 25th) and a programme of unannounced inspections.

2.4. Unannounced and Routine Inspection

2.4.1. The CQC have undertaken no 'unannounced' inspections or routine visits in the period.

2.4.2. 144 Wythenshawe Road Short Break Service - 13 -17 May 2019
The report was received for factual accuracy check, this was completed and returned. The service has been rated as 'requires improvement' and an action plan has been completed and returned to the CQC. This plan is part of the overall CQC response plan for the MLCO and is being monitored via that governance structure.

3. Human Tissue Authority (HTA)

3.1. The HTA have announced their intention to visit the ORC and Trafford Pathology (Mortuary) Services on Monday 18th November. Preparatory work is underway overseen by the CSS Senior Leadership Team.

4. Recommendation

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

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Professor Cheryl Lenney, Group Chief Nurse
Paper prepared by:	Karen Meadowcroft, Corporate Director of Nursing Lynne Birchall, Head of Nursing – Quality and Patient Experience Claire Horsefield, Head of Customer Services
Date of paper:	October 2019
Subject:	Quarter 2 Complaints Report 2019/20
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Patient and staff Experience
Recommendations:	To note the content of the report and the progress of the Complaints Transformation Programme.
Contact:	Name: Lynne Birchall, Head of Nursing – Quality and Patient Experience Tel: 0161 276 4433

Manchester University NHS Foundation Trust (MFT)
Complaints Report 1st July 2019 – 30th September 2019

1. Executive Summary

1.1. Members of the Group Board of Directors are asked to note the Quarter 2, 19/20 Complaints Report for Manchester University NHS Foundation Trust (MFT), covering the period 1st July 2019 – 30th September 2019 (Q2).

1.2 This report provides an overview of the Complaints and PALS performance for Q2. Due to new reporting capabilities to refresh and cleanse previous data, the data provided in this report for the periods prior to this quarter may differ slightly to the data presented in previous reports.

1.3 There was a total of 1,428 PALS concerns received. This compares to 1,645, a 13.2% decrease compared to the previous quarter.

1.4 There were a total of 406 new complaints received. This compares to 355 new complaints received in the previous quarter which is a 14.4% increase.

1.5 The overall total number of complaints received in this quarter has increased when compared to the previous quarter. Following the decrease in complaints received by Saint Mary's (SMH) Managed Clinical Services (MCS) in Q1, they have received 53 in number, which represents a 33.9% increase.

1.6 The total number of complaints closed this quarter was 421, an increase of 16 cases compared to the previous quarter.

1.7 There was an increase in the number of complaints closed within 25 days, with 265 closed compared to 227 in the previous quarter. This therefore resulted in a subsequent decrease in the number of complaint responses in 26-40 days and over 41 days.

1.8 The NHS Complaint Regulations (2009) stipulate that complaints must be acknowledged in writing no later than 3 working days following receipt of the complaint. The Trust achieved 99.8% compliance with this Key Performance Indicator. The one acknowledgement breach was due to an error in handling the initial receipt of the complaint by the Trust.

1.9 In accordance with the agreed schedule, the Complaints Scrutiny Group, which is chaired by a Non-Executive Director, met twice during Q2. Management Teams from WTWA, Divisions of Medicine and Heart and Lung each presented a case at the July 2019 meeting and SMH and the Royal Manchester Children's Hospital (RMCH) each presented a case at the September 2019 meeting. The learning identified from the cases presented is detailed in Section 5 of this report.

1.10 Improvements in the Complaint and PALS management processes are described in the report with future quality improvements identified in section 9.

1.11 The Board of Directors is asked to note the information within the report, which demonstrates a reduction of PALS concerns and a slight increase in formal complaints. There has been a notable improvement in the timeliness of closing complaints during this quarter.

2. Overview of Quarter 2, 2019/20 Performance: PALS

2.1 There was a decrease in the number of PALS concerns received with 1,428 PALS concerns being received, compared to 1,645 in the previous quarter. This is a 13.2% decrease in PALS concerns compared to the previous quarter and is numerically a decrease of 217 PALS concerns.

2.2 As appropriate and in agreement with the complainant, PALS concerns can be escalated to complaints or complaints de-escalated to PALS concerns. There were 8 PALS cases escalated to formal investigation during Q2, this is a decrease when compared to the 13 PALS cases escalated during the previous quarter. Cases are predominantly escalated due to the complexity of the concern received and following discussion and agreement with the complainant advising that formal investigation should be undertaken. Conversely, 2 complaint cases were de-escalated during this quarter compared to 1 case being de-escalated during the previous quarter.

2.3 As in previous reports the Hospital/ MCS/ MLCO with the highest number of PALS concerns received was WTWA with 457 cases (32.0%), followed by MRI with 365 cases (25.6%) of the total number of PALS concerns received. Whilst the higher number of PALS concerns received by WTWA and MRI partially reflects the level of activity in these Hospitals, this is a decrease of 75 (14.01%) and 42 (10.3%) respectively compared to Q1. To support the Hospital/ MCS senior management teams to understand the PALS concerns the Corporate team continue to provide quarterly thematic PALS reports to WTWA and MRI. Analysis has identified 'Outpatient Appointment Delay / Cancellation' 'Treatment/Procedure' and 'Communication' as the most common themes from PALS concerns received at both WTWA and MRI. The information continues to provide the Hospital teams the detail to identify focussed areas for improvement. It should be noted that these themes are broad and used nationally and as such need further interrogation at hospital level to provide wider learning.

2.4 The majority of PALS concerns related to Outpatient areas, which accounted for 1,082 (75.8%) of the 1,428 contacts received. This compares to 1,283 (78.0%) of concerns relating to Outpatient areas in the previous quarter.

2.5 **Table 1** shows the timeframes in which PALS concerns have been resolved during the previous four quarters.

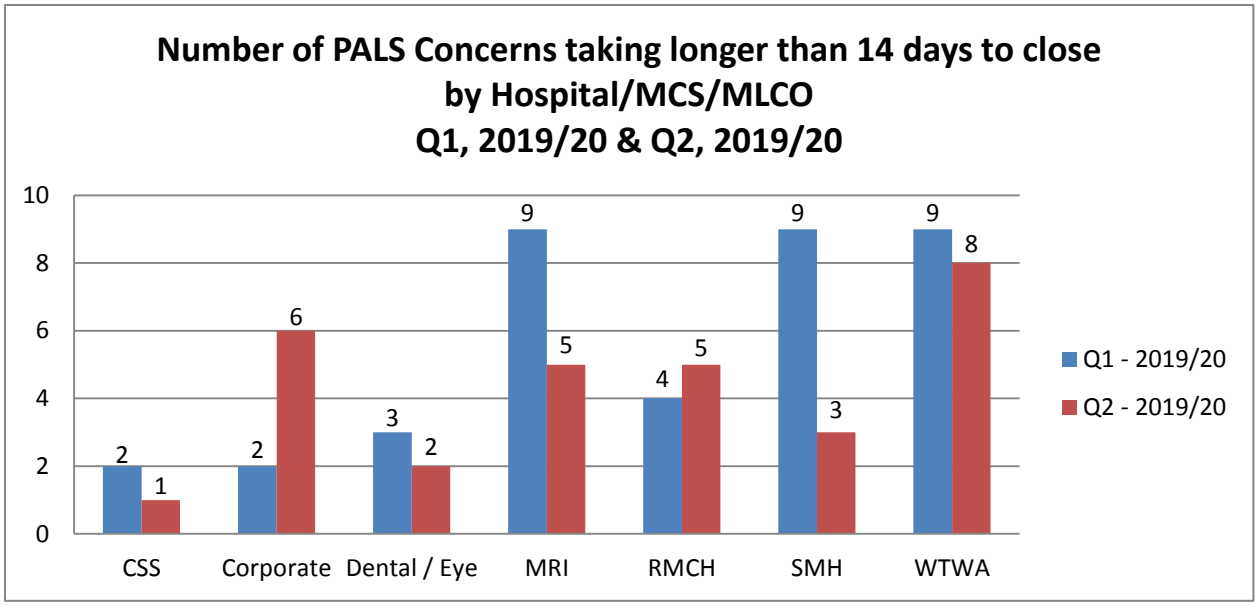
Table 1: Closure of PALS concerns within timeframes.

	Quarter 3, 2018/19		Quarter 4, 2018/19		Quarter 1, 2019/20		Quarter 2, 2019/20	
Days to Close	Number of Cases Resolved Within Timeframe	Percentage of Cases Closed Within Timeframe	Number of Cases Resolved Within Timeframe	Percentage of Cases Closed Within Timeframe	Number of Cases Resolved Within Timeframe	Percentage of Cases Closed Within Timeframe	Number of Cases Resolved Within Timeframe	Percentage of Cases Closed Within Timeframe
0-7	1177	77.5%	1191	72.4%	1139	67.2%	1,033	70.9%
8-14	314	20.7%	433	26.3%	518	30.6%	394	27.0%
15+	28	1.8%	21	1.3%	38	2.2%	30	2.1%

2.6 All open PALS cases at 12 days continue to be escalated to the PALS Manager, and this earlier escalation process continues to be successful in reducing the time to resolve PALS concerns. During this quarter there has been a slight improvement from the previous quarter from 38 (2.2%) to 30 (2.1%) of cases that were resolved at 15+ days.

2.7 Delays in resolving PALS concerns are monitored by the Corporate team who escalate delays to the Hospitals/ MCS's. The Hospital/ MCS Senior Leadership Teams receive weekly reports detailing their unresolved PALS concerns.

Graph 1: Number of PALS concerns taking longer than 14 days to close by Hospital/ MCS Q1, 2019/20 and Q2, 2019/20.

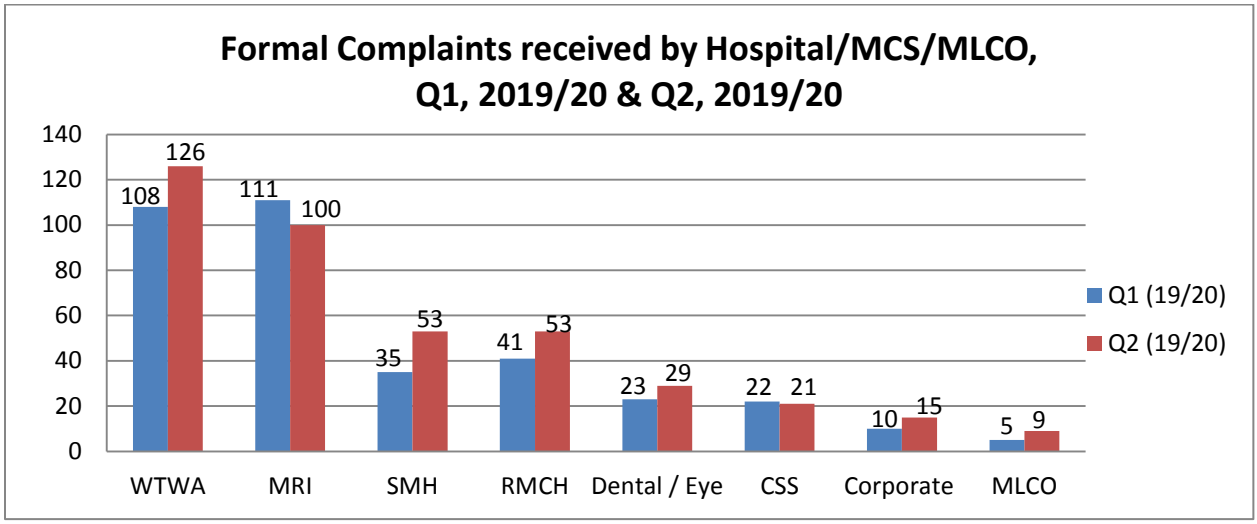


New Complaints

2.8 There were a total of 406 new formal complaints received. This compares to 355 in Q1, 2019/20, 392 received in Q4, 2018/19 and 331 received in Q3, 2018/19. This represents a 14.4% increase in formal complaints (increase of 51 in number) when compared to the previous quarter. There continues to be a natural variation of complaints received on a monthly basis with 161 in July 2019, 149 in August 2019 and 141 in September 2019.

2.9 **Graph 2** compares the total number of new complaints received by Hospital/MCS/MLCO in Q1, 2019/20 and Q2, 2019/20.

Graph 2: Total number of Complaints Received by Hospital/ MCS/ MLCO



2.10 Whilst WTWA received the highest number of complaints (126), this quarter SMH received the highest percentage increase with 53 complaints received compared to 35 last quarter representing a 51.4% increase. The largest decrease in the number of complaints received in this quarter compared to the previous quarter was at MRI which had a reduction of 11 cases (9.9%).

2.11 There were 136 new complaints relating to inpatient services and 201 relating to outpatient services. For inpatient services, this represents an increase of 11 cases (8.8%) and for outpatient services, this represents an increase of 41 cases (25.6%). The area with the highest number of outpatient complaints was WTWA with a total of 70 of the 201 complaints received (34.8%). Themes identified for inpatient services were treatment/procedure, communication and discharge/transfer. Themes for outpatient services were treatment/procedure, communication and appointment, delay/cancellation. As with PALs the themes are broad and attempts to align themes to the trust values and behaviours (see section 4.6) are proving equally subjective.

2.12 The national statutory requirement for the acknowledgement stage of formal complaints handling, according to the NHS Complaints Regulations (2009), is to acknowledge 100% of all complaints no later than 3 working days after the complaints are received. The Trust achieved 99.8% compliance with this key performance indicator (KPI) during this quarter compared to 100% in Q1, 2019/20, 99.8% in Q4, 2018/19, and 99.5% in Q3, 2018/19. The one acknowledgement breach in Q2, 2019/20 was due to an error in handling the initial receipt of the complaint by the Trust.

Current Complaints

2.13 In accordance with the NHS Complaint Regulations (2009) the Trust has identified complaint response timescales as; 25 working days, 26-40 working days and 41 days and above. The performance against these timescales is monitored.

2.14 In accordance with the Trust's Complaint Triage process timescales are discussed and agreed with the complainant in three broad timeframes, as follows:

- 25 working days, normal response timeframe
- 40 working days, highly complex case response timeframe
- 60 workings days, highly complex case involving multiple organisations, High Level Investigations (HLIs), Independent/External reviews and HR investigations response timeframe

2.15 The accountability for the complaints management and monitoring was fully devolved to the Hospital/ MCS and the MLCO Chief Executives in 2018/19 and performance continues to be monitored at a Group level via the Accountability Oversight Framework (AOF).

2.16 There were 223 complaints open at the end of the quarter, compared to 198 at the end of the previous quarter. This is a 12.6% increase equating to a numerical increase of 25 complaints. The 223 ongoing complaints comprised of 135 which had been assigned a 25 working day timescale, 13 which had been assigned a 40 working day timescale and 75 which had been assigned a 60 working day timescale. At the end of this quarter 82.9% of ongoing cases were within the planned timescales, agreed with the complainant. **Table 2** shows a breakdown by the agreed working day timescales.

Table 2: Details of ongoing cases at 30/09/19 by allocated timescale.

	No of ongoing cases	In timescale	Number not responded to in assigned timescale
25 working day timescale	135	112 (83.0%)	23 (17.0%)
40 working day timescale	13	8 (61.5%)	5 (38.5%)
60 working day timescale	75	65 (86.7%)	10 (13.3%)
Total	223	185 (82.9%)	38 (17.1%)

2.17 WTWA had the highest number of open cases in Q2 with 61 cases (58 of which were in the agreed timescale with the complainant). This compared to 46 open cases in Q1, 59 open cases in Q4, and 49 open cases in Q3. Of the open cases 37 were within 0-25 days, 14 were within 26-40 days, (all of which were in the agreed timescale with the complainant) and 10 were over 41 days, 9 of which were in the agreed timescale.

Resolved Complaints

2.18 The oldest complaint case closed during this quarter was registered within WTWA on 24th April 2016 and was 597 days old when closed on 31st July 2019. The complaint involved a senior independent review and arrangement of several local resolution meetings with the patient's family and senior executives of the Trust. The complainant was kept updated and fully supported throughout this process.

2.19 **Table 3** provides a comparison of complaints resolved within each timeframe from Q3, 2018/19 to Q2, 2019/20. This demonstrates that 75.3% of complaints closed this quarter were resolved within agreed timeframe in Q2 compared to 66.7% in the previous quarter.

2.20 There was an increase of 38 cases resolved within 0-25 working days, a decrease of 16 cases resolved between 26-40 days and a decrease in the number of cases resolved at 41+ days by 6 cases in this quarter compared to the previous quarter. There has been an 8.6% increase in the number of complaints resolved within timescale compared to Q1.

Table 3: Comparison of complaints resolved by timeframe

	Quarter 3 2018/19	Quarter 4 2018/19	Quarter 1 2019/20	Quarter 2 2019/20
Formal complaints resolved	434	339	405	421
Resolved in 0-25 days	159	158	227	265
Resolved in 26-40 days	127	79	98	82
Resolved in 41+ days	148	102	80	74
Total resolved in timescale	190 (43.8%)	185 (54.6%)	270 (66.7%)	317 (75.3%)

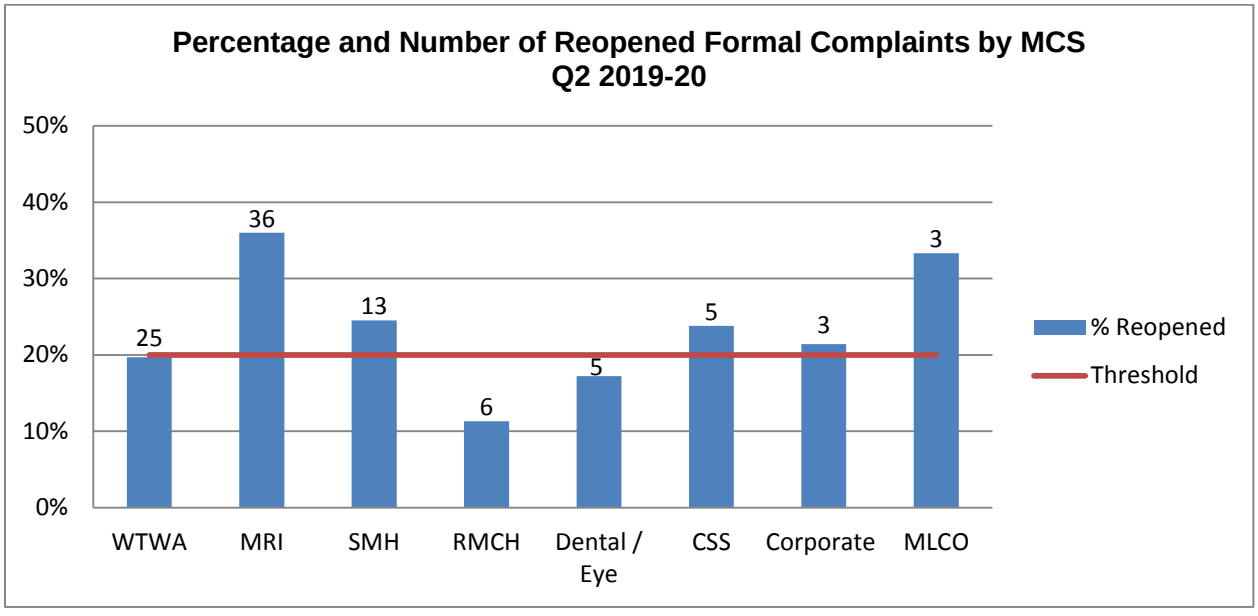
Re-opened Complaints

2.21 Re-opened complaints are used as a proxy indicator to measure the quality of the initial response. A tolerance threshold of 20% has been agreed by the Group Chief Nurse. There were 96 complaints re-opened in this quarter compared to 71 in the previous quarter, which represents a 35.2% increase in re-opened complaints. Overall re-opened cases accounted for 23.6% of all complaints received compared to 20.0% in the previous quarter.

2.22 The highest number of re-opened cases was received by MRI (36 cases) compared to 18 in the last quarter. Of the 36 re-opened complaints received by MRI the predominant reason was due to unresolved issues, not all issues being addressed or information provided being disputed.

2.23 **Graph 3** illustrates Hospital/ MCS/ MLCO performance against this threshold in Q2 with; MRI 36.0% (36 re-opened cases), SMH 24.5% (13 re-opened cases), CSS 23.8% (5 re-opened cases), Corporate 21.4% (3 re-opened cases) and MLCO 33.3% (3 re-opened cases) exceeding the 20% threshold during Q2; with all the other Hospitals/ MCS's recording re-opened cases below the threshold. It should be noted, however, that small fluctuations in the total number of complaints received in a Hospital/MCS/MLCO or Corporate can result in large percentage changes for those areas with overall low number of complaints. Complaint management training continues to be offered to all Hospital/ MCSs and the MLCO teams focused on the quality of complaint responses as part of the educational sessions as detailed in Section 9.1.3 of this report.

Graph 3: Percentage of re-opened Complaints, Quarter 2, 2019/20.



3. Care Opinion and NHS Website feedback

3.1 The NHS Website and Care Opinion are independent healthcare feedback websites whose objective is to promote honest and meaningful conversations about patient experience between patients and health services.

3.2 The number of NHS Website and Care Opinion comments by category; positive, negative and mixed, are detailed in **Table 4.**

3.3 This quarter 65% of the NHS Website and Care Opinion feedback comments received were positive. This represents an increase of 8.5% compared to Q1 when the overall positive comments represented 56.5% of the total. Negative comments equated to 25.0% of the overall total received this quarter, which compared to 35.5% during Q1 reflects a decrease of 10.5%.

3.4 This quarter a total of 37 positive comments were received; an increase of 2 compared to the last quarter. The increase in positive comments is attributed to SMH who received a total of 10 positive comments, twice as many as Q1 when 5 were received.

3.5 All NHS Website and Care Opinion comments are received by the Patient Experience Team (PET) and shared with the relevant Hospital/ MCS/ MCLO; requesting a response for publication with 5 working days. Within each Hospital/ MCS/ MCLO designated staff support the provision of a response to the PET. The PET ensures responses are quality assured, either by the Hospital/ MCS/ MCLO or Corporate Team prior to posting online.

3.6 All responses to negative and mixed comments include a Ulysses reference number and offer the person posting the comment the opportunity to make contact with PALS should they require further support.

Table 4: Number of Care Opinion/ NHS website postings by Hospital/ MCS/ MLCO in Q2, 2019/20.

Number of Postings received by Hospital/ MCS Q2, 2019/20			
Hospital/ Managed Clinical Service (MCS)	**Positive**	**Negative**	**Mixed**
Manchester Royal Infirmary	**3**	**5**	**2**
Wythenshawe, Trafford, Withington and Altrincham	**17**	**2**	**0**
Clinical Scientific Services	**0**	**0**	**1**
Corporate Services (Estates and Facilities)	**1**	**0**	**2**
Manchester Royal Eye Hospital / University Dental Hospital of Manchester	**4**	**2**	**1**
Royal Manchester Children's Hospital	**2**	**1**	**0**
St Mary's Hospital	**10**	**4**	**0**
Overall MFT Total	**37 (64.9%)**	**14 (24.6%)**	**6 (10.5%)**

3.7 **Table 5** provides two examples of the feedback received and the subsequent responses posted on Care Opinion and NHS Website during this quarter.

Table 5: Example Care Opinion/ NHS Website Postings and Reponses Q2, 2019/20.

Quarter 2 , 2019/2020
Heart & Lung Services, Wythenshawe Hospital
Patient gave Chronic Obstructive Pulmonary Disease at Wythenshawe Hospital a rating of 5 stars. Tremendous care by highly competent doctors and staff. I have Systemic Sclerosis and Pulmonary Hypertension, I attended a joint clinic yesterday, the doctors were absolutely brilliant, both obeying the first rule of "listening to the patient" and responding accordingly.

Both doctors had a high level of knowledge of what are relative rare conditions. They both make you feel comfortable in discussing your condition and ask all the right questions to diagnose your current state of health and hence any treatment changes. I would certainly advise anyone who is suffering these chronic conditions that they are in good and highly capable hands.

Visited in July 2019. Posted on 09 July 2019

Response

Thank you for your comments posted on the NHS website regarding your outpatient care at Wythenshawe Hospital. It was very kind of you to write and compliment the staff as it is good to receive positive feedback which reflects the hard work and dedication of our staff. It was reassuring to hear that you felt listened too, were made comfortable and that you had such a positive experience of our services. I can assure you that we have passed on your thoughts to the Head of Nursing to distribute to all of staff involved in your care.

Maternity Services, Saint Mary's Hospital

Patient gave Maternity services at St Mary's Hospital a rating of 5 stars.

Excellent in an emergency

My delivery experience was very positive, all the midwives and doctors were very good. The birth was a bit tricky and I spent time on ward 66 where the staff were really nice. There I had a postpartum haemorrhage and was quickly assessed and taken to theatre. The team were excellent and I am very grateful to them for saving me. Lots of informed consent etc even in an emergency. The midwife and critical care nurse who helped me afterwards were lovely. They also helped with the baby so my partner could rest. I moved to ward 47b which was fully booked but the staff still found time to look after my baby at night when I was too unwell to get out of bed. There were lots of other nice little touches like when one midwife got an anaesthetist to put a drip in for me as I was terrified and my veins were shrivelled up due to losing lots of blood. The triage area is often very, very busy and you do have to wait a while there. You get the impression triage needs more staff, but then this is the case for the whole NHS given skills shortages and funding cuts... Overall I felt lucky to have delivered at St Mary’s as when things went wrong I felt in safe hands.

Visited in July 2019. Posted on 22 July 2019

Response

Thank you for your positive comments posted on the NHS website regarding your care on the Maternity Unit, Wards 66 and 47b at Saint Mary’s Hospital. It was very kind of you to take the time to write and compliment the staff as it is good to receive positive feedback which reflects the hard work and dedication of our staff.

The Trust has introduced a behavioural framework called ‘Together Care Matters’ within which all members of the midwifery and medical teams practice so it was reassuring to read that the medical team and midwives providing care were able to make you and your partner feel supported and cared for. I can assure you that we have passed on your thoughts to Dr Clare Tower, Clinical Head of Division for Obstetrics and Mrs Mary Symington, Head of Midwifery who will be pleased to share your feedback with the extended Midwifery team.

We appreciate your understanding regarding the waiting times in the Obstetric Triage Department and would like to assure you that the Obstetric management team are undertaking a range of service improvement options to minimise patient waiting times.

May I take this opportunity to wish you and your family well for the future.

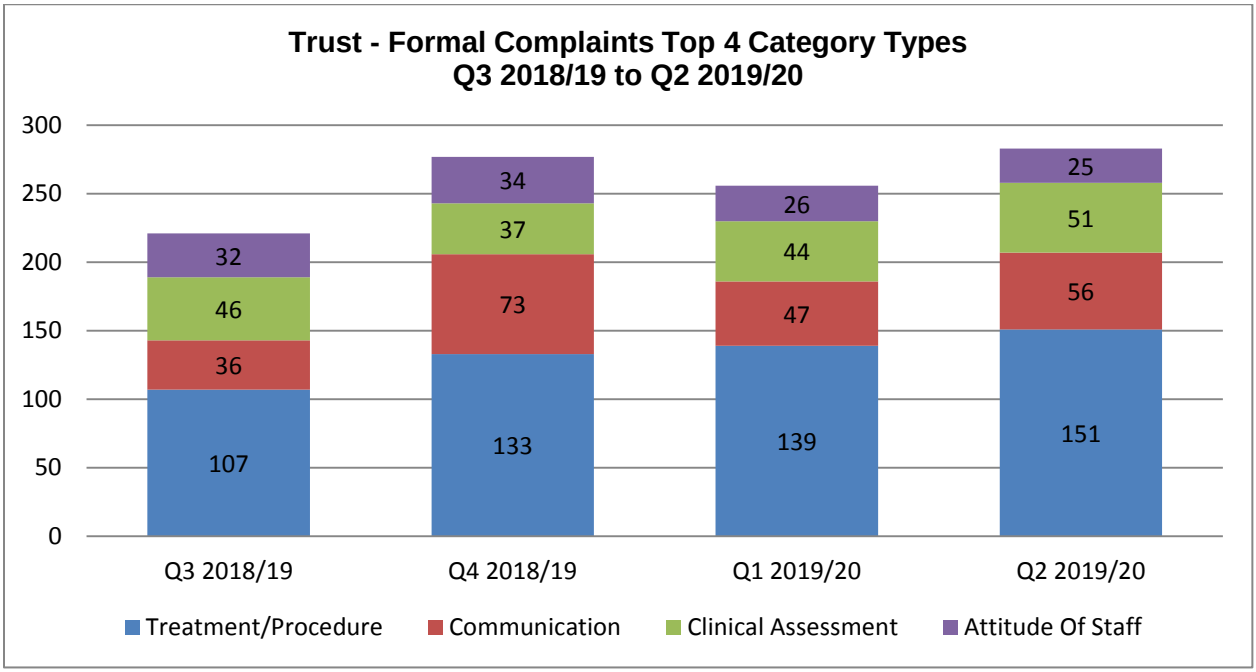
4. Themes from Complaints and PALS concerns

4.1 The medical staffing group were cited in 46.8% of all PALS concerns and 48.1% of all complaints, compared to 46.7% and 53.3% respectively in the previous quarter. Whilst recording limitations prevent further analysis of this data to determine whether these references relate to specific grades of medical staff it is recognised that medical staff, as the lead practitioner for episodes of care, it is not unusual for them to be cited by patients who wish to make a complaint. Actions in relation to this trend are undertaken on a case by case basis by the relevant Hospital/ MCS/ MLCO. In addition, the Head of Customer Services provides educational input with regard to customer service and complaints management on the New Appointed Consultants Programme (NACS).

4.2 The top category types for formal complaints from Q3, 2018/19 to Q2, 2019/20 are shown in **Graph 4.**

4.3 'Treatment/Procedure', 'Clinical Assessment' and 'Communication' remain in the top three categories in Q2, 2019/20.

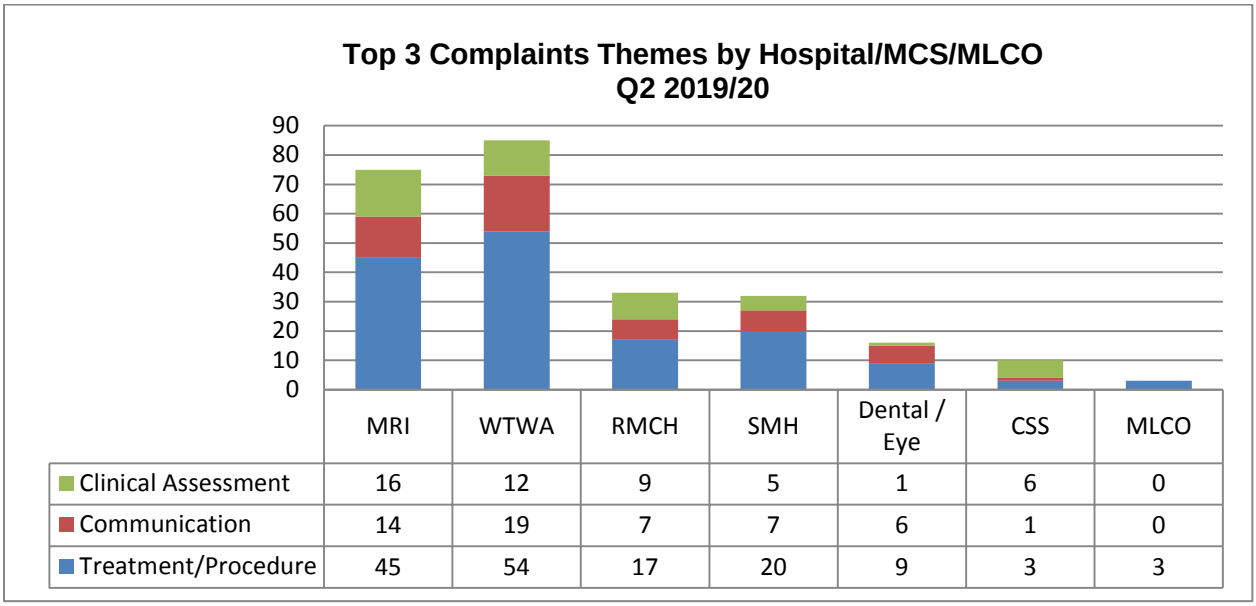
Graph 4: Formal Complaints – Top Categories Quarter 3, 2018/19 to Quarter 2, 2019/20



4.4 **Graph 5** illustrates the total number of top 3 categories by Hospital/MCS/MLCO in Q2 2019/20.

4.5 In this quarter the top category, 'Treatment/Procedure' (151) was cited in 42.8% of WTWA's complaints, 45.0% of MRI complaints, 32.0% of RMCH's complaints, 37.7% of SMH's complaints and 31.0% of UDHM (University Dental Hospital of Manchester) and MREH (Manchester Royal Eye Hospital).

Graph 5: Total number of Top 3 Complaint Categories by Hospital/MCS/MLCO, Quarter 2, 2019/20



	MRI	WTWA	RMCH	SMH	Dental / Eye	CSS	MLCO
Clinical Assessment	16	12	9	5	1	6	0
Communication	14	19	7	7	6	1	0
Treatment/Procedure	45	54	17	20	9	3	3

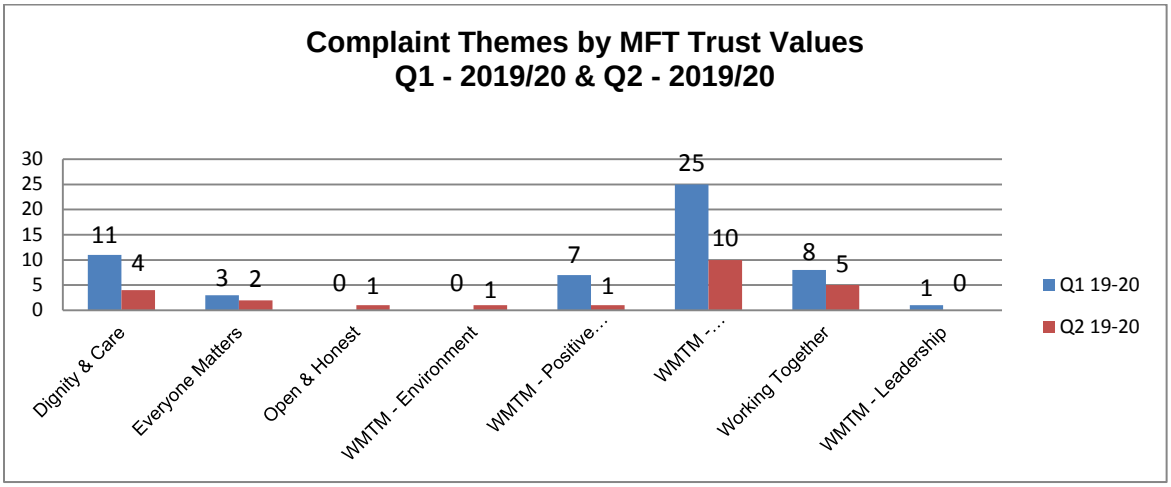
4.6 Theming Complaints

Work continues to theme the concerns raised in complaints to the MFT Trust Values; ***Everyone Matters, Working Together, Dignity & Care & Open and Honest.***

The Trust-wide themes from the concerns identified in complaints compared to the MFT Trust Values from this quarter are shown in **Graph 6**. This is the fourth quarter this information has been gathered, however as the graph demonstrates collection of this data is challenging. The Head of Customer Services will undertake a review during the next quarter to determine any weaknesses in the system that may be impacting on the collection of this data and/or whether the assigning of the data to the Trust Values is feasible.

Only 24 of the 406 new complaints received in this quarter, contained concerns which aligned with the MFT Trust Values. This compares to 55 out of 355 new complaints received in Q1, 2019/20 and 52 of the 392 new complaints received in Q4, 2018/19.

Graph 6: Complaints – Theming of complaints to MFT Trust Values for Quarter 4, 2018/19 and Quarter 1, 2019/20



5. Complaints Scrutiny Group

5.1 In accordance with the agreed schedule, the Complaints Scrutiny Group, which is chaired by a Non-Executive Director, met twice during this quarter. WTWA (Medicine) and WTWA (Heart and Lung) each presented a case at the July 2019 meeting and SMH and RMCH each presented a case at the September 2019 meeting.

5.2 The learning identified from the cases presented and the actions discussed and agreed at the meeting are outlined in **Table 6**. Transferable learning from complaints is identified and shared through this group.

Table 6: Actions identified at the Trust Complaints Scrutiny Group during Q2, 2019/20.

Hospital/ MCS	Learning	Actions
WTWA (Medicine)	Provision of adequate nutrition and hydration	Training and education undertaken around monitoring of fluid balance.
WTWA (Heart & Lung)	Breakdown in communication	Importance of communication/briefings prior to meet with a family to be disseminated at A&E, Medical staff, End of Life care and Ward Managers meetings. Staff involved in the incident to attend communication LEAD training.
	Protected Mealtimes	Reinforcement of the Protected Mealtime Policy to all staff.
	Consistency adhering to safe infection prevention practice in maintaining and cleaning equipment	In line with Trust Policy; patient bedside boards to be updated at all times and checklist put in place to ensure cleaning of equipment.
RMCH	Percutaneous Nephrolithotomy (PCNL) service not commissioned by RMCH	Development of full business case to provide a PCNL service at RMCH.
	Quality of complaint response	With the support of the Complaint's team, RMCH to undertake the Complaints Response Audit.
SMH	Scanning capacity	Increase staffing capacity through training
	Understanding of maternal viewpoint and needs - Use of individualised care plan	Continuation of roll out of What Matters to Me (WMTM)

6. Parliamentary and Health Service Ombudsman (PHSO)

6.1 The PHSO makes the final decisions on complaints that have not been resolved by the NHS in England, United Kingdom Government Departments and other public organisations.

6.2 The Trust had 7 cases under the review of the Parliamentary and Health Service Ombudsman at the end of this quarter compared to 15 under review at the end of the previous quarter. **Table 7** provides details of the progress of each PHSO case, specifically the number of reports that are awaited and shows the distribution of PHSO cases across the Hospitals/ MCSs.

Table 7: Overview of PHSO Cases open as at 30th September 2019

Hospital/ MCS	Case/s	PHSO Investigation Progress
MRI (2)		
Specialist Medicine Services (SMS) (1)	1	Awaiting draft report
SMS (1)	1	Awaiting final report
WTWA (2)		
Surgery (1)	1	Awaiting draft report
Medicine (1)	1	Awaiting draft report
RMCH (1)	1	Awaiting draft report
CSS (1)	1	Awaiting draft report
SMH (1)	1	Awaiting draft report
Total	**7**	

6.3 The PHSO closed 9 cases in this quarter; of these cases 3 cases were partly upheld, and 6 cases were not upheld. The learning identified from the cases presented and the actions discussed and agreed at the meeting are outlined in **Table 8.**

6.4 The Trust was asked to pay £1200.00 financial redress (2 cases) in this quarter. This compares to no financial redress in the previous quarter, £450 in Q4, 2018/19 and £2,450 in Q3, 2018/19.

Table 8: PHSO closed cases in Quarter 2, 2019/20 presented by outcome.

Hospital/ MCS	Outcome	Date original complaint received	PHSO Rationale/ Decision	Recommendations
WTWA (Medicine)	Partly upheld	13/07/18	Failing in commence treatment	Provide a full acknowledgement and apology for the distress and failings identified in the report. Explain what actions have been taken to address the failing identified in the report. Award compensation of £700.
RMCH	Not upheld	22/11/18	No failings found	None
RMCH	Partly upheld	12/03/19	Failings in a joint approach resulting in failings in communication	Award compensation of £500

SMH + CSS	Not upheld	29/01/19	No failings found	None
WTWA (Heart & Lung)	Partly upheld	29/08/18	Failure to arrange treatment within a timely manner	Provide an apology for the failing identified in the report.
MRI (SMS)	Not upheld	08/05/19	No failings found	None
CSS	Not upheld	14/02/19	No failings found	None
WTWA (Medicine + Surgery) + CSS	Not upheld	07/03/19	No failings found	None
WTWA (Medicine)	Not upheld	27/06/19	No failings found	None

7. Learning from Feedback

Implementing Learning to Improve Services

7.1 All Hospital/MCSs/MLCO regularly receives their complaint data and reviews the outcomes of complaint investigations at the Hospital/MCS Meetings. **Table 9** demonstrates how learning from a selection of complaints has been applied in practice to contribute to continuous service improvement within the Hospitals/ MCSs.

Table 9: Examples of the application of learning from complaints to improve services, Q2, 2019/20

Hospital/ MCS	Learning & Improvements
UDHM	**Patient Experience:** A patient complained regarding the treatment he received between February 2017 and May 2018 whilst undergoing endodontic treatment undertaken by a Postgraduate Dental Student. The patient was dissatisfied with the communication his dentist received regarding his ongoing and follow up primary dental care from the UDHM. He believed this led to his own dentist being reluctant to continue with his care. The patient felt there were long delays between treatment appointments and cancellations also the patient felt the student dismissed his questions about the concerns raised during his treatment. **Actions** ▪ A review to be undertaken with the clinical team in relation to timeframes for communicating to dentists when patients are having a long course of treatment. ▪ Engagement to be undertaken with the postgraduate students and tutors to reiterate the importance of ensuring that patients are aware of the delays with appointments due to the academic calendar. ▪ The University to provide the Patient Services team with information in relation to student dates which will in turn enable improved scheduling of patient appointments.

WTWA (Division of Surgery)	**Communication, Capacity** A patient's daughter raised concerns about the care her father received on one of the surgical wards. The patient lacked mental capacity to make decisions about his care and treatment and often did not verbally communicate. The patient regularly declined care, food and fluids The patient's daughter was concerned that staff did not interact with her sufficiently to understand her father's needs. Concerns were also raised about her father experiencing incontinence during his admission. **Actions:** As a direct result of the complaint investigation, the following actions were been identified: ▪ The Ward Manager used the themes from the complaint at ward meetings to the importance of effective communication with families, and the importance of recording conversations and care delivered or declined by the patient with family members and ensure staff are up to date with mental capacity assessments and communication with patients who lack capacity ▪ The Ward Manager will undertake 'Reach Out to Me' compliance audits and raise awareness amongst staff of the benefits of using the document.
MLCO North Adults Locality	**Patient Experience:** ▪ A patient complained that his prescription supply of deodorising drops and spray for managing his Ileostomy had been reduced without prior discussion. ▪ When the supply arrived the patient rang the service and received a dismissive phone message saying nothing could be done. **Actions:** ▪ An apology was provided to the patient for changes to the amount of products prescribed without any discussion/rationale and the original prescription supply was reinstated. ▪ The Bladder and Bowel Service have reviewed their processes to ensure that all messages are actioned and it is easy for any member of the team to respond in a timely manner. ▪ Messages are now recorded electronically and highlighted to the prescribing nurse each day when she returns to the office to prevent a similar occurrence.
MRI – Outpatient Services	**Patient Experience** A patient was transitioned from one drug to a biosimilar drug but felt that after 6 months of using the biosimilar it was not as effective in managing their symptoms. The patient also found there to be delays in arranging their clinic appointment, delay in ordering an ultrasound, and were frustrated in the delay in their telephone messages being returned. They recognised that the service

	information was out of date on the Trust website. **Actions:** ▪ The referral management procedure was reviewed to ensure that tests requested are not missed and are acted upon accordingly ▪ The nursing helpline provision and rota was reviewed to ensure that the appropriate staffing levels were in place to provide appropriate care to patients ▪ The rheumatology service details on the Trust website were reviewed and updated to ensure that patients are able to contact the right department regarding their care
RMCH	**Lack of Care & Patient Dignity** A complaint was received from a patient's mother raising concerns that her son had developed a pressure ulcer during an inpatient admission and that there was a lack of patient dignity whilst he was on the ward. During the child's surgery he had an epidural catheter inserted and on return to the ward he was unable to move his legs normally especially his left leg. To ensure this inability to move his legs was related to his epidural and not any complications, his epidural was stopped and then restarted later once movement had returned. During this time the patient was unable to move himself to relieve any pressure and the patient's increase risk of developing a pressure ulcer should have been recognised on his admission to the ward The patient's mother also complained that on a number of occasions, nursing staff and cleaning staff entered the patient's bed space without announcing themselves and requesting permission to enter. As a result of the complaint and to avoid a similar incident happening in the future the following actions were agreed: ▪ Pressure ulcer risk assessments are reviewed in a timely manner by a senior nurse on each shift checking all risk assessments are completed. ▪ Nursing Staff have received additional education around pressure risk assessments, body maps, care plan and the importance of reassessment with documentation. ▪ Nursing Staff have received additional education on the implications of epidural infusions on the child's skin integrity and the information that is given to both the child and family. ▪ This case has been discussed at the Harm Free Care meeting and any other learning identified. ▪ Ward Manager has shared complainant's privacy and dignity concerns with Ward team, at the staff huddle, so that they can realise how their behaviour affects patients and their families.

CSS	**Dignity and Care, Open and Honest** A patient complained that the radiology service had failed to x-ray them on two occasions on the same day, delaying their care, and failing to consider their welfare throughout. **Actions:** ▪ The patient's experience was shared with the ward manager for the Acute Medical Assessment Unit so that both radiology and the Acute Medical Assessment Unit staff understand why an initial physiotherapy assessment is important and why directly referring patients to radiology is not appropriate for patients who are attending for more complex imaging. ▪ A pro-forma has been developed and introduced which will be completed prior to all patients requiring plain film x-rays in the standing position being sent to radiology. This will ensure that both the referring ward and radiology are happy that the physiotherapy assessment has been undertaken where relevant and that there are sufficient experienced staff available to support the patient on arrival. ▪ Dedicated appointment slots will be identified in radiology so that patients arriving for plain film x-rays in the standing position can attend when the Radiology Department is quieter and when there are sufficient staff on duty to ensure that the patient is well supported prior to, during and after the x-ray examination.

8. Equality and Diversity Monitoring Information

8.1 **Table 10** provides Equality and Diversity information gathered from complainants for this quarter. As in Q1 it is evident that the collection of this information is not consistent, however in accordance with the Equality Act 2010 and Service Equality Monitoring collection of this information from the patient's electronic records will commence in Q3.

Table 10: Quarter 2, 2019/20 Equality and Diversity Monitoring Information

Disability	**No.**
Yes	36
No	39
Not Disclosed	331
Total	**406**
Disability Type	
Long-Standing Illness Or Health Condition	13
Learning Difficulty/Disability	0
Mental Health Condition	7
No Disability	0
Other Disability	3
Physical Impairment	10
Sensory Impairment	3
Not Disclosed	370
Total	**406**
Gender	
Man (Inc. Trans Man)	158
Woman (Inc. Trans Woman)	244
Non Binary	0

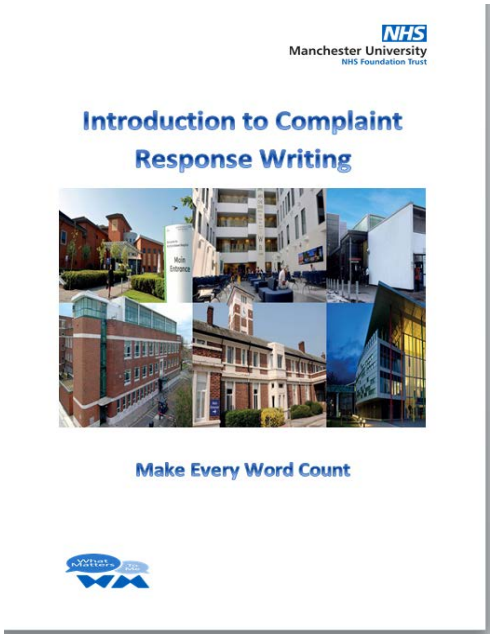
Other Gender	0
Not Specified	4
Total	**406**
Sexual Orientation	
Heterosexual	71
Lesbian / Gay/Bi-sexual	2
Do not wish to answer	0
Other	0
Not disclosed	333
Total	**406**
Religion/Belief	
Buddhist	1
Christianity (All Denominations)	41
Do Not Wish To Answer	0
Muslim	3
No Religion	25
Other	4
Sikh	0
Jewish	3
Hindu	0
Not disclosed	329
Total	**406**
Ethnic Group	
Asian Or Asian British - Bangladeshi	1
Asian Or Asian British - Indian	2
Asian Or Asian British - Other Asian	2
Asian Or Asian British - Pakistani	10
Black or Black British - Black African	7
Black or Black British - Black Caribbean	3
Black or Black British - other Black	5
Chinese Or Other Ethnic Group - Chinese	1
Mixed - Other Mixed	2
Mixed - White & Asian	2
Mixed - White and Black African	6
Mixed - White and Black Caribbean	78
Other Ethnic Category - Other Ethnic	4
White - British	160
White - Irish	7
White - Other White	15
Not Stated	101
Total	**406**

9. Quality Improvements

9.1 Improvements Q2, 2019/20

9.1.1 In-house Complaints Letter Writing Training Package

During this quarter the introduction to Complaint Response Writing training package has been developed. This will be piloted in the next quarter, prior to planning full roll out.



The training package has been tailored to meet the specific needs of all staff responding to complaints and focuses on the 5-step POWER approach[1]:

1. Planning
2. Organising
3. Writing
4. Editing
5. Revising

9.1.2 PHSO Research

Frontline Complaint Handling – 'Complaints Standards Framework'

As planned during this quarter PALS and Complaints staff participated in the PHSO research interviews; Common themes in complaint handling was explored and the PHSO will use this information to inform their insight publication on Frontline Complaint Handling in the NHS and Government Departments, which will in turn support their ongoing work to develop a 'Complaints Standards Framework'.

Picture1, (L to R): PALS Case Manager, Eleanor Waller pictured with Parliamentary and Health Service Ombudsman , Samuel Stone

[1] (Englert, Raphael, Anderson, Anthony, Fear & Gregg, 1988)

9.1.3 Complaints Audit

Following the sharing of the Complaint Quality Audit and Analysis Tool to all Hospitals/MCSs/MLCO during Quarter 1, CSS met twice during this quarter to undertake an audit of 20 complaint cases. Support was provided to CSS during these two audits from the Head of Nursing – Quality & Patient Experience, Head of Customer Services and Complaints Case Manager for CSS. CSS are currently analysing the data collected and will present this to a Quality & Patient Experience Forum in Q3.

9.1.4 Educational Sessions

Following the previous successful educational sessions across the Trust, as part of the Middle Grade Teaching Programme the Head of Customer Services facilitated an education session for the transplant middle-grade doctors in this quarter.

Further complaint educational sessions will continue throughout 2019/20.

9.1.5 Complainant's Satisfaction Survey

The Complaints Satisfaction Survey is based upon ***'My Expectations'***[2] paper and has been developed by the Picker Institute. It is sent to complainants covering all MFT Hospitals/ MCSs/ MLCO and during this quarter 19 responses to the survey were received compared to 55 responses in the previous quarter.

Survey results for Quarter 2, 2019/20 indicate:

- 84.21% of complainants felt they had a single point of contact at the Trust who they could approach if they had any questions.
- 83.33% of complainants felt that they received acknowledgement of their complaint within an acceptable timeframe.
- 73.68% of complainants felt that they received the outcome of their complaint within the given timescales.
- 76.47% of complainants felt they were informed of a timescale for the Trust to respond to their complaint and were satisfied with this, with a further 23.53% being informed of a timescale, but were not satisfied with this.
- 57.89% of complainants felt that they were taken seriously when they first raised their complaint.
- 47.37% of complainants found it completely easy to make their complaint, with a further 36.84% of complainants finding it easy, to some extent.
- 26.32% of complainants were satisfied with the outcome of their complaint, with a further 36.84% of complainants being satisfied, to some extent.
- 15.38% of complainants sought an additional response for the points that were not addressed.

Comments received during Quarter 2, 2019/20 include the following:

- The whole of the PALS process was efficient and very helpful.
- I was encouraged to complain by the nursing staff. I was completely satisfied with how it was handled.
- I feel that the process of complaining made me feel better in some way, knowing that my letter would get some sort of response. I hope that the complaints I made were taken seriously and in some way helped to make things better for future patients. Having said that I had to go back to Manchester for a further procedure and I experienced the same

[2] Available from:
https://www.ombudsman.org.uk/sites/default/files/Report_My_expectations_for_raising_concerns_and_complaints.pdf

difficulty in speaking to someone at the Gastroenterology Unit. I also felt that the procedure was not explained enough to me the next day by doctors or staff and I thought this was unacceptable.

- Had conflicting information, didn't feel like their senior people responding had communicated.
- Some responsibility for my experience was acknowledged and accepted in part by the individual. I was pleased some recommendations were made and I hope what I experienced is not repeated.
- I am satisfied, thank you.
- It felt as if my complaint was undermined. Felt as if the same reasons were given and my points not addressed correctly.
- The doctor looking after me at my next appointment properly explained things instead of brushing things and rushing the appointment.

9.2 Future Planned Improvements 2019/20

9.2.1 Education and Training

Following the previous successful educational sessions facilitated by the Parliamentary and Health Service Ombudsman (PHSO) a further session has been arranged for Q3, 2019/20.

9.2.2 Standard Operation Procedures (SOPs)

Review and updating of the Complaints and PALS SOPs will continue during 2019/20.

10. Conclusion

The Group Board of Directors is asked to note the content of this Complaints Report and the on-going work of the corporate teams and the Hospital/ MCS and MLCO teams to ensure that the Trust is responsive to concerns raised and learns from patient feedback in order to continuously improve the patient's experience. In conclusion, we will:

- Continue to monitor complaint response timescales against expected response timescales.
- Offer Corporate Nursing Support to Hospitals/ MCSs/ MLCO where performance is deteriorating.
- Continue to review and embed recommendations within MFT's policies from National Guidance.
- Continue to learn from complaints and listen to concerns.
- Continue to progress the improvements as outlined in this report.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Professor Cheryl Lenney, Group Chief Nurse
Paper prepared by:	Karen Meadowcroft, Corporate Director of Nursing Lynne Birchall, Head of Nursing, Quality and Patient Experience Pat Jones, Macmillan Lead Cancer Nurse Philip Bryce, Macmillan Matron, Cancer Services
Date of paper:	November 2019
Subject:	To provide an analysis of the results of the National Cancer Patient Experience Survey (2018)
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support ✓ • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Delivering an excellent experience for cancer patients, their families and their significant others.
Recommendations:	Members of the Board of Directors are asked to note the content of the report and support the actions required to ensure continuous improvement.
Contact:	Name: Lynne Birchall, Head if Nursing, Quality and Patient Experience Tel: 0161 276 4433

1. Executive Summary

1.1 The ***Annual National Cancer Patient Experience Survey*** [NCPES] (2018) provides the Trust with feedback from people who use our services which can support continuous improvement of the services provided by Manchester University NHS Foundation Trust (MFT).

1.2 The results of the NCPES (2018) were published on 4th September 2019 by an external provider (Quality Health) on behalf of NHS England and this report provides an analysis of the results.

1.3 This is the first year that the patient sample included in the survey are patients who received care from Manchester University NHS Foundation Trust (MFT); in previous years, results were published separately for the legacy organisations namely the former Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospitals South Manchester (UHSM).

1.4 Many positive elements of cancer patient experience are identified by the NCPES (2018). The majority of the results for MFT are categorised as 'within the expected range' for Trusts of similar size although notably in four questions, MFT received specifically high scores (above the expected range). When considering patients' average rating of care (Question 59) comparisons can be drawn between other acute care providers within Greater Manchester and the Shelford Group Trusts; MFT scored slightly below the average for Greater Manchester, whilst its score of 8.8 was the same as the average score of the Shelford Group Trusts and matched the National Average Score.

1.5 Results which fall below the national average will require further analysis by tumour specific teams to identify areas for their local improvement activity. Tumour specific information is available where twenty one or more responses have been received. The challenge remains for those tumour groups where responses were less than twenty one to consider how we can encourage patients to respond to the future surveys.

1.6 The report and the findings will be reported to the Group Cancer Committee and hospitals/MCS.

1.7 The Board of Directors is asked to note the feedback and the opportunity for improvements in patient experience.

2.0 Introduction

2.1 The results of the NCPES (2018) were published on 4th September 2019 by the external provider (Quality Health) commissioned by NHS England. This paper provides a detailed analysis of the results.

2.2 This is the first year that the sample of patients included in the survey are patients who received care from MFT; in previous years, results were published separately for the legacy organisations the former CMFT and UHSM.

2.3 The paper presents the results for the Trust compared to the national position and provides a comparison with other acute care providers within Greater Manchester and the Shelford Group Trusts.

2.4 The 2018 results demonstrate overall that the Trusts results are 'within the expected range' for Trusts of similar size and compare favourably with both acute care providers within Greater Manchester and the Shelford Group Trusts.

3.0 Background

3.1 Understanding patients' experiences of cancer care and treatment provides key information about the quality of services, and this can be used to drive improvement in cancer services both locally and nationally[1].

3.2 The NCPES is designed to monitor national progress on cancer care and is scheduled on an annual basis as outlined in the 'National Cancer Strategy: Achieving World Class Cancer Outcomes', (2015). The NCPES (2018) is the 8th iteration of the survey since 2010.

3.3 The survey is commissioned and managed by NHS England. The survey was undertaken on behalf of the Trust by independent provider Quality Health who administered the survey observing nationally approved methodology. The 2018 NCPES involved a mixed mode methodology, with questionnaires sent by post with two reminders where necessary and an option to complete the survey online for adult NHS patients (aged 16 years and above) with a confirmed primary diagnosis of cancer. Patients who were discharged from the Trust after an inpatient or day case episode for cancer related treatment in the months of April to June 2018 were included in the survey.

4.0 Methodology and Sample

4.1 The NCPES methodology used reflects the Care Quality Commission (CQC) standard for reporting comparative performance, based on the calculation of 'expected ranges'. This methodology flags Trusts as outliers only if there is statistical evidence that their scores deviate from the range of scores that would be expected for Trusts of the same size.

4.2 The adjusted sample size (whereby excluded patients are removed from the submitted sample, for example due to death) for the Trust was 1359. The response rate of 59% reflected 800 completed questionnaires, 5% below the national response rate of 64%. there were no changes to any questions in the NCPES 2018 compared to previous years.

[1] National Cancer Strategy – Achieving World Class Cancer Outcomes 2015.

Table 1 shows the Trust's adjusted sample size and survey response rates compared to the national response rate. MFT represents 1.1% of the National sample size and 1.08% of the National completed surveys.

	MFT 2018	**National 2018**
Sample size	1,359	115,067
Completed	800	73,817
Response rate	59%	64%

Table 1: Sample size and response rates

4.3 The gender distribution of respondents to the Trust's survey is shown in **Table 2**.

Gender	**Responses**
Male	385 (48%)
Female	415 (52%)
Total	**800**

Table 2: Gender Profile of the survey sample

4.4 **Table 3** shows the age profile of the Trust's survey sample with the single highest age range of respondents identified as the 65-74 age range, with a total of 81% of respondents aged between 55-84 years.

AGE	**MALE**	**FEMALE**	**TOTAL**
16-24	1	3	4
25-34	3	6	9
35-44	6	16	22
45-54	33	62	95
55-64	93	87	180
65-74	148	142	290
75-84	91	86	177
85+	10	13	23
Total	**385**	**415**	**800**

Table 3: Age profile of the survey sample

4.5 The survey is structured into eleven thematic sections with an overall care score, as follows:

- Seeing your GP
- Diagnostic Tests
- Finding out what was wrong you
- Deciding the best treatment for you
- Clinical Nurse Specialist
- Support for people with cancer
- Operations
- Hospital care as an inpatient

- Hospital care as a day patient / outpatient
- Home care and support
- Care from your general practice
- Your overall NHS care

4.6 The report presents both unadjusted and adjusted data. The survey guidance[2] explains that unadjusted data should be used to review the actual responses from patients relating to the Trust. Case-mix adjusted data, together with expected ranges, should be used to understand whether the results are significantly higher or lower than national results.

4.7 Where tumour groups have 20 or less responses, no tumour-specific analysis has been provided. Responses for questions with 1-20 respondents are suppressed, to protect patient confidentiality and because uncertainty around the result is too great. For the Trust, responses below 21 in number are seen for both Sarcoma and Skin cancer services, whilst Lung, Breast and Haematology patients provide the largest cohort of responses, constituting 53.5% of the overall response rate.

Tumour group	Number of responses 2018
Brain & CNS	**0***
Breast	**153**
Colorectal	**53**
Gynaecology	**30**
Haematology	**100**
Head & Neck	**30**
Lung	**175**
Prostate	**53**
Sarcoma	**5**
Skin	**16**
Upper GI**	**64**
Urology	**59**
Other	**62**

Table 4: Number of responses by Tumour Group

***** MFT does not treat brain and CNS Cancers.
****** Upper GI includes patients diagnosed with liver, pancreatic or gall bladder cancer (HPB).

5.0 Trust Results

5.1 In line with previous surveys, patients were asked to rate their overall quality of care on a scale of 0 (very poor) to 10 (very good).

5.2 The overall Trust score was 8.8, the same as the national benchmark score

5.3 The overall quality experience scores for the Greater Manchester and East Cheshire Trusts ranged from 8.7 to 9.1, as demonstrated in **Chart 1**. The score of 8.8 placed the Trust in joint 6th position for GM.

[2] National Cancer Patient Experience Survey (2018): National Results Summary. Available from: http://www.ncpes.co.uk/reports/2018-reports/national-reports-2018/4539-cpes-2018-national-report/file

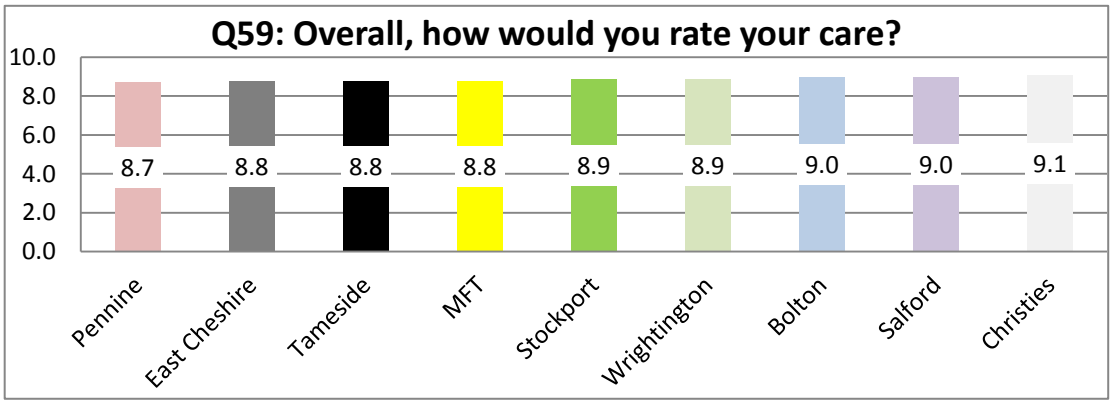


Chart 1: Greater Manchester/East Cheshire scores for overall quality of care

5.4 The overall quality experience scores for the Shelford Group Trusts ranged between 8.6-9.0, as demonstrated in Chart 2. The Trust score of 8.8 placed the Trust in joint 4th position.

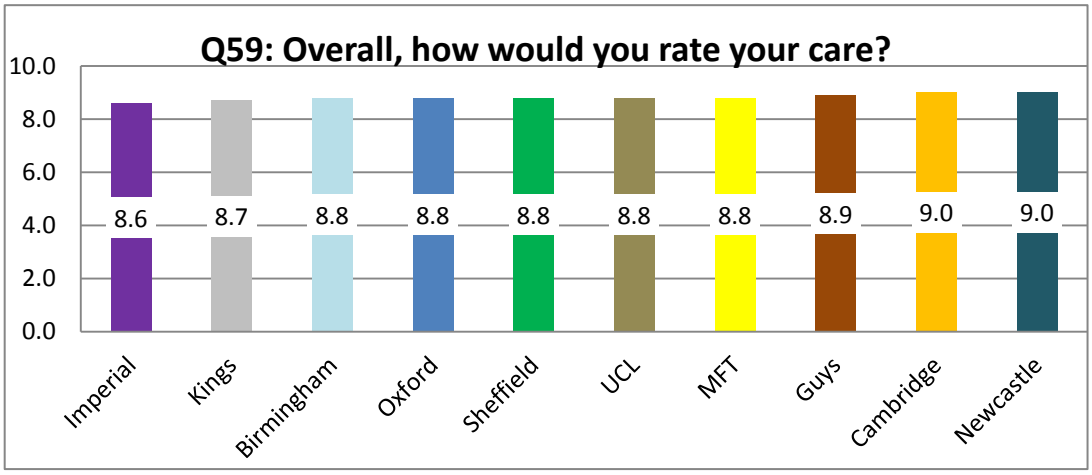


Chart 2: Shelford Group Trust scores for overall quality of care

5.5 The Cancer Dashboard[3], co-produced by NHS England and Public Health England, is designed as a tool to help clinical leaders, commissioners and providers to quickly and easily identify priority areas for improvement in their cancer services. There are six questions included in the NCPES (2018) from the Cancer Dashboard, with the questions reflecting what are considered four key patient experience domains:

- Provision of information
- Involvement in decisions
- Care transition
- Interpersonal relations, respect and dignity

5.6 The Trust performed higher than the national average in three questions and lower than the national average in the remaining three questions.

[3] National Cancer Dashboard. Available from: https://www.cancerdata.nhs.uk/dashboard#?tab=Overview

Table 5 provides detail of Trust performance against the six National Dashboard questions.

Cancer Dashboard Questions	Trust Result 2018	National Result 2018
Q16. % of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment	82%	79%
Q17. % of respondents said that they were given the name of a Clinical Nurse Specialist (CNS) who would support them through their treatment	93%	91%
Q18. % of respondents said that it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist	88%	85%
Q37. % of respondents said that, overall, they were always treated with dignity and respect while they were in hospital	88%	89%
Q38. % of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital	93%	94%
Q53. % of respondents said that they thought the GPs and nurses at their general practice definitely did everything they could to support them while they were having cancer treatment.	58%	59%

Table 5: Performance on Cancer Dashboard Questions

5.7 The comparison of the six Cancer Dashboard questions for the Shelford Group Trusts is provided at **Appendix 1.** Benchmarking with the Shelford group places MFT 2nd in relation to the question about the ease of contacting the Clinical Nurse Specialist (question 18), and 3rd in relation to questions 16 (involved in decisions about care and 17 (given name of CNS).

5.8 With reference to all of the NCPES questions, specifically **high** scores (score above the national expected range) were received for four questions for the Trust, as detailed below:

Question 1	Trust	National
Saw GP once/twice before being told had to go to hospital	**82%**	77%

Question 9	Trust	National
Patient felt they were told sensitively that they had cancer	**89%**	85%

Question 16	Trust	National
Patient definitely involved in decisions about care and treatment	**82%**	79%

Question 29	Trust	National
Patient had confidence and trust in all doctors treating them	**88%**	85%

The Trust had **no** specifically **low** scores (score below the national expected range) in the NCPES 2018.

5.9 There are two particular questions where the Trust demonstrated statistically significant changes over the four years 2015-2018. Whilst the score for Question 58 demonstrated a statistically significant improvement over the four year period, the score for Question 45 showed a statistically significant deterioration:-

Question 58	**MFT 2015**	**MFT 2016**	**MFT 2017**	**MFT 2018**
Taking part in cancer research discussed with patient	35%	33%	40%	**40%**

Question 45	**MFT 2015**	**MFT 2016**	**MFT 2017**	**MFT 2018**
Patient given understandable information about whether radiotherapy was working	69%	68%	52%	**52%**

The scores for both of these questions in 2018 remained within the national expected range.

5.10 As the survey data is published almost 12 months after the information is collected, the lead cancer nurse and matron for cancer services plan to work with clinical teams to explore alternative opportunities to obtain 'real time' patient feedback in a more succinct format. This will include consideration of a bespoke ***What Matters to Me*** survey based on the 5 relevant questions in the Cancer Dashboard.

6.0 Tumour Specific Analysis

6.1 This is the first year that the sample of patients included in the survey are patients who received care at the organisation registered as MFT. Care has continued to be delivered both at the Oxford Road Campus and Wythenshawe, Trafford, Withington and Altrincham (WTWA) for all tumour groups other than Breast, Sarcoma and Skin. However, due to the organisation being registered as MFT for the purpose of the survey it is not possible to analyse separate data for the two sites.

6.2 Results for tumour-specific groups are provided where 21 or more patients have responded. For the NCPES (2018) the Trust received non-adjusted tumour-specific scores for the following tumour groups (**Table 6).**

- Breast
- Colorectal
- Gynaecology
- Haematology
- Head and Neck
- Lung
- Prostate
- Upper Gastro
- Urology
- Other

Table 6: Tumour-specific groups with tumour-specific results

6.3 The survey responses demonstrate wide variations in scores between the different tumour groups.

6.4 The available tumour-specific results demonstrate that patients from the Breast, Colorectal, Haematology, Gynaecology, and Lung services have reported a generally positive experience, with the majority of scores being above the national average.

6.5 In contrast, whilst Head and Neck, Prostate, Upper GI (HPB) and Urology services all received some scores above the national average, they did receive many scores that were below the national average.

6.6 The data suggests that opportunities exist for teams to reflect upon the content and quality of conversations that clinicians have with patients regarding their treatment and care. Areas of focus that should be considered by tumour groups include:-

- When explaining about operations and potential side effects of treatment, ensure patients are able to discuss any worries or fears they may have.
- Review written information offered to patients at the various stages of their pathways, to ensure consistent signposting regarding financial assistance, access to free prescriptions and support groups.
- Continue the implementation of *Living with and Beyond Cancer* to afford the opportunity for all teams to improve the number of cancer patients who are offered a Care Plan.
- Review discharge processes, not only to provide clear signposting for patients in case of issues, but also to augment links with community health and social services both during and after treatment should these be required.

6.7 Further detailed analysis of the tumour-specific group data will be undertaken by the clinical teams and action plans developed for improvement.

Image 2: Celebrating the opening of the extension to The Macmillan Information and Support Centre at Wythenshawe Hospital

7. Feedback

7.1 Alongside the questionnaire for the NCPES (2018) respondents were also given the opportunity to include additional free text comments. **Appendix 2** provides a range of patient comments which highlight the positive aspects of the inpatient experience, as well as comments where care could have been improved. This information will be shared with clinical and ward teams for review.

Image 3: Trust Service User Group; Patients affected by cancer, carers and staff working together to improve services.

8. Summary

8.1 Overall the results for the Trust are 'within the expected range' for Trusts of similar size.

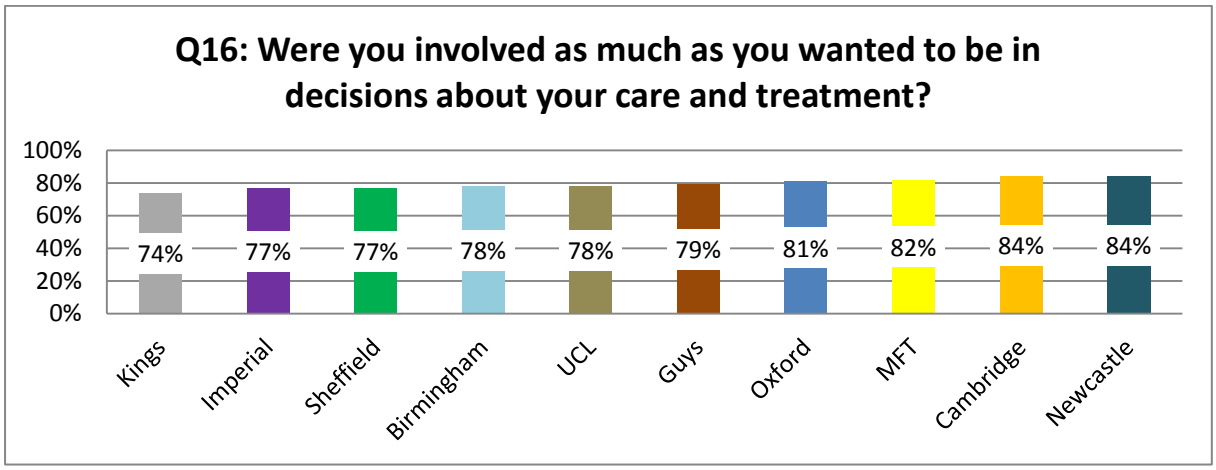
8.2 This is the first year that the NCPES has analysed results for the Trust as a single organisation. For those tumour groups that deliver care in more than one hospital in different teams it is not possible to access specific results for each of the hospital teams involved.

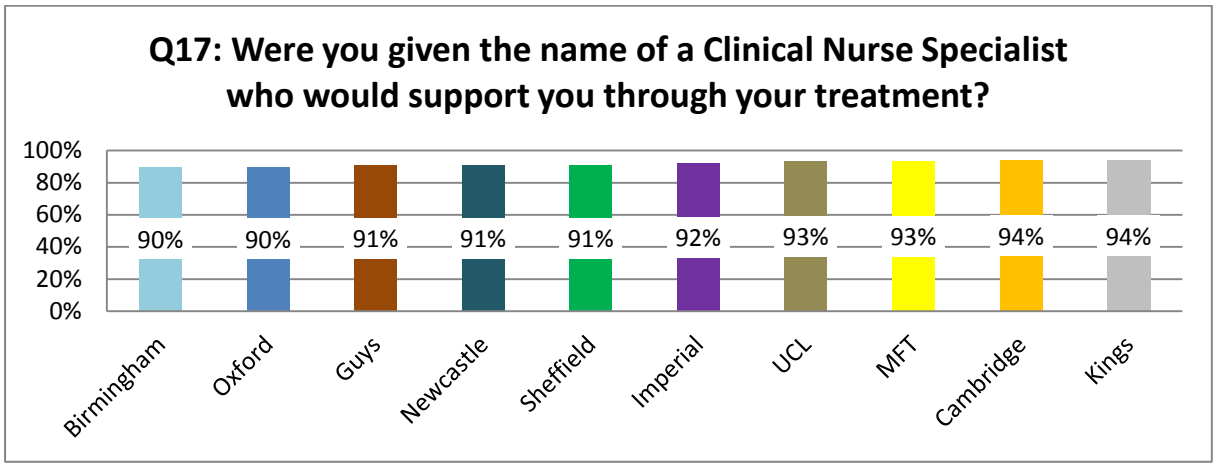
8.3 The results require further analysis by tumour-specific teams working closely together across the Trust to both to celebrate success and identify areas for their improvement activity. The challenge remains for those tumour groups where less than twenty responses were received to consider how they can encourage patients to respond to the future surveys.

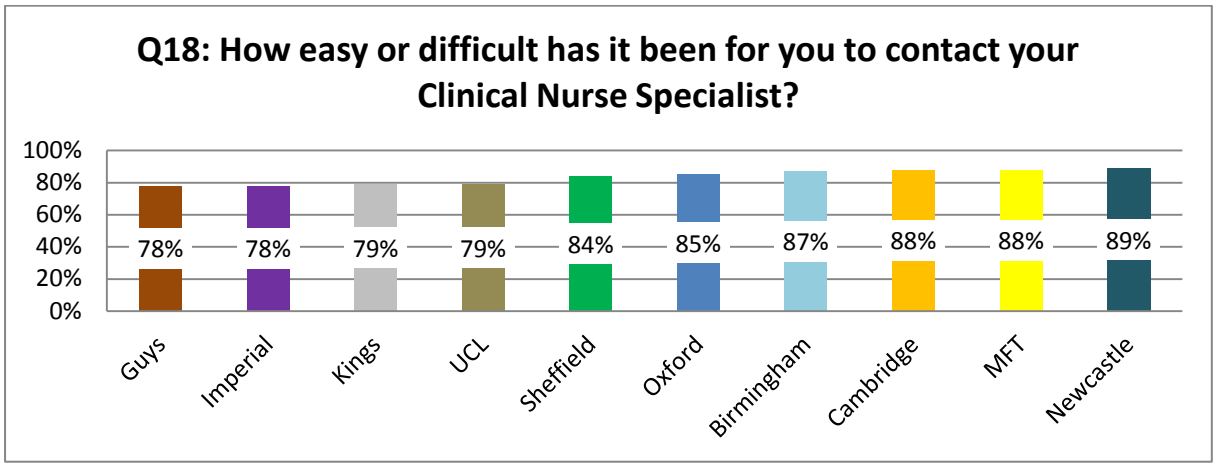
8.4 The report and the findings will be reported to the Group Cancer Committee and Hospitals/MCS.

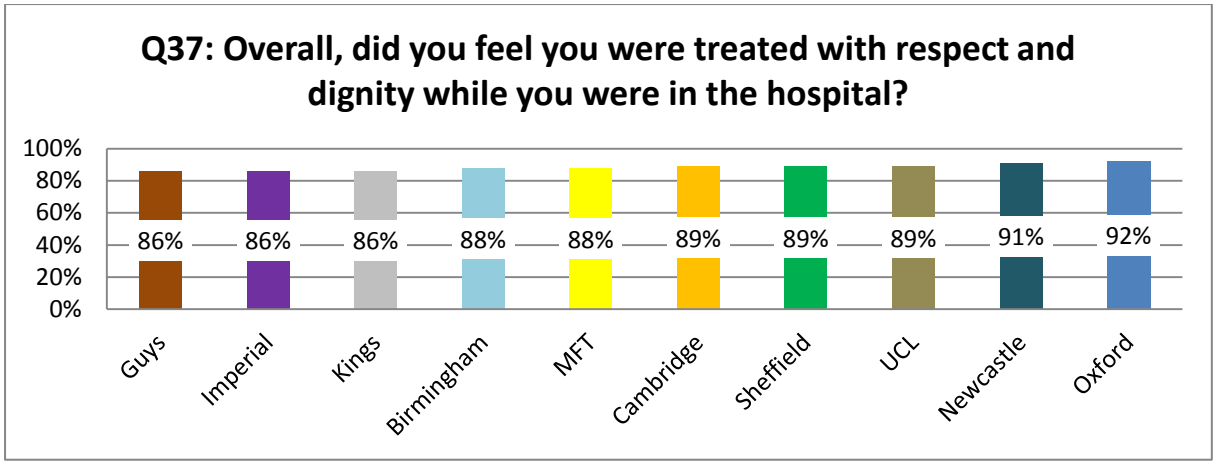
8.5 The Board of Directors is asked to note the feedback and the opportunity for improvements in patient experience.

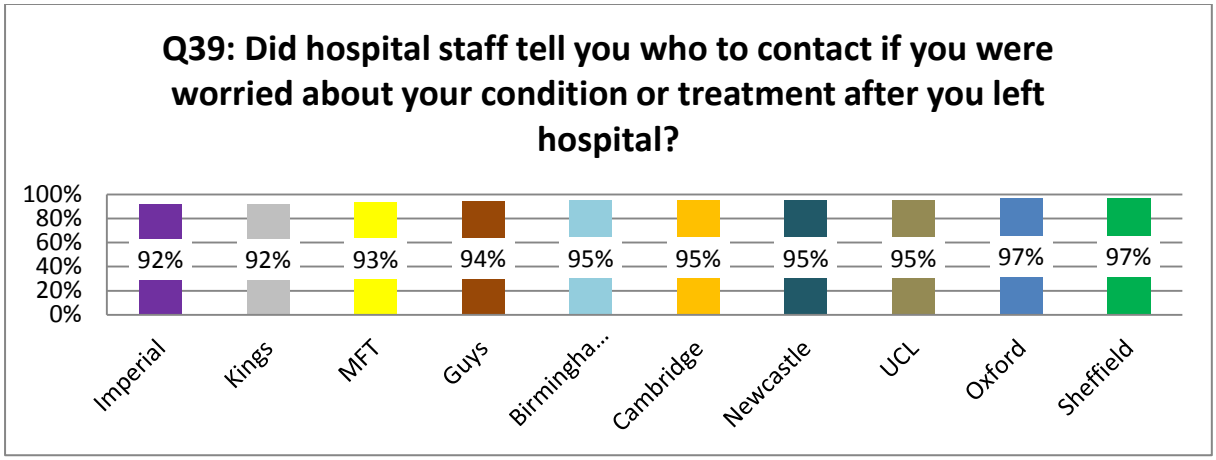
Appendix 1: Cancer Dashboard Performance: Shelford Group Comparison

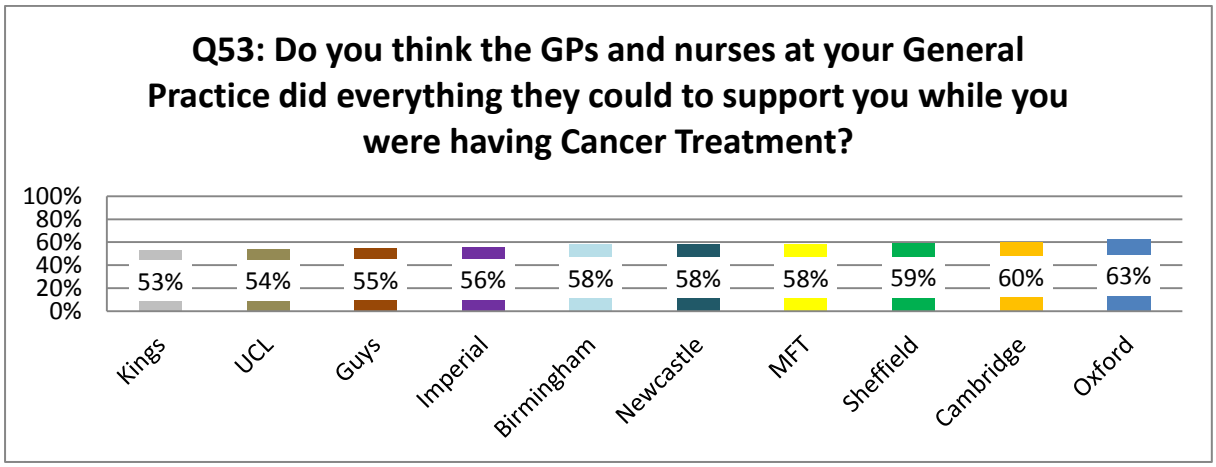

Q16: Were you involved as much as you wanted to be in decisions about your care and treatment?
100%
80%
60%
40%
20%
0%
74%
77%
77%
78%
78%
79%
81%
82%
84%
84%
Kings
Imperial
Sheffield
Birmingham
UCL
Guys
Oxford
MFT
Cambridge
Newcastle


Q17: Were you given the name of a Clinical Nurse Specialist who would support you through your treatment?
100%
80%
60%
40%
20%
0%
90%
90%
91%
91%
91%
92%
93%
93%
94%
94%
Birmingham
Oxford
Guys
Newcastle
Sheffield
Imperial
UCL
MFT
Cambridge
Kings


Q18: How easy or difficult has it been for you to contact your Clinical Nurse Specialist?
100%
80%
60%
40%
20%
0%
78%
78%
79%
79%
84%
85%
87%
88%
88%
89%
Guys
Imperial
Kings
UCL
Sheffield
Oxford
Birmingham
Cambridge
MFT
Newcastle


Q37: Overall, did you feel you were treated with respect and dignity while you were in the hospital?
100%
80%
60%
40%
20%
0%
86%
86%
86%
88%
88%
89%
89%
89%
91%
92%
Guys
Imperial
Kings
Birmingham
MFT
Cambridge
Sheffield
UCL
Newcastle
Oxford


Q39: Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
100%
80%
60%
40%
20%
0%
92%
92%
93%
94%
95%
95%
95%
95%
97%
97%
Imperial
Kings
MFT
Guys
Birmingha...
Cambridge
Newcastle
UCL
Oxford
Sheffield


Q53: Do you think the GPs and nurses at your General Practice did everything they could to support you while you were having Cancer Treatment?
100%
80%
60%
40%
20%
0%
53%
54%
55%
56%
58%
58%
58%
59%
60%
63%
Kings
UCL
Guys
Imperial
Birmingham
Newcastle
MFT
Sheffield
Cambridge
Oxford

Appendix 2

Comments from MFT survey respondents (2018)

MFT Tumour Group	What went Well	What could be improved
Breast	Everybody involved with my treatment were caring and compassionate. I have been impressed with the speed in dealing with my problem, just eight weeks from mammogram to mastectomy, then five weeks to the full all clear.	Clinic appointments - waiting time excessive. Navigating to specific departments was a bit troublesome - parking charges! Just the waiting times.
Colorectal	I felt I was in safe hands and so I had every faith in my treatment. Excellent surgical team. Excellent HDU care. Good daytime nursing care. I was treated with respect by all staff members. Nothing too much trouble	Time taken from seeing doctor and initial screening test and biopsy to get subsequent screening tests and ultimately be diagnosed with cancer. Pharmacy delays which delayed my discharge home. The aftercare on the ward after liver surgery. Some of the nurses were rude and unhelpful.
Gynaecology-oncology	The clinical nurse specialist was pivotal to my understanding of my condition. Treatment has been efficient and caring. My experience at St Mary's was second to none. All the staff were truly professional and caring.	Better communication with GP. Nutrition is important in recovery and when you are ill and anxious, many times appetite is reduced, but the food and the serving of it at St Mary's was far from appetising.
Haematology	I had the very best of care by doctors and nurses and I couldn't fault them. The kindness and care given by all the staff. Yes, the care and service was excellent.	Shorter waiting times. Better food in hospital and more information around financial support. Liaison between different hospitals (even within the same NHS Foundation Trust) was generally quite poor.
Head & Neck	The speed of getting the operations were very good. I felt very well cared for. The staff were really friendly and reassuring. The staff on the ward and in the operating theatre were hardworking, dedicated and	There was lack of communication and different nurses giving you different information. Lack of nurses at hospital. Staff shortages especially nights and weekends.

	friendly. From the first consultation to my operation took less than a month, very impressive.	
Lung	My treatment was very good, and my appointments were very quick. Everything I needed to know, I was told about. I cannot speak highly enough of the nurses. They were first class, efficient and very caring. The staff I met were really caring and compassionate, and helped to alleviate some of my fears/concerns about the surgery.	Definitely waiting time for doctor appointments and different types of scans. Waiting times to see doctors in outpatients clinic are far too long. Communication between departments could be improved.
UGI/HPB	First class care all the way through. Macmillan Wellbeing Centre and help and advice from Doctor. All staff dedicated and professional.	Never got copies of letters and when asked my GP for them, told we needed to contact consultant. Waiting times in clinics. It has sometimes been difficult to reach my specialist nurse after I have left hospital.
Urology	Superb surgeon who inspired confidence in me. Specialised nurses were superb in their help and support. I was impressed with how quickly my cancer was dealt with. Was operated on within 3 weeks of diagnosis.	Daytime pain relief was satisfactory. Night-time pain relief was sometimes poor. The discharge process from the wards at both Wythenshawe and the Manchester Royal. This is the most irritating, time-consuming process imaginable! Keeping to appointed times and dates.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Professor Cheryl Lenney, Group Chief Nurse/ Director of Infection Prevention and Control (DPIC)
Paper prepared by:	Dr Nicolas Machin, Consultant Virologist Julie Cawthorne, Assistant Chief Nurse Infection Prevention and Control/Clinical DPIC Marisa Pickerill, Assistant Director of Employee Wellbeing
Date of paper:	October 2019
Subject:	To update the Board on the progress in the management of patients with influenza and the staff influenza vaccination programme for 2019/20
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	1. Patient Safety 2. Patient Experience 3. Productivity and Efficiency
Recommendations:	Note the plans in place to manager the flu programme for 2019/20
Contact:	Name: Julie Cawthorne, Assistant Chief Nurse Infection Prevention and Control / Clinical DPIC Tel: 0161 276 4042

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 2019/2020 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.

2.2 The experience in the Southern Hemisphere, where flu season occurs earlier in the calendar year is used as a soft indicator for the UK season. This year Australia reported that there was an early onset of cases however peak admissions to hospitals were not higher than the year before. Local intelligence from Public Health England has advised that there have been two recent outbreaks of flu A in two residential homes in the Manchester area which is an indicator that flu is present in the community.

2.3 The 2018/19 Influenza season was associated with reduced activity in comparison to the preceding 2017/18 season in terms of cases in the community and admissions to the Trust. The predominant strain was Influenza A (H1N1) with low numbers of Influenza A H3N2 and Influenza B. The in-patient burden was generally lower at the Wythenshawe site compared to the Oxford Road Campus.

2.4 MFT achieved a 76% uptake rate of the staff vaccine (against the 75% target) last year, having vaccinated a total of 13,890 staff, with 11,339 staff being frontline HCWs. As a result of achieving the DH target and in recognition of the success/scale of the programme, MFT were shortlisted for the prestigious NHS Employers National Flu Fighter Awards in the 'Most Improved' Category. The Trust also benefitted from receiving the full CQUIN funding from the Commissioners.

3. Management of Patients with Influenza 2019/2020 Season

3.1 In preparation for the 2019/20 flu season, building on experience and lessons learned from previous years the Infection Prevention and Control (IPC) Team have collaborated with Clinical Colleagues across the Trust to develop a plan of action summarised below;

3.2 **Clinical Management:** The Trust policy for The Management of Patients with Influenza has been updated to reflect changes in anti-viral therapy and advice on offering vaccination to long-stay in-patients who may not have had the opportunity to be vaccinated through their General Practitioner.

3.3 **Infection Prevention and Control (IPC) Management:** The IPC Team have liaised with the Senior Management Teams from Wythenshawe Hospital and the Manchester Royal Infirmary (MRI) to advise on preparation of an escalation policy with additional actions that would be implemented if activity reaches a threshold that impacts on service delivery this includes;

- Identification of dedicated cohort areas/wards if there are high numbers of patients admitted with flu.
- Provision of sufficient quantities of personal protective equipment (PPE).
- Staff trained across the Trust to provide 'fit testing' for FFP3 respirators (34 staff in total have been trained to train other staff how to fit test)
- A trial of Point of Care Testing in the ORC Emergency Department which will potentially facilitate improved patient flow.
- Extend laboratory hours to enable rapid turnaround of results. This is planned to commence from 4th November but the date maybe brought forward if needed

3.4 **Surveillance:** Laboratory data and Trust inpatient data will be provided via the Trust Reporting and Information Service, available to the IPC and bed management teams to provide daily updates on inpatient Influenza positive cases. The Trust will also participate in the national surveillance schemes.

3.5 **Communication:** The Policy for Management of Patients with Influenza and associated Trust guidelines is available on the IPC intranet page**.**

4. Front-line staff influenza vaccination programme review of 2018/19

4.1 The Trust received communication from NHS England and NHS Improvement requesting completion of a best management checklist for HCW vaccination (see appendix 1). The results of this self-assessment are summarised below;

4.2 MFT achieved a **76%** uptake rate (against the **75% target**) 18/19, having vaccinated a **total of 13,890 staff**, with **11,339 staff** being **frontline HCWs**. The key successes from the 2018-19 programme included:

- High profile launch of campaign across all MFT sites lead by the Chief Nurse/DIPC and supported by senior management teams at the launch of the campaign and throughout the programme.
- Management of the flu programme across all sites led by the Employee Health and Wellbeing (EHW) Team which included daily open access flu clinics, allowing staff to drop in when it was convenient to them.
- Dedicated resources across the Trust and the purchasing of new equipment including portable fridges and roll up promotional banners
- 170 motivated flu champions (peer vaccinators) recruited from clinical areas. They all underwent training (delivered by EHW) to enable them to deliver the flu vaccine to colleagues in their work area; they also supported the pop up flu clinics
- The EHW flu team took the mobile flu trolley to staff on wards and departments across MFT including evenings, nights and weekends to maximise the opportunity for all staff to access the vaccine
- Flu Pop up clinics based at strategic and highly visible locations across MFT such as: coffee shops, food outlets, main entrances and any location where a high footfall of staff could be guaranteed
- Vaccination clinics delivered at targeted events across MFT such as professional conferences, training events and the staff induction programmes for new starters

- Comprehensive weekly flu data reports were sent to key stakeholders to enable targeted activities throughout MFT
- A high profile communications programme was implemented to promote the flu programme which involved utilising all available media channels including weekly flu messages via MFT's iNews, social media, screen savers and bespoke hospital communications. The theme of the programme was to take the vaccine to staff; making it easy for them to do 'the right thing' for themselves and their patients.

5. Front-line staff influenza vaccination programme 2019/20

5.1 The Department of Health (DH) has set a national uptake target for vaccination of all frontline Healthcare Workers (HCWs) at 80% for the 2019-20 season. MFT are however committed to achieving the ambition of a 100% uptake for frontline HCW's. Achieving the 80% target is also expected in relation to the National Health and Wellbeing Flu Vaccination CQUIN target. Therefore building on all of the above;

5.2 Planning for the programme for this year began in February with the ordering of the quadrivalent vaccine for staff. The staff flu vaccination planning group which includes stakeholders from across the Trust was established in July 2019 and included focus groups with staff to gain insight into what went well/could do better. The plan for this year includes and builds on the successes from last year and incorporates lessons learned please see summary below;

- The Chief Nurse/DIPC, who is the board champion for the flu campaign is a flu champion and began the campaign by vaccinating board members on the 30th September. Photographs of the event were published across MFT.
- The campaign is supported by Senior Medical, Nursing and Management staff across the organisation with a variety of local events to promote uptake of vaccination and incentives for staff to be vaccinated.
- Following on from lessons learned communication of the programme began in July 2019 to prepare staff for the flu campaign and address any issues or concerns that they might have to help dispel myths and provide key facts.
- Vaccinated staff are given a yellow sticker to be placed on their identity card as part of an enhanced engagement plan called **'Spot the Dot'** – making it fun and easy to see who has had their vaccine and to encourage conversations with staff who have not had their vaccines yet.
- Staff who are approached to be vaccinated and decline are asked to complete the consent form stating the reason why they have declined. This information can be used in planning future campaigns.
- This year there is an Increased pool of Flu Champions, approximately 280 trained Flu champions (compared to 170 for last year), who will provide vaccination clinics across all areas of the Trust and covering all shifts. This is in addition to the daily open access clinics at the EHW service. Information regarding opportunities for staff to access flu vaccination are locally promoted.
- There are specific plans to support community services to increase their uptake rate including more Flu Champions to make the vaccine accessible to all staff, regular bespoke communications and a higher level of senior leadership support.

- Data collection recording/capture for this year has been enhanced to enable the Trust to monitor uptake. Hospital Management Teams will receive weekly reports from the end of October to enable them to focus on 'hot spot' areas and improve engagement. In addition consent is request to enable managers to be provided with the names of their staff who have been vaccinated.

6. Recommendation

6.1 Board members are asked to note the Trust's plans and performance to date and compliance against the completion of a best management checklist for HCW vaccination the 2018/2019 flu season.

Appendix 1

A	**Committed leadership** (number in brackets relates to references listed below the table)	**Trust self-assessment**
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	✓
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	✓
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt	✓
A4	Agree on a board champion for flu campaign	✓
A5	All board members receive flu vaccination and publicise this	✓
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	✓
A7	Flu team to meet regularly from September 2019	✓
B	**Communications plan**	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	✓
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	✓
B3	Board and senior managers having their vaccinations to be publicised	✓
B4	Flu vaccination programme and access to vaccination on induction programmes	✓
B5	Programme to be publicised on screensavers, posters and social media	✓
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	✓
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	✓
C2	Schedule for easy access drop in clinics agreed	✓
C3	Schedule for 24 hour mobile vaccinations to be agreed	✓
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this	✓
D2	Success to be celebrated weekly	✓

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Peter Blythin, Group Executive Director of Workforce and Corporate Business
Paper prepared by:	Alwyn Hughes, Trust Board Secretary
Date of paper:	October 2019
Subject:	MFT Board of Directors' Register of Interests (October 2019)
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	The MFT *'Constitution'* and *'Standing Orders for the Practice & Procedure of the Board of Directors'* requires the Board of Directors to provide a Register of Interests.
Recommendations	The Board is asked to note the MFT Board of Directors' Register of Interests (October 2019)
Contact	Name: Alwyn Hughes, Trust Board Secretary Tel: 0161 276 4841

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Board of Directors' Register of Interests

October 2019

1. Introduction

The Board of Directors, in line with the MFT constitution and standing orders, is required to make a declaration of its register of interests.

The register has to include details of all directorships and other relevant and material interests which have been declared by both Executive and Non-Executive members.

The Register is available to the public.

2. Recommendation

The Board is asked to note the MFT Board of Directors' Register of Interests (October 2019).

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS

REGISTER OF DIRECTORS' INTERESTS

(October 2019)

BOARD OF DIRECTORS

REGISTER OF INTERESTS – October 2019

NAME	POSITION	INTERESTS DECLARED
Kathy Cowell OBE DL	Group Chairman	• Vice Chair Cheshire Young Carers • Deputy Lieutenant for Cheshire • Chairman of Totally Local Company (formally known as Solution SK Stockport) (3 year term) • Member Manchester Academic Health Science Centre • Chairman of the Hammond School (Chester) • Chairman of 'Some Women Coach' (Sub Committee Pankhurst Trust) • Ambassador for Active Cheshire • Member of the QVA's mentoring panel (Cheshire) • Member of Aspirant Chairs Programme (NHSI) • Chair of the Manchester Health Academy Trust Board
Barry Clare	Group Deputy Chairman	• Partner (Clarat Partners LLP) • Partner (Clarat Healthcare LLP) • Chairman (Vantage Diagnostics Ltd) • Non-Executive Director (Ingenion Medical Ltd) • Chairman (Crescent OPS Ltd) • Non-Executive Director (Walmark) • Chairman (FLOBACK Ltd) • Chairman Evgen Pharma PLC • Non-Executive Chairman of Porton Biopharma Ltd • Non-Executive Chairman (Ori Biotech)

NAME	POSITION	INTERESTS DECLARED
Dr Ivan Benett	Group Non-Executive Director	• Standing member of a NICE Quality Standards Committee and Topic Specific Guideline Update Committee • Member of the Primary Care Cardiology Society • Salaried GP with Heart Network (Manchester)
John Amaechi OBE	Group Non-Executive Director	• Managing Director, Amaechi Performance Systems (APS Ltd, London • Non-Executive Director, KPMG UK LLP Inclusive Leadership Board (ILB) • Senior Fellow, Applied Centre for Emotional Literacy, Learning and Research (ACELLR), USA • Professional Member, European Mentoring & Coaching Council • Member, BPS Division of Occupational Psychology • Member, BPS Psychological Testing Centre (PTS) • Research Fellow, University of East London • Trustee, Duke of Edinburgh Award • Fellow, Royal Society for Public Health
Professor Dame Susan Bailey OBE DBE	Group Non-Executive Director	• Independent Chair of New Roles in Mental Health Chairs Group to Health Education England (HEE) • Chair Autistica Research Network • NED – Department of Health & Social Care – PSED NED Champion (NED Diversity Champion) • President of Child & Adolescent Section of European Medial Training Body (UEMS) • Incoming Chair of Centre for Mental Health • Member of the Bevan Commission • Council Member of Salford University

NAME	POSITION	INTERESTS DECLARED
Professor Luke Georghiou	Group Non-Executive Director	• Deputy President and Deputy Vice-Chancellor, University of Manchester • Non-Executive Director of Manchester Science Partnerships Ltd • Non-Executive Director of UMI3 • Member of Innovation Platform advisory group to Universities and Science Minister Sam Gyimah • Member of RISE Advisory Group to European Commissioner Carlos Moedas • Chair of Steering Group of European Universities Association Council for Doctoral Education
Nic Gower	Group Non-Executive Director	• Director Furness Building Society [NED] • Director Seashell Trust (ends November 2019) • Governor Royal School Manchester (ends November 2019)
Chris McLoughlin	Group Non-Executive Director & Senior Independent Director (SID)	• Director of Children's Services, Stockport Metropolitan Borough council • Member of Association of Director of Children's Services Ltd • Chair of Greater Manchester Social Work Academy Board • Member of Greater Manchester Mental Health Partnership • Member of Greater Manchester Start Well Executive • Member of Greater Manchester Children and Young People Health and Wellbeing Board
Trevor Rees	Group Non-Executive Director	• Treasurer/Trustee (Manchester Literary and Philosophical Society) • Independent Co-opted member (Audit Committee at University of Manchester (not a Board Member)

BOARD OF DIRECTORS

REGISTER OF INTERESTS – October 2019

NAME	POSITION	INTERESTS DECLARED
Sir Mike Deegan CBE	Group Chief Executive Officer	Board Member, The Corridor, Manchester Board Member, Manchester Academic Health Science Centre
Darren Banks	Group Executive Director of Strategy	Nominated Director for Manchester LCO Partnership Board Spouse - Head of Finance, Specialist Commissioning North of England (NHSE)
Peter Blythin	Group Executive Director of Workforce & Corporate Business	No interests to declare
Julia Bridgewater	Group Chief Operating Officer	Foundation Director of Multi Academy, All Saints Catholic Collegiate
Professor Jane Eddleston	Joint Group Medical Director	Chair of Adult Critical Care CRG [NHSE] Clinical lead for Healthier Together Programme [GM Theme 3]
Gill Heaton OBE	Group Deputy Chief Executive	Chair of the Manchester LCO Partnership Board
Professor Cheryl Lenney	Group Chief Nurse	Spouse – Director of Workforce & Organisational Development, Manchester Local Care Organisation
Miss Toli Onon	Joint Group Medical Director	No interests to declare
Adrian Roberts	Group Chief Finance Officer	No interests to declare