NHS
Manchester University
NHS Foundation Trust

MINUTES OF THE BOARD OF DIRECTORS' MEETING

Meeting Date: 9th November 2020

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

132/20 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 (09/11/2020) 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.

133/20 Apologies for Absence

There were no apologies.

134/20 Declarations of Interest

There were no declarations of interest received for this meeting.

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

135/20 Minutes of the 'virtual' Board of Directors' Meeting held on 14th September 2020

It was noted that the Minutes of the 'virtual' Board of Directors' meeting held on 14th September 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

136/20 Group Chairman's Report

(i) At the outset, and on behalf of the Board of Directors, the Group Chairman offered her immense gratitude to all MFT staff and volunteers for their tremendous energy, efforts and professionalism in responding to the current heightened demands and challenges witnessed during the second peak of the COVID-19 pandemic.

(ii) The Group Chairman was pleased to announce that three MFT colleagues had recently been recognised in the 'Queen's Birthday Honours' list. Congratulations was offered to *Professor Cheryl Lenney* (Group Chief Nurse) who was awarded an OBE; *Esin 'Kev' Eno-Obong* (Ward Clerk, Adult Critical Care, MRI) who was awarded a BEM; and, *Marie Zsigmond* (Named Midwife for Safeguarding, SMH) who was also awarded a BEM.

(iii) The Group Chairman recalled that it was with great sadness that colleagues and friends learnt of the death of MFT's Lead Governor, *Jayne Bessant* on 14th September 2020. It was recognised that Jayne played an active and pivotal role as a Public Governor in both the former CMFT and in MFT and has been Lead Governor since 2018. The Group Chairman explained that she had been in touch with Jayne's family, on behalf of the Board of Directors and all staff at MFT, to offer everyone's deepest condolences.

(iv) The Group Chairman reported that the Trust had celebrated Black History Month during October (2020) She explained that with a packed programme of events to celebrate diversity across the Trust, plans were designed to convey the organisation's appreciation to BAME colleagues for the part they played in helping MFT to manage the Pandemic. The Board noted that the closing event saw the launch of MFT's Black, Asian and Minority Ethnic staff Network.

(v) The Group Chairman congratulations 16 Governors who had been elected or re-elected in September 2020 and announced at the Annual Members Meeting on 22nd September 2020. She particularly welcomed seven new Governors. The Group Chairman also wished to take the opportunity to once again thank all those MFT Governors who had stood down in September for all their hard work, energy and commitment over the past 3 years

(vi) The Group Chairman reported that the Group Chief Nurse had recently announced the winner of this year's *'MFT Nurse of the Year'* and presented the award to *Louise Carnes*, specialist HIV nurse, who worked in the multidisciplinary HIV and sexual health team at the MRI. The Board of Directors joined the Group Chief Nurse in congratulating Louise on her achievement.

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

137/20 Group Chief Executive's Report

(i) The Group Chief Executive wished to underline the Group Chairman's earlier remarks and thank all MFT staff for their remarkable and continued selfless response to the latest peak in the COVID-19 pandemic. He explained that despite the relentless nature of the ongoing National Emergency and feeling of weariness and fatigue this would bring to many, he was still deeply impressed with the sheer hard work, creativity and continued patient focus of all MFT staff which was truly inspirational.

(ii) The Group Chief Executive was delighted to confirm that following a rigorous selection process held earlier in the week, Mandy Nagra had been appointed the new Chief Executive for Wythenshawe, Trafford, Withington and Altrincham Hospitals following Mandy Bailey's earlier decision to retire in March 2021. He also confirmed that Gill Heaton, Group Deputy CEO, would continue in the role of WTWA CEO until Mandy Nagra joined MFT in the New Year.

(iii) The Group Chief Executive was pleased to announce that ambitious plan to transform the delivery of health and care services in North Manchester and the surrounding boroughs had recently received £54m of government funding, paving the way for the total redevelopment of the North Manchester General Hospital (NMGH) site. It was noted that Manchester City Council, Manchester Health and Care Commissioning and MFT were working together on a vision for a new high quality and sustainable campus at NMGH, which created the best environment for healthy living, specialist care and a focus for training and jobs for local people

(iv) The Joint Group Medical Director reported that more than 5,000 participants had now been recruited to MFT's COVID-19 research studies which encompassed a broad range of research. It was particularly noted that the research team working on the 'OSCAR' (Otilimab in Severe COVID-19 Related Disease) trial at MRI had recruited the first UK patient to the urgent public health COVID-19 study.

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

138/20 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 since March 2020, the Trust Governance arrangements to oversee and manage the Group response to COVID-19, remained firmly in place for the foreseeable future along with regional command and control structures (NHSE/I) in which MFT was recognised as a key partner linking into the wider system structure.

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

The COO explained at the outset that whilst the current position was very dynamic, all Group Non-Executive Directors had continued to receive comprehensive and uninterrupted 'real time' COVID-19 weekly (1hr) virtual update sessions since early Spring 2020.

The Board was reminded that Phase 3 (P3) of the NHS response to the COVID-19 National Emergency was in place (see also Agenda Item 126/20 below), and on 10th September 2020, MFT had submitted its P3 to NHSE (details of which had been previously reported at the Board of Directors in September 2020).

The COO explained that whilst the Trust's operational position up to 11th September 2020 had remained stable, there had since been an increasing trend in COVID-19 related activity. She also explained that in order to support MFT sites under heightened capacity and demand pressures, and in order to maintain safety at all levels, mutual aid had been provided across the Group.

The Board particularly noted that consideration and agreement to reduce Trust activities was undertaken through the MFT Strategic Group arrangements and the following key priorities and considerations were taken into account, namely, protection of Specialist Hospital and Service activity first and foremost; 'Mutual Aid' and equalisation of COVID-19 / elective activity across all MFT Sites; reduction / cessation of non-essential activities (i.e. meetings and seminars); reduction of Outpatient Activity to release staffing (phased approach to minimise reductions); and, reduction of Elective Activity to release staffing, It was emphasised that the latter consideration had to be preceded by a request for mutual aid to GM Gold Command (phased approach to minimise reductions).

The Group COO was pleased to report that despite the current capacity and demand challenges facing the organisation, MFT had achieved its cancer trajectory in September 2020 and successfully reduced its 104 day waits. She also explained that whilst the Referral to Treatment standard remained a key area of challenge, particularly as the COVID-19 position deteriorated, MFT had remained on plan with its outpatient / elective waiting list trajectory, although the number of 52 week waits was now in excess of the trajectory. Further details of the Trust's Urgent Care/A&E, Planned Care (RTT & 52 Weeks), Diagnostics, and Cancer performance was noted as presented in the report.

The Board was also reminded that ongoing transformation activities associated with the elective, cancer, outpatient and urgent care programmes also reported to the RRB alongside oversight of EPRR activities and key enablers such workforce, estates and informatics. It was confirmed that the PMO in place was currently tracking 37 high level actions/initiatives from the Elective, Urgent Care and Flow, Outpatients and Cancer workstreams which had been RAG rated (and noted by the Board as presented in the report).

The Group Chief Nurse reminded the Board that the Board Assurance Framework (BAF) was regularly updated by the Infection Prevention & Control (IPC) Team and presented to Board of Directors and scrutiny committees. The Board was also reminded that continuous surveillance of all COVID-19 positive cases was undertaken by the (IPC) surveillance team and the daily COVID-19 data was circulated at all levels within the Trust, individual Hospitals/MCS and across MFT.

It was noted that representatives from the NHSE/I Regional IPC Team had visited the MRI in September 2020 following a series of outbreaks and it was confirmed that they were satisfied with the control measures in place (e.g. 'lockdown' of outbreak wards). It was noted that the Group Chief Nurse/DIPC and the MFT IPC Team continued to meet regularly with the Regional IPC Team to review the on-going situation. It was also confirmed that the IPC Nursing Service had been increased to a 7 day working arrangement and Point of Care Testing (POCT) introduced in several areas within the Trust.

The Board was reminded 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 also noted this enabled active workforce planning and the identification of support for staff with workforce data modelling in place which tracked trends to inform forward planning.

The Group Executive Director of Workforce & Corporate Business confirmed that staff testing for staff with symptoms had continued with the current addition of a pilot of asymptomatic staff testing. He also explained that in tandem with the transactional and planning work, the Employee Health and Wellbeing Services had been involved with the provision of advice to staff and managers including interpretation of national guidance. It was noted this had also included a dedicated work stream devoted to risk assessments for vulnerable groups. The Board particularly noted that a comprehensive offer of support for the workforce was available to help staff keep well and maintain resilience as it was recognised that the increased COVID-19 activity, and, need to consider future staff redeployment once more in response to rising COVID-19 activity, would inevitably have an impact on staff wellbeing.

The Group Executive Director of Workforce & Corporate Business explained that the Trust's absence rates relating to COVID-19 peaked at circa 2,700 during the early stages of the pandemic and were now showing a rising trend to 2,112 on 29th October 2020. He explained this reflected both increasing numbers of staff isolating due to their own or family members' COVID-19 symptoms and other COVID-19 related absence general sickness absence.

The Group COO also reminded the Board that following the UK's exit from the EU on the 31st January 2020, the transition period was now coming to an end on the 31st December 2020. She explained that in 2019 up to March 2020, the Trust had an EU Exit contingencies group with key stakeholders in relation to HR, Pharmacy, Informatics, Procurement, Medical Directors office, R&I and EPRR to respond to national requests and ensure preparedness for a 'no deal exit' from the EU.

The Board was also reminded that MFT continued to be 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.

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

139/20 Group Chief Finance Officer's Report

The Chief Finance Officer (CFO) introduced the 'Chief Finance Officer's Report' and drew attention to MFT's financial performance to the end of Month 7 (October) 2020.

The CFO particularly reminded the Board that in the first half of the year, as a response to the COVID-19 pandemic, the NHS financial framework was amended. She explained that all Trusts were put on a block contract, with an adjusting 'top-up' made retrospectively to bring the Trust to breakeven. The Board noted this provided stability in the short-term as the Trust responded to Wave 1 of the pandemic and as it began to restore services during the recovery phase.

The CFO explained that the financial regime for the second half of the year maintained 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 had been allocated by the national team and this had now been apportioned to each organisation within GM. The Board noted from the report presented that each organisation was expected to manage local costs, including COVID-19 costs, within this and for MFT specifically, the exception was that any Nightingale costs would be supported nationally.

The CFO confirmed that October 2020 was the first month of the revised financial regime and the in-month deficit for MFT was £8.5m. She explained that a break-even plan had been agreed with NHSI for the second half of the year and this had been phased differently across months 7 to 12, with a planned deficit of £9.2m for October 2020 (with further income scheduled for November onwards). The CFO was pleased to report that the financial performance in-month is therefore £0.7m better than plan.

The CFO went on to confirm that the Trust had worked with partners to agree a financial plan for the second half of the year which required the Trust to accomplish a breakeven position. She explained that in response, final Control Totals for each MFT Hospital/MCS had been agreed and recently shared with Hospital/MCS Directors of Finance. It was confirmed the final totals included would feature in each Hospital/MCSs AOF accountability discussions for the remainder of 2020/21.

The Board was reminded that as the Trust continued 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. It was important that Hospitals consider and develop their forecasts against their Control Totals and that forecasts are refined and able to accurately reflect the impact of the renewed surge in COVID-19 patients and any recovery actions that remained deliverable.

The CFO went on to remind the Board of the expected national and local financial framework in 2021/22 along with the scale of funding expected (albeit was recognised this was still not entirely clear). It was confirmed that in the absence of firm data and guidance, efforts were underway at Group level to determine key planning and financial assumptions for 2021/22 (inc. Capital Planning via the Annual Planning Round). She also emphasised the importance of maintaining a key focus on *Waste Reduction Programmes* and the benefits this would bring to the overarching financial framework and opportunities for MFT in future years.

The Chief Finance Officer's Report for Month 7 (2020/21) was noted.

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

140/20 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 the future of Integrated Care Systems (ICS). It was noted that guidance issued by NHS E/I on the recovery phase of the COVID19 pandemic had set out their expectations for system working in future. It was reported that each ICS / Sustainability and Transformation Partnership (STP) was required to develop plans for collaborative leadership arrangements, including a single ICS/STP leader and non-executive chair. It was also noted that commissioning arrangements were to be streamlined, typically leading to a single Clinical Commissioning Group for each ICS/STP.

The Group Executive Director of Strategy explained that the Government was expected to bring forward an NHS bill next year which may give a legal basis to ICSs. He also explained that 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.

The Board noted that NHS Providers had published its views saying it did not support the latter option, arguing that it would damage Trust Boards' accountability, and, move responsibility away from the frontline.

The Group Executive Director of Strategy also reported that NHSE/I had recently published a report into NHS diagnostics and that amongst its recommendations were 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. He also explained that implementing many of the recommendations would be dependent on funding and the outcome of the upcoming spending review and work was now underway within the Group to develop the appropriate plans.

The Board was also advised that the North West continued to be the region which was most affected by high levels of community transmission of COVID-19. The Group Executive Director of Strategy explained that although the NHS was better placed to deal with the challenge than it may have been in the first wave, it was nevertheless recognised that the challenge was significant with NHS Trusts expected to also maintain non COVID-19 services, as far as could be done safely.

It was also reported that NHSE North West had recently identified some key themes and lessons from the Spring that MFT needed to address when responding to further spikes in COVID-19. Key areas included the impact of COVID-19 on Black, Asian and Minority Ethnic staff; Care Homes; People with learning disability and/or autism; Pressures on staff; Shielding; and, Health inequalities (mitigation of the health inequalities that have been replicated and exacerbated by COVID19).

The Group Executive Director of Strategy went on to describe local MFT strategic developments and especially 'Service Changes' as part of the COVID-19 Response. He explained that as part of the response, MFT had made temporary changes to a number of services in order to ensure that there was enough capacity to treat patients with COVID-19; the organisation was able to continue to treat as many other non-COVID patients as possible (both emergency and elective); and, do everything possible to minimise the spread of the virus.

The Board recalled that whilst the majority of the changes outlined were made at speed, they had nevertheless been subject to a robust approval process instituted as part of the major national incident response, which included notifying the Hospital and Community Coordination Cell, the Regional Office and local commissioners. The Group Executive Director of Strategy confirmed that whilst the changes introduced were currently temporary, many were still in line with the agreed direction of travel nationally, at GM level or as part of the MFT Clinical Service Strategy.

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

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

141/20 MFT 2020/21 Annual / Recovery Plan

The Group Executive Director of Strategy explained that under usual circumstances the Trust would have produced its Annual Plan at the start of the year. However, he explained that the current year (2020/21) had been different and the impact of COVID meant that the national planning process was put on hold for the first six months. He also explained that over summer, the process had restarted and there was a requirement by NHSE/I to produce a Greater Manchester-level COVID recovery plan, rather than the usual Annual Plan.

The Group Executive Director of Strategy explained that the MFT planning process had been dovetailed with the national process and in recognition of the need to remain focussed on patient facing recovery activities, the plan was developed principally through the corporate teams and a more concise, slimmed down document was produced compared to previous years.

The Board noted the main contents of the 2020/21 Annual Plan (as outlined) which was approved by the Board of Directors on 9th November 2020. The Group Executive Director of Strategy also pointed out that the plan set out MFT's key priorities under each of the Trust's strategic aims with metrics that would be used to assess progress. It was also noted that, in line with the national guidance, the plan was based on the assumption that there would be no second wave of COVID-19.

In conclusion, the Board noted that a review of delivery against the targets set in the plan was to be undertaken at the year-end and presented to the MFT Council of Governors. The Group Executive Director of Strategy explained that the actual timing was yet to be decided as the organisation would need to leave sufficient time to be able to assess progress, given that this was a six month plan, and to also take into account where the Trust was in terms of responding to the ongoing pandemic.

The Board was particularly reminded that because the national planning assumption had been incorporated that there would be no second wave of COVID-19, and it was difficult to know how the pandemic would progress over the rest of the year with any degree of certainty, there was a significant level of risk related to the delivery of the targets set in the plan and this had been already highlighted to both the Board and the MFT Council of Governors.

The Board approved the MFT Annual/Recovery Plan 2020/21 and accepted the proposal to review progress at the year end.

Decision:	Update Report Noted and MFT Annual/Recovery Plan 2020/21 approved	**Action by:** n/a	**Date:** n/a

142/20 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) which included 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).

At the outset, the Group Executive Director of Workforce & Corporate Business reminded the Board of the timescale leading up to the acquisition of NMGH on 1st April 2021 with only 85 working days remaining to complete all the necessary transaction activity. He explained that the focus of the transaction work had been the development of 'Safe Transfer Plans' (STPs) which set out the detail of how Pennine Acute NHS Foundation Trust (PAHT) services would be disaggregated between the two acquirers. It was reported that good progress had been made in a range of areas and over three quarters of the STP documents had been completed and it was anticipated that the remainder of STP documents would be completed in the next few weeks.

The Board was advised that all of this work was 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 involved close liaison with PAHT Board and NHS England / Improvement Regional and National Teams. It was also confirmed that governance to enable MFT oversee the transaction processes remained in place enabled by the Single Hospital Service Team.

The Group Executive Director of Workforce & Corporate Business confirmed that the staff alignment processes were continuing to develop effectively and the next important stage was the Group briefings and staff alignment discussion that managers would need to undertake with their staff (the framework and channels for this was duly noted).

The Board noted the update presented in the report on the Health Infrastructure Programme (HIP). It was reported that the NMGH Programme had held an OBC Gateway Review on 30th September 2020 with the aim of sharing details of the shortlisted options to be included in the Outline Business Case and to test progress on key elements of the case including the economic and finance cases. It was noted that 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 would be made to the approach to developing the OBC, and key elements of the narrative.

Details of the Work Stream Activity Overview were noted as presented in the report along with details of a comprehensive HiP Communications Framework and internal and external NMGH communications strategy (and focus on Programme and key milestones).

In conclusion, the Board noted progress being made to complete the acquisition of NMGH and deliver the NMGH Redevelopment Programme.

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

143/20 Q2 Complaints Report (2020/2021)

The Group Chief Nurse provided a summary overview of the 2020/21 Complaints Report for MFT covering the period 1st July 20120 – 30th September 2020(Q2).

The Board was advised that a total of 1,273 PALS concerns had been received within the organisation compared to 755 in the previous quarter. The Group Chief Nurse also explained there was a total of 286 new complaints received during the period compared to 167 in the previous quarter. It was noted that 100% of complaints were acknowledged within 3 working days (a maintained position from previous quarters) and 257 were closed compared to 261 in the previous quarter.

The Group Chief Nurse explained that Q2 (2020/21) had continued to reflect the impact of the on-going COVID-19 pandemic across the UK and whilst MFT had lifted the 'pause' on its complaints in a staged approached during Q1 (2020/21), the PHSO and some other NHS Organisations did not resume their NHS Complaints Processes until Q2 (2020/21). It was explained that the PHSO's changed position in Q2 meant that the Trust had 2 cases under review during this quarter (with the details of the on-going PHSO investigations noted as set out in Table 1 of the accompanying Appendix).

The Group Chief Nurse also reported that in response to the valuable learning gained from working differently during the COVID-19 national Emergency, the development and provision of a PALS volunteer role had successfully commenced in August 2020. She explained this addressed the gap created as the Family Liaison Team staff deployed into this temporary service returned to their substantive roles. The Board was advised that a new volunteer role continued to provide virtual visiting during the on-going restricted visiting circumstances and this provision was supported by PALS and the Patient Experience team.

The Board was reminded that the Complaints Scrutiny Group, chaired by a Non-Executive Director, had been reinstated in July 2020 and the Management Teams from the MRI and LCO had 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 was noted as detailed in Section 6 of the report presented along with the details of all the quality improvement activities undertaken during Q2 (2020/21) under the headings of 'In-house Complaints Letter Writing Training Package/Educational Sessions'; 'In-house E-Learning Customer Service – PALS and Complaints package'; and, 'Listening to complainant feedback: Enhancing how MFT demonstrates learning across the Hospitals/MCS/LCO'.

In response to questions and observations from Professor Dame Sue Bailey, it was confirmed that the North Manchester General Hospital (NMGH) Complaints and PALS activity continued to be reported separately through the NMGH quality assurance process for the time being.

The Group Chief Nurse also drew attention to the further discussions planned throughout Q3 (2020/21) with a focus on 'PHSO Research: Frontline Complaint Handling – Complaints Standards Framework for NHS Staff''; 'Standard Operating Procedures (SOPs)'; and, 'Complainant's Satisfaction Survey'. The improvement priorities and associated activities for Q3 were also noted as presented in the report.

The Board also noted the collection of equality and diversity data captured in Table 18 of the accompanying Appendix 1 of the report. It was explained that an audit to understand the challenges around the collection of this data was currently underway, the results of which would be reported to the Board of Directors in Q3 (2020/21) report.

In response to observations and questions from Mr Trevor Rees, discussion also centred on the various routes concerns and complaints are received within the organisation via PALS.

In conclusion, it was agreed that the report provided a concise review of matters relating to Complaints and PALS during Q2 (2020/21). The Board had particularly noted that MFT had lifted the 'pause' on its complaints in a staged approach during Q1 (2020/21) which was unlike other NHS Organisations and the PHSO who did not resume their NHS complaints processes until Q2 (2020/21). It was also acknowledged that opportunities for learning and service improvement had continue to be identified, and the report presented had provided highlights of where this had and would take place.

The Board noted the content of the Complaints Report and the on-going work of the Corporate and Hospital/MCS/LCO teams to ensure that the Trust was responsive to concerns raised and learns from patient feedback in order to continuously improve the patient's experience.

Decision:	Q2 (2020/21) Complaints Report Received and Noted	**Action by:** n/a	**Date:** n/a

144/20 Board Assurance Framework (October 2020)

The Board of Directors received and noted the latest Board Assurance Framework (October 2020) which was aligned to the MFT Strategic Aims (2020/21) and also served to highlight the continued impact of the ongoing COVID-19 National Emergency. It was also re-confirmed that the BAF was regularly updated by the Infection Prevention & Control (IPC) Team in a bespoke schedule highlighted within the document presented.

Decision:	Board Assurance Framework Received and Noted	**Action by:** n/a	**Date:** n/a

145/20 Register of Directors of Interests (October 2020)

The MFT Board of Directors' Register of Interests (October 2020) was received and noted. It was confirmed that the Register was now also available on the MFT Public Website: https://mft.nhs.uk/the-trust/the-board/register-of-directors-interests/

Decision:	Register of Directors Interests (October 2020) Received and Noted	**Action by:** n/a	**Date:** n/a

146/20 MFT Annual EPRR Core Standards Self-Assessment (2020/21)

The Board of Directors received an overview of the MFT Emergency Preparedness, Resilience and Response (EPRR) annual assurance for 2020/2021. It was noted annual assurance statement was signed-off by MFT Strategic Group and submitted to Manchester and Trafford Clinical Commissioning Groups on Monday 19th October 2020. It was also reported that all provider / CCG responses would be submitted to the Local Health Resilience Partnership, who would collate and feedback the GM position.

The Group Chief Operating Officer confirmed that the MFT Site EPRR Forums would be responsible for the progression and monitoring of the actions highlighted in the report presented, with oversight from the MFT Group EPRR Committee who would provide the required assurance.

In conclusion, the Board received and noted the detailed contents of the MFT Annual EPRR Core Standards Self-Assessment (2020/21) presented.

Decision:	Annual EPRR Core Standards Self-Assessment (2020/21) Received and Noted	**Action by:** n/a	**Date:** n/a

147/20 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 2nd September 2020
- Finance Scrutiny Committee held on 19th October 2020
- Quality & Performance Scrutiny Committee held 6th October 2020
- Charitable Funds Committee held on 29th September 2020
- LCO Scrutiny Committee held on 16th September 2020
- NMGH Scrutiny Committee held on 27th October 2020
- HR Scrutiny Committee held on 13th October 2020

148/20 Date and Time of Next Meeting

The next meeting of the Board of Directors will be held on **Monday 11th January 2021** 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.

149/20 Any Other Business

There was no other business and no items for recording on an Action Tracker.

Present:	Mr J Amaechi (v) Professor Dame S Bailey (v) Mr D Banks (v) Dr I Benett (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)	- 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)	- 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:	Chief Operating Officer
Paper prepared by:	Rachel Bayley, Director of Performance and EPRR Veronica Devlin, Chief Transformation Officer James Allison, Director of Turnaround
Date of paper:	December 2020
Subject:	COVID-19: Update on Trust ongoing response
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	To achieve high standards of patient safety and clinical quality across the Trust demonstrated through performance outcome measures
Recommendations:	Board of Directors are asked to note the contents of the report
Contact:	Name: Rachel Bayley, Director of Performance and EPRR Tel: 0161 276 6718

COVID 19 – UPDATE ON THE TRUST ONGOING RESPONSE

1. PURPOSE

The purpose of this briefing is to provide the Board of Directors with an overview of the MFT response to the Covid-19 pandemic, including: wave 2 planning, staff and patient testing, performance against national NHS constitutional standards and the progress of the Recovery Programme.

Please note that issues relating to Infection Prevention and Control and Nosocomial Infections are covered in a separate report.

2. COVID PHASE 3 PLANNING

As previously reported to Trust Board of Directors the national *Implementing phase 3 of the NHS response to the Covid-19 pandemic,* set out a number of provider expectations and the following recovery activity requirements:

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

In response, on the 10th September, MFT submitted its phase 3 planning to NHSE, with the below table setting out the iterative process of planning submissions, including restoration trajectories at each stage.

Point of Delivery	P3 targets	CUT 1 - 24/08	CUT 2 10/9/20	Revised CUT 2	NHSI Adjustments for IS		Final MFT Submission Excluding all IS
					Local IS (Pines & Optegra)	National IS (Alex & Spire)	
Elective IP	90%	64%	77%	80%	0%	-4%	**76%**
Daycase	90%	68%	85%	85%	-3%	-3%	**79%**
Outpatient	100%	70%	89%	89%	0%	0%	**89%**

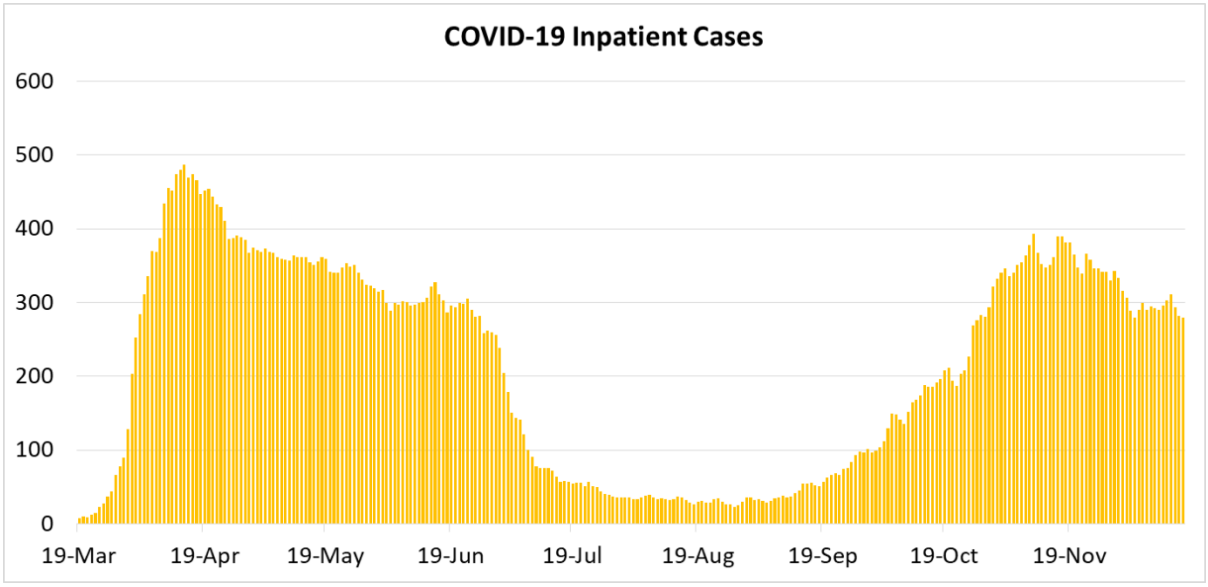
The key MFT planning assumptions used to arrive at the above activity levels are:

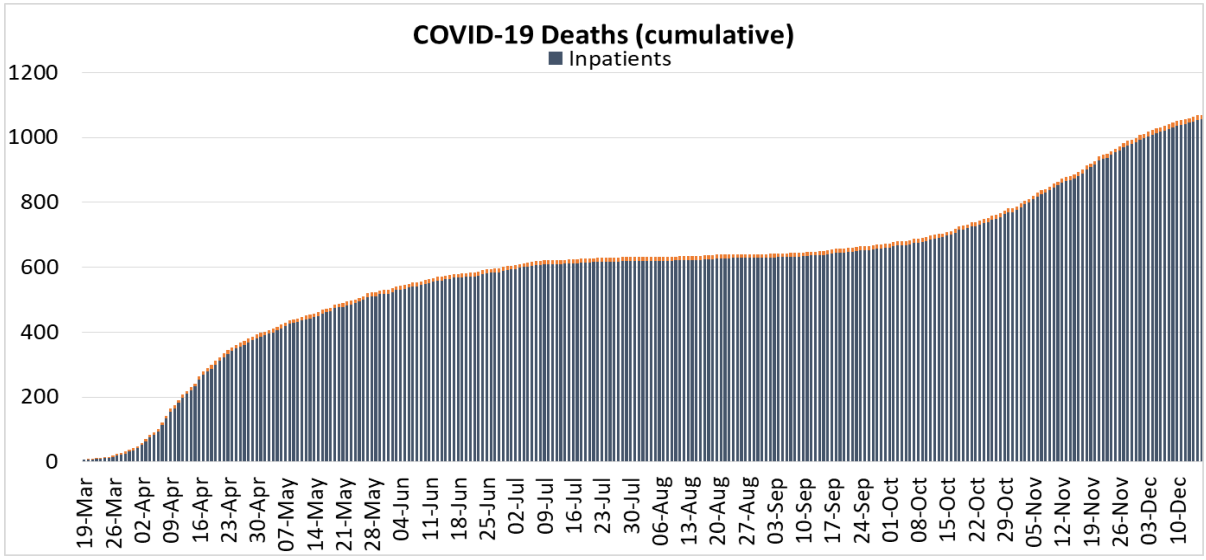
- GP routine referral rates will not increase above 95% of 2019/20
- A&E levels return toward 100%, with deflection assumptions to reflect the urgent care initiatives
- No deflection for non-elective admissions, and non-elective admissions increase toward 100% of 2019/20 levels based on growth rates, so variable by specialty but not above 100%
- No second COVID wave
- It will be a 'normal' (rather than bad) winter
- Testing capacity (for patients and staff) will available as required has been assumed
- Comprehensive track and trace is operational within the community
- MOATS to remain at April 2020 levels, reflecting work with community partners

3. COVID19 POSITION

- The Wave 2 profile has differed from wave 1 with a slower decline in covid inpatients following implementation of the 2nd national lock down.
- As at **17/12/2020** the Trust had **279** inpatient covid 19 cases.
- This is **57% of the wave 1 covid19 peak** – which occurred on the 14/04/20 with 487 inpatients.
- With a total of **42 patients in critical care** (level 1/2 beds), 40% of the wave 1 peak (104 critical care patients)
- The activity is concentrated on:
- Wythenshawe 99
- MRI 101
- NMGH 60
- **Wave 2 peaked** on 10 November with **393 inpatients**
- In line with the increased escalation levels, MFT Strategic Command made the decision to reduce routine elective activity from the start of November, in order to release bed and staff capacity to support critical care. As a result this will have an impact on the recovery workstreams and performance against national standards.

The difference between the first and second Wave COVID is the number of non-Covid patients receiving treatment.





4. COVID WAVE 2 PLANNING

In response to the increased Covid position, the MFT Strategic Covid Group has prepared plans for a second wave, which align with national and regional guidance. The decision-making process to support Group escalation and its associated consequences, is led by the Chief Operating Officer (and AEO); Medical Directors; Chief Nurse and the Group Executive Directors.

The individual Hospital / MCS escalation plans were approved via the Strategic Group in October, supported by a Group Escalation Decision Making Framework. MFT is taking a tiered approach to the escalation process, to balance the impact on all activity programmes, as set out below. 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

During the first Covid peak, normal on call arrangements were suspended and for a period of time additional on call arrangements at a hospital level were established along with Group tactical arrangements to coordinate the overall day to day incident management as well as responding to external partners. As the first peak subsided these additional arrangements were stood down with a return to Business as Usual, however due to the second wave these have subsequently been reinstated to support management of the pandemic and to respond to external partners.

5. TESTING

5.1 Staff Testing

In October MFT was required to take part in a national programme of testing of patient facing asymptomatic staff, along with 11 other Trusts in the NW region. The programme was aimed to support our understanding of how Covid is being is transmitted, and to help to reduce the level of community transmission in the region as well as nosocomial infection rates with our Trust.

Patient facing staff (clinical and non-clinical) were tested within a two-week time period. Ultimately, nearly 14,100 patient facing staff were swabbed and resulted within the two-week period using national lab capacity.

MFT's overall positivity rate for the asymptomatic programme across the two week period averaged at 1.6%. This meant that over 200 staff across all sites without symptoms had to self-isolate. The average positivity rate for the 11 regional Trusts was 1.8%.

Subsequent to this, a further programme of staff testing commenced on 23rd November, requiring staff to test and report on a twice weekly basis using a lateral flow method of testing across a 12 week period.

As at 16th December test kits had been distributed to over 23,000 staff and the number of staff reporting a positive lateral flow test was 150 following three full weeks of testing (0.37% of all tests recorded).

The two asymptomatic programmes have run alongside focused outbreak testing of symptomatic staff. If a staff member had tested positive for Covid in the last 90 days, they were not required to swab again as part of these asymptomatic programmes.

5.2 Rapid Patient Testing

Rapid patient testing is currently provided by the laboratory using the Cepheid Covid-19 tests. The number of available tests is restricted by the UK allocation to a maximum of 85 tests per day for MFT. The Trust's Clinical Subgroup have agreed usage of these tests per day by location according to clinical need.

Point of care (POC) testing for Covid-19 has been rolled out to support emergency admissions however nationally now recognized that both DNA Nudge and Primer Design are not performing as expected and the National Technical Validation Group (TVG) are continuing to assess these platforms for suitability and looking for alternative use cases.

Use of the first DNA Nudge devices in MRI ED was paused on 4th December due to the number of false negatives and invalid tests obtained. Subject to confirmation from Strategic, testing to be restarted from 21st December for MRI ED, with continuation of dual swabbing of patients and the clinical pathway amended to any positive results to be acted upon immediately, and negatives to await confirmation by the standard PCR test. IT connectivity testing and training going well for Wythenshawe ED rollout with go-live planned for 4th January. This will provide up to 40 DNA Nudge tests per site in total with a test time of 90 minutes.

A further allocation of 14 DNA Nudge devices in January 2021 has been advised as part of the national Wave 2 Rapid Testing allocation; a review of the device performance at MFT will be undertaken prior to acceptance of further devices. This would provide a further 140 tests per day.

Alternative rapid testing options are under consideration. The Lumira DX point of care device has potential as good results were obtained by TVG; results are obtained in 12 minutes and the device is more robust as it relies on antigen testing technology. Pilots in 5 sites nationally are underway and due to report in January 2021 (NCA are the NW pilot site), with rollout planned by the national team in February 2021. In addition, discussion is also underway in GM follow the findings from the NCA pilot of Lateral Flow Testing for patients in ED to support emergency admission pathways.

6. EU EXIT

The UK exited the EU on the 31st January 2020 and is now in a transition period that ends on the 31st December 2020. National planning has recommenced, and MFT has reflected EU Exit as a risk on its register since 22/02/19, currently as a low risk. The national team and the Trust will focus on: HR, Pharmacy, Procurement, R&I, business continuity, reciprocal healthcare. EU exit planning will be overseen through MFT Strategic Command. MFT is standing up its EU Exit Contingencies Group, with key leads from the above areas of focus to provide expertise. EU Exit planning is overseen via the MFT Strategic Command.

7. PERFORMANCE

Urgent Care:

- Safety remains a key priority
- The increasing Covid position, IPC and infection outbreaks, along with normal winter pressures is affecting ED performance, due to bed capacity and flow restrictions.
- As a result performance in Q3 has steadily become more challenged.
- MFT has strong performance within the GM region and is ranked 2nd in GM for Q3 .
- Activity has reduced in line with the 2nd national lock down, and in December is currently at 63% of pre-covid levels.

4 Hour Performance	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec (17/12)
MFT 20/21 %	90.18	93.4	91.6	91.8	88.2	86.3	81.07	77.4	76.4
MFT GM Rank	3	3	2	2	3	3	2	2	2
GM %	89.8	93.3	90.5	89.5	86.2	82.4	76.5	74.4	73.5
National %	90.4	93.5	92.8	92.1	89.3	87.3	84.4	83.8	

Planned Care:

RTT & 52 Weeks:

- MFT waiting list size remains under the P3 planning trajectory, although the position is increasing.
- The number of patients waiting **>52 weeks** has increased due to the same factors listed above affecting ED performance, and also the reduction in the elective programme as a result of wave 2.
- MFT continues to focus on the longest waits and ensuring they are prioritised along with the most clinically urgent patients.
- The growth in MFT 52 week waits, is better than the national position.

		Apr 20	May	Jun	Jul	Aug	Sep	Oct	Nov
MFT	Wait List	98785	102318	101203	102,381	104,150	106,272	106,438	TBC
	RTT %	67.17	59.3	47	38.4	42.7	48.7	52.4	TBC
	52 Weeks	369	1042	1959	3245	4,260	4846	5946	TBC
National position	Wait list *Million	3.94	3.83	3.86	4.05	4.22	4.35	4.44	Not Available
	RTT %	71.3	62.2	52	46.8	53.6	60.6	65.5	
	52 Weeks	11,042	26,029	50,536	83,203	111,026	139,545	162,888	

MFT Phase 3 Trajectory – submitted 10/09/20

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Incomplete RTT pathways	106381	110381	114381	114381	114381	114381	114381
>52 weeks	4122	3951	3227	3631	3940	4927	5998

Diagnostics:

- The waiting list size for diagnostic tests has improved with a reduction of a 1000 patients, as activity levels continue to improve.
- The diagnostic 6 week performance has also improved by c.5%.

	Feb	Mar	Apr 20	May	Jun	Jul	Aug	Sept	Oct	Nov
MFT	1.34%	6.79%	46.9%	64.9%	59.9%	48.8%	46.9%	38.7%	32.7%	27.8%
National	2.8%	10.2%	55.7%	58.5%	47.8%	39.6%	38%	33%		Not Available

Cancer:

- Demand has returned to pre-covid levels.
- The performance against the 62 day standard will be more variable month on month as patients waiting longer as a result of covid start to be treated, with is positive as the volume of patients waiting is reduced.
- 2ww **-** Breast is the key cancer sites impacting on 2ww performance and a revised plan was received by the Strategic Group on 27th Nov, with a trajectory for recovery by April 2021.

	Target	Apr-20	May	Jun	Jul	Aug	Sep	Oct
2WW	93%	83.21	87.65	76.73	63.23	67.89	64.03	68.9
31 Day	96%	93.17	88.12	90.87	94.47	91.96	91.61	92.1
62 Day	85%	64.17	51.28	64.40	69.26	71.76	57.72	55.4

MFT >104 day cancer wait Trajectory (exc NMGH)

- The Trust has made significant improvement in reducing the longest cancer wait.
- MFT achieved its reduction trajectory for 104 day cancer patients In September and October
- Further reduction was achieved in November, although marginally out with the trajectory with 68 patients >104 days, verses a target of 60. However, 85% of these patients could not be progressed to diagnosis / treatment due to reasons outside the Trust control i.e patient choice, patient unfit etc

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
WTWA TOTAL	130	69	45	24	20	11	11	11
SMH	7	7	7	7	7	7	7	7
MRI	161	88	44	22	22	22	22	22
MFT TOTAL	**298**	**164**	**96**	**53**	**49**	**40**	**40**	**40**

8. RECOVERY

- The Recovery and Resilience Board (RRB) has been driving the ongoing Recovery programme with a much greater focus on operational delivery. Transformation activities associated with the elective, cancer, outpatient, urgent care and long term conditions programmes report to the RRB alongside updates of EPRR activities and key enablers such workforce, estates and informatics.
- The PMO continues to oversee the submission of bi-weekly exception reports as well as the maintenance of a RAID log. The performance dashboard, developed during recalibration phase, will continue to be used to monitor outturn performance and in turn inform the work of each RRB workstream. This dashboard continues to be developed, the latest metric to be added being tracking of nosocomial infections.
- Each of the clinical pathway workstreams have been assigned to the Transformation Team Heads of Delivery (HoD's), grouped as follows; Cancer & Outpatients, Urgent Care and Flow & Long-Term Conditions, and the Elective Surgery programme, including Independent Sector (IS) capacity management. The HoD's are responsible for providing support to the development of new ways of working, supporting implementation of them, and the oversight and assurance that changes are progressing at pace.

Currently the work of the five clinical pathways that report to the Recovery and Resilience Board consist of a total of 45 discrete initiatives spanning the elective programme, urgent care, outpatients, cancer and long term conditions. These are currently RAG rated as follows: -

Reporting Period:	**w/c 14th December 2020**	**No**
Delayed with Risk		**2**
Delayed with Manageable Risk		**16**
On Track		**27**
Not Started		**0**

Red risks relate to:

- Out patients: this relates to delays in out patient letter processing at Wythenshawe
- Urgent Care and flow: Delay to reconfiguration of ED IT system to facilitate full triage and streaming in marquee on Upper Brook St

Broken down by Workstream and RAG Rating as follows: -

Workstream	Red	Yellow	Green	Total
Out patients	1	4	14	19
Urgent Care & Flow	1	2	2	5
Cancer	0	5	5	10
Long Term Conditions	0	5	0	5
Elective	0	0	6	6

Urgent Care and Flow

Transformation work is focused on two main areas: -

- Safe redirection of patients away from urgent care portals to an alternative, appropriate service where they can receive their care

- Where attendance at an urgent care provider is clinically appropriate, that this attendance should, where possible, be booked to a specific time to reduce avoidable congestion and footfall in emergency departments and maintain patient and staff safety.

The overarching aim is to reduce footfall into urgent care portals in order to achieve social distancing, avoid Emergency Department crowding and reduce nosocomial infection rates. Redirection will achieve volume reduction and scheduling a patient to an appointment will level the rate of attendance and eliminate peaks or 'batches' of arrivals where social distancing becomes difficult to achieve and is detrimental to flow.

Fundamental enablers to the plan are the underpinning information flow and digital enablement, both in terms of safe redirection of patients and the ability to book patients to an appointment.

NHS 111 First & Urgent Care by Appointment

The Adastra system is now in place in ED's to visualise information on patients referred by NHS 111 with a dedicated arrival time. This system became live on 1st December. National communications have begun, which will gradually increase the uptake of the service. The first 2 days at MFT were used for testing of systems and gradual introduction of the service.

An ED performance monitoring tool is in development for MRI, Wythenshawe and RMCH to closely monitor the impact of any changes to process and systems in the ED departments as a result of 111 First and UEC by Appointment.

1st seven days of activity

Thursday 3rd December – Wednesday 9th December							
Hospital	Time of Go Live (1st Dec)	Total number of patient arrivals in the ED (7 day period)	How many were Ambulance presenters?	How many were self-presenters?	Number of patients who attended via Adastra queue	How many patients on the Adastra queue DNA'd *	DNA Rate*
RMCH	11:05	711	76	622	13	3	19%
MRI	11:35	1,588	480	1,032	76	23	23%
NMGH	11:45	1,760	421	1,298	41	18	31%
Wythenshawe	16:00	1,723	531	1,118	74	16	18%

Late arrivals count as having attended.

*DNA (Did not attend) is calculated as number of people referred by NHS 111 who did not attend divided by the total number of patients who were referred as ED appropriate by NHS 111.

Overall circa 4% of ED attendances in the period were asked to attend ED at a specific time by NHS 111.

Patient feedback is being collected to continuously improve the service.

Processes are in place to manage patients who are identified as a DNA. These processes are managed by the Local Clinical Assessment Service (LCAS) who make contact with the patient to identify any ongoing need for assessment and/or treatment.

Pre ED-Streaming

Across the three type-1 ED's in MFT, streaming occurs for the purpose of identifying COVID and non COVID patients, however, asymptomatic patients could enter the ED service and increase the rate of nosocomial infection. Streaming capability will increase in scope, streaming patients according to their presenting condition to a much wider variety of care provision.
Work has been undertaken to identify a g a standard approach to pre-ED streaming with the appropriate level of competence, skill and experience that needs to be supported by an adequate supporting informatics infrastructure. There are challenges to embedding this due to variable approaches to streaming/redirection, with differing IT systems in place and variable rates between the three type-1 ED's in MFT. Transformation plans will work to embed a standardised model and maximise the numbers of patients safely redirected from ED.

The main actions for this workstream are: -

- Securing streaming capacity at Wythenshawe and MRI
- Making changes to IT infrastructure that ensure activity and data is captured and attributed correctly, that the patient is clearly identifiable at whatever point they are at in their journey and that clinical responsibility for each patient is clear at each stage
- Identifying a long-term solution to ensuring that MFT can interface with the Adastra platform
- Increasing the numbers of Same Day Emergency Care (SDEC) services across a much wider array of surgical and medical specialties
- Defining and implementing safe redirection routes to services within LCO's and mental health service providers
- Standardising good/innovative practice across all emergency portals at pace

Elective Surgery

A temporary pause to Elective activity was decided on 5th November due to an increase in COVID patients, and the requirement for capacity to treat emergency patients. A process was put in place to inform affected patients and a phone line established to manage any enquiries.

Cancer services have been preserved as much as possible however in the last week 3 patients were cancelled and rescheduled at short notice due to capacity issues on the MRI site. The patients could not be accommodated at the GM Cancer Hub due to the specialised nature of these cases.

Plans to recommence Priority 3 and 4 cases early in the New Year are currently under review due to the expected impact of the holiday season and increased social mingling on COVID numbers together with the normal seasonal increase in admissions.

In parallel the Elective programme continues to focus on end to end Independent Sector (IS) pathways developing a robust approach to on-boarding and managing IS activity. The Programme is looking forward to how the Trust will utilise IS capacity inn the future supported by MFT Strategy Team and GM colleagues to ensure that lessons have been learnt in the work with the IS to date.

Current issues:

A change to the national IS contract was agreed on the week of 7th December between NHSE and 5 of the current providers – Spire, BMI Alex, BMI Highfield, BMI Rochdale & Oaklands. An interim contract was agreed which would continue the current arrangements (national contract) until 31st December and an interim contract for Quarter 4 which would provide average activity at these IS providers for NHS

Trusts based on October/November activity. Providers outside of this arrangement would continue with the standard framework model.
The local interpretation of the interim contract was that this supported services to continue activity between January and March as they had been currently. However, local meetings with IS providers have not supported this view, with some IS providers pushing back on services they can provide from January and the volume of activity available to NHS Trusts. In addition, they have requested that management of lists and scheduling is delivered and managed by them rather than a continuation of the current model whereby MFT support the management of this with the IS teams.. Clarity is being sought with the national and regional teams, however this is still on-going. Contingency plans are in development and discussion is ongoing with IS providers.

Extensive work has taken place to quantify the IS capacity required by specialty across MFT. This will allow alignment of available capacity with demand from the hospitals and MCS's across the IS once capacity and services available are agreed.

Outpatient Services
Phase 3 activity recovery planning forecast MFT's Outpatient activity to be 89% of 2019-20 levels but was based on an explicit assumption that there would be no second wave
Outpatient activity levels have fluctuated around 75% during October and November.
Hospitals have undertaken a re-basing exercise to re-forecast Outpatient activity through Quarter 4. Successful delivery of the action plans would mean overall MFT Outpatient activity levels would increase to 85%.

The current proportion of activity that is virtual is around 28%, in line with the Shelford Group median levels. However, through the re-basing hospitals have identified opportunities to increase this further, which would increase MFT's virtual levels to 35%.

Hospital action plans have been developed to deliver these improvements and cross-cutting actions have been identified that will be led by Group to support the recovery.

The main additional activities for Outpatient Services currently are: -

- Standardisation of patient letter: draft standards were developed with input from Governors and patient groups and refined at the Governors workshop in December.
- A pilot of Patient Initiated Follow Up (PIFU) is planned for late January with Gynaecology at both Saint Mary's and North Manchester with the aim of a further pilot in Long Term Conditions services going forward. Patient feedback will be captured to inform wider implementation.
- Self-management apps are being considered by Long Term Conditions services for increased use across a range of specialties.
- Virtual triage will commence using Referral Assessment Service (RAS) with scoping of all e-Referral Services (e-RS) to identify high volume specialties with the intention of creating an implementation pack and commencing the clinical engagement to gain support and uptake
- An Advice & Guidance report has been developed that measures utilisation and turnaround times in 48 hours. This will support expansion of this initiative in appropriate specialties.
- Virtual outpatient activity now represents approximately 28% of activity. 4-5% of this activity is via video consultation. This is in line with other organisations in GM, and with Shelford Group peers.

9. RECOMMENDATIONS

The Board are asked to note the contents of the report

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Nurse
Paper prepared by:	Alison Lynch, Corporate Director of Nursing
Date of paper:	January 2021
Subject:	COVID-19 Vaccination Programme
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	• Improve patient safety, quality and outcomes • Improve the experience of patients, carers and their families
Recommendations:	The Board of Directors are asked to note: • The information provided in the report in relation to the COVID-19 Vaccination Programme
Contact:	Name: Alison Lynch, Corporate Director of Nursing Tel: 0161 276 5655

1. Background

1.1 The vaccination program for COVID-19 is being managed at the national level under the leadership of the Department of Health and Social Care (DHSC). NHS England and NHS Improvement (NHSEI) Regions have been given operational responsibility for ensuring delivery of the vaccination programme (Public Health Functions agreement for 20/21). This has been delegated to Greater Manchester Health and Social Care Partnership (GMHSCP) through the Section 7a[1] agreement.

1.2 The SRO for the vaccination programme at MFT is Professor Cheryl Lenney, Chief Nurse. The programme is being led by the Corporate Director of Nursing, and the Chief Pharmacist. Strong links are in place with the regional and national teams.

1.3 MFT, Oxford Road campus has been designated as a Hospital Vaccination Hub (Tranche 2) due to having the appropriate ultra-low freezer facility to store the vaccine and demonstrating the appropriate state of readiness (see appendix 1).

1.4 Vaccinations commenced on Wednesday 16th December at the MRI OPD.

2 Vaccination at the Oxford Road campus

2.1 The Pfizer vaccine has been delivered to the Oxford Road campus, for use in a dedicated vaccination clinic, in place 7 days a week from 8am to 8pm

2.2 The vaccination is offered, under a Patient Group Direction, to the following groups, consistent with the Joint Committee on Vaccination and Immunisation (JCVI)[2]:

- Patients aged over 80
- Care home workers
- Clinically Extremely Vulnerable (MFT staff and patients)

2.3 Over 1,000 vaccines have been delivered by day 4 of operating.

2.4 Where there has been vaccine availability, staff working in categorised high-risk areas have also been invited to have their vaccine.

2.5 Planning work continues to ensure MFT is ready to deliver an all staff vaccination programme once directed by the JCVI. It is anticipated that this will be during January 2021.

3 Policies, procedures and guidelines

3.1 A series of clinical standard operating policies have been developed from National guidance, that support safe receipt, storage, preparation and administration of the vaccine.

3.2 A process has been developed to report any clinical or non-clinical incidents relating to vaccination, including adverse events or vaccine wastage.

3.3 An extraordinary Medicines Optimisation Board ratified the SOP's which were then submitted to the Regional Chief Pharmacist in support of final sign-off and approval.

[1] https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2020-to-2021/annex-public-health-functions-section-7a-agreement-2020-to-2021-services-to-be-provided

[2] https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020

4 Workforce

4.1 A dedicated senior pharmacist and dedicated senior vaccination nurse provide oversight of preparation and administration of the vaccine in the clinic setting
4.2 Experienced seasonal influenza vaccinators have undertaken additional training in line with Health Education England e-learning programmes, and are working in the clinic setting in line with national guidance
4.3 Medical cover is available within the clinic for any support required.
4.4 Essential infrastructure teams are supporting the clinic in its initial set up to facilitate smooth running including Information and Technology, Procurement and Employee Health and Wellbeing.
4.5 Essential support teams, including estates, administration, security, porters and domestic staff are operational within the clinic setting
4.6 Plans are in place to train and develop additional staff to support administration of vaccinations

5 Information Technology

5.1 The Simply Book booking system is in place for patients and care home workers and the Empactis system supports MFT employees.
5.2 The National Immunisation and Vaccination System (NIVS) is the agreed platform to capture vaccination data. It allows for real-time, granular reporting.
5.3 Work is ongoing to provide a digital solution between different systems in operation and reduce any time lag between vaccination and national reporting.
5.4 Situation reports (Sitreps) are submitted nationally and regionally each day providing a range of information

6 Communications and Engagement

6.1 A Trust Communications and Engagement Plan is in place, ensuring alignment with Greater Manchester Health & Social Care Partnership, to encourage uptake and evidence the safety and efficacy of the vaccine(s).
6.2 In partnership with Staff Side a series of Frequently Asked Questions have been developed.

7 Governance

7.1 The Flu and COVID-19 Vaccination Strategy Group meets weekly, chaired by the Corporate Director of Nursing and reports to the COVID-19 Strategic Group and Chief Nurse/DIPC.
7.2 A series of workstreams are identified in a Vaccination Programme plan
7.3 Twice daily operational meetings are in place to drive actions and progress against the Vaccination Programme workstreams
7.4 NHS Trust Hospitals and Hub Vaccination Site Pharmacy Go-Live Checklist was completed prior to vaccination commencing on site

7.5 Chapter 14a Green book[3] reviews took place to identify contraindications, eligibility and vaccine delivery specifics.

7.6 Risk assessments are in place and the Board Assurance Framework is being updated to reflect any related risk to Trust objectives

8 Next Steps

8.1 Our focus is to consolidate learning from the initial phase of the vaccination clinics, to continue to improve efficiency and increase the number of vaccines that can be delivered in the safest possible way. This will consider:

- Vaccine availability and types of vaccine;
- Logistics in respect of vaccine stability as more information becomes available (potentially enabling clinics at other locations across the Group);
- Co-ordination of second appointment clinics in parallel to first appointment clinics – expanding capacity;
- Commencing the MFT all staff programme including social care and affiliate organisations;
- Any National directives that may be released;
- Workforce requirements and
- Safety of patients and staff

9 Summary

9.1 The COVID-19 Vaccination leadership team are working in responsive environment. Key actions are identified within the Vaccination Programme plan that have supported vaccination of patients over 80 who have attended outpatients' appointments or at the point of hospital discharge, care home workers and clinically extremely vulnerable staff and those vaccinating in the identified cohorts.

9.2 Plans are in place to expand the vaccination programme to all staff as directed by JCVI and from additional sites across the Group.

10 Recommendations

10.1 The Board of Directors are asked to note the content of this report and the ongoing work to vaccinate all MFT health and social care staff and affiliate organisations.

[3] Chapter 14a of the Green Book – COVID-19 – SARS-CoV2 December 2020

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Chief Nurse/Director of Infection Prevention Control (DIPC) Professor Cheryl Lenney
Paper prepared by:	Assistant Chief Nurse Infection Prevention Control/Clinical DIPC Julie Cawthorne
Date of paper:	December 2020
Subject:	Update on Nosocomial Transmission of COVID-19
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept ✓ • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Patient safety Patient Experience
Recommendations:	To note the Trusts ongoing IPC activity to safely manage and support patients and staff during this next phase of the pandemic.
Contact:	Name: Julie Cawthorne, Assistant Chief Nurse Infection Prevention Control/Clinical DIPC Tel: 0161 276 4042

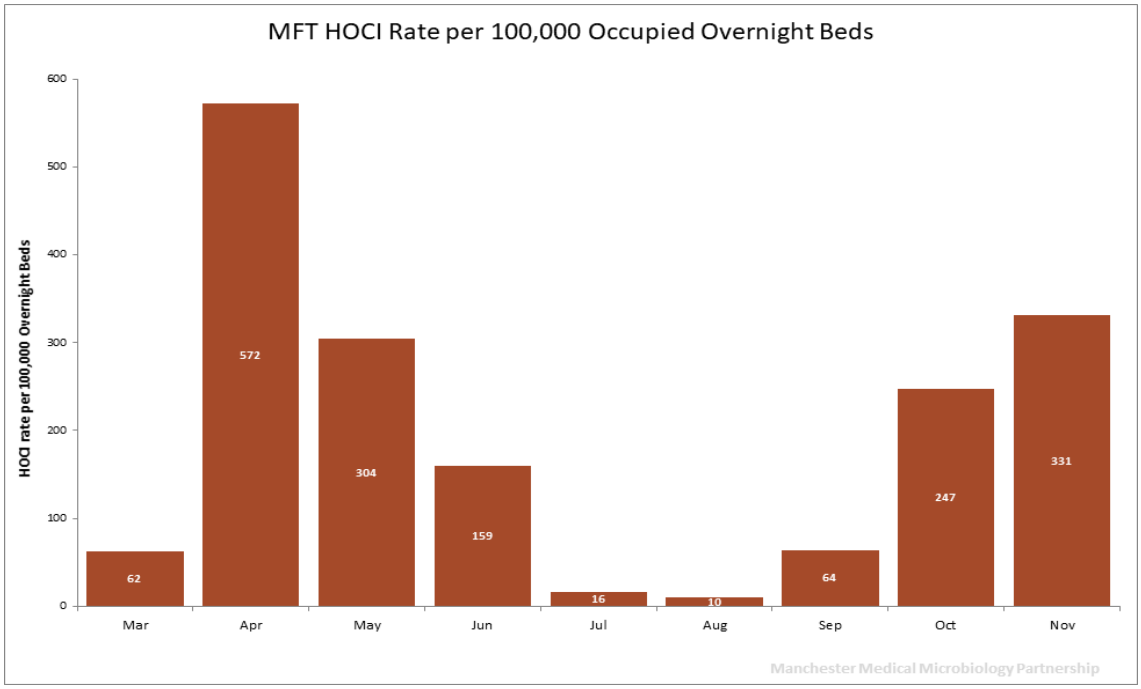
1. Introduction

1.1. The Trust is committed to the prevention and management of nosocomial infections as demonstrated in the continuing actions and improvement programmes set out in the IPC BAF.

2. MFT Hospital Onset COVID-19 Infection (HOCI)

2.1 The national definition of a HOCI is an infection occurring on or after day 8 of admission. All incidents of HOCI are investigated and reported to NHS E/I. Chart 1 below demonstrates MFT HOCI rates per 100,000 Occupied Overnight Beds from March - November 2020.

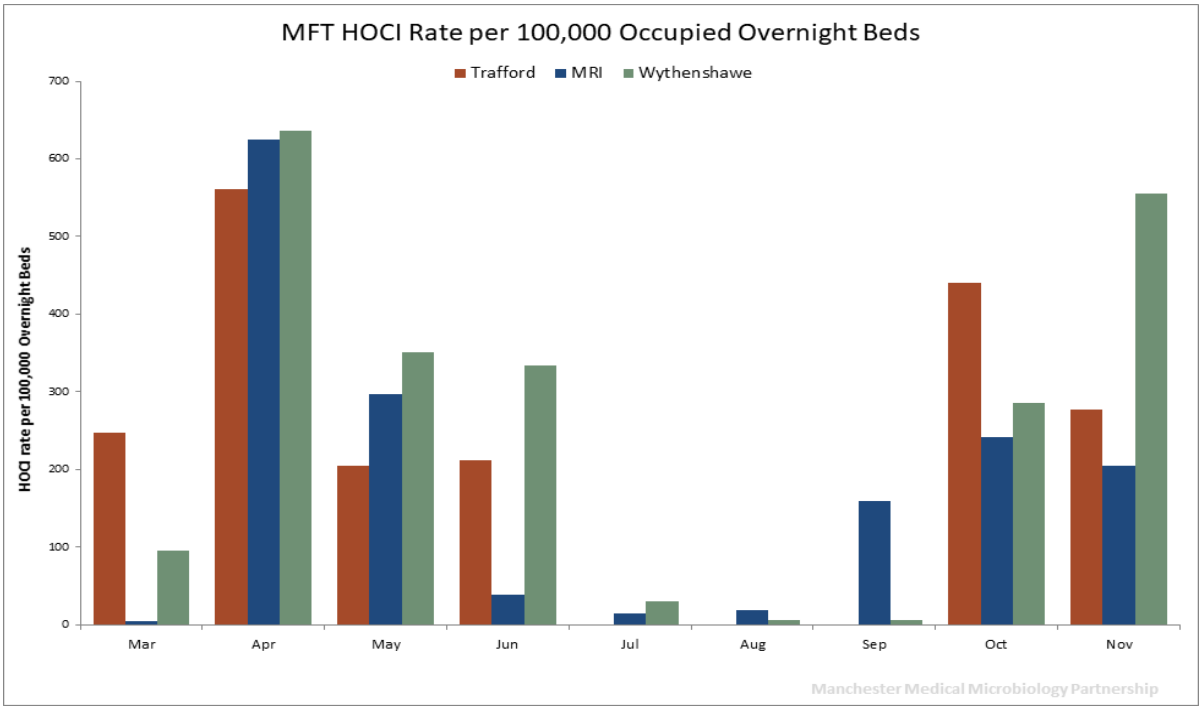
Chart 1: MFT HOCI rates per 100,000 Occupied Overnight Beds March – November 2020



2.2. There is continuous surveillance of all COVID-19 positive cases undertaken by the IPC surveillance team. The daily COVID-19 data is circulated at all levels across the Group. Each case is reviewed by the Infection Prevention and Control nursing team to ensure that all aspects of infection prevention control standards are being followed and any further actions required are in place.

2.3. Chart 2 below demonstrates the HOCI rates per 100,000 Occupied Overnight Beds by hospital site for MRI, Wythenshawe and Trafford Hospitals.

Chart 2: HOCI rates per 100,000 Occupied Overnight Beds by Hospital site March – November 2020



2.3 In the event that a case forms part of an outbreak[1], an outbreak is declared, and control measures are implemented. Daily updates on outbreaks are circulated across the Trust. Each outbreak is reported to NHSE/I and monitored daily for 28 days.

3. MFT In-patient Outbreaks of COVID-19 June – December 2020

3.1 Table 1 below shows the number of COVID-19 outbreaks across MRI, Wythenshawe, Trafford and North Manchester General Hospitals and the Local Care Organisations from 1st September – 17th December 2020. The escalation in numbers in October and November 2020 can be attributed in part to the rising local community prevalence rate.

Table 1: MFT COVID-19 Outbreaks	
September 2020	7
October 2020	21
November 2020	19
December 2020 (to date)	9

4. Response

4.1. In support of the actions required for the prevention and management of nosocomial infections in November 2020, NHS England published a document entitled: Key actions:

[1] for the purposes of HOCI, the definition of an outbreak is for two or more cases to occur within the same ward environment within 14 days

Infection Prevention and Control and Testing[2]. The actions include a requirement that patients are screened on day 1 (day of admission) and those who test negative upon admission must have a second test 3 days after admission, and a third test 5-7 days post admission.

4.2. This screening policy has been implemented and in addition, local policy requires that patients are subsequently screened every 7 days thereafter during their hospital stay to monitor the transmission of Hospital Onset COVID-19 Infection (HOCI). The Informatics team have developed a flagging tool within Chameleon and Allscripts to identify when patients should be re-screened.

4.3. The revised screening is intended to identify patients who are infected with the virus as early as possible and commence isolation and treatment.

4.4. An in-depth review of outbreaks in one hospital during October and November 2020 was undertaken. The outbreaks occurred predominantly on wards where non-elective patients (NEL) were cared except for one surgical ward. Indication from 160 cases sent for Whole Genome Sequencing (WGS) demonstrated a link between 13 cases indicating some cross transmission of COVID-19 infection amongst patients.

4.5. The Trust were asked to review the implementation measures to reduce spread of nosocomial spread of COVID-19 in hip fracture patients in December 2020[3] and the review concluded that the Trust is currently at a similar level of compliance with measures to reduce spread of nosocomial spread of COVID-19 in hip fracture patients as the other 23 hospitals who participated in the survey within the North West Region(appendix 1). The detailed response will be provided to the Trust Quality and performance Scrutiny Committee

Findings:

1. There was evidence of a good level of compliance with IPC standards identified from a review of audits of Hand Hygiene and Environmental cleaning.
2. There was some variability in screening dates identified.
3. Identified a need to reduce patient moves across the hospital
4. Focus on sample turnaround times and coordinate new testing platforms with laboratory medicine
5. Timely declaration of outbreaks with IPC team
6. Staff and patient testing key to prevention and management

Actions:

1. The findings have been shared across the Group
2. Staff testing using lateral flow and PCR continues
3. Patient testing protocols in place for pre-admission and non-elective admissions
4. All outbreaks with undergo the same review to ensure continuous learning, accountability and oversight.
5. Regular audits of compliance with patient screening protocols undertaken at local level.
6. Outbreaks meetings will be reviewed at set times three times a week to enable consistent management and sharing of good practices and local issues. The Trust outbreak checklist will be used as a framework to ensure compliance with the Trust outbreak Policy.

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[2] https://www.england.nhs.uk/coronavirus/publication/key-actions-infection-prevention-and-control-and-testing/

3 . Mastan S, Cash T, Malik R, Charalambous C, on behalf of the COVID Hip Fracture Study Group, Limited implementation of measures to reduce nosocomial spread of COVID-19 in hip fracture patients in the North West of England, *Journal of hospital Infection*, https://doi.org/10.1016/j.jhin.2020.11.007

7. The movement of patients will be reduced and where safe and appropriate patients with COVID-19 will remain on the COVID-19 ward until discharge.
8. The IPC Team will provide further education and training for staff.
9. The use of Hydrogen Peroxide Vapour (HPV) will focus on areas of high risk.
7. The Senior IPC team will provide additional advice and support to the site management teams out of hours, for issues related to the management of patients with COVID-19 and patient flow.

5. Further Actions Across MFT

5.1. The process for staff screening and associated turnaround time of results will be considerably improved following the introduction of the electronic Imform system at the beginning of December.

5.2. Lateral flow antigen testing for NHS patient facing staff was introduced at the beginning of December to detect asymptomatic carriage of COVID-19.

5.3. Point of care testing using DNA nudge is in place at MRI Emergency Department to facilitate identification of COVID-19 positive patients within 90 minutes. This will be rolled out to Wythenshawe Hospital following an update of the required IT input. The Virology Laboratory are introducing a new testing platform which will significantly reduce the testing turnaround time of specimens.

5.4. The Trust is participating in a national research study for Whole Genome Sequencing which will help improve the management of nosocomial COVID-19 infection by identifying transmission routes.

6. Assurance and Governance Framework

6.1 The IPC Board Assurance Framework (BAF) is regularly updated and presented to assurance and scrutiny committees.

6.2 There is a regular review of national and local guidance at the fortnightly meetings of the Expert IPC Group and at the Clinical Sub-group to the COVID-19 Strategic Group.

6.3 Scrutiny is undertaken by commissioners and regulatory bodies

6.4 The IPC Team continue to liaise with Regional NHSE/I team regarding outbreaks of COVID-19 infection and share practice across GM and the NW region.

6.5 There are regular meetings with regional and national team at Executive level.

7. Conclusion and Recommendation

7.1 There has been a significant rise in the number of cases of HOCI across the Trust and disruption to patient flow and capacity due to outbreaks of COVID-19. This is likely in part to be attributable to the challenges arising from an increased community prevalence of the virus.

7.2. This report has also identified continuous learning and improvement of this novel virus through detailed reviews of the outbreaks that is shared across the Group.

7.3 Board members are asked to note the Trust's activity and progress to date in the management of nosocomial transmission of COVID-19.

Appendix 1

1. Introduction

1.1 The North-West Region of NHS England and NHS Improvement (NHSE/I) have asked all Trusts to review and undertake a gap analysis of measures in place to minimize the risk of hip fracture patients vulnerable to the outcomes of COVID-19.

1.2 The review is in response to a published cross-sectional survey[1] undertaken across 23 hospitals in North-West England. The purpose of the study was to determine which measures were deployed to limit nosocomial spread of COVID-19.

2. Orthopaedic Services Across the Trust

2.1 Trauma Orthopaedic Surgery is undertaken at Wythenshawe Hospital, and at North Manchester General Hospital (NMGH). There is also a service at MRI limited to patients who sustain in-patient falls, or those who require renal or haematology services. Elective Orthopaedic Surgery is undertaken exclusively at Trafford General Hospital (TGH) where all patients are screened 48-72 hours prior to admission and at five- and seven-days post admission in accordance with national guidance.

3 MFT Survey Results

3.1. The Clinical Leads for Orthopaedic Surgery were asked to complete the survey. The results can be found in Chart 1 below which compares the results from the 23 hospitals across the North West Region against the findings from WTWA, NMGH and MRI.

3.2 The results for the Trust largely reflect the results from the other participating hospitals with the following additional comments:

- Questions 2 and 4: Patients admitted through the Emergency Department at Wythenshawe Hospital are admitted directly to the Trauma Orthopaedic Ward. They are allocated to a side room until the result of the test is known however; this may not always be possible depending upon the turnaround time of the test and the side rooms available. This issue will be resolved following the implementation of Point of Care Testing (DNA nudge) at Wythenshawe Hospital Emergency Department.
- Question 5: The Trust has undertaken a risk assessment and implemented lateral flow testing for staff working in Elective and Trauma Orthopaedic Surgical Services. In the event of an outbreak of COVID-19 occurring on a ward, all staff are tested using Laboratory Polymerase Chain Reaction (PCR) on the day the outbreak is declared and seven days later.
- Question 9: a request for an urgent rapid PCR test with a turnaround time can be requested by clinicians at Wythenshawe, MRI and Trafford Hospitals.

4. Conclusion and Recommendation

4.1 The Results from the review have demonstrated that the Trust is currently at a similar level of compliance with measures to reduce spread of nosocomial spread of COVID- 9 in hip fracture patients as the other 23 hospitals who participated in the survey within the North West Region. The detailed response will be provided to the Trust Quality and performance Scrutiny Committee

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Finance Officer
Paper prepared by:	Karen Brown, Programme Finance Director Rachel McIlwraith, Operational Finance Director
Date of paper:	December 2020
Subject:	Financial Performance for Month 8 2020/21
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Maintaining financial stability for both the short and medium term
Recommendations:	• Strong financial governance and control is essential as the Trust moves through the second half of the year and the financial framework introduces significant financial constraint. • Hospital/MCS/LCO Control Totals have now been formally issued to Chief Executives and their accountability for delivery of these will result in a strengthening of the discipline on forecasting. In particular 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.
Contact:	Name: Jenny Ehrhardt, Group Chief Finance Officer Tel: 0161 276 6692

Executive Summary

1.1	**Delivery of financial Control Total**	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. 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. The Trust has agreed a financial plan for the second half of the year which requires the Trust to achieve a breakeven position. This is phased differently across months 7 to 12, and the Trust has achieved the target for November, but there are significant risks to delivery as the Trust enters a very challenging autumn / winter period.
1.2	**Run Rate**	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. Hospitals continue to report in-month against their projected forecasts, alongside reporting their forecast year end position against the Control Totals which have now been formally issued to each Chief Executive. This is part of the accountability discussions held with each Hospital leadership team. A piece of work is to be undertaken in the coming weeks to identify the Trust and Hospital underlying run-rates, as a key step in developing financial plans for 2021/22.
1.3	**Remedial action to manage risk**	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. 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.
1.4	**Cash & Liquidity**	As at 30th November 2020, the Trust had a cash balance of £295.4m. 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.
1.5	**Capital Expenditure**	The capital plan reflects the result of negotiations across Greater Manchester to bring the total planned spend across Greater Manchester into line with the new capital envelope. Up to November 2020, £55.1m of capital spend was incurred which is lower than had been planned, however the forecast is to deliver the plan.

Financial Performance

Income & Expenditure Account for the period ending 30th November 2020

	NHSI Revised Plan - Oct 20	Year to date Actual - M8	Year to date Variance
INCOME	**£'000**	**£'000**	**£'000**
Income from Patient Care Activities			
Commissioner Block Payments - CCGs / NHSE	974,803	974,966	163
National Top Up Funding 1-6	141,509	141,285	-224
National Top Up Funding 7-12 Covid - £32.465m	10,822	10,822	0
National Top Up Funding 7-12 - Nightingale	3,404	2,953	-451
NHSE - Cost passthrough drugs (increase above threshold)	6,946	8,187	1,241
Cost passthrough - Independent Sector	4,763	3,546	-1,217
GM System Funding 7-12 £51.985m	10,397	10,397	0
Wales	3,369	3,248	-121
Other (Other devolved / IOM / NORs)	1,552	1,902	350
Public Health England	253	253	0
Local authorities	25,445	25,601	156
Sub -total Income from Patient Care Activities	**1,183,263**	**1,183,160**	**-103**
Private Patients/RTA/Overseas(NCP)	4,690	4,216	-474
Total Income from Patient Care Activities	**1,187,953**	**1,187,376**	**-577**
Training & Education	43,218	44,546	1,328
Research & Development	42,742	42,969	227
Misc. Other Operating Income	45,975	45,989	14
Other Income	**131,935**	**133,504**	**1,569**
Total Income	**1,319,888**	**1,320,880**	**992**
EXPENDITURE			
Pay	-764,092	-765,547	-1,455
Non pay	-515,141	-513,974	1,167
Total Expenditure	**-1,279,233**	**-1,279,521**	**-288**
EBITDA Margin (excluding PSF)	**40,655**	**41,359**	**704**
Interest, Dividends and Depreciation			
Depreciation	-18,123	-18,045	78
Interest Receivable	40	30	-11
Interest Payable	-27,306	-27,310	-4
Dividend	0	0	0
Surplus/(Deficit) Adjusted performance re system achievement	**-4,734**	**-3,966**	**768**
Surplus/(Deficit) as % of turnover		**-0.3%**	**77.4%**
PSF / MRET Income		**0**	**0**
Transfers by Absorption	**0**	**3,185**	**3,185**
Impairment	**-43,462**	**-41,056**	**2,406**
Non operating Income	**2,848**	**3,482**	**634**
Depreciation - donated / granted assets	**-515**	**-502**	**13**
	-45,863	**-38,857**	**7,006**

£13.8m of income received via CCGs during Months 1-6 has been recategorised to R&I and Misc Other income in line with final accounts reporting at year end - this is in line with NHSI gidance in M8 - the plan values reflect this change

The presentation of the Top Up funding has been changed to move it above the Surplus / (Deficit) Adjusted performance re system achievement sub total, as it is no-longer paid in arrears with retrospective claims for significant values - it is now paid as regular monthly values or as normal Cost Pass Through arrangements

In line with national planning requirements the Trust submitted a revised financial plan for the second half of the year, at the time of submission the nationally set planning assumptions were predicated on activity recovery in line with the Phase 3 letter and no second wave of Covid19. The Trust submitted a plan demonstrating a breakeven position.

NHSI have therefore adopted the first six months of actual income/expenditure and the submitted plan for the second six months as the basis of monitoring returns and this combined position is shown as the planned YTD values in the I & E Account table above.

Clearly the clinical / operational position is substantively different from the planning assumptions, however in the main the underspends associated with the non delivery of activity are compensating for the additional costs of responding to Covid demands and the Trust is currently ahead of the planned trajectory at the end of November.

November is the second month of the revised financial regime. The in-month surplus is £4.5m which is very slightly ahead of the planned in month surplus of £4.475m. The year to date position is now £0.77m better than plan (October £0.73m). The planned position has been phased differently across months 7 to 12, reflecting the phasing of some of the system and CPT income across 5 months not 6.

All other income is showing overperformance primarily re Training and Education and Research and this will be matched by increased expenditure.

Pay costs are showing an overspend in month however this includes a provision for back pay within the Month 8 expenditure which masks an underlying underspend against pay of £0.65m – there are ongoing underspends against planned substantive pay with overspends on bank and agency across nursing, medical and other clinical staff groups.

Underlying (non-Covid) non-pay expenditure has stabilised remaining in line with the month 7 expenditure but higher than the month 5 and 6 expenditure as recovery actions resulted in higher activity levels and associated expenditure.

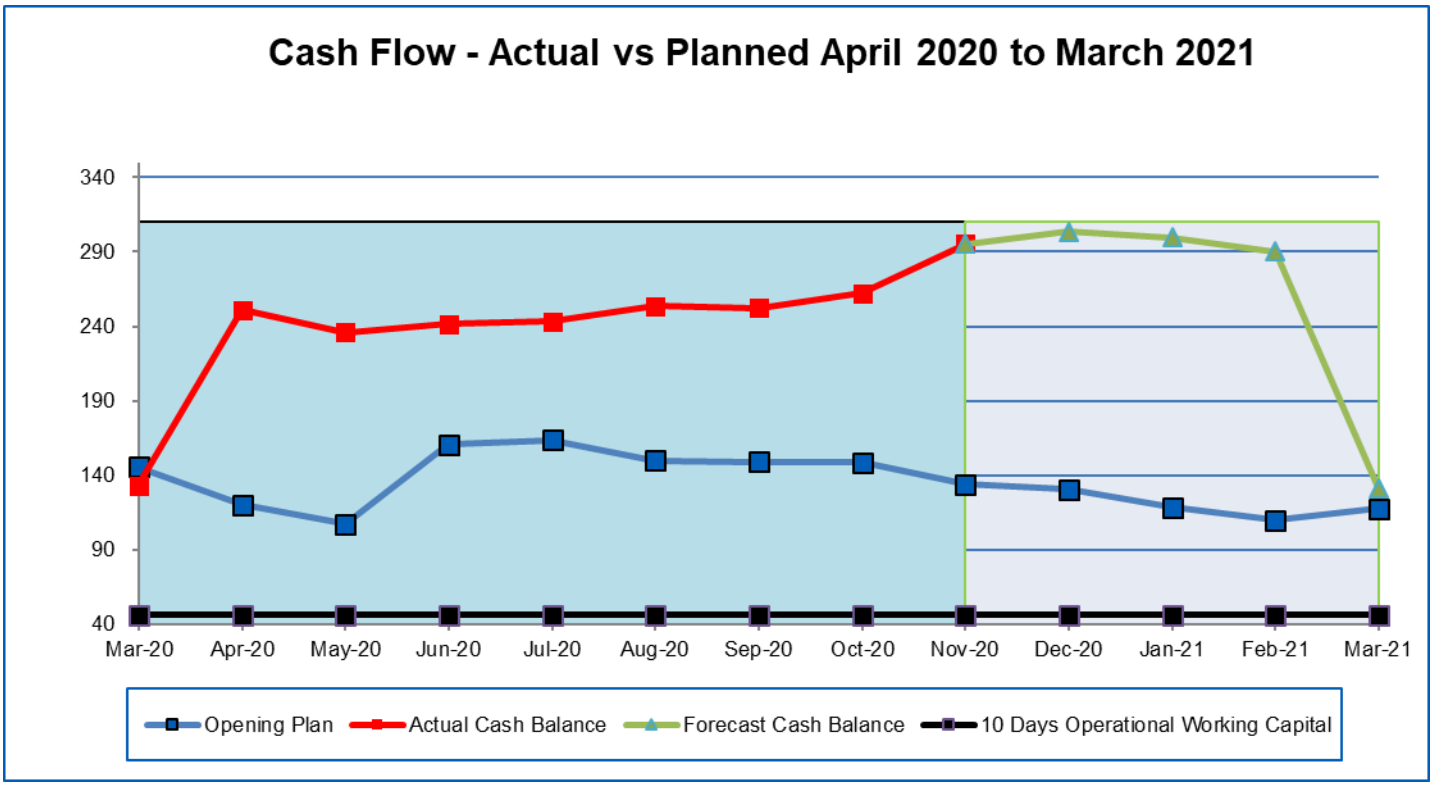
Accountability meetings with Hospital/MCS/LCO leadership teams now focus on a combination of the in-month performance against forecasts, to develop the financial understanding of our services and to ensure that the financial impact of decisions is fully understood, and forecast performance against the Control Totals. Each Hospital/MCS/LCO 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.

Statement of Financial Position

	Opening Balance 01/04/2020 £000	Actual Year to Date 30/11/2020 £000	Movement in Year to Date £000
Non-Current Assets			
Intangible Assets	4,006	3,496	(510)
Property, Plant and Equipment	608,068	606,024	(2,044)
Investments	1,592	1,592	0
Trade and Other Receivables	6,329	4,413	(1,916)
Total Non-Current Assets	**619,995**	**615,525**	**(4,470)**
Current Assets			
Inventories	18,618	17,846	(772)
NHS Trade and Other Receivables	79,356	97,034	17,678
Non-NHS Trade and Other Receivables	37,302	38,685	1,383
Non-Current Assets Held for Sale	210	210	0
Cash and Cash Equivalents	133,281	295,349	162,068
Total Current Assets	**268,767**	**449,124**	**180,357**
Current Liabilities			
Trade and Other Payables: Capital	(12,844)	(12,965)	(121)
Trade and Other Payables: Non-capital	(175,409)	(228,040)	(52,631)
Borrowings	(20,173)	(19,744)	429
Provisions	(13,417)	(14,120)	(703)
Other liabilities: Deferred Income	(18,435)	(186,901)	(168,466)
Total Current Liabilities	**(240,278)**	**(461,770)**	**(221,492)**
Net Current Assets	**28,489**	**(12,646)**	**(41,135)**
Total Assets Less Current Liabilities	**648,484**	**602,879**	**(45,605)**
Non-Current Liabilities			
Trade and Other Payables	(2,599)	(2,616)	(17)
Borrowings	(391,455)	(380,773)	10,682
Provisions	(14,635)	(14,255)	380
Other Liabilities: Deferred Income	(3,442)	(3,439)	3
Total Non-Current Liabilities	**(412,131)**	**(401,083)**	**11,048**
Total Assets Employed	**236,353**	**201,796**	**(34,557)**
Taxpayers' Equity			
Public Dividend Capital	208,994	214,285	5,291
Revaluation Reserve	49,424	49,504	80
Income and Expenditure Reserve	(22,065)	(61,993)	(39,928)
Total Taxpayers' Equity	**236,353**	**201,796**	**(34,557)**
Total Funds Employed	**236,353**	**201,796**	**(34,557)**

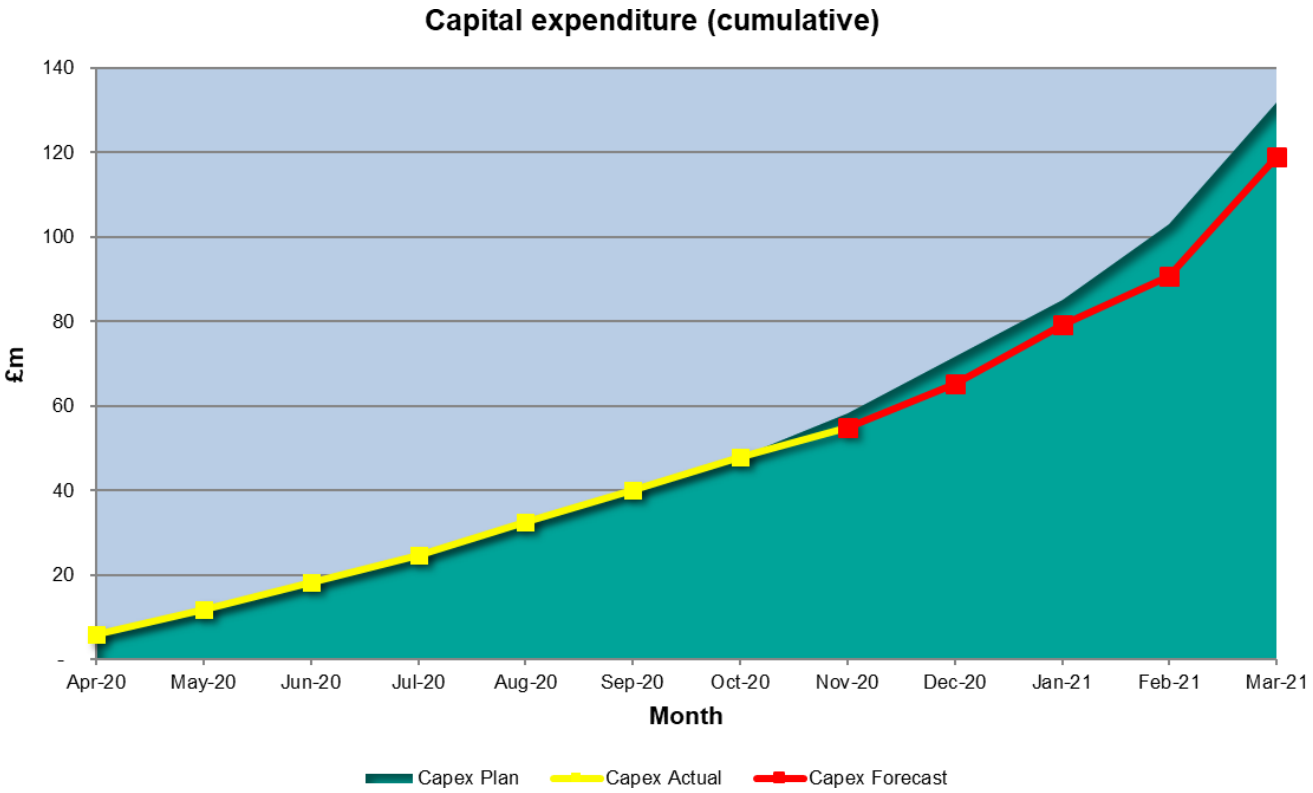
The most significant change on the SoFP in month 8 is the increase in Cash and offsetting increase in Deferred Income. This relates to a further payment against the block contract £26.2m and HEE LDA Income has also been paid in advance £12.9m.

Cash flow



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

Capital Expenditure



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.

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

1. Introduction

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

2. National Issues

Future of Integrated Care Systems (ICS)

At its November meeting the Board of NHS England and NHS Improvement (NHSE/I) approved a major policy paper which sets out next steps for ICSs and proposals for legislative reform.

This document builds on the vision set out in the NHS Long Term Plan for joining up health and care locally. It signals a renewed ambition for supporting greater collaboration between partners across health and care systems to accelerate progress in meeting the most critical health challenges that we face.

The proposals for how systems and their constituent organisations will work collaboratively in future build on progress to date but they will require all parts of the health and care system to work differently, in particular:

- Commissioning will be more strategic with people supported to reorient their roles in systems;
- Provider organisations will be asked to step forward in formal collaborative arrangements that allow them to operate at scale; and
- Partnerships in local places between the NHS and local government will be stronger with a greater role for primary care at the core of integrated service provision for residents.

Integrated Care Systems should include the following key elements:

- Place leadership arrangements - each 'place' in the system operating a partnership across, as a minimum, primary care, local authority, public health, community and mental health services with joined up decision-making arrangements for defined functions

- Provider collaborative leadership – providers of more specialist acute and mental health care operating as a collaborative with joined up decision-making for defined functions and represented on the ICS

- Individual organisation accountability - provider organisations retain their current range of formal and statutory responsibilities.

Two possible options for enshrining ICSs into legislation are put forward:

1. A statutory committee with an accountable officer that binds together current statutory organisations – this would have a mandatory statutory ICS Board with a system Accountable Officer chosen from amongst the CEO/Accountable Officers of the organisations within the ICS

2. A statutory corporate NHS body model that additionally brings CCG functions into the ICS. ICSs would be established by re-purposing CCGs and would take on the commissioning functions of CCGs. The ICS would have its own Chair, Chief Executive and Chief Finance Officer.

The document clearly identifies option 2 as the preferred option on the basis that it:

- offers greater long-term clarity in terms of system leadership and accountability
- provides a clearer statutory vehicle for driving integration
- provides enhanced flexibility for systems to decide who and how best to deliver services.

The intention is to open up a discussion with the NHS and partners about integrating care and the options for embedding ICSs in legislation.

Phase 4 Planning

The timetable for producing Annual Plans for 21/22 / Phase 4 COVID recovery plans is set out below.

Date	**Action**
By 14 Dec	Phase 4 letter published
w/c 25 Jan	Planning guidance, technical guidance and templates published
11 March	First submission of draft finance, activity and workforce operational plans
29 April	Final submission of finance, activity and workforce operational plans

In line with the move to integrated system working the plan required nationally will be set at ICS level i.e. Greater Manchester level for us, but will be built up from individual Trust level plans.

Further guidance on the priorities for 21/22 from NHS EI is expected in December / January.

3. North West Region

Genomics

The North West recently bid to be designated as a Genomic Medicine Service Alliance (GMSA). Alliances are part of the next stage of the NHSE led Genomics strategy in the NHS in England and it is intended there will be seven across the NHS. GMSAs will work in four broad areas:

- Improving access to standardised end to end pathways of care across all areas of genomic care.
- Improving access to treatments and care as a result of genomic characterisation.
- Increasing the number of people accessing clinical trials.
- Supporting national research.

We await notification of the outcome of the bid.

4. Actions / Recommendations

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

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:	January 2021
Subject:	To receive an update on the NMGH transaction process and the redevelopment plans
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	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:	The Board of Directors is asked to: • Receive this report and note progress being made with the transaction and redevelopment processes. • Support the strategic direction of the Programme.
Contact:	Name: Peter Blythin Group Executive Director of Workforce and Corporate Services Tel: 0161 701 0190

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.

1.2 To note the HIP is the formal title of the capital development programme but the Department of Health and Social Care and NHS England / Improvement are increasingly referring to HIP as the 'New Hospitals Programme'.

2.0 Transaction Update

2.1 In keeping with Manchester University NHS Foundation Trust's Constitution (October 2017), the Transaction Business Case was considered and approved by an Extraordinary Meeting of the Board of Directors held 'virtually' and in private on the 14th December 2020.

2.2 Prior to formal consideration of the Business Case by the Board of Directors an engagement session took place with the MFT Council of Governors on 9th December 2020 to present the key issues contained within the document and to explain the process the Board of Directors had adopted to consider the Business Case.

2.3 As planned, work is continuing to ensure due diligence information on key areas (including finance, workforce and clinical services) informs the final transaction plan. In tandem, all legal documentation will be completed to ensure compliance with NHS Improvement Transaction Guidance so that the formal acquisition of NMGH can take place as a statutory process under Schedule 4 of the NHS Act 2006.

2.4 The first iteration of the NMGH Post Transaction Integration Plan (PTIP) has also been finalised and approved by the NMGH Scrutiny Committee on 1st December 2020. The document provides the detail of the work needed to safely deliver 'Day 1' and the progress that is being made towards this objective. Work has now started to develop the second iteration of this document which is scheduled for completion in March 2021. This document will focus on Day 1 preparations, service continuity for patients and support for staff. It will also set out plans into 2021/22 and explain the role of the NMGH Leadership Team.

2.5 The Pennine Acute NHS Hospitals Trust (PAHT) has led work to develop 'Safe Transfer Plans' (STPs), which set out the detail of the services that will transfer to either MFT or Salford Royal NHS Foundation Trust (SRFT). MFT has been fully engaged with this work.

2.6 All of the STP documents for corporate (non-clinical) services have been developed and approved; well over 90% of the clinical STP documents have also been approved and the remainder are expected to be finalised by the end of January 2021.

2.7 The NMGH transaction is being undertaken on an ‘as-is’ basis with a commitment to minimise the change experienced by patients and staff on Day 1. Both MFT and SRFT have agreed that existing patient pathways, across the North East Sector of the Pennine Acute Hospitals NHS Trust (PAHT), should be maintained on 1st April 2021, despite the service disaggregation that will have taken place. To deliver this commitment a series of Service Level Agreement (SLA) documents will be required between MFT and SRFT. These documents will articulate the service that is being provided by one organisation to the other. A dedicated tripartite work stream, involving PAHT,SRFT and MFT) has been established to oversee the development of these SLA documents.

2.8 Given progress in developing the STPs, staff alignment discussions have commenced across most clinical and corporate services. The PAHT Programme Management Office is tracking progress centrally and highlighting services where further work is required to complete briefings and discussions. The position is reported weekly to the PAHT Disaggregation Working Group and Transaction Delivery Committee (TDC) and regular updates are provided to the PAHT Board. At the time of writing PAHT has completed over eighty percent of the staff alignment discussions.

2.9 Staff who are, as yet, unaligned to either SRFT or MFT will have 1:1 discussions with their managers in accordance with the staff alignment framework. This work will continue to ensure alignment of all staff is achieved for Day 1.

2.10 A recruitment campaign, for new MFT/NMGH corporate posts that are not likely to be filled by existing PAHT/NCA staff, is also under development. It is anticipated that key posts will be advertised in early January 2021, with the expectation of getting staff in post from April 2021 onwards.

2.11 MFT continues to actively contribute to the PAHT-led transaction communications and engagement group, engage with staff at NMGH through presentations by the Single Hospital Service Team at monthly ‘Team Talk Extra’ meetings, and work with NMGH’s dedicated communications manager to ensure messages across MFT are shared throughout the NMGH internal communication channels.

3.0 Health Infrastructure Programme (HIP) Update

3.1 The Trust continues to work closely with NHS England / Improvement (NHS E/I) and the Department of Health and Social Care (DHSC) on the ‘New Hospitals Programme’ (also known as the HIP).

3.2 The full Outline Business Case (OBC) for redevelopment of the NMGH site was completed at the end of December 2020 and has been submitted to the MFT Group Board of Directors for consideration. If approved, this document will then be submitted to NHS E/I in January 2021 and permission sought to move onto development of a Full Business Case (FBC).

3.3 In October 2020 £54m was awarded for enabling works on the NMGH site including construction of a multi-storey car park, provision of temporary accommodation for administrative staff and other site preparation activities. As a result, a planning application for the car park has now been submitted and the installation of decant accommodation has commenced.

3.4 A public consultation process, regarding the North Manchester Strategic Regeneration Framework, started in December 2020 and is being led by Manchester City Council. It is expected that this process will conclude in February 2021.

3.5 Feedback from early consultation activities has been overwhelmingly positive. MFT will continue to play an active part in this process and will lead a number of digital engagement sessions with staff, voluntary group and the general public. The MFT website will provide the focus for feedback via the specific 'Transforming the Future at North Manchester General Hospital'. This is available at https://mft.nhs.uk/transforming-the-future-at-north-manchester-general-hospital/

4.0 Recommendations

4.1 The Board of Directors is asked to:

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

- Support the strategic direction of the overall Programme.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Nurse
Paper prepared by:	Mrs Karen Connolly, CEO, Saint Mary's Hospital (SMH MCS) Mrs Kathryn Murphy,Director of Nursing and Midwifery,SMH MCS Dr Sarah Vause, Medical Director, SMH MCS
Date of paper:	December 2021
Subject:	To update the Board of Directors of the response to the seven immediate and essential actions for maternity services arising out of the Ockenden Report 11th Dec 2020
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support✓ • Accept ✓ • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Excels in quality, safety, patient experience, research, innovation and teaching To improve patient safety, clinical quality and outcomes To improve the experience of patients, carers and their families
Recommendations:	To note the partial compliance of Saint Mary's Hospital Managed Clinical Service and North Manchester General Hospital against the 7 immediate and essential actions relating to maternity services and the actions required to deliver full compliance
Contact:	Name: Karen Connolly, CEO, St Mary's Hospital Tel: 0161 276 6124

1. Introduction

1.1. Following the publication of Donna Ockenden's first report: Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust on 11th December 2020, NHS England and Improvement (NHSE & I) have written to all Chief Executives of all Trusts providing maternity services, setting out the immediate response required.

1.2. It is mandated that each Trust should proceed to implement the full set of the Ockenden Immediate and Essential Actions (IEAs), and to confirm that the 12 urgent clinical priorities from the IEAs have been implemented by 5pm on 21st December 2020. Confirmation of compliance with these immediate actions must be signed off by the Chief Executive along with confirmation by the Regional Chief Midwife by 21st December 2020. Individual Trust responses will form part of the presentation and discussion at the NHSEI Public Board in January 2021 when the report, and immediate and longer-term actions will be considered.

1.3. NHSE/I have mandated that every trust providing maternity services review the report at publish at the next public meeting of the Board of Directors. The Board are asked to consider whether the assurance mechanisms within the Trust are effective and, that with our local maternity system (LMS), we are assured that poor care and avoidable deaths with no visibility or learning cannot happen in our own organisation based on internal reporting and oversight mechanisms and compliance with the IEAs.

2. Immediate actions required by Trusts

The 12 urgent clinical priorities from the IEAs are:

I. Enhanced Safety

a) A plan to implement the Perinatal Clinical Quality Surveillance Model, further guidance will be published shortly
b) All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB

II. Listening to Women and their Families

(a) Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard. Further guidance will be shared shortly.

III. Staff Training and working together

(a) Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.
(b) The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented, In the meantime we are seeking assurance that a MDT training schedule is in place.

(c) Confirmation that funding allocated for maternity staff training is ringfenced and any CNST Maternity Incentive Scheme (MIS) refund is used exclusively for improving maternity safety

IV. Managing complex pregnancy

(a) All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place

(b) Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres

V. Risk Assessment throughout pregnancy

(a) A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance

VI. Monitoring Fetal Wellbeing

(a) Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.

VII. Informed Consent

(a) Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.

3. Current position

3.1. Saint Mary's hospital Managed Clinical Service and North Manchester General Hospital have assessed the current position and can confirm compliance as set out in the table below.

	Assured	**Comments**
1: Enhanced Safety	Compliant: Full/Partial	
a) Perinatal Clinical Quality Surveillance Model	Partial	The Trust has seen the draft Perinatal Clinical Quality Surveillance Model (PCQM) through the LMS and are awaiting further detail nationally as to the approval and announcement of the tool. The Trust will implement the model in line with the recommendations

		and report through to the Board and the LMS
b) SI's shared with Boards/LMS/HSIB	full	StEIS reported incidents are shared with the Maternity Safety Lead for GM&EC SCN. In addition the Trust will work with the LMS to ensure a process is commenced to share all serious maternity incidents across the system, to optimise learning which can be shared across the system to prevent harm
2: Listening to Women and their Families	Overall; Yes	
a) Robust service feedback mechanisms	full	There are several initiatives for gathering service user feedback and there is a Maternity Voices Partnership implemented for each of the three maternity units in MFT
b) Exec/Non-Exec directors in place	full	The Executive Director with specific responsibilities for Maternity Services is Professor Cheryl Lenney Chief Nurse & Non-Executive Director is Mrs Chris McLoughlin
3: Staff training and working together	Overall; Partial	
a) Consultant led ward rounds twice daily	Full	In place across all three sites
b) MDT training scheduled	Full	In place across all three sites
c) CNST funding ringfenced for maternity	Partial[1]	The resources allocated for maternity staff training are ring fenced as all training detailed in the schedule is completed. For NMGH there is currently a management contract in place with MFT pending the dissolution of the Pennine Acute Hospital Trust in April 21. At this point any refund monies will come to MFT and we will then be fully compliant.
4: Managing complex pregnancy	Overall; Yes	
a) Named consultant lead/audit	Full	This will be audited in January
b) Development of Maternal Medicine Centres	Full	Saint Mary's Hospital Oxford Road is the Maternal Medicine Centre for MFT

[1] pending disaggregation and dissolution of Pennine Acute Hospitals NHS Trust from April 1st 2021

5: Risk assessment throughout pregnancy	Overall; Partial	
a) Risk assessment recorded at every contact and audited	Partial	Risk Assessment is undertaken at every visit. This will be audited regularly from January 21
6: Monitoring Fetal Wellbeing	Overall; Yes	
a) Second lead identified	Full	This is fully compliant across MFT
7: Informed Consent	Overall; Partial	
a) Pathways of care clearly described, on website	Partial	Women are provided with information on which to make an informed choice throughout the maternity pathway. There is variability in the availability of written and electronic information linked to the website development and the transfer of maternity services from North Manchester General Hospital in April 21

3.2. Work is already in progress on a number of those areas assessed as partially compliant and plans are being developed to commence addressing outstanding actions. Some of the plans to report full compliance will be effective from April 1st 2021 due to the acquisition of NMGH. In the meantime support is provided to NMGH to enable them to fully meet the standards and provide assurance to Pennine Acute Hospitals NHS Trust Board.

3.3. A detailed analysis of each of the standards has been developed and this includes an assessment of the current position and actions required to demonstrate full compliance where needed. This detailed analysis and associated data will be tabled in the following committees for the next year:

- Hospital Quality and Safety Committees
- Hospital Management Boards
- Group Executive Quality and Safety Committee
- Group Board Quality and Performance Scrutiny Committee

3.4. In responding to the immediate and essential actions, the maternity services have not identified any high-level patient safety risks and do not anticipate this being on the Trust risk register at a level over 15. Where there are lower level risks it is expected these will be mitigated through agreed actions and monitored as set out in section 3.3.

3.5. The Trust will complete the assurance assessment tool which will be reported through the GM&EC LMS by 15th January 2021. This will demonstrate the level of compliance with all 7 IEAs of the Ockenden Report, NICE guidance relating to maternity, compliance against the CNST safety actions and a current workforce gap analysis.

4. Recommendation

4.1. The Board of Directors is asked to note that the CEOs of Saint Mary's Hospital and North Manchester General Hospital have reviewed the seven immediate and essential actions highlighted in the Ockenden Report and the request that the 12 urgent clinical priorities are implemented by 21st December. This has been overseen by the Executive Director and Board Safety Champion.

4.2. The Maternity Service teams have developed an action plan and where there is partial compliance this will become full compliance by April 21 (subject to confirmation of the PCQM being released nationally). The delay to the April 1st date is not a patient critical issue and mitigating plans are in place.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Director of Clinical Governance
Paper prepared by:	Dympna Ebah, Associate Director of Clinical Governance and Patient Safety
Date of paper:	December 2020
Subject:	CQC Regulatory Regulation Update
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Patient safety and clinical quality
Recommendations:	The Board of Directors are asked to note the registration of four additional locations to MFT's CQC registration
Contact:	Name: Dympna Ebah, Associate Director of Clinical Governance and Patient Safety Tel: 0161 701 8114

1. Introduction

1.1. MFT is required to register all new locations with the Care Quality Commission (CQC) as per the CQC regulations.

1.2. The purpose of this paper is to inform the BoD of four new locations that will be added to MFT's CQC registration as of 1st April 2021.

1.3. The new locations are:

- North Manchester General Hospital
- Fairfield General Hospital
- Rochdale Infirmary
- Royal Oldham Hospital

1.4. MFT is required to update its statement of purpose document to reflect the additional locations.

1.5. There is no change to function or purpose but the new locations have been added to the statement of purpose

1.6. The amended statement of purpose is included for information at appendix A.

2. Recommendation

The BoD is asked to note the additional locations.

Appendix A

Statement of purpose

Health and Social Care Act 2008

Part 2

Aims and objectives

Please read the guidance document *Statement of purpose: Guidance for providers*.

Aims and objectives
What are your aims and objectives in providing the regulated activities and locations shown in part 3 of this statement of purpose

The vision for Manchester University NHS Foundation Trust (MFT) is to improve the health and quality of life for our diverse population by building an organisation that:

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

The agreed strategic objectives are defined as follows:

- To improve patient safety, clinical quality and outcomes.
- To improve the experience of patients, carers and their families.
- To achieve financial sustainability.
- To develop single services that build on the best from across all our hospitals.
- To develop our research portfolio and deliver cutting edge care to patients.
- To develop our workforce enabling each member of staff to reach their full potential.

Manchester University NHS Foundation Trust was formed on October 1st 2017. It has a turnover of circa £1.7 billion and employs over 20,000 people. It operates clinical services in nine hospitals across nine discrete locations and provides a comprehensive range of functions ranging from local district general hospital services through to highly specialised regional and national specialities. It is the principal provider of hospital care to a local population of approximately 750,000 in Manchester and Trafford and is available to a much larger population providing regional and supra regional tertiary care.

The organisational form is based around nine Hospitals and a number of community sites.

The following Hospitals:

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

Other regulated activities are provided at the following sites:

- The Nightingale Hospital (Covid-19 Response)
- Buccleuch Lodge

- Dermot Murphy Centre
- Tameside Hospital MFT Renal Satellite
- North Manchester General Hospital MFT Renal Satellite
- Hexagon House MFT Renal Satellite
- Octagon House MFT Renal Satellite
- Harpurhey Health Centre
- Longsight Health Centre
- Moss Side Health Centre
- Newton Heath Health Centre
- Plant Hill Clinic
- Withington Community Clinic
- 144 Wythenshawe Road Short Break Service
- Gorton Parks
- Brownley Green Health Centre
- Wythenshawe Forum
- Cornerstone Centre
- Crumpsall Vale Intermediate Care Facility
- The Spire Hospital Manchester
- Transform Hospital Group Pines Hospital
- BMI The Alexandra Hospital, Manchester
- HCA Wilmslow Hospital
- Royal Oldham Hospital
- Fairfield General Hospital
- Rochdale Infirmary

A number of other bases and sites are registered under the Trust Headquarters at Cobbett House, Oxford Road as they do not meet the criteria for standalone registration with the CQC. These are:

- Burnage Health Centre
- Northenden Health Centre
- Higher Openshaw Primary care Centre
- Vallance Health Centre
- Chorlton Health Centre
- Maddison Place
- Stratus House
- The Power House
- Pendleton Gateway
- Abbey Hey Clinic
- Starlac Centre
- Alexandra Park Health Centre
- Charleston Road Health Centre
- Cheetham Hill Primary Care Centre
- Clayton Health Centre
- The Longmire Centre
- Gorton Health Centre
- Levenshulme Health Centre
- Platt Lane Surgery
- Specialised Ability Centre

- Newton House

Full details of services provided and their location can be found on the Trust web pages at www.mft.nhs.uk