NHS
Manchester University
NHS Foundation Trust

MINUTES OF THE BOARD OF DIRECTORS' MEETING

Meeting Date: 13th July 2020

(DUE TO THE IMPACT OF THE ONGOING COVID-19 NATIONAL EMERGENCY RESTRICTIONS, THE MEETING WAS NOT HELD IN A PUBLIC SETTING)

77/20   **Opening Remarks**

The Group Chairman reported that in response to the ongoing COVID-19 National Emergency and the UK Governments' social distancing requirements currently in place, meetings of the Trust's Board of Directors and Council of Governors had not been held in a public setting since mid-March 2020. She explained that all meetings with Group Non-Executive Directors and Governors were being conducted remotely through electronic communication for the time being with assurance provided on the Trust's ongoing response to the pandemic during weekly 'virtual' Briefing Sessions with Group NEDs, regular Chairman / Governor 'virtual' Surgeries, and, 'virtual' Council of Governors and selected Sub-Board Committees.

The Board also noted that whilst today's meeting (13/07/2020) was not held in a public setting, the agenda and supporting documents were posted on the MFT Public Website (https://mft.nhs.uk/board-meetings/july-2020-meeting-2/) and members of the public invited to submit any questions and/or observations on the content of the reports and documents presented and discussed to Trust.Secretary@mft.nhs.uk. The aim was for the Trust to post a reply to the question(s)/observation(s) received on the MFT Public Website within 48hrs of receipt.

78/20   **Apologies for Absence**

Apologies were received from Mr Darren Banks and Miss Toli Onon.

79/20   **Declarations of Interest**

There were no declarations of interest received for this meeting.

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

80/20   **Minutes of the Board of Directors' (Public) Meeting held on 9th March 2020**

It was noted that the Minutes of the Board of Directors' (Public) meeting held on 9th March 2020 were approved at the Board meeting (not held in Public due to the COVID-19 National Emergency Restrictions) on 11th May 2020.

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

81/20   **MFT Board Assurance Report (May 2020)**

The Group Joint Medical Director reported that in relation to the 'Safety' metrics presented, the Trust's Crude Mortality data was currently under review (and adjusted if required) due to the impact of the COVID-19 activity. It was also reported that no new 'Never Event' had been reported during 2020/21 to date and Reported Incidents remained static over recent months.

The Group Chief Nurse reported that despite the ongoing impact of the COVID-19 National Emergency, MFT had continued to apply rigorous oversight of the Trust Complaints Framework and all 'Quality Surveillance' processes had been stepped-up. She was also pleased to report that the Nurse & Midwifery vacancy levels across all areas throughout the Trust was 449wte which was the lowest it had been over many years.

The Group Chief Operating Officer confirmed that under the heading of 'Operational Excellence', most of the key performance indicators/metrics would be considered under Agenda Item 41/20 (below).

The Group Executive Director of Workforce & Corporate Business reported that whilst the Trust was continuing to apply heightened focus on 'Attendance' due to the ongoing impact of the COVID-19 National Emergency, the current 'Return to Work' trend was improving with further updates to be shared with the HR Scrutiny Committee on 11th August 2020. The Board was also advised that attention was also heightened on Appraisal and Mandatory Training throughout all areas (especially Level 2 & 3 Mandatory Training). It was further reported that updates on other key workstreams around BAEM, Risk Assessment, 'Removing Barriers' and Staff Engagement would be received at the HR Scrutiny Committee, and, had also been provided to Group NEDs on a regular basis since March 2020 via the Weekly NED 'Virtual' Briefing Sessions.

The Board Assurance Report (May 2020) was noted

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

82/20   **Update Report on the Trust's ongoing response to the COVID-19 National Emergency**

The Group Chief Operating Officer provided the Board with an update on the Trust's response to the COVID-19 National Emergency. With support from the Group Chief Nurse, Group Executive Director of Workforce & Corporate Business and Group Joint Medical Directors, attention was drawn to the impact on operational delivery, infection prevention and control (IPC), Test and Trace, and the implications of workforce and finance on the operational position.

The Board was reminded of the Trust's Governance arrangements (previously reported at the last meeting in May 2020) that had been established to oversee and manage the Group's response to the COVID-19 National Emergency, and it was confirmed this would continue to remain in place for the foreseeable future.

The Group Chief Operating Officer explained that key risks that had been considered through the governance arrangements included mutual aid across the GM system relating to PPE, and medical equipment i.e. ventilators; mutual aid relating to ventilated bed capacity across all GM critical care facilities to ensure that this was equally dispersed to prevent a single organisation becoming overwhelmed; temporary movement of services / activity, and maximising the use of all capacity including the independent sector; patient and staff testing capacity, including initial constraints related to availability of equipment and consumables; and, HR / Employment Practices.

The Board was advised that now the NHS had moved through the peak of the COVID-19 activity, planning had shifted towards resilience and where possible some return to business as usual. It was recognised that this could look differently to pre COVID-19 arrangements and that for some time, the NHS would need to plan for the management of COVID-19 and non COVID-19 activity.

The Group Chief Operating Officer confirmed that the Trust had established a comprehensive 'Recovery Programme, which was underpinned by 16 workstreams with each having an assigned Senior Responsible Officer of a Group Executive, or, Hospital/MCS Chief Executive. It was explained that progress against this programme of work, including consideration and approval of the recommencement of services / activity, was reported into the Group COVID-19 governance arrangements.

The Board received an overview on the impact of the COVID-19 National Emergency on the Trust's operational delivery with attention drawn to the capacity escalation plans and trigger levels developed for each Hospital/MCS to manage the expected surge of COVID-19 activity. It was noted that whilst these were high throughout the peak of the pandemic, they had since de-escalated to lower levels, with less need for 'surge capacity'. It was confirmed that as at 25th June 2020, the Trust (including North Manchester General Hospital) had 281 COVID-19 positive inpatients, of which 15 were in critical care level 3 beds, and, 6 in level 2 beds (HDU). It was further noted that to date, there had sadly been 590 COVID-19 related deaths within MFT healthcare facilities.

The Board noted the detailed impact of the pandemic on the Group performance against national constitutional standards as outlined in The Board Assurance Report for May 2020.

The Group Chief Operating Officer explained that in line with national guidance on 17th March 2020, the MFT Strategic Command Team made the decision to suspend the elective programme with immediate effect, except for life, limb or sight threatening procedures. Furthermore, a decision was taken to suspend outpatient activity from 28th March 2020 for a period of 3 months. The Board noted that as a direct result, the Trust's performance since March 2020 had been exacerbated against those elective access standards where the Trust had already experienced challenges in delivery during 2019/20.

The Board was advised that MFT's performance in the last two months against constitutional standards aligned to that of the national position, which had seen elective and diagnostic waiting lists grow, deterioration in elective, diagnostic and cancer performance, but, an improvement in urgent care delivery. It was confirmed that demand levels across both urgent and elective care and cancer pathways continued to be reduced compared to usual levels. It was explained that urgent care was starting to see an increasing trend, and, acuity and trauma activity had been a challenge throughout June 2020.

The Group Chief Operating Officer provided assurance that MFT's performance management through the Accountability Oversight Framework (AOF) process were maintained throughout the pandemic with the continued production of the AOF dashboard, although the review meetings were suspended between March and June 2020. She confirmed that the review meetings between the Group Executive Directors and Hospital / MCS/ LCO Executive Teams had recommenced from the 1st July 2020 and a revised dashboard, supporting the focus on recovery, would be in place from August 2020.

The Group Chief Operating Officer explained that whilst an NHSE Clinically-Led Review of NHS Access Standards, which had commenced in May 2019, was originally expected to inform the planning round and contract for 2020 with potential changes to the long standing constitutional standards, this had now been deferred to later in the year, with monitoring and reporting of the current standards remaining in place.

The Board noted that delivery of improvement against operational performance standards for 2020/21 would be aligned with the Recovery Programme, and any changes in national priorities and the Clinically-led review of NHS Access Standards when this was published. In addition, it was recognised that MFT would have a significantly more challenged baseline and that improvement was likely to be phased over a longer period of time.

In response to questions and observations from Dr Ivan Benett, the Group Chief Operating Officer that the Trust had not seen a spike in activity following recent reported incidents of several *'Raves'* and other social distancing violations across the conurbation. It was also confirmed that the Trust would closely monitoring activity levels over the coming weeks in response to the easing of some COVID-19 National Restrictions.

The Board also noted the activities of the Trust's Infection Prevention Control Team over the period and recognised they were central to the pandemic response including providing advice, support and education across the Trust on Personal Protective Equipment (PPE), isolation and cohorting of COVID and non COVID patients whilst maintaining a clean safe environment. It was also recognised that the team were supporting the Hospitals/MCS as part of the Trust 'Phase 2' (Recovery) responses as the Trust started to admit more patients both through elective and non-elective streams with and without COVID-19 infection. It was emphasised that due to the infectious nature of COVID-19, it was important that the systems and processes in place protected patients from each other and from Trust staff, in the transmission of the virus.

The Board also noted the Team's other wide range of key activities in response to the COVID-19 National Emergency including managing the risks associated with reducing the incidents of nosocomial (disease pertaining to, or acquired in, a hospital) transmission of COVID-19; Learning from local outbreaks within the Trust and informing the streaming and management of patients during their stay in healthcare facilities; and, working in partnership with colleagues in other departments to develop guidance on a range of prevention and control measures in both the clinical and non-clinical environment (including; hygiene factors, distancing, testing and tracing and PPE).

The Board was advised that the stock levels of Personal Protective Equipment (PPE) within the Trust were monitored daily and any escalation reported up to Gold Command.

The Board noted the range of activities in relation to the MFT workforce and the focus, as previously reported under Agenda Item 40/20 (above) on Absence rates relating to COVID-19. Attention was also drawn to the Trust's local planning and response to the Government's Test & Trace programme. It was confirmed that active management of staff affected by COVID-19 was embedded in the Trust's operational management systems, which included a full 7-day monitoring arrangement which enabled active workforce planning and the identification of support for staff. It was also reported that workforce data modelling was in place which tracked trends to inform forward planning.

It was reported that staff testing had been in place for almost three months and at the time of presenting the report to the Board, 2744 staff had been tested, of which 1793 had been advised to return to work. It was also recognised that in tandem with the transactional and planning work, the Trust's Employee Health and Wellbeing Services had been involved with the provision of advice to staff and managers including interpretation of national guidance. It was confirmed this included a dedicated work stream devoted to risk assessments for all vulnerable groups.

The Board noted the information captured in the report which clearly demonstrated that MFT was at the cutting-edge of Research and Innovation (R&I) and that the organisation was utilising this expertise to address the urgent priorities for research as part of a global, coordinated effort to enhance understanding of COVID-19. It was noted that Dr Tim Felton, Honorary Consultant at Wythenshawe Hospital and Senior Lecturer in the Division of Infection, Immunity and Respiratory Medicine at The University of Manchester, was the Clinical Lead for all MFT COVID-19 related research studies.

The report noted that the research in MFT was focussed on four key areas, namely, Treatments (interventional); Data; Diagnostics; and, Observational. It was further noted that as at 26/6/2020, MFT had recruited 3,809 participants into MFT COVID-19 research projects; 18 studies currently open to recruitment across MFT; 5 new studies setting up; and, 4 studies now closed to recruitment ("in follow-up").

It was recognised that MFT was a significant contributor to the Greater Manchester wide efforts in R&I, which were brought together under the COVID-19 Research Rapid Response Group (R3G) chaired by Professor Ian Bruce, Health Innovation Manchester (HInM) Academic Director and Manchester NIHR Biomedical Research Centre (BRC) Director. It was also confirmed that whilst HInM had also been supporting efforts in estates and equipment, such as 3D printing for personal protective equipment (PPE), HInM, BRC and CRN were wider Manchester organisations hosted at MFT through R&I.

In conclusion, the Board noted the contents of the comprehensive report presented by the Group Chief Operating Officer and other Group Executive Director colleagues.

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

83/20 Group Chief Finance Officer's Report

The Chief Finance Officer introduced the report and drew attention to MFT's financial performance to the end of June 2020. She confirmed that as a response to the COVID-19 pandemic, the NHS financial framework had been amended and that currently, all Trusts were on a block contract, with an adjusting 'top-up' made retrospectively to bring the Trust to breakeven. She also explained that this provided stability in the short-term as the Trust responded to the pandemic and as it began to restore services during the recovery phase. The Board noted that this arrangement was in place until the end of July 2020, and therefore the Trust did not currently have an agreed Control Total for 2020/21.

The Chief Finance Officer went on to explained that whilst full details had not yet been shared nationally, it was expected that the financial regime which was anticipated to come into place on 1st August 2020 would maintain the block payments to Trusts, but that the costs in excess of this would be financed from a system-wide (i.e. Greater Manchester) funding pot. She emphasised that whilst this had not been quantified as yet, financial constraints were expected to increase, and the Trust had been working closely with partners across GM to set up a structure to lead and manage this GM-wide funding mechanism. It was recognised that until the quantum was known, it was difficult to be explicit as to the level of risk within the system.

The Chief Finance Officer pointed out that despite the assurance of a breakeven position in the short term, strong financial governance and control was absolutely essential throughout the Trust. However, she was pleased to report that in June 2020, the overall expenditure of the organisation had remained consistent with the expenditure in May 2020, which was a positive outcome. It was also noted that the Trust had experienced a reduction in income from for example Private patients as the new financial regime was being embedded.

The Chief Finance Officer confirmed that Hospitals/MCSs had started to forecast their future monthly financial positions based on Month 2 (2020/21) and in the main had returned results within a relatively small margin. It was noted that at the end of Month 2, it was anticipated that further discussion and learning on improving the forecasting methodology would be required, and this had proved to be the case. She explained that this was part of the accountability discussions held with each Hospital/MCS leadership team.

In response to questions and observations from Mr Trevor Rees, the Group Chief Finance Officer explained that waste reduction schemes continued to be developed and that as the financial framework for the remainder of the year became clearer, additional waste reduction schemes would need to be identified and delivered by all parts of the organisation.

The Board noted the remedial actions to manage the risk, Cash & Liquidity position, and Capital Expenditure as presented in the report. It was particularly noted that the internal capital plan was now the subject of negotiations across Greater Manchester to bring the total planned spend into line with the new capital envelope (up to June 2020, £18.2m of capital spend was incurred and any future capital expenditure relating to COVID-19 required approval at a national level and the process had been widely communicated across the Trust).

The Group Chief Finance Officer was also pleased to report that the Trust's External Auditors (Mazars) had signed-off the Trust's 2019/20 Annual Accounts with no areas of concerns (a "Clean Audit"). She explained that the overarching feedback received from the Auditors was that this was regarded as an 'Exceptional Audit Report' which had been completed to the highest standards and within the original NHSE/I timeframes despite the added impact and ongoing response to the COVID-19 National Emergency since March 2020.

In conclusion, the Chief Finance Officer's Report (Month 3 - 2020/21) was noted

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

84/20 **Progress Report on the NMGH Management Agreement between Pennine Acute Hospitals NHS Trust and Manchester University NHS Foundation Trust and associated plans for a statutory acquisition of North Manchester General Hospital by MFT**

The Group Executive Director of Workforce and Corporate Business provided an update on key issues in respect of North Manchester General Hospital (NMGH). The Board noted, as presented in the report, the overview of the functioning of the management arrangements that were now in place for 2020/21 along with a description of the plans and processes to deliver a formal transaction to bring NMGH into MFT as at 1st April 2021, and information on the continued development of the North Manchester Proposition and the planned capital development as part of the national Health Infrastructure Programme (HIP).

The Group Executive Director of Workforce and Corporate Business confirmed that a more detailed report would be presented to the Board on 'the North Manchester Proposition' which was being updated and incorporated into a number of key documents in coming months, including the economic benefit plans, the strategic regeneration framework and the outline business case. The Group Executive Director of Workforce and Corporate Business confirmed that it was not intended to produce a revised version of 'The Proposition' document itself, but a key messages document would be created which updated 'The Proposition' thinking and could serve to support the development of critical documents.

The Board also noted that a short review of the governance arrangements for the North Manchester Proposition and the feedback received suggested that the governance structure is 'fit for purpose' and did not need to be altered. It was also noted that since the revised management agreement arrangements had been in place for NMGH (as of 1st April 2020), appropriate NMGH representatives had been included in all the key groups and to ensure that there was real clarity regarding the roles and responsibilities of different groups, several name changes had been proposed (and were noted by the GMB). The Group Executive Director of Workforce and Corporate Business confirmed that the proposals arising from the review had been endorsed by the North Manchester Strategy Board and MFT's NMGH Scrutiny Committee.

In conclusion, the Board received the report and noted progress being made with the transaction process and support the strategic direction of the overall Programme.

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

85/20   **Update Report on the CQC Action Plan**

The Group Chief Nurse reported that following completion of the comprehensive inspection and submission of the Trust action plan in 2018/19, the CQC had continued with its programme of oversight of the Trust. She reminded the Board that the oversight 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.

Attention was drawn to the very positive progress achieved with the Trust's *'Comprehensive Action Plan'* (overseen by the time limited CQC Inspection Response Group), along with the next steps approved at the Quality & Performance Scrutiny Committee on 2nd June 2020.

The Group Chief Nurse confirmed that whilst the CQC Relationship Team were due to be in attendance at scheduled 'sign-off meeting(s) with the Trust in March 2020, due to the emerging COVID-19 National Emergency, these were unfortunately cancelled and alternative arrangements were made which included the submission of the Trust's updated action plan and supporting evidence (from each of the MFT Hospitals/MCS and the M&TLCO). It was noted that the Trust also submitted a narrative that described the progress of each of the Hospitals/MCS/M&TLCO accompanied by supporting presentations.

The Group Chief Nurse also confirmed that the Trust had submitted that all actions, except two, had now been completed; with the CQC aware of the background and progress with the two remaining actions, namely, the establishment of the electronic patient record (EPR) and the paediatric anaesthetic dental waiting list.

The Group Chief Nurse was pleased to report that on 9th April 2020, the Trust received a letter from the CQC that detailed that they had signed-off the plan and noted that it was evident that a huge amount of work had gone into this from all staff at MFT to improve quality and safety for patients. The Board was also pleased to note that the CQC made it clear they had seen evidence of this when they visited the Hospitals/MCS and that staff had told them about the improvements that they had made. The Group Chief Nurse confirmed that from the CQC's perspective, the action plan was now closed and that they would monitor the two outstanding actions as part of their routine engagement process.

For completeness, the Board also noted the decision taken to place the *NHS Nightingale Hospital North West* on standby from the end of June 2020 and that the facility may need to be stood back up later if a further COVID-19 surge was experienced. The Group Chief Nurse confirmed that advice had been sought from the CQC on the arrangements for registration and it has been jointly decided that the *NHS Nightingale Hospital North West would* remain on the MFT Statement of Purpose and be registered as part of the organisation in the short term. It was understood that this would negate the need to repeat the registration process if the facility was stood back up at a future date. The Group Chief Nurse reported that the situation would be reviewed on a month to month basis and de-registration undertaken when appropriate; with a revised Statement of Purpose submitted to the Board of Directors for approval when this occurred.

In conclusion, the Board was advised that the CQC had indicated that they would visit any of the Trust sites in the near future if they were aware of any specific indicator of high risk that required them to do so. It was further noted that discussions (led by the Group Chief Nurse) were now underway as to how the evidence submitted by the Trust informed the ratings and how the Trust could demonstrate improvement as appropriate without the process of onsite inspection. It was confirmed that the two remaining actions continued to be addressed and were now subsumed into 'business as usual'.

The Board noted the update report as presented.

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

86/20   **Clinical Research Network (CRN): Greater Manchester Annual Report (2019/20)**

The Board of Directors received and noted the CRN: GM Annual Report for 2019/20. Attention was drawn on how the report highlighted key activities throughout the year across three main areas, namely, 'Delivery of Performance'; 'Engagement and Events'; and, 'Digital Transformation'.

The Group Joint Medical Director provided a summary of the High Level objectives, performance and successes during 2019/20 and especially outlined the CRN's ongoing response to the COVID-19 National Emergency (with emphasis on lead roles and participation in key COVID-19 linked nation-wide studies).

The Board also noted a range of activity under the main headings of 'Targeting Health Needs'; 'Partner Engagement'; 'Patient and Public Involvement and Engagement (PPIE)'; and, 'Social Care Pump Priming Pilot, including confirmation of any underspend'.

In conclusion, the Board recognised that the Greater Manchester CRN continued to look for every opportunity to provide new and innovative solutions to the health and social care of its local population. It was also acknowledged that there was clear teamwork and engagement with 2019/20 being another successful year.

The CRN: GM Annual Report for 2019/20 was received and noted.

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

87/20   Board Assurance Framework (June 2020)

The Board received the Board Assurance Framework (June 2020) and noted that the Trust Scrutiny Committees, on behalf of the Board of Directors, utilise the BAF to inform and guide their key areas of scrutiny and especially targeted 'deep dives' into areas requiring further assurance.

It was particularly noted that the updated BAF for June 2020 especially highlighted the impact of the ongoing COVID-19 National Emergency.

Decision:	BAF (June 2020) received by the Board of Directors	**Action by:** n/a	**Date:** n/a

88/20   MFT Annual Reports for 2019/20

The Board of Directors received, noted and approved the following Annual Reports and it was agreed that further 'deep dives' on selected subject headings and themes would be undertaken at the relevant Board Sub-Committees such as the *Quality & Performance Scrutiny Committee* in early August 2020:

- Complaints Annual Report (2019/20)
- Annual Infection Prevention Control Report (2019/20)
- Annual Nurse & Midwifery Revalidation Report (2019/20)
- Annual Accreditation Report (2019/20)
- Annual Safeguarding Report (2019/20)
- Q4 (2019/20) Complaint Report

The Board of Directors noted the following Board Sub-Committee meetings which had taken place during May and June 2020:

- Group Risk Oversight Committee held on 4th May 2020
- Audit Committee held on 26th May 2020
- Quality & Performance Scrutiny Committee on 2nd June 2020
- HR Scrutiny Committee held on 16th June 2020
- NMGH Scrutiny Committee held on 22nd June 2020

89/20   Date and Time of Next Meeting

The next meeting of the Board of Directors will be held on **Monday 14th September 2020** at **2pm**.

N.B. This meeting will not be held in a Public setting due to the COVID-19 National Emergency and the UK Governments ongoing local 'Lock-Down' restrictions in GM and 'Social Distancing' directives.

90/20   Any Other Business

There was no other business.

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

(v) Attendance via 'Electronic Communication' (Microsoft Teams) in keeping with the **MFT Constitution – October 2017** *(Annex 7 – Standing Orders – Section 4.20 Meetings – Electronic Communication – Page 108)*

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Directors
Paper prepared by:	Gareth Summerfield, Head of Information, Information Management, MFT
Date of paper:	September 2020
Subject:	Board Assurance Report – July 2020
Purpose of Report:	Indicate which by ✓ • Information to Note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	The Board Assurance Report is produced on a monthly basis to inform the Board of compliance against key local and national indicators as well as commenting on key issues within the Trust.
Recommendations:	The Board of Directors is asked to note the content of the report.
Contact:	Name: Gareth Summerfield, Head of Information, Information Management Tel: 0161 276 4768

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS

BOARD ASSURANCE REPORT

(July 2020)

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 commentating 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 five 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)

		Core Priorities	✓	◇	✗	No Threshold
Safety	R.Pearson\T.Onon		3	1	1	0

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

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

Headline Narrative

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

Section - Core Priorities

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

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

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

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

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

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> Board Assurance | July 2020

Safety
J.Eddleston\T.Onon

Core Priorities	✓	◇	✕	No Threshold
	4	0	2	0

Headline Narrative

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

The Group has had 5 Never Events reported since August 2019, there have now been no never events for a period of 6 months (Last Never Event was 5th February 2020). 1 previously reported Never Event has been downgraded following completion of investigation.

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, WTWA, MREH 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.

Safety - Core Priorities
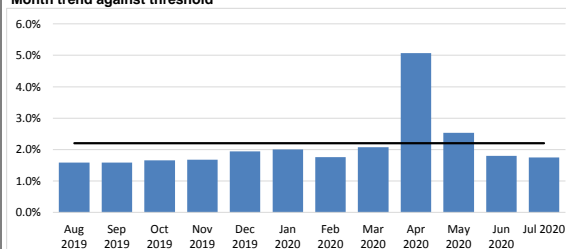
Crude Mortality ✕

Actual	2.65%	YTD (Apr 20 to Jul 20)		**Accountability**	J.Eddleston\T.Onon
Threshold	2.20%	(Lower value represents better performance)		**Committee**	Audit Committee

Month trend against threshold

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

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

The crude mortality for April / May 2020 has been impacted upon by the pandemic, June and July have returned to lower levels though still slightly above the ame period for last year. Work is underway to fully understand the impact - this work includes detailed reviews of deaths, focused reviews e.g. in Critical Care, triangulation of information including covid-19 and non-covid-19 deaths and MFT contribution to GM work on analysis.

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✕	✕	✓	✓	✓	✓	✕
26.0%	3.7%	0.3%	0.4%	0.0%	0.0%	4.0%

Mortality Reviews - Grade 3+ (Review Date) ✕

Actual	2	YTD (Apr 20 to Jul 20)		**Accountability**	J.Eddleston\T.Onon
Threshold	0	(Lower value represents better performance)		**Committee**	Clinical Effectiveness

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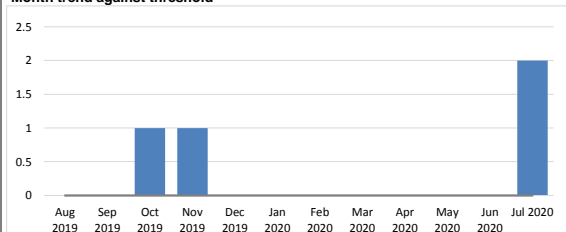
The number of mortality reviews completed where the probability of avoidability of death is assessed as 'Definitely Avoidable'.

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 Learning from Deaths Committee 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. The Medical Examiner referral and review process commenced formally in July 2020.

Actions
The focus is now on dissemination of the resulting changes and developments in practice across the organisation.

A key focus in the coming months will be understanding the impact of COVID-19 on mortality, understandnig the improvements required and early implementation of lessons learned.

Hospital level compliance

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

> Board Assurance | July 2020

Hospital Incidents level 4-5 ✓

Actual	25	YTD (Apr 20 to Jul 20)	**Accountability** J.Eddleston\T.Onon
Threshold	31	(Lower value represents better performance)	**Committee** Clinical Effectiveness

Month trend against threshold

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✓	✓	✓	✓	✓	✓	✗
1	8	2	2	0	0	12
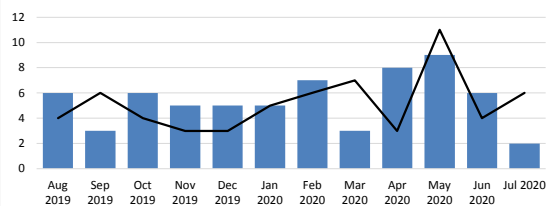
This is a broad, all embracing category covering incidents at a high level e.g. falls, pressure ulcers, medication errors etc. (These figures include incidents that are unconfirmed so may decrease)

Key Issues

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. Of note during the peak of the Covid-19 pandemic a decrease in reported incidents was observed, however this has now increased back to pre-pandemic levels.

The overall number of serious harm incidents YTD compared to the same period last year is slightly higher. In terms of hospital sites the threshold is based on the same period last year and it can be seen that a small increase has been observed in some sites, however these are small numbers and natural variation will occur and a number of these remain unconfirmed. These figures include a number of Hospital Acquired Covid-19 incidents. During the pandemic there have been a number of changes to ward functions which may impact on comparisons with previous year figures.

Actions

Communication of test results, delayed diagnosis and access to treatment remain 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. Detailed analysis of investigations relating to delayed diagnosis and / or delayed treatment is currently underway.

Thematic reports are reviewed at a number of forums and will inform the 2020/21 work plans.

Never Events ✓

Actual	0	YTD (Apr 20 to Jul 20)	**Accountability** J.Eddleston\T.Onon
Threshold	0	(Lower value represents better performance)	**Committee** Clinical Effectiveness

Month trend against threshold

Hospital level compliance

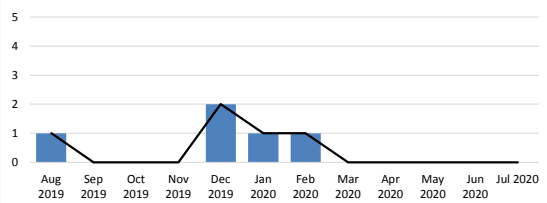| Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✓	✓	✓	✓	✓	✓	✓
0	0	0	0	0	0	0

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

Key Issues

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

Since August 2019 there have been 5 Never Events. Investigations for all of these are complete with a range of actions being implemented. A Deep Dive has been undertakan on all Never Events for the last 3 years, this includes a range of recomendations for further work to reduce risk.

There have been no reported never events in the last 5 months (Mar-July).

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 which is subsequently being implemented across MFT. This work will be reported to the Quality & Safety Committee.

> Board Assurance

SHMI (Rolling 12m) ✓

Actual	95.2	R12m (Apr 19 to Mar 20)	**Accountability**	J.Eddleston\T.Onon
Threshold	100	(Lower value represents better performance)	**Committee**	Clinical Effectiveness
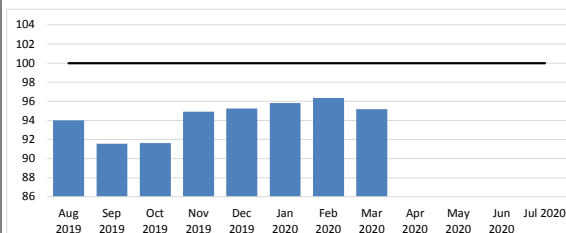
The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. The SHMI indicator gives an indication of whether the 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, UDHM and SMH 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	NA	✓
NA	100.4	NA	NA	NA	NA	94.3

Summary Hospital-level Mortality Indicator for the Shelford Group, Apr 19-Mar 20

HSMR (Rolling 12m) ✓

Actual	90.9	R12m (Apr 19 to Mar 20)	**Accountability**	J.Eddleston\T.Onon
Threshold	100	(Lower value represents better performance)	**Committee**	Clinical Effectiveness
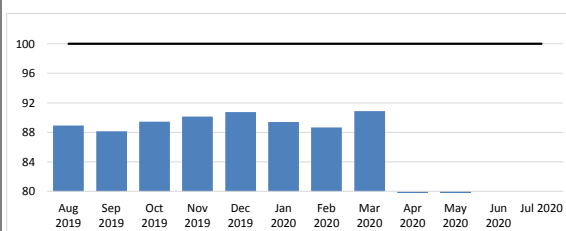
HSMR monitors a Trust's actual mortality rate when compared to the expected mortality rate. It specifically focuses on 56 diagnosis codes that represent 85% of national admissions.

HSMR is a metric designed for adult practice.

HSMR is a weighted metric for all adult acute settings (RMCH, REH, UDHM and SMH 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	83.6	NA	NA	NA	NA	103.7

Hospital Standardised Mortality Ratio for the Shelford Group, Apr 2019-Mar 2020

> Board Assurance

July 2020

Patient Experience
C.Lenney

Core Priorities	✓	◇	✕	No Threshold
	5	2	0	2

Headline Narrative

In July the improvement in the percentage of complaints resolved within the agreed timeframe continued. The number of new complaints received across the Trust during July 2020 was 91, which is an increase compared to 69 in June 2020. The continual increase is expected to coincide with the re-establishment of planned activity following the response to the Coronavirus pandemic.

Performance is monitored and managed through the Accountability Oversight Framework (AOF). The closure of complaints resolved within the agreed timescales across MFT in July 2020 was 91.0%.

The Friends and Family Test (FFT) remained on 'pause' nationally in order to release capacity to support the NHS's response to the COVID-19 pandemic.

Infection prevention and control remains a priority for the Trust. Trust performance for the current financial year is above trajectory for MRSA due to 6 trust-attributable cases being reported (against a threshold of zero) up until the end of July. No national targets have been set for CDI, so a 10% reduction target on last year's position (145 cases) has been proposed.

Percentage of complaints resolved within the agreed timeframe

◇

Actual	77.8%	YTD (Apr 20 to Jul 20)	**Accountability**	C.Lenney
Threshold	90.0%	(Higher value represents better performance)	**Committee**	Quality & Safety Committee

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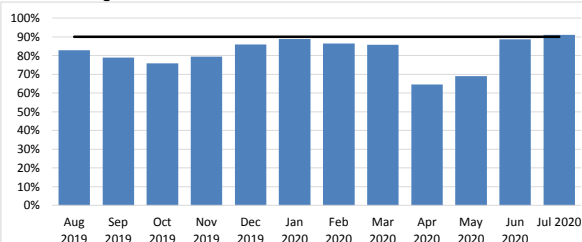
The Trust has a responsibility to resolve complaints within a timeframe agreed with the complainant. The timeframe assigned to a complaint is dependent upon the complexity of the complaint and is agreed with the complainant.

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.
There was a further improvement in the number of complaints resolved within the agreed timeframe, with 91.0% in July 2020 compared with 88.8% in June 2020.

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.

**Hospital level compliance**

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✓	✓	◇	✕	◇	✓	◇
95.7%	93.9%	71.2%	69.0%	80.0%	100.0%	88.2%

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

FFT: All Areas: % Extremely Likely and Likely

◇

Actual	94.2%	YTD (Apr 19 to Feb 20)	**Accountability**	C.Lenney
Threshold	95.0%	(Higher value represents better performance)	**Committee**	Quality & Safety Committee

Month trend against threshold
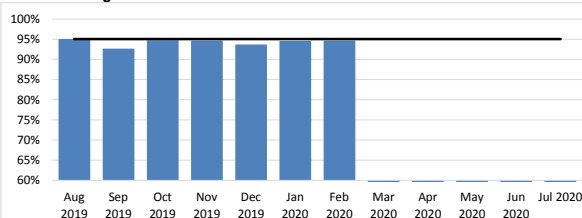
The Friends and Family Test (FFT) is a survey assessing patient experience of NHS services. It uses a question which asks how likely, on a scale ranging from extremely unlikely to extremely likely, a person is to recommend the service to a friend or family member if they needed similar treatment. This indicator measures the % of inpatients 'extremely likely' and 'likely' to recommend the service.

Progress

In response to the Coronavirus pandemic and in line with NHS England Guidance issued in March 2020, the FFT process continues to be temporarily paused.

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
✓	◇	◇	✓	◇	✓	◇
97.2%	92.5%	90.3%	97.6%	94.8%	97.5%	94.2%

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.

> Board Assurance

Complaint Volumes ✔️

Actual	256	YTD (Apr 20 to Jul 20)	**Accountability**	C.Lenney
Threshold	516	(Lower value represents better performance)	**Committee**	Quality & Safety Committee

Month trend against threshold

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✔️	✔️	✔️	✔️	✔️	✔️	✔️
17	61	33	27	6	2	82

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 July 2020 was 91, which is an increase compared to 69 in June 2020.

MRI & WTWA received the highest number of complaints in July 2020; each receiving 24 complaints (26.3% of the Trust total). Compared to the previous month this is an increase of 4 complaints for MRI & an increase of 11 complaints for WTWA.

Of the 24 complaints received for MRI the specific themes were 'Clinical Assessment' and 'Treatment/procedure'. Respiratory Medicine was a specific area identifed in the complaints relating to 'Clinical Assessment' theme.

Of the 24 complaints received for WTWA the specific themes were 'Communication' and Treatment/Procedure. There were no specific areas identified in the complaints relating to these themes.

At the end of July 2020 the total number of over 41 days old complaint cases was 29, this represents a decrease of 5 when compared to the previous month. The Hospital/MCS/LCO with the highest number of cases over 41 days at the end of July 2020 was WTWA with 11 (38%) of the total cases over 41 days old. The number of WTWA cases over 41 days old at the end of June 2020 was 15.

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.

Food and Nutrition ✔️

Actual	95.6%	YTD (Apr 20 to Jul 20)	**Accountability**	C.Lenney
Threshold	85.0%	(Higher value represents better performance)	**Committee**	Quality & Safety Committee

Month trend against threshold

NB: Due to data suspensions there is no data available for April and May

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
✔️	✔️	✔️	✔️	✔️	❌	✔️
97.1%	95.8%	91.1%	96.7%	98.5%	77.3%	96.1%

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

Progress

Improvement work continues at both Ward and Trust-wide level across all aspects of food and nutrition in response to the low score achieved by the Trust within the National Impatient Survey. Patient Dining Forums are established for ORC and WTWA.

The 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 withing the Nutrition and Hydration Strategy is monitored through the Trust Patient Experience and Quality Forum.

In recognition of the need to further improve the quality of food, a designated work programme, established in collaboration between Nursing, Estates and Facilities, was initiated in December of 2019 with the intention of identifying a number of high impact changes. A key work stream is the concept of a 'Model Ward'.The aim of the 'Model Ward' is to develop an exemplar ward with regard to the catering provision and the dining experience for patients, which will identify the changes that deliver the highest impact and which can be replicated across the wider Trust.

The Model Ward Programme was suspended due to the COVID-19 pandemic from March-August 2020. An initial meeting to review and recommence the Programme was held in August 2020. Monthly planning meetings are now scheduled.

Pain Management ✓

Actual	91.8%	YTD (Apr 20 to Jul 20)	**Accountability**	C.Lenney
Threshold	85.0%	(Higher value represents better performance)	**Committee**	Quality Committee

Month trend against threshold

NB: Due to data suspensions there is no data available for April and May

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
✓	✓	✓	✓	✓	✓	✓
96.5%	86.9%	88.7%	94.3%	97.3%	97.7%	93.8%
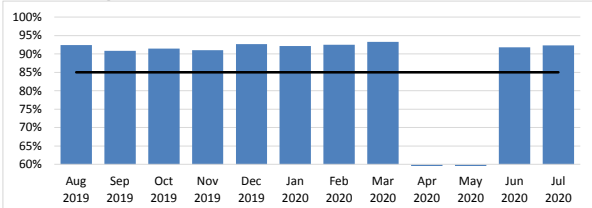
The KPI shows the % of the total responses to pain management questions within the Quality Care Round that indicate a positive experience.

Progress

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

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

Clostridium Difficile – Lapse of Care ✓

Actual	10	YTD (Apr 20 to Jul 20)	**Accountability**	C.Lenney
Threshold	35	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✓	✓	✓	✓	✓	✓	✓
0	7	0	1	0	0	2

Each Clostridium difficile infection (CDI) incident is investigated locally to determine whether the case was linked with a lapse in the quality of care provided to a patient. The KPI shows the number of CDI incidents that were linked to a lapse in the quality of care provided to a patient.

Progress

A total of 194 CDI cases were reported during 2019/2020: 145 (74.7%) of which were trust-attributable against a trajectory of 173. There have been 54 trust-attributable CDI reported so far this year, against a threshold of 44. Of these cases, 10 have been identified as demonstrating a lapse in care. There were 14 trust-attributable CDI cases reported for July 2020, 2 of which demonstrated a lapse in care with 8 cases pending review.

Nursing Workforce – Plan v Actual Compliance for RN ✓

Actual	83.0%	(February 2020)	**Accountability**	C.Lenney
Threshold	80.0%	(Higher value represents better performance)	**Committee**	Quality & Safety Committee

Month trend against threshold

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
NA	✓	✗	✓	✓	NA	✓
NA	80.3%	78.6%	87.1%	85.1%	NA	85.6%

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

The planned and actual safe staffing data is not available due to the reconfiguration of ward areas during the covid pandemic and whilst the hospitals/MCSs implement their workforce recovery plans. It is anticipated the Trust will be in a postion to report this data to NHSI/E from September 2020 following completion of the Hospital/MCS recovery plans.

A safe staffing daily risk assessment is undertaken by the Director of Nursing for each hopsital/MCS and the escalation level reported to the Trust Tactical Commander. 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.

> Board Assurance

July 2020

PALS – Concerns

Actual	1136 YTD (Apr 20 to Jul 20)
Threshold	None (Lower value represents better performance)
Accountability	C.Lenney
Committee	Quality Committee

Month trend against threshold

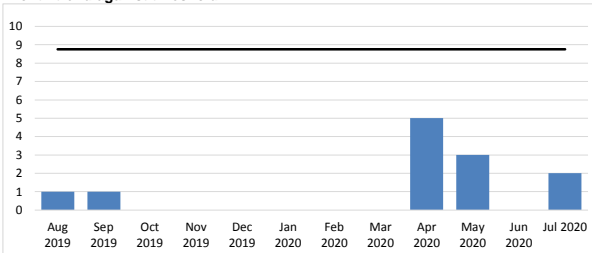
Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
-	-	-	-	-	-	-
61	314	92	151	77	23	334

There was an increase in the number of PALS concerns received by the Trust in July 2020.

Key Issues
A total of 378 PALS concerns was received by MFT during July 2020 compared to 309 PALS concerns in June 2020. The continued increase coincides with the phased reopening of services following the Trust's response to COVID-19.

WTWA received the highest number of PALS concerns in July 2020; receiving 108 (28.5%) of the total. This is an increase of 9 for WTWA compared to the previous month (99). The specific themes for WTWA related to 'Appointment/Delay/Cancellation (OP)', 'Communication' and 'Treatment & Procedure'. There were no specific areas identified in the PALS concerns relating to these themes.

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

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

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All Attributable Bacteraemia

Actual	42 YTD (Apr 20 to Jul 20)
Threshold	None (Lower value represents better performance)
Accountability	C.Lenney
Committee	Quality Committee

Month trend against threshold

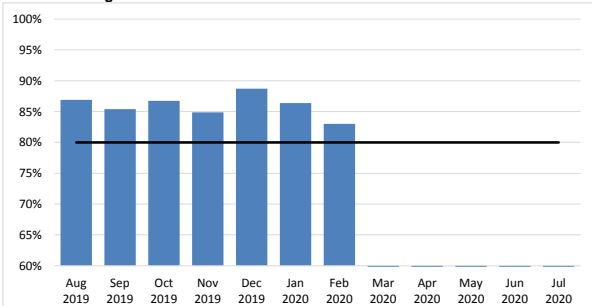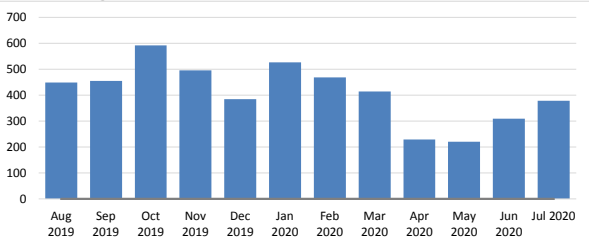**Hospital level compliance**

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
-	-	-	-	-	-	-
10	18	6	1	0	0	7

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

Progress
There were 591 incidents of E.coli bacteraemia reported to PHE during 2019/2020. Of these, 158 cases (26.7%) were determined to be hospital-onset. There have been a total of 37 trust-attributable E. coli bacteraemia reported so far in 2020/2021, of which 14 were reported during July 2020.

There were 8 trust-attributable MRSA bacteraemia cases reported to PHE during 2019/2020, and 6 community-attributable cases reported. There have been 6 trust-attributable MRSA bacteraemia reported for the current financial year, with one of these being reported in July (from Ward F5 at Wythenshawe Hospital) . A review of the RCA documentation for the first 5 cases for 2020/2021 was presented at the Group Infection Control Committee and identified issues around screening.

> Board Assurance

July 2020

Operational Excellence
J.Bridgewater

Core Priorities	✓	◇	✗	No Threshold
	2	0	9	0

Headline Narrative

The Covid19 pandemic has had a detrimental impact on MFT performance against constitutional standards, particularly those related to elective access. In line with national guidance relating to the Covid19 pandemic, on Tuesday 17th March MFT made the decision to suspend the elective programme with immediate effect, with the exception of life, limb or sight threatening procedures. Furthermore, outpatient activity had been suspended from the 26th March. New referrals and the existing waiting lists have been prioritised in line with national clinical prioritsiation criteria. The pandemic has resulted in some unexpected positive performance results relating to improved timeliness of access in A&E and improved discharge, due to less demand and the actions taken to manage the Covid19 response.

MFT governance framework to oversee and manage the Covid19 response remains in place, which also feeds into the GM Covid governance structure which is overseeing the system response. In addition, MFT has a recovery programme in place which incorporates a number of workstreams, a number of which specifically relate to constitutional standards: Outpatients, Elective Care, Urgent Care and Cancer. Each workstream has a designated Group Executive or Hospital Chief Executive lead to oversee the programme of work. The aim of the workstreams is to plan for the recommencement of activity, but in addition ensure best practice and improvements to pathways are implemented, some of which were already in progress prior to Covid19 to respond to demand and performance pressures. There is a weekly recovery workstreams meeting overseen by the Chief Transformation Officer to gain assurance that workstreams are making progress in line with agreed timescales. The recovery programme reports into the Trust Strategic Covid19 Incident Response meetings chaired by the Chief Operating Officer. In addition, a combined risk relating to the impact of Covid 19 on national constitutional standards has been included on the risk register and will be reported to the Group Risk Committee.

Greater Manchester system has established a Governance Framework to oversee the response to the Covid 19 incident, providing a system wide view and facilitating mutual aid across providers, including the use of the independent sector. MFT links into the daily GM gold conference calls, with MFT representatives on the In Hospital and Community Cells. The command and control structure will be in place until year end to mitigate the impact of further Covid19 waves, and to coordinate system recovery planning.

The below data demonstrates that elective standards continue to be challenged, demand levels are starting to increase with pressures in some areas, although corresponding as the recovery workstreams continue to progress activity is increasing. In addition, urgent care and flow workstreams continue to have strong performance.

Operational Excellence - Core Priorities

RTT - 18 Weeks (Incomplete Pathways)   ✗

Actual	38.2%	(July 2020)	Accountability	J.Bridgewater
Threshold	92.0%	(Higher value represents better performance)	Committee	Trust Board

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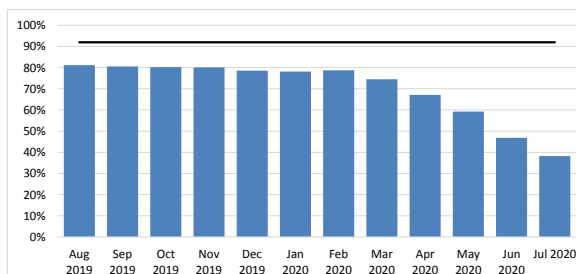
The percentage of patients whose consultant-led treatment has begun within 18 weeks from the point of a GP referral. Incomplete pathways are waiting times for patients waiting to start treatment at the end of the month.

Key Issues
• Suspension of the elective programme as a result of Covid19.
• On-going programme of work to upgrade the PAS and to data quality assure the waiting list.

Actions
• Two key recovery workstreams are in place to support the RTT standards focused on Outpatients and Electives.
• Outpatient workstream is focused on: clinical triage of the waiting list, determining the activity which needs to be seen virtually or face to face, determine clinical urgency as capacity comes on line, establish protocols for use of virtual consultations, to establish demand management protocols, roll out of virtual consultations, ERS advice and guidance and electronic triage.
• Elective workstream is focused on: clinical review of the elective waiting list, identify current theatre capacity, consideration of pre-assessment pathways, workforce implications and impact on capacity, identify and maximise the use of the Independent Sector, confirm the critical care de-escalation plan and the associated implications for theatre staffing, determine any financial implications.
• Governance processes remain in place in relation to the longest waits to ensure harms is assessed.
• The RTT programme in place prior to Covid 19 has recommenced, with weekly review of all long wait patients to ensure these are data in a timely manner, and that data quality assurance processes remain in place.
• The Trust will be taking part in the national diagnostic programme to support elective care restoration, which is in line with the MFT RTT programme which has been in place for some time, and will focus on data quality and validation of waiting lists.

Progress
• As expected, the Impact of Covid19 and the suspension of the elective programme has had a detrimental impact on both the long wait and the RTT position since April, which is also reflective of the national position.
• The number of patients waiting longer than 52 weeks in July equates to 3% (3245) of the overall waiting list size.
• The July RTT wait list stands at 102381
• Phase 3 planning guidance was issued on the 7th August 2020, setting out the activity expectations to support the restoration of critical services. This expects that provider activity levels should reach 70% of pre-Covid levels by August for elective / outpatient and daycase activity, with a further stretch to 80% by September and 90% in October.
• The Trust is completing the phase 3 modelling based on the national and local expectations for submission to NHSI, to support this speciality level trajectories have been developed for the likely reduction in 52 week waits based on a number of scenarios / risks
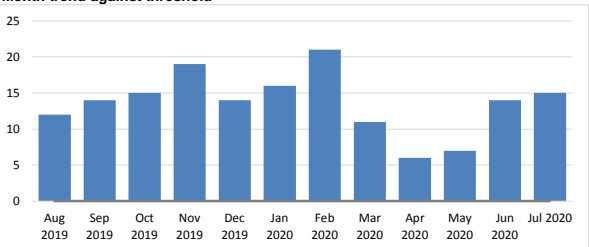
Hospital level compliance

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
✗	✗	✗	✗	✗	✗	✗
41.6%	39.9%	37.7%	38.3%	38.2%	12.7%	45.6%

> Board Assurance   July 2020

Diagnostic Performance   ✗

Actual	48.8%	(July 2020)
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
• Cancellation of diagnostics in March inline with National directive to cancel elective and OPD activity.
• Prioritisation of cancer scanning/reporting.

Actions
• Whilst there is not an individual workstream related to diagnostics, this is a critical consideration and cuts across all outpatient, elective and cancer workstreams.
• Activity has been undertaken for clinically urgent / priority patients, improvements in the reporting backlog have been achieved as a result of less demand during the pandemic.

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	✗
42.7%	67.7%	86.5%	77.8%	NA	NA	43.6%

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

Progress
• The waiting list size for diagnostic tests has remained stable at c. 23,500.
• The number of diagnostic tests undertaken in July has increased by 36% compared to the previous month, although this remains at c.80% of pre-Covid activity levels.
• Performance in July improved by a 10% reduction in the longest waits.

Cancelled operations - rescheduled <= 28 days   ✗

Actual	67	YTD (Apr 19 to Feb 20)
Threshold	0	(Lower value represents better performance)

Accountability	J.Bridgewater
Committee	Trust Board

Month trend against threshold

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

Key Issues
• National guidance to suspend the elective programme due to Covid19.

Actions
• See actions under the RTT standard, Elective recovery workstream.

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✗	✗	✓	✓	✓	✓	✗
10	32	0	0	0	0	25

Progress
•Please note that due to suspensions in data submissions as a result of Covid 19 the cancelled operations KPI has not been reported since March.

Cancer 31 Days First Treatment   ✗

Actual	91.0%	Q1 20/21 (Apr 20 to Jun 20)
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, 3 key challenged pathways: Lung, Urology and Gynaecology, Covid19 impact.

Actions
• Cancer treatments are being prioritised during the Covid19 pandemic, in line with national urgency criteria.
• The most urgent are discussed via a clinical panel to determine: alternative treatment options and risk of surgery.
• Capacity is assessed weekly by Cancer Managers, Hospital and Clinical Leads.
• Mutual aid for capacity is being coordinated via a GM Cancer Surgical Hub
• Cancer Recovery Workstream in place, details under the 62 day standard.
• Use of the Independent Sector throughout the Covid19 pandemic for thoracic and breast surgery.

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	94.9%	100.0%	96.7%	NA	NA	89.1%

Progress
• The quarterly performance is 5% below the standard, due to longer waiting times for treatment as a result of Covid.
• All hospitals achieved the standard with the exception of WTWA, with a number of challenged cancer sites.
• Performance is likely to be more challenged over the forthcoming months as the lower risk patients that have waited longer, start to be treated following Covid. Patients who have breached the standard are reported in the month they have been treated.

> Board Assurance
July 2020

Cancer 62 Days RTT ✗

Actual	60.9%	Q1 20/21 (Apr 20 to Jun 20)
Threshold	85.0%	(Higher value represents better performance)

Accountability	J.Bridgewater
Committee	Trust Board

Month trend against threshold

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
NA	✗	✓	✗	NA	NA	✗
NA	48.8%	100.0%	62.3%	NA	NA	64.2%
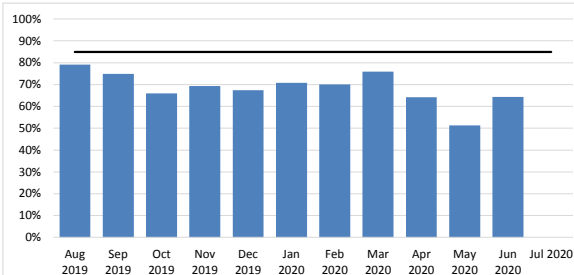
The percentage of patients receiving first treatment for cancer following an urgent GP referral for suspected cancer that began treatment within 62 days of referral.

Key Issues
• Historical underperformance against the standard due to demand pressures, 12% increase in 2 week wait referrals in 2019/20, and capacity constraints particularly relating to radiology and pathology reporting.
• The impact of covid19 has resulted in capacity constraints and affected the ability of cancer systems across the UK to deliver planned cancer treatment for all its cancer patients.

Actions
• A number of immediate actions were undertaken to support the continuation of the most urgent cancer activity during the Covid19 pandemic, with the cancer patient tracking lists clinically triaged in line with a national urgency criteria. The most urgent are discussed via a clinical panel to determine: alternative treatment options and risk of surgery. Each Hospital has a clinical MDT supported by a Cancer Manager to review waiting lists twice weekly. Effective governance and a standardised operating procedure has been put in place across MFT to support these processes. New referrals continue to be received and clinically triaged, with telephone assessments and progress to diagnostics as appropriate.
• The wider GM system has put a number of actions in place to coordinate system capacity, including mutual aid for capacity coordinated via a GM Cancer Surgical Hub. In addition, GM wide work is taking place on the introduction of a single queue for 4 specialist diagnostic tests (EBUS, CPEX, EUS and CT guided biopsy). MRI has been selected to lead on CPEX and Wythenshawe will lead the work around EBUS and CT guided biopsy).
• The MFT Cancer recovery workstream is focused on:
- Re-establishment of screening programmes,
- Rapid implementation of the rapid diagnostic centre programme over the next 2-3 months, with phase one specialities of Haematology, Gynaecology, Oesophago-gastric and HPB. Phase 2 will be towards the latter part of the year and will incorporate Lung, Sarcoma and expansion of the vague symptoms pathway.
- increasing capacity to undertake the lower risk stratified activity, although this is dependent on workforce, and availability of Covid screening.
- The cancer workstream interlinks, and will benefit from the actions being undertaken in the both the outpatient and elective workstreams.
- A key element of the workstream is to continue to progress the Cancer Excellence Programme that MFT had implemented through 2019/20, with phase one actions complete and reported to the Q&PSC in January. Implementation of best practice pathways underpins this programme of work.

Progress
• Elective activity is now starting to increase, with cancer cases being prioritised and a number of screening programmes have recommenced. Plans are also in place to use independent sector capacity to support improved access for patients.
• It is expected that as the lower clinical priority cancer patients are treated, the 31/62 day performance both at Trust / National level will continue to reduce over the forthcoming months, given these patients have already waited longer than 62 days due to the pandemic and are reported in the month they are treated.
• Referrals per month for MFT were c.3050, July referrals were the highest seen since February (2700) and were 80% of pre Covid levels. Although, some specialities such as Head & Neck and Skin, have already returned or exceeded pre-Covid levels.
• The number of treatments in July for all cancer patients also continued to increase and are at 70% of pre Covid levels, although as noted above this is likely to impact on performance as the longer wait patients are treated.
• In line with the phase 3 planning guidance MFT is committed to the full restoration of all cancer services as quickly as possible, with patients treated in line with clinical urgency. All hospital and individual cancer sites have been requested to develop trajectories to reduce the number of patients over 62 days.
• A multi-disciplinary GM Clinical Reference Group for Endoscopy has been in place over the last few months, and through collaborative working has agreed, and is implementing a number of pathway improvements, and additional actions to increase capacity, which is a key area of concern both at a national and regional level due to demands already in existence on this service prior to Covid.
• Safety remains a key priority and harm reviews continue to be undertaken for the longest wait patients.

Cancer 31 Days Sub Surgical Treatment ✗

Actual	87.6%	Q1 20/21 (Apr 20 to Jun 20)
Threshold	94.0%	(Higher value represents better performance)

Accountability	J.Bridgewater
Committee	Trust Board

Month trend against threshold

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
NA	✓	NA	✗	NA	NA	✗
NA	94.1%	NA	82.4%	NA	NA	87.5%
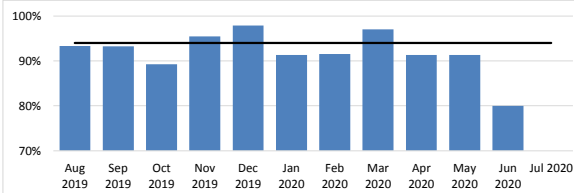
The percentage of patients that waited 31 days or less for second or subsequent treatment, where the treatment modality was surgery.

Key Issues
• Cancer Demand increasing
• Smaller volume of treatments on this pathway

Actions
Actions noted under the above cancer standards.

Progress
• Progress noted above under the 62 day standard.
• As noted above performance is likely to reduce as activity increases and more patients are treated with longer waiting times as a result of Covid.

Cancer Urgent 2 Week Wait Referrals ✗

Actual	81.7%	Q1 20/21 (Apr 20 to May 20)
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
• Demand, 13% increase in 2ww referrals in 2019/20
• Significant reduction in demand due to Covid19.

Actions
• Actions are noted under the above cancer standards, in addition the actions being undertaken as part of the outpatient recovery workstream will support resilience of this standard.

Progress
• Cancer 2ww referrals have returned to 80% of pre-Covid levels, with a corresponding increase in the number of 2ww referrals seen in June.
• All Hospitals, with the exception of WTWA, achieved the standard in Q1.
• The Skin and Breast cancer sites are affecting the overall Group performance, due to their size, and also capacity challenges as a result of Covid. These services don't lend themselves to virtual appointments and therefore, alternative options have had to be considered. Additional capacity is being established for Breast in the private sector, and work is being undertaken with Commissioners for skin which has seen an increase in 2ww referrals above pre-Covid levels due to limited face to face appointments within the community.
• Both Skin and Breast services have developed plans and a recovery trajectory.

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	59.8%	100.0%	95.8%	NA	NA	74.3%

Cancer 2 Week Wait - Breast ✗

Actual	59.1%	Q1 20/21 (Apr 20 to Jun 20)
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
Demand pressures, support to other providers in GM, Impact of Covid19.

Actions
•All referrals are being triaged with high risk patients invited to attend a face to face appointment, and physical examination.
• Clinics are running at reduced numbers to maintain social distancing precautions and reduce Covid19 risk
• Cancer Recovery Workstream in place, details under the 62 day standard.

Progress
See the 2ww measure.

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
NA	NA	NA	NA	NA	NA	✗
NA	NA	NA	NA	NA	NA	59.1%

Cancer 62 Days Screening ✗

Actual	72.9%	Q1 20/21 (Apr 20 to Jun 20)
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
• Prior to Covid there was risk to the bowel screening programme due to the national introduction of a less invasive and more sensitive screening test. This led to an increase in uptake by participants, over and above the original planning assumptions which led to a temporary suspension of the programme as agreed with the regional hub.
• Nursing workforce capacity constraints have been a factor impacting on capacity.
• Covid19 impact.

Actions
• The Actions listed under Cancer 62 Days are applicable to this standard.

Progress
• Approval has been given by the MFT strategic group to restart the Bowel screening programme, along with high risk breast patients, and the lung health checks has recommenced.
• As noted above performance is likely to reduce as activity increases and the backlog is reduced.

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	25.0%	NA	100.0%	NA	NA	74.4%

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Cancer 31 Days Sub Chemo Treatment ✓

Actual	100.0%	Q1 20/21 (Apr 20 to Jun 20)	**Accountability**	J.Bridgewater
Threshold	98.0%	(Higher value represents better performance)	**Committee**	Trust Board

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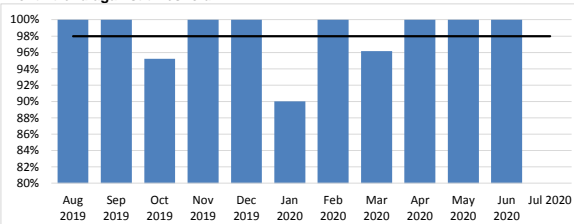
The percentage of patients that waited 31 days or less for second or subsequent treatment, where the treatment modality was an anti-cancer drug regimen.

Key Issues
• Small numbers of breaches requiring increased local surveillance.

Actions
• Actions are outlined under the cancer 62 day standard.

Progress
•Standard achieved 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	✓	NA	NA	✓
NA	100.0%	NA	100.0%	NA	NA	100.0%

A&E - 4 Hours Arrival to Departure ✓

Actual	91.3%	Q2 20/21 (Jul to Jul 20)	**Accountability**	J.Bridgewater
Threshold	90.0%	(Higher value represents better performance)	**Committee**	Trust Board

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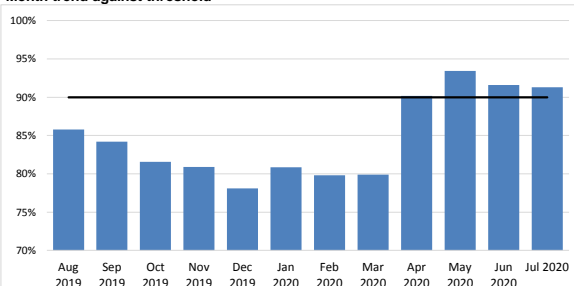
The total time spent in A&E - measured from the time the patient arrives in A&E to the time the patient leaves the A&E Department (by admission to hospital, transfer to another organisation or discharge). With a target that 95% of all patients wait no more than four hours in accident and emergency from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

Key Issues
• Historical underperformance against this standard throughout 2019/20: due to demand pressures, higher acuity of presentations, flow constraints due to high long length of stay and delayed transfers of care.
• The Covid pandemic has had an unexpected positive impact on performance against the standard with significant less referrals against the standard in March - May, although towards the end of May this is starting to increase again across the GM system.

Actions
• GM have established a programme of work to support urgent care recovery, which is focused on implementation of the requirements set out in the long term plan, which were in progress prior to Covid including: increasing Streaming in ED, maximising Same Day Emergency Care, supporting flow out of hospital and reducing long length of stay. The lead for the MFT Urgent Care workstream is linking with GM partners with regards to this work. MFT Urgent Care Recover Workstream has similarities with the wider GM work and is focused on: Streaming, Same Day Emergency Care, Implementation of the new Urgent Care Treatment Centre model, review of workforce skill mix and maximising use of extended roles, fully embed and implement SAFER principles effectively at ward level and Discharge to Assess pathways, split of activity into Covid and non-Covid pathways. In addition, GM have collectively agreed to implement over the next 6 months an appointments based system in ED.

Progress
• Urgent care demand remains lower than usual levels, although average daily attendances are increasing steadily month on month, the lowest average per day in April at 472 up to 781 per day in July, compared to c.1150 pre Covid levels.
• Q2 activity levels as at 21 Aug are at 72% of pre Covid levels.
• Patient safety remains a key priority with no 12 hour trolley waits.
• Performance remained strong in July with the majority of days over 90%, although August performance is more challenged as activity levels increase, in addition system support is being given to Stockport.
• Flow improvements have continued with the Delayed Transfers of Care standard achieved in the last five months and June-August performance is at an all time low of 1.6% against the 3.3% target. Long length of stay remains a focus with 7 day Los -212 better than target, and +21 day LoS -108 better than target (16 Aug)

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	87.9%	98.6%	99.3%	99.5%	NA	90.6%

NHS Manchester University NHS Foundation Trust

> Board Assurance

July 2020

Workforce and Leadership
P. Blythin

Headline Narrative

The Workforce Directorate has worked in conjunction with the Hospitals and Managed Clinical Services to improve the overall percentage of completed Risk Assessments for staff across the Trust to over 95%.

A pilot was undertaken in Saint Mary's Hospital to trial a new proposed Mandatory Training report. Initial feedback has been positive. The decision to go 'live' with this report for the whole of the Trust will take place in August.

Workforce and Leadership - Core Priorities

Attendance   ✗

Actual	95.0%	(July 2020)	**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 July was 95.0% which is a slight decrease on the previous month's figure (95.1%). The attendance rate was slightly higher at this point last year (July 2019) at 95.1%. The latest figures released by NHS Digital show that for March 2020 the monthly NHS staff sickness absence for the whole of the North West HEE region was 5.4% (these figures include all provider organisations and commissioners) which was the highest in England.

The attendance rate does not include COVID-19 related absences. A COVID-19 absence dashboard has been created by the Workforce Directorate and all absences are reported into the Executive Strategic Group

Actions

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) / LCO also features prominently in the actions to improve performance. Corporate performance is addressed though the Corporate Directors' Group.

A programme to implement Absence Manager System across all sites and managed services was launched last year and is sponsored by Group Deputy Chief Executive to oversee implementation. Due to the COVID-19 pandemic the timetable to launch Absence Manager was expedited across all sites and managed clinical services not using the system. Currently only certain areas within the LCO are not using Absence Manager and a plan is in place to roll out the system in these areas this year. The LCO has implemented a daily sitrep return for all sickness and COVID-19 absence so that this information can be amalgamated into the COVID-19 absence dashboard so the Trust is able to report on all managed services and sites.

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✗	✗	✗	✗	✗	✗	✗
95.9%	92.9%	95.5%	95.9%	92.8%	92.9%	94.7%

Engagement Score (quarterly)   ✗

Actual	7.10	Q2 20/21	**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

This month's staff engagement score for the MFT Group is 7.1 and is taken from the 2019 NHS Staff Survey.

The 2019-20 Q4 Pulse Survey was replaced with a Leadership Behaviours Survey, which was conducted as part of the Culture Diagnostic work undertaken In Q4. In March 2020, NHSEI suspended the Staff Friends and Family Test (SFFT) until further notice, in response to the pandemic. The SFFT has historically been incorporated into MFT Pulse Surveys and consistent with national decision, MFT also paused its Pulse Survey at that time.

However, a separate survey was run by MFT to gauge feedback from staff linked to our response to COVID-19. There were 3,122 staff responses to the survey. The survey questions covered key themes, such as what has worked well and what more could be done, to support staff during the COVID-19 pandemic. Key themes around improvement to PPE, home working, support, communication, team working, risk management and social distancing have all been factored into recovery work streams.

Actions

At this time, the SFFT remains suspended by NHSEI. Workforce is taking this opportunity to review the organisational approach to Pulse Surveys and their contribution to the AOF, and at this time no Q2 Pulse Survey is planned. The National NHS Staff Survey is currently scheduled to take place as usual, with possible modifications, between late September and late November 2020. Therefore, the 2020 Staff Survey will provide the next update to staff engagement scores.

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
✗	✗	✓	✗	✗	✓	✗
7.0	7.0	7.2	6.9	7.1	7.6	7.1

> Board Assurance | July 2020

Appraisal- non-medical ✗

Actual	72.1%	(July 2020)
Threshold	90.0%	(Higher value represents better performance)

Accountability	P. Blythin
Committee	HR Scrutiny Committee

Month trend against threshold

Aug 2019, Sep 2019, Oct 2019, Nov 2019, Dec 2019, Jan 2020, Feb 2020, Mar 2020, Apr 2020, May 2020, Jun 2020, Jul 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
✗	✗	✗	✓	✗	✗	✗
71.3%	60.2%	75.1%	91.2%	77.2%	78.8%	80.0%

These figures are based upon compliance for the previous 12 months, new starters are now included in these figures and will be given an appraisal date with a 3 month compliance end date, in line with the appraisal policy statement: 'new starters should have an initial appraisal meeting within three months of commencement in post'. These figures do not include Medical Staff because this data is captured in a separate metric aligned to the medical appraisal system.

Key Issues

Compliance increased by 3.4% across the Group and all Hospitals / MCS / MLCO registered increases in compliance. Only the Corporate Division had a decrease in compliance in July. Saint Mary's Hospital is achieving target compliance.

Actions

Work is now progressing so that current plans will be reviewed and refocussed to ensure demonstrable improvements in compliance. Hospitals / MCS / LCO and Corporate teams will be held to account through the AOF and Corporate Directors' Group. Resources have been made available via the Learning Hub to provide support and guidance for managers and staff in undertaking appraisals on line.

Appraisal- medical ✗

Actual	71.0%	(July 2020)
Threshold	90.0%	(Higher value represents better performance)

Accountability	P. Blythin
Committee	HR Scrutiny Committee

Month trend against threshold

Aug 2019, Sep 2019, Oct 2019, Nov 2019, Dec 2019, Jan 2020, Feb 2020, Mar 2020, Apr 2020, May 2020, Jun 2020, Jul 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
✗	✗	✗	✗	✗	✗	✗
66.9%	68.1%	70.8%	80.9%	80.8%	74.0%	70.7%

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

Key Issues

Compliance decreased by 1.5% on the previous month in July to 71%. This was expected due to redirected activity focused on clinical care during the COVID-19 pandemic.

Actions

Medical appraisal and revalidation has now recommenced. However the compliance is still dropping due to the 5 month pause causing more clinicians to become non-compliant than have completed a new appraisal. The process of rescheduling appraisals has recommenced with the expectation that all clinicians will have completed one prior to 31 March 2021 and compliance is expected to increase month on month for the remainder of the financial year.

Level 2 & 3 CSTF Mandatory Training ✗

Actual	77.8%	(July 2020)
Threshold	90.0%	(Higher value represents better performance)

Accountability	P. Blythin
Committee	HR Scrutiny Committee

Month trend against threshold

Aug 2019, Sep 2019, Oct 2019, Nov 2019, Dec 2019, Jan 2020, Feb 2020, Mar 2020, Apr 2020, May 2020, Jun 2020, Jul 2020
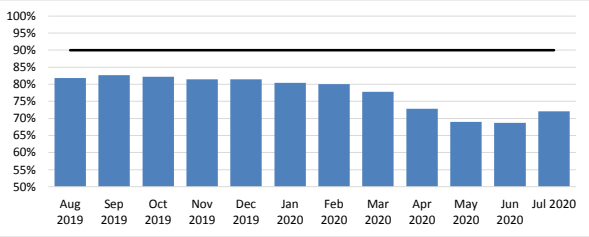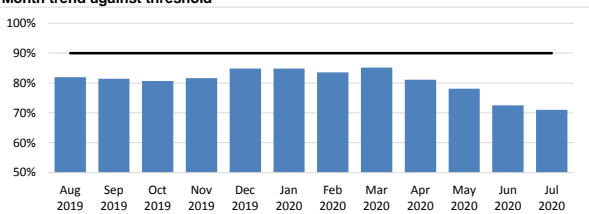
Hospital level compliance

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
✗	✗	✗	◇	✗	✗	✗
78.9%	72.5%	75.6%	85.2%	76.1%	82.0%	77.8%

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

Key Issues

A new Clinical Mandatory Training Programme became effective across the Group from the start of the financial year. Some of these subjects have previously not been reported as part of Mandatory Training. In view of this it was agreed by the Executive Team that all Hospitals / MCS / LCO ensure 90% compliance and the trend has been reset to April 2020. Plans are now in place and improvements are monitored through the AOF. The aggregate compliance for July 2020 decreased by 0.1% to 77.8%.

Actions

Due to the COVID-19 pandemic, the Mandatory Training Steering Committee, chaired by the Group Executive Director of Workforce and Corporate Business, was suspended. The 5 key Mandatory Training work streams, chaired at CEO / Director level, established have re-commenced and are progressing action plans. The weekly PMO continues to implement actions to resolve recommendations raised by the Mandatory Training Task and Finish group at pace and will report progress to the next Mandatory Training Steering Committee.

> Board Assurance

Time to Fill Vacancy

Actual	56.6	(July 2020)
Threshold	55.0	(Lower value represents better performance)

Accountability	P. Blythin
Committee	HR Scrutiny Committee

Month trend against threshold

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
◇	◇	✗	✗	✗	✓	✓
57.1	57.0	62.9	63.1	66.1	16.5	53.5
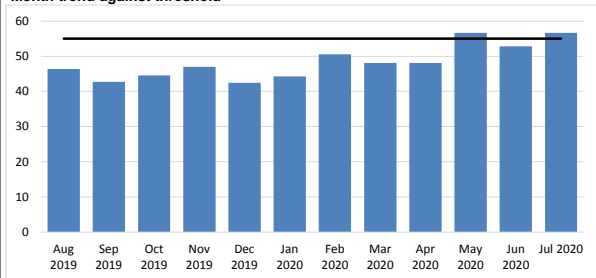
This indicator measures the average time it takes, in days, to fill a vacancy. It measures the time taken from the advertising date (on the TRAC Recruitment System), up to the day of unconditional offer. The graph shows an in month rate. The metric does not include Staff Nurses as there is a separate metric for this provision.

Key Issues

Time to fill figure without Band 5 Nursing included is 56.6 working days which is an increase on June's figure of 52.8. The increase is because of larger recruitment volumes for all staff groups between June and July, post COVID-19 as recruitment has gained momentum.

Actions

The Group's 'Time to Hire' for July 2020 has increased compared to June's. This is the second month that the Trust has been over target in the last 12 months. There has been an overall increase in recruitment volumes for all staff groups between June and July which has added to the pre-employment checks pressure. This pressure continues to happen despite NHS employers streamlining checks to expedite recruitment during the COVID-19 pandemic. One of the key challenges faced is that a significant amount of businesses are still shut and being unable to obtain references. The Trust also continue to experience delays in obtaining DBS clearance for non-covid posts.

July's medical recruitment Time to Hire has decreased in July by 9.33 days. This is due to the Resourcing team targeting doctors based in the UK as the Trust are unable to process any overseas doctors (due to COVID-19). This has meant resource being freed up to focus on all other medical recruitment.

B5 Nursing and Midwifery Turnover (in month)

Actual	0.70%	(July 2020)
Threshold	1.05%	(Lower value represents better performance)

Accountability	P. Blythin
Committee	HR Scrutiny Committee

Month trend against threshold

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✗	✓	✓	✓	✗	NA	✓
1.12%	0.60%	0.21%	0.91%	1.07%	NA	0.78%

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 July 2020 is 0.7% against a monthly target of 1.05%. This is a decrease from June 2020 at which the turnover was 0.8%.

Actions

Retention of Nurses and Midwives remains a key focus for the Trust. Post COVID, work will continue to look at staff engagement career opportunities and support for new starters.

Turnover (in month)

Actual	0.61%	(July 2020)
Threshold	1.05%	(Lower value represents better performance)

Accountability	P. Blythin
Committee	HR Scrutiny Committee

Month trend against threshold

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✓	✓	✓	✓	✓	✓	✓
0.71%	0.68%	0.65%	0.69%	0.63%	0.69%	0.51%
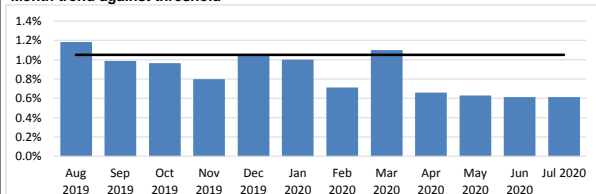
This indicator measures and monitors the turnover of staff within the organisation by comparing the total number of leavers and the total number of Full Time Employment (FTE) staff as a rate (excludes the naturally rotating Foundation Year 1 and Year 2 junior medical staff and the Fixed Term Contract staff). The graphs shows a single month rate.

Key Issues

The single month turnover position for the Group has remained the same at 0.61% when compared to the previous month.

The turnover rate was slightly higher at the same point last year (July 2020) at 0.8%.

Actions

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

> Board Assurance · July 2020

Level 1 CSTF Mandatory Training ✓

Actual	93.0%	(July 2020)
Threshold	90.0%	(Higher value represents better performance)

Accountability	P. Blythin
Committee	HR Scrutiny Committee

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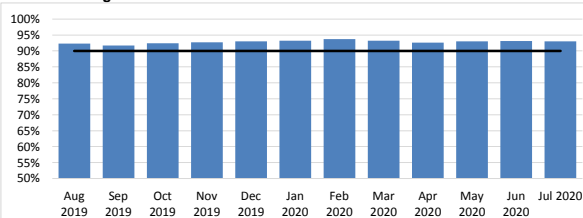
This indicator measures the % of staff who are compliant at the point the report is run. Staff are compliant if they have undertaken corporate mandatory training within the previous 12 months.

Key Issues

Compliance is monitored against the aggregate of all 11 Core Level 1 subjects. In July 2020 the aggregate compliance decreased by 0.1% to 93.0%.

Actions

Due to the COVID-19 pandemic, the Mandatory Training Steering Committee, chaired by the Group Executive Director of Workforce and Corporate Business, which was established in January to meet every 2 weeks was suspended. The 5 key Mandatory Training work streams, chaired at CEO / Director level, which were established and have developed detailed action plans will be re-established and progress against these action plans will be reported at each Steering Group meeting. The group has now been reactivated. Additionally a weekly PMO has been established, chaired by the Chief of Staff, to implement actions to resolve recommendations raised by the Mandatory training task and finish group at pace.

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
✓	✓	✓	✓	✓	✓	✓
92.5%	90.9%	92.4%	97.2%	94.3%	96.5%	92.3%

Nurse Retention ✓

Actual	86.2%	(July 2020)
Threshold	80.0%	(Higher value represents better performance)

Accountability	P. Blythin
Committee	HR Scrutiny Committee

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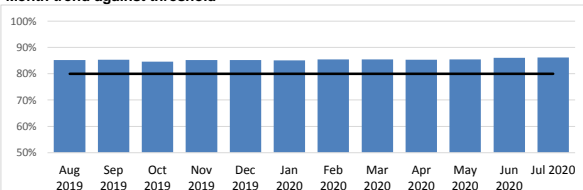
This indicator measures the Nursing & Midwifery staff retention rate. It measures, by %, the Nursing & Midwifery registered staff in post for the Trust 12 months ago who are still employed in the organisation to date.

Key Issues

In July 2020, Nursing and Midwifery retention stands at 86.2% which continues to be above the threshold of 80%.

Actions

The retention threshold target for nursing and midwifery staff provides a strong indication of whether we are able to retain staff across the Trust and whether our polices, procedures and practices are supportive of the Trust being seen as a good place to work. The overall retention rate is good at 86.2%.

The Trust will re-commence with the NHSI Nurse Retention Improvement Programme from Q3. An action plan has been developed to progress and will be monitored by the NMAHP Professional Board led by the Corporate Director of Nursing.

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
✓	✓	✓	✓	✓	✓	✓
85.6%	84.7%	88.4%	86.7%	83.5%	91.6%	86.4%

BME Staff Retention ✓

Actual	86.8%	(July 2020)
Threshold	80.0%	(Higher value represents better performance)

Accountability	P. Blythin
Committee	HR Scrutiny Committee

Month trend against threshold
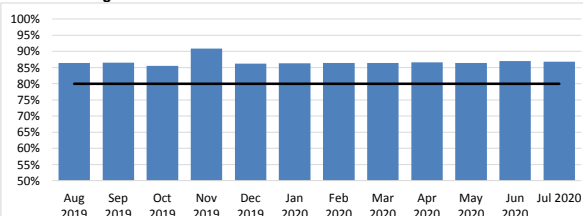
This indicator measures the Black Minority & Ethnic (BME) staff retention rate. It measures, by %, the BME staff in post for the Trust 12 months ago who are still employed in the organisation to date. The retention rate information excludes the naturally rotating Foundation Year 1 and Foundation Year 2 junior medical staff as they are employed by the lead employer St Helen's & Knowsley Trust. The rate is shown as a rolling 12 month position.

Key Issues

In July 2020, the BME retention rate is significantly above the Trust's threshold of 80% month on month at 86.8%. The Group continues to perform strongly on this indicator with retention rates above the 80% threshold.

Action
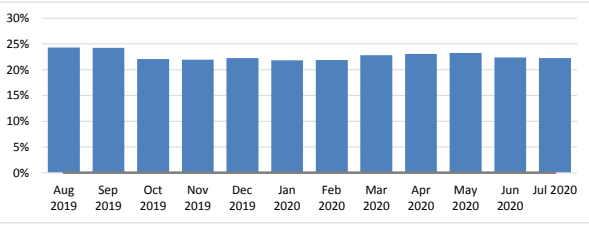
All Hospitals / MCS / LCO are tracking this KPI within their AOF and developing plans to address where negative gaps are being identified.

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
✓	✓	✓	✓	✓	✓	✓
85.1%	85.6%	86.7%	86.9%	85.9%	91.7%	89.5%

> Board Assurance | July 2020

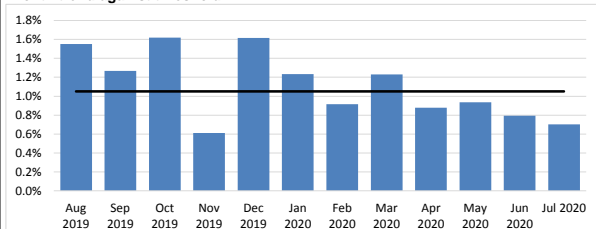### % BME Appointments of Total Appointments —

Actual	22.3%	(July 2020)
Threshold	None	(Higher value represents better performance)
Accountability	P. Blythin	
Committee	HR Scrutiny Committee	

Month trend against threshold

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

Key Issues

Over one in five appointments is of black and minority ethnic origin (22.3%); the percentage has ranged from 24.3% to 21.8% over the last 12 months.

Hospitals and managed clinical services below the Group average are SMH (15.8%), Dental (18.2%) and RMCH (20.3%). All other hospitals and managed clinical services are above the Trust average.

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%.

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:
- Leadership and cultural transformation.
- Positive action and practical support, including diverse panels and talent management.
- Accountability and assurance.
- Monitoring progress and benchmarking.

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
-	-	-	-	-	-	-
25.8%	30.9%	20.3%	15.8%	40.4%	18.2%	25.4%

Medical Agency Spend —

Actual	£316	(July 2020)
Threshold	None	(Lower value represents better performance)
Accountability	P. Blythin	
Committee	HR Scrutiny Committee	

Month trend against threshold

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

Key Issues

For July 2020 the total value of Medical and Dental agency staffing was £316k compared to £402k in June 2020.

Actions

The Agency spend figures continue to reduce month on month. This is attributed to the reduction in activity across MFT, and an increased bank fill rate.

Weekly and monthly spend meetings continue to take place at each Hospital, to ensure all options have been considered prior to the approval of temporary staffing use, and where agency staffing is deemed appropriate, dialogue with our preferred suppliers takes place to ensure the best possible rates of pay are agreed.

Review meetings with the Trust's Agency partners continue to take place to ensure, that when agency workers have to be engaged, efficient rates are paid.

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham
-	-	-	-	-	-	-
£1.3	£79.6	£58.3	£6.8	£0.0	£0.0	£104.8

Qualified Nursing and Midwifery Vacancies B5 Against Establishment —

Actual	10.5%	(July 2020)
Threshold	None	(Lower value represents better performance)
Accountability	P. Blythin	
Committee	HR Scrutiny Committee	

Month trend against threshold

The Qualified Nursing and Midwifery vacancy rate represents the total number of posts vacant within the Band 5 Nursing and Midwifery staff group, including Operating Department Practitioners.

Band 5 and 6 Midwifery vacancies are reported together as these posts are transitional posts for entry level (newly qualified) midwives who progress to band 6 on completion of preceptorship.

Key Issues

The majority of vacancies within Nursing and Midwifery are within the staff nurse (band 5) role. At the end of July 2020 there were 417.7wte (10.5%) staff nurse / midwife / ODP (band 5) vacancies across the Trust Group. This is a increase in vacancies from June 2020 when there were 359.2 wte (9.1%). There is an additional 142.3 wte band 5 staff nurses in post. The number of vacancies are expected to drop further from Sept 2020 when the newly qualified nurses and midwives start in post and international recruitment is recommenced.

Actions

A Group Resourcing Plan has been developed including a schedule of recruitment events to support the recruitment strategies implemented across all sites and managed services.

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
-	-	-	-	-	-	-
6.1%	11.8%	4.3%	10.2%	11.6%	NA	12.9%

> Board Assurance

July 2020
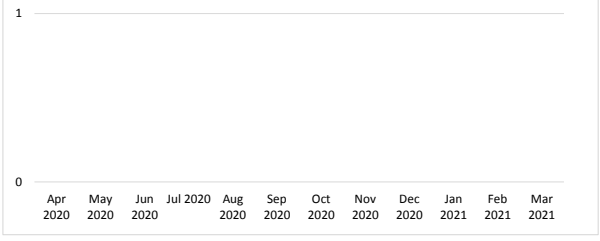
£ Finance
A.Roberts

Core Priorities	✓	◇	✕	No Threshold
	0	0	0	0

Headline Narrative

Financial data for 20/21 unavailable at time of publication.

Finance - Core Priorities

Operational Financial Performance

	Actual	Accountability	A.Roberts
	Threshold	Committee	TMB and Board Finance Scrutiny Committee

Month trend against threshold

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

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

Hospital level compliance

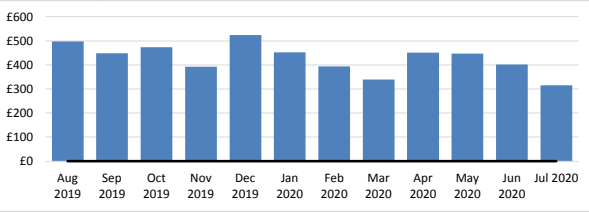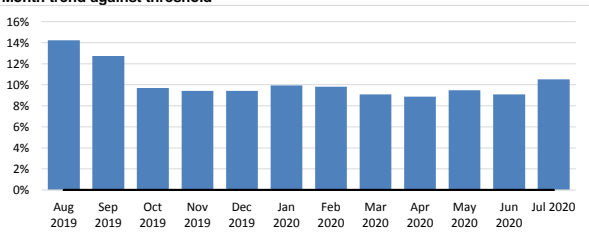| Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	St Mary's Hospital	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham

Regulatory Finance Rating

	Actual		Accountability	A.Roberts
	Threshold	(Lower value represents better performance)	Committee	TMB and Board Finance Scrutiny Committee

Month trend against threshold

The regulatory finance rating identifies the level of risk to the ongoing availability of key services.
A rating of 4 indicates the most serious risk and 1 the least risk. This rating forms part of NHSI's single oversight framework, incorporating five metrics:
• Capital service capacity
• Liquidity
• Income and expenditure margin
• Distance from financial plan
• Agency spend

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Chief Operating Officer
Paper prepared by:	Rachel Bayley, Director of Performance and EPRR
Date of paper:	August 2020
Subject:	Trust Response to the COVID-19 National Emergency
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Delivery of high quality care and safety for patients, including timely access to Trust services.
Recommendations:	The Board of Directors are asked to note the information set out in this paper.
Contact:	Name: Rachel Bayley, Director of Performance and EPRR Tel: 0161 276 6718

TRUST RESPONSE TO THE COVID-19 NATIONAL EMERGENCY

1. PURPOSE

The purpose of this report is to provide the Board of Directors with an update on the Trust's response to the Covid-19 pandemic. The report will cover the Phase 3 national Covid19 planning guidance, the impact on operational delivery, infection prevention and control (IPC), workforce and finance implications.

2. INTRODUCTION

As previously reported to the Board of Directors the Trust Governance arrangements to oversee and manage the Group response to the Covid-19 incident, will remain in place for the foreseeable future. Furthermore, NHSE/I have confirmed that regional command and control structures should also continue until the end of the year, and MFT is a key partner linking into the wider system structure.

Key risks that have been considered through the governance arrangements have included: Mutual aid across the GM for consumables and bed capacity, temporary movement of services, maximizing Independent Sector use, patient and staff testing capacity and HR / Employment Practices

Following the Covid peak planning is now focused on a return to business as usual. Recognising that this may look different to pre-Covid arrangements and that for some time the NHS will need to plan for the management of Covid and non-Covid activity. The Trust Recovery programme, is underpinned by a number of workstreams each with a Group Executive or Hospital Chief Executive as SRO. Progress against this programme of work is reported into the Group Covid-19 governance arrangements and routine reporting has been provided to the Board of Directors.

3. COVID PLANNING GUIDANCE

On the 7 August NHSE published *Implementing phase 3 of the NHS response to the Covid-19 pandemic*, which sets out a high level of ambition for the restoration of critical services. The document notes that block payments will reflect delivery of the activity ambitions set out below. In addition, at present there is significant National and Regional scrutiny of long waits over 52 weeks and reductions for cancer patients waiting over 62 days.

Key Operational Messages set out in the guidance include:
- Elective waits lists / performance managed at system and Trust level.
- Clear communication to patients and escalation routes to be in place if clinical circumstances change.
- Treatment of patients is in line with clinical priority: 1) clinically urgent patients, Priority 2) longest waits, 52 weeks between now – end of March.
- Patient initiated follow-up is to be adopted across major outpatient specialties
- Performance measures will focus on: patients >52 weeks, waiting list size and patients >62 days for cancer.

Since publication of the guidance MFT has been developing its plans and modeling in response, with submission of these outputs to the GM Gold function / NHSE in August.

Phase 3 national ambitions	Overnight electives, outpatient / day case procedures (% baseline)	MRI, CT and Endoscopy (% baseline)	First outpatients and follow ups (% baseline)	Remote outpatients appointments (% total appointments)
Aug	70%	-	90%	25% all 60% follow up
Sept	80%	90%	100%	
Oct	90%	100%	100%	

4. IMPACT ON OPERATIONAL DELIVERY

Capacity / Covid19

- As at 22 August the Trust (including NMGH) had 30 Covid positive inpatients, of which 8 were in critical care level 3/2 beds. To date there have been 628 Covid related deaths, although the below graph demonstrates these have plateaued since the beginning of July.

COVID-19 Inpatient Cases

COVID-19 Deaths (cumulative)
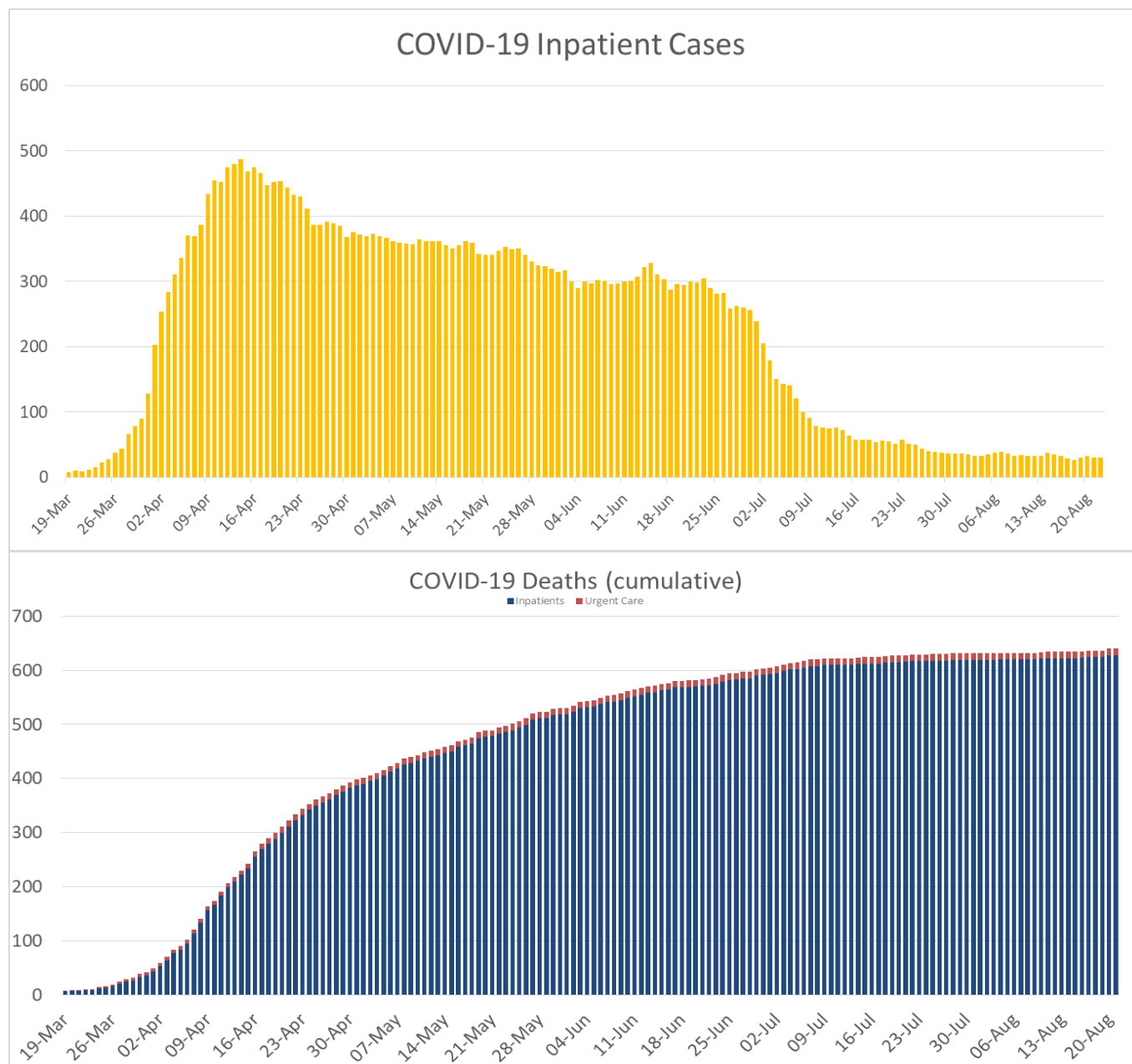
Operational Performance

The Board Assurance Report for July outlines the detailed impact of the pandemic on the Group performance against national constitutional standards, key points:

In line with national guidance on Tuesday 17th March MFT Strategic Command made the decision to suspend the elective programme with immediate effect, with the exception of life, limb or sight threatening procedures. Furthermore, outpatient activity was suspended from the 26th March for a period of 3 months. As a direct result the performance since March has been exacerbated against those elective access standards where the Trust had already experienced challenges in delivery during 2019/20.

The pandemic resulted in some unexpected positive performance results relating to improved timeliness of access in A&E and improved discharge, due to less demand and the actions taken to manage the Covid19 response.

The MFT position against elective standards and the urgent care pathway is reflective of both the national and regional positions.

Demand during the pandemic significantly reduced, subsequently there is an increasing trend in demand as services are restored and public confidence improves:

- Urgent care demand in August (as at 21st) has returned to 77% of pre Covid levels compared to the same period last year.
- Overall July MFT cancer referrals were at 80% of previous 19/20 referral levels, although in some cancer sites such as Head and Neck and Skin this is much higher.
- Whilst diagnostic activity increased by 36% in July, with a reduction in the longest wait patients, overall the waiting list has remained the same size, indicating new additions to the wait list at a similar rate to the activity being undertaken.
- Overall the RTT waiting list has increased marginally by 3.6% compared to March, with longer waits increasing.

Safety remains a key priority across all standards with:

- No A&E trolley waits during the pandemic,
- Referrals and the waiting lists have been risk stratified in line with national clinical guidance.
- The longest waits for cancer and electives are reviewed for harm, and if appropriate the usual Trust incident reporting process is utilized, with waiting lists remaining under ongoing clinical review.
- For cancer patients an escalation process is in place for GPs to raise any changes in a patients condition to the relevant clinical teams.
- Restoration of all cancer services is being undertaken with treatments for all cancers in July at 80% of pre-covid levels.
- The Trust is continuing to work with system partners, and offer mutual aid where required.

A key focus throughout August has been the development of individual specialty level plans and trajectories to support a reduction in the longest wait elective patients by March 2021. These plans are based on a number of scenarios and risks, and will be submitted to NHSE in August 2020. A governance framework supported by the Chief Operating Officer, Group Executives, and corporate departments alongside Hospital Executive Teams is in place to support the development and delivery of these plans.

Whilst the development of the plans for outpatient and admitted patients will support increased activity across all pathways, in particular there is a need to understand the impact of the plans for cancer pathways in line with the national expectation to restore cancer activity to pre covid levels with immediate effect. Therefore, individual cancer sites have been asked to forecast the impact of plans on the reduction in patients currently over 62 days on the cancer pathway.

Performance across the MFT Group continues to be overseen through the Accountability Oversight Framework (AOF) process, which from July was aligned to the recovery programme and national any changes in national priorities. In addition, recognising that MFT will have a significantly more challenged baseline and that improvement is likely to be phased over a longer period of time. As noted in previous reports the Trust is awaiting the outcome of the NHSE *Clinically-Led Review of NHS Access Standards*, which commenced in May 2019. This may bring about changes to national operational standards, in particular those related to the urgent care pathway.

5. **INFECTION PREVENTION AND CONTROL (IPC)**

The IPC Team continue to advise and support all services across the Trust during the next phase of restoration of services. A separate detailed report from the Chief Nurse/Director IPC has been provided to the Board of Directors that includes an update on all IPC related work-streams.

WORKFORCE & TEST & TRACE

Absence rates relating to COVID-19 peaked at circa 2700 during the early stages of the pandemic and are now showing a downward trend towards 1350, 700 or so of the 1350 are staff shielding under the guidance issued by NHSE/I. Over 500 have returned to the work place with the staff are continuing to shield because of the GM lockdown measures or because they are now reporting as unable to work because of ill health. The remaining staff numbers consist of newly diagnosed staff, those residing with a family member tested positive for COVID-19, or staff who are taking longer than 7 days from confirmation of a positive test to be fit to return to work.

Over recent weeks in response to Government Test and Trace planning the Trust has activated internal contact tracing following the identification of a positive COVID-19 index cases. The system is also influenced by notifications received from Public Health England Test and Trace Programme (MFT is not required to social trace).

Active management of staff affected by COVID-19 is embedded in the operational management systems, which includes a full 7-day monitoring arrangement. This enables active workforce planning and the identification of support for staff.

Workforce data modelling is in place which tracks trends to inform forward planning.

Staff testing has been in place for almost three months and at the time of producing this report 2744 staff have been tested, of which 1793 have been advised to return to work.

In tandem with the transactional and planning work, Employee Health and Wellbeing Services have been involved with the provision of advice to staff and managers including interpretation of national guidance. This has included a dedicated work stream devoted to risk assessments for vulnerable groups.

FINANCE

As members are aware in response to the significant clinical and operational changes the normal financial regime was frozen and alternative payment processes were put in place from 1.4.20.

Key elements include the replacement of Payment by Results with a block payment and retrospective top up with the intention of bringing the Trust back to break even on a month by month basis. Implicit within the block was an uplift for inflation which effectively removed the need for a waste reduction programme, which would have been unachievable in the midst of the Covid response. Equally planned growth in activity and the associated investment was not included in the Block value which has caused a financial pressure as some investment had commenced in the later months of 19/20 in preparation for activity increases in 20/21. There are also some other aspects around the block that have been highlighted including the part year funding of the Trafford LCO service due to the basis of the block calculation adopted.

At the end of Month 4 the Trust had received £503,821k of block income and £92,079k of retrospective top up income.

The top up payment includes £24,365k relating to the Nightingale Hospital and £16,158k relating to PPE procured for the whole of GM leaving a net balance of £51,556k for Trust specific expenditure.

The Capital Regime was also amended with bids requested under a number of identified themes including Phase 1 (primarily equipment), ED /A&E, Infection Prevention and Control (IPC) etc. The outcome of the bid submission process is not yet confirmed and will be reported within the CFO report within the capital programme on a monthly basis. In some cases this funding aligned with the Trusts existing priorities and planned expenditure for 2020/21 in others it supported additional expenditure incurred / planned in response to Covid 19.

RESEARCH & INNOVATION

MFT is at the cutting-edge of Research and Innovation (R&I) and we are utilising this expertise to address the urgent priorities for research as part of a global, coordinated effort to enhance understanding of COVID-19 (Coronavirus).

MFT is co-leading the nationwide £1.3m CONDOR programme to create a single national route for evaluating new diagnostic tests in hospitals and in community healthcare settings. Prof Rick Body (Professor of Emergency Medicine at the University of Manchester, Consultant at MFT and Director of the R&I initiative DiTA – Diagnostics and technology Accelerator) leads the hospital-setting arm of the programme, FALCON.

As well as maintaining our commitment to the urgent public health portfolio of COVID-19 research, we also now in the process of restarting the non-COVID-19 research projects (not essential to maintaining patient life or limb) which were paused in March.

As at 11/8/2020 MFT have:
- Recruited 4,470 participants into MFT COVID-19 research projects
- 23 studies currently open to recruitment across MFT
- 4 new studies setting up
- 5 studies now closed to recruitment ("in follow-up").

RECOMMENDATIONS

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

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Nurse / Director of Infection Prevention Control (DIPC)
Paper prepared by:	Julie Cawthorne, Assistant Chief Nurse Infection Prevention Control/Clinical DIPC
Date of paper:	August 2020
Subject:	Update on the Trust's IPC activity during the recovery phase of Covid-19
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept ✓ • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Patient safety Patient Experience
Recommendations:	To note the Trust's ongoing IPC activity to safely manage and support patients and staff during the next phase of the pandemic.
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1. Introduction

1.1 It is anticipated that COVID-19 will continue to circulate in the community and that increases in cases will occur intermittently over the next 12 -18 months until an effective vaccine is in widespread use across the UK. Following the acute phase of the pandemic earlier this year the number of COVID-19 patient admissions to the Trust has declined. Progress into the next phase includes restoration of services alongside managing the IPC risks associated with national and local fluctuating levels of COVID-19.

1.2 This paper provides an update on the Trust's Infection Prevention and Control (IPC) activity during the recovery phase of COVID-19.

2. Trust IPC Framework to Manage COVID-19 in the Recovery Phase

2.1 The emergency (EPPR) response to the pandemic is led by the Chief Operating Officer supported by the Chief Nurse/DIPC. Strategic meetings were held daily and have now reduced to three days a week with the ability to flex back up should there be a significant surge in cases. The Trust is responsive to changing national guidance as knowledge of the virus increases. The Chief Nurse/DIPC chairs a high level Expert IPC Group as part of the response to support the rapid interpretation and implementation of IPC guidance. This group reports into the Strategic Group and the Group Infection Control Committee.

2.2 As previously reported the Trust has completed the Board Assurance Framework (BAF) developed by NHS England/Improvement (NHSE/I). The main purpose of the Framework is to support healthcare providers to identify, address risk and self-assess compliance with Public Health England (PHE) and other COVID-19 related infection prevention and control guidance. It also serves as an improvement tool to optimise actions and interventions. The IPC BAF is continually updated; a copy of the updated BAF can be found at appendix 1

2.3 The Trust has followed the national guidance from NHS England and Improvement and Public Health England (PHE) throughout the pandemic alongside the Trust PC policies.

2.4 An overall IPC Strategy called 'Keeping Safe – Protecting You. Protecting Others.' Has been developed as a guide for all staff based on national guidelines and the current evidence base where it exists. The document outlines how staff are expected to work in the context of the COVID-19 pandemic, in a way that is consistent with the Trust's Vision, Values and Behaviours and ensures that as a Trust, we are doing all we can to protect patients and each other. https://intranet.mft.nhs.uk/content/important-information-about-covid-19-coronavirus

2.5 Clinical pathways have been developed by clinicians to enable the Trust to plan the move back to pre-covid activity and treat more patients. The IPC team have worked with the clinical teams to identify and manage elective and non-elective patients who are at high/medium/low risk of COVID-19. The IPC Team have worked in tandem with each Hospital/Managed Clinical Service (MCS) to implement the pathways at an operational level to support patient flow using a risk assessment process to prioritise isolation facilities and safe working practice.

2.6 Testing for COVID-19 remains a high priority, the IPC Team have worked with the clinical teams to develop an overarching COVID-19 Staff and Patient Screening Strategy to provide a framework for operational screening policies (please see section 5).

3. Incidents of Hospital Onset COVID-19 Infection (HOCI)

3.1 The IPC Team have developed a policy for the management of outbreaks of COVID-19 based on guidance from NHS E/I. The national definition of hospital onset COVID-19 infection is an infection occurring on or after day eight of admission. All incidents of HOCI are investigated and reported to NHS E/I.

3.2 An outbreak is defined as 2 or more cases of HOCI (those occurring on or after day 8 of admission) occurring in a ward or department within a 14-day period. Table 1 shows outbreaks of COVID-19 reported to NHSE/I from June 2020. All outbreaks have been reported through the daily sitrep.

Table1. Outbreaks of COVID – 19 from June 2020 - to date

Clinical Area	Date of Outbreak	No: patients affected	No: staff affected	Current position
AM1/2 MRI	15/05/20	42	26	Outbreak Closed 29/05/20
F1 (NMGH)/ Crumpsall Vale ICT	13/06/20	18	32	Outbreak Closed 25/06/20
F4 WTWA	14/06/20	19	3	Outbreak Closed 26/06/20
F5 NMGH	19/06/20	2	1	Outbreak Closed 8/7/20
F5 WTWA	25/06/20	7	1	Outbreak Closed 3/7/20
Crumpsall Vale ICT	18/08/20	2	0	Outbreak due to close awaiting final screen results

During outbreaks, clinical areas are closed to admissions until the outbreak is closed. Enhanced cleaning frequencies are in place and regular outbreak meetings take place to ensure the safety of staff and patients. All staff testing positive and affected contacts follow PHE guidance on isolation.

4. 'Be Aware and Let's Prepare' Campaign

4.1 In August 2020 the Trust has implemented a local 'Be Aware and Let's Prepare' Campaign co-ordinated by the IPC Team. The aim of the campaign is to continue to raise awareness, refresh knowledge and understanding of wider IPC issues in addition to the virus and be prepared for the challenges that may arise over the next few months. This includes the following:

4.2 In line with the IPC BAF guidance, launch of a new audit tool to monitor staff compliance with wearing Personal Protective Equipment (PPE). The audit will be undertaken monthly and results feedback to the individual hospitals/MCS/MLCO for action.

This audit in conjunction with the monthly Hand Hygiene audit and Environmental Cleaning section of the Quality Care Round (QCR), will provide assurance of compliance with Policy. Areas identified as 'hot spots' (i.e. an increased incidence of infection), will be required to increase the frequency of these audits until the issue has been resolved.

4.3 All staff who undertake Aseptic Non-Touch Technique (ANTT) to have undertaken their annual competency assessment. In addition, Hospitals/MCS/MLCO will review their registers of staff who are fit tested to wear an FFP3 respirator and implement additional testing as appropriate in preparation for a potential increase in cases of COVID-19 and cases of seasonal Influenza.

4.4 All clinical areas encouraged to de-clutter to ensure that the environment is easier to clean and maintain public confidence in the Trust's commitment to providing a clean safe environment for care.

4.5 Launch of the Trust's annual Flu vaccination programme for frontline staff will begin by raising the profile of the need for vaccination. The programme will be delivered as soon as the Trust receives the first allocation of vaccines, (usually end of September).

4.6 The IPC Team will continue to provide advice support and training for staff across the organisation focussing on the use of PPE and associated practice to reduce the risk of hospital acquired infection.

5. Testing for COVID-19

The plans for testing at the MFT/PHE Laboratory form part of the Greater Manchester (GM) Mass Testing Strategy which includes a GM implementation plan for Test and Trace.

5.1 Antigen Testing

5.1.1 The daily demand for the MFT /PHE Laboratory is approximately 1000 patient samples per day and 300 staff samples with additional demand periodically coming from national pilot studies and other regional PHE requirements.

5.1.2 From the beginning of August this has significantly increased due to nosocomial outbreaks within Stockport and Bolton and the requirement from NHSE/I to test all staff within those two acute Trusts. This resulted in an additional 700 tests per day up to the 14th August and the requirement for the MFT/PHE Laboratory to send approximately 1900 swabs to PHE Laboratories in Bristol and Porton Down so as not to impact too severely on the turnaround time of the swab results.

5.1.3 Local outbreaks within Manchester and Care Homes across the North West have also resulted in an increased demand for both the MFT/PHE and Royal Oldham (ROH) Laboratory.

5.1.4 The daily demand at the ROH lab has remained consistent at between 600-700 tests per day against a current capacity of 975 per day.

5.1.5 In order to supplement the limited supply of Rapid Laboratory tests available nationally, Point of Care Testing machines (POCT) have been evaluated and procured nationally to begin roll out across the country in September 2020. These will provide very rapid results (approximately 90 minutes) and will help to improve patient flow and ease the constraints on laboratory capacity and the supply chain.

5.2 Antibody Testing

5.2.1 Following further roll out across GM, the Antibody test is now performed at a number   of laboratories including Stockport, Salford and Bolton but the bulk of the daily capacity resides at the MFT and ROH laboratories.

5.2.2 NHSE/I directives for Antibody testing required all staff across the NHS, including primary care and NWAS staff to be offered an antibody test and over the last 10-week period MFT has tested over 73000 staff across GM and over 18000 patients.

5.2.3 The demand for NHS staff antibody testing both across GM and nationally has decreased as expected. Follow up staff antibody testing will now be linked to staff enrolment in the national PHE **S**arscov2 **I**mmunity & **R**einfection **E**valuatio**n** (SIREN) research study, (a public health priority study which has a primary objective of determining if prior COVID-19 infection in health care workers confers future immunity to re-infection).

5.3 Staff Testing

5.3.1 The Trust has in place a COVID-19 Testing Strategic Group which meets weekly to ensure that plans for systematic staff testing can be implemented as appropriate which meets the clinical and IPC guidance currently recommended. As part of this, operational and workforce subgroups have been set up to operationalise the implications of the strategy.

5.3.2 The electronic Inform solution developed in conjunction with IT colleagues for the Antibody tested is now being adapted to ensure there is an end to end electronic solution for staff antigen testing.

5.3.3 The demand for patient testing has started to increase as part of the COVID-19 recovery plans for each hospital across GM. In order to ensure that patients in Low Risk COVID -19 categories areas remain protected MFT has developed a Staff Testing Strategy for routine asymptomatic staff testing on a weekly basis.

6. MFT COVID-19 Research

6.1 Asymptomatic Screening

6.1.1 Two pilots have been carried out at MFT investigating asymptomatic COVID-19 infection in staff and patients which have helped to inform the development of the Staff and Patient testing policy.

6.1.2 In April of this year the Trust participated in a national pilot of testing asymptomatic staff and patients for COVID-19. The pilot demonstrated that 8% and 7% of staff and patients respectively had asymptomatic infection at the time of testing. The study demonstrated that asymptomatic infection is present in a significant minority of staff and patients, highlighting the need for ongoing surveillance to protect vulnerable patients, especially during periods of high prevalence.

6.1.3 Following on from this, the Trust carried out an independent pilot in June investigating the feasibility of using self-taken samples for asymptomatic staff testing. The pilot was carried out over three weeks in the adult haematology department and Royal Manchester Eye Hospital. A total of 477 staff was tested with a prevalence of asymptomatic infection of 1%. The study demonstrated that self-taken samples were generally well taken and provide a solution for screening large numbers of staff within the Trust.

6.2. Utilisation of Whole Genome Sequencing to Support Investigation of Nosocomial COVID-19 Outbreaks

6.2.1 Early in the COVID-19 pandemic the Virology Department and the IPC team collaborated with the North-West Genomic Laboratory Hub (St Mary's Hospital) to investigate the potential utility of whole genome sequencing (WGS) to support the investigation of hospital transmission of infection. WGS is a powerful tool that has the potential to significantly improve the investigation of hospital outbreaks by confirming when and where transmission of infection has occurred in the hospital. Results from this work demonstrated that WGS can be used to identify clusters of infection in ward outbreaks.

6.2.2 The IPC team plans to extend this initial work through collaboration in the HOCI study. This is a national study led by University College London which aims to sequence COVID-19 isolates from hospital patients in real time. The results of the sequencing will then be used by the IPC team to confirm if outbreaks are a result of hospital transmission of infection and also to identify other patients that may have been infected, even if they are not on the same ward – increasing the ability to identify routes of transmission in a way that is not possible with standard techniques used to investigate outbreaks.

6.2.3 The Trust is working in partnership with DHSC and GM system partners including the University of Manchester and has been extremely responsive to requests for support and involvement utilising the significant skills, experience and infrastructure across MFT.

7. Recommendation

7.1 Board members are asked to note the Trust's activity and progress to date for the next phase of the pandemic.

Infection Prevention and Control Board Assurance Framework V3 August 2020

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • infection risk is assessed at the front door and this is documented in patient notes	• Patient streaming at access points. Emergency Department is zoned to provide designated areas • Screening of non-elective admissions recorded on ED systems • Plans in place to screen elective patients 48 hours prior to admission, SOP's being developed • screening of elective patients in place screen results available via MFT systems • Alerting system in place for other healthcare associated infections: (MRSA; CDT; GRE; CPE;MDROs) • Guidance for ambulance trusts in place to support safe pre-alert to hospital trusts https://www.gov.uk/government/publications/covid-19-guidance-for-ambulance-trusts/covid-19-guidance-for-ambulance-trusts	• Some COVID-19 positive individuals present at hospitals as asymptomatic patients	• Patient placement guidance in place • Keeping Safe - Protecting You – Protecting Others Document approved and in place • All patients admitted via ED are screened for COVID-19, data is reviewed daily https://intranet.mft.nhs.uk/content/important-information-about-covid-19-coronavirus/safe-working-environment https://intranet.mft.nhs.uk/content/important-information-about-covid-19-coronavirus

	• MFT Guidelines and SOPs available at: https://intranet.mft.nhs.uk/content/important-information-about-covid-19-coronavirus including: • Joint Pathways and Protocols (01.04.20) • Managing patients who meet criteria for COVID testing (12.3.20) • https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection updated 31 July 20		
• patients with possible or confirmed COVID-19 are not moved unless this is appropriate for their care or reduces the risk of transmission	• Patient blue/yellow/green pathways in progress. Patients allocated according to risk category • Plans for identification and management of clusters/outbreaks of COVID-19 in green zones in place • MFT Guidelines and SOPs available at: https://intranet.mft.nhs.uk/content/important-information-about-covid-19-coronavirus including: • Hospital Outbreak Control Procedure in place • Policy for Isolation of Infectious Patients	• Hospitals/MCS have progressed zoning plans, define zones including support services and communal access areas (e.g. corridors/lifts)	• Plans in place to address gaps in assurance based on national guidance as available • Plans to review and implement new guidance published 20 August 2020 (COVID-19 Guidance for the remobilisation of services within health and care settings – Infection Prevention and control recommendations).

• compliance with the PHE national guidance around discharge or transfer of COVID-19 positive patients	• Screening protocols in place for patients discharged or transferred to another health care or residential setting in place – protocol is part of Keeping Safe – Protecting You - Protecting Others guidance	• Audit of protocol required	
• **all staff (clinical and non-clinical)** are trained in putting on and removing PPE; know what PPE they should wear for each setting and context; and have access to the PPE that protects them for the appropriate setting and context as per national guidance patients and staff are protected with PPE, as per the PHE national guidance	• Appropriate PPE defined by procedures in accordance with national guidance, including: 　• Face Masks and Covering Guidance • Communication with procurement/materials management • Education/training sessions for use of PPE to staff • Staff encouraged to raise concerns with line manager and complete incident forms if they consider a shortage of PPE • Escalation plans in place as per trust gold command and GM Gold command • Signage is in place in clinical/non clinical areas. Access to signs that can be adapted for individual areas, and those that must not be adapted are available to print on the Trust intranet.	• Issue with supplies of PPE • Occasional Conflict between national guidance from NHSE/PHE and guidance from Royal Colleges	• Any conflicting guidance is referred to Clinical Sub-group Chaired by Joint Medical Director for resolution • Estates/environment review underway

• national IPC PHE guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	• Guidance cascaded through Strategic Oversight group • Daily communications email sent to all staff • IPC Team daily visit to clinical areas. have Attendance in wards/departments • Weekend IPC team provision • IPC team have developed reference posters for staff, with all guidance available on the staff intranet https://intranet.mft.nhs.uk/content/important-information-about-covid-19-coronavirus		• The Trust intranet provides a full range of information that is regularly updated and cascaded to all staff via daily communication. Links to the MFT Staff COVID-19 Resource Area are provided https://intranet.mft.nhs.uk/content/important-information-about-covid-19-coronavirus Regular and up to date information is published in this Resource Area, including the following key topics: • Emergency Planning, Resilience and Response • Employee Health & Well Being • Research and Innovation for COVID-19 • Infection Prevention & Control • Hospital/MCS COVID-19 Resources

• changes to PHE guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	• Response to COVID outbreak managed by Exec leads for EPPR and DIPC through Strategic Gold Command and escalated through this route to the Board of Directors, sub board committees including:
	   o Risk oversight committee
	   o Quality & performance scrutiny committee
	   o Group Infection control committee
	• Risk register updated
	• Risk assessments in place, risk assessment documentation available via the Trust Intranet
		• New risks to be identified as guidance changes
		• New risks may be identified through review of guidance published 20 August 2020 (COVID-19 Guidance for the remobilisation of services within health and care settings – Infection Prevention and control recommendations).
			• Risks identified on Trust risk register and locally on Hospital/MCS risk registers/regularly updated.
			• The Trust Board Assurance Framework has been updated to be submitted in November 2020.

• risks are reflected in risk registers and the Board Assurance Framework where appropriate	• There is an over-arching Group IPC risk for COVID-19. Hospitals/MCS/LCO have identified local risks and added them to local risk registers. • Risks managed through Strategic COVID-19 group • Links made to the main Trust BAF, to be reviewed at the Board of Directors meeting in November 2020	• Disruption to assurance framework by Suspension of Sub-board Committees due to COVID-19	• Sub –Groups have been re-instated in accordance with Trust governance and recovery programme
• robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	• Daily alert notifications continued and actioned • Monitoring of incidents of infection • Investigation of MRSA bacteraemia and CDIRCA completion • Accountability meetings with clinical leads re-instated	• Three week period of non-toxin testing for CDI due to Aerosol generating procedures	• All CDI patients clinically reviewed & PCR tested. • Alternative method for toxin testing implemented

	• Hospital/MCS Infection control committees in place • Extraordinary meetings of COVID expert Group in place		

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure: • designated teams with appropriate training to care for and treat patients in COVID-19 isolation or cohort areas	• Programme of training for redeployed staff including use of PPE, maintaining a safe environment • Bespoke training programme for Clinical leaders to become PPE expert trainers • IPCT undertake regular reviews/ and provide visible presence in cohort areas • Staffing levels increased	• Redeployed staff may not be confident in an alternative care environment.	• Increase of IPC support to COVID -19 Wards • Use of posters/videos FAQ's • Multiple communication channels – daily briefing/dedicated website • Microbiologist support • Virology support • 7 day working from IPC/Health and Wellbeing
• designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	• Liaison between Trust/PFI partners and partnership working • Domestic staff are fit tested and trained in donning and doffing PPE • Use of posters/videos FAQ's • Staff training records and roster allocations available as evidence of this for all areas.	• Anxiety of staff working in COVID-19 Wards.	• Domestic staff have access to EHWB services • Increased IPC support to COVID -19 Wards

• decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE national guidance	• PHE guidance is adhered in line with decontamination in outbreak situation. • Use of HPV/UVC in addition to PHE guidance • Group Estates and Facilities Decontamination Policy is in place and available via the Trust intranet • E and F/PFI partners and IPC Team met to review cleaning frequencies in line with updated guidance	• Anxiety of staff working in COVID-19 Wards.	• Domestic staff have access to EHWB services • Increased IPC support to COVID -19 Wards • Use of posters/videos FAQ's • Walk rounds led by IPC to review cleanliness of hospital facilities - undertaken with cleaning management teams.
• increased frequency, at least twice daily, of cleaning in areas that have higher environmental contamination rates as set out in the PHE national guidance	• PHE guidance is adhered in line with decontamination in outbreak situation. • Use of HPV/UVC in addition to PHE guidance is deployed in high flow areas such as ED • Increased cleaning in wards where there has been a cluster/outbreak of COVID-19 amongst patients who were previously negative • Cleaning twice daily and providing additional enhanced cleaning.		• Review of domestics rota by facilities to ensure staff rosters are sufficient to cope with the increased demand and that the service provision includes all clinical and non-clinical areas.

• attention to the cleaning of toilets/bathrooms, as COVID-19 has frequently been found to contaminate surfaces in these areas	• additional frequency of cleaning schedules in place • staff are trained to respond to revised cleaning requirements and additional cleaning in place for sanitary and high touch areas.		
• cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine,as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses	• Routine cleaning in all areas (clinical and non-clinical undertaken using a combined detergent and Chlorine 1,000 parts per million solution. • Used in accordance with manufacturers recommendation as described in the Trust Cleaning Policy, adhered to, as per COSHH data sheet held by facilities.	• Cleaning Policy Requires updating (pending new national guidance on cleaning standards)	• Cleaning policy to be updated
• manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/disinfectant solutions/products as per national guidance	• See above		
• 'frequently touched' surfaces, eg door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice	• Enhanced cleaning specifications in place for clinical and non-clinical areas		

daily and when known to be contaminated with secretions, excretions or body fluids • electronic equipment, eg mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily • rooms/areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily)	• Trust Policy for working safely based on PHE guidance is in place • Increased cleaning in public areas for high touch points (e.g. stairwell hand rails / lift call buttons) have ben put in place across all sites to meet PHE guidance. • staff are trained to respond to revised cleaning requirements and additional cleaning in place for sanitary and high touch areas		
• linen from possible and confirmed COVID-19 patients is managed in line with PHE national guidance and the appropriate precautions are taken	• Linen managed according to national guidance for foul/infected linen, Trust Policy in place • Staff in COVID-19 areas are wearing 'scrubs' – laundered through Trust laundry • Guidance on how to care for uniform published on Trust intranet	• Policy requires updating	• Policy to be updated by IPC Team
• single use items are used where possible and according to Single Use Policy	• Single use items used according to local policy based on national guidance.	• Policy requires updating	• Policy to be updated by IPC Team

• reusable equipment is appropriately decontaminated in line with local and PHE national policy	• Re-useable equipment decontaminated in line with national guidance • Decontamination group is sub-group of Group ICC		• Decontamination group meeting re-instated from May 2020
• Review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission			

3. **Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance**			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**

Systems and process are in place to ensure:
 	
• arrangements around antimicrobial stewardship are maintained
	• Appropriate policies reviewed and approved by the AMC
	• Specific antimicrobial policies related to COVID-19 are available on the Trust's Microguide platform.
	• Bimonthly antimicrobial stewardship committee (AMC) meetings are continuing (virtual platform)
	• Monthly antimicrobial stewardship (AMS) audits on all ward areas
	• Microbiology support available 24 hours a day.
	• Antimicrobial prescribing advice available from pharmacy 24 hours a day
		• Monthly AMS audits are being redeveloped to better inform prescribing practices. New audit proforma was introduced in June 2020 and is subject to ongoing review.
		
		• Audits and review of AMS practices and prescribing needs to be sustainable whilst the hospital is split into zones. Previously these audits would be done by AMS pharmacists who now
			• Plans in place to introduce virtual AMS ward rounds to COVID-19 cohort areas. This needs Trust wide support which is being reviewed in terms of:
			   o Clinical engagement
			   o IT infrastructure
			   o Staffing and resources

	• ICU ward rounds • Increased AMS support to COVID-19 cohort areas • Ad-hoc reporting to Clinical Subgroup identifying areas of concern in terms of antimicrobial prescribing.	must not cross over zones.	
• mandatory reporting requirements are adhered to and boards continue to maintain oversight	• Quarterly reports from AMC to Trust IPC and Medicines Optimisation Board from AMC		

4. **Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion**			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • implementation of national guidance on visiting patients in a care setting	• Policies/guidance in Acute sector updated to reflect pandemic • End of Life Policy adapted for current need • Controlled entrance & exits to Trust to minimise risk of cross infection • Policy reviewed following further guidance and flexed to meet the needs of individual patients and patient groups whilst still minimising the opportunity for transmission • Visiting Policy available via Trust Intranet and information published on the Website		

• areas in which suspected or confirmed COVID-19 patients are being treated are clearly marked with appropriate signage and have restricted access	• Appropriate floor markings and signage in place being overseen by Hospital task and finish groups to ensure with blue/yellow/green areas • Dedicated entrances for blue/yellow/green patients where possible • Signage on entrances, signs are available to download and print via Trust Intranet • Screens in place at reception areas • Available guidance: o Coronavirus Restricted Access Measures Guidance May 2020	• Plans need to be flexible as situation changes	• Hospitals to re-assess as situation evolves.
• information and guidance on COVID-19 is available on all Trust websites with easy read versions	• Dedicated website for all COVID related information/policies	• Risk that information may be out of date	• Website regularly updated by Comms/EPPR Team
• infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	• Screening processes in place for elective patients • Compliant with PHE guidance on screening patients being transferred to residential care		

5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Systems and processes are in place to ensure: • front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate them from non COVID-19 cases to minimise the risk of cross-infection, as per national guidance	• Patient streaming at access points in place at all ED access areas		• Patient placement guidance in place • Keeping Safe - Protecting You – Protecting Others Document approved and in place • All patients admitted via ED are screened for COVID-19, data is reviewed daily https://intranet.mft.nhs.uk/content/important-information-about-covid-19-coronavirus/safe-working-environment https://intranet.mft.nhs.uk/content/important-information-about-covid-19-coronavirus

• mask usage is emphasized for suspected individuals	• patients with suspected COVID-19 and Shielded patients encouraged to wear surgical facemask when moving around the hospital • Policy in place for wearing of facemasks in all areas		
• ideally segregation should be with separate spaces, but there is potential to use screens, eg to protect reception staff	• Trust review of working practices including working environment • Screens in place • PPE such as visors in place		
• for patients with new-onset symptoms, it is important to achieve isolation and instigation of contract tracing as soon as possible	• Covid and non-Covid clinical areas defined across the Trust. • All Non- elective admissions tested and elective admissions as per guidance in Hospital SOPs • Patients who develop symptoms are tested again and the trust has PHE guidance in place on the testing of patients at 5-7 days and every 7 days thereafter. • Trust has an internal test and trace policy • Outbreak policy in line with NHSE guidance • Outbreaks contained and reported to NHSE/I using IIMARCH (Information, Intent, Method, Administration, Risk Assessment, Communication, Humanitarian issues) documentation and daily sitrep reports.		• Patient placement guidance in place • Keeping Safe - Protecting You – Protecting Others Document approved and in place

• patients with suspected COVID-19 are tested promptly	• Screening of non-elective patients in place • Hospitals/MCS putting in place pre 48hour testing for elective admissions • MFT site of PHE host laboratory and has capacity for extensive screening • Limited access to rapid (Cephied) PCR testing	• Turnaround time of tests and supply of testing reagents	• Prioritisation of rapid testing for most high risk patients • Patients with suspected COVID-19 are assessed and cohorted according to clinical evaluation
• patients who test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced	• patients are cohorted according to clinical presentation • Outbreak policy implemented		
• patients that attend for routine appointments and who display symptoms of COVID-19 are managed appropriately	• OPD services are using technology to undertake consultations where possible • Signage on entrances advising pathway for symptomatic patients. • Message on MFT phone services • Trust policy on managing patients who present with symptoms in place		• Plans to review and implement new guidance published 20 August 2020 (COVID-19 Guidance for the remobilisation of services within health and care settings – Infection Prevention and control recommendations).

6.	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	
Systems and processes are in place to ensure: • all staff (clinical and non- clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe	• Programme of training for all staff and those who are redeployed including use of PPE, maintaining a safe environment in accordance with PHE guidance. • Register of staff training and fit testing for FFP3 masks are maintained by hospitals/MCS • Bespoke training for Clinical leaders to become PPE expert trainers • Mandatory training in place	• Staff anxiety about risks of exposure to COVID -19	• Increase of IPC support to COVID -19 Wards • Prompt response to clusters/outbreaks of COVID-19 • Plans for staff testing in high risk situations. • Use of posters/videos FAQ's • Multiple communication channels – daily briefing/dedicated website • Microbiologist support • Virology support • 7 day working from IPC/Health and Wellbeing •	
• all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it	• Local information and guidance in place for COVID areas and non-COVID areas • PPE Infection Control Policy in place • PHE guidance in place			

	• Donning and doffing videos available on the Trust intranet based on national guidance			
• a record of staff training is maintained	• Register of staff training and fit testing for FFP3 masks are maintained by hospitals/MCS			
• appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed	• Re-use of PPE to be used in extremis and agreed with Strategic oversight group following a risk assessment • Standard Operating Procedures developed for decontamination of visors • Staff advised to undertake a risk assessment if there are shortages of PPE for example NMC guideline	• Escalation in shortages of PPE	• Staff asked to complete an incident form and escalate to their manager
• any incidents relating to the re-use of PPE are monitored and appropriate action taken	• Staff advised to complete an incident form and report to their manager • Daily review of incidents submitted by risk management team			
• adherence to PHE national guidance on the use of PPE is regularly audited	• IPC Team have developed an audit tool			
• hand dryers in toilets are associated with greater risk of droplet spread than paper towels. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination, as per national guidance	• Hand dryers are not used in accordance with trust policy • Guidance in public areas			

• guidance on hand hygiene, including drying, should be clearly displayed in all public toilet areas as well as staff areas	• posters and guidance in place https://intranet.mft.nhs.uk/content/hospitals-mcs/clinical-scientific-services/infection-control/hand-hygiene		
• staff regularly undertake hand hygiene and observe standard infection control precautions	• Monthly audits of hand hygiene compliance • Increase of audits on increased activity areas • Mandatory ANTT assessments annually • Hand Hygiene Policy in place • ANTT Policy in place		
• staff understand the requirements for uniform laundering where this is not provided for on site	• Staff advised on how to decontaminate uniforms in accordance with NHSE guidance • Temporary staff changing facilities identified on COVID-19 wards • Staff on COVID-19 areas wearing scrubs laundered through hospital laundry		
• all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance if they or a member of their household display any of the symptoms.	• HR policies in place for staff to report on absence manager system if they are symptomatic • Trust complies with national guidance • EHWB service provides staff support • Employee Health and Well Being Service COVID-19 Guidance and Support available at: https://intranet.mft.nhs.uk/content/corporate-services/employee-health-and-wellbeing/untitled-page_8	• Staff shortages due to COVID -19	• Escalation to Strategic oversight group of low staffing numbers. • Activity to be titrated by staffing levels

7. Provide or secure adequate isolation facilities

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure: • patients with possible or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate	• patients are cohorted according to clinical presentation • risk assessment undertaken in yellow areas to cohort patients according to risk of onward transmission • Isolation of Infectious Patients Policy in place	• Lack of side rooms for isolation and also number of toilet facilities per ward • Geographical location of support services (e.g. Radiology) and provision of essential services (e.g. monitoring for Cardiac patients)	• Risk assessment undertaken in decision to allocate blue/yellow and green areas based on environment and geographical location • Review of footprint of services across all hospitals to reduce risk of cross infection Risk assessment undertaken based on symptoms (e.g. isolation of patients with diarrhoea
• areas used to cohort patients with or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance	• programme of review of air flow and ventilation undertaken throughout the pandemic	• Lack of side rooms for isolation and also number of toilet facilities per ward • Geographical location of support services (e.g. Radiology) and provision of essential services	• Risk assessment undertaken in decision to allocate blue/yellow and green areas based on environment and geographical location • Review of footprint of services across all hospitals to reduce risk patient occupancy, flow and

| | | (e.g. monitoring for Cardiac patients) | activity adjusted to align to the environment |
| | | • some areas of estate particularly old and in poor condition | • Good IPC practice implemented in all areas of cross infection |

8. Secure adequate access to laboratory support as appropriate

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
There are systems and processes in place to ensure: • testing is undertaken by competent and trained individual	• UKAS accredited PHE laboratory conducting testing for NW of England • Posters to support training for staff on how to take a swab	• Staff may not be confident in process for taking a swab	• Where possible dedicated teams for testing in place
• patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance	• Screening of non-elective patients in place • Hospitals/MCS putting in place pre 48 hour testing for elective admissions • Policy for staff screening developed • MFT site of PHE host laboratory and has capacity for extensive screening	• Waiting for further guidance on testing of high risk groups • Insufficient reagents to meet all staff screening demands.	• Local plans for high risk groups being developed following consultation with appropriate stakeholders.
• screening for other potential infections takes place	• Screening for alert organisms continued in line with trust policy.		

9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure that: • staff are supported in adhering to all IPC policies, including those for other alert organisms	• Programme of training for redeployed staff including use of PPE, maintaining a safe environment in accordance with PHE guidance. • Bespoke training for Clinical leaders to become PPE expert trainers • Mandatory training in place • Plans for staff testing in high risk situations. • Use of posters/videos FAQ's • Multiple communication channels – daily briefing/dedicated website • Microbiologist support • Virology support • 7 day working from IPC/Health and Wellbeing	• Staff anxiety about risks of exposure to COVID -19	• Increase of IPC support to COVID -19 Wards • Prompt response to clusters/outbreaks of COVID-19
• any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	• Guidance updated on intranet and communicated daily via email		
• all clinical waste related to confirmed or possible COVID-19 cases is handled, stored and managed in	• All waste associated with suspected or positive COVID-19 cases is treated as normal infectious waste (orange waste stream sent for alternative treatment to render safe before incineration or landfill)	• Since the outbreak of COVID-19 there have been changes to advice from government regards waste (in particular	• New refreshed waste guidance and communication document currently in production (for healthcare staff,

accordance with current [national guidance](#)	• Staff follow Trust waste management policy: PDF MFT Waste Management Policy V • • Healthcare waste e-learning module is mandatory for all clinical staff, based on waste management policy. • All bins are labelled to indicate which streams they have been designated for.	initial categorisation of COVID-19 waste as Category A (similar to Ebola), a national Standard Operating Procedure and numerous Regulatory Position Statements from the Environment Agency) – the changing guidance has been challenging to communicate clearly with staff. • Queries around disposal routes for visitor PPE – options for disposal which are both legal and practical are not currently clear. • COVID-19 precautions have meant Waste Team are no longer able to visit all wards to carry out waste pre-acceptance audits and establish that staff are following waste management	porters and cleaners)and will be circulated Trust-wide • Guidance will be regularly assessed as the situation evolves and national guidance is updated. • Temporary approach to waste audits being developed • Fortnightly meeting of all relevant staff involved in waste management at each site to share emerging risks and issues associated with waste. • Weekly conference call between Trust and its main clinical waste collection provider (SRCL) • Trust also has access to "national cell" (Environment Agency, Cabinet office, etc) who are managing waste nationally at a strategic level through COVID, as

		policy.	well as national NPAG group.
		• There have been some waste related incidents whereby clinical waste (potentially infectious waste, associated with COVID-19 cases) has been disposed of by staff as general domestic waste. • Gaps have been identified in relation to clear policy and process in relation to waste generated by COVID-19 cases and non-COVID-19 cases in the community	• Regards community waste, draft options paper prepared to inform future policy and process – further scoping details still required and options will then be taken forward through the appropriate channels
• PPE stock is appropriately stored and accessible to staff who require it	• Materials management team asses local stock levels and replenish every 2- 3 days • Update on stock levels circulated to DIPC/IPCT	• Shortages in supply	• Escalation process in place • Re-useable respirators provided for staff working in high risk areas place

10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Appropriate systems and processes are in place to ensure: • staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	• EHWB Policy in place • Employee Health and Well Being Service COVID-19 Guidance and Support available at: https://intranet.mft.nhs.uk/content/corporate-services/employee-health-and-wellbeing/untitled-page_8 • All staff complete a COVID-19 self-risk assessment, electronically stored • Staff have access to a wide range of physical and psychological support services provided by the Employee Health and Wellebing Service. • Staff who are working remotely can also access support. • Details of all EHW Services are provided on the intranet or Learning Hub so are easily accessible to everyone, whether onsite or working remotely. • EHW/OH advice and support is availabe to managers and staff 7 days a week.		

• staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	• Training records held		
• consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between planned and elective care pathways and urgent and emergency care pathways, as per national guidance	• Staff not moved from COVID areas • Strict adherence to PPE guidance and practice • Staff testing policy in development	• Limited by access to reagents	• Prioritisation based on clinical and staff need
• all staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not wearing a facemask and in non-clinical areas	• Trust policy in place		
• consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas	• Workplace guidance in place		
• staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	• HR policies in place for symptomatic staff to report on absence manager system. Positive results are fedback via the EHW Clinical Team - ensuring advice and support • HR policies in place for staff to report on sickness absence via the Absence Manager system.		• Absence monitoring • Follow up and contact by line manager

	• All Trust protocols comply with National guidance and are kept under constant review. HR advice and support is provided to managers. • Regular comms and briefings ensure that staff are aware of policies and procedures as well as the support available to them. • Trust policy align with national guidance		
• staff who test positive have adequate information and support to aid their recovery and return to work	• EHWB service provides staff support • Staff receiving positive results are supported by an EHW Clinician to obtain advice and receive information regarding next steps, recovery and return to work.	• Some staff may choose to access alternative community test centres which means the results will not be known by the line manager and may be received via text message.	• Staff can contact Silver Command, Workforce Bronze, their line manager or the HR Team to seek advice on next steps having received their result via text. • Coronavirus (Covid-19) – Line Manager FAQ (fact sheet)

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Finance Officer
Paper prepared by:	James Bradley, Finance Director Rachel McIlwraith, Operational Finance Director
Date of paper:	September 2020
Subject:	Financial Performance for Month 5 2020/21
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Maintaining financial stability for both the short and medium term
Recommendations:	• Strong financial governance and control is essential during this extremely unusual finance regime. • Stronger discipline on forecasting has recently been introduced to ensure that the financial implications of decisions on service changes are understood and taken into account in the decision-making process. • It is of paramount importance that decisions are not made that commit to the Trust to recurrent new expenditure without the appropriate level of scrutiny. • Aged debt is a key focus for the Finance Team. • We are still awaiting guidance on the financial regime that will be in place for the remainder of 2020/21.
Contact:	Name: Jenny Ehrhardt, Group Chief Finance Officer Tel: 0161 276 6692

Executive Summary

1.1	**Delivery of financial Control Total**	As a response to the COVID-19 pandemic, the NHS financial framework has been amended. Currently all Trusts are on a block contract, with an adjusting 'top-up' made retrospectively to bring the Trust to breakeven. This provides stability in the short-term as the Trust responds to the pandemic and as it begins to restore services during the recovery phase. This arrangement has been extended to the end of September 2020, and therefore the Trust does not currently have an agreed Control Total for 2020/21. Whilst full details have not yet been shared nationally, it is expected that the financial regime which is anticipated to come into place on 1st October 2020 will maintain the block payments to Trusts, but that the costs in excess of this will be financed from a system-wide (ie Greater Manchester) funding pot. This has not been quantified as yet, however financial constraints are expected to increase. The Trust has worked with partners across GM to set up a structure to lead and manage this GM-wide funding mechanism. Until the quantum is known, it is difficult to be explicit as to the level of risk within the system.
1.2	**Run Rate**	Despite the assurance of a breakeven position in the short term, strong financial governance and control is essential. In August, the non-Covid expenditure continued to increase as recovery actions drove higher activity levels and the associated expenditure. Hospitals continue to report against their projected forecasts, and it is important that forecasts are refined and able to accurately reflect the impact of recovery actions. This is part of the accountability discussions held with each Hospital leadership team. Waste reduction targets have been communicated to each Hospital and schemes continue to be developed to achieve the savings necessary to achieve the planned investments.
1.3	**Remedial action to manage risk**	The current "expenditure led" financial regime presents significant risk to the Trust, through the changed behaviours which it drives. Through the governance structures, there has been a consistent message that maintaining control of expenditure is key even during the pandemic. As the financial regime becomes clearer for the remainder of the financial year, specific targets will be implemented at Hospital level, to reflect the constraint at Trust level.
1.4	**Cash & Liquidity**	As at 31st August 2020, the Trust had a cash balance of £253.6m. This remains higher than plan due to the "double-payment" of the block contract in April, which it is expected will be recovered during the financial year.
1.5	**Capital Expenditure**	The capital plan reflects the result of negotiations across Greater Manchester to bring the total planned spend across Greater Manchester into line with the new capital envelope. Up to August 2020, £32.5m of capital spend was incurred. Any future capital expenditure relating to Covid requires approval at a national level and the process has been widely communicated across the Trust.

Financial Performance

Income & Expenditure Account for the period ending 31st August 2020

	Baseline run-rate	Year to date Actual - M5
INCOME	**£'000**	**£'000**
Income from Patient Care Activities		
NHSE Block		610,750
Wales		566
Wales Specialised		1,538
NORs / blood and transplant accrual		796
Other (eg. Devolved administrations) and IOM		186
SARC accrual		670
PHE Breast screening accrual		158
Councils		14,989
Sub -total Income from Patient Care Activities	**625,728**	**629,653**
Private Patients/RTA/Overseas(NCP)	3,695	2,882
Total Income from Patient Care Activities	**629,423**	**632,535**
Training & Education	28,835	27,274
Research & Development	25,134	27,904
Misc. Other Operating Income	45,698	22,356
Other Income	**99,667**	**77,534**
Total Income	**729,090**	**710,069**
EXPENDITURE		
Pay	-456,976	-448,883
Pay (COVID)		-27,248
Non pay	-259,552	-266,698
Non pay (COVID)		-54,956
Total Expenditure	**-716,528**	**-797,785**
EBITDA Margin (excluding PSF)	**12,562**	**-87,716**
Interest, Dividends and Depreciation		
Depreciation	-10,760	-10,540
Interest Receivable	451	30
Interest Payable	-17,027	-17,119
Dividend	-242	0
Surplus/(Deficit) excluding MRET and national top-up	**-15,016**	**-115,345**
Surplus/(Deficit) as % of turnover		**-16.2%**
PSF / MRET Income		**0**
National top up funding		**115,345**
Impairment		**-18,778**
Non operating Income		**1,343**
Depreciation - donated / granted assets		**-313**
		-17,748

It can be seen that the total income is c£19m lower than the baseline. This reduction includes for example car parking income and income from other providers for specific activity. It also reflects a reduction in HEE income which was signalled earlier in the year. Underlying (non-Covid) non-pay expenditure has increased in August as recovery actions drive higher activity levels and associated expenditure. Non-Covid pay costs remain lower than the baseline, with agency spend remaining lower than historic levels. Covid expenditure continues to be lower than the levels seen in the first quarter of the year, and amounts to £82.1m in the year to date.

Please note that the presentation of R&I income differs to the return sent to NHSI. For internal reporting, a proportion of the Block income has been transferred to cover the shortfall in R&I income that has resulted from COVID-19.

Hospital / MCS Financial Performance

Hospital / MCS	Category	Baseline run-rate	Year to date (M5)	- of which COVID	Year to date (M5) excl. COVID	Year to date forecast (M5)	Difference to TYD forecast (M5)
		£'000	£'000	£'000	£'000	£'000	£'000
Clinical & Scientific Support	Income	9,215	7,665	0	7,665	7,570	95
	Pay	-85,645	-88,265	-4,139	-84,126	-88,225	-40
	Non pay	-27,230	-30,044	-2,750	-27,294	-27,243	-2,801
	Total	**-103,660**	**-110,644**	**-6,889**	**-103,755**	**-107,898**	**-2,746**
Manchester LCO / Trafford LCO	Income	6,155	1,099	0	1,099	1,057	42
	Pay	-43,950	-45,107	-2,919	-42,188	-45,332	225
	Non pay	-9,945	-9,248	-317	-8,931	-9,051	-197
	Total	**-47,740**	**-53,256**	**-3,236**	**-50,020**	**-53,326**	**70**
MRI	Income	3,080	2,342	0	2,342	2,492	-150
	Pay	-76,535	-80,116	-6,348	-73,768	-79,955	-161
	Non pay	-56,410	-45,077	-856	-44,221	-47,802	2,725
	Total	**-129,865**	**-122,851**	**-7,204**	**-115,647**	**-125,265**	**2,414**
REH / UDH	Income	1,340	322	0	322	300	22
	Pay	-17,190	-16,659	-195	-16,464	-16,740	81
	Non pay	-9,810	-6,261	-114	-6,147	-6,255	-6
	Total	**-25,660**	**-22,598**	**-309**	**-22,289**	**-22,695**	**97**
RMCH	Income	1,410	2,525	0	2,525	3,160	-635
	Pay	-50,590	-52,872	-3,169	-49,703	-53,129	257
	Non pay	-28,410	-32,842	-334	-32,508	-32,855	13
	Total	**-77,590**	**-83,189**	**-3,503**	**-79,686**	**-82,824**	**-365**
Saint Mary's Hospital	Income	6,225	2,308	0	2,308	2,488	-180
	Pay	-43,930	-46,831	-3,216	-43,615	-47,106	275
	Non pay	-10,230	-8,234	-814	-7,420	-8,447	213
	Total	**-47,935**	**-52,757**	**-4,030**	**-48,727**	**-53,065**	**308**
WTWA	Income	7,045	4,288	0	4,288	4,536	-248
	Pay	-97,905	-96,801	-3,522	-93,279	-97,334	533
	Non pay	-57,170	-40,660	-403	-40,257	-40,254	-406
	Total	**-148,030**	**-133,173**	**-3,925**	**-129,248**	**-133,052**	**-121**
TOTAL		**-580,480**	**-578,468**	**-29,096**	**-549,372**	**-578,125**	**-343**

Accountability meetings with Hospital leadership teams now focus on the performance against forecasts, to develop the financial understanding of our services and to ensure that the financial impact of decisions is fully understood. Whilst there are currently no targets for the Hospitals to achieve, it is anticipated that these will be finalised once the NHS financial regime is announced for October onwards. Each Hospital/MCS is now meeting on a monthly basis with the Group CFO and Group COO to explain both their historic performance and the assumptions underpinning their forecasts.

Both MRI and CSS had significant differences between their actual results and their forecast. This resulted from a change in the recharging mechanism between the two Hospital/MCS's.

The baseline run rate has been calculated using performance from 2019/20 Months 7-11, and adjusted for known changes coming into 20/21 such as inflation and reducing recharges between Hospitals/MCSs.

Key Run Rate Areas

1. Waste Reduction Programme

The Waste Reduction targets have been communicated to each Hospital and the tables below outline the progress to date in achieving the savings necessary to fund the planned investments. Hospitals/MCSs are forecasting £14m achievement against schemes that have progressed to L3 on WAVE. A further £5m is forecast against schemes that are below L3, suggesting that these schemes require further development and are at a higher risk of non-delivery.

Workstream	Savings to Date				Forecast 20/21 Position			
	Plan (YTD) £'000	Actual (YTD) £'000	Variance (YTD) £'000	Financial BRAG (YTD)	Plan (20/21) £'000	Act/F'cast (20/21) £'000	Variance (20/21) £'000	Financial BRAG (YTD)
Hospital Initiative	753	830	77	110%	1,922	2,077	155	108%
Contracting & income	153	175	22	114%	427	459	31	107%
Procurement	1,560	1,474	-87	94%	4,780	4,586	-194	96%
Pharmacy and medicines management	75	44	-31	58%	252	201	-51	80%
Length of stay			0				0	
Outpatients			0		36	36	0	100%
Theatres			0				0	
Workforce - medical	334	426	92	128%	1,330	1,432	103	108%
Workforce - nursing	935	907	-28	97%	2,264	2,202	-62	97%
Admin and clerical	281	143	-138	51%	789	348	-441	44%
Workforce - other	1,115	1,116	1	100%	2,679	2,679	-0	100%
Total (at or above L3)	5,210	5,116	-95	-2%	14,491	14,029	-462	-3%
Total (below L3)	2,080				7,031	4,951		
Unidentified	2,576				2,157			
Grand Total	9,866	5,116	-4,751	-48%	23,679	18,979	-4,700	-20%

Financial BRAG

The BRAG 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. An example is Divisional Non Pay where Corporate is risk rated green where as the overall scheme is risk rated Red.

- ■ Financial Delivery less than 90%
- ■ Financial Delivery greater than 90% but less than 97%
- ■ Financial Delivery greater than 97%
- ■ Schemes fully delivered with no risk of future slippage

Hospital / MCS / Division targets and forecast for schemes at L3

Hospital/Division	20/21 Target	20/21 Actual/Forecast	20/21 Variance	% Variance
MRI	7,005	5,773	-1,232	-18%
RMCH	2,375	240	-2,135	-90%
St. Mary's	2,339	296	-2,043	-87%
EYE&DENTAL	857	649	-208	-24%
WTWA	4,454	2,464	-1,990	-45%
CSS	3,259	1,554	-1,705	-52%
Corporate	2,525	367	-2,158	-85%
LCO	865	2,687	1,822	211%
Grand Total	23,679	14,029	-9,650	-41%

2. Agency spend by Staff Group and Hospital / MCS

Staff Group	Average M1-3 (19/20) £000's	Average M4-6 (19/20) £000's	Average M7-9 (19/20) £000's	Average M10-12 (19/20) £000's	Average M1-3 (20/21) £000's	Mth 4 20/21 £000's	Mth 5 20/21 £000's
Consultant	-284	-268	-302	-275	-333	-250	-348
Career Grade Doctor	-89	-29	-36	-103	-35	-45	-27
Trainee Grade Doctors	-247	-253	-125	-84	-72	-121	-90
Registered Nursing Midwifery	-574	-530	-511	-531	-303	-226	-262
Support to Nursing	-48	-45	-18	-41	-15	-32	-19
Allied Health Professionals	-83	-72	-109	-72	-64	-81	-201
Other Scientific and Theraputic	-141	-105	-20	27	-72	51	-30
Healthcare Scientists	-8	-73	-118	-55	-62	-81	-98
Support to STT / HCS	-32	-39	-58	-39	-17	6	-6
Infrastructure Support	-101	-40	-165	-98	-117	-122	-86
Grand Total	**-1,607**	**-1,454**	**-1,462**	**-1,271**	**-1,090**	**-901**	**-1,167**

Hospitals	Average M1-3 (19/20) £000's	Average M4-6 (19/20) £000's	Average M7-9 (19/20) £000's	Average M10-12 (19/20) £000's	Average M1-3 (20/21) £000's	Mth 4 20/21 £000's	Mth 5 20/21 £000's
Clinical & Scientific Support	-191	-218	-156	73	-101	-50	-241
Manchester LCO	-44	-43	-110	-156	-152	-140	-56
MRI	-680	-534	-226	-534	-286	-192	-278
REH / UDH	-82	-91	-82	-73	-23	0	0
RMCH	-78	-94	-156	-109	-130	-89	-140
Saint Mary's Hospital	-24	-36	-33	-33	-18	-31	-29
WTWA	-412	-390	-532	-372	-199	-247	-330
Corporate	-99	-40	-162	-66	-182	-139	-91
Research	2	-8	-5	0	1	-14	-2
Total	**-1,607**	**-1,454**	**-1,462**	**-1,271**	**-1,090**	**-901**	**-1,167**

As would be anticipated, there has been a reduction in the level of spend in 20/21 due to reduced activity and the redeployment of clinical staff. Further scrutiny is being placed on agency spend given the current circumstances, and it remains one of the key finance indicators in the AOF.

3. Medical Staffing: August 2020

Medical Staffing Expenditure
(October 2019 - August 2020)
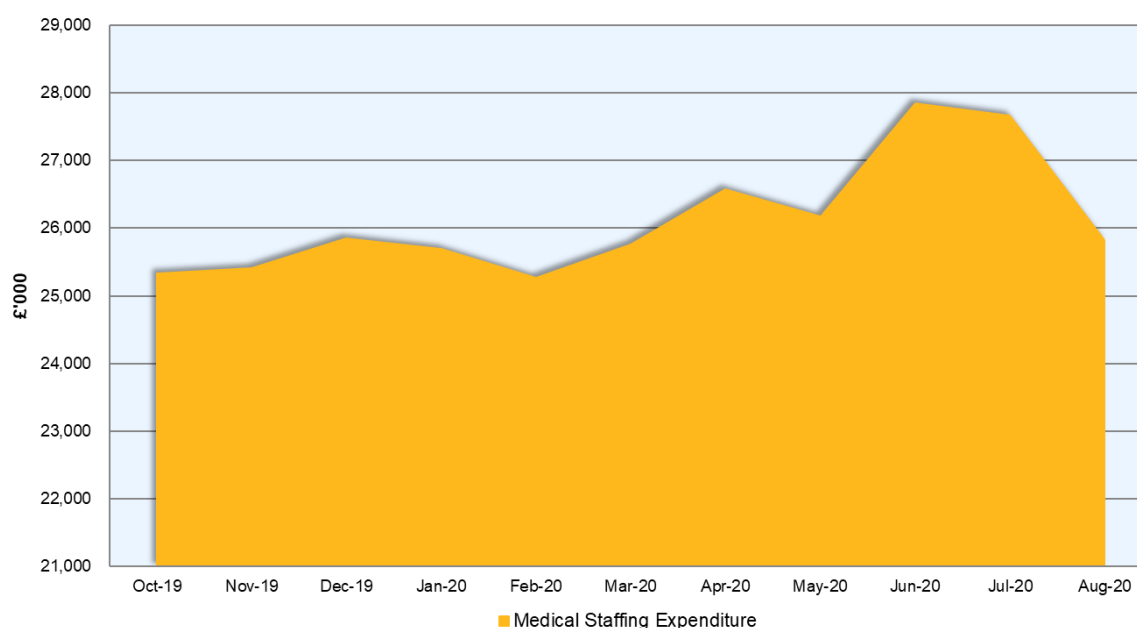
4. Nurse staffing: August 2020

Nurse staffing Expenditure
(October 2019 - August 2020)

Nurse Staffing Expenditure
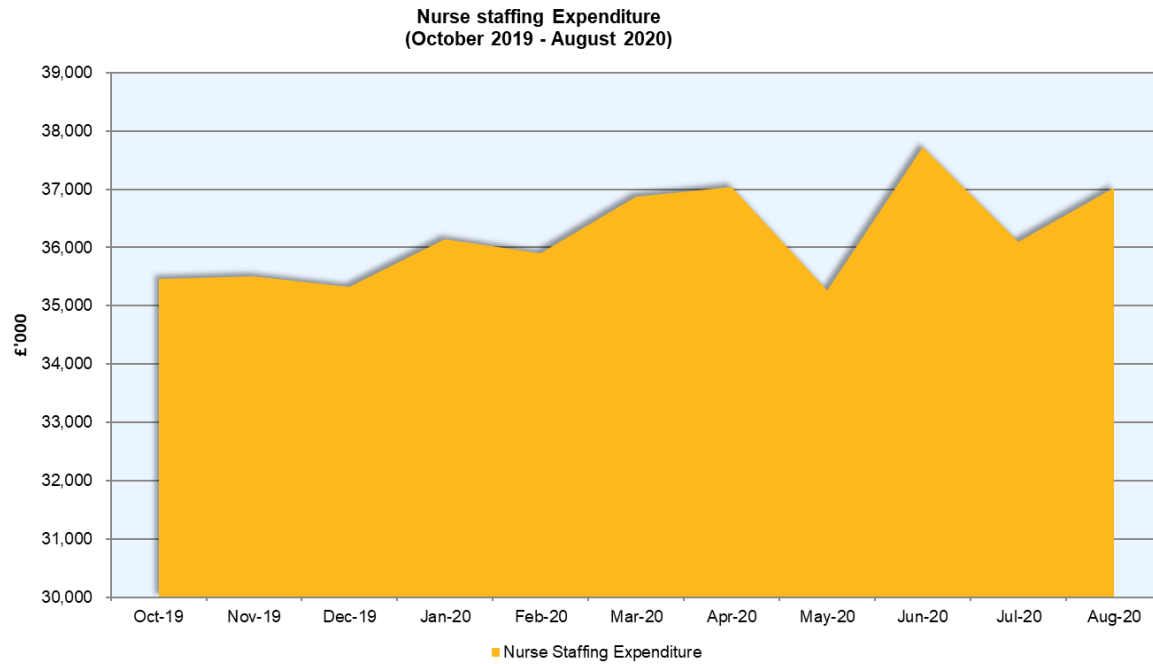
5. Prescribing: August 2020

Drugs expenditure (Non-pass through)
(April 2019 - August 2020)

Drugs (Non-pass through)
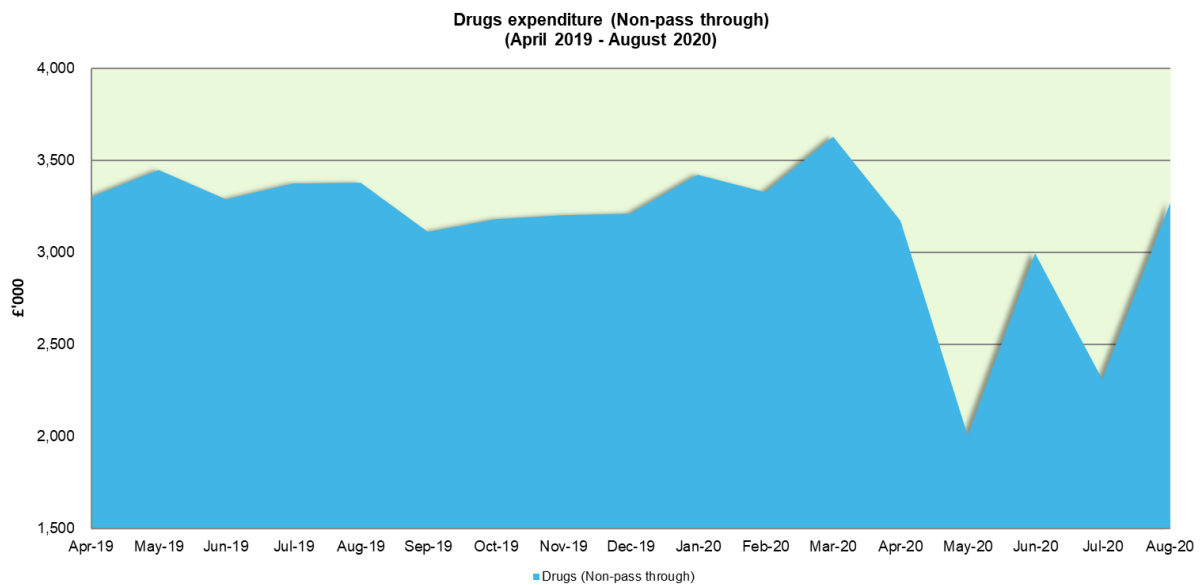
6. Staffing numbers

Staffing numbers have not changed significantly in August, with a modest decrease in nurse staffing.

	Whole Time Equivalent (WTE)										
	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Allied Health Professionals	1,261.84	1,263.31	1,266.93	1,260.65	1,265.99	1,301.87	1,303.58	1,288.33	1,271.72	1,296.05	1,279.11
Career Grade Doctor	297.87	285.84	287.55	337.58	342.19	331.05	332.81	327.52	317.06	310.53	333.19
Consultant	1,175.66	1,161.67	1,159.27	1,152.41	1,171.39	1,189.14	1,201.36	1,170.64	1,206.07	1,190.17	1,218.33
Healthcare Scientists	935.21	951.78	940.70	943.77	944.84	953.14	939.28	950.26	944.19	945.25	932.04
Infrastructure Support	2,202.81	2,228.50	2,225.12	2,219.11	2,249.52	2,254.97	2,294.16	2,338.67	2,351.79	2,327.68	2,368.61
Other Scientific and Theraputic	846.08	858.31	841.02	848.47	863.02	872.39	861.92	861.44	902.64	925.19	929.01
Registered Nursing Midwifery	7,081.78	7,187.17	7,145.76	7,209.98	7,299.20	7,422.10	7,605.55	7,302.18	7,399.14	7,240.78	7,080.14
Support to AHPs	144.53	140.55	138.86	143.32	144.31	145.39	146.76	143.60	144.21	140.86	131.42
Support to Clinical	2,707.31	2,674.86	2,674.66	2,698.29	2,737.44	2,732.40	2,716.26	2,671.57	2,675.53	2,682.35	2,697.92
Support to Nursing	3,265.12	3,241.72	3,225.48	3,239.96	3,209.55	3,314.23	3,186.18	3,078.18	3,533.29	3,517.67	3,522.46
Support to STT HCS	737.59	730.75	731.66	721.03	712.86	736.50	724.40	712.10	841.43	762.07	730.17
Trainee Grade Doctors	1,236.60	1,225.16	1,228.60	1,170.79	1,170.11	1,214.82	1,214.57	1,195.87	1,334.92	1,274.77	1,209.06
Grand Total	**21,892.40**	**21,949.62**	**21,865.61**	**21,945.36**	**22,110.42**	**22,468.00**	**22,526.83**	**22,040.36**	**22,921.99**	**22,613.37**	**22,431.46**

	Whole Time Equivalent (WTE)										
	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
RMCH	2,105.42	2,123.63	2,124.04	2,126.54	2,145.20	2,206.93	2,258.22	2,209.06	2,305.04	2,326.61	2,267.70
CSS	3,692.18	3,722.39	3,684.52	3,715.38	3,741.01	3,802.95	3,845.52	3,773.63	3,807.95	3,753.44	3,778.42
Corporate Services	1,300.70	1,268.54	1,268.66	1,269.95	1,286.20	1,289.55	1,302.15	1,315.89	1,541.72	1,343.97	1,330.01
UDHM	258.65	259.90	262.21	254.40	269.74	262.77	262.65	254.81	257.46	248.26	252.40
Facilities	294.41	285.05	288.37	293.42	290.25	295.87	295.82	299.09	301.67	302.95	301.99
MLCO / TLCO	2,440.88	2,466.37	2,468.11	2,466.11	2,517.37	2,508.24	2,534.08	2,510.32	2,556.51	2,540.80	2,511.89
MRI	3,839.46	3,809.72	3,779.12	3,799.22	3,813.36	4,007.40	3,946.14	3,785.86	3,964.00	3,956.00	3,942.24
R&I	532.44	542.06	532.79	529.65	543.55	525.16	525.63	534.35	539.46	539.67	532.42
MREH	546.15	550.17	540.89	539.39	541.24	536.10	535.91	523.87	537.35	535.58	534.42
SMH	2,108.57	2,134.95	2,105.99	2,109.36	2,117.76	2,144.40	2,160.79	2,177.27	2,246.25	2,263.36	2,212.82
WTWA	4,773.54	4,786.84	4,810.91	4,841.94	4,844.74	4,888.63	4,859.92	4,656.21	4,864.58	4,802.73	4,767.15
Total WTE	**21,892.40**	**21,949.62**	**21,865.61**	**21,945.36**	**22,110.42**	**22,468.00**	**22,526.83**	**22,040.36**	**22,921.99**	**22,613.37**	**22,431.46**

Statement of Financial Position

	Opening Balance 01/04/2020 £000	Actual Year to Date 31/08/2020 £000	Movement in Year to Date £000
Non-Current Assets			
Intangible Assets	4,006	3,537	(469)
Property, Plant and Equipment	608,068	611,393	3,325
Investments	1,592	1,592	0
Trade and Other Receivables	6,329	4,314	(2,015)
Total Non-Current Assets	**619,995**	**620,836**	**841**
Current Assets			
Inventories	18,618	18,240	(378)
NHS Trade and Other Receivables	79,356	80,722	1,366
Non-NHS Trade and Other Receivables	37,302	38,757	1,455
Non-Current Assets Held for Sale	210	210	0
Cash and Cash Equivalents	133,281	253,644	120,363
Total Current Assets	**268,767**	**391,573**	**122,806**
Current Liabilities			
Trade and Other Payables: Capital	(12,844)	(10,102)	2,742
Trade and Other Payables: Non-capital	(175,409)	(192,425)	(17,016)
Borrowings	(20,173)	(20,267)	(94)
Provisions	(13,417)	(13,660)	(243)
Other liabilities: Deferred Income	(18,435)	(145,145)	(126,710)
Total Current Liabilities	**(240,278)**	**(381,599)**	**(141,321)**
Net Current Assets	**28,489**	**9,974**	**(18,515)**
Total Assets Less Current Liabilities	**648,484**	**630,810**	**(17,674)**
Non-Current Liabilities			
Trade and Other Payables	(2,599)	(2,603)	(4)
Borrowings	(391,455)	(386,504)	4,951
Provisions	(14,635)	(14,348)	287
Other Liabilities: Deferred Income	(3,442)	(3,459)	(17)
Total Non-Current Liabilities	**(412,131)**	**(406,914)**	**5,217**
Total Assets Employed	**236,353**	**223,896**	**(12,457)**
Taxpayers' Equity			
Public Dividend Capital	208,994	214,285	5,291
Revaluation Reserve	49,424	49,424	0
Income and Expenditure Reserve	(22,065)	(39,813)	(17,748)
Total Taxpayers' Equity	**236,353**	**223,896**	**(12,457)**
Total Funds Employed	**236,353**	**223,896**	**(12,457)**

The most significant change on the SoFP is the increase in Cash and offsetting increase in Deferred Income. This reflects the double-payment of the block contract income in April, which was done to ensure all NHS providers were in funds to prevent any cash-related issues impacting on the response to Covid.

Cash flow

Cash Flow - Actual vs Planned April 2020 to March 2021

Legend: Opening Plan | Actual Cash Balance | Forecast Cash Balance | 10 Days Operational Working Capital
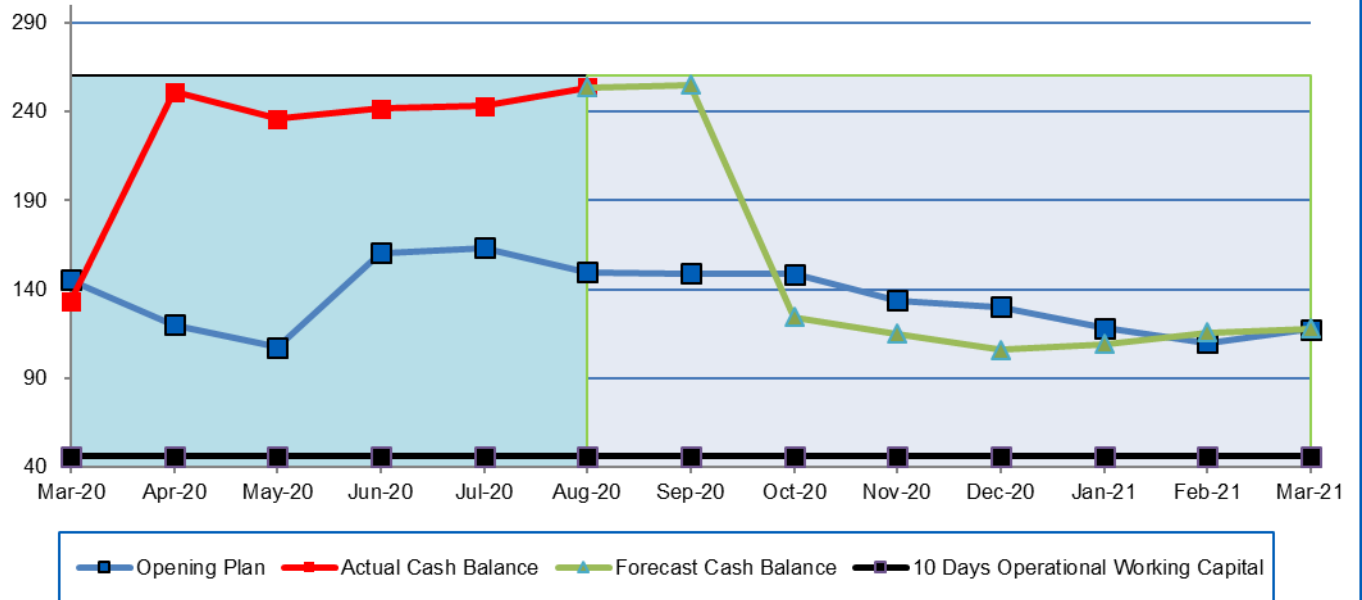
It is anticipated that the double-payment in April will be recouped in October; however this is not yet confirmed.

Capital Expenditure

Capital expenditure (cumulative)

Difference primarily reflects further bids submitted for national approval
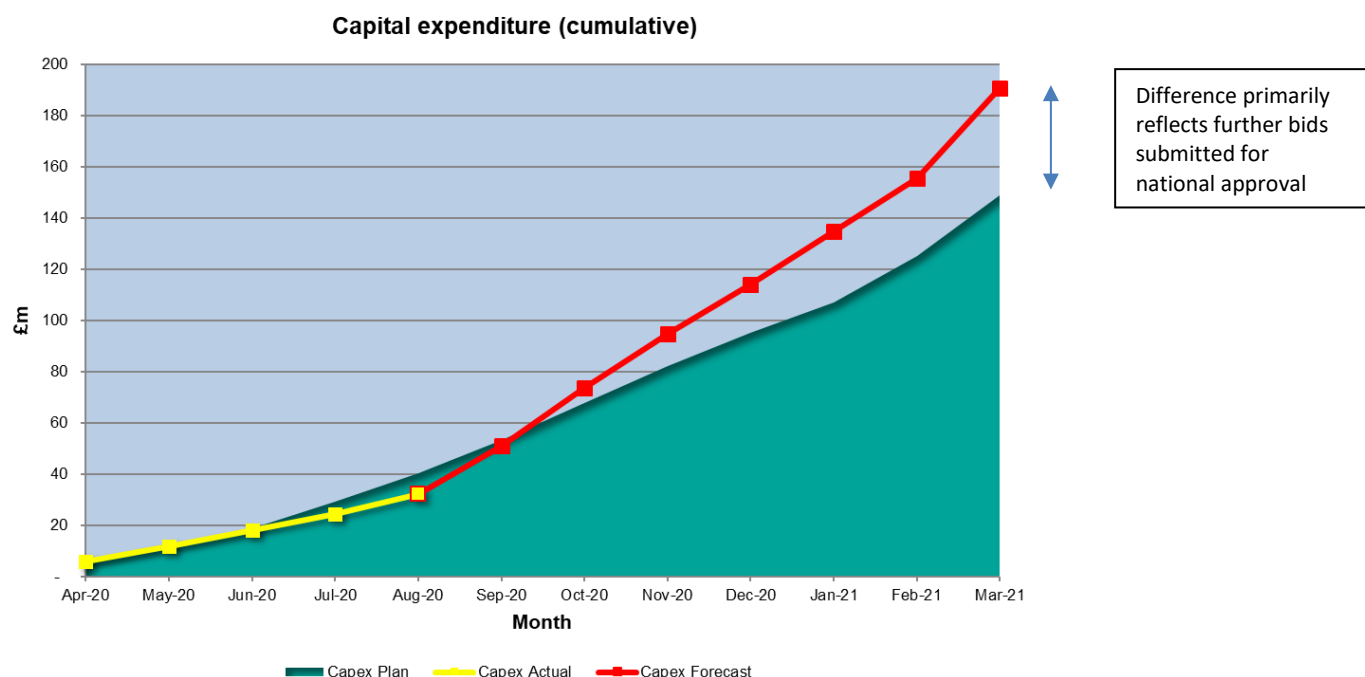
The chart above sets out the capital plan as approved by Finance Scrutiny Committee (FSC) in June 2020. The Trust's capital plan and forecast expenditure for 2020/21 reflects the result of negotiations across Greater Manchester to bring the total planned spend across Greater Manchester into line with the new capital envelope.

The difference between the £149m plan approved by FSC and £191m forecast values primarily reflects further bids for COVID capital funding which have been submitted for approval at national level. The forecast level of expenditure assumes that these bids will be receive national approval and the related capital expenditure incurred. However, in practice, capital expenditure will not be incurred in advance of these bids being approved.

The Capital Programme Managers for each of the three programmes are now required to re-forecast their expenditure on a monthly basis for the remainder of the financial year.

Scheme	Funding	Full Year Internal Plan £'000	YTD August 2020 Internal Plan £'000	YTD August 2020 Actual Spend £'000	Month August 2020 Internal Plan £'000	Month August 2020 Forecast £'000	Month August 2020 Actual Spend £'000	Full Year Forecast £'000
Equipment								
Equipment >£5k	Internal	1,271	637	806	82	82	146	1,271
Covid-19 Equipment	Covid-19	6,331	1,774	2,271	630	630	742	6,331
Charity Funded Equipment	Charity	663	276	149	55	55	0	663
Diagnostics Equipment	Covid-19	0	0	0	0	0	0	13,955
Diagnostic Imaging Replacement Scanners	Specific PDC	0	0	0	0	0	0	1,751
Equipment - sub total		**8,265**	**2,688**	**3,226**	**768**	**768**	**888**	**23,971**
IM&T schemes								
IT Rolling Program	Internal	1,463	269	337	169	128	58	1,463
Revenue to Capital Transfer	Internal	1,000	417	417	83	83	83	1,000
Server Infrastructure	Internal	2,438	449	95	282	213	12	2,438
ORC LAN refresh	Internal	1,463	269	0	169	128	0	1,463
HIVE EPR	Internal	12,238	2,372	2,062	811	811	673	12,238
Other IM&T Schemes	Internal	5,283	1,074	720	589	459	308	5,283
IM&T Internally Funded - sub total		**23,883**	**4,850**	**3,630**	**2,104**	**1,823**	**1,135**	**23,883**
IM&T Covid	Covid-19	3,282	794	65	782	836	65	3,282
IM&T Covid - sub total		**3,282**	**794**	**65**	**782**	**836**	**65**	**3,282**
Genomics	Specific PDC	520	0	4	0	0	4	0
EMIS	Specific PDC	983	302	0	98	90	0	983
E-Rostering	Specific PDC	328	72	46	36	36	0	328
IM&T Externally Funded - sub total		**1,831**	**374**	**50**	**134**	**126**	**4**	**1,311**
Property and Estates schemes								
ORC Backlog (Compliance/H&S)	Internal	19,700	10,554	8,776	2,449	531	2,447	11,072
BMTU Expension	Internal	1,287	416	1,524	226	46	178	2,140
Estates Internal	Internal	2,150	82	61	45	42	34	2,150
Programme Management/Delivery Fees	Internal	1,600	582	0	145	178	0	1,600
SARC relocation to Peter Mount Building	Internal	1,000	41	17	41	41	3	1,000
Cardiac Catheter Labs	Internal	1,000	0	0	0	0	0	1,000
Endoscopy (single sex) JAG	Internal	1,700	28	21	28	50	4	1,700
Shell for 3 & fit out of 2 new theatres above ED - WTWA	Internal	4,000	211	38	63	35	8	4,000
Project Red	Loan	4,000	438	211	217	12	26	4,000
Project Paed	Loan	629	243	167	51	51	46	629
Estates Covid Alterations	Covid-19	250	250	0	250	250	0	250
2 New Modular Theatres	Covid-19	4,000	356	39	225	75	8	4,000
Modular build - Trafford	Covid-19	6,300	0	0	0	0	0	6,300
MRI and RMCH ED Covid 19 alterations	Covid-19	0	0	0	0	0	0	4,541
MRI and WTWA Critical Care Works	Covid-19	0	0	0	0	0	0	6,750
Gynae Pathways redesign	Covid-19	0	0	0	0	0	0	410
ORC - Covid Secure Office accommodation	Covid-19	0	0	0	0	0	0	6,000
TGH Modular Build	Covid-19	0	0	0	0	0	0	14,000
TGH - Incremental cost for Modular Theatres	Covid-19	0	0	0	0	0	0	5,500
Critical Infrastructure Risk	Covid-19	0	0	0	0	1,500	0	7,666
Property & Estates Internally funded / Covid Schemes- sub total		**47,616**	**13,201**	**10,853**	**3,740**	**2,810**	**2,753**	**84,708**
Breast Imaging Academy (Nightingale)	Charity	2,000	2	2	0	0	0	2
RMCH Atrium Improvements	Charity	180	40	0	20	0	0	180
Garden of Reflection - TGH	Charity	39	39	73	9	9	69	39
Heart Transplant Unit	Charity	480	228	173	108	108	11	480
Cardiac MR Research Scanner	Charity	2,823	1,101	946	254	247	246	2,932
Property & Estates Charity funded - sub total		**5,522**	**1,409**	**1,194**	**391**	**364**	**325**	**3,633**
Healthier Together	Specific PDC	10,300	2,298	0	387	387	0	10,300
HIPP2	Specific PDC	21,079	2,937	1,561	1,197	0	580	18,300
Antimicrobial Resistance (AMR)	Specific PDC	1,418	314	19	99	99	0	1,418
Property & Estates PDC funded - sub total		**32,797**	**5,549**	**1,580**	**1,683**	**486**	**581**	**30,018**
PFI Lifecycle	PFI Lifecycle	10,341	4,309	4,332	862	862	876	10,341
Covid-19 - Phase 1 / Seacole Beds / Nightingale Hospital								
Covid 19	Covid-19	9,050	6,428	6,945	630	630	1,266	9,050
Nightingale Hospital	Covid-19	618	618	615	0	0	-3	618
Seacole Beds	Covid-19	5,750	0	0	0	0	0	0
Covid-19 - Phase 1 / Seacole Beds / Nightingale - sub total		**15,418**	**7,046**	**7,560**	**630**	**630**	**1,262**	**9,668**
Total expenditure		**148,955**	**40,221**	**32,488**	**11,094**	**8,705**	**7,888**	**190,814**

Aged debt

Aged Debt is a focus of the Finance Workplan during 20/21 as the level of outstanding debt continues to be subject to close scrutiny.

Total invoices raised that remain unpaid at the end of August 2020 stands at £35.7m, a reduction of £8m from April 2020. Of that balance, 50% of the invoices were raised over 90 days ago, increasing the risk that those balances will not be received.

A piece of work has been undertaken across Greater Manchester to manage inter-provider debt more closely and to reduce transaction costs for these intra-NHS charges. This has resulted in a reduction in the Trust's aged debt in July and August, releasing time for management of other debt.
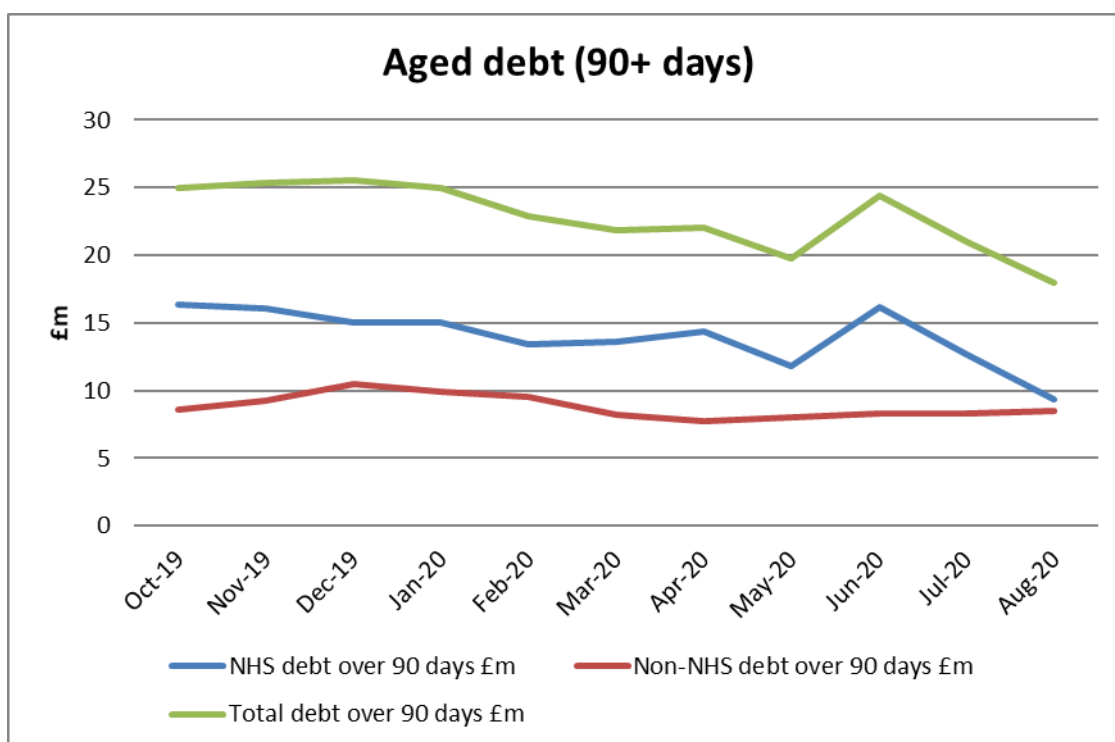
Hospital / MCS	0-30 days (£)	30-60 days (£)	60-90 days (£)	90 DAYS + (£)	Grand Total (£)
Royal Manchester Children's Hospital	827,718	655,712	- 2,192	804,893	2,286,131
Clinical & Scientific Services	2,466,532	3,340,704	45,112	1,420,217	7,272,565
Corporate Services	48,992	100,953	- 210,039	924,760	864,665
Dental Hospital	11,082	3,311	6,826	28,096	49,315
Facilities	507,615	67,626	103,723	717,477	1,396,441
Manchester & Trafford LCOs	280,977	91,683	43,456	349,895	766,011
Manchester Royal Infirmary	174,510	307,177	120,113	1,905,012	2,506,813
Group transactions	2,261,338	1,269,107	727,050	3,758,651	8,016,147
Research & Innovation	1,390,413	654,258	409,920	2,021,963	4,476,554
Royal Eye Hospital	14,956	6,316	756	41,044	63,072
Saint Marys Hospital	417,998	398,867	206,522	3,649,405	4,672,791
WTWA	410,481	522,913	141,651	2,300,194	3,375,239
Grand Total	**8,812,612**	**7,418,626**	**1,592,898**	**17,921,607**	**35,745,744**

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Director of Strategy
Paper prepared by:	Tom Rafferty, Director of Strategy
Date of paper:	September 2020
Subject:	Strategic Development Update
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	All individual strategic developments are risk assessed and monitored through the Board Assurance and Risk Management processes.
Recommendations:	The Board of Directors is asked to note the updates in relation to strategic developments nationally, regionally and within MFT.
Contact:	Name: Darren Banks, Group Executive Director of Strategy Tel: 0161 276 5676

1. Introduction

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

2. National Issues

Comprehensive Spending Review

On 21 July The Chancellor of the Exchequer announced a comprehensive spending review which will set Government departmental budgets (and therefore the NHS funding envelope) up to March 2024. Whilst the timescale of completion of the review has not been set it is expected to conclude in the autumn.

Amongst the stated priorities of the review are "improving outcomes in public services, including supporting the NHS" and "levelling up economic opportunity across all nations and regions of the country by investing in infrastructure, innovation and people".

The Chancellor also made clear the intention to "exercise restraint in future public sector pay awards, ensuring that across this year and the spending review period, public sector pay levels retain parity with the private sector".

Much of the longer-term planning framework for the NHS will be determined by the outcome of the review.

'Phase 3' Planning Guidance

Guidance has been issued by NHS England and Improvement on the next phase (Phase 3) of the NHS response to Covid-19. It confirms a change to the national incident level from Level 4 (national) to Level 3 (regional).

It also sets out priorities for the rest of the financial year (2020/21). Each Integrated Care System/Sustainability and Transformation Partnership (e.g. Greater Manchester) must submit a plan that sets out how it intends to:

    a.   Restore services to near pre-Covid levels before the winter months

    b.   Prepare for winter and a possible further spikes in Covid-related demand

    c.   Take into account the lessons learned during the first Covid peak; locking in beneficial changes and tackle fundamental challenges such as health inequalities.

Draft submissions are required by 1 September with final versions completed by 21 September following feedback from national and regional colleagues.

The guidance also details plans for future financial arrangements and expectations around system working.

Each ICS/STP will be required to develop plans for collaborative leadership arrangements, including a single ICS/STP leader and non-executive chair. Commissioning arrangements are expected to be streamlined, typically leading to a single CCG for each ICS/STP.

The current financial arrangements will remain in place until the end of September. From October it is anticipated that the top-up arrangements will be replaced by up-front funding at a system level. Systems will be expected to operate within these funding envelopes but may agree for individual organisations within them to deliver deficit and surplus positions. It is expected that some funding will be conditional on delivery of activity volumes stipulated in the guidance.

3. Greater Manchester Issues

Regional Command and Control Arrangements

As part of the response to the initial Covid-19 outbreak, command and control structures were put in place across GM which saw the Provider Federation Board assume the role of the Hospital 'Cell' – responsible for co-ordinating the response across all GM hospital providers – and the establishment of a Community Co-ordination Cell to co-ordinate work across community providers. These arrangements are expected to continue at least until the end of the current financial as a means of maintaining a collaborative, system-level approach to the recovery and restoration of services. The Group Chief Executive of MFT chairs the Hospital Cell and the Interim Chief Officer for Greater Manchester Health and Social Care Partnership chairs the Community Co-ordination Cell. Both have joined an extended Regional Leadership Group, comprising other system leaders across the North West and the regional senior management team at NHS England and Improvement, whose role is to oversee the response at a regional level.

Improving Specialist Care (ISC) Programme

In response to the initial outbreak of Covid-19, the decision was taken to formally pause the Improving Specialist Care programme, which aims to improve hospital-based services in a number of specialties across GM.

In August, the decision was taken to re-start ISC work on Neuro Rehabilitation, which was the most advanced of the projects with the full business case in development. Salford Royal are leading this work with commissioners.

Rapid Diagnostics Centres (RDC) and Community Diagnostic Hubs

The Rapid Diagnostics Centre programme is a national initiative aimed at improving cancer outcomes by delivering earlier cancer diagnosis, and more co-ordinated, personalised care. MFT is one of 2 organisations within Greater Manchester tasked with delivering RDCs, and – whilst elements of the project have been delayed significantly by the Covid outbreak – work is now well underway redesigning diagnostic pathways in a number of specialties.

Recent planning guidance points to RDCs as a service model that can support the recovery and restoration of cancer services. The development of wider Community Diagnostic Hubs linked to RDCs is also being encouraged, delivering a range of diagnostic tests in a community setting. Discussions are planned with Local Care Organisation colleagues as to how such a model might be developed within MFT.

4. MFT Issues

Accelerated Development of Single Services as part of the Covid Response

As we moved into the restoration and recovery phases of the response to Covid-19, work has accelerated around the creation of single services across the Group. This work was already in-train following the establishment of MFT and the development of the clinical service strategies, but Covid has provided a further imperative to bring teams and resources together to provide high quality care to patients. The work is being led by Hospitals and MCS Chief Executives along with the Group Deputy Chief Executive and Joint Group Medical Director.

5. Actions / Recommendations

The Board of Directors is asked to note the updates in relation to strategic developments nationally, regionally and within MFT.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Director of Workforce and Corporate Business
Paper prepared by:	Peter Blythin, Group Executive Director of Workforce and Corporate Business.
Date of paper:	September 2020
Subject:	Update on NMGH including the management agreement, the transaction process and the redevelopment plans.
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Failure to deliver the Manchester Single Hospital Service Programme effectively will potentially present risks to the Trust priority – '*to deliver the merger of the two organisations with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner.*'
Recommendations:	The Board of Directors is asked to: • Receive this report and note progress being made with the transaction and redevelopment processes. • Support the strategic direction of the programme.
Contact:	<u>Name</u>: Peter Blythin, Group Executive Director of Workforce and Corporate Business <u>Tel</u>: 0161 701 0190

1. Purpose

1.1. The purpose of this paper is to provide an update on the North Manchester General Hospital (NMGH) management agreement, the proposed acquisition of NMGH and the associated re-development of the site.

2. Background

2.1. NHS England / Improvement (NHS E/I) set out a proposal for MFT to acquire NMGH as part of an overall plan to dissolve Pennine Acute Hospitals NHS Trust (PAHT) and formally transfer the remaining hospital sites at Bury, Rochdale and Oldham to Salford Royal NHS Foundation Trust (SRFT). The intention for MFT to acquire NMGH is consistent with the Manchester Locality Plan.

2.2. NHS E/I also implemented changes to the management of PAHT that saw, from 1st April 2020, the re-introduction of a PAHT Board and the establishment of revised management agreements for PAHT services. This means that NMGH is now managed by MFT and the remaining PAHT sites by SRFT.

3. Management Agreement

3.1. On 1st April 2020, the management of NMGH transferred to MFT. Under the terms of the management agreement, it was decided that MFT would oversee delivery of the entire complement of services that previously fell within the 'North Manchester Care Organisation', as managed under the previous management agreement with SRFT. This arrangement accounts for most clinical services delivered on the NMGH site but excludes several corporate services that, during this period of transition, continue to be managed by SRFT.

3.2. To respond to the evolving COVID-19 global pandemic it was agreed that the NMGH Nursing Infection Prevention and Control resource should move from the arrangement described in section 3.1 and be aligned to MFT. This change in management responsibility took place in August 2020.

3.3. A communication was circulated on 12 August announcing that Ian Lurcock, Chief Executive of CSS, has accepted a secondment to join NMGH as Chief Executive there. Ian will take up his new role from 12 September when existing Chief Executive, Dena Marshall, joins Barts Health NHS Trust in London.

3.4. A formal quarterly review of the management contract between MFT and PAHT took place on the 14 August. The next review meeting will take place in the autumn on 2020.

4. Transaction Process

4.1. MFT remains committed to achieving a formal acquisition of NMGH on 1st April 2021. In line with NHS E/I guidance work has started to prepare a transaction business case and a 'Post Transaction Integration Plan' (PTIP). It is anticipated that these will be completed by November 2020.

4.2. The transactions will require clear arrangements that outline the PAHT services, staff, equipment, contracts, etc. that will transfer to either MFT or SRFT. Many existing services within PAHT, especially those in corporate areas, are constructed on a Trust wide basis and so the process to identify which elements of service 'belong' to NMGH, or other PAHT hospital sites, is complex and multifaceted. This 'disaggregation' work is being led by the PAHT Executive Team and a robust governance structure has been established to oversee delivery.

4.3. A weekly 'PAHT Transaction and Disaggregation Committee', chaired by the PAHT Chief Executive is in place and this group oversees the work of eleven work stream areas. These include: Clinical Services, Corporate Services, Finance, Staff Transfer, IMT and Statutory Responsibilities. MFT is supporting the work undertaken across all areas of the disaggregation process and is working collaboratively with colleagues at both PAHT and SRFT to ensure that key objectives are met, and milestones delivered.

4.4. To help maintain sound transaction business and governance there is a need to establish a Heads of Terms document and a Transaction Agreement in advance of the proposed transactions. This will be signed by all parties (NHS E/I, PAHT, MFT and SRFT) and will set out a shared view of how the transactions will be structured.

5. The North Manchester Proposition and the redevelopment of the NMGH site

5.1 'The future of the NMGH site: a healthcare led approach to civic regeneration' (also known as 'the proposition') was developed in the summer of 2019. This set out how the capital redevelopment of the NMGH site could provide improved health and care facilities, act as a catalyst for local regeneration, and support improved health outcomes for local people.

5.2 While the key messages of the Proposition remain unchanged, circumstances have altered since it was originally developed, not least because of the Covid-19 Pandemic and the associated socioeconomic changes. Further work is therefore underway to refresh the Proposition messaging to ensure it remains relevant to the current situation and can continue to support the development of plans for the redevelopment of the site.

5.3 Work continues to develop the Outline Business Case for the redevelopment of the NMGH site and the scope of this document looks to deliver the aims set out in the North Manchester Proposition document. Key aspects of this include:

- Master planning
- Regeneration and economic benefits
- Service model development
- Design and construction

- Communication and Engagement
- Business case development

5.4 Along with the nearby Northern Gateway housing development, the capital redevelopment of the NMGH site is a significant opportunity for investment and renewal in North Manchester. A Strategic Regeneration Framework (SRF) is in its early stages of development. This will set out the blueprint for the redevelopment of the hospital site over the next 15 years. It proposes:

- A **new acute hospital** providing modern, best-in-class healthcare facilities; embracing integration, innovation and technology.
- A **modern mental health hospital** offering a high-quality and effective care environment.
- A **wellbeing hub** to deliver integrated community-based care and wellbeing services, responding to the specific needs of the local population. This will become a destination for the local community through the variety of services it offers, combined with meeting spaces and a community café.
- A **learning hub** to support training for healthcare staff and to maximise employment opportunities for the local community.
- A new **residential community** focused on keeping people well at home. The housing will be diverse and could include key worker accommodation, social housing, stepdown care, and extra care.
- New **high-quality commercial space** to support small and medium businesses, particularly in the healthcare and life sciences sector. This space will support and inspire innovation and enable businesses to locate and expand in North Manchester, benefiting local employment.
- A **village green**. This will be a high quality outdoor space, acting as a focal point for the campus and a vital connection to the local neighbourhood.

5.5 Significant engagement will take place with staff, the local community, service users and key stakeholders to support and inform this work over the coming months and years. This will include elected members, the Health and Wellbeing Board and Health Scrutiny Committee. The Strategic Regeneration Framework provides a good opportunity to continue this work – raising awareness in the local community and beyond and gathering further insight to build on what we have learnt from our initial community engagement work. The plans for each of the elements of the site will similarly be informed through discussions with a range of stakeholders, including service users, VCSE organisations and local communities.

6. Recommendations

6.1. The Board of Directors is asked to:

- Receive this report and note progress being made with the transaction and redevelopment processes.

- Support the strategic direction of the overall Programme.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Nurse
Paper prepared by:	Anne-Marie Varney, Assistant Chief Nurse (Workforce)
Date of paper:	August 2020
Subject:	Safer Staffing – To provide the Board of Directors with the bi-annual Nursing and Midwifery Safer Staffing Report
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Impact of report on key priorities and risks to give assurance to the Board that's its decisions are effectively delivering the Trust's strategy in a risk aware manner. 1. Patient Safety 2. Patient Experience 3. Productivity
Recommendations:	The Board of Directors are asked to note the contents of this paper.
Contact:	<u>Name</u>: Anne-Marie Varney, Assistant Chief Nurse (Workforce) <u>Tel</u>: 0161 701 5071

1. Executive Summary

1.1 This paper provides the bi-annual comprehensive report to the Board of Directors on Nursing and Midwifery staffing. The report details the Trust position against the requirements of the National Quality Board (NQB) Safer Staffing Guidance for adult wards 2016[1], and the NHS Improvement (NHSI) Developing Workforce Safeguards Guidance, published in October 2018[2].

1.2 The Board of Directors received a report in March 2020 outlining the trusts position against the NQB standards. This paper will provide analysis of the Trust nursing and midwifery workforce position at the end of **June 2020** and the actions being taken to mitigate and reduce the vacancy position, specifically within the staff nurse and midwifery band 5 and 6 workforce. The report will also include a summary of the Allied Health Professions (AHP) workforce as per the NHSI guidance.

1.3 Nursing and midwifery workforce supply continues to be a challenge nationally with the shortfall in registered nurses being well-documented across all NHS organisations. Additionally, the pressure of COVID-19 and the new ways of working have highlighted implications that could exacerbate the current national staffing problem. For the period July-Sept 2019, vacancy rates as reported by NHS Trusts were 12% for nursing, equivalent to **43,590** full-time vacancies and higher than the overall NHS staff vacancy rate of 9%. Forecasts suggest this gap could reach almost **250,000** by 2030 if current trends continue without significant action. Within maternity services, the Royal College of Midwifery (RCM) report a shortage of approximately 3,500 midwives.

1.4 At the end of June 2020 there was a total of **455.0wte (6.0%)** qualified nursing and midwifery vacancies across the Group compared to **820.3wte (11.6%)** at the same period in the previous year (June 2019). This is a reduction of **365.3wte** vacancies reducing the vacancy rate by **5.6%** and an overall reduction in vacancies of **45%** over the last 12 months.

1.5 The majority of vacancies are within the nursing and midwifery (band 5) workforce. At the end of June 2020 there were **359.2wte (9.1%)** compared to **567.1wte (14.2%)** at the same period in the previous year (June 2019). This is a reduction of **207.9wte** vacancies reducing the vacancy rate by **5.1%** and an overall reduction in band 5 vacancies of **37%** over the last 12 months. Due to COVID-19 pandemic the Trust has implemented alternative recruitment strategies with a particular focus on virtual recruitment and a guaranteed job offer made to 'home grown' student nurses and midwives that are due to qualify in September 2020.

1.6 There are currently **450** nurses and midwives with conditional job offers whose appointments are being processed through the Trust recruitment process of which 300 are graduate nurses and midwives who are due to commence in post over the next 3 months following their graduation in September 2020.

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[1] NQB 2016, Supporting NHS Providers to deliver the right staff, with the right skills in the right place at the right time.
[2] NHSI 2018, Developing Workforce Safeguards: Supporting providers to deliver high quality care through safe and effective staffing. NHS Improvement, London

1.7   A total of **382** international nurses have commenced in post in 2019/2020, of which **139** started between January and March 2020. This is a significant increase in the number of nurses recruited in previous years. The Trust has had no option but to postpone International recruitment from March 2020 due to the impact of COVID-19 lockdown and international travel restrictions. The Trust plans to recommence IR recruitment in August 2020 to support an additional workforce supply and a focus on critical care, with a plan to recruit up to **320** nurses before the end of March 2021.

1.8   There are **115** Nursing Associates (NARs) working in general ward, theatres and community based areas across the Trust, since April 2019. The hospitals are continuing to review ward/team establishments and skill mix as the NAR workforce continues to grow with a plan to introduce the role into some of the more specialised areas.

1.9   The sickness absence rate for nursing and midwifery was 3.3% in March 2020 when COVID reporting commenced. Combined absence for nursing and midwifery staff reached a peak of 12.9% in April 2020 although this percentage has reduced to 7.8% in July 2020. Due to the nature of the absence pattern it is anticipated that this absence level may continue to remain significantly above 'normal' levels for the foreseeable future because of COVID shielding and the asymptomatic and symptomatic absence allied to the increase observed in mental health related sickness.The Trust is committed to the delivery of safe staffing levels.

1.10 The pandemic response has seen the hospitals/MCSs work very differently in how they have managed and deployed staff based not only on the acuity and dependency of patients but in response to safeguarding staff; keeping them safe and preventing the spread of infection, applying and removing PPE and adhering to additional infection prevention and control practices; and flexing bed capacity. Following the reconfiguration of inpatient areas and the introduction of covid and non-covid areas an establishment review will be completed in November 2020 to establish a baseline for recommended staffing.

1.11 There is currently no recognised national shortfall within generalist AHP therapists for adult services however there are shortfalls within the speciality posts such as adult acute Occupational Therapists (OT), Podiatrists and paediatric specialist OTs, Dietetic (DT) and Speech and Language Therapists (SLT). Several Trust wide initiatives have been introduced to support the development of the AHP workforce and creating new opportunities and roles.

1.12 The Board of Directors are asked to receive this paper and note progress of the work undertaken to address the nursing, midwifery and AHP vacancy position across the Group.

2.   Introduction

2.1   The bi-annual, comprehensive report is provided to the Board of Directors on Nursing and Midwifery and Allied Health Professionals staffing. The report details the Trust position against the requirements of the National Quality Board (NQB) Safer Staffing Guidance for adult wards 2016[3], and the NHS Improvement (NHSI) Developing Workforce Safeguards Guidance, published in October 2018[4]. The Guidance recommends that the Board of Directors receive a bi annual report on staffing in order to comply with the CQC fundamental standards on staffing and compliance outlined in the well-led framework[5].

2.2   The recent COVID-19 pandemic has required the Trust and the wider NHS to work in unprecedented times and conditions. Workforce plans to deliver both local and national requirements have required health professions to work differently. Recovery plans are required to provide a sustainable pandemic response in providing Covid and non-Covid services and workforce. This report will provide an update on the workforce plans to support the hospitals/MCS transformation plans. A detailed report on ward establishment will be provided to the Board of Directors at the March 2021 board meeting following a review in November 2020 of the newly formed ward establishments.

2.3   This report will provide analysis of the Trust nursing and midwifery workforce position at the end of **June 2020.** The report will describe the hospital/MCS workforce recovery plans to support the pandemic response as services are resumed. The report will also provide a summary of the Allied Health Professions (AHP) workforce as per the guidance.

2.4   The Hospital/MCS Directors of Nursing and the Director of Health Care Professionals (HCP) are required to present a quarterly Nursing/Midwifery workforce report to their Hospital/MCS/MLCO Boards. The June 2020 reports have been presented to the hospitals/MCS/MLCO Boards and inform this report.

3.   **National Context and Guidance**

3.1   The changes within the NHS over recent months have been unprecedented due to the global pandemic. The priority for the NHS has been to ensure that all patients who require urgent care, not just those with coronavirus receive the care promptly as they need it. The NHS has created an exceptional level of surge capacity, including critical care, which has allowed staff to treat and care for a peak of more than 19,000 patients a day with confirmed COVID-19. With the number of people requiring hospital care currently coming down to around half that level, the NHS is turning its focus to maintaining enough capacity to provide high quality services for patients with COVID-19, including in the event of any second peak, while cautiously escalating urgent/non-elective services, including the reintroduction of elective care and working on the backlog that has built up over recent months. The capacity to address this work is

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[3] NQB 2016, Supporting NHS Providers to deliver the right staff, with the right skills in the right place at the right time.
[4] NHSI 2018, Developing Workforce Safeguards: Supporting providers to deliver high quality care through safe and effective staffing. NHS Improvement, London
[5] https://www.cqc.org.uk/files/inspection-framework-nhs-trusts-foundation-trusts-trust-wide-well-led

constrained by the need to focus on additional infection prevention and control measures, different working practices and social distancing rules. Trusts are required to develop robust COVID-19 recovery plans that include adapted staffing processes, drawing on some of the learning gained during the pandemic and taking into account the new ways of working.

3.2   Nursing and midwifery workforce supply continues to be a challenge nationally with the shortfall in registered nurses being well-documented across all NHS organisations. For the period July-Sept 2019, vacancy rates as reported by NHS Trusts were 12% for nursing, equivalent to **43,590** full-time vacancies and higher than the overall NHS staff vacancy rate of 9%. Forecasts suggest this gap could reach almost **250,000** by 2030 if current trends continue without significant action. Within maternity services, the Royal College of Midwifery (RCM) report a shortage of approximately 3,500 midwives.

3.3   Between Sept 2018 and Sept 2019, the overall number of NHS nurses in hospital and community services rose by 5%, from **272,000** to **286,000**, but this masks patterns for different groups of nurses. The number of children's nurses increased by 55% in this period, while adult nurse numbers increased by 10%. By contrast, the number of learning disability nurses fell substantially by 38%, with smaller reductions for community and mental health nurses.

3.4   The World Health Organisation (WHO) has designated 2020 as the International Year of The Nurse and Midwife. The aim is to celebrate the work of nurses and midwives, highlight the challenging conditions they often face and advocate for increased investment in the workforce. According to the WHO, the world needs nine million more nurses and midwives if it is to achieve universal health coverage by 2030.

3.5   Although nurse numbers have increased, so has demand which presents increasing challenges in addressing workforce shortages and growth. Additionally, the pressure of COVID-19 and the new ways of working have highlighted implications that could exacerbate the current national staffing problem:-

- Increased staff sickness/absence - staff exposures, illness or need to care for family members at home.
- Staff in high-risk categories - removed from front-line duties. Although this staff group will be carrying out other important duties, this could cause burden on the remaining front-line staff.
- Using PPE adds time to activities. Although each step of the PPE process may be relatively small, the sum of all these steps will use up time that was previously available for patient care.
- An increase in capacity and admissions to acute and critical care areas.

3.6   The demand for staff to support these factors continues to exceed the supply available with many Trusts competing to recruit from the same supply of nurses. Ensuring Trusts meet safe staffing levels that can respond in these unprecedented times will continue to be a challenge with the constant battle of balancing costs of bank and agency to fill some of the gaps.

3.7　The COVID-19 pandemic has shone a light on the contribution that nurses, and in particular student nurses, make to the entire health and care system. The overwhelming positive response from the public and support during the pandemic towards the nursing and midwifery profession and other health care workers has reinforced the fact that nursing is a life-changing and rewarding career, showing how cherished and diverse frontline workers are. This has been seen as an opportunity to inspire people to go into the profession or return to the NHS in the near future.

3.8　In May 2020 the government announced its support package for universities and students, which included temporary number controls (SNC) for 2020/21. The SNC will allow HEIs to recruit UK and EU students for 2020/21 at a set level, based on their forecast for the next academic year, plus an additional 5%. To ensure barriers are not put in the way of increasing the future domestic supply of nursing and allied health professionals (AHP), the announcement included several dispensations and supporting measures for full-time healthcare courses at degree level. These included 5,000 additional places ringfenced for students studying nursing, midwifery or selected AHP courses. HEIs have been given the opportunity to bid for additional healthcare places and the timetable for applications has been extended due to strong demand of prospective students looking to take up places on nursing, midwifery and healthcare courses.

3.9　Universities and Colleges Admissions Service (UCAS) has published an update on the number of people who applied to study nursing by 30 June 2020, with an increase of 1.6% on this time 2019. It shows that applicant numbers for nursing are up 15%, to reach 58,550.

3.10　The government has pledged to train, recruit and retain an additional 50,000 nurses by 2024/25. To support this ambition, it has announced that from September 2020[6] students studying the nursing, midwifery and allied health subjects will receive a non-repayable and non-means tested grant of at least £5,000 a year, in addition to existing mainstream student support. In addition, the government advised there will be up to £3,000 further funding available to attract students to the highest priority subjects based on the government's assessment of vulnerability and workforce priorities. The government has advised the funding will be offered to existing students as well as new course entrants.

3.11　In July 2020, NHSE/I published *'We are the NHS –People Plan 20/21 – action for all'* [7] NHSE/I intends to continue to work with all partners to develop a final People Plan which is scheduled for release later this year.

3.12　The Plan outlines the actions organisations, employers and staff will need to take to transform the NHS workforce. It sets out guidelines for employers and systems within the NHS, as well as actions for NHS England and NHS Improvement and Health Education England throughout the coming months and year.

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[6] https://www.gov.uk/government/news/nursing-students-to-receive-5-000-payment-a-year
[7] https://www.england.nhs.uk/ournhspeople/

3.13   Central to the plan is *Our People Promise*, which outlines behaviours and actions staff can expect from NHS leaders and colleagues, to improve the experience of working in the NHS for everyone. Actions within the plan fall under four themes:
- Looking after our people
- Belonging in the NHS
- New ways of working and delivering care
- Growing for the workforce

3.14   The Plan focuses on a commitment to look after staff and places emphasis on tackling the discrimination that some staff can face, including those from a black and minority ethnic background.

3.15   The detail contained within the Plan is being scrutinised with the involvement of the Hospital/MCS/LCO Hospital Management Boards. A specific work programme will be developed to address nursing and midwifery and Allied Health Professions (AHPs) workforce linked to COVID-19 Recovery.

4.   Greater Manchester Context

4.1   GM Provider organisations and HEIs continue to work in collaboration in order to increase the pre–registration education pipeline. Due to the success of the collaboration in GM between the Chief Nurses and HEIs to date there is an estimated increase of **4.5%** in the number of nursing and midwifery students commencing a programme of education in September 2020 in comparison to September 2019; which equates to an additional 77 students. The HEIs across GM have bid for additional places to support 210 student nurses and midwives to commence on programmes that commence in January 2021 and are confident they can recruit to these additional numbers. Training lead times however, results in these nurses not translating into an additional workforce supply until 2023/24.

4.2   The GM Workforce PMO has been working collaboratively with HEIs and practice partners on the deployment and recovery plans for nursing, midwifery and AHP students throughout the COVID-19 pandemic. Scoping of placement capacity has been undertaken across GM and plans developed to ensure student placement capacity meets the needs of the HEI programmes from September 2020; considering simulated practice, exploration of new placement opportunities and understanding of students' requirements for placement hours. All HEIs have a plan in place for management of students that have been shielding and require placement hours and the development of a GM Student Risk Assessment to ensure students are placed appropriately is underway.

4.3   In July 2020 the GM collaborative has put forward a bid for additional clinical placement expansion from NHSI/E; to grow pre-registration nursing clinical placement capacity for the 2020 intake, and support students in practice. The outcome of this funding submission is expected mid-August 2020.

4.4 Following the success of the GM Nurse Recruitment campaign, 'Be a Greater Manchester Nurse'[8] throughout 2019/20 the GM collaborative will be putting a bid for funding forward to the GM Health and Social Care Partnership (GMHSCP) to relaunch and update of the 'Be a Greater Manchester Nurse' microsite in an effort to start the recruitment campaign for the 2021 HEI intakes.

4.5 The GM Employer Led Return to Practice (RTP) model has been developed in partnership with Manchester Metropolitan University (MMU) and commenced in May 2020 with 14 adult nurses being recruited to the programme. COVID-19 has meant that the theory has been delivered online and the practice element deferred to later in the year to support capacity and shielding requirements of some employees. The campaign and subsequent outcomes of the Employer Led RTP will be evaluated by MMU.

4.6 As part of the GM placement expansion bid, MFT has committed to increase its numbers of NMAHPs from September 2020 by 70 places, or 12.5%. Changes to the way ward and departments are configured as a result of COVID-19 may present some challenges for the placement capacity. In particular placements within community settings have been adversely affected, due to the need to maintain social distancing, and protecting vulnerable groups from too many people entering their homes. New and innovative placements are required to overcome this, with a move away from the traditional settings/hours of work towards new models. Examples of these are TECS (Technology Enabled Care Services)/Virtual placements/project-based placements; how we support and develop these will be an important challenge for our staff

5. MFT Nursing and Midwifery Workforce COVID-19 Response

5.1 The impact of COVID-19 on the Trust's nursing and midwifery workforce was unprecedented. At the onset of the pandemic there was a steep surge in demand for critical care, theatre and acute care nurses with staff being identified and agreeing to deployment from all areas across the Trust. Over a period of 4 weeks and as elective and non-urgent activity was stood down over 500 nurses and operating department practitioners with transferable skills received training to prepare them to work in critical care areas and support the additional critical care capacity.

5.2 Nursing staff from other non-acute areas were deployed to work in different roles and specialities caring for patients in covid and non covid areas. Training programmes were developed to support clinical and non-clinical based nurses and midwives to return to front line clinical practice. A Trust wide clinical skills database has been developed to record the clinical skills and specialty qualifications of nurses and midwives and provides identification of staff with a specific skill when required. Training opportunities for staff to maintain the skills and continue to have the flexibility to respond to future pandemics is now being considered. This approach will support any future response to a possible 2nd wave.

5.3 As part of the Governments call out for nurses, midwives and other health professionals to return to practice and assist with the COVID-19 crisis, the Trust

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[8] https://www.greatermanchesternurses.co.uk

employed 12 registered nurses who had volunteered through the NHSI/E call to action to return to clinical practice during the pandemic. A fast track recruitment process was also introduced within the Trust for registered nurses who had previously retired or left the NHS and wished to return on short term contracts. There have been 20 previous employees who have returned through this route with some clinical staff volunteering from the commercial sector who would have otherwise being furloughed.

5.4 In March 2020, Health Education England (HEE) introduced the Student Extended Placement Programme in response to the workforce challenges during the peak of pandemic. Student nurses, midwives and AHPs were offered the opportunity to support the NHS during this time by employing them into fixed term contracts of employment whist allowing them the opportunity to complete their training programme. Students in their final 6 months of training who selected to work at MFT were recruited into Band 4 Aspirant Nurse/Midwife posts. MFT saw the highest number of applications from students across the North West with **699** students requesting to work at the Trust during this period. Student nurses and midwives in their final 6 months of training (306) have received a guaranteed job offer from the Trust following their graduation in September 2020. An additional 393 students were deployed into Band 3 Pre-Registration Nursing/Midwifery/AHP Assistant posts. These students will return to university in September 2020 to complete their final year of training. Each of the Students will also receive a guaranteed job offer of employment for when they graduate in September 2021.

6   MFT Workforce Position

6.1 At the end of June 2020 there was a total of **455.0wte (6.0%)** qualified nursing and midwifery vacancies across the Group compared to **820.3wte (11.6%)** at the same period in the previous year (June 2019). This is a reduction of **365.3wte** vacancies reducing the vacancy rate by **5.6%** and an overall reduction in vacancies of **45%** over the last 12 months.

6.2 **Graph 1** provides the overall nursing and midwifery vacancy trajectory until the end of Q4 2020/21. Recent workforce modelling predicts an improved trajectory throughout 2020/21 when the nursing and midwifery vacancies are predicted to be **347.1wte (4.6%)** at the end of March 2021. This will be a reduction of **158.5wte (2%)** vacancies compared to the same period in March 2020 **(505.6wte/9.1%).** The vacancy position is expected to improve in Q3 following the graduation of newly qualified nurses and midwives.

Graph 1

Group Nursing & Midwifery Forecast

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
EST	7619.8	7570.3	7554.8	7554.8	7554.8	7554.8	7554.8	7554.8	7554.8	7554.8	7554.8	7554.8
SIP	7135.4	7120.5	7099.8	7078.1	7008.6	7082.5	7212.3	7342.6	7311.4	7285.1	7273.3	7207.7
Vacancies	484.4	449.8	455.0	476.7	546.2	472.3	342.5	212.2	243.4	269.7	281.5	347.1
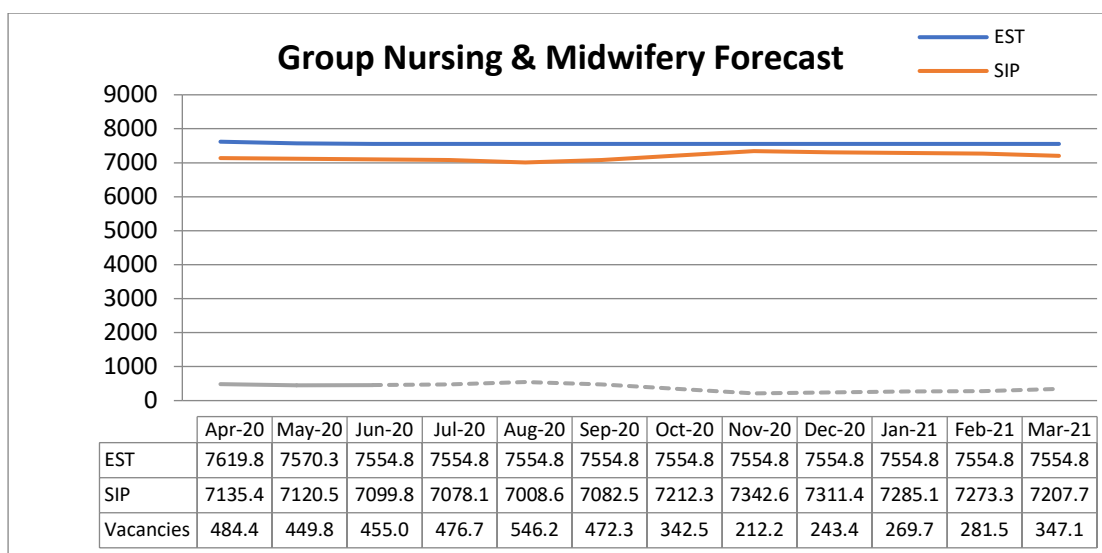
6.3   The majority of vacancies are within the nursing and midwifery (band 5) workforce. At the end of June 2020 there were **359.2wte (9.1%)** compared to **567.1wte (14.2%)** at the same period in the previous year (June 2019). This is a reduction of **207.9wte** vacancies reducing the vacancy rate by **5.1%** and an overall reduction in band 5 vacancies of **37%** over the last 12 months.

6.4   **Graph 2** illustrates the Group Band 5 workforce position until the end of Q4 (2020/21). The workforce modelling predicts there will be **269wte (6.8%)** band 5 nursing and midwifery vacancies at the end of March 2021 which will be a reduction of **97.4wte (2.5%)** vacancies compared to the same period in 2020. The vacancy position is expected improve following the graduation and appointment of newly qualified nurses and midwives in Q3.

Graph 2

Group Band 5 Nursing & Midwifery Forecast

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
EST	4029.6	4003.6	3956.3	3956.3	3956.3	3956.3	3956.3	3956.3	3956.3	3956.3	3956.3	3956.3
SIP	3671.7	3624.1	3597.1	3586.1	3550.9	3588.4	3671.6	3756.3	3740.4	3726.9	3720.9	3687.3
Vacancies	357.9	379.5	359.2	370.2	405.4	368.0	284.7	200.0	215.9	229.4	235.4	269.0
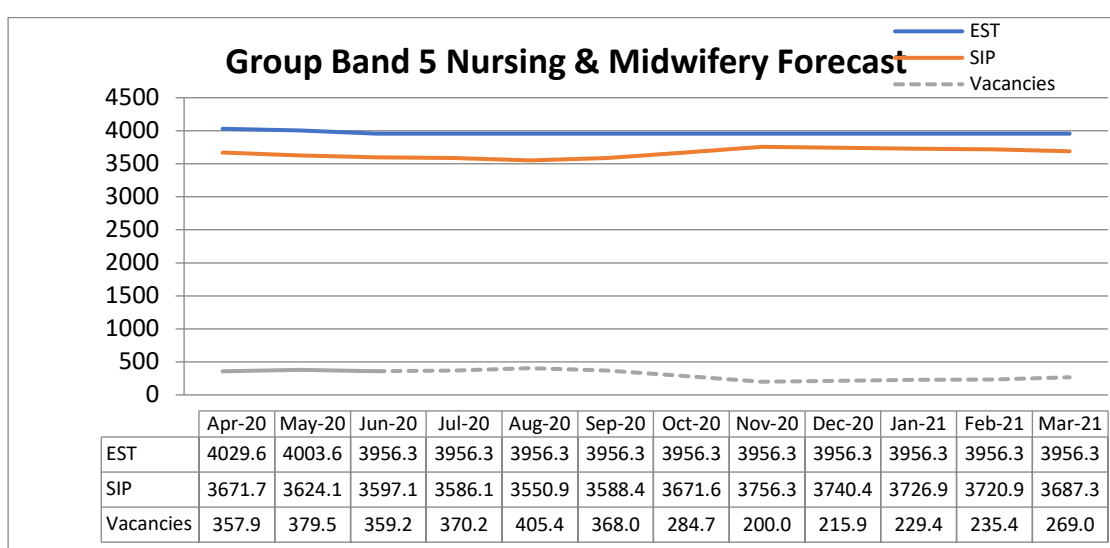
Nursing and Midwifery Turnover

6.5   At the end of June 2020, the 12-month rolling turnover rate for the registered nursing and midwifery staff group was **11.7%** and **13.9%** within the band 5 workforce (the national turnover rate for band 5 nursing and midwifery is **21.5%**). This is an improving position over the last 12 months when registered annual turnover was **12.8%** and band 5 turnover was **16.0%.**

Sickness Absence

6.6   The sickness absence rate for nursing and midwifery was 3.3% on the 13th March 2020 when COVID reporting commenced. Since this date COVID and regular absence has been reported daily due to significant staff unavailability.

6.7   Combined absence for nursing and midwifery staff reached a peak of 12.9% on the 10th of April and although this percentage has reduced absence still stands at 7.8% as of the 22nd July, this is more than double the absence experienced at the beginning of the pandemic. Due to the nature of the absence pattern it is anticipated that this absence level will continue to remain significantly above 'normal' levels for the foreseeable future. The main reasons for this increase being the prevalence of COVID shielding, asymptomatic and symptomatic absence allied to the increase observed in mental health related sickness.

6.8   Current evidence shows that nationally staff from a BAME background has been disproportionately affected by COVID-19, with specific underlying conditions increasing risk of severe illness. The sickness absence rate for COVID-19 related illness of BAME nurses and midwives working at the Trust is 2.2% higher than nursing and midwifery staff in other groups. NHSI/E requires all Trusts to complete risk assessments on BAME and other staff in the high risk categories. Risk assessments are recorded on Absence Manager. Trusts have also been asked to publish a number of metrics from their staff reviews via the intranet, all-staff briefing or similar, and include this data as part of board assurance frameworks.

6.9   Staff who have been shielding contribute to a significant proportion of the COVID-19 related absence. Risk assessments have been completed for these staff. As the national advice regarding shielding changes from 1st August 2020, risk assessments are in the process of being reviewed, to support staff to return to work. Flexible approaches to support staff to return to work by accommodating working from home (where appropriate) or to return to suitable roles is a priority.

7.   Recruitment

Domestic Recruitment

7.1   Due to COVID-19 pandemic the Trust has been unable to deliver recruitment open days to attract both experienced and newly qualified nurses and midwives. Therefore alternative recruitment strategies have been implemented with a particular focus on virtual recruitment and a guaranteed job offer made to 'home grown' student nurses and midwives that are due to qualify in September 2020.

7.2 There are currently **450** nurses and midwives with conditional job offers whose appointments are being processed through the Trust recruitment process of which 300 are graduate nurses and midwives who are due to commence in post over the next 3 months following their graduation in September 2020.

International Recruitment

7.3 The continuing success of the Trust International Recruitment Programme (IR) has provided an additional supply of Band 5 nurses to the workforce. A total of **382** nurses commenced in post in 2019/2020, of which **139** started between January and March 2020. This is a significant increase in the number of nurses recruited in previous years.

7.4 The Trust has had no option but to postpone International recruitment from March 2020 due to the impact of COVID-19 lockdown and international travel restrictions. There are 88 IR nurses who arrived prior to lockdown and were unable to complete their registration to join the Nursing and Midwifery Council register (NMC). These nurses were invited to join the NMC temporary register and an adaptation training programme was conducted to support integration into the clinical areas. As the IR nurses were from a BAME background and fell into the high risk category, a full pastoral support package was provided to reduce any anxieties during the difficult time. The Trust plans to recommence IR recruitment in August 2020 to support an additional workforce supply with a plan to recruit up to **320** nurses before the end of March 2021. There are **351** candidates in the IR pipeline of which **164** are ready to join the Trust in the next 3-4 months.

7.5 The IR campaign has focussed on hard to recruit areas such as theatres and the planned service expansion in CSS. In January 2020, **32** IR nurses were recruited into theatre departments, whereby they undertook an in-house theatre practitioner training programme. An additional **94** IR nurses have been recruited for theatres (22) and Critical Care (72) and will join the Trust once travel restrictions have been lifted. The nurses will complete the Trust IR Adaption Programme and a competency base training programme to support transition into theatres or Critical Care. This training approach will be adopted to support other clinical services/areas as required.

8. Nursing Associates

8.1 There are **115** Nursing Associates (NARs) working across the Trust, since April 2019. The NARs have been working across general ward and community based areas and more recently Theatre areas. The hospitals are continuing to review ward/team establishments and skill mix as the NAR workforce continues to grow with a plan to introduce the role and a competency training framework into some of the more specialised areas.

8.2 There are 5 NARs who have commenced the shortened pre-registration student nurse training. The NARs will graduate in 12 months-time and intend to return to the Trust as registered nurses.

8.3 There are **250** Trainee Nursing Associates (TNAs) working across the Trust of which **40** (cohort 3) are due to qualify in September 2020. Cohort 6 commenced on the TNA

programme in March 2020 and includes 9 trainees who will undertake the learning disability pathway. The trust will continue to train NAs through an apprenticeship model where affordable with a plan to work in partnership with both Manchester Metropolitan University and University of Bolton on a self-funded Foundation degree programme.

8.4   New resources within the MFT learning hub, devised again as a result of COVID -19, have been well received by the TNAs, and received praise from the university for the high standard of materials. Introduction of Medication Workshops aligned to the new HEI Curriculum for Year 1 and Year 2 TNA's have also been introduced this year. Further developments include the delivery of venepuncture training, again to meet the standards within the new curriculum.

8.5   Placements for TNAs have been extended, and now include placements such as theatres, catheter labs, as well as more community setting.

8.6   The self-funded TNA route, due to commence March 2020 with both Manchester Metropolitan University and University of Bolton was paused; it is expected that MFT will receive its first TNAs via this route in September 2020, but final numbers have yet to be determined.

9.   Safe Staffing

9.1   The recommendations set out in the Developing Workforce Safeguards Report (NHSI 2018) focus on accountability and monitoring of nursing establishments and responding to unplanned changes in daily staffing. The guidance supports a triangulated approach to staffing decisions, combining evidence based tools such as the Safer Nursing Care Tool (SNCT) and Birthrate Plus, professional judgement and outcomes that are based on patient needs, acuity, dependency and risks.

9.2   The pandemic response has seen the hospitals/MCSs work very differently in how they have managed and deployed staff based not only on the acuity and dependency of patients but in response to safeguarding our staff; keeping them safe and preventing the spread of infection, applying and removing PPE and adhering to additional infection prevention and control practices; and flexing bed capacity.

9.3   Daily staffing levels continue to be assessed across each shift to ensure they are adequate to meet patient acuity and nursing needs on each ward and department. A dynamic response has been used by senior nurses during the pandemic with planned staffing levels changing on a day by day basis as the complexity and need changes. A COVID-19 Staffing Escalation SOP was introduced across the Hospitals/MCS to mitigate the impact of when planned staffing levels are not achieved to ensure the safe delivery of care. Where staffing shortfalls have occurred senior nurses are required to escalate to the hospital/MCS bronze command and Director of Nursing (DON). Where hospital command teams are unable to resolve staffing issues they are required to escalate to the Group Tactical Command and support provided from other hospital/MCS sites as appropriate.

9.4 Changes to work practices and rotas have been essential over recent months and will continue to be vital as the Hospitals/MCS establish their COVID-19 recovery staffing plans. The PPE process of 'donning and doffing' has proven to take up extra time that would usually be spent providing patient care. This has been considered in the daily staffing levels and additional staff have been allocated to support the additional PPE and infection prevention and control measures in place to support patients and staff.

9.5 The monthly NHSI Safe Staffing report which details the planned and actual staffing levels and care hours per patient day (CHPPD) was temporarily suspended from March 2020 due to the significant number of changes that took place within the clinical areas across the Trust. The planned daily staffing levels changed daily as the services altered to adapt to the patient needs. Therefore the data available was not considered accurate with the risk of providing false assurances internally and externally and potentially leading to misguided decision making if used.

9.6 As wards have been reconfigured as part of the pandemic recovery plan, the Health Roster templates have been adjusted to reflect the changes, ensuring the Trust are able to recommence the NHSI Safe Staffing submission in August 2020. The monthly local dashboard which compares nursing and midwifery workforce and safe staffing data against quality outcomes will also be re-established. This will allow the DONs to triangulate the data to influence future workforce decisions around daily staffing and establishment reviews.

10. Nursing Establishment Reviews – Safer Nursing Care Tool (SNCT)

10.1 The SNCT is an evidence-based tool used to calculate the recommended staffing establishments across inpatient wards by collecting acuity and dependency data of patients on each ward over a 3 week period. Following the pandemic and the reconfiguration of most inpatient areas a SNCT census will be completed in October to establish a baseline for recommended staffing with further census collections planned for January and May 2021. The census data will be used together with patient outcome data to validate the new ward establishments.

10.2 The Trust was invited to undergo a table-top analysis by NHSE/I in February 2020 to assess progress in applying the safe staffing guidance and recommendations outlined in '*Developing Workforce Safeguards'* guidance. NHSE/I have provided positive feedback on the Trusts performance when applying the recommendations to Nursing and Midwifery staffing and applying an evidence base approach to informing in-patient staffing levels and establishment reviews through the use of the SNCT.

11. Safe Staffing in Maternity services – Birth Rate Plus

11.1 The NHS Long Term Plan (NHS 2018) maintains the commitment to the Maternity Transformation Programme (MTP) and the key pledges around Continuity of Carer for most women by March 2021 along with halving the rates of stillbirths, neonatal and maternal deaths by 2025. In addition there are a number of important new aims for maternity, such as targeting Continuity of Carer at women from Black Asian and Minority Ethnic (BAME) backgrounds and other vulnerable groups; increasing access

to perinatal mental health services; and new smoking cessation pathways for mothers and their partners. There is also an increased focus on digital solutions, including enabling women to access their maternity record digitally by 2023/24.

11.2 In 2018 the NQB published an evidence based improvement resource to support safe staffing of maternity services. The guidance endorses Birth-Rate Plus (BR+) Midwifery Workforce Planning Tool which is based upon the principle of providing one to one care during labour and delivery to all women with additional midwife hours for women with a higher clinical need. A BR+ study assesses the midwifery workforce based upon the needs of women and records data for a minimum of 3 months on all aspects of care provided by midwives from pregnancy through to postnatal care.

11.3 Saint Mary's Hospital MCS has worked alongside the Greater Manchester and East Cheshire Maternity Services to support funding to undertake a full review of midwifery staffing using the Birth Rate plus tool on both maternity sites. The data has been collected and submitted to the Birth Rate Plus team and the analysis was delayed due to the COVID-19 pandemic. The results are expected to be shared late summer 2020. A Birth Rate plus assessment will now be commissioned be to review the midwifery establishment across the 3 sites to include North Manchester General Hospital. This work will be monitored through the SMH MCS Executive Board and an update provided to the Board of Directors in March 2021.

12. Hospitals and Managed Clinical Services Workforce

12.1 The Hospitals/MCS Directors of Nursing are required to present a quarterly nursing and midwifery workforce report to their hospital Boards. A summary from these reports follows, together with an updated workforce position.

13. Wythenshawe, Trafford, Withington and Altrincham Hospitals (WTWA)

Workforce Position

13.1 At the end of June 2020, there was a total of **159.4wte (7.8%)** qualified nursing vacancies across WTWA compared to **215.6wte (11.6%)** at the same period in the previous year (June 2019). This is a reduction of **56.2wte** nursing vacancies. The Hospitals vacancy position is expected to improve slightly over the year with the number of vacancies reducing to **133.4wte (7.1%)** by March 2021.

13.2 The majority of the vacancies are within the Staff Nurse (band 5) workforce. At the end of June 2020 there were **125.9wte (12.4%)** band 5 vacancies compared to **169.1wte (16.4%)** in June 2019. This is a reduction of **43.2wte** band 5 vacancies during the last 12-month period. **Graph 3** illustrates the WTWA band 5 vacancy position until the end of Q4 (2020/21). The workforce modelling predicts the position will reduce down to **103.7wte (10.2%)** by March 2021.

Graph 3

WTWA Band 5 Nursing Forecast

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
EST	1011.7	1011.7	1011.7	1011.7	1011.7	1011.7	1011.7	1011.7	1011.7	1011.7	1011.7	1011.7
SIP	904.9	893.5	885.8	883.1	874.4	883.6	904.1	925.0	921.1	917.7	916.3	908.0
Vacancies	106.8	118.2	125.9	128.6	137.3	128.1	107.6	86.7	90.6	94.0	95.4	103.7
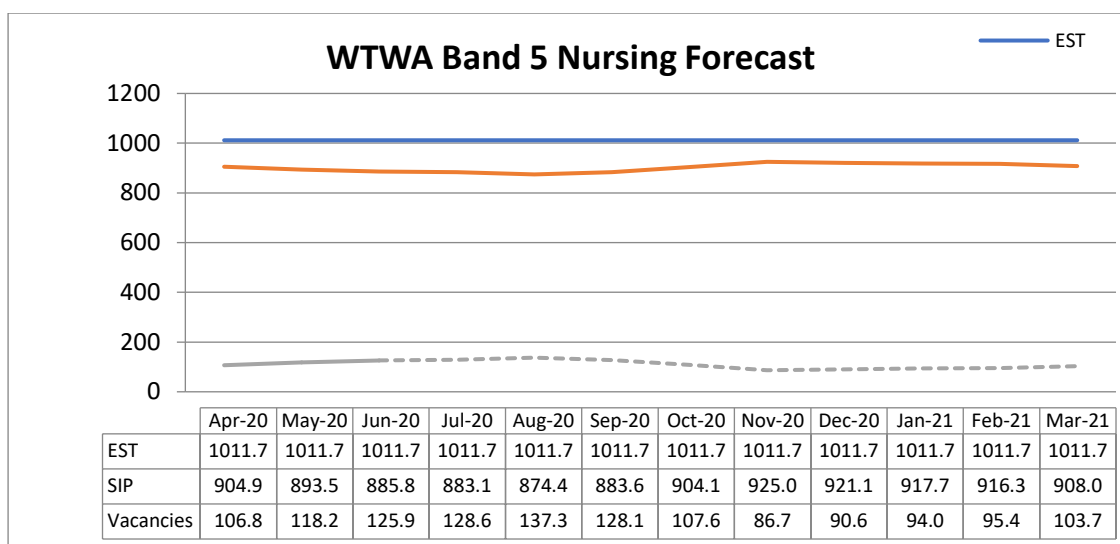
13.3   There are **70** Band 5 Staff Nurses currently in the domestic recruitment pipeline to start at WTWA before the end of September 2020 of which **42** are student nurses who are due to graduate in September 2020. There are additional **60** IR nurses planned to arrive before the end of December. Workforce plans for 2020/21 are being finalised to determine skill mix and workforce requirements.

13.4   The rolling 12-month turnover for nursing is **12.9%** across WTWA with the highest turnover rate in the Division of Medicine (16.7%). The turnover for band 5 Staff Nurses is currently **16.3%** (21.1% in the Division of Medicine). The turnover position remains mainly unchanged over the last 12 months with the number of band 5 domestic nurse leavers exceeding the number recruited.

13.5   Respiratory, orthopaedics, complex medicine and theatres continue to be difficult to recruit to areas within the hospital which is aligned to the national trend. The IR theatre recruitment programme has demonstrated a positive impact on the theatres' vacancy position, with 14 IR Nurses commencing in post since February 2020.

13.6   Building upon the success following the introduction of the Nursing Associates (NAR's) and measuring the impact of their role on the skill mix opportunities across clinical services is a key area of focus for WTWA. There are 44 NAR's employed in clinical areas across Wythenshawe and Trafford hospitals and contribution to the nursing workforce is being included within establishment reviews and workforce plans for 2020/21.

13.7   Sickness absence within the registered nursing and midwifery staff group at WTWA continues to be above the Trust threshold at **5.4**% for registered nurses and **8.7%** for unregistered staff in June 2020 (excluding COVID-19 sickness absence rate). Whilst the sickness rate has fluctuated in month over the last 12 months the overall rate remains unchanged.

13.8   Staff wellbeing and development has had renewed focus in 2020, particularly during the pandemic. Additional pastoral support sessions have been offered for all

colleagues in the nursing workforce who have been affected by the pandemic, including redeployed colleagues and student nurses on a paid placement. The WTWA Education and Professional Development Plan will focus on pastoral support and include strong collaborative working with Employee Health and Wellbeing is incorporated into any future modelling. Schwartz Rounds are now established at WTWA, with the Mental Health First Aider model also in consideration for roll out.

WTWA Safe Staffing

13.9   There is significant reconfiguration of ward areas to support the COVID-19 recovery plans across WTWA. The SNCT census due to be completed in October 2020 will provide a baseline sense check on the new ward establishments. The hospital has established a robust nursing establishment review approval process to provide professional nursing and HR Director approval and oversight of any proposed establishment/skill mix review changes following Divisional approval. A structured approach to establishment reviews following SNCT census periods will be introduced from 2020/21.

14.   Manchester Royal Infirmary (MRI)

MRI Workforce Position

14.1   At the end of June 2020, there were a total of **134wte (9%)** qualified nursing vacancies across MRI compared to **212.7wte (14.3%)** at the same period in the previous year. This is a reduction of **78.7wte** nursing vacancies**.** The hospital vacancy position is expected to improve slightly over the year with the number of vacancies reducing to **113.5wte (7.5%)**

14.2   The majority of the vacancies are within the staff nurse (band 5) workforce**.** At the end of June 2020 there were **81wte (10%)** vacant staff nurse posts compared to **136.5wte (16.9%)** in June 2019. This is a reduction of **55.5wte** during the last 12 month period. The band 5 vacancy position is expected to improve during the next year with the number of band 5 vacancies reducing to **62.7wte (7.7%)** by March 2021 **(graph 4).**

Graph 4

MRI Band 5 Nursing Forecast

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
EST	824.7	813.5	812.6	812.6	812.6	812.6	812.6	812.6	812.6	812.6	812.6	812.6
SIP	746.2	738.0	731.5	729.3	722.1	729.7	746.7	763.9	760.6	757.9	756.7	749.9
Vacancies	78.5	75.5	81.1	83.3	90.4	82.8	65.9	48.7	51.9	54.7	55.9	62.7
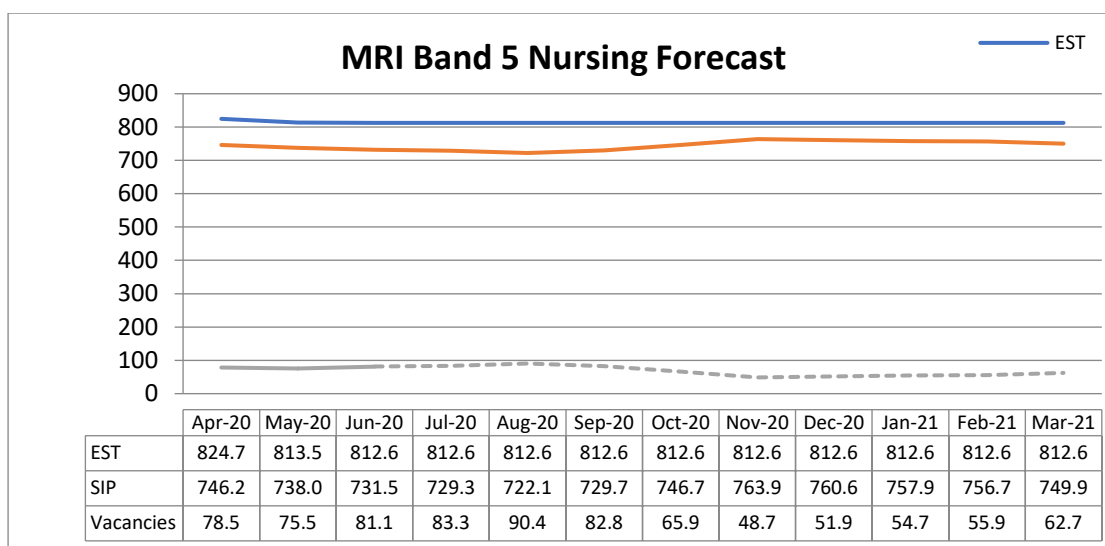
14.3 There are **84 Band 5** staff nurses currently in the domestic recruitment pipeline to start at MRI before the end of November 2020 of which 56 are student nurses due to graduate in September 2021. The hospital will continue to supplement their domestic recruitment plans with IR recruitment, planning to recruit 120 IR nurses before the end of March 2021.

14.4 The rolling 12-month turnover for nursing is **11.5%** within MRI which is an improvement from June 2019 when it was **14.4%.** The turnover within the band 5 staff nurse workforce is **14.9%** which is an improvement from June 2019 when it was **18.1%**.

14.5 There are 48 Nursing Associates working in MRI. The hospital continues to evaluate the role and skill mix to explore opportunities to introduce the role in new areas including theatre specialities. Work is currently ongoing to establish the numbers of posts following the establishment reviews. In addition to this there is work being undertaken in relation to advanced practice and the development of the Advanced Clinical Practitioner (ACP) role in MRI.

14.6 Registered nurse sickness absence has remained relatively static from **5.4%** in December 2019 to **5.2%** in June 2020. Programmes of work led by the Head of Nursing for Workforce, Education & Research, HR Business Partners and Clinical Service Unit (CSU) Lead Nurses are in place to ensure that there are robust processes for monitoring and managing absence in line with the Trust policy. These will be reviewed by the Deputy Director of Nursing as part of the recovery plan. The impact of COVID-19 related absence continues to be monitored and reported, alongside those staff absent from work due to shielding of self-isolation.

MRI Safe Staffing

14.7 As part of the COVID-19 response several services and specialities changed and a large amount of elective activity was stood down within the MRI. Ward/Department establishments have been reviewed with the DON and CSU Lead Nurses as part of the recovery plans to align the establishments to the new ward configurations. The

review has been undertaken in line with the MFT principles for reviewing establishments, taking into account that previous Safer Nursing Care (SNCT) data could not be used due to the significant change in ward configurations and therefore professional judgement has been utilised. This review has resulted in circa 22wte reduction in the nursing establishments across the MRI, which will be reflected in the financial forecast from August 2020.

15.   Royal Manchester Children's Hospital (RMCH)

RMCH Workforce Position

15.1   At the end of June 2020 there was a total of **21.6wte (2.5%)** Registered Nurse vacancies in RMCH compared to **72.8wte (8.1%)** at the same period in the previous year. This is a reduction of **51.2wte** nursing vacancies since June 2019. The vacancies within RMCH are within the band 5 staff nurse workforce. **Graph 5** indicates the band 5 vacancy position is expected to improve during the next year with the number of band 5 vacancies reducing to **9.4wte (1.8%)** by March 2021.

Graph 5

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
EST	530.1	506.3	506.3	506.3	506.3	506.3	506.3	506.3	506.3	506.3	506.3	506.3
SIP	497.6	492.3	484.7	483.3	478.5	483.6	494.8	506.2	504.0	502.2	501.4	496.9
Vacancies	32.5	14.0	21.6	23.0	27.8	22.7	11.5	0.1	2.3	4.1	4.9	9.4
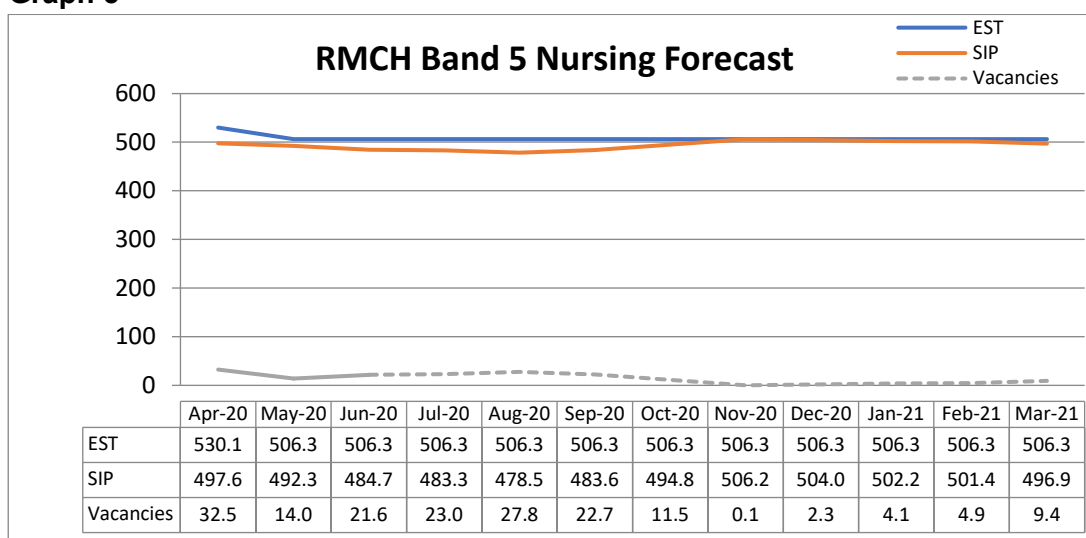
15.2   There are **102** staff nurses currently in the domestic recruitment pipeline to start before the end of November of which 71 are student nurses due to graduate in September 2021. The hospital will continue to supplement their domestic recruitment plans with IR recruitment planning to recruit 25 IR nurses before the end of March 2021.

15.3   There are 32wte NARs employed across most areas within RMCH with an additional 8 TNAs graduating in September 2020. Following a skill mix review the hospital are looking to increase the number of NARs on each ward and department.

15.4   The 12 month rolling turnover for nursing across RMCH has seen some improvement. The registered turnover rate was **10.3%** in June 2020 which is a reduction from **11.6%** in June 2019.

15.5   Registered nurse sickness was **4.4%** in June 2020 which is an improvement on December 2019 when it was **5.4%.** The roll out of Absence Manager has seen an improvement in sickness absence, providing a streamlined process in managing everyday HR processes. The impact of Covid-19 has been minimal on staff sickness, the longer-term impact is uncertain as further peaks occur. The nursing team has **50wte** shielding staff. Plans to support these individuals back into the clinical environment are being developed with support from Employee Health and Well-Being.

Safe Staffing

15.6   A daily staffing huddle is completed to assess the staffing levels for each clinical area. The designated Covid-19 areas are PICU and Ward 75. The prevalence of Covid-19 in babies, children and young people is low with an average of one positive patient in the hospital at any time. The hospital recovery plan will result in positive patients in the hospital who do not require Critical Care being nursed in Ward 85 as it is predicted that prevalence may increase in winter. The staffing establishment and skill mix in this area has been reviewed and takes into account the increased nursing time demand that occurs when caring for positive patients and assumes there will be up to three positive inpatients.

RMCH Workforce Transformation

15.7   RMCH Critical Care and Theatre staff were required to care for adults patients within the critical care setting during the Covid-19 peak, the staff underwent training to prepare for this situation, the feedback from staff has been that this has been a positive experience and opportunities to maintain the skills and continue to have the flexibility to respond similarly in the future, if it is required, are being discussed, including staff from Paediatric Critical Care rotating to Wythenshawe Adult Critical Care to gain exposure to Extracorporeal Membrane Oxygenation (ECMO).

15.8   Covid-19 recovery and Infection Control requirements have impacted on ward configurations, including a proposed expansion of the PED footprint and the opening of Ward 79 as a surgical admission ward. Bed capacity in large ward areas has reduced to meet IPC requirements. The staffing establishments for these areas will be reviewed following the October SNCT census.

15.9   The pathway into RMCH/MCS for young people with acute mental health illness (CAMHS), is being reviewed as part of recovery, this will require an increase in the number of areas with skills and experience to care for CAMHS patients. The recovery proposal for this group of patients will propose an increase in the spread of staff with Mental Health / Learning Disability experience and / or qualification. During Covid-19, there has been an opportunity for staff to rotate to Galaxy House (inpatient CAMHS), to gain exposure, the feedback from the staff who have been involved in this has been extremely positive and areas that will be required to care for CAMHS patients in the new pathway are being offered the opportunity of further rotational posts to increase exposure.

16.   St Mary's Hospital MCS

SMH MCS Nursing and Midwifery Workforce Position

16.1   At the end of June 2020, there were a total of **90.3wte (8.4%)** qualified nursing and midwifery vacancies across SMH MCS which is a reduction when compared to the same time last year when there was **122wte (11.1%)** vacancies. The Hospital vacancy position is set to improve in Q3 when the newly qualified nurses and midwives commence in post with the predicted number of vacancies to be **at 69.9wte (6.5%)** by March 2021.

16.2   The Registered Nursing and Midwifery rolling 12-month turnover remains static at **12.4%** and **14.2%** across the band 5 nursing and band 5/6 midwifery workforce.

16.3   Registered nursing and midwifery sickness absence levels were **3.4%** in June 2020 compared to **4.9%** in June 2019. The roll out of Absence Manager has seen an improvement in sickness absence, providing a streamlined process in managing everyday HR processes.

16.4   One of the most significant impacts during COVID-19 on the maternity workforce has been the impact on pregnant staff. The guidance from the Royal College of Obstetricians and Gynaecologists indicates that women from 28 weeks gestation should not have direct patient contact. SMH maintain a status of 5% maternity leave. Within Newborn Services the greatest impact has been the requirement for a number of vulnerable staff to shield of which 60% were qualified in speciality. This has impacted on the skill set of cot side staffing.

SMH Nursing Workforce Position

16.5   At the end of June 2020 there was an overall nursing vacancy position of **60.98wte (10.9%)** of which **42.4wte** were within the band 5 nursing group. The majority of nursing vacancies are within newborn services with the remaining in gynaecology. **Graph 6** indicates the band 5 vacancy position is expected to improve in Q3 following commencement of newly qualified nurses.

Graph 6

SMH Band 5 Nursing Forecast

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
EST	293.4	293.4	293.4	293.4	293.4	293.4	293.4	293.4	293.4	293.4	293.4	293.4
SIP	257.6	250.1	251.0	250.2	247.8	250.4	256.2	262.1	261.0	260.1	259.6	257.3
Vacancies	35.8	43.3	42.4	43.2	45.6	43.0	37.2	31.3	32.4	33.3	33.8	36.1
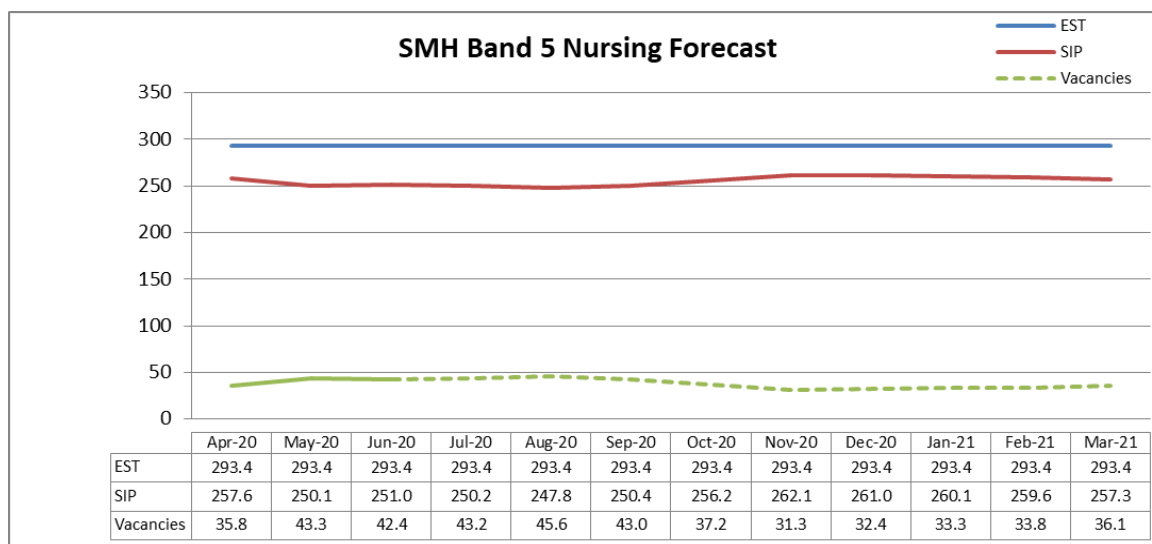
16.6   There are 12 Band 5 Staff Nurses currently in the pipeline appointed to work within newborn services before the end of September 2020, of which 9 are currently working in newborn services as aspirant nurses. This has enabled an education programme which will support transition into a registered post.

16.7   Newborn services was one of the first critical care areas to recruit NAR to the team with a forward recruitment strategy to continue to recruit to this workforce. The service continue to support the TNA programme by offering placement during training

Newborn Services – Safe Staffing

16.8   Within Newborn services staffing is reported via the Badger Net System which utilises British Association of Perinatal Medicine (BAPM) standards to calculate requirements based upon activity and Acuity. Nationally the Neonatal Critical Care Review (2019) has recognised that there is a shortage of neonatal nurses and the MCS will be working with the North West Neonatal ODN going forward to look at support for the Neonatal Nursing workforce in the North West. These issues are placing the service under great pressure to recruit and retain staff within the context of a national nursing workforce shortage.

16.9   Joint working has begun with neonatal services at NMGH to look at what is an appropriate staffing model to take forward. Current national work is in progress to establish a national tariff for neonatal care around the neonatal critical care review.

SMH Gynaecology

16.10   The COVID pandemic not only highlighted to the Division the need for services to be more resilient and able to continue through future outbreaks, but also presented a once in a lifetime opportunity, given the cessation of normal provision, to aggressively pursue the ambitious redesign of services to not only safeguard both staff and patients, but to enhance experience for all.

16.11   In light of the above service redesign the division is currently undertaking a staffing review across the whole MCS.

SMH Midwifery Workforce Position

16.12 At the end of June 2020, there was an overall midwifery vacancy position of **20.02wte (3.8%)** of which **18.7wte (4.4%)** were within the band 5 and 6 Registered Midwifery group. This is an overall midwifery vacancy reduction of **66.4wte** since June 2019. **Graph 7** indicates the band 5 and 6 vacancy position is expected to improve in Q3 following commencement of newly qualified midwives.

Graph 7

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
EST	421.2	422.5	422.5	422.5	422.5	422.5	422.5	422.5	422.5	422.5	422.5	422.5
SIP	407.8	406.1	403.8	402.5	398.6	402.8	412.1	421.6	419.9	418.3	417.7	413.9
Vacancies	13.4	16.4	18.7	20.0	23.9	19.7	10.4	0.9	2.6	4.2	4.8	8.6
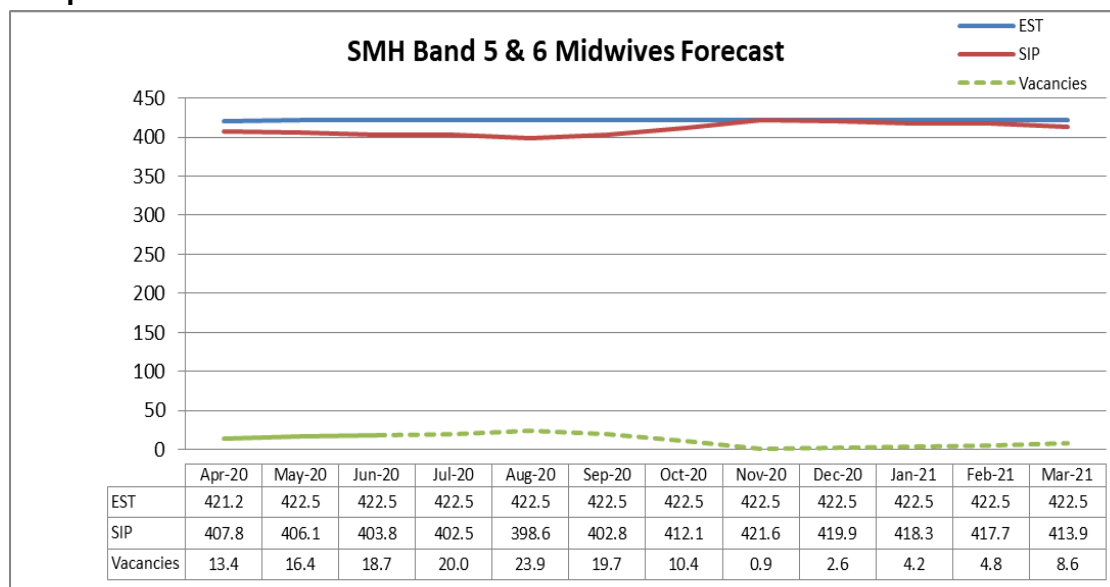
16.13 The Registered Midwife rolling 12 month turnover is **13.04%** within SMH. This is an improvement in the turnover rate from June 2019 when turnover in the midwifery workforce was **14.35%**.

16.14 Although SMH MCS were unable to facilitate the usual large recruitment event during the COVID-19 pandemic, recruitment has remained very positive for the 2020/21 workforce. There are 42 student midwives who have supported the Trust during the pandemic and employed as Aspirant Midwives. These students have received a guaranteed job offer and will graduate in September 2020 when they will move into a band 5 midwife post. The remainder of the recruitment process has been completed virtually. There are 75 applicants in the recruitment pipeline many of who are student midwives who will take up post in September 2020.

SMH Safe Staffing – Midwifery

16.15 The Delivery Unit Coordinator role has supernumerary status across the MCS to enable oversight of all birth activity. This is monitored on a local dashboard, which over the last 12 months has demonstrated 100% compliance. This role is further supported by a 24 hour midwifery allocated bleep holder who provides a helicopter view of the service and is also supernumerary. This role has now been introduced to Saint Mary's at Wythenshawe in January 2020. During Covid-19 the role of the bleep holder at North

Manchester was extended to cover the hours of 07.30 to 20.30 hours. There will be on going work to establish the rota over a 24 hour period.

16.16 Where there are increases in capacity/acuity there is an escalation policy in place and this is supported by the Greater Manchester and East Cheshire Maternity Escalation procedures leading to a temporary divert policy.

16.17 The midwifery red flags events are utilised to highlight any risks to staffing across the service. The red flags are based on the NICE recommendations and are monitored and reviewed by the bleep holder in line with the MFT process for incident management.

16.18 HDU Nurses who are employed to support the care of HDU women on the Delivery Unit at the Oxford Road site were redeployed back to Critical Care in March 2020 to support the care of COVID-19 patients. Senior midwives were up skilled to cover this gap in the service which put increased pressure on the midwifery workforce. The HDU nurses returned to Delivery Unit in June 2020.

17. Clinical Support Services MCS (CSS)

CSS MCS Workforce Position

17.1 At the end of June 2020 there were a total of **31.4wte (2.3%)** nursing vacancies of across CSS MCS. The vacancies within CSS are within the band 5 staff nurse workforce. Following the recent expansion plan to increase the number of critical care beds across the Trust the nursing establishment will be increased which impact on vacancies.

17.2 Although the usual recruitment plans were affected due to Covid-19, CSS have continued to make progress with regards to recruitment mainly with the acceleration of International Recruitment via Skype interviews, and the guaranteed job offer to students nurses allocated to Critical Care to support the Covid-19 pandemic. Consequently, significant impact has been made on the registered nurse vacancies that were identified as being necessary arising from the Greater Manchester modelling of Critical Care services that took place in May 2020. This identified a best case scenario requirement of 37 adult critical care beds and worst case scenario of 67 beds and a corresponding need to increase the registered nurse workforce by between 197.6wte and 359.1wte.

17.3 Within CSS the rolling 12 month turnover for all qualified nurses is **13.8%** which remains unchanged from the same period in the previous year when the rolling turnover was 13.9%. The 12 month rolling turnover for band 5 staff for the same period is **16.1%** which is a slight reduction from 17% in the previous year.

17.4 CSS sickness absence for registered nursing staff was **4.1%** in June 2020. Nurse Sickness absence through the COVID-19 period from February to June 2020 was **4.38%** for the 5 month period compared to **3.46%** for the same period in 2019.

17.5   Work is ongoing to continue to address staff well-being which is a priority and especially during the pandemic. Initiatives such as Time To Listen, Take A Break, End of Shift Debriefs and ensuring staff have regular breaks from their PPE and are given opportunity to be a 'clean runner'. Introduction of weekly 'Reflective Round' led by both nursing and consultant medical staff to provide staff with an opportunity to share how they feel, to reflect on challenging situations, focus on the emotional impact. It is a safe place to talk and be listened to.

CSS Workforce Transformation

17.6   During the Covid-19 pandemic provision of Adult Critical Care Services has been tested in unprecedented circumstances and conditions. Between March and May 2020 the services were mobilised to concentrate efforts on the response to the pandemic. This included the provision of additional Critical Care bed capacity to support the predicted surge of critically ill Covid-19 patients anticipated by the NHS. There was a need to increase the nurse staffing and deploy and train non critical care trained staff from other areas of the Trust. The release of the staff was facilitated due to the stepping down of activity in line with national incident and pandemic plans. Recognising that staff would be required to work outside of their normal practice area, and that any changes in working practice would need to be supported to ensure success and safe patient care, a 2 day Critical Care training programme was organised and delivered by Critical Care nurses and educators.

17.7   Over a period of 4 weeks a structured 2 day training and education programme was delivered to 456 staff including nurses with recent or previous critical care experience working in wards and departments across the Trust. The staff with transferable skills included Theatre, Anaesthetic and Recovery nurses and Operating Department Practitioners who received additional training in order to prepare them for work in a critical care setting. The staff were then deployed to support the increased critical care capacity in line with national NHSEI & Covid 19 emergency clinical workforce staffing models adapted to integrate new staff into critical care teams safely and effectively and focussing on the skills of each individual staff member within the team and a whole team approach to providing care1. In total at the height of the pandemic there were 359.4wte nursing staff and ODPs supporting the provision of Critical Care (194.6wte at ORC and 164.8wte at Wythenshawe) capacity. Across the sites over 50 additional critical care beds were provided including the expansion of ECMO provision from 3 to 14 beds.

17.8   Following introductory meetings with colleagues at North Manchester General Hospital CSS nursing moved to provide support and advice in preparation for and throughout the pandemic and is continuing to do so through the redesign process.

CSS Safe Staffing

17.9   Professional standards have continued to be developed supported by the Guidelines for the Provision of Intensive Care Services (GPICS 2019) and Standards for Providing a 24 hour Interventional Radiology Service (2017). The critical care units across the MCS are compliant with nurse staffing standards (ratios of nurses to patients per shift,

coordinators and support nurses per shift, numbers of clinical education nurses and use of agency staff) All units with the exception of AICU at Wythenshawe (42%) currently meet the requirement that a minimum of 50% of registered nurses within Critical Care hold a post basic Critical Care qualification.

17.10   Compliance with GPICS standards has been taken into consideration in relation to the increase in nurse staffing to support CSS expansion and discussions have commenced with the Greater Manchester Critical Care Skills Institute to look at options for increasing the number of Critical Care courses available to staff to support the workforce expansion.

17.11   The provision of nurse staffing in RADU in relation to Guidelines for Providing a 24 hour Interventional Radiology Service is entirely compliant on the Oxford Road Campus and this is now being addressed at Wythenshawe Hospital where a consultation has been concluded to replace a voluntary out of hours arrangement by a formal out of hours arrangement once the staff who have been recruited have completed the appropriate competency training (aiming for Sept 2020).

18.   Manchester Royal Eye Hospital (MREH)

MREH Workforce Position

18.1   At the end of June 2020, there were a total of **11.2wte (10.6%)** qualified Nursing vacancies across MREH. This is a small increase from the **8.4wte (5.1%)** reported in December 2019. It is predicted there will be **9.2wte** vacancies by the end of March 2021. Due to the low number of vacancies and turnover in REH the hospital recruit to turnover to maintain a static workforce position. The 12-month rolling turnover rate remains below the MFT average at 10.1% for all qualified staff and at 8% for band 5 staff.

18.2   The qualified sickness absence level is currently 14.7% and 8.6% for unqualified. There has been an increase in sickness absence since March 2020 and the start of the pandemic. The introduction of Absence Manager has supported the hospital in managing sickness absence and there has been a focus on supporting staff and promoting staff well-being.

REH Safe staffing

18.3   SNCT census data that has previously been collected on the inpatient ward in REH has limited validity due to the high patient volume of short stay surgery patient mix. The establishment workforce models adopted across the clinical areas have been agreed with the senior nurses who apply both professional judgement and benchmarking with similar tertiary ophthalmology services.

18.4   Safe Staffing levels have been maintained throughout the pandemic. Staffing across all MREH open areas have been reviewed daily and staff have been deployed where required to maintain safe staffing levels.

19.   University Dental Hospital (UDHM)

UDHM Workforce Position (Dental Nurses)

19.1 At the end of July 2020, there were no qualified dental nursing vacancies across the UDHM with the establishment currently at 85.37wte. The UDHM does not experience any issues in recruiting dental nurses at all bands, therefore the Hospital will continue to recruit to turnover.

19.2 Although there are currently no vacancies within the workforce, the Dental Nursing team is continuing to experience staffing pressures as a result of high levels of sickness absence and maternity leave. The UDHM sickness absence rate is currently 14.8%, mainly due to stress and anxiety as two thirds of the dental nursing workforce were redeployed to the Nightingale Hospital, MRI wards and to support the introduction of the patient liaison service introduced to support in-patients during the pandemic and the introduction of restricted visiting. Maternity leave is at 8.1% within the hospital with an additional 6.3% staff deemed as COVID-19 high risk due to underlying health conditions are unable to have patient facing contact.

UDHM Safe Staffing

19.3 The UDHM is looking at new ways of working post COVID 19 to fully utilise the skills of the workforce including those staff that cannot be patient facing. The Nursing workforce is also working collaboratively with the Dental Laboratory team to undertake the COVID screening questions at the entrance to the Hospital and to chaperone patients to the various clinics for their appointments. Nursing assistants are providing support to the Dental Nursing teams and assisting the donning and doffing process for Aerosol Generating Procedures (AGPs) and acting as runners during clinics to enable the smooth running and flow of the clinics.

20. Manchester Local Care Organisation/Trafford Local Care Organisation (LCO)

LCO Workforce Position

20.1 At the end of June 2020 there was a total of **55wte (5.2%)** qualified nurse vacancies across the LCO compared to **116.1wte (13.7%)** at the same period the previous year. This is a reduction of **60.9wte** nursing vacancies. **Graph 8** indicates the LCOs vacancy position is expected to continue to improve over the year following the appointment of staff in Q3.

Graph 8

LCO All Nursing Forecast

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
EST	1083.3	1053.4	1054.4	1054.4	1054.4	1054.4	1054.4	1054.4	1054.4	1054.4	1054.4	1054.4
SIP	988.1	996.0	999.5	996.4	986.6	997.0	1015.3	1033.7	1029.3	1025.6	1023.9	1014.7
Vacancies	95.2	57.4	55.0	58.0	67.8	57.4	39.1	20.8	25.2	28.9	30.5	39.8
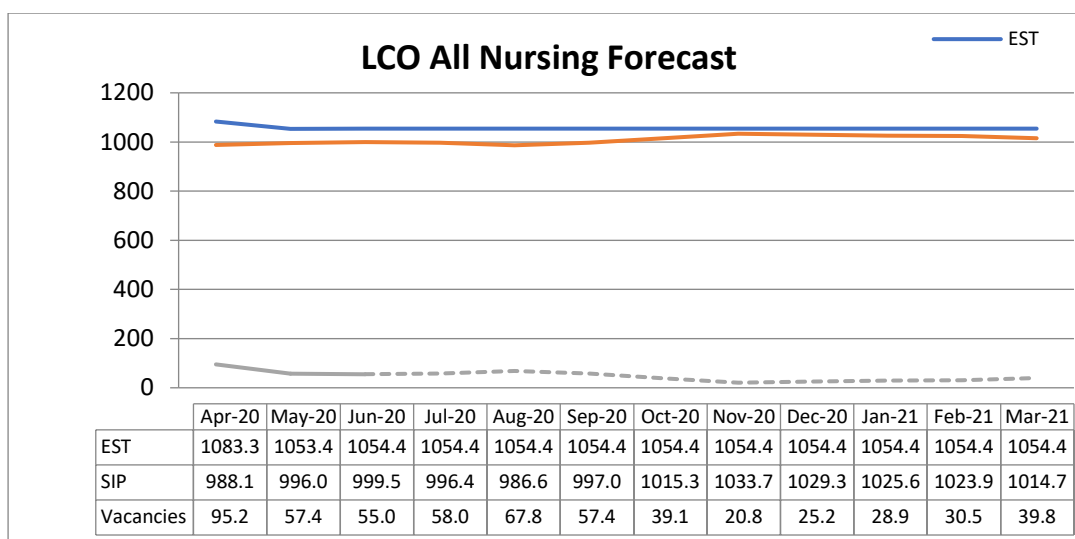
20.2   There are **16** Band 5 Staff Nurses currently in the pipeline to start in the MLCO before the end of October 2019. In addition, there are 12 nursing associates planned to start in the LCO in September 2020. These posts will backfill existing band 5 staff nurse vacancies. The LCO have planned to recruit 10 IR nurses during Q3-4 to supplement the workforce in community clinic settings.

20.3   The rolling 12-month turnover for nursing is **10.1%** which is a reduction of 2% over the last 12 month period.

20.4   Registered Nursing sickness absence levels has increased slightly by 1% during the pandemic. Programmes of work led by the Lead Nurses and HR Business Partners are in place to ensure that there are robust processes for monitoring and managing absence. This is supported by programmes of well-being and self-care both for physical and mental health. The implementation of Absence Manager system is to be rolled out across the LCO during Q3.

20.5   Work is underway to understand the experiences of staff who have been redeployed during the pandemic to determine how we might capitalise on the new skills learned to inform new roles/transferable skills, new ways of working and career pathways with a view to improving the overall retention of the workforce. The longer-term impact of COVID-19 has been seen in a number of services and the impact on delivering services and providing home visits due to the number of staff who are deemed high risk and required to shield.
This has presented a particular challenge for Children's Community Nursing Team (CCNT) and health visiting where there is a reduced number of staff available for face to face contacts.

LCO Workforce Transformation

20.6   The LCO mobilised two work streams to support a response to the anticipated increase in care required by patients diagnosed with COVID-19. Clinical prioritisation of community health services in line with national guidance identified services to stop or to partially stop with immediate effect. As a result of this work approximately 755 clinical

staff of various disciplines were released from their usual duties in anticipation of the increasing workload across 6 essential workstreams identified to support the anticipated increase; District nursing, Palliative care, Therapy/rehabilitation, Crisis/Discharge 2 Assess, Intravenous therapy and Safeguarding services.

20.7   LCO services will also prioritise the following:-

- 7 day working by MRI complex discharge team to assist in reducing length of stay.
- Safe and well checks for vulnerable service users and residents undertaken by the Community Learning Disabilities Team in collaboration with social care.
- Macmillan teams undertook the co-ordination and management of continuing healthcare fast track assessments for patients at home, enabling appropriate packages of care to be delivered in a timely manner.
- End of life care multidisciplinary work stream focusing on supporting care homes through education, bereavement support and advanced care planning, anticipatory prescribing for management of COVID-19 related symptoms.

20.8   Many teams across adult and children's services have been trained to undertake virtual consultations and this will be the new way of working moving forwards. Services have now embedded remote working and use of technology to carry out virtual consultations into their routine practice. There has been a change in the community patient's expectation of the District Nursing service and the service has noted an increased willingness for patients to embrace self-care or supported care. It is anticipated these opportunities will be capitalised on in order to safely transform care delivery models.

20.9   There has been an increase in demand for Children's Community Health Services particularly in CCNT. It is anticipated that that there will be a requirement to increase staffing within CCNT in response to RMCH recovery plans which include an increase in activity in the community. A focus on the delivery of School Health Immunisation Programme has necessitated deployment of School Nurses from Healthy Child Programme to School Health Immunisation Team to increase the uptake of immunisations. This will be reviewed in September 2020 when schools return from summer holidays.

LCO Support for Nursing and Residential Homes

20.10 In May 2020 Public Health England highlighted that the spread of COVID-19 within care homes was at 25%. Modelling demonstrated that this would rise to 90% if changes were not made to the way that residents were cared for, including provision of PPE and refreshed skills and knowledge of infection control and protection. Although care homes are private enterprises NHS England made it clear that a system response was required to support the care homes to increase their knowledge in relation to COVID-19, infection control practice, access to advice and access to PPE and the ability to use it effectively.

20.11 The LCO have supported the system response through several clinical workstreams:

- 7 day swabbing and antibody testing
- Residential home support through the use of virtual consultation with primary care and on site visiting to undertake clinical observations and assessment. This has supported a timely response to potentially deteriorating patients with patients able to access primary care with minimal risk.
- 7 day service to support PPE provision and mask fitting support
- Infection prevention and control training to residential homes.
- IV therapy service to support patients in nursing and residential homes requiring IV antibiotics and fluids.

20.12 The LCO has established a Recovery and Programme Board which has developed processes and assessment for the safe reintroduction of services. To ensure services are stood up in line with statutory guidance or patient need, assessments are carried out across several functions such as Quality Impact, Equality Diversity and Inclusion, Estates and PPE. These are summarised by a Quality Checklist. All of which are scrutinised by the Chief Nurse and Medical Director executed through the Associate Director of Quality Assurance.

21. **North Manchester General Hospital (NMGH)**
   NMGH Workforce Position

21.1 At the end of June 2020, there were a total of **55.2wte (5.6%)** qualified nursing and midwifery vacancies across North Manchester General Hospital (NMGH) compared to **76.9wte (7.85%)** in June 2019. This is a reduction in the overall nursing and midwifery vacancies of **21.6wte.**

21.2 At the end of June 2020, the 12 month rolling turnover rate for Nursing and Midwifery was **13.5%** and **14.2%** within the band 5 workforce.

21.3 In June 2020, the sickness absence rate for the registered nursing and midwifery staff group at NMGH was reported at **6.9%.** This is above the target of **4.5%.** A significant increase in sickness absence has been recorded March-May 2020, which corresponds to the COVID-19 pandemic.

21.4 There are currently **48.8wte** qualified staff in the NMGH pipeline, undergoing pre-employment checks and expected to commence in post before the end of October 2020.

21.5 The nursing and midwifery vacancy position is much improved from the previous year with an additional **63.2wte** nurses and midwives in post in June 2020. **Graph 9** indicates there will be **15.0wte** nursing and midwifery vacancies in Q3, which will be a reduction of **61.9wte** vacancies compared to the same period in 2019.

Graph 9

NMGH Nursing and Midwifery Forecast - All Qualified Staff

	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
EST	980.82	980.9	985.04	985	985.64	979.24	979.24	979.24	980.81	980.81	982.28	985.29	985.88	985.88	985.88	985.88	985.88	985.88	985.88
SIP	862.43	864.85	863.22	877.99	908.99	913.89	902.33	902.95	908.89	908.89	925.6	927.03	930.66	935.66	945.88	965.88	950.88	950.88	950.88
Vacancies	118.39	116.05	121.82	107.01	76.65	65.35	76.91	76.29	71.92	71.92	56.68	58.26	55.22	50.22	40	20	15	15	15

NMGH Safe Staffing

21.6   Prior to the COVID-19 pandemic establishments and staffing at NMGH have been determined using clinical professional judgement, with general wards aiming for Registered Nurse to patent ratio of 1:8, with a supervisory coordinator at a minimum on the early shift. Specialist services have a different nurse to patient ratio dependent on acuity/ clinical requirements. NMGH has not previously used the SNCT to inform establishment reviews.

21.7   The first SNCT census will be undertaken in October 2020 and then January and May 2021. Following the data collection in January 2021 a NMGH-wide establishment review will be undertaken within each adult inpatient ward department. The timing of the review will also align with the COVID-19 Recovery Programme, as the specialty ward requirements and infection prevention requirements will have been developed and embedded by January 2021.

Workforce Transformation

21.8   As part of the COVID-19 Recovery Programme, a more detailed analysis of lessons learnt is been undertaken to ensure improved ways of working over the previous 4 months inform the future workforce. Once complete the findings of the analysis will inform the NMGH Nursing Workforce Plan. Initial findings have identified the following priorities:

- Staff have received further skills training in different specialities, procedures and care; specifically, AHP staff have supported services by working differently and undertaking responsibilities that would traditionally have not been a routine part of their role. An integral part of the Workforce Recovery Plan will involve how staff sustain these skills.

- A need to develop the staffing model for the initiation/ increase in virtual clinics and home visits
- As areas adapt to the COVID-19 Recovery Programme, ongoing review of the nurse staffing establishments
- Understand how the skills of the FIT-Test Teams, that were developed across nursing/ midwifery/ AHP, operational management teams and support staff, who have returned to their substantive roles, can be utilised in the future.

22. Allied Health Professions Workforce

22.1 There is currently no recognised national shortfall within generalist AHP therapists for adult services however there are shortfalls within the speciality posts such as adult acute Occupational Therapists (OT); Podiatrists; and paediatric specialist OTs, Dietetic (DT) and Speech and Language Therapists (SLT) due to reduced numbers attending training and the subsequent reduction in the number of universities delivering these programmes.

CSS MCS AHP Workforce Position

22.2 At the end of June 2020 there were a total of **44.0wte (8.4%)** registered AHP staff vacancies within CSS. This is an increase from June 2019 when there was **28.9wte (5.6%)** vacancies. The AHP vacancy rate is currently higher than the national vacancy comparison, however the Trust provides Paediatrics and other specialist tertiary care which often prove the most challenging to recruit.

22.3 The rolling 12 month turnover rate for registered AHPs within CSS is **14.3%** and slightly less than the national AHP benchmark of **14.8%.**

22.4 The sickness absence rate in June 2020 within the AHP workforce was **7.6%,** of which 4.6% was coronavirus related sickness/shielding and 3% sickness.

WTWA AHP Workforce Position

22.5 At the end of June 2020 there were **4.5wte (6%)** AHP vacancies within WTWA against an establishment of **72.3wte** with the majority of AHPs employed by the Division of Heart and Lung.

22.6 The roll over 12 month turnover rate for registered AHPs within WTWA is **7.14%.** Presently, there are no concerns regarding AHP recruitment or retention within the Divisions of Heart and Lung or Medicine.
Rotations with community and general therapy teams is also in place.

22.7 The sickness absence rate within the WTWA AHP workforce was **2.89%** in June 2020. The sickness absence rate has remained below 3% for last 12 months.

M&TLCO AHP Workforce Position

22.8   There are **17wte** AHP vacancies in the LCO in June 2020 with the majority of vacancies in podiatry and occupational therapy. There has been an overall reduction in the vacancy position since December 2019. The AHP 12 month rolling turnover position is **12.63%**.

22.9   The sickness absence rate within the LCO AHP workforce was **4.2%** in June 2020. There has been an increase in sickness absence from 3% in March 2020. This has been across a range of services and localities and is directly related to the impact of the COVID-19 pandemic.

MREH AHP Workforce

22.10   The Orthoptic department is fully established with no vacancies and does not experience any issues recruiting high calibre orthoptists at all bands. AHPs are required to implement job planning by 2021 and this is a current work stream of high quality and safe staffing for Orthoptists with the intention to implement early at MREH. Nationally Orthoptics is recognised as one of the four vulnerable AHP professions.

AHP Safe Staffing

22.11   Currently, there is no nationally agreed AHP tool to calculate safe staffing levels. Individual AHP professional groups tend to have their own tools for calculating safe caseloads but these are not widely implemented across services. The Trust is working in collaboration with NHSI/E and the Shelford Chief Nurses to develop an evidence-based tool to determine optimal AHP staffing requirements to deliver safe and high-quality patient care in line with level of dependency / acuity of the patient cohort. Development of the tool was halted by NHSI/E during the pandemic however work is due to recommence on the tool before the end of 2020.

22.12   Workforce availability is captured every day via a strep process and reported through to the hospitals command teams to identify staffing risks and support measures. Risk Assessments continue to be undertaken across all services and a range of mitigation actions have been agreed in response.

22.13   During the pandemic the AHP workforce have responded positively to a variety of situations including the redeployment of AHPs into critical care areas. Essential services have been sustained by rapidly changing practice including the implementation of virtual consultations and the use of digital platforms and Apps to support rehabilitation at home.

AHP Service Transformation

22.14   The COVID-19 pandemic has accelerated the opportunity to realise the proposed single hospital services and work collaboratively across hospitals/MCS. The AHP management teams are working with the relevant operational teams to internally remodel their workforce in line with SHS plans.

22.15 Digital innovation and transformation will also increase significantly across MFT this year and AHP leads will develop a robust structure to ensure AHPs are pro-actively involved in the development of the Trusts new EPR - EPIC. Increasing Digital literacy will also be a top priority and incorporated into every PDR from June 2020.

23.   Summary

23.1   This paper outlines the continuing challenges in relation to nursing and midwifery and AHP staffing. Since presenting the previous bi-annual safe staffing report to the Board of Directors in March 2020 the Trust have been in escalation to support the national emergency and COVID-19 response; as such the majority of previously set actions have been stood down or adapted to meet the ever-changing workforce demands.

- During this time, teams have been required to consider:
- Creation of new COVID and non-covid wards/departments within their existing hospital footprint
- Large scale staff deployment across all sites and services
- Higher proportion of staff absence with the requirement for stringent testing to enable them to return to work
- Safe working practices for clinical and non-clinical staff and consideration for those most at risk
- Step down elective surgery and non-clinical treatments and services
- Development of new staffing escalation and de-escalation plans
- Need for staff to work in a more agile way

23.2   The Trust has seen an improved nursing and midwifery workforce position over the last 12 months however it is acknowledged that this improvement has been achieved primarily due to the increase in international recruitment (380 additional nurses). There has also been a small reduction (1.5%) in the overall turnover of nursing and midwifery staff during the pandemic and therefore the number of staff leaving the Trust has reduced during this period.

23.3   Whilst the improved position supports the hospitals/MCS to achieve their workforce plans, we will take the learning from the work undertaken at the height of the pandemic response to inform our future thinking. The emergency response and transferability of skills during this period has presented opportunities to consider how we retain our staff and create new opportunities for existing staff to develop. The transferability of skills during the pandemic has highlighted that with the right competency based training and support staff are able to move across to different specialities, this will be an important consideration when recruiting staff in the future and will support recruitment into areas that have been hard to fill previously.

23.4   Across the Trust each Hospital/MCS has established a workforce recovery plan outlining plans to support remerging services and SHS transformation plans whilst ensuring the safety of patients and staff. Progress on these work streams will be reported to the Hospitals/MCS Management Boards by the Directors of Nursing,

Midwifery, HCP and HR. The following work streams have been identified as the key priorities to support nursing, midwifery and AHP workforce plans:

23.5 **Strategy to support safe staffing**
- Complete SNCT census (October, January, May) across all in patient areas and undertake establishment reviews, including NMGH.
- To complete BirthRate Plus assessment across all midwifery sites to inform future midwifery workforce requirements.
- To undertake local risk assessment of AHP services in the absence of a national evidence based tool.

23.6 **Recruitment**
- Develop a responsive recruitment strategy to include both domestic and international recruitment to support growth of the nursing and midwifery workforce.
- Introduce a platform to support virtual recruitment

23.7 **Retention**
- Following the success of an earlier pilot, to establish a band 5 internal transfer scheme to support band 5 staff in transferring seamlessly when considering a sideward move to other specialities
- Provide a guaranteed job offer to all MFT trained nursing and midwifery students from the 2nd year on programme.

23.8 **Developing the Unregistered Workforce**

- Undertake a review of the nursing Assistant and Midwifery Support worker role.
- Develop knowledge and skills frameworks to support development of these roles and access to career opportunities

23.9 Progress on these work streams will be monitored through the NMAHP professional Board and the Workforce Recovery Board. An update will be provided the HR Scrutiny Committee in December 2020. A full report will be provided to the Board of Directors in March 2021.

24. Conclusion

The Board of Directors are asked to receive this paper and note progress of work undertaken to support the Trusts pandemic workforce recovery plans and address the nursing, midwifery and AHP vacancy position across the Group.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Nurse
Paper prepared by:	Sue Ward, Group Deputy Chief Nurse Alison Lynch, Corporate Director of Nursing Lynne Birchall, Head of Nursing (Patient Experience) Claire Horsefield, Head of Customer Services
Date of paper:	September 2020
Subject:	Quarter 1 Complaints Report 2020/21
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Patient and Staff Experience
Recommendations:	The Board of Directors is asked to receive this report and note the: • Complaints and PALS service activity during Q1 2020/21 • Brief analysis of identified themes • The impact of the Covid-19 pandemic on complaints and PALS handling
Contact:	Name: Lynne Birchall, Head of Nursing (Patient Experience) Tel: 0161 701 7679

Manchester University NHS Foundation Trust (MFT)
Complaints Report 1st April 2020 – 30th June 2020

1.   Executive Summary

1.1   This report relates to complaints and PALS activity across MFT in Q1 20/21. The report provides :

- Brief summary of activity: Complaints and Patient Advice & Liaison Service (PALS)
- Q1 in context: An overview of the impact of the COVID-19 pandemic on complaints and PALS
- Overview of complaints and PALS including a brief analysis of themes
- Care Opinion and NHS Website feedback
- Improvements made and planned to ensure learning from complaints is embedded in practice, and a
- Supporting suite of information presented in tables and graphs in Appendix 1

2.   Brief summary of activity Q1 20/21

- 756 PALS concerns were received compared to 1408 in the previous quarter

- 161 new complaints were received compared to 421 in the previous quarter

- 100% of complaints were acknowledged within 3 working days; a maintained position from previous quarters

- 261 complaints were closed compared to 437 in the previous quarter

- 73.9% of complaints were closed within the agreed timescale compared to 87.0% in the previous quarter

- 68 (22.6%) complaints investigated were not upheld and 165 (63.2%) were partially upheld

- 7 cases were being investigated by the Parliamentary Health Service Ombudsman (PHSO)

3.   Q1 20/21 in context

3.1.   Q1 20/21 reflected the impact of the COVID-19 pandemic across the NHS. Teams across MFT responded to the UK's Coronavirus Alert level where there was a material risk of healthcare services being overwhelmed leading to an immediate reduction in clinical activity across the Trust. Fewer patients were admitted or attended for treatment and as a result the number of complaints and PALS concerns were reduced compared to previous quarters

3.2. In March 2020, in response to the COVID-19 pandemic national guidance was issued in relation to complaint handling, resulting in a system-wide pause in the NHS complaints process. After careful consideration, the Trust complaints pause was lifted in a staged approach during May and June 2020.

The Parliamentary and Health Service Ombudsman (PHSO) did not accept new health service complaints, or progress existing cases that required contact with the NHS during this period. As a result of the PHSO's position there has been no change to the cases under review during this quarter. The details of the on-going PHSO investigations are set out in Table 1, Appendix 1.

3.3. In response to the COVID-19 pandemic a Family Liaison Team was introduced; comprising re-deployed staff from across the Trust and many of the complaints and PALS service staff. The team provided support to patients and enabled communication with, families and friends during this period. This has been especially important during a period of restricted visiting.

3.4. During the period the PALS and Complaints team:
- Continued to provide a PALS by email and telephone
- Triaged all new complaints to ensure any immediate issues of patient safety were identified to enable Hospitals/MCS/LCO's to take immediate action where necessary
- Supported Hospital/MCS/LCO's to continue to investigate and respond to complaints where this was possible
- Acknowledged all new complaints.
- Contacted all complainants with an open complaint to advise them of the nationally driven pause, and the potential delay to receiving their response.
- Ensured all unresolved complaints were easily identifiable on the Trust electronic reporting system, Ulysses.

3.5. The Trust complaints pause was lifted in a staged approach during May and June 2020, and a Standard Operating Procedure was developed to support Virtual Local Resolution Meetings (VLRM's), which was put in place during Q2.

3.6 The Complaints Scrutiny Group, chaired by a Non-Executive Director, was stepped down during Q1 and was reinstated in July 2020.

4. Overview of Quarter 1, 2020/21

Patient Advice and Liaison Service (PALS) activity

4.1 During Q1, the PALS team responded to 756 concerns. This is a significant reduction in comparison to the previous quarter. The number of PALS concerns remained stable during Q1 to Q4 19/20, therefore it is likely that the reduction can be attributed to reduced clinical activity across all the Trust. **Graph 1** below shows the number of PALS concerns received by each Hospital/MCS/LCO over the previous 4 quarters. Further detail is provided in Table 2, Appendix 1 of this report.

Graph 1: Total number of PALS Concerns Received by Hospital/MCS/LCO

Total Number of PALS Concerns Received by Hospital/MCS/LCO Q1, 19/20 to Q1, 20/21
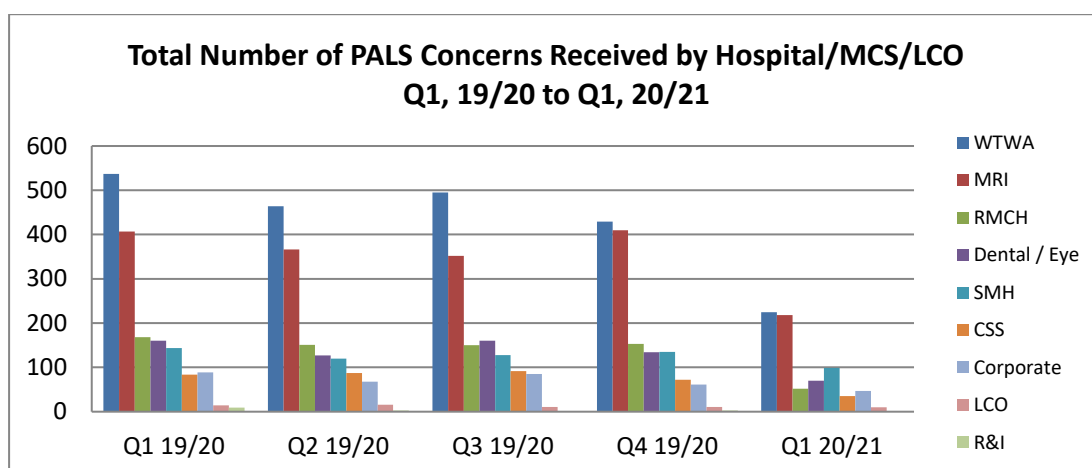
4.2 The Trust aims to quickly resolve PALS concerns. During this quarter 92.5% of PALS concerns were resolved within 10 working days. Table 3, Appendix 1 shows the timeframes in which PALS concerns have been resolved during the last five quarters.

4.3 Delays in resolving PALS concerns are monitored by the corporate PALS team; delays are reported to the relevant Hospital/MCS/LCO senior management teams via weekly reports detailing unresolved PALS concerns. PALS cases still open at 8 days are escalated to the PALS Manager. **Graph 2** shows that WTWA had the highest number of PALS concerns open longer than 10 days.

4.4 Monthly and quarterly reports are produced by the PALS team, at the request of the WTWA and MRI senior management team. These reports identify the specific areas where the delays are encountered and drive ongoing improvement.

Graph 2: Number of PALS concerns taking longer than 10 days to close by Hospital / MCS/ LCO, Quarter 4, 2019/20 to Quarter 1, 2020/21

PALS concerns closed 11+ days by Hospital / MCS/ LCO Q4, 19/20 v Q1, 20/21
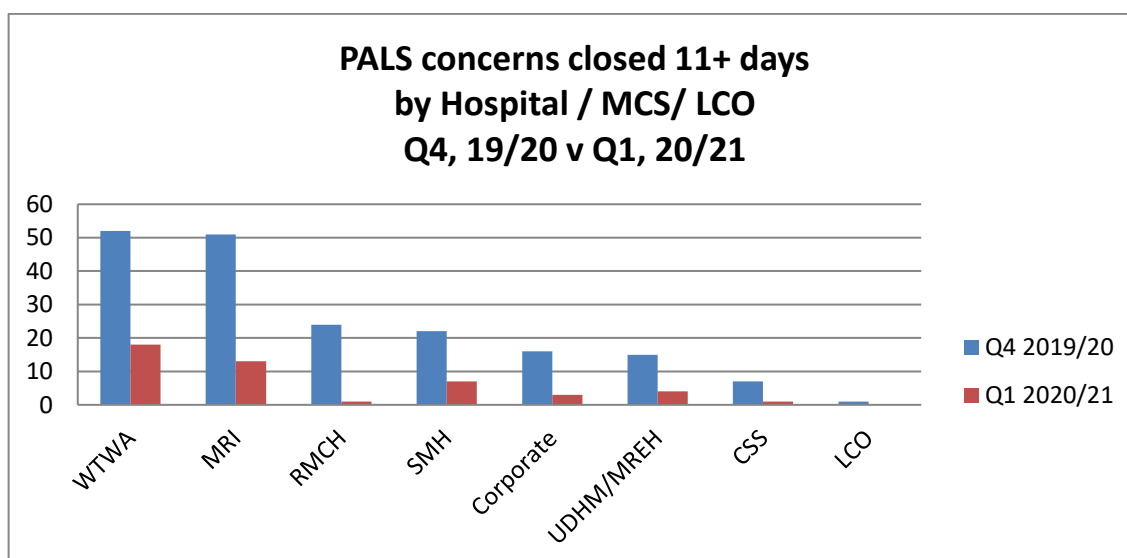
4.5   The number of PALS concerns taking longer than 10 days to close by Hospital/MCS/LCO   Quarter 1, 2019/20 to Quarter 1, 2020/21 can be found in Table 4 (Appendix 1).

4.6   There are occasions when in agreement with the complainant, PALS concerns are escalated to complaints. During Q1 three PALS cases were escalated to formal investigation. This represents a reduction from previous quarters, and again is likely representative of the impact of the COVID-19 pandemic. Table 5, Appendix 1 shows the number of PALS cases escalated to formal investigation during the last five quarters.

Themes from PALS concerns

4.7   Of the 756 PALS concerns received in Q1, 518 (68%) related to Outpatient areas, compared to 1,121 (79.6%) in the previous quarter. The top category themes for PALS concerns from this quarter are shown in Graph 3, the top 3 themes are:
- Treatment/Procedure
- Communication
- Clinical Assessment

4.8   During Q1 a number of PALS concerns relating to Treatment/Procedure are due to the impact of COVID-19. Examples include requirements to reschedule appointments, and availability of post-surgical screening and appointments. **Graph 3** demonstrates themes by Hospital/MCS/LCO

Graph 3: Number of Top PALS themes by Hospital/ MCS / LCO, Quarter 1, 2020/21
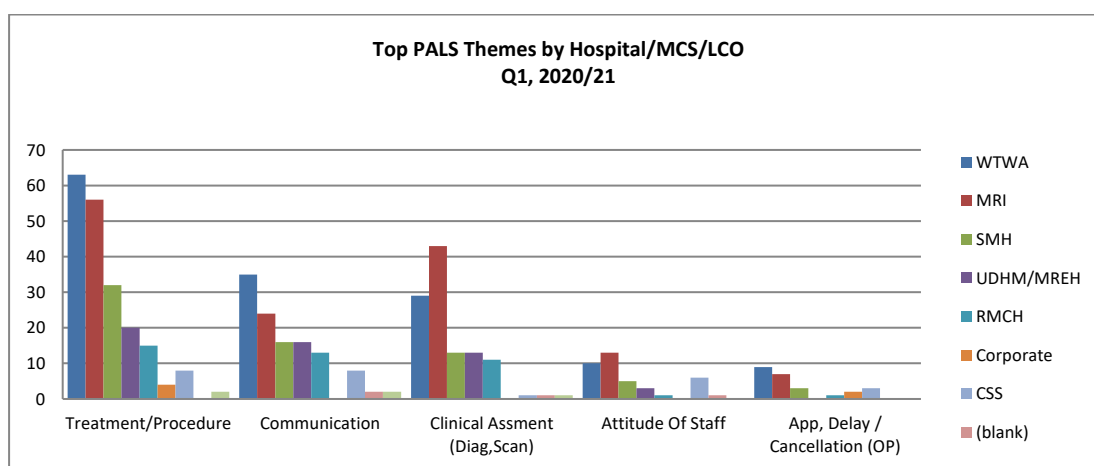
Complaints activity

4.9   Effective complaints handling is a cornerstone of patient experience. The Trust aims at all times to provide local resolutions to complaints taking all complaints seriously. By listening and responding to complaints we aim to remedy the situation as quickly as possible and ensure that the individual is satisfied with the response they receive. The learning from complaints is used to improve services for the people who use them as well as for the staff working in them.

New Complaints received in Q1

4.10   The Trust received 161 new complaints this quarter, which is a significant reduction compared to the last quarter. Again, this reduction is attributed to reduced clinical activity during the Trust's response to the COVID-19 pandemic. **Graph 4** shows the number of complaints received by each Hospital/MCS/LOC each quarter. Further detail is provided in **Table 6**, **Appendix 1**.

Graph 4: Total number of New Complaints Received by Hospital/MCS/LCO

Graph: **New Complaints by Hospital/ MCS/ LCO Q1 19/20 to Q1 20/21** — line chart, y-axis "No of complaints received" (0–160), x-axis Q1 19/20 to Q1 20/21. Series: WTWA, MRI, SMH, RMCH, CSS, UDHM/MREH, Corporate.
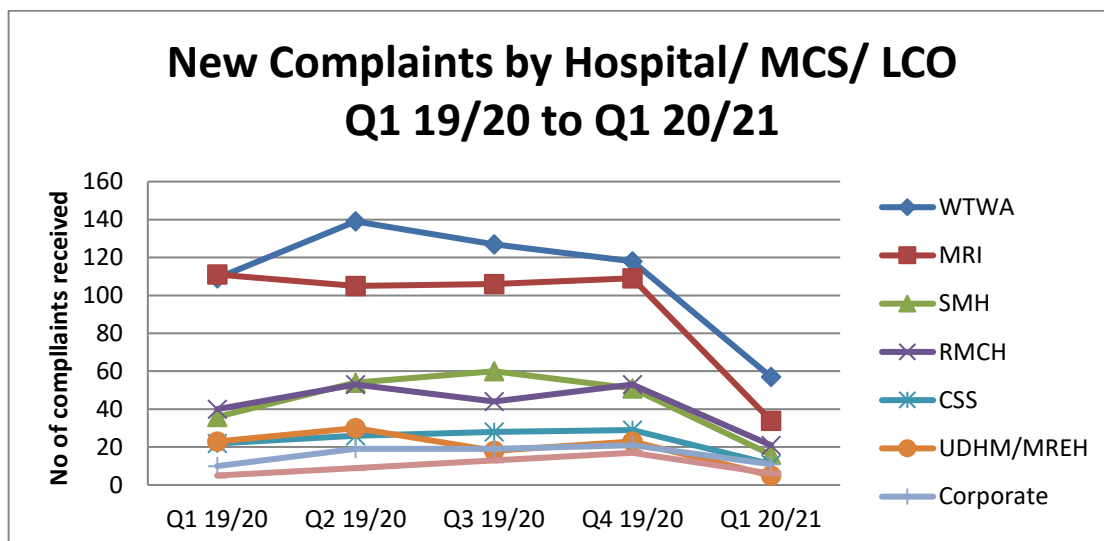
4.11   **Graphs 5 and 6** below illustrate the number of new complaints relating to inpatient and outpatient services for Quarter 1, 2019/20 to Quarter 1, 2020/21. Overall, the greatest reduction in complaints relate to outpatients.

Graph 5: Number of new complaints relating to inpatient services by Hospital/ MCS/ LCO

Graph: **New Inpatient Complaints by Hospital/ MCS/ LCO Q1 19/20 to Q1 20/21** — line chart, y-axis "No of cases" (0–80), x-axis Q1 19/20 to Q1 20/21. Series: WTWA, MRI, SMH, RMCH, CSS, UDHM/MREH, Corporate.
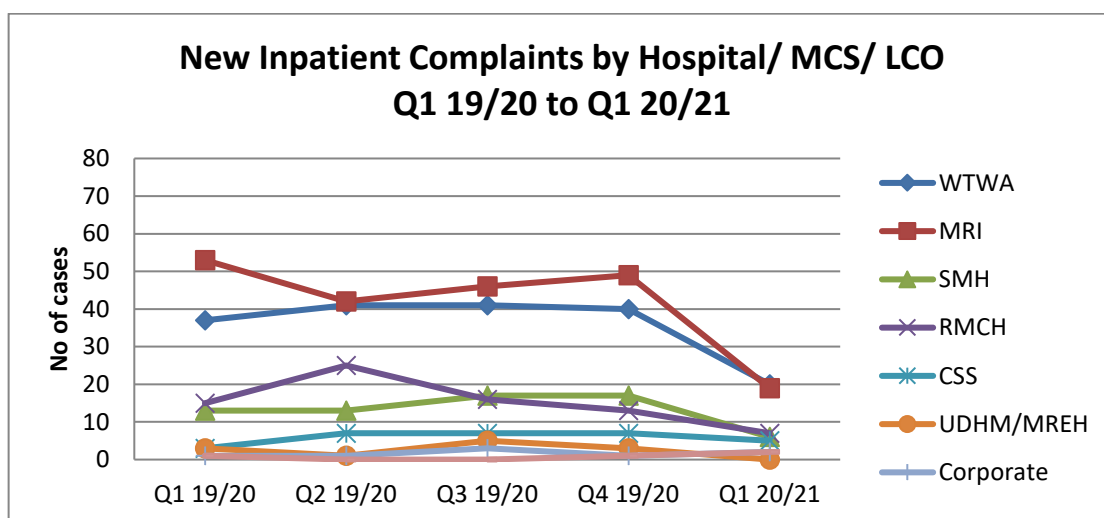
Graph 6: Number of new complaints relating to outpatient services by Hospital/ MCS/LCO

Graph: **New Outpatient Complaints by Hospital/ MCS/ LCO Q1 19/20 to Q1 20/21** — line chart, y-axis "No of cases" (0–80), x-axis Q1 19/20 to Q1 20/21. Series: WTWA, MRI, SMH, RMCH, CSS, UDHM/MREH, Corporate.
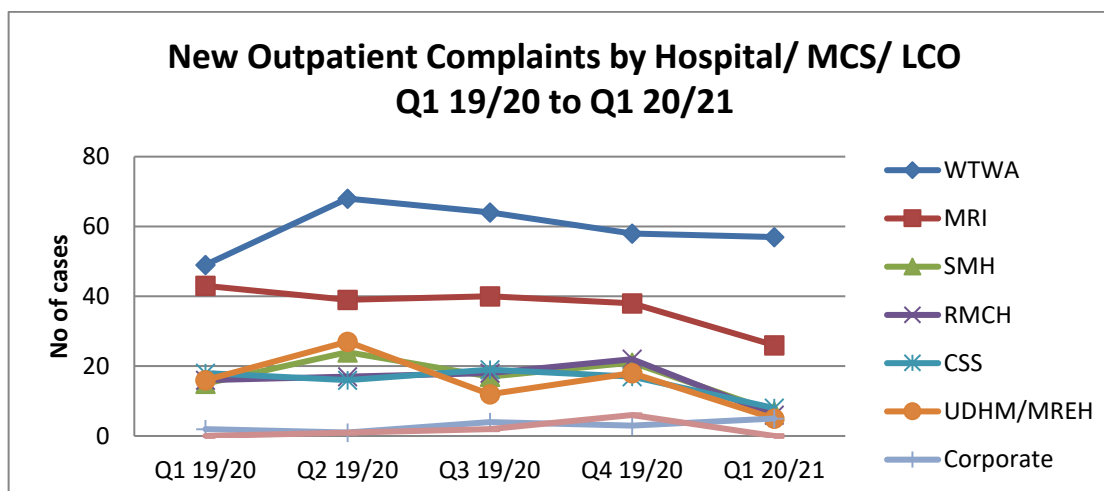
4.12   Under the NHS Complaints Regulations (2009) all new complaints are required to be acknowledged within 3 working days of receipt of the complaint. The Trust has a performance indicator that all complaints are to be acknowledged within 3 working days in 100% of cases. This quarter, as in the previous 4 quarters, the Trust has met this indicator Table 7, Appendix 1.

Resolved Complaints

4.13   During Q1, 73.9% of complaints were closed within the agreed timescale. Whilst this is a deteriorating position when compared to the previous quarter it is recognised that it is directly linked to the Trust's response to the COVID-19 pandemic. Accordingly, and in line with the staged recommencement of complaint handling, the response rate for June 2020 was 89.5%. Table 8, Appendix 1, provides the comparison of complaints resolved within agreed timeframe during the last 5 quarters.

4.14   The oldest complaint case closed during Q1 was registered within Corporate Services on 15th July 2019 and was 208 days old when closed on 12th June 2020. The complaint involved a Level 3 High Level Investigation within Corporate Services and MRI. Delays relating to staff availability impacted the response time. The complainant was kept updated and fully supported throughout this process.

Outcomes from Complaint Investigations

4.15   Whilst all complaints provide an opportunity to review and improve services the Complaint Regulations (2009) require the Trust to report the volume of complaints which are well-founded. This information is provided on a quarterly basis through the KO41A submission. Often complaints to MFT are comprised of more than one issue. In conjunction with the Complaints Investigator, the Complaints teams look at each of the issues raised to find out what happened. If they find failings in all the issues complained about, they will record the complaint as **fully upheld**. If they find failings in some but not all of the issues raised, they will **partly uphold** the complaint. Where there is no evidence to support any aspects of a complaint made, they will record the complaint as **not upheld.**

4.16   During Q1, 28 (10.7%) of the complaints investigated were fully upheld (well-founded), which is a decrease from the previous quarter (18.5%) and 165 (63.2%) were partially upheld. This is an increase from the last quarter (57.2%). Table 9, Appendix 1 demonstrates the outcome status.

Further Complaint Correspondence

4.17   Further complaint correspondence is used as a proxy indicator to measure the quality of the initial response. A tolerance threshold of 20% has been agreed by the Group Chief Nurse. The Trust received further correspondence for 50 complaint cases during this quarter; a 31% further correspondence rate.

4.18   The Trust categorises further correspondence from the complainant as:
- Request for a local resolution meeting
- New questions raised as a result of the information provided
- Response did not address all issues
- Dissatisfied with response

4.19   **Graph 7** demonstrates further complaint correspondence received from Q1 2019/20 to Q1 2020/21. The reduction in further correspondence this quarter is directly linked to the reduction in the number of complaint responses delivered.

Graph 7: Total further complaint correspondence received Quarter 1, 2019/20 to Quarter 1, 2020/21
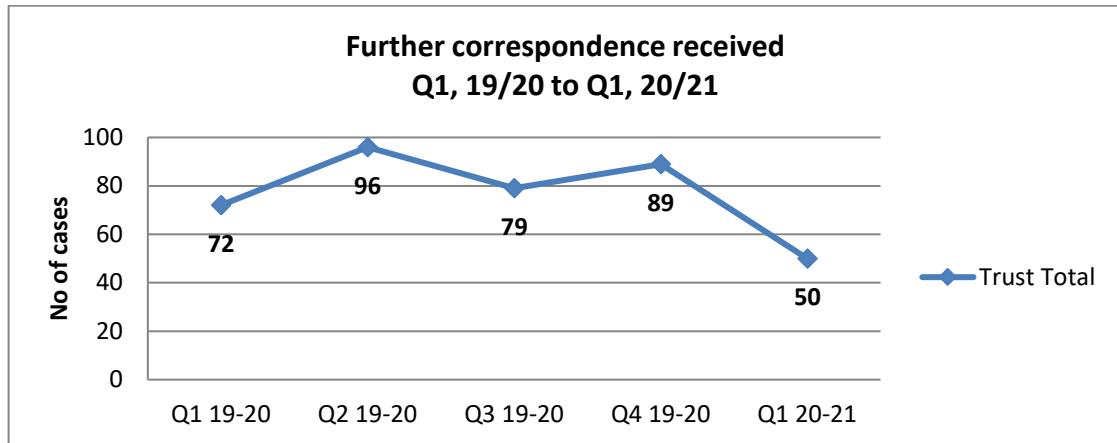
4.20   All Hospitals/MCS's, with the exception of the LCO, received further complaint correspondence. **Table 10**, **Appendix 1** provides an overview of the predominant reasons for the further correspondence by Hospital/ MCS/ LCO during Q1.

4.21   In 50 cases the predominant reason for further correspondence was due to 'unresolved issues' or 'not all issues being resolved' with WTWA and MRI receiving the greatest. CSS, UDHM/MREH and Corporate received similar numbers of further correspondence relating to the category of 'not all issues being resolved'.

4.22   Hospital/MCS/LCO performance against the 20% further correspondence threshold in Quarter 1, where the threshold was exceeded is as follows:
- UDHM/MREH (50%)
- CSS (38.9%)
- Corporate (31.3%)
- MRI (27.7%)

4.23   The remaining Hospital/ MCS/ LCO's recorded further correspondence cases below the threshold. **See Graph 8** below. It should be noted, however, that small fluctuations in the total number of complaints received in a Hospital/MCS/LCO or Corporate Service can result in large percentage changes for those areas where the overall number of complaints is low. The Corporate Complaints Team letter writing training programme will support improvements in the content and quality of responses as part of the educational sessions detailed in Section 9.1 of this report.

Graph 8: Percentage of further correspondence Complaints, Quarter 1, 2020/21
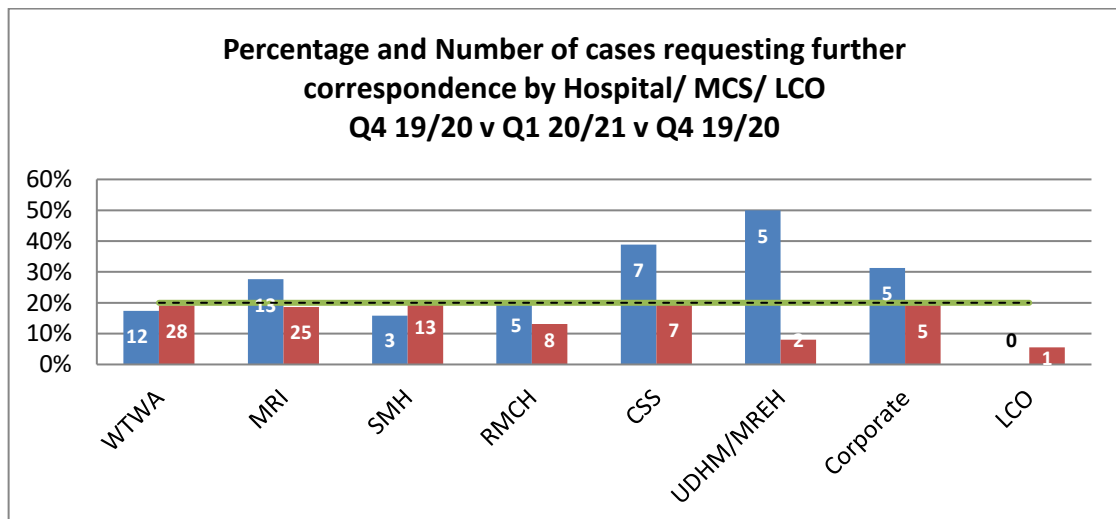
Themes from Complaints

4.24 Complaints are categorised in accordance with the Ko41a, this is a quarterly return submitted to the Department of Health (DoH) and is the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care.

4.25 During Q1 the categories in the top 5 remained unchanged, with Treatment/ Procedure and communication remaining the top and second category. The top themes in Q1 from complaints are demonstrated in Table 1 below. Also included are themes from previous quarters to enable comparison.

Table 1: Top Complaint Themes Quarter 1, 2019/20 to Quarter 1, 2020/21

	Q1,19/20	Q2,19/20	Q3,19/20	Q4,19/20	Q1,20/21
1	Treatment/ Procedure	Treatment/ Procedure	Treatment/ Procedure	Treatment/ Procedure	Treatment/ Procedure
2	Communication	Communication	Communication	Communication	Communication
3	Clinical Assessment (Diag,Scan)	Clinical Assessment (Diag,Scan)	Clinical Assessment (Diag,Scan)	Attitude Of Staff	Clinical Assessment (Diag,Scan)
4	Attitude Of Staff	Attitude Of Staff	App, Delay / Cancellation (OP)	Clinical Assessment (Diag,Scan)	Attitude Of Staff
5	App, Delay / Cancellation (OP)	App, Delay / Cancellation (OP)	Attitude Of Staff	App, Delay / Cancellation (OP)	App, Delay / Cancellation (OP)

4.26 **Graph 9** below shows the distribution of the total number of top 5 themes by Hospital/ MCS/LCO in Quarter 1, 2020/21. WTWA received the most complaints relating to treatment/procedure. The majority of new complaints relate to inpatient and outpatient services. Some examples include:

- a patient not being provided with aftercare information prior to their discharge from hospital.
- a patient's family received no communication relating to end of life care.

Graph 9: Total number of Top 5 Complaint Themes by Hospital/MCO/LCO, Q1 2020/21
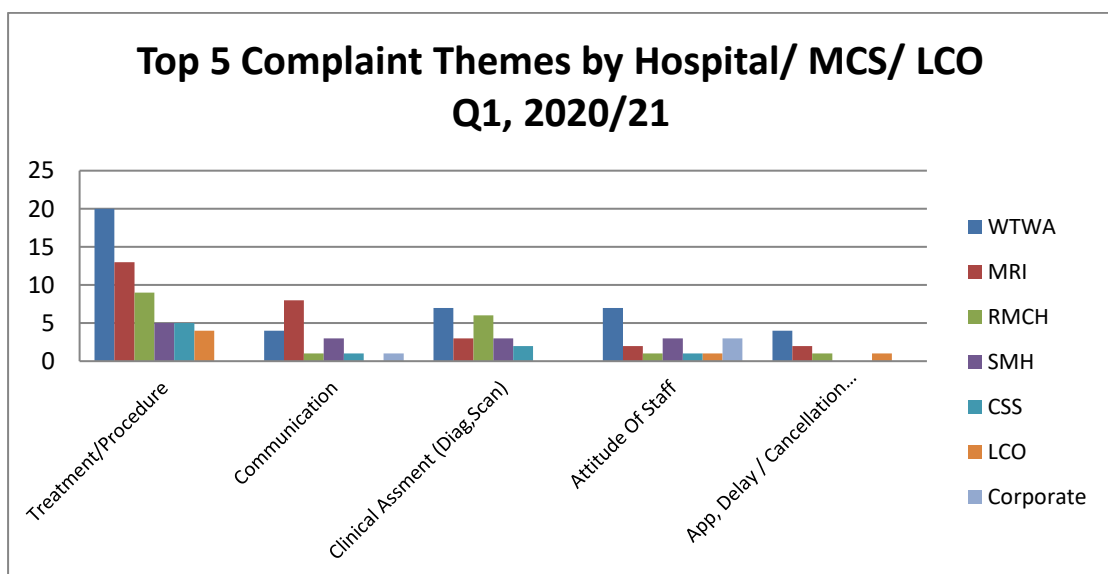
4.27 Work continued during this quarter to theme the concerns raised in complaints against the MFT *What Matters to Me* (WMTM) categories. In Q1, the teams responded to previous challenges to collecting WMTM data. Following an audit of closed cases, the Complaints team re-evaluated how the WMTM categories are mapped on the Ulysses Customer Services module. This has resulted in the enhancement of data collection within the existing process showing significant improvement in the collection of the Trust-wide themes that relate to the MFT WMTM categories being drawn from complaints in Q1.

4.28 The themes identified from Quarter 1, 2019/20 to Quarter 1, 2020/21 are shown in Table 2 below with Organisational Culture and Professional Excellence being illustrated as the top 2 WMTM themes. Examples of complaints received relating to organisational culture and professional excellence were when a patient reported concerns that the consultant had not introduced themselves or the trainee doctor who was also in attendance.

Table 2: Theming of complaints to MFT WMTM cateogories, Quarter 1, 19/20 to Quarter 1, 20/20

WMTM themes	Q1,19/20	Q2,19/20	Q3,19/20	Q4,19/20	Q1,20/21
Environment	0	1	3	3	6
Leadership	1	0	0	0	11
Organisational Culture	0	0	7	8	51
Positive Communication	7	2	10	8	32
Professional Excellence	25	10	17	16	47
Grand Total	**33**	**13**	**37**	**35**	**147**

5 Care Opinion and NHS Website feedback

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

5.2. This quarter 22 comments were received, of which 21 were positive feedback. The number of Care Opinion and NHS Website comments by category; positive, negative and mixed, are detailed in Table 11, Appendix 1.

5.3. All NHS Website and Care Opinion comments are received by the Patient Experience Team (PET) and shared with the relevant Hospital/MCS/LCO. Responses are required for publication within 5 working days. Within each Hospital/MCS/LCO designated staff support the provision of a response to the PET. The PET ensures responses are quality assured prior to on-line posting. **Table 3** below provides two examples of the feedback received and the subsequent responses posted on Care Opinion and NHS Website during Q1.

Table 3: Examples Care Opinion/ NHS Website Postings and Reponses Quarter 1, 2020/21

Quarter 1 2020/21
CSS, Wythenshawe Hospital
Patient gave the ICU at Wythenshawe Hospital a rating of 5 stars. *"After testing positive for Covid I recently returned home thanks to the absolutely wonderful care of the ICU and post ICU teams. Just to say Thank You doesn't seem anywhere near enough. All the staff that helped me on this sometimes traumatic experience were just amazing, always positive, always caring even given the fact the risk they were under for their own health. To be greeted on every occasion with smiling faces behind the masks lifted my spirits and strengthened my own fight to recovery. My family and I will be eternally grateful to them".*
Response
Thank you for taking the time to share your feedback on the NHS website following treatment for Covid-19 at Wythenshawe Hospital Intensive Care Unit (ICU). It was very kind of you to take the time to write and compliment the staff as it is good to receive positive feedback which reflects their hard work and dedication. We are pleased to read that you received wonderful care from the staff members who looked after you during this traumatic experience and that their positivity and smiling faces lifted your spirits and strengthened your resilience to recover and we wish you well for the future.
SMH
"From the antenatal day service, triage to delivery, the service I was provided was tailored, considerate and thorough. I was never made to feel silly for coming in, even for something small. The women who delivered my baby were incredible despite the current circumstances. Staff were very, very busy but you could tell they were all trying their hardest to do their best job. Thank you so much to everyone from maternity assistants, anaesthetists and midwives".
Response
Thank you for your positive comments posted on the NHS website regarding your care in the Maternity Services at Saint Mary's Hospital. It was very kind of you to take the time to write and compliment the staff as it is good to receive positive feedback which reflects the hard work and dedication of our staff. The Trust has introduced a behavioural framework within which all members of the midwifery and medical teams practice so it was reassuring to read that you found both medical and midwifery staff caring, supportive and professional and that your experience throughout the delivery of your baby has been a positive one. I can assure you that we have passed on your feedback to senior staff who will be delighted to share your feedback with the staff involved. We would like to take this opportunity to wish you well for the future.

6.   Learning from Complaints: Service Improvements

6.1   It is important that the Trust continues to learn from complaints and that this is reflected in service improvements. Detailed below, in **Table 4** are some examples of how learning from complaints has led to changes:

Table 4: Examples of the application of learning from complaints to improve services, Quarter 1, 2020/21

Hospital/ MCS/LCO	Reason for complaint	Action Taken
MRI (Head & Neck)	Reasonable adjustments not shared with extended hospital teams who were due to be involved in the patient's care on the day of the procedure. Poor patient experience ultimately resulting in the patient declining to have proposed surgery.	All teams involved in the patient's care made aware of the reasonable adjustments that are required to be in place on the day of the procedure. Assurances provided to the patient and family.
CSS	Missed fracture	Concern raised with the third-party scanning service to ensure feed-back is discussed with the reporting staff. Radiology Events and Learning Meeting. Staff reminded of the importance of always informing patients that should their symptoms worsens, to seek medical advice.
MREH	Post-operative and communication difficulties between MREH and another Trust	Patient referred for further investigations. Process developed to allow: - All reports to be forwarded automatically/directly to the clinician. - Timely despatch of samples to the other Trust - Timely email communication between both hospitals. - All pathology results to be copied to the other Trust. - Advanced Nurse Practitioner to inform patients of their results and if required, refer on to other services. Development and launch of a new system called 'Action on test Results', which allows the results to be flagged up automatically.
SMH	Poor communication with patient and midwife whilst undertaking telephone assessments set up to reduce the number of face to face consultations in response to the coronavirus (Covid-19) pandemic resulting in: - Assumption being made regarding ethnicity - Consent not gained to action referral to other services.	Supervision and support provided to the individual staff member.

RMCH	Poor communication between clinical/nursing staff and the family in relation to safeguarding concerns.	Complainant's concerns shared with the nursing team who cared for the patient. Provision of advanced communication training/workshops for all nursing staff to support sharing of information related to safeguarding.
WTWA	Patient's needs not considered and effectively communicated whilst attending for a blood test and review during response to the coronavirus (Covid-19) pandemic.	Concerns shared at the Units team meeting. An incident report submitted onto the Trust's Incident Report System. Individual consultation room made available at the patient's next appointment to enable the family to attend and stay with the patient.
LCO	Poor communication with the patient's parents and GP regarding outcome of referral, discharge arrangements & support available in the community.	Discharge letters to be sent to the patient's GP and the parent from the Community Paediatrician. Patient's demographics to be checked upon receipt of every referral and at all new appointments.

Quality Improvements

6.2 Further focus on improvements was planned throughout this quarter, however in order to support the Trust's response to the coronavirus (COVID-19) pandemic some actions have been delayed until next quarter. Planned improvement activities include:

- **In-house Complaints Letter Writing Training Package/Educational Sessions:**
  All non mandatory training was paused in the latter stages of Quarter 4, 2019/20 to reduce the risk of transmission of coronavirus. This position remains under review.

- **PHSO Research: Frontline Complaint Handling – 'Complaints Standards Framework for NHS Staff':**
  As a result of the Coronavirus pandemic, the PHSO postponed the start of their public consultation and their office was closed throughout Q1. The PHSO have confirmed an update on this work will be provided in Q2 2020/21.

- **Standard Operating Procedures (SOPs):**
  Approval of the Request for Extension of Response Timescale SOP was received during this quarter and launch of this SOP is planned for 1st July 2020.

Complainant's Satisfaction Survey

6.3   Based on the ***'My Expectations'***[1] paper, the Trust complaint's satisfaction survey has been developed by the Picker Institute. It is sent to complainants across all MFT Hospitals/ MCSs/LCOs. Response rates have remained consistently low in previous quarters, however following a number of actions being put in place to improve the response rate by the Head of Customer Services, Q1 has seen a significant increase in the number of responses received with 234 being received, compared to 44 in the previous quarter. A range of the survey results for Quarter 1, 2020/21 are shown in **Graph 8**.

Graph 8: Range of survey results for Quarter 1, 2020/21
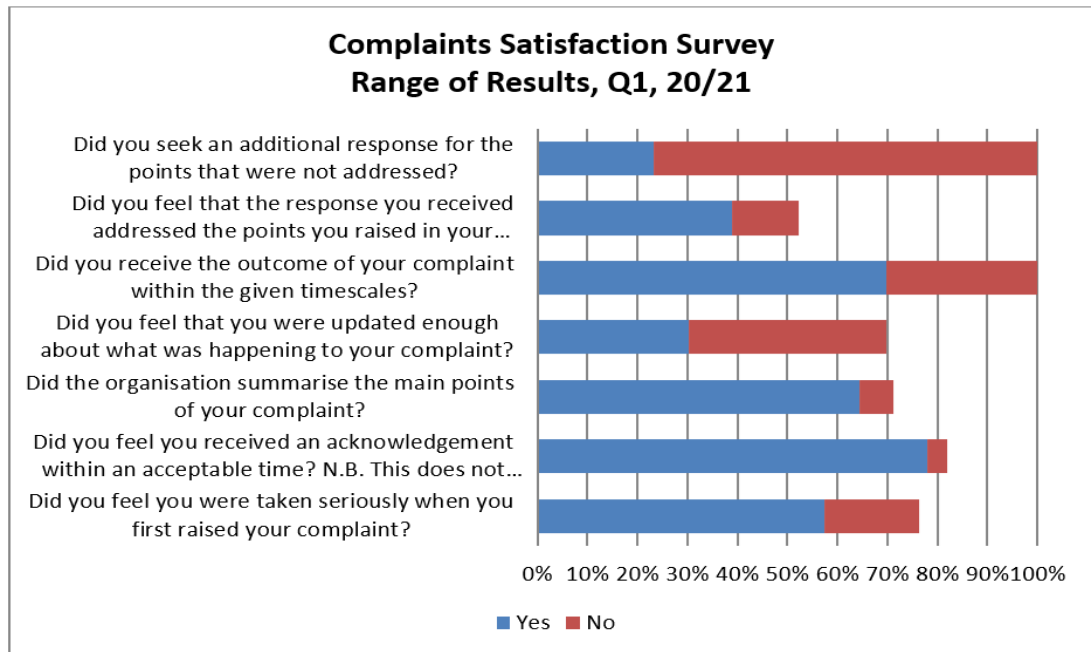
6.4   Listening to complainant feedback supports MFT staff to improve the standard of care and service provided. During Q2 the Head of Customer Services will review ways in which feedback can be shared and embedded into local practice, procedures, and staff education across the Hospitals/MCS/LCO. Further focus on complainant feedback will form part of the future planned improvements over the coming year. Comments received during Quarter 1, 2020/21 that will be focussed on for future improvements include the following:

> *First tried speaking with staff in the department where I had experienced the problem.*

> *I felt like I was not going to be cared for as well after making the complaint.*

> *Failings were identified, agreed upon, action taken.*

> *Action being taken on some points I raised. Not happy with one point.*

> *There was no acknowledgement of fault and the letter felt impersonal and written in the hope we'd go away*

> *Really drawn out and lengthy process as a whole.*

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

Future Planned Improvements

6.5   Improvement priorities for Q2 include the following activities:

- Clearly displayed and easily accessible complaints information (NHSI Patient Experience Improvement Framework, 2018): To improve the accessibility of the Trust's website for PALS and Complaints a review of the resources will be undertaken throughout 2020/21.
- Development of a specifically tailored e-learning Customer Service package is planned to continue during Q2, 2020/21 with the anticipation that the e-learning packages will be made available to all staff within the Trust in Q3, 2020/21.
- Standard Operational Procedures (SOPs): On-going development and review of the Complaints and PALS SOPs will be undertaken throughout 2020/21.

7.   Equality and Diversity Monitoring Information

7.1   The collection of equality and diversity data continues to present challenges (Table 12, Appendix 1). An audit to understand the challenges around collection of this data had been planned; however as a result of the Trust's response to the coronavirus (Covid-19) pandemic this had not been progressed this quarter. The audit is now scheduled for Quarter 2, 2020/21.

8.   Conclusion and recommendations

8.1   This report provides a concise review of matters relating to complaints and PALS during Q1. It is important to note that whilst the process of complaints and PALS handling was affected by adjustments made both nationally and locally as a direct response to the COVID-19 pandemic, teams across the Trust have continued to provide the best possible service to those who wish to raise concern about care and treatment, and to resolve issues as quickly as possible. Opportunities for learning or service improvement have been identified, and this report has provided highlights of where this has taken place.

8.2   In conclusion, the Trust will:

- Continue to monitor complaint response timescales against expected response timescales, providing support to Hospitals/MCS/LCO when required.
- Continue to review and embed recommendations from National Guidance within MFT's policies.
- Continue to learn from complaints and concerns raised.
- Continue to progress the improvements outlined in this report.

8.3   Members of the Board of Directors are asked to note the content of this Complaints Report and the on-going work of the corporate and Hospital/MCS/LCO teams to ensure that the Trust is responsive to concerns raised and learns from patient feedback in order to continuously improve the patient's experience.

Appendix 1 – Supporting information

Table 1: Overview of PHSO Cases open as at 30th June 2020

Hospital/ MCS /LCO	Number of PHSO Cases	PHSO Investigation on-going	PHSO draft report awaited	PHSO final report awaited
CSS	1	1	0	0
MRI (GI Medical/Surgical	1	0	1	0
MRI (Cardio-Vascular)	1	0	0	1
WTWA (Surgery Orthopaedics)	1	1	0	0
WTWA (Heart & Lung-Respiratory)	1	0	1	0
WTWA (Heart & Lung - Cardiology)	1	0	1	0
RMCH	1	0	0	1
Grand Total	**7**	**2**	**3**	**2**

Table 2: Number of PALS concerns received by Hospital/ MCS/ LCO Quarter 1, 2019/20 to Quarter 1, 2020/21

	Q1,19/20	Q2,19/20	Q3,19/20	Q4,19/20	Q1,20/21
WTWA	537	464	495	429	225
MRI	407	366	352	410	218
RMCH	168	151	150	153	52
UDHM/MREH	160	127	160	134	70
SMH	144	120	128	135	99
CSS	84	87	92	72	35
Corporate	89	68	85	61	47
LCO	14	16	11	11	10
R&I	9	3	0	3	0
Grand Total	1612	1402	1473	1408	756

Table 3: Closure of PALS concerns within timeframe Quarter 1, 2019/20 to Quarter 1, 2020/21

	Q1,19/20	Q2,19/20	Q3,19/20	Q4,19/20	Q1,20/21
Resolved in 0-10 days	1404	1219	1333	1235	714
Resolved in 11+ days	242	190	165	220	58
% Resolved in 10 working days	**85.3%**	**86.5%**	**89.0%**	**84.9%**	**92.5%**

Table 4: Number of PALS concerns taking longer than 10 days to close by Hospital/MCS/LCO Quarter 1, 2019/20 to Quarter 1, 2020/21

	Q1,19/20	Q2, 19/20	Q3,19/20	Q4,19/20	Q1,20/21
WTWA	74	58	63	61	23
MRI	57	42	33	57	16
RMCH	25	25	17	29	1
UDHM/MREH	27	16	12	17	4
SMH	29	20	23	24	9
CSS	15	6	6	7	2
Corporate	14	20	11	22	3
LCO	0	3	0	1	0
R&I	1	0	0	1	0
Grand Total	242	190	165	219	58

Table 5: Number of PALS concerns escalated to formal investigation Quarter 1, 2019/20 to Quarter 1, 2020/21

	Q1,19/20	Q2,19/20	Q3,19/20	Q4,19/20	Q1,20/21
No of cases escalated	13	9	11	10	3

Table 6: Number of Complaints received by Hospital/ MCS / LCO Quarter 1, 2019/20 to Quarter 1, 2020/21

	Q1,19/20	Q2,19/20	Q3,19/20	Q4,19/20	Q1,20/21
WTWA	109	139	127	118	57
MRI	111	105	106	109	34
SMH	36	54	60	51	16
RMCH	40	53	44	53	21
CSS	22	26	28	29	11
UDHM/MREH	23	30	18	23	5
Corporate	10	19	19	21	11
LCO	5	9	13	17	6
Grand Total	356	435	415	421	161

Table 7: Complaints Acknowledgement Performance

	Q1,19/20	Q2,19/20	Q3,19/20	Q4,19/20	Q1,20/21
100% acknowledgement	3 day target	3 day target	3 day target	3 day target	3 day target
	100%	100%	100%	100%	100%

Table 8: Comparison of complaints resolved by timeframe: Quarter 1 2019/20 to Quarter 1, 2020/21

	Q1,19/20	Q2, 19/20	Q3,19/20	Q4,19/20	Q1,20/21
Resolved in 0-25 days	218	250	284	297	130
Resolved in 26-40 days	93	86	67	59	50
Resolved in 41+ days	71	63	99	82	81
Total resolved	**382**	**399**	**450**	**437**	**261**
Total resolved in timescale	261	303	360	380	193
% Resolved in agreed timescale	**68.3%**	**75.9%**	**80.0%**	**87.0%**	**73.9%**

Table 9: Outcome of Complaints, Quarter 1, 2019/20 to Quarter 1, 2020/21

	Number of Closed Complaints	Upheld	Partially Upheld	Not Upheld
Q1,20/21	261	28	165	68
Q4,19/20	437	81	250	106
Q3,19/20	450	76	267	107
Q2,19/20	399	79	226	94
Q1,19/20	382	79	187	116

Table 10: Further Complaint Correspondence by Hospital/MCS, LCO Quarter 1, 2020/21

	Request for local resolution meeting	New questions raised as a result of information provided	Response did not address all issues	Dissatisfied with response	TOTAL
WTWA	0	1	10	1	12
MRI	1	1	10	1	13
SMH	1	0	2	0	3
CSS	0	2	5	0	7
RMCH	0	0	2	3	5
UDHM/MREH	1	0	4	0	5
Corporate	0	0	4	1	5
LCO	0	0	0	0	0
Grand Total	**3**	**4**	**37**	**6**	**50**

Table 11: Care Opinion/NHS website postings by Hospital/ MCS / LCO in Q1, 2020/21

Number of Postings received by Hospital/MCS/LCO/Corporate Service Q1, 20/21			
Hospital/ MCS /LCO	**Positive**	**Negative**	**Mixed**
Manchester Royal Infirmary	3	0	0
Wythenshawe, Trafford, Withington and Altrincham Hospitals	14	0	0
Clinical Scientific Services	1	0	0
Corporate Services	0	0	0
Manchester Royal Eye Hospital/ University Dental Hospital of Manchester	1	1	0
Manchester & Trafford Local Care Organisation	0	0	0
Royal Manchester Children's Hospital	0	0	0
Saint Mary's Hospital	2	0	0
Grand Total	**21 (95%)**	**1 (5%)**	**0 (0%)**

Table 12: Equality and Diversity Monitoring Information

	Q1,19/20	Q2,19/20	Q3,19/20	Q4,19/20	Q1,20/21
Disability					
Yes	39	42	31	29	9
No	53	56	55	51	15
Not Disclosed	252	337	329	342	137
Total	**344**	**435**	**415**	**422**	**161**
Disability Type					
Learning Difficulty/Disability	0	0	0	2	0
Long-Standing Illness Or Health Condition	20	13	19	15	5
Mental Health Condition	7	8	3	2	0
No Disability	0	0	0	0	0
Other Disability	1	3	1	1	0
Physical Disability	9	10	4	8	2
Sensory Impairment	1	4	4	1	1
Not Disclosed	306	397	384	393	153
Total	**344**	**435**	**415**	**422**	**161**
Gender					
Man (Inc Trans Man)	168	173	174	182	72
Woman (Inc Trans Woman)	176	261	234	236	87
Non Binary	0	0	0	0	0
Other Gender	0	0	0	0	0
Not Specified	3	1	4	3	2
Not Disclosed	0	0	3	1	0
Total	**344**	**435**	**415**	**422**	**161**

Sexual Orientation					
Heterosexual	86	95	84	78	24
Lesbian / Gay/Bi-sexual	5	2	1	4	0
Other	0	0	0	2	0
Do not wish to answer	0	0	0	0	0
Not disclosed	253	340	330	334	137
Total	**344**	**437**	**415**	**418**	**161**
Religion/Belief					
Buddhist	0	1	1	0	0
Christianity (All Denominations)	54	53	44	49	15
Do Not Wish To Answer	0	0	0	0	0
Muslim	5	4	8	5	2
No Religion	30	34	24	22	8
Other	3	5	6	6	2
Sikh	1	0	0	1	0
Jewish	0	3	0	1	0
Hindu	3	0	1	0	0
Not disclosed	248	335	331	338	134
Total	**344**	**435**	**415**	**422**	**161**
Ethnic Group					
Asian Or Asian British - Bangladeshi	2	4	1	1	0
Asian Or Asian British - Indian	4	2	5	4	1
Asian Or Asian British - Other Asian	6	2	4	2	1
Asian Or Asian British - Pakistani	6	11	12	9	3
Black or Black British – Black African	5	8	10	7	5
Black or Black British – Black Caribbean	1	4	2	7	3
Black or Black British – other Black	2	5	1	0	1
Chinese Or Other Ethnic Group - Chinese	2	0	1	1	0
Mixed - Other Mixed	0	1	0	0	0
Mixed - White & Asian	2	2	3	2	1
Mixed - White and Black African	1	2	2	0	0
Mixed - White and Black Caribbean	6	7	0	1	2
Not Stated	79	77	91	105	26
Other Ethnic Category - Other Ethnic	4	3	3	3	1
White - British	146	180	193	175	71
White - Irish	5	8	7	4	4
White - Other White	8	17	6	8	2
Not disclosed	65	102	74	93	40
Total	**344**	**435**	**415**	**422**	**161**

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Nurse
Paper prepared by:	Sue Ward, Group Deputy Chief Nurse Lynne Birchall, Head of Nursing (Patient Experience) Tracy Shawcross, Matron (Quality)
Date of paper:	August 2020
Subject:	Patient Experience Annual Report: Presentation of the findings of mandatory national patient surveys and the Friends and Family Test and an update on the Trust Patient Experience Programme 'What Matters to Me'.
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Delivering an excellent experience for patients, their families and their significant others.
Recommendations:	Members of the Board of Directors are asked to note the content of the report and support the actions required to ensure continuous improvement.
Contact:	<u>Name:</u> Lynne Birchall, Head of Nursing (Patient Experience) <u>Tel:</u> 0161 701 7679

1. Executive Summary

1.1.   Patient Experience is recognised as a core element of Quality[1] (DOH, 2008). Patients' experiences of care and treatment provide key information about the quality of services provided, which can be used to drive improvements both nationally and locally.

1.2.   Patient Experience feedback provides a rich source of data to support continuous improvement of the services provided by Manchester University NHS Foundation Trust (MFT). Patient feedback is sought continuously through a range of formats. These findings inform improvement activity at both strategic and local levels.

1.3.   This report provides a summary of the Trust's results for the mandatory national surveys that have been published since the Trust's Annual Patient Experience Report 2018/19. These are the Adult National Inpatient Survey (2019), The National Maternity Services Survey (2019), The National Cancer Patient Experience Survey (2019), The Children and Young People's Patient Experience Survey (2018), and the Urgent and Emergency Care Survey (2018). As two yearly reports, the Children's and Young People and Emergency Care Surveys are the first surveys conducted since the establishment of MFT in October 2017; therefore exact comparisons cannot be made with previous surveys.

1.4   In comparison with the Trust survey results for the 2018 National Maternity Services Survey (2019) demonstrate positive experiences of care, with improvements across most aspects of maternity care.

1.5   Overall, in comparison with the Trust survey results for 2018 the Adult National Inpatient Survey (2019) demonstrates significant improvement in six areas. When compared to all Trusts that took part in the survey, MFT responses were categorised as '*about the same*' for all questions, which is an improvement from the 2018 survey when 1 question was categorised as '*worse*' than other trusts. Where applicable Hospitals/Managed Clinical Services (MCS) and Local Care Organisation (LCO) improvement plans have been developed in response to patient feedback.

1.6   Notably, the Adult National Inpatient Survey (2019) score for "food" improved from 4.7 to 5.2 when compared to the 2018 survey results. The Trust now falls within the average range for this question. Detail of the significant improvement activity that has been undertaken during 2019/20 to improve the patient's meal time experience is provided. This work includes the development and implementation of the MFT Nutrition and Hydration Strategy and a pilot of a Model ward to further improve patient experience of nutrition.

1.7   The Children and Young People's Patient Experience Survey (2018) is the first report since the formation of MFT. The results are predominantly '*about the same*' as other NHS Trusts, with the exception of 2 questions that are categorised as '*better than*'. These 2 areas are privacy when receiving care and treatment (for 0-7 year olds) and different members of staff caring for and treating the child being aware of their medical history (for 0-15 year olds).

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[1] DOH (2008) High Quality Care for All

1.8   The Urgent and Emergency Care Survey (2018) is the first report since the formation of MFT. This is also the first time that the UEC survey has been split into two separate reports, Type 1 (Emergency Care) and Type 3 (Urgent Care). Overall the UEC survey demonstrates positive experiences in both department types with a score of 9 out of 10 for Type 3 Departments; placing the Trust in 1st position when compared to the Shelford Group trusts that have a Type 3 department.

1.9   The results of the Annual National Cancer Patient Experience Survey [NCPES] (2019) were published on 25th June 2020 by an external provider (Picker) on behalf of NHS England. Many positive elements of cancer patient experience are identified in the NCPES (2019). The majority of the results for the Trust were categorised as 'within the expected range' for trusts of a similar size, but notably in eleven questions, MFT received specifically high scores (above the expected range). This is an improvement on the NCPES (2018) survey where the Trust only received specifically high scores in four questions.

1.10   Results which fall below the national average undergo further analysis by tumour specific teams to identify areas for their local improvement activity. Tumour specific information is available where 21 or more responses have been received. The challenge remains for those tumour groups where responses were less than 21 to consider how patients can be encouraged to respond to the future surveys.

1.11   The MFT What Matters to Me (WMTM) patient experience programme supports triangulation of the results from all of the national surveys with the Trust's local Quality of Care Round and WMTM patient experience survey data in order to identify areas of best practice and priorities for improvement, at both Trust-wide and ward/department/team level. Continuous improvement activity at all levels is underpinned by MFT's Improving Quality Programme methodology. The Trust's clinical accreditation programme monitors key quality and practice standards across clinical areas and examines how quality and patient experience data are used to drive improvement for patient benefit. Based on a fifteen step[2] model, Senior Leadership Walk Rounds (SLWR), provide a further opportunity for assurance and challenge by Board-level leaders.

1.12   A summary of some of the improvement work that has been undertaken across the hospitals/MCS and LCOs based on patients' and relatives' feedback regarding their experience, is included in this report along with an update on the activity and improvements aligned to the Trust's WMTM patient experience framework, including a pilot programme for the implementation of Always Events[R] Methodology[3].

2. Introduction

2.1   This is the second annual Patient Experience Report following the establishment of Manchester University NHS Foundation Trust (MFT) on 1st October 2017.

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[2] https://www.england.nhs.uk/participation/resources/15-steps-challenge/
[3] NHSE(2016) Always Events Toolkit

2.2 The NHS Patient Survey Programme, which is overseen by the Care Quality Commission (CQC), is a key source patient feedback; it covers a range of NHS settings on a rolling programme of surveys. The CQC publishes the results of the surveys on its own website. In 2019/20, the CQC published the following surveys:

- Children and Young People's Patient Experience Survey (2018), published November 2019[4]
- Urgent and Emergency Care Survey (2018) published October 2019[5]
- Maternity Services 2019 published in January 2020[6]
- Adult Inpatient Survey 2019 published in June 2020[7]

2.3 Additionally The Cancer Patient Experience Survey is conducted by Picker Institute Europe on behalf of NHS England. This survey has been designed to monitor national progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

2.4 Triangulation of the results for key questions contained within the National Adult Inpatient Survey (2019) with the Trust's local *'What Matters to Me'* Patient Experience survey findings is also presented. The Friends and Family Test (FFT) is a further mechanism by which the Trust receives feedback on Patient Experience; therefore detail is provided of FFT performance and comparisons are provided against other Shelford Group Trusts.

2.5 Many positive elements of patient experience are identified by both the national and local survey results. The findings of the national surveys demonstrate that the Trust generally falls within the average range for almost all factors that influence patient experience when compared to other Trusts. An important aspect of patient experience that previously received a low score in previous National Inpatient Surveys, namely food, has significantly improved in 2019. Areas that have deteriorated this year will be the focus of improvement plans to continue to drive improvement.

2.6 An update is provided on the Trust's Patient Experience Programme, **What Matters to Me**, which focuses on the delivery of personalised care for every patient or service user with a view to improving care outcomes across all quality domains.

2.7 The CQC surveys detailed in this report are a CQC requirement in order to obtain feedback to improve local services for the benefit of patients and the public based on patient experiences. The CQC use the results from each of the surveys in their regulation, monitoring and inspection of acute trusts in England. The results also contribute to the Trust Quality and Risk Profile outcomes and form the basis of quality improvements which are monitored through the Trust's contracts with its commissioners.

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[4] https://nhssurveys.org/surveys/survey/01-children-patient-experience/year/2018/
[5] https://nhssurveys.org/surveys/survey/03-urgent-emergency-care/year/2018/
[6] https://nhssurveys.org/surveys/survey/04-maternity/year/2019/
[7] https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2019/[7]

3. Maternity Services Survey 2019

3.1 A postal questionnaire was sent to eligible women, aged 16 and over, who had a live birth during February 2019. The 'Women's Experience of Maternity Care' survey (2019) is published in three separate reports aligning to different aspects of the maternal pathway: antenatal care, labour and birth and postnatal care.

3.2 Respondents are required to indicate the standard of care they received by providing a score out of 10. A higher score is positive and indicates a more encouraging patient experience. The survey is structured into the following categories relating to the maternal pathway:

Antenatal Care	Labour and Birth	Postnatal Care
• The start of your pregnancy	• Labour and birth	• Feeding
• Antenatal check ups	• Staff	• Care at home after the birth
• During your pregnancy	• Care in hospital after birth	

3.3 The 2019 Maternity questionnaire underwent significant amendments following consultation with stakeholders. These include; the removal of 9 questions, the addition of 11 new questions and the amending of 41 pre-existing questions. As a result of these amendments direct comparison of 18 questions is not possible.

Maternity Services Survey Results

Response rate

3.4 **Graph 1** compares the MFT response rate to the national average. The response rate for the Maternity survey (2019) was 34% (295 respondents), compared to 36% in the 2018 survey (330 respondents). In both 2018 and 2019 the national average was 37%.

Graph 1: MFT response rate (2018 and 2019) compared to national average
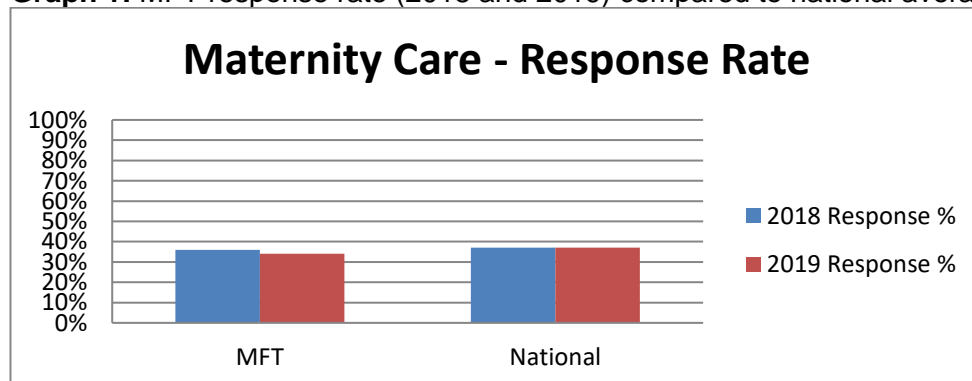
Survey Analysis

3.5 Whilst there is an overall score for each of the categories there is no question relating to overall experience. Each survey question is categorised as *'better'*, *'about the same'* or *'worse'* based on comparison to other organisations' scores.

This is the second national maternity survey for MFT and where comparison can be made to the 2018 survey this information is included.

Notably High Scores

3.6 Positively, seventeen questions indicated specifically high scores (a score 9.0 and above), compared to twelve in 2018 which are presented in **Table 1**. Five of these questions (highlighted) have improved compared to the scores in the Maternity Surveys (2018). These high scores provide a level of validation about the impact of activity undertaken by the Trust in relation to the *'What Matters to Me'* patient experience programme which supports provision of care which is personalised to individual's needs and mindful of dignity and respect.

3.7 Saint Marys Hospital (SMH) Managed Clinical Service (MCS) has continued to take actions aimed at improving patient safety and overall patient experience. Work has been undertaken in relation to 'Listening' to women postnatally as part of the Improving Quality approach, which was reflected in an improvement in this score. Other improvements to ensure the standards relating to infant feeding have been embedded were reflected in high scores in relation to Skin to Skin contact and respecting women's choices regarding feeding.

Table 1: Maternity Survey Questions with Scores 9 out of 10

Question	MFT Score 2019 (out of 10)	MFT Score 2018 (out of 10)	National Range 2019
Antenatal Care			
B10: During your antenatal check–ups, did your midwives listen to you?	9.2	9.2	8.3 -9.6
B14: During your pregnancy did you have a telephone number for a member of the midwifery team that you could contact?	9.1	9.7	7.8-10.0
B16: Thinking about your antenatal care, were you spoken to in a way you could understand?	9.5	9.5	8.9-9.8
B17: Thinking about your antenatal care were you involved in decisions about your care?	9.0	n/a	8.0-9.7
Labour and Birth			
C11: Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth	9.3	9.2	8.0-10.0
C12: If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?	9.6	9.7	8.9-10.0
C13: Did the staff treating and examining you introduce themselves?	9.3	9.3	8.5-9.9
C17: During labour and birth were you able to get a member of staff to help you when you needed it?	9.0	n/a	8.1-9.6
C18: Thinking about your care during labour and birth were you spoken to in a way you could understand?	9.3	9.5	8.8-9.8
C20 Thinking about your care during labour and birth were you treated with respect and dignity?	9.6	9.4	8.8-9.9
C21: Did you have confidence and trust in the staff caring for you during your labour and birth?	9.1	8.9	8.0-9.7

Postnatal Care			
E2: Were your decisions about how you wanted to feed your baby respected by midwives?	9.5	8.9	8.2-9.9
F2: When you were at home after the birth did you have a telephone number for a midwifery or health visiting team that you could contact?	9.7	n/a	8.4-10.0
F3: If you contacted a midwifery or health visiting team were you given the help you needed?	9.3	n/a	7.5-9.7
F8: Did you feel that the midwife or midwifery team that you saw always listened to you?	9.1	8.8	8.0-9.6
F9: Did the midwife or midwifery team that you saw take your personal circumstance into account when giving you advice	9.0	n/a	7.9-9.5
F12: Did a midwife or health visitor ask you about your mental health?	9.8	n/a	8.5-10.0

NB n/a – No data available due to question structure changes preventing comparison

Notably Low Scores

3.8   The results of two questions, compared to three questions in the 2018 survey, indicated specifically low scores (a score of 5.0 and below) which are presented in **Table 2**.

3.9   The two low scoring questions have a similar theme related to choice of care provision. As SMH MCS is a tertiary centre and many patients may not have had the option to select their preferred choice of care provision due to the specialist nature of services. Both the below 5 scores demonstrate positive improvement on the score recorded in the 2018 survey. It should be recognised however that these questions fell into the 'About the same' category when compared nationally.

Table 2: Maternity Survey Questions with Under 5 score out of 10

Question	MFT Score 2019 (out of 10)	MFT Score 2018 (out of 10)
Antenatal Care		
B4: Were you offered any of the following choices about where to have your baby?	4.6	3.2
Postnatal Care		
F1: Were you given a choice about where your postnatal care would take place?	4.7	3.7

National Benchmarking

3.10   **Graph 2** compares the Trust's results for each of the eight key themes alongside the highest and lowest scores achieved nationally.

Graph 2: MFT scores compared to highest and lowest scoring trusts nationally

National Maternity Survey 2019

Legend: ■ MFT (yellow) ■ Highest Scoring Trust (green) ■ Lowest Scoring Trust (red)

Categories: Start of your Care, Antenatal, During Pregnancy, Labour and Birth, Staff, Hospital Care, Feeding, Home Care
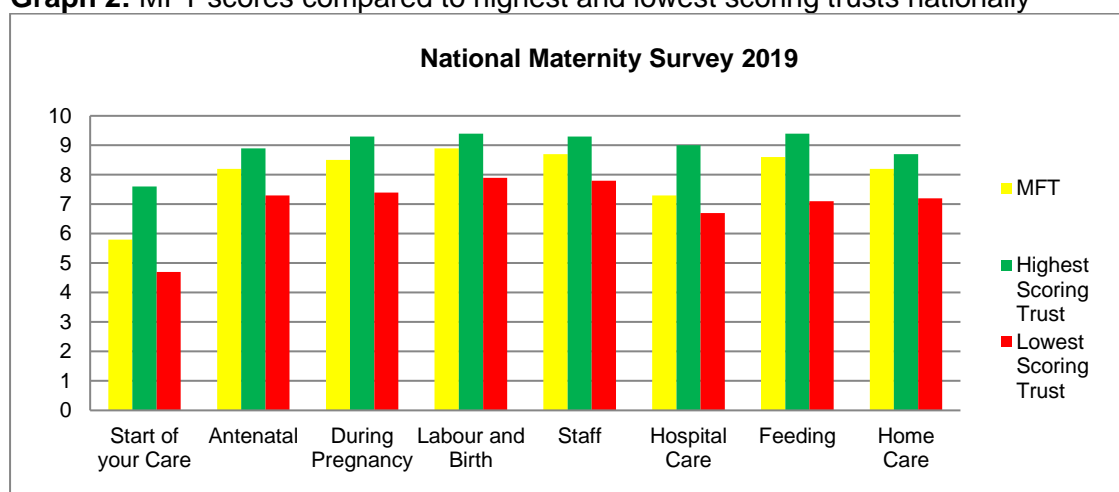
Comparison with Shelford Trusts

3.11 The response rates for the Shelford Group Trusts ranged between 24% (University Hospitals Birmingham) and 50% (Cambridge University Hospitals Foundation Trust). The Trust's response rate of 34% places MFT in sixth position, alongside Kings College and The Newcastle Upon Tyne Hospitals. Although this is a drop in response rate of 2% compared to the 2018 Maternity survey, MFT has remained in 6th position for both 2018 and 2019.

3.12 The Maternity Services Survey does not include an overall question relating to patient experience, which prevents overall comparison with the other Shelford Group Trusts. In the eight categories within the survey SMH MCS was placed in the top three trusts for three categories, compared with five in 2018, SMH MCS was placed in the average range for three categories compared with one in 2018, and at the lower scoring Shelford Trust in two categories ('The start of your pregnancy' and 'Care in hospital after birth) which remains unchanged from 2018. **Appendix 1** provides a comparison of MFT with other Shelford Group Trust for all eight overall categories.

3.13 When compared with the Shelford Group Trusts, SMH MCS was second to the best performing Trust (Newcastle) in relation to, 'Feeding' and 'Care at Home after Birth'.

Comparison with other Specialist Women's Hospitals

3.14 There are 3 specialist Women's Hospitals in England; St Marys Hospital, Liverpool Women's Hospital and Birmingham Women's Hospital. When compared with Liverpool Women's and Birmingham Women's Hospitals, Saint Marys MCS saw improvements in 2019 compared with 2018. Saint Marys MCS was placed first for 5 categories, 2 jointly with Liverpool Women's, second for 2 categories and joint second with Birmingham's Women's and Children's Hospital, for 'The start of your care in pregnancy' with a score of 5.8. This compares to the Shelford Trusts which averaged a score of 6.25 for this category. **Graph 3** compares MFT's results for each of the eight key themes with Liverpool Women's and Birmingham Women's Hospitals.

Graph 3: MFT scores compared to Liverpool Women's and Birmingham Women's Trusts

National Maternity Survey 2019 - Comparison of Specialist Trusts

Legend: MFT (yellow), Liverpool Womens Hosp (red), Birmingham Womens Hosp (green)

Categories: Start of your Care, Antenatal, During Pregnancy, Labour and Birth, Staff, Hospital Care, Feeding, Home Care
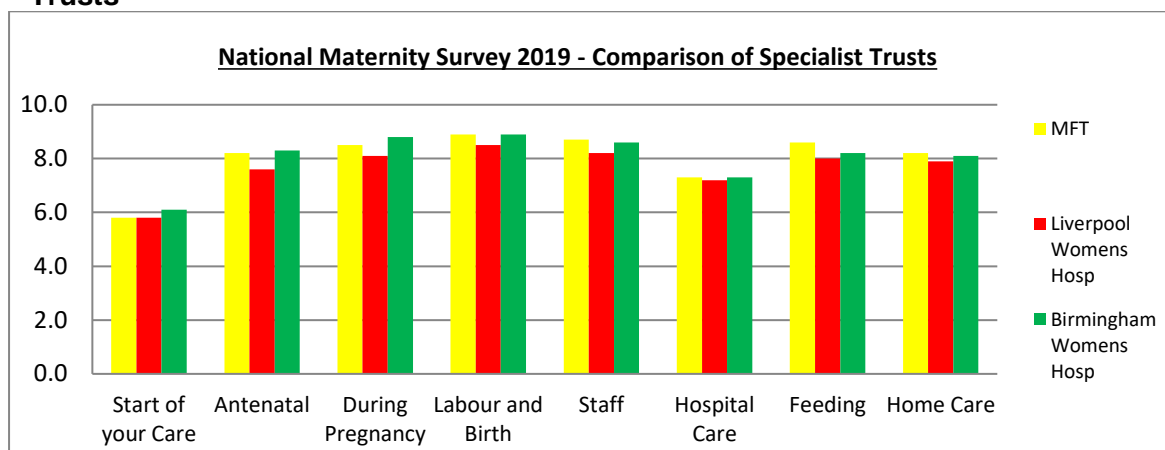
St Mary's Maternity Services Improvement Programme

3.15 Based on the small number of notably low scores, SMH MCS has implemented the following improvements:

- All women, at their antenatal booking appointment are advised of the options of where to birth. Across SMH MCS the options for birth include two Obstetric Led birthing units, a standalone Birth Centre (Ingleside), alongside Manchester Birth Centre and home birth. Virtual tours of the facilities have been developed to showcase the facilities available to women and their families.
- Women's preference of the location of antenatal appointments is discussed and agreed, these locations include home, GP practices, community hubs and hospital based.
- Midwives ensure that women are signposted to the leaflet 'Choosing where to have your baby' on the SMH MCS website. SMH MCS has been working with Greater Manchester and East Cheshire Local Maternity System (GMEC LMS) to launch the Choice website. All women will be able to access this website where they have genuine choice, informed by unbiased information.
- Community midwives offer choice for the location and frequency of postnatal visits in the home or at the postnatal clinics in community hubs.

3.16 Future priorities and work streams to continually improve services across SMH MCS include:

- Harmonisation of community midwifery services across the MCS will offer improved Continuity of Carer for women. The aim is for every woman to have a midwife, who is part of a small team of 4 to 6 midwives, who knows the women and family and can provide continuity throughout the pregnancy, birth and postnatally. In implementing Better Births, there is a national guidance that 20% of women should be booked on a Continuity of Carer pathway by March 2019. In March 2019 the trust reported to the GMEC LMS that 23% of women were booked on to a Continuity of Carer pathway. SMH MCS currently have two continuity teams providing care to women with a further four teams to be launched in September and October 2020.
- SMH MCS are currently reviewing the locations for women to access care to support care close to home. Community hubs are being sourced in all areas to offer antenatal and postnatal care by the continuity teams.

- In partnership with GMEC LMS SMH MCS are developing virtual parent education and online advice for women and their families to support women's choices and decision making.
- SMH MCS, in partnership with the Clinical Commissioning Group (CCG), has established a Maternity Voice Partnership (MVP) chairperson who will support co-production of the maternity transformation plans. This is a valuable resource to ensure that the voice of women and their families are heard when shaping our services.

Summary

3.17   Overall women reported positive experiences of care with improvements across most aspects of maternity care evident when comparison is made with the 2018 survey results for the Trust.

Image 1 Continuity team providing care to women and their families' at Manchester Birth Centre

NB. Photograph taken prior to Covid-19 outbreak

4. The Children and Young People's Patient Experience Survey 2018

4.1 The Children and Young People's Patient Experience Survey (CYPPES) 2018 is a CQC requirement to obtain feedback to improve local services for the benefit of patients and the public based on patient experience. The CQC uses the results from this survey in their regulation, monitoring and inspection of NHS acute trusts in England. The results also contribute to the Trust Quality and Risk Profile outcomes and form the basis of quality improvements which are monitored through the Trust's contracts with its commissioners.

4.2 The Children and Young People's Patient Experience Survey (CYPPES) 2018 results were published by the Care Quality Commission (CQC) on 18th November 2019.

4.3 Patients were eligible to participate in the postal survey if they were admitted to hospital and aged between 15 days and 15 years old when discharged between the 1st November and the 31st December 2018. The survey used three different questionnaires, each one appropriate for a different age group:

- 0-7 questionnaire; sent to patients aged between 15 days and 7 years old at time of discharge.
- 8-11 questionnaire; sent to patients aged between 8 and 11 years old at time of discharge.
- 12-15 questionnaire; sent to patients aged between 12 and 15 years old at time of discharge.

4.4 Questionnaires sent to those aged 8-11 and aged 12-15 had a short section for the child or young person to complete, followed by a separate section for their parent or carer to complete. Where a child was aged 0-7, the questionnaire was completed entirely by their parent or carer.

4.5 As this is the first CYPPES for the organisation since MFT was formed in 2017, comparisons are made with other Children's Hospital results including Sheffield Children's, Birmingham Children's Hospital, Great Ormond Street Hospital, Leeds Children's Hospital, Alder Hey Children's Hospital, Guys and St Thomas and Bristol Royal Hospital for Children.

Children and Young People's Patient Experience Survey Results

Response Rate

4.6 The response rate for the CYPPES 2018 was 24% (296 respondents), this compares to the national average of 25%. **Graph 4** compares the MFT response rate to the national average.

Graph 4: MFT response rate (2018) compared to national average
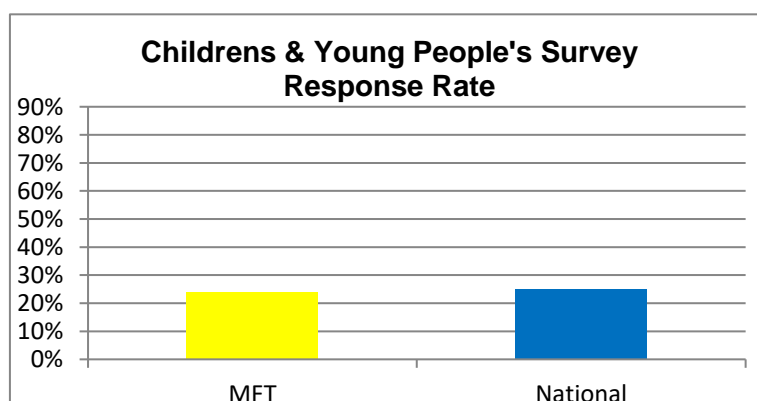
4.7 Fieldwork for the survey (the period during which questionnaires were sent out and returned) took place between February 2019 and June 2019. The response rate is also split into age group:

- For the aged 0-7 age group, the response rate was **31%,** compared to a national average of 59%.
- For the aged 8-11 age group, the response rate was **35%,** compared to a national average of 19%.
- For the aged 12-15 age group, the response rate was **33%,** compared to a national average of 21%.

Graph 5 compares the MFT response rate by age group to the national average.

Graph 5: MFT response rate (2018) compared to national average per age group
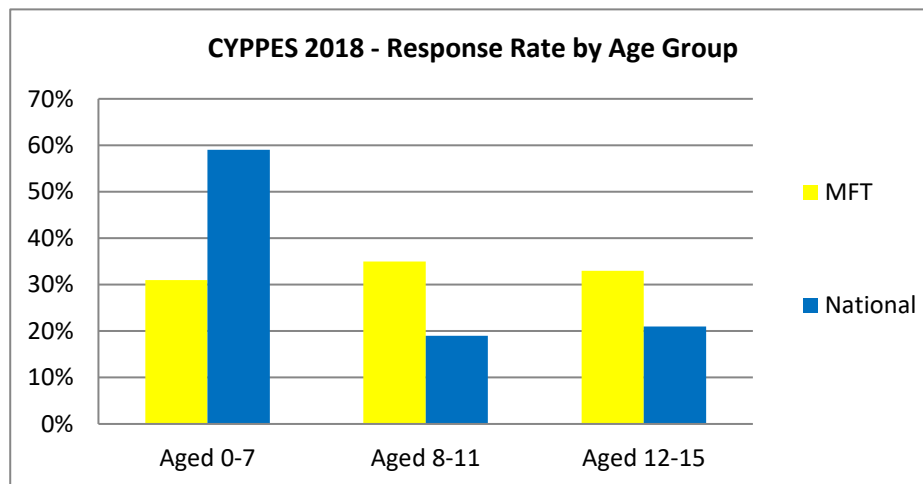
4.8 Each age group surveyed had a different number of questions, some of which were questions about their experience and some were demographic/routing questions. Respondents are required to indicate the standard of care they received by providing a score out of 10. A higher score is better and indicates a more positive response. Each question is categorised based on comparison to other organisations' scores as 'better', 'about the same' or 'worse'.

4.9 The survey is arranged into the following categories relating to the patient pathway:
- Going to hospital
- The hospital ward
- Looking after you in hospital
- Hospital staff
- Facilities
- Pain
- Operations and procedures
- Leaving hospital
- Overall experience

Notably High Scores

4.10 Notably high scores of 9.0 and above were attained in 2018 for 22 questions. These scores are presented in **Table 3** under the categories relating to the patient pathway. The Trust scored higher than average for two questions:

- Q8 "Was your child given enough privacy when receiving care and treatment?" for which the Trust scored 9.6 with a national range of 8.4 – 9.9,
- Q22 **"**Were the different members of staff caring for and treating your child aware of their medical history?" for which the Trust scored 8.2 with a national range of 6.9 to 9.2 out of 10.

Other notably high scores shown in **Table 3** were in the 'About the same' range when compared nationally.

Table 3: Children and Young People's Patient Experience Survey Questions with Scores over 9 out of 10 or above

Question	Age range asked (Patient or parent/carer responding)	Trust Score 2018 (out of 10)	National Range 2018 (out of 10)
The hospital ward			
Q8 Was your child given enough privacy when receiving care and treatment?	0-7 years age range (Parent/carer)	9.6	8.4 – 9.9
Q5 For most of their stay in hospital what type of ward did your child stay on?	0-15 years age range (Parent/carer)	9.8	9.2 –10.0
Q6 Did the ward where your child stayed; have appropriate equipment or adaptations for your child's physical or medical needs?	0-15 years age range (Parent/carer)	9.0	7.9 – 9.9
Q7 How clean do you think the hospital room or ward was that your child was in?	0-15 years age range (Parent/carer)	9.0	8.0 – 9.7
Hospital Staff			
Q54 Did hospital staff talk with you about how they were going to care for you?	8-15 years age range (Patient)	9.1	8.4 –10.0
Q56 Did you feel able to ask staff questions?	8-15 years age range (Patient)	9.4	8.7 – 10.0
Q57 Did the hospital staff answer your questions?	8-15 years age range (Patient)	9.5	9.1 – 10.0
Q59 If you had any worries, did a member of staff talk with you about them?	8-15 years age range (Patient)	9.3	8.0 –10.0
Q13Did members of staff treating your child give you information about their care and treatment in a way that you could understand?	0-15 years age range (Parent/carer)	9.1	8.4 – 9.7
Q15 Did a member of staff agree a plan for your child's care with you?	0-15 years age range (Parent/carer)	9.4	8.2 – 9.9
Q16 Did you have confidence and trust in the members of staff treating your child?	0-15 years age range (Parent/carer)	9.1	7.9 – 9.8

Q18 Were you given enough information to be involved in decisions about your child's care and treatment?	0-15 years age range (Parent/carer)	9.0	7.8 – 9.7
Q20 Were you able to ask staff any questions you had about your child's care?	0-15 years age range (Parent/carer)	9.1	8.2 – 9.8
Q22 Were the different members of staff caring for and treating your child aware of their medical history	0-15 years age range (Parent/carer)	8.2	6.9 – 9.2
Operations and procedures			
Q64 Before the operations or procedures, did hospital staff explain to you what would be done?	8-15 years age range (Patient)	9.5	8.7 –10.0
Q34 Before your child had any operations or procedures did a member of staff explain to you what would be done?	0-15 years age range (Parent/carer)	9.4	8.7 – 10.0
Q35 Before the operations or procedures, did a member of staff answer your questions in a way you could understand?	0-15 years age range (Parent/carer)	9.4	9.0 –10.0
Leaving Hospital			
Q39 Did a member of staff tell you who to talk to if you were worried about your child when you got home?	0-7 years age range (Parent/carer)	9.0	7.4 – 9.6
Q38 Did a staff member give you advice about caring for your child after you went home?	0-15 years age range (Parent/carer)	9.0	7.5 – 9.8
Overall			
Q69 Do you feel that the people looking after you were friendly?	8-15 years age range (Patient)	9.3	8.7 – 9.8
Q43 Do you feel that the people looking after your child were friendly?	0-7 years age range (Parent/carer)	9.1	8.0 – 9.9
Q44 Do you feel that your child was well looked after by the hospital staff?	0-7 years age range (Parent/carer)	9.2	8.1 – 9.9
Q46 Were you treated with dignity and respect by the people looking after your child?	0-15 years age range (Parent/carer)	9.2	8.5 – 9.9

Notably Low Scores

4.11   There was only one score of 5.0 and below attained in 2018m which is presented in **Table 4**. It should be recognised however that this question still fell into the 'About the same' category when compared nationally.

Table 4: Children and Young People's Patient Experience Survey Questions with Scores under 5

Question	Age range asked (Patient or parent/carer responding)	Trust Score 2018 (out of 10)	National Range 2018 (out of 10)	Comment
Going to hospital				
Q3 Did the hospital give you a choice of admission dates?	0-7 years age range (Parent/carer)	3.8	0.9 - 6.6	About the same

National Benchmarking

4.12 There are eight Specialist Children's Hospitals in England, MFT, Sheffield Children's, Birmingham Children's Hospital, Great Ormond Street Hospital, Leeds Children's Hospital, Alder Hey Children's Hospital, Guys and St Thomas and Bristol Royal Hospital for Children. **Graph 6** compares the Trust results to other specialist children's hospitals for each of the eight key themes, alongside the highest and lowest scores achieved nationally

Graph 6: MFT scores compared to highest and lowest scoring Trusts nationally

Childrens and Young People's Patient Experience Survey 2018
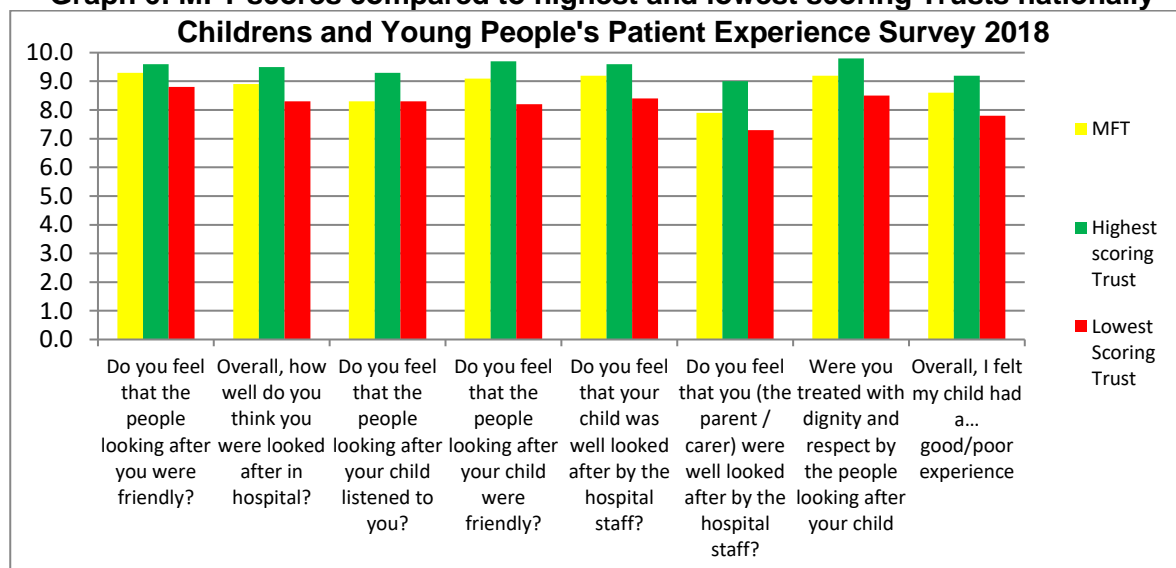
4.13 The Trust average overall experience score across all age groups was 8.81 compared to a national range of 7.95–9.73. The average range for the eight specialist children's hospitals was 8.8–9.4. **Appendix 2** provides detailed comparisons of MFT scores with the eight specialist children's hospitals.

4.14 Whilst there was only one notable low score of 5, MFT was placed in 8th position with a score of 8.3 for 'Do you feel that the people looking after your child listened to you?' compared to the specialist children's hospitals, with a score range of 8.3- 9.3. The question 'Overall, I felt my child had a very good experience scored positively at 8.6 compared to the range in the specialist Children's Hospitals of 8.4 – 9.2. **Graph 7** shows the comparison of overall experience for specialist children's hospitals.

Graph 7: Comparison of Overall Experience for Specialist Children's Hospitals

Overall, I felt my child had a very good experience

(Bar chart showing values on y-axis from 8 to 9.4 for hospitals: MFT ≈8.6, Alder Hey ≈9.2, Birmingham… ≈8.4, Great Ormond Street ≈8.7, Leeds Teaching ≈8.7, Sheffield Children's ≈8.7, University Bristol ≈8.7, Guys & St Thomas ≈8.7)
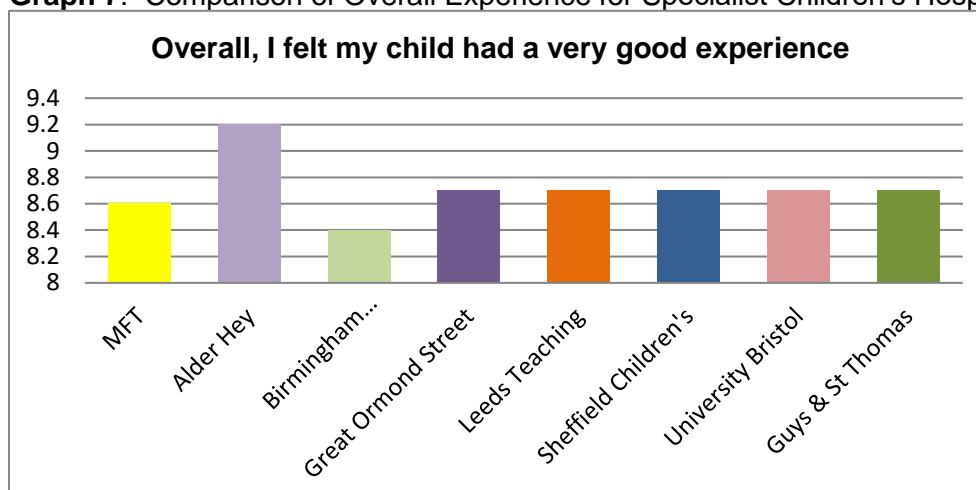
Summary and future improvement plans

4.15   The CYPPES (2018) results demonstrate that the Trust is 'About the same' as other NHS Trusts. The Royal Manchester Children's Hospital (RMCH) team has implemented the following improvements based on the low score identified in the survey, "Did the hospital give you a choice of admission dates?" and the comparably low score for 'Do you feel that the people looking after your child listened to you?

- The Division of Surgery has implemented a "partial booking" service for outpatient clinics. The automated system sends a letter to the patient/ family inviting them to make contact with the Hospital to arrange an appointment. When they make contact the patient can choose from a range of available appointments providing the patient with a choice of admission date.

- The service has invested in its consultant workforce across a number of specialities including orthopaedics and general surgery which will provide increased Theatre capacity, including weekends and out of hours.

- To ensure that children and young people feel heard and are able to contribute to their own discharge process, the discharge checklist has been updated to include any comments the young person may wish to add and a space for the young person's signature.

4.16   Future priorities and work streams to continually improve services across RMCH include:

- Promoting and enhancing the membership of the Youth Forum to ensure that it is representative of all patient groups. Acting on feedback from the Youth forum and the RMCH Accessibility Group will support the inclusion of Children and Young People's voice in future improvement work within the hospital.

- Implementation of 'You're Welcome' standards has now been embedded and every unit and ward has an established a 'You're Welcome' champion.

- Continuing review of patient, carer and family feedback to identify themes and ensure that action plans are in place to improve the experience for children's, young people, parents and carers.

- The senior nursing team at RMCH continue to work closely with the Hospital pain team to ensure the process for the assessment, management and evaluation of patient's pain are robust and in line with national standards. Pain is reviewed monthly by the Harm Free Care Group and a number of actions have been implemented, including the development of a hand held pain tool, review of all pain related care and the implementation of timers in the Paediatric Emergency Department (PED) to remind staff to assess the effectiveness of analgesia after the recommended period.

- A Rapid Review Guidelines Group has been established across RMCH. The group will be responsible for the review and ratification of all patient information leaflets in circulation across RMCH. This will ensure leaflets are within their review dates, are age appropriate and available in alternative formats ensuring accessibility.

4.17 Nutrition is a key factor in patient experience and is incorporated in the RMCH Nursing Midwifery & Allied Health Professionals Commitments work plan. Improvements in relation to nutrition include:

- A Nutrition and Hydration group has been established with work streams to implement the MFT Nutrition and Hydration Strategy 2019 commitments.

- Quarterly audits of the meal service are undertaken.

- Shared learning sessions are held from gold standard wards regarding their meal service.

- Clear guidance has been developed for families on the safe storage and preparation of food that are within the National and local Health and Safety guidelines.

- Supporting families to gain access to the on-site Ronald Macdonald family House which have kitchens where families can prepare their own food.

- Joint Observational Meal-Time Audits have taken place over the last twelve months and have addressed some quick wins and confirmed good practice in meal service across the hospital.

- Additional food items have been added to the breakfast menu – e.g. crumpets.

- With the continued support of Sodexo, consultations have taken place with children, young people and families to inform a revised menu across the Hospital. Providing patients with more menu choice.

- A Call Order Kitchen project, for Haematology and Oncology patients to order food from a set menu at any time of the day has been piloted over the last twelve months.

Image 2 and 3 Youth Forum benchmarking a clinical area on their work on meeting the You're Welcome Standards
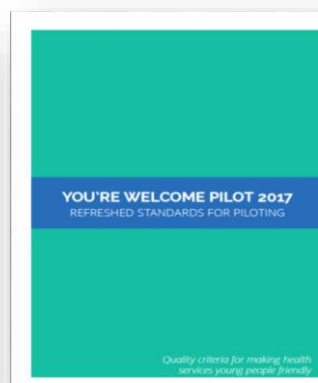
5. National Urgent and Emergency Care Survey (2018)

5.1 The results of the National Urgent and Emergency Care (UEC) Patient Experience Survey were published by the Care Quality Commission (CQC) on 23rd October 2019. This section of the report presents the first full year of data for MFT since its formation in October 2017, alongside a comparison of the results with both the national and Shelford Group trusts. This is the first time that the UEC survey has been split into two separate reports, Type 1 and Type 3 Urgent and Emergency Care Departments and as such direct comparisons cannot be made with previous surveys.

Background

5.2 The survey of UEC services is part of the National Patient Survey Programme and is undertaken on behalf of the Trust by an independent provider, who administers a postal survey, observing nationally approved methodology. The 2018 survey of people who used UEC services involved two separate questionnaires, one for Type 1 Departments and one for Type 3 Departments.

5.3 Type 1 Departments are major, consultant-led Accident and Emergency Departments (A&E) with full resuscitation facilities operating 24 hours a day, 7 days a week. Type 3 Departments are Urgent Care/Minor Injury Units. A postal questionnaire was sent to people aged 16 and over who attended a Type 1 or Type 3 service provided by an acute trust between 1 and 30 September 2018.

UEC Survey Response Rate

5.4 For Type 1 Departments the Trust response rate was 24% (225 respondents), which was below the national average of 30%. For Type 3 Departments the Trust response was 32% (133 respondents), which was higher than the national average of 29%.

Graph 8 Type 1 and 3 Department's response rate compared to National response rates
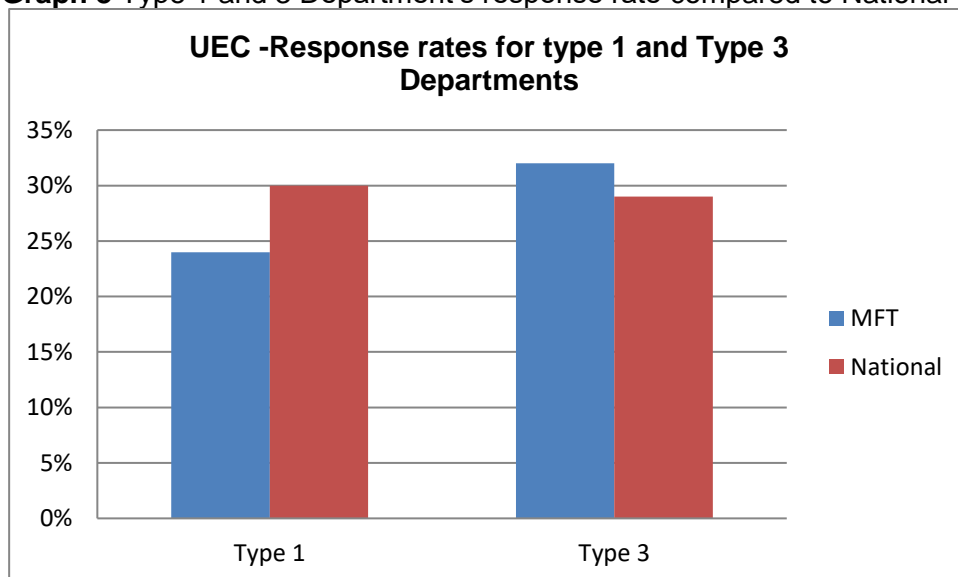
UEC Results

5.5 The survey involved 55 questions; of which 45 required respondents to indicate the standard of care they received by providing a score out of 10. Ten questions related to demographic information or were routing questions.

A higher score is better and indicates a more positive response. Each question is categorised based on comparison to other organisations' scores as 'better', 'about the same' or 'worse'.

5.6   The Type 1 Department survey is arranged into the following categories relating to the patient pathway:

- Arrival at A&E
- Waiting
- Doctors and Nurses
- Care and Treatment
- Tests
- Environment and Facilities
- Leaving A&E
- Respect and Dignity
- Experience Overall

5.7   The Type 3 Department survey is arranged into the following categories relating to the patient pathway:

- Arrival at Urgent Care Centre
- Waiting
- Healthcare Professionals
- Care and Treatment
- Tests
- Environment and Facilities
- Leaving the Urgent Care Centre
- Respect and Dignity
- Experience Overall

5.8   If there are fewer than 30 respondents to a question, no score is displayed for this question or the overall theme section. The Trust's overall experience score for Type 1 was 8.0 compared to a national range of 7.0-8.7. The Trust's Type 3 overall experience score was 9.0 compared to the national range of 7.0 – 9.2.

Notably High Scores

5.9   Notably high scores of 9.0 and above were attained in 2018 for 5 questions for Type 1 and 15 for Type 3 Departments. The notably high scores for Type 1 and Type 3 Departments are presented in **Tables 5 and 6**. The Trust significantly improved on three questions that were rated 'Better' in the 2018 survey for the type 3 departments:

- T15 "If you had any anxieties or fears about your condition or treatment, did a health professional discuss them with you?"
- T20 "While you were at the urgent care centre, how much information about your condition or treatment was given to you?"
- T29 "Do you think the staff did everything they could to help control your pain?"

5.10   Other notably high scores shown in both **Tables 5 and 6** fell into the 'About the same 'range when compared nationally.

Table 5: UEC Type 1 Departments, Survey Questions with Scores over 9 out of 10

Question	MFT Score 2018 (out of 10)	National Range 2018 (out of 10)
Q15. Did the doctors and nurses listen to what you had to say?	9.1	8.2 - 9.5
Q17. Did you have confidence and trust in the doctors and nurses examining and treating you?	9.0	8.0 - 9.3
Q22. Were you given enough privacy when being examined or treated?	9.3	7.8 - 9.6
Q34. While you were in A&E, did you feel threatened by other patients or visitors?	9.2	8.9 - 9.9
Q45. Overall, did you feel you were treated with respect and dignity while you were in A&E?	9.2	8.0 - 9.5

Table 6: UEC Type 3 Departments, Survey Questions with Scores over 9 out of 10

Question	MFT Score 2018 (out of 10)	National Range 2018 (out of 10)
T12. Did you have enough time to discuss your condition with the health professional?	9.4	8.2 - 9.8
T13. While you were in the urgent care centre, did a health professional explain your condition and treatment in a way you could understand?	9.1	6.8 - 9.5
T14. Did the health professional listen to what you had to say?	9.4	7.9 - 9.8
T16. Did you have confidence and trust in the health professional examining and treating you?	9.4	7.4 - 9.7
T17. Did health professionals talk to each other about you as if you weren't there?	9.3	7.0 - 9.8
T19. If a family member, friend or carer wanted to talk to a health professional; did they have enough opportunity to do so?	9.0	7.3 - 9.6
T20. While you were at the urgent care centre, how much information about your condition or treatment was given to you?	9.6	7.1 - 9.6
T21. Were you given enough privacy when being examined or treated?	9.6	8.4 - 9.9
T22. Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?	9.3	8.4 - 9.8
T25. Did a member of staff explain why you needed these test(s) in a way you could understand?	9.1	7.0 - 9.8
T27. Did a member of staff explain the results of the tests in a way you could understand?	9.3	8.1 - 9.9
T30. In your opinion, how clean was the urgent care centre?	9.2	7.7 - 9.5
T31. While you were in the urgent care centre, did you feel threatened by other patients or visitors?	9.9	8.8 - 10.0
T42. Overall, did you feel you were treated with respect and dignity while you were in the urgent care centre?	9.7	8.0 - 9.8

T43. Overall Experience	9.0	7.0 - 9.2

Notably Low Scores

5.11 Notably low scores of 5.0 and below were attained in 2018 for four questions for Type 1 and none for Type 3 Departments. The notably low scores for Type 1 Departments are presented in **Table 7**. These questions all fell into 'about the same' category when compared nationally.

Table 7: UEC Type 1 Departments: Survey questions with Scores under 5 out of 10

Question	MFT Score 2018 (out of 10)	National Range 2018 (out of 10)
Q10 Were you informed how long you would have to wait to be examined?	3.4	2.6 - 5.8
Q39 Did a member of staff about medication side effects to watch for?	4.9	3.0 - 7.2
Q40 Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?	4.7	3.9 - 7.1
Q41 Did hospital staff take your family or home situation into account when you were leaving A&E?	3.7	4.5 – 6.8

National Benchmarking

5.12 The UEC Survey (2018) results demonstrate that for the Trust, Type 1 and Type 3 Urgent and Emergency Care Departments are 'about the same' as other NHS Trusts. **Graphs 9 and 10** compare the Trust's Type 1 and Type 3 results for each of the nine key themes alongside the highest and lowest scores achieved nationally.

Graph 9: Overall Experience Scores 2018 for Type 1 – Compared to highest and lowest scoring Trusts nationall

UEC Type 1 - Overall Theme Scores 2018
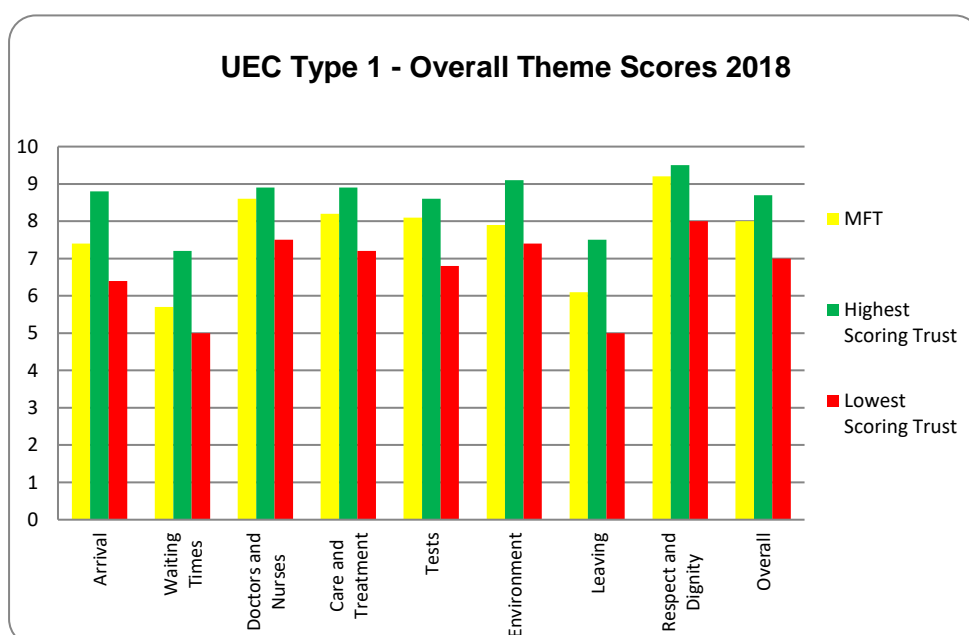
Graph 10: Overall Experience Scores 2018 for Type 3 – Compared to highest and lowest scoring Trusts nationally
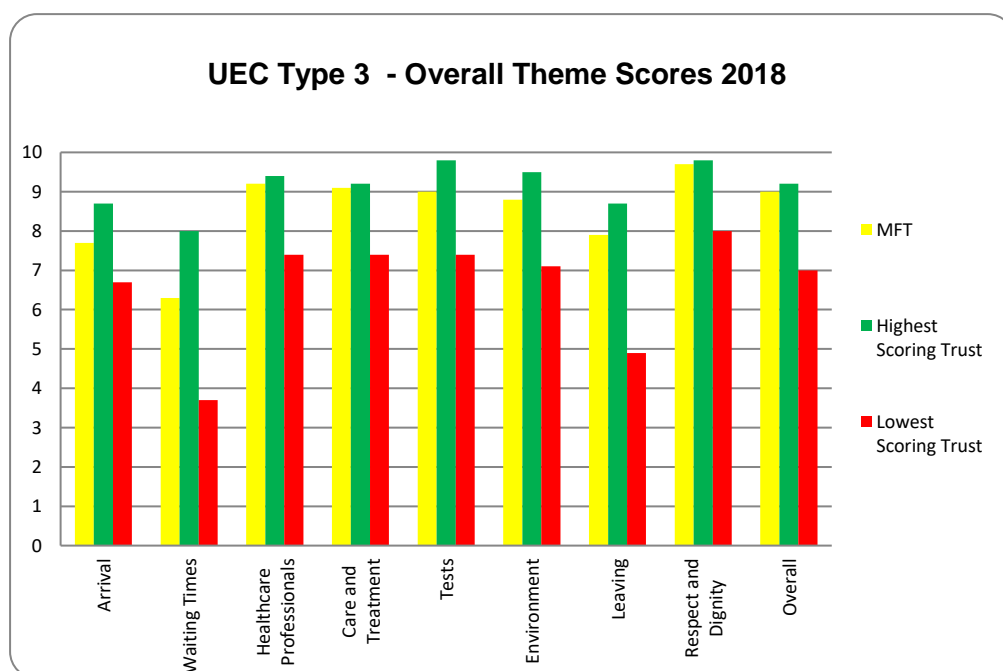
Comparison with Shelford Trusts

5.13 The response rates for the Shelford group Trusts for Type 1 departments range between 18% (University Hospitals Birmingham) - 39% (Cambridge University Hospitals) the Trust response rate of 24% place MFT in 6th position alongside Imperial College Healthcare.

5.14 In the eight categories within the type 1 survey MFT was placed in the top two Trusts for Tests, and top three trusts for 'Doctors and Nurses' and Respect and Dignity. In the eight categories within the six trusts that have a type 3 department, MFT was the **top performing** Trust for 'Respect and Dignity', and one of the top two performing Trusts for four of the eight categories 'Waiting', 'Healthcare Professionals', 'Care and Treatment' and Leaving the Urgent care department. The overall experience score for the Trust was 8 out of 10 (2018) for Type 1 Departments; placing the Trust in 6th position when compared to Trusts within the Shelford Group (Chart 1).

Chart 1: Overall Experience Scores 2018 for Type 1 – Shelford Group
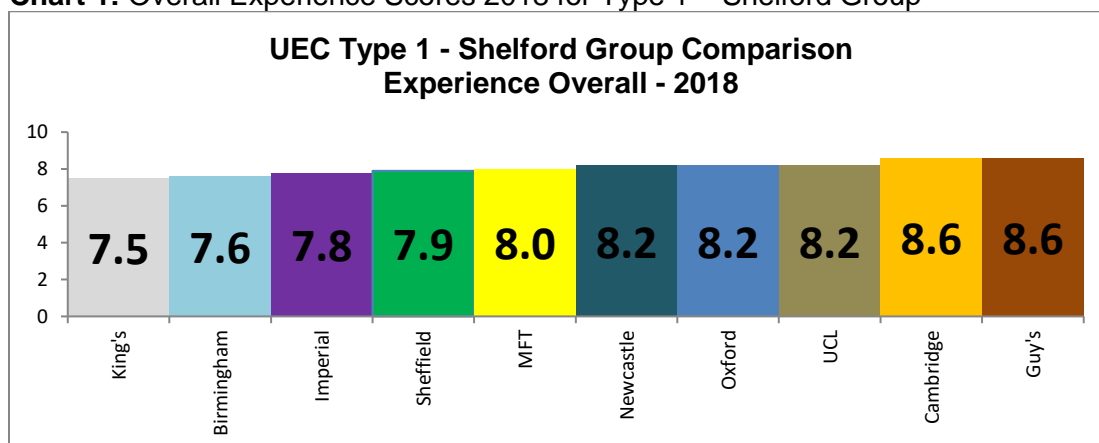
5.15 The overall experience score for the Trust for Type 3 departments was 9 out of 10 (2018) placing the Trust in **1st position** when compared to the other 6 Shelford Group Trusts that have a Type 3 Department (**Chart 2**).

Chart 2: Overall Experience Scores 2018 for Type 3 – Shelford Group

UEC Type 3 - Shelford Group Comparison Experience Overall - 2018

King's	Birmingham	Guy's	Oxford	Newcastle	Sheffield	MFT
7.8	8.2	8.4	8.6	8.7	8.9	9.0
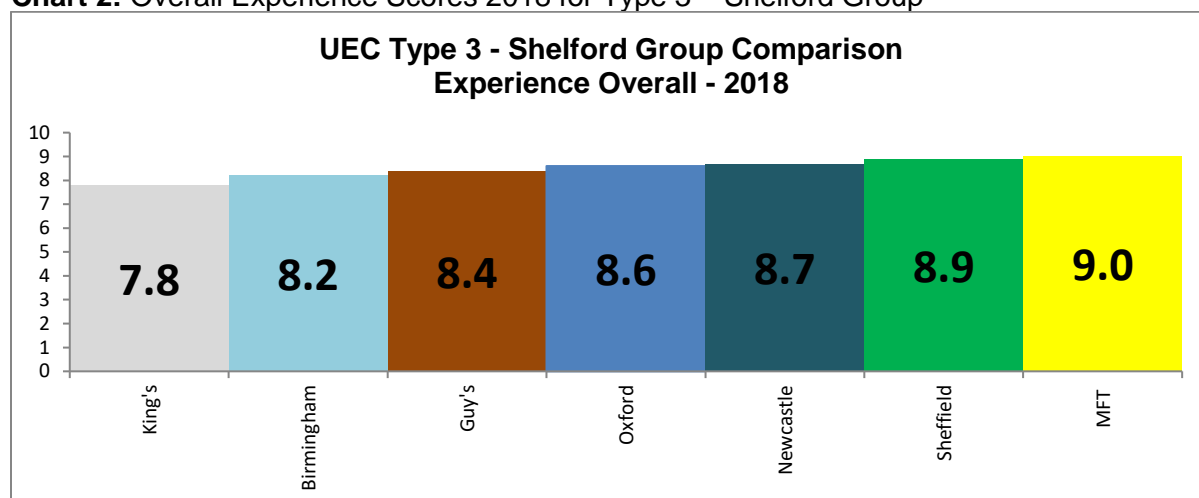
Response to low scores

5.16 In response to the notably low scores, Manchester Royal Infirmary (MRI) and Wythenshawe Hospital teams have implemented the following improvements:

Wythenshawe Hospital Emergency Department

- Established a daily review of current waiting time performance and review of the previous day's delays to proactively address and action barriers to a timely patient journey.
- Development of a triage audit programme which includes review of the estimated waiting time being communicated to patients.
- Plan to erect a display board of current waiting times across the Urgent Care Facilities.
- Review of complaints and PALS by matrons as part of the matron assurance rounds, to ensure safe discharge planning and communication regarding recovery and medication.
- Social questions have been included in the nursing and medical assessment document. To enable social aspects of care to be considered in the care plan.
- Engagements with the discharge team to ensure patient's social circumstances are considered in management of care.

MRI Emergency Department

- "You said, we did" feedback system has been implemented by the Emergency department team and monitored by the team leads.
- A Quality Care Round (QCR) Committee has been established to support the review of survey responses to ensure improvement actions are planned and implemented.
- Daily matron walk rounds are in place for regular monitoring of the standards within the Emergency department.
- A proposal is being considered to create a virtual clinic for ED patients awaiting blood/test results, where by medical staff would call patients with their results following tests to prevent them waiting for these in the department.

- Outpatient appointment based pathways have been introduced to support patient flow.
- Work is on-going with the Clinical Commissioning Groups (CCG) to support patient signposting to services and patient pathways.
- Patient information leaflets will be developed, including physiotherapy leaflets to support patients with their therapy in the community.

MRI Acute Care Unit (ACU) and Acute Medical Unit (AMU)

- ACU have developed leaflets for patients awaiting blood results (from ED) and for those attending clinics with the expected waiting times indicated.
- Display of waiting times.
- Training has been provided for Registered Nurses on AMU by the lead pharmacist to enable them to provide robust advice to patients of medication side effects.
- The pharmacist provides information of side effects when patients are prescribed new medication.
- Development of the discharge checklist to include communicating medication side effects to patients on discharge.
- ACU have introduced a triage nurse role, which enables the blood tests to be conducted prior to the patient being seen by the medical team, this helps to reduce the patient's waiting times in clinic.
- The role of the pharmacy technician will be explored to include further advice to patients of medication side effects on AMU.

6. **National Cancer Patient Experience Survey (NCPES) 2019**

6.1 The results of the NCPES (2019) were published on 25th June 2020 by the external provider (Picker), who are commissioned by NHS England. Results for the Trust are compared to the national position and with other acute care providers within Greater Manchester and the Shelford Group Trusts. The 2019 results demonstrate overall that the Trust's results are 'within the expected range' for trusts of similar size and compare reasonably with both acute care providers within Greater Manchester and the Shelford Group Trusts.

Background

6.2 The NCPES is designed to monitor national progress on cancer care and is scheduled on an annual basis as outlined in the 'National Cancer Strategy: Achieving World Class Cancer Outcomes', (2015). The NCPES (2019) is the 9th iteration of the survey since 2010.

6.3 The independent provider, Picker, administered the survey observing nationally approved methodology. As in the previous four years, the 2019 NCPES used a mixed mode methodology, with questionnaires sent by post with two reminders where necessary and an option to complete the survey online for adult NHS patients (aged 16 years and above) with a confirmed primary diagnosis of cancer. Patients who were discharged from the Trust after an inpatient or day case episode for cancer-related treatment in the months of April, May and June 2019 were included in the survey.

Methodology and Sample

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

6.5 The adjusted sample size (whereby excluded patients are removed from the submitted sample, for example due to death) for the Trust was 1,260. The MFT response rate of 55% was 6% below the national response rate of 61% and reflected 697 completed questionnaires.

6.6 For the NCPES 2019 several changes were made to the questionnaire. Six scored questions were amended (Q5, Q18, Q30, Q35, Q56 and Q60) and one non-scored question (Q29) was amended. This impacted the comparability of questions Q30 to Q41 to previous years' results. **Table 8** shows the Trust's adjusted sample size and survey response rates compared to the national response rate. The gender distribution of respondents to the Trust's survey is shown in **Table 9**. This is very similar to the gender distribution seen in the previous year's survey.

Table 8: Sample size and response rates

	MFT 2018	National 2018	MFT 2019	National 2019
Sample size	1,359	115,067	1,260	111,366
Completed	800	73,817	697	67,858
Response rate	59%	64%	55%	61%

Table 9: Gender Profile of the survey sample

Gender	Responses 2018	Responses 2019
Male	385 (48%)	329 (47%)
Female	415 (52%)	368 (53%)
Total	**800**	**697**

6.7 **Table 10** shows the age profile of the Trust's survey sample with the single highest age range of respondents identified as 65-74 years, with a total of 83% of respondents aged between 55-84 years. This is comparable to the age profile of the survey sample in 2018, when 81% of respondents were aged between 55-84 years.

Table 10: Age profile of the survey sample

AGE	2018			2019		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
16-24	1	3	4	0	2	2
25-34	3	6	9	3	6	9
35-44	6	16	22	4	13	17

45-54	33	62	95	24	42	64
55-64	93	87	180	70	75	145
65-74	148	142	290	135	144	279
75-84	91	86	177	85	68	153
85+	10	13	23	8	18	26
Total	**385**	**415**	**800**	**329**	**368**	**697**

6.8 The survey is structured into eleven thematic sections with an overall care score, as follows:
1. Seeing your GP
2. Diagnostic Tests
3. Finding out what was wrong you
4. Deciding the best treatment for you
5. Clinical Nurse Specialist (CNS)
6. Support for people with cancer
7. Operations
8. Hospital care as an inpatient
9. Hospital care as a day patient / outpatient
10. Home care and support
11. Care from your general practice
12. Your overall NHS care

6.9 The report presents both unadjusted and adjusted data. The survey guidance[8] explains that unadjusted data should be used to review the actual responses from patients relating to the Trust and case-mix adjusted data, together with expected ranges, should be used to understand whether the results are significantly higher or lower than national results.

6.10 Where tumour groups have 20 or less responses, no tumour-specific analysis has been provided. Responses for questions with 1-20 respondents are suppressed, to protect patient confidentiality and because uncertainty around the result is too great. For the Trust, responses below 21 in number are seen for both Sarcoma and Skin cancer services, as well as in responses to a number of individual questions in some other tumour groups (most notably Head and Neck).

6.11 Lung, Breast and Haematology patients provide the largest cohort of responses, constituting 56% of the overall response rate. This compares to the 2018 survey when the same three tumour groups also accounted for the largest cohort of responses, constituting 53.5% of the total number.

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

Table 11: Number of responses by Tumour Group

Tumour group	Number of responses 2018	Number of responses 2019
Brain & CNS	0*	0*
Breast	153	116
Haematology	100	130
Upper GI**	64	27
Gynaecology	30	34
Urology	59	51
Prostate	53	35
Colorectal	53	63
Head& Neck	30	25
Sarcoma	5	5
Lung	175	147
Skin	16	16
Other	62	48

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

Trust Results

6.12 In line with previous surveys, patients were asked to rate their overall quality of care on a scale of 0 (very poor) to 10 (very good). The overall Trust score of 8.8 is the same as the national benchmark score of 8.8. Both the Trust and national scores were the same as those from the 2018 survey.

6.13 The overall quality experience scores for the Greater Manchester and East Cheshire Trusts ranged from 8.6 to 9.0, as demonstrated in **Chart 3**. The score of 8.8 placed the Trust in joint 5th position. This is a slight improvement from 6th position in 2018.

Chart 3: Greater Manchester/East Cheshire scores for overall quality of care, 2019

Q61: Overall, how would you rate your care?

Bolton	Christies	Salford	Wrightington	MFT	Tameside	East Cheshire	Pennine	Stockport
9.0	9.0	9.0	8.9	8.8	8.8	8.8	8.6	8.6
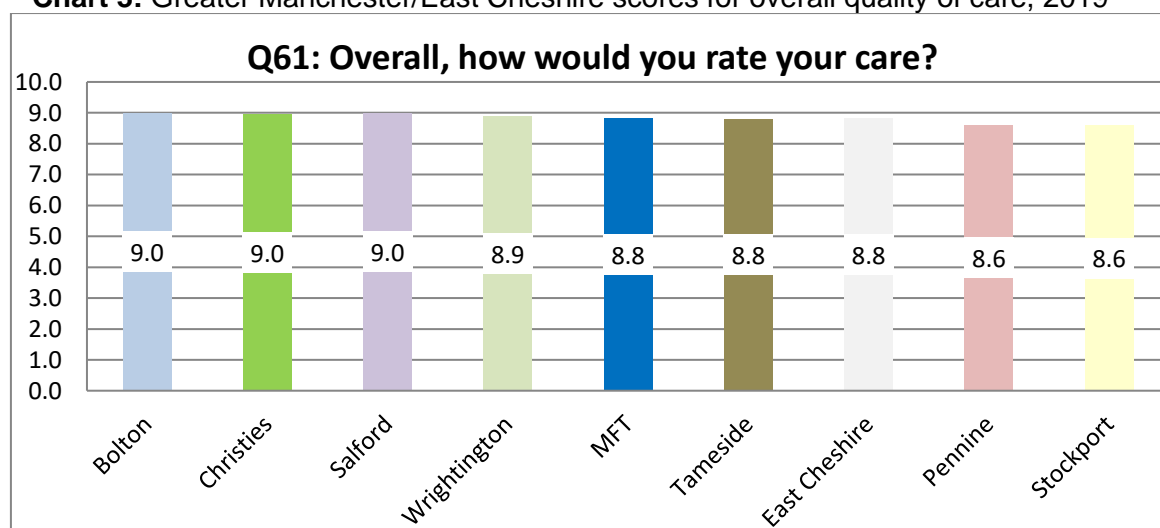
6.14 The overall quality experience scores for the Shelford Group Trusts ranged between 8.6-9.0, as demonstrated in **Chart 4**. The Trust score of 8.8 placed the Trust in joint 4th position. This is the same position as in the 2018 survey.

Chart 4: Shelford Group Trust scores for overall quality of care, 2019

Q61: Overall, how would you rate your care?

Cambridge	Newcastle	Sheffield	MFT	Guys	Imperial	Oxford	UCL	Birmingham	Kings
9.0	9.0	8.9	8.8	8.8	8.8	8.8	8.7	8.7	8.6
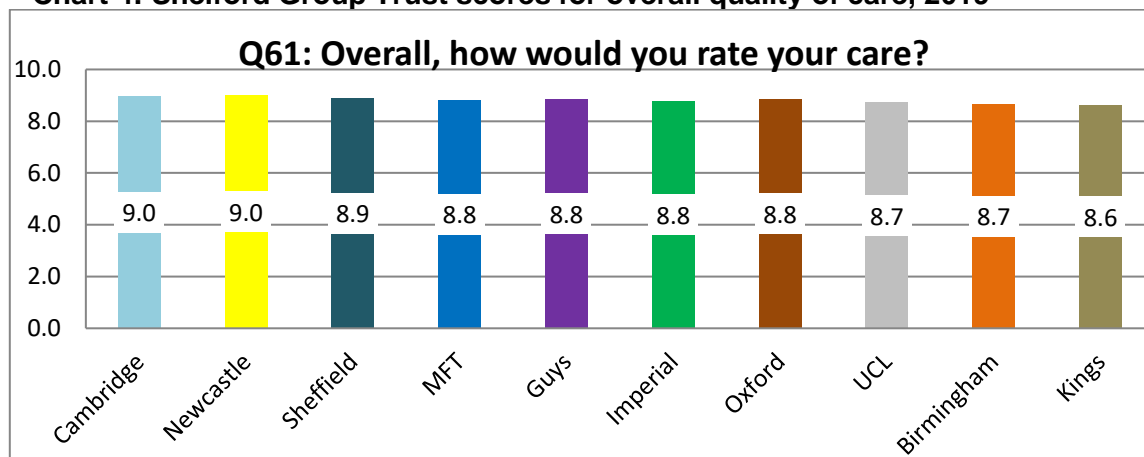
6.15 The Cancer Dashboard[9], co-produced by NHS England and Public Health England, is designed as a tool to help clinical leaders, commissioners and providers to quickly and easily identify priority areas for improvement in their cancer services. There are six questions included in the 2019 NCPES from the Cancer Dashboard, with the questions reflecting what are considered four key patient experience domains:
- **Provision of information**
- **Involvement in decisions**
- **Care transition**
- **Interpersonal relations, respect and dignity**

6.16 The Trust performed better than the national average for all 6 questions. Compared to the Trust's 2018 results there has been improvement in 4 of the 6 questions, whilst the scores for the remaining 2 questions remained the same.
Table 12 provides detail of MFT's performance against the six National Dashboard questions.

Table 12: MFT Performance on Cancer Dashboard Questions

Question	National Result 2019	MFT Result 2019	MFT Result 2018
% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment	81%	**83%**	82%
% of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment	92%	**94%**	94%

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

% of respondents said that it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist	85%	**88%**	88%
% of respondents said that, overall, they were always treated with dignity and respect while they were in hospital	88%	**89%**	88%
% of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital	94%	**95%**	93%
% of respondents said that they thought the GPs and nurses at their general practice definitely did everything they could to support them while they were having cancer treatment.	58%	**60%**	58%

6.17 The comparison of the six Cancer Dashboard questions for the Greater Manchester/East Cheshire Trusts and Shelford Group Trusts is provided at **Appendix 3 and Appendix 4 respectively.** Worthy of note as part of the Greater Manchester/East Cheshire Trusts' comparison, the Trust secured 1st position in relation to question 19 (patients who said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment); an improvement from 3rd position for this question in 2018. The Trust also secured 2nd position in relation to question 18 (whether the patient was definitely involved as much as they wanted to be in decisions about their care and treatment) and question 41 (hospital staff told patient who to contact if they were worried about their condition or treatment after they left hospital). Again, these were improvements from the 2018 results for these questions, when the Trust secured 4th and 6th position respectively.

6.18 Notably, when compared to Shelford Trusts, MFT secured 1st position in relation to question 20 (the ease of contacting their Clinical Nurse Specialist); an improvement from 2nd position for this question in 2018. MFT moved to 2nd position in relation to question 18 (whether the patient was definitely involved as much as they wanted to be in decisions about their care and treatment), improving from 3rd position for this question in 2018.

6.19 With reference to all of the 2019 NCPES questions, specifically **high** scores (score above the national expected range) were received for eleven questions, as detailed below along with comparison to the 2018 results:

Question	Trust 2019	National 2019	Trust 2018	National 2018
Question 12 Patient completely understood the explanation of what was wrong	**78%**	73%	74%	74%
Question 14 Patient felt that treatment options were completely explained	**87%**	83%	84%	83%
Question 15 Patient felt possible side effects were definitely explained in an understandable way.	**76%**	73%	73%	73%
Question 16 Patient definitely given practical advice and support in dealing with side effects of treatment.	**73%**	67%	70%	67%

Question 17 Patient definitely told about side effects that could affect them in the future.	**63%**	57%	59%	56%
Question 40 Patient given clear written information about what should or should not do after leaving hospital	**90%**	86%	86%	87%
Question 51 Hospitals staff definitely gave family or someone close all the information needed to help care at home.	**64%**	60%	61%	60%
Question 52 Patient definitely given enough support from health & social services during treatment.	**61%**	52%	51%	53%
Question 53 Patient definitely given enough support from health & social services after treatment.	**53%**	45%	45%	45%
Question 57 Patient given a care plan.	**48%**	38%	39%	35%
Question 60 Someone discussed with patient whether they would like to take part in cancer research.	**45%**	30%	39%	31%

6.20 Scores for four questions were reported by Picker as demonstrating statistically significant changes compared to previous years' scores. The scores for Questions 52, 57 and 60 demonstrated a statistically significant improvement and one score (Question 27) showed a statistically significant deterioration, nevertheless, this score remained at 95%:

	MFT 2015	MFT 2016	MFT 2017	MFT 2018	MFT 2019
Question 52 Patient definitely given enough support from health or socials services during treatment	56%	50%	54%	50%	**61%**
Question 57 Patient given care plan	37%	34%	36%	39**%**	**48%**
Question 60 Someone discussed with patient whether they would like to take part in cancer research	34%	33%	40%	40**%**	**44%**
Question 27 Beforehand, patient had all the information needed about the operation	n/a	98%	96%	96**%**	**95%**

Tumour Specific Analysis

6.21 Results for tumour-specific groups are provided where 21 or more patients have responded. For the 2019 NCPES the Trust received non-adjusted tumour-specific scores for the tumour groups below:

- Breast
- Colorectal
- Gynaecology
- Haematology
- Head and Neck

- Lung
- Prostate
- Upper Gastro
- Urology
- Other

6.22 The available tumour-specific results for the Trust demonstrate that patients from Breast, Colorectal, Haematology, Gynaecology, Head and Neck, Lung, Urology and Prostate services have reported a generally positive experience, with most scores above or the same as the national average. Upper GI (including HPB) and services for 'Other' cancers both demonstrated numerous scores above the national average, although the scores for the majority of scores for these areas were below the national average.

6.23 The responses to many of the survey questions demonstrate variations in scores between the different tumour groups. Further detailed analysis of the tumour-specific group data is being undertaken by the clinical teams and action plans developed for improvement. It is recommended that tumour-specific teams take steps to ensure that they sustain the favourable scores seen in many questions across the survey, particularly the six 'cancer dashboard' questions. Ongoing implementation of the Living with and Beyond Cancer agenda within the Trust will afford the opportunity for all teams to continue to improve the number of cancer patients receiving a Care Plan.

6.24 There was only one question in the 2019 NCPES for which the Trust scored a specifically low score (below the national expected range). This relates to GPs being given enough information about a patient's condition and treatment. The application of End of Treatment Summaries across all specialties will serve to improve patients' understanding of side effects of treatment for example, whilst augmenting communication between patients, their hospital team and Primary Care.

6.25 With regard to the only question which shows a statistically significant deterioration compared to previous years' results (provision of information before an operation). Teams will examine how such information (verbal, written, online) is conveyed to their patients to identify potential improvements, including maximising opportunities to shorten the time patients wait for diagnostic tests to be performed, as well as reducing the time waiting to be seen at clinic appointments.

Image 4: Macmillan netball group (patients and family members) – coordinated by Macmillan Information and Support Centre, Wythenshawe

Free Text and Thematic analysis report

6.26 Alongside the questionnaire, respondents were also given the opportunity to include any additional free text comments. **Appendix 5** provides examples of patient comments, which highlight the positive aspects of the inpatient experience, as well as comments where care could have been improved. The comment report is only made available to the Trust and is not publically available.

6.27 In addition to the survey report, Picker has provided, for the first time, an additional analysis of the free text comments given by respondents to the survey. The report uses semantic and sentiment analysis to deliver insight into free text comments using an advanced, text analysis tool. This novel report is designed to assist with understanding and acting on the free text comments, identifying positive themes and areas for concern which will support teams with their development of their improvement plans.

6.28 Review of the thematic analysis demonstrates that many themes identified with predominantly positive sentiment, most notably relating to the quality of treatment received, and staff attitude and kindness. Those themes with some degree of negative sentiment include communication and waiting times. **Appendix 6** provides a summary of the themes identified across all tumour groups. Both the free text information and its detailed thematic analysis at tumour site level contribute to the action planning process of clinical teams.

Image 5: Oxford Road Campus Macmillan Information and Support Service Manager speaking at the Burnage Buddies ladies group discussing signs and symptoms of cancer

Summary

6.29 Overall the results for the Trust are 'within the expected range' for Trusts of similar size. For those tumour groups that deliver care in more than one hospital in different teams (for example Colorectal, Head and Neck, Lung and Urology) it is not possible to access specific results for each of the hospital teams involved.

6.30 The results require further analysis by tumour-specific teams working closely together across the Trust to both identify areas to celebrate success and to identify areas for improvement. Where common priorities exist across multiple teams, action plans will be agreed in the appropriate Trust forums to ensure parity of provision. The challenge remains for those tumour groups where twenty or fewer responses were received to consider how they can encourage patients to respond to the future surveys.

6.31 The MFT *What Matters to Me* Patient Experience Programme is fundamental to the delivery of improvements in cancer patient experience. Following the publication of NCPES 2018 it was agreed that the Cancer Services team will work with clinical teams to explore opportunities to obtain specific real time patient feedback. This will enable the sharing of positive feedback with clinical teams as well as help to identify areas of concern that can be addressed in a timely and appropriate manner, improving patient experience and care delivery. This improvement work was paused during the Trust's response to the coronavirus (COVID-19) pandemic; however it will be recommenced in Quarter 2, 2020/21.

6.32 The report and the findings will be discussed at the Group Cancer Committee.

7.   Adult National Inpatient Survey 2019

Background and Methodology

7.1 The CQC published the results of the Adult National Inpatient Survey (2019) on 2nd July 2020. The survey of inpatient services is part of the National Patient Survey Programme and is undertaken on behalf of the Trust by an independent provider, who administers a postal survey, observing nationally approved methodology.

A postal questionnaire was sent to 1,250 patients who had been an inpatient, with at least one overnight stay, in the Trust and was discharged during July 2019. This is the second national inpatient survey for the organisation since MFT was formed, allowing comparisons to be made against the 2018 survey results. The remained largely the same as the 2018 survey, with some notable areas of improvement.

7.2   Only one new question has been added to the 2019 survey (relating to frailty "Have you experienced any of the following in the last twelve months?" with multiple choice of four frailty related answers). Two questions were modified in relation to changing wards at night and delays to discharge.

7.3   The survey involved 82 questions, of which 64 require respondents to indicate the standard of care they received, with 18 questions relating to demographic information or routing questions. Routing questions are not scored; the questions are designed to filter respondents to whom the following questions apply/ do not apply.

7.4   Each question receives a score out of 10 based on the responses provided by the respondents. A higher score is a more positive response and a lower score is the least positive score. Each question is categorised based on comparison to other organisations' scores as *'better'*, *'about the same'* or *'worse'*. The survey is arranged into the following categories relating to the patient pathway:

- The Accident and Emergency Department (answered by emergency patients only)
- Waiting list or planned admission (answered by those referred to hospital)
- Waiting to get to a bed on a ward
- The hospital and ward
- Doctors
- Nurses
- Your care and treatment
- Operations and procedures (answered by patients who had an operation or procedure)
- Leaving hospital
- Feedback on care and research participation
- Respect and dignity
- Overall experience

Adult Inpatient Survey Results

7.5   **Graph 11** compares the MFT response rate for the Adult Inpatient Survey 2018 and 2019 to the national average. The MFT response rate has slightly decreased from 42% (505 respondents) in 2018 to 38% (460 respondents) in 2019, compared to the national average of 45% in both 2018 and 2019. This represents a 4% reduction in response rate in 2019 when compared to 2018.

Graph 11: MFT response rate (2019) compared to national average
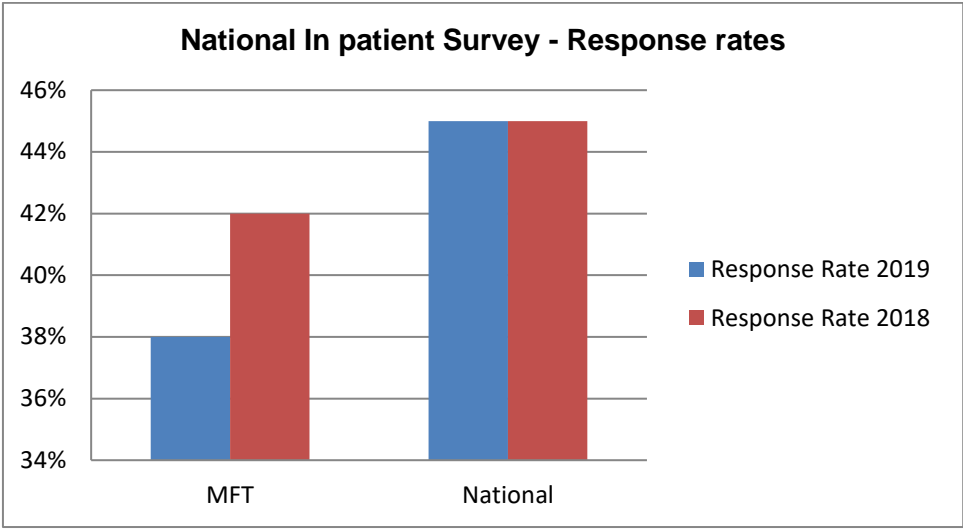
Patient Demographics

7.6   The results for MFT show that the proportion of female to male respondents is comparable to the national average. The MFT response rate for males in 2019 was 49% a slight increase from 47% in 2018, this compares to the national average of 48% for male responses in both 2018 and 2019. The MFT response rate for females in 2019 was 51% a slight decrease from 53% in 2018. The national average for female responses remains consistent at 52% in both 2018 and 2019.

Themes

7.7   **Graph 11** shows the results for MFT for each of the eleven themes and overall experience; the highest and lowest scores achieved nationally are also presented. This chart highlights that the Trust's scores are generally midway between the highest and lowest scoring trusts for most key themes.

Graph 11: MFT scores compared to the highest and lowest scoring trusts
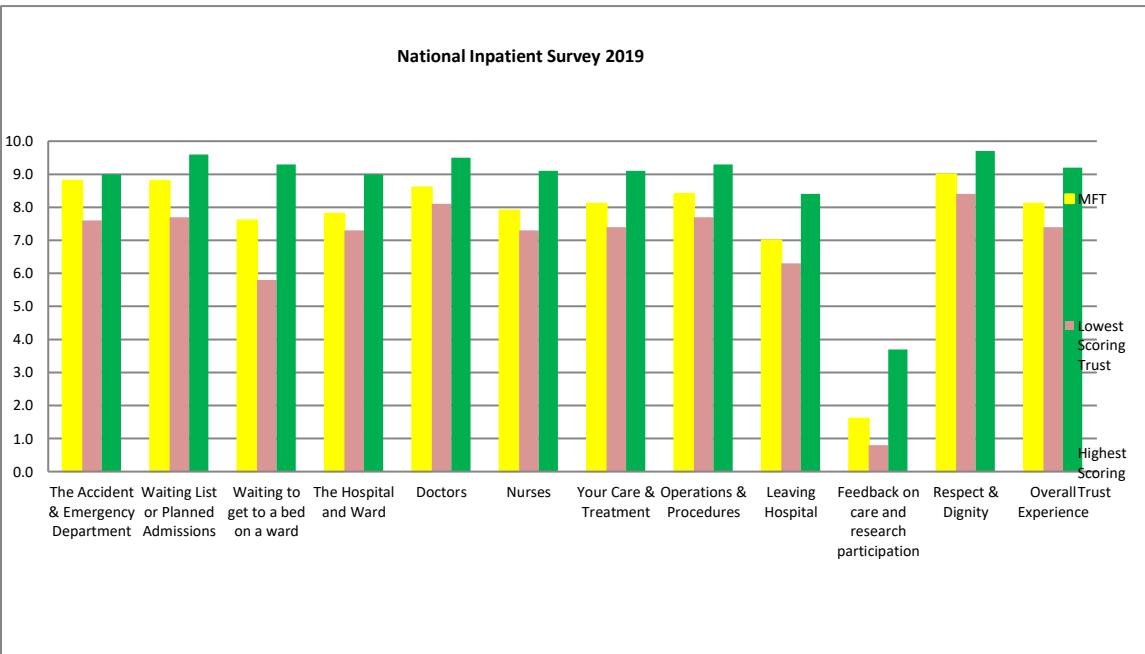
7.8   MFT improved in six of the 11 categories within the 2019 survey, remained the same in one category and decreased by 0.1 in 4 categories. Which are; Waiting List or Planned Admissions, Nurses, Feedback on care and research participation, Respect & Dignity? These are minimal decreases showing MFT have improved 64% from 2018 survey. **Graph 12** shows the comparison of MFT for 2018 and 2019.

Graph 12 Compares MFT scores from the 2018 and 2019 survey results

Hospital Results – MRI and Wythenshawe Hospital

7.9   Detailed results are provided at **Appendix 7** for each of the MRI and Wythenshawe Hospital and compare each hospital with the overall Trust score for 2019. The results for individual hospitals are only available whe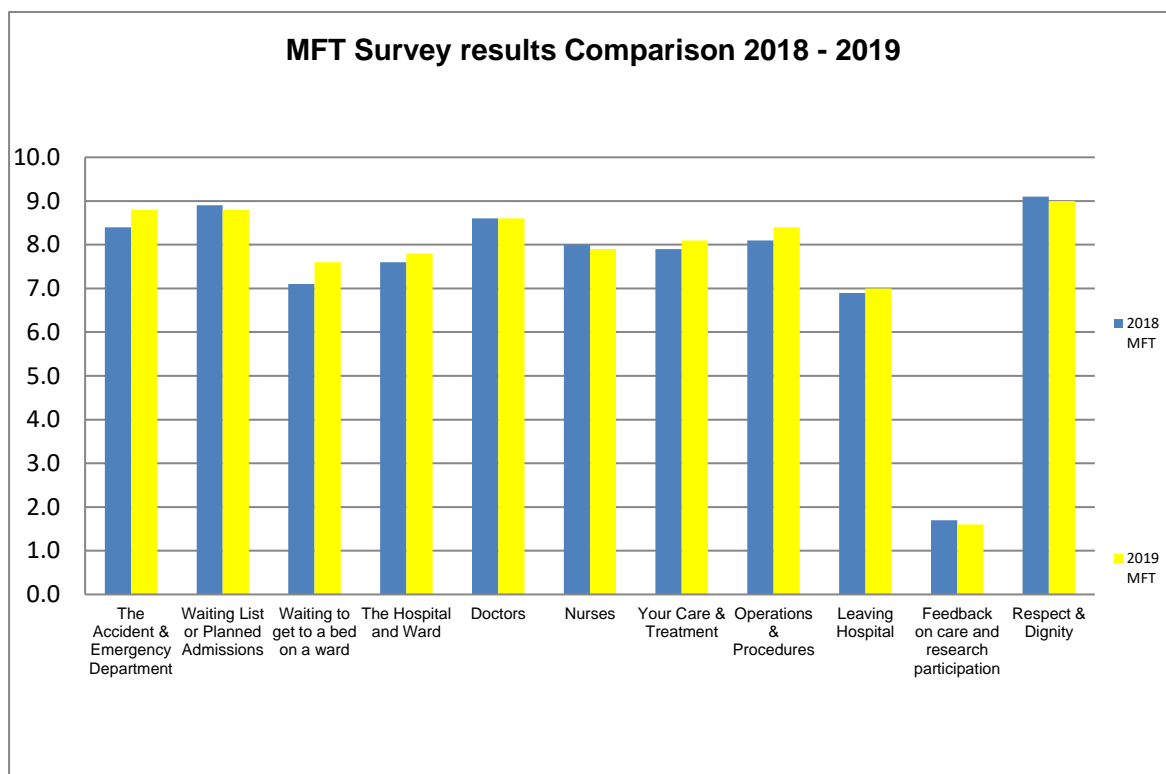n questions have received 30 responses or more. According to the CQC this is because the uncertainty around the result is too great. Accordingly, there are no specific site results for any other Hospitals/MCS within MFT.

7.10   The overall quality score for MRI was 7.7 and for Wythenshawe Hospital was 8.4 compared to the Trust overall MFT quality score of 8.1. These are improved positions when compared to the 2018 results of 7.57 for MRI and 8.19 for Wythenshawe Hospital. When compared to the overall MFT results, MRI scored better in 3 questions, worse in 54 questions, and the same in 3 questions. When compared to the MFT overall results, Wythenshawe Hospital scored better in 56 questions, worse in 4 questions, and the same in 3 questions.

National Benchmarking

7.11   When compared nationally to the Trusts who took part in the survey the responses for MFT are categorised as *'about the same'* for all questions. In accordance with the survey methodology *'about the same'* reflects *'the expected range'* based on the survey analysis technique.

7.12   This is an **improvement** on the 2018 survey results where the Trust was categorised as 'worse' for one question. This question was *'How would you rate the hospital food?'* which recorded a score of 4.7 in the 2018 survey but an improved score of 5.2 in the 2019 survey. This reflects the substantial improvement work the Trust has undertaken, and continues to undertake, to improve the patient's dining experience.

7.13   Whilst previous Trust reports have focused on Notably High and Notably Low scores, the CQC Benchmark Report provides the results using the analysis technique of '**expected range'**. The Trust's focus to measure and drive improvement should therefore be based on this analysis technique and improvement actions focused on those questions which are categorised in the '*worse'* group, alongside those questions which have shown significant deterioration when compared to the Trust's own previous year's results.

7.14   Equally, the Trust should celebrate achievement of questions which are categorised in the '*better'* group and those questions which have shown significant improvement when compared to the Trust's own previous year's results.

7.15   When compared to the Trust's 2018 results, MFT has demonstrated significant improvement in 6 questions and significant deterioration in 3 questions. **Table 13** provides the comparison between the Trust's 2018 and 2019 results, alongside the national range for 2019, for the 6 questions in which the Trust demonstrated significant improvement.

Table 13: Adult Inpatient Survey Questions with Significantly Improved Scores in 2019 compared to 2018

Question	MFT Score 2018	MFT Score 2019	National Range 2019
Q11 Did you ever share a sleeping area with patients of the opposite sex?	8.8	9.3	7.6 - 9.8
Q13 Did the hospital staff explain the reasons for being moved in a way you could understand?	6.1	7.3	5.3 - 8.7
Q16 In your opinion, how clean was the hospital room or ward that you were in?	8.5	8.9	8.2 - 9.8
Q19 How would you rate the hospital food?	4.7	5.2	4.5 - 7.9
Q38 Do you feel you got enough emotional support from hospital staff during your stay?	6.6	7.4	5.9 - 8.6
Q56 Were you given any written or printed information about what you should or should not do after leaving hospital?	5.8	6.6	4.6 - 9.2

7.16 **Table 14** provides the comparison between the Trust's 2018 and 2019 results, alongside the national range for 2019, for the 3 questions in which the Trust has demonstrated significant deterioration. These aspects will be the focus of Hospital/MCS continuous improvement plans for 2020/21.

Table 14: Adult Inpatient Survey Questions with Significantly Deteriorated Scores in 2019 compared to 2018

Question	MFT Score 2018	MFT Score 2019	National Range 2019
Q7 Was your admission date changed by the hospital?	9.2	8.8	8.0 - 9.8
Q18 If you brought your own medication with you to hospital, were you able to take it when you needed to?	7.3	6.5	5.9 - 8.6
Q70 During your hospital stay, were you ever asked to give your views on the quality of your care?	2	1.4	0.5 - 3.5

Comparison with other Shelford Trusts

7.17 The Trust overall experience score for the Adult Inpatient Survey (2019) was 8.1, which is an improvement compared to the 2018 position, when the score for overall experience was 8.0. MFT are placed in 7th position when compared to other Trusts within the Shelford Group (Graph 13), although notably, MFT's overall experience score was only 0.4 less than the highest scoring Shelford trust. Nationally, for all participating trusts, the lowest trust score for overall experience was 7.4 and the highest trust score was 9.2.

Graph 13: Overall Experience Scores 2019 – Shelford Group
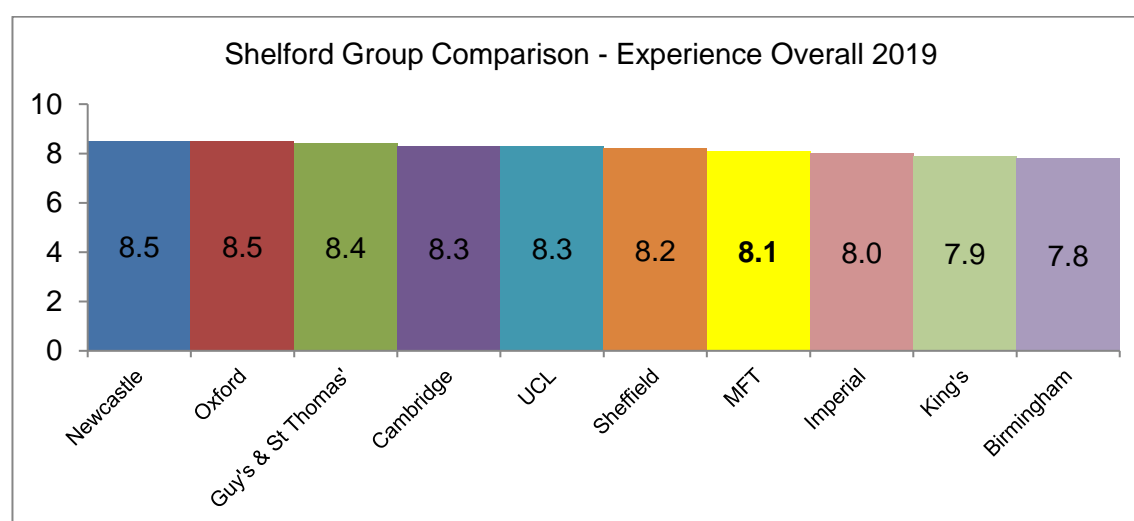
7.18   Further analysis of the 2019 survey results shows that 4 Shelford Group Trusts have improved their overall experience score (Guys and St Thomas', University College London, Sheffield Teaching Hospitals and MFT), 3 Trusts have stayed the same (Imperial College, Kings College and Newcastle Upon Tyne Hospitals) with the remaining 3 Trusts experiencing a deterioration in the overall experience score (Cambridge University Hospitals, Oxford and University Hospitals Birmingham).

7.19   The response rates for the Shelford Group trusts ranged from 36% (Imperial College London) to 53% (Newcastle Upon Tyne Hospitals). The response rate of 38% for MFT places the Trust in equal 7th position when compared to the other Shelford Group trusts.

Development of Improvement Plans

7.20   The Survey Results have been shared through the MFT Quality and Patient Experience Forum. As all questions, with the exception of the 3 where significant deterioration was seen, were within the 'about the same' category, improvement plans are being developed by Hospital/MCS, with specific focus on those 3 areas, that is: change of admission date, able to take own medication when in hospitals and being asked views on the quality of care during hospital stay.

7.21   Being asked about the quality of care is an area that the Trust will work to further understand the cause of the deterioration in score. **Graph 14** compares MFT's Adult National Inpatient Survey 2019 "*quality of care*" score with other Shelford Group trusts. It is evident that all Shelford trusts received a low score, with the maximum score achieved being 2.0.

Graph 14: Quality of Care Scores 2019 – Shelford Group
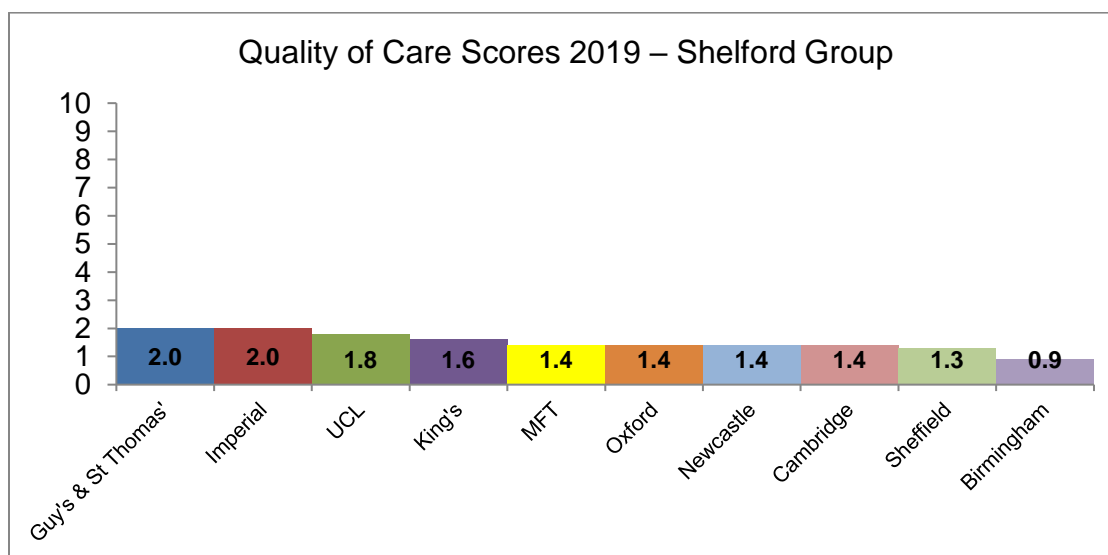
7.22   The Trust's **'*What Matters to Me'*** patient experience surveys have been rolled out across MFT since April 2018 and include questions about specific and overall patient experience. During 2019/20 the WMTM patient experience survey was introduced on patients' bedside screens and the survey was amended to include the terminology 'quality of care'; explaining to patients completing the survey that the survey is seeking feedback about the 'quality of care' they had received. Despite this, patients completing the questionnaire at home may not associate the questionnaire with being asked for their views on the 'quality of care' they received.

Further emphasis will be placed on this message in 2020/21 to ensure the purpose of the survey is clearly conveyed to patients. Further details of this programme are provided in section 10 of this report.

Summary

7.23 The King's Fund and Picker Institute Europe analysed longitudinal inpatient survey data for acute trusts over a nine-year period (from 2005 to 2013)[10]. They recognised that patient surveys are key markers, for quality of care and are one of the main drivers of improvement in the NHS. Leadership, staff engagement and trust-wide co-ordination are among the essential enablers for making these sustainable improvements.

7.24 The Adult Inpatient Survey (2019) results demonstrate that whilst the results are all 'about the same' as other NHS trusts, MFT's *Overall Experience* has improved from 8.0 in 2018 to 8.1 in 2019.

7.25 The results and identified areas for focused improvements have been shared at relevant Groups and Committees, including the Group Quality and Safety Committee and Quality and Patient Experience Forum, which reports to Nursing Midwifery and Allied Health Professional Board. The Governor Patient Experience Group will also receive reports on the survey finding and improvement actions.

7.26 MFT's internal What Matters to Me (WMTM) patient experience programme and surveys along with Quality of Care Rounds provide an internal mechanism for the on-going monitoring of patient experience throughout the year.

8. MFT Quality and Patient Experience monitoring

8.1 It is valuable to cross reference the snap shot provided by the National Survey results with real time feedback data from the Trust's '**What Matters to Me'** patient experience surveys. The survey is administered via a hand-held electronic devise and on bed-side screens and asks patients a series of questions about their recent experience. These MFT surveys are based on the questions in the national patient experience surveys and ask patients about their experiences in the following themed categories:

- Clean environment
- Infection control
- Patient Safety
- Pain Management
- Privacy and Dignity
- Equality and Diversity
- Involving Patients and Carers
- Patient Satisfaction
- Clinic Organisation
- Staff Communication

The internal baseline target is 85% achievement in all domains.

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[10] https://www.kingsfund.org.uk/sites/default/files/2017-05/Patients-experience-summary-Kings-Fund-Dec-2015.pdf

8.2   The responses are used alongside other available quality, safety and patient experience data (Quality Care Round (QCR), Friends and Family Test, Workforce, Complaints, and Incidents) to provide teams with a 'triangulated' view of an area; identifying elements that require improvement and also areas of strength and outstanding practice. This information then guides the improvement agenda within the area, supported by MFT Improving Quality Programme methodology, as well as the opportunity to celebrate and share successes.

8.3   **Graph 14** demonstrates that between April 2019 and March 2020 a total of 24,062 *WMTM* questionnaires were completed by patients compared to 20,539 in 2018/19; representing an increase of 3,523. Patient feedback data collection was paused during March 2020 to support focus on the Trust's response to the Covid-19 pandemic, resulting in a reduction in response rates in March 2020.

Graph 14: WMTM Patient Experience Survey Responses 2019/20
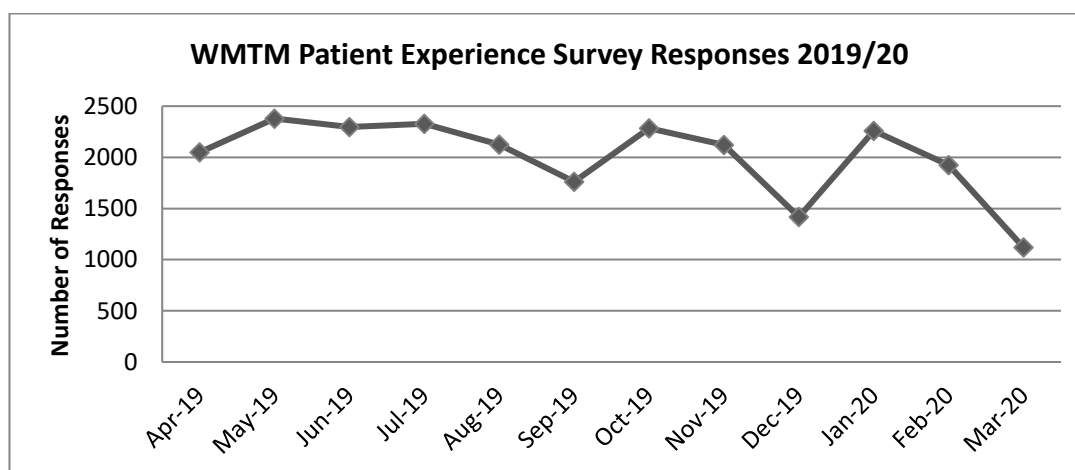
8.4   An electronic system allows analysis to be undertaken at ward, Hospital/MCS/LCO and Trust level for the quality of care (self-assessment audit) and overall patient experience satisfaction for each of the themed categories. Analysis of the 'What Matters to Me' survey shows an **increase** in the average overall patient experience score for 2019/20 of **88.25%** compared to 87.9% in 2018/19. There has been month by month variation, with the lowest score of 87.56% in 2019/20 compared with 87.25% in 2018/19. The highest score in 2019/20 decreased slightly to 88.86% compared to the highest score in 2018/19 of 89.2%. **Graph 15** shows the overall Patient Experience Score for April 2019 to March 2020.

Graph 15: MFT Overall Patient Experience Score April 2019 - March 2020

Overall WMTM Patient Experience

(Line graph showing % WMTM Patient Experience from Apr-19 to Mar-20. Y-axis: % WMTM Patient Experience from 0.0% to 100.0%. The line remains steady at approximately 88-90% across all months: Apr-19, May-19, Jun-19, Jul-19, Aug-19, Sep-19, Oct-19, Nov-19, Dec-19, Jan-20, Feb-20, Mar-20.)
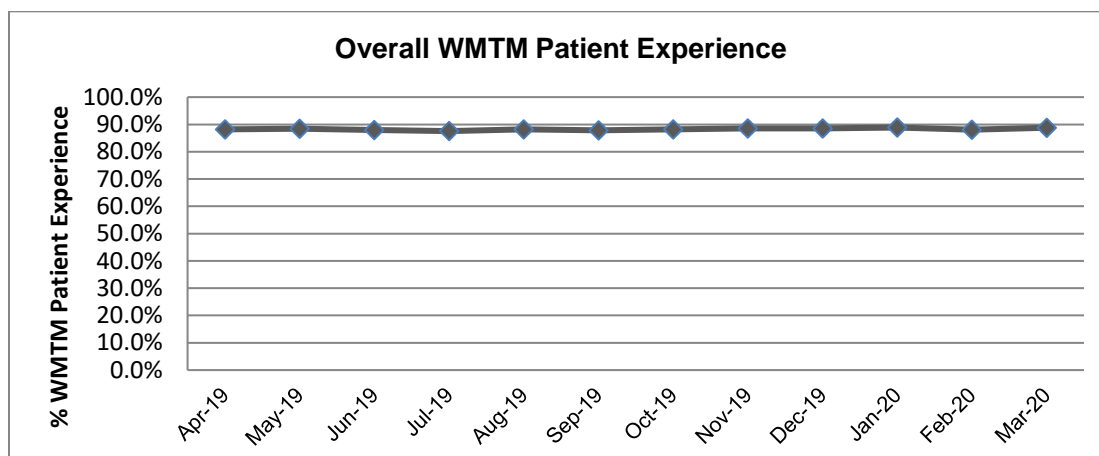
Quality of Care Round (QCR)

8.5   In addition to the WMTM patient experience surveys, the Quality of Care Round (QCR) is a MFT designed self-assessment audit tool, which is completed by either the Ward Manager or Matron on a monthly basis. The assessment is completed in all hospital-based clinical areas: inpatient, day case, outpatients, theatres and urgent care areas. As with the WMTM patient experience survey, the following domains are assessed each month against a set of Quality Standards:

- Clean
- Communication
- Documentation
- Equality and diversity
- Hygiene and personal care
- Infection control
- Involving patients and their carers
- Nutrition and hydration
- Pain
- Patient safety
- Privacy and dignity

The internal baseline target is 85% achievement in all domains.

8.6   Since the introduction on 1st April 2018 of a newly procured electronic system to capture and report, the MFT **'What Matters to Me'** patient experience survey data and Quality Care Round (QCR) data, frontline teams have had real-time access to patient experience feedback, inclusive of qualitative comments provided by patients and the self-assessment data for each of the themed categories.

8.7   The electronic system allows analysis to be undertaken at ward, hospital/MCS/LCO and Trust level for the quality of care and overall patient experience satisfaction for each of the themed categories. The data is then used to identify and inform areas for improvement.

8.8   The Clinical Accreditation process is part of the Trust's assurance mechanism for ensuring high quality care and the best patient experience. The process is underpinned by the MFT Improving Quality Programme (IQP), Values and Behaviours Framework and the Nursing, Midwifery and Allied Healthcare Professionals' Strategy. The Accreditation assessment process involves the annual review by a senior clinical team of a series of defined standards and metrics within wards and departments across the Trust's Hospitals/ MCS/LCO's culminating in each area being awarded a Bronze, Silver or Gold result.

8.9   As a part of the MFT Accreditation process, teams are assessed on their continuous improvement journey to ensure the best patient experience. The Trust's bespoke IQP has been developed founded in the principles of the Productive Series[11] with the aim to empower ward/department teams to identify areas for improvement by giving staff the information, skills and time they need to improve quality of care. IQP is a methodology for continuous improvement that supports staff to review their data, identify areas of concern, research best practice based on current evidence and implement changes following a structured approach that involves Model for Improvement and PDSA cycles. This approach guarantees that changes are evidence based, measurable, embedded and sustained in practice. IQP also enables teams to improve their ward environment and processes, which helps to 'release time', which can be reinvested in improving quality, safety and patient experience. The IQP aims to achieve a level of standardisation across the organisation, with appropriate levels of flexibility built in to each standard to ensure changes are appropriately applied to all clinical areas.

Food Improvement Programme

Mealtimes Matter

8.10   The Food Improvement Programme provides an important example of how WMTM and QCR data have been used to make improvements. Good nutrition is fundamental to health and wellbeing, especially during periods of illness or frailty. MFT is committed to the provision of food that supports the care and treatment that patients receive. The Trust has placed significant focus on improving the quality of food and the patient's dining experience since 2017; moreover nutrition was a category identified as requiring improvement in the 2018 National Inpatient Survey culminating in the development and launch of the MFT Nutrition and Hydration Strategy in 2019.

Image 6: MFT Nutrition and Hydration Strategy 2019

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[11] https://www.england.nhs.uk/improvement-hub/productives/
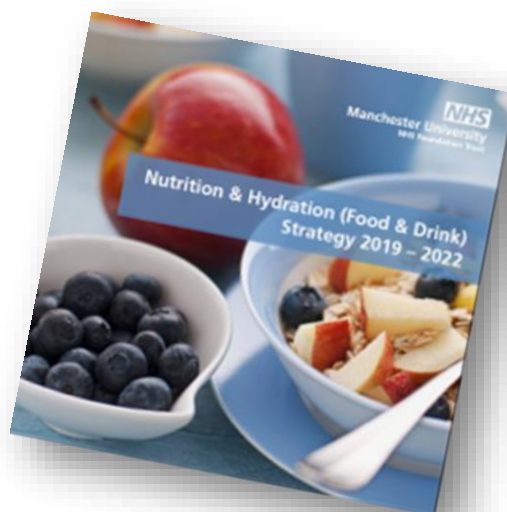
8.11   The Strategy sets out the Trust's aims to support patients and staff to achieve good standards of Nutrition and Hydration, underpinned by the Trust's vision, strategic aims and values and the **'What Matters to Me'** Patient Experience Programme with the ambition to deliver a high quality, personalised experience for every patient and service user. The Strategy outlines that *making mealtimes matter* is a crucial component in ensuring patients receive a *personalised dining experience* which in turn will facilitate the individual's return to health in whatever context that is for the individual patient.

8.12   The collaborative working between Nursing, Midwifery, Allied Health Professionals, Estates and Facilities and the Trust Private Finance Initiative (PFI) Partners is a fundamental component that drives the Trust's Food and Dining Improvement Programme; with the dedicated role of the Facilities Matron being a pivotal driver for improvement.

8.13   Patient experience data related to **what *matters*** to patients about food and dining is collected and triangulated with a range of other data including:

- Quality Care Round (QCR)
- **What Matters to Me** patient experience survey (WMTM)
- Incidents
- Complaints

Graph 16, displays the Quality Care Round and **WMTM** patient experience data related to food, nutrition and dining for 2019-20

Graph 16: Trust QCR/ WM2M patient experience survey – Providing Good Nutrition
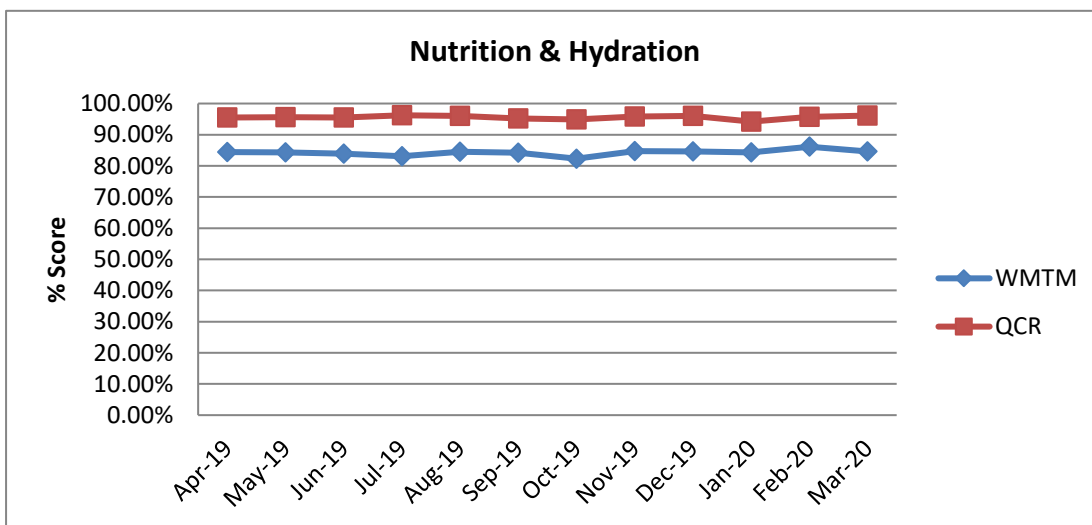
**Quality Improvement Programme – Nutrition and Patient Dining**

8.14   In recognition of the need to further improve the quality of the food and dining experience for patients a Food and Dining Improvement Programme is developed on an annual basis in collaboration between Nursing and Estates and Facilities colleagues. Key achievements from the 2019/20 programme include:

- **Model Ward**

8.15 A review, focussed on patient dining, was undertaken in November 2019 to consider what best practice models from across the NHS could be used to inform the future model for MFT. It was clear from this review that whilst there are models of good practice, these do not correlate with service specific providers, models of service delivery, cost per meal or even food production methods. It was therefore agreed to undertake the development of a **Model Ward** at MFT where ideas could be tested using MFT Improving Quality Programme (IQP) methodology to gather baseline data and effectively trial and monitor the effects and improvements from phased implementation of 'perceived good practice', which then could be rolled out across other MFT hospitals.

8.16 Ward 12 at Trafford General Hospital was identified as the **Model Ward** for this project, which commenced in December 2019 with a series of stakeholder engagement sessions with staff and patients to generate ideas and initiatives regarding how the patients dining experience could be enhanced. These initiatives were reviewed and prioritised by the stakeholders and the first initiative, introducing a hot breakfast option was implemented at the beginning of March 2020; further initiatives such as full menu review and introduction of electronic patient ordering were planned for later in the 2020-21.

8.17 From implementation of the first initiative the team constantly reviewed patient experience feedback to ascertain whether the changes were resulting in a quantifiable improvement in patient experience to determine whether the initiatives may be considered for implementation across the wider Trust. Early indication from both staff and patient feedback (Graph 17) implied that the introduction of the hot breakfast option was a considerable success.

Graph 17: 'How would you rate the Hospital Food' – WMTM question for Ward 12, TGH (October 2019 to March 2020)
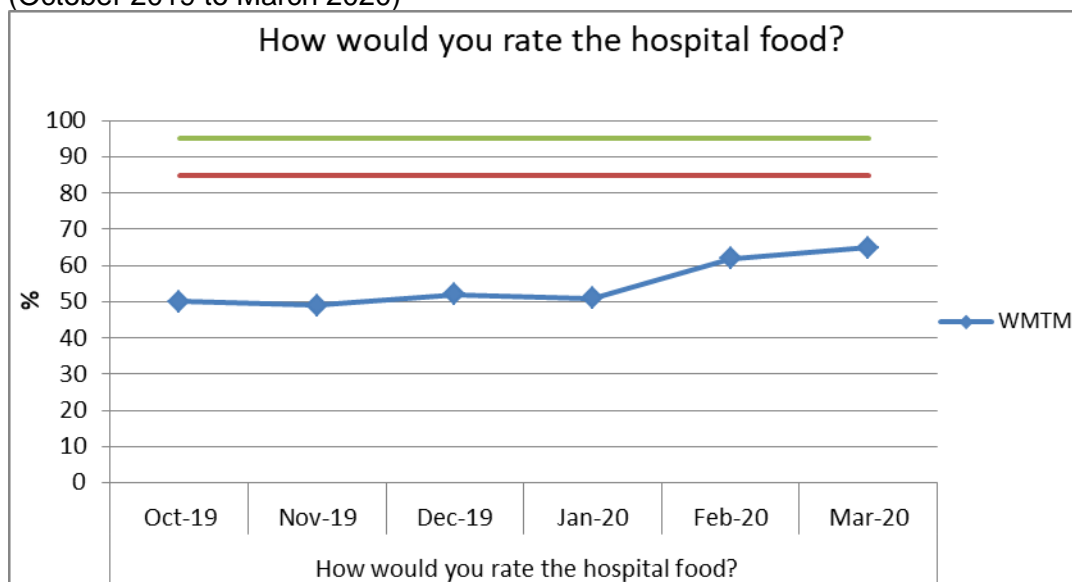
8.18 On the Oxford Road Campus, PFI Partners have committed to providing a Model Ward to deliver improvements and a number of initiatives have been identified and are being trialled including: the introduction of additional snack items and access to them; the opportunity for patients and their visitors to eat together; and, the introduction of an area for patients to eat away from their beds. The next steps are to quantify the improvements and whether positive outcomes identified have been directly due to the initiatives and if they are replicable across the wider Trust.

- **Food Safety**

8.19 As part of the on-going focus on improving the quality of patient dining and food safety the Trust Food Safety in the Clinical Environment Policy is currently under review. The revised Policy will require all clinical staff involved in any aspect of patient food delivery/ preparation to receive mandatory training to provide a greater understanding of food safety, which will ensure improved management and ownership of patient food provision and therefore patient safety in relation to food.

- **Menu Options:**

8.20 A regular review of menu options is undertaken on all sites across the Trust. The following are examples of new/revised menu choices that have been introduced in 2019-20:
   - A new menu has been designed for Children's Oncology Ward at Royal Manchester Children's Hospital to include some new dishes and extend some of the favourite options;
   - Additional condiment 'dips' introduced in individual small pots to make mealtimes more like a dining experience and expanded on current availability;
   - Isotonic drinks are now available in the vending machines on the Delivery Unit in St Mary's Hospital, as these are recommended during labour;
   - Increased choice of finger foods;
   - The Burn's Unit at Wythenshawe Hospital has introduced a hot breakfast option, to enhance the calorific intake of patients.

Nutrition and Patient Dining Priorities for 2020/21:

8.21 In order to maintain the positive progress, which is reflected in the Adult National Inpatient Survey results with regard to the quality of food, a number of priorities have been identified for 2020/21:

   - Continue to use local data, to identify areas that require bespoke interventions that would provide a *personalised dining experience* for all patients based on the unique needs of each individual/clientele groups
   - Continue to support clinical areas with IQP methodology to enable teams to identify, plan and implement improvements related to the meal service
   - Continue to review existing menus to ensure that they remain relevant to the client group
   - Finalise and launch the revised Trust Food Safety in the Clinical Environment Policy
   - Develop and roll-out the Food Safety on-line Training for clinical staff involved in any aspect of patient food delivery/ preparation
   - Review the outputs of the **Model Ward** and identify improvements to be rolled out across all MFT locations
   - Align current practice with national guidelines for hospital food standards.

9. Friends and Family Test (FFT)

Image 7: FFT Card

9.1 The FFT is a single question survey, which asks patients whether they would recommend the NHS service they experienced to friends and family who need similar treatment or care[12]. FFT results are published monthly on the NHS England website and the NHS Choices website and are monitored by the CQC as part of their inspection process. The Trust's FFT results are also included in Board Assurance Reports and performance is managed via the MFT Accountability Oversight Framework (AOF). FFT performance including qualitative comments provided by patients is accessible via the IQIVIA Patient Experience Portal – the Trust's electronic patient experience system, which is used locally to inform and support service improvements.

9.2 The FFT is an important source of information that provides information about ***What Matters to Patients*** about the care and treatment they receive. It is important that patients are given the opportunity to complete the FFT question and that they are able to add comments about their experience. The feedback informs continuous improvements and transformation of services to provide a high quality patient experience.

9.3 In order to maximise feedback from the FFT, responses are captured through a variety of different methods including; FFT cards, tablet devices, Hospedia bedside entertainment screens, online surveys and SMS text messaging.

FFT Performance

9.4 Following the launch of FFT in April 2013 and up until March 2015 there was a CQUIN target of a 40% response rate for inpatient areas and 20% response rate for Emergency Departments. Reporting response rates is only a requirement for inpatients and Emergency Departments and not the other categories. Post April 2015 there have been no CQUIN targets, however the Trust has continued to seek to achieve the previous targets. In recognition and agreement with local commissioners, the Quality Schedule includes an expectation that the Trust will continue to improve FFT response rates year on year. MFT FFT response rates and results in 2019/20 are detailed in **Table 15** below.

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[12] NHS, England (2014, updated March 2015) **The Friends and Family Test.** Available from:
http://www.england.nhs.uk/ourwork/pe/fft/

Table 15: MFT FFT response rates and results in 2019/20

Friends and Family Test Response and Results: MFT 2019/20		
Area	Response Rate	Percentage of patients who were 'extremely likely' and 'likely' to recommend our services
Inpatients	23%	96%
Emergency Departments	10%	89%
Outpatients	N/A	95%
Community	N/A	99%
Maternity	N/A	97.5%

Shelford Group Comparison

9.5 There was no national submission data for FFT in March 2020 due to a pause in response to the national pandemic. Therefore there are 11 months of submission data for 2019/20. The overall inpatient FFT response rates for the Shelford Group for the period of April 2019 to February 2020 range from 9% to 32% as demonstrated in **Table 16.** The Trust's response rate was 23%, which places MFT in 4th position in the Shelford Group, compared to 3rd position last year.

9.6 The percentage of patients who were extremely likely/likely to recommend the Trust to friends and family who need similar treatment or care was 96%, for this period, which compares favourably to a range from 94% to 97% across Shelford Group trusts. This compares to 97% of patients who were extremely likely/likely to recommend the Trust to friends and family who need similar treatment or care in 2018/19.

Table 16: MFT Inpatient FFT response rate and responses compared to Shelford Group Trusts 2019/20

Friends and Family Test Response and Results: Inpatients 2019/20		
Trust	Response Rate 2019/20	Percentage of patients who were 'extremely likely' and 'likely' to recommend our services
Imperial College Healthcare NHS Trust	32%	97%
Sheffield Teaching Hospitals NHS Foundation Trust	26%	96%

Trust		
University College London Hospitals NHS Foundation Trust	25%	96%
Cambridge University Hospitals NHS Foundation Trust	25%	96%
Manchester University Hospitals NHS Foundation Trust	23%	96%
Guy's and St Thomas' NHS Foundation Trust	21%	95%
Oxford University Hospitals NHS Foundation Trust	19%	96%
Kings College Hospital NHS Foundation Trust	17%	94%
University Hospitals Birmingham NHS Foundation Trust	14%	95%
Newcastle upon Tyne Hospitals NHS Foundation Trust	9%	97%

9.7   The overall Emergency Department FFT response rates for Shelford Group trusts for the period April 2019 to February 2020 range from 1% to 27%, as demonstrated in **Table 17.** The Trust response rate has fallen from 16% in 2018/19 to 10% in 2019/20, which places MFT in joint 6th position in the Shelford Group. This position remains unchanged from 2018/19.The percentage of patients who were extremely likely/likely to recommend the Trust Emergency Department services is 89%, which places the Trust in 3rd position compared to other Shelford Group trusts.

Table 17: Comparison of MFT Emergency Department FFT response rate and responses compared to Shelford Group Trusts in 2019/20.

Friends and Family Test Response and Results: Emergency Departments		
Trust	**Response Rate 2019/20**	**Percentage of patients who were 'extremely likely' and 'likely' to recommend our services**
University College London Hospitals NHS Foundation Trust	27%	86%
Cambridge University Hospitals NHS Foundation Trust	24%	91%
Oxford University Hospitals NHS Foundation Trust	20%	87%
Guy's and St Thomas' NHS Foundation Trust	19%	83%
Sheffield Teaching Hospitals NHS Foundation Trust	19%	85%
Imperial College Healthcare NHS Trust	17%	93%

Manchester University Hospitals NHS Foundation Trust	10%	89%
University Hospitals Birmingham NHS Foundation Trust	10%	73%
Kings College Hospital NHS Foundation Trust	7%	78%
Newcastle upon Tyne Hospitals NHS Foundation Trust	1%	91%

FFT Improvement plan

9.8 The National FFT Development Project was a review carried out during 2018/19 that focused on how the FFT could be better at collecting feedback that can be used to improve the quality of NHS services. As well as how providers could make it as easy as possible for all patients and people using their services to use the FFT to give feedback.

9.9 As a result of the review NHSE/I published a series of amendments to the FFT in September 2019, to be introduced on the 1st April 2020. The changes are designed to make the FFT more accessible for all patients: using a better, easier to understand question; and removing timing requirements that were a hindrance to collecting feedback at times that worked best for patients.

9.10 Local initiatives implemented and undertaken by MFT during 2019/20 to improve FFT are detailed in **Table 18** below.

Table 18: Initiatives implemented during 2019/20 to improve FFT

FFT Improvements during 2019/20
Gathered and collated an up to date list of points of contact for FFT; a clinical lead and administrative lead for each CSU/division.
Planned and publicised the changes relating to the update in FFT guidance ready for implementation on 1st April 2020. This included: • A regular structured series of notifications were issued informing staff of what changes were being made and when.   • Arranged with IQVIA for all electronic devices and online surveys to be updated remotely.   • Arranged with Hospedia for FFT surveys to be updated remotely.   • Arranged with Healthcare Communications for the text wording to be changed accordingly.   • Designed new FFT card and scheduled change over with Ciconi, the external printers and scanners.
A bespoke FFT Card for children and young people has been created; the new card has RMCH specific logos, coloring and minor changes to wording to help children and young people to complete them.
Promoted the availability of the FFT survey from the trust website with all staff the department has been in contact with; there are plans to go further on this 2020/21.

Future development of FFT

9.11 In order to maximise the potential of the FFT in improving quality, the following further actions are planned for 2020/21:

- Carry out and continue to publicise the updated FFT guidance and ensure all changes are carried out with minimal disruption.
- Deliver a targeted awareness campaign to promote of the availability of the FFT survey from the trust website through use of vibrant posters containing specific QR codes for the ward/area/department.
- Promote an emphasis on the Free Text elements of the FFT ensuring that these are prioritised at both ward level and a corporate level through the sourcing of a text analyses tool.
- Roll out new iPads and retire as many old and unreliable tablet devices as possible.
- Ensure 'phase out' of old FFT cards is completed.
- Continue to publicise the importance of FFT to staff and patients.
- Continue work in collaboration with Hospital/MCS/LCO teams to increase FFT response rates and promote the FFT survey.
- Continue to refine FFT capture processes across the Trust.

9.12 Feedback received through FFT will continue to be triangulated with other quality and patient experience data to ensure focused quality improvement.

10. What Matters to Me: MFT Patient Experience Programme

10.1 *'What Matters to Me'* **(WMTM)** is the Trust approach to patient experience and aligns closely with core strategies such as the Leadership and Culture Strategy and the Trust Values and Behaviours. The programme aims to ensure that the Trust treats every patient as an individual, encourages staff to ask patients **'What Matters'** to them as they travel through our services, and that staff to listen and to respond to those needs. The WMTM programme is comprised of six key elements as identified in image 8, which reflect the overarching elements of excellent personalised patient experience. Progress is summarised below.

Image 8 Six Key Elements to **W**hat **M**atters **T**o **M**e programme

10.2 Supported by MFT charitable funding, recruitment took place of a '***What Matters to Me'*** Programme Lead in December 2019, to support an Always Events® pilot programme scheduled to be implemented throughout 2020.

10.3 The Trust Patient and Carer Involvement & Experience Strategy 2020-2023 has been produced in partnership with key stakeholders. This model enabled engagement of stakeholders who use health and care services and staff members. The Strategy sets out the commitments to improving patient experience and increasing service user involvement and outlines the plans to achieve this.

10.4 Patient Experience activity during 2019/20 includes:

- Sharing of ***'What Matters to Me'*** patient and carer films at the commencement of Board of Directors meetings and other Group-wide meetings including Cancer Board and Quality and Patient Experience Forum meetings. Films are also provided to a range of services and hospitals for staff recognition, reflection and learning.

- Weekly **'*What Matters to Me'*** articles are shared in the MFT internal newsletter, 'iNews' in partnership with staff to support the continuation of embedding this approach to personalise patient experience and sharing good practice and learning.

- The Corporate Nursing Patient Experience Trust intranet page was developed with inclusion of the '***What Matters to Me'*** electronic resource pack to ensure accessibility for staff members. The pack provides a range of resources to enable staff to implement **'*What Matters to Me'*** conversations, inform service improvements and display boards in patient and staff areas, to support the Ward Accreditation process. This includes resources for Children and Young People, patients with a visual impairment and patients where English is not their first language, based on the most commonly spoken languages within our patient group (English, Urdu, Punjabi, Cantonese, Arabic and Polish).

- The Patient Experience (PE) Team continues to embed *'What Matters to Me'* in a range of activities and feedback mechanisms throughout the year including:

  - Regular "Tweetathons" to encourage people to share information and celebrate individual progress through the use of social media using the hashtag **#WMTM**.

  - The PE Team continued to undertake engagement activity across the Trust to support teams with specific campaign weeks, for example:

    - Dying Matters Week,
    - Equality and Diversity Week
    - Nutrition and Hydration Wee
    - Health and Wellbeing Events
    - '*What Matters to Me'* Day

10.5   The PE Team also continued to facilitate 1 to 1 conversations with patients, families and carers on wards and in departments across MFT about '*What Matters to Me'*. All feedback is recorded and shared with the relevant services and during 2019-2020, **2,169** conversations took place about *What Matters to Me*.

10.6   Members of the PE Team are accredited tutors in the delivery of the Expert Patient Programme, self-management course and deliver 3-4 six week sessions on behalf of the LCO, on site at Oxford Road Campus (ORC) to patients and carers living with a long term condition.

10.7   WMTM Masterclasses for staff members were provided in 4 separate locations between March and May 2019 including a community health centre for access for LCO staff members. The PE Team also manage a survey monkey account to support staff members with the development of surveys and reporting processes to enable further opportunities to develop patient and staff feedback mechanisms.

11.   Always Events®

11.1   Always Events® are defined as 'those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the health care delivery system'[13]. Always Events® should be reliable processes or behaviours that ensure improvements in patient experience. As a range of feedback from patients is already collected at MFT the Always Events® process offers a structured methodology to further enhance the Trust's **What Matters to Me** Patient Experience Programme, with a systematic quality improvement process grounded in service user involvement.

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[13] NHSE (2016) Always Events Toolkit. Available at: https://www.england.nhs.uk/always-events/

11.2 During December 2019 work was undertaken to establish a framework to support the pilot of Always Events®, laying the groundwork for a pilot in three initial teams/wards/clinical areas within RMCH, LCO and MRI. An Oversight Group was implemented with membership representatives from stakeholders across each of the hospitals/MCS and a representative from Health watch.

11.3 Ward 84, the pilot area for RMCH, commenced their project in January 2020 with the development of a Point of Care Action Team, including multi-disciplinary representation. A significant amount of feedback (97 responses) was provided by families with whom the team engaged, regarding their Experiences of Care. A process to reflect on the feedback and next steps has been developed, however this activity was paused during the Trust's response to the coronavirus (Covid-19) pandemic. The project will recommence in 2020/21.

12. Improvement activity informed by listening to patient and relative feedback

12.1 This section of the report summarises some of the many examples of improvement work, undertaken in response to patient and relative feedback.

Royal Manchester Children's Hospital (RMCH)

12.2 RMCH developed a child and young person Friends and Family Test card in recognition of the need to hear the voice of the child/young person. The cards will be rolled out in during 2020/21.

Image 9: Child and Young Person Friends and Family Card

12.3 Young people within Child and Adolescent Mental Health Services (CAMHS) at Galaxy House, RMCH worked with a music therapist and record producer from "Outsider Music" to create music, songs and performance pieces which describe some of the tragedy, fun, chaos and isolation of their day to day lives. Using skills to work alongside and support the young people with a wide range of

professional resources, the group worked together, individually and supporting each other, along with staff at Galaxy House in this journey of personal expression. Previous participants have reported the project to be a great success, stating that the live event at the end of the project gives them the chance to 'celebrate the sound of 'my own voice' and the 'freedom to express myself'.

12.4   In October 2019, patients from Galaxy House presented their work to an invited audience of clinical staff and parents. Those present were in awe of the young people's talents, enthusiasm and commitment to the project. One patient has been able to use this experience as a way of communicating and vocalising for the first time.

12.5   RMCH has also been working with ENGIE to create engagement sessions for children and young people during construction of the Helipad. As a result of this engagement, patient's artwork now decorates the contractor's compound. Educational site visits for patients took place and educational engagement sessions were held with the company. This allowed patients to understand what is involved in the construction of new facilities along with science-based educational sessions linked to the Helipad construction.

Disabled User Forum

12.6   Following review of the standards for children and families living with a learning disability and complex needs, a comprehensive action plan was developed and new work streams and reporting structures established within RMCH. In May 2019, RMCH held its first Disabled User Forum which was attended by children and young people along with parents and carers. This gave service users the opportunity to share experiences and participate in some facilitated workshops to help establish a work plan going forward.

Image 10: Disabled User's Forum Poster

Neuromuscular Patient Support Programme

12.7   Janet Johnson, Neuromuscular Nurse Specialist has worked in partnership with a leading research company, PTC Therapeutics, and together won a gold award for the Best Patient Support Programme at the Annual Pharmaceutical Marketing Society Awards 2019.

Image 11: Comic designed for young people living with Duchenne Muscular Dystrophy
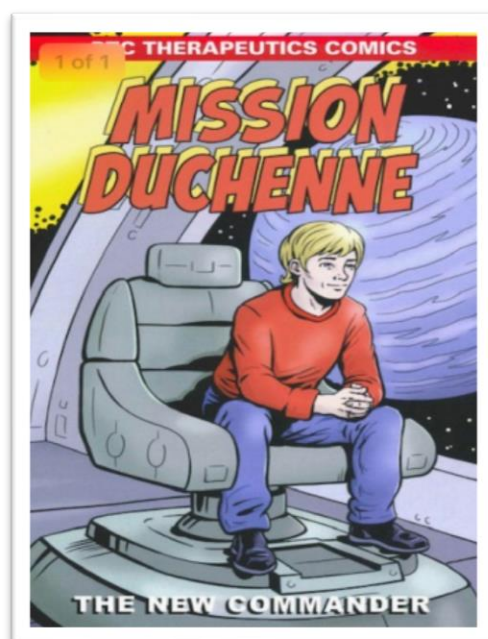
St Mary's Hospital

Newborn Services "Golden Hour"

12.8   Newborn Services launched the "Golden Hour" key checklist. This has been developed to support the care of an infant within the first hour of admission to Newborn Services, and within the first hour of a diagnosis of suspected sepsis. Setting a clock raises awareness that 'the clock is ticking' for all interventions to be completed within the 'Golden Hour', such as lines placed, intravenous antibiotics prescribed and administered,.

Bereavement Support

12.9   The value of on-going support was highlighted at the St Mary's Bereavement Christmas Coffee event held at St. James and Emmanuel Church in Didsbury in December 2019. 44 adults and 21 children attended. The families enjoyed the day, giving feedback on the planned activities:

"I love coming every year, it makes Christmas a little easier to get through -Thank-you so much for the time and effort put in to this event. Remembering babies that have gone is so special."

The University Dental Hospital of Manchester (UDHM)

12.10 The UDHM has undertaken a patient satisfaction survey with the parents and carers of patients with Learning Disabilities (LD) and Autism who access Children and Orthodontic departments. The feedback has been very positive and an action plan has been devised based on the comments received. Work has commenced on improving the pictorial information available, which will be uploaded on to the UDHM website for patients to access.

12.11 Nurse-led telephone supervision of orthodontic retention clinics has been introduced and patient feedback is that attending appointments can be difficult so the option of a telephone appointment is preferable.

Image 12: UDHM Project Information Poster

The Manchester Royal Eye Hospital (MREH)

Eyewise Project

12.12 Aligned to Manchester Royal Eye Hospital's work to collect patient feedback and focus on understanding patients' experiences through 'What Matters To Me', a number of contributions were made to the '100 Voices' campaign. This work was undertaken collaboratively with the national Eyewise project as part of an NHS England programme focused on improving elective care. The aim was to listen to patients and understand their experiences of ophthalmology services and how the care they received has made a difference to their lives. The national work is to inform the design and planning of

ophthalmology services going forward, but for individual units it offers detailed qualitative patient feedback.

12.13 Through engaging current patients, MREH organised for seven patient stories to be articulated. A variety of age groups were included; retired, working age and young adults, who were able to describe the challenges they have faced with their eyesight, the difference care at MREH has made to them and some frustrations they feel. Key events such as transition and seeing their prosthetic eye for the first time were discussed; this provided an opportunity to really understand care from a patient's perspective. Involvement in this project not only allowed unique in depth experiences of MREH patients to be understood, but also created an opportunity to listen to patients nationally whose stories resonate with all ophthalmology services.

Clinical Support Services (CSS)

12.14 Following successful bids through the Trust's Small Change Big Difference patient experience initiative, CSS has made improvements for patients, relatives and staff. The initiatives include Visitors Room Wall Art, new waiting room furniture, staff training materials, bespoke patient chairs and adapted buzzers for patients with reduced motor function.

Image 13: Wall Art Installed in CTCCU, Wythenshawe Hospital

Wythenshawe, Trafford, Withington and Altrincham (WTWA)

Trafford Stroke Unit

12.15 The Trafford Stroke Unit has been ranked in the top 10 best stroke units in the country.

"As a ward we seek to utilise the skills of the whole team, ensuring that patients receive the specialist stroke care they need to enable them to meet their goals. Every member of the team from our nurses, therapists and doctors, to our domestic staff, ward clerks, dieticians, and social workers make a vital contribution to the patient's journey." (Quote from a member of the Stroke Team)

Image 14: Trafford Stroke Unit (Taken before Covid-19 outbreak)

OPAL House Garden

12.16 At **Wythenshawe Hospital**, OPAL House engaged with a community-based urban gardening project, to provide a place of peace and tranquillity for patients and staff. The project has given patients the opportunity to engage in gardening activities to aid their recovery. Working with Allied Health Professionals, including physiotherapists, patients have been able to engage in activities which can aid with body strength, co-ordination and in addition, increase their general sense of wellbeing.

Image 15: OPAL House planters
Intermediate Neurological Rehabilitation Unit (INRU)

12.17 The Intermediate Neurological Rehabilitation Unit (INRU) has created a particularly conducive night time environment for patients, in order to address noise at night, and to focus on ambient lighting and lights out. Patient feedback has highlighted the excellent and supportive care received by the ward team.

Manchester Royal Infirmary (MRI)

Endoscopy Inpatient Co-ordinator

12.18 The MRI Endoscopy Department experienced challenges with patients and ward staff not receiving and/or understanding the information provided regarding bowel preparation being administered at the correct time and in the correct manner to inpatients prior to their endoscopy procedure. This issue led to a high number of patient cancellations due to inadequate bowel preparation.

12.19 The department team commenced a pilot in which a member of the team was allocated to the role of 'Inpatient Co-ordinator'. The Co-ordinator' role includes visiting patients on their wards to ensure both the patients and ward staff were given the correct information regarding the planned procedure, as well as any specific preparation required. As a result of the success of the service and associated reduction in cancellations, this approach has now been made permanent.

Manchester Local Care Organisation (MLCO)

Coral Suite, Moss Side Health Centre

12.20 The LCO has responsibility for "looked after children" (Our Children). For children entering the child protection system community paediatricians, based within the Coral Suite, undertake regular medical examinations to identify and support any health needs. Children are supported by a multi-professional team on arrival to the Coral Suite, at Moss Side Health Centre, ensuring the have the best possible experience.

12.21 The team successfully obtained funding support, to make improvements to the Coral Suite, allowing them to create a more child friendly, less formal area. Feedback from children has been very positive with children not wanting to leave the suite.

Image 16 and 17: Newly designed Coral Suite (LCO)

Clinical Research

12.22 During 2019/20 the Trust's Research and Innovation team made a considerable contribution to improving patient experience, both for existing and future patients. Examples of activity undertaken within clinical research include:

- The MRI Clinical Research Facility enrolled the first UK patient into a Haemophilia Gene Therapy Trial who was also the first global patient to go into the higher dose cohort. This trial was undertaken in collaboration with the non-malignant research team and the Haemophilia Centre.
- The Research Facility is the top UK recruiter in a Phase 1 Huntington's trial; potentially developing the first treatment for the condition since the disease first identified over 100 years ago. This research is carried out in collaboration with SMH MCS.
- The Research Facility recruited the first UK patient in an Osteoarthritis Trial. This study is run in collaboration with the University and trust Physiotherapists.

13. Conclusion and recommendations

13.1 Patient feedback received through National Surveys identifies that MFT, was categorised as *'about the same'* as other organisations, with a number of positive areas identified and areas where significant improvement has been made, such as patient satisfaction with hospital food.

13.2 Key areas where improvements are required have been identified, and improvement plans are underway within Hospitals/MCS's/LCO as applicable.

13.3 Examples of *'What Matters to Me'* initiatives across the Trust have demonstrated how the Trust has continued to focus on delivering a personalised approach to care.

13.4 During 2019/20 the Friends and Family Test (FFT) has been modified to increase the quantity of patient feedback and an Always Events® programme has been initiated to further increase the use of patient and service user feedback to improve services.

13.5 The Trust **Experience and Involvement Strategy: Our Commitments to Patients, Families and Carers 2020-2023**, has been developed and will be launched in 2020/21 to embed MFT's commitment to involving patients and service users in continuous improvement to support an excellent patient experience.

13.6 A framework for continuous improvement, informed by external and internal patient feedback, is embedded across the Trust, supported by MFT Improving Quality Programme (IQP) methodology and monitored through the Trust's clinical accreditation programme.

13.7 The Board of Directors is asked to note the content of this report, recognise the achievements during 2019/20 and continue to support and prioritise the Trust's patient experience work programme.

Appendix 1

Maternity Services Survey (2019) comparison of MFT scores by category to the Shelford group Trusts

Antenatal Care

Note: Queen Charlotte's and Chelsea Hospital (Imperial College Hospital Healthcare NHS Trust) does not provide Antenatal Care

Chart A: Overall Scores for 'The start of your care in pregnancy'

The Start of your Care in Pregnancy

UCL	MFT	Birmingham	Sheffield	Newcastle	Cambridge	Guys & St Thomas	Imperial	King's College	Oxford
5.8	5.8	5.8	5.9	6.1	6.2	6.2	6.3	6.8	7.6
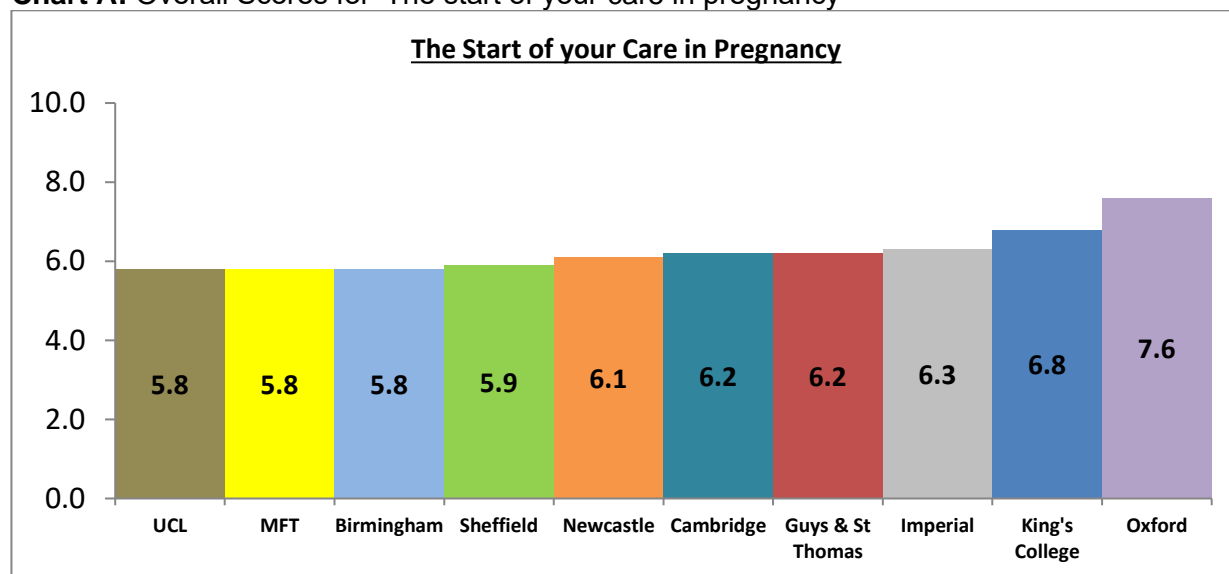
Chart B: Overall Scores for 'Antenatal check ups'

Antenatal Check-ups

Cambridge	UCL	Birmingham	Imperial	Guys & St Thomas	Newcastle	Sheffield	MFT	King's College	Oxford
7.3	7.4	7.6	7.7	8.1	8.1	8.2	8.2	8.3	8.4
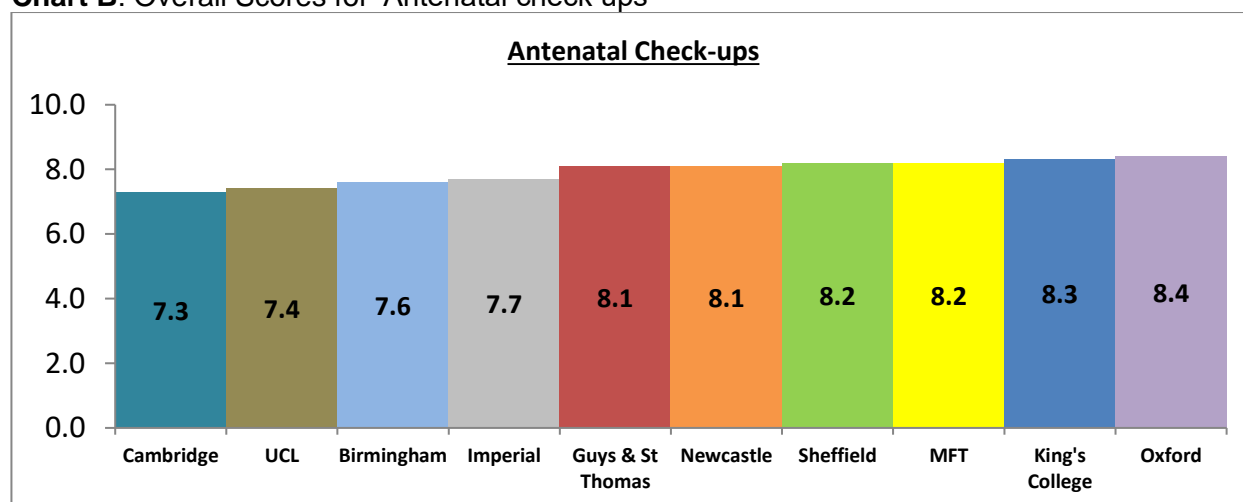
Chart C: Overall Scores for 'During your Pregnancy'

During your Pregnancy

UCL	Birmingham	Imperial	Cambridge	Guys & St Thomas	MFT	King's College	Sheffield	Newcastle	Oxford
7.4	8.1	8.2	8.3	8.3	8.5	8.7	8.9	9.0	9.0
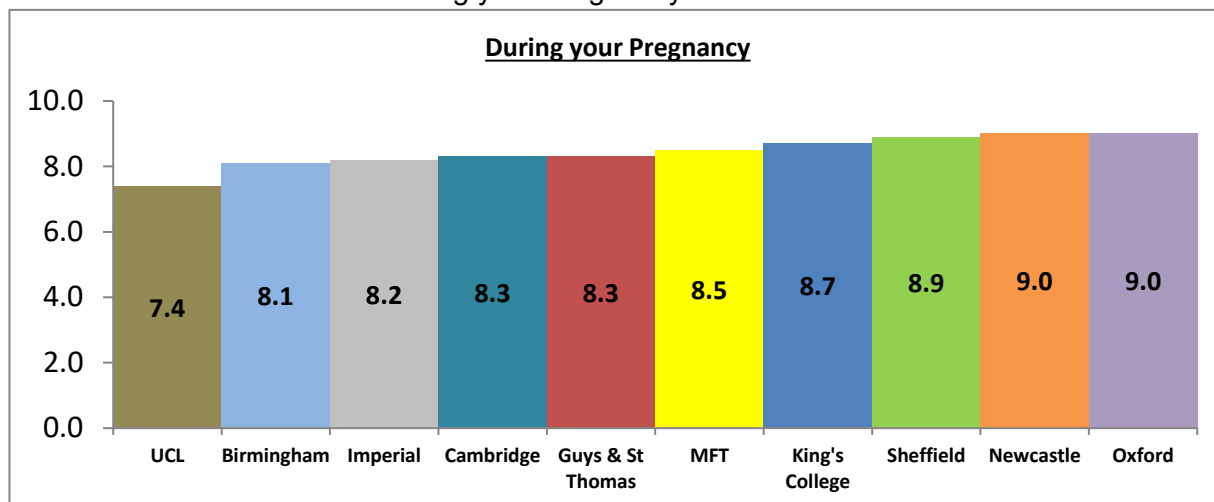
Labour and Birth

Chart D: Overall Scores for 'Labour and Birth'

Labour and Birth

UCL	Birmingham	Guys & St Thomas	King's College	Cambridge	Sheffield	MFT	Imperial College	Oxford	Newcastle
8.5	8.5	8.5	8.5	8.6	8.6	8.9	9.0	9.1	9.3
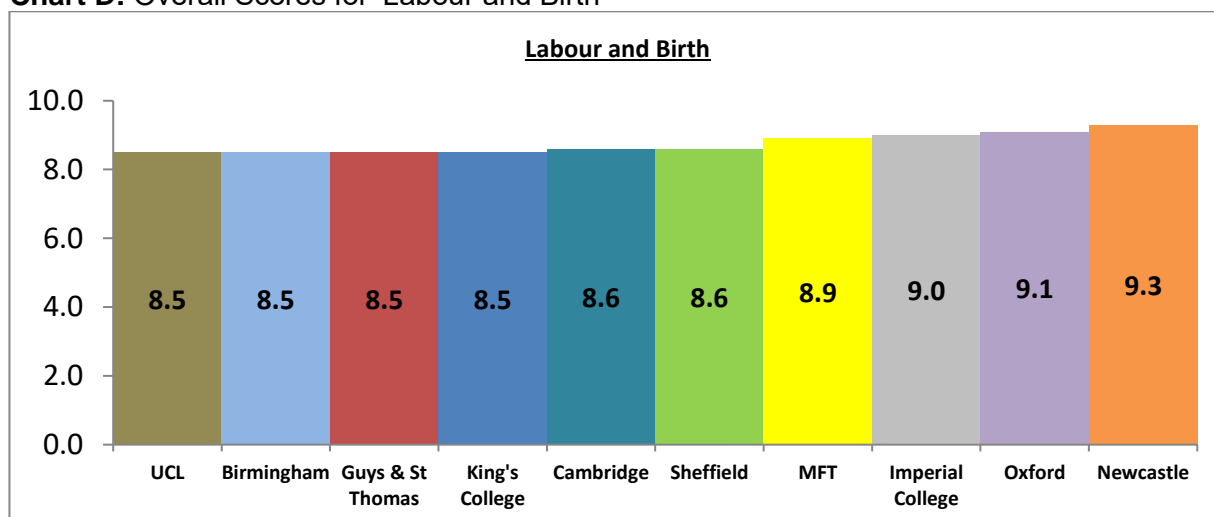
Chart E: Overall Scores for 'Staff caring for you'

Staff

Birmingham	UCL	Cambridge	Guys & St Thomas	King's College	Sheffield	MFT	Imperial College	Oxford	Newcastle
8.2	8.4	8.4	8.5	8.6	8.7	8.7	8.8	8.8	9.3
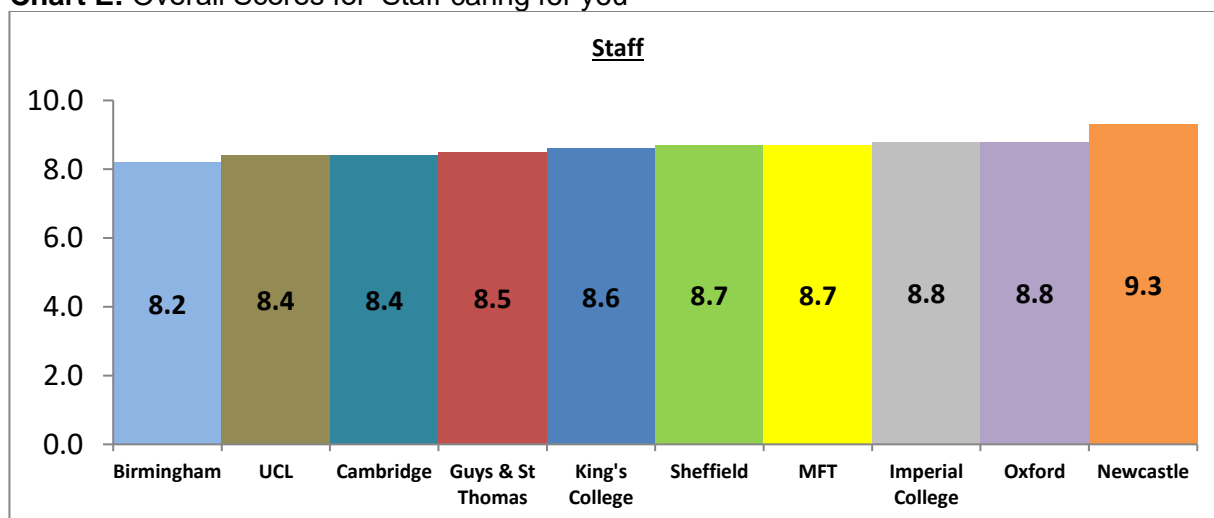
Postnatal Care

NB Please note Imperial College Healthcare NHS Trust, University College London Hospitals NHS Foundation Trust and King's College Hospital NHS Foundation Trust do not provide postnatal care

Chart F: Overall Scores for 'Care in Hospital after Birth'

Care in Hospital after the Birth

Birmingham	MFT	UCL	Sheffield	Cambridge	Oxford	Guys & St Thomas	King's College	Imperial College	Newcastle
7.2	7.3	7.3	7.5	7.6	7.6	7.8	7.8	7.8	8.5
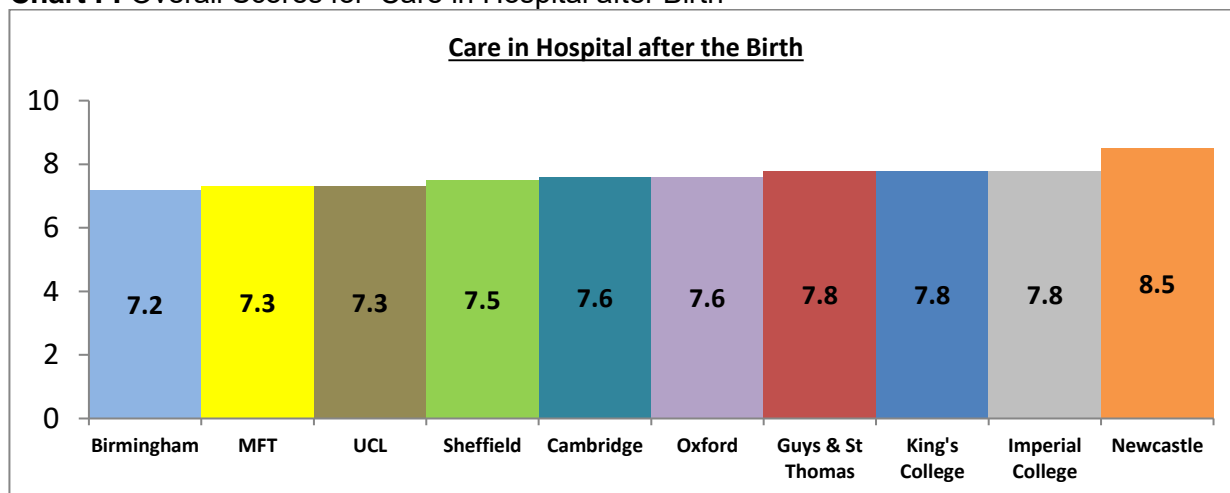
Chart G: Overall Scores for 'Feeding'

Feeding

UCL	Birmingham	Imperial College	King's College	Oxford	Guys & St Thomas	Sheffield	Cambridge	MFT	Newcastle
8.0	8.0	8.1	8.4	8.4	8.5	8.6	8.6	8.6	8.8
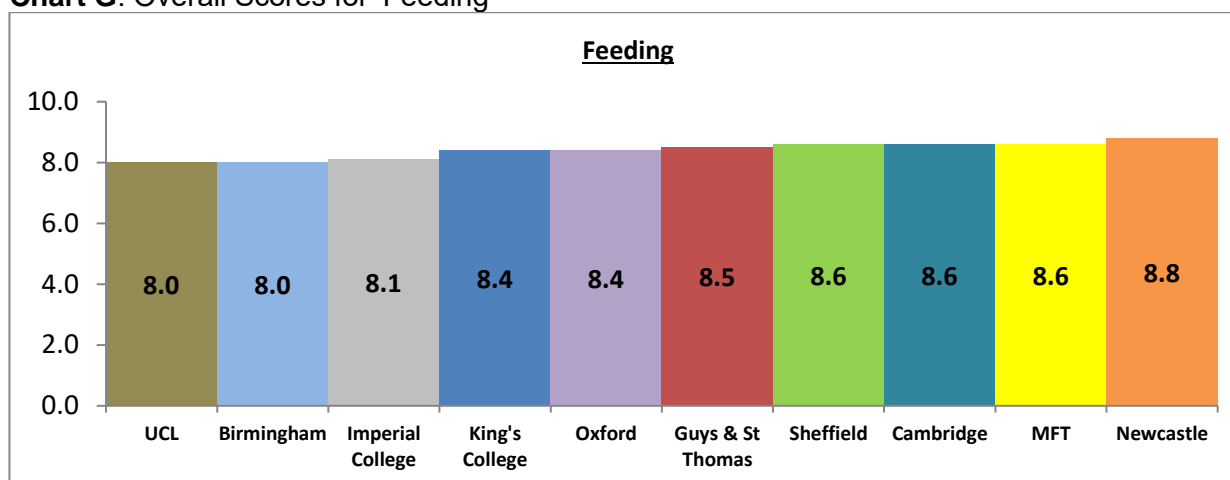
Chart H: Overall Scores for 'Care at Home after the Birth'

Care at Home after the Birth

Cambridge	Guys & St Thomas	Birmingham	Sheffield	Oxford	MFT	Newcastle
7.6	7.6	7.9	8.1	8.1	8.2	8.4
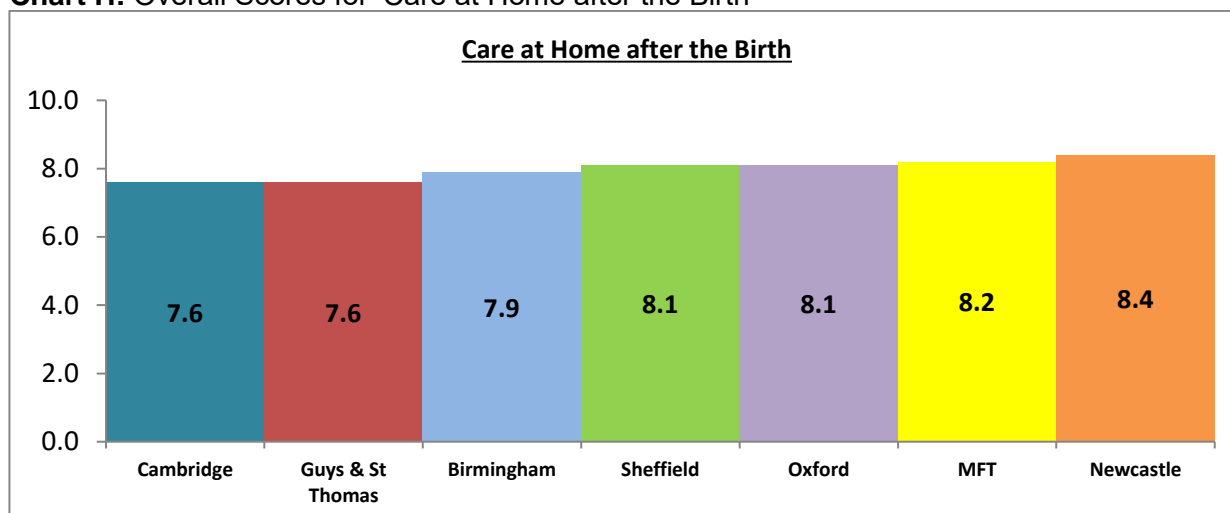
Appendix 2

Children and Young People's Patient Experience Survey (2018) Results comparison of MFT scores by category to other Children's Hospitals

Chart 1: Comparison of results for responses from children and young people aged 8 to 15 who were asked 'Do you feel the people looking after you were friendly?'

Do you feel the people looking after you were friendly?

Guys & St Thomas	Birmingham	Great Ormond Street	MFT	Bristol	Leeds	Alder Hey	Sheffield
9.1	9.3	9.3	9.3	9.4	9.5	9.6	9.6

Chart 2: Comparison of results for responses from children and young people aged 8 to 15 who were asked 'Overall, how well do you think you were looked after in hospital?'

Overall, how well do you think you were looked after in hospital?

Guys & St Thomas	MFT	Great Ormond Street	Birmingham	Leeds	Bristol	Sheffield	Alder Hey
8.9	8.9	9.1	9.2	9.2	9.3	9.3	9.5
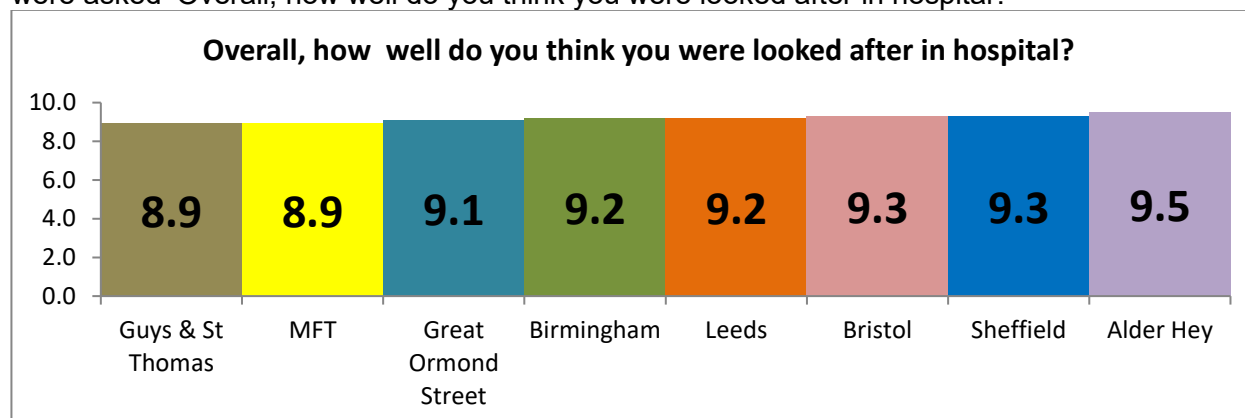
Chart 3: Comparison of results for responses from parents and carers of 0 to 7 year olds who were asked 'Do you feel that the people looking after your child listened to you?'

Do you feel that the people looking after your child listened to you?

	MFT	Great Ormond Street	Sheffield	Birmingham	Bristol	Alder Hey	Leeds	Guys & St Thomas
Score	8.3	8.4	8.6	8.8	9.0	9.0	9.0	9.3
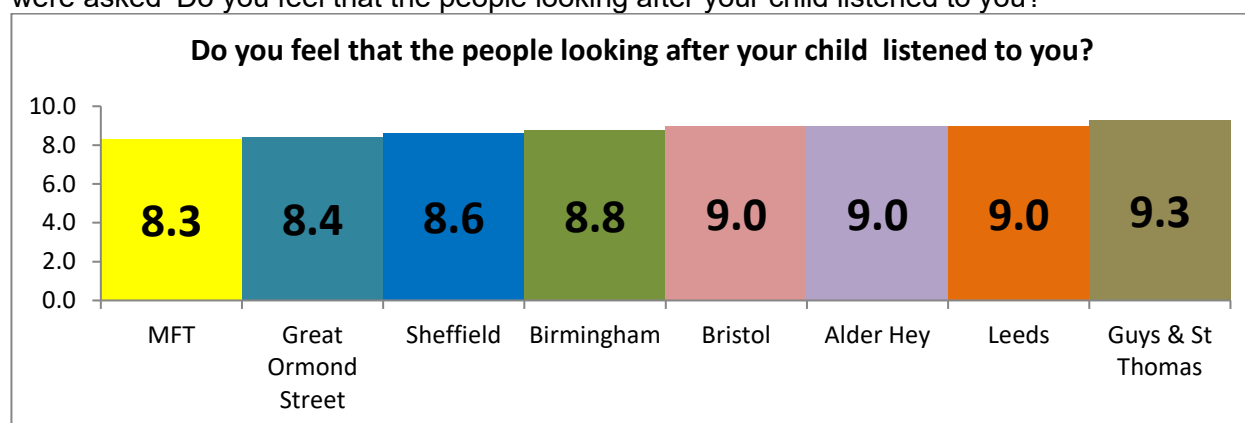
Chart 4: Comparison of results for responses from parents and carers of 0 to 7 year olds who were asked 'Do you feel that the people looking after your child were friendly?'

Do you feel that the people looking after your child were friendly?

	Great Ormond Street	Birmingham	Leeds	MFT	Sheffield	Guys & St Thomas	Bristol	Alder Hey
Score	8.5	8.9	9.1	9.1	9.2	9.3	9.4	9.7
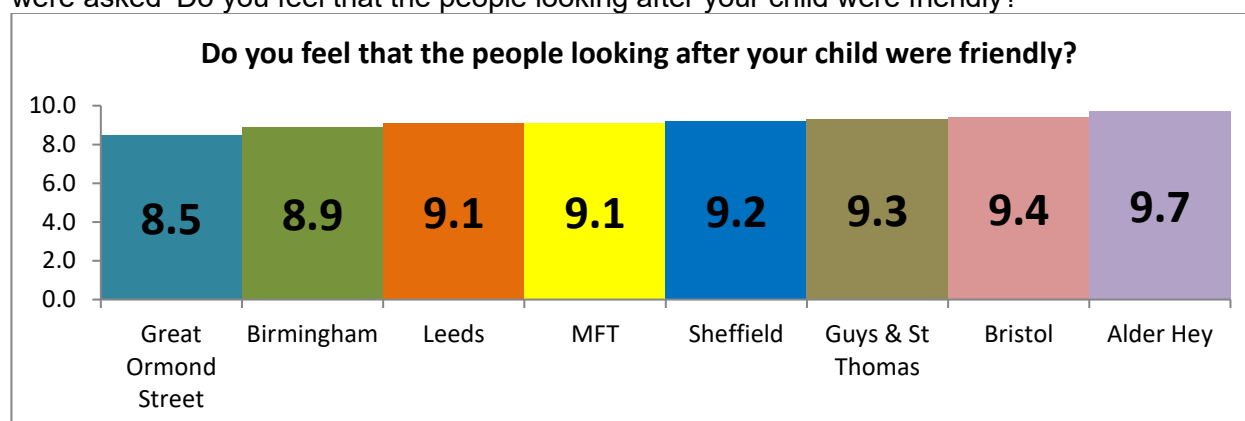
Chart 5: Comparison of results for responses from parents and carers of 0 to 7 year olds who were asked 'Do you feel that your child was well looked after by the hospital staff?'

Do you feel that your child was well looked after by the hospital staff?

	Birmingham	Leeds	Great Ormond Street	Bristol	MFT	Guys & St Thomas	Sheffield	Alder Hey
Score	8.7	8.8	9.1	9.2	9.2	9.4	9.5	9.6
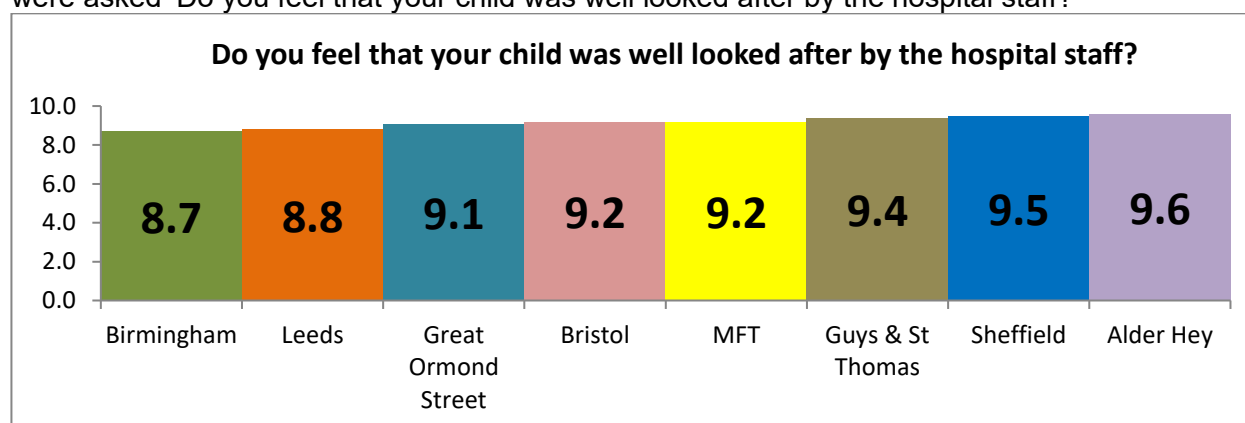
Chart 6: Comparison of results for responses from parents and carers of 0 to 15 year olds who were asked 'Do you feel that you (the parent / carer) were well looked after by hospital staff?'

Do you feel that you (the parent / carer) were well looked after by hospital staff?

Birmingham	MFT	Bristol	Leeds	Sheffield	Guys & St Thomas	Great Ormond Street	Alder Hey
7.7	7.9	8.3	8.3	8.3	8.4	8.5	9.0
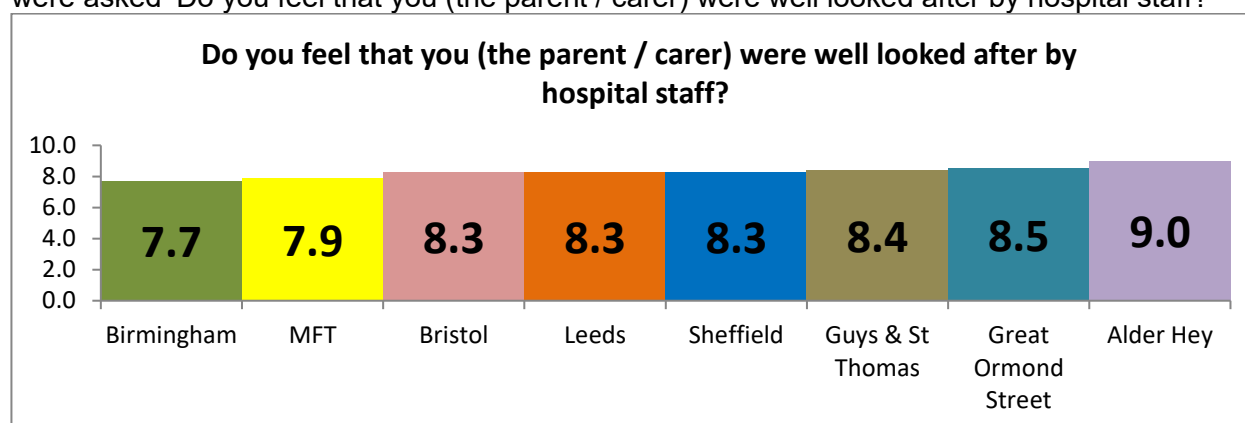
Chart 7: Comparison of results for responses from parents and carers of 0 to 15 year olds who were asked 'Were you treated with dignity and respect by the people looking after your child?'

Parents and Carers were asked: Were you treated with dignity and respect by the people looking after your child?

Birmingham	Sheffield	MFT	Great Ormond Street	Guys & St Thomas	Leeds	Bristol	Alder Hey
9.1	9.2	9.2	9.4	9.4	9.4	9.5	9.8
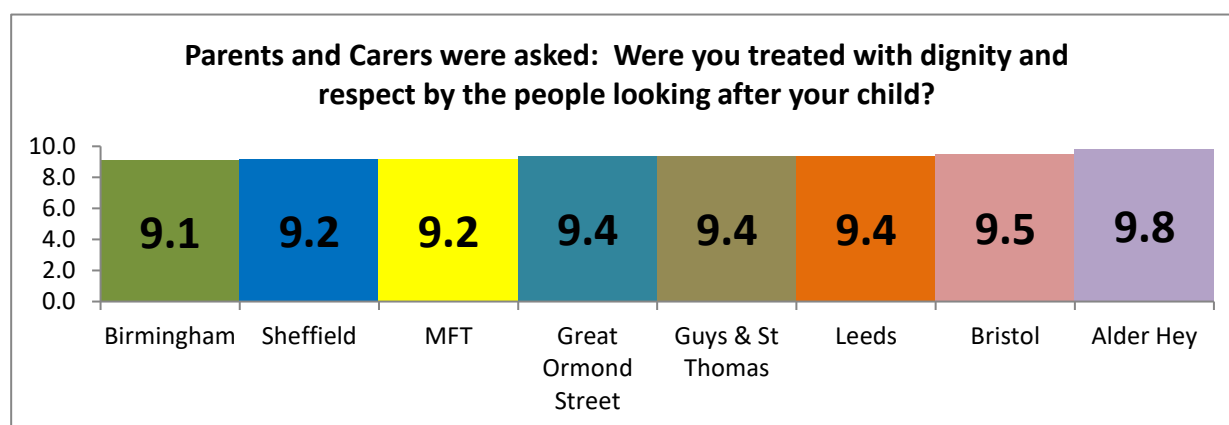
Chart 8: Comparison of results for responses from parents and carers of 0 to 15 year olds who were asked 'Overall, I felt my child had a....?'

Parents and Carers were asked: Overall, I felt my child had a....

Birmingham	MFT	Bristol	Great Ormond Street	Guys & St Thomas	Leeds	Sheffield	Alder Hey
8.4	8.6	8.7	8.7	8.7	8.7	8.7	9.2
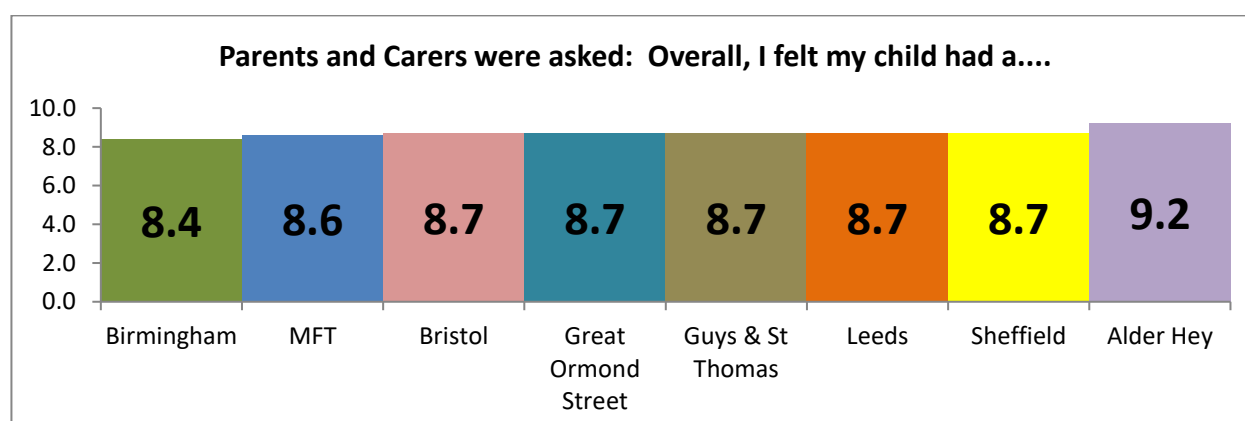
Appendix 3: Cancer Dashboard Performance: Great Manchester/East Cheshire Group Comparison

Q18: Were you involved as much as you wanted to be in decisions about your care and treatment?

Bolton	MFT	Christies	East Cheshire	Salford	Pennine	Tameside	Wrightington	Stockport
87%	83%	82%	82%	82%	79%	78%	78%	77%

Q19: Were you given the name of a Clinical Nurse Specialist who would support you through your treatment?

MFT	Wrightington	Bolton	Christies	Pennine	Salford	Stockport	Tameside	East Cheshire
94%	94%	93%	92%	92%	91%	90%	90%	85%

Q20: How easy or difficult has it been for you to contact your Clinical Nurse Specialist?

Bolton	East Cheshire	MFT	Wrightington	Christies	Pennine	Salford	Stockport	Tameside
91%	91%	88%	88%	86%	84%	83%	83%	81%

Q39: Overall, did you feel you were treated with respect and dignity while you were in the hospital?

East Cheshire	Christies	Salford	MFT	Bolton	Pennine	Tameside	Stockport	Wrightington
95%	90%	90%	89%	89%	86%	86%	82%	79%

Q41: Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

Christies	MFT	Salford	Bolton	Wrightington	Stockport	Tameside	East Cheshire	Pennine
96%	95%	95%	94%	92%	91%	91%	90%	90%

Q55: Do you think the GPs and nurses at your general practice did everything they could to support you while you were having cancer treatment?

Salford	Wrightington	East Cheshire	Stockport	MFT	Christies	Bolton	Pennine	Tameside
68%	67%	62%	62%	60%	60%	58%	55%	47%

Appendix 4: Cancer Dashboard Performance: Shelford Group Comparison

Q18: Were you involved as much as you wanted to be in decisions about your care and treatment?

Cambridge	MFT	Newcastle	Oxford	Sheffield	UCL	Birmingham	Guys	Kings	Imperial
86%	83%	83%	82%	82%	82%	81%	79%	79%	78%

Q19: Were you given the name of a Clinical Nurse Specialist who would support you through your treatment?

Cambridge	Imperial	Kings	MFT	UCL	Birmingham	Guys	Newcastle	Sheffield	Oxford
96%	95%	95%	94%	93%	92%	91%	91%	91%	89%

Q20: How easy or difficult has it been for you to contact your Clinical Nurse Specialist?

MFT	Newcastle	Birmingham	Sheffield	Guys	Cambridge	Imperial	Kings	Oxford	UCL
88%	88%	87%	86%	84%	83%	81%	81%	81%	79%

Q39: Overall, did you feel you were treated with respect and dignity while you were in the hospital?

Hospital	Percentage
Oxford	92%
Newcastle	91%
MFT	89%
Cambridge	89%
Sheffield	89%
UCL	89%
Guys	88%
Birmingham	86%
Imperial	86%
Kings	86%

Q41: Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

Hospital	Percentage
Sheffield	97%
Oxford	96%
Cambridge	96%
MFT	95%
Birmingham	95%
Newcastle	95%
UCL	94%
Guys	94%
Imperial	91%
Kings	88%

Q55: Do you think the GPs and nurses at your general practice did everything they could to support you while you were having cancer treatment?

Hospital	Percentage
Oxford	62%
Newcastle	61%
Cambridge	61%
MFT	60%
Kings	56%
Sheffield	55%
UCL	54%
Birmingham	54%
Guys	54%
Imperial	53%
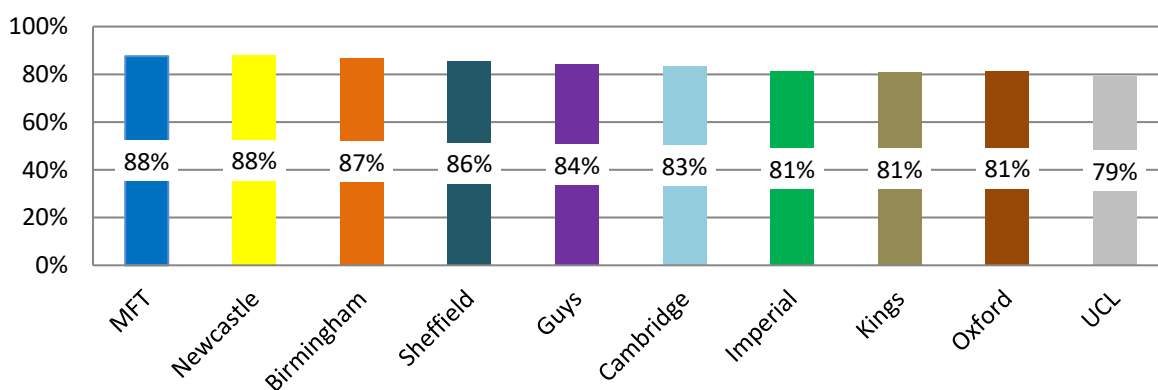
Appendix 5: Sample of Free text comments from survey respondents

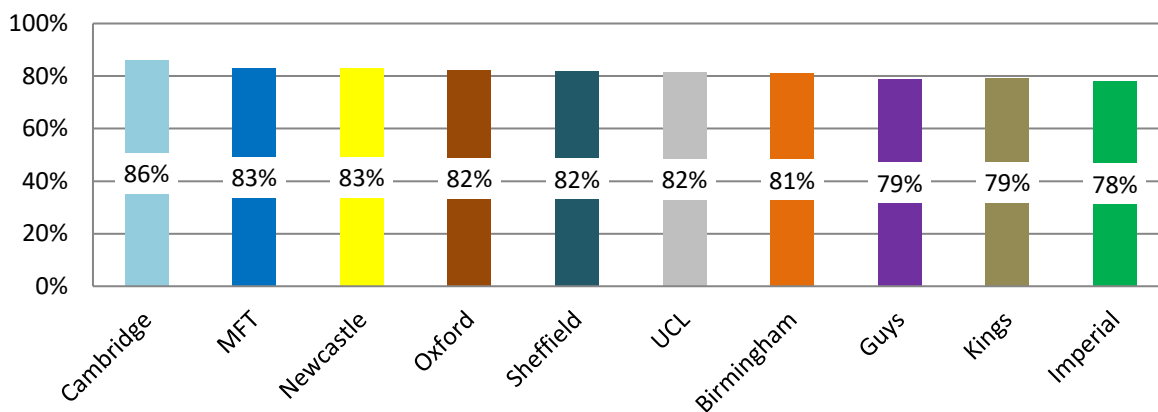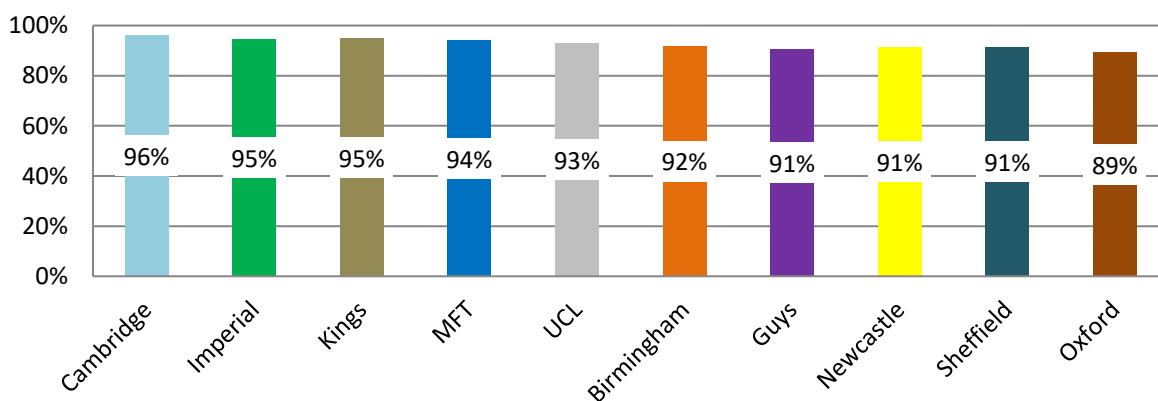| MFT Tumour Group	What went Well	What could be improved
Breast	Every person I seen was very good. From the start of being told that I may have cancer, to the very last treatment session. My cancer care at Wythenshawe was excellent very professional. Felt very supported through my procedures. The Nightingale Centre at Wythenshawe is an amazing facility, full of wonderful, caring people. I would like to say I was treated very well by doctors & nurses. Nothing was too much. I was or am very grateful for my treatments & care. Many thanks.	On some appointments at the Nightingale, they would be running an hour or more behind which can be quite stressful. If possible, results could be a lot less than 3 weeks. The waiting times each visit were very long, over an hour and this added to the anxiety waiting for results. I was told I was entitled to free prescriptions but not informed I needed an exemption certificate so received a penalty charge.
Urology	GP visits and hospital outpatient appointments/treatments went well. After the diagnosis the care was quick and simple and explained fully by the consultant. Consultants good. My specialist cancer nurses are excellent at giving support and carrying out treatments - they are a vital part of my care. The team was amazing and care cannot be faulted. All staff were 100% very good service.	When I first attended hospital, certain parts were a little dirty. The night times are the poorest for quality. I am on active surveillance, quite often my appointments are cancelled and rearranged for later dates. Better communication between departments and the scanning dept. The nursing staff had no time for me whilst I was in hospital, it was hard to find help at any time.
Head & Neck	No complaints, everyone involved doctors, nurses, speech therapists, dieticians everyone were fantastic. Excellent care and support has been provided by Dr and his team and the staff of ward F9. All of the care I received at both clinics & hospital was excellent!! Everything was absolutely brilliant. An amazing surgeon with an excellent team.	On the day of the operation I was left sitting in a room for almost 6 hours until ready for me to go to theatre. Dental care post treatment.
Lung	The care I received at Wythenshawe could not have been better under the care of Mr R team and would recommend to anyone.	Food quality = Poor. Parking and cost of parking. Operation cancelled.

		Providing scan results sooner to erase worries and concerns.
	Staff were efficient and helpful but most of all they treated me as a person. No matter how busy they were they always had time to talk to me	Waiting times, however we were kept informed by staff
	Quality of nursing was extremely good. All staff were extremely helpful.	
Haematology	The speed we were seen after being diagnosed was very good. The emergency number is very helpful.	Organisation on the outpatient haematology ward chaotic.
	Doctor nurses and all the health professionals at M.R.I are excellent.	On the wards the nurses were clearly low on numbers often resulting in having to wait a considerable.
	All the staff including the cleaners on the inpatient haematology ward.	Information about ward routine would be helpful.
	My specialist nurse AC was amazing.	Struggled with the food on the ward. No options for neutropenic diet in hospital when attending as an outpatient (often there 3 hours).
	Thank you to all the staff of ward 44.	
Colorectal	Excellent care throughout my treatment, from the surgeon, anaesthetists, nurses & general staff. I found them all kind, caring & courteous & very willing to help.	The food in hospital was truly awful and not conducive to aiding recovery.
	I felt the care I was given at Manchester was excellent.	Were always short of staff. The food is horrible!
	The time from seeing my GP to discuss symptoms to being operated on was a mere 4 weeks, all staff was great and left me humbled.	During my time in H.D.U. my case was discussed at my bedside when although not fully awake, I could hear and understand what was said.
	I thought that I was looked after well by all the nurses and McMillian nurses and my surgeon at Wythenshawe Hospital.	
Gynaecology-oncology	Excellent treatment throughout my treatment (keyhole hysterectomy) at both St Mary's, Manchester and the Christie (Radiotherapy).	Communication between St Mary's and the Christie over post-op checks was poor.
	Both consultants were amazing and McMillan nurse in fact all staff exceptional at Fairfield and St Marys.	Food. Personal care i.e. having a wash each day didn't happen. Nurses listening to you when you know something is not right.
	The surgeons were brilliant. The nurses were also usually great.	

UGI/HPB	Professional and caring consultants and doctors, nurses who could not do enough to care and support I am 100% satisfied and happy with my cancer care treatment with the NHS. Dr and his staff have been excellent. Many thanks. . The ability to talk without feeling foolish and being able have a family member with me at those times, A big thank you.	Length of taken after follow-up scans needs improvement in informing patients I believe having to wait 6 weeks for results causes many concerns for the patient. Less waiting times. Communication between departments
Sarcoma	My care has been excellent from the start. I have always been able to contact my CNS for any questions / problems I may have had.	
Skin	Following my operations I have had at least three appointments with my Macmillan skin cancer clinical nurse specialist who is available to answer any questions that I may have. each time we meet she puts me at my ease. Entering the hospital for day care all went very smooth which reassuring. Yes, the nurses in the clinic. Very professional and caring. Reassuring my melanoma left quite a hole in my leg encouraging me to return if I was concerned.	

Appendix 6: Thematic analysis of patient free text comments

The analysis identified 10 themes from free text comments and shows the proportion of the feedback that was positive (blue), neutral (grey), and negative (orange). The percentages shown to the left of the central chart represent the proportion of positive mentions and the percentages shown to the right represent the proportion of negative mentions.

Themes (by number of mentions)	Positive, neutral, negative		Strength of sentiment	
Treatment — 1,314	49.5%	16.3%	-28%	44%
Staff type — 582	55.0%	14.1%	-29%	54%
Staff (general) — 286	72.4%	7.3%	-20%	52%
Attitude — 278	80.9%	14.0%	-37%	48%
Wait times — 231	36.8%	27.7%	-25%	38%
Communication — 137	32.1%	32.1%	-28%	42%
Care quality — 127	63.0%	18.1%	-41%	52%
NHS — 85	70.6%	14.1%	-45%	46%
Facilities — 79	27.8%	27.8%	-36%	49%
Information — 77	27.3%	24.7%	-28%	37%
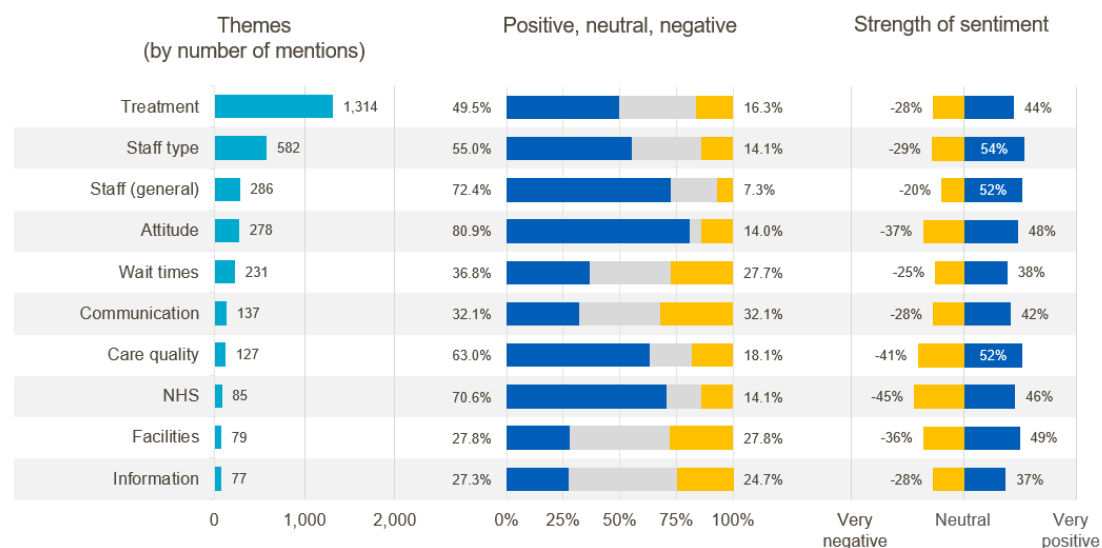
Appendix 7: National Adult Inpatient Survey (2019):Hospital Site Results MRI and Wythenshawe Hospital compared to MFT Score and National highest and lowest

Question	The Accident & Emergency Department (answered by emergency patients only)	Nat High Score	Nat Low Score	MFT Score	MRI Score	MRI Responses	Wythenshawe Score	Wythenshawe Responses
Q3	While you were in the A&E Department, how much information about your condition or treatment was given to you?	9.0	6.8	8.3	8.3	69	8.2	132
Q4	Were you given enough privacy when being examined or treated in the A&E Department?	9.5	7.8	9.3	8.8	76	9.6	136
	Waiting list or planned admissions (answered by those referred to hospital)							
Q6	How do you feel about the length of time you were on the waiting list?	9.6	6.3	8.4	8.0	64	8.8	102
Q7	Was your admission date changed by the hospital?	9.8	8.0	8.8	9.0	65	8.6	105
Q8	Had the hospital specialist been given all necessary information about your condition/illness from the person who referred you?	9.5	8.2	9.2	9.2	61	9.5	107
	Waiting to get to a bed on a ward							
Q9	From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	9.3	5.8	7.6	6.8	147	7.8	257

	The hospital and ward							
Q11	Did you ever share a sleeping area with patients of the opposite sex?	9.8	7.6	9.3	8.8	150	9.5	260
Q13	Did the hospital staff explain the reasons for being moved in a way you could understand?	8.7	5.3	7.3	6.6	43	7.9	52
Q14	Were you ever bothered by noise at night from other patients?	9.1	5.1	6.6	6.4	149	6.8	254
Q15	Were you ever bothered by noise at night from hospital staff?	9.2	7.3	8.4	8.8	147	8.3	253
Q16	In your opinion, how clean was the hospital room or ward that you were in?	9.8	8.2	8.9	8.6	150	9.1	261
Q17	Did you get enough help from staff to wash or keep yourself clean?	9.4	6.2	7.7	7.0	93	8.1	145
Q18	If you brought your own medication with you to hospital, were you able to take it when you needed to?	8.6	5.9	6.5	5.4	88	7.3	143
Q19	How would you rate the hospital food?	7.9	4.5	5.2	5.0	141	5.3	244
Q20	Were you offered a choice of food?	9.6	7.8	8.4	8.5	147	8.5	253
Q21	Did you get enough help from staff to eat your meals?	9.4	5.1	7.3	6.7	41	7.7	47

Q22	During your time in hospital, did you get enough to drink?	9.9	8.7	9.4	9.2	139	9.5	251
Q72	Did you feel well looked after by the non-clinical hospital staff?	9.8	8.3	9.1	9.1	138	9.2	236
	Doctors							
Q23	When you had important questions to ask a doctor, did you get answers that you could understand	9.4	7.4	8.3	7.3	131	8.7	241
Q24	Did you have confidence and trust in the doctors treating you?	9.8	8.4	9.0	8.6	148	9.2	256
Q25	Did doctors talk in front of you as if you weren't there?	9.4	7.8	8.6	7.7	147	9.0	257
	Nurses							
Q26	When you had important questions to ask a nurse, did you get answers that you could understand?	9.2	7.4	8.1	7.3	132	8.7	230
Q27	Did you have confidence and trust in the nurses treating you?	9.7	7.9	8.7	8.3	149	8.9	260
Q28	Did nurses talk in front of you as if you weren't there?	9.6	8.0	9.1	9.1	145	9.1	258
Q29	In your opinion, were there enough nurses on duty to care for you in hospital?	9.0	6.2	7.1	6.4	145	7.4	257
Q30	Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)	8.4	4.9	6.6	6.3	148	6.9	255

	Your care and treatment							
Q31	Did you have confidence and trust in any other clinical staff treating you?	9.5	7.9	8.7	8.0	95	9.1	173
Q32	In your opinion, did the members of staff caring for you work well together?	9.6	7.7	8.7	8.0	138	9.1	238
Q33	Did a member of staff say one thing and another say something different?	9.1	7.4	8.2	7.2	148	8.6	257
Q34	Were you involved as much as you wanted to be in decisions about your care and treatment?	8.8	6.5	7.3	6.6	143	7.6	254
Q35	Did you have confidence in the decisions made about your condition or treatment?	9.4	7.6	8.4	7.7	145	8.6	254
Q36	How much information about your condition or treatment was given to you?	9.7	8.2	8.9	8.4	139	9.1	250
Q37	Did you find someone on the hospital staff to talk to about your worries and fears?	7.7	4.3	5.5	4.6	101	5.9	142
Q38	Do you feel you got enough emotional support from hospital staff during your stay?	8.6	5.9	7.4	7.0	99	7.6	138
Q39	Were you given enough privacy when discussing your condition or treatment?	9.5	7.9	8.6	8.1	146	8.8	255
Q40	Were you given enough privacy when being examined or treated?	9.9	9.1	9.5	9.4	145	9.6	255
Q42	Do you think the hospital staff did everything they could to help control your pain?	9.5	6.6	8.1	7.6	91	8.3	158

Q43	If you needed attention, were you able to get a member of staff to help you within a reasonable time?	9.0	7.0	7.6	6.8	137	8.0	232
	Operations & procedures							
Q45	Did a member of staff answer your questions about the operation or procedure in a way you could understand?	9.7	8.6	9.1	8.6	93	9.3	160
Q46	Were you told how you could expect to feel after you had the operation or procedure?	8.9	6.9	7.8	6.9	100	8.3	168
Q47	Afterwards, did a member of staff explain how the operation or procedure had gone in a way you could understand?	9.2	7.3	8.2	7.9	101	8.5	167
	Leaving hospital							
Q48	Did you feel you were involved in decisions about your discharge from Hospital?	8.5	6.0	7.1	6.2	145	7.5	251
Q49	Were you given enough notice about when you were going to be discharged?	8.7	6.2	7.3	6.3	149	7.8	258
Q51	Discharge delayed due to wait for medicines/to see doctor/for ambulance.	8.5	5.0	5.6	4.9	138	5.8	244
Q52	How long was the delay?	9.3	6.2	6.9	6.2	137	7.1	241
Q54	Did you get enough support from health or social care professionals to help you recover and manage your condition?	8.2	5.0	6.4	5.6	84	7.0	150
Q55	When you left hospital, did you know what would happen next with your care?	8.4	5.8	6.7	6.1	128	7.0	227

Q56	Were you given any written or printed information about what you should or should not do after leaving hospital?	9.2	4.6	66.0	6.0	143	6.7	255
Q57	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	9.5	7.3	8.4	8.2	99	5.4	149
Q58	Did a member of staff tell you about medication side effects to watch for when you went home?	7.4	3.5	4.8	4.2	88	5.4	149
Q59	Were you given clear written or printed information about your medicines?	8.7	6.5	7.8	7.8	101	7.9	165
Q60	Did a member of staff tell you about any danger signals you should watch for after you went home?	7.9	4.1	5.6	4.4	115	6.4	185
Q61	Did hospital staff take your family or home situation into account when planning your discharge?	8.8	5.4	7.3	5.5	98	8.2	166
Q62	Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?	7.9	4.6	6.4	5.7	97	7.1	153
Q63	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	9.7	6.5	7.7	6.9	135	8.0	233
Q64	Did hospital staff discuss with you whether additional equipment or adaptations were needed in your home?	9.4	6.8	7.7	7.1	47	8.2	81
Q65	Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	9.5	4.4	8.1	7.4	77	8.1	151
Q66	Was the care and support you expected available when you needed it?	9.5	6.4	8.1	7.1	89	8.6	171

	Overall views of care and services							
Q67	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	9.7	8.4	9.0	8.6	149	9.2	260
Q69	During this hospital stay, did anyone discuss with you whether you would like to take part in a research study?	3.8	0.5	1.5	1.6	132	1.5	216
Q70	During your hospital stay, were you ever asked to give your views on the quality of your care?	3.5	0.5	1.4	1.3	134	1.6	216
Q71	Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	4.3	0.8	1.9	1.5	119	2.0	209
Q68	Overall…	9.2	7.4	8.1	7.7	140	8.4	253

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Deputy Chief Executive
Paper prepared by:	David Cain, Freedom to Speak Up Guardian Mags Bradbury, Associate Director Wellbeing, Inclusion & Community Harriet Prust, Inclusion Programme Manager
Date of paper:	September 2020
Subject:	Freedom to Speak Up Annual Report (2019/20)
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Freedom to Speak is a key programme to support the Trust's commitment to its values of being an open and honest. It also supports the Trust strategic aims of patient safety.
Recommendations:	The Board of Directors is asked to consider and note the information in the report.
Contact:	<u>Name</u>: David Cain, Freedom to Speak Up Guardian <u>Tel</u>: 0161 276 6262

Freedom to Speak Up Annual Report

April 1st 2019 to 31st March 2020

Foreword

As the Freedom to Speak Up Guardian Manchester University NHS Foundation Trust (MFT) I am proud to present our annual report on the progress we have been making in 2019 – 2020 to ensure that all our colleagues across MFT feel confident to speak up. Freedom to Speak Up (F2SU) is a national programme that supports staff, students, governors and patients raise concerns. Good speaking up arrangements help to protect patients and improve the working experience of NHS workers.

I am passionate about supporting colleagues, having had a career in the NHS for over 40 years I have seen the impact when colleagues feel they are unable to share their concerns, feel bullied or intimidated. I want everyone at MFT to know how to raise concerns and to feel safe when they do so. All my life I have supported someone close to me who has often not had a voice because of their disability, I want to empower everyone to have a voice and to be heard. In this role I have spoken to lots of people here at MFT, it has been a privilege to hear their stories and work with them to help the organisation build a culture of speaking up. It has been fantastic to see how the Freedom to Speak Up Champions role is being embedded across the Trust and I am proud of the work that they do to support colleagues. A highlight this year was hosting the National Guardian during Freedom to Speak Up Month in October. It was great to have the National Guardian share her aspirations for the Freedom to Speak Up programme across the NHS with colleagues at MFT and other Guardians across the North West.

Covid-19 has had a major impact on all of us, I am so proud of what the NHS has achieved together but I am also aware of the toll this has had on colleagues. We have worked hard to support all colleagues raise their concerns, whether it is access to PPE, social distancing or coping with the pressures. The work we led with the Nightingale Hospital North West showed the strength of our Freedom to Speak Up Programme, but also how important it is for colleagues to be able to speak up and be heard.

Whilst we have made progress in 2019/20 there is still much more to be done. We need to build North Manchester General Hospital's Freedom to Speak Up programme into MFT's and to ensure that the model we have in place is accessible to all colleague, patients, governors and students across MFT. It will be another busy year but the progress we have made this year put us in a strong place to rise to the challenge.

David Cain
Freedom to Speak Up Guardian

1. Introduction

This report provides details of all the activity that took place in 2019/20 across the Trust to deliver MFT's commitment to Freedom to Speak Up. The report provides the details of the number of contacts within the Freedom to Speak Up Programme and the changes we have made throughout the year as part of our philosophy to continually improve.

2. Performance Data

2.1 Number of Cases raised with the Freedom to Speak up Guardian or champions

In the last year 69 cases were reported by the Freedom to Speak Up (F2SU) Guardian or Champions. This is down from last year, where 84 cases were raised. The 84 cases were from a reporting cycle of 18 months, as no previous F2SU report had been produced; even with this discrepancy there is a slight reduction in cases raised. It is notable that cases rise after significant Trust wide communication; most recently, a rise in cases has be seen in quarter one of 2020-21 following an all staff Trust wide awareness email. MFT will continue to make sure that all staff can access the F2SU Programme and a working group has been established to develop a communication and engagement kit for champions. It also worth noting that for consistency the Trust is now reporting cases based on their reported date, the date the champion or guardian raised the issue in the internal reporting system. This clarification of reporting will ensure consistency of quarterly reports and annual reports.

	Total number of cases	Number of Cases Raised Anonymously	Cases included an element of **Patient Safety**	• Cases included an element of bullying / harassment
April - June	26	16	4	11
July - September	11	7	2	5
October - December	13	0	4	8
January - March	19	0	6	16
Total	**69**	**23**	**16**	**40**

58% of the cases raised had an element of bullying and harassment. This is above the national figure for 2018/19 of 41% of all cases featuring bullying and harassment. It should be noted that the National Guardians Office have not yet issued the analysis of cases for the same period, so the comparison is against different reporting years. 23% of the cases included an element of patient safety compared to nationally was 29% of cases.

The Trust reviewed mid-year how it records cases raised anonymously, the Trust has reported all cases where staff did not want their names shared as part of the case being raised as anonymous, after feedback from the National Guardian that it was only cases where the Guardian or Champion did not know the name that should be reported as anonymous. The change in this reporting can be seen between quarter two and quarter three.

2.2 Key Performance Indicators

The Trust has set 2 key performance indicators for the Freedom to Speak Up Programme.

Performance Measures					
Indicator	1st October 2017 to 1st October 2018	1st October 2018 to 31st March 2019	1st April 2019 – 31st March 2020	RAG	Comments
Increase in number of people raising a concern through the F2SU Programme	7	77	69		The number of cases raised with the F2SU Guardian and Champions has slightly dropped. Communicating the role of the Guardian and Champion is required on an ongoing basis.
Staff reporting a positive result for the staff survey question – 18 b -I would feel secure raising concerns about unsafe clinical practice	CMFT 2017 – 69% UHSM 2017 – 67%	70.9%	68.7%		Whilst this is not a perfect measurement as there are many factors that would influence how staff feel about raising unsafe clinical practice, the F2SU programme should support an improvement in this score

The National Guardian's Office produces an annual F2SU Index Report based on the combined results of four staff survey questions (17a, 17b, 18a and 18b). The 2020 Index is based on the 2019 Staff Survey results. Manchester University NHS Foundation Trust's index result is 78.1%, which correlates with the national average of 78.7%.

3. Roles & Responsibilities
3.1 Leadership Roles at MFT

In 2018 MFT reviewed the roles and responsibilities for the Freedom to Speak Up Programme.

	Freedom to Speak Up Guardian	The Guardian's Role is to:
David Cain		- Protect patient safety and the quality of care - Improve the experience of workers - Promote learning and improvement By ensuring that: - Workers are supported in speaking up - Barriers to speaking up are addressed
Ivan Benett	Non-Executive Champion	The Non-Executive Champion's role is to: - Hold the CEO, Executive F2SU lead and the board to account for implementing the speaking up strategy. - Role-model high standards of conduct around F2SU - Act as an alternative source of advice and support for the F2SU Guardian - Oversee speaking up concerns regarding board members

  Gill Heaton	Executive Champion Deputy Chief Executive	The Executive Champion's role is to - Ensure the F2SU Guardian role has been implemented - Ensure that the F2SU Guardian has adequate resources - Ensure that a sample of speaking up cases have been quality assured - Conduct an annual review of the programme - Provide the board with a variety of assurance about the effectiveness of the trusts strategy, policy and process
F2SU Champions	MFT Colleagues	The F2SU Champions' roles are to - To act as a local resource to support staff who raise concerns - To ensure that any safety issues are raised appropriately and seek assurance that relevant/appropriate action has been taken and feedback is given to the member of staff who raised it. - To safeguard the interests of the individual raising a concern, ensuring that there are no repercussions for them either - immediately or in the longer term, as appropriate.

3.2 Freedom to Speak Up Champions

Across the organisation Champions support the F2SU Guardian in ensuring that staff are aware of and have easy access to F2SU if they need to raise a concern. This year saw the first full year of Champions being in place and has resulted in closer links with the operational management of the organisation enabling a continuous learning cycle.

The Champions Network Meetings, chaired by the F2SU Guardian, provide regular opportunities for practice sharing and Champion development. The Champions work as a network across the organisation to promote the Freedom to Speak Up Programme, talk to colleagues and support people to raise concerns.

10 Champions have been recruited and trained in 2019-20 to give further coverage across the organisation. From our learning over the year it has become obvious that different people feel comfortable raising concerns to different Champions. Therefore in 2020-21 we will be doing targeted recruitment at particular bands, job roles and protected characteristic groups where Champions are currently underrepresented to ensure that as many people raising concerns as possible have a Champion they feel comfortable approaching.

We will also be engaging with the strategic priorities in the NHS People Plan to ensure that Guardians and Champions are well linked into the Trust's work on the Workforce Race Equality Standard.

4. Working with the National Guardians Office

This year we have forged closer links with the National Guardian's Office through the North West Guardians Network to enable a flow of best practice from a local to a national level.

October 2019 saw the return of Speak Up Month and this year the Trust marked the occasion with Trust-wide communications and a visit from the National Guardian Dr Henrietta Hughes. Dr Henrietta Hughes gave a presentation on Freedom to Speak Up to an audience of Trust staff, followed by a private question and answer session for our Champions. The event was well received by staff and the Champions and resulted in greater engagement in the Freedom to Speak Up Programme.

5. Annual Review

In 2018-19 the Trust committed to reviewing the current Freedom to Speak Up Programme to assess the impact of the Programme and ensure that opportunities for improvement were taken. This review took place in quarter 3 of 2019-20 and engaged with the Champions, F2SU Guardian, and F2SU management team, in addition to reviewing national best practice.

The review found that MFT has employed a robust F2SU model, that could be further strengthened through the addition of site-based Deputy F2SU Guardian roles. This amendment to the model and its operational feasibility will be further explored in 2020. The review found that the programme's areas of strength were governance, Champion support and communications. The review identified opportunities for MFT to come into line with national best practice in the areas of feedback, recording systems and Champion development. These opportunities for improvement have been built into the 2020-21 action plan.

6. Covid-19 and the Nightingale Hospital North West

In quarter 4 of 2019-20 the national response to the Covid-19 pandemic began. This had an impact on Freedom to Speak Up on two fronts: the themes of concerns raised and the establishment of Freedom to Speak Up Governance at the Nightingale Hospital North West.

The themes for concerns raised during the beginning of the response to the COVID-19 pandemic changed to reflect key national issues such as availability of appropriate personal protective equipment (PPE).

The Nightingale Hospital North West, whilst under MFT's Freedom to Speak Up governance, gave the opportunity to collaborate with other organisations across Greater Manchester and the North West. A Lead Champion for the Hospital was identified from the Greater Manchester Health & Social Care Partnership, and two Champions redeployed from MFT also supported staff on site to raise concerns. They all reported into MFT's F2SU Guardian, with weekly reporting to monitor the fast-moving situation. As the Nightingale Hospital North West remained open until June 2020 more detail will be given in the annual report for 2020-21.

7. Key Actions for 2020-21

Whilst there has been a considerable amount of work undertaken in 2019-2020 we believe there is more that needs to be done to further embed the Freedom to Speak Up Programme across the whole Trust. Our commitment is in the next 12 months to:

Actions	When
Further exploration of adaptation of the current model to include site-based Deputy F2SU Guardian roles.	December 2020
Engage with the North Manchester General Hospital F2SU Team to ensure smooth transition on April 1st 2021.	August 2020 – March 2021
Align with the NHS People Plan to ensure Guardian and Champions are linked into the Trust's Workforce Race Equality Standard metrics and action plan.	December 2020
Further examine improvements that can be made to the F2SU recording system.	September 2020
Establish a systematic method of asking for feedback from people who have used F2SU to enable a local information source for continuous improvement.	December 2020
Recruit additional Champions focusing on key areas where Champions are under-represented.	December 2020
Introduce a programme of Champion development days to grow their skill sets.	October 2020
Deliver a communications and resources toolkit to develop staff awareness.	Ongoing
Continue to work with the National Guardians Office to ensure that MFT learns from national best practice.	Ongoing

8. Conclusion

The Trust's Freedom to Speak Up Programme continues to build and develop. At the end of the reporting period for this report, the full impact of COVID-19 pandemic was felt, and the Trust has built the programme into its emergency response and into the Nightingale Hospital. The challenges for 2020-21 will be to maintain the momentum built over the last two years, and support the new culture development led by the Group Deputy CEO and Group Executive Director of Workforce & Corporate Business to ensure MFT encourages a speaking up culture, whilst reflecting the changing footprint of MFT in the Freedom to Speak Up operating model that will ensure sustainable growth.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Nurse
Paper prepared by:	Dympna Ebah, Associate Director of Clinical Governance and Patient Safety
Date of paper:	August 2020
Subject:	CQC Regulatory Regulation Update
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Patient safety and clinical quality
Recommendations:	The Board of Directors are asked to note the registration of two additional locations MFT's CQC registration
Contact:	<u>Name:</u> Dympna Ebah, Associate Director of Clinical Governance and Patient Safety <u>Tel:</u> 0161 701 8114

1. Introduction

1.1.   MFT is required to register all new locations with the Care Quality Commission (CQC) as per the CQC regulations.

1.2.   The purpose of this paper is to inform the BoD of two new locations that have been added to MFT's CQC registration.

1.3.   The new locations are:

- The Pines Hospital
- BMI, The Alexandra Hospital, Manchester

1.4.   MFT is required to update its statement of purpose document to reflect the additional locations.

1.5.   There is no change to function or purpose but the new locations have been added to the statement of purpose

1.6.   The amended statement of purpose is included for information at appendix A.

2. Recommendation
The BoD is asked to note the additional locations.

Statement of purpose

Health and Social Care Act 2008

Part 2

Aims and objectives

Please read the guidance document *Statement of purpose: Guidance for providers*.

Aims and objectives
What are your aims and objectives in providing the regulated activities and locations shown in part 3 of this statement of purpose

The vision for Manchester University NHS Foundation Trust (MFT) is to improve the health and quality of life for our diverse population by building an organisation that:

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

The agreed strategic objectives are defined as follows:

- To improve patient safety, clinical quality and outcomes.
- To improve the experience of patients, carers and their families.
- To achieve financial sustainability.
- To develop single services that build on the best from across all our hospitals.
- To develop our research portfolio and deliver cutting edge care to patients.
- To develop our workforce enabling each member of staff to reach their full potential.

Manchester University NHS Foundation Trust was formed on October 1st 2017. It has a turnover of circa £1.7 billion and employs over 20,000 people. It operates clinical services in nine hospitals across nine discrete locations and provides a comprehensive range of functions ranging from local district general hospital services through to highly specialised regional and national specialities. It is the principal provider of hospital care to a local population of approximately 750,000 in Manchester and Trafford and is available to a much larger population providing regional and supra regional tertiary care.

The organisational form is based around nine Hospitals and a number of community sites.

The following Hospitals:

- Manchester Royal Infirmary
- Wythenshawe Hospital
- Royal Manchester Children's Hospital
- Saint Mary's Hospital
- Manchester Royal Eye Hospital
- Trafford General Hospital
- Withington Community Hospital
- Altrincham Hospital
- University Dental Hospital of Manchester

Other regulated activities are provided at the following sites:

- The Nightingale Hospital (Covid-19 Response)
- Buccleuch Lodge
- Dermot Murphy Centre
- Tameside Hospital MFT Renal Satellite
- North Manchester General Hospital MFT Renal Satellite

- Hexagon House MFT Renal Satellite
- Octagon House MFT Renal Satellite
- Harpurhey Health Centre
- Longsight Health Centre
- Moss Side Health Centre
- Newton Heath Health Centre
- Plant Hill Clinic
- Withington Community Clinic
- 144 Wythenshawe Road Short Break Service
- Brownley Green Health Centre
- Wythenshawe Forum
- Cornerstone Centre
- Crumpsall Vale Intermediate Care Facility
- The Spire Hospital Manchester
- The Pines Hospital
- BMI The Alexandra Hospital, Manchester

A number of other bases and sites are registered under the Trust Headquarters at Cobbett House, Oxford Road as they do not meet the criteria for standalone registration with the CQC. These are:

- Burnage Health Centre
- Northenden Health Centre
- Higher Openshaw Primary care Centre
- Vallance Health Centre
- Chorlton Health Centre
- Maddison Place
- Stratus House
- The Power House
- Pendleton Gateway
- Abbey Hey Clinic
- Starlac Centre
- Alexandra Park Health Centre
- Charleston Road Health Centre
- Cheetham Hill Primary Care Centre
- Clayton Health Centre
- The Longmire Centre
- Gorton Health Centre
- Levenshulme Health Centre
- Platt Lane Surgery
- Specialised Ability Centre
- Newton House

Full details of services provided and their location can be found on the Trust web pages at www.mft.nhs.uk