

**Manchester University NHS
Foundation Trust**

2022/23 Annual Plan

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Glossary of Abbreviations

A&G	Advice and Guidance
AOF	Accountability Oversight Framework
AHP	Allied Health Professions
ASC	Adult Social Care
ATMP	Advanced Therapy Medicinal Products
BMTU	Bone Marrow Transplant Unit
BOBL	Better Outcomes, Better Lives programme
CAMHS	Children and young people's mental health services
CDMU	Covid Medicines Delivery Unit
CQC	Care Quality Commission
CSS	Clinical Scientific Services
CUETIP	Covid-19 Understanding and Elimination-Trials Implementation Panel
ED	Emergency Department
EPR	Electronic Patient Record
GIRFT	Getting It Right First Time
GMCA	Greater Manchester Combined Authority
GMHSC	Greater Manchester Health and Social Care Partnership
HSCT	Haematopoietic Stem Cell Transplantation
HSE	Health and Safety Executive
HVLC	High Volume Low Complexity
ICB	Integrated Care Boards
ICS	Integrated Care System
iMRI	Intraoperative magnetic resonance imaging
IOSH	Institution of Occupational Safety and Health
IPC	Infection Prevention and Control
JIC	Joint investment committee
LCO	Local Care Organisations
LD	Learning Difficulties
MCS	Managed Clinical Service
ME	Medical Examiner
MFT	Manchester University NHS Foundation Trust
MIC	Medtech and In vitro diagnostics Co-operative
MLCO	Manchester Local Care Organisation

MREH	Manchester Royal Eye Hospital
MRI	Manchester Royal Infirmary
MSSSC	Manchester Surgical Skills and Simulation Centre
NHP	New Hospitals Programme
NICE	National Institute for Health and Care Excellence
NIHCR	National Institute for Health and Care Research
NMAHP	Nursing, Midwifery and Allied Health Professionals
NMGH	North Manchester General Hospital
OD	Organisational Development
PALS	Patient Advice and Liaison Service
PAs	Programmed Activities
PCN	Primary Care Network
PIFU	Patient-initiated follow-up
PSIRF	Patient Safety Incident Response Framework
R&I	Research & Innovation
RAG	Red, Amber, Green
RMCH	Royal Manchester Children's Hospital
RTT	Referral to treatment
SARC	Sexual Assault Referral Centre
SBA	Strengths-based approach
SDEC	Same Day Emergency Care
SJR	Structured Judgement Review
SLA	Service Level Agreements
SLT	Senior Leadership Team
SME	Small & Medium Sized Enterprise
SMH	Saint Mary's Hospital
SOP	Standard Operating Procedure
SV	Social Value
TERI	Theatre efficiency rapid improvement
TGH	Trafford General Hospital
TOM	Target Operating Model
UDH	University Dental Hospital of Manchester
UEC	Urgent and emergency care
UTC	Urgent Treatment Centre

WMTM	What Matters To Me
WNB	Was Not Bought
WRES	Workforce Race Equality Standard
WTWA	Wythenshawe, Trafford, Withington & Altrincham

1. Introduction

The purpose of the annual planning process is to develop a set of coordinated plans for the year that describe how, over the coming 12 months, we are going to respond to the immediate challenges facing us and make progress towards achieving our longer-term vision.

Our vision describes our aspirations for the next 5 years and is the framework for the development of our annual plans; it is the golden thread that ensures that the whole of the organisation is working towards the same long-term goals. Given the recent external events (such as the COVID pandemic and the move to Integrated Care Systems) and internal changes, in particular the achievement of the Single Hospital Service for Manchester, we have reviewed our vision and strategic aims to ensure that they are still fit for purpose.

This exercise has resulted in some changes to our strategic aims. The key changes have been to strengthen the aims around patient safety and workforce – the pandemic has emphasised the importance of both, and to add a new aim around working in partnership and addressing health inequalities wider social issues. The updated version is set out below.

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

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

This is underpinned by our strategic aims, which are:

- *To focus relentlessly on improving access, safety, clinical quality and outcomes*
- *To improve continuously the experience of patients, carers and their families*
- *To make MFT a great place to work, where we value and listen to our staff so that we attract and retain the best*
- *To implement our People Plan, supporting our staff to be the best that they can be, developing their skills and building a workforce fit for the future*
- *To use our scale and scope to develop excellent integrated services and leading specialist services*
- *To develop our research and innovation activities to deliver cutting edge care that reflects the needs of the populations we serve*
- *To achieve and maintain financial sustainability*
- *To work with partners and play our part in addressing inequalities, creating social value and advancing the wider green agenda*

Our plans for this year will be dominated by the need to recover from the COVID-19 pandemic and the implementation of our Electronic Patient Record (EPR).

The pandemic has had a profound impact on all that we do. For 2022/23 we will need to focus on the challenge of restoring services, meeting new demands and

reducing the backlogs that have built up a result of the pandemic. Equally important will be maintaining our focus on workforce and prioritising staff health and wellbeing.

In line with the NHS E guidance we will need to:

- grow the workforce and work differently and keep our focus on the health, wellbeing and safety of our staff.
- use what we have learnt through the pandemic to adopt new models of care.
- work with our partners from across Greater Manchester to make the most effective use of the resources.
- develop plans for any new monies to increase our capacity and invest in our buildings and equipment.

At the same time we are facing one of the biggest transformation programmes that we have ever undertaken – the implementation of our electronic patient record system (EPR). This is not just about the introduction of a new information system, it involves wide-spread change and improvement in every part of the organisation. This major transformation programme is known as Hive. The EPR will go live in September 2022 but this is just the beginning. The Hive programme will continue as we tweak and refine the system, roll out new features, and continue to improve how we work.

The implementation of Hive is key to delivering our long-term vision and responding to current challenges. It will transform how everyone works and enable us to realise the benefits of improved clinical quality, patient experience and staff experience, increased operational efficiency and help drive research and innovation. More specifically it will:

- Enable us to change and improve how we deliver services and support better clinical decision making.
- Enable staff to work more efficiently by accessing the information they need to care for patients wherever and whenever they need it
- Improve the patient experience by giving patients more control over their own care through a patient portal and phone app, reducing the need for people to give the same information to different members of staff.
- Increase patient safety by holding one record for each patient and providing alerts for potential medication errors, allergies and infection risks.
- Ensure that the correct information is available for every patient first time, every time.

This plan describes the actions that the Hospitals, Managed Clinical Services, Local Care Organisation and corporate teams intend to take in 2022/23 in order to make progress towards achieving our vision and strategic aims.

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 28,000 staff. We are the main provider of local hospital care to approximately 750,000 people in Manchester and Trafford and provide more specialised services to patients from across the North West of England and beyond. We are a university teaching hospital with a strong focus on research and innovation.

Our services are delivered through the following management units:

- **Royal Manchester Children's Hospital (RMCH)** - RMCH is a specialist children's hospital and provides general, specialised and highly specialist services for children and young people across the whole of MFT.
- **Saint Mary's Hospital (SMH)** - Saint Mary's Hospital is a specialist women's hospital as well as being a comprehensive Genomics Centre and provides general and specialist medical services for women, babies and children across MFT.
- **Manchester Royal Eye Hospital (MREH)** – MREH is a specialist eye hospital and provides inpatient and outpatient ophthalmic services across MFT.
- **University Dental Hospital of Manchester (UDH)** – UDH is a specialist dental hospital and provides dental services across MFT
- **Manchester Royal Infirmary (MRI)** – MRI is an acute teaching hospital and provides general and specialist services including vascular, major trauma, kidney and pancreas transplant, haematology, cardiac services and sickle cell disease.
- **Wythenshawe, Trafford, Withington and Altrincham (WTWA)** – WTWA is an acute teaching hospital and provides specialist services including cardiology and cardiothoracic surgery, heart and lung transplantation, respiratory conditions, burns and plastics, cancer and breast care services and general services across Wythenshawe, Trafford, Withington and Altrincham hospitals
- **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.
- **Clinical and Scientific Support Services (CSS)** – CSS provides laboratory medicine, imaging, allied health professional services, critical care, anaesthesia & perioperative medicine and pharmacy across MFT.
- **Local care Organisation (LCO)** – the LCO provides community and out-of-hospital care across Trafford and Manchester

3. MFT Planning Framework

Our Annual Plan sets out what we intend 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 and our group and clinical service strategies. It is also shaped by national plans and strategies, in particular the priorities set for the year by NHS England / Improvement.

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.

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, and;
Is recognised internationally as leading healthcare provider

STRATEGIC AIMS

- To focus relentlessly on improving access, safety, clinical quality and outcomes
- To improve continuously the experience of patients, carers and their families
- To make MFT a great place to work, where we value and listen to our staff so that we attract and retain the best
- To implement our People Plan, supporting our staff to be the best that they can be, developing their skills and building a workforce fit for the future
- To use our scale and scope to develop excellent integrated services and leading specialist services
- To develop our research and innovation activities to deliver cutting edge care that reflects the needs of the populations we serve
- To achieve and maintain financial sustainability
- To work with partners and play our part in addressing inequalities, creating social value and advancing the wider green 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

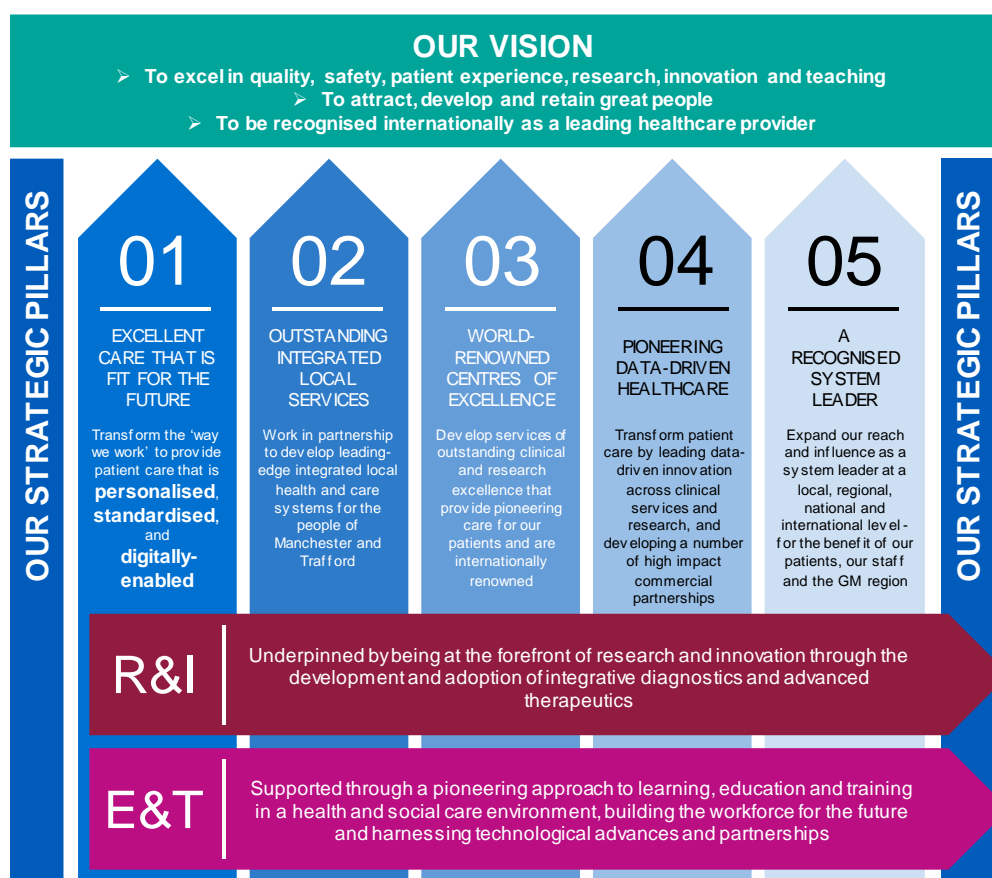
**Everyone Matters
Working Together
Dignity and Care
Open and Honest**

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

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 to deliver these benefits, we produced an MFT **Group Service Strategy** and a series of individual **Clinical Service Strategies**. These 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.

This Annual Plan describes the actions that we need to take in 2022/23 in order to deliver the group and individual clinical service strategies.

NHS England & NHS Improvement - Priorities for 2022/23

The national planning guidance issued by NHS England & NHS Improvement sets out ten priorities for 2022/23 as shown in the table below.

A	Invest in our workforce – with more people and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.
B	Respond to COVID-19 ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.
C	Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
D	Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity – keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by creating the equivalent of 5,000 additional beds, in particular through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments (EDs) and minimising ambulance handover delays.
E	Improve timely access to primary care – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.
F	Improve mental health services and services for people with a learning disability and/or autistic people – maintaining continued growth in mental health investment to transform and expand community health services and improve access.
G	Continue to develop our approach to population health management, prevent ill health and address health inequalities – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.
H	Exploit the potential of digital technologies to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems.
I	Make the most effective use of our resources – moving back to and beyond pre-pandemic levels of productivity when the context allows this.
J	Establish ICBs and collaborative system working – working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and places.

4. Plans for 2022/23

The Hospitals, Managed Clinical Services (MCSs), Local Care Organisations (LCOs) and corporate teams have developed their plans for taking forward each of our strategic aims in the coming year. These are set out in the following tables.

To focus relentlessly on improving access, safety, clinical quality and outcomes

MFT wide plans

Who is going to do it	What we are going to do	What will be achieved in 2022/23
Corporate Nursing	Deliver an effective infection prevention and Control (IPC) Strategy to support recovery from COVID-19 and continued focus on prevention and control of other healthcare acquired infections	The MFT IPC Strategy will be launched, capturing best practice to deliver, monitor and drive improvements
		Build on positive experiences of delivering infection prevention and control principles during a pandemic to improve IPC practice and engage staff in the delivery of IPC programmes
		Staff flu and COVID-19 vaccination programme achieved
Group Medical Director /Chief Nurse	Develop and implement a Trust-wide quality and safety strategy	Human factors, system thinking and quality improvement methodologies fully integrated
		NHS Model for improvement implemented and recognised as a Trust-wide methodology and supporting small scale rapid tests of change and scale-up and improvement spread
Joint Group Medical Director Office	Implement the National Patient Safety Strategy in full to optimise patient safety learning through the delivery of the Trust's Patient Safety Profile and Plan aligned to the Trust-Wide Quality and Safety Strategy	Patient Safety Incident Response Framework across the Trust implemented with each site/MCS/LCO having a published Patient Safety Incident Response Plan
		Specific focused action plans in place to address opportunities for change and improvement in relating to equality and patient safety
		Patient safety management system implemented within each site/MCS/LCO
		National patient safety training requirements implemented, and additional training requirements identified through a learning needs analysis addressed
		Effective governance and assurance processes in place aligned to the Patient Safety Incident Response Framework (PSIRF), assured through review and internal audit
		The National framework for patient and public involvement in patient safety implemented
		Safety oversight system optimised with an electronic solution
		Human Factors Academy effectively resourced
		Human Factors Academy formally launched through effective comms strategy
Human Factors Academy formally launched through effective comms strategy		

To understand and reduce unwanted variation in outcome across the organisation for similar services	Full understanding of the impact of inequality on outcomes through measurement and monitoring
	Focused action plans and interventions designed to eliminate inequality in patient experience, safety and outcomes
	Recommendations arising from national confidential enquiries, where relevant to the Trust implemented in full
	All relevant national clinical audits participated with good data acquisition and quality
	All published national audit reports have a management summary and action plan/risk assessment, where relevant
	Annual programme of local clinical audit approved and implemented
	National Institute for Health and Care Excellence (NICE) guidance implemented where relevant and embedded into every day clinical practice with an exception/ risk report for all partially and non-compliant guidance.
	Recommendations from the Getting it Right First Time Programme (GIRFT), where possible, and relevant implemented
	Priority clinical standards for seven-day hospital services implemented and assured
	Improving clinical outcomes strategy developed to support a progressive reduction in preventable deaths and to support the achievement of the highest level of care reliability aligned to the implementation of HIVE, based on a rigorous analysis of outcome data relevant to the Trust's services
Develop new clinical services that are required for our patients as a result of the Covid-19 pandemic	Strengthen the newly launched MFT Covid Medicines Delivery Unit (CMDU) to establish it as Managed Clinical Service.
	Transition the CMDU to a recurrent service in one of the Group Hospital/MCS
Launch of Hive EPR Results acknowledgment	Use the learning from the MFT Results acknowledgment to inform the solution for Hive
To continue achieving high standards of health and safety through the provision of healthy working environments, safe working practices and safe people working therein.	Strategic governance approach to leading and managing our response to the COVID pandemic in operation and assured
	Health and Safety Strategy for 22/23 in place and monitored
	Safety II approach effectively applied to health and safety
	Effective integration of ergonomics into service redesign, human factors academy and incident investigation
To continue achieving high standards of health and safety through the provision of healthy working environments,	Effective stakeholder relationship management with all stakeholder groups, including e.g. HSE, CQC, NHS Employers, IOSH, CIPD etc., informing policy / practice in year

	safe working practices and safe people working therein.	
	Ensure and assure compliance with CQC fundamental standards of Quality and Safety	Assurance map and framework developed for all regulatory standards and escalation process for gaps in assurance used effectively
		Appropriate governance arrangements in place across the Trust to support assurance and escalation
	Implement a strategic approach to becoming outstanding (CQC) across all domains	Individualised 'becoming (or being) outstanding plans' in place across all site/MCS/LCOs
		Appropriate governance arrangements in place across the Trust to support identification of outstanding practice and relevant assurance
Informatics	Support implementation of the Epic Electronic Patient Record, transforming services to provide better quality care to patients	Prepare legacy systems for smooth migration of data to new systems
		Upgrading/replacing end user computing devices across the estate to ensure compatibility with Hive requirements
	Continued development of North Manchester Digital Hospital	Define Target Operating Model across clinical and non-clinical services
		Produce single redevelopment/digital full business case
	Support implementation of the Epic Electronic Patient Record, transforming services to provide better quality care to patients	Commence and complete testing
		Commence and complete staff training for HIVE
		System optimisation commenced
	Improve the definition, understanding and prioritisation of Informatics workload and new demand, to ensure that resources are aligned accordingly	Establish and implement an Informatics demand management function
R&I	Engage in HIVE implementation, equality initiatives and highest ethical standards	HIVE implementation for R&I/clinical trials activity and data use by Clinical Data Science Unit
		Create new Quality and Safety Matron post
		Review and develop Sponsorship team
Estates & Facilities	Development of Bone Marrow Transplant Unit (BMTU)	BMTU Phase 2 completed – delivery of additional patient bedrooms & isolation suites.
Transformation Team	Transform urgent and emergency care	Participated fully in GM led same day emergency care (SDEC) Review to maximise Same Day Emergency Care services across MFT Urgent Care Streaming pathways (criteria) to SDEC services standardised across MFT Urgent Care Portals
		Calendar based system implemented in SDECs including GP referrals, GMCAS/111/999 to support flow, aligned to UEC 10 Point plan and Hive implementation of SDEC.

		Hospital sites supported to achieve SDEC provision 12hrs, 7 days as a minimum as per UEC 10 Point Plan
		Acute Frailty Services available to MFT Type 1 Emergency Departments reviewed
		UTC by Appointment, Streaming at Point of Entry and Navigate to Deflect in all Type 1 EDs embedded across MFT
		Robust pathways developed for safe deflection of patients to community services as soon as possible after arrival in Emergency Portals
		Improvements made to ward level processes for discharging patients
	Transform elective care	Four Eyes Dashboard developed to support elective scheduling and improvement works implemented in areas of greatest opportunity across MFT
		Completion of the Booking and Scheduling TERI project at Trafford
		Booking and Scheduling best practice from TERI project scaled up MFT-wide
		Hive-ready pre-operative assessment process implemented at Trafford General Hospital (TGH) supporting theatre utilisation by ensuring there are always patients ready to undergo surgery
		Full pre-op transformation implemented at TGH which includes full patient support comms package and individual peri-operative pathway redesign (pre-anaemia, smoking cessation and diabetes)
		MFT Theatre Dashboard developed and implemented to be ready by Hive Go Live, including associated reporting
		Work on the improvement of data quality continued
		Theatre training programme rolled out to improve ORMIS data reporting and prevent data quality errors at source
		Cancellation reasons agreed for elective pathway
		Centralised Independent Sector booking team implemented with clear processes and agreed key performance indicators
		Trafford developed as an orthopaedic Green Site Hub for orthopaedics across GM
		23 hour stay model developed at TGH to support greater number of General Surgery patients through this site
		72 hour stay model developed at TGH to support greater number of General Surgery patients through this site
	Transform booking and scheduling	MFT level individual process standard operating procedures (SOPs) rolled out for all Booking and Scheduling processes (outpatients and Inpatient electives) these will focus on Access Policy, Data Quality requirements and best practice and will be rolled out to electives, AHP and diagnostics
		Standardisation of outpatient partial booking progressed and Pre-OP Assessment Process and Theatre scheduling supported to enable a smoother transition to HIVE
		Develop a Readiness Assessment Tool to support the AWSOME Framework for staff competency in booking and scheduling skills

		Standard admin job descriptions developed across the 10 legacy hospital prior to HIVE go live
		Delivery of While you Wait and My Planned Care initiatives supported
		Development and delivery of a single MFT Access service across the Trust supported
	Develop Virtual Wards	Development of comprehensive plans to deliver virtual ward capacity equivalent to: 40-50 virtual ward 'beds' per 100k population by December 2023 (560 for MFT) supported
		Current capacity identified and a trajectory developed to meet the NHS annual planning targets for 22/23
		Hospitals within MFT supported to develop business cases for GM funding to further expand virtual wards across MFT
		Current Health Wearable technology piloted across all sites
		Pathways suitable for virtual wards identified and standardized across MFT aligning with GM
	Transform outpatients	Uptake of Patient-initiated follow-up (PIFU) expanded to all major outpatient specialties, moving or discharging 5% of outpatient attendances to PIFU pathways by March 2023
		Referral optimisation achieved, including through use of specialist advice services to enhance patient pathways – delivering 16 specialist advice requests, including advice and guidance (A&G), per 100 outpatient first attendances by March 2023
		Outpatient follow-ups reduced by a minimum of 25% against 2019/20 activity levels by March 2023

Hospital / MCS / LCO plans

Who is going to do it	What we are going to do
CSS	Successfully deliver, embed and optimise Hive across CSS
	Deliver CSS operational and workforce resilience across all MFT sites
	Manage increasing demand through capacity maximisation thereby accelerating recovery of elective and cancer diagnostic care
	In response to the elective recovery challenge ensure CSS services at Trafford are resourced and prepared to support the 2022/23 activity challenges
LCO	Deliver 2-hour crisis response standard
	Learning Disability services; review all commissioned services and packages of care
	Deliver HIVE programme for the LCOs (inc rationalise EMIS, plan to improve data quality across services and improve staff digital access and literacy)
MREH	Ensure that the hospital has completed all programmes of work associated with data quality readiness critical to HIVE implementation and business as usual
	Ensure that all staff attend the necessary HIVE training and implementation events to ensure they are able to fulfil their roles following 'go-live'
	Ensure that the necessary governance processes are in place to ensure that HIVE is implemented safely and issues affecting 'Go Live' are escalated and managed in a timely manner
	Extend the scope of the internal 'Mesh' process to include those patients waiting 52-104 week waits for a surgery date.
	Implement new pathways for patients with urgent/emergency eye conditions
	Work with all specialties to maximise opportunities for virtual reviews.
	Improve theatre and outpatient utilisation information to drive improvements in throughput and utilisation
	Ensure compliance with the GIRFT High Volume Low Complexity (HVLC) metrics for routine cataract lists at Withington Cataract Centre
	Maintain a robust process to reduce the risk of harm due to delays in follow up review.
NMGH	HIVE Implementation – develop robust audit plan ready for the launch of HIVE to enable oversight of patient outcome data. Harness the benefits of HIVE to drive improvements in performance, quality and safety.
	Urgent Care and Patient Flow – recovery and improvement including focus on 12 hour total waits, 4 hour performance, SDEC, patient flow and discharge
	Referral to treatment (RTT) – recovery and improvement including reducing 104 week waits and ensuring clinical prioritisation
	Cancer Performance –improvement in attainment of key standards and maintaining access for patients through cancer services disaggregation process
	MFT Integration – embed operational and clinical benefits of integration to MFT group model
	Optimise standards of IPC within the current estates infrastructure
	Patient Safety – delivery of safety initiatives aligned to the MFT objectives of decreasing harm by 50% by 23/24. Delivery of enhanced staffing establishments to meet national recommended ratios of activity and acuity assessment
	Mortality Improvements – targeted reduction in Hospital Standardised Mortality Ratios & Summary Hospital-level Mortality Indicator through embedding Mortality Review Process and appointing SJR reviewers. Focus on sustaining a culture that avoids never events and avoidable death through the Hospital Quality and Safety programme

RMCH	Reduce waiting times for treatment and support children to be in the right place and discharged in a timely manner
	Implement the national Paediatric Early Warning System including triggers on parental concerns
	Utilise the HIVE electronic patient record to standardise clinical policies across the MCS which improve the efficiency and effectiveness of care
	Standardise medication safety for children through the development of a Medicines Safety Strategy
	Continue to learn from past harm, embed the mortality review process and year on year reduction in level 4 and 5 harms
SMH	Engaging the entire MCS in preparing for and delivering the benefits of Hive.
	Elective Care Recovery, building the capacity and capability required to address waiting lists in Gynaecology.
UDH	Ensure that the hospital has completed all programmes of work associated with data quality readiness critical to HIVE implementation and business as usual
	Ensure that all staff attend the necessary HIVE training and implementation events to ensure they are able to fulfil their roles following 'go-live'
	Ensure that the necessary governance processes are in place to ensure that HIVE is implemented safely and issues affecting 'Go Live' are escalated and managed in a timely manner
	Extend the scope of the internal 'Mesh' process to include patients waiting 52-104 weeks for a surgery date.
	Improve theatre and outpatient utilisation information to drive improvements in throughput and utilisation
	Ensure compliance with the GIRFT and HVLC metrics for routine paediatric dental extraction lists
	Work with the University of Manchester to increase undergraduate teaching capacity
	Ensure that where appropriate the recommendations from the 'GIRFT Report' in Hospital Dentistry have been implemented
WTWA	We will utilise the benefits of the enhanced Electronic Patient Record (HIVE) to improve safety and outcomes for patients and support our recovery programme
	We will have a focus on ensuring best practice for infection prevention and control and also ensure the appropriate use of antibiotics
	Treat all patients waiting 104 weeks for elective care
	Cancer Performance- Right size cancer capacity, apply relentless focus on managing pathways, apply transformation methodology
	Patient flow & Urgent care –UTC model at Wythenshawe embedded, fully implement SDEC model
	We will implement a theatre safety improvement programme across WTWA
MRI	Ensure robust infection prevention and control
	Deliver personalised holistic patient care to provide them with an excellent experience with a particular focus on nutrition and hydration

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

MFT wide plans

Who is going to do it	What we are going to do	What will be achieved in 2022/23
Corporate Nursing	Deliver excellence in Patient Experience through the MFT quality and patient experience programme underpinned by integration of quality and safety governance and data, and digital transformation	We will develop the Patient Experience agenda, making demonstrable improvements in fundamentals of care.
		All services continue to improve on quality measures (Quality Care Round, What Matters To Me survey and Friends & Family Test, Clinical Accreditation Programme)
		Optimise patient experience in service improvement through use of Quality Impact Assessments
		Engaging patients, service users and client feedback from complaints, Patient Advice and Liaison Service (PALS), and concerns raised to support service transformation
	Establish a programme of excellence in Learning Difficulties (LD) / autism care	LD/autism strategy for MFT in place
Joint Group Medical Director Office	Launch the Medical Examiner (ME) Service in the community	Complete ME pilots in the community
		Use learning to from pilots to launch full community ME service
Informatics	Support implementation of the Epic EPR, transforming services to provide better quality care to patients	Go-live and stabilisation of Hive EPR
	Implement improved ways of working for staff utilising specialist systems and solutions	Implementation of the approved Informatics Capital Programme
R&I	Protect and develop dedicated clinical research space	Acquire and develop existing space for dedicated clinical research delivery.

Hospital / MCS / LCO plans

Who is going to do it	What we are going to do
CSS	Embedding HIVE processes to support service development and improved patient experience
	Support the development and implementation of service changes across MFT Infection Prevention and Control: leadership and governance
LCO	Deliver the MLCO (Adult Social Care) Commissioning Plan and integrate deployed health commissioning functions into the MLCO Operating model
	Super Patient Treatment: Establish integrated admission avoidance and discharge pathways across MLCO and MFT Hospitals
	Deliver the nationally mandated vaccination requirements (staff) and support vaccination programmes
	Building on the Better Outcomes, Better Lives programme (BOBL) - embed strengths-based approach across our services
	Continue to support Care market resilience through a care market strategy
MREH	Review and refresh the hospitals intranet and internet pages to ensure they are relevant and user friendly
	All clinical areas consistently deliver high quality care
NMGH	MFT ward accreditation – expand to all areas and further develop ward-based learning processes
	HIVE benefits realisation – Capitalise on EPR to improve patient experience
	What Matters to Me (WMTM) framework – fully embedded at NMGH.
	Patient experience focus – evaluate high impact roles introduced to support improving patient experience with full alignment to workplans and key indicators
RMCH	Work together with families and Sodexo to improve nutrition
	Implement a bespoke volunteering programme across RMCH MCS and involve children and family voices in hospital committees
SMH	Continued delivery of the Maternity safety and transformation agenda.
	Deliver against 7 Patient Safety Incident Response Plan priorities agreed by MCS
UDH	All clinical areas consistently deliver high quality care
	Review and refresh the hospitals intranet and internet pages to ensure they are relevant and user friendly
WTWA	Utilise the benefits from the implementation of the HIVE MyMFT app, sharing information directly with patients
	Establish a Patient Experience and Involvement Delivery Group to strengthen the service user voice in shaping our services
	Respond to complaints & PALs in a timely manner to optimise patient feedback which will inform quality improvement initiatives.
	Fully utilise 'What Matters to Me' framework to act upon feedback to improve the experience of service users and support recovery from covid.
MRI	Deliver reduced waiting times and ensure patients are discharged from hospital in a timely manner

To make MFT a great place to work, where we value and listen to our staff so that we attract and retain the best

MFT wide plans

Who is going to do it	What we are going to do	What will be achieved in 2022/23
Corporate Nursing	Develop a programme to support a highly skilled workforce through development opportunities and research to support service transformation and COVID recovery	We will work with Higher Education Institutions, increasing the number of NMAHP graduates through increasing placement capacity
		We will further develop and embed the Professional Nurse Advocate role
		Recruitment pipeline will further improve, and vacancies reduce in hard to fill areas
		Minimum 450 International Recruitment nurses recruited to support service transformation programmes attracting staff with specialist skills
		Continuously review roles to consider how best we can deliver services across professions
		Review access to programmes to ensure equity of access, and support a workforce that reflects the population served
		Deliver a series of conferences including themes of research, workforce, patient safety and quality.
Workforce	Further Develop our Attraction & Reward strategy	Relaunch of work experience and pre-employment programmes
		Expansion of T Level placements
		Targeted attraction campaigns to increase staff availability
		Research and scope reward initiatives
		Develop and engage stakeholders on new reward strategy and delivery plan
	Create a positive health and wellbeing culture	An established Rapid Access Physio Treatment Service
		An Employee Health and Wellbeing Leadership course for managers
		Embedded Psychological Wellbeing and Mental Health Services
		High take-up levels for flu and COVID-19 vaccination
		Expansion of Mental Health First Aider and Wellbeing Champion roles to support preventative activity
		Robust infrastructure to share best practice and provide assurance on impact of local health & wellbeing plans.
	Embed MFT Leadership and Culture plan	Delivery of MFT Organisational Development Plan
		Delivery of OpenDoor staff engagement and recognition platform
		An established Culture Ambassador Recognition Scheme
		An embedded Freedom to Speak Up programme
		An embedded 'Leadership Way' national competency framework
		Robust talent pipelines through the delivery of Talent and Development centres
		Launch of the 'Developing Our Digital Workforce' programme to increase our digital capabilities and drive digital enablement
		Launch of Learning & Education Strategy

Workforce, Corporate Nursing and Medical Directors	Develop MFT Putting People First Framework	Approval of disciplinary and MHPS policy to reflect Putting People first
		Roll out of training programme
		Communications and engagement campaign
Informatics	Implement fit for purpose and effective systems for staff	Support corporate services development/deployment of systems.
R&I	Consistent processes across all R&I	Standardise processes and train non-clinical research delivery staff
	Revise processes for invention capture	New processes for better management of inventions created by MFT staff
	Capacity building	Promote research as everyone's business in the Trust
		Map and revise guidance for Consultant research Programmed Activities (PAs)
		Fellowships – Pump-prime internally and otherwise support external applications
		R&I representation in recruitment of Trust staff

Hospital / MCS / LCO plans

Who is going to do it	What we are going to do
CSS	Implement refreshed CSS Recognition Plan
	Support ongoing development of divisional wellbeing groups
	Promote and develop the CSS brand to ensure sense of belonging for all staff and affiliates
LCO	A review of the impact of / learning from year one of people plan
	Deliver a staff engagement event – Freedom 2 Lead
MREH	Evaluate the flexible working opportunities that have been implemented in 2021/22 for admin and clerical staff, make further enhancements where appropriate and share outcomes with staff.
	Promote the culture and positive conditions for equality, diversity and human rights to flourish within MREH
	Promote an open culture where staff feel empowered to speak up safety.
	Reduce levels of sickness absence by identifying themes and develop actions accordingly
	Develop a Hospital Recognition Report which acknowledges contribution of staff covering achievements, developments, research and innovation.
NMGH	Staff wellbeing and positive culture – Systematise Schwartz Rounds. Deliver key initiatives including lived experience for all staff through Big Conversations. Push towards zero-tolerance culture for bullying and harassment. Embed the Just Culture Charter.
	Vibrant & inclusive development offer – Introduce activities to address barriers that exist for BAME staff. Continue to identify development opportunities to improve the diversity of senior management posts.
	Positive Staff engagement - build on the identity of NMGH whilst harnessing the benefits of the MFT group model. Continue to recruit to our vacancies and to reduce our turnover through positive staff engagement activities.
RMCH	Ensure recruitment campaigns demonstrate strong commitment to workforce diversity
	Expand health and wellbeing initiatives at MCS and team level as we recovery from covid
SMH	Continue to implement the MCS People Plan with an emphasis on staff wellbeing, engagement and involvement and the development of our workforce for the future
	Development of our approach to Civility Saves Lives and cultural behaviours
UDH	Promote the culture and positive conditions for equality, diversity and human rights to flourish with UDHM.
	Reduce levels of sickness absence by identifying themes and develop actions accordingly
	Develop and share a Hospital Recognition Report which details and acknowledges the contribution of staff covering achievements, developments, research and innovation
	All clinical areas consistently deliver high quality care

	Review and refresh the hospitals intranet and internet pages to ensure they are relevant and user friendly
WTWA	Valuing our diversity, implementing Workforce Race Equality Standard (WRES) action plan
	Focussing on wellbeing of staff as we recover from covid
	Develop 2021 WTWA staff survey action plan and implement
	Continue to support the Civility Saves Lives campaign and kindness culture
MRI	Embed the 4 levels of leadership and continue our talent development

To implement our People Plan, supporting our staff to be the best that they can be, developing their skills and building a workforce fit for the future

MFT wide plans

Who is going to do it	What we are going to do	What will be achieved in 2022/23
Joint Group Medical Director Office	Improve Training Opportunities of Medical and other staff and support lost training time as a result of Covid-19	Launch the Manchester Surgical Skills and Simulation Centre (MSSSC) for 12-month pilot
		Following pilot, develop business case for recurrent MSSSC
	Ensure we use the time of our consultants efficiently and effectively so that Covid recovery plans are delivered	Use the fully completed job plans from all Hospitals/MCS to inform Covid recovery plans
		Complete all job plans by December 22 to inform planning for 22/23
	Reduce our medical vacancies via improving our recruitment programmes	Develop international recruitment strategy for medical staff and supporting business case
		Implement new international recruitment strategy
Workforce	Deliver and embed the MFT People Plan	Completion of plan deliverables in line with target dates
		High levels of staff engagement so that our people understand the improvements being made and what they mean for them
		Assurance from HR Scrutiny Committee that the plan is delivering the Trust's ambitions
	Deliver our Workforce Digital Strategy	A clear Workforce Digital Strategy aligned with our Trust Informatics Strategy
		Conclusion of medical rostering, managing interdependencies with and pre-requisites for HIVE
		Progression of nursing/ midwifery projects and clinical professionals rostering in line with strategy
		Implementation of non-clinical rostering to expand benefits and consolidate for payroll
		Procurement of a HR advice portal
		Introduction of automation within HR services
	Continue our policy review process	Delivery of policy ratification aligned to policy review schedule
		Fit for purpose policies, consistent with MFT values
	Enhance our Learning & Development offer	An embedded, accessible, relevant MFT Mandatory Training programme that achieves over 90% compliance
		A fully embedded learner experience platform, offering an extensive range of digital learning opportunities
		A dynamic and forward-thinking Apprenticeship Offer that is responsive to the needs of the Trust

	Further development of Workforce Information, Analysis, Modelling and Planning	Embedded predictive workforce modelling techniques
		Clear, multi-level workforce planning approach
		A community of practice for workforce analytics, modelling and planning
		Power BI dashboard in place
		Enhanced support for workforce transformation, new roles, career pathways
	Disaggregation and alignment of services to North Manchester	Transfer of outstanding North Manchester services
		Continued alignment of workforce services post integration of North Manchester
Workforce Corporate Nursing	Review of Nursing Assistant roles in clinical settings	In partnership with front line staff and trade unions review skill mix and progress management of change process
Workforce, HIVE	Deliver the people elements of our HIVE programme	Delivery of a HIVE training programme plan
		Progression of workforce transformation to realise HIVE benefits
		Retention of HIVE skills, knowledge and experience to support transition to business as usual
Informatics	Develop an Informatics people plan	Implement a Management and Leadership programme for staff within Informatics
R&I	Consistent processes across all Trust	Standardise processes and train non-clinical research delivery staff
	Revise processes for invention capture	New processes for better management of inventions created by MFT staff
	Capacity building	Promote research as everyone's business in the Trust
		Map and revise guidance for Consultant research PAs
		Fellowships – Pump-prime internally and otherwise support external applications
	R&I representation in recruitment of Trust staff	

Hospital / MCS / LCO plans

Who is going to do it	What we are going to do
CSS	Innovative and agile recruitment strategies across the CSS Divisions (Widening participation, international recruitment)
	Supporting and developing new educational routes into our CSS professions
LCO	Deliver mandatory training and appraisal requirements, supporting team managers to have wellbeing conversations with their staff and teams
	Embed strengths-based approach (SBA) across our services and empower frontline teams to deliver service improvement and transformation.
MREH	Develop an Admin and Clerical Development Group to identify development, progression and satisfaction opportunities resulting from HIVE.
	Ensure that all staff are equipped and supported to adapt to HIVE and that there is a robust communication strategy in place to aid safe effective implementation
	Ensure that all Job plan reviews and appraisals are carried out to a high standard
	Implement Multi-Disciplinary Team Clinical Practice Committee to oversee new roles/practice and identify opportunities to develop non-medical extended roles.
	Develop an ophthalmic programme of education for nursing
	Introduce a staff forum that allows open exchange of ideas and concerns
NMGH	HIVE Implementation – embed new ways of working and improve digital literacy
	Review and strengthen our development offer for staff . Pilot a Staff Advice and Liaison Service and enhanced staff network development
	MFT Management Standards – commence pilot in NMGH
	Mandatory COVID-19 Vaccinations – ensure compliance with national legislation
RMCH	Enable HIVE EPR implementation through digital skills assessment, training and support and provide a foundation for further digital transformation of services.
	Retain focus on mandatory training and appraisals
	Deliver our MFT and RMCH people plan - 'All here for you' – embedding Division, SLT and CAMHS leadership development
	Deliver training programme in CAMHS and End of Life care to support growing need for skills across RMCH hospitals
SMH	Development of Newborn Clinical Education Academy.
	Continuing the development of an Independent Sexual Violence Adviser Training Package Training Package in Sexual Assault Referral Centre (SARC).
UDH	Develop an admin and clerical Development Group to identify development, progression and satisfaction opportunities resulting from HIVE
	Ensure that all staff are equipped and supported to adapt to HIVE and that there is a robust communication strategy in place to aid safe effective implementation.
	Introduce a staff forum that allows open exchange of ideas and concerns
	Ensure all Job plan reviews and appraisals are carried out and to a high standard
	Work with Health Education England and the School for Dental Care Professionals to increase education opportunities for Dental Nurses
WTWA	Building on WTWA OD plan, support new operating model and develop talent
MRI	Create the feeling of belonging at team level to embrace difference and ensure well being

To use our scale and scope to develop excellent integrated services and leading specialist services

MFT wide plans

Who is going to do it	What we are going to do	What will be achieved in 2022/23
Informatics	Develop the sharing of information across specialist services	Implementation of the approved Informatics Capital Programme
	Coordinate and manage ongoing disaggregation of NMGH services and support progressive integration into MFT.	Disaggregate NMGH from Northern Care Alliance systems.
		Unify the ordering of diagnostic testing from NMGH
		Roll out MFT technology across NMGH
		Implement digital solutions for shared services where the pathways are clinically redesigned
R&I	Develop strategic initiatives	Diagnostics and Technology Accelerator
		Clinical Data Science Unit in partnership with Informatics
		Trust Rare Conditions Centre
Strategy	Review MFT Service Strategy post COVID	Revised MFT Service Strategy
	Develop MFT strategy for specialised services	MFT Specialised Services strategy produced
	Develop MFT single service models	Service configuration and operating models agreed for those service that are delivered across MRI, WTW and NMGH
	Seek approval for service changes related to COVID and the clinical service strategy	Commissioner approval received for service changes
	Develop cancer services strategy for MFT	MFT Cancer Service Strategy completed and approved by Board of Directors
	Develop surgical techniques / robotics strategy for MFT	MFT Surgical Techniques strategy produced
	Develop plans for advanced therapies	Costed long-term plan for the development of advanced therapies produced

Hospital / MCS / LCO plans

Who is going to do it	What we are going to do
CSS	Lead MFT implementation of Advanced Therapy Medicinal Products (ATMPs)
LCO	(With MRI / RMCH) develop a service strategy for the Manchester Sickle Cell and Thalassaemia Centre
	Develop a service strategy for community services inc. full service stocktake.
	Work with PCNs to deliver Anticipatory Care, reduce inequalities and roll out Virtual wards
	Develop the Manchester Provider Collaborative; building the delivery and impact plan for the Locality Plan
MREH	Work with primary care and community services to reduce burden on hospital services.
	Take the lead across GM in developing sustainable services for specialist ophthalmology services (Retinopathy of Prematurity, paediatrics)
	Maintain a national profile through joint working and collaboration with UK Ophthalmology Alliance, Royal College of Ophthalmologists and National Council of Educational Research and Training
NMGH	Implementation of HIVE – operational readiness for HIVE alongside wider IT disaggregation.
	Clinical Service Strategies – Implementation of single service models for identified priority areas. Delivery of Community Diagnostic Centre plan for NMGH.
	Delivery of disaggregation plans for NMGH Delivery of SLAs and associated disaggregation/integration plans within MFT in collaboration with Hive implementation programme. Develop a roadmap for complex service disaggregation including clearly defined commissioner decision-making and assurance process
	Redevelopment of NMGH – complete and submit the updated outline business case and commence full business case development
RMCH	Continue to lead the equitable recovery of children waiting for treatment across Greater Manchester through standardised protocols, increased access (hubs) and more efficient High Volume / Low Complexity pathways
	Deliver RMCH MCS Transformation plan standardising MCS wide working and introducing innovative new models of care including the RMCH Virtual Ward
	Secure and implement new highly specialist services including Cystinosis, Batters Disease and Inherited White Matter Disorders and HSCTs
	Deliver iMRI full business case to enable mobilisation of cutting-edge care and the feasibility of a robotics surgery model for children
SMH	Support the development of a Northwest Maternal Medicine Network
	Work with RMCH to support the development of advanced therapies.
	Work with commissioners to make assisted conception services fit for the future.
	Support the mobilisation of the Rare Conditions Centre.
UDH	Maintain a national profile through joint working and collaboration with the Association of Dental Hospitals
	Work with the University of Manchester to respond to changes in Dental Education Training.
	Consider opportunities to take a lead role in delivering dental apprenticeship training

WTWA	Building on the foundations of our clinical service strategies and addressing health inequalities - Cardiac, Trauma and orthopaedic, Stroke & Urology and integration of NMGH, GM Lung Screening programme
MRI	Utilise the HIVE electronic patient record to improve the efficiency and effectiveness of care
	Implement our transformation plan to ensure HIVE benefits and waste reduction are delivered and our specialised services pathways continue to deliver cutting edge care

To develop our research and innovation activities to deliver cutting edge care that reflects the needs of the populations we serve

MFT wide plans

Who is going to do it	What we are going to do	What will be achieved in 2022/23
Corporate Nursing	Continue to build on NMAHP research activity	Launch the Manchester Clinical Academic Centre for NMAHP's and Pharmacy that will deliver our vision to improve the health and quality of our diverse population through research
Informatics	Develop our capacity and capability to undertake analysis on large scale patient data for research through our Clinical Data Science Unit (CDSU)	Exemplar projects identified
	Develop the Electronic Patient Record to support research	Improved accessibility and quality of patient clinical and research data for R&I purposes
		Increased integration between systems to support research
Improve the collaboration across organisational boundaries	Implement a solution that links Genomics and laboratory data systems	
R&I	Engage in HIVE implementation, equality initiatives and highest ethical standards	Address health inequity, including initiatives within:
	Support NIHR infrastructure applications and implementations	NIHR infrastructure renewal applications and new initiatives - Applied Research Collaborative (ARC)
		NIHR infrastructure renewal applications and new initiatives - Biomedical Research Centre (BRC)
		NIHR infrastructure renewal applications and new initiatives - Clinical Research Facility (CRF)
		NIHR infrastructure renewal applications and new initiatives - Clinical Research Network (CRN)
		NIHR infrastructure renewal applications and new initiatives - Medtech and In vitro diagnostics Co-operative (MIC) – new for 2022
	Research delivery performance	Research income and open studies at/above 90% of 2019-20 level
Top 10 recruiting Trust for CUETIP (previously UPH) research projects (COVID-19)		

Hospital / MCS / LCO plans

Who is going to do it	What we are going to do
CSS	Digital and wearable technology
	Develop a CSS network of transformation and innovation
	Diagnostic Training Academy and Clinical Trials Facility
LCO	Develop the Manchester Provider Collaborative; building the delivery and impact plan for the Locality Plan and a key partner in the development and mobilisation of the Trafford provider collaborative
MREH	Develop MREH Education and Research Steering Group to ensure that our staff have the appropriate clinical competencies for specialist care and to develop evidence based practice.
	Promote and develop R&I opportunities for the nursing and non-medical workforce
NMGH	Improve Clinical Trial Access - demonstrating year on year growth of patients recruited to NIHR funded studies
	Research Involvement – consolidate our academic programmes in Infection, Diabetes and Paediatric Emergency Medicine, but also to develop a NMGH Research, Discovery and Innovation plan for 2022-25 to widen participation and engagement across all staff groups.
	Innovative Academic Posts – develop and appoint new academic posts across different professions at NMGH
RMCH	Deliver Children’s Research 2025 plans for the Children’s Research Institute and MFT Advanced Therapies programme including stage 1 of the HSCT / Gene Therapy expansion and stage 2 Outline Business Case
SMH	Improve communication and awareness of the MCS research activity.
	Develop research strategies in each element of the MCS.
UDH	Develop UDHM Education and Research Steering Group to ensure our staff have the appropriate clinical competencies for specialist care and develop evidence-based practice.
	Utilise estate such as The Manchester Dental Education Centre for Post-graduate courses to build MFT reputation and provide revenue source
	Promote and develop R&I opportunities for the nursing and non-medical workforce
WTWA	Renew, refresh and expand the NIHR Manchester Biomedical Research Centre and Clinical Research Facility
	Embed robust systems to enable Research and Innovation activity growth and support our covid recovery
MRI	Ensure our research and innovation portfolio is core to providing excellent clinical services

To work with partners and play our part in addressing inequalities, creating social value and advancing the wider green agenda

MFT wide plans

Who is going to do it	What we are going to do	What will be achieved in 2022/23
Workforce	Delivery of Equality, diversity and inclusion Strategy	Fully embedded Removing the Barriers Programme
		Clear action plan to address harassment, bullying & abuse
		Diverse representation in our governance structures
		Expansion of forums and networks to encourage and enable individuals to voice opinions and lead improvements and change
		Enhanced training offer to create a culture based on positive attitudes towards welcoming diversity and meeting diverse needs
		Development of NICE Guidelines for support to Homeless Patients
Informatics	Continued development of North Manchester Digital Hospital business cases.	NHP/JIC approval of revised Digital and Redevelopment Outline Business Case
		Development of the MFT redevelopment full business case
Procurement	Train 25 members of the Procurement Team on Social Value (SV)	Greater awareness of SV in Procurement
	Add min 5% award criteria for SV building upon 21/22 progress	
	Continue to work with local authority and public sector partners in GM through Mayoral Group and Public Procurement Forum to share ideas and approaches	
	Continue to monitor Small & Medium Sized Enterprise (SME) supplier spend and GM/City of Manchester supplier spend from current baseline	Increase SME spend by 10%
	Continue to monitor SME supplier spend and GM/City of Manchester supplier spend from current baseline	Increase GM spend by 10%
	Identify opportunities for SV in the Furniture and Equipping Programme	Identify value of available spend to take to market after
	Identify opportunities for SV in the Furniture and Equipping Programme	Identify specific opportunities for GM based suppliers esp. SMEs
R&I	Commercial partnerships	Support our strategic partners;
		One new partnership per year;
		Attract optimum partners to co-locate on site

	Non-commercial partnerships	Regular communication with University of Manchester, Health Innovation Manchester, Integrated Care System for GM
		Consistent approval processes across Manchester;
		Link with other EPIC Trusts
		Supply paid R&I services to other Trusts
Estates & Facilities	Establish a new Climate Strategy Board to provide senior strategic leadership in relation to the delivery of and embedding of the new Green Plan	Board to be established and first meeting to take place
		Deliver the agreed 2022/23 Green Plan workplan
	Continue to lead the NW Greener NHS programme, and provide resources and support to the NW ICB's and other partners to facilitate delivery of shared regional objectives outlined in a Memorandum of Understanding.	Host a small regional Greener NHS team
		Deliver against 2022/23 priorities
	Improve communication of the new Green Plan and raise Trust reputation for this area of work	Hold Green Plan launch event
		Develop communications plan
		Deliver communications plan including an ongoing programme of staff stories, case studies, and press releases
	Play a lead role in finalising and delivering the GMHSC Green Plan	Support the socialising, resourcing and approval process for the plan
		Facilitate ICS Operational Leads network and participate in and contribute to other GM leadership forums
		Support relevant aspects of the GMCA 5-Year Environment Plan work programme

Hospital / MCS / LCO plans

Who is going to do it	What we are going to do
CSS	Continue to lead the implementation of Community Diagnostic Centres on behalf of MFT.
	Continue to develop our offer for entry level positions.
LCO	Develop the Neighbourhood model and use the Neighbourhood model and use to implement national Ageing well model and develop plans with wider partners to address population health/health inequalities
	Design of Target Operating Model (TOM) for the NMGH Wellbeing hub (with NMGH) as part of wider site TOM
	Deliver comms and engagement of communities to support key neighbourhood, locality and system-wide priorities (i.e. vaccination)
MREH	Maintain robust processes to ensure that there is continual grip on the financial performance (Vacancy control, procurement meetings, Business Case Tracker, pharmacy/drug usage reviews).
	Maximise use of off site facilities, improving access to speciality ophthalmic services closer to home.
	Collaborate with key stakeholders e.g RNIB, Henshaws to ensure that we meet the needs of patients with a visual impairment.
NMGH	Reducing health inequalities – reducing health inequalities and improving access as part of our core mission for NMGH. Improve access to training on health inequalities
	NMGH Knowledge Quad – Launch in 2022 in collaboration with partners
	Joint Ambitions with MLCO – to address health inequalities and advance priority areas of integration
RMCH	Deliver NW-wide network of excellence services which improve children's health and wellbeing including cardiology, healthy weight, surgery, Long Term Ventilation, Major Trauma, Covid and Gender Identity
	Collaborate with the Children's Hospital Alliance to lead a review on variation in children who are not brought to hospital to understand inequalities and changes to pathways which reduce WNB
SMH	Continue to implement MCS People Plan and support Removing the Barriers.
	Relocate SARC to Peter Mount Building.
	Delivery of various IT developments to cut down the use of paper.
UDH	Work closely with the Greater Manchester Dental Managed Clinical networks to improve patient care, access and which address health inequalities.
WTWA	Make Trafford a 'green site' to support the elective recovery activity
	Expand the services offered at the Community Diagnostic Centre at Withington Community Hospital
MRI	Lead the creation of centres of excellence in vascular and major trauma through single services across MFT
	Progress the Project RED redevelopment of our Emergency Department and expansion of our Theatre suite
	Focus on creating conditions for high performance in our priority areas

5. Financial Plan for 2022/23

The process to agree the financial plan for 2022-23 has been complicated and resource intensive with the move to working as an Integrated Care System in Greater Manchester and with the overall pressure faced by all systems resulting from the introduction of a new funding regime for 2022-23.

The financial regime for 2022-23 is focused on recovery of elective activity, reduction of waiting lists that have reached historic highs and the continued drive to prevent hospital admissions. The move away from the previous Payment by Results (PbR) regime is further reflected in the way funding flows will work in 2022-23, as is the move away from the COVID funding regime that was still in place in H2 last financial year. For MFT this means that income related to COVID now forms a very small part of our overall allocation in 2022-23 and the majority of “new” funding is targeted towards Elective recovery. Overall, however there is little change in the income envelope between this year and last with the tariff uplift and ERF increase being offset by the efficiency requirement in the tariff and the cessation of COVID funding.

The implication of this ‘flat cash’ environment is, with rising inflation and an increasing workforce, that historic high levels of cost reduction through the waste reduction programme (WRP) are required to achieve the financial plan balance for 2022-23. The figure for WRP for 2022-23 is some £117m compared to the required figure in 2021-22 of £50m. This is also in the context of a continued range of workforce implications and ongoing health and wellbeing concerns that, due to the persistence of COVID variants, have not been fully addressed in 2021-22.

2022-23 Income and Expenditure Plan

The Trust has sought to develop a realistic plan for the entirety of 2022-23 to enable financial governance and control moving into this new financial year. There has been a period of significant uncertainty regarding the level and allocation of funding available to the Northwest Region, Greater Manchester ICS and then to the Trust. This has been to an extent further complicated by the key element of performance recovery and the costs associated with the expected activity levels as the Trust moves onto activity recovery.

The fundamental shift away from PbR as a basis for Commissioner payment is further consolidated within the latest guidance but raises several issues in terms of previous planning assumptions and planned developments that may no longer prove affordable. It is also reasonable to anticipate that there will be a shift in priorities over the forthcoming months as the Trust and region move to recovery of elective backlogs caused by COVID.

The breakeven plan position has been derived from bottom-up work throughout the Group, helped this year by the introduction of a budgeting tool “Anaplan”. The 2021-22 outturn position has been adjusted for the following items;

- Non-recurrent COVID-19 costs removed
- Non-recurrent other costs (including Single Hospital Services (SHS)) removed
- Adjustments to the control total for other large one off or exceptional items (where outturn doesn't reflect a typical run rate) an example would be Drugs that are Cost Pass Through.
- Re-instatement of non-pay costs to support the recovery of operational activity
- An allowance within the envelope available for priority investments and service developments

This approach was considered to provide a reasonable financial baseline position for 2022-23 control totals. Hospitals, LCO and MCSs and Corporate were requested to confirm the full year effect of approved service developments and previously approved business cases, in addition to the planned increased investment in the EPR programme due to go live on 8th September 2022. These developments are in addition to the expected increase in Pass-Through (CPT) Drug expenditure which is matched by assumed income. These developments have been reviewed through an approvals process and prioritised into Control Totals at a Hospital level.

The level of inflation applied to expenditure is highlighted below as this is a material change this year in the context of the plan and the consequent WRP requirement. Some further allowance of additional funding (for MFT £28.6m) has been received from the centre during May 2022, the acceptance of which places greater central controls over Bank and Agency and Consultancy commitments.

	Assumptions included %	Assumptions included £m	Comments
Pay			
Pay - Pay Award	2%	27.5	National planning guidance assumption used of 2% for Pay Award
Pay - Incremental drift	0.60%	8.6	Trust pay modelling used to calculate the incremental drift impact for 22/23
Pay - NI change	1.25%	10.6	Inclusion of additional NI costs of 1.25% for the Health and Social Care Levy
Non-pay			
Drugs	0	0.0	National planning guidance assumptions included 0.9% drugs inflation; drug budgets however have not been uplifted as we have set the expectation that these costs are to be managed.
Premises	20%-26%	4.0	Local premises inflation assumptions of 20% increase for electricity and 26% for Gas included
CNST	-0.80%	-0.5	National planning guidance assumptions included a reduction of 0.1%. For MFT we have included our notified CNST costs for 22/23, which was a reduction of 0.8% compared to 21/22.
Non-pay	0	0.0	National planning guidance included a 2.7% non-pay inflation assumption. Rather than applying this across budgets, as part of the budget setting process, pressures were identified and funded where appropriate and Procurement continue to work with suppliers to reduce the impact of inflation as much as possible.
Other			
PFI costs		12.3	Increase in PFI costs includes assumptions of 2% Pay Award and RPI as of February of 8.2%
Capital charges		15.7	Increase in capital charges includes the impact on depreciation of IM&T services transferring from NCA.
PDC Dividend		2.0	PDC Dividend costs calculated based on planned net relevant assets for 22/23

Waste Reduction Plan Requirement

The value of required Waste Reduction generated through the above assumptions is in the order of £117m, which represents c5% of the Trust's relevant costs. This increase is due to several factors including the £15m under delivery of WRP in 2021/22 and delivery on a non-recurrent basis of £8m during last year, this was the same for most Trusts due to Covid 19, as with the change to the contracting/payment regime which removes the ability to forecast previous PbR income associated with activity increases arising from service developments, and the constraints of the current capital envelope.

Hospitals / MCS/ LCO and Corporate have been set a WRP of some £65.7m. The residual gap of £51.4m to the total WRP required will need to be addressed through further system funding of which the £28.6m mentioned earlier is a material contribution, the remainder will need to come from GM system collective efficiencies and flexibilities afforded to MFT through a formal review of its balance sheet. Delivery of this level of WRP is unprecedented and is therefore a material risk in achieving the 2022-23 financial plan

2022-23 Summary Income and Expenditure plan

The assumptions set out above result in the Income & Expenditure financial plan for 2022-23, as summarised below.

£'000m	21/22 Actual	22/23 Plan
Income from Patient Care	2,191	2,190
Other Income	282	236
Total Income	2,473	2,426
Pay	-1,462	-1,426
Non-pay	-1,042	-1,053
Total Operating Expenditure	-2,504	-2,479
Total Non-operating Income and Expenditure	20	-50
Total Net Income and Expenditure	-11	-103
Control Total adjusting items	24	103
Position on a Control Total basis	13	0

Capital Planning 2022-23

The total capital programme for MFT for 2022-23 is £136.4m in the final submission, within which there is an assumption that £15m of the HIVE programme requirement will be funded by PDC capital funding rather than internal funds, this change was agreed through the GM ICS process. Additional to comply with envelope requirement MFT have taken a further £9m reduction in spend against the GM capital envelope, the exact allocation and profile of this reduction is being worked through with Capital Programme leads. Overall, this has reduced from the plan in April of £173.9m. The Trust's element of the final GM capital submission is for the submission a total plan

value for 2022-23 of £136.4m, with the GM envelope component being £68.6m. The overall funding for NHP has now been agreed with the national team, which has resulted in a reduction in the Trust's capital plan due to a change in the phasing of this funding.

	Core GM CDEL envelope £'000	ERF £'000	Targeted Allocations £'000	PDC Funded schemes £'000	PFI £'000	Charity and grant funded schemes £'000	Full capital plan £'000
Previous plan submission	92,528	8,880	6,845	50,109	10,342	5,288	173,992
Updated plan submission	68,567	4,536	6,845	43,044	8,114	5,288	136,394

Cash and Balance Sheet

2022-23 Cash Flow - main assumptions

The Trust's planned cash flow for 2022-23 recognises repayment commitments against existing DH loans and PFI liabilities, and investment in the capital programme. There is an overall cash deterioration of £99m to a closing cash position as of the 31st March 2023 of £219m. In arriving at this position, we have assumed a breakeven position and that WRP will be achieved; the cash position allows for capital creditors of £55m at 2021-22 year end reducing to around £15m monthly. Reduction takes effect across months 1 and 2 and is included in the asset purchases figure.

The capital programme requires that PDC cash draw down takes place throughout 2022-23, in relation to the New Hospitals Programme enabling works and Lease repayments include the effects of IFRS 16 changes, and subsequent reduction in rental costs through I&E.

Extract of Cash Flow statement from revised plan

	Revised Plan 2022/23 £m
Movements	
Opening Cash and Bank	319.1
Operating Deficit	(80.6)
Depreciation	87.8
Impairments	107.0
Interest Payments	(48.8)
Operating Cash	65.4
Asset Purchases	(152.4)
PDC Received	54.4
Interest received	0.6
Loans received	2.6
Loan repayments	(9.0)
Lease repayments	(44.2)
PFI repayments	(14.5)
Other finance costs	(2.3)
Finance Costs	(66.8)
Net Cash Movement	(99.4)
Closing Cash and Bank	219.7

2022-23 Balance Sheet - main assumptions

The material movements in the Trust balance sheet include those for a large increase in borrowings and non-current assets due to implementation of IFRS 16: some £230m has been added at 1/4/22, additionally some £135m asset additions and borrowings in year as result of IFRS 16 have been added for 2022-23. The Capital creditors which are high at 1/4/22 following significant expenditure in M12, will reduce over M1 and M2 of 2022-23. As detailed above there are several significant Cash outflows in year to support the operating position, capital investment plans in 2022-23, paying down 2021-22 capital creditors (noted above) and the recurrent PFI loan and Lease repayments.

Extract of Balance Sheet from revised plan

		Revised Plan
Category	Opening 01/04/22 £m	M12 2022/23 £m
Tangible and intangible assets	1,042.7	1,124.1
Investments	0.9	0.9
Non-current receivables	15.7	15.7
Non-Current assets	1,059.2	1,140.6
Assets held for sale	2.5	2.5
Inventories	21.8	21.8
Receivables	88.4	88.4
Cash and Bank	319.1	219.7
Current assets	431.8	332.4
Payables	(403.2)	(367.3)
Borrowings	(68.2)	(56.2)
Provisions and other liabilities	(91.6)	(83.6)
Current liabilities	(563.0)	(507.1)
Borrowings	(555.5)	(642.1)
Provisions and other liabilities	(16.3)	(16.3)
Non-current liabilities	(571.8)	(658.4)
Total net assets employed	356.3	307.6
PDC	408.8	463.2
Revaluation Reserve	97.4	97.4
I&E reserve	(149.9)	(253.1)
Total Taxpayers Equity	356.3	307.6

Key risks to achievement of 2022-23 Plan and mitigations

The plan as set out in this paper carries a significant level of risk, there is also a level of system risk at a GM level which is recognised as a collective responsibility by the entire system. There are several mitigations already identified, however there are also risks which are not yet mitigated. The risks and mitigations are summarised in the table below.

Risk	Detail	Mitigation
Waste Reduction delivery	Delivery of the required waste reduction programme on a recurrent basis. The scale will require at least containment of staffing costs and expectation of system income during the year	The WRP programme has identified some £37.5m to date, work continues to identify further schemes. Further pressures will only be agreed when there is funding certainty. Some contributions will inevitably be non-recurrent.
Inflation	Whilst we have recognised in the submitted plan c£80m of inflation pressure including pay awards, we have not included all inflationary pressures and we are susceptible to further escalating inflationary cost pressures.	We have taken a balanced position on this risk which given the uncertainty means that funding has been allocated to elective recovery and to meet cost pressures. The share of the additional national monies of £28.6m, for offsetting inflationary pressures, are required to support MFT's move to breakeven
Patient Safety & Experience	Patient safety and experience maintained in context of significant change management / waste reduction programme	Quality Impact Assessments will be carried out for all WRP plans as in previous years.
HIVE	The most significant transformation programme in the history of MFT, impacts nearly every process and person in the organisation, the requirement to have a successful implementation may see additional cost pressures.	Whilst every effort has been made to mitigate risks a programme of such size will have further potential for risk, strong financial and operational control, and regular meetings to monitor budgets will provide early warnings of any further pressures.
Performance against 104% activity target and activity trajectories and elective recovery funding	Whilst ERF income is included for 104% elective recovery, at a Trust level this has offset the reduction in Covid funding. No further funding is available for Hospitals in the breakeven position, the risk is a requirement for further funding to support elective and other activity recovery	Productivity and efficiency measures must be delivered to increase activity rather than additional funding.

System risk – GM ICS

Following a robust and challenging planning process, GM has reached a position where the system submitted an overall balanced financial plan, but this results in some Trusts in the system submitting deficit plans, and most Trusts holding a level of system risk within their plans.

The achievement of a balanced plan will require the delivery of a system efficiency of c£100m in addition to the challenging efficiency plans already built into organisational plans. This system efficiency sits across most of the NHS organisations in GM.

There is a collective responsibility of all organisations in the system to manage this risk, reviewing the opportunities for mitigation including:

- Emerging system wide efficiency programmes
- Identification of further system wide flexibilities and application of additional allocations to the system throughout the year to offset expenditure plans.
- Review of capacity i.e., Critical Care beds, discharge cost.

There is a further risk to GM in that the full value of ERF has been assumed as income, which requires delivery of cost-weighted activity levels at 104% of 2019/20 levels. If this level of activity is not delivered, the potential loss of ERF will add to the system efficiency requirement.

These risks and mitigations will be managed through the system Financial Recovery Board, with the governance for this group currently being finalised.

Closing Summary

The financial plan for 2022-23 along with its component parts and material risks and mitigations is set out above. The plan submitted is at a breakeven position for 2022-23 (£13m - 2021/22) on a control total basis. To achieve this breakeven position, the overall 2022-23 financial delivery challenge faced by the Trust is currently to achieve some £117m of Waste Reduction items. We need to recognise that is a significant challenge, especially, unlike in the previous two years, there is a requirement to meet stretching levels of additional patient activity to help reduce part of the backlog of activity.

Also, within this plan is the proposed capital programme for 2022-23 in total some £136.4m but with a substantially reduced GM envelope and a requirement to supplement this with PDC backed capital. The Trust's liquidity position remains strong but will reduce by just under £100m in year to support delivery of the capital plan.

6. Risk Management 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.

Significant 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 Annual 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 at the year-end. 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 workshop.