

MINUTES OF THE BOARD OF DIRECTORS' MEETING

Meeting Date: 11th November 2019

(Held in Public)

149/19 Apologies for Absence

Apologies were received from Professor Luke Georghiou.

150/19 Declarations of Interest

There were no declarations of interest received for this meeting.

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| Decision: | Noted | Action by: n/a | Date: n/a |
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151/19 Patient Story

The Group Chief Nurse introduced a DVD Story in the form of a DVD clip.

The Board did not debate or discuss the clip, preferring to use the story and the imaging to keep the business of the Board focused on the patient experience.

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| Decision: | Patient Story Received and Noted | Action by: n/a | Date: n/a |
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152/19 Minutes of the Board of Directors Meeting held on 9th September 2019

The minutes of the meeting held on the 9th September 2019 were agreed as a correct record subject to the following amendments to the Attendance Record:

- Professor Dame Sue Bailey (Group Non-Executive Director) and Miss Toli Onon (Joint Group Medical Director) were both in attendance.
- Mrs Chris McLoughlin (Group Non-Executive Director) had forwarded her apologies.

153/19 Matters Arising

The Board reviewed the actions from the Board of Directors meeting held on 9th September 2019 and noted progress.

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| Decision: | Noted | Action by: n/a | Date: n/a |
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153/19 Group Chairman's Report

- The Board noted that the Annual Members' Meeting was held on 24th September 2019 with around 230 public and staff members attending.

- (ii) The Chairman reported that the organisation held a 'Diversity Matters' Conference in September (2019) during which the Trust's '*Equality, Diversity and Inclusion Strategy*' was launched.
- (iii) The Board noted that Mr Mark Adlestone OBE DL (High Sheriff of Greater Manchester) had recently visited the Nightingale Centre at Wythenshawe Hospital.
- (iv) The Chairman was pleased to announce that a number of MFT teams and individuals had either won, or, were shortlisted for a number of prestigious awards and recognition. Particular attention was drawn to the Advanced Nurse Practitioner Team (Surgical Assessment Unit, MRI) who had won a *Nursing Times Award* within the 'Surgical Nursing' category; Emma Harrison (Research Health Play Specialist at the NIHR Manchester Clinical Research Facility, RMCH) was recently awarded third place for '*Health Play Specialist of the year 2019*'; and, Ellie Maher (University Dental Hospital of Manchester) who had been shortlisted for Best Team Member in the North West at the Dentistry Awards.
- (v) The Chairman reported that she was very proud to attend MFT's annual Long Service Awards and take some time out to recognise valued colleagues who had reached 20 years, 30 years and 40 years' service. On behalf of the MFT Board of Directors, the Chairman had thanked staff for everything they had done and continued to do for patients and their families.
- (vi) The Board noted that the nominations campaign period for the third MFT Excellence Awards had closed the previous week with a staggering 622 nominations submitted. The Chairman confirmed this was up by nearly 250 more nominations than the previous year and plans were now underway for the main event on Friday 6th March 2020.

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| Decision: | Verbal Report Noted | Action by: n/a | Date: n/a |
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154/19 Group Chief Executive's Report

- (i) The Group Chief Executive acknowledged the heightened demand and operational pressures evident within the system; both locally and across Greater Manchester. He particularly wished to express his gratitude to all staff for their continued efforts, energy and commitment in maintaining patient safety and experience during these challenging times.
- (ii) The Board noted that the Prime Minister had visited NMGH at the end of September and given a firm commitment to support the redevelopment of the hospital (which he also repeated later in his speech to the Conservative Party Conference). It was also noted that the DHSC had since released the Health Infrastructure Plan which listed NMGH as one of the hospitals which would have access to "seed corn" funding to work up proposals for redevelopment.
- (iii) The Group Chief Executive confirmed that on 1st October 2019, the organisation had welcomed over 650 community health care staff from Trafford community health care services that had joined MFT from Pennine Care. He explained that all staff concerned would form part of the new Trafford Local Care Organisation and would work closely, and share management arrangements, with Manchester Local Care Organisation.

- (iv) The Board noted that a very well attended '*Research & Innovation Matters*' event had recently been held at the Postgraduate Centre Lecture Theatre to discuss how MFT, alongside key partners such as the University of Manchester, was improving the health and quality of life for patients through research and innovation.
- (v) The Joint Group Medical Directors reported that the Greater Manchester Clinical Research Awards was held the previous week with a record-breaking number of MFT researchers shortlisted for the 2019 Awards. It was noted that sixteen individuals and teams from across MFT had been shortlisted, with five winners on the night. The Board offered its congratulations to Mrs Kathy Evans (previously Divisional Director, R&I Division, MFT) who had won the *Outstanding Leadership Award* at the end of the evening.

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| Decision: | Verbal Report Noted | Action by: n/a | Date: n/a |
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155/19 Operational Performance

Board Assurance Report

The Joint Group Medical Director provided an update on several key areas under the main heading of 'Safety'. It was noted that there had been notification of one new 'Never Event' (NE) since August 2019 and that since April 2019, all reported NE's had agreed action plans aligned to one. The Board was also advised of ongoing Mortality Reviews and the continued good SHMI & HSMR performance; with Crude Mortality remaining under 1½% with added assurance provided, following a recent review, of individual performance at each Hospital/MCS site.

The Group Chief Nurse reported that in response to observations and questions from Dr Ivan Benett, the Friends & Family Test (adopted in response to National Guidance) 'hit rate' in MFT was between 75%-78% for the 'extremely likely' category. It was also recognised the Trust received 'patient experience feedback' via a range of other sources which served to triangulate the data available to Group NEDs for scrutiny and assurance.

The Group Chief Operating Officer provided several headline messages under the main Board Assurance Report category of 'Operational Performance'. Particular attention was drawn to urgent and emergency care and it was reported that the Trust had treated an additional 8,500 patients during the first 6 months of 2019/20 which had created an added strain and pressures on the system; both on wards and within the community setting (repatriation). The Board was also advised that September's A&E performance was 84.17% and October was 81.55% with no reported 12hrs 'Trolley Waits'.

In response to questions and observations from Mr Trevor Rees, discussion also centred on data availability and analysis of patient profiles and reasons why patients choose to attend A&E Departments within the conurbation.

The Group Chief Operating Officer was also pleased to confirm that the Trust continued to have no 'elective' patients waiting >52weeks and the Trust's Waiting List size remained within accepted levels. She was also very pleased to report that despite the increased demand experienced with the Trust, the organisation had achieved its diagnostic treatment performance target for the third consecutive month. The Board was reminded of the continued focus and emphasis on maintaining 'Patient Safety & Experience' despite the heightened demand experienced in all hospitals/MCS in recent months. The Board also noted performance and challenges against both the 'Cancelled Operations' and 'Cancer' standards along with a range of mitigating action plans.

The Group Executive Director of Workforce & Corporate Business was pleased that recruitment and retention performance was improving with several work streams focused on time to fill and especially nurse retention. It was recognised that further focus was underway on 'Appraisal', 'Mandatory Training' and 'Attendance' with heightened scrutiny introduced at the AOF meetings and at the Board's HR Scrutiny Committee.

The Board Assurance Report was noted.

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Preparing for the Winter Pressures (2019/20)

The Group Chief Operating Officer provided an overview of the Trust's plan for the 2019/20 winter period. She set out the key initiatives that would support the management of increases in demand and the associated challenges of winter across the Trust's Hospitals/MCS'.

The Board was advised that this year's Winter Plan had been developed for the Trust based on lessons learnt from previous winters and covered all MFT clinical and support services and hospitals/MCS' (with examples cited). It was particularly noted that the aim was to ensure that, where services might be impacted by the winter period, plans were in place to ensure patients remained safe through periods of increased demand and that there was minimal delay or disruption to patient experience.

The key risks to the delivery of the 2019/20 Winter Plan were noted along with key initiatives for Winter Resilience. The Group Chief Operating Officer explained that the Trust's urgent care performance in 2019/20 had not seen the typical level of improvement over the spring / summer period, following the previous winter (2018/19). It was noted that in part, this had been due to significant level of demands which was 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).

The Board was advised that as a result, Hospitals/MCS (alongside the MLCO), had in place longer term urgent care programmes which incorporated a number of actions to support winter resilience (which were noted as presented in the report).

In response to questions and observations from Mr Nic Gower, Mr Barry Clare and Professor Dame Sue Bailey, the Chief Operating Officer explained that detailed planning around the Trust's 'Elective Programme' during the Winter months had taken place (based on the previous years' experience) and that support from the GM Mental Health Teams, along with out-of-hours escalation processes, were much enhanced in the MFT A&E Departments.

In conclusion, the Board noted that delivery of the Winter Plan would be overseen by the Chief Operating Officer through the ED assurance governance arrangements and that the plan would also form part of the 2019/20 Manchester & Trafford Urgent and Emergency Care (UEC) Delivery Board Winter Plan.

The Board of Directors noted the contents of the report.

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Q2 Transformation Programme Report (2019/20)

The Group Chief Operating Officer reminded the Board that the *Transforming Care for the Future Annual Plan* for 2019/20 had been approved earlier in the year and outlined the 12 months objectives across three main themes, namely, '*Delivery of MFT Operational Excellence Standards*'; '*Integration*'; and, '*Culture Change, Capability Building & Standardisation*'.

The Board particularly noted the objectives for Quarter 2 (2019/20), as defined in the accompanying Appendix 1 within the report presented, coupled with the upcoming 'operational excellence priorities' for Quarter 3 (captured in Appendix 2).

The Group Chief Operating Officer paid attention to the MFT Outpatient Transformation programme which had a continued focus on driving standardisation and service redesign of outpatient services.

In response to observations and questions from Mr Barry Clare, the Group Chief Operating Officer described the first phase of the MRI outpatient standardisation and transformation programme which was completed in Q2 with the implementation of an off-site letter printing and sending service. It was noted the new approach had significantly improved the quality and legibility of appointment letters being sent to patients and provided assurance that letters were being sent and received. The Group Chief Operating Officer explained the service was now handling in excess of 1000 letters per day and plans for the next phases of the MRI programme had progressed with the next key milestone (the standardisation of the text message reminder service) expected to be implemented in November 2019.

In response to a question from Mr Trevor Rees regarding 'overseas' input to the MRI outpatient standardisation and transformation programme, the Group Chief Operating Officer confirmed that service provision was received from both within and outside the UK.

In response to observations and questions from Mrs Chris McLoughlin, the MLCO Chief Executive described some of the key work streams underway within the 12 Neighbourhood Teams with examples cited under the heading of 'Care at Home'.

The Board noted the Q2 Transformation Programme Report (2019/20)

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| Decision: | Report Noted | Action by: | n/a | Date: | n/a |
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EU Exit Preparation Report

The Group Chief Operating Officer provided the latest update on MFT's preparations for an anticipated EU Exit.

It was particularly noted that a national *EU Exit Operational Readiness Guidance* would be published on 21st December 2019 focused on seven key areas, namely, Pharmacy; Procurement (two work streams); Workforce; Reciprocal Healthcare; Research & Clinical Trials; and, Data Sharing, Processing & Access.

The Board was reminded of the detail of the preparations locally in MFT (also reported in previous Board meetings and the Group Risk Management Committee) under the headings of 'Senior Responsible Officer'; the work of the MFT EU Exit Contingencies Group; composite risk on the MFT Risk Register; attendance at national/regional workshops; involvement of MFT in GM Partnership co-ordination; robust MFT Continuity Plans; and, the MFT EPRR governance structure.

The Group Chief Operating Officer highlighted several key messages and it was noted the EU Exit was currently expected to occur at the end of January 2020, which inherently was more of a risk/challenge due to winter pressures. It was also noted that organisations had been advised to retain preparations over the next 3 months, and maintain compliance with all national directives.

The Board was advised that MFT continued to work closely with a number of national subgroups which underpinned the seven areas of EU Exit Operational Readiness (providing subject matter expertise from senior MFT staff as required). The Group Chief Operating Officer also confirmed that intensity of SITREP reporting was expected to recommence in January 2020.

The Board noted the update report as presented.

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Group Chief Finance Officer's Report

Mr Roberts explained that a successful delivery of the overall 2019/20 plan, approved by the Board of Directors earlier in the year, demanded further significant improvements to be embedded and sustained over the months ahead.

The Group Chief Finance Officer presented a summary overview of the financial performance for September 2019 which was a bottom line deficit (on a control total basis excluding Provider Sustainability Fund) of £15.9m (1.9% of operating income).

The Group Chief Finance Officer explained that the operating performance up to the end of month 7 had reached £11.4m worse than the approved Hospital/MCS Control Totals and the current progress with delivery was still inconsistent with the financial plans put in place across Hospitals/MCSs. He explained that whilst improvements in the underlying recovery performance had been visible during months 4 and 5, the scale of this had not been sustained in month 6 and this was very disappointing.

The Group Chief Finance Officer emphasised that successful delivery of the overall 2019/20 plan, approved by the Board of Directors earlier in the year, demanded further significant improvements to be embedded and sustained over the months ahead. The Board noted that further, in depth analysis and scrutiny would be undertaken at the next Finance Scrutiny Committee scheduled for 20th November 2019.

The Month 6 (2019/120) Report was noted.

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| Decision: | Month 6 (2019/120) Report Noted | Action by: | n/a | Date: | n/a |
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156/19 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.

The Board noted that NHSE/I had published the NHS Oversight Framework for 2019/20, which outlined the joint approach to overseeing performance and identifying support needed by Providers and Commissioners. It was recognised the framework now replaced both the NHS single oversight framework for Providers and the improvement and assessment framework for CCGs.

The Board also noted the key areas of emphasis within the new framework along with the roles of the Regional Directors and their teams in leading system oversight and supporting ICSs to take on greater collaborative responsibility for use of NHS resources, quality of care and population health.

The Group Executive Director of Strategy reported that recommendations for a new NHS Bill had recently been published, following on from previous recommendations made by the Health and Social Care Select Committee. He explained that the 23 recommendations involved minimal primary legislation and focused 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. It was noted that the Bill was planned for introduction in the next session of Parliament. The recommendations' nine broad themes/aims were noted along with the next steps to take the recommendations forward into a draft NHS Bill, which would make its way through parliament alongside further consultation activity outside the parliamentary process.

The Board was advised of the Department of Health and Social Care's healthcare infrastructure plan (HIP) which set-out changes for how NHS capital funding would be prioritised and allocated. It was reported the plan highlighted a 5 year programme of investment in health infrastructure which included capital for new hospitals, but also signalled an intention to modernise primary care estate, invest in diagnostics and technology and eradicate critical health and safety issues in NHS estate.

The Group Executive Director of Strategy pointed out there was a commitment to six new hospital projects to be built immediately (2020-25). It was also noted the Health Infrastructure Plan 2 (HIP2) included 21 schemes for which seed funding had been provided to allow Trusts to proceed to the next stage of development of their plans. It was confirmed that this included North Manchester General Hospital.

The Board was advised that the DHSC was also considering the need for capital investment across the wider health and care infrastructure and this included Genomics (a commitment to sequence 500,000 genomes) and 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).

The Group Executive Director of Strategy provided an overview of GM's Improving Specialist Care (ISC) Programme and recommendations to progress models of care and prioritisation (including timelines) of breast services, urology and vascular on the grounds of their fragility and the overall phasing of the work streams.

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

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Report on Annual Planning (2020/2021)

The Group Executive Director of Strategy provided an overview of the 2020/21 annual planning process aimed at setting out how MFT would achieve its performance, activity and quality targets and make progress towards the organisation's longer term aims, all within allocated resources.

The Board considered the Trust's vision and strategic aims which set the context for planning across the Hospitals/Managed Clinical Services (MCS) and corporate teams.

The Board was reminded that Hospitals/MCS and corporate teams translated the Trust-level vision and strategic aims into a set of locally relevant key priorities for the coming year and that the existing Trust vision and strategic aims were established as part of the Single Hospital Service Programme. The Board accepted that since the organisation was still part way through this programme, it was appropriate that the vision and strategic aims were retained for 2020/21 in order to provide continued stability and continuity for Hospitals/MCS.

The Board noted the proposed 2020/21 annual planning process and arrangements for Council of Governor involvement within an agreed timeframe. The vision and strategic aims for 2020/21 were also approved.

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| Decision: | 2020/21 annual planning process noted. | Action by: n/a | Date: n/a |
| | Vision & Strategic aims for 2020/21 approved | | |

Update Report on the Proposed NMGH Acquisition

The Group Executive Director of Workforce & Corporate Business provided 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.

The Board was reminded of the background to the proposed acquisition of North Manchester General Hospital and NHS Improvement's (NHS I) 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 Board was also reminded that the intention for MFT to acquire NMGH was consistent with the Manchester Locality Plan.

The Group Executive Director of Workforce & Corporate Business explained that following submission of two Strategic Cases by MFT and SRFT during the spring (2019), NHS I had commenced a review of both documents in the context of the funding required to enable the transactions to take place with no firm date for conclusion of this work.

The Board noted that because of the delay in realising a statutory transaction to transfer NMGH to MFT, NHSE/I was currently considering an interim solution to allow MFT to provide management and leadership to NMGH prior to a formal transfer; the outcome was likely to conclude before the end of the calendar year and could lead to MFT managing NMGH in early 2020.

The Group Executive Director of Workforce & Corporate Business pointed out that notwithstanding the focus on the statutory transactions, partners in Manchester had designed a 'proposition' for NMGH and the wider hospital site. He explained that these proposals were not only anchored in delivery of high quality health and social care services but also developed to drive much broader change in the locality, improve neighbourhood prosperity and strengthen the local community.

The Board received an overview of the North Manchester Proposition ('the Proposition') which focused 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. It was noted that this presented an unique opportunity to redevelop the NMGH site and the re-provision of the healthcare buildings provided a mechanism to promote more efficient and effective care.

It was noted that it also allowed the surrounding land to be utilised for other purposes without diminishing the level of capacity to meet health needs.

The Board noted the broader integration opportunities presented by the site which included a wider range of public services aimed at facilitating increased community involvement. It was recognised that the vision for the site essentially identified NMGH as an anchor point for the community. The Board noted that the Proposition had been presented and endorsed at the Manchester Health and Wellbeing Board meeting on 30th October 2019, and this had given formal confirmation to the multi-agency support that had been gathered through the process of developing the proposals. It was reported that details of the next stages in the process would be shared with the Board in due course.

The Group Executive Director of Workforce & Corporate Business also referenced the Prime Minister's visit to NMGH at the end of September and the firm commitment he had given to support the redevelopment of the hospital along with the DHSC's release of the Health Infrastructure Plan (previously referenced under Item 133/19).

In conclusion, the Board noted that the process and timescales for capital investment remained under discussion with NHSE/I regional and national teams and that as part of this, MFT and City partners were developing detailed proposals to ensure that the current planning momentum was maintained whilst capital funding allocations were confirmed. It was also noted that plans for the regeneration of hospital site and the surrounding area would continue to be finessed as part of the formal planning processes required to deliver a scheme such as the rebuilding of NMGH. The Board recognised that in the coming weeks, a Strategic Oversight Board would be established to direct the implementation of the Proposition and that MFT would drive the NMGH planning aspects of this process.

The Board of Directors noted the work underway to progress the acquisition of NMGH and endorse the proposal to deliver a much broader improvement plan through the North Manchester Proposition.

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| Decision: | Update Report Noted Endorsement of the proposal to deliver a much broader improvement plan through the North Manchester Proposition. | Action by: n/a | Date: n/a |
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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 'urgent care and system resilience'; 'MLCO Phase II'; 'Trafford Community Services'; 'MLCO Scrutiny Committee'; 'Integrated Neighbourhood working'; and, 'Care Quality Commission'.

Particular attention was drawn to the MLCO's continued work with MFT and its principal hospital sites to support the alleviation of current acute flow pressures. It was noted that work streams to support the movement of super stranded patients from MRI back into community settings, which had resumed in July 2019 under the MLCO's leadership, had seen 409 people supported off the DTOC list (over a 14-week period). It was also reported that in addition to this, the MLCO was supporting MFT by tracking all Manchester and non-Manchester resident patients who were admitted at the MRI and had a length-of-stay of 70 days or above.

It was noted that by end of October (2019), 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.

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 by MLCO along with colleagues at MRI, MHCC and MCC, it had been concluded that a more sustainable bespoke approach was required to alleviate ongoing pressures at MRI. The Board noted that as such, the MLCO had agreed additional investment across MHCC and MFT to support the establishment of an integrated discharge team.

In response to observations and questions from Mr Barry Clare and Mr Nic Gower, it was confirmed that work was now underway to recruit into the agreed establishment, which included additional social work and nursing provision and it was expected that the team would be fully staffed by January 2020. It was also confirmed that in the interim, the MLCO had revisited and strengthened its governance arrangements (both operationally and strategically) to ensure that the Executive Team had appropriate oversight of all MLCO led activity.

The Board noted progress with MLCO Phase II and the decision of the Partnership Board in September (2019) that the Business Case (albeit with a revised name) would be brought forward for agreement in November 2019. It was also noted that updates on the due diligence process had been taken to Partnership Board in August and September (2019) and these had highlighted a number of key risks which had emerged as a result of the work undertaken (duly noted within the report presented). It was recognised that work was now ongoing to identify appropriate mitigations to enable the transfer of contracts and functions to take place. It was reported that whilst originally, it was anticipated that there would be a full transfer of responsibilities in October 2019, the Partnership Board had now agreed that October would mark the beginning of a mobilisation process.

The Chief Executive of the MLCO re-confirmed that the transaction of Trafford community health care services (TCHS) had been completed on 1st October 2019 with over 700 staff successfully TUPE transferred into MFT. The Board was reminded of the agreement with Commissioners that the transaction would be undertaken utilising agreed principles, namely, a safe transition and safe start; limited disruption to operational teams; a focus on transformation post-transfer; working towards financial sustainability; and, preparing for 2020/21 and beyond. It was also noted that clinical governance for TCHS would replicate the arrangements that were in place for the MLCO, with the MLCO continuing to offer assurance through the relevant subcommittees of the MFT Board of Directors. The Chief Executive of the MLCO also confirmed that work was underway to finalise the Post Transaction Implementation Plan, and to develop the required programme of transformation.

The Board also noted the MLCO's focus on neighbourhood activity since the last meeting and the continued development of 12 neighbourhood plans and mobilisation of neighbourhood based governance. It was reported that having now developed the neighbourhood plans, the MLCO was working with colleagues in MHCC to develop an appropriate performance and impacts framework to ensure that the MLCO (and the wider system) could understand the efficacy of the interventions that were made.

The Board noted the remaining key messages within the update report under the headings of Care Quality Commission (MLCO comprehensive improvement plan), and, the activities of the MLCO Scrutiny Committee.

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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.

The Board was reminded that following completion of the comprehensive inspection in 2018, the CQC was continuing with its programme of oversight of MFT which consisted of a comprehensive inspection action plan oversight; routine engagement meetings; unannounced inspection programme; and, regular enquiries in respect of outlier reports and notifications to the CQC.

The Group Chief Nurse outlined some of the key areas of progress (and oversight) against the Comprehensive Action Plan and confirmed that all Hospitals / MCS / MLCO / Corporate Services reported on progress at the monthly CQC Inspection Response Group (CIRG).

Particular attention was drawn to an event on the 25th September 2019 during which the Group Chief Nurse chaired the first of the milestone meetings for Hospitals / MCS and the MLCO to present progress and importantly assurance information on their CQC Action Plans. It was also noted that a CQC Inspector was in attendance at the meeting.

The Group Chief Nurse explained that the meeting was a 'check and challenge' session to ensure that actions being completed were both progressing but also effective. It was reported that all Hospitals / MCS and the MLCO attended with the exception of the University Dental Hospital Manchester and the Manchester Royal Eye Hospital. It was recognised that the Senior Leadership Team from these hospitals had previously attended the CIRG in August (2019) to present their plans, as 'outstanding' hospitals. The Group Chief Nurse pointed out that the actions undertaken provided sufficient assurance to the Group and they would attend the sign-off meeting in March 2020.

The Board noted several examples of progress and risks reported at October 2019 under each Hospital/MCS heading (MRI, WTW, RMCH, SMH, CSS and MLCO). It was particularly noted that the key messages for circulation across the Group were 'assurance evidence needed 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'; and, 'Policy / guideline review progress needed'.

The Group Chief Nurse confirmed that in order to strengthen assurance, SHINE walk rounds were planned for medicines management; mandatory training and appraisal; equipment maintenance checks and cleanliness; and, all core services rated as 'requires improvement'.

The Board noted the CQC inspectors had advised the Group Chief Nurse 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. It was also noted that the CQC would sign-off actions through their internal processes following the next milestone meeting (planned for 25th March 2020) and a programme of unannounced inspections.

It was confirmed that the CQC had undertaken no 'unannounced' inspections or routine visits during the period. It was also noted that a report on the '144 Wythenshawe Road Short Break Service' inspection (13th-17th May 2019) had been received for factual accuracy checks and this had since been completed and returned.

The Board was reminded that the service had been rated as 'requires improvement' and an action plan had been completed and returned to the CQC. It was noted that the plan was part of the overall CQC response plan for the MLCO and was being monitored via that governance structure.

The Group Chief Nurse also confirmed that the HTA had announced their intention to visit the Oxford Road Campus (ORC) and Trafford Pathology (Mortuary) Services on Monday, 18th November 2019 and that preparatory work was underway overseen by the CSS Senior Leadership Team.

The Board of Directors noted the content of the update report.

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| Decision: | Update Report Noted | Action by: | n/a | Date: | n/a |
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Q2 Complaints Report (2019/20)

The Group Chief Nurse provided a summary overview of the 2019/20 Complaints Report for MFT covering the period 1st July 2019 – 30th September 2019 (Q2).

It was noted the report provided an overview of the Complaints and PALS performance for Q2 and that due to new reporting capabilities to refresh and cleanse previous data, the data provided in the report for the periods prior to Q2 differed slightly to the data presented in previous reports.

The Board was advised that a total of 1,428 PALS concerns had been received within the organisation and this was a 13.2% decrease (1,645) compared to the previous quarter. The Group Chief Nurse also explained there was a total of 406 new complaints received during the period and this was a 14.4% increase (355) compared to the previous quarter; the total number of complaints closed in Q2 was 421 (an increase of 16 cases compared to the previous quarter).

The Board was reminded that the NHS Complaint Regulations (2009) stipulated that complaints must be acknowledged in writing no later than 3 working days following receipt of the complaint. The Group Chief Nurse confirmed that the Trust had achieved 99.8% compliance with this Key Performance Indicator.

It was reported that in accordance with the agreed schedule, the MFT Complaints Scrutiny Group, which was chaired by a Group Non-Executive Director, had met twice during Q2. It was noted that the Management Teams from WTWA's Division of Medicine, and, Heart & Lung, had each presented a case at the July 2019 meeting and SMH and the Royal Manchester Children's Hospital (RMCH) had each presented a case at the September 2019 meeting. It was particularly noted that the learning identified from the cases presented was captured in Section 5 of the report now presented.

The Group Chief Nurse explained that improvements in the Complaint and PALS management processes were also outlined in the report alongside identified future quality improvements.

The Board of Directors noted the information within the report, which demonstrated a reduction of PALS concerns and a slight increase in formal complaints. It was also noted that there had been a notable improvement in the timeliness of closing complaints during Q2 and that the organisation continued to learn from complaints and listen to concerns.

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| Decision: | Q2 (2019/20) Complaints Report Noted | Action by: | n/a | Date: | n/a |
|------------------|--------------------------------------|-------------------|-----|--------------|-----|

Report on the Results of Cancer Patient Experience Survey (2018)

The Group Chief Nurse presented an overview of MFT's results captured within the Annual National Cancer Patient Experience Survey [NCPES] (2018) published on 4th September 2019 by an external provider (Quality Health) on behalf of NHS England. She explained that the survey provides the Trust with feedback from people who used the organisation's services with the aim of supporting continuous improvement.

Attention was drawn to key messages following analysis of the survey results and it was noted that overall, the results for the MFT were 'within the expected range' for Trusts of similar size. The Group Chief Nurse also confirmed that this was the first year that the NCPES had analysed results for the Trust as a single organisation and that for those tumour groups that delivered care in more than one hospital in different teams, it was not possible to access specific results for each of the Hospital/MCS teams involved.

The Board was advised that the next steps would involve further analysis of the results by tumour-specific teams working closely together across the Trust to both celebrate success and identify areas for their improvement activity. The Group Chief Nurse explained that the challenge remained for those tumour groups where less than twenty responses were received to consider how they could encourage patients to respond to future surveys. It was also confirmed that the findings would be reported to the Group Cancer Committee and Hospitals/MCS.

The Board noted the feedback and the opportunity for improvements in patient experience.

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

Update Report on the Flu Vaccination Programme (2019/20)

The Board received 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.

The Board was reminded of the background to the Trust's annual response to the UK's Influenza season and in particular the success of the organisation's flu vaccination programme in 2018/19 during which there was a 76% uptake rate of the staff vaccine (against the 75% target); having vaccinated a total of 13,890 staff, with 11,339 staff being frontline HCWs. The Group Chief Nurse explained that as a result of achieving the DH target the previous year, and in recognition of the success/scale of the programme, MFT had been shortlisted for the prestigious NHS Employers National Flu Fighter Awards in the 'Most Improved' Category. The Board also recalled that the organisation had also benefitted from receiving the full CQUIN funding from the Commissioners.

The Group Chief Nurse went on to describe the 'plan of action' for the management of patients with Influenza during the 2019/2020 Season under the key headings of Clinical Management; Infection Prevention and Control (IPC) Management; Surveillance; and, Communication. Attention was also drawn to the front-line staff influenza vaccination programme review of 2018/19 (and especially 'areas of good practice' alongside 'lessons learnt') and the key features of the new programme for 2019/20. It was reported that to date, 7,444 staff (40%) had been vaccinated and that a flu campaign was underway; 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.

It was also noted that data collection recording/capture for 2019/20 had been enhanced to enable the Trust to monitor uptake. It was reported that Hospital/MCS Management Teams were now receiving weekly reports (from the end of October 2019) to enable them to focus on 'hot spot' areas and improve engagement.

In conclusion, the Board noted 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.

| | | | | | |
|------------------|----------------------------------|-------------------|-----|--------------|-----|
| Decision: | Update Report and Progress Noted | Action by: | n/a | Date: | n/a |
|------------------|----------------------------------|-------------------|-----|--------------|-----|

Register of Directors Interests (October 2019)

The Board of Directors, in line with the MFT constitution and standing orders, noted the MFT Board of Directors' Register of Interests (October 2019).

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

Committee meetings which had taken place:

- Group Risk Management Committee held on 2nd September 2019
- Audit Committee held on 6th September 2019
- Finance Scrutiny Committee held on 18th September 2019
- Quality & Performance Scrutiny Committee held on 21st October 2019
- Charitable Funds Committee held on 9th September 2019
- MLCO Scrutiny Committee held on 11th September 2019
- HR Scrutiny Committee held on 15th October 2019

158/19 Date and Time of Next Meeting

The next meeting of the Board of Directors held in public will be on **Monday 13th January 2020** at **2pm** in the **Main Boardroom**

159/19 Any Other Business

There was no other business.

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

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: | December 2019 |
| Subject: | Board Assurance Report – November 2019 |
| Purpose of Report: | <p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to Note ✓ • Support • Accept • Resolution • Approval • Ratify |
| Consideration against the Trust's Vision & Values and Key Strategic Aims: | 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: | <p><u>Name:</u> Gareth Summerfield, Head of Information</p> <p><u>Tel:</u> 0161 276 4768</p> |

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS

BOARD ASSURANCE REPORT

(November 2019)

1. Introduction

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.

2. Overview

The Board Assurance Report provides further evidence of compliance, non-compliance and/or risks to the achievement of the required thresholds within individual indicators. The report also highlights key actions and progress in addressing any shortfalls.

3. Key Priority Areas

The report is divided into the following six key priority areas:

- **Safety**
- **Patient Experience**
- **Operational Excellence**
- **Workforce & Leadership**
- **Finance**

Headline narratives provide context to the above key priority areas, stating current issues, identifying where progress is 'good', identifying future challenges and risks, and commenting on the latest developments around performance of the various indicators.


The narrative is provided by the person(s) accountable for the individual priority areas.

'Guidance Notes' are also included to support the interpretation of the data presented each month.

> 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 of five distinct domains as follows: Safety, Patient Experience, Operational Excellence, Workforce & Leadership, and Finance. 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 or local target/threshold in which to measure against.

Headline Narrative

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

Section - Core Priorities

| | | | | | | | |
|-------------------------------------------------------------------------------------|----------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------|------------------------------------------|----------------------|
| Hospital Incidents level 4-5 | | ✓ | Actual 36 | Year To Date | Accountability R.Pearson\T.Onon | | |
| MFT | | | Threshold 38 | (Lower value represents better performance) | Committee Clinical Effectiveness | | |
| Month trend against threshold | | | <p>This is a broad, all embracing category covering incidents at a high level e.g. falls, pressure ulcers, medication errors etc.</p> <p>Key Issues</p> <p>Serious harm (level 4 & 5 actual harm incidents). The organisation continues to report high numbers of patient safety incidents per 1000 bed days, 57.69 in the last NRLS data report. This indicates a willingness to report and learn (an assumption supported by the staff survey results). Over 99% of these incidents are low level harm or no harm incidents. The CQC described a culture of reporting and learning from incidents.</p> <p>Key issues are a plateau in the level of actual serious harm over the last year against a planned 5% reduction and small cohorts of staff describing dissatisfaction with the reporting and investigation process. A small decrease has been observed in the first 3 months of this year which if sustained would result in achievement of 5% reduction.</p> <p>Actions</p> <p>The thematic reports detailed in the last narrative are reviewed at a number of forums and have informed the 2016/17 work plans.</p> <p>Communication of test results remains a focus and work is underway to further develop the clinical risk plan in respect of communication and response to clinical tests.</p> | | | | |
|  | | | | | | | |
| 12 month trend (Sep 2016 to Aug 2017) | | | | | | | |
|  | | | | | | | |
| Hospital level compliance | | | | | | | |
| Clinical and Scientific Support | Manchester Royal Infirmary | Manchester Royal Eye Hospital | Royal Manchester Children's Hospital | St Mary's Hospital | Trafford General Hospital | University Dental Hospital of Manchester | Wythenshawe Hospital |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ |

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

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

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

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

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

> Board Assurance

November 2019

| | | | | | | |
|--|-------------------------------------|-----------------|--------|--------|--------|-------------------|
| | Safety J.Eddleston\T.Onon | Core Priorities | ✓ 3 | ◇ 0 | ✗ 3 | No Threshold 0 |
|--|-------------------------------------|-----------------|--------|--------|--------|-------------------|

Headline Narrative

There are three core priorities which are not currently being met.

The Group has had 5 **Never Events** reported over the last 12 months with 4 of these reported since April 2019.

A number of actions are underway and local assessment is being undertaken of further work required in those Hospitals / MCS with more than one reported event in the last 2 years (RMCH, WTTA and CSS). The Quality and Safety Committee will be overseeing this work and the aim continues to be to eradicate these events.

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

There have been two **avoidable deaths** reported and these have been investigated and action implemented to avoid further harm.

Safety - Core Priorities

Never Events

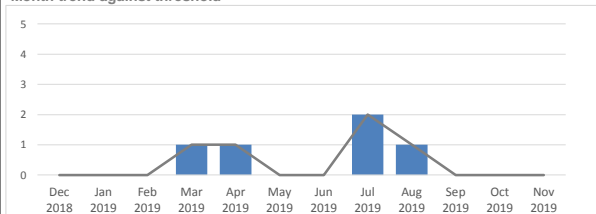


Actual 4
Threshold 0

Year To Date
(Lower value represents better performance)

Accountability J.Eddleston\T.Onon
Committee Clinical Effectiveness

Month trend against threshold



Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Key Issues

Never events are those clinical incidents that should not happen if appropriate policies and procedures are in place and are followed. The list is determined nationally.

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, 1 insulin event and 1 retained guidewire. Investigations for all of these are complete or underway with a range of actions being implemented.

A further 2 events have occurred in December 2019, the details of which will be in next month's Board Assurance report.

Actions

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

Following these events a number of immediate actions were implemented including issuing of Trust-wide alerts. Investigations have been undertaken or are 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 now completed. This work will be reported to the Quality & Safety Committee.

Hospital level compliance

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

> Board Assurance

November 2019

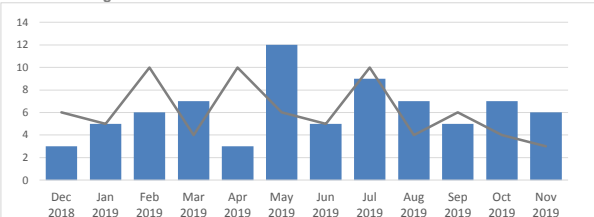
Hospital Incidents level 4-5



Actual 54 Year To Date
Threshold 48 (Lower value represents better performance)

Accountability J.Eddleston\T.Onon
Committee Clinical Effectiveness

Month trend against threshold



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

Key Issues

Serious harm (level 4 & 5 actual harm incidents). The organisation continues to report high numbers of patient safety incidents per 1000 bed days, 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 incidents are low level harm or no harm incidents.

The overall number of serious harm incidents YTD (April to October 2019) 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.

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 | 16 | 3 | 4 | 2 | 0 | 21 |

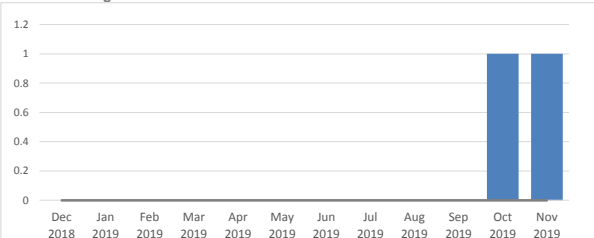
Mortality Reviews - Grade 3+ (Review Date)



Actual 2 Year To Date
Threshold 0 (Lower value represents better performance)

Accountability J.Eddleston\T.Onon
Committee Clinical Effectiveness

Month trend against threshold



The number of mortality reviews completed where the probability of avoidability of death is assessed as 'Definitely Avoidable'.

Key Issues

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

The role of the Group Mortality Review Group in supporting dissemination of good practice, lessons and action plans is being developed. Mortality review processes are generally robust, but will be altered by the introduction of a Medical Examiner system. The Chief Medical Examiner and a supporting team have now been appointed.

Actions

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

Hospital level compliance

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

> Board Assurance

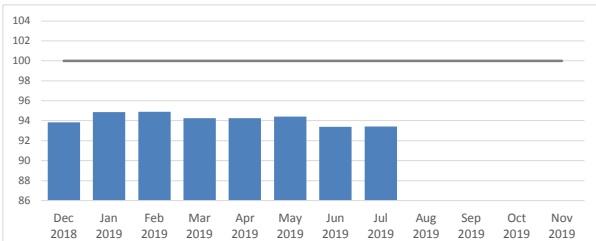
November 2019

SHMI (Rolling 12m)



Actual 93.4 Latest Period
Threshold 100 (Lower value represents better performance)

Accountability J.Eddleston\T.Onon
Committee Clinical Effectiveness



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

Progress

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.

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 | 96.2 | 171.4 | 154.5 | NA | NA | 88.7 |

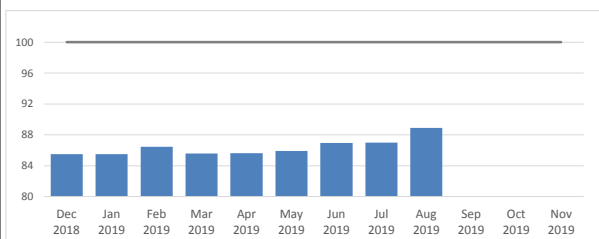


HSMR (Rolling 12m)



Actual 88.9 Latest Period
Threshold 100 (Lower value represents better performance)

Accountability J.Eddleston\T.Onon
Committee Clinical Effectiveness



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

HSMR is a metric designed for adult practice.

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

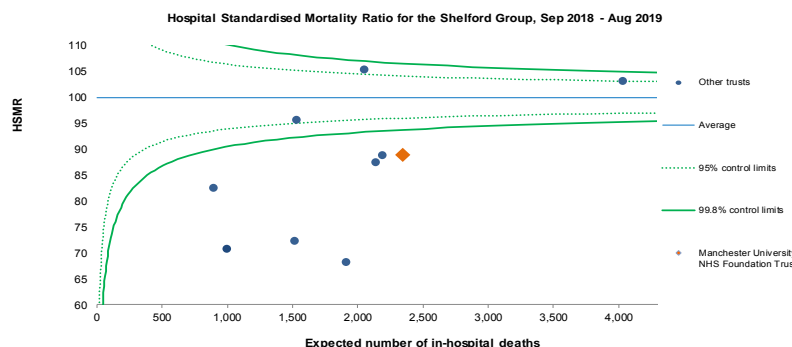
Performance is well within the expected range.

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 | 81.7 | NA | NA | NA | NA | 89.7 |



> Board Assurance

November 2019

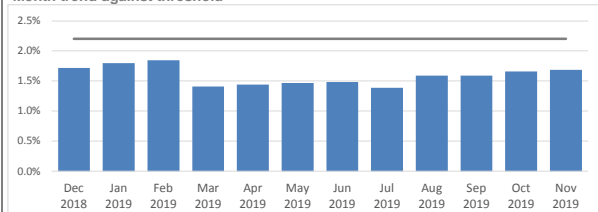
Crude Mortality



Actual 1.54% Year To Date
Threshold 2.20% (Lower value represents better performance)

Accountability J.Eddleston\T.Onon
Committee Audit Committee

Month trend against threshold



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

Key Issues

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

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

Hospital level compliance

| Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|------------------------------------------|------------------------------------------------|
| NA | ✓ | ✓ | ✓ | ✓ | ✓ | ✖ |
| NA | 2.0% | 0.2% | 0.3% | 0.0% | 0.0% | 2.3% |

| | | | | | | |
|----------------------------------------------------------------------------------|---------------------------------------|-----------------|---|---|---|--------------|
|  | Patient Experience C.Lenney | Core Priorities | ✓ | ◇ | × | No Threshold |
| | | | 4 | 2 | 1 | 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 November 2019 was 115, which is a decrease compared to 156 in October 2019.

Performance is monitored and managed through the Accountability Oversight Framework (AOF). There was a decrease in cases over 41 days at the end November 2019 (37) when compared to October 2019 (54). The closure of complaints within the agreed timescales across MFT in November 2019 was 77.0%, demonstrating an increase (positive) 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 November 2019 was 94.6%.

Infection prevention and control remains a priority for the Trust. Trust performance for the current financial year (until the end of November 2019) is below trajectory for CDI but above trajectory for MRSA due to six trust-attributable cases having been reported since April 2019 (against a threshold of zero). One MRSA bacteraemia case was reported in November at Wythenshawe Hospital.

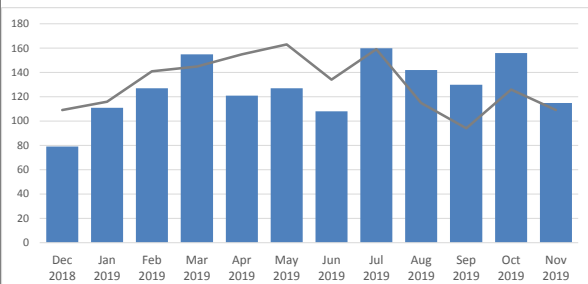
Complaint Volumes



Actual 1059 **Year To Date**
Threshold 1055 (Lower value represents better performance)

Accountability C.Lenney
Committee Quality & Safety Committee

Month trend against threshold



The KPI shows total number of complaints received. Complaint volumes 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 November 2019 was 115, which is a decrease compared to 156 in October 2019.

WTWA received the highest number of formal complaints in November 2019; receiving 41 complaints (35.65% of total). This is a decrease of 1 in number of complaints for WTWA compared to the previous month. Of the 41 complaints received the specific themes were 'treatment/procedure & communication'. No specific areas were identified in the complaints relating to these specific themes.

MRI received the second highest number of formal complaints in November 2019, receiving 30 complaints (26% of total). This is a decrease of 13 in the number of complaints for MRI compared to the previous month.

At the end of November 2019 there was a total of 37 cases over 41 days old, this is a decrease of 17 compared to the previous month of October 2019 when there were 54 such cases. The Hospital/MCS with the highest number of cases over 41 days at the end of November 2019 was RMCH with 8 (21.62%) of total cases at 41 days old. This number is lower than the number of RMCH cases over 41 days old at the end of October 2019 (9), and the end of September 2019 (10).

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 |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|------------------------------------------|------------------------------------------------|
| ✓ | ✓ | ✗ | ✓ | ✓ | ✓ | ✗ |
| 60 | 290 | 121 | 136 | 43 | 24 | 328 |

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.

> Board Assurance

November 2019

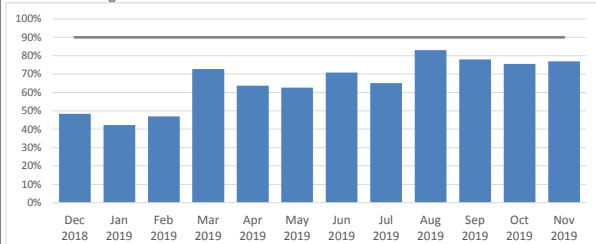
Percentage of complaints resolved within the agreed timeframe



Actual 72.3% Year To Date
Threshold 90.0% (Higher value represents better performance)

Accountability C.Lenney
Committee Quality & Safety Committee

Month trend against threshold



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

Progress

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

The overall MFT performance demonstrated a slight improvement in the number of complaints resolved within the agreed timeframe in November 2019 at 77.0% compared with 75.4% in October 2019.

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).

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 |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|------------------------------------------|------------------------------------------------|
| | | | | | | |
| 86.4% | 53.8% | 53.4% | 90.6% | 92.5% | 84.4% | 90.5% |

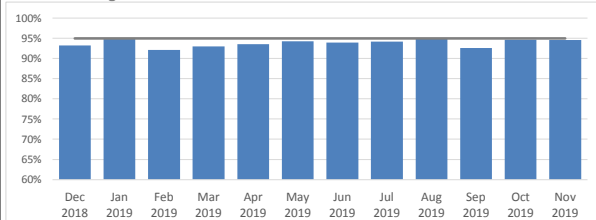
FFT: All Areas: % Extremely Likely and Likely



Actual 94.2% Year To Date
Threshold 95.0% (Higher value represents better performance)

Accountability C.Lenney
Committee Quality & Safety Committee

Month trend against threshold



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 November 2019 was 29.6%; this is an increase of 5.9% from 23.7% in October 2019.

The Emergency Departments' response rate in November 2019 was 10.55%, this compares to 9.68% in October 2019.

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.

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 |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|------------------------------------------|------------------------------------------------|
| | | | | | | |
| 96.7% | 92.6% | 90.2% | 97.5% | 94.6% | 97.4% | 94.5% |

> Board Assurance

November 2019

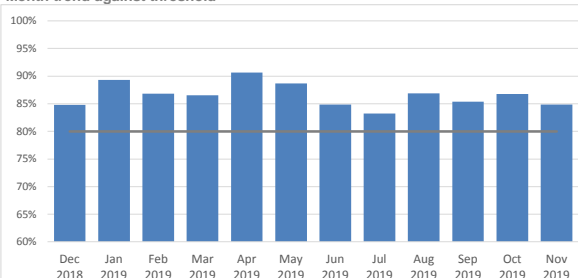
Nursing Workforce – Plan v Actual Compliance for RN



Actual 84.9% Latest Period
Threshold 80.0% (Higher value represents better performance)

Accountability C.Lenney
Committee Quality & Safety Committee

Month trend against threshold



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

Progress

At the end of November 2019 there were 9 (10%) 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 84.9% in November 2019. A total of 278 nurses started in the Trust between September and November with 150 overseas nurses due to commence in post over the next two months.

Established escalation and monitoring processes are in place to ensure delivery of safe and effective staffing levels that 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 dependency of patients on their wards. Inpatient areas have collected SNCT quarterly in 2019 in order to provide sufficient data to support upcoming establishment reviews. The tool is now well embedded across the Trust to ensure wards are staffed safely based on patients' needs.

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 | 83.7% | 75.2% | 92.1% | 100.0% | NA | 87.3% |

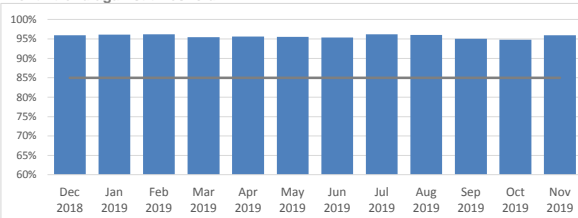
Food and Nutrition



Actual 95.6% Year To Date
Threshold 85.0% (Higher value represents better performance)

Accountability C.Lenney
Committee Quality & Safety Committee

Month trend against threshold



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

Progress

Improvement work continues at both Ward and Trust-wide level across all aspects of food and nutrition in response to the low score achieved by the Trust within the National Inpatient 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 March 2019. The Strategy sets out our commitments to improve nutrition and hydration.

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

Hospital level compliance

| Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|------------------------------------------|------------------------------------------------|
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 97.8% | 95.8% | 91.0% | 97.3% | 98.3% | 85.1% | 96.2% |

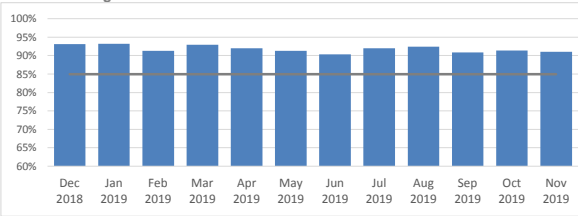
Pain Management



Actual 91.4% Year To Date
Threshold 85.0% (Higher value represents better performance)

Accountability C.Lenney
Committee Quality Committee

Month trend against threshold



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

Progress

Work continues across the Trust to drive improvements in pain assessment and management.

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

Hospital level compliance

| Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|------------------------------------------|------------------------------------------------|
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 96.6% | 86.8% | 87.5% | 94.8% | 97.9% | 100.0% | 91.6% |

> Board Assurance

November 2019

| Clostridium Difficile – Lapse of Care | | Actual | 12 | Year To Date | Accountability | C.Lenney | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------|------------------------------------------|------------------------------------------------|------------------------------------------|------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|
| | | Threshold | 70 | (Lower value represents better performance) | Committee | Quality Committee | | | | | | | | | | | | | | | | | | | | | |
| <p>Month trend against threshold</p> | | <p>Each <i>Clostridium difficile</i> 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.</p> <p>Progress</p> <p>There have been a total of 134 cases of <i>Clostridium difficile</i> infection reported since April 2019: 99 (73%) of which were trust-attributable against a trajectory of 124. Following CCG review, there have been 12 lapses in care identified: four lapses in care identified at MRI and eight lapses in care identified at Wythenshawe Hospital, with 57 cases pending final review (awaiting ribotyping results, details of further investigations and direction from the CCG regards the new apportioning algorithm).</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Hospital level compliance</p> <table border="1"> <thead> <tr> <th>Clinical and Scientific Support</th> <th>Manchester Royal Infirmary</th> <th>Royal Manchester Children's Hospital</th> <th>St Mary's Hospital</th> <th>Manchester Royal Eye Hospital</th> <th>University Dental Hospital of Manchester</th> <th>Wythenshawe, Trafford, Withington & Altrincham</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>1</td> <td>3</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>8</td> </tr> </tbody> </table> | | Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 1 | 3 | 0 | 0 | 0 | 0 | 8 | | | | | |
| 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 | 3 | 0 | 0 | 0 | 0 | 8 | | | | | | | | | | | | | | | | | | | | | |

| PALS – Concerns | | Actual | 4089 | Year To Date | Accountability | C.Lenney | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------|------------------------------------------|------------------------------------------------|------------------------------------------|------------------------------------------------|---|---|---|---|---|---|---|-----|------|-----|-----|-----|-----|------|--|--|--|--|--|
| | | Threshold | None | (Lower value represents better performance) | Committee | Quality Committee | | | | | | | | | | | | | | | | | | | | | |
| <p>Month trend against threshold</p> | | <p>The number of PALS concerns received by the Trust is within the limits of normal variation.</p> <p>Key Issues</p> <p>A total of 493 PALS concerns were received by MFT during November 2019 compared to 589 PALS concerns in October 2019.</p> <p>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.</p> <p>Actions</p> <p>PALS concerns are formally monitored alongside complaints at weekly meetings within each Hospital/MCS.</p> <p>Work continues to reduce the time taken to resolve PALS enquiries with formal performance management of cases over 5 days in place.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Hospital level compliance</p> <table border="1"> <thead> <tr> <th>Clinical and Scientific Support</th> <th>Manchester Royal Infirmary</th> <th>Royal Manchester Children's Hospital</th> <th>St Mary's Hospital</th> <th>Manchester Royal Eye Hospital</th> <th>University Dental Hospital of Manchester</th> <th>Wythenshawe, Trafford, Withington & Altrincham</th> </tr> </thead> <tbody> <tr> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>235</td> <td>1033</td> <td>422</td> <td>363</td> <td>260</td> <td>147</td> <td>1365</td> </tr> </tbody> </table> | | Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham | - | - | - | - | - | - | - | 235 | 1033 | 422 | 363 | 260 | 147 | 1365 | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | |
| - | - | - | - | - | - | - | | | | | | | | | | | | | | | | | | | | | |
| 235 | 1033 | 422 | 363 | 260 | 147 | 1365 | | | | | | | | | | | | | | | | | | | | | |

| All Attributable Bacteraemia | | Actual | 104 | Year To Date | Accountability | C.Lenney | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------|------------------------------------------|------------------------------------------------|------------------------------------------|------------------------------------------------|---|---|---|---|---|---|---|---|----|---|---|---|---|----|--|--|--|--|--|
| | | Threshold | None | (Lower value represents better performance) | Committee | Quality Committee | | | | | | | | | | | | | | | | | | | | | |
| <p>Month trend against threshold</p> | | <p>MRSA and <i>E.coli</i>. 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.</p> <p>Progress</p> <p>There have been 414 incidents of <i>E. coli</i> bacteraemia reported since April 2019. Of these, 98 (24%) cases were determined to be hospital-onset, against a trajectory of 66. Exceedances have recently been seen across the country in both acute and community settings. A number of reduction strategies are in place at MFT, working in collaboration with colleagues from the CCG, MLCO and neighbouring trusts on Antimicrobial Stewardships, CAUTI reduction and hydration improvement strategies.</p> <p>There have been six trust-attributable MRSA bacteraemia cases reported since April 2019: two from AICU, one from the Burns Unit and one from Ward A7 (all at Wythenshawe Hospital), and one case from each of Ward 36 and Manchester Vascular Centre (Oxford Road Campus). Full RCAs have been completed, action plans devised and implemented locally. There have also been six non trust-attributable MRSA bacteraemia cases reported for this period. A thematic review of all MRSA cases reported this year was conducted and concluded that most cases were unavoidable with no common themes emerging.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Hospital level compliance</p> <table border="1"> <thead> <tr> <th>Clinical and Scientific Support</th> <th>Manchester Royal Infirmary</th> <th>Royal Manchester Children's Hospital</th> <th>St Mary's Hospital</th> <th>Manchester Royal Eye Hospital</th> <th>University Dental Hospital of Manchester</th> <th>Wythenshawe, Trafford, Withington & Altrincham</th> </tr> </thead> <tbody> <tr> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>9</td> <td>54</td> <td>6</td> <td>7</td> <td>0</td> <td>0</td> <td>28</td> </tr> </tbody> </table> | | Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham | - | - | - | - | - | - | - | 9 | 54 | 6 | 7 | 0 | 0 | 28 | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | |
| - | - | - | - | - | - | - | | | | | | | | | | | | | | | | | | | | | |
| 9 | 54 | 6 | 7 | 0 | 0 | 28 | | | | | | | | | | | | | | | | | | | | | |



Operational Excellence

J.Bridgewater

| Core Priorities | ✓ | ◇ | ✗ | No Threshold |
|-----------------|---|---|---|--------------|
| | 2 | 2 | 7 | 0 |

Headline Narrative

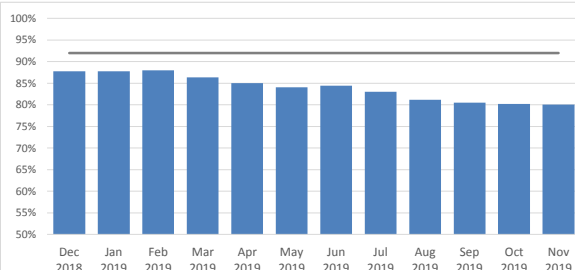
- Diagnostic standard - achieved for the fifth consecutive month.
- No 52 week waits occurred in November.
- MFT waiting list size has consistently been better than its trajectory in 2019/20 and this continued in November.
- RTT performance remains below the standard, as expected due to an upgrade of the Patient Administration to support management of RTT pathways. In recognition of the risk to the elective programme throughout the winter, additional funding has been provided by Commissioners and NHSI to support outsourcing of activity to reduce the longest waits.
- 2 Cancer Standards achieved, 5 standards are not being achieved, in part due to continued significant increases in demand (12%), in addition, timely access to diagnostics is a key factor affecting cancer pathways. Across the 5 standards challenged sites are: Urology, Lung, Lower and Upper GI, and Gynaecology. Breast has underperformed due to aid provided by MFT to the Stockport service, although 2ww performance against both standards has significantly improved as expected in line with the action plan, and provisional data for Nov / Dec demonstrates this has continued to improve. October 62 Day performance has reduced, mainly due to LGI at the MRI site and Lung at WTWA, although there is expected to be improvement in November. Effective governance and a programme of work are in place to support improvements against the standard, with external assurance of Trust plans from the NHSI team.
- MFT was ranked 1st in GM for November A&E performance. Urgent Care performance has not improved despite additional actions being undertaken in Q2/Q3, demand out with the national profile of 4% is a key factor affecting delivery and was 7% higher across all portals in November compared to last year. In addition, paediatric demand at EDs and bed capacity has been a key issue across GM, with MFT Paediatric Emergency attendances 14% higher in November. Flu and the volume of respiratory cases presenting to EDs has also increased throughout the November period and into December, which is impacting on bed capacity due to the requirement to cohort patients. Despite the lower performance more patients in November were seen within 4 hours compared to November-18. Safety is the key priority, with no trolley waits, strong performance against the ambulance turnaround standards, and limited corridor care. In addition, flexible use of staffing and diverting of activity between sites to provide respite occurs to maintain safety and reduce waiting times for patients. 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 working jointly with Commissioners and the Manchester Local Care Organisation is focused on improving long length of stay performance, which has started to reduce in Nov / Dec, and reducing Delayed Transfers of Care. Additional investment has supported the development of an integrated discharge team at MRI, and secured additional social care / care home capacity.
- Cancelled Operations >28 days - Cancelled operations remained static in November compared to the previous month. Patients affected have been offered suitable alternative dates.

RTT - 18 Weeks (Incomplete Pathways)



| | | | | |
|------------------|-------|----------------------------------------------|-----------------------|---------------|
| Actual | 80.1% | Latest Period | Accountability | J.Bridgewater |
| Threshold | 92.0% | (Higher value represents better performance) | Committee | Trust Board |

Month trend against threshold



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

Key Issues

- Demand for Trust services continues to grow, 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.
- Pilot programme of advice and guidance due to commence in January 2020 with support from the transformation team
- Additional funding secured from MHCC and NHSI to undertake independent sector activity in Q4 to reduce the number of longest waits, and maintain the waiting list size trajectory given the risk of winter pressures.

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 |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|------------------------------------------|------------------------------------------------|
| ◇ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| 90.3% | 80.7% | 77.0% | 78.9% | 83.9% | 80.2% | 79.8% |

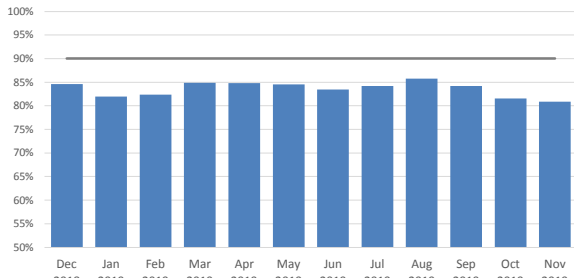
Progress

- Trust RTT performance in November was 80.08%, which is below the National profile of 84.8% (Sept 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 500 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 refreshed and ratified
- The NHSI training course delivered in partnership with MFT has been completed by 34 senior operational managers
- Additional monies to support expanded use of the IS throughout Q4 have been confirmed at ~£2.4M.

> Board Assurance

November 2019

| Cancelled operations - rescheduled <= 28 days | | <div><div></div></div> | Actual44 | Year To Date | AccountabilityJ.Bridgewater | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------|------------------------|---------------------------------------------|------------------------------------------|------------------------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|------------------------------------------|------------------------------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|---|----------|---|----------|----|----------|----|----------|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | | | Threshold0 | (Lower value represents better performance) | CommitteeTrust Board | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Month trend against threshold</div> <table><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Dec 2018</td><td>0</td></tr><tr><td>Jan 2019</td><td>5</td></tr><tr><td>Feb 2019</td><td>8</td></tr><tr><td>Mar 2019</td><td>5</td></tr><tr><td>Apr 2019</td><td>6</td></tr><tr><td>May 2019</td><td>3</td></tr><tr><td>Jun 2019</td><td>3</td></tr><tr><td>Jul 2019</td><td>5</td></tr><tr><td>Aug 2019</td><td>8</td></tr><tr><td>Sep 2019</td><td>11</td></tr><tr><td>Oct 2019</td><td>4</td></tr><tr><td>Nov 2019</td><td>4</td></tr></tbody></table> | | | Month | Value | Dec 2018 | 0 | Jan 2019 | 5 | Feb 2019 | 8 | Mar 2019 | 5 | Apr 2019 | 6 | May 2019 | 3 | Jun 2019 | 3 | Jul 2019 | 5 | Aug 2019 | 8 | Sep 2019 | 11 | Oct 2019 | 4 | Nov 2019 | 4 | <p>Patients who have operations cancelled on or after the day of admission (for non clinical reasons) must be offered a binding date for their surgery to take place within 28 days.</p> <p>Key Issues</p> <ul style="list-style-type: none">• 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 <p>Actions</p> <p>Cancelled operations are escalated and overseen through Hospital / MCS performance meetings, including risks to the 28 day standard.</p> <p>Capacity and Demand plans are in place to support Trust bed requirements which is a factor in cancellations.</p> <p>Progress</p> <p>In November, the Trust reported a static position for 28 day breaches compared to the previous month. There was a total of 4 breaches, of which 1 occurred at Wythenshawe and 3 occurred at Manchester Royal Infirmary. Of the 4, 3 were cancelled due to bed pressures and 1 due to the theatre list overrunning. Urgent Care pressures restricted the ability to accommodate mutually agreeable TCI dates. 3 patients have already been treated and 1 patient has a new date.</p> | | |
| Month | Value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec 2018 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan 2019 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb 2019 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar 2019 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr 2019 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May 2019 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun 2019 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul 2019 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug 2019 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep 2019 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct 2019 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov 2019 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Hospital level compliance</div> <table><thead><tr><th>Clinical and Scientific Support</th><th>Manchester Royal Infirmary</th><th>Royal Manchester Children's Hospital</th><th>St Mary's Hospital</th><th>Manchester Royal Eye Hospital</th><th>University Dental Hospital of Manchester</th><th>Wythenshawe, Trafford, Withington & Altrincham</th></tr></thead><tbody><tr><td><div><div></div></div></td><td><div><div></div></div></td><td><div><div></div></div></td><td><div><div></div></div></td><td><div><div></div></div></td><td><div><div></div></div></td><td><div><div></div></div></td></tr><tr><td>9</td><td>17</td><td>0</td><td>0</td><td>0</td><td>0</td><td>18</td></tr></tbody></table> | | | | | | Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | 9 | 17 | 0 | 0 | 0 | 0 | 18 | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | <div><div></div></div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 17 | 0 | 0 | 0 | 0 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | |

| Operational Excellence - Core Priorities | | | | | | | |
|-----------------------------------------------------------------------------------|----------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------|------------------------------------------------|---------------|
| A&E - 4 Hours Arrival to Departure | | <div></div> | Actual | 81.21% | Quarterly | Accountability | J.Bridgewater |
| | | | Threshold | 90.00% | (Higher value represents better performance) | Committee | Trust Board |
| Month trend against threshold | | | <p>The total time spent in A&E - measured from the time the patient arrives in A&E to the time the patient leaves the A&E Department (by admission to hospital, transfer to another organisation or discharge). With a target that 95% of all patients wait no more than four hours in accident and emergency from arrival to admission, transfer or discharge.</p> <p><u>Key Issues</u></p> <p>Increased demand continues to be a key pressure, with exceptional peaks experienced across EDs, and paediatric demand a significant pressure across GM.</p> <p>Flu and increased presentation of respiratory conditions impacting on ED and flexible use of the bed base. 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. Community capacity as alternative to A&E, Primary care capacity to facilitate increased streaming. Reduction/changes in community/care home capacity across GM.</p> <p>Age profile of presentations to Wythenshawe weighted with older, frail patients.</p> <p><u>Actions</u></p> <p>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:</p> <ul style="list-style-type: none">- 2019/20 Capacity Plans- Transformation plans and patient flow programmes <p>Hospital plans focus on key areas aligned to national priorities including:</p> <ul style="list-style-type: none">- 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 <p>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. Recruitment to the IDT is in progress, with full establishment expected to complete in full by January.</p> <p>Longer term capital upgrade is planned for MRI, and PED.</p> <p>Working with system partners and NHSI ECIST team to seek external expertise and assurance. Additional interim actions have been taken over Q2 / Q3 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.</p> <p>MFT winter plan in place to support resilience, with bank holiday plans in place for the Christmas and New Year period.</p> <p><u>Progress</u></p> <ul style="list-style-type: none">• Throughout November individual performance across all providers in GM has been more challenged, with MFT ranked 1st in GM for performance.• November demand 7% higher, with c.2500 more patients seen across all portals• More patients (+500) seen within 4 hours compared to November 18.• MRI and Wythenshawe were ranked 2nd and 6th respectively out of 10 sites in GM for ambulance handover performance in November. MRI routinely achieve this standard, whilst WTWA performance has improved this needs to be more resilient and has a joint working group with MRI/partner in place to share learning and is part of a national programme to support delivery.• MFT has been an outlier in the North West in relation to long length of stay, however this has reduced from 30% to 26% by early December. The NHSI Intensive Support Team continues to work alongside MRI and Wythenshawe operational teams.• Pressures overnight remain a challenge at MRI and Wythenshawe, full 24/7 site management in place to maintain and assess patient safety. | | | | |
|  | | | | | | | |
| 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 | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | |
| NA | 74.9% | 82.5% | 96.2% | 99.5% | 100.0% | 81.6% | |

> Board Assurance

November 2019

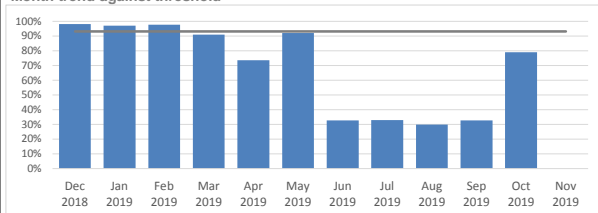
Cancer 2 Week Wait - Breast



Actual 78.9% Quarterly
Threshold 93.0% (Higher value represents better performance)

Accountability J.Bridgewater
Committee Trust Board

Month trend against threshold



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

Key Issues

Specialist cancer services are provided by Wythenshawe Hospital, 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

Significant improvement in October to 78.9% with November expected to exceed the 93% standard.

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 | X |
| NA | NA | NA | NA | NA | NA | 78.9% |

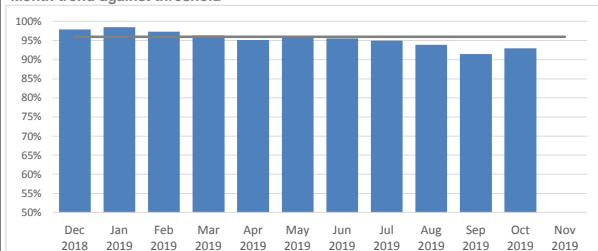
Cancer 31 Days First Treatment



Actual 93.0% Quarterly
Threshold 96.0% (Higher value represents better performance)

Accountability J.Bridgewater
Committee Trust Board

Month trend against threshold



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
- HDU/ICU capacity pressures
- Capacity pressures within Lung due to other Cardiac demand and transplant

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 WTW. Extra capacity expected through the weekend utilisation of Spire has not been as effective as planned, due to midweek cancellations as a result of HDU capacity taken by emergencies and a volume of transplant patients.
- SMH underperformed, however two consultants are returning from long term absence in December which will provide extra capacity.

Progress

- 5 out of 11 cancer sites in October are achieving the standard.
- Typically the Trust performs well against this standard. However, MRI Urology and Wythenshawe Lung pressures have contributed to lower performance.

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 | X | ✓ | X | NA | NA | X |
| NA | 90.4% | 100.0% | 78.9% | NA | NA | 94.7% |

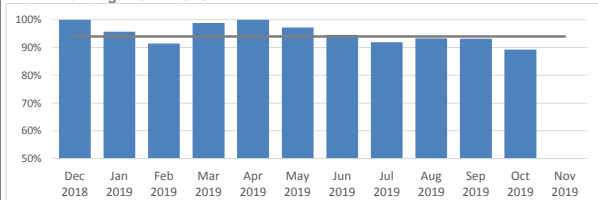
Cancer 31 Days Sub Surgical Treatment



Actual 89.3% Quarterly
Threshold 94.0% (Higher value represents better performance)

Accountability J.Bridgewater
Committee Trust Board

Month trend against threshold



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.

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 | X | NA | NA | X |
| NA | 100.0% | NA | 50.0% | NA | NA | 85.7% |

Progress

- The Trust is currently 4.7% below the threshold in October
- 8 out of 10 pathways are achieving the standard in October
- October has seen 6 breaches of the standard occurring across Lung and Gynaecology pathways and are affected by the same issues as the 31 day first treatment standard.

> Board Assurance

November 2019

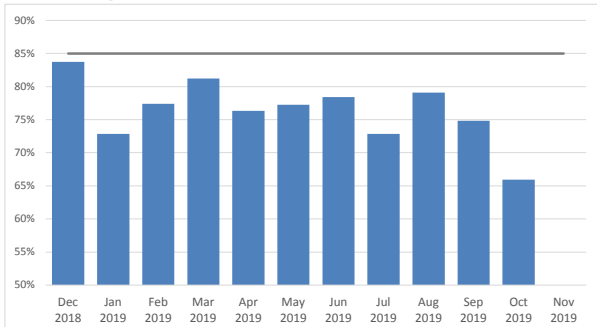
Cancer 62 Days RTT



Actual 65.9% Quarterly
Threshold 85.0% (Higher value represents better performance)

Accountability J.Bridgewater
Committee Trust Board

Month trend against threshold



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.
- LGI, Gynae and lung were the worst performing specialties.

Actions

Governance processes are in place through the MFT Cancer Committee and Hospital Cancer Boards. Assurance and challenge through MFT Accountability Oversight Framework

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.

GM Cancer has formed a new Performance board and have five main themes to tackle immediately across GM to improve 62 day performance including a backlog clearance plan, scoping using third party diagnostic providers to deliver diagnostics, improve time to first seen and OPA post inter provider referral, Single queue for specialist diagnostics and system level reporting.

Progress

- The Trust is underperforming against the 62 day standard, with October performance at 65.9%.
- WTWA performance historically achieved the standard, however significant pressures in Lung and Skin has impacted on September reporting performance of 75.71%.
- SMH experiencing significant pressure in Gynaecology, reflective of GM demands on this service. Two consultants returning from Maternity and sick leave in December will improve resilience.

Progress against the cancer excellence programme:

- **21 Actions required in phase 1 - 4 completed, 17 in progress** and on track, 5 actions from phase 2 already commenced.
- **Implemented the booking of diagnostics tests direct from clinic** in Head and Neck - patients will leave clinic with the next step in the pathway confirmed with the aim of improving patient experience and reducing administrative delays. This will now expand to cover WTWA and other tumour sites.
- **Implemented Sarcoma referral pathway** to ensure patients receive appropriate care closer to home, with referral to the tertiary centre as appropriate.
- **Implemented HPB rapid jaundice pathway** - patients usually present late in the pathway via an emergency route, this should minimise this and also ensure patients have rapid access to diagnostic tests.
- **Terms of Reference for Patient Tracking meetings** / processes, based on NHSI best practice, have been put in place to standardise practice across MFT.
- **Clinical engagement in the PTL process** has begun to improve including detailed review of the LGI PTL at MRI.
- **Rapid Access to detect GI Cancer** - The triage Nurse has now been recruited to endoscopy at MRI and the navigator posts at WTWA and MRI are currently being recruited to - this will allow implementation of the national optimal pathway across all sites early in the new year.
- Proposals have been submitted to GM Cancer around extra radiology, endoscopy and gastroenterology OPA capacity to reduce waits and expedite patients in Q4.
- **Rapid Diagnostic Centre** - development of plans to expand vague symptoms pathway across all sites, and also to implement RDC for a further tumour site, by April 2020.

Hospital level compliance

| Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|------------------------------------------|------------------------------------------------|
| NA | ✗ | NA | ✗ | NA | NA | ✗ |
| NA | 55.9% | 100.0% | 47.1% | NA | NA | 72.3% |

> Board Assurance

November 2019

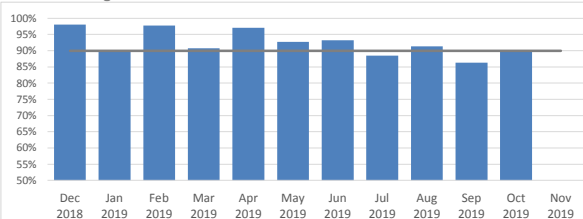
Cancer 62 Days Screening



Actual 89.7% Quarterly
Threshold 90.0% (Higher value represents better performance)

Accountability J.Bridgewater
Committee Trust Board

Month trend against threshold



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

Key Issues

The Trust is currently below target at 89.7%. This is due to 4 breaches in breast and 0.5 breach in Gynaecology. There is a current nationally known risk in the bowel screening programme due to the national implementation of a less invasive and more sensitive screening test being introduced. This has led to an increase in demand over and above national predictions, although no breaches occurred in this cancer site in October.

Actions

A bowel screening recovery plan has been put in place in conjunction with the regional team. Recovery includes: an agreement to defer the bowel scope programme, with plans to recommence and cover any backlog once the bowel screening programme is recovered.

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 | 0.0% | NA | NA | 90.7% |

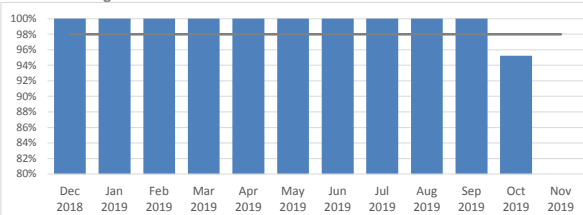
Cancer 31 Days Sub Chemo Treatment



Actual 95.2% Quarterly
Threshold 98.0% (Higher value represents better performance)

Accountability J.Bridgewater
Committee Trust Board

Month trend against threshold



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.

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 | 90.9% |

> Board Assurance

November 2019

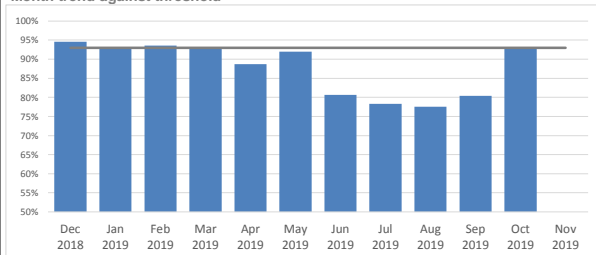
Cancer Urgent 2 Week Wait Referrals



Actual 93.1% Quarterly
Threshold 93.0% (Higher value represents better performance)

Accountability J.Bridgewater
Committee Trust Board

Month trend against threshold



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 to October-19 MFT has seen 13% (c2200) more 2ww referrals compared to the same period last year.

Aid to the Stockport Breast service has exceeded capacity and had significant impact on performance.

Performance dropped to 20.1% in August but recovered to 91.6% in October and is predicted to pass the standard in November.

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 WTTWA 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

Breast - Actions to support recovery of Breast performance have previously been reported to the Board, these are now having an impact and provisional Oct performance is just below the target level, with current November performance predicted to be around 97%.

MRI improving performance with progress in LGI. NHSI supporting Capacity and Demand assessment for the speciality, the National Optimal Pathway for straight to test is scheduled to commence early in the new year given the movement in recruitment to Nurse triage and navigator posts.

Gynaecology performance on the Oxford road site has been challenged through Q1 and Q2, however this has continued to improve with October performance at 90.7%. A trajectory is in place and based on actions taken, SMH are forecasting delivery of the standard from January.

With the recovery of the Breast performance and expected delivery in Gynae from January, it is expected MFT would deliver the standard from Q4.

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 | 91.6% | 100.0% | 90.8% | NA | NA | 94.1% |

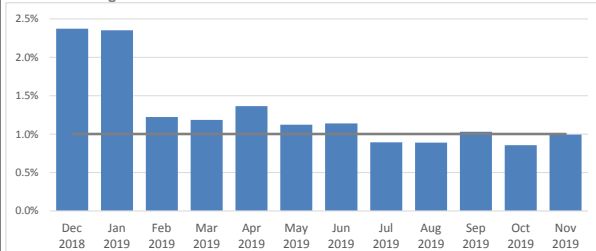
Diagnostic Performance



Actual 1.0% Latest Period
Threshold 1.0% (Lower value represents better performance)

Accountability J.Bridgewater
Committee Trust Board

Month trend against threshold



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 paediatric scanners.
- Ability to secure ad hoc sessions and workforce to increase capacity.
- Prioritisation of cancer scanning/reporting, which is also increasing, is a risk to routine capacity.
- Capacity and progress hampered by not being able to outsource follow up patients because measurements from clinical scans would not be clinically comparable on different systems.

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 - utilising MES and the University to support the reduction of breaches.

Progress

- The Trust has maintained the 1% target, reporting better than the national standard for the fifth consecutive month.
- Issues around DEXA scans due to sickness, has now resolved.
- Further opportunity to reduce breaches in CSS, particularly for paediatric MRI scans which has been a pressure due to an increase in demand, coupled with scanning capacity constraints.
- The % performance for SMH and RMCH is high due to a very small waiting list, with only 2 and 8 breaches respectively in month.

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 | ✓ |
| 1.0% | 1.1% | 4.1% | 13.3% | NA | NA | 0.1% |

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



Workforce and Leadership

P. Blythin

| Core Priorities | ✓ | ◇ | ✗ | No Threshold |
|-----------------|---|---|---|--------------|
| | 6 | 0 | 5 | 3 |

Headline Narrative

Applications are live for the second cohort of the Innovators of our Future programme; part of the MFT Leadership Academy.

Successful launch of the Removing the Barriers programme for over 60 BME leaders.

The cultural diagnostic programme is underway with over 40 change agents at all levels of the organisation.

Stocktake on Mandatory Training underway.

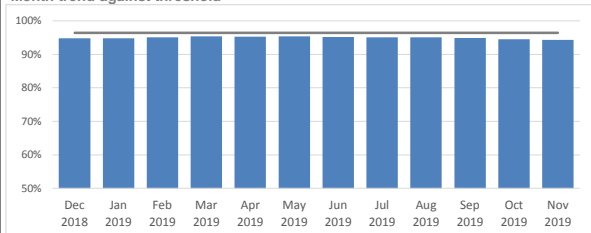
Workforce and Leadership - Core Priorities

Attendance



| | | | | |
|------------------|-------|----------------------------------------------|-----------------------|-----------------------|
| Actual | 94.3% | Latest Period | Accountability | P. Blythin |
| Threshold | 96.4% | (Higher value represents better performance) | Committee | HR Scrutiny Committee |

Month trend against threshold



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 November is 94.3% which is lower than the previous month's figure (94.5%). The attendance rate was slightly higher at the same point last year (November 2018) at 94.8%. Meanwhile the latest figures released by NHS Digital show that for June 2019 the monthly NHS staff sickness absence for the whole of the North West HEE region was 4.8% (these figures include all provider organisations and commissioners). MFT's performance for the same period was 4.8%.

Actions

The Employee Health & Wellbeing Framework oversight committee was agreed by Corporate Directors in November 2019 and will be established in quarter four of 2019-2020. A manager's guide to psychological support has been launched to enable all managers to access support, this includes a new approach to supporting staff through incidents. This training has had a positive response with strong uptake from managers.

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 through the Corporate Directors' Group.

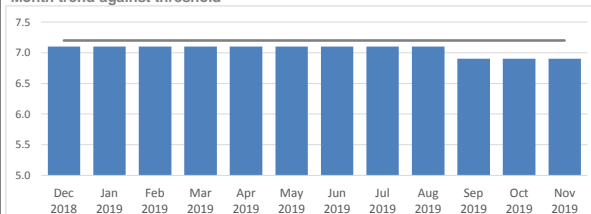
A programme to implement Absence Manager across all Hospitals/MCS sites has been launched and is sponsored by Group Deputy Chief Executive to oversee implementation. Cohort 1 which included Corporate Services, Trafford and Altrincham Hospitals launched the system in September 2019. Cohort 2 (SMH) was launched in October with a planned launch of cohort 3 (CSS) in December.

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



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 NHS Staff Survey will provide the Staff Engagement score for Q3. This year's survey closed on November 29th, with a response rate of 33% (35% in 2018). The Group/Hospital/MCS & Corporate staff engagement scores from the survey will be available in early February 2020. The Staff Engagement Task and Finish Group has undertaken a review of the current approach to Pulse Surveys and it has been agreed that the 2019-20 Quarter 4 Pulse Survey will be replaced with the Leadership Behaviours Survey, which is being conducted as part of the Culture Diagnostic Project. Recommendations for the use of Pulse Surveys in 2020-21 will be submitted to the Group Executive Team in Q4.

Actions

The Trust received initial Group-level results before Christmas. This was for each question in the survey, at Group level only. More detailed results will then be available from late January. The Leadership Behaviours Survey (see above) will be sent to a random sample of approximately 7000 staff from the second week in January, with the survey being open for two weeks. The results from this survey will be incorporated into other elements of the culture diagnostic (e.g. Board interviews, focus groups) and a report published in March 2020.

Staff Survey plans and improvement trajectories are in place across Hospitals/MCS and Corporate Teams, in response to the 2018 results, and have been presented to the Human Resources Scrutiny Committee.

Hospital level compliance

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

> Board Assurance

November 2019

| Appraisal- medical | | Actual | 81.6% | Latest Period | Accountability | P. Blythin | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|------------------------------------------|------------------------------------------------|------------------------------------------|------------------------------------------------|---|---|---|---|---|---|---|-------|-------|-------|-------|-------|-------|-------|--|--|--|--|--|
| | | Threshold | 90.0% | (Higher value represents better performance) | Committee | HR Scrutiny Committee | | | | | | | | | | | | | | | | | | | | | |
| <p>Month trend against threshold</p> | | <p>These figures are based upon compliance for the previous 12 months for Medical & Dental staff.</p> <p><u>Key Issues</u> Compliance increased by 0.6% in November to 81.5%.</p> <p><u>Actions</u> Appraisals have seen a slight increase this month, in part due to an increased notification of previous appraisal history. The majority of non-compliant doctors are due to new starters that have no appraisal history provided rather than those who have exceeded the 12 month period; the importance of providing appraisal history has been communicated to the Hospitals / MCS.</p> <p>A revised set of metrics for Medical Appraisal has been agreed at the Appraisal and Revalidation Group, which is attended by representatives from each Hospital / MCS, and also improved guidance on the process for appraising non substantive staff has been agreed which simplifies the process which will help with engagement and achieving compliance.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Hospital level compliance</p> <table border="1"> <thead> <tr> <th>Clinical and Scientific Support</th><th>Manchester Royal Infirmary</th><th>Royal Manchester Children's Hospital</th><th>St Mary's Hospital</th><th>Manchester Royal Eye Hospital</th><th>University Dental Hospital of Manchester</th><th>Wythenshawe, Trafford, Withington & Altrincham</th></tr> </thead> <tbody> <tr> <td>✗</td><td>✗</td><td>✗</td><td>⚠</td><td>✗</td><td>✗</td><td>✗</td></tr> <tr> <td>82.0%</td><td>81.7%</td><td>80.2%</td><td>88.4%</td><td>72.0%</td><td>79.2%</td><td>81.0%</td></tr> </tbody> </table> | | Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham | ✗ | ✗ | ✗ | ⚠ | ✗ | ✗ | ✗ | 82.0% | 81.7% | 80.2% | 88.4% | 72.0% | 79.2% | 81.0% | | | | | |
| Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham | | | | | | | | | | | | | | | | | | | | | |
| ✗ | ✗ | ✗ | ⚠ | ✗ | ✗ | ✗ | | | | | | | | | | | | | | | | | | | | | |
| 82.0% | 81.7% | 80.2% | 88.4% | 72.0% | 79.2% | 81.0% | | | | | | | | | | | | | | | | | | | | | |

| Appraisal- non-medical | | Actual | 81.5% | Latest Period | Accountability | P. Blythin | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|------------------------------------------|------------------------------------------------|------------------------------------------|------------------------------------------------|---|---|---|---|---|---|---|-------|-------|-------|-------|-------|-------|-------|--|--|--|--|--|
| | | Threshold | 90.0% | (Higher value represents better performance) | Committee | HR Scrutiny Committee | | | | | | | | | | | | | | | | | | | | | |
| <p>Month trend against threshold</p> | | <p>These figures are based upon compliance for the previous 12 months, new starters are now included in these figures and will be given an appraisal date with a 3 month compliance end date, in line with the appraisal policy statement: 'new starters should have an initial appraisal meeting within three months of commencement in post'. These figures do not include Medical Staff because this data is captured in a separate metric aligned to the medical appraisal system.</p> <p><u>Key Issues</u> Compliance in November decreased by 0.6% to 81.5%. The Dental Hospital is achieving target compliance. There were increases in month for the Dental Hospital, MREH, MLCO, the Corporate Division and the MRI whereas CSS, SMH, RMCH and WTTWA all decreased.</p> <p><u>Actions</u> 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 a progress for corporate teams is a standing agenda item at the Corporate Directors' Group.</p> <p>Weekly compliance reports have now been made available for HRDs and Chief Executives for all Hospitals/MSCs & Corporate teams to support the management of compliance.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Hospital level compliance</p> <table border="1"> <thead> <tr> <th>Clinical and Scientific Support</th><th>Manchester Royal Infirmary</th><th>Royal Manchester Children's Hospital</th><th>St Mary's Hospital</th><th>Manchester Royal Eye Hospital</th><th>University Dental Hospital of Manchester</th><th>Wythenshawe, Trafford, Withington & Altrincham</th></tr> </thead> <tbody> <tr> <td>✗</td><td>✗</td><td>✗</td><td>⚠</td><td>⚠</td><td>✓</td><td>✗</td></tr> <tr> <td>84.8%</td><td>81.4%</td><td>84.8%</td><td>89.5%</td><td>88.2%</td><td>92.8%</td><td>81.2%</td></tr> </tbody> </table> | | Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham | ✗ | ✗ | ✗ | ⚠ | ⚠ | ✓ | ✗ | 84.8% | 81.4% | 84.8% | 89.5% | 88.2% | 92.8% | 81.2% | | | | | |
| Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham | | | | | | | | | | | | | | | | | | | | | |
| ✗ | ✗ | ✗ | ⚠ | ⚠ | ✓ | ✗ | | | | | | | | | | | | | | | | | | | | | |
| 84.8% | 81.4% | 84.8% | 89.5% | 88.2% | 92.8% | 81.2% | | | | | | | | | | | | | | | | | | | | | |

| Level 2 & 3 CSTF Mandatory Training | | Actual | 77.0% | Latest Period | Accountability | P. Blythin | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|------------------------------------------|------------------------------------------------|------------------------------------------|------------------------------------------------|---|---|---|---|---|---|---|-------|-------|-------|-------|-------|-------|-------|--|--|--|--|--|
| | | Threshold | 90.0% | (Higher value represents better performance) | Committee | HR Scrutiny Committee | | | | | | | | | | | | | | | | | | | | | |
| <p>Month trend against threshold</p> | | <p>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.</p> <p><u>Key Issues</u> 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 by the Group Executive Team 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 November increased by 1.0% to 77.0%.</p> <p><u>Actions</u> Weekly compliance reports have now been made available for HRDs and Chief Executives for all Hospitals/MCS & Corporate Services to support the management of compliance 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 and Corporate Directors has continued in respect of improving accessibility and recording of mandatory training. A Task and Finish Group has been established to review the issues and propose resolutions and has met four times in December. The Task and Finish Group will report to the Group Executive Team in January.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Hospital level compliance</p> <table border="1"> <thead> <tr> <th>Clinical and Scientific Support</th><th>Manchester Royal Infirmary</th><th>Royal Manchester Children's Hospital</th><th>St Mary's Hospital</th><th>Manchester Royal Eye Hospital</th><th>University Dental Hospital of Manchester</th><th>Wythenshawe, Trafford, Withington & Altrincham</th></tr> </thead> <tbody> <tr> <td>✗</td><td>✗</td><td>✗</td><td>✗</td><td>✗</td><td>✗</td><td>✗</td></tr> <tr> <td>79.6%</td><td>71.8%</td><td>71.9%</td><td>83.1%</td><td>80.4%</td><td>74.9%</td><td>78.5%</td></tr> </tbody> </table> | | Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | 79.6% | 71.8% | 71.9% | 83.1% | 80.4% | 74.9% | 78.5% | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | |
| ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | | | | | | | | | | | | | | | | | | | | | |
| 79.6% | 71.8% | 71.9% | 83.1% | 80.4% | 74.9% | 78.5% | | | | | | | | | | | | | | | | | | | | | |

> Board Assurance

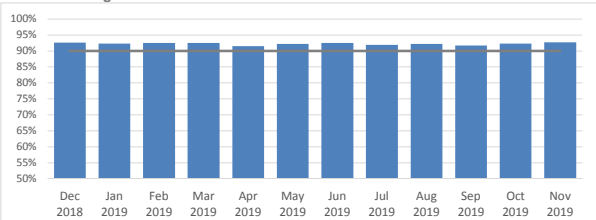
November 2019

Level 1 CSTF Mandatory Training



| | | | | |
|------------------|-------|----------------------------------------------|-----------------------|-----------------------|
| Actual | 92.7% | Latest Period | Accountability | P. Blythin |
| Threshold | 90.0% | (Higher value represents better performance) | Committee | HR Scrutiny Committee |

Month trend against threshold



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

Key Issues

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 November the aggregate compliance increased by 0.3% to 92.7%.

Actions

Weekly compliance reports have now been made available for HRDs and HRBPs for all Hospitals/MCS & Corporate Services to support the management of compliance to allow a focused approach to managing compliance. 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.

Hospital level compliance

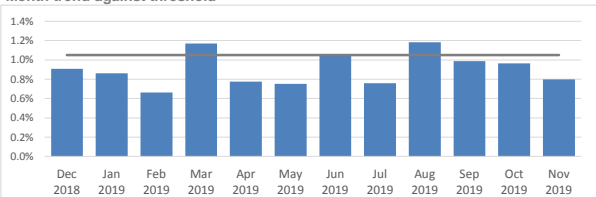
| Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|------------------------------------------|------------------------------------------------|
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 93.2% | 91.0% | 90.9% | 97.0% | 92.2% | 91.7% | 92.2% |

Turnover (in month)



| | | | | |
|------------------|-------|---------------------------------------------|-----------------------|-----------------------|
| Actual | 0.80% | Latest Period | Accountability | P. Blythin |
| Threshold | 1.05% | (Lower value represents better performance) | Committee | HR Scrutiny Committee |

Month trend against threshold



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

Key Issues

The single month turnover position for the Group has decreased and now stands at 0.96% compared to 0.96% for the previous month.

The turnover rate was slightly higher at the same point last year (November 2018) at 0.81%.

Actions

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

Hospital level compliance

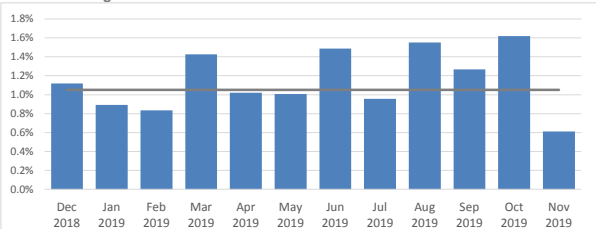
| Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|------------------------------------------|------------------------------------------------|
| ✓ | ✓ | ✓ | ✓ | ✗ | ✓ | ✓ |
| 0.72% | 0.99% | 0.33% | 0.69% | 1.87% | 0.98% | 0.87% |

B5 Nursing and Midwifery Turnover (in month)



| | | | | |
|------------------|-------|---------------------------------------------|-----------------------|-----------------------|
| Actual | 0.61% | Latest Period | Accountability | P. Blythin |
| Threshold | 1.05% | (Lower value represents better performance) | Committee | HR Scrutiny Committee |

Month trend against threshold



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

Key Issues

The turnover for November 2019 is 0.6% against a monthly target of 1.05%. This is a decrease in turnover from October 2019 at which the turnover was 1.6%.

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

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 | ✓ |
| 0.00% | 0.91% | 0.36% | 0.59% | 0.10% | NA | 0.97% |

> Board Assurance

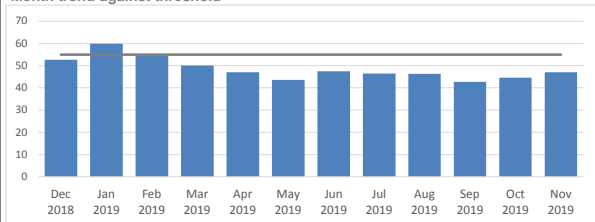
November 2019

Time to Fill Vacancy



| | | | | | |
|------------------|------|---------------------------------------------|--|-----------------------|-----------------------|
| Actual | 47.0 | Latest Period | | Accountability | P. Blythin |
| Threshold | 55.0 | (Lower value represents better performance) | | Committee | HR Scrutiny Committee |

Month trend against threshold



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 increased from 44.5 days and now stands at 47.0 days in November.

Actions

The Group's 'Time to Hire' for November 2019 has increased slightly from last month's figure of 44.5 however, the overall figure remains 8.0 working days under the target of 55 working days. The 'Time to Hire' figure for medical staff has increased slightly on October's figure and is now at 81.86 days.

A programme of work is in place relating to medical recruitment to streamline the processes.

Hospital level compliance

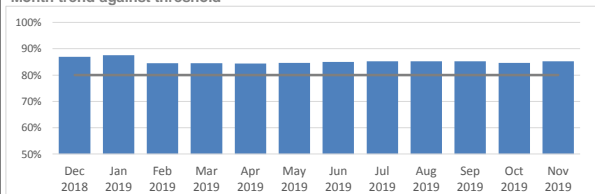
| Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|------------------------------------------|------------------------------------------------|
| ✓ | ✓ | ✓ | ✓ | ✗ | ✓ | ✓ |
| 42.6 | 49.4 | 44.8 | 43.5 | 81.0 | 40.3 | 42.6 |

Nurse Retention



| | | | | | |
|------------------|-------|----------------------------------------------|--|-----------------------|-----------------------|
| Actual | 85.2% | Latest Period | | Accountability | P. Blythin |
| Threshold | 80.0% | (Higher value represents better performance) | | Committee | HR Scrutiny Committee |

Month trend against threshold



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

Key Issues

In November 2019, Nursing and Midwifery retention stands at 85.2% which is a small increase from the previous month (84.6%). This rate remains above the threshold of 80%.

Actions

The retention threshold target for nursing and midwifery staff provides a strong indication of whether we are able to retain staff across the Trust and whether our policies, procedures and practices are supportive of the Trust being seen as a good place to work. The overall retention rate is good at 85.2%.

The Trust have commenced a nurse retention programme with NHSI with an aim to improve retention. The programme will analyse exit data to understand why staff choose to leave. An action plan has been developed to progress.

Hospital level compliance

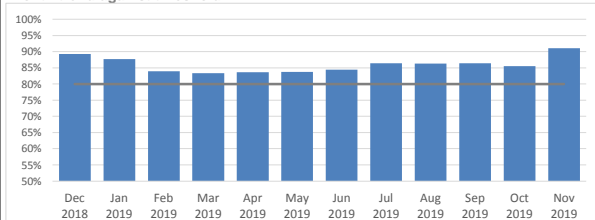
| Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|------------------------------------------|------------------------------------------------|
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 85.9% | 84.4% | 87.1% | 87.2% | 86.5% | 88.2% | 83.7% |

BME Staff Retention



| | | | | | |
|------------------|-------|----------------------------------------------|--|-----------------------|-----------------------|
| Actual | 91.0% | Latest Period | | Accountability | P. Blythin |
| Threshold | 80.0% | (Higher value represents better performance) | | Committee | HR Scrutiny Committee |

Month trend against threshold



This indicator measures the Black Minority & Ethnic (BME) staff retention rate. It measures, by %, the BME staff in post for the Trust 12 months ago who are still employed in the organisation to date. The retention rate information excludes the naturally rotating Foundation Year 1 and Foundation Year 2 junior medical staff 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 November 2019, the BME retention rate is significantly above the Trust's threshold of 80% month on month at 91.0%.

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.

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 |
|---------------------------------|----------------------------|--------------------------------------|--------------------|-------------------------------|------------------------------------------|------------------------------------------------|
| ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✓ |
| 85.8% | 82.6% | 84.0% | 90.0% | 91.5% | 76.7% | 84.3% |

> Board Assurance

November 2019

| % BME Appointments of Total Appointments | | Actual | 22.0% | Latest Period | Accountability | P. Blythin | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|------------------------------------------|------------------------------------------------|------------------------------------------|------------------------------------------------|---|---|---|---|---|---|---|-------|-------|-------|-------|-------|-------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| | | Threshold | None | (Higher value represents better performance) | Committee | HR Scrutiny Committee | | | | | | | | | | | | | | | | | | | | | |
| <p>Month trend against threshold</p> | | <p>This indicator measures the number of BME appointments as a percentage of all appointments. This is measured through the Trust's Recruitment System (TRAC). The graph shows an in month rate.</p> <p>Key Issues Almost one in four appointments is of black and minority ethnic origin (22.0%), which is consistent month on month.</p> <p>Hospitals/MCS below the Group average are SMH (16.2%) and RMCH (20.2%).</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Hospital level compliance</p> <table border="1"> <thead> <tr> <th>Clinical and Scientific Support</th><th>Manchester Royal Infirmary</th><th>Royal Manchester Children's Hospital</th><th>St Mary's Hospital</th><th>Manchester Royal Eye Hospital</th><th>University Dental Hospital of Manchester</th><th>Wythenshawe, Trafford, Withington & Altrincham</th></tr> </thead> <tbody> <tr> <td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></tr> <tr> <td>25.3%</td><td>28.4%</td><td>20.2%</td><td>16.2%</td><td>49.5%</td><td>30.6%</td><td>24.1%</td></tr> </tbody> </table> | | Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham | - | - | - | - | - | - | - | 25.3% | 28.4% | 20.2% | 16.2% | 49.5% | 30.6% | 24.1% | <p>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.</p> <p>The Trust has launched the Removing the Barriers programme to increase the proportion of black and minority ethnic staff in senior leadership roles. The Programme sets out work comprising of four interlinked components and associated priorities:</p> <ul style="list-style-type: none"> Leadership and cultural transformation. Positive action and practical support, including diverse panels and talent management. Accountability and assurance. Monitoring progress and benchmarking. | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | |
| - | - | - | - | - | - | - | | | | | | | | | | | | | | | | | | | | | |
| 25.3% | 28.4% | 20.2% | 16.2% | 49.5% | 30.6% | 24.1% | | | | | | | | | | | | | | | | | | | | | |

| Medical Agency Spend | | Actual | £392.4 | Latest Period | Accountability | P. Blythin | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------|------------------------------------------|------------------------------------------------|------------------------------------------|------------------------------------------------|---|---|---|---|---|---|---|------|---------|-------|------|-------|------|--------|--|--|--|--|--|
| | | Threshold | None | (Lower value represents better performance) | Committee | HR Scrutiny Committee | | | | | | | | | | | | | | | | | | | | | |
| <p>Month trend against threshold</p> | | <p>The Medical and Dental Agency Spend figure represents the cost of supply/temporary M&D staff throughout the Trust. This may represent cover for long term absences either through vacancies, long term illnesses or for other specific staffing requirements. The value is in £000s and is the reported month cost.</p> <p>Key Issues For November 2019 the total value of Medical and Dental agency staffing was £392.4 compared to £473.1 in October 2019.</p> <p>Actions The level of spend over the last 4 months has been stable, some of which can be attributed to the work being undertaken at Hospital/MSC level to maintain control of spend, along with recruitment to vacancies, which remains to be largest category in terms of reason behind the requirement for temporary staffing.</p> <p>Review meetings with the Trusts Agency partners continue to take place to ensure, that when agency workers have to be engaged, the best rates are paid.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Hospital level compliance</p> <table border="1"> <thead> <tr> <th>Clinical and Scientific Support</th><th>Manchester Royal Infirmary</th><th>Royal Manchester Children's Hospital</th><th>St Mary's Hospital</th><th>Manchester Royal Eye Hospital</th><th>University Dental Hospital of Manchester</th><th>Wythenshawe, Trafford, Withington & Altrincham</th></tr> </thead> <tbody> <tr> <td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></tr> <tr> <td>£2.3</td><td>-£319.8</td><td>£88.2</td><td>£0.9</td><td>£70.6</td><td>£8.4</td><td>£541.8</td></tr> </tbody> </table> | | Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham | - | - | - | - | - | - | - | £2.3 | -£319.8 | £88.2 | £0.9 | £70.6 | £8.4 | £541.8 | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | |
| - | - | - | - | - | - | - | | | | | | | | | | | | | | | | | | | | | |
| £2.3 | -£319.8 | £88.2 | £0.9 | £70.6 | £8.4 | £541.8 | | | | | | | | | | | | | | | | | | | | | |

| Qualified Nursing and Midwifery Vacancies B5 Against Establishment | | Actual | 9.4% | Latest Period | Accountability | P. Blythin | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------|------------------------------------------|------------------------------------------------|------------------------------------------|------------------------------------------------|---|---|---|---|---|---|---|------|------|------|------|------|----|-------|--|--|--|--|--|
| | | Threshold | None | (Lower value represents better performance) | Committee | HR Scrutiny Committee | | | | | | | | | | | | | | | | | | | | | |
| <p>Month trend against threshold</p> | | <p>The Qualified Nursing and Midwifery vacancy rate represents the total number of posts vacant within the Band 5 Nursing and Midwifery staff group, including Operating Department Practitioners.</p> <p>Band 5 and 6 Midwifery vacancies are reported together as these posts are transitional posts for entry level (newly qualified) midwives who progress to band 6 on completion of preceptorship.</p> <p>Key Issues The majority of vacancies within Nursing and Midwifery are within the staff nurse (band 5) role. There have been 272 newly qualified band 5 staff nurses and midwives join the Trust during September and October 2019 followed by a further 51 nurses in November. At the end of November there were 344 wte (9.4%) staff nurse/midwife/ODP (band 5) vacancies across the Trust Group. This is a reduction in vacancies from October 2019 when there were 380.2 wte (9.7%).</p> <p>Actions There are 31 nurses and midwives expected to commence in post before the end of December 2019 with a further 193 planned to start before the end of the financial year.</p> <p>The Trust continues to recruit nurses from overseas. 81 international nurses (IR) started in November/December 2019 with a further 150 IR nurses planned to arrive before the end of the financial year.</p> <p>A Group Resourcing Plan has been developed including a schedule of recruitment events to support the recruitment strategies implemented across the Hospitals/MCS.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Hospital level compliance</p> <table border="1"> <thead> <tr> <th>Clinical and Scientific Support</th><th>Manchester Royal Infirmary</th><th>Royal Manchester Children's Hospital</th><th>St Mary's Hospital</th><th>Manchester Royal Eye Hospital</th><th>University Dental Hospital of Manchester</th><th>Wythenshawe, Trafford, Withington & Altrincham</th></tr> </thead> <tbody> <tr> <td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></tr> <tr> <td>8.8%</td><td>8.6%</td><td>6.2%</td><td>3.1%</td><td>4.5%</td><td>NA</td><td>14.3%</td></tr> </tbody> </table> | | Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham | - | - | - | - | - | - | - | 8.8% | 8.6% | 6.2% | 3.1% | 4.5% | NA | 14.3% | | | | | |
| Clinical and Scientific Support | Manchester Royal Infirmary | Royal Manchester Children's Hospital | St Mary's Hospital | Manchester Royal Eye Hospital | University Dental Hospital of Manchester | Wythenshawe, Trafford, Withington & Altrincham | | | | | | | | | | | | | | | | | | | | | |
| - | - | - | - | - | - | - | | | | | | | | | | | | | | | | | | | | | |
| 8.8% | 8.6% | 6.2% | 3.1% | 4.5% | NA | 14.3% | | | | | | | | | | | | | | | | | | | | | |

> Board Assurance

November 2019

£

Finance

A.Roberts

| | | | | |
|-----------------|---|---|---|--------------|
| Core Priorities | ✓ | ◇ | ✗ | No Threshold |
| | 0 | 1 | 1 | 0 |

Headline Narrative

- Please see agenda item 5.2

Finance - Core Priorities

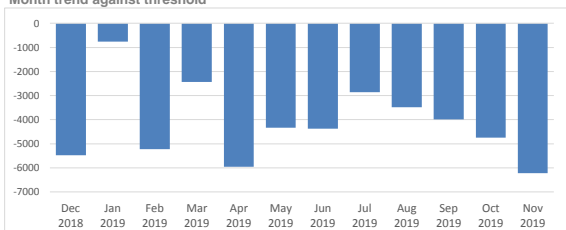
Operational Financial Performance



Actual -£35,950 Year To Date
Threshold

Accountability A.Roberts
Committee TMB and Board Finance Scrutiny Committee

Month trend against threshold



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

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

Hospital level compliance

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

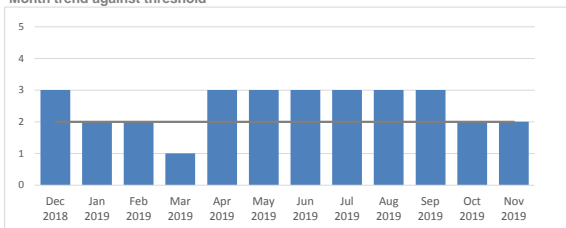
Regulatory Finance Rating



Actual 2 Latest Period
Threshold 2 (Lower value represents better performance)

Accountability A.Roberts
Committee TMB and Board Finance Scrutiny Committee

Month trend against threshold



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

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

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: | November 2019 |
| Subject: | Financial Performance for 2019/20 |
| Purpose of Report: | <p>Indicate which by ✓</p> <ul style="list-style-type: none"> • 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: | <p>Operating financial performance has been consistently worse than plan, with performance against operational income & expenditure budgets up to the end of month 8 now over £18m worse than the approved Hospital/MCS Control Totals.</p> <p>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.</p> |
| Contact: | <p><u>Name:</u> Adrian Roberts, Chief Finance Officer</p> <p><u>Tel:</u> 0161 276 6692</p> |

Executive Summary

| | | |
|-----|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1 | Delivery of financial Control Total | <p>The financial performance to the end of November 2019 was a bottom line deficit on a control total basis (excluding Provider Sustainability Fund) of £9.5m (0.8% of operating income).</p> <p>Operating financial performance deteriorated again in month 8, and has now reached £18.1m worse than the approved Hospital/MCS Control Totals. Current progress with delivery is still inconsistent with the financial plans put into place across Hospitals.</p> <p>Successful delivery of both the overall 2019/20 plan, and the demonstration of financial sustainability moving into 2020/21, demands further significant improvements to be embedded and sustained over the months ahead.</p> |
| 1.2 | Run Rate | <p>Financial performance in November fell a further £4.1m short of Control Total requirements across Hospitals collectively, demonstrating that significant challenges to stabilise the month-on-month run-rate remain.</p> <p>Visible and sustained improvements need to be delivered across all areas over the remainder of the year to provide greater assurance of the Trust's continuing financial sustainability.</p> <p>Improved delivery in turn remains critical to the Board's ability to commit strategic investment decisions over the months ahead.</p> |
| 1.3 | Remedial action to manage risk | <p>Specific additional recovery and delivery actions were 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.</p> <p>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.</p> |
| 1.4 | Cash & Liquidity | As at 30 th November 2019 the Trust had a cash balance of £131.3m. |
| 1.5 | Capital Expenditure | A revised capital spending forecast of £81.2m has been agreed. 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 November 2019

| | Year to date - Month 8 | | | | | |
|-------------------------------------------------------|------------------------|---------------------|----------------------|-------------------------|---------------------|---------------------|
| | Annual Plan | Year to date budget | Variance from budget | Variance as % of budget | Variance to Month 7 | Year to date Actual |
| | £'000 | £'000 | £'000 | % | £'000 | £'000 |
| INCOME | | | | | | |
| Income from Patient Care Activities | | | | | | |
| A and E | 53,712 | 36,129 | 308 | | 247 | 36,437 |
| Non-Elective (includes XBD's) | 304,268 | 202,892 | 1,525 | | 1,530 | 204,417 |
| Elective (includes Day Case & XBD's) | 229,764 | 154,190 | -4,941 | | -3,940 | 149,249 |
| Out-Patients (includes First & Follow up) | 188,113 | 126,062 | -1,242 | | -1,344 | 124,820 |
| Other NHS Clinical Income | 448,281 | 299,591 | -8,850 | | -5,041 | 290,741 |
| Community Services (includes LCO) | 122,996 | 76,642 | 262 | | -533 | 76,904 |
| Drugs (excludes Blood Products - HAEM) | 146,417 | 97,610 | 2,064 | | 2,021 | 99,674 |
| Sub -total Income from Patient Care Activities | 1,493,551 | 993,116 | -10,872 | -1.1% | -7,061 | 982,244 |
| Private Patients/RTA/Overseas(NCP) | 10,964 | 7,166 | -934 | | -826 | 6,232 |
| Total Income from Patient Care Activities | 1,504,515 | 1,000,282 | -11,806 | -1.2% | -7,887 | 988,476 |
| Training & Education | 62,442 | 41,625 | 1,626 | | 1,421 | 43,251 |
| Research & Development | 58,061 | 38,709 | 1,501 | | 1,114 | 40,210 |
| Misc. Other Operating Income | 111,270 | 73,842 | -5,819 | | -5,894 | 68,023 |
| Other Income | 231,773 | 154,176 | -2,692 | -1.7% | -3,359 | 151,484 |
| Total Income | 1,736,288 | 1,154,458 | -14,498 | -1.3% | -11,246 | 1,139,960 |
| EXPENDITURE | | | | | | |
| Pay | -1,022,813 | -678,903 | -5,084 | -0.7% | -2,439 | -683,987 |
| Non pay | -655,130 | -437,364 | 17,753 | 4.1% | 12,127 | -419,611 |
| Total Expenditure | -1,677,943 | -1,116,267 | 12,669 | 1.1% | 9,688 | -1,103,598 |
| EBITDA Margin (excluding PSF) | 58,345 | 38,191 | -1,829 | 3.2% | -1,558 | 36,362 |
| Interest, Dividends and Depreciation | | | | | | |
| Depreciation | -27,927 | -18,705 | 1,180 | | 1,028 | -17,525 |
| Interest Receivable | 444 | 296 | 436 | | 378 | 732 |
| Interest Payable | -40,848 | -27,241 | -105 | | -91 | -27,346 |
| Dividend | -3,261 | -2,174 | 462 | | 405 | -1,712 |
| Surplus/(Deficit) on a control total basis | -13,247 | -9,633 | 144 | 1.5% | 162 | -9,489 |
| Surplus/(Deficit) as % of turnover | | | | | | -0.8% |
| PSF / MRET Income | 27,020 | | | | | 15,293 |
| Additional PSF from 18/19 | | | | | | 917 |
| Non operating Income | | | | | | 1,725 |
| Depreciation - donated / granted assets | | | | | | -471 |
| Impairment | | | | | | -24,744 |
| | 13,773 | | | | | -16,769 |

Note: On 1 October 2019, Trafford community services (TLCO) transferred to MFT. The annual plan, year to date budget and the prior month variances have all been adjusted to take account of the additional funding and costs associated with TLCO. A comparison to the original plan submitted to NHSI is included as an appendix to this report on page 12.

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 (to month 8) | | | Control Total (YTD) | Variance to control total | |
| | | | | | £000s | | | £000s | % | |
| 2,374 | -1,656 | 174 | -639 | Clinical & Scientific Support | 253 | 0.2% | -621 | 1,000 | -747 | 242,692 |
| 513 | 4,368 | -213 | -1,339 | Facilities, Research & Corporate | 3,328 | 1.7% | 2,504 | 0 | 3,328 | 294,653 |
| -403 | 2,290 | -127 | -699 | Manchester LCO / Trafford LCO | 1,061 | 1.3% | -133 | 933 | 127 | 119,061 |
| -3,837 | -1,300 | -2,137 | -17,150 | MRI | -24,424 | -10.0% | -7,617 | -15,467 | -8,957 | 367,256 |
| -320 | 854 | -498 | -1,719 | REH/ UDH | -1,683 | -3.0% | -824 | -800 | -883 | 84,012 |
| -3,684 | -1,091 | 622 | 0 | RMCH | -4,153 | -2.5% | -2,760 | 1,136 | -5,289 | 251,467 |
| -910 | -572 | 372 | -1,330 | Saint Mary's Hospital | -2,439 | -2.0% | -1,173 | -554 | -1,885 | 178,649 |
| -775 | -76 | 142 | -7,184 | WTWA | -7,893 | -2.7% | -3,417 | -4,068 | -3,826 | 432,497 |
| -7,042 | 2,816 | -1,664 | -30,060 | Trust position | -35,950 | -2.7% | -14,042 | -17,819 | -18,131 | 1,970,287 |

Key Run Rate Areas

1. 2019/20 Trading Gap challenge

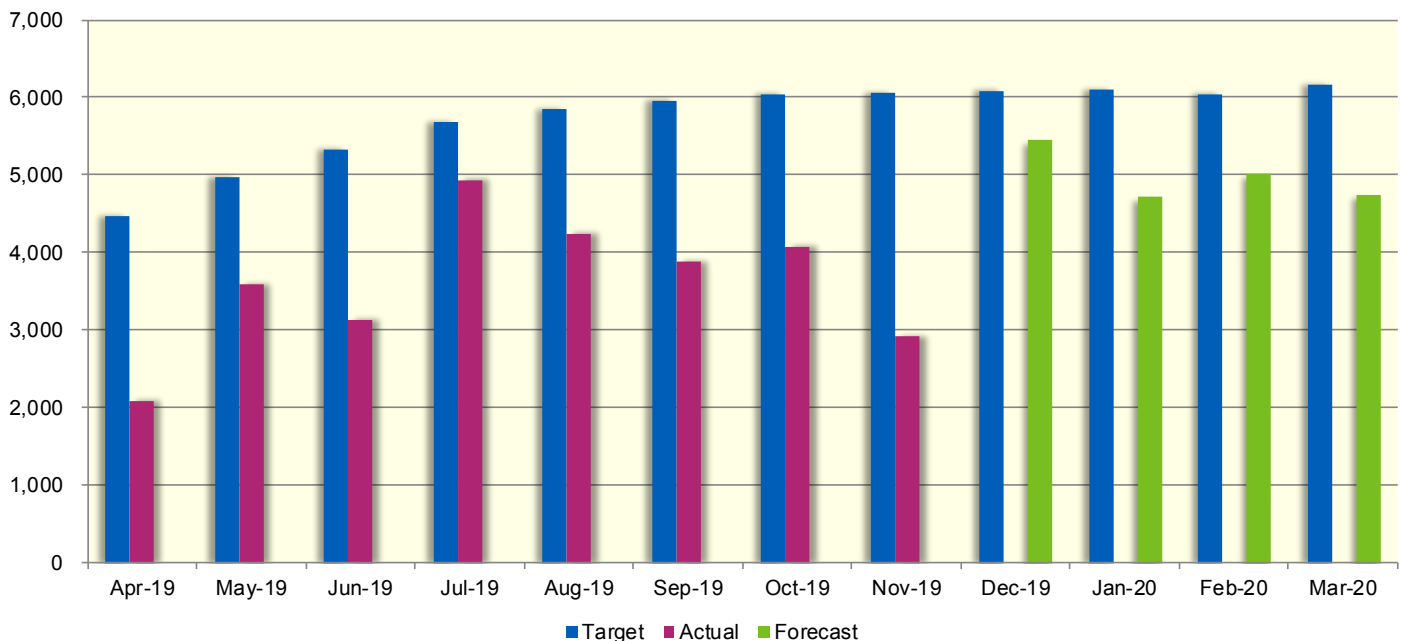
| Theme Breakdown | Savings to date | | | | Forecast to year-end | | | |
|-----------------------------------------------|-----------------|-------------------|-------------------|------------------|----------------------|-------------------|-------------------|-----------------------|
| | Target £'000 | Achieved £'000 | Variance £'000 | Financial RAG | Target £'000 | Forecast £'000 | Variance £'000 | Financial Forecast |
| Hospital Initiative | 2,103 | 2,421 | 317 | 115% | 2,904 | 3,503 | 599 | 121% |
| Contracting & income | 15,071 | 11,609 | (3,462) | 77% | 22,757 | 19,547 | (3,210) | 86% |
| Procurement | 4,640 | 4,222 | (418) | 91% | 7,495 | 7,582 | 88 | 101% |
| Pharmacy and medicines management | 1,712 | 1,015 | (697) | 59% | 2,874 | 2,238 | (636) | 78% |
| Length of stay | 2,659 | 1,548 | (1,111) | 58% | 4,338 | 2,840 | (1,498) | 65% |
| Outpatients | 512 | 401 | (111) | 78% | 902 | 723 | (180) | 80% |
| Theatres | 1,123 | 352 | (771) | 31% | 1,916 | 912 | (1,004) | 48% |
| Workforce - medical | 2,052 | 2,419 | 366 | 118% | 3,358 | 3,563 | 205 | 106% |
| Workforce - nursing | 1,846 | 1,440 | (406) | 78% | 3,170 | 2,424 | (745) | 76% |
| Admin and clerical | 1,059 | 968 | (90) | 91% | 1,604 | 1,462 | (142) | 91% |
| Workforce - other | 2,610 | 2,217 | (393) | 85% | 3,980 | 3,598 | (382) | 90% |
| Budget Review | 367 | 292 | (76) | 79% | 557 | 460 | (97) | 83% |
| Total identified (at or above level 3) | 35,753 | 28,902 | (6,852) | | 55,855 | 48,854 | (7,001) | |
| Total identified (below level 3) | 1,752 | 0 | (1,752) | | 3,544 | 2,625 | (919) | |
| Unidentified | 7,429 | 0 | (7,429) | | 9,353 | 0 | (9,353) | |
| Grand Total | 44,934 | 28,902 | (16,033) | 64% | 68,752 | 51,479 | (17,273) | 75% |

Financial RAG

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

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

Trading Gap Target and Achievement /Forecast by Month



2. Agency spend by Staff Group and Hospital / MCS

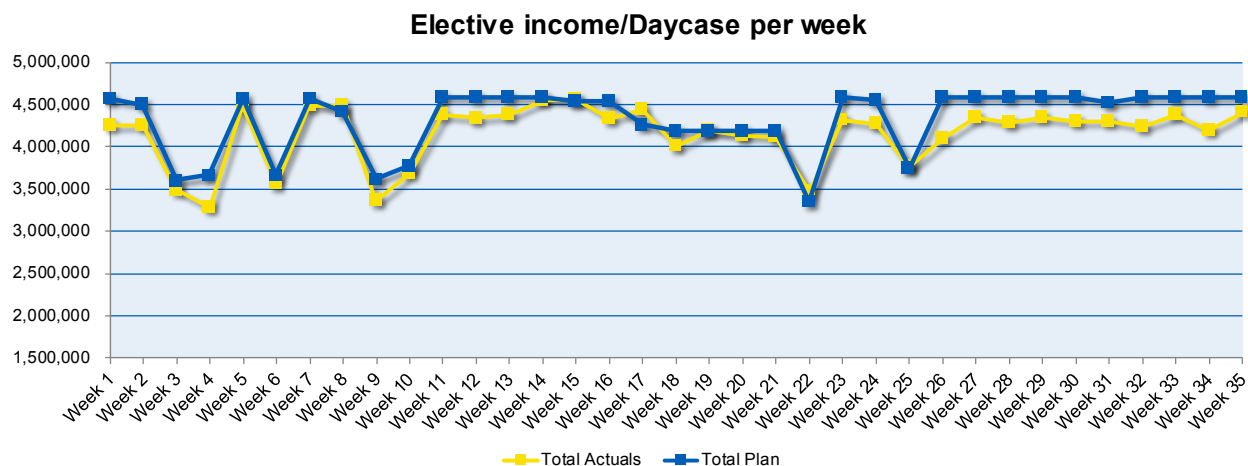
| Staff Group | Average M1-6 (18/19) £000's | Average M7-9 (18/19) £000's | Average M10- 12 (18/19) £000's | Average M1-3 (19/20) £000's | Average M4-6 (19/20) £000's | Average M7-8 (19/20) £000's |
|----------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|--------------------------------|
| Consultant | -452 | -438 | -258 | -284 | -268 | -285 |
| Career Grade Doctor | -48 | -52 | -38 | -89 | -29 | -58 |
| Trainee Grade Doctors | -685 | -571 | -352 | -247 | -253 | -89 |
| Registered Nursing Midwifery | -772 | -637 | -601 | -574 | -530 | -562 |
| Support to Nursing | -137 | -150 | -117 | -48 | -45 | -12 |
| Allied Health Professionals | -177 | -93 | -103 | -83 | -72 | -135 |
| Other Scientific and Therapeutic | -177 | -206 | -135 | -141 | -105 | 22 |
| Healthcare Scientists | -164 | -81 | -105 | -8 | -73 | -113 |
| Support to STT / HCS | -89 | -106 | -41 | -32 | -39 | -66 |
| Infrastructure Support | -85 | -90 | -113 | -101 | -40 | -84 |
| Grand Total | -2,786 | -2,424 | -1,863 | -1,607 | -1,454 | -1,382 |

| 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 | Average M7-8 (19/20) £000's |
|-------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|--------------------------------|
| Clinical & Scientific Support | -444 | -301 | -271 | -191 | -218 | -163 |
| Manchester LCO | -47 | -44 | -61 | -44 | -43 | -105 |
| MRI | -924 | -859 | -524 | -680 | -534 | -161 |
| REH / UDH | -111 | -117 | -89 | -82 | -91 | -84 |
| RMCH | -144 | -157 | -142 | -78 | -94 | -147 |
| Saint Mary's Hospital | -36 | -30 | -38 | -24 | -36 | -39 |
| WTWA | -899 | -697 | -632 | -412 | -390 | -598 |
| Corporate | -164 | -179 | -101 | -99 | -40 | -80 |
| Research | -17 | -40 | -5 | 2 | -8 | -7 |
| Total | -2,786 | -2,424 | -1,863 | -1,607 | -1,454 | -1,382 |

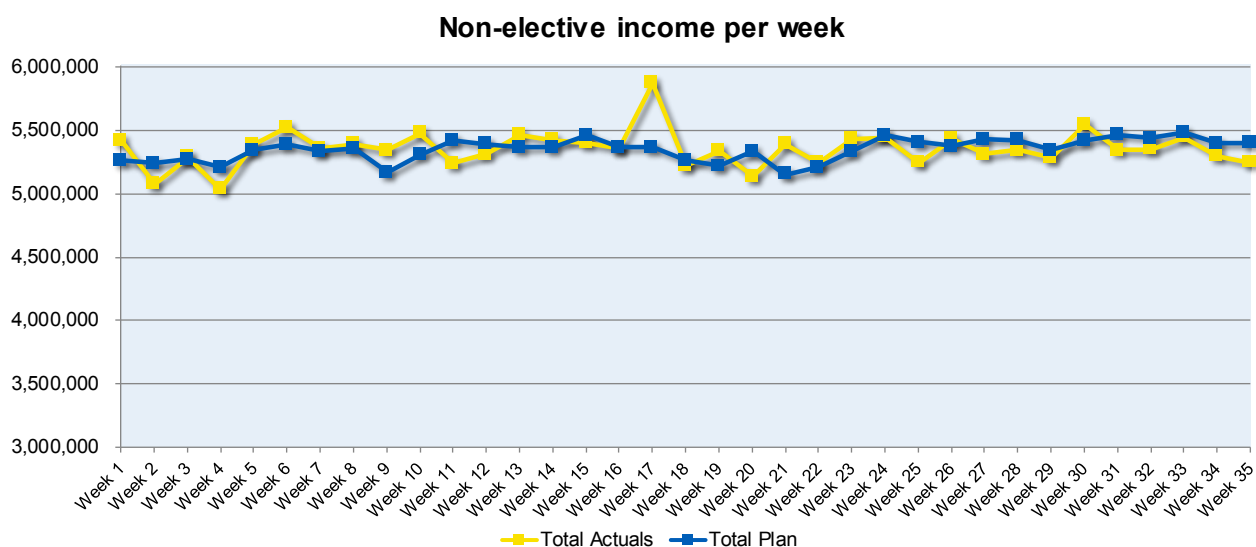
Note: In month 8, budgets were transferred from the MRI to WTWA. This also resulted in a transfer of £510k of agency costs between the two Hospitals. This explains the reduction in the latest MRI agency spend figures in the table above and the corresponding increase in WTWA.

| Trust Total | Agency spend - YTD | Agency ceiling - YTD | Difference (£000) | % Above / (below) ceiling |
|-------------|--------------------|----------------------|----------------------|------------------------------|
| | 11,948 | 17,675 | -5,727 | (32.4%) |

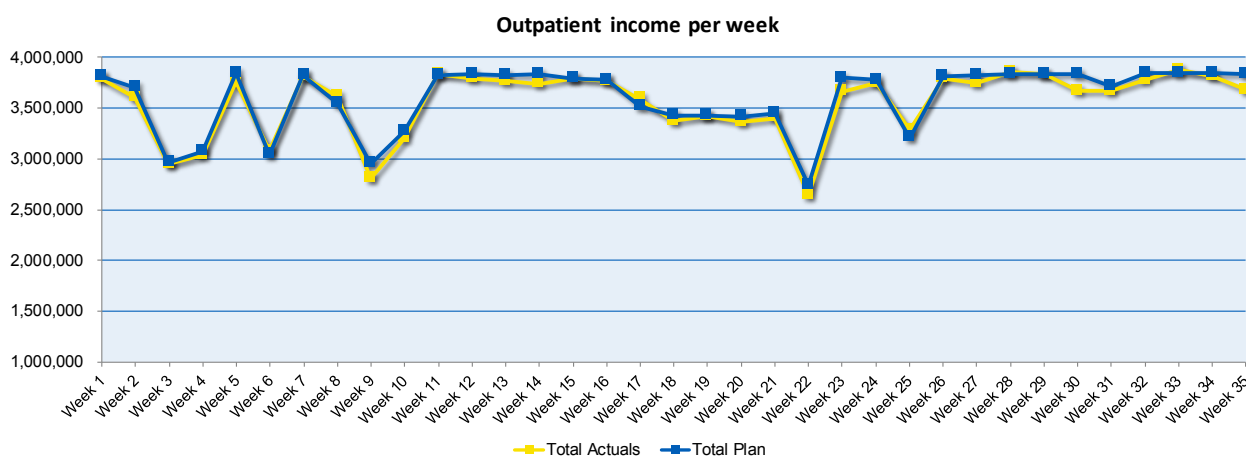
3. Elective / Daycase income: November 2019



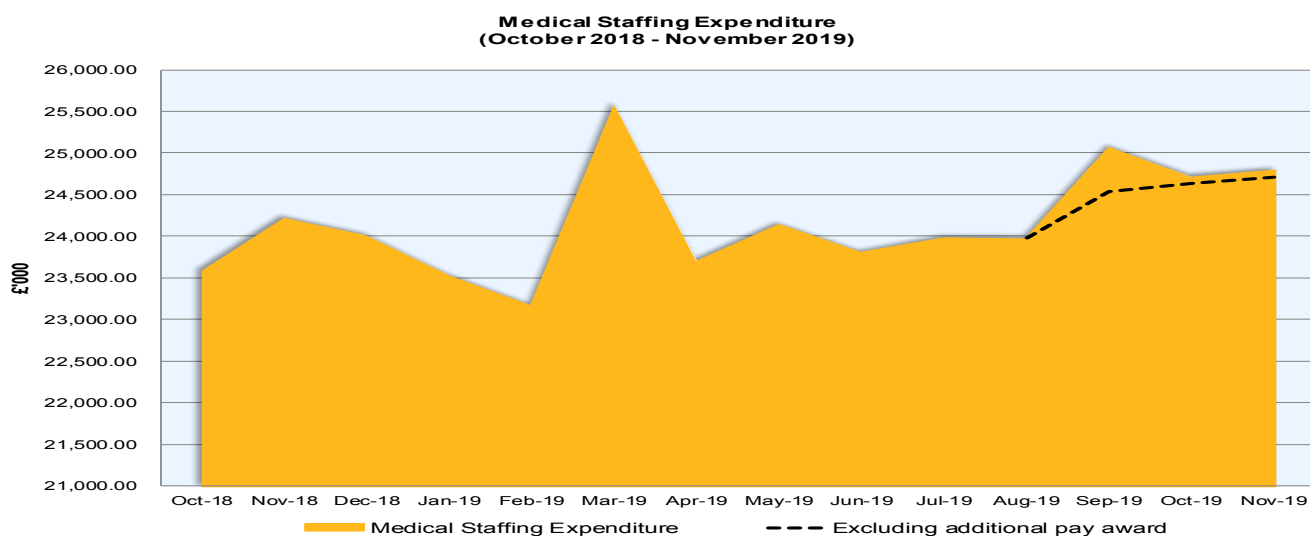
4. Non-Elective income: November 2019



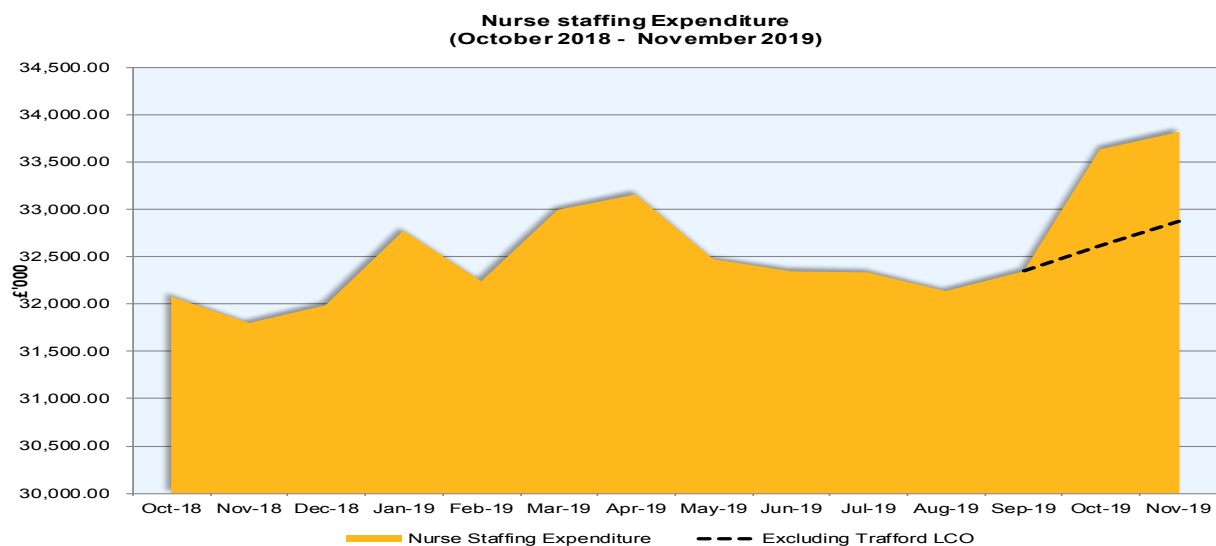
5. Outpatient income: November 2019



6. Medical Staffing: November 2019

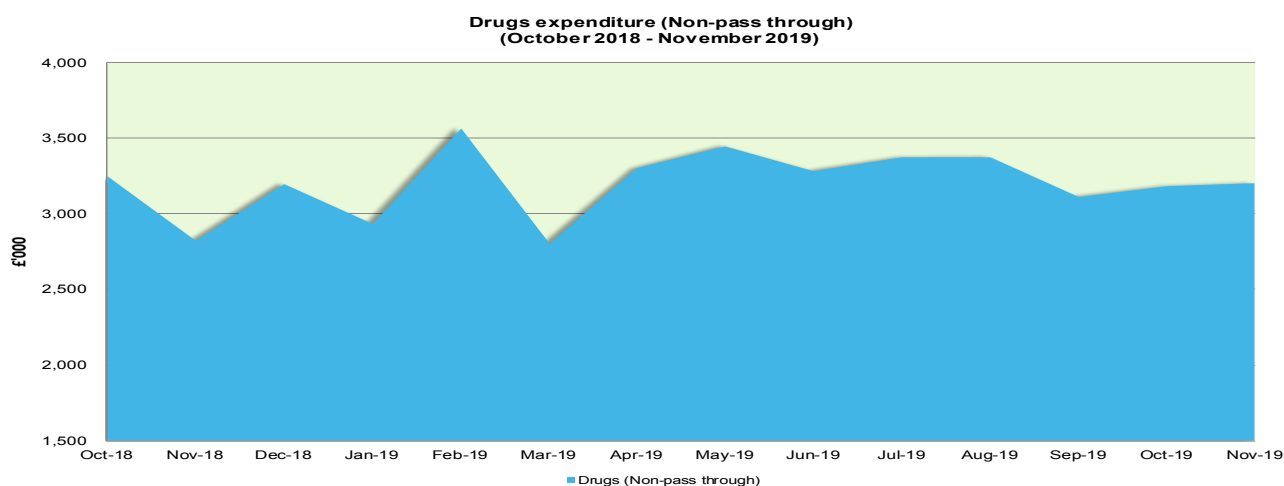


7. Nurse staffing: November 2019



Note: £1m of the increase in nurse staff expenditure in October 2019 relates to Trafford community services.

8. Prescribing: November 2019



NHS Improvement's KPIs

| | Plan YTD | | Actual YTD | |
|--------------------------------------------------------------|----------|----------|------------|----------|
| | Metric | Level | Metric | Level |
| Liquidity ratio | (0.9) | 2 | 5.3 | 1 |
| Capital servicing capacity | 1.2 | 4 | 1.3 | 3 |
| I&E Margin | 0.5% | 2 | 0.5% | 2 |
| I&E margin: Distance to financial plan | 0.0% | 1 | 0.0% | 1 |
| Agency spend Metric - above / (below) the agency ceiling | (8.4%) | 1 | (32.4%) | 1 |
| Use of Resource (UOR) metrics - Level 1 being highest | | 3 | | 2 |

| | Annual Plan (full year) | | Forecast 19/20 | |
|--------------------------------------------------------------|-------------------------|----------|----------------|----------|
| | Metric | Level | Metric | Level |
| Liquidity ratio | (3.2) | 2 | 1.9 | 1 |
| 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 | (10.1%) | 1 | (31.6%) | 1 |
| Use of Resource (UOR) metrics - Level 1 being highest | | 2 | | 2 |

Narrative:

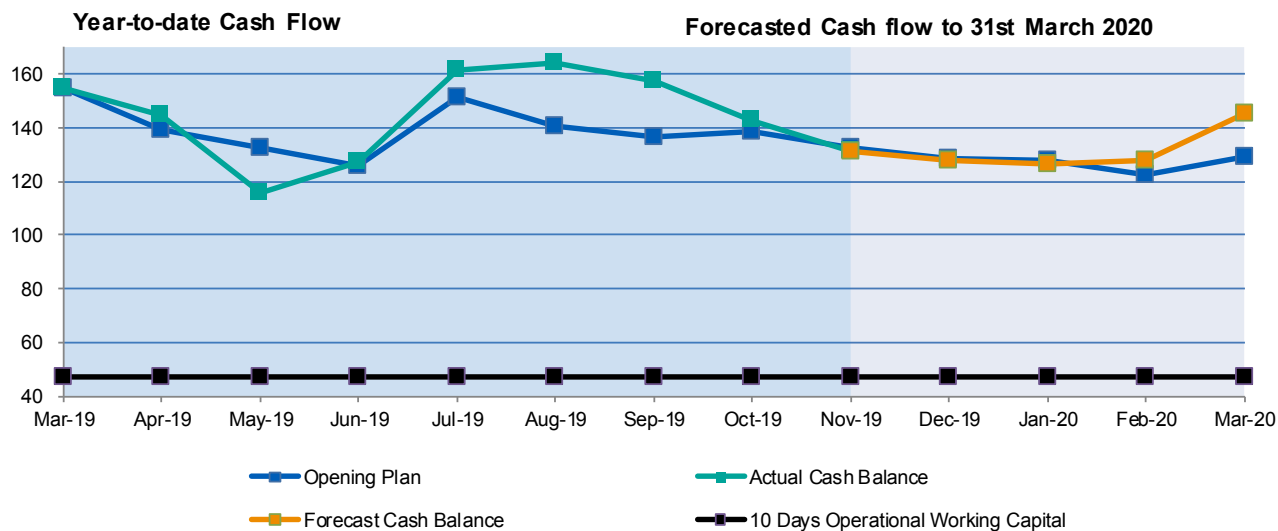
Overall, the Financial Risk Rating (FRR) has moved to a '2' because of marginal improvements to the capital servicing capacity.

Balance Sheet

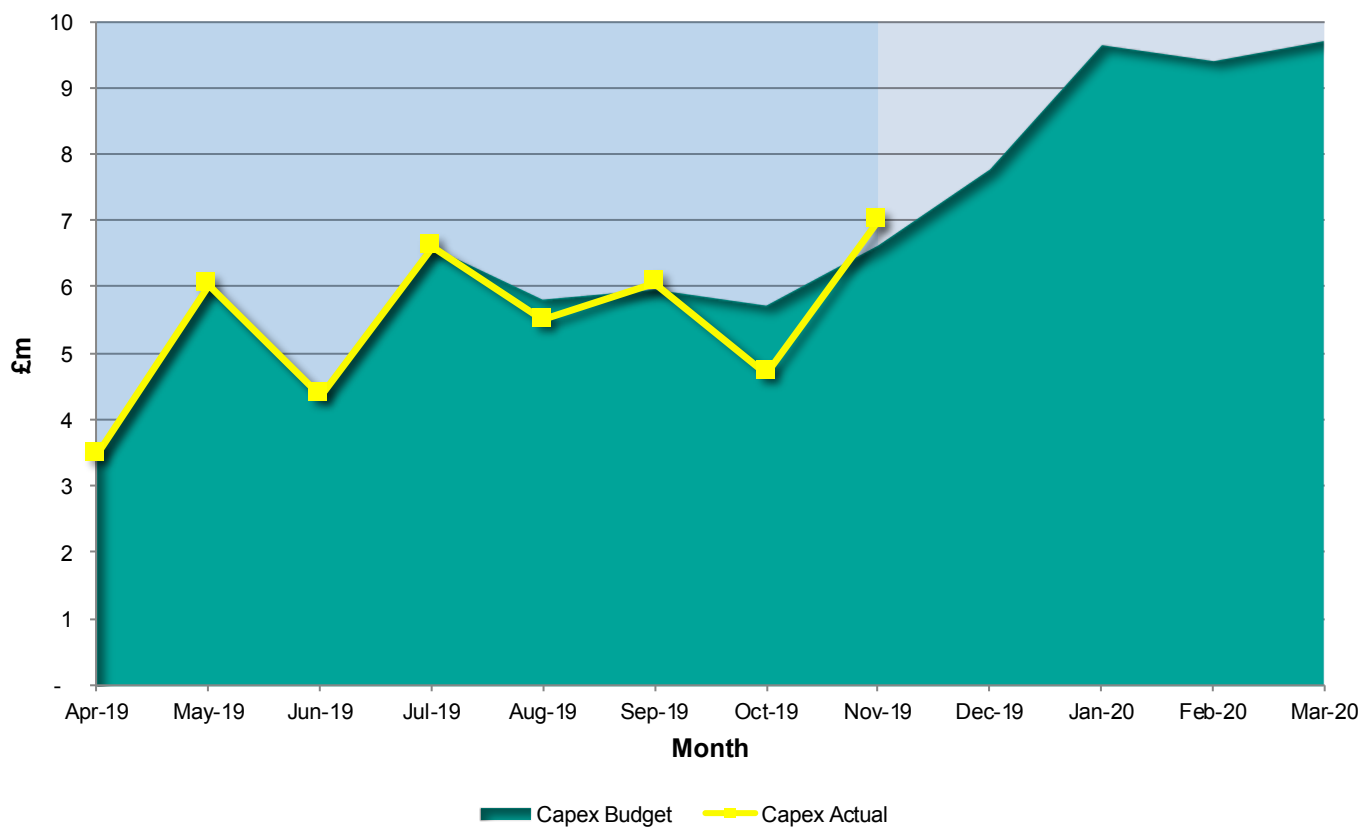
| | Opening Balance 01/04/2019 £000 | Actual Year to Date 30/11/2019 £000 | Movement in Year to Date £000 |
|----------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------|
| <u>Non-Current Assets</u> | | | |
| Intangible Assets | 4,120 | 3,504 | (616) |
| Property, Plant and Equipment | 594,723 | 596,473 | 1,750 |
| Investments | 2,513 | 2,513 | 0 |
| Trade and Other Receivables | 4,969 | 4,875 | (94) |
| Total Non-Current Assets | 606,325 | 607,365 | 1,040 |
| <u>Current Assets</u> | | | |
| Inventories | 16,462 | 18,056 | 1,594 |
| NHS Trade and Other Receivables | 83,118 | 92,996 | 9,878 |
| Non-NHS Trade and Other Receivables | 45,816 | 32,516 | (13,300) |
| Non-Current Assets Held for Sale | 210 | 210 | 0 |
| Cash and Cash Equivalents | 154,563 | 131,298 | (23,265) |
| Total Current Assets | 300,169 | 275,076 | (25,093) |
| <u>Current Liabilities</u> | | | |
| Trade and Other Payables: Capital | (4,242) | (8,366) | (4,124) |
| Trade and Other Payables: Non-capital | (171,403) | (171,280) | 123 |
| Borrowings | (19,780) | (20,307) | (527) |
| Provisions | (15,858) | (13,751) | 2,107 |
| Other liabilities: Deferred Income | (20,400) | (19,297) | 1,103 |
| Total Current Liabilities | (231,683) | (233,001) | (1,318) |
| Net Current Assets | 68,486 | 42,075 | (26,411) |
| Total Assets Less Current Liabilities | 674,811 | 649,440 | (25,371) |
| <u>Non-Current Liabilities</u> | | | |
| Trade and Other Payables | (2,600) | (3,271) | (671) |
| Borrowings | (407,793) | (396,820) | 10,973 |
| Provisions | (8,815) | (7,957) | 858 |
| Other Liabilities: Deferred Income | - | (2,559) | (2,559) |
| Total Non-Current Liabilities | (419,208) | (410,607) | 8,601 |
| Total Assets Employed | 255,603 | 238,833 | (16,770) |
| <u>Taxpayers' Equity</u> | | | |
| Public Dividend Capital | 204,780 | 204,780 | 0 |
| Revaluation Reserve | 45,408 | 45,408 | 0 |
| Income and Expenditure Reserve | 5,415 | (11,355) | (16,770) |
| Total Taxpayers' Equity | 255,603 | 238,833 | (16,770) |
| Total Funds Employed | 255,603 | 238,833 | (16,770) |

Cash flow and capital expenditure

Cash Flow - Actual vs Planned April 2019 to March 2020



Capital Expenditure



| Scheme | Funding | Internal Plan £'000 | Internal Plan YTD at 30th November 2019 £'000 | Spend YTD at 30th November 2019 £'000 | Spend in future months £'000 | Forecast Year End £'000 |
|---------------------------------------------------------|----------|------------------------|-----------------------------------------------------------|---------------------------------------------------|---------------------------------------|-------------------------------|
| Property and Estates schemes | | | | | | |
| Cardiac MR Scanner | Charity | 850 | 92 | 82 | 768 | 850 |
| Diabetes Centre | Charity | 1,649 | 812 | 811 | 838 | 1,649 |
| Helipad | Charity | 4,746 | 1,887 | 1,225 | 3,521 | 4,746 |
| Other Charity Funded Projects | Charity | 496 | 172 | 85 | 411 | 496 |
| RMCH Atrium | Charity | 200 | 52 | 5 | 195 | 200 |
| Other Property & Estates (incl backlog maintenance) | Internal | 22,401 | 12,741 | 12,663 | 9,738 | 22,401 |
| MRI ED redevelopment | Internal | 1,000 | 642 | 756 | 44 | 800 |
| RMCH ED redevelopment | Internal | 885 | 198 | 99 | 286 | 385 |
| 3rd MRI scanner | Internal | 1,692 | 1,692 | 1,692 | 0 | 1,692 |
| BMT | Internal | 3,000 | 1,295 | 768 | 2,232 | 3,000 |
| North Manchester HIP2 | External | 0 | 0 | 0 | 2,000 | 2,000 |
| Property & Estates - sub-total | | 36,919 | 19,583 | 18,186 | 20,033 | 38,219 |
| IM&T schemes | Internal | 17,625 | 12,835 | 12,399 | 5,227 | 17,625 |
| Equipment rolling replacement programme | Internal | 10,150 | 4,037 | 5,915 | 3,835 | 9,750 |
| Charity Equipment | Charity | 234 | 0 | 0 | 234 | 234 |
| Other Equipment | Internal | 313 | 167 | 0 | 1,413 | 1,413 |
| RMCH Equipment | Internal | 530 | 0 | 0 | 530 | 530 |
| 3rd MR Scanner - Equipment | Internal | 1,101 | 1,101 | 1,101 | 0 | 1,101 |
| National Funding - Imaging Equipment | External | 864 | 0 | 0 | 864 | 864 |
| Equipment - sub total | | 13,192 | 5,305 | 7,016 | 6,876 | 13,892 |
| Genomics * | | | | | | |
| Genomics Intermediate Development | Internal | 1,398 | 551 | 414 | 906 | 1,320 |
| VAT reclaim to refund Genomics Intermediate Development | Internal | -434 | 0 | -434 | 0 | -434 |
| Genomics Laboratory Equipment | External | 692 | 0 | 0 | 692 | 692 |
| Genomics cost recovery | Internal | 0 | 0 | 0 | 78 | 78 |
| Genomics - sub total | | 1,656 | 551 | -20 | 1,676 | 1,656 |
| PFI Lifecycle | | 9,813 | 6,405 | 6,269 | 3,545 | 9,813 |
| Total expenditure - per NHSI report | | 79,205 | 44,680 | 43,849 | 37,356 | 81,205 |
| Genomics NW - LWH Cash payment - absorption of assets | | | | | | |
| | | 500 | 0 | 0 | 500 | 500 |
| Total expenditure | | 79,705 | 44,680 | 43,849 | 37,856 | 81,705 |

Appendix 1 – Financial performance against original NHSI plan

| | Year to date - Month 8 | | | | | |
|-------------------------------------------------------|------------------------|---------------------|----------------------|-------------------------|---------------------|---------------------|
| | Annual Plan | Year to date budget | Variance from budget | Variance as % of budget | Variance to month 7 | Year to date Actual |
| | £'000 | £'000 | £'000 | % | £'000 | £'000 |
| INCOME | | | | | | |
| Income from Patient Care Activities | | | | | | |
| A and E | 53,712 | 36,129 | 308 | | 247 | 36,437 |
| Non-Elective (includes XBD's) | 304,268 | 202,892 | 1,525 | | 1,530 | 204,417 |
| Elective (includes Day Case & XBD's) | 229,764 | 154,190 | -4,941 | | -3,940 | 149,249 |
| Out-Patients (includes First & Follow up) | 188,113 | 126,062 | -1,242 | | -1,344 | 124,820 |
| Other NHS Clinical Income | 448,019 | 299,539 | -8,798 | | -5,041 | 290,741 |
| Community Services (includes LCO) | 106,822 | 71,216 | 5,688 | | 2,097 | 76,904 |
| Passthrough drugs and devices | 146,417 | 97,610 | 2,064 | | 2,021 | 99,674 |
| Sub -total Income from Patient Care Activities | 1,477,115 | 987,638 | -5,394 | -0.5% | -4,431 | 982,244 |
| Private Patients/RTA/Overseas(NCP) | 10,964 | 7,166 | -934 | | -826 | 6,232 |
| Total Income from Patient Care Activities | 1,488,079 | 994,804 | -6,328 | -0.6% | -5,257 | 988,476 |
| Training & Education | 62,438 | 41,624 | 1,627 | | 1,422 | 43,251 |
| Research & Development | 58,061 | 38,709 | 1,501 | | 1,114 | 40,210 |
| Misc. Other Operating Income | 110,272 | 73,510 | -5,487 | | -5,719 | 68,023 |
| Other Income | 230,771 | 153,843 | -2,359 | -1.5% | -3,183 | 151,484 |
| Total Income | 1,718,850 | 1,148,647 | -8,687 | -0.8% | -8,440 | 1,139,960 |
| EXPENDITURE | | | | | | |
| Pay | -1,010,287 | -674,728 | -9,259 | -1.4% | -4,537 | -683,987 |
| Non pay | -650,218 | -435,728 | 16,117 | 3.7% | 11,419 | -419,611 |
| Total Expenditure | -1,660,505 | -1,110,456 | 6,858 | 0.6% | 6,882 | -1,103,598 |
| EBITDA Margin (excluding PSF) | 58,345 | 38,191 | -1,829 | 3.2% | -1,558 | 36,362 |
| Interest, Dividends and Depreciation | | | | | | |
| Depreciation | -27,927 | -18,705 | 1,180 | | 1,028 | -17,525 |
| Interest Receivable | 444 | 296 | 436 | | 378 | 732 |
| Interest Payable | -40,848 | -27,241 | -105 | | -91 | -27,346 |
| Dividend | -3,261 | -2,174 | 462 | | 405 | -1,712 |
| Surplus/(Deficit) on a control total basis | -13,247 | -9,633 | 144 | 1.5% | 162 | -9,489 |
| Surplus/(Deficit) as % of turnover | | | | | | -0.8% |
| PSF Income | 27,020 | | | | | 15,293 |
| Additional PSF from 18/19 | | | | | | 917 |
| Non operating Income | | | | | | 1,725 |
| Depreciation - donated / granted assets | | | | | | -471 |
| Impairment | | | | | | -24,744 |
| | 13,773 | | | | | -16,769 |

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: | December 2019 |
| Subject: | Update on Strategic Development |
| Purpose of Report: | <p>Indicate which by ✓</p> <ul style="list-style-type: none"> • 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: | <p>The Board of Directors is asked to note the updates in relation to:</p> <ul style="list-style-type: none"> • National Issues • Greater Manchester Issues • MFT Issues |
| Contact: | <p><u>Name:</u> Darren Banks, Group Executive Director of Strategy</p> <p><u>Tel:</u> 0161 276 5676</p> |

1. Introduction

The purpose of this paper is to update the Board of Directors in relation to strategic issues of relevance to MFT.

2. National Issues

General election

Following the result of the election there will be a Queen's Speech which will give a clearer outline of what the Government's plans are for healthcare and the NHS in the immediate future.

Anchor Programme

There is growing national interest in the role of hospitals as anchor organisations in their regional economies and their role in supporting improvements in population health for their local communities.

The Shelford Group is launching a programme to support member organisations in planning their role as anchors. The programme will include describing the current baseline across the Shelford Group, in particular the extent to which these hospitals are already functioning as regional anchor hospitals, and sharing best practice.

Specialised services

NHS England and NHS Improvement (NHSE/I) is reviewing the future direction for specialised services. The focus is on integration and working with sustainability and transformation partnerships (STPs) and integrated care systems (ICSs).

The national vision for specialised services emphasises the need to consider services as a whole rather than thinking in terms of how they are commissioned. NHSE/I will continue to focus on innovation and excellence for local communities.

3. Greater Manchester Issues

Improving Specialist Care (ISC) Programme

The ISC programme is currently defining how "single services" for Greater Manchester will operate. This will be developed further as part of the work to produce the pre-consultation business cases (PCBCs).

The first wave of PCBCs will be for breast, vascular and benign urology and are to be completed by March 2020. The second wave of PCBCs will cover cardiology, respiratory, paediatric surgery and MSK/Orthopaedics. The paediatric medicine model of care is in development and the PCBC for this speciality will follow next year.

Various contractors have been commissioned to support the work, coordinated by North of England Commissioning Support Unit (NECSU)

GM Cancer

The GM Cancer Conference held on 19/20 November focused on cancer research and improving cancer services across GM and showcased internationally renowned services provided in GM including PBT, CAR-T and Genomics.

Rapid Diagnostics Centres (RDC)

Rapid Diagnostic Centres (RDCs) are designed to speed up cancer diagnosis and deliver improved patient experience and better outcomes for patients.

The Long Term Plan calls for the roll-out of RDCs that bring together modernised equipment, expertise and cutting edge innovation, building on models piloted with Cancer Research UK and Macmillan. The RDCs will begin by focussing on diagnosing patients with non-specific symptoms.

There are 7 key components of an RDC:

- Early identification
- Timely referral
- Symptom assessment
- Coordinated testing
- Timely diagnosis
- Onward referral
- Excellent coordination and support

There are currently RDC pilots in place at Wythenshawe and Royal Oldham Hospital. GM Cancer plans to create RDCs for vague symptoms and for tumour-site-specific referrals. The plan is for there to be two RDCs in GM based on the existing pilots. MFT has been asked to develop a plan for developing an RDC by the end of January.

4. MFT Issues

MFT Clinical Service Strategy Programme

The development of the strategies for clinical support services has commenced. This covers:

- Lab medicine
- Imaging
- Therapies
- Pharmacy
- Anaesthetics

It is expected that they will be completed by March 2020.

5. Actions / Recommendations

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

National Issues

- General election
- Anchor programme
- Specialised services

Greater Manchester Issues

- ISC Programme
- GM Cancer
- Rapid Diagnostic Centres

MFT Issues

- Clinical Service Strategy Programme

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

| | |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Report of: | Peter Blythin, Group Executive Director of Workforce and Corporate Business. |
| Paper prepared by: | Emma Panchaud, Transaction Manager, Single Hospital Service. |
| Date of paper: | December 2019 |
| Subject: | Progress report on the Manchester Single Hospital Service. |
| Purpose of Report: | <p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify |
| Consideration of Risk against Key Priorities: | <p>Failure to deliver the Manchester Single Hospital Service Programme effectively will potentially present risks to all of the Trust's Key Priorities, but particularly Priority 1 – <i>'to deliver the merger of the two organisations with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner.'</i></p> |
| Recommendations: | <p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Receive this report and note progress being made with the transaction process. • Support the strategic direction of the programme. |
| Contact: | <p><u>Name:</u> Peter Blythin, Group Executive Director of Workforce and Corporate Business</p> <p><u>Tel:</u> 0161 701 0190</p> |

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 re-development of the NMGH site.

2. Background

- 2.1. North Manchester has some of the most challenging health and socio-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.
- 2.2. NHS England / Improvement (NHS E / 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 at Bury, Rochdale and Oldham to SRFT. The intention for MFT to acquire NMGH is consistent with the Manchester Locality Plan.
- 2.3. The inclusion of NMGH within MFT has the potential to deliver significant benefits for patients and staff, alongside wider strategic opportunities for North Manchester.

3. Acquisition of North Manchester General Hospital

- 3.1. The hospital sites and services owned by the Pennine Acute Hospitals NHS Trust (PAHT) are currently operated under a management contract between NHS I and Salford Royal Hospitals NHS FT (SRFT). This contract is due to expire at 31st December 2019, with the transactions outlined above not due to be implemented until 1st April 2020.
- 3.2. A programme of due diligence and disaggregation work has been carried out, particularly in relation to the service alignment of the large number of clinical and non-clinical services currently provided across PAHT.
- 3.3. Due to the complexity of the acquisition process and the challenges at PAHT NHS E / I decided that it would not be possible to complete the proposed transactions by 1st April 2020 and that it would be best to find alternative interim arrangements pending completion of the two formal transactions.
- 3.4. An announcement was subsequently made by Bill McCarthy, North West Regional Director, NHS E / I and Jon Rouse, Chief Officer, Greater Manchester Health & Social Care Partnership (GMH&SCP) stating that from 1st April 2020 the PAHT Board will be re-established with two management contracts in place for the operation of its hospital sites and services.
- 3.5. From 1st April 2020, NMGH will be managed by MFT with the NMGH Leadership Team accountable through the MFT Group management arrangements. Fairfield General Hospital, The Royal Oldham Hospital and Rochdale Infirmary will continue to be managed by SRFT and its Care Organisation leadership teams as part of the Northern Care Alliance (NCA).
- 3.6. This arrangement will provide certainty for the staff who work across PAHT hospitals and the population they serve. A briefing outlining these arrangements has been circulated to all staff as part of a wider communications and engagement plan for the programme.

- 3.7. The existing management contract with SRFT will be extended to 31st March 2020. The new management contracts will need to be put into place by the end of March 2020. NHS E / I are progressing this work with the full support of all partner organisations that are committed to the delivery of safe, quality services for the local communities. The expectation is that formal transactions to make these arrangements permanent will be completed by April 2021 at the latest.
- 3.8. Whilst there is more work to be done to agree the detail of the management contracts, the Trust has commenced with the development of plans for taking on responsibility for NMGH. The emphasis of this work will be to ensure a safe and effective transfer of responsibilities on “Day One”, with minimal disruption to staff or patients.

4. The North Manchester Proposition and the development of the NMGH site

- 4.1. The North Manchester Proposition (the Proposition) presents an opportunity for a broader, more integrated health offer i.e. health as the basis for major urban change. It focuses on the development of stronger integrated care, delivery of community-based services, and the promotion of healthy lifestyle choices, thereby providing an opportunity to influence some of factors that promote good health, including employment, education and social cohesion.
- 4.2. The opportunity to redevelop the NMGH site is significant. Following the inclusion of the NMGH in the Government’s Health Infrastructure Plan (HIP), MFT has committed to deliver an ambitious programme of work on a capital business case for the redevelopment of the NMGH site. This follows the Prime Minister’s announcement in October 2019 that NMGH is one of a number of hospitals earmarked to receive capital funding.
- 4.3. This programme of work will include the re-development of NMGH itself, a health and wellbeing hub and an education and training centre for staff that will also offer adult education space, nursery, research, development and innovation facilities.
- 4.4. The redevelopment of mental health facilities at Park House on the NMGH site is also included as part of the plan to completely redevelop the NMGH site. This is funded via capital already allocated to Greater Manchester Mental Health NHS Foundation Trust (GMMH).
- 4.5. The Trust has now put in place the specialist advice and support required to progress the programme through the formal business case processes. The focus will be to progress the masterplan with specific attention on the ‘zoning’ of the site to allow the GMMH business case to proceed. The internal focus within MFT will be on the completion of the Strategic Outline Case document for submission in January 2020.
- 4.6. 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.
- 4.7. To help guide the process a North Manchester Health Infrastructure Plan Task and Finish Group has been established reporting to the North Manchester Transaction Board which will provide assurance to a newly formed North Manchester Scrutiny Committee of the Board of Directors.

5. Next Steps

- 5.1.** A North Manchester Implementation Plan (Day One) is being developed which will outline the proposed governance and leadership arrangements for NMGH as well as plans for the delivery of services under a management contract.
- 5.2.** The process and timescales for capital investment remains under discussion with NHS E / I regional and national teams. Meantime MFT and its partners will continue to develop detailed proposals to ensure that the current planning momentum is maintained whilst capital funding allocations are confirmed.
- 5.3.** 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.

6. Recommendations

- 6.1.** The Board of Directors is asked to:
 - Receive this report and note progress being made with the transaction process.
 - Support the strategic direction of the programme.

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: | December 2019 |
| Subject: | Local Care Organisation Update |
| Purpose of Report: | <p>Indicate which by ✓</p> <ul style="list-style-type: none"> • 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: | <p><u>Name:</u> Tim Griffiths, Assistant Director, Corporate Affairs Manchester Local Care Organisation</p> <p><u>Tel:</u> 07985448165</p> |

1. Introduction

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

- Urgent care and system resilience;
- MLCO Phase II; and,
- Trafford Community Services.

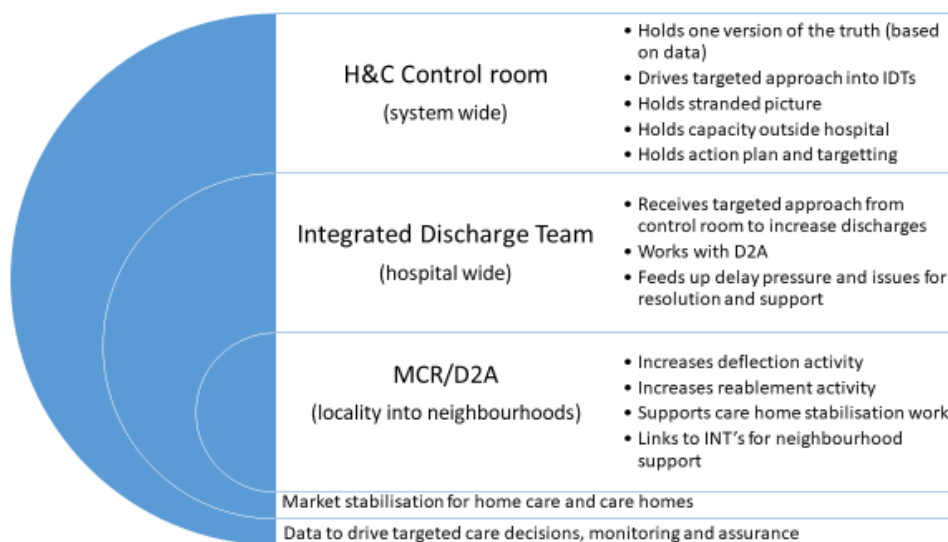
2. Urgent care and system resilience

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

2.2 Following discussion with MLCO Partnership Board, MLCO have developed a short term plan that responds to the continued and escalating pressures within the health and care system in Manchester. The focus of this plan is to take actions to reduce the delays for Manchester people when they enter the acute system and to create a more stable out of hospital offer to enable this.

2.3 This immediate action plan should be set in the context of a longer programme of work that will embed the key actions described below into the mainstream operation of the MLCO.

2.4 The diagram below explains how this approach will work to reduce stranded people and increase flow into the community.

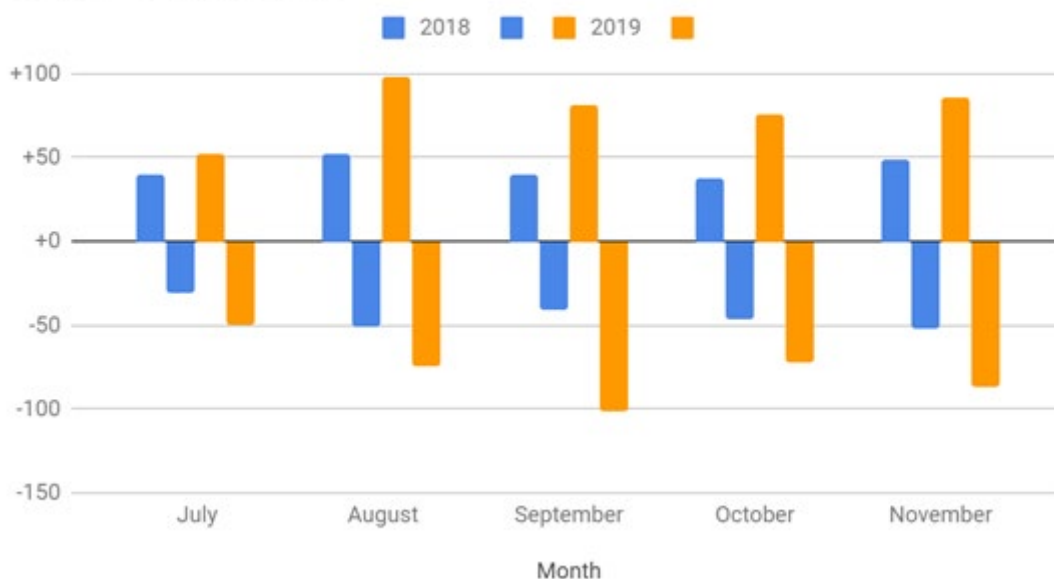


- This approach will create a more controlled and managed system interface between the MLCO and partners.
- It will create a structured data driven approach to care delivery in the MLCO and enable us to more confidently utilise the new care models to deliver the improvements in deflection and discharge which the system requires.
- It must be noted that the MLCO and our key partners will have to slow or pause other critical work streams and the impact and implications of this have been noted with MLCO Partnership Board.

- Evidence generated through this approach, will enable the system to understand how much more activity we could flow through this route to support the medium term stabilisation of urgent care in Manchester.
- 2.5 The MLCO Executive have identified five key areas where increased support, focus, and mobilisation should enable us to significantly improve performance on the numbers of stranded patients, which in turn will make steady progress on DTOCs, long lengths of stay and non-complex stranded patients.
- 2.6 Underpinning this plan are more detailed business cases which are being mobilised.
- 2.7 The action plan covers the following key areas:
1. Control room function
This will create one MLCO place and team where flow is managed into the system.
 2. Data to drive care decisions and targeting
This will create one version of the truth in regards to MLCO performance, from which operational decisions will be made and information to the rest of the system will flow.
 3. Increasing deflection activity
This work will build on the MCR model to increase deflection activity and to target health and care support into care homes.
 4. Implementing the Integrated Discharge Team in MRI and improving city wide discharge
To create an integrated discharge team in MRI and improvement city wide IDT to improve MLCO contribution to mandated urgent care targets.
 5. Stabilising the care market
To stabilise the care market across Winter.
- 2.8 Alongside the forward planning set out above MLCO continues to maintain an oversight of the urgent care escalation work through its weekly Urgent Care Meeting chaired by Michael McCourt, which is supported by a weekly Wednesday call which brings together MLCO operational leads across health and social care.
- 2.9 The mobilisation of the work streams described above is set in the context of the overall position in regards to DTOC remaining challenged with levels at all sites comfortably exceeding the mandated target. DTOC levels are comfortably lower than the peak in August and in mid-December there has been a marked improvement across all sites. However, it is recognised that DTOC numbers are subject significant variation across short time periods.
- 2.10 Despite the overall level of DTOC reducing, it should be noted that there continues to be a significant number of additions to the DTOC list, and MLCO continues to facilitate high numbers of discharges across the sites. In the seven days up to 17th December 2019 MLCO facilitated 93 discharges (from the DTOC list).

- 2.11 As part of the work to understand the efficacy of MLCO led interventions in regards to DTOC, initial high level work has been undertaken to understand comparative levels of activity compared to this time last year (2018). This early piece of analysis (utilising non validated data) shows that across the three sites there have been more discharges facilitated (DTOC) than at the same time last year. This is set in the context of an increased level of DTOC.

On/Off Comparison



- 2.12 The number of patients staying in hospital over seven days is a particular challenge that requires redress, with Manchester experiencing comparatively higher numbers when compared with other localities in. Again, a reduction of these numbers is a key focus area for MLCO resilience planning, however the numbers of stranded patients continues to reduce.



- 2.13 It should be noted that MLCO are currently working with Emergency Care Intensive Support Team (ECIST) and the principal hospital sites, and following an inception meeting in early November it was agreed that the focus would be achievement of a reduction in the number of patients with a length of stay > 21 days. Whilst LOS reviews occur on wards each week, specific Multi Agency Discharge Events (MADE) have taken place in December with senior teams from MLCO and the hospital sites.

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. However, whilst work to complete the business case has progressed it has yet to reach the conclusion that was originally envisaged.
- 3.2 Despite some of the challenges that have been experienced in mobilising MLCO in line with the original prospectus, MLCO is operational and is starting to show benefits in core delivery and new models of care.
- 3.3 MHCC has formally deployed about 70 people into the MLCO and work is ongoing to manage the successful transition for the MLCO to be capable of operational commissioning.
- 3.4 As a result of the recent work and a need to focus on system resilience pressures, MLCO's Partnership Board have agreed that MLCO will narrow the scope of its work for a period of time in order to deliver the programme set out at Section Two effectively. The priority for this will be operational delivery of the core services already within the scope of MLCO ensuring delivery and stability of health and care services indicatively over the winter period.
- 3.5 In order of priority the MLCO will focus on the following areas up to March 2020.

I. Core operational delivery and stability

The key expectation of MLCO is to deliver, or play its part in delivery of, the following:

- Key system resilience measures including delivery of agreed targets for MLCO's urgent care contribution towards mandated standards including reduction in stranded patients, reductions in Delayed Transfers of Care, and reduction in average length of stay.
- Improving the effectiveness of adult social care (including delivery of the Adult Social Care improvement plan, as well as creating stability and quality within nursing, residential and home care).

II. Core operational delivery (planned services)

MLCO will remain responsible for core services within its scope which are not focussed upon urgent / social care delivery. This includes, for example, speech therapy, audiology, community paediatrics, health visiting, district nursing, and adult social care.

III. Service Transformation

The New Care Models, in the process of implementation, are key to the delivery of the Locality Plan, It is essential these continue but these will be prioritised from the following groupings.

1. In train new care models which contribute to priority one delivery (this would include MCR, D2A, performance and how/whether these services will be funded after the Transformation Fund ceases).
2. In train new care models which have a more proactive upstream dimension (this would include development of INTs and Manchester Case Management, also funded from TF)
3. Work already prioritised and in early stages of scoping/implementation which could, feasibly, be paused but have significant importance i.e.
 - a. Learning disabilities
 - b. Integrated Emergency Primary Care
 - c. Mental health primary / secondary interface

IV. Slowing the pace of the MLCO as an operational commissioner and concluding the MLCO Business Case

Whilst the expansion of the MLCO and conclusion of the contract award / procurement will pause it is important that the business case is completed. It will be needed for expansion to resume but it also sets out shorter term service transformation which will become part of the MLCO plan for 20/21. It will, however, slow in pace with planned completion for December rather than October.

V. MLCO Contract Award

The development of governance arrangements, financial and contract arrangements should be slowed, or at least only continued if they do not draw upon MLCO resource.

- 3.6 Board are reminded that the overarching vision for MLCO is focussed upon proactive, integrated care in neighbourhoods. This will deliver improved health, financial balance and system resilience for Manchester. It is important, therefore, to broaden out the scope of MLCO again in order to rebalance the Manchester health and care system in line with the Locality Plan vision. Through Partnership Board it has been agreed that the scale up of MLCO services (phase 2) is likely to commence from October 2020.

4. Trafford

- 4.1 Board will be aware that the transfer of community services from Pennine Care FT to MFT 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 Board are advised that TCHS will assimilate their existing governance into 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 has focussed 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 including risk management arrangements 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 which will now conclude in early February 2020. The purpose of this review is to ensure that arrangements that have been mobilised are effective in regards to appropriate oversight, support, and assurance.
- 4.5 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.
- 4.6 A number of support services, including informatics and estates, are provided through service level agreement arrangements with Pennine Care FT. These arrangements are due to come to an end in March 2020 as such alternative arrangements will need to be found.

5. Recommendations

- 5.1 Board of Directors is asked to note the contents of the report.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST
BOARD OF DIRECTORS (PUBLIC)

| | |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Report of: | Julia Bridgewater, Chief Operating Officer |
| Paper prepared by: | Tony Diamond, Emergency Planning Manager |
| Date of paper: | January 2020 |
| Subject: | 2019/20 MFT Emergency Preparedness Resilience and Response Core Standards Self-Assessment |
| Purpose of Report: | <p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify |
| Consideration against the Trust's Vision & Values and Key Strategic Aims: | To achieve high standards of patient safety and clinical quality across the Trust demonstrated through performance outcome measures |
| Recommendations: | To note the contents of the report |
| Contact: | <p><u>Name:</u> Tony Diamond, Emergency Planning Manager</p> <p><u>Tel:</u> 0161 701 5752</p> |

2019 / 20 MFT EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE CORE STANDARDS SELF ASSESSMENT

1. INTRODUCTION

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

Context

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

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

The minimum requirements Acute Providers must meet are set out in the NHSE Core Standards for EPRR, which are in accordance with the CCA 2004 and the Health and Social Care Act 2012. In line with contractual requirements the Trust is required to provide annual assurance of compliance with the Core Standards, with a 2019/20 submission deadline of 04/10/19 comprising key documents of:

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

There are a total of 64 standards and additionally each year a 'deep dive' is conducted to gain additional assurance into a specific area. In 2019-2020 the 'deep dive' topic is severe weather and climate adaptation and a deep dive was undertaken against the 20 standards although these do not contribute towards the overall Trust compliance level. The compliance period is based on 2019/20 of which there are 4 levels of compliance:

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

2. COMPLIANCE

MFT - has declared a compliance level of **substantial**, this is the same level of compliance as in 2018/19.

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

3. NEXT STEPS

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

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

APPENDIX A – MFT

2019-20 Emergency Preparedness, Resilience and Response (EPRR) Assurance

STATEMENT OF COMPLIANCE

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

After self-assessment, and in line with the criteria of compliance stated below, the organisation declares itself as demonstrating the following level of compliance against the 2019-20 standards: **Substantial**

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

The self-assessment results were as follows:

| Number of applicable Core Standards | Compliance level | | |
|-------------------------------------|-------------------------------------------------|-----------------------------------------------------|-----------------------------------------------|
| | Standards rated as Fully compliant ¹ | Standards rated as Partially compliant ² | Standards rated as Not compliant ³ |
| 64 | 57 | 7 | 0 |
| | Definition | | |

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

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

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

- signed off by the organisation's Board / Governing Body / Senior Management Team **04th October 2019**
- presented at a public Board meeting **13th January 2020**
- published in the organisation's annual report available **July 2020**

Julia Bridgewater

Signed by the organisation's Accountable Emergency Officer

Date of public Board meeting

03/10/19

Date signed

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING (MEETING IN PUBLIC)

TO BE HELD ON MONDAY, 13TH JANUARY 2020
AT 2.00PM IN THE MAIN BOARDROOM

A G E N D A

1. Apologies for Absence
2. Declarations of Interest
3. Patient Stories (DVD)
4. To Approve the Minutes of the Board of Directors' meeting held on 11th November 2019 (Enclosed)
5. **Matters Arising**
6. **Chairman's Report** (Verbal Report of the Group Chairman)
7. **Chief Executive's Report** (Verbal Report of the Group Chief Executive)
8. **Operational Performance**
 - 8.1 To Consider the Board Assurance Report (Summary Enclosed)
 - 8.2 To Receive the Group Chief Finance Officer's Report (Report of the Group Chief Finance Officer Enclosed)
9. **Strategic Review**
 - 9.1 To Receive an Update on Strategic Developments (Report of the Group Director of Strategy Enclosed)
 - 9.2 To Receive an Update Report on the NMGH Management Contract and subsequent acquisition (Report of the Group Director of Workforce & Corporate Business Enclosed)
 - 9.3 To Receive an Update Report on the Local Care Organisation (Report of the Chief Executive MLCO Enclosed)
10. **Governance**
 - 10.1 To Receive the 2019/20 MFT Emergency Preparedness Resilience & Response Care Standards Self-assessment (Report of the Group Chief Operating Officer Enclosed)

10.2 To note the following Committees held meetings:

- 10.2.1 Group Risk Management Committee held on 4th November 2019
- 10.2.2 Audit Committee held on 6th November 2019
- 10.2.3 Finance Scrutiny Committee held on 20th November 2019
- 10.2.4 Quality & Performance Scrutiny Committee held on 3rd December 2019
- 10.2.5 Charitable Funds Committee held on 11th November 2019
- 10.2.6 MLCO Scrutiny Committee held on 13th November 2019
- 10.2.7 EPR Task & Finish Committee held on 9th December 2019
- 10.2.8 HR Scrutiny Committee held on 17th December 2019

11. Date and Time of Next Meeting

The next meeting will be held on 9th March 2020 in the **Main Boardroom**

12. Any Other Business