

Quality Report

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Commissioners' Statement

The content of the Quality Report reflects the Trust's position at the time of its production in March 2020.

Publication of this report in June 2020 was delayed due to the onset of the COVID-19 National Emergency. In addition, a number of the 2020/21 Forward Plans highlighted have not been updated to reflect the impact of the pandemic and achievement of several key milestones over the Spring/Summer/Autumn 2020.

A review and assessment of the 2020/21 Forward Plans will be undertaken during Q3 and Q4 (2020/21) in preparation for the 2021 Quality Report (which will also include the 2021/22 Forward Plans).

Part One: Welcome and Overview

Statement on Quality from Sir Mike Deegan, Group Chief Executive

Introduction from the Group Chief Executive Officer

This is the second full Annual Quality Report of the Manchester University Foundation Trust (MFT) which was established on 1st October 2017. We employ approximately 23,000 staff, 17,500 of whom are in clinical roles. I am proud to present the achievements we have made which are set out in this report alongside our commitments to further quality improvement that we will deliver in 2020/21.



The primary purpose of the establishment of MFT was to improve the quality of care of the people of Manchester, Trafford and the wider communities we serve. I am delighted to report that a number of those improvements have been maintained and built upon and are reported here.

Throughout the year there was heightened demand and operational pressures evident within the NHS system; both locally and across Greater Manchester. I want to express my gratitude to all staff for their continued efforts, energy and commitment in improving patient safety and experience during these challenging times. Staff have worked to provide the highest standards of care to all of our patients in the face of pressures on the services that have been unprecedented.

It is likely these pressures will continue but with excellent leadership and the dedication and commitment of staff at all levels I am confident that the trust will meet the challenge to come.

There have been a number of highlights throughout the year, many of which are detailed in the report, I summarise just a few here:

- I was delighted to welcome the Trafford Local Care organisation into the MFT family. The Trafford teams are now working as part of the Trafford and Manchester Local Care Organisations delivering high quality care to patients across the city.
- A joint development between Saint Mary's Hospital and The Christie sees two teams of gynaecological cancer surgeons joining forces to create the largest single gynaecological surgical cancer team in the UK, capable of providing a full range of treatments for all women in Greater Manchester and beyond.
- The first patient to undergo the pioneering CAR-T therapy for cancer at Manchester Royal Infirmary has shown promising results following treatment last year. MFT was named as one of a very small number of centres in the UK

to offer the revolutionary new treatment, widely regarded as the most exciting cancer treatment development in decades.

- Work has continued to prepare for the North Manchester General Hospital becoming part of the trust
- Trust wide recruitment campaigns continue to attract experienced nurses as well as newly qualified nurses and midwives and whilst staffing remains challenging we have managed to reduce nursing and midwifery vacancies. The first cohort of 67 Nursing Associates have been working within the trust since Jan 2019, across general ward and community-based areas with a further 70 trainees due to qualify in June 2020

Information on key quality and safety metrics for the organisation is presented and I am able to report that many areas across the organisation have shown an improvement, or maintenance, of standards.

- One set of indicators on which we place a particular focus are mortality metrics as this information helps us to understand outcomes of care. These metrics have continued to reflect good outcomes for our patients in 2019/20 (pages 11 and 12).
- Last year I reported that we had significantly reduced the number of cardiac arrests in our organisation, this was in part due to the introduction of our 'Emergency Bleep Meeting' where all emergency bleep calls are analysed to see what teams can learn and how they can improve their recognition of deterioration. This has been happening for some time on our Oxford Road campus but I am pleased to report that that process of review is now in place across all of our in-patient sites.

We are firmly committed to the continued development of a safety culture across the organisation and ongoing work is being undertaken with teams to look at the behaviours that support our vision and values. Many of our staff have undertaken Patient Safety Training, a specialised in-house course for clinical and administration staff alike that provides them with an understanding of behaviour, communication and their impact on safety. We also held special seminars for senior staff and have built the commitment to both safety and openness into our Quality and Safety Strategy. The NHS has published this year guidelines for organisations on learning from harm and safety improvements, we will be working on this throughout 20/21.

We aim to provide high quality, safe care to every single one of our patients and, to that end, have continued to focus on the improvements that matter most to our patients and staff.

We have continued our programme of Ward Accreditation and I was pleased to note that in 2019/20 just over 80% of our wards received either silver or gold ratings indicating good and excellent care respectively.

I am pleased to confirm that the Board of Directors have reviewed the full 2019/20 Quality Report and confirm that to the best of our knowledge it is a true and accurate reflection of our performance.

SIR MIKE DEEGAN

GROUP CHIEF EXECUTIVE

Statement from Professor J Eddleston, Miss TS Onon, Joint Group Medical Directors' and Professor C Lenney, Group Chief Nurse

We are delighted to welcome you to our Manchester University NHS Foundation Trust 2019/2020 Quality Report. We have set out here our achievements this year, what we would like to do better and our quality priorities for the coming year.

In 2019/2020 we, as Joint Group Medical Directors and Group Chief Nurse, have worked together to ensure that the focus on quality and safety has been maintained throughout.

As we present this report, in March 2020, we are entering a period of very significant challenge for the NHS and we commit to work together across 2020/2021 to ensure we deliver the safest and most effective services to the population of Manchester, Trafford and beyond.

In 2019/20 the MFT Board of Directors set out a number of strategic objectives for the year, the first of those objectives is:

To improve patient safety, clinical quality and outcomes

At the beginning of the year we stated our commitment to improving quality and safety and set out the following broad objectives which are presented in more detail later in this Quality Report.

These objectives are aligned with the Care Quality Commission (CQC) quality domains; they gave us a solid framework on which to build our improvement work with the patient/service user at the centre.

Safe	We aim to deliver safe care - Right care first time, every time
Caring	We will treat all of our patients/service users and each other with and respect - Providing the quality of care that matters to patients and their families
Effective	Our patients/service users will get the best outcomes as a result of evidence based care - Best outcomes for every patient
Responsive	We will listen and respond, changing and improving when we need to. Hearing the patient, public and staff voice at every level of the organisation
Well-led	Our leadership teams will be visible, supportive and create a culture where everyone can speak and everyone is heard - Exemplary leadership at all levels

At the beginning of this year we also set out a number of specific aims:

- ✓ Reduction in avoidable deaths
- ✓ Effectively identify and manage all quality and safety risks
- ✓ Create a culture where people can speak up, report concerns and be open and learn when things go wrong
- ✓ Eliminate Never Events

- ✓ Eliminate avoidable infections
- ✓ Reduce the number of falls that result in harm to patients

We are pleased to report that we were able to achieve many of these aims and where we have not, we continue to work hard to improve. The Quality Report describes the detail but we present here some of the headlines:

- ✓ We have continued our work on learning from deaths and our mortality measures continue to indicate better than the England average performance
- ✓ We have revised our Risk Management processes and have a comprehensive set of arrangements now for the identification and management of risks at all levels
- ✓ We have had a continued focus on delivering an individualised patient experience, embedding our What Matters to Me patient experience programme
- ✓ We have had a focus on improving the quality of our dining offer
- ✓ We have grown our Nursing, Midwifery and Allied Health Professional clinical academic workforce to support the development and delivery of evidence based practice that meets the needs of patients
- ✓ We continue to prioritise patient safety with a particular focus on falls prevention through the Manchester Falls Collaborative, led by the Trust's Deputy Chief Nurse, with multi-agency and multi-profession membership
- ✓ We have an extensive work programme to ensure that we have the right workforce to meet patients' needs, including our successful international recruitment programme and the development and implementation of new roles such as Nursing Associates
- ✓ We have continued to improve how we respond to complaints, particularly ensuring the staff involved in the investigation have the right skills to answer the concerns raised and the timelines of responses
- ✓ We have worked to deliver our comprehensive action plan in response to the CQC inspection of October / November 2018. We are pleased to say that this was signed off as complete by the CQC in March 2020
- ✓ There is on-going development of our safeguarding service to ensure that we protect vulnerable adults and children
- ✓ We are using technology to support the delivery of excellent care and equipping the workforce with the skills to use technology through our nursing, midwifery and allied health professional Digital Transformation work
- ✓ We have responded to changes to nurse education, ensuring that nursing staff maintain and develop their skills to deliver high quality care
- ✓ We play a key role in national work to develop tools for assessment to ensure that we have the appropriate number of appropriately skilled staff across all of our services
- ✓ We continue to work on improvements to patient safety including a focus on human factors (behaviours) and their impact on safety

- ✓ We have further developed our Freedom to Speak Up Champions to support staff to raise concerns whenever they feel it is needed
- ✓ We have worked to expand our system for electronic communication of diagnostic and screening test results across all of our hospitals to make sure the results get to clinical staff in a timely way
- ✓ We made improvements to our safe surgery and consent processes
- ✓ We have made progress on the work we are doing on the development and implementation of electronic patient records. This will be beneficial to patients and staff

There were some areas where we still need to improve and the report details how we are going to do this. In particular we are disappointed to report that we had 9 'never events' in the year. These are incidents that are a nationally defined patient safety events where safety procedures exist that, if followed correctly, should prevent harm from occurring. We are aiming to eliminate these incidents and this report sets out how we are looking at culture and human factors to achieve this.

The quality and safety plans for 2020/21 will be focussed on maintaining safety and quality in the context of response to and recovery from the Covid-19 global pandemic.

We would like to set out the following key priority areas for inclusion in our work plan:

- ✓ Reduction in avoidable deaths
- ✓ Eliminate Never Events
- ✓ Eliminate avoidable infections
- ✓ Reduce the number of falls that result in harm to patients
- ✓ Reduce harm arising out of mis-management of diagnostic and screening test results

We are very proud of the care we provide here at MFT and of all our staff who deliver that care, whether they are in clinical patient/service user facing roles or non-clinical supporting roles.

We would like to take this opportunity to thank all of our staff and our partners involved in the delivery of care for their hard work. We very much look forward to another successful year ahead as we continue to work together to provide the highest level of quality, safety and patient experience into 2020/21 and beyond.

Professor Jane Eddleston

Joint Group Medical Director

Miss Toli Onon

Joint Group Medical Director

Professor Cheryl Lenney

Group Chief Nurse

Part two – Statements of Assurance from the Board and Priorities for improvement

Overview of Priorities

In 2019/20, we sought to improve performance across many areas of care. In the following section we present those areas of work with performance data.

The Trust uses indicators to inform and monitor the quality agenda. Data is used to triangulate quality, workforce and financial indicators on a monthly basis at a number of different forums and at every Board of Directors meeting.

Whilst all Executive Directors have responsibility for the delivery of quality improvement, the named Executive leads for quality are the Group Joint Medical Directors and the Group Chief Nurse. They have agreed the following clinical quality priorities for 2020/21:

- ✓ Reduction in avoidable deaths
- ✓ Eliminate Never Events
- ✓ Reduction in harm arising out of miscommunication of test results
- ✓ Effectively identify and manage all quality and safety risks
- ✓ Create a culture where people can speak up, report concerns and be open; and learn when things go wrong
- ✓ Eliminate avoidable infections
- ✓ Reduce the number of falls that result in harm to patients

These priorities have been set in response to the following:

- Discussion with our Governors
- The number of incidents relating to Never Events and miscommunication of test results
- Internal assessment such as Ward accreditation which involve discussion with patients, visitors and staff
- External review, such as our CQC Comprehensive Inspection Report

NHS Outcomes Framework

The NHS Outcomes Framework is a set of indicators designed to improve standards of care and reduce health inequalities. These indicators are grouped under 5 key areas. This is so that all organisations are clear about the areas they should be aiming to improve.



In this report, you will see performance figures and, where possible, comparative information so that you can see how well we are doing alongside our other NHS colleagues.

Quality Indicators and Assurance

Information Governance assessment

The NHS Information Governance (IG) toolkit has been replaced by the NHS Data Security and Protection (DSP) toolkit. The Trust submitted its DSP toolkit at the end March 2019 and the DSP toolkit has been published as:

Standards not fully met (Plan Agreed). The 2019/20 DSP toolkit will be submitted by 31st March 2020.

The standards not met for 2019 submission was surrounding the compliance with IG Mandatory training, the Trust failed to meet the 95% target. A plan was agreed and the Trust is aiming to meet the 95% for the March 2020 submission.

Payment by Results

Manchester University NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2019/20.

During 2019/20 Manchester University NHS Foundation Trust provided and/or subcontracted all relevant health services.

Manchester University NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services. The income generated by the relevant health services reviewed in 2019/20 represents 100% of the total income generated from the provision of relevant health services by the Manchester University NHS Foundation Trust for 2019/20.

Manchester University NHS Foundation Trust's monetary total for income in 2019/20 conditional on achieving quality improvement and innovation goals was £16.4m* and a monetary total for the associated payment in 2018/19 was £28.4m.

* Please note the proportion of contract payments resulting from CQUIN was reduced for 2019/20 with an adjustment to National Tariffs paid for activity undertaken, to compensate.

Commissioning for Quality and Innovation (CQUINs)

A proportion of Manchester University Foundation Trust income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between Manchester University Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2019/20 and for the following 12-month period are available electronically at the NHS England Commissioning for Quality and Innovation (CQUIN) web page:

<https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/>

The CQUIN financial values for 19/20 and 18/19 are included below.

CQUIN 19/20 was £16.6m (NB 1.25% (half) of CQUIN value included in tariff for 19/20. The CQUIN for 18/19 was £28.4m

Summary Hospital-Level Mortality Indicator (SHMI)

SHMI is a way of measuring hospital mortality. It is based on all patient deaths including those which happen up to 30 days following discharge from hospital. It relies heavily on accurate record keeping and coding.

The Manchester University NHS Foundation Trust intends to take the following actions to improve its SHMI, and hence the quality of its services, by a combination of measures to strengthen the underlying data through a clinical record management improvement plan.

The Manchester University NHS Foundation Trust considers that this data is as described for the following reasons: The position is reported at the Trust Mortality Review Group with analysis provided in a corresponding mortality indicator report. Areas of concern by diagnosis, site, or service are highlighted and reviewed by the group. External reports such as AQUA, are shared and explored, with third party support/analysis commissioned where appropriate. The position, alongside other leading mortality indicators are monitored locally within the trust reporting portal to consultant level. The measure is included in both Board Assurance and internal Accountability Oversight Framework reporting. SHMI is derived from the Trust activity and diagnosis data, assured through clinical coding audit.

Indicator	Outcomes	MFT 2018/19	National Average 2019/20	MFT 2019/20 Full year	Highest Performing Trust 2019/20	Lowest Performing Trust 2019/20
SHMI	To be less than 100	93.02%	100	96.61%	68.51%	119.97%

The percentage of patients readmitted to a hospital within 28 days of being discharged from a hospital

The Manchester University NHS Foundation Trust considers that this data is as described for the following reasons: Extensive reporting is available on the Trust information portal and is now included within the Trusts Accountability Oversight Framework.

Manchester University NHS Foundation Trust intends to take the following actions to improve this indicator and so the quality of its service, by continuously reviewing the data engagement with clinicians.

The Manchester University Hospital NHS Foundation Trust	Outcomes	Relative risk 2018/19	Relative risk Jan to Dec 2019	Actual risk Jan to Dec 2019	Expected Jan to Dec 2019	Super Spells Jan to Dec 2019	Rate Jan to Dec 2019
Aged 0-15	To reduce admissions and improve health	101.3	100.6	6094	6057	68384	8.9
Aged 16 or over		97.6	95.1	18092	19033	232348	7.8

The percentage of patients who were admitted to hospital risk assessed for venous thromboembolism (VTE)

The Manchester University NHS Foundation Trust considers that this data is as described for the following reasons: Completion of a VTE risk assessment is recorded in a range of electronic systems and the paper case note. Completion recorded in the case note is identified and captured electronically as part of case note coding by the Trust Clinical Coding team. Data is reported daily on the Trust reporting portal. Any exclusions to the indicator are agreed by the Medical Directors office.

Manchester University NHS Foundation Trust intends to take the following actions to improve this indicator and so the quality of its service. The reported position and management of VTE is overseen by the Trust VTE committee. Any performance issues are highlighted and addressed with the relevant hospital. Monthly performance data is provided to every Hospital for their review and action.

Indicator	Outcomes	MFT 2018/19 Full year	MFT Apr-Dec 2019/20	National Average 2019/20 (Apr-Dec)	Highest Performing Trust 2019/20 (Apr-Dec)	Lowest Performing Trust 2019/20 (Apr-Dec)
VTE Assessment	To risk assess 95% of appropriate patients	95.04%	95.16%	95.33%	99.89%	71.59%

The rate, per 100,000 bed days of cases of clostridium difficile infection reported within Manchester University Foundation Trust amongst patients aged 2 or over in 2019/20.

The Manchester University NHS Foundation Trust considers that this data is as described for the following reasons: Incidents are managed through an electronic system (Ulysses), with monitoring, investigation and management via a dedicated Trust Infection Prevention Control & Tissue Viability team. Reporting is provided to clinical boards with deep dive analysis where necessary. The measure is included in both Board Assurance and internal Accountability Oversight Framework reporting.

Manchester University NHS Foundation Trust intends to take the following actions to improve this indicator and so the quality of its service.

Indicator	Outcomes	MFT 2018/19	MFT 2019/20	National Average 2019/20	Highest Performing Trust 2019/20	Highest Performing Trust 2019/20
Clostridium Difficile infection per 100,000 bed days	To reduce C. Difficile infection	19.1	22.4	n/a	n/a	n/a

Outstanding leadership at all levels

CQC Comprehensive Inspection

Hospital / MCS	Key Lines of Enquiry					Overall
	Safe	Effective	Caring	Responsive	Well-Led	
Wythenshawe Hospital	Good	Good	Outstanding	Requires Improvement	Good	Good
Manchester Royal Infirmary	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Royal Manchester Children's Hospital	Good	Good	Outstanding	Good	Good	Good
Saint Mary's Hospital	Good	Good	Outstanding	Good	Good	Good
Manchester Royal Eye Hospital	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
University Dental Hospital Manchester	Outstanding	Outstanding	Good	Requires Improvement	Outstanding	Outstanding
Trafford General Hospital	Good	Good	Good	Good	Good	Good
Withington Community Hospital	Good	Good	Good	Good	Good	Good
Altrincham Hospital	Good	Not rated	Good	Good	Good	Good
Manchester Local Care Organisation	Good	Good	Good	Good	Good	Good
Child and Adolescent Mental Health Services	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Group Level Well-led	Good					Good
OVERALL GROUP	Good	Good	Outstanding	Good	Good	Good

Providing the Right Care First Time, every time delivered by staff with the right skills and knowledge

Patient Safety

The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

The Manchester University NHS Foundation Trust considers that this data is as described for the following reasons: The Trust has a policy that requires all staff to report incidents electronically on a web based system. This system collates and reports the data. The process is subject to regular audit and is currently rated as 'significant assurance'.

Comparison with other Trusts

We report all our Patient Safety Incidents to NHS Improvement (NHSI) and we are monitored alongside all other acute hospital Trusts. Data is made available from NHSE in 6 month groupings. The table below provides details of the latest published data (April-September 2019).

Area	MFT	Highest Reporting (Total) Trust	Lowest Reporting (Total) Trust	Average
Number of Incidents	20,093	21,685	1,392	6,276
Rate of incidents reported per 1000 bed days	57.85	103.84	26.29	48.7
Number Resulting in Severe harm or death	45	95	0	19
Percentage Resulting in Severe harm or death	0.2	1.6	0	0.3

The Trust reported to the NRLS a total of 20,093 incidents during the period of April 2019 – September 2019. This places us in the top 2 nationally for acute trusts in terms of the total numbers of incidents that are reported.

Learning from Incidents

Organisations that report more incidents usually have a better and more effective safety culture demonstrated by high numbers of no harm or near miss incidents. It is vital that staff feel comfortable to report when errors occur so that learning can be shared, improvements made and reoccurrence prevented. After every incident we review what happened and where possible make changes to prevent the same thing happening again examples of actions include

- Safe Surgery Improvement Initiative
- Update of early warning systems
- Communication of test results initiative

Falls Prevention

Background

Patient falls continues to be the most frequently reported patient safety incident in acute hospitals. When patients are admitted into hospital there are a number of contributory factors that increase the risk of patients falling including; an unfamiliar environment, frailty, susceptibility to delirium, dehydration or alterations in the patient's usual mobility.

Not all falls are preventable, but early identification of risk factors and early implementation of interventions can reduce the likelihood of serious falls occurring by up to 30%.

The Trust is committed to reducing patient harm through the reduction of patient falls and this is set out within the objectives of the MFT Quality and Safety Strategy. The Trust has had an increase in the number of patient falls in 2019-20 compared to 2018-19 by 4% and an increase in the number of falls resulting in harm to the patient in 2019-20 compared to 2018-19 by 38%. The Trust is committed to reducing the number of patient falls that result in harm in 2020-21.

Table 1: Total Number of Patient Falls - MFT

	2018-19	2019-20
Total Falls	3847	4002

Table 2: Total Number of Falls resulting in harm - MFT

	2018-19	2019-20
Total Falls with harm	472	652

Local Management

There is a robust process in place for reporting and investigating falls. Any identified increase in falls incidents amongst individual wards, Hospitals/MCS are analysed closely to identify any key themes and lessons to be learnt. Falls with serious harm are investigated through a comprehensive High Level Investigation (HLI) process and are presented at Accountability Panels chaired by Directors/Deputy Director of Nursing/ Midwifery within the Hospitals/MCS.

Operational Falls Improvement Programme

- Falls Groups and Harm Free Care Accountability meetings are in place in each of the Hospitals/Managed Clinical Services, as part of their governance arrangements, which review systems and processes and identify opportunities to strengthen and improve practice to deliver a reduction in the number of falls and specifically falls with harm.
- A quarterly Group Harm Free Care Meeting is well established to promote cross-site learning and integrated working across the hospitals to identify themes and agree practice improvements.

Operational Improvements (2019/20)

- Launch of the integrated MFT Falls Policy in April 2019
- Launch of the Falls Awareness eLearning and Post-Falls Management training in May 2019

Strategic Falls Improvement Programme

- Commissioned by the Chief Nurse in 2018 and led by the Deputy Chief Nurse, the '**Manchester Falls Collaborative**' has become well established in 2019-20. Reporting to the Trust Quality and Safety Committee, this multi-agency, multi-professional Manchester and Trafford, system-wide group provides strategic oversight and direction to the Trust's falls improvement work.
- A key function of the Collaborative is to map and draw together research and innovation relating to falls prevention and management, sharing and identifying how best practice can be spread to enable impact on patient outcomes at scale across the city.
- The Falls Collaborative work plan has been developed centred around five distinct work streams focusing on the priorities identified by its members and stakeholders, as detailed below:
 - **Models, Access and Pathways** – focusing on how the collaborative can create a single point of access for patients who have fallen that is equitable across the health economy.
 - **Data and Outcomes** – focusing on how the system can measure and record outcomes to ensure data driven improvements in line with Quality Improvement Methodology.
 - **Research and Innovation** – ensuring that the design of services, service improvements and professional practice are rooted in the latest clinical evidence.
 - **Prevention, Communication and Training** – to understand how the Collaborative can promote a healthier lifestyle for the people across Manchester and Trafford to educate on the causes and measures that can be taken to prevent falls.
 - **Frailty** – providing the link between falls and frailty to give a holistic understanding of why people fall and how this can be prevented.
- '**Manchester Falls Collaborative**' **Key Achievements 2019-2020:**
 - Collaborative working with Professor Chris Todd, Director of the National Institute for Health Research (NIHR) Older People and Frailty Policy Research Unit, Professor of Primary Care and Community Health at the University of Manchester and Deputy Director of the Healthy Ageing Theme, NIHR Applied Research Collaboration (ARC), Greater Manchester, to align his research in falls prevention, with the work of the Falls Collaborative; with identified NIHR funding to support the employment of a Research Fellow and a Research Associate to create capacity to apply for further project and programme grants to support work in falls, frailty and the care of older people as well as contributing to research capacity development with MFT.
 - Engagement with Health Innovation Manchester who are working collaboratively with the Data and Outcomes Work-stream members to draft a Manchester Outcomes Framework linked to the objectives identified by the Collaborative

- Clinical, Commissioning and leadership representation from across the health and care economy working on an interagency basis to review and align pathways to support people following a fall in a hospital or community setting with the aim of creating a single point of access for patients who have fallen that is equitable across the health economy.

3 High Impact Actions to Prevent Hospitals Falls Commissioning for Quality and Innovation Scheme (CQUINS)

NICE Clinical Guideline 161 sets out recommendations for preventing falls in older people with key priorities for implementation for all older people in contact with healthcare professionals, and preventing falls during a hospital stay. This CQUIN incentivises and encourages trusts to focus their improvement efforts on the delivery of three high impact actions for falls prevention in hospital including:

- Lying and standing Blood Pressure recorded once
- No hypnotics or antipsychotics or anxiolytics given during the patients' stay **OR** rationale for giving hypnotics or antipsychotics is documented
- Mobility assessment documented within 24 hours of admission to inpatient unit stating walking aid not required **OR** walking aid provided within 24 hours of admission to inpatient unit.

A baseline audit was completed in September 2019. The CQUIN scheme was applied to all patients aged 65 years and over who were admitted to an inpatient bed for more than 48 hours between April and June 2019. The CQUIN requires that all 3 of the High Impact Interventions are achieved as an overall measure of compliance.

The results of the baseline audit are summarised in Table 3. The audit identified that the 3 High Impact Interventions are not currently mandatory requirements for all patient pathways. The results of the CQUIN audit were presented at the Falls Collaborative in November 2019 and agreement was reached that the MFT Falls Policy, which was launched in April 2019, will be revised and relaunched in April 2020 to include the 3 High Impact Interventions as mandatory practice. This change will be supported with a comprehensive communication and education programme.

Table 3: Baseline audit results of the number and percentages of patients receiving all three high level actions to prevent hospital falls

	All 3 High Impact Interventions Achieved	Percentage
Trafford	15/20	75%
Oxford Road Campus	18/50	36%
Wythenshawe	9/50	18%
MFT	42/120	35%

Staffing

Nursing and Midwifery

The Trust continues to attract experienced nurses and midwives through our Trust-wide recruitment campaigns. Strong partnership with local Higher Education Institutes has also enabled the Trust to proactively attract nursing and midwifery students and newly qualified nurses and midwives to the organisation.

The new Trust recruitment branding and careers site: 'All Here For You' has recently been launched to support the Hospitals/Managed Clinical Services with their recruitment campaigns and will be used at future recruitment events, making the Trust recognisable to people seeking to work here and portraying the array of opportunity and support available to staff across the Trust's services. A new Nursing and Midwifery attraction strategy has been developed alongside this brand to attract more candidates to careers within the professions in the Trust.

Over the last 12 months there has been a significant reduction in the number of vacant posts, despite the national shortage of nurses and midwives.

Our Nursing and Midwifery Workforce

- There has been a reduction of 203.2 whole time equivalent (wte) qualified nursing and midwifery vacancies compared to the same period in 2018/19
- The 12 month rolling turnover of nursing and midwifery staff has improved in the last 12 months. The overall turnover has reduced by 1% and by 3% for our band 5 staff nurse/midwifery workforce
- 85.2% of nurses and midwives remain working at the Trust one year after joining the organisation

The Trust monitors the planned vs actual nursing and midwifery staffing levels during each shift. The average registered nursing and midwifery fill rate (actual staffing rate) is 86.8% on each shift.

International Recruitment

The Trust continues to recruit overseas nurses to the organisation with its successful international recruitment programme. There have been 522 band 5 overseas nurses recruited into the Trust since November 2015. A total of 273 nurses have commenced in post since April 2019 with a further 110 nurses expected to arrive before the end of March 2020, bringing the total to 383. This is a significant increase on the number of nurses recruited in previous years (compared to 143 nurses the previous year).

In 2020, the Trust's international recruitment campaign will focus on hard to recruit areas to support service delivery plans. A cohort of 110 nurses is due to arrive before the end of March 2020 to take up posts in Theatre areas and will undertake an in-house theatre practitioner training programme. This approach will be adopted to support other clinical services/areas as required.

Manchester Foundation Trust (MFT) continues to be regarded by the National Midwifery Council (NMC) as being an exemplar site in the successful delivery of the International Recruitment (IR) Objective Structured Clinical Examination (OSCE) programme. Internationally recruited nurses are required to complete the OSCE with an overall pass rate of 99%. The International Recruitment programme achieved finalist status in the Nursing Times Workforce Summit in 2019 and has recently been selected as a finalist for the MFT Excellence awards for recognition of the hard work of all staff involved in the successful delivery of the programme.

Nursing Associates

In September 2016, the former University Hospital South Manchester (UHSM) and Central Manchester Foundation Trust (CMFT) were selected as pilot sites to train and develop the role of the Nursing Associate. This was a new role which became regulated by the Nursing and Midwifery Council from January 2019.

The Trust's first group of Nursing Associates (67 in total) completed their 2 year training programme in February 2019 and have been working across general wards and community based areas. The Nursing Associates are regulated by the Nursing and Midwifery Council, the role addresses the gap between Nursing Assistants and Registered Nurses.

The Nursing Associate role is making a big positive contribution to our workforce and building on this, the next cohort of trainee Nursing Associates are due to qualify in April 2020, with a further cohort qualifying in September. The Trust is currently supporting two cohorts per year through an apprenticeship programme. The team has been promoting the role to our existing health care assistants, recognising the value this role has in their career progression.

There are currently 236 Trainee Nursing Associates (TNAs) across the Trust. The Trust will continue to recruit up to 120 trainees each year with an April and September cohort.

Medical rota gaps and improvement plan

As an organisation we do all we can to ensure that we have the right number of doctors on each given shift by ensuring all shifts are covered with the right amount of doctors. Not having the right number of staff on duty can lead to staff fatigue. Significant staff fatigue is a hazard both to patients as well as to the staff themselves. We take the safety of our patients very seriously and as such a key element for the Trust is ensuring safe staffing levels across the clinical areas.

Recruitment and retention of doctors is a challenge across the NHS. Within the Trust, on average 5.5% of posts for doctors in training have remained unfilled during the year. This, together with the challenges of recruiting non-training grade doctors means we have to have a co-ordinated approach to identify realistic solutions to staffing difficulties.

Significant work is being undertaken across the Trust in developing action plans to address rota gaps. This includes:

- ✓ Continued proactive use of bank and agency to improve staffing levels. Within the last year, 39,885 shifts were filled by locums or agency staff
- ✓ Development and launch of a recruitment strategy which focusses on MFTs unique clinical opportunities for doctors combined with our success in employing a diverse medical workforce
- ✓ Following the successful application to become an 'approved sponsoring body' by the General Medical Council last year we have been able to increase our overseas recruitment of doctors. We have sponsored over 20 International Fellows for GMC registration in last 12 months
- ✓ Continued appointment of other clinicians such Physician Associates. Physician associates are medically trained, generalist healthcare professionals, who work alongside doctors and provide medical care as an integral part of the multidisciplinary team. MDT is now the biggest employer of Physician Associates in the North West

- ✓ Review of doctors' job plans to improve both recruitment and retention of staff

Providing Quality of Care that matters to patients and their families and caring for the wellbeing of staff

What Matters to Me: Trust Patient Experience Programme

'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 we treat every patient as an individual, to encourage staff to ask patients **'What Matters'** to them as they travel through our services, and for the staff to listen, and to respond to those needs.



There are six key elements to the WMTM programme as identified in the diagram; these reflect the overarching elements of excellent personalised patient experience.

Positive Communication:

Following recruitment in December 2019 of a **'What Matters to Me'** Programme Lead supported by Charitable Funding, an Always Events® pilot programme was commenced.

Organisational Culture:

A Trust Patient and Carer Involvement and Experience Strategy has been produced in partnership with key stakeholders. This model included engagement with people who use health and care services and staff members. The Strategy sets out the Trust's commitments to improving patient experience and increasing service user involvement and outlines how we plan to achieve this.

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 & Patient Experience meetings. Films are also provided to a range of services and hospitals for staff recognition, reflection and learning.

- Shared weekly '**What Matters to Me**' articles in our internal newsletter MFT iNews in partnership with staff to support the continuation of embedding this approach to personalised patient experience, 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 this is accessible for staff members. The pack provides a range of resources to enable staff to implement '**What Matters to Me**' conversations, service improvements and display boards in patient and staff areas, to support the Ward Accreditation process. This includes resources specific for Children and Young People, patients with a visual impairment, 6 different languages, based on the most commonly spoken languages within our patient group (English, Urdu, Punjabi, Cantonese, Arabic and Polish).

The Patient Experience Team (PET) have continued 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 Patient Experience 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 Week
 - Health and Wellbeing Events
 - 'What Matters to Me'** Day

The team also continued to facilitate 1-1 conversations with patients, families and carers on wards and departments across MFT about '**What Matters to Me**'. All feedback is recorded and shared with the relevant services and during 2019-2020 **2169** conversations have taken place about What Matters to Me.

- Members of the PET are accredited tutors in the delivery of the Expert Patient Programme, self-management course and deliver up to four six-week sessions per year on behalf of MLCO, on site at ORC to patients with patients or carers with a long-term condition.
- Hospedia '**What Matters to Me**' feedback monitoring, escalation and reporting of patient feedback and comments posted on the Hospedia page of the bedside TV screens.
- The team also manage a survey monkey account to support staff members with the development of surveys, advice regarding question format and

reporting processes to enable further opportunities to develop patient and staff feedback mechanisms.

Always Events® were developed by the Picker Institute and provide an approach to accelerate improvement to service users' experience, by partnering with them to transform the care processes.

Always Events® are defined as:

‘those aspects of the care experience that should always occur when patients, their family members or other care partners, and service users interact with health care professionals and the health care system’.

In 2019/20 the Trust obtained funding support from the MFT Charitable Funds Committee to pilot the application of Always Events® in support of the Trust's Improving Quality Programme (IQP) and the ***What Matters to Me*** (WM2M) patient experience programme.

The project lead, working with the identified pilot clinical areas, will guide them through the development on an Always Event®. This activity includes:

- development of a point of care team to include patients, relatives or carers
- undertaking patient involvement activities to understand what matters to them in that specific clinical setting
- developing their Always Event® vision and aim statement through co-design with patients, relatives or carers. These will be articulated in the words of patients, relatives and carers
- testing and refining their Always Event® using Plan-Do-Study-Act (PDSA) cycles
- implementing their agreed Always Event®
- monitoring agreed measures to understand the impact of the change on patient and staff experience
- celebrating success and sharing the Always Event® with others to create spread of the initiative and best practice

Upon successful completion and implementation of a full Always Event® cycle the clinical area team will be able to apply to NHS England to receive a recognition award.

Priorities for 2020/2021:

- The Trust will implement the mandated changes to the FFT following a national review led by NHS England. As there is no limit to how often an individual patient provides FFT feedback, response rates will no longer be calculated or published nationally for inpatients, day-case patients and ED patients and the 2nd Maternity touch point.
- To evaluate the application of Always Events®
- To continue to review the WM2M tools

- To re-establish the delivery of WM2M Masterclasses for staff.

Volunteers Week (June 2019)



Volunteers' Week is a chance to say thank you for the fantastic contribution our volunteers make across MFT.

To recognise the importance of the Volunteer Role and the Volunteers' commitment, we created a special film about some of our wonderful volunteers, telling us about their roles and why they enjoy volunteering at MFT.



In recognition of the time our Volunteers commit to the Trust, all our Volunteers were invited to a celebratory afternoon tea party, where each Volunteer was presented by our Chairman, Mrs Kathy Cowell OBE, with a Certificate of Recognition and a 'MFT Volunteer' pin badge and the premiere of the film '*MFT- We Are Volunteers*' was launched. The film supports volunteer recruitment and can be viewed on

<https://intranet.mft.nhs.uk/news/article/67>.

National Awards

Investing in Volunteers (IiV)



During November 2019 we were delighted to announce that MFT had achieved the Investing in Volunteers Quality Standard, recognising the excellent work we do with volunteers. **Investing in Volunteers (IiV)** is the UK Quality Standard for all organisations which involve volunteers in their work. Investing in Volunteers aims to improve the quality of the volunteering experience for all volunteers and for organisations to acknowledge their enormous contribution.

This award recognises the contributions and achievements of initiatives involving our Volunteers Service and Volunteers that make a significant contribution to both the experience of our patients and staff.

Macmillan Volunteers Quality Standard (MVQS)

The Macmillan Cancer Information and Support Centre at Wythenshawe Hospital has approximately 30 volunteers, based both in the Centre and in the community.

The volunteer roles for the Macmillan Centre are very varied and we are very lucky to have such incredible, inspirational volunteers supporting our patients and families affected by cancer. To ensure we support our volunteers to a recognised Macmillan standard, we have completed the Macmillan Volunteers Quality Standards (MVQS) during 2019/20. The MVQS provide a practical tool that can be used by Macmillan staff to raise volunteer management performance, improve the quality of volunteering programmes and help us deliver a consistent volunteer experience to each and every one of our volunteers that give their time to support us. We are delighted to have passed the standards for which we received the recognition award at a ceremony with the Macmillan Volunteer Manager and our volunteers on 19th February 2020.

Key Local Activity 2019/2020

- A successful bid for a two year funded Project from the PEARS Foundation, has enabled the creation of a new role of a Youth Volunteering Project Manager. This role will be dedicated to supporting and recruiting young volunteers between the ages of 16 to 24. The project commenced in August 2019.
- Roll out of the Better Impact system across Wythenshawe and Withington Hospital; this is a dedicated database which supports the recruitment and management of our volunteers and collection of a consistent range of demographics across all sites
- Launch of the MFT Volunteer Policy, February 2020.

Priorities for 2020/21

The Patient Services Team will continue to develop the Volunteer Service to ensure we provide a high quality service that supports both patients and staff across all our hospitals and services; with a specific focus on:

- Working with our clinical and non-clinical teams to explore and recruit to new roles
- Continuing to explore partnerships in our communities to support the recruitment of volunteers

MFT Clinical Accreditation Programme

The Clinical Accreditation process is a well embedded assurance mechanism for ensuring high quality care and the best patient experience.

The annual MFT accreditation programme is a process that drives improvement through continuous improvement and recognition of excellence by engaging staff in quality improvement projects.

The process is underpinned by the Improving Quality Programme and supported by the Trust Values and Behaviours Framework, ***'What Matters to Me'*** patient experience programme and the Nursing, Midwifery and Allied Health Professional Strategy.

The accreditation assessment process includes reviewing a series of defined standards and metrics within wards, departments and clinical teams across hospitals, Managed Clinical Services and Local Care Organisation (LCO) community services. The process for each of the accreditations has been designed to provide consistency of assessment whilst allowing adequate flexibility to adjust the process based on the differences between the clinical areas.

Leadership from senior and strategic levels to the frontline, particularly compassionate, inclusive leadership is the key to enabling cultural change so that NHS organisations can deliver high quality care. The MFT Culture and Leadership Strategy recognises that this means every interaction by every member of staff, every day, influences the extent to which the Trust develops a culture of high quality, continually improving and compassionate care. Inclusion of an assessment of leadership is embedded within the accreditation processes. The accreditation also examines communication, record keeping, environment and processes such as medications, meals and clinic organisation depending as relevant to the clinical area.

Each clinical area is required to display details of their performance and their improvement programme on their local Improving Quality Programme board.

In recognition of, and to celebrate their result, all areas awarded Gold are presented with a certificate by their Hospital/Managed Clinical Service/LCO Director of Nursing and/or their Chief Executive. Representatives from each Gold team are invited to attend the annual MFT Excellence Awards.

Progress in 2019/20

- 156 areas were accredited and were awarded a result of Bronze, Silver or Gold
- 56 areas were awarded Gold in this year's accreditation programme
- 31 areas received Gold for two consecutive years, achieving Gold in all Accreditation Domains
- Areas that achieved Gold for a second consecutive year, with the second Gold Accreditation awarded Gold in each of the Accreditation Domains and meet other identified criteria can apply for the higher award of 'Excellence in Care' during 2020/21
- In line with other areas Outpatient Accreditations became unannounced in 2019/20; as part of the roll out of the Accreditation Programme outpatient areas were previously provided with a 48 hour notice of their Accreditation
- As part of the annual Accreditation review all assessment standards and processes have been reviewed to ensure they align to the clinical area, services provided and care delivery and to the Care Quality Committee (CQC) Key Lines of Enquiry. This review included the development of standards to examine responsiveness to challenges in the workforce and new models of care delivery

Accreditation Results April 2019 – March 2020

For the 2019/20 Accreditation schedule, 156 Accreditations have been undertaken, the results of which are detailed in the table below.

MFT– Accreditation Results 2019/2020		
	Number	%
Gold	56	36
Silver	83	53
Bronze	17	11
White	0	0
Total	156	100

The images overleaf show a selection of areas awarded Gold in 2019/20:

Ward 32, MRI



Neonatal Intensive Care Unit (NICU), St Marys Hospital

Ward F15,
Wythenshawe Hospital



Nutrition and Hydration
Mealtimes Matter

Good nutrition is fundamental to our health and wellbeing especially during periods of illness or frailty. Manchester University NHS Foundation Trust (MFT) is committed to the provision of food that supports the care and treatment our patients receive.

The Trust has placed significant focus on improving the quality of food and the patients' dining experience since 2017, culminating in the development and launch of the MFT Nutrition and Hydration Strategy in 2019.



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 our **'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 how we believe 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.

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 focussed driver for improvement.

Patient Experience

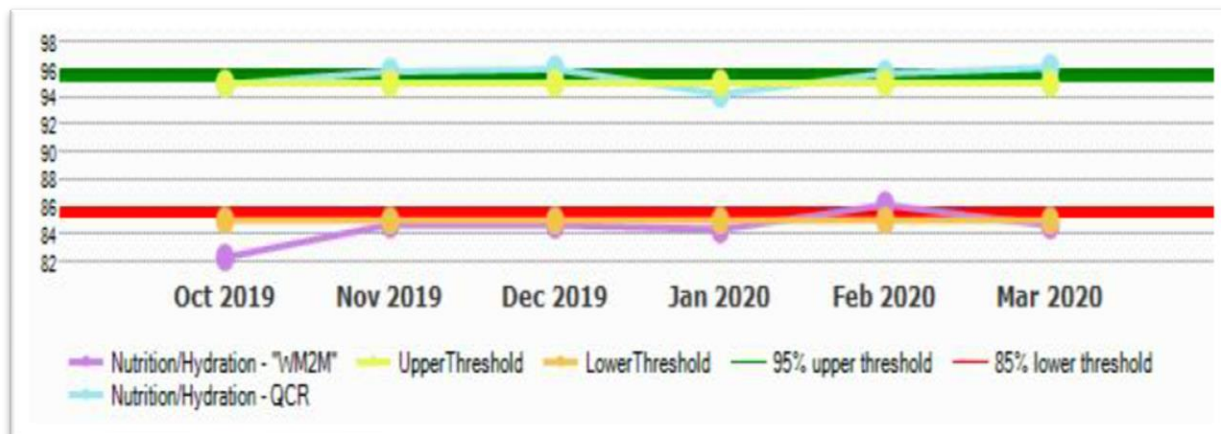
Patient experience data related to ***What Matters*** to patients about food and dining is collected and triangulated utilising a variety of methods including:

- Quality Care Round (QCR)
- **What Matters to Me** patient experience survey (WM2M)
- Incidents
- Complaints

Graph 1 displays the Quality of Care Round and **What Matters to Me** patient experience data related to food, nutrition and dining for 2019/20. This shows that patient feedback mostly falls below our 85% baseline target and suggests a need for focused improvement.

Graph1: Trust QCR/ WM2M patient experience survey – Providing Good Nutrition

Providing Good Nutrition - Mealtimes Matter



Quality Improvement Programme – Nutrition and Patient Dining

In recognition of the need to further improve the quality of 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 Food and Dining Improvement Programme 2019/20:

Model Ward:

- As part of the commitment to continuously improve standards, 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 dining provision in MFT. It was clear from this review that whilst there are models of good practice, these do not correlate with specific service 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 the Trust's Improving Quality Programme (IQP) methodology to gather baseline data and effectively trial and monitor effects and improvements from phased implementation of 'perceived good practice' which then could be rolled out across other MFT hospitals.
- Ward 12 at Trafford General Hospital was identified as the **Model Ward** for this project. The project 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 have been reviewed and prioritised by the stakeholders and the first initiatives, which include on the day ordering of patient meals, serving hot courses separately and introducing a hot breakfast option will be implemented by the beginning of March 2020; with further initiatives such as full menu review and introduction of electronic patient ordering following later in the 2020/21.
- Throughout the implementation of the initiatives the team will constantly review the patient experience feedback to ascertain whether the changes result in a quantifiable improvement in the patient experience, and depending on the outcome, the initiatives will be considered for implementation across the wider Trust.
- On the Oxford Road Campus the Private Finance Initiative (PFI) Partners have committed to providing a Model Ward to deliver improvements including patient

dining, 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 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

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 the safety of our patients in relation to food safety.

Menu Options:

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 the Children's Oncology Ward at Royal Manchester Children's Hospital to include some new dishes and extend some of the favourite options
- Increased choice of finger foods
- The Burn's Unit at Wythenshawe Hospital have introduced a hot breakfast option, to enhance the calorific intake of patients
- 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

Priorities 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/client group
- 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 served by the Trust
- Finalise, launch and implement 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** programme and identify improvements to be rolled out across all MFT locations
- Align current practice with national guidelines for hospital food standards

Ensuring Adequate Hydration

On average, water makes up around 60% of total body mass in adult males and between 50-55% in females. Alterations with this fluid and subsequent electrolyte balance can lead to serious consequences. Mild to moderate dehydration can lead to both physical and mental deterioration, with severe dehydration, where there is a decrease of more than 15-20% of water in the body, being invariably fatal.

The MFT Adult and Child Hydration Monitoring Group was established in 2018. The purpose of the Hydration Monitoring Group is to monitor standards and share areas of good practice related to hydration and fluid balance monitoring for adults and children across MFT.

The MFT Adult and Child Hydration Monitoring Group utilises a number of data sources to guide work streams for improvement and share good practice as shown in Table 4:

Table 4: Hydration Data Sources

Adult and Child Hydration Improvement Group	Audit	Improvement work
		Education
	Review incidents/EBM outcomes	Thematic analysis
		Share lesson learnt and safety issues
	WMTM/QCR data	Understand patient experience with hydration
		Plan improvement work to address issues
	Feedback from Hospital/MCS group representatives	Share improvement work
		Work collaboratively to generate ideas and solutions
	AKI rates and compliance	Understand impact of hydration on patients outcome
		Review compliance and rates in hospitals/MSC
	National guidance/findings	Share new guidance and incorporate it in to practice
		Develop policy and guidance

The MFT Hydration Pathway is used across the Trust to ensure patients are assessed daily for hydration risks and monitored accordingly. This approach has resulted in improved compliance with monitoring standards, as well as significant improvements in identifying patients at risk of dehydration, increased staff awareness and a decrease in patients developing acute kidney injury whilst in hospital.

An annual **Thirsty Thursday** promotional day in National Nutrition and Hydration week during March helps to raise the awareness of the importance of hydration across the Trust, allowing for the education of staff and the public. The development of posters and leaflets used to educate patients and relatives about the importance of maintaining hydration and how they can help monitor themselves for signs of dehydration are also available across the Trust.

Priorities 2020/21

- Continue to audit compliance with the Hydration Policy Standards
- Address the needs of sensory/cognitive impaired patients in relation to hydration
- Support improving quality projects in specific clinical areas and share good practice
- Continue to focus on education
- Continue with Acute Kidney Injury prevention and management

Achieving the best outcomes for every patient

Professional Education and Development

Nursing and Midwifery Council Education and Training Standards for future student nurses and midwives

The Nursing and Midwifery Council (NMC); the regulatory body for Nurses, Midwives and Nursing Associates, has updated the standards which guide the training and education of student nurses and midwives. Student nurses and midwives are now taught more advanced clinical procedures and relationship skills during their training, preparing them to provide a better and more personal experience for patients, carers and families. In line with these changes, the Trust staff are continuously supported to improve their skills, by accessing Trust based clinical skills training and a range of continuous professional development courses. Such development activity is key to enabling staff to keep pace with educational developments and also to meet the diverse and changing needs of the local communities that we serve.

One work stream which has been a key priority over the past 12 months has been the roll out and implementation of the revised NMC standards for Student Supervision and Assessment. This work has involved close partnership working with local Greater Manchester Universities to ensure that MFT nursing staff are prepared to support and assess pre-registration nursing students undertaking placements within our hospitals and community areas with this new model of student supervision and assessment.

Preceptorship

Preceptorship is a term used to describe the support given to newly qualified registered professionals. Newly registered professionals receive a period of support or '*preceptorship*' when they commence employment at Manchester University NHS Foundation Trust (MFT). The preceptorship programme offered at the Trust was selected as a finalist in the 2019 Nursing Times Awards. Key to the success of the programme at MFT is the wide range of supervision, support and development opportunities available to newly registered professionals that enables them to develop confidence as they settle into their role.

Workforce Upskilling Investment Allocation

As part of Health Education England (HEE) Workforce Development Upskilling Investment (WDUI) funding for 2019/20, the Trust was awarded £699,881.40 towards non-medical training and development.

In total 1105 staff have benefited from this year's funding allocation, which is considerably more than in previous years and is a positive reflection on the commitment and support for professional development across the organisation. The primary purpose of WDUI is to support upskilling developments across the non – medical workforce which follows 6 key principles agreed by HEE. The principles cover:

- ✓ 'support worker role development' ,
- ✓ 'upskilling registered professionals to undertake advanced roles' ,
- ✓ 'supporting patient safety &
- ✓ promoting prevention'
- ✓ developing workforce modelling and redesign'

An example of an allocation which meets this criterion is the Advanced Communication Course, for the Trust community Palliative care teams. This training equips professionals to undertake difficult and often challenging conversations with patients and families regarding planning care and decision making.

Advanced Clinical Practitioner

Advanced clinical practitioners (ACPs) are healthcare professionals, educated to Master's level or equivalent, with the skills and knowledge to allow them to expand their scope of practice to better meet the needs of the people they care for. As part of the MFT Advanced Clinical Practitioner (ACP) governance framework, MFT is working in partnership with Greater Manchester Universities and the HEE North West training hub to look at how the trainee ACP pathway can be developed and supported. Events are planned for 2020 with representation from both NHS partner employers and employees from across the North West. The first employer event is planned for March 2020, with the employee event in early May 2020.

Non-Medical Prescribing Training

Non-medical Prescribing is where non-medical healthcare professionals can prescribe medicines for patients as either Independent or Supplementary Prescribers. MFT is committed to the development of the non-medical prescribing role, and in partnership with the University of Bolton, two multi professional Non-Medical Prescribing (NMP) courses have been commissioned in 2019/20, providing a total of 70 trainee places across the Trust. To support these trainees and the existing NMP workforce, a series of forums are planned for 2020 to encourage collaborative working across professional groups and to disseminate improvements and changes to prescribing practice.

Medical Appraisal and Revalidation

What – 90% of relevant doctors to have had a completed annual appraisal

When – March 2020

Outcome – 85% of connected doctors completed an annual appraisal before medical appraisal was paused nationally when the programme was suspended due to the Covid19 pandemic.

Revalidation was formally launched in the U.K. in January 2013 and is the process by which all licenced doctors are required to demonstrate, on a regular basis, that they are up to date and fit to practise in their chosen field and able to provide a good level of care. Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by both their employer and their regulatory body - the General Medical Council (GMC).

Doctors with a licence to practise have to revalidate every five years, by having an annual appraisal based on the GMC's Good Medical Practice framework. The Trust's appraisal and revalidation process is managed operationally by the Responsible Officer (RO); a role established in statutory legislation and currently part of the Group Medical Director's remit. The revalidation process is based on a recommendation from the RO to the GMC that the doctor is up to date and fit to practise. In order to make this recommendation, the RO must be assured that:

- the doctor has had their annual appraisal that include all domains of their work (including in the private sector)
- any concerns about the doctor raised through the appraisal have been brought to the attention of the relevant medical line manager and successfully addressed
- the doctor has undertaken feedback evaluation of their work, including feedback from both colleagues and patients, and that this has been discussed with their appraiser
- there are no outstanding concerns about the doctor's performance or professional conduct known to the Trust

Medical appraisal is at the heart of revalidation; it is where a doctor's performance is reviewed against four areas that are set out by the GMC. These are:

- knowledge, skills and performance
- safety and quality
- communication, partnership and teamwork
- maintaining trust

Medical appraisals in our legacy Trusts were documented on two different electronic systems provided by external suppliers. The contracts for both of these systems were extended to March 2019 to allow for a gradual transition to one system. The acquisition of the new SARD appraisal software has enabled the Managed Clinical Services (MCS) working across multiple sites to have all of their staff within one single system, and Hospitals and MCS are able to report directly from this. This has also removed the need to use two separate systems for multi-source feedback as this can also be done via the SARD system. Hospital/MCS Medical Directors and other clinical managerial staff are able to view and report on the staff within their hierarchy level and monitor appraisal progress directly. The system can be developed individually for each user organisation allowing MFT to tailor the system to specific requirements; this will provide a bespoke appraisal portfolio for each clinician according to their role and specialty, so that only the relevant information is requested to be submitted.

A new Group wide Appraisal and Revalidation Group has been established which meets bi-monthly; this is co-chaired by one of the Group Associate Medical Directors and attended by clinical and operational representatives from each Hospital / MCS in addition to other key corporate staff.

The primary remit of the Appraisal and Revalidation Group is:

- To ensure robust policies and processes are in place to support appraisal and revalidation process for all connected medical and dental staff in line with national guidance and requirements
- To oversee the governance systems in place to support the revalidation of doctors
- To assist Hospital / MCS in their responsibilities for appraisal and revalidation as established in the Revalidation and Appraisal Policy for Medical and Dental Staff
- To quality assure the processes in place for appraisal and revalidation in line with GMC recommendations
- To ensure delivery of appraisal rates and other performance metrics.

Medical appraisal and revalidation was halted from 19 March 2020 following national guidance due to the Covid19 pandemic; those with an appraisal due in March were unable to complete an appraisal as per the standard guidelines. All overdue appraisals from the year (1 April 2019 – 31 March 2020) have been classed as an approved missed appraisal.

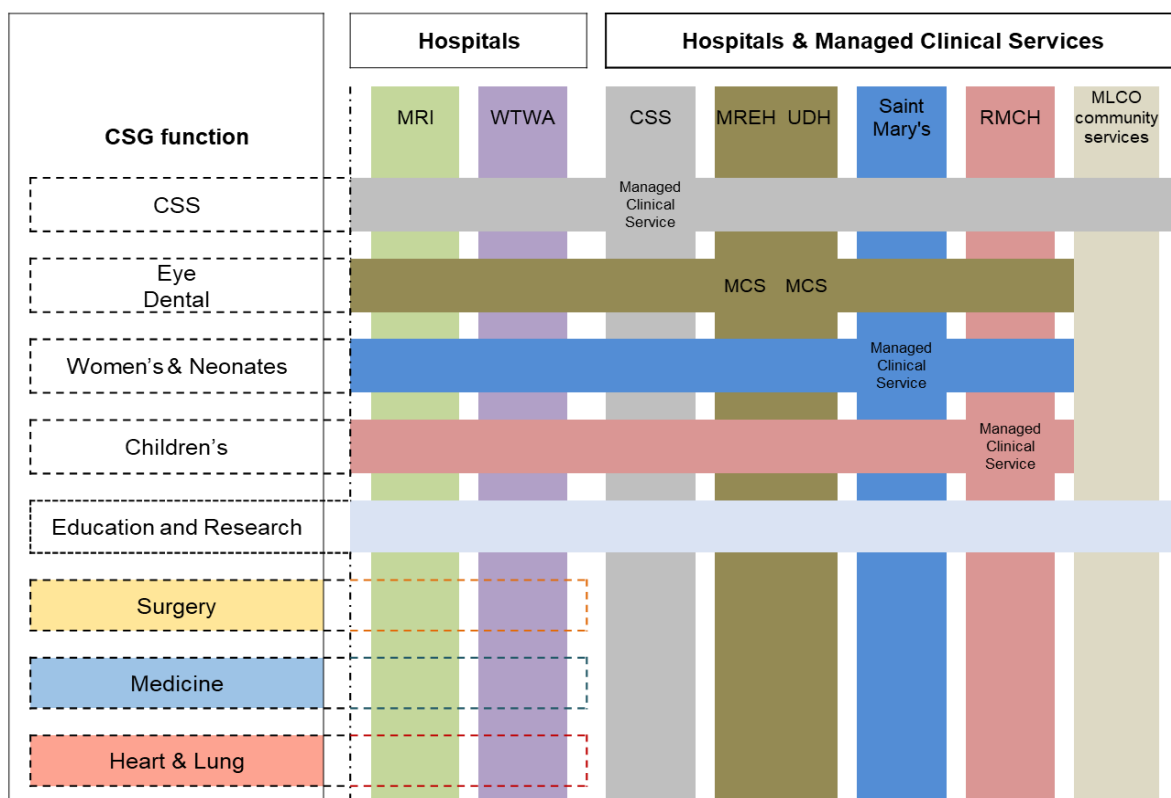
Clinical Standards Groups (CSGs)

Background to CSGs

Following the merger of South Manchester and Central Manchester NHS Trusts, three Clinical Standards Groups (CSGs) were created in MFT. The role of the three CSGs is to align clinical pathways in a number of clinical standards across the Hospitals to reduce variation in clinical practice. This is to ensure patients receive the same positive experience and high standard of care, regardless of the Hospital location and service in which they are treated.

The CSGs principally cover services provided at more than one Hospital site where a Managed Clinical Service does not provide this function. Therefore the bulk of the work focuses on standards for services provided by MRI and Wythenshawe Hospitals.

The figure below illustrates how CSGs fit into the broader MFT organisational structure:



Each CSG is led by a consultant who is responsible for steering the work of the group, reporting to other committees, and chairing the monthly meetings. The leads are:

CSG

Medicine
Surgery

Heart and Lung

Lead

Dr Lesley Watson, Consultant in Emergency Medicine
Mr Sean Loughran, Consultant Otolaryngologist and Head, Neck and Thyroid Surgeon
Dr Farzin Fath-Ordoubadi, Consultant Cardiologist

The CSGs have strategic oversight from the Group Medical Directors' Office and day to day programme management support from the Strategy team.

The groups meet monthly and include professionals from a variety of areas including Allied Health Professions, Nursing, Informatics, Clinical Governance, Transformation, Pharmacy and Medical Education. The CSGs provide regular updates to the Clinical Advisory Committee and Integration Portfolio Delivery Board.

Achievements

The CSGs have developed a number of clinical guidelines this year, some of which have been approved by the Clinical Advisory Committee and others in the process of being approved. The list below is not exhaustive but provides examples of work completed to date:

- Managing asthma in the Emergency Department setting
- Management of pulmonary embolisms
- Implantable cardioverter defibrillator (ICD) deactivation in end of life care

- Patent Foramen Ovale closure
- MitraClip
- Guidelines for cross-site Cardiac Multi-Disciplinary Team's
- NCEPOD acute heart failure standards
- Electronic transmissions of ECGs
- Harmonising guidelines for consent
- Safe surgical checklist
- ENT outpatient improvement programme

Future plans /projects

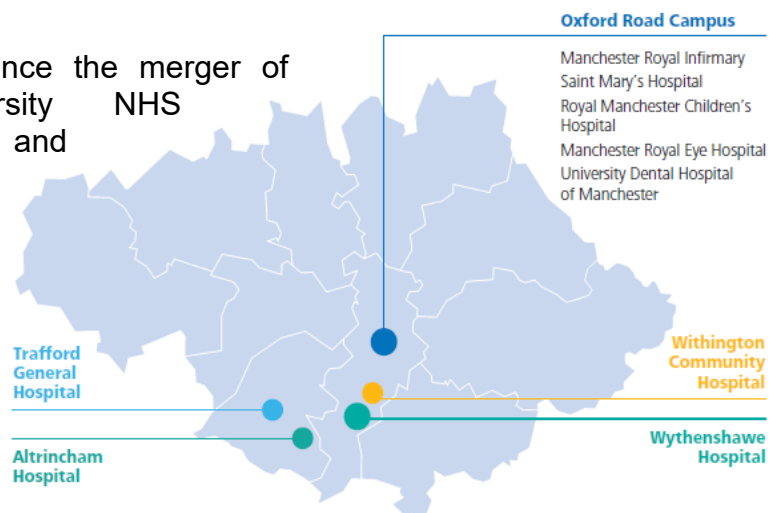
Guidelines currently in development are:

- ✓ Nephrology referrals from spoke sites
- ✓ Diabetes pathways:
- ✓ Diabetic Ketoacidosis (DKA)
- ✓ Hyperosmolar hyperglycaemic state (HHS)
- ✓ Hypoglycaemia
- ✓ MDT best practice guidelines
- ✓ Cardiac rehabilitation
- ✓ Infective endocarditis
- ✓ Inherited cardiac conditions
- ✓ Ventricular tachycardia ablation

Single Hospital – the Creation of Manchester University NHS Foundation Trust (MFT)

It has been over two years since the merger of Central Manchester University NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM) to create Manchester University NHS Foundation Trust (MFT).

This was the first phase of the programme to establish the city-wide Trust proposed in Sir Jonathan Michael's Single Hospital Service review.



The review identified that a Single Hospital Service was a key mechanism to address division and variation in the provision and quality of care across the city of Manchester. Since the merger, ensuring that patients can access high quality services regardless of where they reside, has been a key priority for MFT. Sharing best practice and standardising care across sites has resulted in improved outcomes for patients.

Following the merger of CMFT and UHSM in October 2017, MFT is now one of the largest acute Trusts in England, employing over 20,000 staff. The Trust is

responsible for running a group of nine hospitals across six distinct geographical locations and for hosting the Manchester Local Care Organisation.

Acquisition of North Manchester General Hospital

The second phase in the establishment of the Single Hospital Service is to welcome North Manchester General Hospital (NMGH) into MFT. MFT will begin managing services at NMGH from 1 April 2020 through a management agreement with Pennine Acute NHS Hospitals Trust (PAHT). The aim is to complete the formal transaction process by 1 April 2021.

MFT and partner organisations across the City of Manchester have collaborated to develop a proposal to invest in and transform NMGH and the wider site into an exemplar of modern health and care services. The proposal has had government support and is included in the Department of Health and Social Care's Health Infrastructure Plan.

Under the proposal, the NMGH site will be redeveloped to deliver redesigned, modernised acute hospital services, integrated with mental health and out of hospital care. The needs of local residents will be central to the redevelopment and through becoming part of MFT, staff will have access to significant support and career development opportunities. More broadly, the redevelopment of the site will be used to stimulate economic regeneration, providing training and work opportunities for local residents.

Benefits

The opportunity to deliver significant patient benefits was a key driver for the creation of the Single Hospital Service. Prior to and during the merger a variety of patient and staff benefits were identified. Further benefits have emerged which will significantly improve services for patients.

The following examples demonstrate the breadth and scale of improvements being delivered:

Gynaecology: An additional dedicated urgent gynaecology surgical list has been introduced at Wythenshawe Hospital. Before the merger, patients who needed surgery for an urgent gynaecological condition were added to a general theatre list. This resulted in delays for some patients as emergency cases had to take priority. The new dedicated list means that this is no longer the case. The improvements have been noticeable; for example, women who need surgery after a miscarriage are now on average being offered treatment in less than 2.5 days instead of more than 4 days before the merger.

Obstetrics: Obstetric services are now managed by Saint Mary's Hospital across all of MFT's sites. As a result, the service can transfer women across sites for their induction of labour to avoid undue delay. This maintains continuity of care by avoiding transferring women to a different provider. Operational teams on both the Oxford Road Campus and Wythenshawe sites monitor the waiting times for women who are due to be induced and through collaborative coordination offer women who are waiting beyond set limits the opportunity to transfer to the other site if they have capacity to accommodate them safely. This has led to a reduction in waiting times for

induction and also a reduction in the number of women that have needed to be transferred to other providers.

Cardiac: An expanded seven day service for pacemaker patients has been launched. Previously services worked separately and it wasn't possible to run a seven day service due to a lack of available staff and facilities. The new single weekend rota for urgent pacemaker implantation means that patients can now have a permanent pacemaker inserted over the weekend. As a result, access and length of stay for patients with acute coronary syndrome has improved at Wythenshawe Hospital and the Manchester Royal Infirmary.

Stroke Single Point of Access: The implementation of the single point of access for repatriation from the hyper-acute stroke units (which covers Wythenshawe Hospital, Trafford General Hospital and the Manchester Royal Infirmary sites) has led to quicker access to rehabilitation for patients who have suffered a major stroke. Before implementation, more than 10% of patients waited in excess of three days to access rehabilitation and that figure is now below 3%. As well as improving access to rehabilitation, this initiative helps to ensure that capacity in the hyper-acute units is kept available for people from across GM who have just had a Stroke and need urgent assessment and treatment.

General Surgery: The Manchester Royal Infirmary and Wythenshawe Hospital general surgeons and geriatricians have worked together to improve outcomes for patients undergoing emergency laparotomy with a particular focus on frail patients. From January 2020, all patients whose frailty assessment shows them to have a preoperative risk of death now have a Consultant Surgeon and Consultant Anaesthetist present in theatre. The additional presence of senior clinicians during procedures in those patients who exhibit multiple complex conditions is critical in reducing mortality rates.

Organisational development and training: Following the merger, MFT was selected as a host organisation for the Mary Seacole Leadership Programme due to its increased size, capacity and commitment to providing excellent health leadership development. This is a highly successful and nationally recognised leadership development programme for first time leaders in health and care. To date, 233 people have completed and passed the programme from MFT and Greater Manchester and a further 135 practitioners are currently on the programme or awaiting results.

Informatics: The Informatics team at MFT have implemented a number of systems to create a suite of tools that enable teams to work collaboratively across sites, assist with clinical decision-making and improve operational efficiencies. An analytics programme called Hive can now consolidate MFT wide reports that support the new Trust governance structure. Work is underway to make it easier for MFT staff to work at different sites and to facilitate the flow of case notes when required across sites. This will enable staff to operate with greater flexibility and minimum constraints.

Further Benefits

In addition to the above clinical benefits, we are also seeing some other benefits:

- ✓ Aligned procurement as a result of merging orthopaedic teams across MFT has delivered, and will continue to deliver, significant financial savings (over £140,000 in 2019/20 and projected savings of over £900,000 by 2021).
- ✓ Financial savings have been achieved as a result of having a single Trust library system for Clinical Education. MFT staff and students now have extended access to books, online journals and study areas.
- ✓ MFT frailty standards have been developed to harmonise patient pathways. A frailty screening tool has been introduced and implemented at the 'front door' and patients who are identified as frail receive additional input from expert teams. The screening tool allows the team to identify interventions earlier and also reduces the number of operations cancelled on the scheduled day due to frailty concerns.

Hearing and being responsive to patients, the public and staff voice at every level of the organisation

Formal Complaints and PALS Concerns

Complaints data is reported monthly to members of the MFT Board of Directors, and the Clinical Commissioning Group. In addition, we publish in-depth quarterly and an annual Complaints Report.

Table 5 shows the number of Formal Complaints and Patient Advice & Liaison Service (PALS) concerns received from 1st April 2019 to 31st March 2020.

Table 5: Formal complaints and PALS concerns

	1st April 2019 – 31st March 2020
Formal Complaints	1628
PALS Concerns	5897

Table 6: Formal complaints received in context of clinical activity

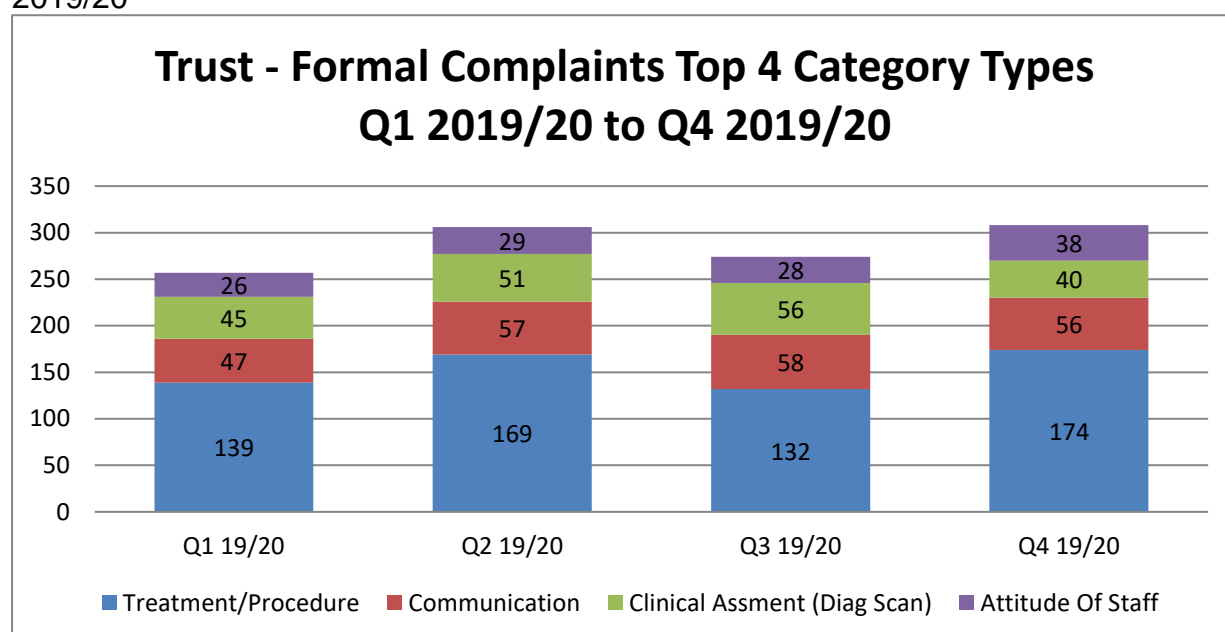
		1st April 2019 – 31st March 2020
In-patients	Formal complaints received (FC)	523
	Finished Consultant Episodes (FCE)	431,667
	Rate of FCs per 1000 FCEs	1.21
Out-patients	Formal complaints received (FC)	711
	Number of appointments	2,541,377
	Rate of FCs per 1000 appointments	0.28

A&E	Formal complaints received (FC)	191
	Number of attendances	413,741
	Number of FCs per 1000 attendances	0.46

The themes and trends from complaints are reviewed at a number of levels. Each Hospital/MCS/LCO consider local complaints on a regular basis as part of their weekly complaint review meetings and monthly Quality Forums. Further analysis of complaint themes and trends is provided in the Board of Directors Quarterly and Annual Complaint Reports.

The Trust-wide top 4 categories for 2019/20 are displayed in Graph 1.

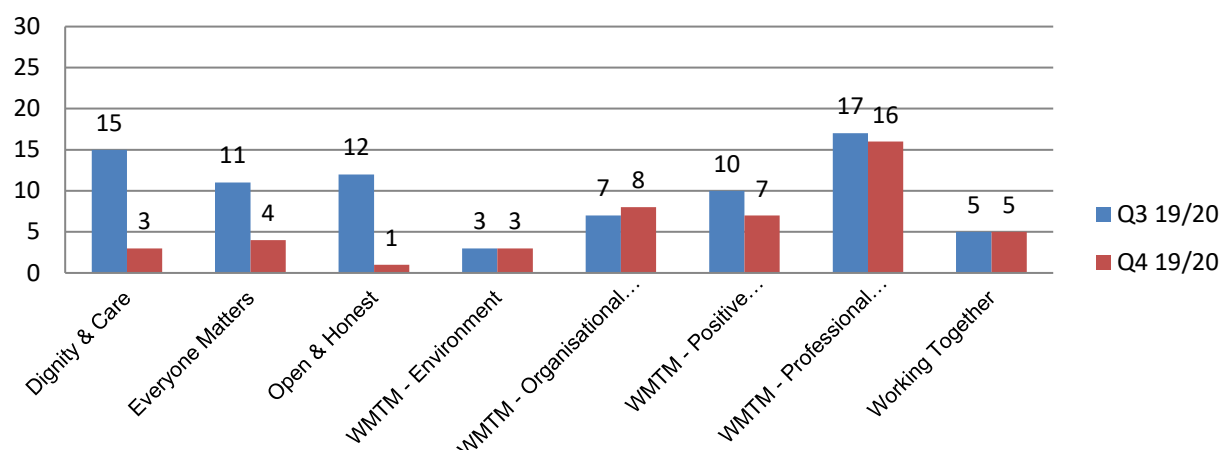
Graph 1: Formal Complaints - Top 4 categories by Hospital/MCS/ M/TLCO for 2019/20



The Trust-wide themes for MFT Trust Values from Quarter 1 to Quarter 4, 2019/20 are displayed in Graph 2 below.

Graph 2: Formal Complaints – Theming of complaints to MFT Trust Values for Quarter 3 and 4, 2019/20

Complaint Themes by MFT Trust Values Q4 - 19/20 v Q3 - 19/20



Parliamentary and Health Service Ombudsman (PHSO)

If a complainant remains dissatisfied following completion of the local resolution process for a complaint (the first stage of the NHS complaints procedure), a complainant can self-refer their complaint to the PHSO. The PHSO will then assess their complaint and may decide to undertake a further investigation. Table 7 below provides the number and outcome of MFT PHSO cases closed during 2019/20.

Table 7: Closed and current PHSO cases

	Current cases under investigation at end of period	Closed cases during period	Number fully-upheld	Number partly-upheld	Number not-upheld/withdrawn
1 st April 2019 to 31 st March 2020	7	17	1	7	9

Patient feedback via Care Opinion and NHS Choices

During 2019/20, MFT has continued to provide individualised responses to all patient feedback received by Care Opinion or NHS Choices websites. All NHS Website and Care Opinion comments received by the Patient Experience team (PET) are shared with the relevant Hospital/MCS/LCO. All responses to negative and mixed comments are signposted to PALS should the individual require further support.

Complaints and PALS concerns and the complaint handling service Improvement Programme (2019/20)

Relocation of the PALS office at Wythenshawe Hospital

At the end of June 2019, relocation of the new PALS office took place at Wythenshawe Hospital. The new facility is more central and visible to patients,

carers and members of the public, enabling them to make enquiries and book appointments to see a PALS Case Worker.

Newly built PALS Reception and Office at Wythenshawe Hospital, Entrance 5



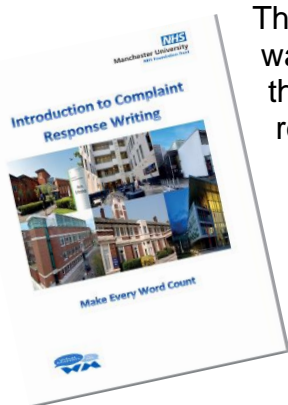
Accessible Complaints Information

The NHS Improvement (NHS I) Patient Experience Improvement Framework (2018) recommends that complaints information is clearly displayed on the Trust website and in addition is available within 'two clicks'.

A full review of the resources available on the Trust's website for PALS and complaints was undertaken in Quarter 3 (2019/20). The review concluded that whilst there are good levels of accessibility on the Trust website, continuous improvement is always fundamental and modifications are planned to the 'PALS & Complaints' section during Quarter 1, 2020/21.

In addition to these modifications and the Trust's continued actions to make MFT's website more accessible to the Deaf community, the Head of Customer Services will be working closely with the Trust's Inclusion Programme Manager in 2020/21 creating a short British Sign Language video replicating the PALS & Complaints information on the Trust website.

PALS and Complaints Education Programme:



The introduction to Complaint Response Writing training package was developed in 2019/20. The training package is tailored to meet the specific needs of all staff who respond to complaints and full roll out of the training course is planned across MFT in 2020/21.

Throughout 2019 the Corporate Complaints team also facilitated educational sessions across the Hospitals/Managed Clinical Services/LCOs to support clinicians and managers to provide high quality responses to people who raise a concern.

Customer Service e-learning package

Development of the Customer Service e-learning packages commenced in 2019/20. The e-learning Customer Service packages are being tailored to meet the specific needs of the Trust and upon completion in 2020/21, the online support will be easily accessible to staff throughout the Trust.

The e-learning training will help staff to retain and remember information using images, videos, animated descriptions, online assessment and more. Real life examples will be used to explain concepts of Customer Service 'best practice'. Displaying information in well-crafted ways will lead staff to better understand the learning content.

PHSO Research – Frontline Complaint Handling – 'Complaints Standards Framework'



In 2019, the PALS and Complaints staff participated in the PHSO's research interviews; common themes in complaint handling were explored and the PHSO will use the information to inform their insight publication on Frontline Complaint Handling in the

NHS and Government Departments, which will in turn support their on-going work to develop a 'Complaints Standards Framework'.



PALS Case Manager, Eleanor Waller pictured with Samuel Stone from the Parliamentary and Health Service Ombudsman's office

National Customer Service Week



National Customer Service Week

During Quarter 3 of 2019/20, and in recognition of National Customer Service week (7th-13th October 2019), the PALS and Complaints team celebrated the importance of customer service and that of the staff who care for and support

patients, families and carers on a daily basis.

Promotional stands were set up across the Oxford Road Campus and Wythenshawe and Trafford Hospitals raising customer service and the vital role it plays in delivering a good experience to patients, families, carers and service users.

Complainants' Satisfaction Survey

A National Complaints Satisfaction Survey for all complaints responded to started on 1st November 2016. The survey, based upon '**My Expectations**', was developed by the Picker Institute and is sent to complainants following the final Trust response. The Survey is sent to complainants covering all MFT Hospitals/MCS/LCOs and during 2019/20 174 responses to the survey were received.

Survey results from 2019/20 indicate:

- 82.4% of complainants felt they had a single point of contact

at the Trust who they could approach if they had any questions.

- 77.4% of complainants felt that they received acknowledgement of their complaint within an acceptable timeframe.
- 61.90% of complainants felt the Trust summarised the main points of the complaint correctly.
- 57.14% of complainants felt they were taken seriously when they first raised their complaint.
- 42.86% of complainants felt confident that future care would not be negatively affected by making a complaint, with a further 23.81% feeling confident, to some extent.
- 26.32% of complainants were satisfied with the outcome of their complaint, with a further 36.84% of complainants being satisfied, to some extent.
- 15.38% of complainants sought an additional response for the points that were not addressed.

Comments received include the following:

- PALS is an exceptional service. They take your complaint very seriously and investigate and address all your concerns. They are professional at all times. I was truly grateful for all their help.
- Initial response deadlines were not met, although I did receive apologies regarding this. I have answered this form in terms of the formal complaint I raised. Had these been addressed earlier, the timely and costly (for NHS) process of formal complaint would have been avoided.
- Some responsibility for my experience was acknowledged and accepted in part by the individual. I was pleased some recommendations were made and I hope what I experienced is not repeated.
- The doctor looking after me at my next appointment properly explained things instead of brushing things and rushing the appointment.
- The improvements that were to be made showed that there was a genuine care for mistakes or negligence could be prevented. This was really reassuring and most satisfactory solution.
- Failings were identified, agreed upon and action taken.
- I felt subsequent visits were more keenly observed.
- This was the second attempt and it worked well, this time round, compared to the first.

Next Steps 2020/21

The Patient Service Team will continue to develop and improve the complaints handling process across the Trust ensuring they provide expert advice and training

to staff to ensure they have the knowledge and skills to respond to complaints in line with the PHSO Principles of Good Complaint Handling, namely:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement.

Friends and Family Test

The Friends and Family Test (FFT) is a single nationally standardised question, which asks patients whether they would recommend the NHS service they experienced to friends and family who may need similar treatment or care.

The Friends and Family Test (FFT) is a patient focused feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The question is based on a six point answer scale which ranges from 'extremely likely' to 'extremely unlikely'.

For the Trust, the FFT is an important source of information that provides feedback about ***What Matters to Patients*** about the care and treatment they receive.

A variety of methods to capture FFT are deployed in the Trust, including FFT postcards, hand held electronic devices, bedside entertainment systems, online surveys and SMS text messaging.


The FFT results which include response rates and comments are monitored through an electronic system which wards and departments access and through monthly electronic reports.

The FFT feedback is used, alongside other data (such as our monthly Quality of Care Round Audits, local '***What Matters to Me***' Patient Experience Surveys and National Patient Surveys) to further inform continuous improvements to patient care.

During 2019/20:

- Each Hospital/Managed Clinical Service reviewed and monitored their FFT response rates and patient feedback to identify any areas for improvements. The electronic reporting system allowed teams to review feedback in near real time; so that timely action could be taken to address poor experiences and celebrate and promote good practice.
- The Quality Improvement Team and Patient Experience Teams have worked collaboratively with staff across the organisation to ensure processes are in place for all areas to collect the FFT and our teams continually strive to improve response rates.
- The Paediatric Emergency Department, Royal Manchester Children's Hospital, implemented SMS text messaging as an additional way to capture FFT feedback in October 2019.
- New Friends and Family Test Cards were developed during 2019/20 for both children and young people and for Adult patients. The new style cards were launched across the organisation on 1 April 2020.

New style FFT Card for Children and Young people

The Friends and Family Test 

Is the person completing this a
☐ Patient ☐ Family Member ☐ Carer

Which of the following options best describe how you think of yourself?
☐ Girl (including trans girl) ☐ Non-binary
☐ Boy (including trans boy) ☐ Other

What age are you?
☐ 0-7 ☐ 16-17 ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65-74 ☐ 75-84 ☐ 85+ ☐ Prefer not to say

What is your ethnic group?
☐ White British ☐ Black / African / Caribbean / Black British
☐ White Other ☐ Mixed / Multiple ethnic groups
☐ Asian/Asian British ☐ Other Ethnic Group

Do you have a disability? (Any health issue or impairment which is likely to last more than 12 months and impact on your ability to carry out every day activities)
☐ Yes ☐ No

Which of the following options best describe how you think of yourself?
☐ Heterosexual / Straight ☐ Gay ☐ Other
☐ Bisexual ☐ Lesbian

What is your religion or belief, even if you are not currently practicing?
☐ Christianity ☐ Hinduism ☐ Humanism
☐ Islam ☐ Buddhism ☐ Agnosticism
☐ Judaism ☐ Sikhism ☐ Other

Once complete, please post this card in the box provided.

The Friends and Family Test

Thinking about your recent visit to:

Overall, how was your experience of our service?
☐ Very Good ☐ Poor
☐ Good ☐ Very Poor
☐ Neither Good nor Poor ☐ Don't know

Please can you tell us why you gave your answer?


Please tell us about anything that we could have done better.

Please scan the QR Code for alternative languages or larger font

Thank you for sharing your feedback. We would like to include anonymous comments from our patients in our reports. Please tick this box, if you do not wish your comments to be made public. ☐

Please Turn Over April 2020

New style FFT Card for Adults

The Friends and Family Test 

Is the person completing this a
☐ Patient ☐ Family Member ☐ Carer

Which of the following options best describe how you think of yourself?
☐ Woman (including trans woman) ☐ Non-binary
☐ Man (including trans man) ☐ Other

What age are you?
☐ 0-15 ☐ 16-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65-74 ☐ 75-84 ☐ 85+

What is your ethnic group?
☐ White British ☐ Black / African / Caribbean / Black British
☐ White Other ☐ Mixed / Multiple ethnic groups
☐ Asian/Asian British ☐ Other Ethnic Group

Do you have a disability? (Any health issue or impairment which is likely to last more than 12 months and impact on your ability to carry out every day activities)
☐ Yes ☐ No

Which of the following options best describe how you think of yourself?
☐ Heterosexual / Straight ☐ Gay ☐ Other
☐ Bisexual ☐ Lesbian

What is your religion or belief, even if you are not currently practicing?
☐ Christianity ☐ Hinduism ☐ Humanism
☐ Islam ☐ Buddhism ☐ Agnosticism
☐ Judaism ☐ Sikhism ☐ Other

Once complete, please post this card in the box provided.

The Friends and Family Test

Thinking about your recent visit to / from:

Overall, how was your experience of our service?
☐ Very Good ☐ Poor
☐ Good ☐ Very Poor
☐ Neither Good nor Poor ☐ Don't know

Please can you tell us why you gave your answer?

Please tell us about anything that we could have done better.

Please scan the QR Code for alternative languages or larger font

Thank you for sharing your feedback. We would like to include anonymous comments from our patients in our reports. Please tick this box, if you do not wish your comments to be made public. ☐

Please Turn Over April 2020

FFT Feedback from our Patients

Comments from patients who have used our services include:

"Staff members were very helpful and friendly throughout my time in the ward and I am very pleased with way everything was explained to me"

"There is no real signs to know where the department is"

"I was treated with respect and included with the decision after options were clearly explained. The whole experience was very good and informative"

"Excellent team working through day & night. From midwives to dinner staff to cleaners. 5 treatment. Loved my time here"*

"process for medicines to take home quicker please, I waited all morning for them"

"Service was prompt. Staff pleasant. Doctor polite & thorough"

"Very helpful and informative. Made me feel very relaxed and answered any questions I had"

"The staff are very good the only thing is the waiting times can be long"

"Friendly approach by all in the department"

"Professional staff in the blood room made my daughter feel comfortable when she has a fear of needles"

"Excellent care and communication couldn't do enough for me, Nothing was too much trouble, ward was hectic & busy and still did what they could"

"Fantastic idea to have physio's in A&E. Really cut down on waiting time, brilliant advice and service. Thank you".

Table 8: Friends and Family Test Response and Results 2019/20

Area	Response Rate 2019/2020	Percentage of patients who were 'likely' and 'extremely likely' to recommend our services
Inpatients	23.3%	95.8%

Emergency Departments	9.9%	89.0%
Outpatients	N/A	95.2%
Community	N/A	99.2%
Maternity Services	N/A	97.8%

Seven Day Services

The seven day services programme is a national initiative designed to ensure patients that are admitted as an emergency, receive high quality consistent care, whatever day of the week they attend Hospital. There are 10 clinical standards for seven day services which define what seven day services should achieve, regardless of when patients are admitted. The following four of the 10 clinical standards were identified as priorities on the basis of their potential to positively affect patient outcomes. These are:

- Standard 2 – Time to first consultant review
- Standard 5 – Access to diagnostic tests
- Standard 6 – Access to consultant-directed interventions
- Standard 8 – Ongoing review by consultant

These will ensure patients:

- don't wait longer than 14 hours before their first review by a consultant
- get access to diagnostic tests with a 24-hour turnaround time – 12 hours for urgent requests and one hour for critical patients
- get access to specialist, consultant-directed interventions
- with high-dependency care needs receive twice-daily specialist consultant review, and those patients admitted to hospital in an emergency will experience daily consultant-directed ward rounds

MFT was selected as an early adopter of the four priority clinical standards with the target of implementing the standards by April 2018. MFT has consistently met three of the four Priority Standards (Clinical Standards 5, 6 and 8); focus has therefore been on achieving Standard 2 (Consultant Review within 14 hours of admission), which following sustained improvement over the last few years was achieved in the April 2018 national audit. Performance however slipped in subsequent audits so further work is required on ensuring this target is consistently obtained and maintained.

The main area where there has been a challenge in achieving this compliance is in paediatrics. Following the introduction of the new consultant surgical hot week rota, a further audit of standard 2 took place in June 2019 and this showed an improved performance with an overall compliance of 68% against the 90% target. The audit also identified a number of pathways (e.g. Sickie cell) where there is already a delegated pathway system in place. This pathway is currently being updated and following approval at the RMCH Health and Safety Committee will be sent to NHSI/E and the Care Commissioning Group for sign off which will further improve performance.

The improvement in performance at RMCH has improved the overall MFT performance. The performance reported to NHSI/E at the end of November 2019 is 84.1%

Freedom to Speak Up (F2SU)

In 2019/20 the Trust continued to strengthen the F2SU programme across the organisation. Over the last 12 months a further 10 F2SU Champions were recruited and trained, building a team of 28 F2SU Champions providing support to the F2SU Guardian to create a culture for staff to speak up safely.

In 2019/20 69 cases were raised with either the F2SU Guardian or the F2SU Champions. 16% of the cases included an element of patient safety and quality. 40% cases included an element of bullying / harassment.

This year the Trust has undertaken a review of the champion programme and has developed key priority actions to support the champions development and improve reporting arrangements.

Our organisation was proud to host a visit from the National Freedom to Speak Up Guardian, Dr Henrietta Hughes, as part of the Trust's Speak Out Safely Month during October 2019. The Trust Chairman and F2SU Guardian welcomed Dr Hughes and shared our work on creating an open and honest culture. During the presentation to MFT Champions and colleague's Dr Hughes talked about the importance of making speaking up business as usual and how we need to ensure we listen to all our staff, making sure everyone matters.



Our Hospitals and Community Services

Our Trust has nine hospitals and a Community Service (Manchester Trafford Local Care Organisation):

- Saint Mary's Hospital
- University Dental Hospital Manchester
- Manchester Royal Eye Hospital
- Royal Manchester Children's Hospital
- Manchester Royal Infirmary
- Wythenshawe Hospital
- Trafford General Hospital
- Withington Community Hospital
- Altrincham General Hospital

Our hospitals and community service all share one aim: to be the best at what they do.

Saint Mary's Hospital Managed Clinical Services

Our Strategic Ambitions

To be known as one of the leading NHS and internationally recognised large-scale multisite provider of Genomic, Gynaecology, New-born, Obstetric and Sexual Assault Referral Centre (SARC) services.



Division of Genomic Medicine

What we are proud of

- Following the successful award of the North-West Genomics Laboratory Hub the genomics team have successfully joined with genetic testing laboratories across the North-West to provide co-ordinated, equitable access to genomic tests across the North-West.



- Clinical geneticists and scientists have played a key role in the 100,000 Genomes Project, which sequenced genomes from patients with a rare disease, plus their families, and patients with cancer. This study has enabled the service to reach a diagnosis for many individuals and families which otherwise would not have been possible with currently available genetic tests.



Areas for improvement and what is being done about these

- The Division have been investing in the latest technology and made structural changes to the biochemical laboratory to ensure an optimal service for future generations
- The Division is working to reduce waiting lists and the time taken to report the results of genetic tests so that patients can benefit from having their results as soon as possible.

Progress against your 2019/20 plans

These are the things we set out to achieve in the last year and we pleased to report that....

- The North-West Genomics laboratory hub has been formed and genetic testing procedures have been streamlined.
- The Pharmacogenetics to Avoid Loss Of Hearing (PALOH) study is a project to assess a point of care genetic test to avoid hearing loss in neonates exposed to the antibiotic gentamicin. Clinical trials are now underway.

Our Plans for 2020/21

- We plan for whole genome testing to become available as an NHS service later this year ensuring that the laboratory is equipped and staff appropriately trained so that testing can be made available to patients as soon as possible.
- The Genetics team based at Liverpool Women's Hospital and on the Oxford Road site will work together to decide on the best organisation of Genomic Medicine Services for everyone in the North-West

Division of Gynaecology

What are we proud of?

The creation of the largest single Gynaecological Surgical Cancer Team in the UK through the implementation of the Gynae-oncology Multi-Disciplinary Team (MDT).

Areas for improvement and what is being done about these.....



There is an on-going programme of work to improve the Referral to treatment (RTT) targets which includes reducing the waiting times for patients appointments and reviewing clinical pathways to ensure efficiency amongst other actions.

Implementation of Point of Care testing at Trafford General Hospital theatres has been introduced to reduce delays in theatre lists starting. This has helped support the teams in increasing theatre utilisation (how effective we use our theatres). There is currently a programme of work reviewing utilisation, demand and capacity across the wider St Mary's Managed Clinical Service.

Progress against our 2019/20 plans

Consultants from Wythenshawe and Oxford Rd campus are working across both sites, in Outpatients and Theatres. We have improved and implemented our administrative processes in order to transfer patients across sites.



The Division was consistently underperforming against the 14 day Cancer referral pathway target. A project to increase the existing capacity, increase flexibility to meet the demand of the service has taken place and as a result performance against this target has improved.

Our Plans for 2020/21

- Agree and plan pathway implementation for emergency Gynaecology and early pregnancy care across the service including harmonisation of guidelines and processes
- To be the leading provider of safe, high quality, equitable, ambulatory gynaecology diagnostic services for cancer exclusion, menstrual dysfunction and cervical pathology across the City of Manchester

Division of Newborn Services

Our newborn service is one of the busiest neonatal services in the country. We provide over 32,192 care days to 90 babies with over half requiring either intensive or high dependency care.



What we are Proud of

- A strong and committed multidisciplinary team with a focus on providing high quality care.
- A major partner amongst neonatal care providers in the north west, supporting the region by providing care to the smallest and sickest of babies/infants, including those requiring highly specialised care.



Areas for improvement and what is being done about these

- Some of our preterm babies' temperature at delivery is slightly below the national average. The Quality Improvement team are leading a project with clinicians to improve this aspect of care.



- We want to improve breast milk feeding at discharge in order to provide babies with the best nutritional outcome.

Progress against our 2019/20 plans

- Well-established clinical, governance and management structures and processes in place across our managed clinical service
- We have developed a more diverse workforce to ensure diversity and resilience which helps the team to meet service demands

Our Plans for 2020/21

- Building on our nationally recognised bereavement service and extending into the provision of neonatal palliative care
- Further development of plans to establish a Neonatal Clinical Education Academy, enabling the provision of high quality clinical education and training
- Transact nurse led Retinopathy of Prematurity(RoP) screening service across the MCS
- Collaboration with maternity service to ensure the model for care is equitable across the MCS

Division of Obstetrics

What we are Proud of:



- Establishing a Placental Growth Factor / Maternal medicine clinic
- Harmonisation of guidelines and services across Wythenshawe and Oxford Road Obstetric Service
- Collaboration and progress in achieving all 10 standards for Clinical Negligence Scheme for Trust (CNST)
- Launch of the forth coming BAME book in partnership with the University of Manchester
- The introduction of the role of the Disability Midwifery Advocate



Areas for improvement and what is being done about these.....



We continue to work hard to address the requirements of the “Saving babies lives” 2 Care Bundles. The care bundle seeks to reduce perinatal mortality. We recognise we need more sonographers to meet some of the standards of the care bundle and as such we have now introduced Midwife Ultrasound Practitioners (MUPs) to address this shortage across our services in Wythenshawe and Oxford Rd sites. We have now built a team that can not only support this requirement but is also able to evolve to improve care.

We need to harmonise the service provided by the Fetal Medicine Unit on both the oxford Rd and Wythenshawe sites. We have started reviewing and agreeing processes and patient pathways.

Progress against our 2019/20 plans



- Achieved Maternity Incentive Scheme year 2
- Integration of community midwifery team
- Integration of Governance team and Divisional structure

- Harmonisation of midwifery led unit & birth centre

Sexual Assault Referral Centre

Extraordinary! The SARC Team have supported the largest rape case in British history for the last 2 years supporting 42 out of 48 victims through 4 trials.



What we are Proud of

- The Saint Mary's Sexual Assault Referral Centre Team have been shortlisted to receive the LimeLight ISVA Team/Service Innovation Award at the National ISVA Conference on Thursday 5th March 2020
- SARC continually strives to expand the Directorate research portfolio with £64K of research funding secured for 2020/21 and numerous papers in preparation for submission.

Progress against our 2019/20 plans



In order to influence the delivery of SARC services locally and nationally, SARC strives to maintain close working relationships with the commissioners of the service and are represented at key networks, groups and meetings where changes are developed, discussed and agreed. Currently these include the Greater Manchester Victim Services Review Group and the North West SAAS Partner Network Meeting.

The main challenge for the SARC Directorate remains commissioning and agreeing the financial envelope required to deliver the service. The outcome of the Greater Manchester Victim Services Review is expected in Q4 2019/20 and this will influence future commissioning decisions. This has, however, already been delayed several times. In the interim, SARC needs to agree the contract values for 2020/21.

Summary of progress against CQC action plan

In our first assessment since becoming a Managed Clinical Service as part of MFT, Saint Mary's Hospital achieved a "Good" rating across all the CQC's Key Lines of Enquiry *Safe, Caring, Responsive, Well-Led and Effective* with the Neonatal Services rated "Outstanding" for Caring.

Although we had an overall rating of "Good", there were a number of recommendations from the CQC report and below is some of the highlights on the progress we have made in addressing these:

- **Mandatory Training Compliance**
There has been a strong focus on Safeguarding level 3 training. SMH MCS has worked in partnership with the wider MFT safeguarding team to achieve compliance by March 2020. All the trajectories put into place to manage training throughout the year have been achieved.
- **Harmonisation of Clinical Information**

There is a rolling programme in place for the review and harmonisation of guidelines in Newborn Services. There are challenges around alignment of practice between sites, so this programme remains ongoing with the priority to ensure practice remains safe. A patient information leaflet regarding the benefits of delayed cord clamping has been developed between the Anthony Nolan team in collaboration with one of our Senior Midwives.

- **Public and Service User Engagement-** Manchester Care Commissioning Group (CCG) have committed to funding the implementation of Maternity Voices Partnership (MVP). The MVP is working actively with leads from the Local Maternity System both to look at individualised personalised care plans with women during both antenatal and community attendances. The 'What Matters to Me' patient engagement work is embedded across Saint Marys Hospital.
- **Safer staffing-**Workforce modelling has taken place to understand and plan the midwifery and nursing workforce needs across the managed clinical service. Policies are in place which include escalation and red flags in line with the national safer staffing recommendations. There is an annual open day held in May and ongoing recruitment throughout the year.

- **Breastfeeding and Parental Visiting**

As part of the FiCare approach in the Neonatal Unit an improving quality project has been established to focus on increasing the uptake of breastfeeding. The Newborn Services have explored open visiting and revised the policy to facilitate 24 hour access for parents and their contribution during medical ward rounds. Within Maternity, the role of the peer support breastfeeding volunteer has been introduced with two intakes of peer supporters per year. The first intake commenced in September 2019.



There is an action plan in place to support improved electronic documentation of breastfeeding initiation

- **Fridges and Room Temperatures**

Further education to embed the MFT fridge temperature check and ambient room temperature check policy with all staff inclusive of new starters has taken place. Weekly surveillance of compliance in the clinical areas has been sustained by the matrons across the MCS. Monthly audits by the Pharmacy team are in place and Divisions have action plans in place to improve compliance across all aspects of medicines safety. These are further monitored through the ward accreditation process.

University Dental Hospital Manchester (UDHM)

The UDHM is one of fourteen specialist dental Hospitals in England and is co-located with the University of Manchester Dental School. The Hospital provides an emergency dental service and a large range of dental services such as orthodontics, restorative treatments, oral surgery, dental implants, cancer service and oral medicine. UDHM also provides services in other locations, Peter Mount building, Trafford General Hospital, Manchester Royal Infirmary and Royal Manchester Children's Hospital.

What we are proud of.....

- ✓ The UDHM is leading on the “Mouth care Matters programme” within our organisation. This is a programme which aims to reduce risks from pneumonia for inpatients with poor oral health
- ✓ The Dental Hospital received £250,000 in 2019 to replace aging dental chairs ensuring that all dental chairs within the Hospital meet safety regulations
- ✓ Nomination of UDHM Matron for a national dentistry award
- ✓ The whole of UDHM awarded “Gold” by the Trust accreditation process for the third year running



Members of the UDHM nursing team with CEO John Ashcroft and Director of Nursing Dr Sue Langley receiving their Gold certificate

- ✓ UDHM participated in a multi-centre research trial looking at conventional dentures versus 3D digital printed dentures. The trial was extremely successful and the plan is to roll this research out further.
- ✓ In the last 12 months the Dental hospital has been actively engaging with the local communities providing oral health and diet advice to address health inequalities. The dental nursing team have delivered a tailored session to a group of pregnant and nursing mothers from the migrant communities as part of the “havan mama” project providing breast feeding advice.

Dental Nurse supporting the “Havan Mama” Project



The UDHM is also engaging with the LGBTQ+ and homeless communities providing oral health advice and assessments. The UDHM team have been assessed for a Pride in Practice award and are awaiting accreditation.



UDHM team with Pride in Practice assessors

Progress against CQC action plan

We are proud to say the CQC rated the Dental Hospital as “*Outstanding*” in its last inspection in 2018. The CQC commended the Hospital for its high level of involvement with staff, patients, families and other healthcare professionals which had led to a number of service improvements such as “mouth care matters”.

Although our Hospital was rated “*Outstanding*”, there were a number of recommendations from the CQC’s report and below is a summary of the progress made so far in addressing these. The aging patient lift has been replaced and a new staircase commissioned and installed at the staff entrance to UDHM.

Following the CQC inspection in October 2018, the Dental Hospital has expanded the Nurse led clinics to include a Dental Nurse led radiography service within the Restorative Department for patients undergoing root canal treatment. Patients were moving between departments with rubber dams in their mouth impacting on privacy and dignity. The introduction of the nurse led service means that patients can have their treatment in the same clinical area as their X-rays including the more complex radiographs.

The challenge continues to be around the waiting times for paediatric dentistry and general anaesthetic (GA) capacity and the UDHM is working with commissioners to explore capacity at surrounding Hospitals. We are meeting with the speciality dental units in the North of England who have the same challenges around the provision of paediatric GA service to look at opportunities to share best practice and working.

Future plans 2020/21

- UDHM will continue to seek out and work with stakeholders at a local and a national level to ensure that UDHM makes a
- significant contribution to improving oral health and well-being across Greater Manchester and leading patient safety in dentistry nationally for example national smile month
- We will continue to celebrate and recognise our staff and the work they do ensuring good safe patient care via the GEM awards, promotion of excellence awards and thank you cards.
- Continue to develop and promote feedback from our service users to provide responses about services utilising the “What Matters To Me” (WMTM) process and ensuring that patients concerns are addressed.
- Participate in the development of a new Dental Hospital and school
- Maintain staff engagement and promote a positive proactive culture
- Continue to promote and lead the “Mouth care Matters” programme to support inpatients across MFT.

Celebrating National Smile month



Team Thank You Excellence Cards



Manchester Royal Eye Hospital (MREH)



Manchester Royal Eye Hospital (MREH) is one of 2 specialist eye Hospitals in the UK and one of the largest Eye Hospitals in Europe.

The MREH has a number of services based on the Oxford Road site and also provides off site services at Withington Community Hospital (WCH) (cataract surgery) Trafford Hospital (macular services) and Altrincham Hospital (outpatient services). The MREH has also opened two services in the North and South of Manchester offering macular treatment and outpatient services.

What we are proud of.....



A patient at MREH has become one of the first patients to undergo revolutionary new surgery for a rare genetic eye condition. It is one of the first gene therapy treatments undertaken in the NHS in the UK and the first at MFT.

MREH Theatre team and patient (January 2020)

Gold awarded to Eye J Daycase services (6th year), MTC services (2nd year) and Altrincham Eye Clinic (2nd year).

MTC services receiving their Gold accreditation certificate



Daycase services have been nominated for an Excellence in Care award.

Day case staff receiving their Gold accreditation certificate

- ✓ Throughout the year we have continued to work across the sites to increase our accessibility to the people we serve. We have also maintained our relationships with Henshaws (an organisation that offers support services for patients with visual impairment, Royal National Institute for the Blind (RNIB) and Macular Disease Society.
- ✓ 2019 saw the first “Living with Sight Loss” programme running in conjunction with MREH with patients newly categorised as visually impaired invited to participate in a support group providing practical advice.
- ✓ The Macular Disease Society has also implemented a monthly drop in service on the Macular Treatment Centre for patients attending the unit.
- ✓ November 2019 saw the transfer of macular services from the mobile unit which opened in 2016 to a new permanent location on the Trafford site
- ✓ Development and appointment of a specialist nurse for cataract services
- ✓ Further funding to appoint to training for an Acute Care Practitioner who will help develop nurse led services
- ✓ We have developed and implemented processes to ensure that patients receive an appointment within the correct clinical timescales. This has led to a reduction in the number of patients “lost to follow up” deemed to have suffered irrecoverable sight loss being reported
- ✓ The introduction of a risk stratification process for outpatient follow up appointments to reduce the risk to patients waiting for an outpatient appointment.
- ✓ Trailing new models of care for patients attending the Eye Emergency Department to reduce waiting times and improve the patient experience.

Progress against the CQC action plan

We are proud to say the CQC rated the Eye Hospital as “*Outstanding*” in its last inspection in 2018. The Hospital was rated outstanding in its care of patients with visual impairment and staff providing understanding in how this diagnosis can affect patients and carers lives and where patients and carers could access both practical and psychological support.

Although our Hospital was rated “*Outstanding*”, there were a number of recommendations from the CQC’s report and below is a summary of some of the progress made to address these:

Withington Community Hospital were asked to review their process for the completion of the safe site surgical check list (SSCL) as the check list that was being used did not reflect the WHO and Royal College of Ophthalmology guidelines. In line with the Trust revision of the SSCL, the MREH has devised a new SSCL which came into use in February 2020.

A further recommendation from the CQC was to run an “always campaign” in relation to documentation in medical records. The Clinical Effectiveness Team have run a number of sessions on this raising awareness of the importance of good record keeping amongst the MREH staff. At those sessions, we displayed and discussed the results of the Clinical Record Keeping Audit along with information on the

number of incidents that had been reported. The team were also distributing name stamp request forms to encourage staff to date their entries in the patient records. A number of new name stamps were ordered and are now in use.

There has been a number of workstreams undertaken in relation to medical records at MREH in the last 12 months. There has been an improvement in the availability of medical records in clinic thus reducing the need for temporary sets of notes. At its peak 30% of medical records were not available in some clinics this has now reduced to 3% and we are currently sustaining it at this level.



FUTURE PLANS 2020/21

- ✓ Continue to celebrate and recognise our staff and the work they do ensuring good safe patient care via the GEM awards, promotion of excellence awards and thank you cards.
- ✓ Continue to develop transition services using the “Ready Steady Go” document supporting children identified with chronic long term ophthalmic conditions transfer into adult ophthalmic services
- ✓ Continue to engage children, young people and families through discussions and providing them with specifically designed age appropriate information leaflets about ophthalmic conditions
- ✓ Continue to develop the closed Facebook group for children, young people and families with specific ophthalmic conditions providing a support network
- ✓ Development of nurse led laser service to ease patient waiting times for laser treatment
- ✓ Develop extended prescribing protocols for orthoptists
- ✓ Continue to work with Trust colleagues looking at the development and implementation of Electronic Patient Records (EPR)
- ✓ Continue to work with commissioners, stakeholders and surrounding Hospitals to ensure that appropriate funding is allocated for ophthalmic care and treatment
- ✓ Over the next 12 months MREH will continue to focus on improving patient experience through reducing waiting times in clinic, working with partner organisations locally and nationally to ensure we continue to provide the best service for our patients

Royal Manchester Children’s Hospital (RMCH)

About us

The Royal Manchester Children’s Hospital (RMCH) is one of the largest and busiest Children’s Hospitals in the UK and Europe and provides speciality healthcare to children and young people across Manchester, the North West and Wales. Following the formation of the new Manchester University



NHS Foundation Trust in 2017, we now also provide Paediatric services at Wythenshawe and Trafford Hospitals (RMCH Managed Clinical Services- MCS).

Meet the senior team



Progress against 2019 report

2019/20 has been a busy year for staff across RMCH/MCS with a high demand for our services across our inpatients, critical care and emergency departments. Despite these challenges our staff have continued to work tirelessly to maintain a culture of openness and honesty, delivering high quality and safe care, demonstrating our values of our family caring for yours within every interaction we have with our patients and families.

Escalation

At RMCH/MCS we are committed to empowering our patients, families and staff to speak up when they have worries or concerns so that the best care can be provided at all times and we can respond quickly when concerns are raised and work together to resolve.

For patients and families, the *Tell Us Today* system has been relaunched across the Hospital in 2019/20 and posters are now in place across all of our wards and departments. This system enables families to speak to a senior member of staff if they have any worries that cannot be resolved at ward level.

For our staff, we recognised that escalating concerns to senior colleagues can at times be daunting, especially for our junior doctors and nurses. Therefore in 2019/20 we have developed ESCALATE, a Hospital wide escalation pathway which was developed by senior clinicians and nursing staff across the Hospital. This pathway was consulted on widely and is now in place across all of our clinical areas in an easy read poster format.



MAGIC

In 2019/20 the RMCH MAGiC vascular access service was launched, which is a multi-disciplinary line placement service operating out of the radiology department. The team includes anaesthetists, surgeons, a radiologist, theatre staff, radiographers, a scheduler and a lines specialist nurse. The team are responsible for managing patient referrals to the

vascular access service. In 2019, the team were nominated and shortlisted for an HSJ award, which was a huge honour to be recognised nationally for such an innovative service that not only supports patient safety but improves patient experience by ensuring patients are receiving medical line placement in a timely manner.

Safety Initiatives

National Patient Safety Week

In September 2019, the Hospital/MCS took part in National Patient Safety week. Our teams carried out a number of trolleys round the Hospital, talking to staff at ward/department level and sharing learning with teams. The topics covered during this week included Safeguarding Children and Young People, Sepsis screening and care, Pressure care management and Medicines Safety.



Medicines Safety Bus

In November 2019, the RMCH/MCS pharmacy team held a medicines safety week across the Hospital and took their medicines safety bus out to all of our wards and departments. The aim was to provide support and advice to our teams on safe medicines administration by engaging teams in a number of activities so they could update and refresh on the medicines safety agenda. The bus was a huge success and will be out and about regularly across 2020.

RMCH Tracheostomy Service goes global

Clinicians from the Royal Manchester Children's Hospital hosted a 'premiere' to launch a series of short educational films on tracheostomy safety and care in 2019/20.

The National Tracheostomy Safety Project (NTSP) launched 25 educational videos, filmed with RMCH patients and staff, to support paediatric tracheostomy safety work here in Manchester and across the UK.

The films were made by a digital agency Feedfirst, following a successful grant application to the Health Foundation. It featured routine care, emergency care (in hospital and at home) as well as communication and swallowing. Filmed with four RMCH patients in October 2018, the two minute films are aimed at healthcare professionals as well as parents and carers, produced as mobile-friendly, bite-sized clips.

The premiere was live-streamed, linking up with colleagues at children's hospitals in Dublin, Boston, USA, and Melbourne, Australia, demonstrating the global reach of these new resources.

Junior Doctor Forum

In 2019/20, an RMCH/MCS junior doctor forum was established with the aim of supporting our medical and speciality workforce to share learning and develop their understanding of patient safety and quality initiatives across the Hospital. The forum, which is led by our Medical Director, has been a huge success and we plan over the coming year to develop a similar nursing forum.

Patient experience

Accreditations

As part of our quality assurance process at MFT, all wards and departments are accredited once a year by a team of senior nurses from outside of their working area. In 2019/20, nine out of 17 wards and departments were awarded Gold for their accreditation, which is a fantastic achievement for our nursing teams:

- Children's Resource Centre
- Haematology Day case
- Outpatients Department
- Ward 77
- PICU
- PHDU
- Ward 83
- Ward 85
- Starlight Day Case and Outpatients

Theatre Improvement Group

In 2019/20, a theatres improvement group was established, chaired by the Hospital's Director of Operations and made up of a number of professionals from across the Hospitals theatres and surgical teams. The group's aim is to improve patient experience by releasing time to care for our children and young people who have an operation at our Hospitals by reducing delays in getting patients to theatres and preventing cancellations. A number of actions have come from this group including;

- A streamlined surgical day case document
- Signposting on our surgical floor so that families can walk their children to theatre, reducing anxiety for our patients

Mobile Theatre – Starlight Unit

In 2019/20, our surgical teams have been working to improve access for our patients to surgical treatments across both of our sites at RMCH and the Starlight Unit at Wythenshawe. As a result of this work, a new mobile theatre is under development at our Wythenshawe site and will become operational in Spring 2020.

Improving patient experience in the Emergency Department

Our Emergency Department team have been working hard over the last year to embed a number of patient safety and patient experience initiatives which include:

- The development of a waiting room nurse role to ensure that families feel informed and cared for during their time in the department. The role not only helps to improve the patient's experience, especially at times of peak activity within the department but also facilitates patients receiving repeat observations in a more timely way
- Pain assessment timers have been introduced to ensure pain assessments and reassessments are repeated in a timely manner. The hand-held timers are given to families at the time pain relief is given. Families then inform their nurse when the timer goes off and a reassessment is carried out
- Safeguarding screening stickers have been introduced which trigger all team members to ask standard safeguarding questions on a patient's arrival. This initiative has improved communication between teams within the Hospital and ensures that every child is screened on arrival

CAR-T Therapy at RMCH

CAR-T (chimeric antigen receptor T-cell) therapy is an individualised cancer therapy that involves reprogramming the patient's own immune system cells which are then used to target their cancer. It is a highly complex treatment which has been shown in trials to cure some patients, even those with quite advanced cancers and where other available treatments have failed.

RMCH are proud to be an approved accredited site for the delivery of the NHS commissioned CAR T product KYMRIAH and that our highly skilled medical and nursing teams are able to deliver CAR T within our stem cell unit on the Oxford Road site. The team currently have 2 CAR T trials open for patients with Acute Lymphoblastic Leukaemia, and it is hoped that a third trial will begin in the near future for B Cell non-hodgkins lymphoma. A total of 21 procedures have been carried out since we started delivering CAR T, 13 of which have been in the last year.

RMCH/MCS Youth Forum



At RMCH/MCS we are committed to hearing our children and young people's voices and strive to deliver services that meet their needs. Our RMCH Youth Forum is key to delivering this commitment and we are proud to have developed a well - established group that is made up of a number of young people of all ages and backgrounds. All of our young people will have accessed our services at one point in their lives so they are the real experts by experience.

In 2019/20 the Youth forum have continued with their ward visit programme in which they review how well the wards are meeting the national You're Welcome Standards and provide feedback on how well the environment meets the needs of young people. This feedback is then shared with ward teams and actions are taken to resolve any concerns identified.

North West Paediatric Rheumatology study and Network Day

The RMCH Rheumatology team hosted the North West Paediatric Rheumatology study and network day in January 2019. 46 delegates across a range of specialities including adult rheumatologists, general paediatricians, physiotherapists, occupational therapists and nurses attended the day. A mixture of lectures and group interactive sessions covering topics such as adolescent medicine and transition, fever of unknown origin, lupus and hypermobility were delivered. All of our multidisciplinary team presented showcasing the skills, knowledge and experience within the team.

Major Trauma Centre Peer Review Visit

RMCH had a routine Major Trauma Centre Peer Review visit on Thursday 5th March 2020 led by the NHSE Quality Surveillance Team (QST)

The Peer Review Compliance was 87.1 % (Compliant fully with 37 out of 41 measures; the measures not achieved were partially achieved). The review identified:

- No immediate risks or serious concerns
- 12 areas of good practice:
 - ✓ Child and Family Focus (5 areas)
 - ✓ Prevention of Children's Major Trauma.
 - ✓ Immediate Care (2)
 - ✓ Guidelines
 - ✓ Resilience of Team
 - ✓ Rehabilitation (2)
- 3 areas for improvement (action plan developed)
 - Monitoring effectiveness of proforma introduced to record CT "hot reports" and audit results.
 - Review of TARN data in relation to BOAST 4 to ensure accurately

- reflect practice.
- Develop operational pathway for open fractures and audit to ensure safe practice.

Care Quality Commission Inspection (CQC)

RMCH was delighted to be rated as “Good” by the CQC in its report following its comprehensive inspection in October 2018. This rating included and acknowledged that our Surgery Theatres and Anaesthetics department and our CAMHS services were awarded a rating of “Outstanding”.

Overall, the Hospital was also rated as *Outstanding* for the ways in which we care for our patients, recognising the efforts our staff go to in order to meet the individual needs of our patients and their families. Our services at Trafford Hospital and Wythenshawe Hospital were also rated as “Good”.

The CQC made a number of recommendations which provided RMCH with clear direction on areas we could further improve which has been used to develop our comprehensive action plan. This action plan included a number of initiatives which have now been put in place to support the safety and experience of our patients and their families. Some examples of this are a review of our processes for bereaved families so that they have easier access to the Mortuary during out of hours, the replacement of all resuscitation trolleys at our Starlight Unit in Wythenshawe, a review of record keeping processes across the Hospital and a new induction package for our student nurses and trainees who have placements on our child and adolescent mental health facility, Galaxy House.

Our action plan continues to be reviewed on a regular basis as a mechanism to support our teams to deliver on each action to completion and a repository of evidence has been developed to provide assurance to the CQC of how RMCH have achieved each action. Across our Hospitals a huge amount of work has been undertaken with the dedication and commitment of our Divisional Managers, Nursing and Medical workforce in progressing the Hospital action plan.

Manchester Royal Infirmary



About us

Executive Directors:

Mrs Vanessa Gardener, Chief Executive

Dr Jon Simpson, Medical Director

Manchester Royal Infirmary, founded in 1752, is a large teaching hospital that is part of Manchester University NHS Foundation Trust. The hospital provides a full range of local and specialist services including emergency care, critical care, general medicine including elderly care, surgery and outpatient services.

Services

We provide a wide range of services including;

Cardiology, cardiac surgery, cancer, clinical immunology, cochlear implants, diabetes



MRI's Strategy is our commitments and plans for the future at MRI, underpinned by Values - *Everyone Matters, Working Together, Dignity and Care and Open and Honest.*

Our Values Together Care Matters	Our Commitments What is important to us	Our Ambitions What we will achieve	Our Future What we will look like
<p>Everyone Matters</p> <p>Working Together</p> <p>Dignity and Care</p> <p>Open and Honest</p>	<p>Our Patients</p> <ul style="list-style-type: none"> ✓ Will be safe in our care ✓ Will be treated with compassion ✓ Will be treated promptly ✓ Will recommend our services <p>Our Staff</p> <ul style="list-style-type: none"> ✓ Will put patients first ✓ Will feel valued and involved ✓ Will be supported and developed ✓ Will recommend the MRI as a place to work <p>Our Services</p> <ul style="list-style-type: none"> ✓ Will continually improve ✓ Will promote research and innovation ✓ Will use resources efficiently ✓ Will have a strong operational grip ✓ Will transform for the future <p>Our Hospital</p> <ul style="list-style-type: none"> ✓ Will be well led and governed ✓ Will have a clear identify and service portfolio ✓ Will have strong partnership working ✓ Will focus on creating the conditions for high performance 	<p>We will be:</p> <p>truly patient and family centred</p> <p>a responsive provider of safe and efficient local services for Manchester</p> <p>a major tertiary and specialist centre, nationally recognised for leadership and rapidly translating research and innovation for our patients</p> <p>well run at all levels by cohesive teams, working collaboratively across the MFT group to deliver patient benefits</p> <p>built upon our skilled, diverse and committed staff, and a leader in training future generations</p>	<p>Streaming emergency patients to the right service for their needs, rebuilding our Emergency Department and improving patient flow through the hospital, so patients receive excellent timely care</p> <p>Greater Manchester's acute hub – the centre for major torso and limb trauma and for vascular surgery</p> <p>Internationally renowned kidney and pancreas transplant centre, potentially expanding to liver</p> <p>Advances in haematology care, with CAR-T, gene therapy and an expanded bone marrow transplant unit</p> <p>Centre for specialist cancer surgery for head and neck, hepato-biliary and colorectal, providing the very best clinical outcomes</p> <p>Alternatives to outpatient consultation using digital solutions and better integrated support in the community, to reduce the need for patients to come to hospital</p>

We have opened a major trauma ward which is a stepped improvement for the care we deliver to our most complex patients.

We have secured funding to purchase replacement pieces of equipment long overdue such as Catheter laboratory replacements, endoscopes and supporting theatre life cycling and equipment maintenance.

We have finally started building works to expand our bone marrow transplant unit and soon to complete our new diabetes centre

We have entered into an exciting new phase of undertaking robotic surgery in the MRI, which is a defining moment and provides a much better patient experience using cutting edge technology.



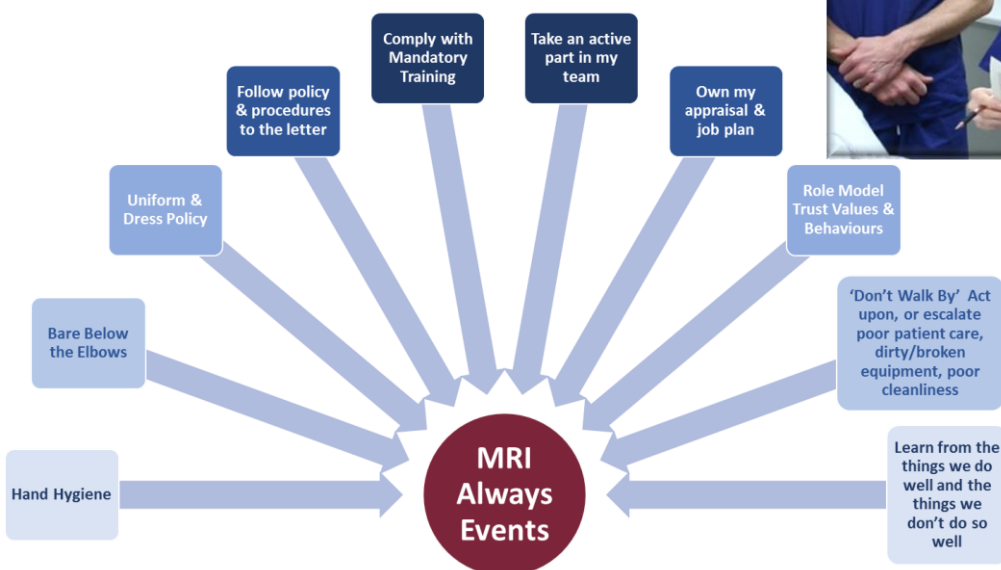
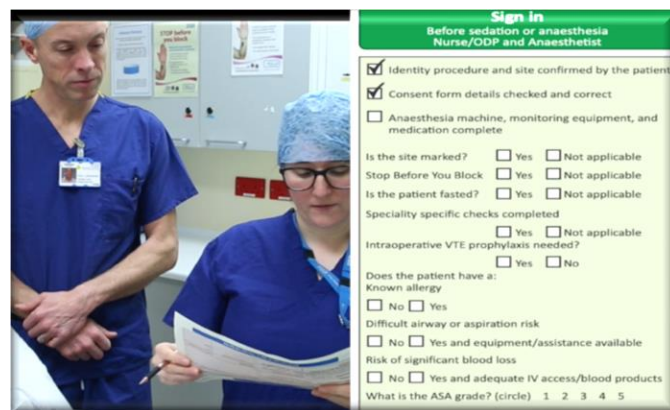
Focus on Theatres

MRI Theatres and Elective In-Reach team have been leading the way to embed into practice improvements to our Safe Surgery Checklist (SSCL) in order to improve the safety of our patients undergoing surgery. It involves the clinical team performing a three staged process: in the anaesthetic room; before the procedure starts and after the surgery.

The new MRI SSCL has been designed by our teams and all theatre, surgical and anaesthetic staff will be involved in implementing the new SSCL process, with regular redesigned audits taking place to assess engagement. This is all part of our drive to make our theatres the safest in the NHS.

The theatres team have recently relaunched theatres policy and the implementation of demarcation line. The policy is aimed to make our theatres safer for patients and increase security.

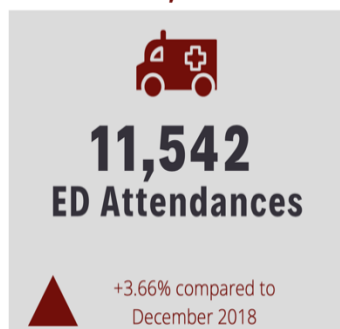
Time Out			Sign Out		
Full MDT: Silent focus			The lead surgeon must confirm		
1. Site marking checked	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	N/A	1. Procedure performed
2. Antibiotic prophylaxis given	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	N/A	2. Instruments, swabs & sharps accounted for
3. Glycaemic control considered	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	N/A	3. All specimens labelled correctly
4. Hair removal complete	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	N/A	4. The pack removed if present
5. Essential imaging displayed	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	N/A	5. Suction devices/hubs/ports flushed
6. Any metalwork/implants to note	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	N/A	6. Suction devices/hubs/ports open
7. Patient warming addressed	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	N/A	7. VTE prophylaxis considered/prescribed
8. Allergies confirmed	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	N/A	



MRI Always Events

Focuses on staff taking personal responsibility to live and breathe these standards and raise concerns if they are not adhered to. The 10 statements apply to all staff, at all times and were developed through staff engagement to identify fundamental standards that we don't always get right.

Performance, Patients and Services



Patient Safety is a key focus for us and as an MRI team, our commitment has always been and will continue to be that throughout MRI, we continue to aim to meet the individual needs of our patients and families every day. Quality improvement actions commenced immediately following the comprehensive inspection in October 2018 and work is underway to embed improvements. Progress on all our planned improvements and actions is monitored by the Manchester Royal Infirmary Executive team.

Focus on Patient Flow

Work is on-going across MRI to improve the flow of patients in the Hospital. We want to ensure that only patients who need to be in Hospital are in the Hospital. One way of doing this is to review the discharge process. Our Clinical Service Units help us to achieve this by supporting the discharge process for patients with a longer length of stay (those who have been in Hospital longer than maybe clinically required). This involves recognising and unblocking delays whilst trying to challenge and simplify complex discharge processes.



To support this, we are adopting the 'Five Key Principles to Reducing Length of Stay':

- Plan discharge from the start
- Involve patients and their families in discharge decisions
- Establish systems and processes for frail patients and their families
- Embed multidisciplinary team (MDT) reviews
- Encourage a supportive 'Home First' approach
- We recognise that prolonged stays in hospital leads to the potential for harm, therefore tackling length of stay is all of our responsibility and we're working hard to make improvements where we can.

The work of the Medical Outlier Team ensures that patients are reviewed, managed appropriately and looked after safely across MRI.

The Emergency Department (ED) team have introduced streaming of patients, which is keeping the waiting times down and the Acute Medical Team are running ambulatory care over seven days to support flow.

Throughout 2020 MRI is pleased to participate in Year of the Nurse and Midwife events. At our launch event we heard presentations from inspirational nurses from across MRI on their unique contribution to nursing and patient care.

The Year of the Nurse will be a platform to recognise, value and celebrate the work and achievements of nurses across MRI, ensuring MRI is the place nurses choose to work to develop their careers.

Nursing staff make up 60% of the MRI workforce and are key to achieving excellence by improving the experience, safety and clinical outcomes for our patients. During 2020 the nursing teams will be supporting the delivery of our vision of achieving excellence in patient experience and care through engagement, empowerment of the profession and valuing the contribution of nursing in order to deliver change.



Wythenshawe Hospital

As a major acute teaching hospital located in South Manchester Wythenshawe Hospital provides several services including cardiothoracic surgery, transplantation and breast care services. The site also host a number of Nationally Commissioned services including National Aspergillosis, Regional Burns and are one of only 5 sites in the UK to provide ECMO- (extracorporeal membrane oxygenation).



Wythenshawe Hospital is part of the multiple hospital sites of Wythenshawe, Trafford General, Withington and Altrincham Hospitals (WTWA) managed by the senior leadership team based at Wythenshawe Hospital.

During the last 12 months, we have continued to progress work with internal and external partners on the Wythenshawe 'Masterplan', an ambitious long term plan to improve the clinical environment at Wythenshawe Hospital for our patients and staff, providing state of the art facilities.



CQC - Journey of Improvement

It has been a year of continued improvement at Wythenshawe Hospital. Whilst the CQC rated the site as 'Good' overall and 'Outstanding' for the care we provide to our patients, there were areas identified which we need to continue to improve some of which are detailed below.

Improving flow of patients through the Hospital

The Emergency Department (ED) has created an urgent care area within the department, staffed by specialist Emergency Nurse Practitioners, Allied Health Professionals and GPs to support patient's being seen in a timely manner by the most appropriate clinician. We have also introduced a care navigator role during the evening supported by a GP and have seen a reduction in the waiting times for our patients with minor injuries or illnesses. We now have an Urgent Treatment Centre (UTC) co-located with ED. The Urgent Care Treatment Centre will be primarily nurse led, supported by Go-To-Doc (external private provider), GP's employed by the Trust and physiotherapists offering appointments that can be booked through 111 or through a GP referral. These staff are equipped to diagnose and deal with many of the most common ailments people attend ED for.

New roles and responsibilities have been designed as part of a quality improvement initiative supporting a reduction in the waiting times for our patients with minor injuries or illnesses.

We have opened a GP Receiving Unit (GPRU), based on the Acute Medical Unit. This unit is for patients who have been referred by their GP and accepted by the acute physician for assessment, which means patients can go straight to the GPRU without going to ED on arrival at the Hospital. The unit is open 07.00am – 10.00pm, seven days a week.

Surgical Ambulatory Care Receiving Unit (SACRU) is now co-located with the Surgical Assessment Unit (SAU) to form the new Surgical Receiving Unit (SRU). The unit accepts Ambulatory and Non-Ambulatory / direct GP referrals; General Surgery; and Urology referrals in the afternoon only. The service will continue to evolve over the coming months; expanding to cover additional specialities.



Wythenshawe continues to utilise the SAFER Standards; a set of simple rules that routinely help improve patient flow, patient experience and reduce length of stay across adult inpatient wards.

Work also continues on delivering improvements to ensure our patients who require additional support needs have these met consistently. There is continued focus on compliance with mandatory training to ensure our staff have the required knowledge and skills to continue to deliver high quality, safe care.

Between 1st April 2019 and 31st March 2020 we had

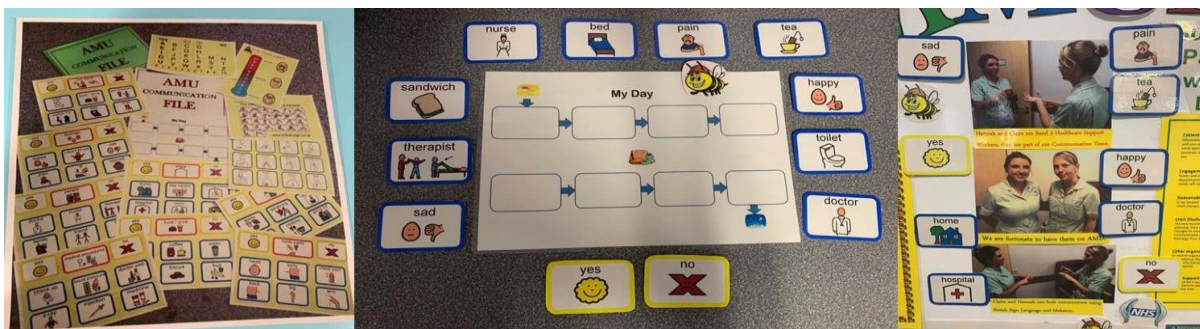
105,415 Emergency Department attendances - 3260 more than last year

524,378 Outpatient attendances - 33,790 higher than last year

28,233 surgical procedures - 3.8% less compared to last year

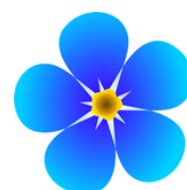
Supporting patients with Learning Disability

Implementation of 'My Day' template which is a pictorial planner for patients with a learning disability, Autism or anyone who may have difficulties communicating with the team on the ward has been rolled out across the Hospital. The team on the Acute Medical Unit (AMU) have also developed a communication box which includes a range of tools to support and enhance the work they have undertaken with the 'My Day' template. In addition AMU have also developed an information board in partnership with the Speech and Language Therapy team to record the specialist diet preferences of patients. The board was developed following 'What Matters to Me' feedback from patients and carers regarding missing food items from the kitchen orders for patients who were following a specialised diet or specific guidance.



'Getting To Know Me' scheme

Each person with dementia is different: when it comes to offering support, different interventions are helpful to deliver individualised care for patients. Therefore getting to know a person with dementia is really important to enable staff to give



them the appropriate support. In June 2019, Wythenshawe launched the Getting To Know Me scheme, which included the Getting to Know Me Card and Cognitive Impairment Care Plan. This scheme aims to give Hospital staff a better understanding of patients with dementia who are admitted either for planned treatment, such as an operation, or in an emergency.



E-Obs Launched In January 2020 Wythenshawe Hospital launched electronic observation recording, through the 'Patienttrack' system. This allows healthcare staff to record vital signs and observations at the patient's bedside on mobile devices rather than paper. The system automatically calculates the risk of a patient deteriorating enabling the appropriate intervention to be initiated. This information can be accessed remotely therefore staff can now have increased visibility of patient observations and trends wherever they are in the Hospital. Previously this would only have been accessible on paper at the patient's bedside.

Sharing Best Practice: The Manchester ILD Service Model



The Interstitial Lung Disease (ILD) team were delighted to welcome ILD specialist nurses from Denmark, Iceland and Ireland to Wythenshawe Hospital to participate in a two day "Sharing Best Practise in Idiopathic Pulmonary Fibrosis" course. The course was based around the ILD specialist nurses Nursing Times Award winning service.

Reasons to smile

The Maxillofacial Unit promoted National Smile Month, giving out information and advice on oral health. As part of the campaign, Mouth Care Matters training is now included on induction for new staff, and Oral Health Champions have been named for each ward to help deliver training to emphasise the importance of oral care when caring for our patients.



Working Together



Following the recent closure of Stockport breast service, the team at The Nightingale Centre at Wythenshawe saw an influx of patients, the team worked together to cope with the extra demand and welcomed

new members to the team. The team were recognised by the WTWA leadership team and presented with the 'Working Together' Award for uniting their various staff disciplines to provide the best possible care for patients.



Improving quality of life and patient experience

The Outpatient Parenteral Antibiotic Therapy (OPAT) team have been working with Baxter Healthcare to create a promotional film about OPAT services. The film shows a patient-focussed perspective of the impact the service has on quality of life and patient

experience. Outpatient Parenteral Antibiotic Therapy, allows patients in need of regular intravenous antibiotics to treat themselves at home, or receive treatment from the team at home. This means more freedom for the patient and more available beds for the Hospital to accommodate patients who can only be treated in Hospital.

Research and innovation

In addition to the services delivered, we are proud of our major research programmes; we have one of the largest respiratory academic departments in the country and are involved in a significant portfolio of related trials.



World first: The Cystic Fibrosis team at Manchester Adult Cystic Fibrosis Centre based at Wythenshawe Hospital recruited the first participant in the world to a research study investigating a new anti-fungal drug.

New Home for our Patient Advice and Liaison Service (PALS)

The Wythenshawe PALS has relocated to a new facility which provides a larger footprint for the service that is more accessible with a welcoming reception area, microphone and hearing loop as well as two meeting rooms with wheelchair access.



Renovated Bereavement Garden

The newly renovated Bereavement Garden at Wythenshawe Hospital reopened for bereaved families, patients and any staff who would like to take some time to reflect. The garden is a calm, peaceful environment for families to sit in. Funding for the renovation came from the Organ Donation funds.



Caring for our staff



Wythenshawe Hospital has introduced Schwartz Rounds. These are a multidisciplinary forum for staff to come together to discuss and reflect on the emotional and social challenges associated with working in healthcare. Rounds provide a confidential space to reflect on and share experiences.

Macmillan Cancer Information Centre



The Macmillan Cancer Information Centre at Wythenshawe Hospital has recently been awarded the Macmillan Volunteering Quality Standards (MVQS) Certificate, the charity's quality standard for good practice in volunteer management. The Volunteer Quality Standards framework means that each of our volunteers needs are recognised and everyone is supported to a high standard. The volunteers are such an inspiring group of people who share their time, energy and experience to help others, so it is vital that they get the most from their role and have the information, training and support they need in order to enjoy it as much as possible.



Going for Gold

🏆 Across Wythenshawe **9** wards have achieved a 'GOLD' award and **22** 'SILVER' awards through the Ward accreditation Scheme. This process measures clinical area's improvement journey and ensures high quality care and the best patient experience. 8 further wards are yet to receive the outcome of the accreditation review this year.

Gold Wards
F4
A9,
F15
Acute Coronary Care
NWVU,
Pearce
F5
F2 Day case
A2
Ward F3

Ward F5 & F2 Day Case are currently applying to be recognised as an area of 'Accreditation Excellence' after achieving 'Gold' in two consecutive years and awarded 'Gold' in each category.

National Recognition

Wythenshawe surgeon awarded MBE

Professor Ged Byrne - breast surgeon at Wythenshawe Hospital and Director of Education and Quality at Health Education England (North) – was awarded an MBE for global and medical education in the Queen's Birthday Honours in June 2019.



The team behind Manchester's Lung Health Check Programme was named Cancer Care Team of the year at the BMJ Awards, the UK's leading medical awards.

Siobhan O'Ceallaigh, Consultant Plastic Surgeon at Wythenshawe Hospital, was shortlisted in the Greater Manchester Health and Care Champion Awards under the 'People's Champion' category. Siobhan was nominated by a patient for her 'skill and dedication' in taking a 'person centred approach' and always showing 'humility, empathy and compassion' during treatment and care.

Looking ahead: Plans for 2020/21

Continue to develop and promote feedback from our service users utilising the "What Matters to Me" process and ensuring that patients concerns are addressed at the point of contact.

Development of a new British Heart Foundation Manchester Centre for Heart and Lung Magnetic Resonance Research (MCMR) which will be based at Wythenshawe Hospital. The MCMR will house a state-of-the-art magnetic resonance imaging (MRI) scanner, which will enable a leading-edge programme of translational and clinical cardiovascular and thoracic research which plans to open in Autumn 2020.



Wythenshawe will be celebrating the International Year of the Nurse and Midwife 2020, as designated by the World Health Organisation (WHO); putting the spotlight on the skills, professionalism and hugely varied roles and backgrounds of our nursing and midwifery colleagues.



Trafford General Hospital

Trafford General Hospital serves people residing in the surrounding area of Trafford, Altrincham and Greater Manchester and provides a range of services, including a nurse led urgent care facility, general and specialist medicine, general and specialist surgery, a paediatric Hospital service for children and young people and a range of outpatient and diagnostic services.

The last year has seen significant transformation of services across the site:

- Establishment of Fragility Fracture and Fracture Neck of Femur Rehabilitation Pathway
- Review of Minor Injury and Illness Services
- Review of Out Patient Services
- Harmonising the processes across Trafford and Wythenshawe sites for learning from deaths with the emphasis on learning and focusing on improvements in care.

National award win for Trafford's Emergency Multidisciplinary Unit

The Emergency Multidisciplinary Unit (EMU) at Trafford General Hospital scooped a national win at NHS Elect Awards last week at their Patient Experience and Quality Improvement Conference.

The team behind EMU won in the '*Excellent Teamwork*' category for a pilot scheme that was implemented on the Acute Medical Unit to improve patient experience, frailty standards and workflow.

The new project was a significant change to the existing model on AMU and required teams to work differently, with new clinical pathways, operating processes and feedback recorded to analyse improvements to the unit.

The new process introduced same day, multi-disciplinary assessment and treatment which helped to reduce hospital admission. Clinical pathways were also developed to manage various conditions supported by care navigators, therapists and The British Red Cross.



Between 1st April 2019 and 31st March 2020, we had:

- **28,674 Urgent care attendances – compared to 27,381 last year**
- **Saw 43,697 new outpatients and 93,968 follow up outpatients**
- **Undertook 7106 surgical procedures compared to 10,052 last year**

CQC - Journey of Improvement

Trafford Hospital was proud to have been rated as 'Good' overall following the October 2018 CQC inspection; during the last year we have continued to focus on improving the services provided across Trafford Hospital, building on these results with the aim of becoming an outstanding Hospital for our patients and families- some examples can be seen below.



Focus on leadership – Key appointments

In October our newly appointed Head of Nursing for Trafford, Withington and Altrincham joined us. To strengthen the nursing leadership at Trafford we have also appointed a new Lead Nurse for Medicine at Trafford and Matron for Quality Improvement and Patient Experience. This leadership team are focused on delivering continued improvements to the care provided across all services at Trafford Hospital by supporting our clinical leaders to have the skills, knowledge, experience and integrity they need to lead effectively.

Engagement sessions have been held at the Trafford site with senior nursing leadership from across Manchester Foundation Trust, focussed on “What Matters” to our staff and working collaboratively on the plans for transformation and improvement.

Band 7 Management Development Programme

Across Trafford, Wythenshawe, Withington and Altrincham Hospitals, a programme has been designed to support the development of new and existing Band 7 ward and theatre based Nurse Managers. At WTWA we aim to deliver high quality and safe care for all our patients through valuing and developing our workforce, to enable a consistent high standard of care to be delivered throughout our wards and departments. The Programme is intended to inform, equip and develop the Manager to have the skills, confidence and knowledge to become an effective role model with the ability to lead on positive changes, whilst promoting teamwork and staff engagement to deliver these high standards of care.

Getting it right for our patients



All policies and procedures in the Urgent Care Centre have been reviewed and updated ensuring they comply with national guidance and best practice. Working with our colleagues at the Manchester Royal Infirmary Emergency Department, we have also reviewed the patient pathways for adults & children across both sites. Work to highlight the importance of safer surgery checks is ongoing, with staff from across theatres and surgical areas supporting the roll out of the new MFT Safer Surgery and Consent policies. Staff on

Ward 12 got involved with a quiz to demonstrate their knowledge of the correct checks.

Trafford Stroke Rehabilitation Unit leaps into National Top 10.

The Trafford Stroke Rehabilitation Unit (TSRU) at Trafford General Hospital has been ranked as the 10th best Stroke Unit in the country.

The ranking is based on data gathered via the Sentinel Stroke National Audit Programme (SSNAP), a national audit programme that measures performance in a wide range of areas that reflect the multidisciplinary nature of stroke rehabilitation.

This demonstrates a significant increase from a previous ranking of 70th



Ward 12 - Food for thought....

Ward 12 was honoured to host a visit from the Chair of the national Hospital Food Review to observe the meals and meal service at Trafford. The visiting team fed back positively and described the service as being exemplar.

Ward 12 has also been selected as the Model Ward for improvements to the meal service and are currently engaging with patient's, staff and providers regarding exciting changes that are planned to be introduced to the meals patients receive and the meal service. Patient feedback had highlighted that their main meal could be at times cold, this has led to a new system being introduced in January 2020, whereby a meal consisting of more than one course has each course served separately. The Model Ward is also introducing the option of a hot breakfast and an electronic meal ordering service.



Fundamentals of care

During the year there has been a focus on getting back to basics of care. Teams from across Trafford have participated in sharing awareness and improvements of Sepsis, preventing pressure ulcers, falls reduction, nutrition and hydration, identification of deteriorating patients, resuscitation and hand hygiene.

Trafford Hospital has implemented a 'Simulation Scenario Training Day' to support and enhance staff knowledge to deliver 'gold' standard patient care, with a focus on multidisciplinary team working and deliver continued improvements.

Eye Opening Services



Trafford Macular Treatment Centre officially opened its doors in November and welcomed its first set of patients to the newly refurbished centre based at Trafford General Hospital.

The purpose built specialist centre replaces the mobile macular unit which was on site since October 2015,

providing a local service for macular patients who require regular follow-up and treatment for age-related macular degeneration (AMD). The clinic in Trafford joins the family of sight-saving services provided by Manchester Royal Eye Hospital (MREH) and will allow patients to continue to benefit from appropriate care, timely appointments, and more efficient patient journeys during their clinic appointment which can be approximately one hour, closer to home.



Going for Gold

Trafford Urgent Care Centre achieved a 'GOLD' award and 7 wards and departments have been awarded 'SILVER' through the Ward accreditation Scheme. This process measures clinical area's improvement journey and ensures high quality care and the best patient experience.

Silver Wards: Ward 2, Ward 3 INRU, Ward 4, Ward 11, Ward 12, Outpatients department and theatres.



Exceptional Outpatients:

Trafford Outpatients won the WTWA Diamond Award for Dignity and Care for consistently providing exceptional care across their large and diverse team and offering support for patients on every step of the journey.

Following the introduction of an appointment system in November 2018, a new Phlebotomy clinic opened in September 2019, providing a more comfortable environment for patients attending for blood tests.

Patient Feedback



Care given
Was
exceptional

Efficient staff and
a short time to wait
for my appointment

All of the nurses have
been so kind and
pleasant. They make
you feel so relaxed -
thank you

Lovely staff
knowledgeable
and helpful

Looking ahead: Plans for 2020/21

1. Opening of refurbished Wards 15 and 16
2. Trauma and Orthopaedics transformation work to move elective patients from Wythenshawe to Trafford
3. Trauma and Orthopaedics focused on reducing Length of stay and day cancellations
4. Transformation of Gynaecology outpatients area to improve patients privacy and dignity
5. Streamline the theatre booking and pre-op service to reduce patients time to wait between pre-operative assessment and admission
6. Development and opening of the Urgent Treatment Centre



Withington Community Hospital

Withington Community Hospital provides specialist care to those patients requiring diagnostic treatment, some types of day surgery and community services.

Withington Hospital provides elective day case surgery for the following specialties: burns and plastics, urology, general surgery and vascular surgery and cataract surgery undertaken by a team from the Manchester Eye Hospital in a dedicated cataract suite.

Key facts and figures 2019/20

3,559 Surgical procedures undertaken – compared to 3417 last year

74,142 Outpatient attendances – 3,273 less than last year

During the last 12 months Withington Community Hospital has continued to build on the improvements we have made on patient access, and patient experience.



CQC - Journey of Improvement

Withington Community Hospital was pleased to have been rated as 'Good' overall following the October 2018 CQC inspection; during the last year we have continued to focus on the areas identified as requiring improvement with the aim of becoming an outstanding Hospital for our patients and families.

Sexual Health Services

The Sexual Health Service provides screening, diagnosis and treatment across a range of sexually transmitted infections. The department also treats and manages a variety of non-sexually transmitted diseases including genital dermatology, smear tests, contraception, emergency contraception and post exposure prophylaxis. The department also offers psychosexual counselling. Our performance in sexual health services has consistently been above the local and national averages and we aim to see the majority of patients within 48 hours.

The service has introduced an online appointment booking to the drop in clinics it provides. Previously, due to the high demand there were queues outside the department, which was highlighted by the CQC. Following the introduction of the online appointment system there are no longer any queues.

Breath of fresh air

The community respiratory team have continued to provide specialist support to patients with a new diagnosis of Chronic Obstructive Pulmonary Disease (COPD), which is the name for a group of lung conditions that cause breathing difficulties. The team run a weekly clinic at Withington Community Hospital alongside a Consultant respiratory clinic, offering specialist support in the community by the team. Support provided includes:



- Inhaler technique
- Smoking Cessation
- How to get help at home with an exacerbation
- Offer Pulmonary Rehabilitation
- Teach airway clearance

Pulmonary rehabilitation



The team use the physiotherapy gymnasium at Withington Community Hospital to undertake patient assessments for Pulmonary Rehabilitation. This is a course of exercise and education for patients with a chronic lung disease. We perform an assessment including a six minute walk test and discuss the benefits of exercise in respiratory disease. The patients then attend 12 sessions run by our team of specialist physiotherapists and nurses. As part of the National Asthma and COPD Audit Programme (NACAP), the waiting times for our patients in South Manchester are lower than the target of 90 days and better than the national average in the UK.

New Cataract Specialist Nurse Practitioner

The cataract service provided at Withington Community Hospital as well as at the Royal Manchester Eye Hospital based on the Oxford Road site accepts hundreds of patients a month. Most of these cases are seen, assessed, treated and discharged smoothly; however, it was identified that for some patients who have more complex needs, their journey through the service required Specialist Nursing input. Natasha Peat will work across both Withington Community Hospital and the Oxford Road Campus site to assist with the Best Interest Clinics for patients who lack capacity, follow up complex pre-assessments, assist with follow-up clinics, liaise with different services such as anaesthetics, cardiology and renal to allow for a smooth patient journey. Importantly, she will always be in contact with patients and carers or relatives to update them on progress and plan to ensure their surgery is done safely and speedily.



Positive Patient Feedback

Data from patients through the Friends and Family Test (FFT) for Withington shows positive feedback for Urology Day Case, Audiology, Dermatology and the Treatment Centre. The data showed 100% of patient who provided feedback would recommend the various services.

I accompanied my mum to a colonoscopy appointment that had been arranged by the bowel screening service at the treatment centre at Withington hospital. The care from arrival to discharge by the treatment centre staff was outstanding. From the lovely greeting on arrival at reception, being kept informed of unavoidable delays, receiving full explanations of what was going to happen by the Dr and nursing staff, being able to wait with my Mum until it was her turn, to the kind nurse completing the discharge, the team couldn't have done more. Whilst my Mum was undergoing the procedure and recovery I sat in the waiting area and observed care and compassion from EVERY member of staff. The cataract service is run from the same area and the team there were equally kind and caring to all their patients and relatives, especially the lovely receptionist who kept patients informed regarding waits for patient transport and ensured they were comfortable and had refreshments if required. As individuals working in this department you should all be really proud of yourselves and as a trust congratulate these wonderful staff for the fantastic service they are providing to patients. You are the best of the best and a credit to the NHS

Outstanding service from all personnel

I went in for a cataract op and I was very nervous, the staff were kind considerate and explained in detail every aspect of the procedure and I now have great vision, Thank you so much you are a credit to the NHS and to

The hospital itself, the friendliness of the staff cannot be faulted. It's a new, modern hospital. I would highly recommend it for appointments

Looking ahead: Plans for 2020/21

1. Review the site utilisation to support improvements in waiting times for treatment.
2. Establishing a Hospital and Managed Clinical Services Group focused on achieving an overall 'Outstanding' rating with the CQC.

Altrincham General Hospital

Altrincham Hospital is a purpose-built facility providing a high quality, modern, user-friendly environment for patients and staff and a range of general and specialist outpatient and diagnostic services.

The minor injuries unit at the Altrincham Hospital site is a nurse led walk in service, open 7 days a week including bank holidays with the exception of Christmas day, Boxing Day and New Year's Day.



Altrincham Outpatients Department (OPD) is a busy, nurse led department that provides a wide range of general and specialist outpatient clinics (including specialist clinics from Manchester Royal Eye Hospital and Trafford Audiology, that are both run and managed by a small on site team) for assessment and treatment of a variety of conditions, whilst interacting with other diagnostic services. All the services at Altrincham Hospital aim to offer the highest possible standard of care at all times, while actively respecting the dignity, privacy, confidentiality and individual needs of all patients, their families and carers.

During the last 12 months we have undertaken a review of outpatient services, to ensure effective site utilisation to support improvements in waiting times for treatment.

Across Altrincham General Hospital we have continued to build on the improvements we have made on patient access, and patient experience, this has supported the site not to have any patient safety related incidents.

Key facts and figures 2019/20

17,618 Minor injuries attendances – 967 less than last year

17,955 Outpatient attendances – compared to 23,377 last year

CQC - Journey of Improvement



Altrincham was pleased to have been rated 'Good' overall following the October 2018 CQC inspection; during the last year we have continued to focus on the areas identified as requiring improvement with the aim of becoming an outstanding Hospital for our patients and families. Action plans were developed to address areas identified for improvement including continued focus on improving the compliance with mandatory training and safeguarding training to ensure our staff have the required knowledge and skills to deliver the high level of care we aspire to and improving clinic waiting times for the phlebotomy services.

Action taken: Appointment system implemented for the phlebotomy clinic, this has improved the patient experience within the department, with no complaints relating to the service being received.

Review of staff training compliance was undertaken and staff were supported to complete the required training. Staff training compliance now meets and in many cases exceeds the Trust target.

Improving facilities: Small change - Big difference.

The Trust responded to comments relating to the baby changing facilities and children's play area.

A project was set up supported by the Wythenshawe, Trafford, Withington and Altrincham senior leadership team to improve these facilities. Improvements to the baby changing facilities have made them more comfortable for parents and children whilst a revived play area including a new play house has brought lots of smiles.



Working in partnership for our patients and carers



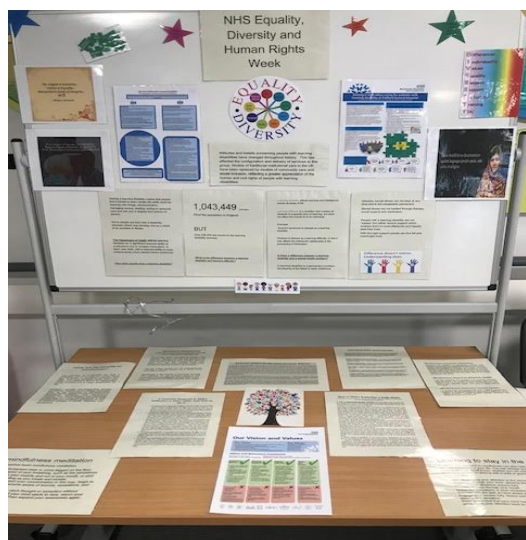
In partnership with Henshaw's, one of the oldest charities in the UK, which provides support for individuals, families and their carers who are living with sight loss as well as a range of other disabilities. A Patient Support Officer is now based at Altrincham Hospital twice a week. This role provides emotional and practical support when people need it most. This includes:

- Someone to talk to in confidence
- A quiet meeting place in the Hospital
- Support during appointments and a link with the consultant for patient and families with the information they need
- Medical information explained in a clear way that's easy to understand
- An opportunity to discuss your concerns
- Information about practical help, advice on local services, equipment and benefits

The service has been shortlisted in the category of Optical Assistant Team of the Year at the National Optician Awards.

Equality and Diversity – Diversity Matters

Altrincham staff promoted the importance of equality and diversity. The key themes focussed on three main aims. 1. Improved patient access, safety and experience. 2. Represented and supported workforce. 3. Inclusive leadership.



State of the Art Equipment

This year saw the arrival of new Ear Nose and Throat workstations. This state of the art technology supports clinical assessment and improves the patient experience, with all the required equipment being in the same place.



Looking after our staff



We are committed to caring for our staff as well as our patients. Staff health and wellbeing projects included launching our first wellbeing day which was filled with boxing, yoga, strength and stretch exercises.

Bee Brilliant



During the last year the 'Bee Brilliant' quality improvement quarterly themes have continued to improve patient care and clinical quality by inspiring and motivating staff while sharing information and ideas. Our "Bee Brilliant" boards provide information for staff and visitors to the Hospital of what we're doing and provide support and advice.

As part of our ongoing health promotion programme we continually review and update information to promote, health and wellbeing of patients, families and staff. Themes have included breast feeding, Glaucoma awareness and eye health.



Positive patient feedback

100% of our patients who visited the outpatient Department at Altrincham said they would recommend us to their family and friends.



Going for Gold



Altrincham Outpatient Department (OPD), Manchester Royal Eye Hospital OPD and the Minor Injuries Unit achieved a 'GOLD' award through the Ward accreditation Scheme. For the OPD and Manchester Royal Eye Hospital OPD this was the second year running that the teams have achieved GOLD. This process measures clinical area's improvement journey and ensures high quality care and the best patient experience.



Green Impact Award

Green Impact is a United Nations award-winning programme designed to support environmentally and socially sustainable practice within organisations. This can mean anything from communicating recycling systems, to committing to go Fairtrade; from supporting team health and well-being campaigns, to working towards carbon-neutrality. Green Impact is a great way of engaging and empowering Trust staff to make sustainable behaviour change in their workplace. In January 2020 the MREH outpatients at Altrincham Outpatients were awarded a Green Impact Platinum Award, which is a fantastic achievement.

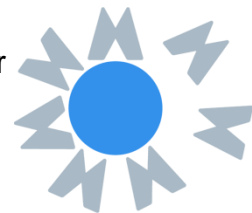
Looking ahead: Plans for 2020/21

1. Continue to focus on quality improvement in Outpatients by utilising data collected from QCR, FFT and WMTM feedback from stakeholders.
2. Engage the other departments in the Hospital to try and achieve the Green Impact award for sustainability for the whole hospital.
3. Establishing a Hospital and Managed Clinical Services Group focused on achieving an overall 'Outstanding' rating with the CQC.

Clinical and Scientific Services (CSS)

The Clinical and Scientific Services (CSS) at Manchester University Foundation Trust is made up of 5 Divisions:

- Imaging
- Pharmacy
- Anaesthesia/ Critical Care (including resuscitation and acute care)
- Laboratory Medicine, Mortuary and
- Allied Health Professionals (AHP) including Specialist Ability Centre



CSS is also responsible for the services provided by the Bereavement Services, Medical Engineering and Maintenance (MEAM) of equipments and Infection Control. These divisions work across the nine MFT Hospitals and in the community to deliver high quality care to patients at all stages of their treatment and care. Within CSS we currently have approximately 1,127,883 patient and family contacts a month across all the services and sites.

What we are proud of 2019-20.....

Allied Health Professions

We are proud to say we continue to make good improvements in our Trafford Stroke Rehabilitation Unit (TSRU). Recent results from the national stroke audit shows we are now one of the top 10 Stroke Units in the country.

The skills of the whole team ensure that patients receive the specialist stroke care they need to enable them to meet their individual goals. We offer one to one and group therapy sessions for our patients. We encourage our patients to participate in these sessions. Being one of the top 10 Stroke Units in the country is testament to the excellent team working that seeks to support our patients, their families and carers during their stay on the ward.



We have set up new physiotherapy clinics to help patients who experience problems with swallowing and speech. In this clinic we use a procedure called speech cough assist augmentation (observing the patients organs using a camera whilst they attempt to speak, swallow and cough). This work has been done in partnership with the North West Ventilation Unit. This has improved the outcomes of our patients and generated multiple research publications.

As Allied Health Professionals, we believe in promoting learning and sharing good practice and therefore continue to participate in both national and international conferences, providing posters and presentations on a variety of topics such as;

- Clinical outcomes for adult patients managed as at risk of feeding during hospital admission
- Restoring voice in ventilated patients with tracheostomies
- Early voice therapy after microlaryngoscopy for professional voice users

New partnership with Christie Haematological Cancer Diagnostic Partnership (HCDP)

As an organisation we are committed to improve the outcomes of patients diagnosed with cancer. Following the recommendations of a peer review, a Greater Manchester HCDP service has been established in support of Manchester cancer patients. MFT are the lead provider working in partnership with the Christie Hospital Group to provide a comprehensive service. This has improved the quality of the service and has reduced the length of time taken to process samples enabling the earlier diagnosis for patients undergoing investigations for potential cancer.

Successfully won Regional Bid in the cervical cytology Human papillomavirus (HPV)

MFT laboratories are proud to be North West region specimen test provider of the HPV primary screening testing service for the women of Greater Manchester, Cumbria & Lancashire, Cheshire and Merseyside. This service will provide faster testing results for patients.

Automated machines in our laboratory.....

We have invested in automated machines (Total Laboratory Automation) to process samples in our laboratories. This technology enables the team to process samples much quicker. This therefore means staff can perform high volume of tests to meet the demand, leading to early results and diagnosis.

Updated facilities of Adult Mortuary at the Oxford Road site

We have updated facilities at our adult mortuary at the Oxford Road Campus. Following re-design and refurbishment, we now have a new facility which provides staff with a more suitable environment to offer compassionate and dignified care for patients and their families and more capacity to respond to the increase demand of the Hospital.

The Adult Bereavement Centre

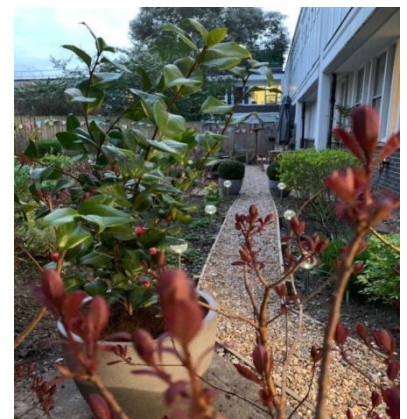
The Adult Bereavement Team provide advice and assistance to bereaved families of Patients. This team have improved the



information to bereaved families with the development of site-specific booklets. The team also provide information for children who are bereaved after the death of an adult and give information on specialist agencies and counselling services

available for support. Memory boxes are now provided for children bereaved following the death of an adult patient.

To improve the experience and environment for bereaved families a new Adult Bereavement Centre has been developed at MRI and the bereavement garden at Wythenshawe Hospital has been renovated with the support of the Organ and Tissue Donation Committee.



The Imaging team

The Imaging team have had an exciting year with a number of service improvements including the following:

- ✓ The introduction of one stop, face to face booking for Head and Neck Cancer patients for CT and MRI scans to reduce referral to results time. The new process has seen patients referred, imaged and reported within 14 days improving the pathway and ultimately patient outcomes
- ✓ In Manchester Royal Infirmary (MRI) we have introduced a new role to prioritise the need for CT called the CT Triage role to discuss scan requests, check when patients are booked for appointments and escalate urgent inpatients requirements for imaging. This has improved Radiologist reporting capacity for Acute CT scan reports as they are no longer being used for triaging requests. Within Radiology, the role of the Duty Radiologist is vital to

improve the flow of patients through ED and the wards. Prior to the introduction of the CT triage role, the Duty Radiologist would be the main person to discuss scan requests, check when patients are booked for appointments and escalate urgent inpatients requirements for imaging. The CT triage role has been vital to improving the flow, reducing the reporting times for patients and improving staff morale amongst the reporting clinicians. Having seen the benefits of this model in MRI, this model has now been rolled out to Wythenshawe Hospital in line with the processes at MRI ensuring the service provided in both Hospitals are the same

- ✓ The Imaging department have successfully reviewed availability of the MR scanning service. Due to demands on the MR services the MR scanners at Wythenshawe and MRI now operate 13 hour days 7 days a week to help improve the flow of patients and manage the increasing demand on the service
- ✓ MRI will receive its much anticipated second MR scanner in November 2020. This will increase the capacity to do more scans and will see the introduction of the radiology lead cardiac MR Service at MRI
- ✓ A new system has been introduced to enable patients with MR conditional pacemakers have an MR scan if they need to. Patients now attend cardiology department to have pacemakers set to MR 'safe mode' enabling better use of Cardiac Physiologists time within clinics. Working together with the cardiac physiologists, the MR Radiographers have developed a pathway to improve the patient flow of patients with MR conditional pacemakers requiring an MR scan. This has seen patients having better access to appointments and reducing the work load on cardiac physiology
- ✓ Prostate cancer is the most common cancer in men. A new urology pathway has been introduced for Prostate referrals to adhere to NHS England (NHSE) Prostate Best Timed Pathway. Here at MFT, we offer patients an MR scan of the Prostate early in their diagnosis pathway, enabling a quicker and more accurate diagnosis of Prostate cancer

Pharmacy



The Medicine Safety Bus to promote learning from incidents

The medicines safety bus is a way of sharing learning from incidents and best practice. Interactive games and scenarios are used which have been created to support learning from recent medicines errors/incidents. Examples of themes covered on the bus are, opiate controlled drugs, sound-alike look-alike drugs (SALADs), anticoagulants (including omitted doses) and insulins. We have adapted our approach in some instances in order to address the specific needs of the clinical area.

The Medicines Safety and Governance Pharmacy Team, with help from the ward clinical pharmacists, have been visiting wards and day case areas all around the Trust with our “Medicine Safety Bus”. The team is driving a medicines safety journey on various routes around the different hospitals in the Trust with timetables planned to cover several new areas.

The feedback from clinical staff has been extremely positive and there has been significant interest on this approach to learning from incidents from several other Trusts nationally.



Anaesthesia, Critical Care and Perioperative Medicine

Every Friday afternoon a patient and family/carer information event is held on the Cardiothoracic Critical Care Unit (CTCCU) to provide an insight into the experience of patients scheduled for open heart surgery. This does not only provide reassurance and support to the patients prior to surgery but also provides information for their family members or carers.

All patients receive an invitation to attend the event before their surgery (pre-operatively) and representatives from a range of services and professions who support the patients through their journey are also invited to attend. The purpose of the event is to explain the process including what takes place both before surgery, on the day, after surgery and at discharge home. The importance of rehabilitation is discussed and volunteers from the Ticker Club come along to share their personal experience of undergoing open heart surgery.

The experience of the theatre and critical care environments is discussed and patients are shown a demonstration of equipment used to support recovery. Information regarding pain management and reassurance is given to families. Families are informed that they will receive a confirmation telephone call to advise them when the patient has arrived on the unit from theatre. Written information is available for all patients to take away which is in a range of languages to support the diverse patient group.

The Long term patient group has been working to improve the communication and personalisation of care for long term patients. We have recognised that there had been communication gaps when ensuring continuity of care for our long term patients. We have had very positive feedback from patients and relatives that have been involved.

The Surgery School empowers patients to optimise their health before surgery and has reduced the risk of falls through encouraging increased mobility pre and post operatively. This educational programme has also reduced risk of ventilator acquired pneumonia through early mobilisation.

Nutrition – The implementation of a Red tray care plan identifies patients in need of support with nutrition and the team have increased their compliance with Malnutrition Universal Screening Tool scoring to identify patients at risk.

We recognised there was a need in Critical Care to improve oral hygiene in our patients in our Critical Care unit. A patient with poor oral hygiene in Critical Care who is on a ventilator is at risk of developing ventilator associated pneumonia. We have worked closely with the Dental Hospital to have Mouth Care prescriptions and guidance developed and implemented for Critical Care patients. Since the introduction of this, low rates of pneumonia for ventilated patients have been noticeable and maintained. An oral assessment tool has been developed incorporating referral for specialist support from the Dental Hospital. Critical Care are supporting the development of the Trust Mouth Care Matters conference.

Eye care policy improvements have also been initiated. The service recognised that eye care was suboptimal within Adult Critical Care, advice was sought from the ophthalmology team to develop an eye care policy. This has been written, published and presented nationally.

Progress on CQC actions.....

CSS are proud to have been given a rating of “*Outstanding*” in our last CQC inspection. However, there were some areas where the CQC recommended improvements could be made. Below are examples of what we are doing to address some of the recommendations:

- We have undertaken a review on medication use and storage in all MFT Theatres. The safe and secure storage is audited regularly and improvements put in place
- We have focussed our efforts on ensuring our staff receive training and appraisal within Critical care areas and have seen improvements
- We continue to build on mortality and morbidity reviews to enable learning and improvement from adverse events
- In order to meet the national standards of seven days a week provision, work is underway to review services provided by pharmacy, dietician, speech and language therapist and occupational therapist. The ultimate goal is for these services to provide services seven days a week
- We are doing a focussed piece of work to achieve improvements in our complaints process. We want to improve the timeliness in our response to complaints and quality ensuring we meet the expectations of our patients and families
- A focussed piece of work has been undertaken to improve the process for servicing equipment used across the organisation. This is to ensure all equipment used is serviced and maintained as required within the required timeframe

Manchester Local Care Organisation

MLCO is a partnership organisation comprising of Manchester University NHS Foundation Trust, Greater Manchester Mental Health, Manchester City Council, Manchester Health & Care Commissioning and the Manchester Primary Care Partnership. We deliver all community health services in Manchester for adults, children and specialist adult services including dental and learning disability services.

During this past year we have been working on delivering our vision and mission of “Leading Local care, improving lives in Manchester, with you”.

This update will show our key achievements against our four key ways of working - *promoting healthy living; building on vibrant communities; keeping people well in the community; and supporting people in and out of hospital.*

Our vision, our way of working

Manchester Local Care Organisation is a pioneering public sector organisation, bringing together NHS community health and mental health services, primary care and social care services in the city. We have been set up to make a positive contribution to help people in Manchester live longer and enjoy better health than many do now.



Our **mission** sums up what we do

Leading local care, improving lives in Manchester, with you

Our **vision** is simple

We believe that, by working together, we can help the people of Manchester to:

- ➔ Have equal access to health and social care services
- ➔ Receive safe, effective and compassionate care, closer to their homes
- ➔ Live healthy, independent, fulfilling lives
- ➔ Be part of dynamic, thriving and supportive communities
- ➔ Have the same opportunities and life chances - no matter where they're born or live.



How we work with our teams

Our community health and social care staff are part of a team that:

- ➔ Break new ground in the delivery of safe, person-centred health and care
- ➔ Focus on the wellbeing of everyone living and working in Manchester
- ➔ Listen to people and learn from each other by focusing on what's important.

There are **4** key ways we will make this happen with our staff and the people of Manchester

1. PROMOTING HEALTHY LIVING

Helping people to stay well through prevention - supporting them to lead healthier lives and tackling health issues before they escalate.

2. BUILDING ON VIBRANT COMMUNITIES

Using all the resources available in the wider communities people live in and identify with in a true neighbourhood approach, improving population health and wellbeing.

3. KEEPING PEOPLE WELL IN THE COMMUNITY

Helping people who have existing health needs and complex health issues to stay as well as possible in their homes through 12 integrated neighbourhood based teams and our citywide services.

4. SUPPORTING PEOPLE IN AND OUT OF HOSPITAL

Ensuring community-based care helps people to avoid unnecessary hospital admissions; or to discharge them from hospital care, quickly and safely, as soon as they are ready if they do need time in hospital.

10 years, 10 outcomes

How will we know we have made a difference in Manchester? By 2028 there's a number of things that we will have seen by working as one team across the city:

- ✓ We will have improved the number of people supported to stay well
- ✓ We will see fewer people dying early from preventable conditions
- ✓ Avoidable non-elective (unplanned) hospital activity will be reduced
- ✓ The overall costs of care packages will have reduced
- ✓ We will benefit from improved collaborative working in the city
- ✓ The outcomes that matter to local people will have improved
- ✓ We will have reduced variation in outcomes and access by place
- ✓ There will be reduced variation in outcomes and access by communities of identity
- ✓ The number of children who are school ready will have improved
- ✓ There will be more economically active households in Manchester.

Citywide and core service achievements

Some of the core MLCO achievements across the city that have been the building blocks of our work and development in 2019 have included:

- **Establishing our 12 integrated neighbourhood teams** - co-locating health and social care teams where people live and linking to GPs, partners and the voluntary sector
- £5.2 million funding from Macmillan to create the **Citywide Palliative and Supportive Care Community Service**, providing the very best in multi-disciplinary community end of life care. During 2020/21 we will continue to develop and evaluate the service
- In **learning disabilities**, we have produced a proposal to integrate services. We have a really dedicated workforce in this field who are asking for health and social care to be more integrated, we will respond to the views of staff by pursuing this in 2020
- Linking with **Trafford Local Care Organisation** - 650 staff joined us from Trafford's community healthcare services in October under joint leadership arrangements. During 2020/21 we will work closely to share good practice across Manchester and Trafford
- 11 teams have been accredited during 2019/20. Of these, 8 teams were awarded Gold accreditation, with the remaining 3 awarded Silver accreditation
- MLCO have been actively involved in the MFT Falls Collaborative, with a particular focus on the prevention of falls
- Michelle Proudman, Lead Nurse in North Locality has been awarded a MBE in the Queen's New Year's Honours for her services to nursing
- MLCO has been represented on a national stage by many of our staff presenting the innovative work they are doing to improve the health and wellbeing of the residents of Manchester
- Development of a single method across the city of assessing patient's potential for

MLCO in action

Improving Asian women's health and reducing isolation in Levenshulme and Gorton

The Health Development Coordinators identified that there was an issue with low mood and isolation among women from the Pakistani Muslim community in the neighbourhood - coupled with a low level of awareness of community activities available.

The team worked with local people, businesses and partner organisations to come up with solutions as part of one of our 100 day challenge.

They held a free health and wellbeing event at Levenshulme Old Library which brought together local women to socialise, relax and find out information about local services.

Promotion was led in the community with GPs attending Friday prayers at local mosques, word of mouth and targeting through GP practice lists.

Over 40 women attended the first event and engaged with local services. There were 15 direct referrals to prevention services from the event. Further events have now taken place and a regular 'chai and chill' event for Asian women now takes place on a monthly basis. There's already a better understanding of community assets which is spreading through word of mouth – with some of the women planning a media campaign to spread the message further.

- pressure damage across the city
- Citywide Community Nutrition Team joined MLCO

How we are promoting healthy living

Helping people to stay well through a prevention approach and supporting them to lead healthier lives and tackle health issues before they escalate is a key part of the MLCO approach. During 2019 work was carried out to develop the prevention programme in the city, linking new and existing services together. This has included:

Health Development Coordinators

Health Development Coordinators (HDC) are making connections between people, health and place that we have never seen before in Manchester. Each of the 12 neighbourhoods in Manchester has a HDC. They take a strategic role in the neighbourhood, supporting neighbourhoods to identify priorities, opportunities, develop and deliver plans, co-design local solutions, and access resources to build community capacity.

Care navigators

Care Navigators work with people who have many health and care needs and are receiving support from different agencies.

Based within each Integrated Neighbourhood Team (INT), as well as in the hospital some of the time, their focus is on simplifying peoples' care journeys and supporting the INT to ensure that the multi-agency meetings are effective.

Working with other partners in prevention

A key part of the MLCO approach has been to coordinate work across the city in prevention. We're delivering a programme across the city to change the way services work with people and communities, to prevent ill-health and promote wellbeing.

We have a range of new and existing roles that help us do that and link services into the neighbourhood approach.

Joint working through Integrated Neighbourhood Teams is better coordinating services for people

Didsbury East and West, Burnage and Chorlton Park Integrated Neighbourhood Team (INT) was an early implementer of our new model of neighbourhood working across Manchester. The neighbourhood's social work and district nursing teams have been working together from their hub throughout 2019.

Teams have found they are now working together and can immediately share information and take action. Joint huddles take place and joint visits are also undertaken between health and social care. That approach is speeding up and better coordinating care for people.

Multi Agency Meetings have brought representatives from Southway Housing into the INT as well for a coordinated approach around addressing the needs of individuals.

Meetings with the local Police community team have also allowed us to look at some of the wider determinants of health in the neighbourhood – getting underneath key issues in the area in a way that hasn't been done before.

"The biggest single difference is the better exchange of information between health and social care staff on a daily basis. With that comes increased knowledge of what we all do day to day and the ability to get things done quicker and more efficiently for the people we are caring for." - Niikwae Kotey - **social care lead for the INT.**

This includes the:

- **Be Well** service which offers free, confidential, one-to-one advice and support for people referred by GPs
- **Buzz** neighbourhood health workers who use community development approaches on the ground in neighbourhoods to improve health and wellbeing for people

We are working to ensure that these services work in partnership with our new MLCO roles such Health Development Coordinators, Care Navigators and the Integrated Neighbourhood Teams.

We also work very closely with the **Voluntary Community and Social Enterprise** sector in Manchester.

How we are building on vibrant communities

Communities are a theme that run through our work. Through our neighbourhood approach, we are basing our services in places where people live and in 2019 have established our core ways of doing this.

Delivering our 12 Integrated Neighbourhood Teams in Manchester

During 2019, our Integrated Neighbourhood Teams (INTs) really came into place. INTs are a core part of the MLCO approach. Based on international best practice, they base community health and social care teams together in hubs to serve populations of around 30,000 to 50,000 people. We now have our 12 integrated neighbourhood teams in place in Manchester and through our work in 2019:

- Recruitment for our **quintet of leaders** (overall neighbourhood lead, GP, nurse, mental health, social work) in each INT was completed. We have an excellent range of leaders in place working for their neighbourhoods
- Nine of the 12 INTs are now **co-located** in their hubs in neighbourhoods. That means community health and adult social care teams are working together from the hub. It's a key first step to true integration and we are aiming for all teams to be co-located by March 2020
- **Multi Agency Meetings** have been piloted - bringing together health and social care with other partners such as housing and the voluntary sector to work together around the needs of individuals
- Each team has **built connections** with their locality. This includes local citizens, elected members, primary care, housing the voluntary sector and the wider

Improving diabetes education amongst Urdu speakers in Cheetham Hill and Crumpsall

Cheetham Hill and Crumpsall have a high population of residents with Type II Diabetes. Diabetes education is provided in English despite the rich cultural make-up of the community and has a high 'did not attend' rate amongst BAME citizens.

The neighbourhood team set out to increase education and knowledge in Urdu speakers who have recently been diagnosed with Type II Diabetes or are pre-diabetic.

The team worked with the community to create culturally relevant education and messages for the first time.

Through Ramadan (which can cause particular issues for those with diabetes) the team tested different ways of engaging with the community - including films on social media, educational voice recordings in Urdu, community radio stations, attending mosques and being at community meetings.

100% of people surveyed said that having culturally relevant education made a difference. Community champions educated the team on their experiences of care and then supported myth busting in the community. The Health Development Coordinator is now working with DESMOND (the national course for Type II Diabetes) to create a culturally sensitive course for Manchester's BAME communities.

connections important to good health and wellbeing (playing a key role in the wider Bringing Services Together work with Manchester City Council)

- Each team has regular **neighbourhood partnership meetings** and has developed a neighbourhood plan, identifying the priorities they need to tackle.

Nesta 100 day challenges – developing joint working at a neighbourhood level

- As part of our work to establish our neighbourhood teams we have undertaken the Nesta 100-day challenge programme. Put simply, a 100 Day Challenge gives a team 100 days to try to improve something, to try something new and to work in a different way, it has been a perfect way to encourage team working and partnerships in neighbourhoods
- Projects have been massively diverse and have ranged from a focus on diabetes in Urdu speaking communities in Crumpsall and Cheetham Hill, social isolation in Miles Platting, through to lung disease and delivering support in new ways to patients in Wythenshawe
- The challenges have led to some significant improvements in these areas and have established partnership working in the neighbourhoods

How we are keeping people well in the community

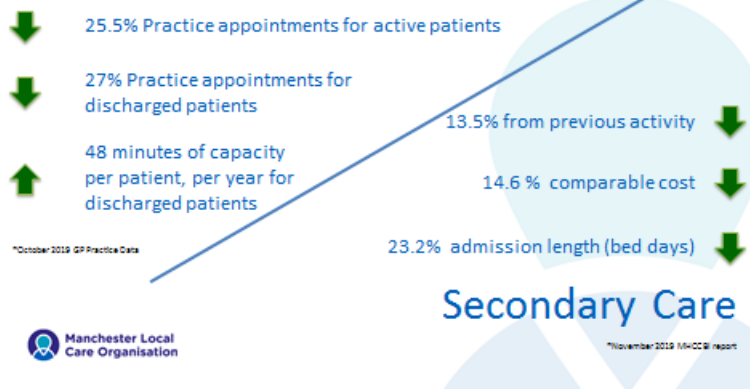
We work to ensure that community-based care helps people to avoid unnecessary hospital admissions; or to discharge them from hospital care, quickly and safely, as soon as they are ready if they do need time in hospital.

These include:

- **Manchester Community Response** which is our umbrella name for a range of health and social care services that provide short term support for people in a crisis. It includes community crisis response, reablement, community intravenous services, intermediate care and discharge to assess programmes. It is out performing expectation by diverting 1000's of people throughout the year away from hospital and into the care of the INTs, through multi-disciplinary working.
- **High Impact Primary Care** is our proactive case management service and they have helped coordinate care for our most vulnerable people, to help them access better care, have better health and less hospital admissions. HIPC is based on international good practice. The effectiveness of this intensive and flexible approach to care is well documented and we can expect it to reduce hospital demands and improve the lives of people living with complex health and care needs. It was piloted in three neighbourhoods and showed a significant impact in reducing admissions, contacts with other services and cost as outlined below.

HIPC Outcomes

Primary Care



- This is now being expanded across all 12 neighbourhoods in 2020 under the name of **Manchester Case Management**.

Supporting people in and out of hospital

We have been working with the hospitals across Manchester to reduce the length of time people spend in Hospital. Long stays in Hospital are not the best for older people, we all know that and the targets in this area (Delayed Transfers of Care (DTOCs) and stranded patient numbers) are important targets. They are not targets for the sake of it, but are there to ensure we think of the health and wellbeing of people in Hospital - and get them out of Hospital at the earliest opportunity.

- We have increased our rate of discharges for Delayed Transfers of Care by 40%
- We have tripled our rates of deflection keeping people out of hospital
- We have increased the use of reablement services to support people to receive their care at home or close to home
- We have now started to see a reduction in the numbers of stranded patients

Care Quality Commission Inspection

MLCO was given an overall rating of “GOOD” in the last CQC inspection across all five CQC key lines of enquiry - safe, effective, caring, responsive, well-led.

Helping citizens manage lung disease in Wythenshawe

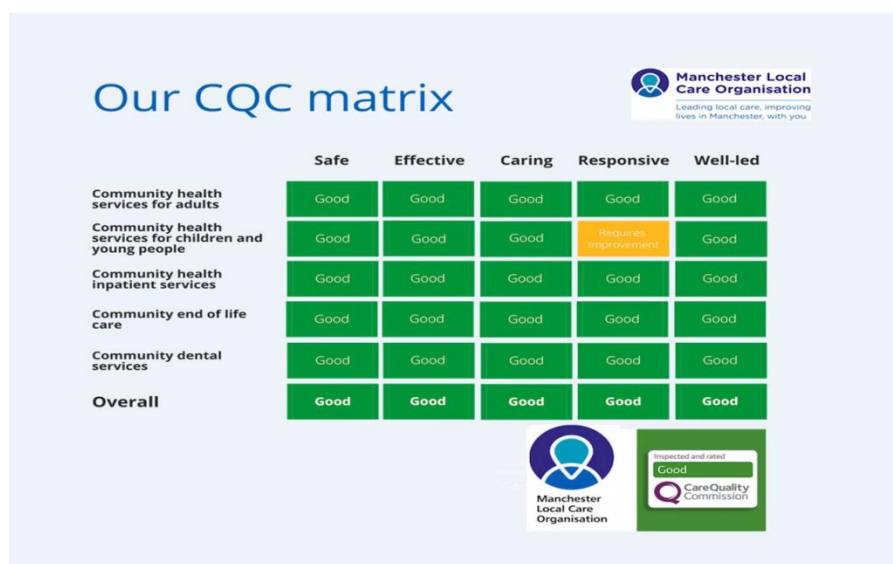
Wythenshawe has higher than average rates of Chronic Obstructive Pulmonary Disease (COPD) – a range of lung conditions. The neighbourhood team identified that supporting citizens to self-manage their condition would lead to improved quality of life and less medical input and hospital emergency admission.

The neighbourhood team worked with two GP practices (Bowland Road and Peel Hall) to deliver education sessions and develop peer support for citizens with COPD

Sessions were co-designed with citizens so they were based around what is important to them

Letters and texts from the practices allowed the team to target patients and invite them to the sessions.

77 citizens attended the events and had the opportunity to ask any questions about what matters to them as well as listen to the team. 63% said it gave them a better understanding of their COPD and 72% indicated improved confidence in noticing signs of becoming unwell. It has also led to an increased attendance at regular ‘Breather Better’ sessions held in the community and plans are being developed to scale up the work across other GP practices in the neighbourhood.



During 2019/20 we have been addressing our areas of improvement. We developed a comprehensive improvement plan that has supported us to achieve this. The CQC identified 30 “should do” actions that would improve the services we deliver, of these we have completed 15, with 12 of the remaining 15 expected to be completed by the end of March 2020. The remaining actions are in progress and will be completed by 2022, these relate to technology and the implementation of new national guidance.

The CQC recognised that we had challenges in some of our children’s services particularly in relation to being able to respond in a timely manner. These are areas that are nationally recognised such as difficulty to recruit to areas, including health visiting and community paediatrics and we have been working in partnership with our commissioners to look at solutions. Over 2019 – 2020 we have seen an improvement in the responsiveness of these services.

In May 2019 Our Short Breaks Service at 144 Wythenshawe Road for residents with a Learning Disability and/or Autism was inspected. It was rated as “*REQUIRES IMPROVEMENT*” overall, *with “GOOD” for caring and responsive*. The actions mainly related to the building and the garden space. We developed a comprehensive improvement plan to address the areas of improvement. The only action outstanding is the creation of a new sensory garden space, this work is due to start in Spring following a comprehensive consultation with service users and families.

Priorities for 2020 -21

In 2020 -2021 our focus will be on delivering 6 priorities to support our 4 ways of working



- We have made great progress with children's social care, exploring how we can collaborate more between children's health and social care. We are joined-up in our thinking that working together is better for children. In 2020 we will be producing plans to set out more collaborative models of working
- Continue to progress strength based approaches.
- Reduction of avoidable pressure ulcers and standardisation of processes across Manchester and Trafford.
- Further develop our person involvement plan including embedding Always Events® into our services.
- Expansion of Manchester Case Management into all localities.
- Review of district nursing to support people access care at a time and place appropriate to their care need

Glossary of Definitions

Approved Sponsoring body by GMC	Doctors from abroad are required to be registered by the General Medical Council before they can work in the UK. The Trust is able to sponsor doctors registration with the GMC.
Care Quality Commission (CQC)	The CQC is the primary regulator of quality of care in the NHS
Care Provider	An organisation that cares for patients. Some examples of which are hospital, doctors, surgery or care home
Clinical	Relating to the care environment
Clostridium difficile	A type of infection. Symptoms of <i>C. difficile</i> infection range from mild to severe diarrhoea
Condition	An illness or disease which a patient suffers from
Core Values	A group of ideals which the Trust believes all staff should exhibit – the Trust values Pride, Respect, Empathy, Consideration, Dignity and Compassion.
CQUIN	Commissioning for Quality and Innovation. This is a system introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specialised areas of care.
Emergency Readmissions	Unplanned readmissions that occur within 28 days after discharge from hospital. They may not be linked to the original reason for admission
Harm	An unwanted outcome of care intended to treat a patient
Hospital Standardised Mortality Ratio (HSMR)	A system which compares expected mortality of patients to actual rate
Standardised Hospital Mortality Indicator (SHMI)	A system which compares expected mortality of patients to actual mortality (similar to HSMR)
Length of stay (LOS)	The amount of days that a patient spends in hospital
NHS Improvement (NHSI)	NHS I authorises and regulates NHS Foundation Trusts. The organisation works to ensure that all Trusts comply with the conditions they have signed up to and that they are well led and financially robust.
Mortality	Mortality relates to death. In health care mortality rates means death rate.
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i> is a bacterium that is found on the skin and in the nostrils of many healthy people without causing problems. However, for some people it can cause infection that is resistant to a number of widely used antibiotics
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Reviews the management of patients, by undertaking confidential surveys and research.
Patient Safety Incidents	Is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care

Pressure Ulcer	<p>Sometimes known as bedsores or pressure sores, are a type of injury that affect areas of the skin and underlying tissue, caused when the affected area of skin is placed under too much pressure. They can range in severity:</p> <p>Grade One – Discolouration of intact skin not affected by light finger pressure Grade Two – Partial thickness skin loss or damage Grade Three – Full thickness skin loss involving damage of subcutaneous tissue Grade Four – Full thickness skin loss with extensive destruction and necrosis (dead tissue)</p>
Patient Reported Outcome Measures (PROMs)	Tools which help us measure and understand the quality of the service we provide for specific surgical procedures. They involve patients completing two questionnaires at two different time points, to see if the procedure has made a difference to their health.
Venous thromboembolism (VTE)	A blood clot formed within a vein
Vein	A blood vessel that carries blood towards the heart

Part Three: Other Information

Statement of Directors' responsibilities in respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2019/20 and supporting guidance detailed requirements for quality reports 2019/20

In keeping with NHSE/I Guidance dated 28th March 2020 (Page 2, Paras 6), a number of the following sections are not included in the content of the 2020 Quality Report:

- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2019 to May 2020
 - papers relating to quality reported to the board over the period April 2019 to May 2020
 - feedback from commissioners dated- not included
 - feedback from governors dated-not included
 - feedback from local Healthwatch organisations dated –not included
 - feedback from Overview and Scrutiny Committee dated –not included
 - the Trust's complaints report published under Regulations 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, July 2020
 - the [latest] national patient survey 2019-not included
 - the [latest] national staff survey 26/02/2019-not included
 - the Head of Internal Audit's annual opinion of the Trust's control environment dated –not included
 - CQC inspection report dated March 2019
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

.....Date.....Chairman

.....Date.....Chief Executive

Manchester Health and Care Commissioning (MHCC) response to the Manchester University NHS Foundation Trust Quality Account 2019/20

MHCC is the partnership between NHS Manchester Clinical Commissioning Group (CCG) and Manchester City Council (MCC) which leads the commissioning of health, adult social care and public health services in the city of Manchester. MHCC would like to thank MFT for their detailed and comprehensive account of their hard work to improve the quality and safety of services for the patients and communities they serve.

Covid 19

The end of 2019 saw the start of the worldwide pandemic of coronavirus disease 2019 (COVID-19). This began to impact in the UK in January 2020 with increasing restrictions being introduced over the next 2 months.

We would like to acknowledge the unprecedented challenges that this pandemic has brought to the provision of high-quality healthcare and we would like to thank MFT for their commitment to patient care and safety. The dedication and response of all NHS staff is to be commended during this difficult time.

Quality Account Aims

MHCC is pleased to see MFT set ambitious objectives for improving quality, especially during the COVID-19 pandemic. We appreciate that the focus for 2020/21 needs to be maintaining safety and quality in the context of the response to and recovery from Covid-19. This focus alongside the specific objectives align closely with themes from serious incidents, complaints and national and MHCC priorities.

We welcome the individual focus on each hospital, and the Manchester Local Care Organisation, with a reflection on last year's achievements and the identification of improvements to be made in 2020/21. This really brings home the scale and pace of the improvements in these challenging times.

2019/20 saw Trafford Local Care organisation join the MFT family. The Trafford teams are now working as part of the Trafford and Manchester Local Care Organisations delivering high quality care to patients across the city. This is a welcome addition and great to see reflected in this Quality Account.

Patient safety

MHCC are pleased to see patient safety remains a priority at MFT we would like to specifically highlight and commend the work undertaken in relation to the following initiatives:

- Manchester Falls Collaborative: Focus on falls prevention across the system led by the Trust's Deputy Chief Nurse, with multi-agency and multi-profession membership across the health and social care system.
- Focus on human factors (behaviours) and their impact on safety
- Deep dive and improvement work into reducing never events including the detailed thematic review over three years

We look forward to working with the Trust in the implementation of the National Patient Safety Strategy 2019 and the new Patient Safety Incident Response Framework (PSIRF) which will replace the current Serious Incident Framework (2015).

Patient Experience

MFT have made great progress this year on their complaint process, ensuring complaints are answered in a much timelier manner. The positive progress on embedding their What Matters to Me patient experience programme is fantastic to see. MHCC is pleased to see the details in relation to improvement streams that have developed from this work. The work relating to Always Events is of note- this is an innovative way and opportunity to focus on those aspects of the care experience that should always occur- working with service users to transform care processes. MHCC is pleased to see innovation and research informing the MFT Improving Quality Programme.

Clinical Effectiveness

MFT have some notable areas of good practice where they have introduced innovative programmes of work that have impacted positively on patient outcomes and mortality. These include:

- Continued focus and grip on mortality metrics and process to understand outcomes of care: The implementation of the Emergency Bleep Meeting has supported the recognition of deterioration and continued work on learning from deaths are examples of this work. MHCC commends MFT on remaining below expected for the national risk adjusted mortality measures the Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital Mortality Indicator (SHMI).

Cancer Improvement

MHCC welcomes MFTs continued commitment to improving cancer outcomes for all patients and is committed to working collaboratively towards this common aim. Areas of significance include:

- The joint development between Saint Mary's Hospital and The Christie which has seen the formation of the largest single gynaecological surgical cancer team in the UK, capable of providing a full range of treatments for all women in Greater Manchester and beyond.
- The first patient to undergo the pioneering CAR-T therapy for cancer at Manchester Royal Infirmary, showing promising results following treatment. MFT was named as one of a very small number of centres in the UK to offer the revolutionary new treatment, widely regarded as the most exciting cancer treatment development in decades

Manchester Local Care Organisation

MHCC commends the MLCOs continued commitment to delivering their mission and vision of "Leading Local care, improving lives in Manchester, with you".

MHCC was pleased to see a key pillar of the MLCO- the Integrated Neighbourhood Teams (INT's), come together in 2019. Based on international best practice, they base community health and social care teams together in hubs to serve populations of around 30,000 to 50,000 people.

Notable developments by the MLCO include:

- Health Development Coordinators (HDC): making connections between people, health and place
- Care navigators: working with people who have many health and care needs and are receiving support from different agencies, simplifying peoples care journeys
- Manchester Community Response: the umbrella name for a range of health and social care services that provide short term support for people in a crisis. It includes community crisis response, reablement, community intravenous services, intermediate care and discharge to assess programmes.
- High Impact Primary Care: proactive case management service helping to coordinate care for our most vulnerable people, to help them access better care, have better health and less hospital admissions.
- Trafford Local Care Organisation: 650 staff joined the MLCO from Trafford's community healthcare services in October under joint leadership arrangements.

MHCC is committed to working with the MLCO in an inclusive and innovative manner and supports the continued work in relation to the MLCO four key ways of working: promoting healthy living; building on vibrant communities; keeping people well in the community; and supporting people in and out of hospital.

North Manchester General Hospital Transition

The second step in the in the establishment of the Single Hospital Service is to welcome North Manchester General Hospital (NMGH) into MFT. MFT will begin managing services at NMGH from 1 April 2020 through a management agreement with Pennine Acute NHS Hospitals Trust (PAHT). The aim is to complete the formal transaction process by 1 April 2021.

MHCC, MFT and partner organisations across the City of Manchester have collaborated to develop a proposal to invest in and transform NMGH and the wider site into an exemplar of modern health and care services. The proposal has had government support and is included in the Department of Health and Social Care's Health Infrastructure Plan.

MHCC commends the improvements that are being delivered as this transition progresses. Examples of this include:

- Gynaecology: An additional dedicated urgent gynaecology surgical list has been introduced at Wythenshawe Hospital resulting in timelier access to services.
- Obstetrics: Obstetric services are now managed by Saint Mary's Hospital across all of MFT's sites. As a result, the service can transfer women across sites for their induction of labour to avoid undue delay. This maintains continuity of care and has led to a reduction in waiting times for induction.
- Cardiac: An expanded seven-day service for pacemaker patients has been launched. The new single weekend rota for urgent pacemaker implantation means

that patients can now have a permanent pacemaker inserted over the weekend and access and length of stay for patients with acute coronary syndrome has improved.

- **Stroke Single Point of Access:** The implementation of the single point of access for repatriation from the hyper-acute stroke has led to quicker access to rehabilitation for patients who have suffered a major stroke. As well as improving access to rehabilitation, this initiative helps to ensure that capacity in the hyper-acute units is kept available for people from across GM who have just had a Stroke and need urgent assessment and treatment.
- **Organisational development and training:** Following the merger, MFT was selected as a host organisation for the Mary Seacole Leadership Programme due to its increased size, capacity and commitment to providing excellent health leadership development. This is a highly successful and nationally recognised leadership development programme for first time leaders in health and care.

Conclusion

As commissioners we have worked very closely with MFT over the course of 2019/20. This close partnership working, and collaboration has strengthened during the pandemic and has been central to supporting safe services during this difficult time. This work continues in 2020/2021 as we move towards a single hospital provider and oversee the safe transfer of North Manchester General Hospital into MFT.

We would also like to commend MFT's commitment to safe staffing and staff support evidenced by the recruitment process and the programmes of work in place in relation to education and support. This has been of particular importance during the pandemic.

During these challenging times we are committed to working closely with MFT in an inclusive and innovative manner to support continuous improvement in the health and care of the people of Manchester.



Ian Williamson,
Chief Accountable Officer, Manchester Health and Care Commissioning.