

**Manchester University NHS  
Foundation Trust**

**2021/22 Annual Plan**

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## Glossary of Abbreviations

AOF	Accountability Oversight Framework
ARC-GM	Applied Research Collaboration Greater Manchester
ATMP	Advanced Therapy Medicinal Products
BAU	Business as Usual
DoN	Director of Nursing
CDSU	Clinical Data Science Unit
CHD	Community Diagnostic Hub
CQC	Care Quality Commission
CYP	Children & Young People
DH	Department of Health
DHSC	Department of Health and Social Care
DiTA	Diagnostics and Technology Accelerator
ED	Emergency Department
EPR	Electronic Patient Record
E&T	Education & Training
FBC	Full Business Case
F&F	Friends & Family Test
F&PP	Fit & Proper Person
GM	Greater Manchester
HInM	Health Innovation Manchester
H1	Half 1 – April 2021 – September 2021
H2	Half 2 - October 2021 – March 2022
ICS	Integrated Care System
IPC	Infection Prevention and Control
IQP	Improving Quality Programme
KLOE	Key Lines of Enquiry

LCO	Local Care Organisations
LD	Learning Difficulties
MCS	Managed Clinical Service
MFT	Manchester University NHS Foundation Trust
MIC	Medtech and In vitro diagnostics Co-operative
MREH	Manchester Royal Eye Hospital
MRI	Manchester Royal Infirmary
NHS E/I	NHS England / Improvement
NIHR	National Institute for Health Research
NMAHP	Nursing, Midwifery and Allied Health Professionals
NMGH	North Manchester General Hospital
NWAS	North West Ambulance Service
PAHT	Pennine Acute Hospitals NHS Trust
PbR	Payment by Results
PDC	Public Dividend Capital
PED	Paediatric Emergency Department
PFI	Private Finance Initiative
PMO	Project Management Office
PSIRP	Patient Safety Incident Response Plan
PTIP	Post Transaction Implementation Plan
QCR	Quality Care Round
RAG	Red, Amber, Green
RMCH	Royal Manchester Children's Hospital
R&I	Research & Innovation
SHS	Single Hospital Service
SLA	Service Level Agreements
SMH	Saint Mary's Hospital
SNCT	Safer Nursing Care Tool

SRFT	Salford Royal NHS Foundation Trust
UDH	University Dental Hospital of Manchester
VCSE	Voluntary, Community & Social Enterprise
WCH	Withington Community Hospital
WMTM	What Matters To Me
WRP	Waste Reduction Programme
WTWA	Wythenshawe, Trafford, Withington & Altrincham

## 1. Introduction

The purpose of the annual planning process is to develop a set of coordinated plans for the coming year from across the organisation that describe how, over the coming 12 month period, we are going to:

- Progress our vision and strategic aims
- Implement our clinical service strategies
- Respond to the priorities set by NHS England / Improvement.

Plans for this year will be dominated by the need to recover from the COVID-19 pandemic.

The MFT Annual Plan sets out:

- Who we are, describing the sites and services that we provide (page 7)
- The context within which our plans have been developed, in particular
  - What we want the organisation to become over the coming 5 years – Our vision and strategic aims (page 8)
  - The values and behaviours that underpin all that we do – Our Values (page 9)
  - The changes that we plan to make in order to achieve the benefits of having now created the Single Hospital Service - Our Clinical Service Strategies (page 10)
  - The principles that underpin recovery (page 11), and
  - Externally, the priorities set for us by NHS England / Improvement (NHS E/I) - NHS E/I Priorities for 2021/22 (page 12)
  - The priorities for the Greater Manchester Health and Social Care System (page 13)
- What we want to achieve in 2021/22 - our key priorities and plans for 2021/22 (pages 14 – 27). We have set out for each of our strategic aims, plans for 2021/22, who will lead them and when we expect they will have been achieved, and a description of the financial plan for delivering all of this within budget.
- How we will ensure that we stay on track – our performance monitoring and risk management arrangements (page 30).

## 2. Manchester University NHS Foundation Trust - who we are

Manchester University NHS Foundation Trust (MFT) is one of the largest NHS trusts in England providing community, general hospital and specialist services to the populations of Greater Manchester and beyond. We have a workforce of over 25,000 staff and are the main provider of hospital care to approximately 750,000 people in Manchester and Trafford and the single biggest provider of specialised services in the North West of England. We are a university teaching hospital with a strong focus on research and innovation.

The Trust comprises the following hospitals:

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

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

### 3. MFT Planning Framework

Our Annual Plan sets out what we want to do in the coming 12 months. It is developed in the light of our existing longer-term plans and strategies; key amongst these are our vision and strategic aims, our values, our group and clinical service strategies and the principles that we have developed that will underpin our recovery from COVID-19. External influences on the plan include national plans and strategies and the priorities set for the year by NHS England / Improvement and the priorities and plans agreed collectively across the Greater Manchester Health and Social Care system.

#### Our Vision

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





## Our values

Our work is underpinned by our values statement that Together Care Matters and our values and behaviours framework (shown in the graphic below). These values and associated behaviours will drive both the development and the delivery of the plans set out in this document.

### Our Vision

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

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

### Our Values

Together Care Matters

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

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

## Our Group and Clinical Service Strategies

The Single Hospital Service for the city of Manchester, which was completed with the incorporation of North Manchester into MFT in April 2021, was created to improve services for patients and create rewarding roles for our staff. In order to agree how best to reshape our services and our clinical teams to deliver these benefits, we produced an MFT **Group Service Strategy** and a series of individual **Clinical Service Strategies**. The strategies were developed through extensive engagement with internal and external partners and stakeholders.

The **Group Service Strategy** sets out, at a high level, our vision for how services should develop over the next five years. Five key themes emerged from the engagement and they form the pillars of the strategy. The graphic below shows the pillars and describes for each what we want to achieve and how we plan to get there.



The Group Service Strategy served as the over-arching framework for creating a series of individual **Clinical Service Strategies**. These describe in more detail the development path for individual services over the next 5 years.

## Our Recovery Principles

Recovery from COVID-19 will mean significant changes to the way in which we work and we should not underestimate the demand this will place on our workforce. The graphic below shows the principles that have been developed that will underpin the COVID-19 recovery programme.



Recovery will also be aligned with the implementation of our Electronic Patient Record (EPR), which is a key programme of work for 2021/22. We are currently using more than 750 electronic and paper-based patient record systems. The EPR system will bring all of these together into a fully integrated Trust-wide solution so that we can provide better quality care to patients, wherever they are treated.

The EPR solution is important, but the implementation programme (known as HIVE) means much more than the introduction of a new digital system. It means wide-spread change in every part and process in the organisation, transforming how we work for the benefit of our patients.

The EPR itself and the process to implement the EPR will be important enablers of our recovery.

## NHS England & NHS Improvement - Priorities for 2021/22

The national planning guidance issued by NHS England & NHS Improvement sets out six high level priorities for 2001/22 as shown in the table below.

A	<b>Supporting the health and wellbeing of staff and taking action on recruitment and retention</b>	1	Looking after our people and helping them to recover
		2	Belonging in the NHS and addressing inequalities
		3	Embed new ways of working and delivering care
		4	Grow for the future
B	<b>Delivering the NHS COVID-19 vaccination programme and continuing to meet the needs of patients with COVID-19</b>		<p>Possible COVID-19 re-vaccination programme, seasonal flu vaccination and possibility of COVID-19 vaccination of children.</p> <p>Continue use of home oximetry, 'virtual wards', proactive care pathways in people's homes</p> <p>Maintain the dedicated Post COVID-19 Assessment clinics and Long COVID-19 assessment services.</p> <p>NHS E will conduct a stocktake of physical critical care capacity and workforce</p> <p>All NHS organisations to ensure application of the UK IPC guidance</p>
C	<b>Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services</b>	1	Maximise elective activity and transforming the delivery of services
		2	Restore full operation of all cancer services
		3	Expand and improve mental health services and services for people with a learning disability and/or autism
		4	Deliver improvements in maternity care, including responding to the Ockenden review
D	<b>Expanding primary care capacity to improve access, local health outcomes and address health inequalities</b>	1	Restoring and increasing access to primary care services
		2	Implementing population health management and personalised care approaches to improve health outcomes and address health inequalities
E	<b>Transforming community and urgent and emergency care to prevent inappropriate attendance at ED, improve timely admission to hospital for ED patients and reduce length of stay</b>	1	Transforming community services and improve discharge
		2	Ensuring the use of NHS111 as the primary route to access urgent care and the timely admission of patients to hospital who require it from emergency departments
F	<b>Working collaboratively across systems to deliver on these priorities</b>	1	Effective collaboration and partnership working across systems
		2	Develop local priorities that reflect local circumstances and health inequalities
		3	Develop the underpinning digital and data capability to support population-based approaches
		4	Develop ICSs as organisations to meet the expectations set out in Integrating Care
		5	Implement ICS-level financial arrangements

## **Greater Manchester Health and Social Care System Priorities**

Six major programmes of activity and focus have been identified at the Greater Manchester level:

### **Maintaining physical, social and mental well being**

- Delivering the fundamental basics of health and well-being - a home, a job and a family/social support system building on existing partnerships and agreements
- Strengthening the role of health and care organisations as anchor institutions
- Building and delivering a plan for local community engagement and development
- Allocating resources to neighbourhoods and designing services to reduce inequality

### **Creating more consistent evidence based preventive and proactive primary care**

- Improving healthy life expectancy through primary and proactive care
- Capitalising on the development of the neighbourhood model and working at neighbourhood level
- Using and investing in joined up data systems to identify and stratify risk on a real time basis to prevent deterioration of patients

### **Greater integration of the community based reablement, residential, rehabilitative, palliative and social care services**

- Establishing integrated community teams that can manage physical, mental and social health problems by offering holistic services
- Using new methods of providing services to deliver longer periods of independent living and speedier return to employment for GM citizens
- Building on the Adult Social Care transformation progressed in recent years through models such as Living Well at Home

### **Coordinating and improving the urgent and emergency care service response**

- Developing pathways between local urgent care services and specialist emergency care
- Empowering the Provider Collaboratives to work with local organisations, VCSE and NWAS to organise and deliver a consistent approach to urgent care
- Using local groups to train more of the population in first aid
- Enabling the use of NWAS insights and data to predict and prevent acute episodes of care and targeting resources to known areas of need

### **Delivering more consistent planned care and delivering the planned care recovery programme**

- Providers across GM collaborating to lead the planned care recovery programme, addressing health inequalities, offering virtual services and undertaking clinical validation
- System-wide collaboration to better manage the flow of new patients needing diagnosis and treatment
- Reducing unwarranted clinical variation, maximising bed and workforce capacity
- Working across the system to facilitate discharge from hospital and using virtual wards and remote monitoring to accelerate acute care management and rehabilitation at home

### **Further developing access to and delivery of world class specialised care and building a hugely capable innovation capability in Health Innovation Manchester (HInM)**

- Developing GM's range and depth of specialised services to attract new investment and staff, in particular in light of the importance of the life sciences sector to a post Brexit UK
- Utilising HIM to encourage inward investments and partnerships and enable the health and care system to adopt leading edge technologies that will improve outcomes for GM
- Work to create the first prototype virtual health and care system

#### **4. Priorities and Plans for 2021/22**

Taking into account all of the internal and external context and drivers, each Hospital / Managed Clinical Service (MCS) and corporate team has developed their own priorities and plans that will enable them to deliver on those priorities for the coming year. The following tables set out, for each of our strategic aims, what we are aiming to achieve and what specifically will be achieved in 2021/22 and by which quarter, and which department or Hospital /MCS is responsible. These are in no way exhaustive but give a flavour of our priority plans for 2021/22.

## To improve patient safety, clinical quality and outcomes

### MFT wide plans

What we are going to do	Who is going to do it	What will be achieved in 2021/22	By when
Implementation of National Patient Safety Strategy	Hospitals/MCS/ MTLCO with Corporate Clinical Governance Team support	Site and Trust wide Safety Strategy developed	Q4
		Site and Trust wide Patient Safety Incident Response Plan (PSIRP) developed	Q4
		Patient safety specialist network developed	Q4
		Human Factors Academy created to deliver <ul style="list-style-type: none"> <li>– Integration of safety I and safety II concepts in patient safety response</li> <li>– Training and education opportunities for all staff</li> <li>– Enhanced simulation and a future proof simulation strategy</li> <li>– Patient safety culture assessment tool</li> <li>– Alignment of Human Factors principles to transformation work</li> </ul>	Q4
		Existing approach to safety oversight enhanced through site level development	Q4
		A 'patient safety partnership forum' developed and implemented as an enabler for meaningful patient and public involvement in patient safety	Q4
		A new framework which captures outcomes, best practice, national audit programmes devised with Medical Directors of Hospitals/MCSs as a base to push performance	Q4
Infection Prevention & Control (IPC)	Clinical services with IPC team and Corporate Nursing	IPC Board Assurance Framework actions intended to protect patients, staff and public during the COVID-19 Pandemic delivered.	Q4
		Reduction in Healthcare Acquired Infections on 2020/21 levels.	Q4
		New Antimicrobial Reduction Strategy launched.	Q1
		Staff flu and COVID-19 vaccination programme achieved.	Q4
		Effective collection and utilisation of data to monitor and drive improvements	Q2
Re-establish an annual nursing and midwifery staffing establishment review programme to provide assurance that staffing levels are safe	Corporate Nursing Hospitals/MCS Directors of Nursing	Safer Nursing Care Tool (SNCT) re-introduced for all appropriate inpatient areas and Emergency Departments	Q1
		SNCT census collections completed (X3)	Q3
		Baseline establishment review undertaken following 1 <sup>st</sup> census.	Q1
		Establishments re-set following 3 <sup>rd</sup> census.	Q4
		Assessment of midwifery staffing levels (using Birthrate plus) undertaken across maternity sites and community.	Q3

Increase nursing and midwifery workforce pipeline and reduce nursing and midwifery turnover – improve on 2020/21 position	Corporate Nursing with all hospital / MCS / LCO DoNs	Programme of virtual attraction events to increase domestic nursing and midwifery starters continued	Q4
		All 3 <sup>rd</sup> year students undertaking placement at the Trust (due to graduate in September 21) issued with a guaranteed job offer	Q1
		Guaranteed job offer for home grown students entering 2 <sup>nd</sup> year of training introduced to increase future pipeline	Q3
		Minimum 450 International Recruitment nurses recruited to support service transformation programmes attracting staff with specialist skills.	Q4
		Recruitment pipeline improved and vacancies reduced in hard to fill areas e.g. theatres, dialysis, elderly medicine on 2020/21 levels	Q3
Maintain compliance with CQC standards and deliver improvements in readiness to achieve Good and Outstanding ratings across all areas.	Corporate Nursing, Medical Directors' office, All hospitals/MCS/LCOs CEOs and senior teams	Preparation for CQC inspection of MRI completed	Q3
		Following improvements made from last CQC inspection, all services continue to improve on quality measures (Quality Care Round, What Matters To Me survey and Friends & Family Test)	Q4
		Improved quality of evidence of compliance with regulatory standards	Q3
		Significant assurance found in audits relating to regulatory standards	Q4
Results Acknowledgment – implementing an electronic system to monitor acknowledgment of pathology & radiology test results by the clinicians that ordered them	Group Medical Directors	Full launch and switch off of paper reports - paper test reports will no longer be required as they will be available electronically.	Q1
		Regular performance reporting established	Q2
		Learning from this change used to inform Electronic Patient Record (EPR) Results Acknowledgment design – this will be an early example of the cultural change that will be required on a larger scale as we move to an EPR.	Q1
Ensure that staff are suitable and fit to undertake their role and comply with professional standards so that CQC requirements are fully met.	Corporate Governance	Electronic Fit & Proper Person (F&PP) register established and F&PP checks embedded into appraisal discussions.	Q3
		Code of conduct declarations established as an MFT Mandatory programme and E learning and reporting instituted.	Q3
Implement the Epic Electronic Patient Record (EPR), transforming services to provide better quality care to patients	HIVE Team	Core Epic system build complete. Testing the MFT Epic system started	Q3
		Transformation design completed	Q4
		All specialty clinical content build completed	Q4
Development of dementia care strategy	Corporate Nursing Hospitals/MCS Directors of Nursing	MFT Dementia Strategy reviewed and refreshed in readiness to launch a new strategy in 2022.	Q3



## Hospital / MCS / LCO plans

<b>What we are going to do</b>	<b>Who is going to do it</b>	<b>What will be achieved in 2021/22</b>	<b>By when</b>
Prepare for CQC assessment	WTWA	Internal Key Lines of Enquiry inspection – self assessment process for CQC inspection readiness developed	Q4
Learning from incidents	NMGH	Systems developed in line with MFT approach to share learning from serious incidents across NMGH	Q4
Focusing on delivering fundamentals of care	MRI	Focus maintained across MRI on nutrition/hydration, documentation, medicine management, management of harm and infection control	Q4
Ockenden review into maternity services	SMH	Recommendations of the Ockenden review into maternity services delivered.	Q4
Reducing delays in monitoring patients	MREH	Greater Manchester pilot to enable 'low risk' glaucoma patients to be monitored in the community led by MREH	Q4
Management of COVID-19 related delays in care	UDH	Clinical validation and risk stratification of patients whose care had been delayed completed	Q4
Improving safety culture	CSS	Moved to Safety II Culture	Q4
Focus on infection control	RMCH	Infection control and policies aligned across the whole of the RMCH Managed Clinical Service (NMGH, WTWA, RMCH)	Q4
Development of urgent care provision	LCO	Community urgent care provision reviewed and developed to support flow, timely discharge and reduced length of stay	Q4

## To improve the experience of patients, carers and their families

### MFT wide plans

What we are going to do	Who is going to do it	What will be achieved in 2021/22	By when
Re-establish the MFT quality and patient experience programme	Corporate Nursing/DoNs	Accreditation programme recommenced.	Q1
		Senior Leadership Walkrounds recommenced.	Q1
		What Matters to Me programme and surveys consistently undertaken with patient overall satisfaction with quality of service over 85%.	Q1
		Quality of Care Round/What Matters To Me patient survey platform re-tendered and implemented.	Q3
		Integration of quality and safety governance and data, underpinned by digital transformation, with evidence of learning leading to continuous improvement	Q2
		Full Improving Quality Programme rolled out at NMGH.	Q2
	Corporate Nursing/DoNs with Estates & Facilities	Improvements in food provision and nutritional care on 2020/21 levels.	Q4
Develop and implement a programme of excellence in Learning Difficulties (LD) / autism care	Corporate Nursing/Hospitals/ MCS/LCO DoNs	LD/autism strategy for MFT will be developed and implemented through engagement with patients, staff and service user groups.	Q2
		LD/autism continuous improvement programme established across all hospitals/MCS/LCO	Q2
		LD/autism training integrated into management development programmes	Q3
		Training programme for clinical staff developed and rolled out to support the LD strategy - improving skills and awareness of caring for patients with LD and autism	Q2

### Hospital / MCS plans

What we are going to do	Who is going to do it	What will be achieved in 2021/22	By when
Learning from complaints	WTWA	Thematic review of complaints undertaken	Q4
Embedding fundamentals of care	MRI	Fundamentals of care embedded and promoted through MRI Always Events	Q4
Engaging patients	SMH	SMH patient engagement approach rolled out to services at North Manchester	Q4
	NMGH	What Matters to Me implemented	Q4

Increasing access	MREH	Diagnostic clinics at evening and weekends increased to maximise opportunities for virtual review	Q4
	UDH	New ways of working (Attend Anywhere, Advice & Guidance, Telephone Review Clinics) further developed and rolled out	Q4
Listening to patients / parents and carers	CSS	Patient experience feedback and metrics captured in service developments and delivery	Q4
	RMCH	Voice of Children & Young People (CYP) and parents / carers embedded in hospital committees and service change including the development of NMGH CYP advocacy and hospital services	Q4
Supporting independence		Improved pathways and patient support delivered through the Better Outcomes Better Lives programme	Q4

## To develop our workforce enabling each member of staff to reach their full potential

### MFT wide plans

What we are going to do	Who is going to do it	What will be achieved in 2021/22	By when
Launch MFT People Plan	Group Workforce Team	MFT People Plan launched and communicated	Q1
		Delivery Plan agreed	Q1
Develop Workforce Digital Strategy	Group Workforce Team	Workforce Digital Strategy and delivery plans developed	Q2
		Workforce systems eg: job plan, rostering implemented in line with delivery plan	Q4
Develop MFT Putting People First Framework	Workforce, Corporate Nursing and Medical Directors	Disciplinary and Maintaining High Professional Standards policies reviewed and revised to reflect putting people first	Q1
		Training schedule developed	Q1
		Campaign on Bullying and Harassment delivered	Q2
Ofsted inspections	Group Workforce Team	Regulatory rating achieved for: <ul style="list-style-type: none"> <li>Apprenticeships service</li> <li>First Steps Nursery Oxford Road site</li> </ul>	Q1
Review of Nursing Assistant roles in clinical settings	Workforce – Corporate Nursing	Review of skill mix required in clinical settings completed	Q3
Revise Policy Development programme	Group Workforce Team	Policy review schedule agreed	Q1
		Revised policies delivered in line with schedule	Q1 – Q4
Refresh MFT Leadership and Culture Plan deliverables as part of the MFT People Plan	Group Workforce Team	MFT Organisational Development Plan developed	Q1
		Staff engagement and recognition platform launched	Q1
		Talent and Development centres delivered	Q3
		Learning & Education Strategy launched	Q2
Develop Reward Strategy	Group Workforce Team	Scoping for potential reward initiatives completed	Q2
		Stakeholders engaged on proposed strategy and delivery plan	Q4
Delivery of workforce COVID-19 recovery programme	Group Workforce Team	Employee Health & Wellbeing Service model including psychological support and enhanced fitness for work services further developed	Q2
		Anti-stigma Mental Health Campaign delivered	Q2
		Targeted recruitment campaigns held to increase workforce availability	Q2
		Key learning programmes made available on-line	Q3

		Compassionate leadership training series held for line managers	Q2
		Staff networks, societies and forums build and expanded to encourage employee voice	Q3
Delivery of ED&I Strategy	Group Workforce Team	Number of staff belonging to ethnic minority groups in senior positions (8a and above) increased	Q4
		Disability confident leader status achieved	Q4
Alignment of workforce services post integration of North Manchester	Workforce/Corporate Nursing/ Medical Director	Implementation of Integration plans achieved	Q4
		Temporary staffing arrangements implemented for all staff groups	Q3
Improve Training Opportunities for Medical and other staff	Group Medical Directors	Manchester Surgical Skills & Simulation Centre pilot launched	Q1
		Pilot reviewed and future model agreed	Q4

### Hospital / MCS plans

What we are going to do	Who is going to do it	What will be achieved in 2021/22	By when
Enhancing staff support offer	WTWA	WTWA communications & engagement plan developed and implemented	Q4
	NMGH	Vibrant & inclusive support & development offer built	Q4
	MRI	Staff and teams skilled up and empowered to improve patient care and staff experience	Q4
	SMH	MFT initiatives to help staff recover from pandemic response implemented	Q4
	MREH	Staff well being plan/events calendar for 2021/22 developed	Q4
	UDH	Focussed support provided for staff who were redeployed	Q4
	RMCH	Our people plan - 'All here for you' delivered and health and wellbeing initiatives expanded	Q4
Addressing staff shortages	CSS	Targeted recruitment undertaken for key CSS staff shortages	Q4
	LCO	Community workforce plans developed to address capacity, skill-mix and meet changing demands	Q4

## To develop single services that build on the best from across all our hospitals

What we are going to do	Who is going to do it	What will be achieved in 2021/22	By when
Develop MFT Clinical Service Strategies	Group Strategy Team	Clinical Service Strategies reviewed and refreshed following COVID-19 pandemic	Q4
		Commissioner approval achieved for positive service changes implemented in response to COVID-19	Q4
		Commissioner approval achieved for significant service changes within the Clinical Service Strategies	Q4
		Cancer Strategy for MFT developed	Q3
		Site strategy for NMGH developed	Q4
Identify and progress longer term developments	Group Strategy Team	Long term plan for Advanced Therapies developed	Q4
		Long term plan for Genomics developed	Q4
		Business case for Community Diagnostic Hub at Withington Community Hospital completed	Q4
Development of partnerships and joint working	Group Strategy Team	MFT represented on regional and national Networks	Q4
	MREH	New ways of working with primary eyecare services developed to reduce the burden on hospital services	Q4
Clinical Service Strategy implementation	WTWA	Service strategies for cardiac, respiratory, Trauma & Orthopaedics, care of the elderly, stroke, urology implemented	Q4
	MRI	Centres of excellence in individual services created	Q4
	CSS	Implementation of Advanced Therapy Medicinal Products (ATMPs) commenced	Q4
	RMCH	Development of Advanced Therapies for children to be the Northern Hub for research and specialist commissioned treatments	Q4
	CSS	Community Diagnostic Hubs implemented	Q4
	SMH	Rare Conditions Centre launched	Q4
Development of NMGH	NMGH	NMGH site redevelopment Full Business Case progressed	Q4
	LCO	Community service leadership provided to development of North Manchester and the well-being hub	Q4

## To develop our research portfolio and deliver cutting edge care to patients

What we are going to do	Who is going to do it	What will be achieved in 2021/22	By when
Get back to business as usual and resume non-COVID-19 research	Research and Innovation	Non-COVID-19 research income achieved of at least 80% that achieved in 2019/20	Q4
		Number of open non-COVID-19 studies to be greater than 80% of the number open in 2019/20	Q3
Develop research partnerships with commercial organisations from the healthcare and biotech industry	Research and Innovation	Individual R&I projects developed with QIAGEN (MFT biotech partner)	Q4
		A further partnership developed with healthcare / biotech company	Q4
		MFT campus developed through working with Bruntwood, Manchester Science Parks and Alderley Park, and further commercial partners attracted	Q4
Develop our capacity and capability to undertake analyses on large scale patient data for research through our Clinical Data Science Unit (CDSU)	Research and Innovation and IM&T	Appointments made to key positions in the team	Q1
		Terms of reference drafted and approved to clarify remit and governance arrangements for the CDSU	Q2
		Exemplar projects identified	Q3
Develop the Electronic Patient Record to support research	Research and Innovation	R&I input to design of EPR	Q2
		Research module of EPR built	Q4
Prepare a bid to NIHR* for a Medtech and In vitro diagnostics Co-operative (MIC) in Manchester - MICs are centres of expertise and bring together patients, clinicians, researchers, commissioners and industry based in leading NHS organisations	Research and Innovation	MFT Diagnostics and Technology Accelerator (DiTA) Director and Manager appointed	Q1
		Steering Group re-established	Q1
		MFT strengths / themes for MIC bid identified	Q3
		Online presence increased through, for example website, webinars, and social media.	Q4
Support our NIHR infrastructure	Research and Innovation	Support 2022 bid to NIHR to renew our Biomedical Research Centre *	Q4
		Support 2022 bid to NIHR Clinical Research Facility*	Q4
		Lead 2022 bid to NIHR* for a Manchester MIC (see above)	Q4
Encourage involvement in research through “research is everyone’s business” campaign	Research and Innovation	Named clinical links between R&I and the Hospitals / MCSs staff identified	Q4
		Resources produced for MFT staff to highlight importance/ value of invention capture & commercialisation;	Q3
		Provide guidance on research related objectives in appraisals for non-R&I staff to raise awareness of how their work related	Q3

		to the research agenda	
Improve the efficiency and scope of clinical trials	Research and Innovation	Working group convened to explore taking on sponsorship of “first-in-human” trials	Q1
		Metrics achieved for NIHR* Performance in Initiation and Delivery: <ul style="list-style-type: none"> <li>o League 1 for number of trials</li> <li>o Top 5 for first patient recruitment speed (initiation) and recruitment to time and target (delivery)</li> </ul>	Q4
		Metrics achieved for NIHR Clinical Research Network for Greater Manchester (GM) performance <ul style="list-style-type: none"> <li>o MFT in top 2 Trust recruiting patients to all trials in GM</li> <li>o MFT top Trust recruiting to commercial trials in GM</li> <li>o MFT top Trust recruiting to CUE-TIP (COVID-19) trials in GM</li> <li>o MFT top 10 Trust recruiting patients to all trials in England</li> </ul>	Q4
Continue to build on Nursing, Midwifery and Allied Health Professionals (NMAHP) research activity	Corporate Nursing with hospitals/ MCS/LCO DoNs	Delivery of NMAHP research strategy continued and 2022 -2025 strategy developed.	Q4
		'Paper to Practice' programme (An introduction to implementing research-informed change in health care settings in collaboration with the Applied Research Collaboration Greater Manchester (ARC-GM)) will have been reviewed and extended to support research implementation with a focus on oral care, falls, nutrition and wound care.	Q4
		4th round of NMAHP fellowships appointed and commenced.	Q2
		NMAHP grant income increased on 2020/21 levels	Q4

\*National Institute for Health Research (part of the Department of Health and Social Care, <https://www.nihr.ac.uk>). NIHR is the largest funder of health and care research in the UK and provides the people, facilities and technology that enables research to thrive, funded primarily by the Department of Health and Social Care.



## 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

What we are going to do	Who is going to do it	What will be achieved in 2021/22	By when
Coordinate and manage ongoing disaggregation of NMGH services from PAHT service models (including withdrawal from Service Level Agreements), and support progressive integration into MFT, ensuring consistency with NMGH capital scheme and single service development plans.	Collaborative effort between SHS Team and NMGH Redevelopment Team, through new matrix working arrangements	Specified Service Level Agreements (SLAs) terminated, services disaggregated, and staff/etc transferred.	Q4
		Well established plans in place for all other SLAs, for termination/ disaggregation on an agreed timescale.	Q4
Complete the integration management and post transaction planning processes, including PTIP v3, suitable legacy/archiving arrangements and transition to business as usual (BAU)	SHS Team	Day 100 integration objectives achieved	Q2
		PTIP v3 approved	Q2
		On-going issues transitioned to business as usual processes	Q2
Deliver the statutory transaction to complete the transfer of residual NMGH assets and liabilities to MFT, alongside the acquisition of Bury/Oldham/Rochdale by SRFT, and the dissolution of PAHT.	SHS Team	Suitable legal arrangements (inc Transfer and Dissolution Orders) negotiated and executed	Q2
		Statutory transaction completed and PAHT dissolved	Q2
Continued development of the North Manchester Strategy (previously the "NM Proposition"), including work on service transformation, the Wellbeing Hub and the Healthy Neighbourhood/Placemaking.	North Manchester Strategy PMO, with NMGH Redevelopment Team and SHS Team	Refreshed North Manchester Strategy developed and approved.	Q2
		Plans for Placemaking Partnership developed.	Q4
		NM Service Transformation exercise completed and outputs contributing to FBC	Q4
		Wellbeing Hub plans developed and contributing to FBC.	Q4

# To achieve financial sustainability

## Financial Planning

Planning for 2021-22 has been extremely complicated and unusual in comparison to other years. The financial regime put in place in response to the pandemic in 20/21 has been rolled forward for the first half (H1) of 21/22 and funding levels agreed for the first half of the year only.

We have developed a financial plan for the full year 21/22, making significant assumptions in relation to funding levels for H2, which represent a potential risk to the Trust. As in previous financial years, the Trust is required to deliver a surplus of £23m, which in turn provides funding for capital investments identified in the business case for the merger, which created MFT.

The Payment by Results financial regime is no longer in place and it will not be brought back in future years, as Aligned Payment Incentives and blended payments contracts will be introduced. For H1 there is a requirement to manage funding across the whole GM system within a specified revenue funding envelope, and therefore there have been negotiations with the other Providers and Commissioners in the system as to the level of funding each Trust and CCG receives.

Similarly, there is now a GM capital system envelope, which has been negotiated between Providers to arrive at a plan.

This overall move to system-working is in line with the move to working as an Integrated Care System, which will be established formally from 1st April 2022. Thus, it is expected that similar negotiations will be required on an annual basis in future.

## Income and Expenditure Plan

The table below shows the Income & Expenditure financial plan for 2021/22.

Enlarged MFT 2021/22 £m	Enlarged Trust position
<b>Income</b>	
Patient Activity	2,000
Non-patient Activity	237
<b>Total Income</b>	<b>2237</b>
<b>Expenditure</b>	
Pay	-1,321
Non-pay	-1,006
<b>Total Expenditure</b>	<b>-2,327</b>
<b>Total Net Operating Position</b>	<b>-90</b>
Non-operating Income / Expenditure	-41
<b>Net position</b>	<b>-131</b>
Control Total Adjustments	134
Technical Adjustments	20
<b>Net Position on Control Total Basis</b>	<b>23</b>
<b>Waste Reduction Requirement (WRPs)</b>	<b>50</b>
%	2.6%

Each Hospital / MCS / LCO and Corporate Department has been set an indicative Control Total and a Waste Reduction Programme target. Year-end and month by month forecasts will be monitored on a monthly basis as part of the Trust's overall Accountability Oversight Framework. Each area will be held to account based on their forecast variance from their Control Total.

### Capital Planning 2021/22

The total capital programme for MFT for 2021/22 is £198.3m.

The capital plan has been the subject of extensive discussions internally and across GM to agree the share of the envelope to deliver the necessary capital plan for MFT. The table below shows the main categories of spend and how the programme is being funded.

#### MFT 2021/22 Capital programme - £m

MFT	2021/22
EPR	18
IM&T	10
Equipment	-
Project RED	12
Backlog maintenance	10
Wythenshawe theatres	8
Trafford theatres	6
Project PED	0
Estates	25
PFI	11
<b>MFT</b>	<b>100</b>
<b>NMGH</b>	
IM&T disaggregation	12
IM&T	2
EPR	7
Equipment - clinical due diligence requirements	8
Backlog maintenance	11
Estates – redevelopment	59
<b>NMGH</b>	<b>99</b>
<b>Total - Enlarged MFT</b>	<b>199</b>

#### MFT 2021/22 Funding for capital programme - £m

MFT	
PDC	12
Loans - to be approved	25
Internally Funded	47
PFI	11
Loans other (e.g. Salix)	3
Charity	2

<b>MFT</b>	<b>100</b>
<b>NMGH</b>	
PDC	60
Emergency PDC	31
Loans - to be approved	8
<b>NMGH</b>	<b>99</b>
<b>Total - Enlarged MFT</b>	<b>199</b>

NB - Internally and loan funded capital spend is subject to final agreement of capital envelope at GM level.

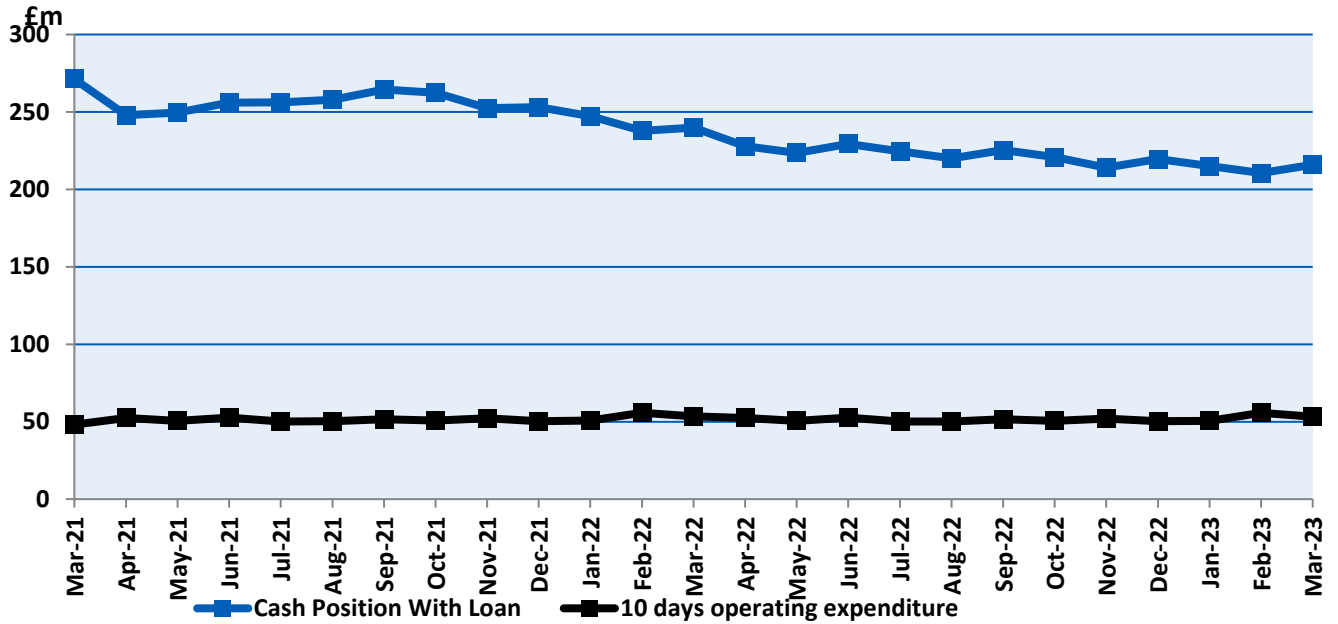
It should be noted that although within the plan there is no funding for equipment, this is because a significant amount was spent on equipment at the end of 2020/21 which has reduced the risk of equipment failure. Should an urgent need for capital spend arise which is not in the plan, a re-prioritisation would be undertaken within the financial year to ensure the spend remains risk-based.

### **Cash and Balance Sheet**

The Trust's planned cash flow for 2021/22 and 2022/23 recognises repayment commitments against existing DH loans and PFI liabilities, and investment in the capital programme. Whilst the cash flow plan shows a relatively strong level of cash is maintained through the year, there is an overall cash deterioration of £32m to a closing cash position as at the 31st March 2022 of £239m. The cash flow continues to deteriorate in 2022/23 reducing to a closing cash position of £216m as at the 31st March 2023. This is due to the significant investment in capital expenditure in each of these financial years. In arriving at this position, we have assumed a £23m surplus in both years and that WRP will be achieved.

The Trust closed the 20/21 financial year with a higher than forecast cash balance, in part due to the financial regime during the pandemic, but also due to the level of accruals and creditors at the year end. The chart below shows the cash profile of the Trust over the coming two years, which reduces due to the significant capital programme planned over those two years. The £23m surplus contributes to this chart by offsetting some of the capital spend. Also supporting the cash balance is the continued intention to access loan funding from DHSC to deliver some of the capital programme.

### Cash position April 2021 to March 2023



### Key Risks associated with the 2021/22 financial plan

The delivery of the financial plan for 2021/22 carries a significant level of risk, one of the most material risks being the achievement of the Waste Reduction Programme target of £50m which in itself is driven by the assumed amount of system funding to be received for H2. A full register of risks has been developed and will be managed in line with the Trust risk management processes.

## 5. Risk and Monitoring Arrangements

### *Risks to Delivery*

Risks to delivering the plan are monitored and managed through the established Trust risk management processes. All risks across the organisation are identified and assessed using a common framework. The management of high-level risks is escalated to the Group Risk Management Committee.

High-level risks are those that present a significant threat to the Trust objectives or that score 15+. Detailed plans are developed to mitigate these risks and they are reported bi-monthly to the Group Risk Management Committee.

Risks to the delivery of the organisational strategic aims are mapped on the Board Assurance Framework. This is reviewed by the Board on a regular basis.

### *Monitoring Delivery*

Delivery of the plans will be monitored throughout the year through the following mechanisms.

#### Accountability Oversight Framework (AOF)

The Accountability Oversight Framework is the way in which MFT ensures that each of the constituent Hospitals, MCS and LCOs are delivering on their plans so that MFT at the Group level is achieving its targets. Key metrics are distilled from the Hospital/MCS/LCO Business Plans and form the basis of the AOF. Progress against each of the indicators is monitored each month and reviewed by executive directors. Where targets are not being met, a support package is developed to improve performance.

#### Board Assurance Report

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

#### Hospital / MCS / LCO Review

A more in-depth review of delivery of the Hospitals / MCS / LCO plans takes place twice a year between the Executive Director Team and the senior leadership team from each Hospital / Managed Clinical Service / LCO.

#### Annual Review

A year-end review of the Annual Plan will be undertaken in December. Through this process, progress to date is used to project year end performance and RAG rate achievement. This is presented to the Council of Governors at the Annual Planning development session.