

MINUTES OF THE BOARD OF DIRECTORS' MEETING

Meeting Date: 14th September 2020

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

101/20 Opening Remarks

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

The Board also noted that whilst today's meeting (14/09/2020) was not held in a public setting, the agenda and supporting documents were posted on the MFT Public Website (<https://mft.nhs.uk/board-meetings/july-2020-meeting-2/>) and members of the public invited to submit any questions and/or observations on the content of the reports and documents presented / discussed to Trust.Secretary@mft.nhs.uk.

102/20 Apologies for Absence

There were no apologies.

103/20 Declarations of Interest

There were no declarations of interest received for this meeting.

Decision:	Noted	Action by: n/a	Date: n/a
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104/20 Minutes of the 'virtual' Board of Directors' Meeting held on 13th July 2020

It was noted that the Minutes of the 'virtual' Board of Directors' meeting held on 13th July 2020 were approved at the Board meeting (not held in Public due to the COVID-19 National Emergency Restrictions).

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

- (i) The Chairman reported that MFT's Annual Members Meeting (AMM) was taking place virtually on the scheduled date (22nd September 2020). However, it was noted that due to the ongoing COVID-19 national & local restrictions, the AMM would be delivered in a series of pre-recorded video clips available to view on the MFT Public Website with Trust Executive Directors & Acting Lead Governor sharing key messages from the 2019/20 Annual Report and Accounts alongside MFT's plans for the future. It was further reported that there would be an opportunity for Members to make observations and / or ask questions via the Trust Board Secretary Public E-mail Account with replies 'posted on the MFT Public Website' for all to see.
- (ii) The Chairman reminded the Board that MFT's third Excellence Awards event was originally planned to take place in March 2020 at The Principal Hotel in Manchester but due to COVID-19 National Emergency, it was not possible to hold the celebration at that time. However, she was pleased to report that as an alternative, the organisation had developed an MFT Excellence Awards special edition e-book to recognise the great work that happened at the Trust every day and served to highlight colleagues who continued to go the extra mile for patients.
- (iii) The Chairman was very pleased to report that the Royal Manchester Children's Hospital Respiratory Team had been awarded 'Highly Commended' in the Acute Service Redesign Initiative category at the Health Service Journal (HSJ) Value Awards 2020, recognising their outstanding dedication to developing the first regional 'virtual' paediatric tuberculosis (TB) clinic in the UK.
- (iv) The Board noted that MFT had marked Organ Donation Week in early September 2020 with some safe and socially-distanced celebrations at a number of hospitals and sites.
- (v) The Chairman reported that August (2020) was Manchester Pride month and whilst MFT's LGBT Staff Network couldn't come together as a group due to the ongoing COVID-19 restrictions, members of staff and teams from across the Trust had got creative to embrace diversity and mark the celebration. It was particularly noted that Pride flags flew throughout MFT; wards decorated their corridors; the LGBT Staff Network created a 'virtual members area' of the MFT Learning Hub where forums, information and virtual meetings could take place; and, staff showed their pride by adding the rainbow badge NHS signature to their emails.

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

The Group Chief Executive emphasised the continued heightened energy and commitment of the organisation's workforce in response to the ongoing COVID-19 National Emergency alongside their focus on the Trust's Recovery Programme. He described the Trust's efforts in resuming elective and outpatient services safely and working to maximise its capacity whilst at the same time being mindful of the increasing number of COVID-19 positive cases now identified within the region.

The Group Chairman, Group Non-Executive and Executive Directors of the Board joined the Group Chief Executive in thanking all staff and volunteers for their continued commitment to patients, their families and each other during such unprecedented times.

Decision:	Verbal Report Noted	Action by: n/a	Date: n/a
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107/20 MFT Board Assurance Report (July 2020)

The Group Joint Medical Director explained that the COVID-19 crude mortality across the Trust was 20.8% (verified data) which was deemed to be significantly lower ('good') compared to all other hospitals in the North West Region. It was also noted that Mortality Reviews had recommenced within the Trust (with Critical Care reviews undertaken on a Region-wide basis). Particular attention was also drawn to key lessons learnt during the early phases of the COVID-19 National Emergency. The Group Joint Medical Director also confirmed that no '*Never Events*' had been received during the period reported.

In response to questions and observations from Dr Ivan Benett, discussion centred on how information may be received and analysed on HSMR & SHMI during the first phases of the COVID1-9 National Emergency.

The Group Chief Operating Officer explained that the ongoing impact of the COVID-19 National Emergency influenced the position and levels of performance against individual national standards. Particular attention was drawn to the Trust's Urgent Care performance in August which was 88.15% which was 2.5% better than August 2019. It was recognised that activity within the Urgent Care services was reaching pre-COVID levels (particularly within the Children's Hospital with children returning to schools). Attention was also drawn to Endoscopy performance (particularly linked to Cancer Services) and the focus on providing a GM-wide accessible Endoscopy service (based on available capacity in various facilities - including the Independent Sector) to all Trusts within the conurbation.

The Group Executive Director of Workforce & Corporate Business was pleased to report that the data presented highlighted the continued effort and energy of staff (supported by line managers) to return to work during the ongoing COVID-19 National Emergency. The Board also noted the results of workforce engagement surveys and the Trust's response to feedback from staff. It was further noted that further focus on Appraisal Improvement Plans was encouraged in all areas throughout the Group.

The Board Assurance Report (July 2020) was noted.

Decision:	Board Assurance Report Noted	Action by: n/a	Date: n/a
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108/20 Update Report on the Trust's ongoing response to the COVID-19 National Emergency

The Group Chief Operating Officer (COO) presented an update report which described the Trust's ongoing response to the COVID-19 National Emergency. She explained that as previously reported to the Board of Directors, the Trust Governance arrangements to oversee and manage the Group response to COVID-19, would remain in place for the foreseeable future. Furthermore, it was noted that NHSE/I had confirmed that regional command and control structures should also continue until the end of the year, and, MFT was recognised as a key partner linking into the wider system structure.

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

The Group COO explained that whilst following the first peak of COVID-19, planning was now focused on a return to business as usual, it was nevertheless recognised that this may look different to pre-COVID arrangements and that for some time, the NHS would need to plan for the management of COVID-19 and non-COVID activity. The Board was advised that the Trust's Recovery programme was underpinned by a number of workstreams each with a Group Executive Director, or, Hospital/MCS Chief Executive as SRO.

The Board noted that progress against this programme of work was regularly reported into the Group COVID-19 governance arrangements and routine reporting had been provided to the Board of Directors alongside additional weekly, informal COVID-19 'virtual' NED Briefing Sessions (successfully introduced by the Group Chairman, Group COO and Group Executive Director of Workforce & Corporate Business in early April 2020 and had continued uninterrupted throughout the ongoing pandemic).

The Group COO described the Trust's response to NHSE's recent COVID-19 Planning Guidance (Implementing Phase 3) published on 7th August 2020 which set out a high level of ambition for the restoration of critical services. The Board was advised that the final version of MFT's Phase 3 plans had to be submitted on the 21st September 2020 with attention drawn to the core response under the headings of 52-week waiters; cancer; and, performance against the Phase 3 planning targets.

The Board noted a summary overview of the Trust's current performance against national constitutional standards and was reminded that in line with national guidance, MFT Strategic Command had made the decision to suspend the Trust's elective programme with immediate effect (17th March 2020), with the exception of life, limb or sight threatening procedures. The Board was further reminded that outpatient activity was also suspended from the 26th March 2020 for a period of 3 months. The Group COO explained that as a direct result of this action, the Trust's performance since March 2020 had been exacerbated against those elective access standards where the Trust had already experienced challenges in delivery during 2019/20.

The Group COO also emphasised that Safety remained a key priority with no A&E trolley waits during the pandemic; referrals and the waiting lists risk stratified in line with national clinical guidance; longest waits for cancer and electives reviewed for harm, and if appropriate, the usual Trust incident reporting process utilized, with waiting lists remaining under ongoing clinical review; for cancer patients, an escalation process introduced for GPs to raise any changes in a patient's condition to the relevant clinical teams; restoration of all cancer services was being undertaken with treatments for all cancers in July at 80% of pre-COVID levels; and, the Trust was continuing to work with system partners, and offer mutual aid where required.

The Board was advised that a key focus throughout August 2020 had been the development of individual specialty level plans and trajectories to support a reduction in the longest wait elective patients by March 2021. It was further noted that whilst the development of the plans for outpatient and admitted patients would support increased activity across all pathways, in particular there was a need to understand the impact of the plans for cancer pathways in line with the national expectation to restore cancer activity to pre-COVID levels with immediate effect. The Group COO confirmed that in response, individual cancer sites throughout the Trust had been asked to forecast the impact of plans on the reduction in patients currently over 62 days on the cancer pathway.

The Board noted in the report presented that absence rates amongst the MFT workforce relating to COVID-19 peaked at circa 2,700 during the early stages of the pandemic and were now showing a downward trend towards 1,350 (with 700 or so of the 1,350 are staff shielding under the guidance issued by NHSE/I). the Board also noted that over 500 members of staff had returned to the workplace whilst some staff were continuing to shield because of the GM lockdown measures, or, because they were now reporting as unable to work because of ill health. It was noted that the remaining staff numbers consisted of newly diagnosed staff, those residing with a family member tested positive for COVID-19, or, staff who were taking longer than 7 days from confirmation of a positive test to be fit to return to work.

The Group COO reported that over recent weeks, in response to Government Test and Trace planning, the Trust had activated internal contact tracing following the identification of positive COVID-19 index cases. She explained that the system was also influenced by notifications received from Public Health England Test and Trace Programme (MFT was not required to social trace).

The Board also noted that active management of staff affected by COVID-19 was embedded in the operational management systems, which included a full 7-day monitoring arrangement. It was recognised this enabled active workforce planning and the identification of support for staff. It was further confirmed that workforce data modelling was in place (with support from statistical & modelling experts in the UoM) which tracked trends to inform forward planning. The Board was also reminded that staff testing had been in place for almost three months and at the time of presenting the report, 2744 staff had been tested, of which 1,793 had been advised to return to work.

The Group Executive Director of Workforce & Corporate Business also reported that in tandem with the transactional and planning work, Employee Health and Wellbeing Services had been involved with the provision of advice to staff and managers including interpretation of national guidance. He explained that this had included a dedicated work stream devoted to risk assessments for vulnerable groups.

The Board also noted in the report presented that MFT was at the cutting-edge of Research and Innovation (R&I) and was utilising this expertise to address the urgent priorities for research as part of a global, coordinated effort to enhance understanding of COVID-19 (Coronavirus) with details of participation in various key projects noted.

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

Decision:	Update Report Noted	Action by: n/a	Date: n/a
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109/20 **Update on the IPC BAF, Antibody Testing, and test and Trace**

The Group Chief Nurse provided an overview on the latest position on IPC and the testing for COVID-19 across both MFT and GM. She reminded the Board that it was anticipated that COVID-19 would continue to circulate in the community and that increases in cases would occur intermittently over the next 12-18 months until an effective vaccine was in widespread use across the UK. She went on to explain that following the acute phase of the pandemic earlier in the year, the number of COVID-19 patient admissions to the Trust had declined. The Board noted that progress into the next phase included restoration of services alongside managing the IPC risks associated with national and local fluctuating levels of COVID-19.

Particular attention was drawn to the Trust's IPC Framework to Manage COVID-19 in the Recovery Phase. The Board was briefly reminded of the Trust's EPPR governance framework and especially the high-level Expert IPC Group (Chaired by the Group Chief Nurse) as part of the response to support the rapid interpretation and implementation of IPC guidance. It was noted this group reported into the Trust's COVID-19 Strategic Group and the Group Infection Control Committee. The Board was also reminded that as previously reported, the Trust had followed the national guidance from NHSE/I and Public Health England (PHE) throughout the pandemic alongside the Trust IPC policies.

The Group Chief Nurse highlighted the overarching IPC Strategy called '*Keeping Safe – Protecting You. Protecting Others*' which was a guide for all staff based on national guidelines and the current evidence base where it existed. It was explained that the document outlined how staff were expected to work in the context of the COVID-19 Pandemic, in a way that was consistent with the Trust's Vision, Values and Behaviours and ensured that as a Trust, all efforts was focused protecting patients and the workforce. The Group Chief Nurse also highlighted a number of other initiatives including the development of clinical pathways to enable the Trust to plan the move back to pre-COVID-19 activity and treat more patients.

It was noted that testing for COVID-19 remained a high priority and the IPC Team had worked with clinical teams to develop an overarching COVID-19 Staff and Patient Screening Strategy to provide a framework for operational screening policies.

The Board noted the update on 'Incidents of Hospital Onset COVID-19 Infection (HOI)' as described within the report presented along with the focus of the 'Be Aware and Let's Prepare' Campaign. The Board also noted the current Antibody Testing Programme along with the plans for systematic staff testing which met the clinical and IPC guidance currently recommended. It was particularly noted that in order to ensure that patients in Low Risk COVID -19 category areas remained protected, MFT had developed a Staff Testing Strategy for routine asymptomatic staff testing on a weekly basis.

The Group Chief Nurse and Joint Group Medical Director provided further insight to a number of key COVID-19 Research activities including the 'Moon-shot Trials' and two pilots which had been carried out at MFT investigating asymptomatic COVID-19 infection in staff and patients which had helped to inform the development of the Staff and Patient testing policy.

In conclusion, the Board welcomed the report and noted the Trust's activity and progress to date for the next phase of the pandemic.

Decision:	Update Report Noted	Action by: n/a	Date: n/a
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110/20 Group Chief Finance Officer's Report

The Chief Finance Officer introduced the report and explained that as a response to the COVID-19 pandemic, the NHS financial framework had been amended. She explained that currently, all Trusts were on a block contract, with an adjusting top up made retrospectively to bring the Trust to break even. The Board noted that this provided stability in the short term as the Trust responded to the pandemic and as it commenced to restore services during the recovery phase.

The Chief Finance Officer explained that arrangements had been extended to the end of September 2020, and therefore the Trust did not currently have an agreed control total for 2020/21. It was also recognised that whilst full details had not yet been shared nationally, it was expected that the financial regime which was anticipated to come into place on the 1st October 2020 would maintain the block payments to Trusts, but that the costs in excess of this would be financed from a system wide (i.e. Greater Manchester) funding pot. The Board noted that whilst this had not been quantified as yet, financial constraints were expected to increase. The Chief Finance Officer pointed out that the Trust had worked closely with partners across GM to set up a structure to lead and manage this GM wide funding mechanism. It was acknowledged that until the quantum was known, it was difficult to be explicit as to the level of risk within the system.

The Chief Finance Officer drew attention to MFT's financial performance to the end August 2020. She particularly reported that in August, the non-COVID expenditure continued to increase as recovery actions drove higher activity levels and the associated expenditure. She also explained that Hospitals/MCSs continued to report against their projected forecasts, and it was important that forecasts were refined and able to accurately reflect the impact of recovery actions. It was noted that this was part of the ongoing accountability discussions held with each Hospital/MCS Leadership Team.

The Board noted that waste reduction targets had been communicated to each Hospital/MCS and schemes continued to be developed to achieve the savings necessary to achieve the planned investments. The Chief Finance Officer explained that the current 'expenditure led' financial regime presented significant risk to the Trust, through the changed behaviours which it drives. Through the governance structures, this reinforced the messages that maintaining control of expenditure was key even during the pandemic. It was explained that as the financial regime became clearer for the remainder of the financial year, specific control totals would be implemented at Hospital/MCS level, to reflect the constraint at Trust level. In the meantime, waste reduction targets had been communicated to each Hospital/MCS and schemes continued to be developed to reach the savings necessary to achieve the planned investments.

The Board was advised that the organisation's capital plan reflected the result of negotiations across GM to bring the total planned spend across Greater Manchester into line with the new capital envelope. It was noted that up to August 2020, £32.5m of capital spend was incurred and any future capital expenditure relating to COVID-19 required approval at a national level and the process had been widely communicated across the Trust. Further work to clarify internal capital funding is being undertaken in the next week and will be communicated appropriately.

The Board also noted the 'Income & Expenditure Account' for the period ending 31st August 2020 as presented in the report. Particular attention was also drawn to the MRI and CSS financial positions which had significant differences between their actual results and their forecast. It was explained that this resulted from a change in the recharging mechanism between the two Hospitals/MCS.

The Chief Finance Officer drew attention to the Aged Debt report which showed a reduction in NHS debt of over 90 days in the last two months. This was a result of system working to clear down outstanding debt. Further work was ongoing within the Trust's Finance team to reduce the remaining Aged Debt to improve the cash position of the Trust.

In response to questions and observations from Mr Barry Clare, discussion also centred on the levels of the planned waste reduction targets, the levels of prudence required, and the currently unknown scale of funding expected within the proposed new financial regime.

In conclusion, the Board noted that strong financial governance and control was essential during the extremely unusual financial regime; that stronger discipline on forecasting had recently been introduced to ensure that the financial implications of decisions on service changes were understood and taken into account in the decision making process; it was of paramount importance that decisions were not made that committed the Trust to any recurrent new expenditure without appropriate level of scrutiny; aged debt was a key focus for the finance team; and, that the Trust was still awaiting guidance on the financial regime that would be in place for the remainder of 2020/21.

The Chief Finance Officer's Report (Month 5 - 2020/21) was noted

Decision:	Noted	Action by: n/a	Date: n/a
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111/20 **Update on Strategic Developments**

The Group Executive Director of Strategy presented a report in relation to strategic issues of relevance to MFT.

Particular attention was drawn to several national issues including the publication of the 'Phase 3' Planning Guidance. It was noted that each Integrated Care System/Sustainability and Transformation Partnership (e.g. Greater Manchester) was required to submit a plan that set out how it intended to restore services to near pre-COVID-19 levels before the winter months; prepare for winter and possible further spikes in COVID-related demand; take into account the lessons learned during the first COVID-19 peak, locking in beneficial changes and addressing fundamental challenges that it exposed. The Group Executive Director of Strategy confirmed that the Trust's draft plans had been required by 1st September 2020 with final versions to be submitted by 21st September 2020 following feedback from national and regional colleagues.

The Board also noted several key strategic issues with Greater Manchester including the formation of command and control structures across GM which saw the Provider Federation Board assume the role of the Hospital 'Cell' – responsible for co-ordinating the response across all GM hospital providers – and the establishment of a Community Co-ordination Cell to co-ordinate work across community and primary care providers. Attention was also drawn to a decision taken in response to the COVID-19 National Emergency to formally pause the Improving Specialist Care programme, which aimed to improve hospital-based services in a number of specialties across GM. It was reported that in August, the decision was taken to re-start ISC work on Neuro Rehabilitation, which was the most advanced of the projects with the full business case in development.

The Board also noted that the Rapid Diagnostics Centre programme was a national initiative aimed at improving cancer outcomes by delivering earlier cancer diagnosis, and more co-ordinated, personalised care and that MFT was one of 2 organisations within Greater Manchester tasked with delivering RDCs. It was reported that whilst elements of the project had been delayed significantly due to COVID-19, work was now well underway redesigning diagnostic pathways in a number of specialties.

Locally within MFT, the Group Executive Director of Strategy described the accelerated development of Single Services as part of the COVID-19 Response. He explained that whilst this work was already in-train following the establishment of MFT in 2017 and the development of the clinical service strategies, the COVID-19 National Emergency had provided a further imperative to bring teams and resources together to provide high quality care to patients. It was noted that key workstreams were being led by Hospitals and MCS Chief Executives along with the Group Deputy Chief Executive and Joint Group Medical Director.

In conclusion, the Board noted the updates in relation to strategic developments nationally, regionally and within MFT.

Decision:	Noted	Action by: n/a	Date: n/a
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112/20 Update on NMGH including the management agreement, the transaction process and the redevelopment plans

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

The Group Executive Director of Workforce & Corporate Business reported that Mr Ian Lurcock had now commenced in his new (secondment) role as Chief Executive of NMGH on the 12th September 2020 following the recent departure of Ms Dena Marshall to a new senior NHS post in London. He also confirmed that the management agreement for NMGH remained in place and was deemed to be working well with the inaugural and constructive quarterly review meeting between PAHT and MFT taking place on 14th August 2020 (next quarterly review meeting scheduled to take place towards the end of 2020).

The Board received an updated on work of the PAHT Transaction and Disaggregation Committee, chaired by the PAHT Chief Executive, which oversaw the work of eleven disaggregation work streams, namely, Clinical Service; Statutory Requirements; Corporate Service; Estate and Facilities; Finance; SLAs; IM&T; Equipment; Staff Alignment; Commercial Contracts & Procurement; and, Pathways. The Group Executive Director of Workforce & Corporate Business confirmed that all areas throughout MFT were actively contributing to the workstreams described.

The Group Executive Director of Workforce & Corporate Business drew attention to the HIP Capital Development and update on the NMGH HIP Business Case. He explained that significant progress had been delivered by Group Director of Estates & Facilities (and his teams) since the announcement, with the following milestones being achieved: HIP Seed funding confirmed in November 2019 to support the business case development; Strategic Outline Case was submitted on 31st January 2020; and, Enabling Plan was submitted 30th March 2020. It was noted that the HIP Team continued to progress the Outline Business Case and was on schedule to complete the exercise for submission in December 2020.

The Board was also reminded that the Strategic Regeneration Framework (SRF) would create a 'blueprint' for the regeneration of the site containing a vision and development principles for the whole of the North Manchester General Hospital site. The Group Executive Director of Workforce & Corporate Business confirmed that the development of the SRF for the NMGH Masterplan was in progress, led by MFT in liaison with MCC. He also explained that a specific page on the Trust website had now been set up to highlight the emerging plans and to provide a way for staff, patients and the public to submit their views. It was noted that MFT would also use this page to share the draft Strategic Regeneration Framework during the consultation period.

In conclusion, the Board noted progress with the Management Agreement, the Acquisition Process and the HIP capital development and supported the strategic direction of the overall Programme.

Decision:	Update Report Noted	Action by:	n/a	Date:	n/a
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113/20 **Bi-annual Nursing and Midwifery 'Safer Staffing' Report**

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

The Board noted that the latest report now presented provided analysis of the Trust nursing and midwifery workforce position at the end of June 2020 and the actions being taken to mitigate and reduce the vacancy position, specifically within the staff nurse and midwifery band 5 and 6 workforce. It was also noted that the report included a summary of the Allied Health Professions (AHP) workforce as per the NHSI guidance.

The Group Chief Nurse explained that nursing and midwifery workforce supply continued to be a challenge nationally with the shortfall in registered nurses being well-documented across all NHS organisations. It was noted that additionally, the pressure of COVID-19 and the new ways of working had highlighted implications that could exacerbate the current national staffing problem.

The Group Chief Nurse provided an overview of the Trust's position at the end of June 2020 and explained that there were a total of 455.0wte (6.0%) qualified nursing and midwifery vacancies across the Group compared to 820.3wte (11.6%) at the same period in the previous year (June 2019). She pointed out that at the end of June 2020, there was a total of 455.0wte (6.0%) qualified nursing and midwifery vacancies across the Group compared to 820.3wte (11.6%) at the same period in the previous year (June 2019). The Board was pleased to note that this was a reduction in the overall nursing and midwifery vacancies of 365.3wte (4.8%) since December 2019.

The Group Chief Nurse went on to explain that the majority of vacancies were within the nursing and midwifery (band 5) workforce and that at the end of June 2020 there were 359.2wte (9.1%) compared to 567.1wte (14.2%) at the same period in the previous year (June 2019). The Board recognised this as a reduction of 207.9wte (5.3%) nursing and midwifery band 5 vacancies. The Group Chief Nurse explained that in response to the COVID-19 National Emergency, the Trust had successfully implemented alternative recruitment strategies with a particular focus on virtual recruitment and a guaranteed job offer made to 'home grown' student nurses and midwives that were due to qualify in September 2020.

The Board was pleased to note that there were currently 450 nurses and midwives with conditional job offers whose appointments were being processed through the Trust recruitment process of which 300 were graduate nurses and midwives who were due to commence in post over the next 3 months following their graduation in September 2020.

The Group Chief Nurse was also pleased to report that a total of 382 international nurses had commenced in post in 2019/2020, of which 139 started between January and March 2020. She explained this was a significant increase in the number of nurses recruited in previous years. The Board recognised that the Trust had no option but to postpone International Recruitment (IR) from March 2020 due to the impact of COVID-19 lockdown and international travel restrictions. It was also explained that the Trust planned to recommence IR recruitment in August 2020 to support an additional workforce supply and a focus on critical care, with a plan to recruit up to 320 nurses before the end of March 2021.

The Board was advised that there were 115 Nursing Associates (NARs) working in general wards, theatres and community based areas across the Trust, since April 2019 and MFT hospitals were continuing to review ward/team establishments and skill mix as the NAR workforce continued to grow with a plan to introduce the role into some of the more specialised areas.

The Group Chief Nurse described sickness absence rates for nursing and midwifery which was 3.3% in March 2020 when COVID-19 reporting commenced. She explained that the combined absence for nursing and midwifery staff reached a peak of 12.9% in April 2020 although this percentage had reduced to 7.8% in July 2020. The Board was advised that due to the nature of the absence pattern, it was anticipated that this absence level could continue to remain significantly above 'normal' levels for the foreseeable future because of COVID-19 shielding and the asymptomatic and symptomatic absence allied to the increase observed in mental health related sickness.

The Group Chief Nurse emphasised that the Trust was committed to the delivery of safe staffing levels.

It was explained that pandemic response had seen the Hospitals/MCSs work very differently in how they had managed and deployed staff based not only on the acuity and dependency of patients but in response to safeguarding staff; keeping them safe and preventing the spread of infection, applying and removing PPE and adhering to additional infection prevention and control practices; and flexing bed capacity. It was noted that following the reconfiguration of inpatient areas and the introduction of COVID and non-COVID areas, an establishment review would be completed in November 2020 to establish a baseline for recommended staffing.

The Group Chief Nurse also explained that currently, and whilst there was no recognised national shortfall within generalist AHP therapists for adult services, there were shortfalls within the speciality posts such as adult acute Occupational Therapists (OT), Podiatrists and paediatric specialist OTs, Dietetic (DT) and Speech and Language Therapists (SLT). She explained that several Trust wide initiatives had been introduced to support the development of the AHP workforce and creating new opportunities and roles.

In response to questions and observations from Mr Trevor Rees, discussion also centred on attrition rates amongst staff reaching the end of their professional careers and it was explained that there was currently no evidence within the Trust that staff within this category were choosing to leave their employment and this was further supported by a very responsive 'MFT Offer' which facilitated and supported staff to transfer to other areas within the Group.

In conclusion, the Board received the report and noted progress of the work undertaken to address the nursing, midwifery and AHP vacancy position across the Group.

Decision:	Annual Report Received and Noted	Action by: n/a	Date: n/a
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114/20 Quarter 1 (2020/21) Complaints Report

The Board received and noted the Q1 (2020/21) Complaints Report which included a brief summary of activity: Complaints and Patient Advice & Liaison Service (PALS); Q1 in context: An overview of the impact of the COVID-19 pandemic on complaints and PALS; an overview of complaints and PALS including a brief analysis of themes; Care Opinion and NHS Website feedback; improvements made and planned to ensure learning from complaints was embedded in practice; and, a supporting suite of information presented in tables and graphs (ref: Appendix 1).

The Group Chief Nurse explained that Q1 (2020/21) report reflected the impact of the COVID-19 pandemic across the NHS. She pointed out that in response to the reduction in clinical activity across the Trust since mid-March 2020, fewer patients were admitted or attended for treatment and as a result, the number of complaints and PALS concerns were reduced compared to previous quarters.

The Board was reminded that in March 2020, and in response to the COVID-19 pandemic, national guidance was issued in relation to complaint handling, resulting in a system-wide pause in the NHS complaints process. It was also reported that after careful consideration, the Trust complaints pause was lifted in the reintroduction of a staged approach during May and June 2020. The Board was also reminded that the Parliamentary and Health Service Ombudsman (PHSO) did not accept new health service complaints, or progress existing cases that required contact with the NHS during this period. It was noted that as a result of the PHSO's position, there had been no change to the cases under review during the quarter reported.

The Group Chief Nurse confirmed that in response to the COVID-19 National Emergency, a Family Liaison Team was introduced; comprising re-deployed staff from across the Trust and many of the complaints and PALS service staff. It was noted that the team provided support to patients and enabled communication with, families and friends during this period. It was acknowledged that this had been especially important during a period of restricted visiting. Specific roles and responsibilities of the PALS service during this period were noted in the report presented. It was also confirmed that the Complaints Scrutiny Group, chaired by a Non-Executive Director, was stepped down during Q1 and was reinstated in July 2020.

The Quarter 1 (2020/21) Complaints Report was received and noted.

Decision:	Q1 (2020/21) Report received and noted	Action by: n/a	Date: n/a
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The Board received the Annual Patient Experience Report which provided a summary of the Trust's results for the mandatory national surveys that had been published since the Trust's Annual Patient Experience Report 2018/19. It was noted that there were the Adult National Inpatient Survey (2019), The National Maternity Services Survey (2019), The National Cancer Patient Experience Survey (2019), The Children and Young People's Patient Experience Survey (2018), and the Urgent and Emergency Care Survey (2018). It was further noted that as two yearly reports, the Children's and Young People and Emergency Care Surveys were the first surveys conducted since the establishment of MFT in October 2017; therefore, exact comparisons could not be made with previous surveys.

The Group Chief Nurse explained that in comparison with the Trust survey results for the 2018, the National Maternity Services Survey (2019) demonstrated positive experiences of care, with improvements across most aspects of maternity care.

The Board was also pleased to note that overall, in comparison with the Trust survey results for 2018, the Adult National Inpatient Survey (2019) demonstrated significant improvement in six areas. It was noted that when compared to all Trusts that took part in the survey, MFT responses were categorised as 'about the same' for all questions, which was an improvement from the 2018 survey when 1 question was categorised as 'worse' than other Trusts. It was further noted that applicable Hospitals/Managed Clinical Services (MCS) and Local Care Organisation (LCO) improvement plans had been developed in response to patient feedback.

The Group Chief Nurse was pleased to report that notably, the Adult National Inpatient Survey (2019) score for "food" improved from 4.7 to 5.2 when compared to the 2018 survey results. She explained that the Trust now fell within the average range for this question. She also explained that the Children and Young People's Patient Experience Survey (2018) was the first report since the formation of MFT and the results were predominantly 'about the same' as other NHS Trusts, with the exception of 2 questions that are categorised as 'better than'.

The Board was advised that the Urgent and Emergency Care (UEC) Survey (2018) was also the first report since the formation of MFT. The Board noted that for the first time, the UEC survey had been split into two separate reports, namely, Type 1 (Emergency Care) and Type 3 (Urgent Care). The Board also noted that overall, the UEC survey demonstrated positive experiences in both department types with a score of 9 out of 10 for Type 3 Departments; placing the Trust in 1st position when compared to the Shelford Group Trusts that had a Type 3 department.

The Group Chief Nurse described the results of the Annual National Cancer Patient Experience Survey [NCPES] (2019) which were published on 25th June 2020 by an external provider (Picker) on behalf of NHS England. She explained that many positive elements of cancer patient experience were identified in the NCPES (2019) with the majority of the results for the Trust categorised as 'within the expected range' for Trusts of a similar size. However, it was pointed out that in eleven questions, MFT received specifically high scores (above the expected range) and this was an improvement on the NCPES (2018) survey where the Trust only received specifically high scores in four questions.

The Board noted that results which fell below the national average underwent further analysis by tumour specific teams to identify areas for their local improvement activity. It was reported that Tumour specific information was available where 21 or more responses had been received and the challenge remained for those tumour groups where responses were less than 21 to consider how patients could be encouraged to respond to the future surveys.

The Group Chief Nurse explained that the MFT '*What Matters to Me*' (WMTM) patient experience programme supported triangulation of the results from all of the national surveys with the Trust's local '*Quality of Care Round*' and WMTM patient experience survey data in order to identify areas of best practice and priorities for improvement, at both Trust-wide and ward/department/team level. She also explained that continuous improvement activity at all levels was underpinned by MFT's Improving Quality Programme methodology. It was also noted that the Trust's clinical accreditation programme monitored key quality and practice standards across clinical areas and examined how quality and patient experience data was used to drive improvement for patient benefit. It was recognised that on a fifteen step model, Senior Leadership Walk Rounds (SLWR), provided a further opportunity for assurance and challenge by Board-level leaders.

The Board noted a summary of some of the improvement work that had been undertaken across the Hospitals/MCS and LCOs based on patients' and relatives' feedback regarding their experience within the report presented along with an update on the activity and improvements aligned to the Trust's WMTM patient experience framework, including a pilot programme for the implementation of Always Events R Methodology.

The Annual Patient Experience Report was received and noted.

Decision:	Annual Report Received and Noted	Action by: n/a	Date: n/a
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116/20 'Freedom to Speak Up' Annual Report (2019/20)

The Board received and noted the 'Freedom to Speak Up' Annual Report (2019/20).

It was particularly noted that the Trust's Freedom to Speak Up Programme continued to build and develop and that at the end of the reporting period for the report presented, the full impact of COVID-19 pandemic was felt, and the Trust had built the programme into its emergency response and into the NW Nightingale Hospital.

The Board was also advised that the challenges for 2020/21 would be to maintain the momentum built over the last two years, and support the new culture development led by the Group Deputy CEO and Group Executive Director of Workforce & Corporate Business to ensure MFT encouraged a speaking-up culture, whilst reflecting the changing footprint of MFT in the 'Freedom to Speak Up' operating model that would ensure sustainable growth.

Decision:	Annual Report Received and Noted	Action by: n/a	Date: n/a
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117/20 Ratify the CQC Statement of Purpose – Part 2

The Board received and noted two new locations that had been added to MFT's CQC registration, namely, *The Pines Hospital*, and, the *BMI (The Alexandra Hospital, Manchester)*.

Decision:	The CQC Statement of Purpose – Part 2 was received and ratified.	Action by: n/a	Date: n/a
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118/20 Committee Meetings

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

- Group Risk Oversight Committee held on 6th July 2020
- Quality & Performance Scrutiny Committee on 4th August 2020
- HR Scrutiny Committee held on 11th June 2020
- NMGH Scrutiny Committee held on 17th August 2020
- Finance Scrutiny Committee held on 22nd July 2020
- Local Care Organisation Committee held on 15th July 2020
- EPR Committee held on 29th July 2020
- Charitable Funds Committee held on 28th July 2020

119/20 Date and Time of Next Meeting

The next meeting of the Board of Directors will be held on **Monday 9th November 2020** at **2pm**.

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

120/20 Any Other Business

There was no other business.

N.B. No items for recording on an Action Tracker.

Present:	Mr J Amaechi (v) Professor Dame S Bailey (v) Mr D Banks (v) Dr I Bennett (v) Mr P Blythin (v) Mrs J Bridgewater (v) Mrs K Cowell (Chair) (v) Mr B Clare (v) Sir M Deegan (v) Professor J Eddleston (v) Mrs J Ehrhardt (v) Professor L Georghiou (v) Mr N Gower (v) Mrs G Heaton (v) Professor C Lenney (v) Mrs C McLoughlin (v) Miss T Onon (v) Mr T Rees (v)	<ul style="list-style-type: none"> - Group Non-Executive Director - Group Non-Executive Director - Group Director of Strategy - Group Non-Executive Director - Group Director of Workforce & Corporate Business - Group Chief Operating Officer - Group Chairman - Group Deputy Chairman - Group Chief Executive - Joint Group Medical Director - Group Chief Finance Officer - Group Non-Executive Director - Group Non-Executive Director - Group Deputy CEO - Group Chief Nurse - Group Non-Executive Director - Joint Group Medical Director - Group Non-Executive Director
In attendance:	Mr D Cain (v) Mr A W Hughes (v)	<ul style="list-style-type: none"> - Deputy Chairman Fundraising Board - Director of Corporate Services / Trust Board Secretary
Apologies:	No Apologies	

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

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Operating Officer
Paper prepared by:	Veronica Devlin Chief Transformation Officer
Date of paper:	October 2020
Subject:	Trust Response to the COVID-19 National Emergency
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Delivery of high quality care and safety for patients, including timely access to Trust services.
Recommendations:	The Board of Directors are asked to note the information set out in this paper.
Contact:	<p><u>Name:</u> Veronica Devlin, Chief Transformation Officer</p> <p><u>Tel:</u> 0161 276 6796</p>

TRUST RESPONSE TO THE COVID-19 NATIONAL EMERGENCY

1. PURPOSE

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

2. INTRODUCTION

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

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

Following the COVID 19 peak, focus was placed on a return to business as usual. We are now in a situation where we are restoring routine services on the background of a rise in COVID cases in the community and our hospitals and MCS's. Some of our services will look different to pre-COVID arrangements and our planning incorporates the need to maintain core services. The Trust Recovery programme has transitioned from a weekly to a fortnightly rhythm overseen by the Recovery and Resilience Programme Board, and is underpinned by a number of workstreams each with a Group Executive or Hospital Chief Executive as SRO. Progress against this programme of work is reported into the Group COVID-19 governance arrangements via Strategic Command and routine reporting has been provided to the Board of Directors.

3. COVID PLANNING GUIDANCE

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

Key Operational Messages set out in the guidance include:

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

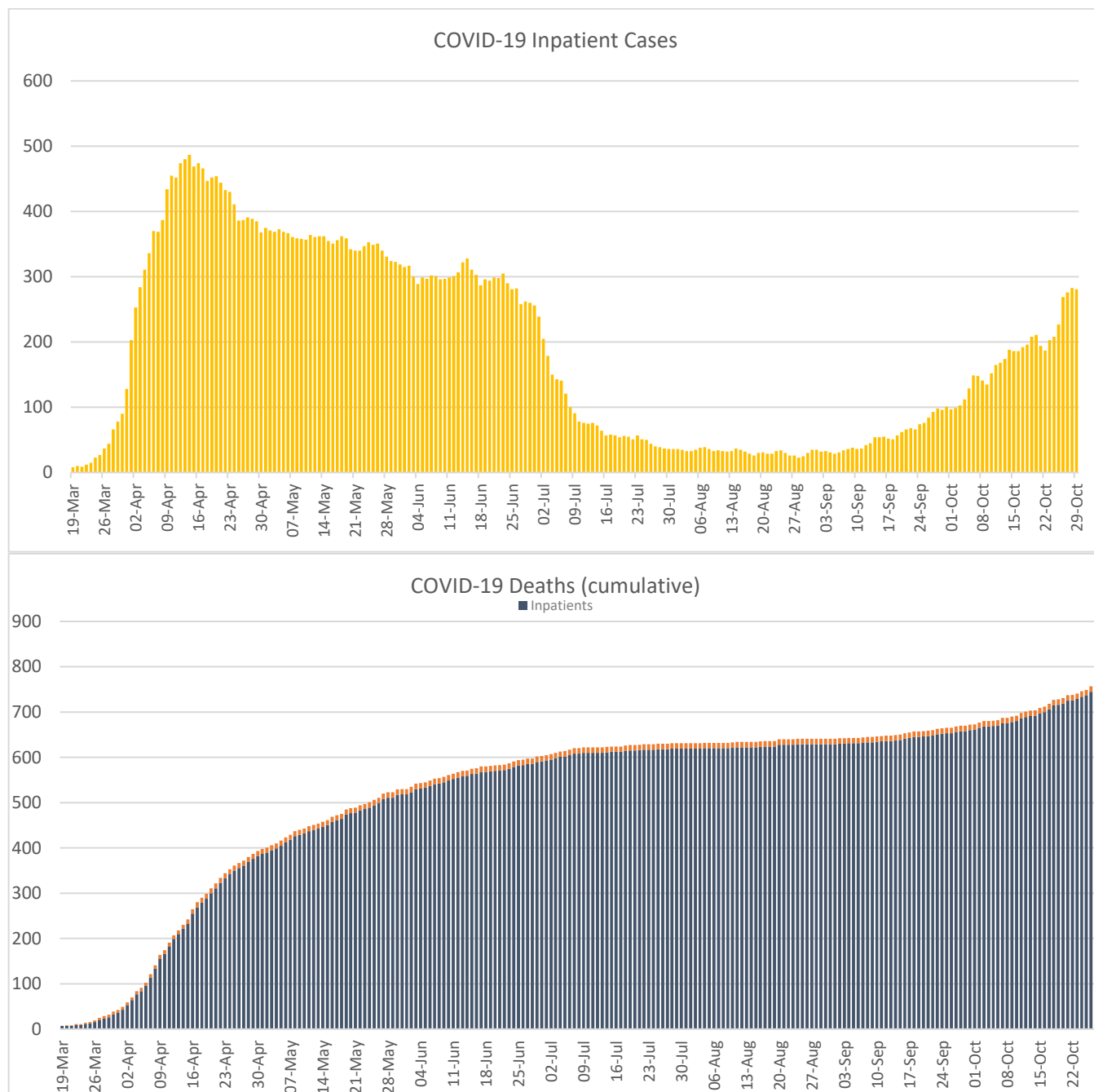
Since publication of the guidance MFT has been developing its plans and modeling in response, with submission of these outputs to the GM Gold function / NHSE in August.

We are working more effectively as a system with joint action plans developed for our Recovery workstreams with our colleagues in Manchester and Trafford commissioning.

4. IMPACT ON OPERATIONAL DELIVERY

Capacity / COVID19

- As at 29th October the Trust (including NMGH) had 281 COVID positive inpatients, of which 34 were in critical care level 3/2 beds. To date there have been 764 COVID related deaths. All of these metrics show a significant rise from the last period of reporting.



In order to maintain staffing for expanded critical care capacity which will be required as the COVID 19 numbers increase, and to preserve elective activity in key areas such as cancer, cardiac and vascular as well as the Specialist Hospitals, a re-escalation plan is being developed. This incorporates staffing as well as physical capacity.

Operational Performance

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

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

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

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

- Urgent care demand in October (to 27th) has returned to 73% of pre COVID levels compared to the same period last year.
- Overall October MFT cancer referrals were at 91% of previous 19/20 referral levels, although in some cancer sites such as Head and Neck and Skin this is much closer to expected levels.

Safety remains a key priority across all standards with:

- Initiatives in progress to reduce the footfall through the Emergency Departments and maintain safe distancing for patients in line with national guidelines.
- Referrals and waiting lists have been risk stratified and prioritised in line with national clinical guidance.
- The longest waits for cancer and electives are reviewed for harm, and if appropriate the usual Trust incident reporting process is utilized, with waiting lists remaining under ongoing clinical review.
- For cancer patients an escalation process is in place for GPs to raise any changes in a patient's condition to the relevant clinical teams.
- Cancer targets were achieved in September, and are on track for delivery again in October
- The Trust is continuing to work with system partners, and offer mutual aid where required.

A key focus throughout October has been the delivery of individual specialty level plans and trajectories to support a reduction in the longest wait elective patients by March 2021. A governance framework supported by the Chief Operating Officer, Group Executives, and corporate departments alongside Hospital Executive Teams is in place to support the development and delivery of these plans. Independent sector (IS) capacity has been used to assist delivery of elective care as capacity has been reduced on MFT sites due to the need for social distancing and infection prevention and control measures.

The individual Hospital / MCS escalation plans were approved via the Strategic Group in October, supported by a Group Escalation Decision Making Framework. In light of increasing COVID activity and MFT is taking a tiered approach to the escalation process, to balance the impact on all activity programmes.

Consideration and agreement to reduce Trust activities will be undertaken through the Strategic COVID Group arrangements. Key priorities:

1. Protection of Specialist Hospital and Service activity first and foremost
2. Mutual aid and equalisation of COVID / elective activity across all MFT Sites
3. Reduction / cessation of non-essential activities i.e. meetings
4. Reduction of Outpatient Activity to release staffing – phased approach to minimise reductions
5. Reduction of Elective Activity to release staffing. NB: this must be preceded by a request for mutual aid to GM Gold – phased approach to minimise reductions

Performance across the MFT Group continues to be overseen through the Accountability Oversight Framework (AOF) process, which from July was aligned to the Recovery Programme and any changes in national priorities.

5. INFECTION PREVENTION AND CONTROL (IPC)

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

6. WORKFORCE & STAFF TESTING

Absence rates relating to COVID-19 peaked at circa 2700 during the early stages of the pandemic and are now showing a rising trend to 2,112 on 29th October. This reflects both increasing numbers of staff isolating due to their own or family members' COVID symptoms and other COVID related absence (958) and general sickness absence.

Staff testing

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

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

Staff testing for staff with symptoms has continued with the current addition of a pilot of asymptomatic staff testing.

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

A comprehensive offer of support for the workforce is available to help staff keep well and maintain resilience as it is recognized that the increased COVID activity and need to consider future staff redeployment once more it respond to rising COVID activity will inevitably have an impact on staff wellbeing.

7. FINANCE

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

Key elements include the replacement of Payment by Results with a block payment and retrospective top up with the intention of bringing the Trust back to break even on a month by month basis.

Clarification on the longer-term finance mechanisms is awaited.

8. RESEARCH & INNOVATION

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

Professor Ricky Body, Director of MFT's Diagnostic Technology Accelerator (DiTA) and co-lead investigator of the national COVID-19 CONDOR diagnostic evaluation programme, has been appointed as the Group Director of R&I at MFT. Rick will take over the role from Professor Neil Hanley who has been appointed Vice Dean for Research & Innovation in the Faculty of Biology, Medicine and Health (FBMH) at The University of Manchester (UoM).

Update from NIHR on research activity during the 'second wave'

The NIHR issued guidance for planning NHS research activity during the UK second wave of the COVID-19 pandemic, including three priority levels:

1. Urgent public health (UPH) badged (and NIHR Portfolio adopted) projects. This includes vaccine trials and national priority projects, including the Manchester-led CONDOR/FALCON
2. Research which provides a treatment to patients without which there would be a serious threat to their health; preserving 'life and limb'.
3. All other research, including COVID-19 research projects which are not in Level 1.

Currently, active research projects will not be suspended as they were in March, and activity, especially recruitment, will be varied according to capacity. Much of Level 3 research may only be possible if it is in an area sufficiently unaffected by the pandemic and does not require any R&I delivery staff support. Reactivation of currently paused studies will remain on hold (except in exceptional circumstances).

Clinical governance of COVID-19 research portfolio at MFT:

Dr Tim Felton continues in his appointment as clinical lead for all MFT COVID-19 research, supported by the COVID-19 governance committee. New research offered to MFT is considered here and, if accepted, placed within the local resource prioritisation list of studies.

Local management of research projects at MFT:

Hospitals within MFT will experience varying levels of impact from increasing COVID-19 hospitalisations. Research projects will require varying levels of R&I resource, and appropriate R&I staffing may need to be moved across teams to service demands. Delivery of projects will be managed fluidly at Hospital R&I Manager level in discussion with all stakeholders and incorporating the national priority levels as outlined above.

As of 30/10/2020 MFT R&I COVID-19 response:

- Commencing **our first vaccine trial** on 16th November – Janssen Sponsored with a target 400 participants
- Recruited 5,605 participants into MFT research projects
- 23 studies currently open to recruitment across MFT
- 2 new studies in set-up
- 8 studies have reached their recruitment (participants in follow-up)

RECOMMENDATIONS

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

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Finance Officer
Paper prepared by:	James Bradley, Finance Director Rachel McIlwraith, Operational Finance Director
Date of paper:	November 2020
Subject:	Financial Performance for Month 7 2020/21
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Maintaining financial stability for both the short and medium term
Recommendations:	<ul style="list-style-type: none"> • Strong financial governance and control is essential as the Trust moves into the second half of the year and the financial framework introduces significant financial constraint. • Stronger discipline on forecasting has recently been introduced to ensure that the financial implications of decisions on service changes are understood and taken into account in the decision-making process. • It is of paramount importance that decisions are not made that commit to the Trust to recurrent new expenditure without the appropriate level of scrutiny. • Aged debt is a key focus for the Finance Team.
Contact:	<p><u>Name:</u> Jenny Ehrhardt, Group Chief Finance Officer</p> <p><u>Tel:</u> 0161 276 6692</p>

Executive Summary

1.1	Delivery of financial Control Total	<p>In the first half of the year, as a response to the COVID-19 pandemic, the NHS financial framework was amended. All Trusts were put on a block contract, with an adjusting 'top-up' made retrospectively to bring the Trust to breakeven. This provided stability in the short-term as the Trust responded to the first wave of the pandemic and as it began to restore services during the recovery phase.</p> <p>The financial regime for the second half of the year maintains the block payments to Trusts broadly unchanged from the first half of the year. In addition, a system-wide (i.e. Greater Manchester) funding pot has been allocated by the national team and this has now been apportioned to each organisation within GM. Each organisation is expected to manage local costs, including Covid costs, within this. For MFT, the exception to this is that any Nightingale costs will be supported nationally.</p> <p>The Trust has worked with partners to agree a financial plan for the second half of the year which requires the Trust to accomplish a breakeven position. This is phased differently across months 7 to 12, and the Trust has achieved the target for October, but there are significant risks to delivery as the Trust enters a very challenging autumn / winter period.</p>
1.2	Run Rate	<p>As the Trust continues into the latter half of the year, strong financial governance and control is essential, particularly in the face of an extraordinary and challenging operating environment.</p> <p>Hospitals continue to report against their projected forecasts, and it is important that forecasts are refined and able to accurately reflect the impact of the renewed surge in Covid patients and any recovery actions that remain deliverable. This is part of the accountability discussions held with each Hospital leadership team.</p> <p>Control totals have been communicated to each Hospital / MCS. Each Hospital continues to develop and report against Waste Reduction targets in order to reach the savings necessary to achieve the planned investments.</p>
1.3	Remedial action to manage risk	<p>The "expenditure led" financial regime that was in place in Months 1-6 of this financial year presents significant risk to the Trust, through the changed behaviours which it drives. Through the governance structures, there has been a consistent message that maintaining control of expenditure is key even during the pandemic.</p> <p>As the financial regime has now become clearer for the remainder of the financial year, specific targets have been implemented at Hospital level, to reflect the constraint at Trust level.</p>
1.4	Cash & Liquidity	<p>As at 31st October 2020, the Trust had a cash balance of £262.0m. This remains higher than plan due to the "double-payment" of the block contract in April, which it is expected will be recovered late in the financial year.</p>
1.5	Capital Expenditure	<p>The capital plan reflects the result of negotiations across Greater Manchester to bring the total planned spend across Greater Manchester into line with the new capital envelope.</p> <p>Up to October 2020, £48m of capital spend was incurred.</p>

Financial Performance

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

	Baseline run-rate	Year to date Actual - M7
	£'000	£'000
INCOME		
Income from Patient Care Activities		
Commissioner Block Payments - CCGs / NHSE		854,558
NHSE - Cost passthrough drugs (increase above threshold)		3,758
Cost passthrough - Independent Sector		1,427
GM System Funding		0
Wales		2,953
Other (Other devolved / IOM / NORs)		1,453
Public Health Dngland		221
Local authorities		22,282
Sub -total Income from Patient Care Activities	876,019	886,652
Private Patients/RTA/Overseas(NCP)	5,173	3,754
Total Income from Patient Care Activities	881,192	890,406
Training & Education	40,369	38,159
Research & Development	35,188	38,505
Misc. Other Operating Income	63,977	32,484
Other Income	139,534	109,148
Total Income	1,020,726	999,554
EXPENDITURE		
Pay	-639,766	-633,937
Pay (COVID)		-32,721
Non pay	-363,373	-389,429
Non pay (COVID)		-60,696
Total Expenditure	-1,003,139	-1,116,783
EBITDA Margin (excluding PSF)	17,587	-117,229
Interest, Dividends and Depreciation		
Depreciation	-15,064	-15,662
Interest Receivable	631	30
Interest Payable	-23,838	-23,944
Dividend	-339	0
Surplus/(Deficit) excluding MRET and national top-up	-21,022	-156,805
Surplus/(Deficit) as % of turnover		-15.7%
PSF / MRET Income		0
National top up funding		148,327
Impairment		-37,051
Non operating Income		3,363
Depreciation - donated / granted assets		-439
		-42,605
In-month deficit (M7)		-8,478
In month plan		-9,209
Variance to plan - favourable / (adverse)		731

October is the first month of the revised financial regime. The in-month deficit is £8.5m. A break-even plan has been agreed with NHS Improvement for the second half of the year. This has been phased differently across months 7 to 12, with a planned deficit of £9.2m for October (with further income scheduled for November onwards). Financial performance in-month is therefore £0.7m better than plan.

The total income remains significantly lower than the baseline. This reduction includes for example car parking income and income from other providers for specific activity. It also reflects a reduction in HEE income which was signalled earlier in the year.

Underlying (non-Covid) non-pay expenditure has increased in recent months as recovery actions resulted in higher activity levels and associated expenditure. Although non-Covid pay costs remain lower than the baseline, expenditure is rising, with agency costs in October returning to the levels of early 2019/20. Covid expenditure continues to be lower than the levels seen in the first five months of the year, and amounts to £93.4m in the year to date.

Hospital / MCS Financial Performance

Hospital / MCS	Category	Baseline run-rate	Year to date (M7)	- of which COVID	Year to date (M7) excl. COVID	Year to date forecast (M7)	Difference to YTD forecast (M7)
		£'000	£'000	£'000	£'000	£'000	£'000
Clinical & Scientific Support	Income	12,901	10,512	0	10,512	10,462	50
	Pay	-119,903	-123,863	-4,309	-119,554	-123,339	-524
	Non pay	-38,122	-41,231	-3,013	-38,218	-41,431	200
	Total	-145,124	-154,582	-7,322	-147,260	-154,308	-274
Manchester LCO / Trafford LCO	Income	8,617	1,680	0	1,680	1,628	52
	Pay	-61,530	-62,757	-3,450	-59,307	-63,179	422
	Non pay	-13,923	-13,302	-487	-12,815	-13,414	112
	Total	-66,836	-74,379	-3,937	-70,442	-74,965	586
MRI	Income	4,312	3,213	0	3,213	3,220	-7
	Pay	-107,149	-112,749	-8,110	-104,639	-112,641	-108
	Non pay	-78,974	-64,822	-1,070	-63,752	-64,949	127
	Total	-181,811	-174,358	-9,180	-165,178	-174,370	12
REH / UDH	Income	1,876	625	0	625	575	50
	Pay	-24,066	-23,477	-235	-23,242	-23,568	91
	Non pay	-13,734	-10,518	-185	-10,333	-10,074	-444
	Total	-35,924	-33,370	-420	-32,950	-33,067	-303
RMCH	Income	1,974	3,080	0	3,080	2,916	164
	Pay	-70,826	-73,843	-4,019	-69,824	-74,547	704
	Non pay	-39,774	-45,934	-593	-45,341	-46,214	280
	Total	-108,626	-116,697	-4,612	-112,085	-117,845	1,148
Saint Mary's Hospital	Income	8,715	3,289	0	3,289	3,211	78
	Pay	-61,502	-65,277	-3,792	-61,485	-65,619	342
	Non pay	-14,322	-11,843	-1,116	-10,727	-12,545	702
	Total	-67,109	-73,831	-4,908	-68,923	-74,953	1,122
WTWA	Income	9,863	5,693	0	5,693	5,515	178
	Pay	-137,067	-134,572	-4,145	-130,427	-135,587	1,015
	Non pay	-80,038	-62,906	-538	-62,368	-61,159	-1,747
	Total	-207,242	-191,785	-4,683	-187,102	-191,231	-554
TOTAL		-812,672	-819,002	-35,062	-783,940	-820,739	1,737

Accountability meetings with Hospital leadership teams now focus on the performance against forecasts, to develop the financial understanding of our services and to ensure that the financial impact of decisions is fully understood. Now that a financial plan for the remainder of the year has been developed at Trust level, Hospital financial targets have also been calculated and distributed. Each Hospital/MCS meets on a monthly basis with the Group CFO and Group COO to work through both their historic performance and the assumptions underpinning their forecasts.

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

Key Run Rate Areas

1. Waste Reduction Programme

Initial Waste Reduction targets have been communicated to each Hospital and the tables below outline the progress to date in achieving the savings necessary to fund the planned investments. Hospitals/MCSs are forecasting £17.3m achievement against schemes that have progressed to L3 on WAVE. This is an improvement of £1.5m from the figure presented last month. A further £1.6m is forecast against schemes that are below L3, suggesting that these schemes require further development and are at a higher risk of non-delivery.

Now that Control Totals for Hospitals have been distributed, the Waste Reduction targets will need to be modified accordingly.

Workstream	Savings to Date				Forecast 20/21 Position			
	Plan (YTD)	Actual (YTD)	Variance (YTD)	Financial BRAG (YTD)	Plan (20/21)	Act/F'cast (20/21)	Variance (20/21)	Financial BRAG (YTD)
	£'000	£'000	£'000		£'000	£'000	£'000	
Hospital Initiative	1,307	1,258	-49	96%	3,108	3,727	619	120%
Contracting & income	229	236	7	103%	615	482	-133	78%
Procurement	2,359	2,069	-290	88%	4,767	4,127	-639	87%
Pharmacy and medicines management	140	54	-86	39%	339	161	-178	48%
Length of stay			0				0	
Outpatients	6	6	0	100%	36	36	0	100%
Theatres			0				0	
Workforce - medical	886	1,008	122	114%	2,126	2,180	54	103%
Workforce - nursing	1,452	1,414	-38	97%	2,489	2,427	-62	98%
Admin and clerical	632	533	-99	84%	1,085	914	-171	84%
Workforce - other	1,569	1,570	1	100%	2,704	2,704	-0	100%
Total (at or above L3)	8,904	8,241	-663	-7%	17,832	17,306	-526	-3%
Total (below L3)	1,328				2,958	1,631		
Unidentified	3,581				2,888			
Grand Total	13,813	8,241	-5,571	-40%	23,679	18,937	-4,742	-20%

Financial BRAG

The BRAG Rating in the table above is the overall financial risk rating based on the criteria defined below. There are many individual schemes within each main savings theme, and at a detailed level there will be a range of ratings within each theme. An example is Divisional Non Pay where Corporate is risk rated green where as the overall scheme is risk rated Red.

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

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

Hospital/Division	20/21 Target	20/21 Actual/Forecast	20/21 Variance	% Variance
MRI	7,005	6,130	-875	-12%
RMCH	2,375	2,123	-252	-11%
St. Mary's	2,339	272	-2,067	-88%
EYE&DENTAL	857	674	-183	-21%
WTWA	4,454	2,836	-1,618	-36%
CSS	3,259	1,554	-1,705	-52%
Corporate	2,525	1,029	-1,496	-59%
LCO	865	2,688	1,823	211%
Grand Total	23,679	17,306	-6,373	-27%

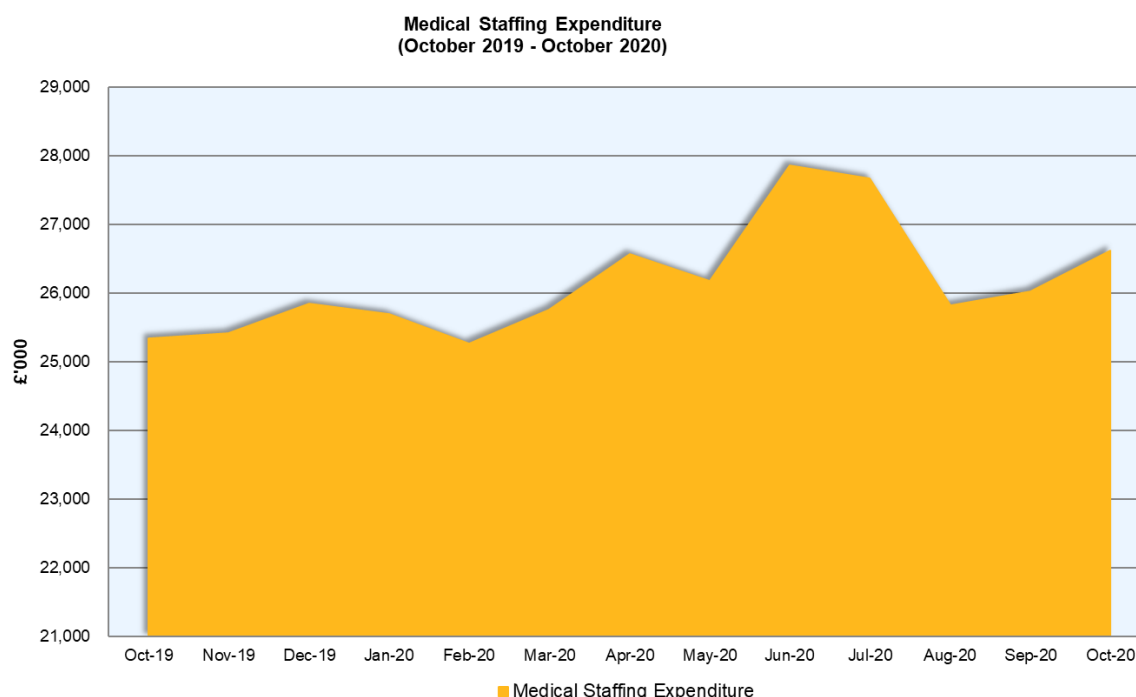
2. Agency spend by Staff Group and Hospital / MCS

Staff Group	Average M1-3 (19/20) £000's	Average M4-6 (19/20) £000's	Average M7-9 (19/20) £000's	Average M10-12 (19/20) £000's	Average M1-3 (20/21) £000's	Average M4-6 (20/21) £000's	Mth 7 (20/21) £000's
Consultant	-284	-268	-302	-275	-333	-261	-427
Career Grade Doctor	-89	-29	-36	-103	-35	-29	-73
Trainee Grade Doctors	-247	-253	-125	-84	-72	-104	-239
Registered Nursing Midwifery	-574	-530	-511	-531	-303	-266	-326
Support to Nursing	-48	-45	-18	-41	-15	-34	-22
Allied Health Professionals	-83	-72	-109	-72	-64	-172	-245
Other Scientific and Therapeutic	-141	-105	-20	27	-72	-14	-54
Healthcare Scientists	-8	-73	-118	-55	-62	-72	-161
Support to STT / HCS	-32	-39	-58	-39	-17	-16	-1
Infrastructure Support	-101	-40	-165	-98	-117	-104	-61
Grand Total	-1,607	-1,454	-1,462	-1,271	-1,090	-1,071	-1,609

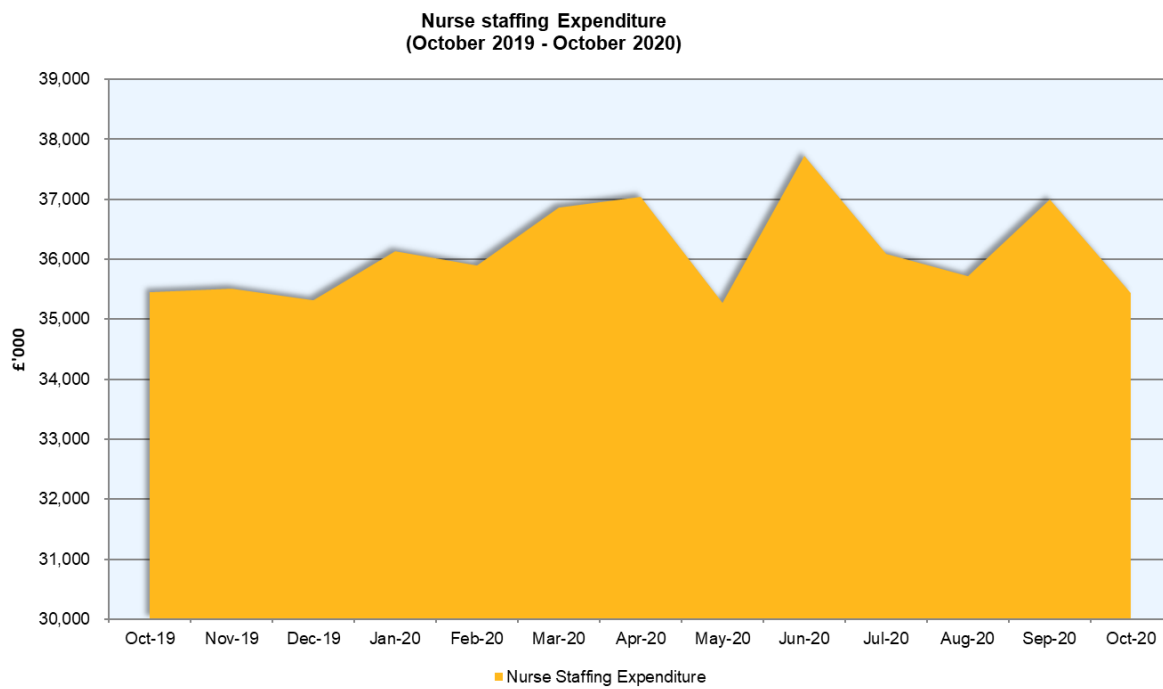
Hospitals	Average M1-3 (19/20) £000's	Average M4-6 (19/20) £000's	Average M7-9 (19/20) £000's	Average M10-12 (19/20) £000's	Average M1-3 (20/21) £000's	Average M4-6 (20/21) £000's	Mth 7 (20/21) £000's
Clinical & Scientific Support	-191	-218	-156	73	-101	-219	-421
Manchester LCO	-44	-43	-110	-156	-152	-94	-83
MRI	-680	-534	-226	-534	-286	-223	-496
REH / UDH	-82	-91	-82	-73	-23	-11	-51
RMCH	-78	-94	-156	-109	-130	-101	-135
Saint Mary's Hospital	-24	-36	-33	-33	-18	-34	-57
WTWA	-412	-390	-532	-372	-199	-265	-292
Corporate	-99	-40	-162	-66	-182	-116	-5
Research	2	-8	-5	0	1	-8	-70
Total	-1,607	-1,454	-1,462	-1,271	-1,090	-1,071	-1,609

As would be anticipated, there was a reduction in the level of spend in the first half of 2020/21 due to reduced activity and the redeployment of clinical staff. Agency spend rose in October, to the levels of early 2019/20, as departments grappled with high sickness rates and trying to deliver recovery actions as Covid demand rose. Agency spend remains an area of scrutiny and is one of the key finance indicators in the AOF.

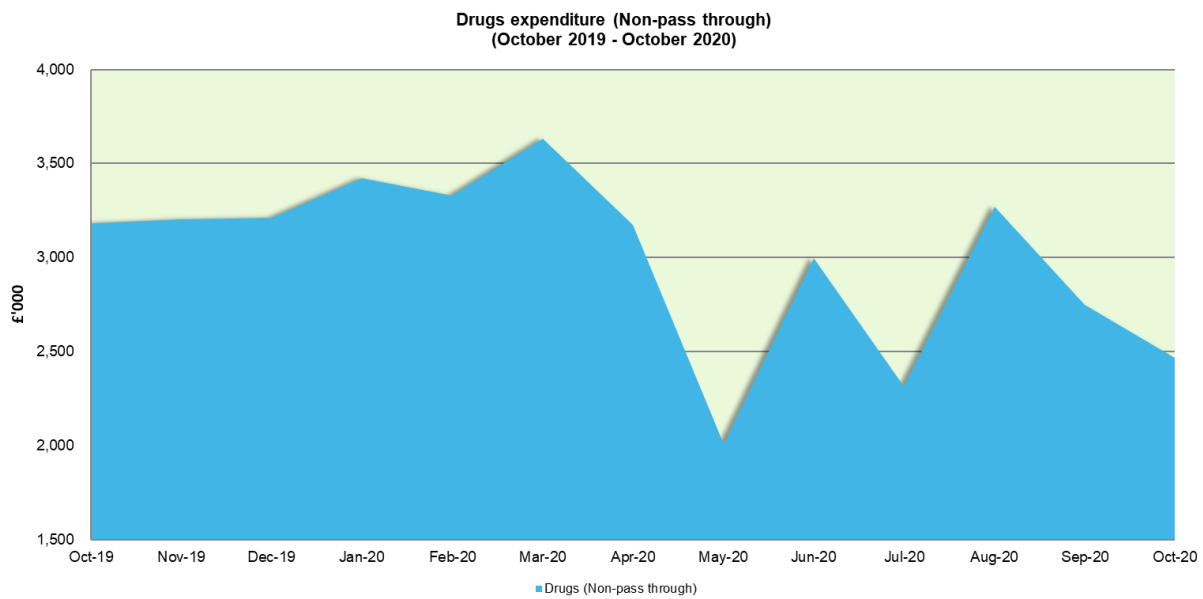
3. Medical Staffing: October 2020



4. Nurse staffing: October 2020



5. Prescribing: October 2020

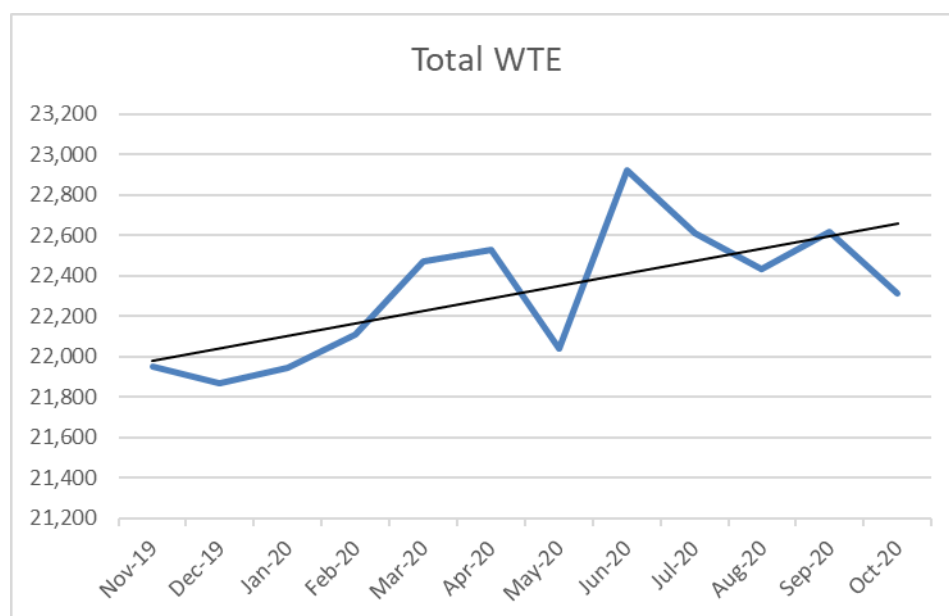


6. Staffing numbers

Staffing numbers have generally increased over the last 12 months, growing by 2% during that period. However, in October, the total number of staff declined from the previous month across a range of staffing groups including medical and nursing.

	Whole Time Equivalent (WTE)											
	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Allied Health Professionals	1,263	1,267	1,261	1,266	1,302	1,304	1,288	1,272	1,296	1,279	1,283	1,271
Career Grade Doctor	286	288	338	342	331	333	328	317	311	333	339	355
Consultant	1,162	1,159	1,152	1,171	1,189	1,201	1,171	1,206	1,190	1,218	1,222	1,242
Healthcare Scientists	952	941	944	945	953	939	950	944	945	932	944	958
Infrastructure Support	2,229	2,225	2,219	2,250	2,255	2,294	2,339	2,352	2,328	2,369	2,366	2,381
Other Scientific and Therapeutic	858	841	848	863	872	862	861	903	925	929	947	948
Registered Nursing Midwifery	7,187	7,146	7,210	7,299	7,422	7,606	7,302	7,399	7,241	7,080	7,350	7,274
Support to AHPs	141	139	143	144	145	147	144	144	141	131	131	131
Support to Clinical	2,675	2,675	2,698	2,737	2,732	2,716	2,672	2,676	2,682	2,698	2,695	2,692
Support to Nursing	3,242	3,225	3,240	3,210	3,314	3,186	3,078	3,533	3,518	3,522	3,293	3,101
Support to STT HCS	731	732	721	713	737	724	712	841	762	730	734	735
Trainee Grade Doctors	1,225	1,229	1,171	1,170	1,215	1,215	1,196	1,335	1,275	1,209	1,314	1,226
Grand Total	21,950	21,866	21,945	22,110	22,468	22,527	22,040	22,922	22,613	22,431	22,618	22,315

	Whole Time Equivalent (WTE)											
	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
RMCH	2,124	2,124	2,127	2,145	2,207	2,258	2,209	2,305	2,327	2,268	2,231	2,211
CSS	3,722	3,685	3,715	3,741	3,803	3,846	3,774	3,808	3,753	3,778	3,863	3,896
Corporate Services	1,269	1,269	1,270	1,286	1,290	1,302	1,316	1,542	1,344	1,330	1,365	1,371
UDHM	260	262	254	270	263	263	255	257	248	252	253	260
Facilities	285	288	293	290	296	296	299	302	303	302	301	313
MLCO / TLCO	2,466	2,468	2,466	2,517	2,508	2,534	2,510	2,557	2,541	2,512	2,528	2,497
MRI	3,810	3,779	3,799	3,813	4,007	3,946	3,786	3,964	3,956	3,942	3,995	3,902
R&I	542	533	530	544	525	526	534	539	540	532	534	534
MREH	550	541	539	541	536	536	524	537	536	534	567	558
SMH	2,135	2,106	2,109	2,118	2,144	2,161	2,177	2,246	2,263	2,213	2,181	2,133
WTWA	4,787	4,811	4,842	4,845	4,889	4,860	4,656	4,865	4,803	4,767	4,799	4,639
Total WTE	21,950	21,866	21,945	22,110	22,468	22,527	22,040	22,922	22,613	22,431	22,618	22,315



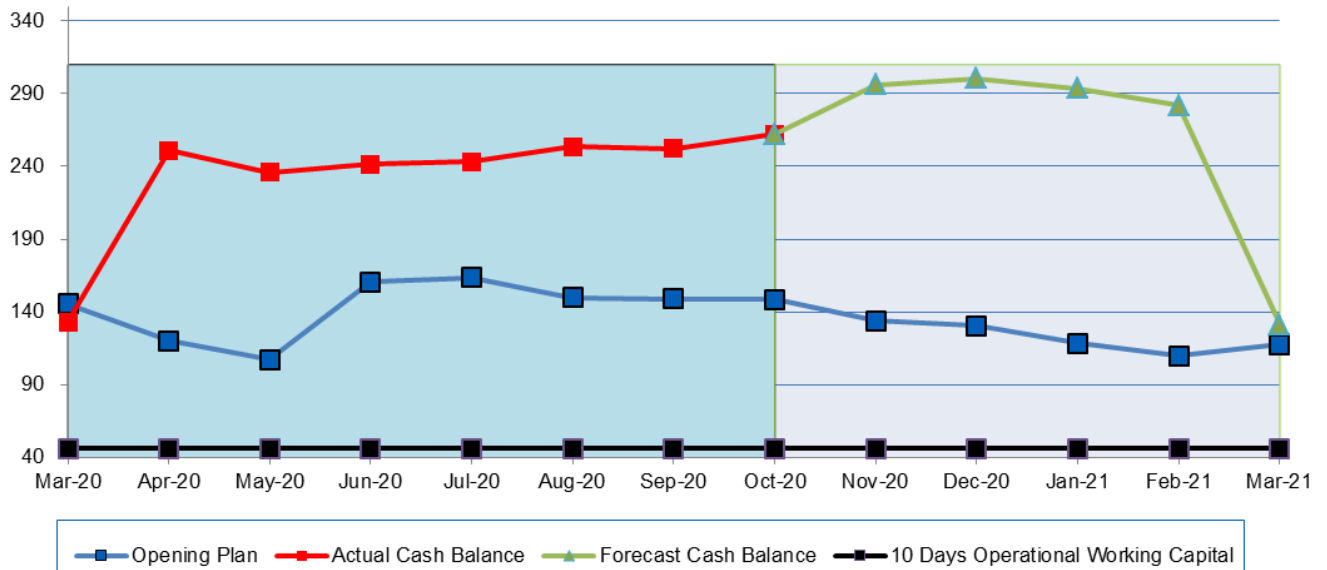
Statement of Financial Position

	Opening Balance 01/04/2020 £000	Actual Year to Date 31/10/2020 £000	Movement in Year to Date £000
Non-Current Assets			
Intangible Assets	4,006	3,596	(410)
Property, Plant and Equipment	608,068	603,313	(4,755)
Investments	1,592	1,592	0
Trade and Other Receivables	6,329	4,358	(1,971)
Total Non-Current Assets	619,995	612,859	(7,136)
Current Assets			
Inventories	18,618	17,883	(735)
NHS Trade and Other Receivables	79,356	84,850	5,494
Non-NHS Trade and Other Receivables	37,302	37,708	406
Non-Current Assets Held for Sale	210	210	0
Cash and Cash Equivalents	133,281	262,044	128,763
Total Current Assets	268,767	402,695	133,928
Current Liabilities			
Trade and Other Payables: Capital	(12,844)	(12,711)	133
Trade and Other Payables: Non-capital	(175,409)	(216,896)	(41,487)
Borrowings	(20,173)	(20,126)	47
Provisions	(13,417)	(14,125)	(708)
Other liabilities: Deferred Income	(18,435)	(148,240)	(129,805)
Total Current Liabilities	(240,278)	(412,098)	(171,820)
Net Current Assets	28,489	(9,403)	(37,892)
Total Assets Less Current Liabilities	648,484	603,456	(45,028)
Non-Current Liabilities			
Trade and Other Payables	(2,599)	(2,616)	(17)
Borrowings	(391,455)	(384,086)	7,369
Provisions	(14,635)	(14,256)	379
Other Liabilities: Deferred Income	(3,442)	(3,459)	(17)
Total Non-Current Liabilities	(412,131)	(404,417)	7,714
Total Assets Employed	236,353	199,039	(37,314)
Taxpayers' Equity			
Public Dividend Capital	208,994	214,285	5,291
Revaluation Reserve	49,424	49,424	0
Income and Expenditure Reserve	(22,065)	(64,670)	(42,605)
Total Taxpayers' Equity	236,353	199,039	(37,314)
Total Funds Employed	236,353	199,039	(37,314)

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

Cash flow

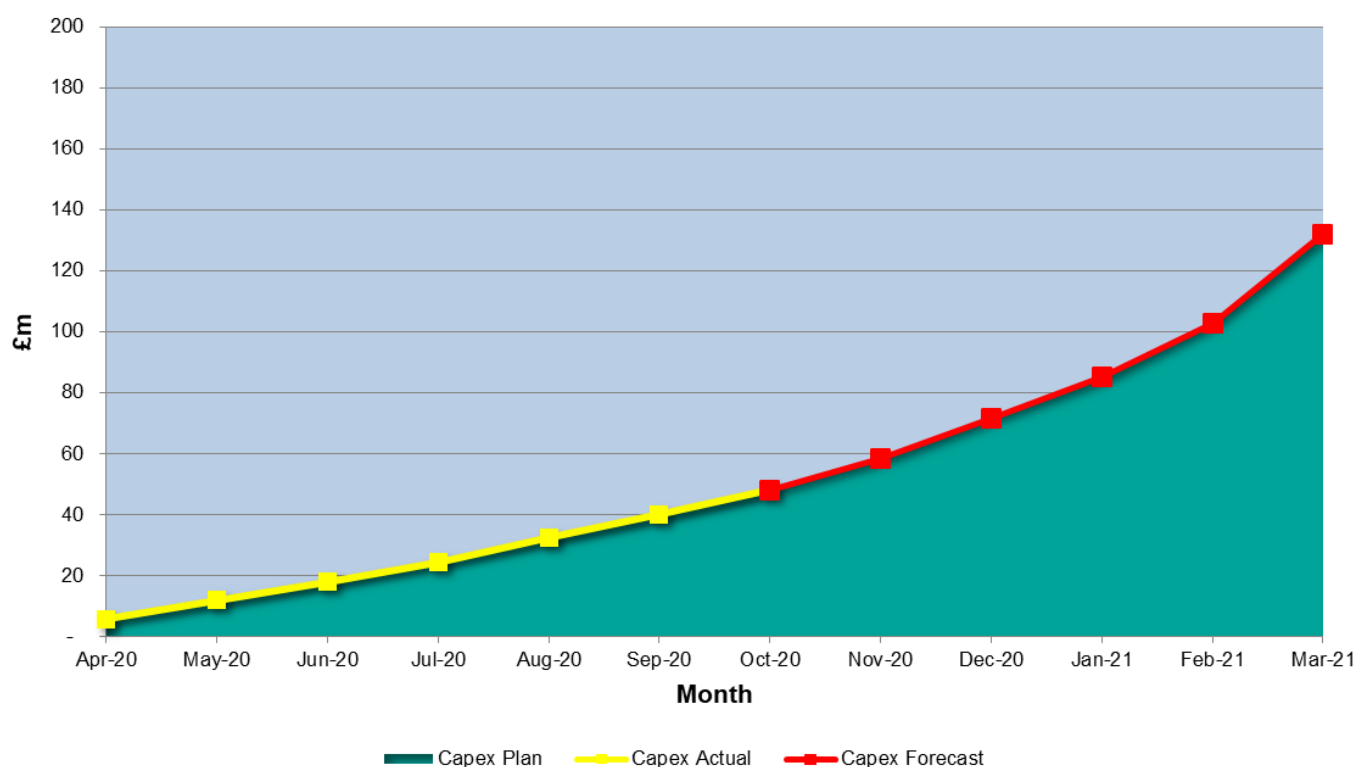
Cash Flow - Actual vs Planned April 2020 to March 2021



It is anticipated that the double-payment in April will be recouped in March; however this is not yet confirmed.

Capital Expenditure

Capital expenditure (cumulative)



The chart above sets out the capital plan as it currently stands, with a number of amendments applied since the most recent Finance Scrutiny Committee (FSC) – see table below for revisions to the plan. The Trust's capital plan and forecast expenditure for 2020/21 reflects the result of negotiations across Greater Manchester to bring the total planned spend across Greater Manchester into line with the new capital envelope.

	£000
Plan taken to October 2020 FSC	134,515
Estates slippage	-6,450
HIP 2 increase to full plan	2,779
Further equipment requirements	760
Radiology Homeworking stations	300
Updated plan	131,904

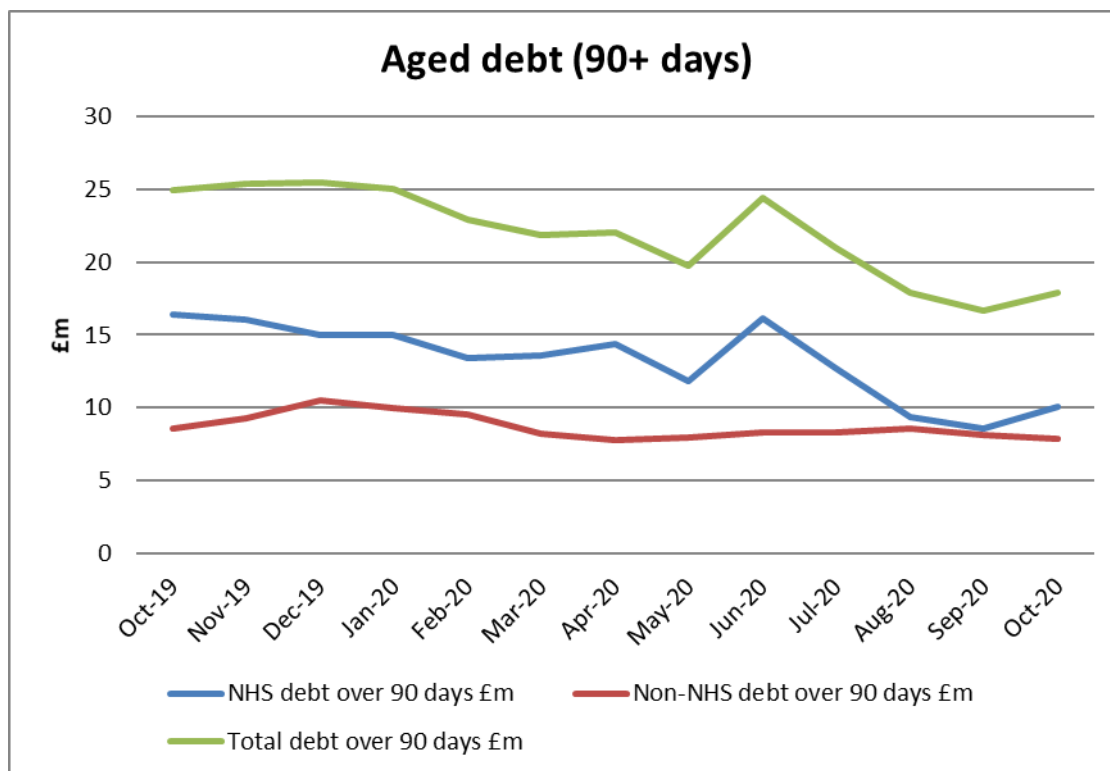
The Capital Programme Managers for each of the three programmes are now required to re-forecast their expenditure on a monthly basis for the remainder of the financial year.

		Full Year	YTD October 2020		Month October 2020		Full Year	
Scheme	Funding	Internal Plan	Internal Plan	Actual Spend	Internal Plan	Forecast	Actual Spend	Forecast
		£'000	£'000	£'000	£'000	£'000	£'000	£'000
Equipment								
Equipment >£5k	Internal	3,319	860	860	191	191	69	3,319
Covid-19 Equipment	Covid-19	7,551	2,386	2,386	328	328	1	7,551
Charity Funded Equipment	Charity	663	162	162	55	55	0	663
Diagnostics Equipment	Covid-19	0	0	0	0	0	0	0
Diagnostic Imaging Replacement Scanners	Specific PDC	1,751	0	0	0	0	0	1,751
Critical care equipment plus 2 RRT machines	Covid Recovery	393	0	0	0	0	0	393
Endoscopy equipment	Covid Recovery	406	0	0	0	0	0	406
CT scanner (including enabling works)	Specific PDC	1,075	0	0	0	0	0	1,075
Radiology homeworking stations	Specific PDC	281	0	0	0	0	0	281
Diagnostic Equipment - remote working workstations - MFT to host	Specific PDC	300	0	0	0	0	0	300
Equipment - sub total		15,739	3,408	3,408	574	574	69	15,739
IM&T schemes								
IT Rolling Program	Internal	1,463	376	376	144	144	5	1,463
Revenue to Capital Transfer	Internal	0	334	334	-82	-82	-82	0
Server Infrastructure	Internal	2,438	2,001	2,001	151	151	705	2,438
ORC LAN refresh	Internal	1,463	0	0	193	193	0	1,463
HIVE EPR	Internal	12,238	3,269	3,269	886	886	553	12,238
Other IM&T Schemes	Internal	4,263	1,208	1,208	434	434	126	4,263
IM&T Internally Funded - sub total		21,863	7,188	7,188	1,725	1,725	1,307	21,863
IM&T Covid	Covid-19	2,573	349	349	40	40	58	2,573
IM&T Covid - sub total		2,573	349	349	40	40	58	2,573
Genomics	Specific PDC	0	4	4	0	0	0	0
EMIS	Specific PDC	983	0	0	52	52	0	983
E-Rostering	Specific PDC	328	46	46	36	36	0	328
IM&T Externally Funded - sub total		1,311	50	50	88	88	0	1,311
Property and Estates schemes								
ORC Backlog (Compliance/H&S)*	Internal	11,181	10,702	10,702	538	538	-404	11,181
BMTU Expansion	Internal	2,140	1,885	1,885	145	145	212	2,140
Estates Internal	Internal	2,150	256	256	93	93	89	2,150
Programme Management/Delivery Fees	Internal	1,600	340	340	178	178	25	1,600
SARC relocation to Peter Mount Building	Internal	500	22	22	5	5	3	500
Cardiac Catheter Labs	Internal	0	0	0	0	0	0	0
Endoscopy (single sex) JAG	Internal	150	29	29	0	0	4	150
Shell for 3 & fit out of 2 new theatres above ED - WTWA	Internal	1,000	128	128	33	33	33	1,000
Project Red	Loan	2,000	780	780	156	156	254	2,000
Project Paed	Loan	0	0	0	0	0	0	0
Estates Covid Alterations	Covid-19	0	0	0	0	0	0	0
2 New Modular Theatres	Covid-19	500	208	208	59	59	66	500
Modular build - Trafford	Covid-19	0	0	0	0	0	0	0
MRI and RMCH ED Covid 19 alterations	Covid-19	4,361	249	249	57	57	75	4,361
MRI and WTWA Critical Care Works	Covid-19	0	0	0	0	0	0	0
Gynae Pathways redesign	Covid-19	200	0	0	0	0	0	200
ORC - Covid Secure Office accommodation	Covid-19	0	0	0	0	0	0	0
TGH Modular Build	Covid-19	0	0	0	0	0	0	0
TGH - Incremental cost for Modular Theatres	Covid-19	0	0	0	0	0	0	0
Critical Infrastructure Risk*	Covid-19	7,666	2,986	2,986	1,100	1,100	2,986	7,666
MRI and WTWA Mental Health ED	Specific PDC	640	0	0	0	0	0	640
Property & Estates Internally funded / Covid Schemes- sub total		34,088	17,586	17,586	2,363	2,363	3,343	34,088
Breast Imaging Academy (Nightingale)	Charity	2	2	2	0	0	0	2
RMCH Atrium Improvements	Charity	180	0	0	0	0	0	180
Garden of Reflection - TGH	Charity	39	39	39	-142	-142	-143	39
Heart Transplant Unit	Charity	480	352	352	75	75	58	480
Cardiac MR Research Scanner	Charity	2,823	2,809	2,809	1,562	1,562	1,579	2,823
Property & Estates Charity funded - sub total		3,524	3,202	3,202	1,495	1,495	1,495	3,524
Healthier Together	Specific PDC	10,300	0	0	0	0	0	10,300
HIPP2	Specific PDC	21,079	2,488	2,488	2,355	2,355	709	21,079
Antimicrobial Resistance (AMR)	Specific PDC	1,418	19	19	24	24	0	1,418
Property & Estates PDC funded - sub total		32,797	2,507	2,507	2,379	2,379	709	32,797
PFI Lifecycle	PFI Lifecycle	10,341	6,060	6,060	862	862	876	10,341
Covid-19 - Phase 1 / Seacole Beds / Nightingale Hospital								
Covid 19	Covid-19	9,054	7,027	7,027	630	630	60	9,054
Nightingale Hospital	Covid-19	614	614	614	0	0	0	614
Seacole Beds	Covid-19	0	0	0	0	0	0	0
Covid-19 - Phase 1 / Seacole Beds / Nightingale - sub total		9,668	7,641	7,641	630	630	60	9,668
Total expenditure		131,904	47,990	47,990	10,157	10,157	7,918	131,904

Aged debt

Total invoices raised that remain unpaid at the end of October 2020 stands at £31.0m, a reduction of £12.7m from April 2020. Of that balance, 57% of the invoiced value was raised over 90 days ago, increasing the risk that those balances will not be received. This older debt has also seen a significant reduction in year, dropping by £7.1m since April 2020.

A piece of work has been undertaken across Greater Manchester to manage inter-provider debt more closely and to reduce transaction costs for these intra-NHS charges. This has resulted in a reduction in the Trust's aged debt, releasing time for management of other debt.



Hospital / MCS	0-30 days (£)	30-60 days (£)	60-90 days (£)	90 DAYS + (£)	Grand Total (£)
Royal Manchester Children's Hospital	131,670	496,122	713,515	535,645	1,876,952
Clinical & Scientific Services	613,132	144,116	1,473,887	3,427,321	5,658,456
Corporate Services	141,888	218,410	7,173	914,253	1,281,724
Dental Hospital	39,707	3,569	3,311	14,360	60,947
Facilities	648,114	257,384	- 8,521	737,326	1,634,303
Manchester & Trafford LCOs	364,664	88,318	4,440	354,945	812,367
Manchester Royal Infirmary	507,488	253,977	113,418	1,727,616	2,602,499
Group transactions	1,081,161	115,589	- 3,837	2,504,780	3,697,694
Research & Innovation	2,395,538	595,504	145,104	2,006,794	5,142,940
Royal Eye Hospital	28,650	3,006	647	31,915	64,218
Saint Marys Hospital	567,475	315,910	118,844	3,335,391	4,337,620
WTWA	1,116,362	202,502	219,364	2,304,883	3,843,111
Grand Total	7,635,851	2,694,408	2,787,345	17,895,228	31,012,831

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Director of Strategy
Paper prepared by:	Caroline Davidson, Director of Strategy
Date of paper:	October 2020
Subject:	Strategic Development Update
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	All individual strategic developments are risk assessed and monitored through the Board Assurance and Risk Management processes.
Recommendations:	The Board of Directors is asked to note the updates in relation to strategic developments nationally, regionally and within MFT.
Contact:	<p><u>Name:</u> Darren Banks, Group Executive Director of Strategy</p> <p><u>Tel:</u> 0161 276 5676</p>

1. Introduction

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

2. National Issues

Future of Integrated Care Systems (ICS)

The guidance issued by NHS E/I on the recovery phase of the COVID19 pandemic set out their expectations for system working in future. Each Integrated Care System (ICS) / Sustainability and Transformation Partnership (STP) is required to develop plans for collaborative leadership arrangements, including a single ICS/STP leader and non-executive chair. Commissioning arrangements are to be streamlined, typically leading to a single Clinical Commissioning Group for each ICS/STP.

It is expected that the Government will bring forward an NHS bill next year which may give a legal basis to ICSs. This could vary from setting them up as loose committees, similar to the current arrangement, through to making them statutory bodies with powers over NHS providers, similar to the Strategic Health Authorities which were abolished in 2013. NHS Providers has published its views saying it does not support the latter option, arguing that it would damage trust boards' accountability, and move responsibility away from the frontline.

Diagnostics: Recovery and Renewal

NHS England/Improvement published a report into NHS diagnostics. Amongst its recommendations are a considerable increase in diagnostic workforce numbers (including imaging and pathology), investment in diagnostic infrastructure (including the doubling of CT capacity within 5 years and investment in pathology estate) and the introduction of Community Diagnostic Hubs to provide a wide range of tests in a community setting. Implementing many of the recommendations will be dependent on funding and the outcome of the upcoming spending review and work is underway within the Group to develop the appropriate plans.

3. North West Region

COVID19 Pandemic

The North West continues to be the region which is most affected by high levels of community transmission of COVID19. Although we are better placed to deal with the challenge than we were in the first wave, this time we are expected to also maintain non COVID19 services, as far as can be done safely.

NHS E North West has identified some key themes and lessons from the spring that we need to address when responding to further spikes in COVID:

- Impact of COVID19 on Black, Asian and Minority Ethnic staff – we must protect 'at risk' BAME staff
- Care homes – we must continue to support care homes across the North West.
- People with learning disability and/or autism – we must keep a close focus on support for people with learning disability and/or autism.
- Pressures on staff – we must support the wellbeing and resilience of our staff.
- Shielding – although shielding is no longer in place, we must support people who are clinically and/or socially vulnerable

- Health inequalities – we must mitigate the health inequalities that have been replicated and exacerbated by COVID19

4. MFT Issues

Service Changes as part of the COVID19 Response

As part of the COVID19 response, we have made changes to a number of our services in order to ensure that:

- There is enough capacity to treat patients with COVID19
- We are able to continue to treat as many other non-COVID patients as possible – both emergency and elective
- We are doing everything we can to minimise the spread of the virus.

The majority of these changes were made at speed. They have all been through the approval processes instituted as part of the major incident response, which includes notifying the Hospital and Community Coordination Cell, the Regional Office and our local commissioners.

The changes are temporary at this stage. Many are in line with the agreed direction of travel nationally, at GM level or as part of the MFT Clinical Service Strategy. The national guidance is that where it is found that changes made as part of the response to COVID have been beneficial to patients, we should seek to implement on a longer-term basis. Where this is the case, we will follow the usual engagement and approval processes.

5. Actions / Recommendations

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

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Director of Strategy
Paper prepared by:	Caroline Davidson, Director of Strategy
Date of paper:	October 2020
Subject:	MFT Annual / COVID Recovery Plan
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note • Support • Accept • Resolution • Approval ✓ • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	The Annual Plan sets out how we plan to deliver the Trust's vision and key strategic aims, in line with our values.
Recommendations:	The Board of Directors is asked to review and approve the draft MFT Annual/Recovery Plan 2020/21.
Contact:	<p><u>Name:</u> Darren Banks, Group Executive Director of Strategy</p> <p><u>Tel:</u> 0161 276 5676</p>

Annual Planning 2020/21

1. Introduction

Under usual circumstances the Trust would have produced its Annual Plan at the start of the year. This year has been different; the impact of COVID meant that the process was put on hold for the first half of the year. As we moved back to business as usual, the national planning process re-started and we were required to produce a system-level COVID recovery plan rather than the usual Annual Plan.

As in previous years we have dovetailed the production of an MFT plan with the national process. In line with what has happened nationally, the MFT process has been truncated and we have produced a more concise, slimmed down document compared to previous years.

The purpose of this paper is to seek approval for the MFT Annual / Recovery Plan for 20/21.

2. Draft Annual / Recovery Plan 20/21

For 2020/21 the annual plan brings together our response to the national priorities to recover services (see section 2.1) with the work we plan to do to take forward our own vision and strategic aims (see section 2.2).

2.1 National Priorities for 2020/21

NHS England / Improvement (NHS E/I) issued guidance (summarised below) in August which set out the expectations of what the NHS will achieve between now and the year-end.

- a. Accelerating the return to near-normal levels of non-COVID health services, including:
 - Fully restore all cancer services
 - Maximise elective activity
 - Restore primary, community care services and immunisation and screening programmes
 - Expand and improve services for people with mental health conditions learning disabilities and/or autism
- b. Preparing for winter demand pressures, alongside continuing vigilance in the light of further probable COVID spikes, including:
 - Continued application of guidance on infection prevention and control
 - Staff testing dependent on testing capacity.
 - Deliver expanded flu vaccination programme
 - Expand alternatives to A&E and hospital treatment
- c. Doing the above in a way that takes account of lessons learned during the first COVID peak; locks in beneficial changes; and explicitly tackles fundamental challenges including support for our staff, and action on inequalities and prevention.

2.2 MFT Priorities

The MFT vision and strategic aims are set out below and form the basis for setting our priorities each year.

<i>Vision</i>	Our vision is to improve the health and quality of life of our diverse population by building an organisation that: Excels in quality, safety, patient experience, research, innovation and teaching, Attracts, develops and retains great people, and; Is recognised internationally as leading healthcare provider
<i>Strategic Aims</i>	To improve patient safety, clinical quality and outcomes
	To improve the experience of patients, carers and their families
	To develop single services that build on the best from across all our hospitals
	To develop our research portfolio and deliver cutting edge care to patients
	To develop our workforce enabling each member of staff to reach their full potential
	To complete the creation of a Single Hospital Service for Manchester/ MFT with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner
	To achieve financial sustainability

2.3 Next steps

Although the planning process has been shortened this year, the proposed key priorities have been shared with the Council of Governors for comment and their feedback has been incorporated in this draft.

It is proposed that a review of delivery against this COVID Recovery / Annual Plan is undertaken at the year end and presented to the Council of Governors. The actual timing is yet to be decided as we will need to leave sufficient time to be able to assess progress, given that this is a six month plan, and to also take into account where we are in terms of responding to the pandemic.

It should be stressed that the level of risk related to the delivery of the plan this year is far higher than we have experienced in previous years as we cannot know the future course and impact of the pandemic with any degree of certainty.

The draft plan is set out at attachment A.

3. Actions / Recommendations

The Board of Director is asked to review and approve the draft MFT Annual/Recovery Plan 2020/21.

Manchester University NHS Foundation Trust

2020/21 Annual / COVID Recovery Plan

CONTENTS

1. Introduction
2. MFT – who we are
3. Vision and Values
4. Strategic Aims
5. Planning for 2020/21 – national guidance
6. Priorities for 2020/21
7. Risk and Monitoring Arrangements

1. Introduction

The purpose of developing an Annual Plan is to set out our plans for the coming year for:

- Progressing our vision and strategic aims
- Responding to the priorities set by NHS England / Improvement.

This year the COVID 19 pandemic has had a significant impact on both the content and the process of producing an Annual Plan. Many of the business as usual processes, such as the development of the plan, were paused so that staff could focus on what was most important - dealing with patients and ensuring the continuity of front-line services as far as possible.

As a result the planning process has been delayed and didn't commence until September. The plan will therefore cover the second half of the year only. The document is a slimmed down version and there has been less engagement with stakeholders compared to previous years.

In terms of content, plans for the remainder of the year are dominated by recovering from the first peak of the pandemic; re-establishing all of our NHS services and addressing the accumulated backlogs, alongside managing the usual winter pressures and being ready to deal with further spikes in the COVID virus. Our challenge is to do this in a way that also takes forward our MFT vision and strategic aims.

Given that the pandemic is not over and that it is likely that we will see further local and possibly national waves of the virus, the level of risk associated with the delivery of the plans set out in this document are significantly greater than in previous years.

2. Manchester University NHS Foundation Trust - who we are

Manchester University NHS Foundation Trust (MFT) is one of the largest NHS trusts in England providing community, secondary, tertiary and quaternary services to the populations of Greater Manchester and beyond. We have a workforce of over 20,000 staff and are the main provider of hospital care to approximately 750,000 people in Manchester and Trafford and the single biggest provider of specialised services in the North West of England. We are a university teaching hospital with a strong focus on research and innovation.

The Trust comprises the following hospitals:

- **Royal Manchester Children's Hospital (RMCH)** - RMCH is a specialist children's hospital providing general, specialised and highly specialist services for children and young people. RMCH and Saint Mary's Hospital deliver joined up services for families from prenatal care through birth and beyond.
- **Saint Mary's Hospital (SMH)** - Saint Mary's Hospital provides general and specialist medical services for women, babies and children as well as being a comprehensive Genomics Centre.
- **Manchester Royal Eye Hospital (MREH)** – MREH is a specialist eye hospital providing inpatient and outpatient ophthalmic care
- **University Dental Hospital of Manchester (UDH)** – UDH is a specialist dental hospital
- **Manchester Royal Infirmary (MRI)** – MRI is a large teaching hospital providing general and specialist services including kidney and pancreas transplants, haematology, cardiac services and sickle cell disease.
- **Wythenshawe Hospital** - Wythenshawe Hospital is a large teaching hospital providing district general hospital services and specialist tertiary services including cardiology and cardiothoracic surgery, heart and lung transplantation, respiratory conditions, burns and plastics, cancer and breast care services
- **Altrincham Hospital** – Altrincham Hospital provides a range of general and specialist outpatient and diagnostic services.
- **Withington Community Hospital (WCH)** – WCH is a community hospital providing outpatients, diagnostics, day surgery and community services
- **Trafford Hospital** – Trafford hospital has an Urgent Care Centre and an Orthopaedic Surgical Centre and provides outpatients and daycase surgery.

MFT also hosts Manchester and Trafford Local Care Organisations. They provide integrated out-of-hospital care for the city of Manchester and Trafford. Services provided include community nursing, community therapy services, intermediate care and enablement, and some community-facing general hospital services.

In addition MFT is in the process of acquiring North Manchester General Hospital (NMGH). NMGH provides a full range of general and acute surgical services to its local population and is the base for the region's specialist infection disease unit. It is planned that it will become a part of MFT in April 21.

3. Our vision and values

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

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

Our work is underpinned by our values statement that Together Care Matters and a values and behaviours framework as shown in the graphic below. These values and associated behaviours will support the creation of a compassionate, inclusive and high quality care culture that enables excellence in quality and safety to flourish.

Our Vision

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

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

Our Values

Together Care Matters

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

Everyone Matters	Working Together	Dignity and Care	Open and Honest
<ul style="list-style-type: none"> • I listen and respect the views and opinions of others • I recognise that different people need different support and I accommodate their needs • I treat everyone fairly • I encourage everyone to share ideas and suggestions for improvements 	<ul style="list-style-type: none"> • I listen and value others views and opinions • We work together to overcome difficulties • I effectively communicate and share information with the team • I do everything I can to offer my colleagues the support they need 	<ul style="list-style-type: none"> • I treat others the way they would like to be treated – putting myself in their shoes • I show empathy by understanding the emotions, feelings and views of others • I demonstrate a genuine interest in my patients and the care they receive • I am polite, helpful, caring and kind 	<ul style="list-style-type: none"> • I admit when I have made a mistake, and learn from these • I feel I can speak out if standards are not being maintained or patient safety is compromised • I deal with people in a professional and honest manner • I share with colleagues and patients how decisions were made

4. Our Strategic Aims

Our vision sets out what sort of organisation we want to become over the next 5 to 10 years. It is underpinned by seven strategic aims that describe in more detail what we want to achieve over that timeframe. Our vision and strategic aims are set at the MFT group level and ensure that the whole organisation is working to the same agenda.



5. Planning for 2020/21

The COVID pandemic has been unprecedented and has had a major impact on all that we do.

In January 20, NHS England and NHS Improvement declared the COVID pandemic a level 4 major incident. This is used when an event presents serious threat to the health of the community and its management requires the implementation of special arrangements. It gives a greater role to NHS England (discharged through its regional teams) in directing services, than under normal circumstances.

Initially, when the number of COVID cases was escalating rapidly, the immediate priority was to protect the NHS. During this phase a number of more routine services were stood down so that all COVID and emergency patients could be treated. During the second phase as the acute COVID pressures began to subside, urgent services that had been stood down were restarted.

The focus now, during the third phase (from August 20 to March 21) is on the needs of all other patients, reinstating the full range of NHS services whilst ensuring that we remain ready to respond to further local or national COVID outbreaks.

National Guidance

NHS England / Improvement have issued their expectations of what the NHS will achieve in this third phase.

1. Accelerate the return to near-normal levels of non-COVID health services
 - a. Restore full operation of all cancer services.
 - b. Recover the maximum elective activity possible
 - c. Restore service delivery in primary care and community services.
 - d. Expand and improve mental health services and services for people with learning disability and/or autism
2. Prepare for winter demand pressures, alongside continuing vigilance in the light of further probable COVID spikes locally and possibly nationally.
 - a. Continue to follow good COVID-related infection prevention and control practice
 - b. Prepare for winter
3. Do the above in a way that takes account of lessons learned during the first COVID peak;
 - a. locks in beneficial changes;
 - b. support for our staff,
 - c. action on inequalities and prevention.

The task for MFT for the remainder of the year is to recover from the pandemic in a way that also takes forward our own vision and strategic aims.

6. Priorities and Plans for 2020/21

The following are our key priorities for 20/21. Some respond directly to recovering from the first peak of the pandemic, some relate to taking forward our own strategic aims and others address both.

Strategic Aim	Key Priority 20/21	Description and rationale	How will we know we have delivered
To improve patient safety, clinical quality and outcomes	80% of elective activity restored	Restoring inpatient activity - during the first wave of COVID, many routine inpatient services were stood down. We are now reinstating these services, although our capacity has reduced as a result of changes to our wards and theatres to prevent the spread of infection. We are aiming to restore 80% of elective activity by March 21,	Elective activity delivered in March 21 as a % of March 20 (adjusted for COVID impact)
	90% of outpatient activity restored	Restoring outpatient activity - during the first wave of COVID many routine outpatient services were stood down. We are now reinstating these services, although our capacity has reduced as a result of changes to our clinics to prevent the spread of infection. In line with national guidance that we should retain those changes that have proved beneficial, we plan to continue to provide outpatient appointments in a way that means patients do not always have to come to hospital (referred to as virtually and can include via telephone or on-line). We will deliver a blend of face-to-face and virtual appointments, dependent on what is appropriate for the individual patient. We are aiming to restore 90% of outpatient activity in total, with 20% held virtually, by March 21.	Elective activity delivered in March 21 as a % of March 20 (adjusted for COVID impact)
	20% of outpatient appointments held non-face-to-face		OP appointments held virtually in March 21 as a % of total appointments
To improve the experience of patients, carers and their families	Ensure that community services are restored through the Manchester and Trafford Local Care Organisations	Restoring community services - during the first wave of COVID a number of community-based services were stood down or partially stood down, with staff temporarily redeployed to support those services which remained operating. The LCOs are reviewing and gradually reinstating community services in Manchester and Trafford, however services have to be delivered in ways which enable the requirements to control the spread of infection to be met, which can mean that capacity is reduced.	District nurse activity delivered in March 21 as % of March 20 (adjusted for COVID impact)
	Mortality metrics maintained and understanding of mortality improved through review	We continuously monitor mortality levels i.e. the number of deaths in our hospitals. We review all deaths to understand what happened. Our aim is that our mortality rate does not rise in 20/21	MFT mortality rate for 20/21 compared to 19/20

New national Patient Safety Incident Response Framework (PSIRF) implemented	When a serious incident happens, an investigation is undertaken. The PSIRF is a new nationally developed way of responding to patient safety incidents that ensures we learn lessons and improve. We aim to implement this new approach by March 2021.	Number of serious incidents investigated using Patient Safety Incident Response Framework by March 21
Serious harm events decreased by 5% on previous year	Through our patient safety programmes we constantly aim to improve the safety of our services. This year we aim to reduce the number of serious harm events by 5% and reduce the number of falls with harm compared to 19/20 levels.	Number of serious harm events in 20/21 as a % of 19/20 levels
Falls with harm reduced on previous year		Number of falls with harm in 20/21 compared to 19/20 levels
EPR programme start-up implemented and design phase started	Implementing an Electronic Patient Record (EPR) will have multiple benefits for patient safety, quality of care and patient experience. EPR implementation will be a major programme of work taking 2 years. By March 21 we will have completed our plans for preparing all of our admin processes so that they are ready to transfer on to the electronic system. We will also have completed recruitment to the team and the technical preparatory work and started implementation.	Phase 0 milestone signed off by Programme Board and Programme Kick-Off held
Plan to standardise and centralise key administrative processes in readiness for EPR agreed		Plan for admin processes approved by EPR Programme Board.
Bed closures due to nosocomial infections reduced	Preventing the spread of infection in hospital is always important but has become even more so with the advent of COVID. We aim to reduce the number of beds that we need to close due to infection outbreaks in the hospitals by March 21.	Number of beds closed due to nosocomial infections each month
Evidence based oral care implemented Trust-wide	There is research evidence that hospitalisation is associated with a deterioration in oral health of patients. This in turn has been linked to issues such as an increase in hospital-acquired infections; poor nutritional intake, which may impact recovery; increased length of stay and increased costs. In 20/21 we aim to implement evidence-based oral care in a more consistent manner across the Trust.	Increase in recording of oral assessment and delivery of mouthcare in 20/21
90% of complaints will be resolved within the agreed timeframe	We take patient complaints very seriously and it is important that we respond to complaints as quickly as we can. The usual agreed timeframe for responding to a complaint is 25 days, rising up to 40 to 60 days for complex, multi-agency complaints.	% of complaints resolved within agreed timeframe
Continued improvement in the quality of food and nutrition	Good quality food and nutrition helps patients to recover and improves their experience while they are in hospital. We aim to continue to improve patient satisfaction scores for food.	What Matters To Me patient survey score for food and nutrition over 85%

	Ensure that the Manchester and Trafford LCOs manage the timely and effective flow of patients from hospital into the community	The LCO have established Control Rooms in Manchester and Trafford to work with the hospitals to ensure timely discharge of patients into appropriate community settings and services. The Control Rooms work together to support the flow of patients and will continue to do so during the winter and any further peaks in the virus. The aim is to maintain the number of patients whose discharge is delayed at May 20 levels.	Number of patients whose discharge has been delayed over the period September 20 to March 21 compared to May 20 levels.
To develop single services that build on the best from across all our hospitals	Single Patient Treatment List for specialities that are on more than one site	Creating single services that span all of the MFT sites enables us to improve the care we offer patients. We plan to create single waiting lists for services by March 21 so that capacity is maximised and access is equalised across all our sites.	Single waiting lists in place for orthopaedic surgery, vascular surgery and gynaecology
	Role of NMGH in MFT single services determined and agreed	North Manchester General Hospital is to become part of the MFT Hospitals Group. By March 21 we plan to have agreed how NMGH services will be managed as part of MFT, so that the NMGH patients benefit from the Hospital being part of the MFT Group	Strategic Integration plan for NMGH produced and approved by NM Programme Board.
	MFT-wide strategies for Clinical Support Services developed and agreed	We aim to complete plans for developing clinical support services: lab medicine, imaging, pharmacy, anaesthetics and critical care and therapies, across MFT over the next 5 years by March 21.	Strategy shared with CoG and approved by Board of Directors
To develop our research portfolio and deliver cutting edge care to patients	Supported and led the national COVID-19 research portfolio	A key part of our role is to lead and take part in research that furthers our understanding in the field of health and medicine. This year we are undertaking a range of research and innovation studies to understand COVID-19, its impact on patients and service, and to develop treatments and a vaccine.	Number of participants recruited by March 21
	Enabled maximum possible restart of non-COVID-19 research		% of non-COVID studies restarted by March 21
	COVID-19 vaccine trials delivered		Number of vaccine trials started and number of participants recruited by March 21
	UoM Clinical Data Science Unit modelling used to support service planning		Case studies

To develop our workforce enabling each member of staff to reach their full potential	MFT People Plan developed and implementation of delivery plans commenced	The COVID pandemic underlined the fact that staff are our most important asset. The NHS People Plan was launched in August setting out how to create a culture of inclusion and belonging, grow our workforce, train our people, and work together differently to deliver patient care. We aim to produce an MFT People Plan and commence implementation by March 21	MFT People Plan approved by Board of Directors
	Appraisal compliance target achieved, introducing wellbeing conversations and plans	Staff appraisal helps our staff to be the best they can be. Our target is to achieve 90% staff appraised by March 21.	% of staff appraisals completed by March 21
	Compliance with Core Mandatory Training achieved	Training is essential to keep all employees up to date with changes in policies and procedures, to ensure that they are safe in their role and to ensure the safety of our patients and visitors. By March we aim for 90% of staff to have completed their core mandatory training.	% of staff who have completed their mandatory training by March 21
	Talent Management programme devised and phase 1 implemented	The Talent Management Programme supports MFT in attracting, identifying, developing, engaging and retaining individuals. Phase 1 of the plan is to be implemented by March 21.	Achievement of implementation of phase 1 reported to Board of Directors
	Apprenticeship Model reviewed	Apprenticeships provide routes into careers in the NHS and to achieve nationally recognised qualifications. In 20/21 we plan to review and implement a model for apprenticeship delivery aligned to our specific workforce needs.	New apprenticeship model approved by Board of Directors
	Removing the Barriers Programme implemented	We believe that the only way to provide the highest possible level of care is through being truly inclusive. We aim to implement the Removing the Barriers Programme which should enable us to create the culture and opportunities to work towards greater ethnic diversity at leadership levels.	Numbers of expressions of interest in reciprocal mentoring at launch Number of offers of reciprocal mentoring opportunities by March 21
	100% compliance for staff COVID risk assessment achieved	Some people are at greater risk of COVID than others. For people working in a healthcare environment it is therefore important that we undertake risk assessments to ensure that we put in place the appropriate level of protection for each member of staff.	% of staff who have had COVID risk assessment by March 21

To complete the creation of a Single Hospital Service for Manchester/ MFT with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner	NMGH transaction business case approved	The last step in the creation of a Single Hospital System for Manchester is to incorporate North Manchester General Hospital into MFT. We aim to complete the formal processes to transfer NMGH to MFT by March 21.	Transaction business case approved by Board of Directors
	NMGH Post Transaction Implementation Plan agreed		Post Transaction Implementation Plan agreed and approved by Board of Directors
	Completion of transaction and transfer of NMGH to MFT (including staff transfer)		NMGH staff and assets transferred to MFT
To achieve financial sustainability	Financial plan for October 2020 to March 2021 delivered	It is recognised that we must balance our books. The financial regime has changed this year as a result of COVID, but we still need to retain control and deliver our financial plan for the remainder of the year.	March 21 financial targets achieved

7. Risk and Monitoring Arrangements

Risks to Delivery

The usual Trust mechanisms for managing risk remain in place. The Group Risk Management Committee oversees the management of all high level risks to the delivery of the organisational strategic aims and key priorities and these are mapped on the Board Assurance Framework. Risks that present a significant threat to the Trust objectives are reported bi-monthly to the Group Risk Management Committee. Detailed plans are in place to mitigate against these risks.

Monitoring Delivery

The usual mechanisms for monitoring delivery throughout the year through remain in place, but have been flexed in line with the pandemic so that staff efforts can be focussed on what is most important; dealing with patients and ensuring continuity of front-line services as far as possible.

- Board Assurance Report

The Board Assurance Report monitors MFT delivery of our targets and key performance indicators at the Group level. It is presented at each formal meeting of the Board of Directors.

- Accountability Oversight Framework (AOF)

The Accountability Oversight Framework is the way in which MFT ensures that each of the constituent Hospitals and Managed Clinical Services are delivering on their plans so that MFT at the Group level is achieving its targets. Key metrics have been identified and progress is monitored regularly and reviewed by executive directors. Where targets are not being met, a support package is developed to improve performance.

In addition to this, bespoke arrangements have been put in place to manage our response to the pandemic including the delivery of our recovery plans.

A review of delivery against this COVID Recovery / Annual Plan will be undertaken at the year end and presented to the Council of Governors.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Director of Workforce and Corporate Business
Paper prepared by:	Peter Blythin, Group Executive Director of Workforce and Corporate Business
Date of paper:	November 2020
Subject:	To receive an update on the NMGH Transaction Process and the Site Redevelopment Plans
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support ✓ • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	To complete the creation of a Single Hospital Service for Manchester with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner.
Recommendations:	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Receive this report and note progress made. • Support the strategic direction of the programme.
Contact:	<p><u>Name:</u> Peter Blythin, Group Executive Director of Workforce and Corporate Services</p> <p><u>Tel:</u> 0161 701 0190</p>

To receive an update on the NMGH Transaction Process and the Site Redevelopment Plans

1.0 Introduction

- 1.1 The paper provides an update on key issues in respect of North Manchester General Hospital (NMGH). It includes a description of the plans and processes to deliver a formal transaction to bring NMGH into MFT on the 1st April 2021, together with information on the NMGH Health Infrastructure Programme (HIP) supporting site redevelopment.

2.0 Transaction Update

- 2.1 MFT remains committed to the acquisition of NMGH and work to deliver this objective, by 1st April 2021, is progressing as planned.
- 2.2 The focus of the transaction work has been the development of 'Safe Transfer Plans' (STPs) which set out the detail of how Pennine Acute NHS Foundation Trust (PAHT) services will be disaggregated between the two acquirers. PAHT is leading this work and MFT / Salford Royal NHS Foundation Trust (SRFT) are working collaboratively to deliver the necessary outputs.
- 2.3 More than 90 clinical STPs are required to support the safe disaggregation of PAHT services. Approximately one third of these have been completed / approved, and the remainder are expected to go through the approval process over the coming weeks.
- 2.4 There is a similar exercise to create STPs for corporate (non clinical) services. Good progress has been made in a range of areas and about three-quarters of the STP documents have been completed. It is anticipated that the remainder of STP documents will be completed in the next few weeks.
- 2.5 All of this work is set in the context on on-going due diligence, particularly clinical, estate and IM&T areas plus scrutiny of the financial management of the plan to dissolve Pennine Acute Hospitals NHS Trust (PAHT). This involves close liaison with PAHT Board and NHS England / Improvement Regional and National Teams. MFT governance to enable MFT the transaction processes remains in place enabled by the Single Hospital Service Team.

3.0 Staff alignment

- 3.1 The staff alignment processes are continuing to develop effectively. The next important stage is the group briefings and staff alignment discussion that managers will need to undertake with their staff.

- 3.2 A series of manager briefings have been held and a Manager Briefing Pack has been issued which contains information to support managers through the process. Staff lists have also been produced and these are being validated by service managers. The staff briefings and alignment discussions have started in those areas where Safe Transfer Plans have been agreed. The objective is to have completed this exercise before the end December 2020.

4.0 Health Infrastructure Programme (HIP) update

4.1 NMGH HIP Business Case Update

- 4.1.1 The NMGH Redevelopment Programme undertook a Gateway Review on 30th September 2020. The aim of the session was to share the details of the shortlisted options to be included in the Outline Business Case (OBC) and to test progress on key elements of the case including the economic and finance cases.
- 4.1.2 The review session was attended by the Chairs of each of the NMGH redevelopment subgroups and included valuable external input from the regional NHS E / I Team. Key issues were noted and adjustments will be made to the approach to developing the OBC, and key elements of the narrative.

4.2 Work Stream Activity Overview

- 4.2.1 The Redevelopment Programme maintains a number of work streams which meet monthly to progress the various aspects of the overall programme. Progress or issues to highlight include:
- The draft Strategic Regeneration Framework which sets out the vision for the site masterplan will be considered by MCC Executive Committee on 11th November 2020 and pre-Executive engagements with local members are in place.
 - 'Neighbourhood' Zone master planning is underway to support the analysis of need / demand for residential accommodation across a range of sectors including out of hospital care, key worker and affordable family homes.
 - Enabling Works will start on the NMGH site in November with the commencement of the installation of decant accommodation for staff affected by proposed early demolitions.
 - The initial service model workshops have concluded; the findings fed into the Gateway Review, and are being shared and embedded.
 - A Social Value Lead has been appointed to support delivery of the emerging social value vision.

4.3 Programme & Milestones

Milestone	Date	Status
HIP Team established	November 2019	Achieved
Stage 1 Briefs Developed (all sub cases)	17 January 2020	Achieved
Masterplan 'Zoning' agreed	17 January 2020	Achieved
Strategic Outline Case (SOC) submitted	31 January 2020	Achieved
Enabling Works Report submitted	31 March 2020	Achieved
SOC Endorsement (NHSE-I and DHSC)	30 April 2020	Achieved August 2020
Enabling Plan endorsement (NSHE-I and DHSC)	30 April 2020	Achieved August 2020
RIBA Stage 1 Report Finalised	30 May 2020	Achieved
RIBA Stage 2 Commencement	5 August 2020	Achieved
Masterplan Engagement (Staff)	June/July 2020	Achieved
Initial Masterplan Engagement	Summer 2020	Achieved
OBC Gateway Review	September 2020	Achieved
Draft Strategic Regeneration Framework endorsed by MCC	November 2020	On target
Enabling Works start on site	November 2020	On target
NMGH Outline Business Case submitted	December 2020	On target

5 Communications

- 5.1 Confirmation that NMGH is on the list for Health Infrastructure Plan funding was issued by Government via a press release on 2nd October. The Trust was then able to confirm through a further press release issued on the 3rd October that £54m of HIP funding had already been secured for the site.

5.2 In terms of internal communication, a series of bi-monthly 'Team Talk Extra' events have been organised on the NMGH site. These have a specific focus on the transaction and redevelopment plans with the North Manchester staff. Staff 'ambassadors' have also been engaged to maximise internal communication routes and to reach as many staff as possible.

5.3 External communications will increase over the coming months to the Christmas period as work to develop the planning application submission, and the consideration of the draft Strategic Regeneration Framework, is progressed.

6.0 Recommendation

6.1 The Board of Directors is asked to:

- Receive this report and note the progress being made to complete the acquisition of NMGH and deliver the NMGH Redevelopment Programme.
- Endorse the strategic direction involving NMGH.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Nurse
Paper prepared by:	Sue Ward, Group Deputy Chief Nurse Alison Lynch, Corporate Director of Nursing Lynne Birchall, Head of Nursing (Patient Experience) Claire Horsefield, Head of Customer Services
Date of paper:	September 2020
Subject:	Quarter 2 Complaints Report 2020/21
Purpose of Report:	Indicate which by ✓ <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Patient and Staff Experience
Recommendations:	The Board of Directors is asked to receive this report and note the: <ul style="list-style-type: none"> • Complaints and PALS service activity during Q2 2020/21 • Brief analysis of identified themes
Contact:	<u>Name:</u> Lynne Birchall, Head of Nursing (Patient Experience) <u>Tel:</u> 0161 701 7679

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

1. Executive Summary

1.1 This report relates to complaints and PALS activity across MFT in Q2 20/21. The report provides:

- Brief summary of activity: Complaints and Patient Advice & Liaison Service (PALS)
- Q2 in context: Restarting of NHS complaints across NHS Organisations and The Parliamentary and Health Service Ombudsman (PHSO)
- Overview of Complaints and PALS including a brief analysis of themes
- Care Opinion and NHS Website feedback
- Improvements made and planned to ensure learning from complaints is embedded in practice, and a
- Supporting information presented in tables and graphs in Appendix 1

2. Brief summary of activity Q2 20/21

- 1273 PALS concerns were received compared to 755 in the previous quarter
- 286 new complaints were received compared to 167 in the previous quarter
- 100% of complaints were acknowledged within 3 working days; a maintained position from previous quarters
- 257 complaints were closed compared to 261 in the previous quarter
- 93% of complaints were closed within the agreed timescale compared to 73.4% in the previous quarter. This is the first quarter that the Trust has achieved the 90% target.
- 59 (23%) complaints investigated were not upheld and 148 (58%) were partially upheld
- 9 cases were being investigated by the Parliamentary Health Service Ombudsman (PHSO)
- The North Manchester General Hospital (NMGH) Complaints and PALS activity continue to be reported separately through the NMGH quality assurance process

3. Q2 20/21 in context

Q2 20/21 continued to reflect the impact of the on-going COVID-19 pandemic across the UK. MFT lifted the 'pause' on its complaints in a staged approach during Q1, 20/21, however the PHSO and some other NHS Organisations did not resume their NHS Complaints Processes until Q2, 20/21. The PHSO's changed position in Q2 meant that the Trust has 2 cases under review during this quarter. The details of the on-going PHSO investigations are set out in **Table 1**, Appendix 1.

During this quarter, the PHSO closed 2 cases; of these cases, 1 case was partially upheld and 1 was not upheld. In neither case was the Trust required to pay financial redress. **Table 2**, Appendix 1 provides details of the PHSO closed cases in Quarter 2, 2020/21, presented by outcome.

During this quarter, MFT resumed the collection of the KO41a secondary care collection that had been paused in response to the COVID-19 pandemic according to NHS Digital's revised timetable. Further information regarding the KO41a is detailed in Section 4 of this report.

In response to the valuable learning gained from working differently during the COVID-19 pandemic, the development and provision of a PALS volunteer role commenced in August 2020. This addressed the gap created as the Family Liaison Team staff deployed into this temporary service returned to their substantive roles. The new volunteer role continues to provide virtual visiting during the on-going restricted visiting circumstances and this provision is supported by PALS and the Patient Experience team.

3.1. During the period the PALS and Complaints team have:

- Continued to maintain existing PALS and Complaints provisions.
- Supported the PALS Volunteer role ensuring our patients and families were able to communicate during the on-going COVID-19 pandemic.
- Supported Hospital/MCS/LCO's to continue to investigate and respond to complaints.
- Support Hospital/MCS/LCO's to continue to hold local complaint resolution meetings, either virtually or face to face, during the on-going COVID-19 pandemic.
- Ensured all themes were easily identifiable on Ulysses.

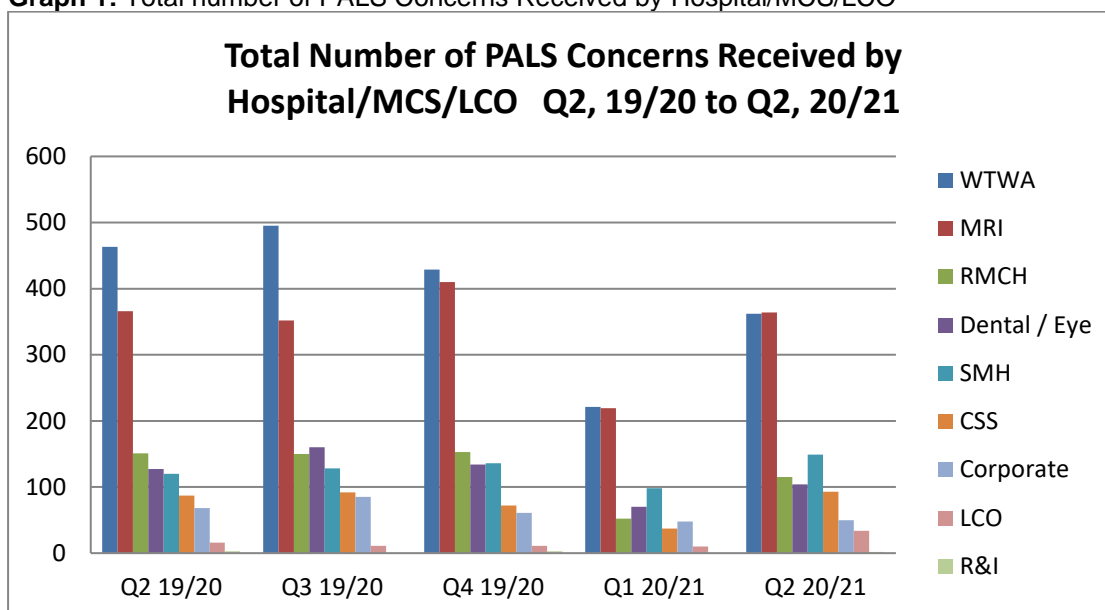
3.2 The Complaints Scrutiny Group, chaired by a Non-Executive Director, was reinstated in July 2020. The Management Teams from MRI, LCO each presented a case in July 2020, with SMH and RMCH presenting a case each in September 2020. The learning identified from the cases presented is detailed in Section 6 of this report.

4. Overview of Quarter 2, 2020/21

Patient Advice and Liaison Service (PALS) activity

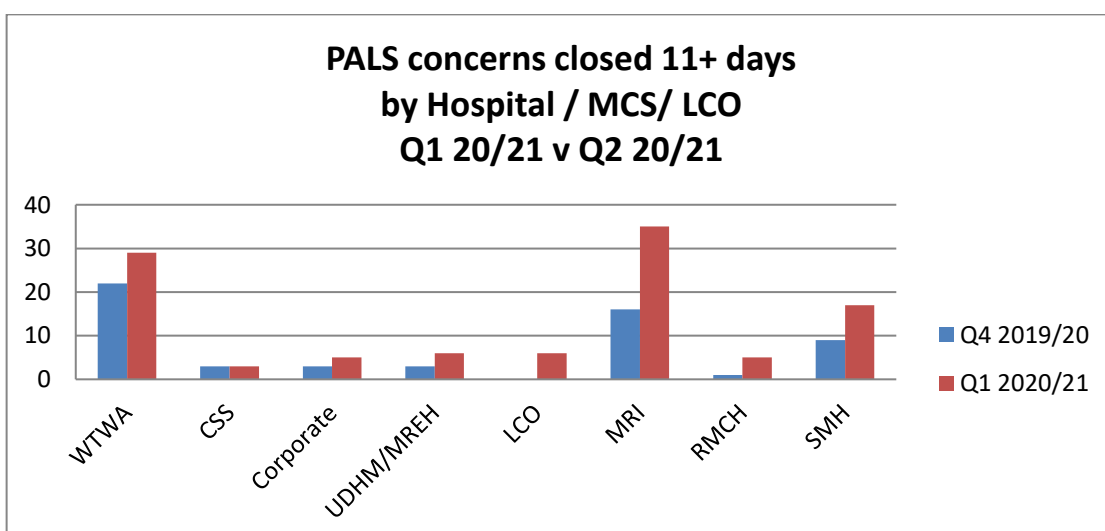
4.1 During Q2, the PALS team responded to 1273 concerns. This is a significant increase in comparison to the previous quarter. It is likely that the increase can be attributed to the Trust's increase in clinical activity as part of the recovery phase following the initial response to the COVID-19 pandemic. **Graph 1** below shows the number of PALS concerns received by each Hospital/MCS/LCO over the previous 5 quarters. Further detail is provided in **Table 3**, Appendix 1 of this report.

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



- 4.2 The Trust aims to quickly resolve PALS concerns. During this quarter 91.3% of PALS concerns were resolved within 10 working days. **Table 4**, Appendix 1 shows the timeframes in which PALS concerns have been resolved during the last five quarters.
- 4.3 Delays in resolving PALS concerns are monitored by the Corporate PALS team; delays are reported to the relevant Hospital/MCS/LCO senior management teams via weekly reports detailing unresolved PALS concerns. PALS cases still open at 8 days are escalated to the PALS Manager. **Graph 2** shows that MRI had the highest number of PALS concerns open longer than 10 days.
- 4.4 Monthly and quarterly reports are produced by the PALS team, at the request of the WTWA and MRI senior management team. These reports identify the specific areas where the delays are encountered and drive ongoing improvement.

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

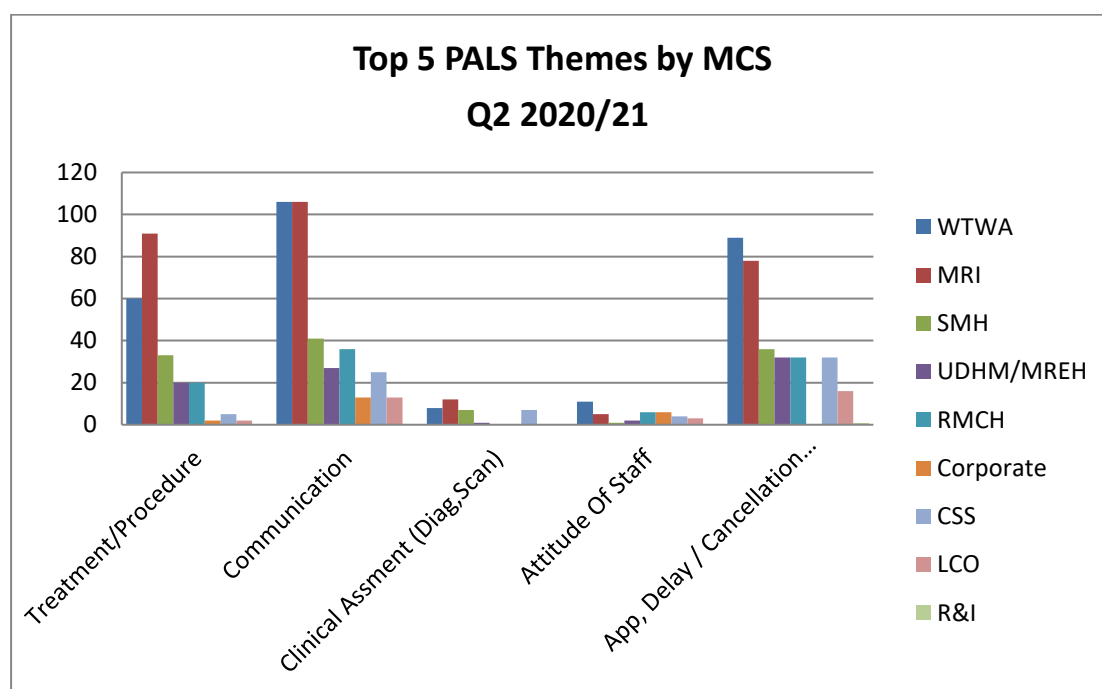


- 4.5 The number of PALS concerns taking longer than 10 days to close by Hospital/MCS/LCO Quarter 2, 2019/20 to Quarter 2, 2020/21 can be found in **Table 5** (Appendix 1). Whilst the numbers continue to increase they are not at the level prior to the COVID-19 pandemic.
- 4.6 There are occasions when in agreement with the complainant, PALS concerns are escalated to complaints. During Q2, five PALS cases were escalated to formal investigation. This represents an increase from the previous quarter. **Table 6**, Appendix 1 shows the number of PALS cases escalated to formal investigation during the last five quarters.

Themes from PALS concerns

- 4.7 Of the 1273 PALS concerns received in Q2, 954 (75%) related to Outpatient areas, compared to 518 (68.6%) in the previous quarter. The top category themes for PALS concerns from this quarter are shown in **Graph 3**, the top 3 themes are:
- Communication
 - Treatment/Procedure
 - Appointment, Delay / Cancellation (OP)
- 4.8 During Q2 a number of PALS concerns relating to 'Communication' were due to the impact and on-going COVID-19 pandemic. Examples include lack of communication in relation to COVID test results and queries around continuation of self isolation.

Graph 3: Number of Top PALS themes by Hospital/ MCS / LCO, Quarter 2, 2020/21



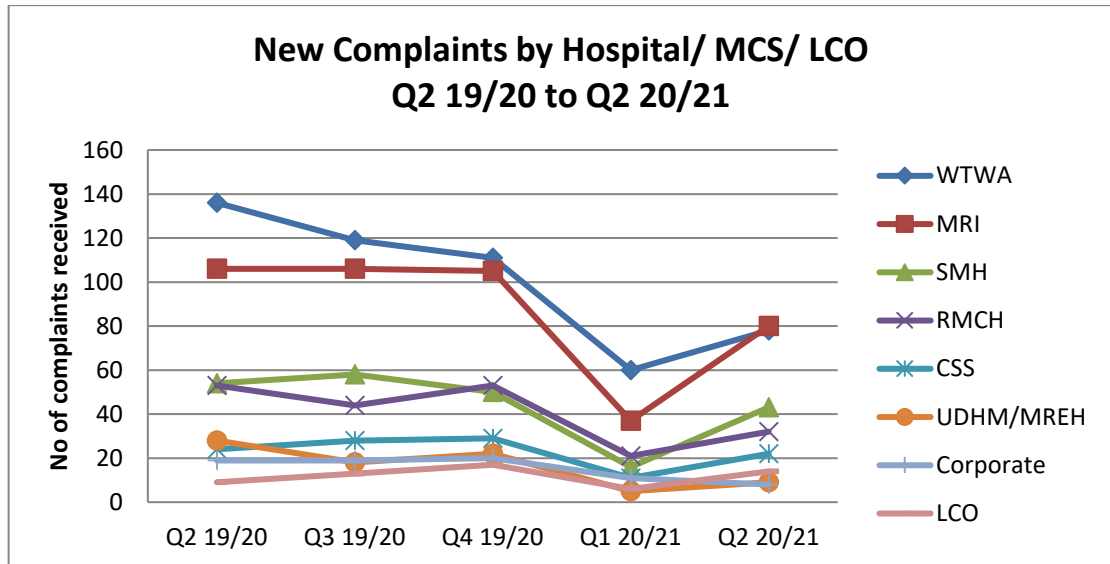
Complaints activity

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

New Complaints received in Q2

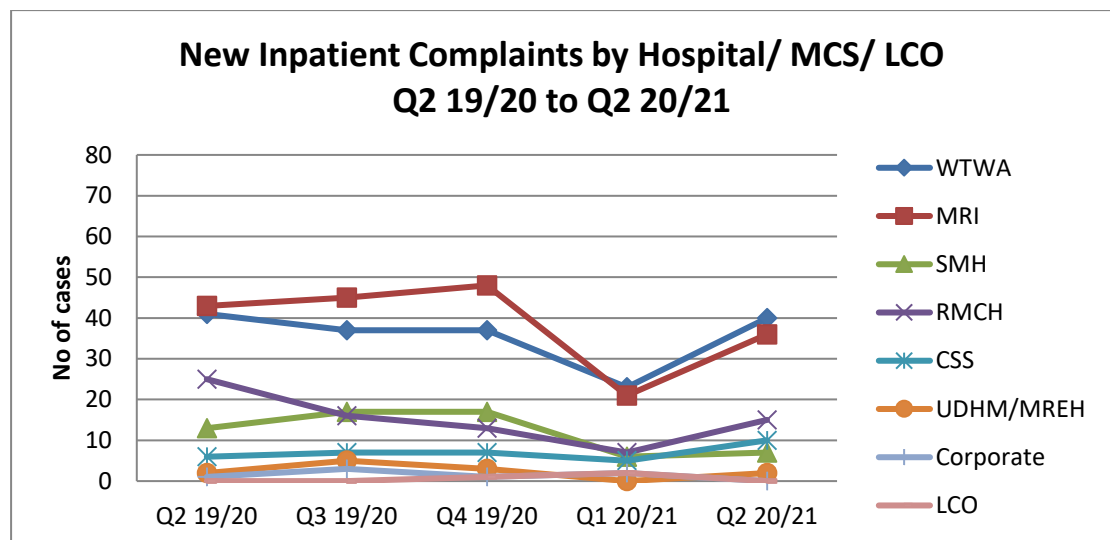
- 4.10 The Trust received 286 new complaints this quarter, which is an increase compared to the last quarter. Again, this increase is attributed to increased clinical activity during the Trust's recovery phase to the COVID-19 pandemic. **Graph 4** shows the number of complaints received by each Hospital/MCS/LOC each quarter. Further detail is provided in **Table 7, Appendix 1**.

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

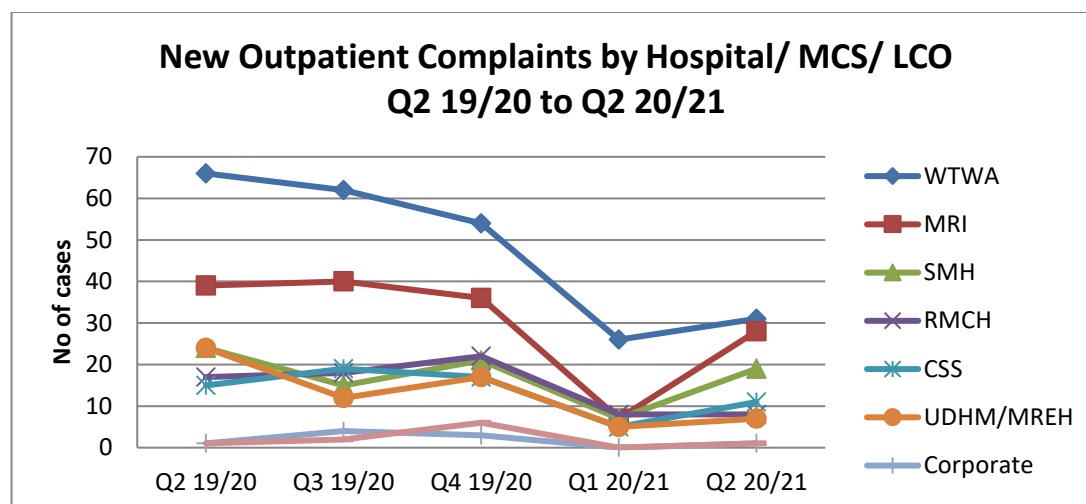


- 4.11 **Graphs 5 and 6** below illustrate the number of new complaints relating to inpatient and outpatient services for Quarter 2, 2019/20 to Quarter 2, 2020/21. Overall, the greatest increase in complaints relate to outpatients.

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



Graph 6: Number of new complaints relating to outpatient services by Hospital/ MCS/LCO



- 4.12 Under the NHS Complaints Regulations (2009) all new complaints are required to be acknowledged within 3 working days of receipt of the complaint. The Trust has a performance indicator that all complaints are to be acknowledged within 3 working days in 100% of cases. This quarter, as in all previous quarters, the Trust has met this indicator. **Table 8**, Appendix 1 demonstrates the complaints acknowledgment performance.

Resolved Complaints

- 4.13 During Q2, 93% of complaints were closed within the agreed timescale, which is a 20% increase compared to the previous quarter. This is the first quarter that the Trust has achieved the 90% response target. **Table 9**, Appendix 1, provides the comparison of complaints resolved within agreed timeframe during the last 5 quarters.
- 4.14 The oldest complaint case closed during Q2 was registered within SMH on 7th March 2019, and was 338 days old when closed on 9th July 2020. The complaint involved the provision of intensive support to the complainant from the Complaints team, however delays relating to the handling of the complaint from the Case Manager, impacted in SMH's response time. The complainant was kept updated and fully supported throughout this process.

Outcomes from Complaint Investigations

- 4.15 Whilst all complaints provide an opportunity to review and improve services the NHS Complaints Regulations (2009) require the Trust to report the volume of complaints which are well-founded. This information is provided on a quarterly basis through the KO41a submission to NHS Digital and the information obtained from the KO41a collection monitors written hospital and community health service complaints received by the NHS. It also supports the commitment given in equity and excellence to improve the patient experience by listening to the public voice.
- 4.16 Often complaints received at MFT relate to more than one issue. In conjunction with the Hospital/ MCS/ LCO Investigating team, the Complaints Case Managers look at each of the issues raised to determine what happened. If failings in all the issues complained about, and substantive evidence is found to support the complaint, then the Complaints team record the complaint as **fully upheld**. If failings are found in one

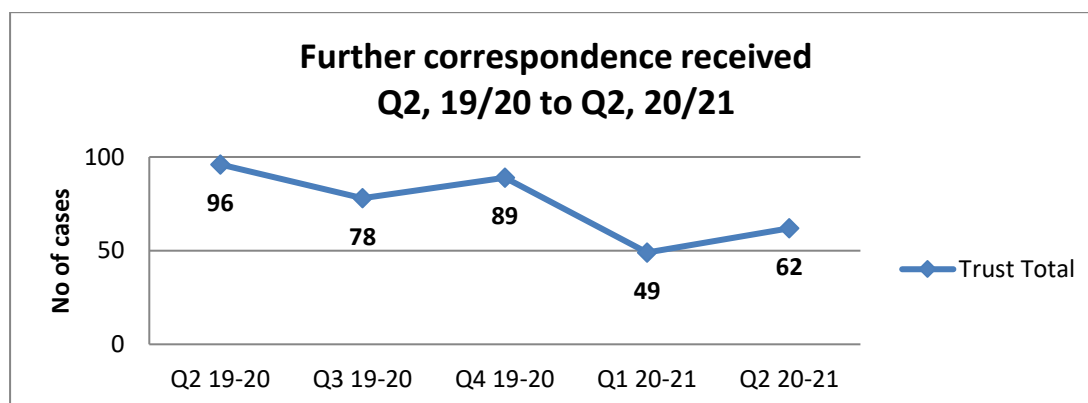
or more of the issues, but not all, the complaint will be recorded as **partially upheld**. Where there is no evidence to support any aspects of the complaint made, the Complaints team will record as **not upheld**.

- 4.17 During Q2, 36 (14.1%) of the complaints investigated were fully upheld (well-founded), whilst 148 (58%) were partially upheld. **Table 10**, Appendix 1 demonstrates the outcome status.

Further Complaint Correspondence

- 4.18 Further complaint correspondence is used as a proxy indicator to measure the quality of the initial response. A tolerance threshold of 20% has been agreed by the Group Chief Nurse. The Trust received further correspondence for 62 complaint cases during this quarter; a 22% further correspondence rate.
- 4.19 The Trust categorises further correspondence from the complainant as:
- Request for a local resolution meeting
 - New questions raised as a result of the information provided
 - Response did not address all issues
 - Dissatisfied with response
- 4.20 **Graph 7** demonstrates further complaint correspondence received from Q2, 2019/20 to Q2, 2020/21.

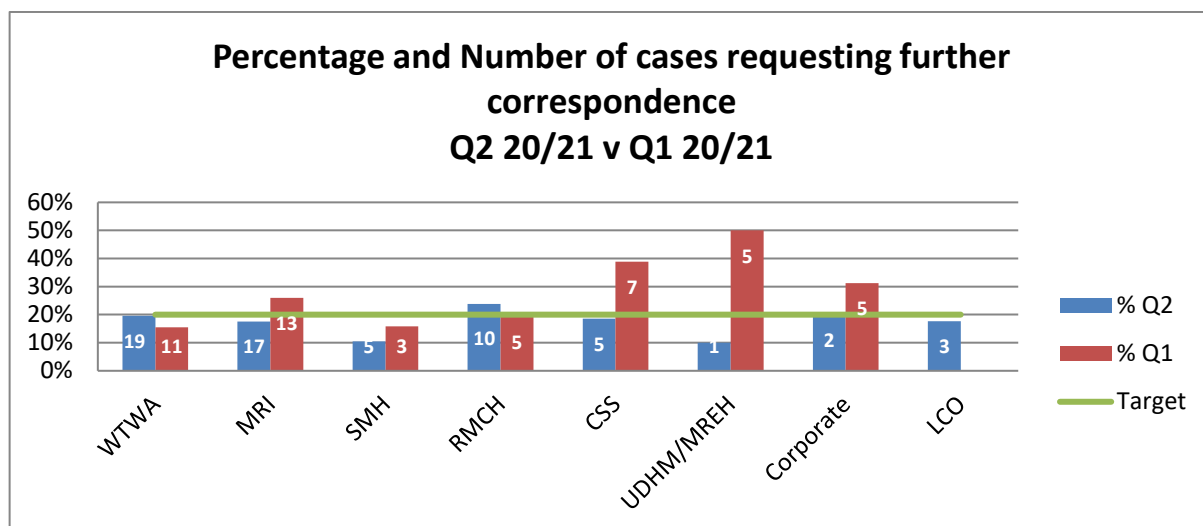
Graph 7: Total further complaint correspondence received Quarter 2, 2019/20 to Quarter 2, 2020/21



- 4.21 All Hospitals/MCS's, with the exception of the LCO, received further complaint correspondence. **Table 11**, **Appendix 1** provides an overview of the predominant reasons for the further correspondence by Hospital/ MCS/ LCO during Q2.
- 4.22 In 31 cases the predominant reason for further correspondence was due to the 'response not addressing all the issues' with WTWA and MRI receiving the greatest.
- 4.23 Hospital/MCS/LCO performance against the 20% further correspondence threshold in Quarter 2, where the threshold was exceeded is as follows:
- RMCH (23.8%)

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

Graph 8: Percentage of further correspondence Complaints, Quarter 2, 2020/21



Themes from Complaints

- 4.25 Complaints are seen as a learning opportunity to support the Hospitals/ MCSs/ LCO to improve patient experience. By applying categorisation and theming to the complaints received, we can improve the quality of care where themes emerge and practice is identified as requiring improvement.
- 4.26 During Q2, 4 of the 5 top categories remained unchanged with 'Treatment/ Procedure' remaining the top category; however in Q2 'Access' was the fifth category replacing 'Discharge/Transfer'. 'Access' has not been in the top 5 categories in the previous quarters, and reflects the challenges in the provision of services during the response to the COVID-19 pandemic. The top themes in Q2 from complaints are demonstrated in **Table 12** below. Also included are themes from previous quarters to enable comparison.

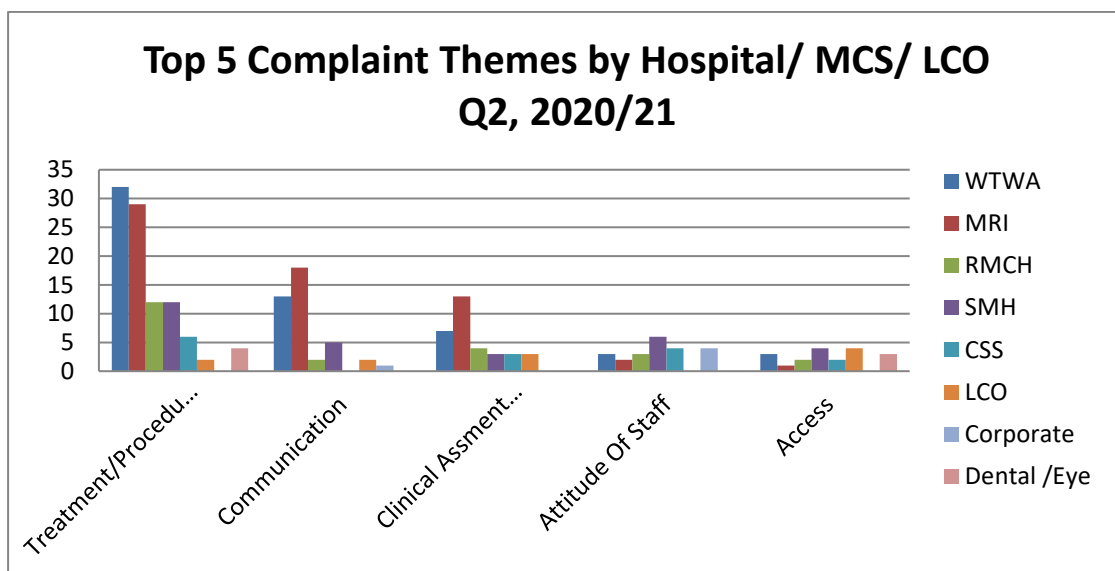
Table 12: Top Complaint Themes Quarter 2, 2019/20 to Quarter 2, 2020/21

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

4.27 **Graph 9** below shows the distribution of the total number of top 5 themes by Hospital/ MCS/LCO in Quarter 2, 2020/21. WTWA received the most complaints relating to 'treatment/procedure'. The majority of new complaints relate to inpatient and outpatient services. Some examples include:

- a patient suffering an injury during a procedure.
- a patient receiving open surgery, rather than keyhole surgery.

Graph 9: Total number of Top 5 Complaint Themes by Hospital/MCO/LCO, Q2, 2020/21



4.28 Work continued during this quarter to theme the concerns raised in complaints against the MFT *What Matters to Me* (WMTM) categories.

4.29 The themes identified from Quarter 1, 2019/20 to Quarter 1, 2020/21 are shown in **Table 13** below with Organisational Culture and Professional Excellence being illustrated as the top 2 WMTM themes. Examples of complaints received relating to Organisation Culture and Professional Excellence were when a patient reported concerns of medical staff not listening to their reports of remaining unwell on discharge, resulting in the patient returning to hospital the following day with further severe cardiac symptoms.

Table 13: Theming of complaints to MFT WMTM categories, Quarter 2, 19/20 to Quarter 2, 20/21

WMTM themes	Q2,19/20	Q3,19/20	Q4,19/20	Q1,20/21	Q2,20/21
Environment	0	1	3	11	17
Leadership	1	0	0	18	22
Organisational Culture	0	0	7	85	59
Positive Communication	7	2	10	83	77
Professional Excellence	25	10	17	72	64
Grand Total	33	13	37	270	242

5. Care Opinion and NHS Website feedback

- 5.1. The Care Opinion and NHS Website are independent healthcare feedback websites whose objective is to promote honest and meaningful conversations about patient experience between patients and health services.
- 5.2. This quarter 22 comments were received, of which 68.2% (15) of the overall total number received were positive feedback. Negative comments equated to 27.3% (6) of the overall total received this quarter. The number of Care Opinion and NHS Website comments by category; positive, negative and mixed, are detailed in **Table 14**, Appendix 1.
- 5.3. All NHS Website and Care Opinion comments are received by the Patient Experience Team (PET) and shared with the relevant Hospital/MCS/LCO. Responses are required for publication within 5 working days. Within each Hospital/MCS/LCO designated staff support the provision of a response to the PET. The PET ensures responses are quality assured prior to on-line posting. **Table 15** below provides two examples of the feedback received and the subsequent responses posted on Care Opinion and NHS Website during Q2.

Table 15: Examples Care Opinion/ NHS Website Postings and Responses Quarter 2, 2020/21

Quarter 2 2020/21
Wythenshawe Hospital
I came into Ward F15 for a hernia repair, which had been postponed by the Covid crisis. Everything about the service, from the pre-op assessment, was carried out to the highest standards. On the ward, all the staff who looked after me did so with professionalism and care, as well as humanity. I was able to ask questions and discuss my case. I have only the highest praise for everybody involved, and would without hesitation recommend the service to anybody who needed it.
Response
Thank you for your comments posted on the NHS Website regarding the care you received on Ward F15, Wythenshawe Hospital. It was very kind of you to write and compliment the staff as it is always good to receive positive feedback that reflects the hard work and dedication of our staff. It was very reassuring to hear that everything was carried out to the highest standards. It was also wonderful to hear that all the staff who looked after you, did so with professionalism and care. I can assure you that we have passed on your feedback to the Head of Nursing who will share your comments with the staff involved.
Trafford General Hospital
Staff on the reception were incredibly rude. When you go to hospital you are looking for comfort in a worrying time. Reception Staff wouldn't let me finish my sentences and acted like I was an inconvenience being there. Once past the reception staff then the doctors and nurses were fabulous and exactly what you would want and more.
Response
Thank you for your feedback. We are sorry to learn that your experience with the Reception staff at Trafford General Hospital was not as positive as we would hope. It is important to us that comments are heard and seen as an opportunity provided to the service to make changes and improvements wherever possible.
In response to your comment, I can tell you that your concerns have been shared with all the Reception teams across Trafford General Hospital, as your comments do not stipulate which Reception you are referring to. All staff on the Reception areas across Trafford General Hospital have been reminded of the importance of ensuring they speak to patients and visitors with respect.

Please be assured that the level of customer service offered by receptionists will be monitored to ensure standards are being maintained.

It is difficult to respond to all the posts fully, often because of a lack of detailed information, therefore if you would like to discuss your concerns with us in more detail, please feel free to contact our Patient Advice and Liaison Service on 0161 276 8686 or by emailing pals@mft.nhs.uk

6. Learning from Complaints: Service Improvements

6.1 It is important that the Trust continues to learn from complaints and that this is reflected in service improvements.

6.2 **The Complaints Scrutiny Group**, which is chaired by a Non-Executive Director, met twice during Q2, 2020/21. The management teams from MRI and LCO presented a case at the July 2020 meeting, with SMH and RMCH presenting a case each at the September 2020 meeting.

The learning identified from the cases presented and the actions discussed and agreed at the meetings are outlined in **Table 16**. Transferable learning from complaints is identified and shared through this group.

Table 16: Actions identified at the Trust Complaints Scrutiny Group during Q2, 2020/21.

Hospital/MCS /LCO	Learning	Actions
MRI	Failure to meet patient's hygiene needs	Patient Hygiene Quality Improvement Project initiated. Implementation of 'at a glance' boards outside each patient bay.
	Live donors feel their care was not as good as it should have been.	Gain and share patient feedback via virtual platforms Post COVID-19 Pandemic response: 1.Recommencement of IQP project once transplant programme restarted. 2.Review introduction/how to improve the Enhanced Recovery Programme. 3.Focus on the need for clear communication with patients (donor + recipient) - Introduce communication pathways with recipient via Ipads, Co-ordinators

LCO	Lack of discharging ward staff's knowledge around Ascot's House admission criteria.	<p>Continue to work with the Hospital's/MCS's to ensure consistent understanding of admission criteria for Ascot House.</p> <p>Review and consider improving 'pre-screening' documentation.</p> <p>Review and improve the communication process between ward staff & assessor.</p> <p>Review 'Trusted Assessors' training.</p>
	Failure to provide patient with alternative rehabilitation options	<p>Promote services & create service profile clearly detailing referral criteria.</p> <p>Establish pathways with nursing teams, discharge co-ordinators.</p>
	Ensure staff have the opportunity to reflect on complaints and support offered to staff who are the subject of complaints.	<p>Review complaints routinely at team meetings to share learning.</p> <p>Head of Governance LCO supports staff through complaints process as detailed in complaints management policy.</p>
	Sharing the patient story to ensure lessons are learnt relating to the patient experience	<p>Patient's poor experience shared individually with named midwives and Doctors.</p> <p>Patient Story to be filmed to share with Teams.</p>
SMH	Inadequate escalation of patient's condition and concerns	<p>Introduction of Maternity Bleep Holder Guideline at Wythenshawe ensuring 'helicopter' view of activity and escalation of women who require senior reviews.</p> <p>4 hourly ward rounds with senior midwife oversight with full Multi-disciplinary team (MDT) to support robust management plans.</p> <p>Pain Management Review undertaken in all areas to ensure that women requiring regular analgesia are escalated for Obstetric review.</p>

		Obstetric Triage process (BSOTS) introduced to support escalation of women that require senior review.
	Poor understanding of maternal viewpoint and needs; Communication with women WMTM	Introduction of the WMTM principles into day to day practice; Increase staff awareness of Complaints and PALS concerns and how to manage and de-escalate situations Increase Local resolution / Tell us Today events Link activity with Commitment 4 of the Patient Engagement and Involvement Strategy
RMCH	Junior Nursing Staff are exposed to challenging conversations	To provide education and training in relation to dealing with conflict.
	Communication is a recurring theme within the Paediatric Haematology/Oncology Service	To establish the vision and develop the implementation of the Always Event Programme

6.3 Detailed below, in **Table 17** are some examples of how learning from complaints has also led to changes and been applied in practice:

Table 17: Examples of the application of learning from complaints to improve services, Quarter 2, 2020/21

Hospital/ MCS/LCO	Reason for complaint	Action Taken
SMH	Impact on access to services during the Covid pandemic relating to: - Accessing emergency services such, as the Emergency Gynaecology Unit - Gynaecological waiting lists	A revised service provision model has been developed enabling Gynaecology services to meet the requirements of the NHS third phase response to COVID and commence reduction in backlog of patients requiring elective treatment within the service.
MRI (Cardio Vascular Services)	Patient discharged with a wound infection following a procedure, and signs of infection missed in the community.	Review undertaken by the Vascular Team and new protocol implemented.
MRI (Inpatient Medical Services)	Lack of immediate availability of beds on the Haematology Day Case Unit and the impact this was having on patient experience.	In order to enhance patient experience a trial of two day case chairs within the unit is being undertaken.

		<p>Additional beds made available on the unit.</p> <p>Patient's concerns/story and lessons learned shared at the MRI Quality & Safety Committee.</p>
MRI (GI Medicine & Surgical Specialties)	Sad news delivered to a patient attending their face to face outpatient appointment alone.	Meeting the requirements of the MFT COVID-19 Interim Visiting Policy process developed and implemented enabling the Gastroenterology team to inform the Booking team of specific patients requiring to be accompanied to their clinic appointment.
LCO	Poor communication with the patient and carer when attending clinic; unhappy with staff attitude and interactions with carer's assistance dog.	<p>Standards of communication and patient experience discussed with clinic staff.</p> <p>Guidance obtained from Assistance Dogs website and circulated to staff raising awareness in the appropriate interaction of assistance dogs.</p> <p>Information on etiquette when dealing with assistance dogs cascaded to all teams across the LCO through the Quality & Safety Committee.</p>
RMCH	Concerns regarding the care provided by the Paediatric Surgical Team in the Paediatric Emergency Department and a delay in the biopsy sample being processed for testing.	<p>Review of the Theatre Standard Operating Procedure (SOP) for the processing of specimens and responsibilities of the team disseminated accordingly.</p> <p>Provision to check for specimens being processed developed and implemented enabling daily inspection to be carried out by the Senior Team leaders within the Theatre Department.</p> <p>Clinical Supervisor supported the Surgeon in reflecting on the events leading to the complaint and discussed how communication could have been improved.</p>

MREH	<p>Due to visiting restrictions, due to COVID-19, a patient was unable to bring their daughter to a clinic appointment. This resulted in the patient not fully understanding the planned treatment of care.</p>	<p>All staff reminded of the importance of making reasonable adjustments for patients when necessary.</p> <p>Concerns shared with the nursing team emphasising the importance of listening to, and facilitating requests from patients and their families and carers in order to support patients and relieve anxiety</p> <p>Matron supported the Registered Nurses in reflecting on the experience of the patient and identifying the actions that they could and should have been taken in the clinic that morning.</p>
CSS	<p>Patient discharged prematurely and health concerns not listened to by the inpatient Physiotherapist and Occupational Therapist.</p>	<p>Physiotherapists to undertake communications training.</p> <p>Concerns shared anonymously and discussed at local team and staff meetings.</p> <p>The importance of both verbal and written communication in relation to discharge planning and the carrying out of the discharge actions discussed with the MDT.</p>
WTWA	<p>Missing Property on discharge from hospital.</p>	<p>Implementation of property checklist for all patients who move areas.</p> <p>All property must be documented as per policy.</p> <p>Development of a management of Patient Property and Valuables: Staff information poster produced and displayed in all wards and departments.</p>

Quality Improvements

6.4 Improvement activities during Q2, 2020/21 included:

- **In-house Complaints Letter Writing Training Package/Educational Sessions:**

Preparation of the roll out of the newly developed In-house Complaint Response Writing training package was under way with the first face to face training course planned for Quarter 2, 2020/21. However as a result of the on-going Coronavirus pandemic and continual rise in cases a decision to pause the delivery of this face to face training in Quarter 2, 2020/21 was made.

With the support of the Trust's Technology & eLearning (TEL) Project Manager, the Head of Customer Services is now in the process of organising for this training to be accessissble and delivered virtually on the Trust's Learning Hub. It is planned this training will be operational in Quarter 3, 2020/21.

- **In-house E-Learning Customer Service – PALS and Complaints package:**

The transcribing of Module 1 of the specifically tailored e-learning Customer Service – PALS and Complaints package is now complete. With the support of Trust's Technology & eLearning (TEL) Project Manager the Head of Customer Services is now in the process of liaising with the external IT production company regarding the production of the video content and script writing.

- **Listening to complainant feedback: Enhancing how MFT demonstrates learning across the Hospitals/MCS/LCO:**

During Q2 the Head of Customer Services met with the Matron for Quality, and Assistant Chief Nurse for Education to explore the enhancement of the demonstration of learning in practice. A combination of approaches are currently being explored through staff education and training, which provides a prime opportunity to expand knowledge, namely Bee Brilliant and Continuing Professional Development (CPD).

Further discussions are planned throughout Q3, 20/21.

- **PHSO Research: Frontline Complaint Handling – 'Complaints Standards Framework for NHS Staff':**

In Q2, 2020/21 the PHSO's provided an update on their work developing a single vision for handling complaints about NHS services.

The PHSO recognised MFT's contribution with the Framework. Confirmation that the draft document, which demonstrated that the current complaints system required more support to meet the needs of the public, had been layed before Parliament in Q2, 2020/21 and that the PHSO had asked Parliament for an urgent need of reform and investment.

Having received over 400 responses, the PHSO's public consultation is now closed. The PHSO is now reviewing the responses as they work with their partners to amend and refine the Framework. The PHSO expect to publish the final version of the Framework, (along with the next steps for how it will be embedded) in early 2021.

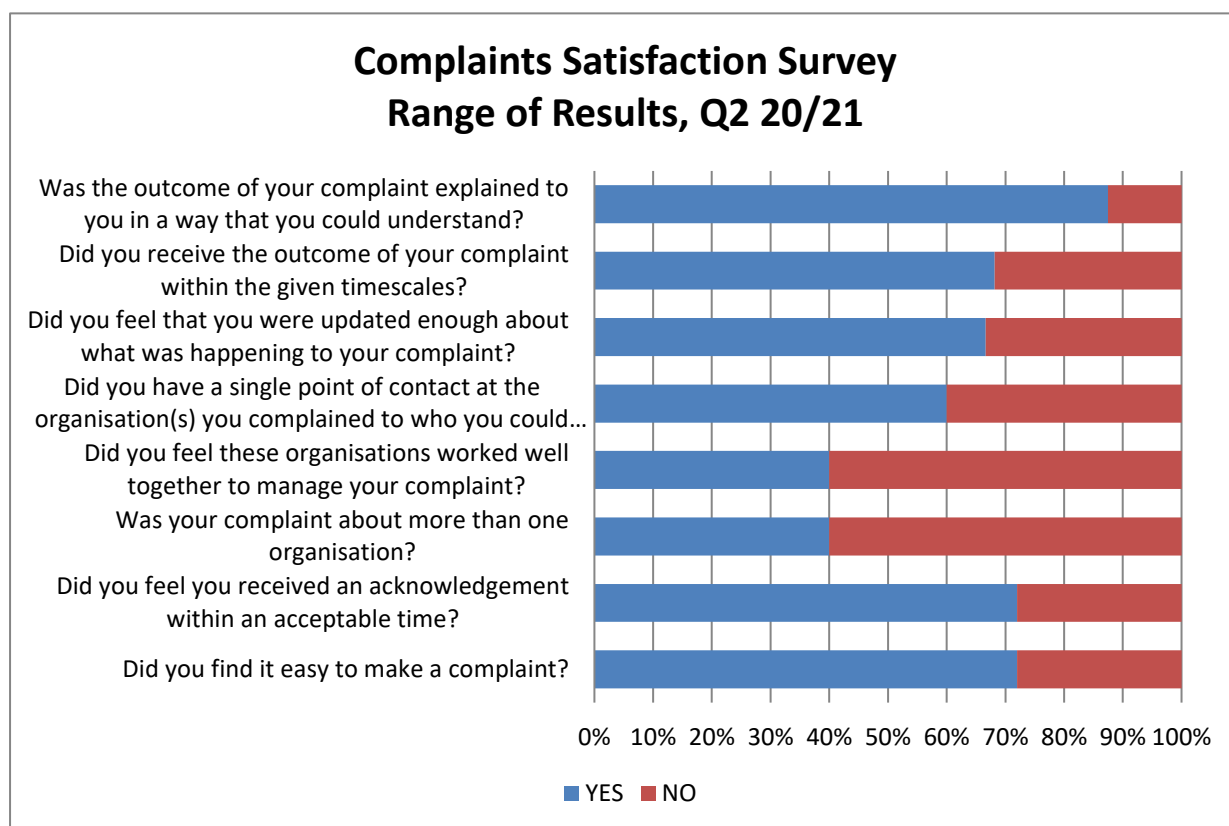
- **Standard Operating Procedures (SOPs):**

In response to the COVID-19 pandemic a Standard Operating Procedure was developed and put in place during Q2 to support Virtual Local Resolution Meetings (VLRM's).

Complainant's Satisfaction Survey

- 6.5 Based on the *'My Expectations'*¹ paper, the Trust complaint's satisfaction survey has been developed by the Picker Institute. It is sent to complainants across all MFT Hospitals/ MCSs/LCOs. During this quarter 220 surveys were sent to complainants, however only 25 were returned. This is a significant decrease compared to 234 completed in the previous quarter. A range of the survey results for Quarter 2, 2020/21 are shown in **Graph 8**. These results identify a reduction in organisations working well, however this may be attributed to not all other NHS organisations lifting the complaints pause during Q2.

Graph 8: Range of survey results for Quarter 2, 2020/21



- 6.6 Listening to complainant feedback allows MFT staff to use the feedback to improve the standard of care and service provided. As detailed above in Section 6.2 focus on complainant feedback and learning will form part of the future planned improvements over the coming year. Comments received during Quarter 2, 2020/21 include the following:

There was a lack of understanding on the part of PALS. When I emailed my complaint it was sent back in bullet point form, full of inaccuracies.

My points were addressed and everything was sorted efficiently.

Both Manchester Royal and Wythenshawe collaborated with each other in regards to the complaint but not in the case of my father.

I am still having to make regular complaints about the service, poor communication, that has got worse.

¹ Available from:

https://www.ombudsman.org.uk/sites/default/files/Report_My_expectations_for_raising_concerns_and_complaints.pdf

No point, I am not interested in he said she said and a defense. I wanted my mother in law to receive her urgent treatment requested by the GP in 2018 and still outstanding – As I say we have had to go to another Trust. Complaints responses miss the point if all you are doing is defensively wording something – what is the root cause and what is happening with the patient.

Misinterpretation. Data Protection and little of no understanding of mental capacity act.

I was impressed that the CEO took a very active part in the complaint process and responded to me in person via letter when the complaints process had been concluded.

Have no confidence in any healthcare provider, as excuses are always covered.

They appear to work completely separately.

Do not talk to each other.

Future Planned Improvements

6.7 Improvement priorities for Q3 include the following activities:

- Review of Corporate Complaints and PALS structure to improve the delivery of a responsive and compliant PALS and Complaints Service across MFT.
- Finalisation of the specifically tailored Module 1 e-learning Customer Service package will be made available to all staff within the Trust in Q3, 2020/21.
- Commencement of the development of Module 2 of the specifically tailored e-learning Customer Service package.
- Specifically tailored In-house Complaints Letter Writing Training Package will be made available for all staff within the Trust, to book onto, via the Learning Hub in Q3, 2020/21.
- Encourage as many Hospitals/MCS's/LCO as possible to take part in the Formal Complaint Response Letter Quality Standards Audit Tool.
- Clearly displayed and easily accessible complaints information (NHSI Patient Experience Improvement Framework, 2018): To improve the accessibility of the Trust's website for PALS and Complaints a review of the resources will be undertaken throughout 2020/21.
- Standard Operational Procedures (SOPs): On-going development and review of the Complaints and PALS SOPs will be undertaken throughout 2020/21.

7. Equality and Diversity Monitoring Information

7.1 The collection of equality and diversity data is shown in **Table 18**, Appendix 1. An audit to understand the challenges around the collection of this data is currently underway, the results of which will be reported in Q3, 2020/21 report.

8. Conclusion and recommendations

8.1 This report provides a concise review of matters relating to Complaints and PALS during Q2. It is important to note MFT, lifted the 'pause' on its complaints in a staged approach during Q1, 20/21, unlike other NHS Organisations and the PHSO who did not resume their NHS complaints processes until Q2, 20/21.

Opportunities for learning and service improvement have continue to be identified, and this report has provided highlights of where this has and will take place.

8.2 In conclusion, the Trust will:

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

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

Appendix 1 – Supporting information

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

Hospital/ MCS/ LCO	Cases/s	PHSO Investigation Progress
CSS (1)	1	Awaiting Provisional Report
MRI (3)		
Cardio Vascular Specialty	1	Awaiting Final Report
Cardio Vascular Specialty	1	Awaiting Provisional Report
GI Medicine & Surgical Specialty	1	Awaiting Provisional Report
WTWA (5)		
Surgery (Orthopaedics)	1	Awaiting Provisional Report
Surgery (Orthopaedics)	1	Awaiting Provisional Report
Heart & Lung	1	Awaiting Provisional Report
Heart & Lung	1	Awaiting Provisional Report
Surgery	1	Awaiting Provisional Report
TOTAL	9	

Table 2: PHSO closed cases in Q2, 2020/21 presented by outcome.

Hospital/ MCS/ LCO	Outcome	Date original complaint received	PHSO Rationale/Decision	Recommendations
MRI (GI Medicine & Surgical Specialties)	Partly upheld	13/7/2018	<p>Failure to provide appropriate care needs.</p> <p>Failure in communication in respect of DNAR</p> <p>Poor documentation in respect of communication with family members</p>	<p>Provide a full acknowledgement of failings and apology for impact, uncertainty and distress caused.</p> <p>Explain what actions have been taken to address failings and identify specific reasons for failings and outline learning taken from specific issues.</p>
WTWA (Heart & Lung)	Not upheld	26/11/2018	No failings found	None

Table 3: Number of PALS concerns received by Hospital/ MCS/ LCO Quarter 2, 2019/20 to Quarter 2, 2020/21

	Q2,19/20	Q3,19/20	Q4,19/20	Q1,20/21	Q2,20/21
WTWA	463	495	429	221	362
MRI	366	352	410	219	364
RMCH	151	150	153	52	115
UDHM/MREH	127	160	134	70	104
SMH	120	128	136	98	149
CSS	87	92	72	37	93
Corporate	68	85	61	48	50
LCO	16	11	11	10	34
R&I	3	0	3	0	2
Grand Total	1401	1472	1409	755	1273

Table 4: Closure of PALS concerns within timeframe Quarter 2, 2019/20 to Quarter 2, 2020/21

	Q2,19/20	Q3,19/20	Q4,19/20	Q1,20/21	Q2,20/21
Resolved in 0-10 days	1219	1333	1228	699	111
Resolved in 11+ days	190	165	217	57	106
% Resolved in 10 working days	86.5%	89.0%	85.0%	92.5%	91.3%

Table 5: Number of PALS concerns taking longer than 10 days to close by Hospital/MCS/LCO Quarter 2, 2019/20 to Quarter 2, 2020/21

	Q2,19/20	Q3, 19/20	Q4,19/20	Q1,20/21	Q2,20/21
WTWA	58	63	60	22	29
MRI	42	33	57	16	35
RMCH	25	17	29	1	5
UDHM/MREH	16	12	17	3	6
SMH	20	23	24	9	17
CSS	6	6	7	3	3
Corporate	20	11	22	3	5
LCO	3	0	1	0	6
R&I	0	0	0	0	0
Grand Total	190	165	217	57	106

Table 6: Number of PALS concerns escalated to formal investigation Quarter 2, 2019/20 to Quarter 2, 2020/21

	Q2,19/20	Q3,19/20	Q4,19/20	Q1,20/21	Q2,20/21
No of cases escalated	9	11	11	3	5

Table 7: Number of Complaints received by Hospital/ MCS / LCO Quarter 2, 2019/20 to Quarter 2, 2020/21

	Q2,19/20	Q3,19/20	Q4,19/20	Q1,20/21	Q2,20/21
WTWA	136	119	111	60	78
MRI	106	106	105	37	80
SMH	54	58	50	16	43
RMCH	53	44	53	21	32
CSS	24	28	29	11	22
UDHM/MREH	28	18	22	5	9
Corporate	19	19	20	11	8
LCO	9	13	17	6	14
Grand Total	429	405	407	167	286

Table 8: Complaints Acknowledgement Performance

	Q2,19/20	Q3,19/20	Q4,19/20	Q1,20/21	Q2,20/21
100% acknowledgement	3 day target	3 day target	3 day target	3 day target	3 day target
	100%	100%	100%	100%	100%

Table 9: Comparison of complaints resolved by timeframe: Quarter 2, 2019/20 to Quarter 2, 2020/21

	Q2,19/20	Q3, 19/20	Q4,19/20	Q1,20/21	Q2,20/21
Resolved in 0-25 days	251	283	296	123	181
Resolved in 26-40 days	86	67	57	49	21
Resolved in 41+ days	62	97	80	79	53
Total resolved	399	447	433	252	257
Total resolved in timescale	303	358	377	185	239
% Resolved in agreed timescale	75.9%	80.1%	87.1%	73.4%	93.0%

Table 10: Outcome of Complaints, Quarter 2, 2019/20 to Quarter 2, 2020/21

	Number of Closed Complaints	Upheld	Partially Upheld	Not Upheld
Q2,20/21	255	36	148	59
Q1,20/21	251	27	159	56
Q4,19/20	433	80	249	88
Q3,19/20	447	76	264	98
Q2,19/20	399	79	226	88

Table 11: Further Complaint Correspondence by Hospital/MCS/LCO Quarter 2, 2020/21

	Request for local resolution meeting	New questions raised as a result of information provided	Response did not address all issues	Dissatisfied with response	TOTAL
WTWA	0	3	14	1	11
MRI	1	5	6	5	13
SMH	1	1	2	0	3
CSS	0	0	4	1	7
RMCH	0	1	3	6	5
UDHM/MREH	1	0	0	0	5
Corporate	0	0	1	1	5
LCO	0	1	1	1	0
Grand Total	3	11	31	15	62

Table 14: Care Opinion/NHS website postings by Hospital/ MCS / LCO in Q2, 2020/21

Number of Postings received by Hospital/MCS/LCO/Corporate Service Q2 20/21			
Hospital/ MCS /LCO	Positive	Negative	Mixed
Manchester Royal Infirmary	3	1	1
Wythenshawe, Trafford, Withington and Altrincham Hospitals	8	2	0
Clinical Scientific Services	0	0	0
Corporate Services	0	0	0
Manchester Royal Eye Hospital/ University Dental Hospital of Manchester	0	2	0
Manchester & Trafford Local Care Organisation	0	0	0
Royal Manchester Children's Hospital	1	0	0
Saint Mary's Hospital	3	1	0
Grand Total	15 (68.2%)	6 (27.3%)	1 (4.5%)

Table 18: Equality and Diversity Monitoring Information

	Q2,19/20	Q3,19/20	Q4,19/20	Q1,20/21	Q2,20/21
Disability					
Yes	42	39	33	11	19
No	57	66	52	18	31
Not Disclosed	330	300	322	138	236
Total	429	405	407	167	286
Disability Type					
Learning Difficulty/Disability	0	0	3	0	0
Long-Standing Illness Or Health	13	24	17	6	8

Condition					
Mental Health Condition	8	5	2	0	2
No Disability	0	0	0	0	0
Other Disability	3	2	1	0	3
Physical Disability	10	4	9	3	5
Sensory Impairment	4	4	1	1	0
Not Disclosed	391	366	374	157	268
Total	429	405	407	167	286
Gender					
Man (Inc Trans Man)	169	173	180	73	116
Woman (Inc Trans Woman)	257	227	224	91	163
Non Binary	0	0	0	0	0
Other Gender	0	0	0	0	0
Not Specified	3	4	2	3	7
Not Disclosed	0	1	1	0	0
Total	429	405	407	167	286
Sexual Orientation					
Heterosexual	97	100	82	28	47
Lesbian / Gay/Bi-sexual	2	2	4	0	0
Other	0	0	2	0	0
Do not wish to answer	0	0	0	0	1
Not disclosed	330	303	319	139	238
Total	429	405	407	167	286
Religion/Belief					
Buddhist	1	1	0	0	0
Christianity (All Denominations)	55	53	52	17	26
Do Not Wish To Answer	0	0	0	0	1
Muslim	4	10	5	1	1
No Religion	34	30	24	10	19
Other	5	6	7	2	0
Sikh	0	0	1	0	0
Jewish	3	0	0	1	0
Hindu	0	2	0	0	0
Not disclosed	327	303	318	136	238
Humanism	0	0	0	0	1
Total	429	405	407	167	286
Ethnic Group					
Asian Or Asian British - Bangladeshi	4	1	1	0	0
Asian Or Asian British - Indian	2	6	4	1	3
Asian Or Asian British - Other Asian	2	3	2	1	2
Asian Or Asian British - Pakistani	11	12	9	3	8
Black or Black British – Black African	10	10	7	6	1
Black or Black British – Black	3	2	7	3	3

Caribbean					
Black or Black British – other Black	3	2	0	1	0
Chinese Or Other Ethnic Group - Chinese	0	1	1	0	1
Mixed - Other Mixed	1	0	0	0	0
Mixed - White & Asian	2	3	2	1	1
Mixed - White and Black African	2	2	0	0	1
Mixed - White and Black Caribbean	7	0	1	2	1
Not Stated	77	81	101	28	55
Other Ethnic Category - Other Ethnic	2	4	3	1	2
White - British	177	197	180	75	105
White - Irish	10	5	4	4	3
White - Other White	17	6	9	4	8
Not disclosed	99	70	76	37	92
Total	429	405	407	167	286

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Director of Workforce & Corporate Business
Paper prepared by:	Alwyn Hughes, Director of Corporate Services / Trust Secretary
Date of paper:	October 2020
Subject:	Board Assurance Framework (October 2020)
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Assurance • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	In the absence of robust and comprehensive BAF, the opportunities for supporting and enhancing organisational governance by using a body of good practice outcomes and evidence will be diluted.
Recommendations:	The Board of Directors is asked to accept the latest BAF (October 2020) which is aligned to the MFT Strategic Aims and also highlights the continued impact of the ongoing COVID-19 National Emergency.
Contact:	<p><u>Name:</u> Alwyn Hughes, Director of Corporate Services / Trust Secretary</p> <p><u>Tel:</u> 0161 276 4841</p>

THE BOARD ASSURANCE FRAMEWORK (October 2020)

1. Introduction

Performance against the Board Assurance Framework (BAF) is reviewed at every formal Board of Directors via the Intelligent Board metrics (Board Assurance Report). Significant risks to achieving the Trust's key strategic aims are reviewed and reported on at the Group Risk Oversight Committee (GROC) and across other corporate Executive committees, where necessary, dependent on the risk rating.

The Trust's Scrutiny Committees, on behalf of the Board of Directors, utilise the BAF to inform and guide their key areas of scrutiny and especially targeted 'deep dives' into areas requiring further assurance.

The BAF is received and noted at least twice a year by the full Board of Directors. The updated BAF for October 2020 is attached (**APPENDIX A**) and has been updated to especially highlight the impact of the ongoing COVID-19 National Emergency.

2. MFT Strategic Aims (2020/21)

Key Risks associated with the following Strategic Aims will be regularly reviewed at MFT Board Scrutiny Committees and the Group Audit Committee (as required):

- *To complete the creation of a Single Hospital Service for Manchester/ MFT with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner*
- *To improve patient safety, clinical quality and outcomes*
- *To improve the experience of patients, carers and their families*
- *To achieve financial sustainability*
- *To develop single services that build on the best from across all our hospitals*
- *To develop our research portfolio and deliver cutting edge care to patients*
- *To develop our workforce enabling each member of staff to reach their full potential.*

3. Recommendation

The Board of Directors is asked to accept the latest BAF (October 2020) which is aligned to the MFT Strategic Aims (2020/21) and also highlights the continued impact of the ongoing COVID-19 National Emergency.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

THE BOARD ASSURANCE FRAMEWORK
(October 2020)

Introduction

The Board Assurance Framework (BAF) is one of several tools the Trust uses to track progress against the organisation's Strategic Aims. As part of the development of the BAF each financial year, the potential risks to achieving the Strategic Aims are regularly assessed for inclusion on the framework. As such, all principal risks on the BAF are set out under each of the organisation's Strategic Aims.

The construct of the Trust's BAF is based on several key elements as follows:

- **Strategic Aims**
- **Principal Risk & Risk Consequence** – 'What is the cause of the risk?', and, 'What might happen if the risk materialises?'
- **Inherent Risk Rating** – Impact & Likelihood (without Controls).
- **Existing Controls** – 'What controls/systems are currently in place to mitigate the risk?'
- **Gaps in Controls** – 'What Controls should be in place to manage the risk but are not?'
- **Assurance** – 'What evidence can be used to show that controls are effectively in place to mitigate the risk?'
- **Gaps in Assurance** – 'What evidence should be in place to provide assurance that the Controls are working/effective but is not currently available?'
- **Current Risk Rating** – Impact & Likelihood (with Controls)
- **Actions Required** – 'Additional actions required to bridge gaps in Controls & Assurance'
- **Progress**
- **Target Risk Rating** – Impact & Likelihood ('Based on successful impact of Controls to mitigate the risk')

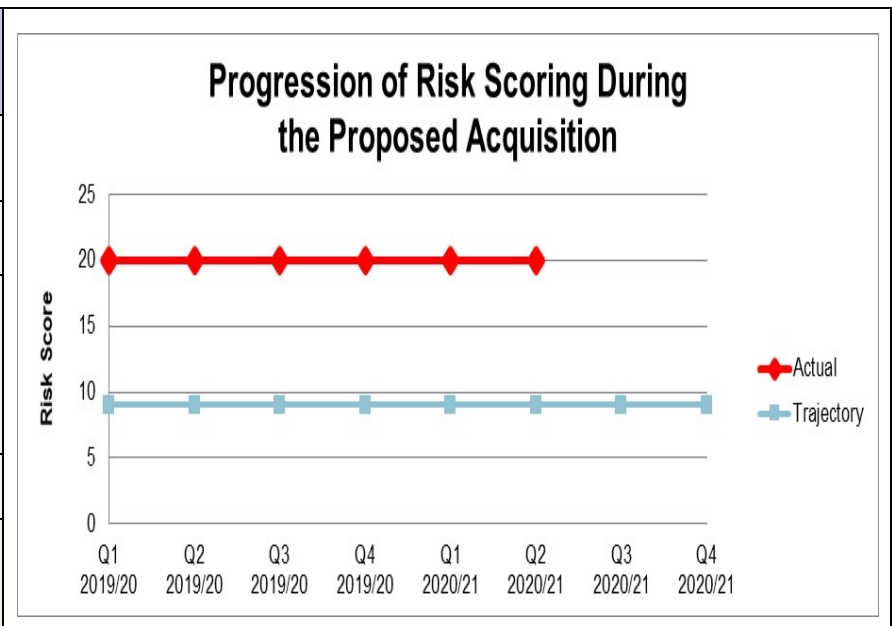
Risk Matrix

The table below demonstrates the Trust's risk matrix that is used within the framework:

Severity	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
1 Low	1 Very Low	2 Very Low	3 Very Low	4 Very Low	5 Very Low
2 Slight	2 Very Low	4 Very Low	6 Low	8 Low	10 Medium
3 Moderate	3 Very Low	6 Low	9 Low	12 Medium	15 High
4 Major	4 Very Low	8 Low	12 Medium	16 High	20 High
5 Catastrophic	5 Very Low	10 Medium	15 High	20 High	25 High

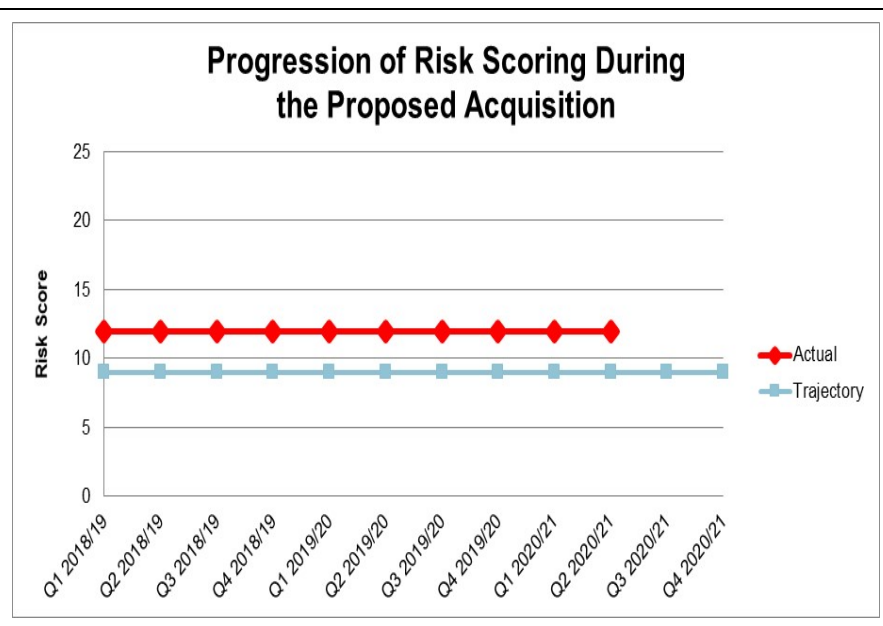
1	Strategic Aim: To complete the creation of a Single Hospital Service for Manchester with minimal disruption whilst ensuring that planned benefits are realised in a timely manner
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PRINCIPAL RISK (What is the cause of the risk?): There is a risk that MFT may not be able to access sufficient resources to address the finance, clinical, estates and IM&T issues identified at NMGH through the finance counterfactual and due diligence processes.	Enabling Strategy: SINGLE HOSPITAL SERVICE
	Group Executive Lead: EXECUTIVE DIRECTOR OF WORKFORCE AND CORPORATE BUSINESS
RISK CONSEQUENCES (What might happen if the risk materialises?): 1. Negative and potentially destabilising impact on MFT. 2. Inability to deliver services at NMGH to the standard MFT would expect. 3. If funding is not secured other options would need to be considered by NHSI / E and Commissioners for delivering care at NMGH. 4. Existing difficulties with staff recruitment and retention compounding due to uncertainty about the transaction prompting further de-stabilisation of NMGH. 5. If service delivery at NMGH is compromised by uncertainty about the transaction, significant unplanned shifts in clinical activity might occur. 6. Support contingent on demonstrating multi-agency commitment and delivery of a wider set of objectives.	Associated Committees: NMGH PROGRAMME BOARD NMGH SCRUTINY COMMITTEE GROUP MANAGEMENT BOARD GROUP BOARD OF DIRECTORS
	Operational Lead: DIRECTOR, SHS PROGRAMME
	Material Additional Supporting Commentary (as required):



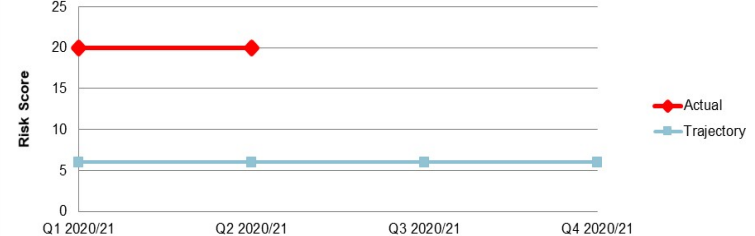
INHERENT RISK RATING Impact / Likelihood "Without Controls"	EXISTING CONTROLS "What controls/systems are currently in place to mitigate the risk?"	GAPS IN CONTROLS "What Controls should be in place to manage the risk but are not?"	ASSURANCE "What evidence can be used to show that controls are effectively in place to mitigate the risk?"	GAPS IN ASSURANCE "What evidence should be in place to provide assurance that the Controls are working/effective but is not currently available?"	CURRENT RISK RATING Impact / Likelihood "With Controls"	ACTIONS REQUIRED "Additional actions required to bridge gaps in Controls & Assurance"	RESPONSIBILITY	COMPLETION TIMESCALE	MONITORING COMMITTEE	PROGRESS	TARGET RISK RATING Impact / Likelihood "Based on successful impact of Controls to mitigate the risk"
25 (5x5)	A.1 Strengthened transaction governance processes, with more effective leadership from NHS E/I and the re-established independent PAHT Board, and on-going senior level discussions at national and local level on access to financial support. A.2 Comprehensive Due Diligence work undertaken and aggregated through Exec-led Finance Star Chamber sessions. Financial requirements to address Due Diligence challenges communicated to NHS E/I. A.3 Establishment of an expanded and strengthened leadership team at NMGH to create stability, give staff confidence about the future, and to start developing appropriate control and influence. A.4 Negotiation and implementation of an appropriate Management Agreement to ensure a fair balance between the responsibilities transferring to MFT and the support being provided by other parties. A.5 Inclusion of NMGH in the national HIP programme for investment in health infrastructure, and submission of an appropriate Strategic Outline Case for the redevelopment of the NMGH site.	B.1 Discussions on financial support inconclusive to date. B.2 Heads of Terms for PAHT Transaction still in negotiation – essential to confirming the transaction arrangement. B.3 Continued rapid progress of HIP2 capital planning work not guaranteed.	C.1 Due Diligence reports reviewed by Board Committees and signed off by Board. C.2 NMGH leadership team established. C.3 Independent PAHT Board re-established. C.3 North Manchester Implementation Plan approved by North Manchester Scrutiny Committee. C.4 NMGH SOC submitted, seed funding released, and MFT advised to continue (and accelerate) capital planning processes.	D.1 Challenges at NMGH remain (finances, performance, estate, informatics, etc) D.2 Complexity of operational and strategic agenda increased due to Covid-19.	20 (5x4)	E.1 Continue discussions with NHS E/I and local Commissioners about a financial plan to enable the safe transfer of NMGH to MFT. E.2 Complete negotiation of Heads of Terms and Transactions Agreement to confirm the transaction arrangements. E.3 Manage Covid agenda for NMGH as part of MFT and GM Hospital Cell management arrangements. E.4 Develop NMGH Transaction Business Case to support Board decision-making. E.5 Develop NMGH Post Transaction Integration Plan (PTIP). E.6 Maintain rapid design development process for next phase of HIP Capital Programme work, including development and submission of the Outline Business Case.	Executive Director of HR and	April 2020	MFT Board of Directors	F.1 Weekly meetings of PAHT-led Transaction and Disaggregation Committee with support from specialist external advisers. F.2 Heads of Terms and Transactions Agreement in negotiation. F.3 Disaggregation processes progressing satisfactorily. F.4 Capital Planning activities all in place, targeting OBC submission in December 2020.	9 (3x3)

1	Strategic Aim: To complete the creation of a Single Hospital Service for Manchester with minimal disruption whilst ensuring that planned benefits are realised in a timely manner
PRINCIPAL RISK (What is the cause of the risk?): There is a risk that the acquisition of North Manchester General Hospital (NMGH) could have a negative impact on the rest of MFT's services.	Enabling Strategy: SINGLE HOSPITAL SERVICE Group Executive Lead: EXECUTIVE DIRECTOR OF WORKFORCE AND CORPORATE BUSINESS
RISK CONSEQUENCES (What might happen if the risk materialises?): 1. Demands on senior leaders to deliver the transfer of NMGH to MFT could mean a reduced focus on MFT including integration benefit delivery.	Associated Committee: NORTH MANCHESTER PROGRAMME BOARD NORTH MANCHESTER SCRUTINY COMMITTEE GROUP MANAGEMENT BOARD GROUP BOARD OF DIRECTORS Operational Lead DIRECTOR, SHS PROGRAMME Material Additional Supporting Commentary (as required)



INHERENT RISK RATING Impact / Likelihood "Without Controls"	EXISTING CONTROLS "What controls/systems are currently in place to mitigate the risk?"	GAPS IN CONTROLS "What Controls should be in place to manage the risk but are not?"	ASSURANCE "What evidence can be used to show that controls are effectively in place to mitigate the risk?"	GAPS IN ASSURANCE "What evidence should be in place to provide assurance that the Controls are working/effective but is not currently available?"	CURRENT RISK RATING Impact / Likelihood "With Controls"	ACTIONS REQUIRED "Additional actions required to bridge gaps in Controls & Assurance"	RESPONSIBILITY	COMPLETION TIMESCALE	MONITORING COMMITTEE	PROGRESS	TARGET RISK RATING Impact / Likelihood "Based on successful impact of Controls to mitigate the risk"
12 (4x3)	A.1 Project funding secured through the Greater Manchester Transformation Fund (GMTF) to minimise demand on existing MFT resources during management agreement/transaction. A.2 Experienced team appointed to SHS PMO function to manage the transaction and provide targeted support to core MFT teams. A.3 Establishment of an expanded and strengthened leadership team at NMGH, (with additional senior capacity for Covid agenda) to reduce the input required from Group Executive and Corporate Directors. A.4 Clearly defined clinical and corporate disaggregation processes being implemented to enable senior MFT staff to understand the services being acquired. A.5 PAHT "BAU" Group established (building on previous Pennine Transaction Operational Group) to ensure MFT is aware of current and forthcoming operational changes in PAHT. A.8 NMGH Programme Board brings together oversight of the Transaction and the HIP capital development programme.	B.1 Complexity of disaggregation process will require detailed input from some Corporate Directors.	C.1 GM Transformation Funding in place to enable the infrastructure required to deliver the transaction. C.2 Revised and strengthened NMGH Leadership Team in place to provide a focus for decision-making in respect of NMGH. C.3 Additional resources made available to MCS and Corporate teams to manage transition processes. C.4. MFT internal governance arrangements working effectively including the sustained input of the SHS Team to support core leadership teams. C.5 North Manchester Implementation Plan approved by North Manchester Scrutiny Committee.	D.1 Transactions Agreement needs to be negotiated and agreed to confirm the transaction arrangement and timescales.	12 (4x3)	E.1 Work of the NMGH Programme Board to continue alongside focussed discussion at EDT. E.2 Maintain input of SHS programme team to support Corporate Directors. E.3 Utilise Corporate Integration Steering Group to support Corporate Teams in planning for integration of NMGH services.	Executive Director of HR and Corporate Business	April 2020	MFT Board of Directors	F.1 Corporate Integration Group established and functioning effectively..	9 (3x3)

2	Strategic Aim: To improve patient safety, clinical quality and outcomes					<div>Progression of Risk Scoring During 2019/20 & 2020/21</div> <table><caption>Risk Scoring Data</caption><tr><th>Quarter</th><th>Actual Risk Score</th><th>Trajectory Risk Score</th></tr><tr><td>Q1 2019/20</td><td>9</td><td>6</td></tr><tr><td>Q2 2019/20</td><td>9</td><td>6</td></tr><tr><td>Q3 2019/20</td><td>9</td><td>6</td></tr><tr><td>Q4 2019/20</td><td>9</td><td>6</td></tr><tr><td>Q1 2020/21</td><td>9</td><td>6</td></tr><tr><td>Q2 2020/21</td><td>9</td><td>6</td></tr><tr><td>Q3 2020/21</td><td>9</td><td>6</td></tr><tr><td>Q4 2020/21</td><td>9</td><td>6</td></tr></table>						Quarter	Actual Risk Score	Trajectory Risk Score	Q1 2019/20	9	6	Q2 2019/20	9	6	Q3 2019/20	9	6	Q4 2019/20	9	6	Q1 2020/21	9	6	Q2 2020/21	9	6	Q3 2020/21	9	6	Q4 2020/21	9	6
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PRINCIPAL RISK (What is the cause of the risk?): If the Quality and Safety Strategy is not delivered then harm may occur to patients			Enabling Strategy: QUALITY AND SAFETY STRATEGY																																			
			Group Executive Lead: JOINT GROUP MEDICAL DIRECTOR																																			
RISK CONSEQUENCES (What might happen if the risk materialises?):			Associated Committee: QUALITY AND SAFETY COMMITTEE																																			
			Operational Lead: DIRECTOR OF CLINICAL GOVERNANCE																																			
1. Increase in serious harm to patients 2. Poor safety culture (including leadership) undermines Trust performance 3. Failure to eradicate 'Never Events' 4. Reputational damage because of safety concerns 5. Poor staff experience 6. Regulatory consequence			Material Additional Supporting Commentary (as required): The patient safety commentary detailed here covers all aspects of patient safety including but not limited to, clinical outcomes, infection control, clinical incidents (including never events), mortality review and harm free care.																																			
Inherent Risk Rating Impact / Likelihood "Without Controls"	EXISTING CONTROLS "What controls/systems are currently in place to mitigate the risk?"	GAPS IN CONTROLS "What Controls should be in place to manage the risk but are not?"	ASSURANCE "What evidence can be used to show that controls are effectively in place to mitigate the risk?"	GAPS IN ASSURANCE "What evidence should be in place to provide assurance that the Controls are working/effective but is not currently available?"	Current Risk Rating Impact / Likelihood "With Controls"	ACTION(S) REQUIRED "Additional actions required to bridge gaps in Controls & Assurance"	RESPONSIBILITY	COMPLETION TIMESCALE	MONITORING COMMITTEE	PROGRESS	Target Rating Impact / Likelihood "Based on successful impact of Controls to mitigate the risk"																											
12 (3x4)	A.1 Freedom to Speak Up (F2SU) programme and personnel A.2 Quality and Safety Strategy and related policies A.3 Trust Governance structure – including Quality and Performance Scrutiny Committee, Infection Control Committee and other specialist groups A.4 AOF monitoring A.5 Patient Safety Training Programme – e.g. Infection Control, Human Factors and clinical mandatory training A.6 Review of incident investigation tools in line with the new Patient Safety Incident response Framework A.7 Trust alert circulation process A.8 Trust incident investigation process – to include focussed investigations such as IPC and Falls A.9 Trust Recovery Plan – Quality and Safety Work Stream	B.1 Policy controls weak B.2 F2SU not fully embedded B.3 Governance structure still in development B.4 PST Training not mandatory for all staff B.5 No capacity to deliver this to all staff B.6 National decision to defer the new framework to 2022 due to pandemic response B.7 General Patient Safety training not included in mandatory training packages – including induction B.8 Lack of links with University and Training Schools on PST B.9 Lack of patient involvement in investigation and feedback to staff B.10 Mechanistic circulation and response to alerts without follow up and audit programme B.11 Lack of Trust wide visible Patient Safety Champions B.12 Patient safety commitment not fully embedded into recruitment practice B.13 Variation in compliance with clinical policies and guidelines	C.1 Trust incident reporting system data (incident information including harm level, frequency, type of incident and duty of candour information) C.2 Trust clinical and internal audit systems C.3 Staff survey C.4 Regulatory inspection processes C.5 Internal quality assurance processes (Internal Audit, Ward accreditation, Quality Review) C.6 AOF and leading and lagging patient safety metrics reporting – including harm free care, infection control and never events now agreed	D.1 Incident reporting system may not capture all harm – can be a cumbersome process D.1 Incident reporting for less serious incidents decreased during pandemic period D.2 Staff survey indicates lack of feedback from incident reporting and investigation – may impact on reporting levels D.3 Staff survey does not adequately capture full understanding of patient safety culture D.6 Patient safety metrics not yet fully reported on D.5 Actions following harm not always evaluated or reviewed D.6 Lack of full understanding of finance and performance cost of harm in relation to claims, lost bed days etc	9 (3x3)	A.8 Implement and embed the National Patient Safety Incident Response Framework (PSIRF) A.2 Align the Quality and Safety Recovery work stream fully with the Quality and Safety Strategy B.6 Define processes for on-going evaluation of safety culture C.5 Develop patient information leaflet on 'When things go wrong' B.4 Review all training post COVID-19 to ensure social distancing measures met D.4 Develop an in-house Patient Safety Champion qualification – PST / RCA + Patient Safety Project D.5 Implement revised process following 'Never Event' to include a panel review similar to the Emergency Bleep Meeting concept – consider NED lead for this process D.3 Undertake Trust wide patient safety training needs analysis D.3 Develop Human Factors faculty B.7 Build the requirements of a patient safety training needs analysis into the mandatory training framework B.13 Include statement on commitment to patient safety in all Trust contracts D.2 Develop post-investigation feedback questionnaire for staff and patients D.4 Set clear aims in relation to reduction of harm aligned with NHS Patient Safety Strategy – Deterioration, Sepsis, NEWS, medication safety, IPC, maternity, falls pressure ulcers, nutrition and mental health B.3 Define CSG/CAC/CGC and relationship with Recovery Plan in standardisation of clinical practice	Medical Director's / Chief Nurse / Director SHS and Group Director of Workforce and Corporate Business	June 2021 – revised completion date updated following launch of PSIRF	Quality and Performance Scrutiny Committee	1. Patient Safety/Clinical Governance Team now strengthened with additional posts recruited to – one of these posts to have an early focus on NMGH arrangements the other is the Trust Patient Safety Specialist 2. Development workshops completed with GMB on NHS Patient Safety Strategy and safety culture now completed 3. MFT Quality & Safety Strategy has now been reviewed to ensure it is fully aligned with new National Patient Safety Strategy 4. Plan in place to revise investigation procedures 5. Identification of Trust Patient Safety Specialist as per National Guidance (Associate Director of Clinical Governance) now completed and registered with the National Team 6. Inclusion of patient safety in mandatory training under discussion as part of the mandatory training review 7. Circulated the new National Patient Safety Strategy and aligned with MFT Q&S Strategy 8. Completed the development of the Group Quality and Safety Recovery Plan 9. Clear information now available on legal costs (clinical negligence claims) 10. Deep dive exercises completed on Never Events and harm arising out of the management of diagnostic and screening test results	6 (3x2)																											

2	Strategic Aim: To improve patient safety, clinical quality and outcomes					<div>Progression of Risk Scoring During 2020/21</div>  <table border="1"><caption>Actual vs Trajectory Data</caption><thead><tr><th>Quarter</th><th>Actual</th><th>Trajectory</th></tr></thead><tbody><tr><td>Q1 2020/21</td><td>20</td><td>5</td></tr><tr><td>Q2 2020/21</td><td>20</td><td>5</td></tr><tr><td>Q3 2020/21</td><td>5</td><td>5</td></tr><tr><td>Q4 2020/21</td><td>5</td><td>5</td></tr></tbody></table>					Quarter	Actual	Trajectory	Q1 2020/21	20	5	Q2 2020/21	20	5	Q3 2020/21	5	5	Q4 2020/21	5	5
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PRINCIPAL RISK (What is the cause of the risk?): If effective infection prevention and control measures are not in place then COVID-19 acquisition will occur in staff and patients. (Revised risk previous component of MFT/003111)			Enabling Strategy: INFECTION PREVENTION AND CONTROL STRATEGY Group Executive Lead: GROUP CHIEF NURSE																						
RISK CONSEQUENCES (What might happen if the risk materialises?): 1. Increase in serious harm to patients 2. Increase in nosocomial infections 3. Increase in staff outbreaks 4. Reputational damage because of safety concerns 5. Poor staff experience 6. Regulatory consequence			Associated Committee: INFECTION CONTROL COMMITTEE Operational Lead: ASSISTANT CHIEF NURSE IPC/TV CLINICAL DIRECTOR OF INFECTION PREVENTION AND CONTROL Material Additional Supporting Commentary (as required):																						
Inherent Risk Rating Impact / Likelihood "Without Controls"	EXISTING CONTROLS "What controls/systems are currently in place to mitigate the risk?"	GAPS IN CONTROLS "What Controls should be in place to manage the risk but are not?"	ASSURANCE "What evidence can be used to show that controls are effectively in place to mitigate the risk?"	GAPS IN ASSURANCE "What evidence should be in place to provide assurance that the Controls are working/effective but is not currently available?"	Current Risk Rating Impact / Likelihood "With Controls"	ACTION(S) REQUIRED "Additional actions required to bridge gaps in Controls & Assurance"	RESPONSIBILITY COMPLETION TIMESCALE MONITORING COMMITTEE	PROGRESS	Target Rating Impact / Likelihood "Based on successful impact of Controls to mitigate the risk"																
25 (5x5)	A1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users <ul style="list-style-type: none">All non-elective patients are screened upon admissionPreadmission screening implemented for elective admissionScreening protocols for patients discharged or transferred to another health care or residential setting in place – Joint Protocols are in placeGood infection prevention and control education and practice throughout the GroupEscalation plans in place as per trust gold command and GM Gold commandResponse to COVID outbreak managed by Exec leads for EPPR and DIPC through Strategic Gold Command and escalated through this route to the Board of Directors, sub board committees including:<ul style="list-style-type: none">Risk oversight committeeQuality & Performance Scrutiny CommitteeGroup Infection Control CommitteeCOVID-19 Expert Group established - Microbiology and Virology support in placeUse of HPV/UVC in addition to PHE guidanceCovid and non-Covid clinical areas defined across the Trust. All Non- elective admissions tested and elective admissions as per guidancePatients who test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts tracedTrust policy on managing patients who present with symptoms in placeGood infection prevention and control education and practice throughout the GroupPPE assessments in place<ul style="list-style-type: none">Use of PPE to be used in extremis and agreed with Strategic oversight group following a risk assessmentStandard Operating Procedures developed for decontamination of visitorsStaff advised to undertake a risk assessment if there are shortages of PPE for example NMC guideline	A1. Some COVID-19 positive individuals present at hospitals as asymptomatic patients B2. Redeployed staff may not be confident in an alternative care environment. Anxiety of staff working in COVID-19 Wards. B2. Cleaning Policy Requires updating (pending new national guidance on cleaning standards) B3. Monthly AMS audits are being redeployed to better inform prescribing practices. New audit proforma was introduced in June 2020 and is subject to ongoing review. B4. Plans need to be flexible as situation changes	C1. Patient streaming at access points. Emergency Department is zoned to provide designated areas. C1. Screening of non-elective admissions recorded on ED systems C1. Plans in place to screen elective patients 48 hours prior to admission, SOP's developed screening of elective patients in place screen results available via MFT systems C1. Joint Protocols are in place C1. Keeping Safe Policy in place focusing on the 'Four pillars of working safely' C1. Hospitals have identified green, yellow and blue areas and are currently presenting plans of flow throughout the patient journey. C1. Development of surveillance tool to highlight hotspot areas incorporating NHS guidance on probable/definite hospital acquisition C1. Audit tool developed so individual wards and departments can audit compliance to the guidance. C1. Cleaning audits developed C1. Hand hygiene audits in place C1. Clinical Sub-Group in place to oversee adjusted or adapted systems and processes approved within hospital settings	For All Existing Controls, plans need to be flexible as situation changes Hospitals to re-assess as situation evolve	20 (4X5)	E1. Hospitals have identified green, yellow and blue areas and are currently presenting plans of flow throughout the patient journey. E1. Patient placement guidance in place E1. Keeping Safe - Protecting You – Protecting Others Document approved and in place E1. All patients admitted via ED are screened for COVID-19, data is reviewed daily E1. Areas such as ICU, radiology and other areas which have a transient patient population are identifying flow throughout the departments to ensure risk level to patient minimized. E2. Increase of IPC support to COVID -19 Wards E2. Use of posters/videos FAQ's E2. Multiple communication channels – daily briefing/dedicated website E2. Microbiologist support E2. Virology support E2. 7 day working from IPC/Health and Wellbeing	ASSISTANT CHIEF NURSE IPC/TV CLINICAL DIRECTOR OF INFECTION PREVENTION AND CONTROL September 2020 Infection Prevention and Control Committee	NHSE Infection Prevention and Control Board Assurance Framework re-issued on 23 October, assurance and controls being assessed. Plans in place to address gaps in assurance based on national guidance as available Patient placement guidance in place Keeping Safe - Protecting You – Protecting Others Document approved and in place All patients admitted via ED are screened for COVID-19, data is reviewed daily Covid 19 Outbreak policy written, and ratified Developed guidance around the use of alternate PPE as required Introduction of masks and face coverings week commenced 15th June 2020. Sitrep reporting for nosocomial outbreaks in place Estates/environment review has progressed with permanent structures to entrances arriving on site by November 20. Temporary structures are in place currently and are sufficient.	6 (3X2)																

2 Strategic Aim: To improve patient safety, clinical quality and outcomes - CONTINUED									
PRINCIPAL RISK (What is the cause of the risk?): If effective infection prevention and control measures are not in place then COVID-19 acquisition will occur in staff and patients. (Revised risk previous component of MFT/003111)									
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25 (5x5)	<p>A2. The Trust provides and maintains a clean and appropriate environment in managed premises that facilitates the prevention and control of infections</p> <ul style="list-style-type: none"> Estates and Facilities /PFI partners and IPC Team meeting to review cleaning frequencies in line with updated guidance creased cleaning in wards where there has been a cluster/outbreak of COVID-19 amongst patients who were previously negative Enhanced cleaning specifications in place for clinical and non-clinical areas Linen from possible and confirmed COVID-19 patients is managed in line with PHE national guidance and the appropriate precautions are taken Plans for identification and management of clusters/outbreaks of COVID-19 in green zones in place Appropriate floor markings and signage in place being overseen by Hospital task and finish groups to ensure with blue/yellow/green areas Dedicated entrances for blue/yellow/green patients where possible Signage on entrances Screens in place at reception areas Signage on entrances advising pathway for symptomatic patients Hygiene Programme of review of air flow and ventilation undertaken throughout the pandemic All clinical waste related to confirmed or possible COVID-19 cases is handled, stored and managed in accordance with current national guidance <p>A3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance</p> <ul style="list-style-type: none"> Specific antimicrobial policies related to COVID-19 available on the Trust's Microguide platform. Bimonthly antimicrobial stewardship committee (AMC) meetings are continuing (virtual platform) Monthly antimicrobial stewardship (AMS) audits on all ward areas Microbiology support available 24 hours a day. Antimicrobial prescribing advice available from pharmacy 24 hours a day IPC ICU ward rounds Increased AMS support to COVID-19 cohort areas Ad-hoc reporting to Clinical Subgroup identifying areas of concern in terms of antimicrobial prescribing 	<p>B5. patients with suspected COVID-19 and Shielded patients encouraged to wear surgical facemask when moving around the hospital</p> <p>B5. Policy in place for wearing of facemasks in all areas</p> <p>B5. Point of care testing at implementation stage</p> <p>B7. Availability of some PPE</p> <p>B7. Geographical location of support services (e.g. Radiology) and provision of essential services (e.g. monitoring for Cardiac patients)</p> <p>B7. Some areas of estate particularly old and in poor condition</p>	<p>C1. Recording of staff concerns raised</p> <p>C1. Incident reporting system</p> <p>C2. Programme of training for redeployed staff including use of PPE, maintaining a safe environment</p> <p>C2. Bespoke training programme for Clinical leaders to become PPE expert trainers</p> <p>C2. IPCT undertake regular reviews/ and provide visible presence in cohort areas</p> <p>Staffing levels increased</p> <p>C3. Quarterly reports from AMC to Trust IPC and Medicines Optimisation Board from AMC</p> <p>C3. Appropriate policies reviewed and approved by the AMC</p> <p>C3. Specific antimicrobial policies related to COVID-19 are available on the Trust's Microguide platform.</p> <p>C3. Bimonthly antimicrobial stewardship committee (AMC) meetings are continuing (virtual platform)</p> <p>C3. Monthly antimicrobial stewardship (AMS) audits on all ward areas</p> <p>C3. Microbiology support available 24 hours a day.</p> <p>C3. Antimicrobial prescribing advice available from pharmacy 24 hours a day</p> <p>C3. ICU ward rounds</p> <p>C3. Increased AMS support to COVID-19 cohort areas</p> <p>C3. Ad-hoc reporting to Clinical Subgroup identifying areas of concern in terms of antimicrobial prescribing.</p> <p>C4. Policies/guidance in Acute sector updated to reflect pandemic</p> <p>C4. End of Life Policy adapted for current need</p> <p>C4. Controlled entrance & exits to Trust to minimise risk of cross infection</p>		<p>E2. Domestic staff have access to EHWB services</p> <p>E2. Increase of IPC support to COVID -19 Wards</p> <p>E2. Domestic staff have access to EHWB services</p> <p>E2. Increase of IPC support to COVID -19 Wards</p> <p>E2. Use of posters/videos FAQ's</p> <p>Walk rounds led by IPC to review cleanliness of hospital facilities - undertaken with cleaning management teams.</p> <p>E3. Audits and review of AMS practices and prescribing needs to be sustainable whilst the hospital is split into zones.</p> <p>E4. Website regularly to be updated by Comms/EPFR Team</p>	ASSISTANT CHIEF NURSE IPC/ICU CLINICAL DIRECTOR OF INFECTION PREVENTION AND CONTROL	September 2020	<p>Regular and up to date information is published in this Resource Area, including the following key topics:</p> <ul style="list-style-type: none"> Emergency Planning, Resilience and Response Employee Health & Well Being Research and Innovation for COVID-19 Infection Prevention & Control Hospital/MCS COVID-19 Resources Risks identified on Trust risk register and locally on Hospital/MCS risk registers/regularly updated. <p>Increase in IPC team on call/availability out of hours rota</p> <p>Review of domestics rota by facilities to ensure staff rosters are sufficient to cope with the increased demand and that the service provision includes all clinical and non-clinical areas</p> <p>Patients with suspected COVID-19 and Shielded patients encouraged to wear surgical facemask when moving around the hospital</p> <p>Point of Care Testing Implementation during Q3.</p> <p>Continue to cohort patients as per policies</p>	6 (3X2)

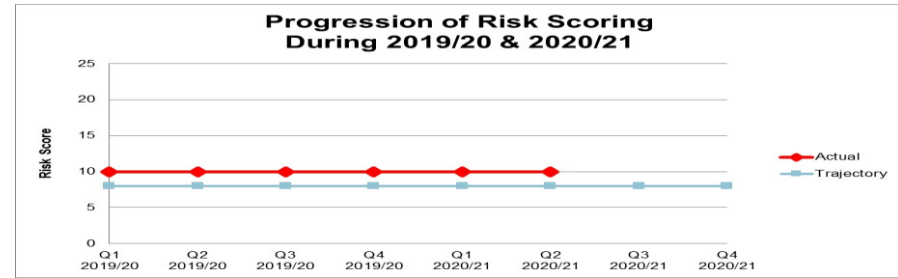
2	Strategic Aim: To improve patient safety, clinical quality and outcomes - CONTINUED										
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25 (5x5)	<p>A4. The Trust provides suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion</p> <ul style="list-style-type: none">Message on MFT phone servicesVisiting Policy in placePatient Information Leaflets in placeNotification of any hospital outbreaks to NHSEStaff outbreak informed by the test and trace national policyPatients with suspected COVID-19 and Shielded patients encouraged to wear surgical face mask when moving around the hospital <p>A5. The Trust ensures prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection too other people</p> <ul style="list-style-type: none">Test and trace implemented nationallyStaff outbreak informed by the test and trace national policyPatients who develop symptoms are tested again and the trust has PHE guidance in place on the testing of patients at 5-7 days and every 7 days thereafter.Trust has an internal test and trace policyOutbreak policy in line with NHSE guidanceOutbreaks contained and reported to NHSE/IExecutive and DiPC oversight of externally reported data <p>A6. Systems are in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection</p> <ul style="list-style-type: none">Widespread implementation of PHE Personal Protective Equipment (PPE) guidance in all areas of the organisation including both Aerosol Generating Procedures (AGP) and non AGP proceduresCommunication with procurement/materials managementImplementation of type 1 and type 2 face masks for staff, patients and visitors to the organisation as per recent PHE guidanceProvision of PPE education to senior members of staff to support local implementation of PPE policyWorking with Employee Health & Wellbeing and Equality and Diversity to ensure staff who have issues relating to the use of face masks have risk assessments and alternate provision to PPE as requiredStaff advised on how to decontaminate uniforms in accordance with NHSE guidanceTemporary staff changing facilities identified on COVID-19 wardsStaff on COVID-19 areas wearing scrubs laundered through hospital laundrythey are symptomaticTrust complies with national guidanceEHWB service provides staff support		<p>C4. Policy reviewed following further guidance and flexed to meet the needs of individual patients and patient groups whilst still minimising the opportunity for transmission</p> <p>C4. NHS guidance for 'Visiting healthcare inpatient settings during the COVID-19 pandemic' and the subsequent North West Good Practice Guide have been assessed Visiting Policy available via Trust Intranet and information published on the Website</p> <p>C4. Appropriate floor markings and signage in place being overseen by Hospital task and finish groups to ensure with blue/yellow/green areas</p> <p>C4. Screens in place at reception areas</p> <p>C4. Available guidance: Coronavirus Restricted Access Measures Guidance May 2020</p> <p>C5. Patient streaming at access points in place at all ED access</p> <p>C7. Keeping Safe Policy in place focusing on the 'Four pillars of working safely'</p>		20 (4X5)		ASSISTANT CHIEF NURSE IPCTV CLINICAL DIRECTOR OF INFECTION PREVENTION AND CONTROL	September 2020	Infection Prevention and Control Committee		6 (3X2)

2	Strategic Aim: To improve patient safety, clinical quality and outcomes - CONTINUED
PRINCIPAL RISK (What is the cause of the risk?): If effective infection prevention and control measures are not in place then COVID-19 acquisition will occur in staff and patients. (Revised risk previous component of MFT/003111)	
Inherent Risk Rating Impact / Likelihood "Without Controls"	<p style="text-align: center;">EXISTING CONTROLS <i>"What controls/systems are currently in place to mitigate the risk?"</i></p>
25 (5x5)	<p>A7. The Trusts has provision for / can secure adequate isolation facilities</p> <ul style="list-style-type: none"> - patients are cohorted according to clinical presentation - risk assessment undertaken in yellow areas to cohort patients according to risk of onward transmission - Isolation of Infectious Patients Policy in place - programme of review of air flow and ventilation undertaken throughout the pandemic <p>A8. There is secure adequate access to laboratory support as appropriate</p> <ul style="list-style-type: none"> - UKAS accredited PHE laboratory conducting testing for NW of England - Screening of non-elective patients in place - Hospitals/MCS putting in place pre 48 hour testing for elective admissions - Policy for staff screening developed - MFT site of PHE host laboratory and has capacity for extensive screening - Screening for alert organisms continued in line with trust policy. <p>A9. The Trust has and adheres to policies designed for the individual's care and provider organisations that wil help to prevent and control infections</p> <ul style="list-style-type: none"> - Programme of training for redeployed staff including use of PPE, maintaining a safe environment in accordance with PHE guidance. - Bespoke training for Clinical leaders to become PPE expert trainers - Mandatory training in place - Plans for staff testing in high risk situations. - Use of posters/videos FAQ's - Multiple communication channels – daily briefing/dedicated website - Microbiologist support - Virology support - 7 day working from IPC/Health and Wellbeing - Guidance updated on intranet and communicated daily via email - All waste associated with suspected or positive COVID-19 cases is treated as normal infectious waste (orange waste stream sent for alternative treatment to render safe before incineration or landfill) - Staff follow Trust waste management policy - Healthcare waste e-learning module is mandatory for all clinical staff, based on waste management policy. - All bins are labelled to indicate which streams they have been designated for. <p>A10. The Trust has a system in place to manage the occupational health needs and obligations of staff in relation to infection</p> <ul style="list-style-type: none"> - Widespread implementation of PHE Personal Protective Equipment (PPE) guidance in all areas of the organisation including both Aerosol Generating Procedures (AGP) and non AGP procedure - Working with Employee Health & Wellbeing and Equality and Diversity to ensure staff who have issues relating to the use of face masks have risk assessments and alternate provision to PPE as required - EHWP Policy in place - Employee Health and Well Being Service COVID-19 Guidance and Support available via Trust intranet - Staff complete a COVID-19 self-risk assessment, electronically stored - Staff have access to a wide range of physical and psychological support services provided by the Employee Health and Wellbeing Service. - Staff who are working remotely can also access support. - Details of all EHW Services are provided on the intranet or Learning Hub so are easily accessible to everyone, whether onsite or working remotely. - EHW/OH advice and support is available to managers and staff 7 days a week. <p>A11. Test and trace implemented nationally</p> <ul style="list-style-type: none"> - Staff outbreak informed by the test and trace national policy <p>A12. Escalation plans in place as per trust gold command and GM Gold command</p> <ul style="list-style-type: none"> - Communication: <ul style="list-style-type: none"> -Guidance cascaded through Strategic Oversight group -Daily communications email sent to all staff -IPC Team daily visit to clinical areas -Attendance in wards/departments -Weekend IPC team provision -IPC team have developed reference posters for staff -Guidance on staff intranet - message on MFT phone services - Oversight: <ul style="list-style-type: none"> Response to COVID outbreak managed by Exec leads for EPPR and DIPC through Strategic Gold Command and escalated through this route to the Board of Directors, sub board committees including: Risk oversight committee Quality & Performance Scrutiny Committee Group Infection Control Committee COVID-19 Expert Group established - Microbiology and Virology support in place

2		Strategic Aim: To improve patient safety, clinical quality and outcomes										
PRINCIPAL RISK (MFT/004513) :					Standard		Performance					
<p>Under delivery of activity / capacity which will impact on achievement of national operational standards for urgent and elective care, including cancer and diagnostics, due to long standing issues of: demand pressures, capacity, workforce and estate constraints, and the ongoing Covid19 pandemic.</p> <p>This risk replaces previous individual risks related to national standards, capacity, covid and the associated recovery (MFT004288, MFT004286, MFT003111, MFT004284)</p> <p>RISK CONSEQUENCES</p> <p>1. Increase risk of serious harm to patients</p> <p>2. Poor patient experience</p> <p>3. Reputational damage to Trust</p> <p>4. Low system confidence – increased scrutiny from regulators</p>					Enabling Strategy:		Jul		Aug		Sep	
					• Quality & Safety Strategy		91.8%		88.2%		86.3%	
					• Transforming Care For The Future Strategy		38.4%		42.7%		48.7%	
					Group Executive Lead:		3245		4,260		4846	
					Group Chief Operating Officer		102,381		104,150		106,272	
					Diagnostics		48.8%		46.91%		38.7%	
					Cancer 2ww		63.2%		67.9%		Not available	
					Cancer 31 Days		94.5%		92%		Not available	
Cancer 62 Days		68.7%		70.8%		Not available						
Associated Committee:												
• Quality & Safety Committee												
• Performance And Quality Scrutiny Committee												
• Group Risk Management Committee												
• Board Of Directors												
Operational Lead:												
Hospital / Mcs Chief Executives												
Inherent Risk Rating Impact / Likelihood "Without Controls"	EXISTING CONTROLS "What controls/systems are currently in place to mitigate the risk?"	GAPS IN CONTROLS "What Controls should be in place to manage the risk but are not?"	ASSURANCE "What evidence can be used to show that controls are effectively in place to mitigate the risk?"	GAPS IN ASSURANCE "What evidence should be in place to provide assurance that the Controls are working/effective but is not currently available?"	Current Risk Rating Impact / Likelihood "With Controls"	ACTION(S) REQUIRED "Additional actions required to bridge gaps in Controls & Assurance"	RESPONSIBILITY	COMPLETION TIMESCALE	MONITORING COMMITTEE	PROGRESS	Target Rating Impact / Likelihood "Based on successful impact of Controls to mitigate the risk"	
20 (4x5)	<p>1.1 MFT Covid Governance Framework established including:</p> <ul style="list-style-type: none">• Strategic Command Group - chaired by COO• Tactical response - run by Corporate Directors• Operational Response - Hospital Management <p>1.2 Regional Covid Governance Structure, which MFT is represented at including:</p> <ul style="list-style-type: none">• GM Gold• Hospital / Community Cells• NW EPRR Single Point of Contact <p>1.3 Hospital and Group escalation plans and decision making frameworks: revised in October 2020 to prepare for future waves of the pandemic and approved via the MFT Strategic Command Group.</p> <p>1.4 Oncall Structures have been revised and adapted to support the hospital/MCS response to the pandemic, in addition to business as usual operational running. Further supported by the strategic and tactical incident management arrangements.</p> <p>1.5 Phase 3 activity planning, including performance trajectories for managing the longest waits and cancer, undertaken and submitted on 10th September, to meet the expectations set out in the national guidance: Implementing phase 3 of the NHS response to the Covid-19 pandemic.</p> <p>1.6 Reporting in place to track activity levels against the phase 3 planning expectations and associated performance trajectories.</p> <p>(Continued Next Page - below)</p>	<p>2.1 Capacity shortfalls requiring reliance on private sector.</p> <p>2.2 Surge of demand to pre-Covid levels.</p> <p>2.3 Primary care demand management.</p> <p>2.4 Workforce availability to deliver activity levels: sickness Covid19, shielding, usual sickness levels and vacancies.</p>	<p>3.1 Reporting to the Executive Board and Committees in relation to the Covid Pandemic, Recovery programme and performance.</p> <p>3.2 Monthly AOF Group Executive oversight of Hospitals.</p> <p>3.3 MFT Covid19 Recovery Programme</p> <p>3.4 Minutes and papers relating to the MFT Covid19 Governance Structure.</p> <p>3.5 Minutes and papers relating to Trust Committees.</p> <p>3.6 Hospital Activity, capacity and annual plans.</p> <p>3.7 Internal/external audits of data quality.</p> <p>3.8 Annual Review and NHSI sign off Trust Access Policy.</p>	None	20 (4x5)	<p>Key actions are outlined in the Risk Report to the Group Risk Committee.</p> <p>Overarching MFT recovery programme in response to the Covid19 pandemic, incorporating 17 workstreams, of which the outpatient, elective, urgent care and cancer workstreams align to national constitutional standards.</p> <p>GM Hospital Cell / GM Gold is overseeing system recovery planning and capacity, facilitating standardisation and implementation of best practice, equity of access for patients, and facilitating the use of independent sector capacity.</p> <p>Outpatient workstream focus: waiting list clinical triage, implementation virtual consultations, prioritisation capacity, demand management protocols, establish advice and guidance</p> <p>Elective workstream focus: clinical review of the elective waiting list, theatre capacity, pre-assessment pathways, workforce implications, use of the Independent Sector, confirm the critical care de-escalation plan, financial implications</p> <p>Cancer Workstream focus: Endoscopy capacity, implementation of rapid diagnostic centres, implementation of best practice pathways, continued roll out of the Living With and Beyond Cancer programme and the Cancer Excellence Programme both of which were in place prior to covid, linking in with GM Cancer and GM Surgical Cancer Hub.</p> <p>Diagnostics: is incorporated within a number of recovery workstreams. In addition, the Trust is linking in to GM structures for Diagnostics.</p> <p>Workforce is a key element to all recovery workstreams, with HR representatives on these groups to ensure the workforce implications are considered and addressed.</p>	Julia Bridgewater	Ongoing throughout 2020/21	Quality and Performance Scrutiny	<p>Progress against the workstreams is being reported into the Strategic Covid Group, the Board of Directors, and Group Risk Management Committee.</p> <p>The performance position against national standards is reported via the Board Assurance report and the Covid Recovery and Performance report to the Board of Directors.</p>	16 (4X4)	

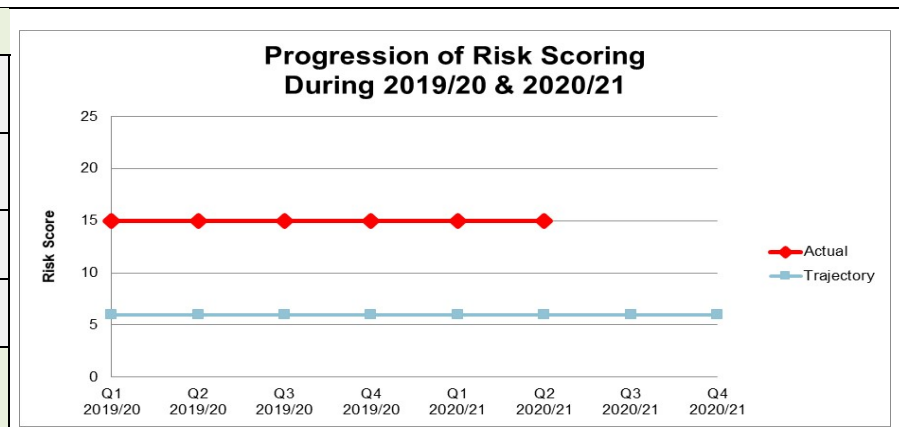
2	Strategic Aim: To improve patient safety, clinical quality and outcomes - CONTINUED
<p>PRINCIPAL RISK (MFT/004513) :</p> <p>Under delivery of activity / capacity which will impact on achievement of national operational standards for urgent and elective care, including cancer and diagnostics, due to long standing issues of: demand pressures, capacity, workforce and estate constraints, and the ongoing Covid19 pandemic.</p> <p>This risk replaces previous individual risks related to national standards, capacity, covid and the associated recovery (MFT004288, MFT004286, MFT003111,</p>	
<p>Inherent Risk Rating Impact / Likelihood "Without Controls"</p>	<p>EXISTING CONTROLS "What controls/systems are currently in place to mitigate the risk?"</p>
<p>20 (4x5)</p>	<p>CONTINUED</p> <p>1.7 MFT Recovery programme established following wave one of the pandemic, underpinned by a number of workstreams a number of which focus on recovery of activity levels and associated performance against national operational standards related to: Outpatients, Elective Access, Cancer, Urgent Care.</p> <p>1.8 Governance and reporting structure in place to support the Recovery Programme, with a Recovery and Resilience Board established, and routine reporting into the MFT Strategic Covid Group.</p> <p>1.9 MFT Accountability Oversight Framework</p> <p>1.10 MFT Board and Committee activity and performance reporting in place</p> <p>1.11 MFT Operational reporting in place to support hospital teams in the management of performance standards.</p> <p>1.12 Patient Access Policy</p> <p>1.13 MFT EPRR Policies and Plans to support organisational response to Major Incident and Business Continuity incidents</p> <p>1.14 MFT EPRR Governance Framework including:</p> <ul style="list-style-type: none"> • MFT EPRR Committee • Hospital Site Forums • MFT EPRR annual assurance statement, against the national core standards for EPRR which underpin the Trust compliance with the Civil Contingencies Act. Associated action plans in place, and reporting / assurance against these has been provided to the Trust Quality and Performance Scrutiny Committee, with delivery of action monitored through the MFT EPR Committee. <p>1.15 Audits are routinely undertaken, by internal and external audit, around the national constitutional standards to provide assurance of performance reporting to the Board of Directors.</p>

2	Strategic Aim: To improve patient safety, clinical quality and outcomes
PRINCIPAL RISK (What is the cause of the risk?): If appropriate safeguarding systems and processes are not in place then Children and Adults at risk of abuse or neglect may not be safeguarded from harm	Enabling Strategy: QUALITY & SAFETY STRATEGY Group Executive Lead: CHIEF NURSE
RISK CONSEQUENCES (What might happen if the risk materialises?): 1. Adults and children at risk of abuse or neglect may come to harm 2. Failure to comply with statutory and regulatory safeguarding standards	Associated Committee: SAFEGUARDING COMMITTEE Operational Lead: DEPUTY CHIEF NURSE /ASSISTANT CHIEF NURSE (SAFEGUARDING)



Inherent Risk Rating Impact / Likelihood "Without Controls"	EXISTING CONTROLS "What controls/systems are currently in place to mitigate the risk?"	GAPS IN CONTROLS "What Controls should be in place to manage the risk but are not?"	ASSURANCE "What evidence can be used to show that controls are effectively in place to mitigate the risk?"	GAPS IN ASSURANCE "What evidence should be in place to provide assurance that the Controls are working/effective but is not currently available?"	Current Risk Rating Impact / Likelihood "With Controls"	ACTION(S) REQUIRED "Additional actions required to bridge gaps in Controls & Assurance"	RESPONSIBILITY	COMPLETION TIMESCALE	MONITORING COMMITTEE	PROGRESS	Target Rating Impact / Likelihood "Based on successful impact of Controls to mitigate the risk"
15 (5x3)	A1. Safeguarding Governance Structures in place. A2. Safeguarding policies and procedures. A3. Trust Safeguarding Teams actively support staff. A4. Directors of Nursing/Midwifery/Healthcare Professionals accountable for safeguarding within each hospital/MCS/ LCO. A5. Named Doctors and Named Nurses provide professional support and advice to staff. A6. Senior representation at all levels of the safeguarding Partnership Arrangements to support statutory duty to cooperate. A7. Safeguarding adults and children's training programme in place as per Intercollegiate guidance underpinned by learning from SCRs/SARs/ DHRs. A8. Safeguarding Supervision process in place. A9. Learning Disability flag to alert Matron review. A10 Reports provided to statutory meetings if Trust staff are unable to attend. A11. Child Protection Information Sharing System (CP-IS) in place in all relevant areas except SMH maternity services. A12 AOF monitoring (MLCO)	B1. Mental Capacity Act (MCA) assessments and Deprivation of Liberty Safeguards (DoLS) are of inconsistent quality B2. DoLS applications are often not authorised by Local Authority due to lack of capacity B3. Level 3 Safeguarding training compliance is below the required threshold of 90% B4. The Trust is not yet compliant with the changes to Statutory Intercollegiate Guidance, which requires increased numbers of staff to receive level 3 adult safeguarding training B5. LD Specialist Nurse Capacity is very limited B6. LD and/or Autism Strategy not finalised	C1. Annual Safeguarding Report to Board of Directors. C2. Hospital/Managed Clinical Service/LCO annual Safeguarding Work Programme, monitored by Safeguarding Team. C3. Annual Hospital/MCS/ LCO safeguarding assurance processes, observed by NED, to assess compliance with CQC and statutory requirements. C4. Completion of SCR actions - reported to the Safeguarding Committee. C5. Local Safeguarding Children's Board Section 11 audit - reported to the Safeguarding Committee. C6. Submission of safeguarding adults Annual Assurance statement and supporting evidence. C7. Trust incident reporting system data C8. Regulatory inspection process C9. Training compliance data C10. Annual safeguarding audit programme C11. Safeguarding supervision data	D1. Prevent training compliance below threshold	10 (5x2)	B1. Deliver MCA and DoLS training to relevant staff through Level 3 Adult Safeguarding Training B1. Audit the quality of MCA assessments and DoLS applications B2. Submit DoLS applications in accordance with statutory requirements B3. Deliver targeted safeguarding training to meet Intercollegiate requirements B4. Hospitals/MCS/LCO to deliver agreed trajectories B5. Develop Business Case to increase capacity to meet patient needs B6. Finalise and launch a System-wide LD and/or autism Strategy B6. Deliver the Trust's LD work plan D1. Target Prevent training to non-complaint areas	Assistant Chief Nurse (Safeguarding)	March 2020	Safeguarding Committee	A11. The installation of CP-IS within SMH maternity services has been slightly delayed due to pressures within the IT department, however full implementation is expected by the end of Q3 2020/21. As part of the health service response to vulnerable children during the Covid 19 pandemic NHS E requested NHS Digital to roll out CP- IS within all 0-19 years' services. In Manchester and Trafford community health services CP- IS information is shared by child health to the Manchester and Trafford 0 -19 services to ensure Practitioners are aware of children on their caseload who are looked after or on a child protection plan. CPIS is fully implemented in Manchester community services and is currently being implemented in Trafford community services. B1. Increased provision of DoLS training ongoing. B1. DoLS audits undertaken in 2019 and actions delivered to improve quality and compliance with DoLS criteria. Training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) is delivered as part of the Adult Safeguarding Level 3 training (compliance is shown at B3 below). A dip sample audit compliance with the DoLS referral process was completed showing gaps in completion of the DoLS referral process. Further training is being planned to support staff in compliance with this process. B2. The number of DoLS applications across MFT continues to be high with 1838 applications being made in 2019/2020. There continues to be low levels of assessments/authorisation by the LA with only 4% being assessed in 2019/2020. In Q1 408 DoLS applications (507 Q4) were made, which reflects patient cohort and DHSC pandemic guidance. Of those 99% were not authorised by the LA. The Safeguarding Mental Health Matron is leading work with Manchester and in Trafford LAs to address this issue. B3. Competencies matched to roles in accordance with revised Intercollegiate Guidance. Improvement plans developed and implemented by Directors of Nursing to improve compliance. Overall Training compliance at 31 st August was 89.75% compared to the Trust Target of 90%. This exceeds the CQC target of 85% and shows improvement across all training levels. B3. On-going online programme of safeguarding training has continued to be delivered during the Covid-19 response. Safeguarding level 3 training review continued during the COVID-19 response. At 31 st August 2020, level 1 and 2 adults and children's training continued to exceed 85%, level 3 children's training has remained consistent at 76.03% and level 3 adult training has increased slightly to 72.93%. Work continues with ODT to further develop the level 3 training offer. B4. Face to face level 3 safeguarding children and adults training remains paused due to C-19 however the online safeguarding training programme with the requirement to complete a 'workbook' to evidence learning continues with positive feedback and evaluation. B5. Following agreement of a case to expand LD Specialist Nurse capacity, 2xband 7 and 1xband 6 posts have been recruited to with recruitment to 1xband 6 post being finalised. The anticipated start dates for the new recruits are mid/ late November. B6. The LCO Chief Nurse continues to lead the MFT LD Steering Group. Director of Adult Social Services (DASS) is the Executive lead for the system-wide LD Strategy with the LCO Chief Operating Officer as the operational lead and the Assistant DASS is the Programme Director with PMO support. System leadership includes MHCC, MFT, Primary Care, GMMH and MLCO. Directors of Nursing continue to lead local improvements within hospitals/MCS. B6. Self-assessment against NHS I learning disability improvement standards for NHS trusts refreshed and LD work programme updated. Regular updates provided to Safeguarding Committee. D1 As at 31 st August 2020, Level 3 Prevent training was at 87%; this is an increase of 14% compared to the same time last year. The national NHSE requirement for Level 3 Prevent training is 85%. If the current trajectory continues, the Trust is expected to achieve 90% compliance by the beginning of Q4. Compliance with Basic Level Prevent training continues to exceed the 90% threshold.	8 (4x2)

2	Strategic Aim: To improve patient safety, clinical quality and outcomes	
PRINCIPAL RISK (What is the cause of the risk?): If we do not comply with appropriate building regulations or maintenance requirements there is a risk to the critical infrastructure of the hospitals that could result in harm to staff, patients or the public	Enabling Strategy: QUALITY & SAFETY STRATEGY ESTATES STRATEGY	
	Group Executive Lead: CHIEF OPERATING OFFICER	
	Associated Committee: CEO FORUM	
RISK CONSEQUENCES (What might happen if the risk materialises?): 1. Inability to use public, staff or clinical areas as intended, leading to inability to provide treatment as planned 2. Potential impact for harm to staff, patient of public	Operational Lead: GROUP DIRECTOR OF ESTATES AND FACILITIES	
	Material Additional Supporting Commentary (as required):	



Inherent Risk Rating Impact / Likelihood "Without Controls"	EXISTING CONTROLS "What controls/systems are currently in place to mitigate the risk?"	GAPS IN CONTROLS "What Controls should be in place to manage the risk but are not?"	ASSURANCE "What evidence can be used to show that controls are effectively in place to mitigate the risk?"	GAPS IN ASSURANCE "What evidence should be in place to provide assurance that the Controls are working/effective but is not currently available?"	Current Risk Rating Impact / Likelihood "With Controls"	ACTION(S) REQUIRED "Additional actions required to bridge gaps in Controls & Assurance"	RESPONSIBILITY	COMPLETION TIMESCALE	MONITORING COMMITTEE	PROGRESS	Target Rating Impact / Likelihood "Based on successful impact of Controls to mitigate the risk"
15 (3x5)	A.1 Detailed business continuity plans to mitigate the impact of any failure A.2 Multiple redundancy and layered systems to prevent the escalation of an issue (eg fire alarms; fire doors and sprinkler system; HV backup generation). A.3 Agreed maintenance regimes to ensure the infrastructure is maintained to the required level A.4 Internal & external reviews of systems and processes to highlight gaps and required actions	B.1 Not all maintenance regimes have been adhered B.2 Not all infrastructure schematics accurately represent the 'as built' estate B.3 Given above points redundancy systems may not operate as planned B.5 Some controls are reactionary, based on minimising impact should an issue occur	C.1 Ongoing certification (internal or external as required) of actions completed by the team undertaking the remedial actions reducing the number of outstanding defects. C.2 Schematics are being updated on a periodic basis to reflect the as built environment	D.1 Survey and remedial works take a significant period to complete & until complete full assurance cannot be gained. D.2 Some schematics remain outdated in the review period and the update process will take several years to complete D.3 The new CAFM system will need to run for 12 months to give full assurance as some tasks are yearly D.4 The external audits highlighted areas of further work which is being carried out but full assurance cannot be gained until works are complete	15 (3x5)	D.1 Complete surveys and agree programme of remedial works by site and infrastructure system D.2 Infrastructure schematics updated in line with the survey and remedial work	Chief Operating Officer	Assurance task complete Remedial actions will run for a prolonged period (circa 24 months)	CEO Forum	Survey and remediation work ongoing Schematics being updated on an as needed basis Fire compliance risk now being shared at a Hospital level Significant progress on Fire Compartmentation remediation during May & June 2020 whilst areas of the Main Hospital Building on ORC were empty due to Covid. A similar approach will be used should a further opportunity arise. Significant work ongoing with ProjectCo; Sodexo and Engie to enhance record keeping and Trust access to records as required.	6 (3x2)

2 Strategic Aim: To improve patient safety, clinical quality and outcomes											
PRINCIPAL RISK (What is the cause of the risk?): If the Trust fails to recruit and retain a nursing and midwifery workforce to support evidence based nursing and midwifery establishments due to national Nursing and Midwifery workforce supply deficit, the quality and safety of care may be compromised				Enabling Strategy: QUALITY AND SAFETY STRATEGY; NURSING, MIDWIFERY & AHP STRATEGY				Group Executive Lead: CHIEF NURSE			
RISK CONSEQUENCES (What might happen if the risk materialises?): 1. Compromised patient care 2. Adverse patient experience 3. Increased complaints 4. Failure to comply with NHS regulatory standards 5. Inability to recruit well trained nursing and midwifery staff further compounding the staffing issue 6. Inability to offer a quality training experience to students				Associated Committee: NMAHP PROFESSIONAL BOARD HR SCRUTINY COMMITTEE				Operational Lead: ASSISTANT CHIEF NURSE (WORKFORCE)			
				Material Additional Supporting Commentary (as required):							

Progression of Risk Scoring During 2019/20 & 2020/21

Quarter	Actual Risk Score	Trajectory Risk Score
Q1 2019/20	12	6
Q2 2019/20	12	6
Q3 2019/20	12	6
Q4 2019/20	12	6
Q1 2020/21	12	6
Q2 2020/21	12	6
Q3 2020/21	12	6
Q4 2020/21	12	6

Inherent Risk Rating Impact / Likelihood "Without Controls"	EXISTING CONTROLS "What controls/systems are currently in place to mitigate the risk?"	GAPS IN CONTROLS "What Controls should be in place to manage the risk but are not?"	ASSURANCE "What evidence can be used to show that controls are effectively in place to mitigate the risk?"	GAPS IN ASSURANCE "What evidence should be in place to provide assurance that the Controls are working/effective but is not currently available?"	Current Risk Rating Impact / Likelihood "With Controls"	ACTION(S) REQUIRED "Additional actions required to bridge gaps in Controls & Assurance"	RESPONSIBILITY	COMPLETION DATE/SCALE	MONITORING COMMITTEE	PROGRESS	Target Rating Impact / Likelihood "Based on successful impact of Controls to mitigate the risk"
12 4x3	A1. Reports on controls to- NMAHP Professional Board, Clinical Risk Management Committee and HR Scrutiny Committee, Board of Directors and Group Management Board A2. Domestic and International recruitment campaigns A3. Hospital/MCS workforce dashboards A4. Hospital/MCS Nursing and Midwifery retention strategies A5. e roster KPIs and dashboard A6. Daily safe staffing huddles and staff deployment based on acuity and dependency A7. Temporary staffing reporting processes aligned with finance reporting A8. Triangulation of workforce establishment data with clinical quality metrics A9. Developing and embedding new roles within the Nursing workforce. A10. Establishments reviews undertaken utilising SNCT A11. Corporate retention work schemes A12. Pandemic workforce recovery programme A13. Hospital/MCS and Group level pandemic escalation metrics and plans to manage workforce supply A14. NHSP professionals temporary staffing bank and agency workforce model	B1 National shortage of nurses for the pipeline with no increase in trainees graduating until 2021 B2 Uncertainty due to the impact of CV19 on graduate workforce supply in 2021 B3 Uncertainty due to the Impact of CV19 on international recruitment pipeline in 20/21	C1 Programme of domestic and international virtual recruitment events C2 Monthly NHSI safe staffing reporting C3 E Rostering - Roster confirm and challenge meetings implemented in all areas to ensure effective rostering of staff and appropriate use of temporary staff C4 Absence manager - monitoring absence and trends to inform workforce requirements C5 Nursing Associates role provides additionality and support to registered nursing workforce C6 Bi-annual Safer Staffing reports to Board of Directors Group Management Board, HR Scrutiny Committee, NMAHP Professional Board, Risk Management Committee. C7 Monthly Nursing and Midwifery workforce dashboards, recruitment pipeline and vacancy trajectories C8 Hospital/MCS AOF KPI's C9 Safer Nursing Care Tool (SNCT) introduced to support annual inpatient workforce establishment reviews. C10 Workforce Programme Board established to monitor CV19 workforce recovery programmes	D1 Variation in staffing levels and workforce supply within the hospitals MCS/ MLCO. D2 Hospitals/ MCS/LCO CV19 workforce recovery required to meet policy guidance D3 Workforce supply potentially impacted by CV19 response.	12 4x3	E1 Domestic and international recruitment campaigns resulting in substantive appointments of both nurses and midwives E2 Continue with the International recruitment programme with focus on hard to fill areas, service expansion (CSS) and increased activity (theatres) E3 Nursing and midwifery workforce supply to address workforce requirement and capacity demand. E4 Reduce Nursing and Midwifery vacancies E5 Reduce turnover and improve retention rate in band 5 roles. E6 Review all in-patient ward areas' staffing establishments following reconfiguration of hospital/MCS service models E7 Manage staff absence as per policy; monitoring absence trends to inform workforce requirements during pandemic. E8 Implement upskilling programme to support redeployment of nursing workforce as required during the pandemic response.	Chief Nurse's Team	November 2020	NMAHP Professional Board	E1 Programme of virtual recruitment events planned for the next 6 months. E2 The Trust is to recruit a minimum of 360 international nurses before the end of March 2021 with 215 nurses due to arrive before the end of Q3. E3 Predicted vacancy rates will reduce in Q3 and Q4 following graduation of newly qualified nurses. E4 Guaranteed job offer introduced for 3 rd year student nurses and midwives. To be introduced for all MFT trained 2 nd year N&M students from September 2020. E5 Annual rolling turnover rate for nursing and midwifery has reduced to 12% (from 12.8%). E6 The Safer Nursing Care Tool has been introduced across all inpatient ward areas to support safe staffing establishment reviews – establishment reviews to be undertaken in all inpatient ward areas before the end of Q4. E7 Nursing and midwifery managers working closely with NHS Professionals to ensure adequate bank and agency supply to cover sickness absence. E8 Upskilling programme established and delivered in Q1, now being reviewed and re-established to provide additional training to support winter pandemic escalation plans and staff redeployment.	6 3x2

2		Strategic Aim: To improve patient safety, clinical quality and outcomes			<div>Progression of Risk Scoring During 2019/20 & 2020/21</div> <table><caption>Risk Scoring Data</caption><thead><tr><th>Quarter</th><th>Actual Risk Score</th><th>Trajectory Risk Score</th></tr></thead><tbody><tr><td>Q1 2019/20</td><td>12.5</td><td>9.5</td></tr><tr><td>Q2 2019/20</td><td>12.5</td><td>9.5</td></tr><tr><td>Q3 2019/20</td><td>12.5</td><td>9.5</td></tr><tr><td>Q4 2019/20</td><td>12.5</td><td>9.5</td></tr><tr><td>Q1 2020/21</td><td>12.5</td><td>9.5</td></tr><tr><td>Q2 2020/21</td><td>12.5</td><td>9.5</td></tr><tr><td>Q3 2020/21</td><td>12.5</td><td>9.5</td></tr><tr><td>Q4 2020/21</td><td>12.5</td><td>9.5</td></tr></tbody></table>							Quarter	Actual Risk Score	Trajectory Risk Score	Q1 2019/20	12.5	9.5	Q2 2019/20	12.5	9.5	Q3 2019/20	12.5	9.5	Q4 2019/20	12.5	9.5	Q1 2020/21	12.5	9.5	Q2 2020/21	12.5	9.5	Q3 2020/21	12.5	9.5	Q4 2020/21	12.5	9.5
Quarter	Actual Risk Score	Trajectory Risk Score																																				
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Q3 2020/21	12.5	9.5																																				
Q4 2020/21	12.5	9.5																																				
PRINCIPAL RISK (What is the cause of the risk?): Failure to deliver medical workforce workstreams (consolidated risk)		Enabling Strategy: WORKFORCE STRATEGY																																				
		Group Executive Lead: JOINT GROUP MEDICAL DIRECTORS																																				
RISK CONSEQUENCES (What might happen if the risk materialises?):		Associated Committee: WORKFORCE & EDUCATION COMMITTEE																																				
1. Patient safety & quality of care risk if unable to fill medical shifts/vacancies 2. Inequity of care delivered at weekends v weekday 3. Loss of control on medical agency & internal bank spend		Operational Lead: CHIEF OF STAFF / GROUP ASSOCIATE DIRERCTOR OF WORKFORCE																																				
		Material Additional Supporting Commentary (as required):																																				
Inherent Risk Rating Impact / Likelihood "Without Controls"	EXISTING CONTROLS "What controls/systems are currently in place to mitigate the risk?"	GAPS IN CONTROLS "What Controls should be in place to manage the risk but are not?"	ASSURANCE "What evidence can be used to show that controls are effectively in place to mitigate the risk?"	GAPS IN ASSURANCE "What evidence should be in place to provide assurance that the Controls are working/effective but is not currently available?"	Current Risk Rating Impact / Likelihood "With Controls"	ACTION(S) REQUIRED "Additional actions required to bridge gaps in Controls & Assurance"	RESPONSIBILITY	COMPLETION TIMESCALE	MONITORING COMMITTEE	PROGRESS	Target Rating Impact / Likelihood "Based on successful impact of Controls to mitigate the risk"																											
12 (4X3)	A1. Group Executive Sponsors of Medical Workforce Workstreams A2. Hospital/MCS Executive teams A3. HR Scrutiny Committee oversight A4. Finance scrutiny committee oversight A5. Hospital Review meetings A6. Accountability Oversight Framework (AOF) A7. Medical Directors' Workforce Board A8. Workforce Systems Programme board A9. LNC Liaison A10.Job Planning & Medical Leave Policy A11.Medical Workforce Electronic systems (job planning, rotas etc) A12.Internal Turnaround governance programme including WAVE A13.Management of Direct Engagement supplier A14. 7DS Joint Assurance Group A15. 7DS action plan A16. Locum and agency dashboards A17. Guardian of Safe working (GOSW)	B1. Consistency in approach of Hospitals/MCS to management of temporary medical staffing B2. Key medical workforce processes (job planning, leave etc)require alignment across Group) B3. Medical Workforce systems not fully rolled out across Group B4. Medical workforce dashboards not fully in place and information not shared between systems B5. No electronic means of recording the 7DS standards.	C1. NHSI weekly agency report C2. NHSE Monitoring reports C3. Percentage of consultant job plans on electronic system C4. Reducing agency/locum spend C5. Reduction in medical vacancies/unfilled shifts C6. Medical Workforce AOF Metrics C7. Audits of 7DS standards by Hospital/MCS C8. GOSW reports C9. Hospital/MCS Review meetings – risk/mitigation plans	D1. Medical Workforce dashboards need refinement and to be aligned to Hospital/ MCS and KPIS D2. GOSW reports do not cover non training posts	12 (3X4)	B1. Develop and expand MFT Medical Bank B1. Further develop and expand Internal recruitment programme B2. Roll out new MFT job plan policy and leave policy B2. Develop job plan training guide for clinical leaders B2. Provide regular reports on job plan status to Hospitals/MCS B3. Complete the roll out of the Allocate Medical Workforce systems (job planning, e-rotas) and embed into culture B4. (and D1) Develop and roll out new dashboards for Medical temporary staffing B5. Review potential to include 7DS standards 2 and 8 in existing MFT IT systems in advance of full EPR deployment D2. Develop GOSW reports to include non training grade vacancies	Group Medical Directors Team & Group HR Directors Team	March 2021	Human Resources Scrutiny Committee	B1. Business case for new bank supplier approved. Procurement completed. Go Live Nov 2020 with in house team being recruited. MFT Tier 5 GMC sponsorship continues to progress. MSC in leadership to be launched with MMU – recruitment initiatives. New single contract for locally employed junior doctors to be agreed in Q3 and rolled out B2. New MFT Job Planning Policy approved in January 2020. Roll out delayed by Covid-19. New 'Covid recovery' job planning principles agreed at July JLNCC. Job planning recommenced B2. Job plan training guide to support roll out developed and refined for Covid recovery Monthly reports sent to hospitals/MCS on job plan status and bi-weekly 'heat maps' now sent Project team now in place for roll out of Allocate Medical Workforce systems B5. 7DS standard included in Patienttrack scoped and formal testing to commence in MRI in Nov 2020 D1. Complete - Updated dashboards rolled out across Hospital/MCS & will be replicated when new supplier in place D2. GOSW reports updated and full link to vacancies will be available when Allocate rotas fully rolled out	9 (3X3)																											

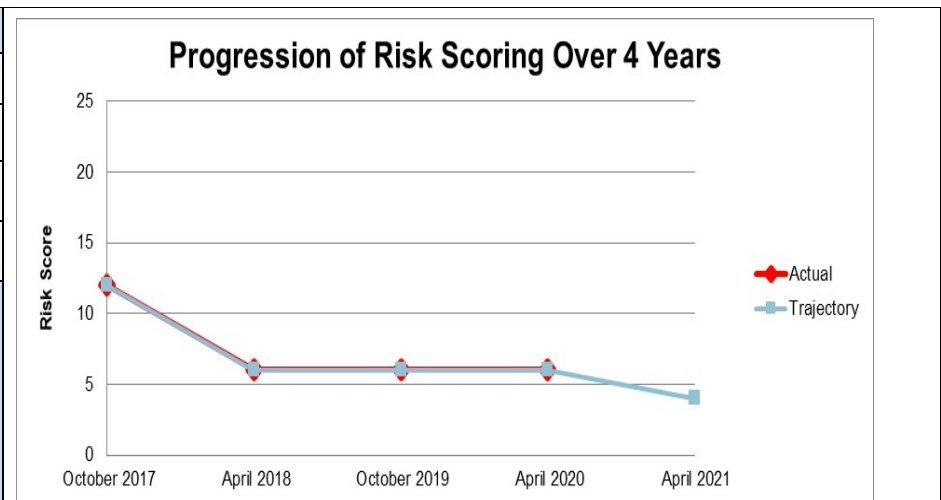
2		Strategic Aim: To improve patient safety, clinical quality and outcomes																											
PRINCIPAL RISK (What is the cause of the risk?): If there are malicious attacks to IT system(s), vulnerabilities could compromise or disable access to systems and or data.			Enabling Strategy: MFT GROUP INFORMATICS STRATEGY			<h3>Progression of Risk Scoring Over 4 Years</h3> <table border="1"><caption>Data for Progression of Risk Scoring Over 4 Years</caption><thead><tr><th>Date</th><th>Actual Risk Score</th><th>Trajectory Risk Score</th></tr></thead><tbody><tr><td>October 2017</td><td>15.00</td><td>15.00</td></tr><tr><td>April 2019</td><td>15.00</td><td>15.00</td></tr><tr><td>October 2019</td><td>15.00</td><td>15.00</td></tr><tr><td>April 2020</td><td>15.00</td><td>15.00</td></tr><tr><td>April 2021</td><td>15.00</td><td>15.00</td></tr></tbody></table>						Date	Actual Risk Score	Trajectory Risk Score	October 2017	15.00	15.00	April 2019	15.00	15.00	October 2019	15.00	15.00	April 2020	15.00	15.00	April 2021	15.00	15.00
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Group Executive Lead: GROUP CHIEF FINANCE OFFICER																													
Associated Committee: GROUP INFORMATICS STRATEGY BOARD																													
RISK CONSEQUENCES (What might happen if the risk materialises?): 1. Delivery of patient care could be affected by loss of access to systems and/or data leading to patient harm. 2. Patient experience could be adversely impacted (e.g. wait times increased) by loss of access to systems and/or data. 3. Financial damage. 4. Reputational damage. 5. Staff morale.			Operational Lead: GROUP CHIEF INFORMATICS OFFICER																										
			Material Additional Supporting Commentary (as required): Please note there is a national mandate that Cyber risk scoring remains at 15, despite work being undertaken to reduce severity.																										
Inherent Risk Rating Impact / Likelihood "Without Controls"	EXISTING CONTROLS "What controls/systems are currently in place to mitigate the risk?"	GAPS IN CONTROLS "What Controls should be in place to manage the risk but are not?"	ASSURANCE "What evidence can be used to show that controls are effectively in place to mitigate the risk?"	GAPS IN ASSURANCE "What evidence should be in place to provide assurance that the Controls are working/effective but is not currently available?"	Current Risk Rating Impact / Likelihood "With Controls"	ACTION(S) REQUIRED "Additional actions required to bridge gaps in Controls & Assurance"	RESPONSIBILITY	COMPLETION TIMESCALE	MONITORING COMMITTEE	PROGRESS	Target Rating Impact / Likelihood "Based on successful impact of Controls to mitigate the risk"																		
15 (5x3)	A.1 Appropriate Controls are in place to manage the threat of Cyber attack and other IT vulnerabilities and security threats.	B.1 Regular reviews are undertaken to manage any gaps in control & mitigate any emergent risk.	C.1 Independent assurance scheduled at regular intervals to ensure best practice in addressing cyber threat and other IT security vulnerabilities	D.1 Emerging Cyber Risk may mean gap in assurance through non-availability of specialist knowledge at point of risk.	15 (5x3)	A.1 Implementation of the Group Informatics Cyber Security Action Plan, which will track and monitor all ongoing Actions at a detailed level. This will ensure continuous monitoring in line with ongoing and emerging risks at a national and global level.	Group Chief Informatics Officer	Ongoing	Group Informatics Strategy Board	<ul style="list-style-type: none">Continual service improvement in key IT infrastructure and raising organisation understanding through appropriate guidance, to reduce the incidence and impact of cyber risk. Additional improvements have been carried out and Cyber Essentials Plus Action Plan updates submitted to NHS Digital for ratification.	6 (3x2)																		

3		Strategic Aim: To improve the experience of patients, carers and their families																																					
PRINCIPAL RISK (What is the cause of the risk?): If the care provided to patients is not responsive to their individual needs and the environment is unsuitable, this could impact negatively on patient experience, outcomes and reputation			Enabling Strategy: QUALITY AND SAFETY STRATEGY; PATIENT EXPERIENCE AND INVOLVEMENT STRATEGY NURSING, MIDWIFERY & AHP STRATEGY			<div><h3>Progression of Risk Scoring During 2019/20 & 2020/21</h3><table><caption>Risk Scoring Data</caption><thead><tr><th>Quarter</th><th>Actual Risk Score</th><th>Trajectory Risk Score</th></tr></thead><tbody><tr><td>Q1 2019/20</td><td>12</td><td>6</td></tr><tr><td>Q2 2019/20</td><td>12</td><td>6</td></tr><tr><td>Q3 2019/20</td><td>12</td><td>6</td></tr><tr><td>Q4 2019/20</td><td>12</td><td>6</td></tr><tr><td>Q1 2020/21</td><td>12</td><td>6</td></tr><tr><td>Q2 2020/21</td><td>12</td><td>6</td></tr><tr><td>Q3 2020/21</td><td>12</td><td>6</td></tr><tr><td>Q4 2020/21</td><td>12</td><td>6</td></tr></tbody></table></div>							Quarter	Actual Risk Score	Trajectory Risk Score	Q1 2019/20	12	6	Q2 2019/20	12	6	Q3 2019/20	12	6	Q4 2019/20	12	6	Q1 2020/21	12	6	Q2 2020/21	12	6	Q3 2020/21	12	6	Q4 2020/21	12	6
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RISK CONSEQUENCES (What might happen if the risk materialises?): 1. Adverse patient experience 2. Increased complaints 3. Failure to comply with regulatory standards 4. Damage to Trust reputation			Group Executive Lead: CHIEF NURSE																																				
			Associated Committee: QUALITY AND SAFETY COMMITTEE; PROFESSIONAL BOARD																																				
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3	Strategic Aim: To improve the experience of patients, carers and their families - CONTINUED										
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12 4x3	A14 Environmental Health Officer (EHO) inspections A15 Interim Covid-19 Visiting Policy (implemented in March 2020) revised in October 2020 sets out actions to maintain a positive patient experience.	(see above)	(see above)	D2. Variation in AOF patient experience scores across the Trust D3 Limited evidence that all staff involved in food handling processes comply with relevant level of food hygiene training	12 4X3	B6 PALS, Patient Experience & Volunteers Service to develop and embed virtual visiting service. C2 Develop revised patient experience AOF metrics to monitor progress during the Covid-19 recovery period. C1 Implement alternate temporary assurance process agreed by Professional Board whilst Accreditation programme paused. C1 Re-introduce Senior Leadership Walkrounds from September 2020. C4,5&8. Re-establish QCR, WMTM and FFT data collection processes. D1. Deliver Patient Environment of Care work programme. D2. Develop and deliver Hospital/MCS/LCO action plans to drive improvement supported by corporate services as required. D3. Develop and deliver food handling training to relevant staff, including level 2 training as indicated.	Chief Nurse's Team	March 2021	Quality and Performance Scrutiny Committee	D2 Hospital/MCS/LCO action plan exception reports monitored on an ongoing basis. B5 Food task and finish group established with E&F and nursing membership focused on compliance with the regulatory requirements. Food Safety in the Clinical Environment Policy developed. Patient food fridge monitoring booklet drafted. Food safety training sub-group established to enable compliance with the EHO recommendations. Patient visitor food safety sub-group established. B6 Temporary Family Liaison team stepped down in July 2020 to enable redeployed staff to return to their roles. Virtual visiting service established in August 2020. C1. Senior Leadership Walkround schedule re-launched in September 2020 with the option for alternative arrangements by MS Teams for Covid-19 areas. C1. Alternate temporary assurance process implemented to replace the full accreditation programme for 2020/21. C2 AOF patient experience metrics revised and monitoring continued. C4,5&8 QCR data collection re-established in May 2020. WMTM survey re-established from July 2020 and National FFT to reporting to recommence in December 2020. D1. Significant improvement in quality of food reported in national patient survey 2019. All other scores within average range.	6 3x2

4 Strategic Aim: To Achieve Financial Sustainability																																					
PRINCIPAL RISK (What is the cause of the risk?): Risk that revised funding arrangements in place from October 2020, existing cost pressures and operational pressures as result of COVID-19 prevent the Trust from delivering financial balance.			Enabling Strategy: MFT CONSTITUTION & LICENSING REQUIREMENTS		<div><h3>Financial risk rating since April 2018</h3><table border="1"><caption>Financial Risk Rating Data</caption><thead><tr><th>Quarter</th><th>Actual</th><th>Trajectory</th></tr></thead><tbody><tr><td>Q1 2018/19</td><td>3</td><td>3</td></tr><tr><td>Q2 2018/20</td><td>3</td><td>3</td></tr><tr><td>Q3 2018/21</td><td>2</td><td>2</td></tr><tr><td>Q4 2018/22</td><td>1</td><td>2</td></tr><tr><td>Q1 2019/20</td><td>3</td><td>3</td></tr><tr><td>Q2 2019/20</td><td>3</td><td>3</td></tr><tr><td>Q3 2019/20</td><td>3</td><td>3</td></tr><tr><td>Q4 2019/20</td><td>2</td><td>2</td></tr></tbody></table></div>						Quarter	Actual	Trajectory	Q1 2018/19	3	3	Q2 2018/20	3	3	Q3 2018/21	2	2	Q4 2018/22	1	2	Q1 2019/20	3	3	Q2 2019/20	3	3	Q3 2019/20	3	3	Q4 2019/20	2	2
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Operational Leads: HOSPITAL FINANCE DIRECTORS																																					
RISK CONSEQUENCES (What might happen if the risk materialises?): Failure to deliver the £25m gap to surplus identified in the October 2020 financial plan will potentially put the Trust in breach of its license and prevent the Trust from delivering the cash surplus to underpin MFT's capital plan in future years.			Material Additional Supporting Commentary (as required):																																		
Inherent Risk Rating Impact / Likelihood "Without Controls"	EXISTING CONTROLS "What controls/systems are currently in place to mitigate the A.risk?"	GAPS IN CONTROLS "What Controls should be in place to manage the risk but are not?"	ASSURANCE "What evidence can be used to show that controls are effectively in place to mitigate the risk?"	GAPS IN ASSURANCE "What evidence should be in place to provide assurance that the Controls are working/effective but is not currently available?"	Current Risk Rating Impact / Likelihood "With Controls"	ACTION(S) REQUIRED "Additional actions required to bridge gaps in Controls & Assurance"	RESPONSIBILITY	COMPLETION TIMESCALE	MONITORING COMMITTEE	PROGRESS	Target Rating Impact / Likelihood "Based on successful impact of Controls to mitigate the risk"																										
20 (5x4)	During the COVID pandemic the following has been in operation: A.1 The budget framework has been maintained linked to BAU processes to retain hospital level financial targets and requirements for improvement A.2 Ongoing financial assessment and oversight into all elements of COVID 19 recovery programme A.3 Progressing implementation of EPR system to support and drive changes and appropriate standardisation of clinical care and operational support processes A.4 Maintained monthly review of financial performance against expenditure trajectories etc to reflect revised financial regime A5 Implemented new forecasting regime for Hospitals/MCS/LCO to ensure recovery plans are developed with financial sustainability as a key part of the planning A6 Hospital/MCS/LCO control totals (including Waste Reduction Targets) will be set in advance of M7 2020/21 reporting – these will be used to hold these areas to account.		C.1 An extensive framework of review, challenge and escalation is fully embedded within the organisation C.2 Hospitals/MCS are assigned an AOF rating against the finance domain based on their performance, which determines the level of progress recognised, intervention and support required	None	20 (5x4)	None	Group Chief Finance Officer / Hospital/MCS FDs	Ongoing	Finance Scrutiny Committee		16 (4x4)																										

4 Strategic Aim: To Achieve Financial Sustainability	
PRINCIPAL RISK (What is the cause of the risk?): The Trust remains at a lower level of digital maturity than its ambition.	Enabling Strategy: MFT GROUP INFORMATICS STRATEGY
	Group Executive Lead: GROUP CHIEF INFORMATICS OFFICER
RISK CONSEQUENCES (What might happen if the risk materialises?): 1. Inability to deliver against Trust strategies. 2. Inability to deliver benefits associated with transformational programmes of work. 3. Poor patient care and/or experience. 4. Reputational damage. 5. Financial loss. 6. Low staff morale.	Associated Committee: GROUP INFORMATICS STRATEGY BOARD Operational Lead: Group CIO, Corporate Directors, and Hospital CEOs. Material Additional Supporting Commentary (as required): <ul style="list-style-type: none"> Following Covid-19 and recovery plans Informatics continue to have significant resourcing pressures due to increase demand on services; North Manchester acquisition HIVE EPR, Existing capital plan 20/ 21 Business as usual service plan Increased demand on Information services to support modelling work and changes to information reporting requirements at a GM and National level Support of the recovery workstream which has a heavy reliance on digital solutions



Inherent Risk Rating Impact / Likelihood "Without Controls"	EXISTING CONTROLS "What controls/systems are currently in place to mitigate the risk?"	GAPS IN CONTROLS "What Controls should be in place to manage the risk but are not?"	ASSURANCE "What evidence can be used to show that controls are effectively in place to mitigate the risk?"	GAPS IN ASSURANCE "What evidence should be in place to provide assurance that the Controls are working/effective but is not currently available?"	Current Risk Rating Impact / Likelihood "With Controls"	ACTION(S) REQUIRED "Additional actions required to bridge gaps in Controls & Assurance"	RESPONSIBILITY	COMPLETION TIMESCALE	MONITORING COMMITTEE	PROGRESS	Target Rating Impact / Likelihood "Based on successful impact of Controls to mitigate the risk"
12 (4x3)	A.1 Monitoring of: <ul style="list-style-type: none"> Delivery of Informatics Plan. Benefits Realisation - Qualitative and Quantitative. Digital Maturity Index for Trust. Integration Steering Group monitoring of Informatics PTIP Plan. Strategic and Outline EPR Business Case approved. EPR Governance Framework defined and approved by Trust Board EPR Task & Finish Committee. EPR Scrutiny Committee Terms of Reference defined. EPR Implementation & Benefits Realisation Programme Board Terms of Reference defined. EPR Task and Finish Committee approved the Full Business Case on the 18th May 2020 the contract was signed on the 19th May with the contract becoming effective on the 26th May 2020 	B.1 Changes in the external landscape.	C.1 Introduction of SHS Informatics Governance in 2018/19 C.2 Group Management Board approval made in January 2018 to go to Open Procurement for the strategic EPR solution. C.3 Monitoring against HIMSS digital maturity Index. C.4 Regular updates to Hospitals and Group C.5 Informatics Membership on Boards. C.6 Informatics PTIP Reporting C.7 EPR Task & Finish Committee, Aug 2018 approval for EPR OBC; commencement of OJEU Competitive Dialogue; and Procurement Gateways C.8 EPR Task & Finish Committee, Apr 2019 approval to commence EPR Procurement dialogue phase, and approval of the EPR Benefits Approach C.8 Review of Informatics governance framework completed and revised structure and associated processes implemented. C.9 Governance for the management and implementation of EPR approved. C.10 Following FBC approval the Programme has now commenced planning the implementation phase and working through resourcing plans to support delivery workstreams C.11 Risk relating to capacity of Informatics resources logged with controls in place to mitigate. C.12 Informatics continues to work on the COVID recovery stream to deliver digital solutions	D.1 The significant workload to understand the landscape of the MFT organisation and the planned programmes of work.	6 (3x2)	C.2 Procure and implement strategic EPR solution for MFT organisation C.2 Cross section of staff to participate in Innovation Council. A.1 Appropriate engagement with Workforce Committee and wider Trust, to ensure staff are skilled to meet the needs of our digital organisation. A.1 Operational readiness work programme is in progress to support the cultural change. A.1 Continued monitoring of the delivery roadmap for the EPR tactical work until the strategic solution is implemented. C.10 Recruitment of programme and technical resources to support implementation and delivery has commenced and is continuing. C.11 Refresh of the Informatics Portfolio of work to include all new activity and highlight shortened timelines for delivery of approved programmes of work. C.11 Focus on a targeted recruitment campaign to secure appropriate skills capability to support current portfolio of work, in particular key transformation programmes and Information Services.	Group Chief Informatics Officer	Ongoing	Group Informatics Strategy Board	<ul style="list-style-type: none"> Robust Monthly Monitoring against plans. Good development work with both EPR Tactical Business cases going through the approval process. EPR Innovation Council implemented. HCCIOs appointed. New MFT Informatics Strategy Approved by GISB. Concluded the Group Informatics Management of Change process. EPR Governance Framework defined and approved by EPR Task & Finish Committee. EPR Scrutiny Committee Terms of Reference defined. EPR Implementation & Benefits Realisation Programme Board Terms of Reference defined and inaugural meeting held in Feb 2020. EPR Task and Finish Committee have approved the full business case and the contract was signed on the 19th May 2020. Planning for the implementation phase has now commenced. 	4 (2x2)

5	Strategic Aim: To develop single services that build on the best from across all our hospitals					<div>Progression of Risk Scoring During 2019/20 & 2020/21</div> <table border="1"><caption>Risk Score Data</caption><thead><tr><th>Quarter</th><th>Actual</th><th>Trajectory</th></tr></thead><tbody><tr><td>Q1 2019/20</td><td>3</td><td>3</td></tr><tr><td>Q2 2019/20</td><td>3</td><td>3</td></tr><tr><td>Q3 2019/20</td><td>3</td><td>3</td></tr><tr><td>Q4 2019/20</td><td>3</td><td>3</td></tr><tr><td>Q1 2020/21</td><td>3</td><td>3</td></tr><tr><td>Q2 2020/21</td><td>3</td><td>3</td></tr><tr><td>Q3 2020/21</td><td>3</td><td>3</td></tr><tr><td>Q4 2020/21</td><td>3</td><td>3</td></tr></tbody></table>							Quarter	Actual	Trajectory	Q1 2019/20	3	3	Q2 2019/20	3	3	Q3 2019/20	3	3	Q4 2019/20	3	3	Q1 2020/21	3	3	Q2 2020/21	3	3	Q3 2020/21	3	3	Q4 2020/21	3	3
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Q4 2020/21	3	3																																					
PRINCIPAL RISK (What is the cause of the risk?): There is a risk that commissioners will further consolidate specialised services at a national level (e.g. ACHD), where MFT is not made the designated provider.			Enabling Strategy: GROUP SERVICE STRATEGY / CLINICAL SERVICES STRATEGIES (in development), GROUP QUALITY STRATEGY, GROUP WORKFORCE STRATEGIES																																				
			Group Executive Lead: GROUP DIRECTOR OF STRATEGY																																				
RISK CONSEQUENCES (What might happen if the risk materialises?):			Associated Committee: GROUP SERVICE STRATEGY COMMITTEE																																				
			Operational Lead: DIRECTORS OF STRATEGY																																				
1. Loss of Service 2. Reduction in a range of services (offered within GM) 3. Damage to reputation 4. Loss of staff 5. Reduction in research opportunities			Material Additional Supporting Commentary (as required):																																				
Inherent Risk Rating Impact / Likelihood "Without Controls"	EXISTING CONTROLS "What controls/systems are currently in place to mitigate the risk?"	GAPS IN CONTROLS "What Controls should be in place to manage the risk but are not?"	ASSURANCE "What evidence can be used to show that controls are effectively in place to mitigate the risk?"	GAPS IN ASSURANCE "What evidence should be in place to provide assurance that the Controls are working/effective but is not currently available?"	Current Risk Rating Impact / Likelihood "With Controls"	ACTION(S) REQUIRED "Additional actions required to bridge gaps in Controls & Assurance"	RESPONSIBILITY	COMPLETION TIMESCALE	MONITORING COMMITTEE	PROGRESS	Target Rating Impact / Likelihood "Based on successful impact of Controls to mitigate the risk"																												
6 (2X3)	A.1 Internal process for service reconfiguration to strengthen key specialised services	B.1 Management capacity within corporate hospital and MCS teams to identify ongoing risks and issues against each of our specialised services (as flagged through quality surveillance reviews and other national and local reviews)	Award of:	D.1 No Gaps in Assurance	3 (3X1)	B.2 Annual surveillance reviews are unlikely to go ahead this year. The annual Trust wide review will recommence 21/22.	Group Governance	October 2021	GSSC	Ongoing	3 (3x1)																												
	A.2 Involvement in strategic clinical networks		C.1 National tender for Auditory Brainstem Implantation - one of only two providers in the country.			B.2 Plans to address areas of non-compliance continue to be included in Hospital/ MCS plans for 20/21. Delivery of this may be affected and therefore residual issues will be included in 21/22 plans.	Hospitals / MCS	Ongoing 20/21	GSSC	Ongoing																													
	A.3 Regular discussions with NHS England and foundation trust colleagues through the Shelford group		C.2 CAR-T designation for adults and children			B.2 National specialised services under review by NHSE to be analysed and individually risk rated by the strategy team as part of the corporate team's regular risk management process. This will identify specialised services viewed as being most vulnerable to consolidation away from MFT. Planned outcome – Risk rated list of specialised services under NHSE review for prioritisation and further action.	Group Strategy Team	Q1 21/22	GSSC	Ongoing																													
	A.4 Active involvement in Operational Delivery Networks		C.3 Northern Paediatric MS service (MFT lead with Alder Hey and Newcastle), Genomics Lab Hub				Group Strategy Team	Ongoing 20/21	GSSC	Ongoing																													
	A.5 Regular meetings with NHSE North	B.2 Lack of Group wide review of compliance against service specifications	C.4 Outcome of 19/20 quality surveillance reviews. 87 services achieved 100%, 53 services achieved 80-99% compliance.			A.5 Maintenance of control - maintain regular dialogue with NHSE contacts regarding portfolio of national clinical service reviews. Planned outcome – Strategy team to remain informed regarding NHSE clinical service review priorities and timescales. Monthly meetings with NHSE specialised services arranged as part of structured intelligence gathering. Meetings with the NHS England team continue but are more focussed on service recovery planning.	Group Strategy Team	Ongoing 20/21	GSSC	Ongoing																													
	A.7 Early notification of consolidation through national representation on clinical reference groups		C.5 Outcome of Peer Reviews			A.1 Continued review of single service progress across MFT e.g. single governance, single clinical teams through COVID reviews.	Hospitals / MCS	Q2 020/21	MFT Strategic	Underway																													
	A.8 Partnership groups not meeting however in regular dialog with NHSEI regarding service changes related to COVID		C.6 AOF Domain provides assurance that services are consistently delivering against milestones providing a view of strategic progress/ maturity																																				

5	Strategic Aim: To develop single services that build on the best from across all our hospitals				<div>Progression of Risk Scoring During 2019/20 & 2020/21</div> <table border="1"><caption>Risk Score Data</caption><thead><tr><th>Quarter</th><th>Actual</th><th>Trajectory</th></tr></thead><tbody><tr><td>Q1 2019/20</td><td>3</td><td>3</td></tr><tr><td>Q2 2019/20</td><td>3</td><td>3</td></tr><tr><td>Q3 2019/20</td><td>3</td><td>3</td></tr><tr><td>Q4 2019/20</td><td>3</td><td>3</td></tr><tr><td>Q1 2020/21</td><td>3</td><td>3</td></tr><tr><td>Q2 2020/21</td><td>3</td><td>3</td></tr><tr><td>Q3 2020/21</td><td>3</td><td>3</td></tr><tr><td>Q4 2020/21</td><td>3</td><td>3</td></tr></tbody></table>							Quarter	Actual	Trajectory	Q1 2019/20	3	3	Q2 2019/20	3	3	Q3 2019/20	3	3	Q4 2019/20	3	3	Q1 2020/21	3	3	Q2 2020/21	3	3	Q3 2020/21	3	3	Q4 2020/21	3	3
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<p>PRINCIPAL RISK (What is the cause of the risk?): There is a mismatch between MFT and Greater Manchester Health & Social Care Partnership plans for the development of services</p> <p>RISK CONSEQUENCES (What might happen if the risk materialises?):</p> <p>1. Loss of united voice for GM</p>					Enabling Strategy: GROUP SERVICE STRATEGY / CLINICAL SERVICES STRATEGIES (in development)																																	
					Group Executive Lead: GROUP DIRECTOR OF STRATEGY																																	
					Associated Committee: GROUP SERVICE STRATEGY COMMITTEE																																	
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8 (4X2)	A.1 MFT representatives on GM boards inc Health and Care Board, Partnership Executive Board, Provider Federation Board, Chairs' group, HR, Directors of Finance, Directors of Strategy, Directors of Ops, JCB Executive Group etc.	B.1 Complete MFT Group and Clinical Service Strategies	C.1 MFT designated lead provider for specialist emergency care and emergency general surgery (Healthier Together)	D.1 Outcome of GM decisions in respect to paediatric medicine and cardiology models of care. D.2 Response from GM stakeholders to the MCS clinical strategies.	3 (3X1)	A.1 Maintenance of control - Ensure regular MFT representation at all GM meetings	MFT Strategy team	On-going	GSSC	Mapping of all meetings and MFT coverage underway	3 (3X1)																											
	A.2 MFT representatives on Improving Specialist Care (ISC) Board, ISC Executive, ISC Clinical Reference Group		C.2 MFT (Wythenshawe) designated lead provider for urology cancer surgery (ISC)			B.1 Finalise MFT group clinical service strategy	MFT Strategy team	Q1 19/20	GSSC	Completed. Group Clinical Service Strategy approved by BoD (July 2019)																												
	A.3 Strengthened role of PFB enables providers to engage as a group within GM		C.3 MFT designated lead provider for Haematological Malignancy Diagnostics Services across GM			D.2 Complete underpinning clinical service level strategies engaging with GM stakeholders in development.	MFT Strategy team	Q1 19/20	GSSC	Completed. Clinical services strategies completed and approved by BoD. GM stakeholders engaged and communications plan developed.																												
	A.4 Process in place for GM decision making which involves and recognises the Trust's decision making requirements		C.4 GM PACS procurement in alignment with MFT aims			D.2 Complete service strategies for CSS, engaging with GM stakeholders in development.	MFT Strategy team	Q4 20/21	GSSC	Commenced but paused for COVID.																												
	A.5 Development of MFT group and individual clinical service strategy, takes GM decisions into account to form coherent strategies for the Trust that align with GM decisions.		C.5 Positive response to outcome of MFT Group service strategy and waves 1-3 of our clinical service strategies from key GM stakeholders																																			
	A.6 Involvement of key GM stakeholders in development of Group and Clinical Service Strategies		C.6 The Joint Commissioning Board has agreed, subject to consultation, GM Models of care for breast, vascular and respiratory services.																																			
	A.7 New governance for COVID level 4 incident. MFT representation on GM Gold and GM COVID Recovery groups.																																					

7	Strategic Aim: To develop our workforce enabling each member of staff to reach their full potential.				<div>Progression of Risk Scoring During 2019/20 & 2020/21</div> <table><caption>Risk Scoring Data</caption><tr><th>Quarter</th><th>Actual Risk Score</th><th>Trajectory Risk Score</th></tr><tr><td>Q1 2019/20</td><td>9</td><td>6</td></tr><tr><td>Q2 2019/20</td><td>9</td><td>6</td></tr><tr><td>Q3 2019/20</td><td>9</td><td>6</td></tr><tr><td>Q4 2019/20</td><td>9</td><td>6</td></tr><tr><td>Q1 2020/21</td><td>9</td><td>6</td></tr><tr><td>Q2 2020/21</td><td>9</td><td>6</td></tr><tr><td>Q3 2020/21</td><td>9</td><td>6</td></tr><tr><td>Q4 2020/21</td><td>9</td><td>6</td></tr></table>							Quarter	Actual Risk Score	Trajectory Risk Score	Q1 2019/20	9	6	Q2 2019/20	9	6	Q3 2019/20	9	6	Q4 2019/20	9	6	Q1 2020/21	9	6	Q2 2020/21	9	6	Q3 2020/21	9	6	Q4 2020/21	9	6
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Q4 2020/21	9	6																																				
PRINCIPAL RISK: (What is the cause of the risk?): Failure to deliver high quality safe care due to the inability to recruit, retain and engage the current and future workforce of MFT.		Group Executive Lead: GROUP EXECUTIVE DIRECTOR OF WORKFORCE AND CORPORATE BUSINESS																																				
RISK CONSEQUENCES 1. Inability to attract, source and recruit staff 2. High temporary staff costs 3. Low morale, engagement and wellbeing 4. Higher number of employee relation cases 5. Poor patient experience 6. Regulatory consequences 7. Damage to MFT reputation 8. Failure to deliver services		Associated Committee: WORKFORCE & EDUCATION COMMITTEE Operational Leads: Group Director of HR Associate Director of Inclusion, Community & EHWP																																				
		Material Additional Supporting Commentary (as required):																																				
Inherent Risk Rating Impact / Likelihood "Without Controls"	EXISTING CONTROLS "What controls/systems are currently in place to mitigate the risk?"	GAPS IN CONTROLS "What Controls should be in place to manage the risk but are not?"	ASSURANCE "What evidence can be used to show that controls are effectively in place to mitigate the risk?"	GAPS IN ASSURANCE "What evidence should be in place to provide assurance that the Controls are working/effective but is not currently available?"	Current Risk Rating Impact / Likelihood "With Controls"	ACTION(S) REQUIRED "Additional actions required to bridge gaps in Controls & Assurance"	RESPONSIBILITY	COMPLETION TIMESCALE	MONITORING COMMITTEE	PROGRESS	Target Rating Impact / Likelihood "Based on successful impact of Controls to mitigate the risk"																											
12 (3x4)	A.1 Emergent People and related policies A.2 Trust Governance structure – including Human Resources Scrutiny Committee & Workforce Education Committee A.3 AOF monitoring A.4 Mandatory Training programme A.5 Workforce Plans A.6 MFT Operational Plan A.7 Equality, Diversity and Human Rights Strategy agreed & Group and Hospital / MCS Committees in place A.8 Workforce Technology Framework A.9 Leadership and Culture Strategy A.10 COVID-19 workforce recovery programme established (Workforce Recovery Board) which will become the People Strategy delivery plan in due course	B.1 Policy development programme progressing B.2 Mandatory Training Programme still needs embedding B.3 Workforce systems programme still being implemented. B.4 Inadequate funding in training and development to match current and forecast demand B.5 Apprenticeship delivery programme to be embedded B.6 Limited intelligence informing workforce plans relating to global influences B.7 Ensuring the basics are delivered B.8 Limited investment to increase capacity to deliver COVID-19 recovery programme and enhanced technology	C.1 Realignment of Workforce related strategies providing one People strategy aligned to Trust service clinical strategy C.2 Trust Workforce systems and reporting e.g. eWIP C.3 Trust external and internal audit systems C.4 Staff survey and pulse checks C.5 Regulatory and statutory inspection processes and standards C.6 Internal quality assurance processes (Ward accreditation, Quality Review) C.7 AOF C.8 External accreditations C.9 Hospital / MCS reviews C.10 ISG Board reviews PTIP progress C.11 Agreed objectives for the Executive Director of Workforce and Corporate Business C.12 Review of HR Scrutiny committee arrangements completed and revised assurance process agreed C.13 Increased Executive presence at various key committees e.g.: TJNCC, HRD group, Workforce technology / Informatics Board C.14 Employee Health and Wellbeing Service Framework Approved C.15 Workforce Recovery Board	D.1 Limited interoperability of Workforce systems D.2 Competing priorities impacting on engagement in workforce agenda D.3 Workforce metrics not yet fully developed or reported on D.4 Resource and funding pressures in workforce teams D.5 Currently no formal outputs from Sheldford HRD Forum D.6 Partial and time limited investment which may impact on delivery of People Strategy D.7 Capacity to deliver and competing large scale strategic change D.8 Workforce services and programmes under review as part of COVID-19 recovery D.9 Work to complete a Risk Assessment for all staff in an at risk group is still ongoing including accurate and detailed reporting	9 (3x3)	A.10 Approval of recovery workstream to enable actions to inform MFT People Plan. D.1 Review of and implementation of Workforce Technology Framework to be incorporated into Informatics Strategy D.2 Clear terms of Reference and membership to ensure attendance and commitment at relevant committees ensuring engagement D.3 Develop full range of workforce metrics as part of balanced scorecard D.4 Resourcing plan for corporate Workforce Teams to reflect priorities and delivery of BAU alongside COVID-19 recovery B.1 Complete policy reviews B.8 Scope and research global partnerships/organisations with exemplary workforce initiatives for shared learning and insights C.13 Review the Workforce, Education Committee refresh of membership and terms of reference in light of COVID-19 recovery boards	Workforce Team	March 2020	Human Resources Scrutiny Committee	B.2 Workforce Recovery Board now in place. B.3 New governance and programme management arrangements in place to embed Mandatory Training B.6 Post Ofsted Inspection and ESFA audit plans in place and new Apprenticeship governance arrangements established. D.1 Delivery of key programme activities ongoing aligned to project delivery plans. Absence Manager programme implemented (roll out occurred quicker than expected due to COVID-19), moving into Phase 2 to embed and benefits realisation. Absence Manager has provided increased reporting functionality during COVID-19 requiring exploration as to how it is best used to capitalise on this strong position. D.2 All current committees Terms of Reference have been reviewed. D.3. Workforce metrics reviewed and agreed for AOF and the BAF + report in place. Further development in line with MFT People Plan. D.4 Continue to review and finalise establishment with Finance to determine resource plan. B.1 Policies reviewed in line with revised implementation plan. C.14 Wellbeing Assessments undertaken by Hospital / MCS, Terms of Reference agreed for oversight committee. Successful SEQOHS accreditation.	6 (3x2)																											

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Director of Workforce and Corporate Business
Paper prepared by:	Alwyn Hughes, Trust Board Secretary
Date of paper:	October 2020
Subject:	MFT Board of Directors' Register of Interests (October 2020)
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Assurance • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	The MFT ' <i>Constitution</i> ' and ' <i>Standing Orders for the Practice & Procedure of the Board of Directors</i> ' requires the Board of Directors to provide a Register of Interests.
Recommendations	The Board is asked to note the MFT Board of Directors' Register of Interests (October 2020)
Contact	<p><u>Name</u>: Alwyn Hughes, Trust Board Secretary</p> <p><u>Tel</u>: 0161 276 4841</p>

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Board of Directors' Register of Interests

October 2020

1. Introduction

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

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

The Register is available to the public on the MFT Public Website:

<https://mft.nhs.uk/the-trust/the-board/register-of-directors-interests/>

2. Recommendation

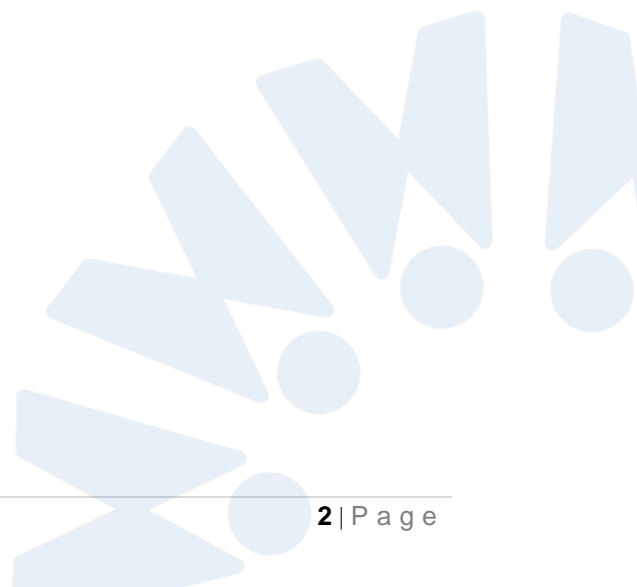
The Board is asked to note the MFT Board of Directors' Register of Interests (October 2020).

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS

REGISTER OF DIRECTORS' INTERESTS

(October 2020)



BOARD OF DIRECTORS

REGISTER OF INTERESTS – October 2020

NAME	POSITION	INTERESTS DECLARED
Kathy Cowell OBE DL	Group Chairman	<ul style="list-style-type: none"> • Chair of the Manchester Health Academy Trust Board • Non-Executive Director PAHT • Member Manchester Academic Health Science Centre • Vice Chair Cheshire Young Carers • Mentor on the Aspirant Chairs Programme (NHSI) • Member of the QVA's mentoring panel (Cheshire) • Chairman of Totally Local Company • Deputy Lieutenant for Cheshire • Chairman of the Hammond School (Chester) • People Ambassador for Active Cheshire
Barry Clare	Group Deputy Chairman	<ul style="list-style-type: none"> • Partner (Clarat Partners LLP) • Partner (Clarat Healthcare LLP) • Chairman (Vantage Diagnostics Ltd) • Non-Executive Director (Ingenion Medical Ltd) • Chairman (Crescent OPS Ltd) • Chairman (FLOBACK Ltd) • Chairman Evgen Pharma PLC • Non-Executive Chairman of Porton Biopharma Ltd • Non-Executive Chairman (Ori Biotech)

NAME	POSITION	INTERESTS DECLARED
Dr Ivan Benett	Group Non-Executive Director	<ul style="list-style-type: none"> • Standing member of a NICE Quality Standards Committee and Topic Specific Guideline Update Committee • Member of the Primary Care Cardiology Society • Salaried GP with Heart Network (Manchester)
John Amaechi OBE	Group Non-Executive Director	<ul style="list-style-type: none"> • Managing Director, Amaechi Performance Systems (APS Ltd, London) • Non-Executive Director, KPMG UK LLP Inclusive Leadership Board (ILB) • Senior Fellow, Applied Centre for Emotional Literacy, Learning and Research (ACELLR), USA • Professional Member, European Mentoring & Coaching Council • Member, BPS Division of Occupational Psychology • Member, BPS Psychological Testing Centre (PTS) • Research Fellow, University of East London • Trustee, Duke of Edinburgh Award • Fellow, Royal Society for Public Health
Professor Dame Susan Bailey OBE DBE	Group Non-Executive Director	<ul style="list-style-type: none"> • Independent Chair of New Roles in Mental Health Chairs Group to Health Education England (HEE) • Chair Autistica Research Network • NED – Department of Health & Social Care (ends 31st October 2020) • President of Child & Adolescent Section of European Medical Training Body (UEMS) • Chair of Centre for Mental Health • Bevan Commissioner • Council Member of Salford University • Independent NED KOOTH plc – Mental Health Online Platform

NAME	POSITION	INTERESTS DECLARED
Professor Luke Georghiou	Group Non-Executive Director	<ul style="list-style-type: none"> Deputy President and Deputy Vice-Chancellor, University of Manchester Non-Executive Director of Manchester Science Partnerships Ltd Non-Executive Director, Manchester Innovation Factory Member of Manchester Graphene Company, Shadow Board Member of NWBLT (North West Business Leadership Team) Member GESL (Graphene Enabled Systems Board) Chair of Steering Group, EUA (European Universities Association / CDE (Council for Doctoral Education)
Nic Gower	Group Non-Executive Director	<ul style="list-style-type: none"> Director Furness Building Society [NED] Co-opted member of Transformation Project Steering Group, Seashell Trust
Chris McLoughlin	Group Non-Executive Director & Senior Independent Director (SID)	<ul style="list-style-type: none"> Director of Children's Services, Stockport Metropolitan Borough council Member of Association of Director of Children's Services Ltd Chair of Greater Manchester Social Work Academy Board Member of Greater Manchester Mental Health Partnership Chair of Greater Manchester Start Well & School Readiness Board Chair of Greater Manchester Children and Young People Health and Wellbeing Executive
Trevor Rees	Group Non-Executive Director	<ul style="list-style-type: none"> Treasurer/Trustee (Manchester Literary and Philosophical Society) Independent Co-opted member (Audit Committee at University of Manchester (not a Board Member) Non-Executive Director of Totally Local Company, Stockport (3-year Term) Chair of the Audit Committee of GB Taekwondo

BOARD OF DIRECTORS

REGISTER OF INTERESTS – October 2020

NAME	POSITION	INTERESTS DECLARED
Sir Mike Deegan CBE	Group Chief Executive Officer	<ul style="list-style-type: none"> Board Member, The Corridor, Manchester Board Member, Health Innovation Manchester
Darren Banks	Group Executive Director of Strategy	<ul style="list-style-type: none"> Nominated Director for Manchester LCO Partnership Board Spouse - Head of Finance, Specialist Commissioning North of England (NHSE)
Peter Blythin	Group Executive Director of Workforce & Corporate Business	<ul style="list-style-type: none"> No interests to declare
Julia Bridgewater	Group Chief Operating Officer	<ul style="list-style-type: none"> Foundation Director of Multi Academy, All Saints Catholic Collegiate
Professor Jane Eddleston	Joint Group Medical Director	<ul style="list-style-type: none"> Chair of Adult Critical Care CRG [NHSE] Clinical lead for Healthier Together Programme GM Partnership Joint Medical Executive lead for Acute Care
Jenny Ehrhardt	Group Chief Finance Officer	<ul style="list-style-type: none"> Trustee and Treasurer – Faculty of Medical Leadership & Management
Gill Heaton OBE	Group Deputy Chief Executive	<ul style="list-style-type: none"> Chair of the Manchester LCO Partnership Board
Professor Cheryl Lenney OBE	Group Chief Nurse	<ul style="list-style-type: none"> Spouse – Director of Workforce & Organisational Development, Manchester Local Care Organisation
Miss Toli Onon	Joint Group Medical Director	<ul style="list-style-type: none"> No interests to declare

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Operating Officer
Paper prepared by:	Beth Warburton, Emergency Preparedness, Resilience and Response Manager
Date of paper:	October 2020
Subject:	2020/21 MFT Emergency Preparedness, Resilience and Response Core Standards Assurance
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	To achieve high standards of patient safety and clinical quality across the Trust demonstrated through performance outcome measures
Recommendations:	The Board of Directors is asked to note the contents of the report
Contact:	<p><u>Name:</u> Beth Warburton, Emergency Preparedness, Resilience and Response Core Standards Assurance</p> <p><u>Tel:</u> 0161 701 5752</p>

Emergency Preparedness, Resilience and Response

Annual Assurance 2020/2021

1. PURPOSE

The purpose of this report is to provide the Board with an overview of the MFT Emergency Preparedness, Resilience and Response (EPRR) annual assurance for 2020/2021.

2. INTRODUCTION

As part of the NHS England EPRR Framework (2015), providers of NHS funded services must show they can effectively respond to Major, Critical and Business Continuity Incidents whilst maintaining services to patients. As a result, NHS England has an annual statutory requirement to formally assure readiness of the NHS in England to respond to emergencies. Therefore, providers of NHS funded care are required to complete an EPRR annual assurance process based on the NHS Core Standards for EPRR, which are the minimum requirements providers of NHS funded services must meet.

3. 2020/2021 EPRR ASSURANCE PROCESS 2020/2021

The National Director of EPRR, Stephen Groves, and National Director of Emergency Care, Operations and Performance, Daniel De Rozarieux, acknowledged that events of 2020 have tested all NHS organisation plans to a degree above and beyond that routinely achievable through exercises or assurance process. As well, both recognised that the detailed and granular EPRR assurance process of previous years would be excessive while preparing for a further wave of COVID-19, alongside seasonal pressures and the operational demands of restoring services.

Therefore, the 2020/2021 EPRR assurance process has been amended to focus on three key areas;

1. Progress made by organisations that were reported as partially or non-complaint in the 2019/2020 annual assurance process

MFT declared a 'substantial' rating in the previous year, therefore this requirement isn't a concern. However, further assurance has been provided against any individual standard that were partially compliant in 19/20, to demonstrate the improvements made. In addition, the MFT Quality and Performance Scrutiny committee in August 2020, received the action plans related to the 19/20 Core standards and Internal business continuity audit and were assured that robust plans were in place to address areas of partial compliance.

2. The process of capturing and embedding the learning from the first wave of the COVID-19 pandemic

MFT had already undertaken the process of collating the learning from wave one, prior to notification of the national EPRR assurance process, with an action plan in place approved via the Strategic Command Group.

3. Inclusion of progress and learning in winter planning preparations.

MFT plans for winter were significantly underway prior to the notification of the EPRR assurance process. Winter table top exercises have already been undertaken in hospitals, the recovery workstream for urgent care will enable future resilience and MFT has contributed to the locality plan. In addition, hospital and Group escalation plans for wave two of Covid are in place, with supporting internal/external incident management governance arrangements.

Please find MFT assurance summary on page 3.

4. NEXT STEPS

The annual assurance statement was signed off by MFT Strategic Group and submitted to Manchester and Trafford Clinical Commissioning Groups on Monday 19th October 2020. All provider / CCG responses will be submitted to the Local Health Resilience Partnership, who will collate and feedback the GM position.

MFT Site EPRR Forums will be responsible for the progression and monitoring of the actions, with oversight from the MFT Group EPRR Committee who will provide assurance.

5. RECOMMENDATIONS

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

MFT ANNUAL ASSURANCE STATEMENT

<p>Progress made by MFT that were reported as partially or non-compliant in the 2019/2020 process</p>	<ul style="list-style-type: none"> • As part of the 2019/2020 process, MFT declared partial compliance with 7 standards resulting in a rating of 'Substantial'. • 2 of the 7 standards have been declared as fully compliant as part of the 2020/2021 process relating to the lockdown policy and EPRR training records. • 5 remain as partial compliance, resulting in the Trust receiving a rating of 'Substantial' for 2020/2021: <ul style="list-style-type: none"> - Arrangements in place to shelter and/or evacuate patients, staff and visitors (expected full compliance in 2021/22) - Strategic and tactical responders must maintain a CPD demonstrating training in accordance with the National Occupational Standards (expected full compliance in 2021/22) - Scope and objectives of Business Continuity Management System, specifying risk management process (expected full compliance in 2021/22) - Process to assess effectiveness of Business Continuity Management System (expected full compliance in 2021/22) - System to assess the Business Continuity Plans of commissioned providers or suppliers (will declare partial compliance for foreseeable future due to size and complexity, the Trust does not have mechanisms to quality assure) • MFT receiving a rating of 'Substantial' should not be perceived as a poor assurance rating; as a Trust, MFT are delivering against each NHS Core Standard for EPRR. • There are opportunities for the Trust to further improve over a period, through the implementation and monitoring of effective action plans. • A paper was presented to the Quality and Performance Scrutiny Committee on 04/08/2020, which included a detailed action plan of mitigation measures and actions to be implemented.
<p>Process of capturing and embedding the learning from the first wave of the COVID-19 pandemic</p>	<ul style="list-style-type: none"> • MFT utilised debriefing; both internally and externally to capture learning from the first wave of the COVID-19 pandemic. • MFT EPRR Team commenced the internal debriefing process on 08/06/2020; each Hospital / LCO and CSS were asked to coordinate a response from their senior leadership team. • MFT EPRR Team led COVID-19 drop-in debriefing sessions throughout August alongside Employee Health and Wellbeing to gain valuable feedback from front line staff. • MFT contributed to the Greater Manchester Health and Social Care Partnership external debriefing process on 28/07/2020. • Greater Manchester Health and Social Care Partnership collated the response and published the NHSE GM Acute Response Phase Debrief Report on 14/09/2020. • Key themes and recommendations highlighted as part of the internal debriefing process and the Greater Manchester Health and Social Care Partnership report were collated into a COVID-19 Debriefing Report which was approved at the MFT Strategic Group on 19/10/2020.

Inclusion of progress and learning in winter planning preparations	<ul style="list-style-type: none"> • Utilising the learning from the first wave of the COVID-19 pandemic, the MFT EPRR Team worked alongside Operational Management teams to create winter tabletop exercises that incorporated the potential second wave of COVID-19. • Action plans and reports from the tabletop exercises have been shared to promote learning as well as being added to the agenda of key forums. • MFT Winter Plan 2020/2021 is in progress and the teams are liaising with Commissioners and A&E ODG to develop the plan; ensuring alignment with other locality plans. • NHS England held a Greater Manchester second wave planning and ICS and STP Workshop on 15/09/2020 which was attended by 8 staff members across the MFT footprint. Key lessons were identified within a report which was noted at the MFT Strategic Group. • MFT Escalation Plans reviewed and updated in preparation for a second wave.
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