NHS
Manchester University
NHS Foundation Trust

MINUTES OF THE BOARD OF DIRECTORS' MEETING

Meeting Date: 12th September 2022

(PRIVATE)

(DUE TO THE IMPACT OF THE ONGOING COVID-19 NATIONAL & LOCAL EMERGENCY RESTRICTIONS, THIS WAS A VIRTUAL MEETING)

Present:	Peter Blythin (PB) Julia Bridgewater (JB) Kathy Cowell (Chair) (KC) Barry Clare (BC) Mike Deegan (MD) Jenny Ehrhardt (JEh) David Furnival (DF) Luke Georghiou (LG) Nic Gower (NG) Angela Adimora (AA) Chris McLoughlin (CM) Jane Eddleston (JE) Mrs Gill Heaton (GH) Mr Gaurav Batra (GB) Mr Darren Banks (DB) Toli Onon (TO) Cheryl Lenney (CL)	Group Director of Workforce & Corporate Business Group Chief Operating Officer Group Chairman Group Deputy Chairman Group Chief Executive Group Chief Finance Officer Group Director of Operations Group Non-Executive Director Group Non-Executive Director Group Non-Executive Director Group Non-Executive Director Joint Group Medical Director Group Deputy Chief Executive Group Non-Executive Director Group Director of Strategy Joint Group Medical Director Group Chief Nurse
In attendance:	Mr N Gomm (NGo)	Director of Corporate Services/ Trust Board Secretary

159/22 Apologies for Absence

Apologies were received from Trevor Rees

160/22 Declarations of Interest

There were no declarations of interest received for this meeting

161/22 Chairman's introduction

KC began the meeting by paying respects to Her Majesty The Queen following her passing on the 8th September 2022.

KC explained that, as the meeting is taking place during the national mourning period, it has been decided to hold it in private in line with national guidance. The Public Board reports have been sent to MFT's Governors, and published as usual on the Trust's website, with a request that any questions or comments should be sent to the Trust Board Secretary. None had been received in advance of the meeting.

KC further explained that it was a shorter meeting than usual due to the recent (8th September) Go-Live of the Trust's Hive Electronic Patient Record (EPR) and the current need for Executive Directors to maintain 24 hour oversight of the implementation to ensure that it went as planned and any issues were addressed promptly. The focus of the meeting would be on the current status of the Hive EPR implementation (Item 5 on the Private Board agenda and item 7.1 on the Public Board agenda) and the current financial position (Item 7.3 on the Public Board agenda).

In view of this, it was proposed to take 'as read' and accept the recommendations in items 3 (Minutes), 6 (Annual Well Led self-assessment), 7 (Maternity Incentive Scheme) and 8 (Minutes of Scrutiny Committees) on the Private Board agenda and items 3 (Minutes), 7.2 (Board Assurance Report), 8.1 (Annual Complaints Report), 8.2 Maternity Services Assurance Report, and 8.3 (Meetings held). Non-Executive Directors (NEDs) will be given a further opportunity to discuss any aspects of the reports at an upcoming NED Development session. Should any action be required following this, it will be reported at the Public Board meeting on the 14th November as part of the Chairman's verbal report.

KC concluded her introduction by paying her respects to two of MFT's Governors, Ivy Ashworth-Crees and Colin Potts, both of whom passed away in August 2022.

162/22 Progress report on the Hive/EPR programme

MD began by stating that it had been a very successful Go-Live and thanked everyone for going the extra mile.

JB explained that the Go-live had taken place at 5.35am on the 8th September. It had gone smoothly – a view shared with Epic and Deloitte. Several issues had emerged but Epic confirmed that this was to be expected with an installation of this scale. The success was down to effective team working between the MFT and Epic teams. Round-the-clock rotas remain in place to address any issues and it was expected that the week of the 12th September would be more challenging due to increased patient activity on sites. No significant safety issues had occurred by the time of the Board meeting.

During Go-Live MFT's Emergency Departments were under significant pressure, and since then there had been 13 Caesarean sections carried out and two kidney transplants. 2000 patients were now on the MyMFT app. One case had involved a Manchester resident having a heart attack and being admitted to Frimley Park NHS Foundation Trust. He was transferred to MFT within 4 hours with a full medical record available to Trust clinicians due to the interoperability of MFT's Hive system with Frimley Park's.

JE explained that over the Go-live period, she had been accompanying Tim Ferris, NHS England's National Director of Transformation who was visiting to observe the Hive implementation. He was very positive about how it had gone and impressed by the teamwork on show.

CL noted that the nursing teams had fully supported Go-live with oversight meetings four times a day and close working with medical colleagues. Feedback from frontline nurses regarding the potential of Hive was very positive.

As Chair of the EPR Scrutiny Committee, BC gave thanks to JB and her team, CL, JE, DF, PB, and all those who had supported Go-live. He commended the strength of the whole organisation for pulling together and delivering such a successful outcome.

KC agreed, noting that if, before Go-live, the Trust had been offered this outcome, everybody would have taken it. She concluded the item by once again giving thanks on behalf of the Board to everyone involved.

Board Decision:	Action	Responsible officer	Completion date
The Board noted the update on the Hive programme	None	n/a	n/a

163/22 Month 5 financial position

JEh provided an overview of the financial position at Month 5, noting that the August figures showed a deficit of over £3m and a year-to-date deficit of £16.3m. The Finance team are analysing the causes as pay has increased markedly compared to the previous month, which is in part due to a re-categoraisation of year-to-date expenditure from non-pay to pay. However, the overall non-pay expenditure has not reduced which means additional spend has occurred within non-pay. A straight-line forecast of this deficit results in a £40m deficit at year end, and therefore actions have been taken immediately to reduce the run-rate.

A number of interventions have already been established including:

- a vacancy freeze in corporate teams
- a vacancy freeze in management posts in Hospitals/MCSs/LCOs
- more work analysing the benefits of in-sourcing and out-sourcing, with Hive enabling a more accurate assessment of productivity
- additional HR controls

Recognising the bluntness of the measures, JEh explained that she and DF had held discussion with Hospitals/MCSs/LCOs to explain the rationale and to ensure the approach is implemented consistently across the Trust. Work will also be undertaken to accelerate the financial benefit realisation from Hive. A report on this will come to the Finance and Digital Scrutiny Committee meeting in October alongside a report showing the best and worst case scenarios for the financial position for the rest of the year.

MD stated that the Month 5 position was not where the Trust wants to be and that there was a need to act proactively in the way JEh had described.

GB welcomed further information on what an accelerated realisation of Hive financial benefits would mean in practice. LG agreed and noted that it may be a challenge to maintain the same momentum with Hive progress now Go-live has occurred.

JEh continued by explaining that September's pay bill would be higher than usual due to the number of staff brought in to support Hive implementation and the impact of the bank holiday. AA also noted that some extra staff hours may also need to be covered for October and November as Hive beds in.

The Trust's current cash balance is £218m, in line with plan. From a capital expenditure point of view, the Trust is overspent on the GM envelope which relates to the £15m GM risk that was accepted into the Trust's plan at the time of planning. It is now understood that a significant contribution to this will be made by Regional underspend and that contribution may increase in the coming months. The Trust is marginally underspent on its overall capital allocation.

Board Decision:	**Action**	**Responsible officer**	**Completion date**
The Board noted the Month 5 finance update	Reports to come to October's Finance and Digital Scrutiny Committee describing: ▪ work to accelerate financial benefit realisation from Hive ▪ best and worst case scenarios for the financial position this year	JEh	Complete

164/22 Any other business

KC concluded the meeting by noting that this was SB's final day as a MFT Non-Executive Director and thanking her for all her contributions over the years, particularly the unerring focus on patient safety which she brought into all discussions.

SB thanked all Executive and Non-Executive Directors and explained that she was only stepping down early in her tenure because GM's Integrated Care Board needed her Non-Executive role there to begin as soon as possible. She will miss everyone who she has worked with at MFT and wished the Trust the best of luck for the future. The Board wished SB success in her new role.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING (Private)

ACTION TRACKER

Board Meeting Date: 12th September 2022		
Action	Responsibility	Completion date
A report to come to October's Finance and Digital Scrutiny Committee describing: ▪ work to accelerate financial benefit realisation from Hive ▪ best, likely and worst case scenarios for the year end financial position for 22/23	JEh	Complete

Mrs Kathy Cowell, OBE DL
Group Chairman …… *Signature* …../……./……. *Date*

Mr Nick Gomm
Director of Corporate Services / …….. *Signature* …../……./……..
Trust Board Secretary *Date*

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Directors
Paper prepared by:	Alfie Nelmes, Head of Information Services
Date of paper:	November 2022
Subject:	Board Assurance Report – August 2022
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	The Board Assurance Report is produced on a bi-monthly basis to inform the Board of compliance against key local and national indicators as well as commenting on key issues within the Trust.
Recommendations:	The Board of Directors is asked to note the contents of the report.
Contact:	Name: Alfie Nelmes, Head of Information Services Tel: 0161 276 4878

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS

BOARD ASSURANCE REPORT

(August 2022)

1. Introduction

The Board Assurance Report is produced every two months to inform the Board of compliance against key local and national indicators as well as commentating on key issues within the Trust.

2. Overview

The Board Assurance Report (BAR) provides further evidence of compliance, non-compliance, and/or risks to the achievement of the required thresholds within individual indicators. The report also highlights key actions and progress in addressing any shortfalls.

The established Accountability Oversight Framework (AOF) process reviews the performance for all MFT Hospitals / MCS and LCOs and is reported into MFT's Quality and Performance Scrutiny Committee.

It was agreed at the start of this year that the metrics within both the BAR and AOF, and the scoring logic for the AOF, would benefit from a full-scale review due to:

- the endemic nature of COVID-19 prevalence and the impact on performance; and
- the need to ensure that domain metrics are aligned to national planning and performance guidance, and NHS Oversight Framework.

These changes have now been made and are included.

3. Key Priority Areas

The report is divided into the following five key priority areas:

- Safety
- Patient Experience
- Operational Excellence
- Workforce & Leadership

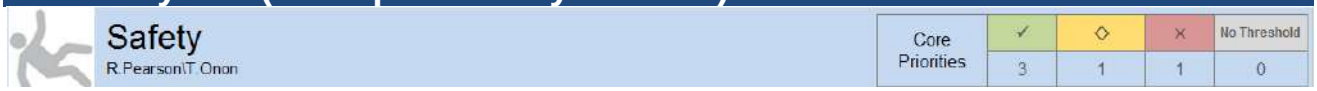
Headline narratives provide context to the above key priority areas, stating current issues, identifying where progress is 'good', identifying future challenges and risks, and commenting on the latest developments around performance of the various indicators.

The narrative is provided by the lead Director accountable for the individual priority areas. 'Guidance Notes' are also included to support the interpretation of the data presented each month.

> Board Assurance Narrative Report – Guidance Notes

The purpose of this document is to assist with the navigation and interpretation of the Board Assurance Report, taking into account Trust performance, indicator statuses, desired performance thresholds as well as who is accountable for the indicator. The report is made up of five distinct domains as follows: Safety, Patient Experience, Operational Excellence, Workforce & Leadership. Each domain is structured as follows:

Summary Bar (Example –Safety Domain)



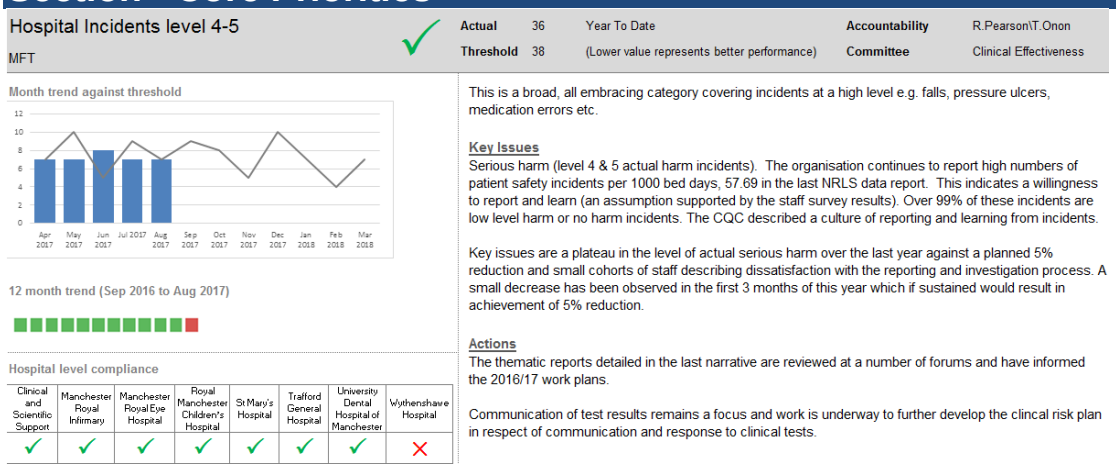
The bar at the very top of each page identifies the domain and accountability. To the right of the top bar is a summary of the core priority indicators associated with the domain. For the example of Patient Safety:

- 3 indicators are flagged as achieving the Core Priorities desired threshold
- 1 indicator is flagged as a warning. A warning may relate to the indicator approaching a threshold or exceeding the threshold by a set margin.
- 1 indicator is flagged as failing the desired threshold
- 0 indicators have no threshold attributed. In some cases, indicators will not have a national of local target/threshold in which to measure against.

Headline Narrative

Headline narratives give context to the domain, stating current issues, good news stories, future challenges and risks, and commenting on the latest developments around performance of the indicators. Narrative is provided by the person(s) accountable for the individual domain

Section - Core Priorities



Each of the individual core priorities are set out as above. Firstly with an individual summary bar detailing:

- **Actual** – The actual performance of the reporting period
- **Threshold** – The desired performance threshold to achieve for the reporting period. This may be based on a national, local, or internal target, or corresponding period year prior.
- **Accountability** - Executive lead
- **Committee** – Responsible committee for this indicator
- **Threshold score measurement** – This illustrates whether or not the indicator has achieved the threshold, categorised into three classifications: Meeting threshold (green tick), approaching threshold (amber diamond) and exceeding threshold (red cross). Amber thresholds are indicator specific.

Below the summary box detail on the left hand side of the page are 3 graphics, as follows:

- **Bar Chart** – detailing the monthly trend (bar) against the threshold for this particular indicator (line)
- **12 month trend chart** – Performance of this indicator over the previous 12 months.
- **Hospital Level Compliance –** This table details compliance of the indicator threshold by hospital

On the right hand side of these graphics is the executive narrative which details the key issues behind indicator compliance and the actions in place to mitigate this.

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> Board Assurance

August 2022

Safety

J.Eddleston\T.Onon

Core Priorities	✓	◇	✕	No Threshold
	7	0	6	0

Headline Narrative

In February 2021 the Trust implemented a group wide safety management system which enables the timely contextualisation of multi-source information about the safety of the care we provide to patients. This approach ensures a smart approach to identifying opportunities for high impact and transferable learning, accelerated improvement and smart assurance through:
- the capture of 'safety II' data (ensuring learning from the majority of patient outcomes that are as, or exceed expectations)
- the use of SPC analysis to help understand our data about harm, this has enabled us to identify, explore and understand the risk associated with any special cause variation.
- the consideration of multi sources of intelligence in relation to patient safety (qualitative and quantitative) through a Trust wide daily huddle
- a weekly Trust-wide Patient Safety Oversight Panel

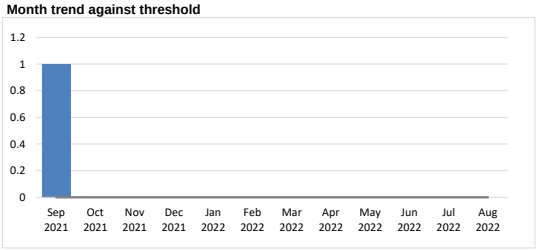
The Trust continues to identify Never Events within its incident profile, however, in relation to benchmarking, the Trust overall demonstrates performance the 'same' as other Trusts when Never Events are analysed as total events with statistical comparison to bed days (NHSI OBIEE NRLS StEIS (26 Mar 2022)). A Trust-Wide risk is being managed strategically which focuses on the optimisation of human/system interaction in the way to understand, respond to and improve patient safety, the proportion of reported patient safety incidents resulting in harm remains consistent with that of other Trusts. The national Patient Safety Incident Response Framework has now been launched and the Trust has developed an implementation plan to support the transformation in the approach to patient safety required.

Safety - Core Priorities

Mortality Reviews - Grade 3 (Review Date) ✓

Actual	0	YTD (Apr 22 to Aug 22)	**Accountability**	J.Eddleston\T.Onon
Threshold	0	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✓	✓	✓	✓	✓	✓	✓	✓	NA
0	0	0	0	0	0	0	0	NA

The number of mortality reviews completed where the probability of avoidability of death is assessed as 'Definitely Avoidable'.

Key Issues

All deaths where the outcome is judged as probably or definitely avoidable are subject to further evaluation aligned to the Trust's Patient Safety Insight, Learning and Response Policy. The Structured Judgement review process is used proactively where potential learning is identified through complaints, incident management or medical examiner processes. Learning is routinely considered and contextualised through the Trust's safety oversight system. Key issues identified for further evaluation have included the recognition and management of the deteriorating patient and the effective management of Multidisciplinary Team meetings. It should be noted that data is currently only provided by WTWA for this indicator, therefore the compliance data for other sites is not available. This position has been reviewed and actions being developed to ensure a consistent approach to reporting avoidability. The completion of timely Structured Judgement Reviews to support the LeDeR process (mortality reviews relating to patients with a learning disability or who are autistic) remains an area of focus across the Trust. The Quality and Performance Scrutiny Committee received a paper summarising the approach the Trust takes to learning from the Coronial process.

Actions

Optimising transferable high impact learning across MFT is a key priority for 2022/23. The Safety Oversight System allows for continual triangulation of intelligence. Safety II, learning from when things have gone well, and translating that into the mortality review process is also a key focus. The Annual Learning From Deaths report will be presented to the Group Quality and Safety Committee in December 2022, delayed due to the restructuring of agendas during HIVE implementation, it will be presented alongside a refreshed Learning from Deaths Policy. There have been issues identified with the functioning of the mortality portal post HIVE implementation, which is requiring focused action to ensure that the governance of the SJR process and the capture of learning is maintained.

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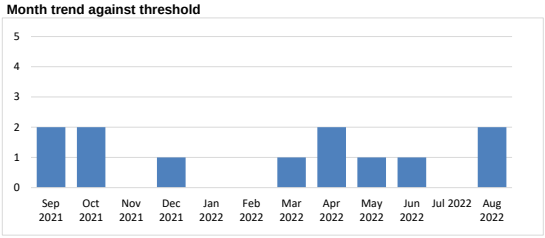
> Board Assurance

August 2022

Never Events

Actual	6	YTD (Apr 22 to Aug 22)	**Accountability**	J.Eddleston\T.Onon
Threshold	0	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✗	✗	✓	✓	✓	✓	✓	✓	✓
1	5	0	0	0	0	0	0	0

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Key Issues

Never events are those clinical incidents that should not happen if appropriate policies and procedures are in place and are followed. The list is determined nationally. There continue to be key themes within the Never Events (and associated near-miss incidents) in relation to communication, the use of checklists, the availability and presentation of guidance, the ergonomics of clinical environment design, the difference between 'work as imagined' (policy) and 'work as done' (clinical practice) and the nature and quality of assurance processes. A further Never Event was reported in September 2022 (SMMCS).

Actions

The Trust-Wide risk, which is being managed strategically, focuses on the optimisation of human/system interaction in the way to understand, respond to and improve patient safety aligned to the Trust's approach to integrating safety I and safety II data to enhance our learning and improvement.

All incidents relating to prevented never events are subject to a high impact learning assessment to increase opportunities for learning. A Trust-wide consensus building programme in relation to Local Safety Standards for Interventional Procedures (LocSSIPS) was completed and the outcome of that work has been built in to the Electronic Patient Record. A project focusing on the useability of safety critical policies is being supported by the Human Factors Academy.
The Trust has a patient safety plan (2022/23) which is based on the implementation of the national Patient Safety Incident Response Framework and importantly what we know through our safety oversight system are priority areas for improvement.

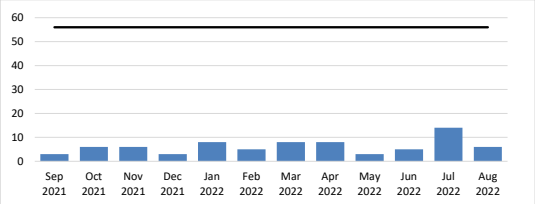
> Board Assurance

August 2022

Hospital Incident level 4-5

Actual	36	YTD (Apr 22 to Aug 22)	**Accountability**	J.Eddleston\T.Onon
Threshold	56	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✓	✓	✓	✓	✓	✓	✓	✓	✓
5	5	0	4	1	0	17	4	0

This data represents the incidents reported across the Trust where the nature of the incident reaches the threshold for the declaration of a serious incident, relating to the level of harm experienced by the patient or the implications of its outcome.

Key Issues

Patient safety incidents are analysed using Statistical process control, rather than counts, in line with the implementation of the Patient Safety Incident Response Framework, all notifiable (under Duty of Candour) incidents are analysed in this way. At a group wide level, 0.12% of incidents were graded as level 4/5 harm between 1/8/21 and 31/8/22. 1.16% of incidents being notifiable (3 and above). All sites/MCS/LCOs receive routine detailed profiles of types of patient safety incidents and clinical area based incidents to identify potential risk or opportunities for change and improvement. The profiles were used to develop site/MCS/LCO Patient Safety Incident Response plans. The themes identified within the serious and notifiable incident profiles across the Trust are aligned to those identified in following investigation into never events.

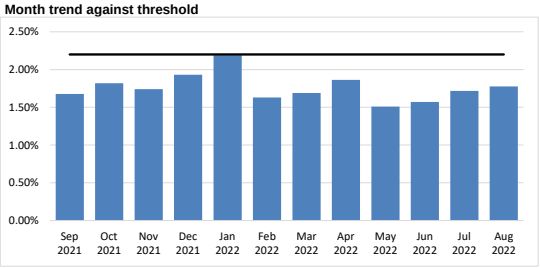
Actions

Routine examination of themes and trends through the safety oversight system which has led to additional high impact learning/assurance work in relation to a number of areas including:
- medicines safety
- recognition and management of a deteriorating patient
- the effective application of the Duty of Candour
- the effective application of the ReSPECT process
- restrictive practice
- the care and treatment of patients admitted whose mental health is poor
- the differential between work as done and work as imagined
- the impact of inequality on patient safety

Crude Mortality

Actual	1.69%	YTD (Apr 22 to Aug 22)	**Accountability**	J.Eddleston\T.Onon
Threshold	2.20%	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✗	◇	✓	✓	✓	✓	✗	✗	NA
11.90%	2.15%	0.24%	0.29%	0.25%	0.00%	2.77%	3.01%	NA

A hospital's crude mortality rate looks at the number of deaths that occur in a hospital in any given year and then compares that against the amount of people admitted for care in that hospital for the same time period.

Key Issues

Crude mortality reflects the number of in-hospital patient deaths divided by the total number of patients discharged as a percentage and with no risk adjustment. The effective benchmarking of this data is currently under review, and sites where the threshold is exceeded actively interrogate the data to explore meaningful trends. There is a Trust-wide focus on understanding mortality data in a more sophisticated way through the use of the HED system, enabling scrutiny of a wider range of mortality indicators. The variation in crude mortality will be subject to review at the Learning From Deaths Committee. The areas of non-compliance will be a focus for discussion and assurance at the Group Learning from Deaths Committee.

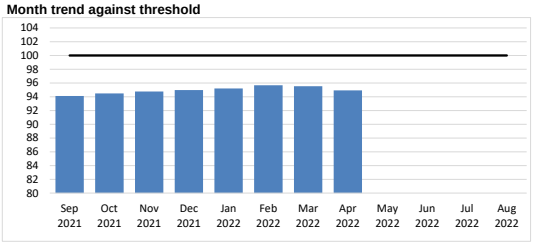
> Board Assurance

August 2022

Summary Hospital-level Mortality Indicator (SHMI)

Actual	94.8	R12m (Jun 21 to Apr 22)	**Accountability**	J.Eddleston\T.Onon
Threshold	100	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



Hospital level compliance

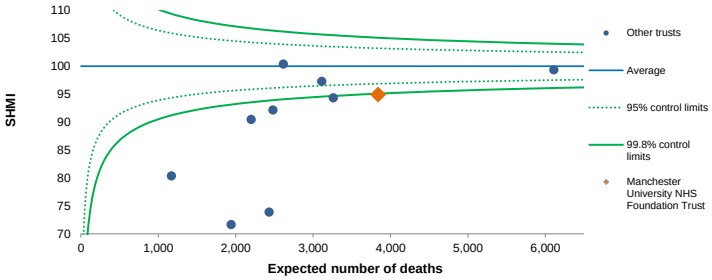
Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
NA	✓	NA	NA	NA	NA	✓	✗	NA
NA	94.0	NA	NA	NA	NA	89.4	106	NA

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. The SHMI indicator gives an indication of whether the mortality ratio of a provider is as expected, higher than expected or lower than expected when compared to the national baseline.

Progress

Performance across the Trust is well within the expected range.
The SHMI at NMGHs currently under review along with the crude mortality rate. RMCH are also undertaking a proactive review of their mortality indicators.

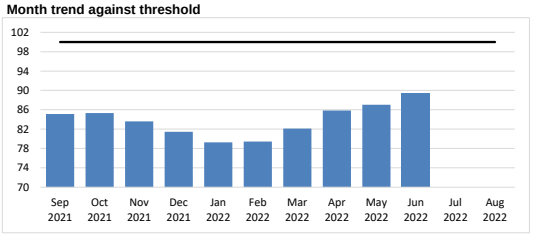
Summary Hospital-level Mortality Indicator for the Shelford Group, May 21 - Apr22



Hospital Standardised Mortality Ratio (HSMR)

Actual	87.8	R12m (Aug 21 to Jun 22)	**Accountability**	J.Eddleston\T.Onon
Threshold	100	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
NA	✓	NA	NA	NA	NA	✓	◇	NA
NA	78.8	NA	NA	NA	NA	86.5	104.9	NA

HSMR monitors a Trust's actual mortality rate when compared to the expected mortality rate. It specifically focuses on 56 diagnosis codes that represent 85% of national admissions.

HSMR is a metric designed for adult services.

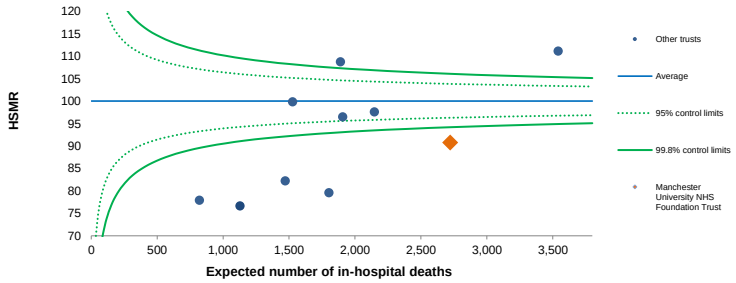
HSMR is a weighted metric for all adult acute settings (RMCH, REH, UDHM and SMH are excluded)

Performance is well within the expected range.

Progress

The Group HSMR is within expected levels.

Hospital Standardised Mortality Ratio for the Shelford Group, Jul 2021 - Jun 2022



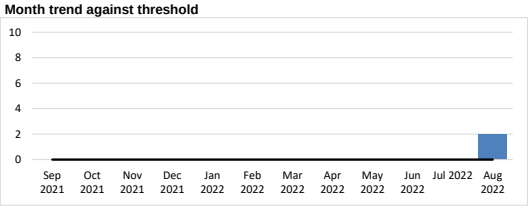
> Board Assurance

August 2022

HM Coroner Prevention of Future Deaths Report

Actual	2	R12m (Sep 21 to Aug 22)	**Accountability**	J.Eddleston\T.Onon
Threshold	0	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✗	✓	✓	✓	✓	✓	✓	✗	✓
1	0	0	0	0	0	0	1	0

Report provided by the coroner following an inquest, where the coroner believes action should be taken to prevent future deaths.

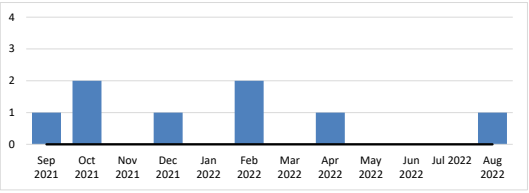
Progress

The Trust received one PFD in August 2022. It did not relate to patient safety.

MRSA Attributable bacteraemia

Actual	2	YTD (Apr 22 to Aug 22)	**Accountability**	J.Eddleston\T.Onon
Threshold	0	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✓	✓	✗	✓	✓	✓	✗	✓	✓
0	0	1	0	0	0	1	0	0

Each case investigated to determine whether the case is linked with a lapse in the quality of care provided to the patient.

Progress

A total of 5 cases have been reported so far in 2022/2023: 2 of which were trust-attributable. There was 1 trust-attributable MRSA case reported for August 2022 (MRI).

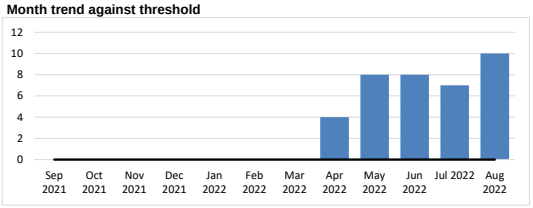
> Board Assurance

August 2022

Reportable organism infections - attributable (MSSA) bacteraemia

Actual	37	YTD (Apr 22 to Aug 22)	**Accountability**	J.Eddleston\T.Onon
Threshold	TBC	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
-	-	-	-	-	-	-	-	-
0	16	7	1	0	0	8	5	0

Each case investigated to determine whether the case is linked with a lapse in the quality of care provided to the patient.

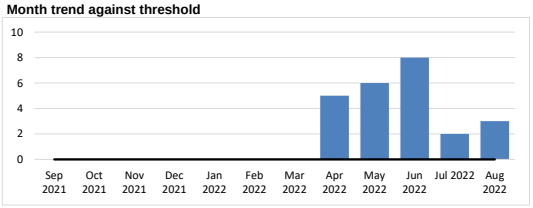
Progress

A total of 110 cases have been reported so far in 2022/2023: 37 of which were trust-attributable. There were 10 trust-attributable MSSA cases reported for August 2022.

Reportable organism infections - attributable (VRE) bacteraemia

Actual	24	YTD (Apr 22 to Aug 22)	**Accountability**	J.Eddleston\T.Onon
Threshold	0	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✓	✗	✓	✓	✓	✓	✗	✗	✓
0	18	0	0	0	0	3	3	0

Each case investigated to determine whether the case is linked with a lapse in the quality of care provided to the patient.

Progress

A total of 31 trust-attributable cases were reported for 2021/2022: there have been 22 trust-attributable cases reported so far for 2022/2023. There were 3 trust-attributable cases reported for August 2022. Enhanced surveillance for VRE acquisitions has been introduced to monitor the situation.

> Board Assurance

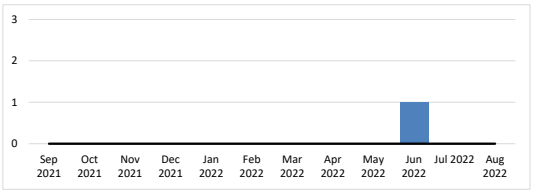
August 2022

Reportable organism infections -attributable (CPE) bacteraemia

✗

Actual	1	YTD (Apr 22 to Aug 22)	**Accountability**	J.Eddleston\T.Onon
Threshold	0	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✓	✗	✓	✓	✓	✓	✓	✓	✓
0	1	0	0	0	0	0	0	0

Each case investigated to determine whether the case is linked with a lapse in the quality of care provided to the patient.

Progress

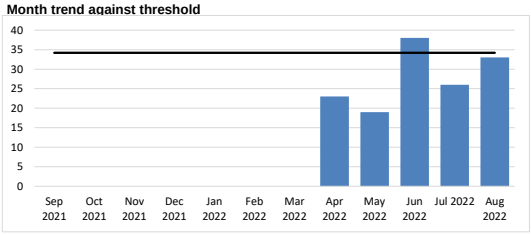
There has been 1 trust-attributable case reported so far this year. There were no trust-attributable cases reported for August 2022.

Reportable organism infections - attributable (Gram -ve bacteraemia)

✓

Actual	139	YTD (Apr 22 to Aug 22)	**Accountability**	J.Eddleston\T.Onon
Threshold	171	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✓	✗	✓	✓	✓	✓	✓	✓	✓
0	69	21	6	0	0	26	17	0

Each case investigated to determine whether the case is linked with a lapse in the quality of care provided to the patient.

Progress

A total of 401 cases have been reported so far in 2022/2023: 140 of which were trust-attributable against a trajectory of 170. There were 33 trust-attributable cases reported for August 2022.

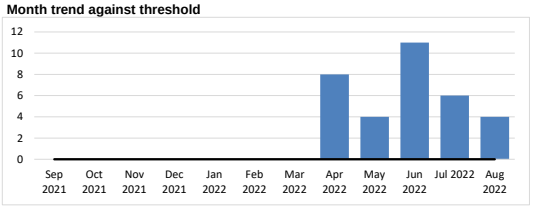
> Board Assurance

August 2022

Avoidable admissions to neonatal unit

Actual	33	YTD (Apr 22 to Aug 22)	**Accountability**	J.Eddleston\T.Onon
Threshold	0	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



Number of babies admitted to the neonatal unit where the admission could have been avoided

Progress

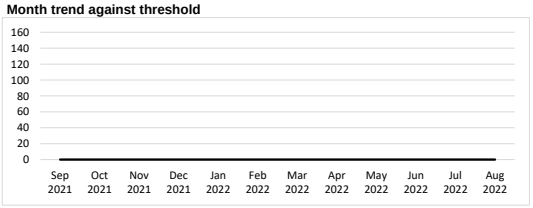
Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
NA	NA	NA	✗	NA	NA	NA	NA	NA
NA	NA	NA	33	NA	NA	NA	NA	NA

Transfer outside SMH MCS due to capacity / delays

Actual	0	(August 22)	**Accountability**	J.Eddleston\T.Onon
Threshold	0	(Lower value represents better performance)	**Committee**	Clinical Effectiveness

Month trend against threshold



Number of women who are transferred outside SMH MCS due to capacity or other delays

Progress

The information provided for Sep 2021 to Aug 2022 return is zero.

Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
NA	NA	NA	✓	NA	NA	NA	NA	NA
NA	NA	NA	0	NA	NA	NA	NA	NA

Patient Experience

C.Lenney

Core Priorities	✓	◇	✕	No Threshold
	1	1	2	2

Headline Narrative

The number of new complaints received across the Trust in August 2022 was 184, which was an increase of 12 when compared to the volume received in July 2022. In August 2022 the percentage of formal complaints that were resolved in the agreed timeframe was 88.1%, this is a decrease from 90.1% from the previous month. Performance is monitored and managed through the Accountability Oversight Framework (AOF).

The Trust overall satisfaction rate for FFT August 2022 was 86.1% compared to 85.9% in July 2022. There is a continued focus for all areas of the Trust to use both positive and negative FFT feedback to improve the patient experience.

Infection prevention and control remains a priority for the Trust.

Trust performance continues to be above trajectory for both MRSA and CDI, but under trajectory for GNBSI. There is a zero tolerance approach to MRSA bacteraemia's, CDI Trajectories are set by NHSEI and a 15% reduction objective has been applied to GNBSI bacteraemia's.

There have been 82 trust-attributable CDI reported so far for 2022/2023, against a threshold of 73, 2 trust-attributable MRSA bacteraemia against a threshold of 0 and 140 trust-attributable GNBSI against a trajectory of 170.

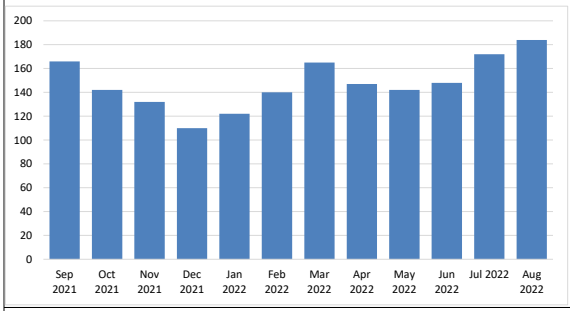
The IPC/TV team continue to work with Hospital Sites and MCS to determine appropriate action plans where necessary.

Complaints: Volumes

–

Actual	793	YTD (Apr 22 to Aug 22)	**Accountability**	C.Lenney
Threshold	None	(Lower value represents better performance)	**Committee**	Quality & Safety Committee

Month trend against threshold (includes corporate complaints)



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
-	-	-	-	-	-	-	-	-
38	189	96	97	19	14	190	92	25

NOTE: MFT total includes Corporate data not represented in Hospital Compliance chart and table
The KPI shows total number of complaints received. Complaint volumes allow the Trust to monitor the number of complaints and consider any trends.
Data from September 2021 to August 2022 has been updated at request of Carolyn Cripps.

Key Issues
The number of new complaints received across the Trust in August 2022 was 184. Compared to the 172 received in July 2022, this is an increase of 12. Of the 184 complaints received by the Trust, the highest volume was attributed to MRI, with 44 (24%) being received, which is an increase when compared with the 37 received in July and 35 in June 2022.

Of the 44 complaints received by MRI no specific areas were identified, however, the top three themes were 'Treatment/Procedure', 'Communication' and 'Appointment/Delay/Cancellation (OP)'.

Hospital/ MCS/LCO level performance against this indicator for year to date is detailed in the Hospital Level Compliance Chart.

Actions
All Hospitals/MCS/LCO to continue to prioritise the closure of complaints that are older than 41 days. The Chief Executives are held to account for the management of complaints cases that exceed 41 days through the Accountability Oversight Framework (AOF).

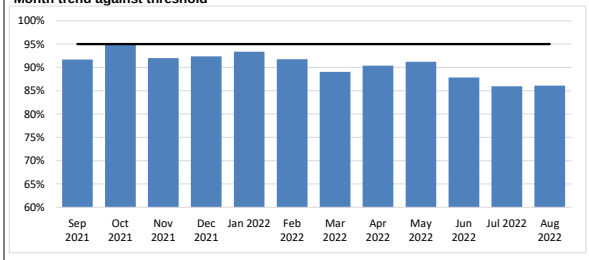
Progress
All Hospitals/ MCS's/LCO's have established their governance frameworks to focus on the management of complaints, specifically those that exceed 41 days with a view to expediting closure and identifying the learning to inform future complaints prevention and management.

FFT: All Areas: % Extremely Likely and Likely

✕

Actual	86.1%	(August 22)	**Accountability**	C.Lenney
Threshold	95.0%	(Higher value represents better performance)	**Committee**	Quality & Safety Committee

Month trend against threshold



Hospital level compliance - latest month performance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✓	✕	✕	◇	✓	✓	✕	✕	✓
97.2%	73.5%	90.2%	93.0%	98.0%	95.2%	86.1%	81.4%	99.7%

The Friends and Family Test (FFT) is a survey that assesses the experience of patients using NHS services. Since April 2020, NHS Trusts have simplified the FFT question to allow a better understanding of the patients experience which now asks 'Thinking about your recent visit, overall how was your experience of our service?'. Patients can rank their answer by choosing one of the following options; Very good; Good; Neither good nor poor; Poor; Very poor; Don't know". Patients are also asked the following "free text" question: 'Please can you tell us what was good about your care and what we could do better".
Data from September 2021 to August 2022 has been updated at request of Carolyn Cripps.

Progress
The Trust overall satisfaction rate for FFT for August 2022 was 86.1%, which is a slight improvement from the 85.9% received in July 2022.

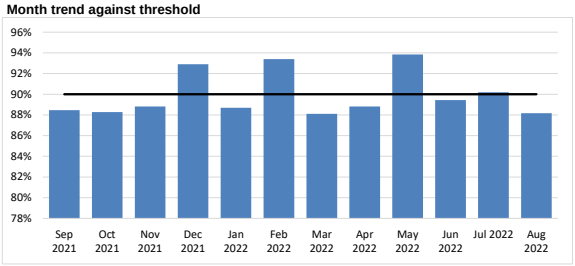
There is a continued focus for all areas of the Trust to use both positive and negative FFT feedback to improve the patient experience.

Actions
Each Hospital/MCS/LCO continue to review and monitor their FFT response rates and patient feedback in order to identify areas for improvements, increase response rates and act upon the feedback received.

Complaints: Resolved Within Agreed Timeframe

Actual	90.0%	YTD (Apr 22 to Aug 22)	**Accountability**	C.Lenney
Threshold	90.0%	(Higher value represents better performance)	**Committee**	Quality & Safety Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
◇	✓	✓	◇	✓	◇	✓	✓	◇
78.9%	92.5%	97.1%	79.2%	95.0%	83.3%	99.0%	96.7%	88.0%

The Trust has a responsibility to resolve complaints within a timeframe agreed with the complainant. The timeframe assigned to a complaint is dependent upon the complexity of the complaint and is agreed with the complainant. Data from September 2021 to August 2022 has been updated at request of Carolyn Cripps.

Progress

The percentage of complaints resolved within the timeframe agreed with the complainant is closely monitored. Work is on-going with the Hospital/MCS/LCO management teams to ensure that timeframes that are agreed are appropriate, and are achieved.

The August 2022 data identifies that 88.1% of complaints were resolved within the agreed timescales, this is a decrease of 2% compared to 90.1% in July 2022 and 89.4% in June 2022.

The Hospital/ MCS/LCO level performance against this indicator for year to date is detailed in the Hospital Level Compliance Chart. It should be noted that where the Hospital/MCS/LCO receive lower numbers of complaints, this can result in high percentages.

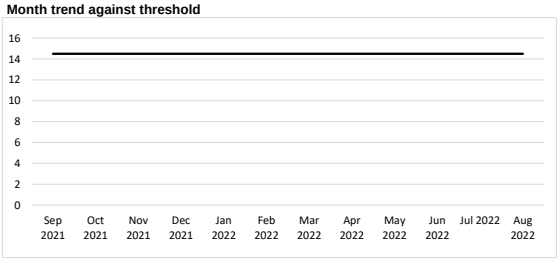
Actions

Performance is monitored and managed through the Accountability Oversight Framework (AOF).

Cdiff: Lapse of Care

Actual	0	YTD (Apr 22 to Aug 22)	**Accountability**	C.Lenney
Threshold	15	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✓	✓	✓	✓	✓	✓	✓	✓	NA
0	0	0	0	0	0	0	0	NA

Each Clostridium difficile infection (CDI) incident is investigated locally to determine whether the case was linked with a lapse in the quality of care provided to patient. The KPI shows the number of CDI incidents that were linked to a lapse in the quality of care provided to a patient.

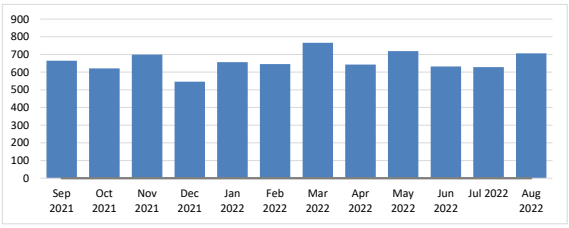
Progress

A total of 103 cases have been reported so far in 2022/2023: 82 of which were trust-attributable against a trajectory of 73. Cases from October 2021 onwards are currently being peer-reviewed to determine lapse in care status. There were 19 trust-attributable CDI cases reported for August 2022: No lapses in care identified at the time of report submission.

PALS – Concerns

Actual	3328	YTD (Apr 22 to Aug 22)	**Accountability**	C.Lenney
Threshold	None	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold (includes corporate complaints)



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
-	-	-	-	-	-	-	-	-
215	826	239	481	182	91	856	309	63

NOTE: MFT total includes Corporate data not represented in Hospital Compliance chart and table
Data from September 2021 to August 2022 has been updated at request of Carolyn Cripps.

Key Issues

A total of 706 PALS concerns were received by MFT during August 2022, which is an increase from the 628 received in July 2022.

Of the 706 PALS concerns received in August 2022, the highest volume was attributed to MRI with 206 (29.1% of the total) being received. This is an increase for MRI when compared to the 162 received in July 2022 and 150 in June 2022. The top three themes for MRI related to 'Appointment Cancellation/Delay (OP)' (75), Communication (69) and 'Treatment and Procedure' (28).

Actions

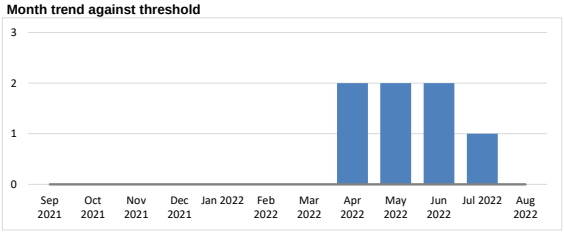
PALS concerns are formally monitored alongside complaints at the weekly meetings within each Hospital/MCS/LCO.

Work continues to reduce the time taken to resolve PALS enquiries with formal performance management processes in place for cases over 5 days.

PHSO Enquiries

Actual	8	YTD (Apr 22 to Aug 22)	**Accountability**	C.Lenney
Threshold	0	(Lower value represents better performance)	**Committee**	Quality Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✗	✗	✓	✗	✓	✗	✓	✓	✓
1	3	0	2	0	2	0	0	0

The number of new PHSO enquires received in August 2022 was 0.

Progress

13 PHSO cases remain open:
- 12 of which are awaiting a provisional report, final report or actions to be completed
- 1 in which WTWA have disputed the PHSO decision and the case remains open and further communications received from the PHSO.

9 PHSO cases remain closed, however they are currently being scoped and awaiting decision.

3 PHSO cases remain closed, however they are currently being considered by the PHSO for early resolution.

Operational Excellence

D.Furnival

Core Priorities	✓	◇	✕	No Threshold
	1	0	14	0

Headline Narrative

MFT's elective recovery plan continues to utilise all available opportunities as Covid numbers continue to decrease. MFT and GM continue to experience peaks in emergency demand across both adult and paediatrics, which has required ad-hoc reduction in elective bed capacity to manage the non-elective demand.

Notwithstanding these operational challenges, MFT continues to progress actions aimed at improving performance against national operational standards and delivering outcomes in line with operational planning expectations.

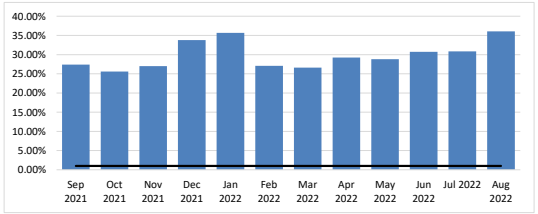
August summary:
• The overall RTT elective waiting list stood at 178,754 which is growth of 11.5% (18,492) on the position reported in April 2022. The number of patients waiting longer than 52 weeks was 20,664 which represents an overall growth of 41.4% on that reported in April and accounts for 11.0% of the August waiting list total - growth in the incomplete waiting list has been averaging 2.4% month on month.
• The number of patients waiting longer than 104 weeks at the end of August submitted snapshot was 109 (0.1%) of the overall waiting list and continues to fall in line with plans to reduce long waits.
• National performance against the 4 hour wait standards for Emergency Departments has steadily reduced since April 21, with the performance across GM and MFT closely following the same trend. This downward trend has continued into Q2 and at August stood at 63.1% and generally reflects MFT Emergency Departments ongoing challenges to meet the demand whilst maintaining screening and separating possible Covid patients.
• As a result of operational pressures and capacity constraints, there were 47 breaches of the 12 hour DTA quality standard with 272 in the year to date to August, following route cause analysis (RCA), none of these have been found to have contributed to patient harm. Corporate Governance retain oversight.
• A cancer recovery programme is in place to improve timely access for patients. None of the national standards were met in August.

Operational Excellence - Core Priorities

Diagnostic Performance ✕

Actual	36.0%	(August 22)	**Accountability**	D.Furnival
Threshold	1.0%	(Lower value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✕	✕	✕	✕	✕	✕	◇	✕	NA
24.5%	30.8%	80.3%	62.1%	No Data	No Data	61.0%	42.1%	NA

NB - the % at RMCH and SMH is high due to the small waiting list in this area, the volume of breaches in these areas are marginal

The number of patients waiting over 6 weeks for a range of 15 key diagnostic tests.

Key Issues
• Impact of Covid and associated restrictions, reduced capacity and activity as a result
• Continued increased volumes of unplanned tests linked to Non Elective attendance / admissions increases.
• Short notice staff sickness

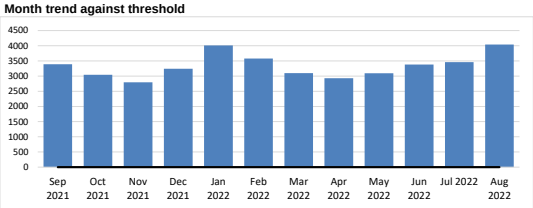
Actions
Whilst there is not one individual workstream related to diagnostics, this is a critical consideration and cuts across all outpatient, elective and cancer workstreams.
• Activity has been undertaken for clinically urgent / priority patients, improvements in the reporting backlog were achieved as a result of less demand during the pandemic.
• Diagnostic clinical prioritisation undertaken.
• Additional CT scanning lists secured covering weekends
• Continued focus on reducing long waits - reviewing requests, validation and improving operational efficiencies.
• Development of divisonal wide reporting via a single source in readiness for HIVE migration

Progress
• Overall waiting list continues to grow linked to growth in Elective waiting list.
• Focus on a targetted approach to booking / scheduling in conjunction with best principles and Elective Access policy application across a number of sites in key modalities, particularly Endoscopy, CT, Non Obs U/S and MRI.
• Work continues in building an overarching reporting module within Power BI that will enable operational teams easier access to the performance data they need to improve processes. This will be fed from a unified single data source once EPIC is initiated in September.

Diagnostic wait > 13 weeks

Actual	4042	(August 22)	**Accountability**	D.Furnival
Threshold	0	(Lower value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✗	✗	✗	✗	-	-	✗	-	NA
1149	302	309	11	No Data	No Data	2271	No Data	NA

The number of patients waiting over 13 weeks for only one of 15 key diagnostic tests.

Key Issues

- Reduction in capacity and activity linked to Covid creating a large backlog, followed by resumption in referrals
- Increased volumes of unplanned tests linked to Non Elective attendance / admission increases
- DNA rate increased particularly within CT which is adding to the backlog
- Increased internal demand
- Short notice staff sickness

Actions

Whilst there is not an individual workstream related to diagnostics, this is a critical consideration and cuts across all outpatient, elective and cancer workstreams.

- Activity has been undertaken for clinically urgent / priority patients, improvements in the reporting backlog continue to be achieved as a result
- Diagnostic clinical prioritisation undertaken.
- Additional CT scanning lists secured and are contiually maximised
- Focus on waiting list validation and Access policy application continues
- Focus on reducing long waits within CT, ENDO, MRI and Non Obs U/S
- Develop a singular PTL for diagnostics in line with elective care.

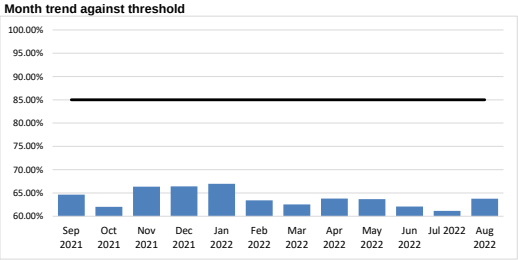
Progress

- Ongoing development of singular PTL completed to give a Trust wide position on a daily basis for the first time to enable operational oversight. Further tweaks will be required following migration to EPIC as a sinlge data source.

A&E - 4 Hours Arrival to Departure

Actual	62.4%	Q2 (Jul to Aug 22)	**Accountability**	D.Furnival
Threshold	85.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
NA	✗	✗	✓	✓	NA	✗	✗	NA
NA	50.2%	75.3%	94.6%	99.9%	NA	60.7%	62.2%	NA

The total time spent in A&E - measured from the time the patient arrives in A&E to the time the patient leaves the A&E Department (by admission to hospital, transfer to another organisation or discharge). With a national target that 95% of all patients wait no more than four hours in accident and emergency from arrival to admission, transfer or discharge.

Key Issues

- Covid restrictions although significantly scaled back continue to impact flow through ED and receiving wards.
- Delayed handovers of patients alongside the numbers of ambulance holds continues.
- Bed capacity constraints along with higher than optimal levels of patients who are medically fit and have no reason to reside in hospital and are awaiting discharge.
- GM and MFT system continue to experience capacity / flow pressures, whilst overall activity is at pre-pandemic levels there are days of extreme pressure at levels not seen previously, both in adults and paediatrics.
- Staff absence whilst improving continues to impact flow management, safety is maintained by utilising staff as flexibly as possible within and across hospitals / MCSs.

Actions

- Hospital Senior leadership teams at MFT are responding to current performance pressures and have well developed action plans. Patient safety remains a key priority.
- These plans are underpinned by a number of key programmes of operational improvement and transformational programmes of work. Key areas include, but are not limited to:

I. Working with system partners to promote redirection at streaming stage through initiatives such as helicopter nurse;
ii. Continued development of Same Day Emergency Care capacity across sites;
iii. Expansion and stronger promotion of appointments for urgent care available to 111 at ED and Urgent Treatment Centre services;
iv. Care and management of mental health patients presenting in conjunction with Mental health services;
v. Further integrated work with system partners to support discharge process and timely transfers of patients; and
vi. Review of workforce capacity and out of hours presence (medical and nursing).

MFT ED safety standards are a key focus for sites. MFT Urgent Care Recovery work is aligned to GM urgent care recovery work.

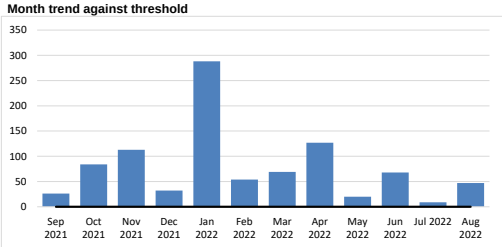
Progress

- August 2022 saw 1,233 attendances per day compared to 1,331 in April, although there is anectdotal evidence of increasing acutity
- MFT performance has been largely stable April through August and tracks margianklly above GM trends, ~63.0% in Q1 and Q2 to date compared to 61.8% in GM and 73.1% nationally.
- The number of patients with 7+ and 21+ days length of stay in MFT beds at 31st August was 1,287 and 856 respectively. Hospital teams are focused on long length of stay reviews.

12 hour trolley waits

Actual	47	(August 22)	**Accountability**	D.Furnival
Threshold	0	(Lower value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
NA	✗	✓	✓	NA	✓	✗	✗	NA
NA	6	0	0	NA	0	4	37	NA

The waiting time for an emergency admission via A&E is measured from the time when the decision is made to admit, or when treatment in A&E is completed (whichever is later) to the time when the patient is admitted.

Key Issues

- Whilst pressures are evident across the trust footprint they are specifically exacerbated at NMGH given estate issues.
- Department capacity is constrained due to IPC restrictions
- Higher than optimal reason to reside patients which restricts bed capacity and flow out of the emergency department has remained stubbornly high with OOH area patients a particualr concern.

Actions

- Flexible use of space between paeds and adult ED to address demands.
- Refreshed and relaunched site escalation flow charts, including the ED and workforce triggers.
- New site patient flow team 24/7 - This team adds an additional layer of focus on patient flow.
- Continued focus supported by the MFT Transformation team to review decision to admit processes.
- Refreshed over-arching Urgent Care Improvement Plan and governance & assurance process to support the improvements.
- Organisational escalation SOP in place for the reporting of long waits both in and out of hours.
- Discharge Resilience programme led by the MLCO with Hospitals to improved on delayed discharges and flow out of the hospital.

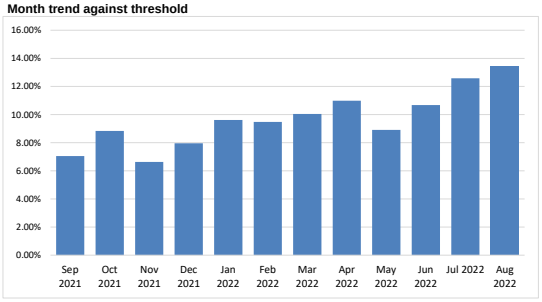
Progress

As a result of significant operational pressures the Trust has reported 260 breaches of the standard as at 31st August. North Manchester site accounts for 238 of these DTA breaches, the majority of which were related to bed capacity constraints. Harm reviews are undertaken for all patients, with no harm identified in any of these breaches following RCA. Learning from the root cause analysis undertaken for any breach of the standard has been implemented.

Over 12 hour waits in ED

Actual	13.4%	(August 22)	**Accountability**	D.Furnival
Threshold	2.0%	(Lower value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
NA	✗	✗	-	-	NA	✗	✗	NA
NA	18.3%	0.7%	No Data	No Data	NA	16.4%	11.8%	NA

Number of Patients spending more than 12 hours in A&E.

Key Issues

- Ongoing Covid restrictions and high levels of G&A occupancy impacting flow out of the ED.
- Bed capacity constraints due to Covid patients consuming the bed base along with higher than optimal levels of patients who are medically fit and have no reason to reside in hospital and are awaiting discharge.
- GM and MFT system continue to experience capacity / flow pressures, whilst overall activity is at pre-pandemic levels there are days of extreme pressure at levels not seen previously, both in adults and paediatrics.
- Staff absence whilst improving continues to impact flow management, safety is maintained by utilising staff as flexibly as possible within and across hospitals / MCSs

Actions

- Hospital Senior leadership teams at MFT are responding to current performance pressures and have well developed action plans. Patient safety remains a key priority.
- These plans are underpinned by a number of key programmes of operational improvement and transformational programmes of work. Key areas include, but are not limited to:

I. Working with system partners to promote redirection at streaming stage through initiatives such as helicopter nurse;
ii. Continued development of Same Day Emergency Care capacity across sites;
iii. Expansion and stronger promotion of appointments for urgent care available to 111 at ED and Urgent Treatment Centre services;
iv. Care and management of mental health patients presenting in conjunction with Mental health services;
v. Further integrated work with system partners to support discharge process and timely transfers of patients; and
vi. Review of workforce capacity and out of hours presence (medical and nursing).
MFT ED safety standards are a key focus for sites. MFT Urgent Care Recovery work is aligned to GM urgent care recovery work.

- Finalise the performance thresholds with Hospitals / MCS.

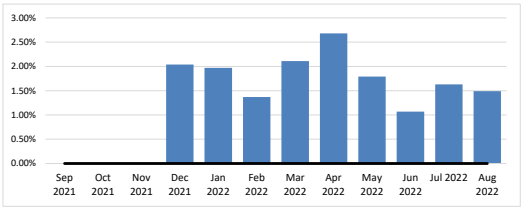
Progress

- Transformational teams continue to develop plans with site teams which includes reviewing existing protocols for admission and flow through the departments into the wider site
- Focused work with NWAS to increase avoidance strategies (See and treat)

MFT - Ambulance hold % Attend

Actual	1.5%	(August 22)	**Accountability**	D.Furnival
Threshold	0	(Lower value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
NA	✗	-	-	NA	NA	✗	✗	NA
NA	0.7%	No Data	No Data	NA	NA	0%	4.2%	NA

The ratio of NWAS conveyances to the Trust compared to those that have been "held" . Holds are determined where NWAS have not been able to transfer their patients to the department >15 minutes after arrival.

Key Issues

• Bed capacity constraints due to Covid patients consuming the bed base along with higher than optimal levels of patients who are medically fit and have no reason to reside in hospital and are awaiting discharge.
• GM and MFT system continue to experience capacity / flow pressures, whilst overall activity is at pre-pandemic levels there are days of extreme pressure at levels not seen previously, both in adults and paediatrics.
• Staff absence whilst improving continues to impact flow management, safety is maintained by utilising staff as flexibly as possible within and across hospitals / MCSs

Actions

• Hospital Senior leadership teams at MFT are responding to current performance pressures and have well developed action plans. Patient safety remains a key priority.
• Full capacity protocols (FCPs) are being reviewed on all sites, to ensure early triggers are in place and enacted to support surge earlier in the day, an MFT overview of FCPs will be completed as part of the follow up summit.
• These plans are underpinned by a number of key programmes of operational improvement and transformational programmes of work. Key areas include, but are not limited to:
I. Working with system partners to increase avoidance / redirection at streaming stage, eg See and Treat in relation to NWAS.
ii. Continued development of Same Day Emergency Care capacity across sites;
iii. Expansion and stronger promotion of appointments for urgent care available to 111 at ED and Urgent Treatment Centre services;
iv. Care and management of mental health patients presenting in conjunction with Mental health services;

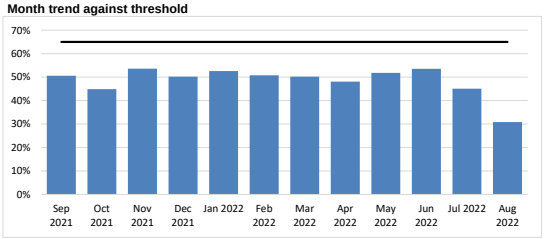
Progress

• Continued increasing volumes of UTC attends, in line with national guidance / best practice. MFT accounts for 99% of all UTC bookings reported within GM with around 3,000 each month equating to ~28% of the North regions bookings (131 sites) with MRI being the highest contributor across each of the last three months. These continue to contribute to reduced NWAS conveyance along with increased avoidance via See & Treat.

Handover between Ambulance and A&E - within 15 minutes

Actual	30.8%	(August 22)	**Accountability**	D.Furnival
Threshold	65.0%	(Lower value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
NA	✗	-	-	NA	NA	✗	✗	NA
NA	28.8%	No Data	No Data	NA	NA	26.6%	43.2%	NA

% of patients transferred from ambulance to A&E within 15 mins.

Key Issues

• Bed capacity constraints due to Covid patients consuming the bed base along with higher than optimal levels of patients who are medically fit and have no reason to reside in hospital and are awaiting discharge.
• GM and MFT system continue to experience capacity / flow pressures, whilst overall activity is at pre-pandemic levels there are days of extreme pressure at levels not seen previously, both in adults and paediatrics.

Actions

• The Transformation Team continues to support the sites in conjunction with system partners and North West Ambulance Service with improving ambulance handover turnaround times.
• Continual review of recording at operational level with feedback to NWAS colleagues to ensure accuracte reporting

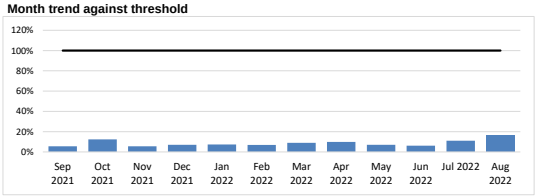
Progress

• Progress is already being made at all sites around process improvement which has contributed to the upturn since may, leave and flow issues are evident within July performance along with downturn in overall AED % within 4 hours.
• Accuracy of reporting has been identified as an issue and a rapid improvement process is underway to simplify handover with a turnaround standard operating procedure at all sites being developed jointly with NWAS.
• Full capacity protocols (FCPs) are being reviewed on all sites, to ensure early triggers are in place and enacted to support surge earlier in the day, an MFT overview of FCPs will be completed as part of the follow up summit.

Handover between Ambulance and A&E - > 60 minutes

Actual	15.8%	(August 22)	**Accountability**	D.Furnival
Threshold	100%	(Lower value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
NA	✗	-	-	NA	NA	✗	✗	NA
NA	20.3%	No Data	No Data	NA	NA	16.6%	6.5%	NA

% of patients transferred from ambulance to A&E within 60 mins.

Key Issues

• Bed capacity constraints due to Covid patients consuming the bed base along with higher than optimal levels of patients who are medically fit and have no reason to reside in hospital and are awaiting discharge.
• GM and MFT system continue to experience capacity / flow pressures, whilst overall activity is at pre-pandemic levels there are days of extreme pressure at levels not seen previously, both in adults and paediatrics.

Actions

• The Transformation Team continues to support the sites with improving ambulance handover turnaround times.
• Implementation of virtual ward.
• A detailed assessment of the current utilisation of medical SDEC service has taken place and clear actions have been identified to improve utilisation.
• Hospitals continue to take forward the recommendations from the summit meeting from Q1

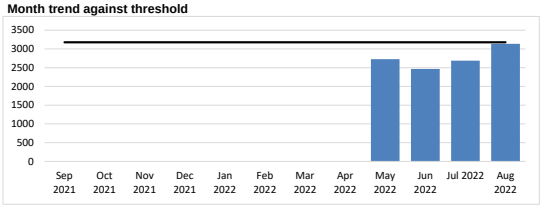
Progress

• Full capacity protocols (FCPs) are being reviewed on all sites, to ensure early triggers are in place and enacted to support surge earlier in the day, an MFT overview of FCPs will be completed as part of the follow up summit.

RTT - 78 Weeks (Incomplete Pathways) ✓

Actual	3137	(August 22)	**Accountability**	D.Furnival
Threshold	3178	(Lower value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✗	✗	✗	✗	✗	✗	✗	✓	✓
8	1033	232	757	105	86	540	184	0

The number of patients waiting over 78 weeks on an incomplete pathway.

Key Issues
- Bed capacity constraints due to Covid patients consuming the bed base along with higher than optimal levels of patients who are medically fit and have no reason to reside in hospital and are awaiting discharge.
- Impact of the Covid waves and reduction in capacity and activity as a result.
- Patient choice linked to Covid.

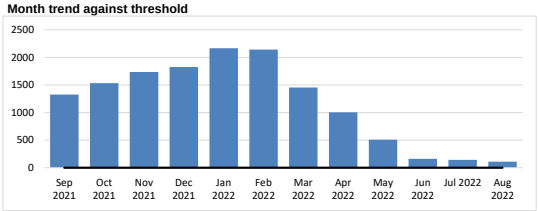
Actions
- Develop a trajectory to reduce long waits in line with national priority expectations and review in line with hospitals / MCS.
- Develop reporting framework using similar method for current long waits and circulate to operational teams weekly.

Progress
- In line with planning guidance and focus on reducing long waits, a trajectory on reducing long waits in year has been produced and shared with Hospitals / MCS to review and operationalise. This will be managed weekly in line with current long waits reductions
- Next steps to finalise weekly monitoring report by site to share with operational and performance colleagues
- Submit weekly performance vs trajectory to assurance colleagues within GM.

RTT - 104 Weeks (Incomplete Pathways) ✗

Actual	109	(August 22)	**Accountability**	D.Furnival
Threshold	0	(Lower value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✗	✗	✗	✓	✓	✗	✗	✓	✓
1	20	5	44	0	1	38	0	0

The number of patients waiting over 104 weeks on an incomplete pathway.

Key Issues
- Bed capacity constraints due to Covid patients consuming the bed base along with higher than optimal levels of patients who are medically fit and have no reason to reside in hospital and are awaiting discharge.
- GM and MFT system continue to experience capacity / flow pressures with consequential impact on elective capacity.

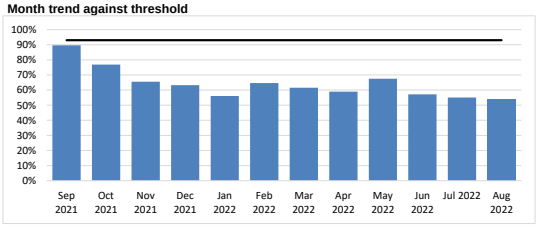
Actions
- The Trust continues to focus on reduction of very long waits in chronological / priority order.
- Daily communications with operational teams to focus on pop ons, with particual focus on dating patients, DQ and transacting outcomes.

Progress
- Long waits have reduced significantly given the joint working between hospitals and group teams. As at 31st August there were 109 patients who had waited longer than 104 for treatment, this number contains an element of complexity, short term Medical unsuitability, choice and data quality.
- Focus on developing RTT elective access training module in conjunction with the booking and scheduling team and relaunch in line with migration to EPIC PAS system from September.

Cancer Urgent 2 Week Wait Referrals ✗

Actual	54.6%	Q2 (Jul to Aug 22)	**Accountability**	D.Furnival
Threshold	93.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
NA	✗	✗	✓	NA	NA	✗	✗	NA
NA	88.4%	92.5%	96.4%	NA	NA	50.4%	25.8%	NA

The percentage of patients urgently referred for suspected cancer by their GP that were seen by a specialist within 14 days of referral.

Key Issues
- Demand has increased to >100% of pre Covid position, with some tumour groups remaining at high levels. Breast and Head and Neck are the main drivers with the biggest referral increases.
- Breast performance was 11.5% and Head and Neck 38.4%

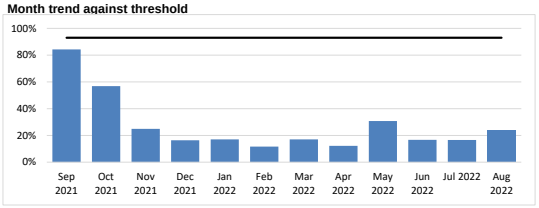
Actions
- Insourcing continues with 1 clinic a week for Wythenshawe breast patients. Addition activity of 4 evening clinics per week and Super Saturday clinics also continues.
- NMGH increased slots by 20 per week in week, have implemented a virtual mastalgia clinic and work on a hot week approach to protect capacity. This will allow for 700 extra slots up to the end of March 23.
- Head and neck moved to a single front door at WTWA/MRI and insourced capacity to clear the backlog from WTWA.

Progress
- Head and Neck have reduced first wait time to within 14 days
- Breast at WTWA is now within 14 days - NMGH fell to 20 days for a period in September after a clinic reduction following dissagregation - there is extra capacity within October and November to recover this position.

Cancer 2 Week Wait breast Symptom

Actual	19.9%	Q2 (Jul to Aug 22)	**Accountability**	D.Furnival
Threshold	93.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
NA	NA	NA	NA	NA	NA	✗	✗	NA
NA	NA	NA	NA	NA	NA	20.6%	17.3%	NA

Any patient referred with breast symptoms would be seen within 2 weeks, whether cancer was suspected or not.

Key Issues
Demand pressures, support to other providers in GM, Impact of Covid19.

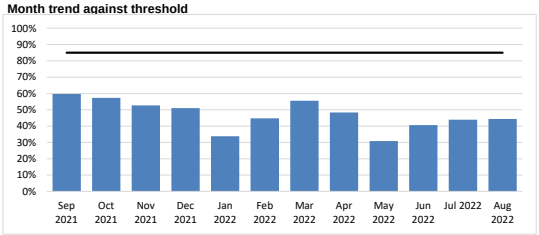
Actions
- All referrals are being triaged with high risk patients invited to attend a face to face appointment, and physical examination.
- Improvement work as above for 2ww cohort.

Progress
As per 2ww.

Cancer 62 Days RTT

Actual	44.2%	Q2 (Jul to Aug 22)	**Accountability**	D.Furnival
Threshold	85.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
NA	✗	NA	✗	NA	NA	✗	✗	NA
NA	50.9%	NA	26.7%	NA	NA	38.5%	52.2%	NA

The percentage of patients receiving first treatment for cancer following an urgent GP referral for suspected cancer that began treatment within 62 days of referral.

Key Issues
- Historical underperformance against the standard due to demand pressures, and diagnostic delays.
- The impact of Covid has resulted in capacity constraints and affected the ability of cancer systems across the UK to deliver planned cancer treatment for all its cancer patients.
- Demand for cancer pathways has increased to 110% of pre-pandemic levels with some tumour group at peak levels.

Actions
- All sites have action plans in place to improve performance.
- Referral rates have increased to above pre-Covid levels whilst the Trust is still reducing its backlogs due to diagnostics delays and patient choice.
- The wider GM system has put a number of actions in place to coordinate system capacity, including mutual aid for capacity coordinated via a GM Cancer Surgical Hub. In addition, GM wide work is taking place on the introduction of a single PTL for 4 specialist diagnostic tests.
- Capacity being utilised in the independent sector and the Christie to support timely treatment.
- Reviews of the most challenged pathways in place alongside a general CSS diagnostic review, which includes the intoduction of a cancer specific radiology PTL meeting.

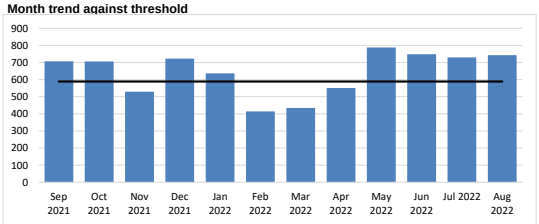
Progress
- Demand has increased to pre-pandemic levels with peaks across tumour groups.
- Performance - 62 day performance remains low and is not expected to improve whilst the backlog clears
- 62 day backlog plans in place with regular review.
- Safety remains a key priority and harm reviews continue to be undertaken for the longest wait patients.

No tumour group reached the required performance levels with skin performing the highest at 65.2%

Cancer 62 Days Backlog

Actual	743	(August 22)	**Accountability**	D.Furnival
Threshold	589	(Lower value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
NA	✗	NA	✗	NA	NA	✗	✗	NA
NA	231	NA	68	NA	NA	300	144	NA

Reduction in number of patients waiting to be seen over 62+ days and back to 19/20 baseline.

Key Issues
- The main driver is pathway delays in the diagnostic portion of the pathway.

Actions
- Regular review meetings in place with hospital teams in order to expedite action plans and reductions.
- Insourcing being utilised in some areas to reduce backlogs.
- Actions being implemented towards the end of November as part of a GM initiative - including an increase in Histopatholgy and radiology reporting to reduce backlogs and TAT.

Progress
- Some increase in the backlog due to early termination of an endoscopy contract which has now been replaced but led to a disruption in service at MRI
- Decrease in some activity at NMGH following disaggregation as above

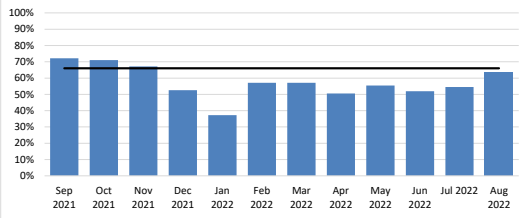
> Board Assurance

August 2022

Cancer Faster Diagnosis

Actual	63.8%	(August 22)	**Accountability**	D.Furnival
Threshold	66.0%	(Higher value represents better performance)	**Committee**	Trust Board

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
NA	✗	NA	✗	NA	NA	✗	✓	NA
NA	59.6%	NA	65.3%	NA	NA	62.0%	68.4%	NA

Percentage of Service Users waiting no more than 28 days from urgent referral to receiving a communication of diagnosis for cancer or a ruling out of cancer

Key Issues

- Issues in some specialties with time to first seen (WTWA Head and Neck and Breast across sites)
- Diagnostic delays are reducing performance both CSS and non CSS. Pathology turnaround is a specific issue in some areas such as skin and CSS are working on shorter term improvements.

Actions

- Review of provision of BPTP (Best Practice Timed Pathways)
- Other improvements mentioned in 2ww and 62 day sections also apply to the FDS standard.
- Radiology specific PTL and tracker in implementation to reduce TAT - this required further optimisation post Hive implementation.

Progress

FDS performance should improve in line with 2ww recovery plans as above for breast and head and neck but further work required on other areas of the diagnostic pathway.

Workforce and Leadership

P. Blythin

Core Priorities	✓	◇	×	No Threshold
	1	2	6	0

Headline Narrative

To support the successful implementation of Hive Electronic Patient Records (EPR) on the 8th September, the Workforce Directorate has been heavily focused on the digital readiness of our workforce. This has included:

• provision of a digital literacy programme entitled 'Developing Our Digital Workforce'
• logistics management and delivery of Hive Training to c40,000 staff and affiliate staff
• digital culture development and organisational change readiness

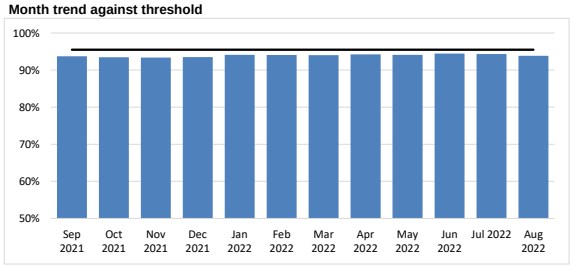
The strategic importance of the Hive EPR programme and the organisational focus on successful delivery has led to the de-prioritisation of a number of unrelated MFT People Plan deliverables. As such, a full review of the MFT People Plan within the post Hive Go-Live context will be undertaken over the coming weeks to ensure that the plan remains aligned to the strategic aims and objectives of the Trust.

Workforce and Leadership - Core Priorities

Attendance ×

Actual 93.9% (August 22) **Accountability** P. Blythin
Threshold 95.5% (Higher value represents better performance) **Committee** HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
×	×	×	×	×	×	×	×	×
94.9%	92.5%	93.9%	93.7%	93.6%	91.5%	93.5%	93.8%	93.9%

This monitors staff attendance as a rate by comparing the total number of attendance days compared to the total number of available days in a single month.

Key Issues
The Group attendance rate for August was 93.9% which is lower than the previous month's figure (94.3%). At the same point last year (August 2021) the attendance rate was 0.1% higher (94.0%).

The latest figures released by NHS Digital show that for June 2022 the monthly NHS staff sickness absence for the whole of the North West HEE region was 6.0% or 94.0% attendance rate (these figures include all provider organisations and commissioners) and were the highest in England. The London region reported the lowest sickness absence rate in June 2022 at 4.6% or 95.4% attendance rate.

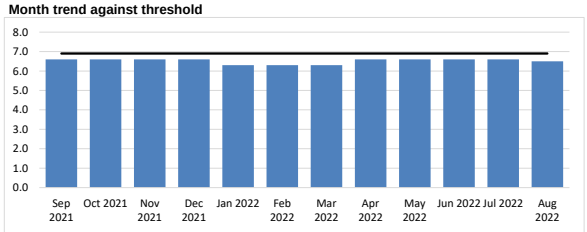
Actions
Attendance is one of the key metrics which is closely monitored through the Accountability Oversight Framework (AOF). Focused discussion with the HR Directors of each Hospital / Managed Clinical Service (MCS) / LCO also features prominently in the actions to improve performance. Corporate performance is addressed through the Corporate Directors' Group.

The Absence Manager system is in place across all MFT sites. Using recovery monies four new Absence Coordinator posts have been introduced across the Trust to support our managers to make best use of the Absence Manager system in the effective management of absence and to support the health and wellbeing of our staff.

Engagement Score (quarterly) ×

Actual 6.5 Q2 (Jul to Aug 22) **Accountability** P. Blythin
Threshold 6.9 (Higher value represents better performance) **Committee** HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
×	×	×	×	×	×	×	◇	×
6.4	6.3	6.5	6.4	6.5	6.5	6.3	6.5	6.8

This indicator measures the Staff Engagement score taken from the annual Staff Survey or quarterly Pulse Check. This score is made up of indicators for improvements in levels of motivation, involvement and the willingness to recommend the NHS as a place to work and be treated.

Key Issues
The staff engagement score for the MFT Group is 6.5. No Hospital or MCS has met the target threshold of 6.9 with the Local Care Organisation being the closest at 6.8.

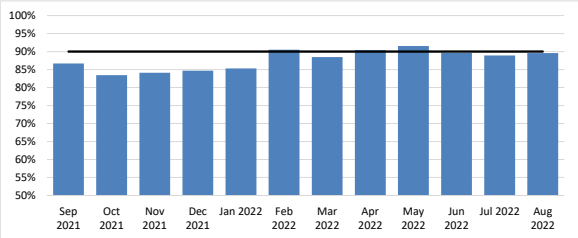
Actions
The Staff Engagement team provide organisational and local results and presentations to each site within 3 weeks of the data collection submission. The Staff Engagement and Recognition committee are kept informed of all related activity and are integral in the dissemination of key messaging and associated actions determined by the committee. Staff Engagement scores are shared at local level to enable HRD's to share with divisional leads, managers and leaders to enable them to respond, celebrate and take action in response to the results to demonstrate to staff they are listening in line with the MFT People Plan – We feel valued and heard.

Local activities include showcasing You Said, We Did, regular staff engagement meetings, links and support from OD leads and utilising staff forums to share best practice are some of the activities that take place to support a positive working experience for our staff. Group and local action plans are developed to address areas of lower scores.

Appraisal - Medical

Actual	89.6%	(August 22)	**Accountability**	P. Blythin
Threshold	90.0%	(Higher value represents better performance)	**Committee**	HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✓	◇	◇	✓	✓	◇	◇	✓	✓
90.6%	87.4%	87.2%	91.0%	92.5%	88.9%	89.8%	92.6%	92.3%

These figures are based upon compliance for the previous 12 months for Medical & Dental staff.

Key Issues

Compliance increased by 0.7% across the Group in August 2022. Currently any Hospital or Managed Clinical Service not meeting the target is close to doing so.

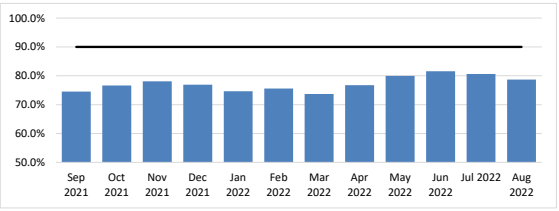
Actions

Appraisal reporting and compliance remains a key focus area with weekly and monthly reporting provided. Virtual sessions on effective appraisals have continued twice a month to support line managers. The Management Brilliance - OD Resource Portal provides line managers with access to guidance and toolkits. Work continues now in four areas: completion of an internal audit by KPMG to provide even greater assurance; accelerated support for NMGH; support for line managers detailed in our People Plan; and initiation of research and work to deliver a digital appraisal.

Appraisal - Non-Medical

Actual	78.7%	(August 22)	**Accountability**	P. Blythin
Threshold	90.0%	(Higher value represents better performance)	**Committee**	HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✗	✗	✗	✗	✗	◇	✗	✗	◇
70.8%	79.1%	82.5%	83.0%	84.2%	88.2%	81.8%	74.3%	87.3%

These figures are based upon compliance for the previous 12 months, new starters are now included in these figures and will be given an appraisal date with a 3 month compliance end date, in line with the appraisal policy statement: 'new starters should have an initial appraisal meeting within three months of commencement in post'. These figures do not include Medical Staff because this data is captured in a separate metric aligned to the medical appraisal system.

Key Issues

Compliance decreased by 1.9% across the Group in August 2022. No Hospital or Managed Clinical Service is currently meeting the 90% threshold target for this KPI. This was last achieved by the Eye Hospital in October 2021 at 90.6%. The only other Hospital to reach this target in the last year is the Dental Hospital.

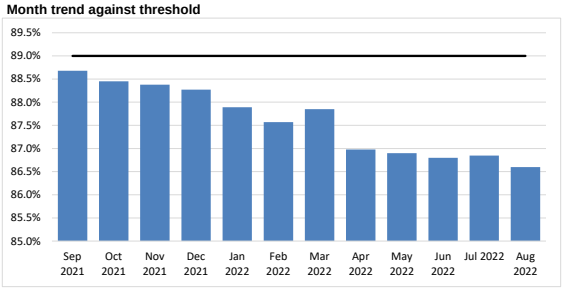
Actions

Appraisal reporting and compliance remains a key focus area with weekly and monthly reporting provided. Virtual sessions on effective appraisals have continued twice a month to support line managers, with over 100 managers attending sessions in first 3 months of launch in November 2020. NMGH was supported from day 1 and a new Management Brilliance - OD Resource Portal ensured line managers have access to guidance and toolkits. Work continues now in four areas: completion of an internal audit by KPMG to provide even greater assurance; accelerated support for NMGH; support for line managers detailed in our People Plan; and initiation of research and work to deliver a digital appraisal.

Retention - rolling 12 months

Actual	86.6%	R12m (Sep 21 to Aug 22)	**Accountability**	P. Blythin
Threshold	89.0%	(Higher value represents better performance)	**Committee**	HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
◇	✕	◇	✕	✕	◇	✕	✕	✕
85.4%	82.8%	84.9%	83.3%	84.9%	88.1%	83.0%	83.0%	82.8%

The Retention figure shows employees as a percentage that have been at the Trust for 12 months or more.

Key Issues

The Group retention rate for August was 86.6% which is 0.2% lower than the previous month's figure. No Hospital or Managed Clinical Service is currently meeting the 89.0% threshold target for this KPI.

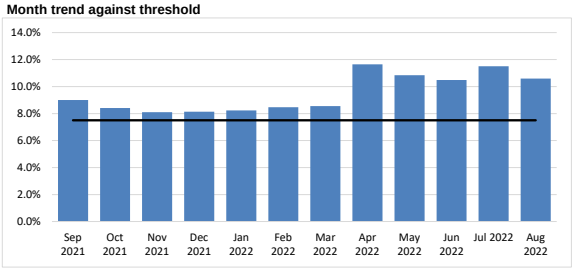
Actions

All Hospitals/MCS/LCO continue to focus on staff turnover with regular staff engagement sessions and facilitating internal moves to mitigate staff leaving the organisation. Workforce Planning to continue sharing the monthly Nursing Leavers Analysis report whilst developing an 'All Staff Groups' version of the report in Power BI.

All Vacancies

Actual	10.6%	(August 22)	**Accountability**	P. Blythin
Threshold	7.5%	(Lower value represents better performance)	**Committee**	HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✕	✕	✕	✕	✕	✕	✕	◇	✕
10.3%	13.5%	13.9%	13.1%	11.1%	22.7%	10.1%	7.6%	11.3%

This metric shows the number of vacancies at the Trust by taking the establishment figure and minusing the staff in post to show the number of vacancies. This is then divided by the establishment to get the percentage.

Key Issues

The Group vacancy rate for August was 10.6% which is lower than the previous month's figure (11.5%). No Hospital or Managed Clinical Service is currently meeting the 7.5% threshold target for this KPI.

Work is ongoing to understand the differences between what establishment is held in the ledger and staff that are not on ESR which is causing an inflated vacancy percentage. There could be Junior Doctors for example which are included in the establishment but not on ESR which is causing some of the discrepancies.

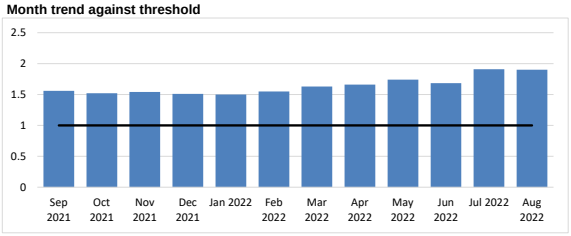
Actions

Work continues at pace to identify and remove blockages within the recruitment process, as a result of the ongoing streamlining programme of work. A key part of this programme is the provision of accurate reports to all Hospitals / MCSs and LCO on vacancies and applicants.

Relative Likelihood of White Staff vs BME Staff being Appointed

Actual	1.90	(August 22)	**Accountability**	P. Blythin
Threshold	1.00	(Lower value represents better performance)	**Committee**	HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✗	✗	✗	✗	◇	✓	✗	◇	✗
1.96	1.60	1.93	2.41	1.19	1.00	1.65	1.37	2.61

Relative likelihood of White staff being appointed from Shortlisting across all posts compared to BME staff being appointed from Shortlisting across all posts.

Key Issues

The Group relative likelihood of white staff being appointed compared to BME staff for August was 1.90 which is lower than the previous month's figure (1.91). Only the Dental Hospital is currently meeting the 1.00 threshold target for this KPI.

The information provided for Aug 2021 to July 2022 return is zero.

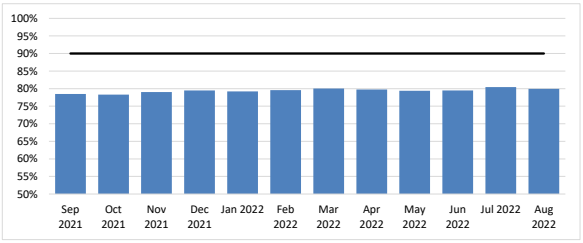
The Trust continues with the Removing the Barriers Programme to increase the proportion of black and minority ethnic staff in senior leadership roles. The Programme sets out work comprising of three interlinked components and associated priorities:

- Diverse Panels Scheme
- Reciprocal Mentoring Scheme
- Ring fenced secondments

Level 2 & 3 Mandatory Training

Actual	79.9%	(August 22)	**Accountability**	P. Blythin
Threshold	90.0%	(Higher value represents better performance)	**Committee**	HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
✗	✗	✗	✗	✗	✗	✗	✗	✗
79.9%	78.5%	78.0%	85.0%	81.3%	84.7%	80.4%	71.8%	84.1%

This indicator measures the % of staff who are compliant at the point the report is run. Staff are compliant if they have undertaken Level 2 & 3 CSTF Mandatory Training within the previous 12 months.

Key Issues

Compliance for Level 2 & 3 CSTF Mandatory Training has decreased by 0.4% across the Group in August 2022. No Hospital or Managed Clinical Service is currently meeting the 90% threshold target for this KPI or has met this target in the last year.

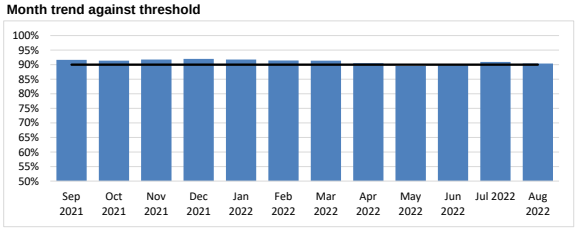
Actions

Work continues to drive compliance through weekly reporting sent to HR staff from all MCS/Hospital sites and Corporate HR and discussions via the Accountability Oversight framework (AOF) meetings. A communication campaign encouraged staff members to 'get ahead' with Mandatory Training prior to Go Live of HIVE.

Level 1 CSTF Mandatory Training

Actual	90.4%	(August 22)	**Accountability**	P. Blythin
Threshold	90.0%	(Higher value represents better performance)	**Committee**	HR Scrutiny Committee

Month trend against threshold



Hospital level compliance

Clinical and Scientific Support	Manchester Royal Infirmary	Royal Manchester Children's Hospital	Saint Mary's	Manchester Royal Eye Hospital	University Dental Hospital of Manchester	Wythenshawe, Trafford, Withington & Altrincham	North Manchester General Hospital	LCO
◇	✓	◇	✓	✓	✓	✓	◇	✓
88.2%	90.9%	89.3%	93.2%	93.2%	94.9%	90.1%	88.5%	92.3%

This indicator measures the % of staff who are compliant at the point the report is run. Staff are compliant if they have undertaken corporate mandatory training within the previous 12 months.

Key Issues

Compliance is monitored against the aggregate of all 11 Core Level 1 subjects. In August 2022 the aggregate compliance decreased by 0.5% to 90.4%. Only CSS, NMGH and RMCH have a compliance score below the 90% Trust target.

Actions

The governance of Mandatory Training has now transferred from the PMO project team into BAU and is now led by the Learning & Development Support Services team. Work continues to drive compliance through weekly reporting sent to HR staff from all MCS/Hospital sites and Corporate HR and discussions via the Accountability Oversight framework (AOF) meetings. A communication campaign encouraged staff members to 'get ahead' with Mandatory Training prior to Go Live of HIVE.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Director SRO for Hive Programme
Paper prepared by:	Dave Pearson, Programme Director
Date of paper:	November 2022
Subject:	Update on the HIVE programme
Purpose of Report:	Indicate which by ✓ • Information to note • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	The implementation of Hive supports the delivery of MFT's Vision and all of its Strategic Aims.
Recommendations:	The Board of Directors is asked to note the Go Live completion and the move to stabilisation phase
Contact:	Name: Julia Bridgewater, Executive Director SRO for Hive Programme Tel: 0161 701 5641

Update on the HIVE Programme

1. Background and recap

1.1 As one of the largest NHS Foundation Trusts in the UK, MFT requires an Electronic Patient Record (EPR) solution which supports its vision to be a world-class academic and teaching organisation.

1.2 Following an extensive procurement exercise, MFT signed a contract with Epic following approval of the EPR Full Business Case by the Board of Directors in May 2020. This was extended to cover North Manchester General Hospital following the formal acquisition of NMGH on 1st April 2021 and also now includes the Manchester Local Care Organisation.

1.3 MFT's EPR solution is called **Hive** reflecting the importance of clinical transformation and wide-spread change and improvement in every part and process of the organisation to benefit patients and staff. It complements the work underway to deliver the Trust Digital Strategy and supports the Trust research portfolio.

1.4 From September 2021, Julia Bridgewater, Group Chief Operating Officer has been providing dedicated Executive level oversight and leadership for the Hive Programme.

1.5 Following the two-year design, implementation testing and training phase, which was supported by robust programme management, Hive **went Live on 8th September 2022**. The Go Live was overseen by a full Group Executive led 24/7 command structure.

1.6 Following Go Live, the command structures were in place for five weeks ensuring a successful, safe and efficient transition by providing real time escalation and support to all Hospitals/Managed Clinical Services and the Local Care Organisation.

1.7 Following the cessation of the command centre structures, the programme has moved into the Stabilisation Phase with supporting governance structures stood up to ensure the organisation continues to support staff with the transition and so that early benefits can be realised.

2. Hive Go Live Update

2.1 The overall Go Live position proceeded **better than planned**. The cutover process (manual transfer of clinical data for inpatients) was successfully transacted, and Hive went live on time at 5.35am on 8th September 2022.

2.2 Feedback from outside MFT and from Epic is that this is one of Epic's best *Go Lives* which is an incredible achievement given the size, scale and complexity of the event. MFT have delivered the biggest Go Live in Europe and the second largest globally.

2.3 Hive has replaced four legacy Patient Administration systems, 300 supporting systems, across ten hospitals including North Manchester General Hospital following its disaggregation from the legacy Pennine Acute Trust.

2.4 The design, build, testing and training phase was clinically led and supported by 250 full time MFT staff and over 50 Epic staff working full time on the programme in the lead up to Go Live.

2.5 Following Go live, MFT entered a period of hyper support which consisted of:

- Hive Command Centre **24/7,** Chief Nursing Officer Command 24/7 and Hospital/MCS/LCO Command Centres
- 24/7 Hive, Epic and Technical teams in place at Trafford House directed by Hive Command to **resolve risk/issues** across all programme (build, training, technical, transformation)
- Supernumerary **Super Users** providing at the elbow support
- Epic Floor walkers in each Hospital/MCS providing **at the elbow support** and Epic senior leadership support in each command centre

2.6 As expected and **planned for** the Hive teams responded to and **resolved** a huge number of issues and escalations such as:

- Device Integration (ECG machines)
- Build fixes (Referral routing, scheduling of pre prescribed medications, results routing, consultant pools, medical task list assignments, link to NHS spine)
- Technical & kit (NMGH downtime, WiFi coverage, printing configurations, rover device configuration/access)
- Pharmacy robot integration

2.7 A number of **key themes** are being overseen by Pathway Councils (12 clinically led groups made up of the full set of professional and administrative groups from across all Hospitals/MCS/LCO) and bespoke task and finish groups:

- Depth of training & understanding of workflows (impacts on flow, discharge, user engagement)
- Pharmacy -medication pathway workflow compliance
- GP communication (changes to their workflows, lab and imaging results) & interfaces with laboratories across GM
- Data quality & reporting (legacy data transferred into Hive, reporting & tracking)

2.8 A summary of the Hive activity so far (8th September to 25th October) is as follows:

- Outpatient activity: 265, 53
- Emergency Attendances 70,123
- MyMFT users 33,000 and 200,000 log ins
- 2,200 births
- Lab tests 2,316,886
- Imaging studies 170,680
- Theatre cases 8,838
- Pharmacy transactions 2,580,634
- Transplants 26

3. Hive Programme – Stabilisation Phase

3.1 It is essential that we have a robust Stabilisation Governance in place following transition from the Command Centre phase.

3.2 The stabilisation phase will run from October 22 to March 23 following which we transition to Business as Usual (BAU)

- Oct-Dec: Phase 1: Ensuring we are stable and delivering critical safety changes and the highest priority work packages
- Jan-Mar: Phase 2: Commencing implementation of BAU processes and sign off of 2023/24 digital/capital programme

3.3 The stabilisation phase marks the start of the transition from the from the Hive being a programme to the key vehicle for facilitating our clinically led digital transformation and delivery of our full safety, efficiency and workforce benefits realisation.

3.4 A formal post Go Live assessment day s planned for 18th November which will focus on things that went well and learnings in the morning with the afternoon focused on early benefits realisation.

4. Governance and Risk Management

4.1 Robust external assurance arrangements remain in place with Deloitte providing regular gateway reviews. The final Gateway review (Gateway 5) will take place in late 2022 and early 2023 and will focus on stabilisation success, optimisation and benefits realisation.

4.2 Given the size and complexity of the programme, the standalone EPR Scrutiny Committee which has met on a bi-monthly basis chaired by Barry Claire, Non-Executive Director will continue to oversee the programme. The Deloitte External Assurance Reports are reported to this committee.

4.3 The management of the Hive Programme has had a robust risk management and strategy in place that aligns to and reports directly into the Trust Group Risk Oversight Committee (GROC). This has enabled clear executive ownership on Hive risks and also ensured that the risks were assessed and mitigated in line with interdependences on all the other Trust workstreams.

4.4 Given the size and complexity of the overall Hive Programme the programme there were two overall risks that have been reported into and managed via GROC. These relate to potential impacts on safety if the programme is not delivered effectively and the risk of Hospitals/Managed Clinical Services/Local Care Organisation not being operational ready for Go Live. The latter risk has now been downgraded and the first will be downgraded following sufficient a timescale for analysis and review.

4.5 There are three other specific Hive Risks that were reported into GROC will also be downgraded. These are the management of complex pathways at North Manchester General Hospital, the inclusion of the Local Care Organisation into the Hive Programme

(which was agreed later than the acute hospitals) and training. Each of these risks had dedicated mitigations in place prior to Go Live which were reported into GROC and managed through the Hive Programme Governance process.

5. Communications and Engagement

5.1 In September the Hive Communications and Engagement Strategy moved into the Go Live and Post Go Live phase, which focussed heavily on providing staff with guidance and practical support.

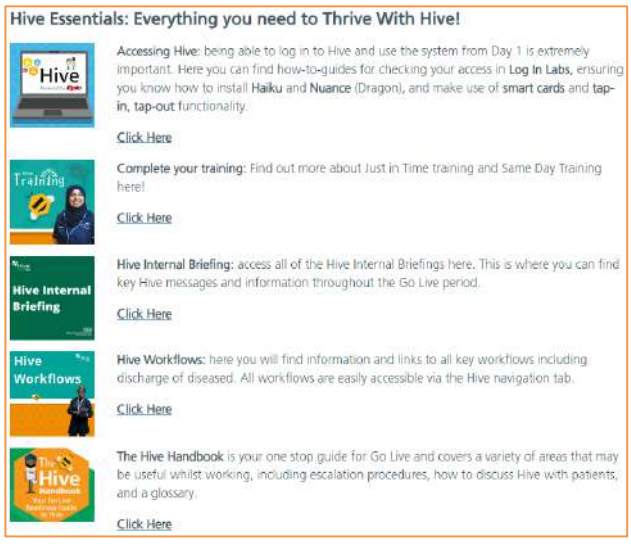
5.2 Patient facing communications were heightened across the MFT website, social media and across sites to inform patients that Hive had launched and to promote the new patient portal, MyMFT.

5.3 Increased support was dedicated to Primary Care colleagues as Hive changes affected GP Practices across Greater Manchester. It was vital that GPs were both informed of the changes and had (and continue to have) a responsive direct communication channel with MFT.

5.4 Key communications activities that have been completed over the Go Live period include:

Staff communications

- The use of the Hospital Command Centre structure and Pathway Councils provided invaluable channels to cascade messages and inform targeted staff groups of need-to-know information rapidly during the initial post-Go Live period.
- Hive Communications utilised the Trust-wide ***Hive Internal Briefing*** (HIB), the ***Hive Training Update*** and the ***redesigned intranet hub*** to inform all staff of key issues, resolutions, guidance and support offers. The HIB also reinforced need-to know clinical and system updates that may have affected large numbers of staff.



- Short animations, intranet banners and thank you vlogs were produced to reinforce support and provide practical information to staff throughout the post Go Live period.
- Super User and Floor Walker support guides were designed and distributed as part of the training of this key Go Live Staff Groups. Super Users and Floor Walkers were

rostered across all areas and provided ‘at the elbow’ support to staff to help using Hive for the first time.

External Communications

- On 8th September a press release was issued, and a Go Live social media campaign launched focussing on patient support and “please bear with us” messaging, whilst also recognising the huge achievement of the Hive Go Live milestone. Reactive management of social media and press management was required to manage patient queries and media enquiries.
- MyMFT webpages went live, including signposting across the wider MFT website, to ensure patients could easily sign up to the new patient portal.

- MyMFT marketing materials were produced and distributed, including posters, leaflets and pull up banners, alongside the website and social media content. The development of targeted MyMFT messages and materials are also in progress which highlight the benefits of the patient portal for proxy access and maternity patients.
- MyMFT has been a great success with over 33,000 patients now signed up to the service with over 200,000 log ins. Patients can see their appointments, review their Imaging and laboratory results with this new mobile app and web portal. Moving forward the functionality will be expanded with some trials underway currently where patients can book appointments, attend online consultations, message their medical team and take greater control of their health.
- GP communications became more streamlined over the Go Live Period to ensure key updates on Hive changes relating to pathology, radiology, and referrals, amongst others, were cascaded efficiently. Dedicated briefings and tip sheets for GPs on the new MyMFT patient portal were developed, alongside regular updates from Clinical and Scientific Services and the Laboratory Medicine Task and Finish Group.
- A series of engagement sessions for GPs also began in early October with a focus on changes for North Manchester GPs moving from T-Quest to ICE and referral changes that related to disaggregation on services at North Manchester General Hospital.
- Work is ongoing to streamline Primary Care communications further and increase engagement as we look at solutions for an interactive MFT/Primary Care hub.

6. Transformation

6.1 In the pre Go Live period Transformation were supporting Hospital/MCS/LCO teams in readiness activities with identified programmes of work focussed on the change Hive would bring post Go Live. There was specific support for Workflow Dress Rehearsals, Shadow charting and Frontline engagement and training activities with teams in the hospitals/MCS's and LCO.

6.2 During the actual Go live period the Transformation Team provided floor walking support through the month of September, working on the front line with clinical and operational teams supporting them to implement the new ways of working. This included general support to staff (printing, logging in, raising a ticket) as well as more specialist support to ensure the correct use of workflows and embed new ways of working.

6.3 From October onwards the team are focussed on embedding new ways of working. The Transformation team is working as part of pathway councils to support change activities that primarily involves stabilisation, beginning to pivot where possible to optimisation.

6.4 The suite of change projects identified before Go live are being reviewed to:

- Identify projects which require ongoing transformation work
- Pivot the approach to realization of benefits rather than delivery of capabilities
- Identify the key metrics required

7. Technical Deployment

7.1 The Technical team went into go-live in a strong position with the infrastructure supporting Hive fully tested for resilience, technical dress rehearsal having completed 97% of devices tested and over 34,000 users created in Hive. 30,000 unique users have since logged into Hive since go live.

7.2 During the go-live the technical teams supported from Trafford House (location of the Hive Command Centre) and on the ground across all hospitals supporting resolving issues as they arose. This has enabled the teams to react quickly to issues and provide on the ground assurance.

7.3 Technical teams have led a multidisciplinary approach to supporting clinical teams with the use of new hardware and workflows. The collaboration between technical, Hive application and digital clinical teams enabled rapid response and feedback loop to enable clinical end users to feel supported and part of technical improvements. As a result, the following has been achieved:

- Education for end users on what is possible on each device in the workflows
- Teams aware of additional workflows in Rover (portable devices) and Haiku (mobile Hive app clinical staff) for optimisation opportunities
- Alternative device solutions being proposed to alleviate access to a device challenge

- Different ways of working across sites and sharing of ways of working to support learning from each other

7.4 There have been two high severity issues post go-live with the network connections which caused periods of downtime for NMGH and Withington. The configuration or Hive infrastructure remained resilient and performed as expected minimising impact to the wider Trust.

8. Benefits Realisation

8.1 Given the significant impact of COVID on the operating environment and changes to the financial regime, the Hive benefits case has been reviewed. In terms of cash releasing benefits, the review work focused on re-baselining and planning of benefits with either expected early delivery or material financial value, or both.

8.2 Review and planning work continues between Group and Hospital / MCS teams on key programmes of early implementing cash-releasing benefits, including: Automation, redesign and process change in clinical administration and Outsourced typing; Informatics legacy systems shutdown; Electronic Document Management Storage; and paper-lite operations.

8.3 The intensity of planning was scaled down immediately prior to go-live to allow hospital/ MCS and corporate areas to focus on a safe and smooth implementation. At mid-October proposals were submitted to the EPR Implementation & Benefits Realisation Programme Board ("EPR Programme Board") aimed at reviewing and strengthening plan development and workstream focussed oversight governance committees.

8.4 These proposals aligned with emerging stabilisation governance and suggested the set-up of three benefit realisation oversight forums to further drive planning and management of Admin & Clerical, information Services and Operational Productivity programmes of work.

8.5 Work has also been continued to review and further develop a benefit register for all types of benefit, including the identification of appropriate key performance indicators to measure delivery of the benefit post Hive implementation.

9. Next Steps

9.1 The Hive Programme is on track following Go Live on 8Th September 2022 to deliver the goals of the stabilisation phase

9.2 This now a key milestone underpinning the delivery of the MFT Digital Strategy.

9.3 September 8th represented the beginning of a process of continuous improvement in patient experience and of our digital capability.

9.4 Assurance will continue to be provided to the EPR Scrutiny Committee supported by further updates to the Board of Directors.

10. Recommendation

10.1 The Board of Directors is asked to note the Go Live completion and the move to stabilisation phase

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Operating Officer
Paper prepared by:	Group Chief Operating Officer
Date of paper:	November 2022
Subject:	Board of Directors' self-certification for elective recovery
Purpose of Report:	Indicate which by ✓ • Information to note • Support • Accept • Resolution • Approval • Ratify ✓
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Delivery of the elective recovery programme supports delivery of MFT's aim to focus relentlessly on improving access, clinical quality and outcomes
Recommendations:	The Board of Directors is asked to ratify the Charman's and Group Chief Executive's self-certification of compliance with NHS England's elective recovery statements.
Contact:	Name: David Furnival, Group Chief Operating Officer Tel: 0161 701 5641

1. BACKGROUND

On the 25th October 2022, MFT received a letter from NHS England (NHSE) outlining the 'Next steps on elective care for Tier One and Tier Two providers'.

The letter requests that providers 'step up efforts' on the following measures:

- Excellence in the fundamentals of waiting list management
- Validation
- Appropriate surgical and diagnostic prioritisation
- Cancer pathway re-design for Lower GI, Skin and Prostate
- Outpatient transformation
- Surgical and Theatre productivity

The letter includes a number of targets/requirements under each measure and asks the Chair and Chief Executive of each organisation to complete a self-certification confirming twelve statements.

The letter is included in Appendix A for reference, and the detail of the MFT self-certification is included below.

2. MFT SELF-CERTIFICATION

The twelve statements for self-certification and how MFT complies with the, can be found below.

Statement 1: The Board has a lead Executive Director(s) with specific responsibility for elective and cancer services performance and recovery.

The MFT lead Executive Director for elective and cancer services performance and recovery is the Group Chief Operating Officer.

Statement 2: The Board and its relevant committees (F&P, Safety and Quality etc) receive regular reports on elective, diagnostic and cancer performance, progress against plans and performance relative to other organisations both locally and nationally.

The Board of Directors (BoD) and the Quality and Performance Scrutiny Committee (QPSC) receive reports at every meeting covering the topics above, including information on the performance of each Hospital/MCS/LCO through the Accountability Oversight Framework (AOF) summary.

Statement 3: The Board has an agreed plan to deliver the required 78 week and 62-day trajectories for elective and cancer recovery, and understands the risks to delivery, and is clear on what support is required from other organisations.

The BoD and QPSC receive reports detailing the progress against the agreed MFT plans to reduce these waiting times. Risks to delivery, linked to the planning assumptions are highlighted within these reports as well as in the Board Assurance Framework, which lists the controls in place and where assurance is received. In addition, the Group Risk Oversight Committee (GROC) receive regular reporting on the risks to delivery of operational standards as set out in the NHS constitution and NHSE Operational Guidance.

MFT continues to work with regional and national colleagues to identify all available capacity to support the reduction in waiting times. This includes specific interventions by specialty, as was the case in meeting the 104-week standard.

Statement 4: The Board has received a report on the current structure and performance of Lower GI, Skin and Prostate cancer pathways (including the proportion of colonoscopies carried out on patients who are FIT negative or without a FIT; the proportion of urgent skin referrals for whom a face to face appointment is avoided by use of dermoscopic quality images; and a capacity/demand analysis for MRI and biopsy requirements on the prostate pathway), and agreed actions required to implement the changes outlined in this letter.

The BoD receives assurance in relation to the detail of cancer pathways via the minutes of the Cancer Committee which are included in the report packs for the QPSC. Given the very specific nature of Statement 4, a further update on cancer diagnostics will be included in the December 2022 QPSC report of the Group Chief Operating Officer.

Statement 5: The Board is pursuing the opportunities, and monitoring the impacts, presented by Outpatient transformation and how this could accelerate their improvement, alongside GIRFT and other productivity, performance and benchmarking data and opportunities.

The BoD and QPSC receive assurance of this work through the reports of the Group Chief Operating Officer.

Statement 6: The Board have received a report on Super September and have reviewed the impact of this initiative for their Organisation.

The 'Super September' initiative forms part of the Outpatient Programme that reports into the Outpatient Steering Committee through to the Recovery and Resilience Board, and forms part of the Group Chief Operating Officer's Board report.

Statement 7: The Board have received reports on validation, its impact and has a validation plan in line with expectations in this letter.

Details of the validation plan is included within the Group Chief Operating Officer's General Update, Performance Standards & Recovery Programme report to this meeting. Validation has also been referenced in previous reports to the BoD and the QPSC and during discussions regarding operational performance. The Outpatients Steering Committee oversee this workstream.

Statement 8: The Board have challenged and received assurance from the lead Executive Director, and other Board colleagues, on the extent to which clinical prioritisation (of both surgical and diagnostic waiting lists) can help deliver their elective and cancer objectives. This should include receiving a review of turnaround times for urgent suspected cancer diagnostics and agreeing any actions required to meet the backstop maximum of 10 days from referral to report.

The BoD and QPSC have received assurance of this work via the MESH programme over the last two years. A further update on cancer diagnostics will be included in the December 2022 QPSC report of the Group Chief Operating Officer.

Statement 9: The Board discuss theatre productivity at every trust board; we suggest with the support of a non-executive director to act as a sponsor.

Theatre productivity is referenced in the reports of the Group Chief Operating Officer to the BoD and the QPSC. Instead of having a single Non-Executive Director as a 'sponsor' for the work, the QPSC, and its Non-Executive membership, oversee the productivity work and ensure it is prioritised as a way of improving operational performance.

Statement 10: The Board routinely review Model Health System theatre productivity data, as well as other key information such as day-case rates across trusts.

The BoD receives high-level assurance of theatre productivity data and other key information through the report of the Group Chief Operating Officer. Board members receive more detailed assurance at the QPSC, including through the AOF summaries.

Internally, Model Health System, the 'Foureyes' theatre dashboard and other similar tools are utilised to scrutinise productivity data at a Group, Hospital and specialty level.

Statement 11: Confirm your SROs for theatre productivity

The MFT SRO for theatre productivity is the Group Chief Operating Officer, supported by the other Executive Directors.

Statement 12: The Board ensure that our diagnostic services reach at least the minimum optimal utilisation standards set by NHS England.

Board members receive regular reports on diagnostic performance at BoD and QPSC meetings and receive assurance on the measures being taken to improve performance against optimal utilisation and access standards.
On the basis of the above statements, the Group Chairman and Group Chief Executive confirm compliance with the self-certification statements included in the NHSE letter of the 25th October 2022.

3. RECOMMENDATION

3.1 The Board of Directors is asked to ratify the Charman's and Group Chief Executive's self-certification of compliance with NHS England's elective recovery statements.

Appendix A: NHS England letter of 25th October 2022

To: NHS Trust and Foundation Trust chief executives and chairs

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

25 October 2022

Dear colleague,

Next steps on elective care for Tier One and Tier Two providers

On 18 October, NHS England wrote to the NHS outlining further plans to boost capacity and resilience for services over the coming challenging winter period. This letter now sets out immediate next steps for tier one and tier two of the elective recovery programme to ensure that our phase two objectives around 78 week waiters and 62 day cancer waits are met.

The NHS has delivered a massive reduction in patients waiting two years and is also now steadily reducing the number of people waiting more than 18 months and 62 days respectively. Activity levels compared to pre-pandemic are increasing but we can still do more. There is no one silver bullet, but through a combination of getting the basics right and data-led management and innovation, particularly on outpatient and diagnostic activity, we firmly believe that we can continue to make genuine progress.

We realise that there are a lot of asks on providers and that each of you will know best your local circumstances and what works well. However, through each wave of Covid over the past two years, hospitals have got better and better at protecting elective and cancer care. There are significant learnings from individual organisations across the country that can make a huge difference if adopted collectively. That is why we are now asking all colleagues to step up efforts on all of the measures outlined below. With this in mind, we ask that you complete the Board self certification, (see appendix A) to allow us to support you where you are having the greatest challenges. The fundamentals that we have, collectively, proven to work are:

Excellence in the Fundamentals of Waiting List Management

Ensuring operational management and oversight of routine elective and cancer waiting lists aligns with best practice as outlined/directed within the national programme and current Cancer Waiting Times guidance. All patients past 62 days for cancer and 78

weeks for wider elective care should be reviewed and the actions required to progress them to the next step in their pathway prioritised.

Validation

The validation and review of patients on a non-admitted waiting list is important for the appropriate use of outpatient capacity and to provide clean visible waiting lists to ensure timely and orderly access to care. There are three phases to validating waiting lists that providers are required to undertake routinely – technical, administration and clinical and, following on from guidance sent out on 16 August available here, we expect providers to meet this timeline:

a) By 23rd December 2022
   Any patient waiting over 52 weeks on an RTT pathway (at 31 March 2023) who has not been validated* in the previous 12 weeks should be contacted

b) By 24th February 2023
   Any patient waiting over 26 weeks on an RTT pathway (at 31 March 2023) who has not been validated* in the previous 12 weeks should be contacted

c) By 28th April 2023
   Any patient waiting over 12 weeks on an RTT pathway (at 20 April 2023) who has not been validated* in the previous 12 weeks should be contacted

Appropriate surgical and diagnostic prioritisation

We know that 85% of patients waiting longer than 62 days from their referral for urgent suspected cancer are waiting for a diagnostic test. For cancer in particular, the significant demand for additional diagnostic capacity means that Trusts need to adhere to the maximum timeframes for diagnostic tests within each tumour-specific Best Practice Timed Pathway, but should at all times have a maximum backstop timeframe of 10 days from referral to report. Trusts should undertake a comprehensive review of current turnaround times and what further prioritisation of cancer over more routine diagnostics would be required to meet this backstop requirement.

Trusts should ensure that existing community diagnostic centres (CDCs) capacity is fully utilised by ringfencing it for new, additional, backlog reducing activity, and working with their wider ICS partners to use a single PTLs across the system. Trusts should work across their systems to accelerate local approval of business cases CDCs, additional acute imaging and endoscopy capacity; and expedite delivery of those investments once approved, and should continue to explore partnerships with the independent sector to draw on or build additional diagnostic capacity.

Surgical prioritisation should continue to follow the guidance set out in the letter of 25 July, providing ringfenced elective capacity for cancer patients (particularly P3 and P4 urology and breast patients) and 78ww patients. Performance against the 31 day standard from decision to treat to treatment should be used to assess whether the first of these objectives is being met.

Cancer pathway re-design for Lower GI, Skin and Prostate

There are three pathways making up two-thirds of the patients waiting >62 days and where increases over the past year have been the largest: Lower GI, Skin and Urology. Service Development Funding was made available to your local Cancer Alliance to support implementation of these changes and additional non-recurrent revenue funding has also been made available nationally.

Lower GI: Full Implementation of FIT in the 2ww pathway

As set out in the joint guidance on FIT issued by the British Society of Gastroenterology and Association of Coloproctology of Great Britain and Ireland (ACPGBI), and reinforced in this letter, most patients with suspected colorectal cancer symptoms but a FIT of fHb <10 µg Hb/g, a normal full blood count, and no ongoing clinical concerns should not be referred on a LGI urgent cancer pathway. Where referred, teams should not automatically offer endoscopic investigation but consider alternative, non two week wait, pathways as set out in the letter.

Full implementation of teledermatology in the suspected skin cancer pathway

All Trusts should work with their ICS to implement teledermatology and digital referral platforms to optimise suspected skin cancer pathways and reduce unnecessary hospital attendances to tackle the backlog and meet increasing demand. NHS England's guidance on the implementation of teledermatology pathways is endorsed by the British Association of Dermatologists and supports a Best Practice Timed Pathway for skin cancer which has been published this week.

Implementation will require provision for dermoscopic images to be taken for Urgent Suspected Cancer Skin cancers. This could be delivered by primary care, a separately contracted service delivered by primary care, in a community image taking hub setting, or by medical illustration departments in secondary care. Capacity must be in place for daily dermatologist triage of images, as either additional activity or as part of existing job plans. Following triage, the consultant or a member of their team should communicate with the patient (via telephone, video or face-to-face consultation) and be booked directly for surgery and receive appropriate preoperative advice and counselling if required.

Full implementation of the Best Practice Timed Pathway for prostate cancer

All provider Trusts should implement the national 28-day Best Practice Timed Pathway for prostate cancer, centred on the use of multiparametric MRI (mpMRI) before biopsy. Using pre-biopsy mpMRI means patients can be triaged towards a biopsy so at least 25% can avoid it, over 90% of significant cancers can be diagnosed on imaging and fewer insignificant cancers are diagnosed. Use of local anaesthetic transperineal biopsy where clinically indicated provides increased accuracy and reduced risk of infection, without the resource intensity of procedures done under general anaesthetic.

Implementation will require all patients to be booked in for both mpMRI and biopsy at the point of triage, with triage taking place no later than 3 days from the date the referral is received. Ring-fenced mpMRI slots should be in place – weekly demand analysis from radiology requesting systems should be used to inform the level at which this is set, with frequency of mpMRI slots sufficient to support delivery of timely biopsy. Maximum use of local anaesthetic transperineal prostate biopsy should also be ensured, with general anaesthetic biopsy used only where clinically indicated or for patient preference. Pre-biopsy mpMRI and biopsy procedures should take place no later than 9 days from the date the referral is received.

Outpatient transformation

Outpatients make up around 80% of the total waiting list and it is crucial that, over the winter period, providers continue to keep a strong operational focus on providing these services. Providers are asked to continue their work to deliver a 25% reduction in outpatient follow up appointments by March 2023.

a) As part of this, trusts are asked to continue the expansion of patient initiated follow up (PIFU) to all major outpatient specialties, especially increasing the volume of PIFU activity in specialties where it is now well established.
b) Continue to deliver at least 16 specialist advice requests per 100 first outpatient appointments. Providers are asked to focus efforts on pre-referral advice models.
c) Further initiatives to support outpatient follow-up (OPFU) reduction should also include improved and standardised discharge procedures and more effective administrative processes – including focusing on reducing DNAs in outpatient settings
d) In order to enable a personalised approach for outpatients and where it is clinically appropriate to do so, outpatient appointments should continue to be delivered via video and telephone, at a rate of 25% of all outpatient appointments. Remote consultation guidance and implementation materials can be found on NHS Futures here.

Surgical and theatre productivity

It is essential that we make best use of available surgical capacity, to drive productivity improvements and protect elective activity through winter. As such we expect providers to:

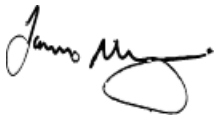
a) Review the senior responsible officer(s) (SROs) and oversight arrangements in relation to theatre productivity and strengthen these if necessary. Ideally, it should consist of a senior manager working 'shoulder-to-shoulder' with a senior clinician – to succeed we need both groups working together.
b) Drive up theatre utilisation to 85%, underpinned by the cases per list standards set out within the GIRFT high volume low complexity (HVLC) programme.
c) Make elective surgery daycase by default, delivering daycase rates across all surgery of 85%, and helping to free up valuable inpatient beds for complex work.
d) Maximise Right procedure right place, taking simple surgical procedures out of theatre into procedure rooms, eg hand surgery, cyctoscopy, hysteroscopy
e) Adopt best practice pre & peri-operative medicine pathways to reduce issues of under booking of lists, on the day cancellations, and pro-longed length of stay, as well as providing better care for patients.
f) Optimise the booking & scheduling processes, ensuring that patients are ready for surgery prior to being offered a surgery date, with an embedded data driven, clinically led approach.
g) Not performing those interventions identified as 'must not do' on EBI lists 1 and 2 and following the stated process for those List 1 and 2 interventions that should only be performed after applying the specific criteria.

Board Self-certification

As part of the above priorities, we are asking each provider to undertake a Board self certification process and have it signed off by Trust Chairs and CEOs by November 11, 2022. If you are unable to complete the self certification process then please could you discuss next steps with your Regional team. The details of this self certification can be found at Appendix A.

Thank you for all of your continued hard work in addressing what are two critical priorities for the NHS over the winter period. Please share this letter with your Board, key clinical and operational teams and relevant committees, and do email england.electiveopsanddelivery@nhs.net should you have any questions.

Yours sincerely,



Sir James Mackey
National Director of Elective Recovery
NHS England

Dame Cally Palmer
National Cancer Director
NHS England

Elective Recovery Self certification **Appendix A**

The Chair and CEO are asked to confirm that the Board:

a) Has a lead Executive Director(s) with specific responsibility for elective and cancer services performance and recovery.

b) That the Board and its relevant committees (F&P, Safety and Quality etc) receive regular reports on elective, diagnostic and cancer performance, progress against plans and performance relative to other organisations both locally and nationally.

c) Has an agreed plan to deliver the required 78ww and 62 day trajectories for elective and cancer recovery, and understands the risks to delivery, and is clear on what support is required from other organisations.

d) Has received a report on the current structure and performance of Lower GI, Skin and Prostate cancer pathways (including the proportion of colonoscopies carried out on patients who are FIT negative or without a FIT; the proportion of urgent skin referrals for whom a face to face appointment is avoided by use of dermoscopic quality images; and a capacity/demand analysis for MRI and biopsy requirements on the prostate pathway), and agreed actions required to implement the changes outlined in this letter.

e) Is pursuing the opportunities, and monitoring the impacts, presented by Outpatient transformation and how this could accelerate their improvement, alongside GIRFT and other productivity, performance and benchmarking data and opportunities.

f) Have received a report on Super September and have reviewed the impact of this initiative for their Organisation.

g) Have received reports on validation, its impact and has a validation plan in line with expectations in this letter.

h) Have challenged and received assurance from the lead Executive Director, and other Board colleagues, on the extent to which clinical prioritisation (of both surgical and diagnostic waiting lists) can help deliver their elective and cancer objectives. This should include receiving a review of turnaround times for urgent suspected cancer diagnostics and agreeing any actions required to meet the backstop maximum of 10 days from referral to report.

i) Discuss theatre productivity at every trust board; we suggest with the support of a non-executive director to act as a sponsor.

j) Routinely review Model Health System theatre productivity data, as well as other key information such as day-case rates across trusts.

k) Confirm your SROs for theatre productivity.

l) Ensure that your diagnostic services reach at least the minimum optimal utilisation standards set by NHS England.

Signed by CEO Date:

Signed by Chair Date:

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Operating Officer
Paper prepared by:	Group Chief Operating Officer Team
Date of paper:	November 2022
Subject:	Performance Report
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	To achieve high standards of patient safety and clinical quality across the Trust demonstrated through performance outcome measures
Recommendations:	The Board of Directors is asked to note the contents of the report and associated actions being undertaken to support safe and timely urgent/emergency and elective access for patients
Contact:	Name: Lorraine Cliff, Director of Performance Tel: 0161 276 6121

1. PURPOSE

The purpose of this briefing is to provide an overview of the Manchester Foundation Trust (MFT) ongoing recovery from the COVID pandemic, including operational planning, performance, and improvement / transformation activities focusing on 3 areas: -

- Patient Safety, including Emergency Department and flow
- Cancer performance
- Approach to treating long-wait patients

2. EXECUTIVE SUMMARY

Hospitals have continued to be challenged across urgent care pathways throughout Q2 and during October the pressures escalated to a position where all Adult acute sites were in heightened escalation. As a result, on 19th October MFT moved to a command-and-control structure involving twice daily Escalation meetings chaired by the Group Chief Operating Officer with senior representatives from all Sites. MFT stepped down from the Group wide command and control arrangements on the 28th October, following a progressive de-escalation of pressures over the period. All sites retained their local escalation procedures with support via the normal on-call arrangements.

Winter funding was approved across the locality in September and due to the pressures in October several the schemes were expedited. These included implementation of winter wards, additional discharge to assess capacity and acceleration of virtual ward expansion. In addition, there was system escalation through GM and support provided with out of area delays and mental health assessments.

The emergency pressures have challenged the MFT elective programme resulting in an increased number of elective cancellations. To help mitigate this risk through winter, plans for the use of Trafford have been accelerated, supporting the transfer of activity from MRI, St Mary's, and Wythenshawe from November. This will also support the hospitals focused efforts on reducing the cohort of patients waiting 78+ weeks, alongside the focus on theatre and outpatient productivity. MFT is working with regional and national colleagues as part of the national mutual aid programme to identify independent sector and NHS capacity

Cancer has continued to be a priority area with Group Executive oversight to focus on reducing the backlog of patients waiting over 62 days for treatment. Additional capacity has been sourced for those tumour sites that continue to have high volumes of referrals, namely Head & Neck, OMFS, Breast and Skin.

3. URGENT CARE AND FLOW

Urgent Care Current Position

Performance against the A&E 4hr standard has remained largely stable through April to August at 62.7%, this dipped in September as a result of the migration to the new EPR system which was expected whilst the system was bedding in.

There remains significant challenges with flow across Hospitals, overall MFT occupancy is running ~91%, albeit medical ward capacity is much higher at c.98-99%. Equally COVID admissions have been rising

since mid-September. Hospitals continue to focus efforts on improving flow out of the department and ensuring patient safety is maintained.

Ambulance handover performance remains challenged, impacted by reduced flow resulting in an increase in patients spending more than 12 hours total time in the department. Longer waits continue to be the focus of targeted work to improve the accuracy of turn around reporting. Patients with no reason to reside continue to remain stubbornly high accounting for an average of 10% of G&A beds and the Discharge Resilience programme led by the MLCO with Hospitals is striving to improve on this.

Key performance Indicator	Standard	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
A&E 4 Hour Access	95%	63.8%	63.5%	62.1%	61.1%	63.1%	52.9%
A&E GM 4 Hour Access		61.4%	62.8%	60.4%	60.8%	61.3%	59.5%
12 hour trolley waits	0	127	21	68	9	9	197
> 12 hrs total time in dept	< 2%	8.0%	6.5%	7.7%	9.2%	9.6%	11.1%
NWAS handover delays 30 - 60 mins	<5%	12.5%	11.5%	11.6%	13.5%	14.5%	15.0%
NWAS handover delays > 60 mins	0	508	387	760	599	669	657
No Reason To Reside	240	299	301	351	348	394	344

Ongoing Actions:
There continues to be a programme of improvement activities across the Emergency Departments as follows:-

Ambulance Handover Times
Improving ambulance handover turnaround times continues to be a focus across hospitals. Hospitals have continued to take forward the recommendations from the summit meeting in Quarter 1, including improving data quality by increasing the compliance with the dual pinning process using a standard operating procedure and increasing the availability of HAS screens and their appropriate location.

There was a marked improvement throughout July and August with handover compliance at North Manchester General Hospital, regularly reporting performance close to the region's best performer, Salford Royal. Highlights include the introduction of Doc at the Door, whereby a senior clinical decision maker acts as a streamer deflecting patients to other areas; this sits within a suite of actions across the non-elective pathway, and they have significantly improved the dedicated leadership to achievement of the ambulance handover standards. Wythenshawe continue with the implementation of their improvement initiatives like the ward wait protocol and instigation of Full Capacity Protocol.

Managing Flow
The Transformation Team have, since the initiation of HIVE in September, supported the non-elective pathway by taking up floor walking and super user duties to support staff whilst they assimilated to the new system. This included full coverage of all medicine inpatient areas across the hospitals to support Board Rounds, use of Estimated Day of Discharge and Ward Rounds.

As part of this work the Transformation Team are supporting Wythenshawe in a formal project focused on improving daily processes at ward level for flow. The project will aim to increase the number of discharges before midday and reduce length of stay thus increasing the number of discharges on any given day.

Same Day Emergency Care
Greater Manchester Combined Authority Urgent Care Team have set up a programme of work for improving SDEC utilisation and through the GM Provider Federation will provide accountability for specific improvement on two key metrics: -

- Maximise the opportunity for numbers of patients streamed directly to Same Day Emergency Care (SDEC) from the ED point of entry
- Maximise numbers of patients conveyed directly to SDEC via ambulance. This is designed to support the reduction in long delays for ambulance handover.

The Transformation Team are developing the model to pilot at one of the ED sites with the aim of then sharing the standard work across MFT.

Wythenshawe Emergency Care Village Team are about to trial moving their current SDEC closer to the ED and increase the pathways that can be directed. This service will encompass Frailty, Medical SDEC, GP Admissions and respiratory patients. The first phase is due to start imminently.

Virtual Ward
This project is in response to the national requirement to expand Virtual Ward under the 'Hospital at Home Programme' It is a 2-year transformation programme building on learning from implementation during the Covid-19 pandemic and a requirement to expand new capacity by a target of 40-50 virtual ward 'beds' per 100k population by December 2023. Health Innovation Manchester are leading the programme on behalf of Greater Manchester Combined Authority (GMCA). Circa 24 patients are now utilising the virtual ward environment and each of the hospitals has a trajectory to increase this over the coming weeks. This sits alongside the GMCA funded wearable technology pilot that runs until December 2022 which NMGH, MRI and Wythenshawe are taking part in.

Recruitment and securing capacity to the virtual ward model is on-going, with key appointments across ACPs, consultant physician time and administration time. The Local Care Organisation's central pilot recruitment is also ongoing, with senior nurses and a GP now undertaking specific sessions. A senior physiotherapist is due to start in October which will strengthen the model. Maximising pathways at MRI, has been strengthened through creating links with the frailty pilot and acute medical model mutually supporting each other, which also includes Geriatrician support; this has resulted in the biggest increase in patients since the pilot started with 20 patients now being managed through this pathway.

Engagement with home care and social care commissioners to support frailty virtual ward has commenced focused on standardising the model.

Expected Outcomes:

- Admission and attendance avoidance to reduce the footfall into ED's and lower the volume of attendances per day
- Reducing occupancy levels across non-elective pathways by supporting earlier discharge and avoiding admission in the first instance and maximising the Virtual Ward option
- Improvement in ambulance handover to within acceptable levels whilst reducing the risk associated with delays in handover and MFT's reputation
- Improve flow out of Emergency Departments across the 24-hour period

4. ELECTIVE ACCESS

ELECTIVE PROGRAMME

The Elective Care programme continues to focus on the management of clinically urgent (P2) patients, cancers, and long waits. Hospitals have been proactively managing their long wait patients to reduce the

number of patients waiting 104+ weeks. New supporting guidance has been issued by the national team to aid providers in managing their waiting lists in relation to patient choice, this has been circulated to operational teams to assist them with patient pathway management. Significant progress has been made with Trust Sites now focusing on reducing long-wait backlogs even further with clearance required for 78-week-wait patients by March 2023. It is recognised that delivering the 78-week-wait target will be challenging and the Trust continues to work with Independent Sector Providers (ISPs) to support and are part of the National Mutual Aid programme.

Ongoing Actions:

Theatre Utilisation / Productivity - The elective programme continues to focus on supporting sites to treat both long waiting and clinically urgent patients across MFT, a key aspect of this is increasing theatre capacity through maximising productivity and increasing utilisation across all sites, and the development of Trafford as a MFT Surgical Hub.

MFT already has programmes of work, agreed standards and processes in place to support improvements in utilisation, including the 6, 4, 2 booking and scheduling process for theatres. Hospital Chief Executives and Directors of Operations oversee delivery of these as business-as-usual processes as discussed through the covid R&R Group in November.

In addition, MFT is utilising Trafford site as a pilot site for the implementation of best practice in theatre utilisation, as well as implementation of a 23-hour model. The reporting for this programme has been through the Covid R&R Group and will move to the new Operational Excellence Board that has been established from November, both of which feed through to Group Committees / Board for oversight. The programme to date has been focused on:

- Demand and capacity planning,
- Establishing robust and detailed theatre data from Hive
- Implementation of the 23-hour model.

In support of this work the Trust has engaged the NHSE Getting It Right First Time (GIRFT) team who undertook a visit to the Trafford site at the start of November. Routine utilisation information for Trafford has been reported on a weekly basis through the governance structure noted above.

MFT transformation resource is being utilised to support all of the programmes related to theatre utilisation and productivity. In addition, it is also focused on maximising use of external system-wide capacity such as Independent Sector and GM hub capacity at Rochdale and the Christies.

OUTPATIENTS

MFT has an established Outpatient programme jointly chaired by a Group Executive Medical Director and RMCH Chief Executive. The programme is focused on delivery of key areas of national planning requirements, internal development areas, and consideration of new best practice and NHSE initiatives. In addition, the programme has supported the requirements of Hive implementation, which has diverted resources during this time. This meant that MFT given its focus on Hive go live was unable to implement in its entirety the NHSE initiative of ‘Super September’, albeit overall the programme is aligned to the principles of this initiative and specific work was undertaken in relation to Gynaecology / Menopause. The programme reports into the Operational Excellence Board.

Outpatient Programme:

- **PIFU** - MFT is achieving 1.5% of patient initiated follow ups (PIFU) against a target of 5% by March 2023, meaning between 1,500 and 2,000 patients are being placed on a PIFU pathway monthly. We currently have approximately 14,000 active PIFU patients.
- **Virtual Triage / Advice & Guidance** - Pre-HIVE MFT implemented virtual triage in services accounting for 85% of GP referrals, this supported Advice & Guidance with c1,500 referrals being re-directed or provided with specialist advice through this route each month. Hive go-live has rapidly expanded this to include all referrals (GP referrals account for <50% of all MFT referrals) and services that had not adopted virtual triage. Data from Hive go-live is being validated but initial indications are that there has been a step change increase in Advice & Guidance and referrals being returned.
- **MyMFT patient portal** - was launched as part of the Hive go-live. This supports better patient communications, with patients able to access letters, appointment information and results through the portal. Future functionality will allow patients to change their appointments through the portal giving patients greater control of their care, but this has not yet been launched.
- **Virtual consultations** - Between April 2021 and April 2022, the Trust delivered 23% of clinic activity virtually against a target of 25%. Hive has moved video consultations from the Attend Anywhere platform to Microsoft Teams, which is integrated with the MyMFT app, improving the patient experience.

Super September:

- MFT is piloting a Care Navigation Hub (CNH) in Gynaecology as part of a GM pilot. This seeks to manage patients outside of hospital, in lower cost settings, and in faster timescales. Indications are that 30% of GP referrals can be managed in this way, with a service in South Manchester consistently achieving this rate of deflection from hospital, and the pilot will extend this to North Manchester.
- As part of this pilot, MFT are piloting the use of a menopause clinical decision-making app that could allow patients to receive Hormone Replacement Therapy (HRT) treatment much faster than otherwise. Both initiatives are being targeted at the existing waiting list to avoid inequity of access in the first instance, and as part of the Super September initiative.

Validation:

- NHSE set out in its letter dated 25th October 2022, requirements for organisations to undertake systematic technical, administrative and clinical validation of all patients on an RTT pathway between now and next April 2023, with deadlines as follows:
    - Patients waiting >52 weeks validated by 23rd December
    - Patients waiting >26 weeks validated by 24th February 2023
    - Patients waiting >12 weeks validated by 20th April 2023

  Progress of delivery against these requirements will be done through the Operational Excellence Board.
- MFT has undertaken a robust data quality validation programme in support of the migration of data from existing trust systems into Hive, which has been overseen by the Group Executive SRO for Hive via the MFT Data Quality Board. In addition, this is supported by an operational Data Quality Steering Group led by Informatics with all Hospitals represented. These forums continue to support data quality / validation programmes of work through the ongoing Hive stabilisation period.
- MFT already has a continuous programme of validation to support waiting list management and to enable patient choice. During the pandemic a full validation of the elective waiting list was undertaken.
- MFT has partnered with Healthcare Communications to undertake administrative validation of the waiting list which entails a digital letter to be sent to patients via a text message, and for patients to be able to respond digitally for their ease.
- Since the start of 2022 the focus of validation has been on the longest wait patients to support the NHSE requirement to eliminate the 104 week waits across the NHS, which MFT successfully achieved.

- Now that this has been achieved focus had already been shifted to extending validation to those patients waiting in the lower week cohorts, and this work will be aligned to support the requirements of the NHSE letter set out above.
- Prioritisation of validation and oversight of the volumes this entails will be discussed through the Operational Excellence Board on 9th November.

CANCER

Current Position

The table overleaf provides the latest published performance data for cancer as at the end of August 2022. Total referrals for suspected cancer have reduced across July and August towards pre covid levels, however it is unknown whether that is due to the usual summer reduction or a true return. It remains the case that there is variation on levels of return between tumour group and month on month.

Published data for all cancer metrics to August 22

Measure	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
MFT Two week wait breast symptomatic (93% target)	17.00%	11.60%	17.00%	12.60%	30.60%	16.30%	16.60%	23.50%
Two week wait performance Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
MFT Two week wait performance (93% target)	56.10%	64.60%	61.60%	53.00%	61.60%	57.20%	55.10%	54.10%
MFT Two week wait Activity	3,827	4,318	4,584	3,624	4,446	4,182	4,705	5,043
MFT Progress to 7 days (% under 7 days)	22.80%	21.00%	18.30%	18.40%	19.80%	17.00%	18.40%	20.90%
MFT Faster Diagnosis (75% target)	36.90%	58.70%	56.40%	46.90%	56.00%	42.90%	55.10%	61.00%
MFT 31 day Performance (96% target)	74.60%	87.20%	91.00%	88.50%	84.10%	84.90%	86.20%	85.20%
MFT 62 days performance (85% target)	33.80%	44.80%	55.50%	48.60%	30.90%	40.60%	44.00%	44.40%

The cancer 62 days backlog reduction target has been refreshed and recovery plans reset across hospitals/MCSs, with actions and their expected outcomes noted. The end of August position was 744 against a trajectory of 490 with 168 of those being over day 104 (target 144).

Improvement Actions:

- Bi-weekly Cancer Taskforce and weekly operational delivery group led by Group Executives continue
- The bi-weekly taskforce led by the Group Medical Director provides a clinical focus and oversight on harm reviews and best-timed pathway design.
- Improvement plan following the review of Imaging undertaken in June continues to be tracked and delivered to improve the diagnostic turnaround pathways
- Capacity and demand modelling by tumour site has been produced and circulated and will be further built on during the period to the next planning submission
- The Urology MFT@Christie model continues, and mutual aid is in place for gynaecology patients as required. Work towards the SHS model and a true single PTL across WTWA and ORC is ongoing.
- A review of cancers resources across sites with a view to harmonising practices and roles
- Continued use and focus to utilise IS capacity for endoscopy demand.
- Additional clinical capacity in place at weekdays and weekends including resource for the most underperforming tumour groups, Head and Neck, Breast, and skin.
- A single point of access has now been set up for H&N across MFT and referrals are now being seen within 2 weeks.
- Focused fortnight is planned for end of November. This is a GM wide initiative and several schemes have been identified over the 2 weeks that will increase capacity across a number of tumour sites.

Expected Impact:
The focused actions aim to increase the number of cancer pathway patients being seen within 7 days, reduce the diagnostic phase with more patients being given a yes / no diagnosis within 28 days and reduce the overall treatment times.

5. RECOMMENDATIONS

The Board are asked to note the contents of the report and associated actions being undertaken to support safe and timely urgent/emergency and elective access for patients.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Nurse & Director of Infection Prevention and Control (DIPC)
Paper prepared by:	Michelle Worsley, Assistant Chief Nurse (ACN) Infection Prevention and Control/Tissue Viability Alison Lynch, Group Deputy Chief Nurse
Date of paper:	November 2022
Subject:	Update on the Infection Prevention and Control response to COVID-10, including: • Nosocomial Infections • Updated National Guidance • COVID-19 and Seasonal Influenza vaccination programmes
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Staff and Patient Safety, Patient Experience
Recommendations:	The Board of Directors is asked to note the information provided in the report and specifically: • COVID-19 testing in periods of low prevalence[1] routine asymptomatic testing in hospital and care home settings was paused, this may increase nosocomial transmission of infection • Cases of COVID-19 are rising in both community and hospital settings • CPE task and finish group to be convened to review current situation • Monkeypox cases requiring hospital admission remain low, 9 patients to date. • The national target for frontline healthcare workers is to offer 100% of staff the flu vaccine, with a CQUIN target of 70-90% and 100% offer to COVID-19 Autumn boosters for all staff.
Contact:	Name: Michelle Worsley, Assistant Chief Nurse (ACN) Infection Prevention and Control / Tissue Viability Tel: 0161 276 4042

1.0 Purpose

1.1. The purpose of this paper is to provide an update to the Board of Directors on the Infection Prevention and Control (IPC) response to COVID-19, including:

- Update on national and regional guidance
- Healthcare associated infections (nosocomial transmission) of COVID-19 and other organisms.
- The COVID-19 and seasonal influenza vaccination programmes
- A brief update on monkeypox infection and associated vaccination programme at MFT.
- Update on MFT COVID-19 and Influenza vaccination programmes

2.0 Update on National and Regional Guidance

2.1. From 14th April 2022 existing national COVID-19 guidance was withdrawn and replaced with the National Infection Prevention and Control Manual (NIPCM) for England[2] The document has been implemented within England to support compliance with the ten criteria within the Health and Social Care Act 2008[3].

2.2 The NIPCM is non pathogen specific and is based upon the standard infection control principles which are basic IPC measures necessary to reduce the risk of transmitting infections and transmission-based precautions which are additional precautions required when caring for patients with known or suspected pathogens.

2.3 Pathogen specific guidance is produced separately by UK Health Security Agency (UKHSA). The IPC Board Assurance Framework (BAF) updated in September 2022 had previously been included within the overarching MFT BAF. The IPC BAF provides systematic review of the ten criteria within the Health and Social Care Act 2008 and identification of supporting evidence, potential gaps in assurance and mitigating actions and therefore will be presented as part of this update report gong forwards.

2.4 The NIPCM reflects that while COVID-19 is still circulating across the UK, and will continue to do so, infections in communities are far lower than at peaks during the pandemic. Furthermore, the level of vaccinations and the less virulent strains mean that whilst hospitals remain under pressure there are significantly fewer admissions related to COVID-19 being admitted to critical care.

2.5 From the 5th September 2022, in line with updated NHSE/I guidance COVID-19 testing in periods of low prevalence[4] routine asymptomatic testing in hospital and care home settings was paused, this included asymptomatic adult patients and asymptomatic healthcare staff. There is a risk this may increase nosocomial infection, to mitigate the risk staff continue to implement a suite of IPC measures which includes wearing fluid resistant face masks (FRSM) in all patient facing scenarios.

2.6 Testing will continue in symptomatic patients and in those patients who are cared for in Priority 1 areas who are immunocompromised. Staff caring for these types of patients also continue to test weekly by PCR to reduce the risk of nosocomial transmission.

2.7 The principles in place at MFT are based upon current guidance and the Hierarchy of Controls with an emphasis on local decision making using a risk-based approach. The

[2] National Infection Prevention and Control Manual for England (2022)

[3] Health and Social Care Act (2008)

[4] COVID-19 testing in periods of low prevalence 24th August 2022

principles are reflected in MFT policies and procedural documents that have been developed by the IPC team.

2.8 The MFT Chief Nurse and senior IPC team continue to contribute to national and regional discussions on infection prevention and control matters including COVID-19 and other HCAI.

3.0. Healthcare Associated Infections

3.1. COVID-19

Omicron BA.5 has become the dominant COVID-19 variant in the UK. BA.4 and BA.5 are more transmissible and can evade immunity from prior infection and vaccination however vaccines remain effective at reducing the risk of hospitalisation with these subvariants in comparison to the original Omicron variant BA.2. The current R-rate within the Northwest of England is 1.1-1.3.

3.1.1. Hospital Onset COVID-19 Infection (HOCI)

HOCI are defined as a COVID-19 infection occurring on or after day 8 of admission to hospital. Over the previous 4 weeks we have seen an increase in HOCI numbers across the organisation indicating nosocomial transmission.

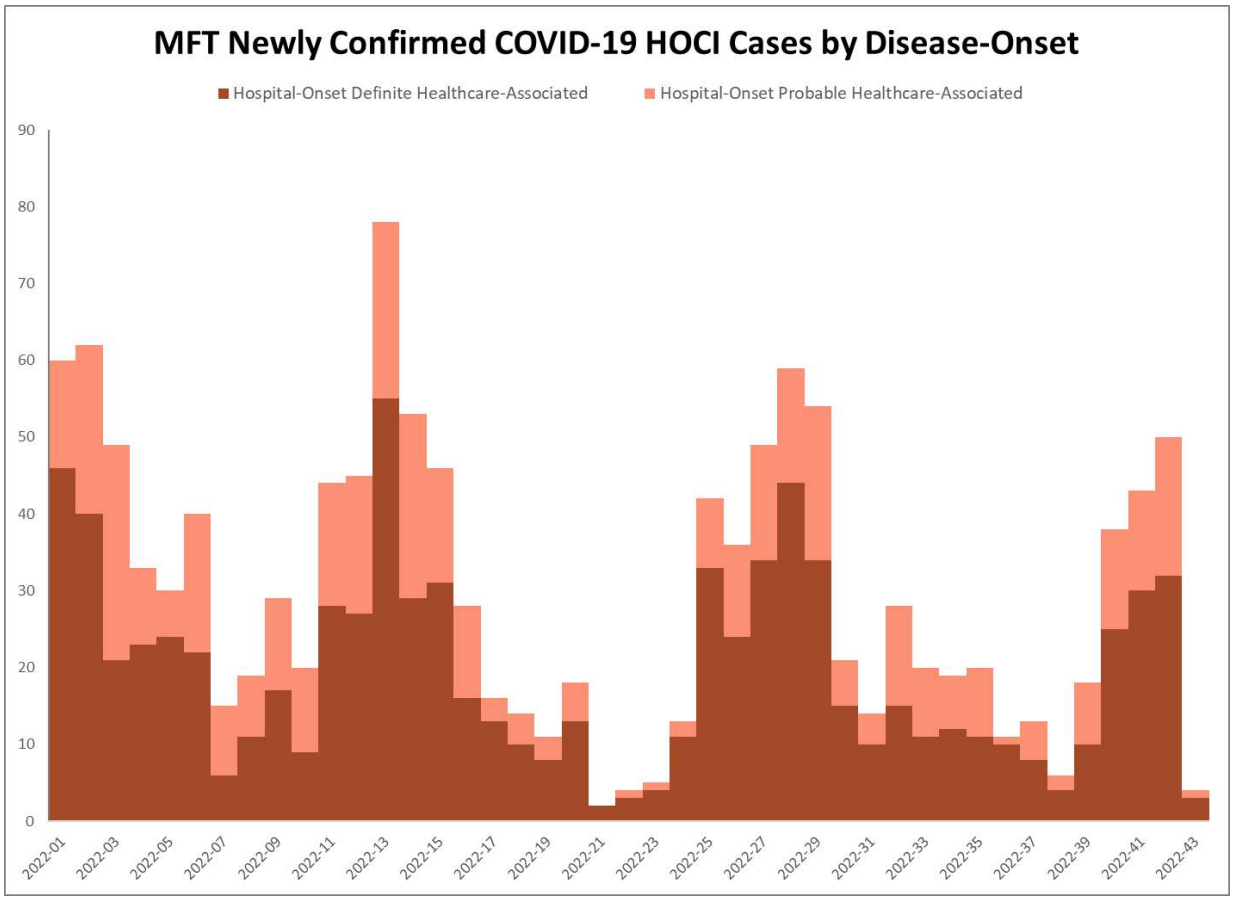


Chart 1 Newly confirmed hospital onset COVID- 19 cases across MFT

3.1.2 Outbreaks of COVID-19 infection

Outbreaks of HOCI, which are 2 or more cases occurring within the same ward/department within a 14-day period, peaked in July 2022 and then declined throughout August and September. Outbreak numbers have again increased from October 2022 reflecting the rise in HOCI cases within the organisation.

Month	Number of COVID-19 outbreaks
July 2022	28
August 2022	12
September 2022	7
October 2022	25 to date

Chart 2 Numbers of outbreaks reported to NHSE/I by month

3.1.3 Management of COVID-19 outbreaks

If a case forms part of an outbreak an outbreak is declared, and control measures are implemented. Daily updates on outbreaks are circulated across the Trust. Each outbreak is reported to NHSE/I and monitored daily for 28 days in line with the Trust Outbreak Policy.

3.2 Other HCAI

3.2.1 The Trust is committed to reducing incidents of avoidable HCAI. Chart 3 below shows the number of incidents of reportable HCAI from the two previous financial years data alongside the current data and annual threshold.

HCAI	Financial Year 2020/2021	Financial Year 2021/2022	Current Year to Date (2022/2023)	Annual Threshold	Year to Date Threshold
Meticilin Resistant *Staphylococcus aureus* Bacteraemia	12	10	4	0	0
Clostridium difficile Infection	215	196	99	174	102
Gram Negative Bacteraemia	299	304	174	410	238
Vancomycin Resistant Bacteraemia	34	31	26	N/A	N/A

Chart 3 Reportable HCAI's since April 2022

3.2.2 **MRSA bacteremia** Since April 2022 4 MRSA bacteremia have occurred, the cases were alerted in WTWA, NMGH, MRI and RMCH. All MRSA bacteremia cases undergo root cause analysis (RCA) completed by the clinical team supported by the IPC team. The report is presented at hospital level accountability meetings which are chaired by the hospital Director of Nursing. Themes arising from the RCAs undertaken this year include.

- Compliance with Trust screening/isolation policies particularly in clinical areas where isolation facilities are less available.
- Compliance with fundamental IPC principles i.e., MRSA screening
- Compliance with suppression therapy

3.2.3 **Gram Negative bacteremia (GNSBI)** MFT are currently under the year-to-date threshold for cases of GNSBI. Each Hospital/MCS has developed a Gram-negative bacteremia action plan. The action plans were presented to the Group Chief Nurse/DIPC and are monitored via the hospital Assurance Oversight Framework (AOF).

3.2.4 **Clostridium *difficile* infection** (CDI) cases RCA are presented at the hospital accountability meetings. Identification of lapse in care data is determined retrospectively upon RCA review. MRI and WTWA have the highest numbers of CDI cases currently. Lapse in care themes identified this year include;

- Lack of available isolation facilities
- Failure to sample appropriately
- Lack of documentation

3.2.5 **Vancomycin Resistant Enterococcus (VRE)** Areas such as Critical Care and Haematology/Oncology currently screen for Vancomycin Resistant Enterococcus (VRE) colonisation in patients upon admission as VRE pose a particular threat to severely ill patients in settings such as intensive-care units (ICUs) and oncology wards. Critical Care MCS and the Haematology wards at MRI currently have the highest numbers of VRE bacteremia. All cases of VRE bacteremia undergo a root cause analysis with a report presented at hospital level accountability meetings chaired by the hospital Director of Nursing. MFT have reported 26 VRE bacteremia to date this year, themes identified within the RCA include;

- Intravenous line care documentation omissions
- Gut translocation (where gut flora crosses the mucosal barrier into normally sterile sites due to disease)
- Previously history of VRE colonisation

3.2.6 **Carbapenemase-producing Enterobacterales (CPE)** Year to date figures highlight there has been an increase in acquisition of CPE across MFT. The Manchester Vascular Centre and Ward A9 at WTWA have experienced outbreaks of CPE acquisition and continue to see ongoing transmission of CPE, outbreak management plans are in place and are overseen at hospital level outbreak meetings chaired by sneior nursing teams within the hospitals. MRI and WTWA account for 89% of CPE acquisitions year to date. Despite the number of acquisitions MFT have reported only 1 CPE bacteremia to date. The senior IPC team are coordinating a task and finish group to review CPE management across MFT.

Themes identified from the hospital outbreak meetings include;

- Environmental issues
- Patient screening delays
- Lack of available isolation facilities
- Practice issue i.e. HH compliance
- Antimicrobial stewardship

4.0 Monkeypox

4.1 Monkeypox is a rare disease that is caused by infection with monkeypox virus. It belongs to the genus Orthopoxvirus in the family Poxviridae. Monkeypox was first discovered in 1958 when outbreaks of a pox-like disease occurred in monkeys kept for research.

4.2 A national outbreak of Monkeypox was declared on 7th May 2022, as of 17th October 2022, the UK Health Security Agency (UKHSA) has detected 3,537 laboratory confirmed cases of monkeypox within the UK. Most of these cases occurred in England (3,363 cases) and a high proportion of these cases occurred in southern England. Within the Northwest there has been 226 confirmed cases.

4.3 North Manchester General Hospital (NMGH) High Consequence Infectious Diseases (HCID) unit has been identified as one of two sites, the other being Liverpool University Hospitals NHS FT(LUFT), to act as surge units if required, for admission of severely ill patients (Group A patients). Most cases are managed within the community setting and each case is overseen by the Northern sexual health service.

4.4 Monkeypox cases are classified according to the clinical need. The majority of patients identified within MFT are Category B and C patients with 9 Category A patients requiring admission to hospital for symptom control since May 2022.

- Category A – require hospitalisation for management of monkeypox
- Category B – well enough to remain in the community but unable to self-isolate (particular those with vulnerable at home)
- Category C – well enough to remain in the community and able to self-isolate

4.5 The MFT vaccination team were part of a GM response to Monkeypox and have to date delivered 2076 vaccinations to patients, identified contacts, at risk community members and healthcare workers

5.0 Influenza and COVID-19 Vaccination

5.1 Update on National Regional and local vaccination since December 2020

5.1.1 **National** Across the United Kingdom over 50 million people (88.3%) aged 12 and over, have had two COVID-19 vaccine doses; almost 40 million people (70.2%) aged 12 and over have had their booster dose[5].

5.1.2 **Regional** In the Northwest over 5.6 million people have received their first COVID vaccine, with 5.3 million completing their primary course. More than 4.1 million people in the Northwest have received the booster. To date 4.7million Autumn Boosters have been given in England since 1st September 2022[6]

5.1.3 **Local** In Manchester over 1 million COVID-19 Vaccines have been administered. In Trafford over 500, 000 COVID-19 Vaccines have been administered to date.

5.2 Influenza and Covid Vaccinations

5.2.1 The COVID-19 and seasonal influenza programmes are recognised as an essential activity within the Autumn and Winter Plan.

5.2.2 On 18th August 2022, NHS England wrote to trusts outlining COVID-19 Autumn Booster eligibility. This letter[7] states the following people should be offered a COVID-19 booster vaccine in Autumn 2022:

- residents in a care home for older adults and staff working in care homes for older adults
- frontline health and social care workers
- all adults aged 50 years and over
- persons aged 5 to 49 years in a clinical risk group, as set out in the Green Book
- persons aged 5 to 49 years who are household contacts of people with immunosuppression
- persons aged 16 to 49 years who are carers, as set out in the Green Book.

[5] Data accurate as of 4pm 6th October 2022. https://coronavirus.data.gov.uk/details/vaccinations
[6] COVID-19 weekly announced vaccinations 6th October 2022. Statistics » COVID-19 Vaccinations (england.nhs.uk)
[7] Autumn COVID-19 booster and flu vaccine programme: Official Publication Approval reference C1684

The initial Flu letter[8] stated that the following cohorts should be included for vaccination in this year's flu programme;

- all children aged 2 or 3 years on 31 August 2022
- all primary school aged children (from reception to Year 6)
- those aged 6 months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals those aged 50 to 64 years old not in clinical risk groups (including those who are 50 by 31st March 2023)
- frontline staff employed by the following types of social care providers without employer led occupational health schemes:
    - a registered residential care or nursing home
    - registered domiciliary care provider
    - a voluntary managed hospice provider
    - Direct Payment (personal budgets) or Personal Health Budgets, such as Personal Assistants

5.2.3 As a minimum, all acute trusts are expected to deliver vaccinations to their staff as well as patient groups that may not otherwise be able to access vaccination.

5.2.4 The national target for frontline healthcare workers is to offer:
100% of staff access to the flu vaccine, with a CQUIN target of 70-90%
100% offer of COVID-19 Autumn boosters to all staff.

5.2.5 From 12th September to 23rd October 2022 MFT clinics have administered 5750 COVID-19 vaccines.

5.2.6 From 1st October to 23rd October 2022 MFT clinics have administered 4177 Flu vaccines.

5.3 MFT COVID-19 and Seasonal Influenza Staff & Affiliate Vaccination Programme

5.3.1 The MFT COVID-19 vaccination programme commenced on 15th December 2020:

- 54,049 COVID-19 vaccines were delivered to staff by the end of August 2022
- 45,374 COVID-19 Vaccines were delivered to affiliates by end of August 2022
- The MFT Frontline Healthcare Worker Influenza vaccination in 21/22 was 17,331 (62.3% of staff).
- The MFT Affiliate staff vaccination in the 21/22 season was 2425
- The 22/23 Staff and Affiliate programme will deliver the COVID-19 Autumn Booster from 1st September 2022 and the Seasonal Influenza vaccine from 1st October 2022.
- From 1st September 2022, there have been 3,659 COVID-19 boosters administered and 1,857 Flu vaccines.

5.3.2 The vaccine dashboard is in the process of being updated and breakdown into staff, affiliate and patient cohorts **will be available from the end of October**. The delay in the dashboard update is a result of a change by NHS Digital to move MFT from the National Immunisation Management Service (NIMS) to the National Immunisation and Vaccination System platform (NIVS).

[8] **The NHS influenza immunisation programme 2022 to 2023. Available via National flu immunisation programme 2022 to 2023 letter - GOV.UK (www.gov.uk)**

5.3.3 The COVID-19 booster is a bivalent vaccine and currently 2 brands will be supplied, these are Pfizer and Moderna. The vaccine supplied to the Trust will be based on national supply chain and there will not be a choice between the two brands.

5.4 MFT COVID-19 and Seasonal Influenza Patient Vaccination Programme (Adults)

5.4.1 The aim of both the COVID-19 and seasonal influenza vaccination programmes is to protect employees against debilitating illness, reduce operational impact due to increased sickness absence and the associated costs and reduce risk of cross transmission to patients.

5.4.2 MFT patients will be able to book/be booked into MFT vaccine clinics if they meet the national criteria for vaccination.

5.4.3 The MFT vaccine service supports training, governance and systems for:

- Local maternity services offering flu-only vaccination in Saint Mary's Hospital and Managed Clinical Services ante-natal clinics (during flu season)
- The Ante-Natal clinic pilot
- Designated Patient Flu areas (during the flu season)
- RMCH vaccine services offering COVID-19 vaccines and/or Influenza vaccines

5.4.4 The national target for frontline healthcare workers is to offer 100% of staff access to the flu vaccine, with a CQUIN target of 70-90% and 100% offer of COVID-19 Autumn boosters to all staff.

5.5 MFT COVID-19 and Seasonal Influenza Patient Vaccination Programme (Paediatrics)

5.5.1 **Community Vaccines**: MFT will not be involved in the provision of vaccines to School Aged Children for COVID-19 boosters and/or Flu vaccinations. Across Manchester and Trafford Schools intranasal flu immunisations will be offered to eligible children by external providers Intrahealth.

5.5.2 **In-Hospital Vaccines**: The intranasal opportunistic flu clinic in outpatient departments and Paediatric Emergency Departments across the trust will commence 10th October 2022 and will run to early January 2023.This service will target high risk groups aged 2 or 3 years old. Inpatient COVID-19 and Influenza vaccines will commence during October across RMCH areas.

5.6 MFT COVID-19 Autumn Booster for Greater Manchester Residents

5.6.1 As a Hospital Hub+ MFT is also required to identify the eligible population and ensure delivery in line with national guidance[9]. The MFT COVID-19 vaccine programme will contribute to the delivery to all eligible Service Users within the HH+ catchment population via the National Booking Service.

5.6.2 These clinics commenced earlier than planned on the 1st October, in response to feedback from staff for household and family member provision within the MFT clinics. Additional weekday clinics will be added as planned from the end of October.

[9] NHS England National COVID-19 Vaccination Programme Specification for COVID-19 Hospital Hub / Hospital Hub+ Sites. V2.9

5.7 Communication & Engagement

5.7.1 A coordinated and creative engagement plan has been implemented to ensure that all people offered the vaccine have the information required to make an informed decision.

5.7.2 The Vaccination Engagement Group continues to meet monthly, involving hospital/MCS/LCO and corporate vaccination leads, employee health and well-being (EHW), pharmacy, communication teams, staff-side representation, and network representatives (BAME, EDI, LGBT+).

5.7.3 The Group focus on ensuring that the vaccine programme is inclusive, easily accessible to all staff and that barriers or concerns are identified and addressed in an informative and supportive way. A series of training sessions and Q&As were rolled out pre-launch to equip champions and managers with information to support decision-making around vaccinations.

5.7.4 A vaccination inbox is well established, handling enquiries from staff, patients, and the general public.

6 Recommendations.

The Board of Directors is asked to note the information provided in the report and specifically:

- COVID-19 testing in periods of low prevalence[10] routine asymptomatic testing in hospital and care home settings was paused, this may increase nosocomial transmission of infection.
- Cases of COVID-19 are rising in both community and hospital settings
- CPE task and finish group to be convened to review current situation
- Monkeypox cases requiring hospital admission remain low, 9 patients to date.
- The national target for frontline healthcare workers is to offer 100% of staff the flu vaccine, with a CQUIN target of 70-90% and 100% offer of COVID-19 Autumn boosters to all staff.

[10] COVID-19 testing in periods of low prevalence 24th August 2022

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Finance Officer
Paper prepared by:	Paul Fantini, Head of Group Reporting & Financial Planning Rachel McIlwraith, Operational Finance Director
Date of paper:	November 2022
Subject:	Financial Performance for Month 6 2022/23
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Maintaining financial Sustainability for both the short and medium term
Recommendations:	• Strong financial governance and control is essential as the Trust is operating in a very challenging financial environment • Hospital/MCS/LCO Control Totals formally issued to Hospitals/MCS and LCO for the year ending March 2023. These control totals underpin the internal breakeven plan. • With the move away from a funding regime under PbR rules and the significant reduction in Covid support, more than ever it is of paramount importance that decisions are not made that commit the Trust to new recurrent expenditure without the appropriate level of scrutiny and authorisation. • The Board of Directors is recommended to note the Month 6 position against the 22/23 plan and Cash and Capital positions for the Trust.
Contact:	Name: Jenny Ehrhardt, Group Chief Finance Officer Tel: 0161 276 6692

Executive Summary

1.1	**Delivery of financial plan**	The financial regime for 2022/23 is focussed 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 PbR is further reflected in the way funding flows work in 22/23 as is the move away from the COVID funding regime that was still in place in H2 last year. For MFT this means that income related to COVID now forms a very small part of our income allocation in 22/23, with a greater focus of funding on Elective recovery (ERF). Overall, there is little change in the income envelope between years 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, historic high levels of cost reduction through the waste reduction programme (WRP) are required to achieve the financial plan balance for 22/23. 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, could not be fully addressed in 21/22. The Trust submitted a plan to NHSE in June which delivers a break-even position at year-end, as part of the GM ICS overall break-even submission. This includes additional funding from NHSE of £28.8m to MFT to partially offset inflationary pressures. This additional funding was awarded across England with several conditions, including delivering break-even, staying within the agency cap, seeking approval from NHSE for Consultancy expenditure above £50k per contract and for all new non-clinical agency expenditure and includes mandatory internal audit work on the Trust's financial processes. To September 2022, the Trust has delivered a YTD deficit of £18.3m against a planned YTD breakeven position. In order to recover the YTD position, it is essential that work on delivery of WRP schemes is given the highest priority and focus across the entire organisation.
1.2	**Run Rate**	In September 2022 total expenditure was £217.2m. This reflects an increase of £16.9m compared to the August figure of £200.3m. This increase was against pay and was due to the AfC pay settlement, including arrears at a cost of £17.6m. Agency pay costs fell £0.7m in September accounting for most of the remaining movement. Income rose by £18.0m with the pay settlement of £17.6m responsible for the majority with favourable increases against Genomics, R&D and E&T income accounting for the balance. Non-pay expenditure was broadly the same as it was in both July and August.
1.3	**Cash & Liquidity**	As at 30th September 2022, the Trust had a cash balance of £211m. The cash balance continues to reduce from the 21/22 year-end position, largely due to payments for capital expenditure incurred in the previous year but not settled at the year end. The cash balance at the end of September was higher than forecast by £11m, this was primarily due to lower than forecast cash outflows in relation to current year capital expenditure and working capital differences in relation to delayed receipts for pay award funding and drugs and devices income not included in the cash forecast.

1.4	**Capital Expenditure**	The Trust will operate within the agreed GM final capital allocations the "envelope". These assume that £15m of the HIVE programme will be funded by PDC capital funding. As reported to the Board on 13th June 2022, whilst MFT have agreed to adopt this reporting position, if the £15m is not obtained by means of PDC, all other Provider Trusts have agreed to limit their expenditure to ensure there is sufficient CDEL cover for the funding required to finalise the HIVE programme. The Trust's element of the final GM capital submission is a total plan value for 2022/23 of £136.4m, with the GM envelope component being £68.6m. For the period up to 30th September 2022, £38.4m of GM envelope expenditure was incurred against the original plan of £31.0m, an overspend of £7.4m. The overspend is primarily due to £13.1m overspend on Hive partially offset by underspends of £1.5m on the IT Disaggregation scheme (due to the impact of NCA outage), £2.0m for two schemes at Trafford General Hospital (Theatres and Power Upgrades) and £0.9m on Project RED. All delayed schemes are expected to recover by year end. The £13.1m overspend on Hive against the GM envelope plan is partially offset by the £9.3m underspend on Hive PDC spend, with the remaining £3.8m overspend due to unbudgeted service provider costs. For the full year, there is no forecast overspend assuming the £15m PDC funding is secured. Under the new leasing standard (IFRS 16), new leases taken out in 2022/23 will score against the Trust CDEL (Capital Departmental Expenditure Limits) allocation. Guidance was received in early October from NHS England on how CDEL will be managed for 2022/23. It has been confirmed that, for 2022/23 only, capital expenditure incurred because of the adoption of IFRS 16 will be managed against a national allocation, with the expectation that it will not change significantly from the latest forecast position. For the Trust, this totalled £139.8m for 2022/23. Actual and full year forecast IFRS 16 capital expenditure will be reported on from next month.

Financial Performance

Income & Expenditure Account for the period ending 30th September 2022

I&E Category	NHSI Plan M6	Year to date Actual - M6	Year to date Variance
INCOME	£'000	£'000	£'000
Income from Patient Care Activities			
NHS England and NHS Improvement	448,355	458,128	9,773
Clinical commissioning groups	617,947	630,582	12,634
NHS Trust and Foundation Trusts	1,914	1,916	2
Local authorities	17,818	17,861	43
Non-NHS: private patients, overseas patients & RTA	4,746	5,383	637
Non NHS: other	4,452	5,501	1,049
Sub -total Income from Patient Care Activities	**1,095,233**	**1,119,370**	**24,137**
Research & Development	32,673	33,620	947
Education & Training	40,712	42,892	2,180
Misc. Other Operating Income	42,331	43,318	987
Other Income	**115,716**	**119,829**	**4,113**
TOTAL INCOME	**1,210,949**	**1,239,199**	**28,250**
EXPENDITURE			
Pay	(710,617)	(765,774)	(55,157)
Non pay	(435,892)	(438,915)	(3,023)
TOTAL EXPENDITURE	**(1,146,509)**	**(1,204,689)**	**(58,180)**
EBITDA Margin	**64,440**	**34,510**	**(29,930)**
INTEREST, DIVIDENDS & DEPRECIATION			
Depreciation	(39,123)	(29,195)	9,928
Interest Receivable	300	1,369	1,069
Interest Payable	(24,453)	(23,831)	622
Loss on Investment	0	0	0
Dividend	(1,165)	(1,166)	(1)
Surplus/(Deficit)	**0**	**(18,313)**	**(18,313)**
Surplus/(Deficit) as % of turnover	**0.0%**	**-1.5%**	
Impairment	**(45,356)**	**(36,524)**	**8,832**
Non operating Income	**1,604**	**2,385**	**781**
Depreciation - donated / granted assets	**(624)**	**(629)**	**(5)**
Surplus/(Deficit) after non-operating adjustments	**(44,376)**	**(53,081)**	**(8,705)**

For month 6, September 2022, the Trust has delivered a YTD deficit of £18.3m against a planned YTD breakeven position.

There is a favourable variance against income YTD to month 6 of £28.2m, the majority of this (£17.6m) is due to the 22/23 AfC pay settlement YTD which was above the planned 2% at the start of the financial year. The remainder is primarily due to Cost Pass Through (CPT)/ variable cost model device income higher than plan by £2.3m, Genomics contract variations of £1.0m, CPT drugs income £1.0m, Education & Training income above plan by £2.2m, R&D income £0.9m ahead and other contract variations £0.5m favourable. The remainder being RTA income, and deferred income released into the position to match cost. All cost pass-through movements are also reflected in non-pay expenditure making the impact nil to the Trust's control total.

Pay expenditure remains well above plan YTD to month 6 by £55.2m (£30.6m above plan in month 5), reflecting the profile of the revised plan, although £17.6m can be attributed to the AfC pay award uplift backed by income, as described above. The main reason for the remaining gap is under-delivery against the WRP target of £17.5m, most of which is sitting against pay related codes. The majority of the remaining adverse variance against pay is down to the continued cost of bank and agency pay costs being well above plan.

In month 6 pay costs increased by £1.5m against bank, however the AfC pay award costs paid in month were £2.6m for bank staff reflecting an underlying decrease of £0.9m since month 5. There was also a decrease in cost against agency pay of £0.7m. Excluding the AfC pay awards costs in full, total pay was £125.8m, some £1.1m lower than in month 5. This represented the first decrease in pay costs since the start of the financial year, although a proportion of this reduction could be due to a reduction in some activity due to the Hive go live.

Agency expenditure fell to £3.1m in month, which was a reduction of £0.7m compared to the highest recorded amount at MFT of £3.8m in month 5 (excluding month 12 21/22 which is skewed due to year-end processes) with YTD spend at £19.1m which is adverse to the plan submitted to NHSE by £4.4m. Once capitalised agency costs of £0.8m are factored in (excluded from I&E figures but NHSE include them under the "cap") the Trust is above the "cap" by £4.9m YTD.

Non-pay expenditure was broadly the same as it was in month 5 at £82.6m, increasing by just £0.4m, with the main movements offsetting each other. Drugs costs decreased by £2.9m (after increasing last month by £2.5m) but were offset by Consultancy costs increasing by £0.8m (due to a piece of work that recategorised some expenditure to pay from non-pay in month 5), and other expenses which increased by £2.5m.

Overall, the Trust is reporting a month 6 position that is £1.1m better than month 5, and reflects a deficit against the in-month break-even plan of £2.0m. The run rate implied by a deficit of £18.3m, YTD to month 6, would lead to an outturn deficit of £36.6m (an improvement over month 5's £39.1m) so there will need to be a high degree of focus on delivering the WRP savings in 22/23 if the Trust is to achieve the breakeven plan.

Waste Reduction Programme

Within the respective Hospital, MCS, LCO and Corporate Control Totals for the year is a Waste Reduction target totalling £65.8m, made up of £15.8m undelivered savings from 21/22 and the 22/23 target of £50m.

The tables below outline the 22/23 progress against the planned savings. On a consolidated basis all areas together have achieved £44.5m against schemes that have progressed to L3 or higher on WAVE. This reflects an adverse variance of £0.9m compared to the plan against L3 or higher schemes. This falls short of the overall YTD target of £48.2m by £13.5m, meaning that the Trust continues to 'play catch up'.

The schemes delivering savings in month 6, plus others at L3 or above that have not yet begun, are forecast to deliver £88.8m of savings by the end of the year, a deficit of £28.4m compared to the Trust target of £117.2m – this reflects an improvement of circa £4.9m compared to the forecast at month 5.

MFT Summary

Workstream	Savings to Date				Forecast 22/23 Position			
	Plan (YTD) £'000	Actual (YTD) £'000	Variance (YTD) £'000	Financial BRAG	Plan (22/23) £'000	Act/F'cast (22/23) £'000	Variance (22/23) £'000	Financial BRAG
Admin and clerical	455	437	(18)	96%	1,013	1,033	20	102%
Budget Review	2,091	2,092	2	100%	3,757	3,757	(1)	100%
Contracting & income	2,658	2,220	(438)	84%	3,946	3,508	(438)	89%
Hospital Initiative	5,501	5,432	(68)	99%	11,186	11,272	86	101%
Length of stay	419	422	3	101%	889	892	3	100%
Non Pay Efficiencies	338	329	(9)	97%	1,115	1,112	(3)	100%
Outpatients	38	27	(11)	71%	87	76	(11)	87%
Pharmacy and medicines management	1,770	1,761	(9)	99%	3,056	3,025	(31)	99%
Procurement	1,543	1,341	(202)	87%	3,698	3,258	(440)	88%
Theatres	53	49	(4)	92%	209	205	(4)	98%
Workforce - medical	707	669	(38)	95%	1,306	1,312	6	100%
Workforce - nursing	1,650	1,521	(129)	92%	3,463	3,335	(129)	96%
Workforce - other	2,271	2,271	(0)	100%	4,313	4,313	(0)	100%
Total (L3 or above)	**19,492**	**18,571**	**(921)**	**95%**	**38,038**	**37,097**	**(941)**	**98%**
Trust Initiative	25,892	25,892	0	100%	51,784	51,784	(0)	100%
MFT Total	**45,384**	**44,463**	**(921)**	**98%**	**89,821**	**88,880**	**(941)**	**99%**

Summary against Target M1-6	YTD
Target	57,942
Actuals (L3 or above)	44,463
Variance to Target	- 13,479
Lost opportunity (value of schemes below L3)	2,864
Variance to target if all schemes delivered as plan	- 10,615

Summary against Target 22/23	Act/F'cast (22/23)
Target	117,246
Actuals/Forecast (L3 or above)	88,880
Variance to Target	- 28,366
Value of schemes below L3 (M7-12)	10,117
Variance to target	- 18,249

Financial BRAG

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

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

Hospital/MCS	22/23 Target	22/23 Actual/Forecast	22/23 Variance	% Variance
Corporate	5.5	1.8	(3.7)	-67%
CSS	13.3	8.4	(4.9)	-37%
Eye	1.2	0.8	(0.4)	-33%
Dental	0.9	0.2	(0.6)	-72%
LCO	7.9	3.3	(4.5)	-57%
MRI	6.8	7.4	0.6	8%
NMGH	4.4	2.5	(1.9)	-44%
RMCH	8.5	5.5	(2.9)	-35%
St. Mary's	3.9	3.2	(0.6)	-17%
WTWA	13.1	3.9	(9.2)	-70%
Hospital/MCS/LCO Subtotal	**65.5**	**37.1**	**(28.4)**	**-43%**
Trust	51.8	51.8	0	0%
MFT Total	**117.2**	**88.9**	**(28.4)**	**-24%**

Statement of Financial Position

	31-Mar-22 £000	30-Sep-22 £000	Movement in YTD £000
Non-Current Assets			
Intangible Assets	16,107	33,269	17,162
Property, Plant and Equipment	798,636	991,939	193,303
Investments	870	870	0
Trade and Other Receivables	15,657	14,910	(747)
Total Non-Current Assets	**831,270**	**1,040,989**	**209,719**
Current Assets			
Inventories	21,809	22,353	544
NHS Trade and Other Receivables	26,500	65,419	38,919
Non-NHS Trade and Other Receivables	61,879	72,091	10,212
Non-Current Assets Held for Sale	2,510	2,510	0
Cash and Cash Equivalents	319,112	210,987	(108,125)
Total Current Assets	**431,810**	**373,360**	**(58,450)**
Current Liabilities			
Trade and Other Payables: Capital	(43,000)	(18,472)	24,528
Trade and Other Payables: Non-capital	(339,849)	(364,886)	(25,037)
Borrowings	(24,001)	(44,841)	(20,840)
Provisions	(52,636)	(45,488)	7,148
Other liabilities: Deferred Income	(59,360)	(57,532)	1,828
Total Current Liabilities	**(518,846)**	**(531,220)**	**(12,374)**
Net Current Assets	**(87,036)**	**(157,860)**	**(70,824)**
Total Assets Less Current Liabilities	**744,234**	**883,128**	**138,894**
Non-Current Liabilities			
Trade and Other Payables	-	-	-
Borrowings	(371,694)	(560,644)	(188,950)
Provisions	(13,903)	(13,158)	745
Other Liabilities: Deferred Income	(2,386)	(3,650)	(1,264)
Total Non-Current Liabilities	**(387,983)**	**(577,452)**	**(189,469)**
Total Assets Employed	**356,251**	**305,676**	**(50,575)**
Taxpayers' Equity			
Public Dividend Capital	408,780	411,288	2,508
Revaluation Reserve	97,411	97,412	1
Income and Expenditure Reserve	(149,940)	(203,024)	(53,084)
Total Taxpayers' Equity	**356,251**	**305,676**	**(50,575)**
Total Funds Employed	**356,251**	**305,676**	**(50,575)**

The movements in the Statement of Financial Position are reflected in the capital programme expenditure and accruals movements which continue to affect the Property, Plant and Equipment value in the accounts, resulting in an increase in Property, Plant and Equipment and a reduction in cash and capital payables.

During the year, there has been an increase in NHS trade receivables driven by the increase of central accrued income of £6m for the pay award and an increase in deferred income of £6.5m of HEE income received in M6. There has also been a delay in the receipt of payments following the restructure of the CCGs, and various local authority invoices remain outstanding at month end.

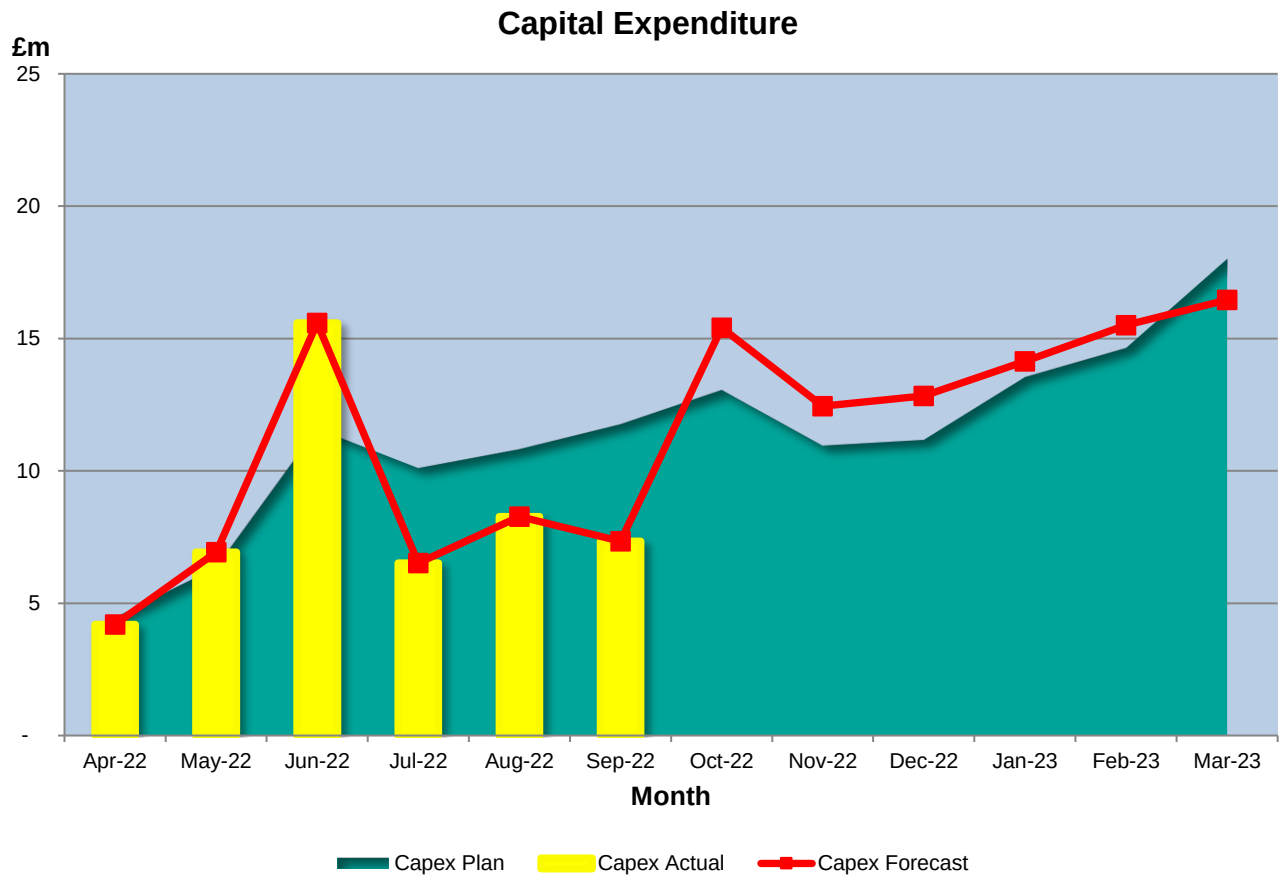
Trade creditors continue to increase due to higher social security payments (£9m increase in month) associated with the pay award which was processed in the September payroll; higher agency costs (£4m increase in month) due to HIVE go-live and additional holiday and sickness cover. This does not reflect the in-month expenditure, which was lower in month 6 than month 5, but is a timing difference based on when invoices are paid; the Trust was holding a high creditor balance at the end of September with payments due to be made in early October. In addition, the accrual for goods receipted but not invoiced (GRNI) increased by £4m in September as a result of timing differences between receipt and invoicing.

The changes to IFRS16 lease accounting are reflected in a £210m movement in borrowings as leases were brought onto the balance sheet on 1st April 2022 on first adoption of the standard. This is also reflected in the increase in Property, Plant and Equipment and affects balances both due within the year and over one year.

Cash Flow

The £211m cash balance as at 30th September is higher than the £199.6m forecast due to a number of factors, including: trade creditors being higher than forecast (£20m), capital spend being lower than forecast (£8m) offset by the back-pay of the pay award (£17m).

Capital Expenditure



In the period to 30th September 2022, £48.9m of capital expenditure has been incurred against the updated plan of £55.1m, an underspend of £6.2m.

The underspend is driven by:

- £3.3m underspend relating to timing slippage in the NHP project;
- £2.0m for two schemes at Trafford (Theatres and Power Upgrades) as a result of initial timing delays;
- £1.5m IT Disaggregation due to the impact of NCA outage;
- £0.9m underspend on Project RED as a result of initial timing delays; and
- £0.8 underspend on the PDC Digital Pathology scheme that is still to start.

These underspends have been partially offset by a number of overspends, notably:

- £3.8m overspend on Hive – this is due to increases in service provider costs, though it is expected that this will be managed within the overall Hive capital budget for 2022/23; and
- £0.7m overspend on the GMCA decarbonisation grant scheme, where additional funding has been secured.

The Trust's total capital plan value for 2022/23 is £136.4m. £68.6m of this plan relates to the Trust's allocation against the GM envelope component.

For the period up to 30th September 2022, £38.4m of GM envelope expenditure was incurred against the original plan of £31.0m, an overspend of £7.4m. The overspend is materially made up of £13.1m for Hive but is partially offset by underspends, as noted above on Trafford Theatres and Power Upgrades, Project RED and IT disaggregation. All delayed schemes are expected to recover by year end. £9.3m of the Hive overspend relates to the £15m assumed Hive PDC funding which is still to be secured within GM.

The Trust will operate within the agreed GM final capital allocations. These assume that £15m of the HIVE programme will be funded by PDC capital funding. As reported to the Board on 13th June 2022, whilst MFT have agreed to adopt this reporting position, if the £15m is not obtained by means of PDC, all other provider Trusts in GM have agreed to limit their expenditure to ensure there is sufficient funding and CDEL cover to finalise the HIVE programme.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Operating Officer
Paper prepared by:	Group Chief Operating Officer Team
Date of paper:	November 2022
Subject:	2022/23 MFT Winter Plan
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	To achieve high standards of patient safety and clinical quality through periods of increased demand and ensure there is minimal delay or disruption to patient experience.
Recommendations:	The Board of Directors is asked to note the contents of the report.
Contact:	Name: Lorraine Cliff, Director of Performance Tel: 0161 2766121

1. INTRODUCTION

This report provides an overview of the Trust's plan for the 2022/23 winter period. It sets out the key initiatives that will support the management of increases in demand and the associated challenges of winter across the Trust's hospitals.

The Trust does not develop its plans in isolation and the Trust's plan is part of the 2022/23 Manchester & Trafford Urgent and Emergency Care Delivery Board Winter Plan. The MFT elements have been developed based on lessons learnt over the course of the last five years. The MFT plan covers all Hospital/MCS/LCO and support services, and aims to ensure that, where services might be impacted by the winter period, plans are in place to ensure patients remain safe through periods of increased demand and that there is minimal delay or disruption to patient experience.

2. AIMS, PROCESS AND GOVERNANCE ARRANGEMENTS

Aims

The MFT winter plan takes a Trust wide approach, with measures to address the increases in demand for services. The aim of this plan is to ensure that we keep patients safe, through the delivery of effective care as well as maintaining service delivery and reducing length of stay through minimising delays in discharge. The plan also focuses on supporting staff retention and well-being over this period.

Winter Planning Process

As with previous year's winter planning, there has been a system approach, with MFT working in collaboration with partner organisations across Manchester & Trafford to:-

- Reflect National / Local Priorities
- Build on recommendations from external reviews
- Implement new guidance
- Benchmark against other system plans
- Consult with staff and stakeholders

Governance & Escalation

The delivery of the winter plan is overseen by Group Chief Operating Officer, with reporting through MFT Operational Excellence Board. The plan forms part of the 2022/23 Manchester & Trafford Urgent and Emergency Care (UEC) Delivery Board Winter Plan. Implementation planning is ongoing with group wide facilitation to ensure a continued joined-up approach to delivery.

When Hospitals experience significant pressures across their emergency care pathways the MFT escalation policy will be enacted. This will require a group wide response with stepping up of command-and-control structures across Hospitals, overseen by the Group Chief Operating Officer. Learning for this will be taken from the recent heightened escalation MFT faced in October 2022 that utilised the principles of a 'Business Continuity' incident, and will also draw on system wide support through GM SORT.

3. KEY INITIATVIES OF 2022/23 WINTER PLAN

Each of MFT's hospitals/MCS and LCO, have completed a detailed winter plan. These include a range of initiatives focused on the areas of bed and ward capacity, service enhancements and changes, patient flow and discharge management, communication and working with partners and workforce and staff wellbeing.

Winter funding has been granted to support delivery of additional bed capacity (one ward per site), increased virtual ward capacity through an MDT approach and control room support to expedite flow out of hospital.

In addition to the above MFT, is maximising the use of Trafford to protect elective capacity supporting the transfer of activity from MRI, St Mary's and Wythenshawe from November.

The table below provides an overview of some of the key initiatives that form part of this plan:

Hospital	Key Initiatives
Manchester Royal Infirmary	• Continuation of Covid streaming pathways, green / amber / blue stream. Non-medical tasks delegated to Clinical Support Workers • Additional Site Manager recruited to support leadership visibility / actions on the twilight shift in ED • Internal ED Transfer team to support patient flow to be scoped • Working with CSS colleagues to update an automatic go-ahead for HDU to maintain flow across site • Expanded numbers of patients accessing Virtual Wards • Consideration to the expansion of UTC operating hours based on usage post HIVE implementation • Review of criteria of CDU / ACU patients to support flow • Additional Site Manager to support leadership visibility / actions on the twilight shift in ED • Transfer Lounge Development - Move to new location within site. Open 7 days, and increase hours of opening 8:00 – 9:00 Monday – Friday 10.00-6pm Saturday Sunday • Additional inpatient capacity (winter ward)
Wythenshawe	• Embedding Urgent Care Treatment Centre model- increased appointment-based slot availability to 111 • Streaming to ambulatory pathways • Bed reconfiguration to provide additional medical capacity • Development of an ambulatory care model in partnership with GMMH • Standardised board rounds and twice daily discharge huddles • Increased Bank Holiday and weekend Discharge Team cover to complete assessments and front door support for social admission avoidance. • Refreshed and revamped Escalation policy, including the Full Capacity Protocol and outlier SOP's) • Deployment of super discharge days (Extra resources, Private ambulance, Doctors, Therapy, Community, Discharge team, ETC.) • Robust recruitment to vacancy, rota preparedness, sickness management and wellbeing support. • Additional clinical site management support (Patient Flow Matron 7days a week 24hours a day) • Additional inpatient capacity (winter ward)

North Manchester General Hospital	• Focus on maintaining/reducing ambulance handover times through consistent use of Fit to Sit, RAM, RAT and the opening of additional capacity in Minor Injuries Minor Illness (MIMI) on a more consistent basis • Optimisation of streaming potential to next day appointment MIMI to reduce long overnight waits • Further extension of operational hours for RAM - Rapid Assessment in Majors supported by an identified lead clinician • Enhanced senior nurse staffing in the Emergency Department to support management and leadership • Refresh and relaunch of Escalation Policy in ED & Flow Team • In collaboration with GMMH maximise use of the Mental Health Assessment Facility (The Green Room) • Crumpsall Vale 2 Frailty Service to remain open • Increase numbers of patients managed by the Home IV Therapy service • Implement direct admission from ED to Frailty Unit at Crumpsall Vale • SDEC - Focus on increasing footfall at weekends by trialling a test of change • Appoint GP Lead for UTC and substantive GP's to help deliver the service
Royal Manchester Children's Hospital	• Discharge at triage for low acuity conditions • Promote use of 111 and ensure sufficient appointment capacity is available to support • Streaming of urgent care/minor injuries activity to GP and ANP • Treat and Transfer to Starlight, NMGH or appropriate DGH as appropriate • Increased IV antibiotics at home • CAMHS Home Intensive Treatment team • Additional ambulance to support inter/intra-hospital transfers across GM • Additional emergency theatre at weekends
Royal Manchester Eye Hospital	• Streaming low acuity patients away from EED (increase streaming to cover EED opening hours 8-8) • Rapid Access Clinic in place for urgent attendances to divert away from EED (Aim to run 5 days per week) • Telephone triage of all NHS 111 referrals to EED to reduce footfall and promote use of community based urgent eye care services • Additional medical staffing in EED for weekend shifts to ensure patient flow • Additional staff grade cover in EED during weekday and evenings to ensure patient flow • Recruitment of additional doctors to support flow
Clinical & Scientific Services	• Additional Consultant Anaesthetist capacity to provide additional elective/non-elective sessions through winter • Additional Ultrasound weekend cover at NMGH, Wythenshawe and MRI to aid flow • Increased phlebotomy capacity at Wythenshawe • Additional Pharmacist support in NMGH ED

4. KEY RISKS TO THE DELIVERY OF THE 2022/23 WINTER PLAN

There are a number of key risks relating to the delivery of the 2022/23 Winter Plan, including capacity, staffing, performance and working with external partners. The table below provides an overview of some of these risks and impact on service delivery. These risks will be managed and mitigated as part of the implementation and ongoing delivery of the Winter Plan.

Area	Identified Risk
External Partners	• The plans to support the additional social care funding are currently being developed • Ability of social care services to maintain provision of services to allow for timely discharge and transfer of patients from MFT hospitals • Mental health demand and mental health bed availability
Elective Activity	• Continued maintenance and recovery of the elective programme and ability to continue to treat cohort of long wait patients and deliver national directive in the event that G&A bed capacity is limited • Increase in COVID-19 admissions converting G&A beds/theatres to support
Performance	• Ability to achieve national urgent care standards and targets across winter period and resultant impact on patient experience with sustained high attendances and high acuity to ED
Staffing	• Recruitment and retention of staff across winter period • Flu and COVID-19 coverage and potential levels of staff sickness across hospitals • Staff resilience and wellbeing over winter period • Ability to maintain consistent clinical services and business continuity due to rise in COVID, Flu admissions

5. RECOMMENDATION

The Board of Directors is asked to note the contents of the report.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Director of Strategy
Paper prepared by:	Caroline Davidson, Director of Strategy
Date of paper:	November 2022
Subject:	Strategic Development Update
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	All individual strategic developments are risk assessed and monitored through the Board Assurance and Risk Management processes.
Recommendations:	The Board of Directors is asked to note the updates in relation to strategic developments nationally, regionally and within MFT.
Contact:	Name: Darren Banks, Group Executive Director of Strategy Tel: 0161 276 5676

1. Introduction

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

2. National Issues

Appointment of New Secretary of State for Health and Social Care

Steve Barclay MP has replaced Terese Coffey as health and social care secretary. He held the role for a short time over the summer. Before that he was chief secretary to the Treasury and he was also a health minister from January to November 2018.

During his time as health secretary over July and August he had a particular focus on ambulance handover delays and developed plans to ramp up short-term overseas recruitment to bolster social care over winter.

The other members of the new team at the Department of Health & Social Care are:

- Helen Whately – Health Minister
- Will Quince – Care Minister
- Neil O'Brien – Junior health minister
- Maria Caulfield – Junior health minister
- Lord Markham – Junior health minister (Lords)

NHS Short Term Plan

In September, prior to the appointment of Steve Barclay, the then Secretary of State Terese Coffey described the next steps that the government planned to take in 'Our plan for patients'. The approach described was to trust and empower the NHS to deliver, with a relentless focus on measures that affect most people's experiences of the NHS and social care. Four key areas were identified as priorities for action:

- Ambulances
- Backlogs
- Care
- Doctors and dentists.

The plan also reiterated that the Government would be honouring manifesto commitments to build hospitals and recruit clinicians and fix adult social care.

It is not yet clear if the appointment of the new Secretary of State will change any of this.

Cabinet Office Spending Controls

Given the current level of government debt, it seems inevitable that there will be public sector spending cuts. We anticipate spending controls across all departments, including the department for health and social care which is the largest spending department. As finances get tighter we will need to make savings. We do not yet understand exactly what the impact will be, but this should become clearer when the Autumn statement is published on 17 November 2022.

New Cabinet Office restrictions on spending are an early example of increased control over spending. In future NHS trusts will have to receive Cabinet Office approval for any clinical and non-clinical spending over £10m. This is part of NHSE's wider aim for greater central management and oversight of local commercial operations. It also fits with wider government aim for greater spending restraint.

The rule will be introduced to London trusts firsts and then to the rest across England over the next two years. The roll-out moves to the Midlands from March 2023 to August, the south west (September to November), East of England (December to February 2024), south east (March 2024 to May), north east and Yorkshire (June to August), and finally the north west (September to November).

Enforcement Consultation

NHS England has issued new draft guidance on how it intends to use its enforcement powers. These powers now extend to Integrated Care Boards as well as individual providers and will cover all providers, not just Foundation Trusts. The legal remit for taking enforcement action sits with NHS England for ICBs and for providers. This guidance, and the new NHS Oversight Framework that describes how NHS England will approach the oversight of ICBs and providers, set the framework for how the system will be regulated following the passing of the 2012 Health and Social Care Act and the establishment of Integrated Care Systems.

This will be considered further in Board development session.

3. Regional Issues

Greater Manchester Integrated Care System (ICS)

The development of the Greater Manchester ICS is progressing. Two additional non-executive directors have been appointed to the Integrated Care Board:

- Kal Kay - Finance Committee Chair
- Dame Sue Bailey - Performance and Quality Committee Chair

The Greater Manchester Integrated Care Partnership has now agreed terms of reference and membership. It met for the first time on 28 October and will meet quarterly thereafter. The ICP brings together the ICB with the ten local authorities and also includes representatives from the GM Combined Authority, Healthwatch, Public Health, Adult Social Services, Children's Services, LA Chief Executive, GMCA Chief Executive, Primary Care (GP, dentist, pharmacy and optician), Health Innovation Manchester, Trade Union, voluntary sector, housing and Work and Skills.

Statutory NHS providers are represented via the Provider Federation Board (PFB). The Chair of Pennine Care will represent mental health providers and the Chair of MFT will represent physical health providers.

The Target Operating Model for Greater Manchester ICB which will clarify which functions sit at ICB level and which are to be devolved to place, is not yet finalised. The development of the arrangements to facilitate joint working at place level are progressing. Place leads for integration who will be responsible for driving the local integration of health and social care, connecting it to wider public services to address the social determinants of health have been appointed. Deputy place leads are being appointed who will be responsible for planning, designing and ensuring the delivery of high quality, safe, affordable integrated services and leading the health teams in the locality.

As providers we are working together through the Provider Federation Board which is focussing its work on winter planning and the achievement of access and cancer performance targets.

4. MFT issues

MFT Single Services

Following a break to enable teams to focus on HIVE implementation, the work to develop single services is re-starting. Through this work we are bringing services delivered across MRI, WTWA and NMGH under a single management and leadership structure in order to better facilitate the achievement the benefits of the Single Hospital Service. Single service operating models have now been agreed for cardiac, head & neck, GI medicine, orthopaedics, breast and infectious diseases. A programme of work to implement the new arrangements is being developed.

Lung Health Checks

Greater Manchester has led on the development of Targeted Lung Health Checks. The UK National Screening Committee (UK NSC) has now recommended that a national lung screening programme should be developed targeted at people aged 55 to 74 identified as being at high risk of lung cancer.

This announcement provides a further opportunity for GM to demonstrate how such a programme may be implemented on a whole population basis. We are currently working with system partners on a roll out plan for Greater Manchester. It should be noted that screening will lead to increased demand for treatment services and we are working with GM ICB and regional and national colleagues to ensure that we have the resources in place to create the additional capacity that will be required.

Community Diagnostics Centres

NHS England partially approved the business case for the expansion of the Community Diagnostic Centre which was developed in partnership with system partners and submitted in July. Funding to extend Withington Community Hospital which would include a purpose-built endoscopy suite was approved and the initial programme of work would see this completed by the end of 2024/25. Plans for a number of spokes sites are in the process of being revised and resubmitted to comply with a change in the national guidance. The long-term plan remains the development of spoke services that serve Trafford and North Manchester.

National Breast Imaging Academy

The National Breast Imaging Academy is a ground-breaking initiative to address the severe workforce issues related to the delivery of breast imaging services across the country. It is supported by HEE and there is interest in looking at how this model could be expanded to other areas.

MFT has been successful in a bid for capital funding to support the development of the National Breast Imaging Academy at Wythenshawe Hospital. The MFT Charity, along with Prevent Breast Cancer – an independent charity based at Wythenshawe – is currently fundraising for the development of a new building to help train the breast imaging workforce of the future. This award will fund around a quarter of the development and will help to create additional training space and reduce the fundraising target for the charities.

5. Actions / Recommendations

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

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Director of Strategy
Paper prepared by:	Caroline Davidson, Director of Strategy
Date of paper:	November 2022
Subject:	Annual Planning 2023/24
Purpose of Report:	Indicate which by ✓ • Information to note • Support ✓ • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	All individual strategic developments are risk assessed and monitored through the Board Assurance and Risk Management processes.
Recommendations:	The Board of Directors is asked to – Agree that the vision and strategic aims should be the basis for planning for 2023/24 – Note the provisional annual planning timetable.
Contact:	Name: Darren Banks, Group Executive Director of Strategy Tel: 0161 276 5676

1. Introduction

The purpose of this paper is to update the Board on the annual planning process for 2023/24 and specifically to validate our vision and strategic aims as the first step, and to set out the draft timetable for the process.

2. Context

Although we have not yet received the national guidance, we know that the financial settlement for the NHS for 2023/24 is likely to be tight. We can therefore expect that the priorities for 2023/24 will be around achieving access, cancer performance, A&E and ambulance targets. Our planning, which is about to start, will focus on these areas.

We will also be working with partners in the Greater Manchester Integrated Care System to ensure that our plans all align with the agreed system goals.

3. Validation of the MFT Vision

The Trust vison and strategic aims are central to our annual planning process; Hospitals, Managed Clinical Services, Local Care Organisations and corporate departments identify the actions that they are going to take in the coming year to make progress towards each of our strategic aims. The starting point for the planning cycle each year is therefore to review the Trust vision and strategic aims and ensure that they continue to reflect our long-term goals.

The MFT vision is made up of two elements; the vision statement and a series of strategic aims that set out what we want to achieve across the key areas of our business. The current MFT vision was updated last year in the light of achievement of the single hospital service, the move to working as part of an integrated care system and the impact and learning from the COVID pandemic. The main changes were to:

- Strengthen the patient safety aim to reflect its importance
- Include two aims related to the workforce to reflect the fact that without our workforce none of this is possible.
- Expand the new aim around health inequalities to cover wider social value type issues
- Distribute the aim to achieve of the benefits of the SHS across the aims on social value, service development and workforce.

The current vison and strategic aims are:

> ***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

It is suggested that this still reflects the goals of the organisation and should therefore be used as the basis for developing our plans for 2023/24.

4. Annual Planning Timetable

No guidance or timeline has been received at this point for the national planning process. The national planning guidance includes important information about the resources that will be available to us and the targets that we will be expected to achieve. This information is necessary in order for us to do our internal planning and our process does therefore depend on the national timelines. The table below sets out the provisional MFT deadlines. This is based on previous years but is subject to amendment dependent on confirmation of the national process and timelines.

Review of progress against plans for 2022/23 – CoG session	December 22
National planning guidance issued	December 22
Looking forward 22/23 – CoG session	February 23
Draft Annual Plan circulated for comment	February 23
Plan approved by Board of Directors	April 23

5. Action / Recommendations

The Board of Directors is asked to

- Agree that the vision and strategic aims should be the basis for planning for 2023/24
- Note the provisional annual planning timetable.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Finance Officer
Paper prepared by:	Jonathan Hinchliffe, Director of Digital Strategy & Governance
Date of paper:	November 2022
Subject:	To approve the Digital Strategy
Purpose of Report:	Indicate which by ✓ • Information to note • Support • Accept • Resolution • Approval ✓ • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	The Digital Strategy supports the delivery of the MFT's Group Strategy, Annual Plan and the Trust's other corporate strategies.
Recommendations:	To note the content of this paper and approve the MFT Digital Strategy (2022-2027)
Contact:	Name: Jonathan Hinchliffe, Director of Digital Strategy & Governance Tel: 07747443745

- **Introduction**

1.1 This paper summarises the five-year MFT Digital Strategy 2022-27 which provides the MFT Digital vision and ambition with the high-level roadmap and plan. The full Digital Strategy is appended.

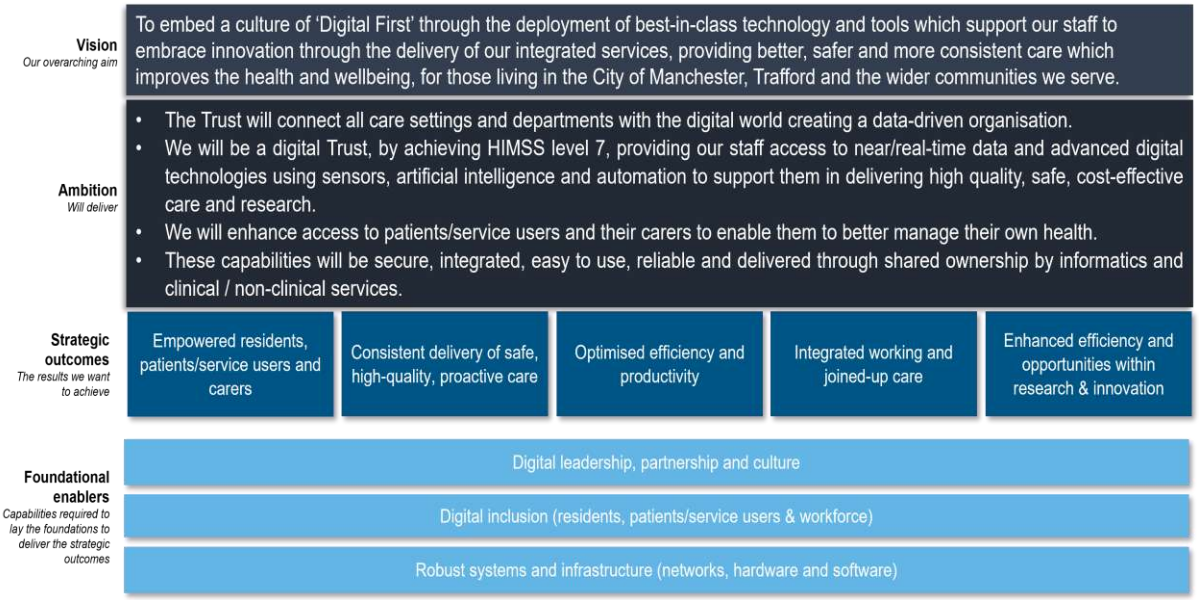
2.0 Purpose

2.1 We are ambitious in our digital aspirations. By 2027, the health care experiences for our residents, patients/service users, staff and wider population of Greater Manchester (GM) will be transformed through the deployment of innovative digital solutions, commencing with the implementation of our Hive Electronic Patients Record (EPR) in September 2022 and achievement of Trust Digital Maturity over time.

2.2 Our strategy sets out a long-term ambition to provide world class clinically safe healthcare for patients/service users and the wider population of GM using advanced digital technology, near/real-time data and innovation.

2.3 Across the world, leading hospitals are using digital technology to provide proactive, safer, personalised, integrated, and where possible, independent care. Given the challenges faced locally and nationally, we must take advantage of innovative and creative solutions to improve health and well-being, enabled by integrated digital technologies.

3.0 MFT Digital Vision



3.1 This vision builds upon the implementation of our EPR. The Trust will connect all care settings and departments with the digital world, creating a data-driven organisation. We will give clinicians and all other staff access to real-time data and advanced digital technologies using sensors, Artificial Intelligence (AI) and automation to support them in delivering high quality, safe, cost-effective care and research services. We will extend access to residents, service users and their carers to enable them to better manage their own health. These capabilities will be secure, integrated, easy to use, reliable and delivered through shared ownership by informatics and clinical/non-clinical services.

3.2 We recognise that digital transformation cannot be realised in digital silos and as such we will continue to work together with our partners/stakeholders (GM ICS, Local Authorities and others) to increase interoperability and provide a holistic, integrated patient/service user journey while developing our approach to population health management and prevention.

3.3 Our Digital Strategy is underpinned by five strategic outcomes that we will achieve over the next five years and beyond:

- **Empowered residents, patients/service users and carers**: Inclusivity, education and engagement is fundamental to improving a person's ability to manage their health and improve their health outcomes. By educating people about their health condition, they are more likely to be able to seek, understand, and where possible act on the health information they are given via digital means.
- **Consistent delivery of safe high-quality proactive care**: Enabling clinicians to deliver the highest quality and safest healthcare for patients/service users, utilising best practice, as well as to maximise the impact of remote and proactive care.
- **Optimised efficiency and productivity**: Improving working lives of our staff with enhanced communication and co-ordination amongst operational teams to optimise working arrangements, enabling them to be the best they can be and ensure patients/service users are cared for in the right place, at the right time.
- **Integrated working and joined-up care:** Providing seamless access to real-time (single source of truth) data is pivotal to supporting integrated working and joined-up care. Digital capabilities are essential to putting our patients/service users at the centre of health care and managing pathways holistically across acute, primary, community, social care and beyond through the longitudinal care record.
- **Enhanced efficiency and opportunities within research & Innovation**: Acceleration of research and innovation by improving the flow of data, enabling proactive outreach, and expanded collaboration with partners.

4.0 Digital Strategy Roadmap & commitment plans

4.1 MFT is in a period of EPR stabilisation and planning for optimisation to ensure realisation of full benefits of the HIVE implementation. We will harness the full functionality of the system and reach Healthcare Information and Management Systems Society (HIMSS) level 7, which is renowned globally as a digital maturity benchmark of outstanding service recognition, joining only other Trust within the NHS at this level.

4.2 The Digital Strategy is supported by our five-year digital roadmap which sets out our journey of digital transformation through three phases of delivery (Preparing the Digital Foundations; Embedding Digital Maturity and Transformation through Innovation) which will see us deliver our strategic outcomes and priorities. This roadmap will evolve throughout the lifetime of the strategy as part of our ongoing transformation and will set out how patients/service users, clinicians and staff experiences will be enhanced as we deploy and embed our digital capabilities.

5.0 Recommendation

5.1 The Board of Directors is requested to approve the MFT Digital Strategy.

Manchester University NHS Foundation Trust
Digital Strategy (Final Draft)

Contents

Glossary of Terms

Abbreviation	Definition
EPR	Electronic Patient Record
GM	Greater Manchester
MFT	Manchester University NHS Foundation Trust
ICS	Integrated Care System
M&T LCO	Manchester & Trafford Local Care Organisation
NHS	National Health Service
ED	Emergency Department
MHCC	Manchester Health and Care Commissioning
GP	General Practitioner
NHS E/I	NHS England and Innovation
HIMSS	Healthcare Information and Management Systems Society
NMGH	North Manchester General Hospital
CMFT	Central Manchester Foundation Trust
UHSM	University Hospital of South Manchester NHS Foundation Trust
A&E	Accident and Emergency
BRC	Manchester Biomedical Research Centre
NAO	National Audit Office
PACS	Picture Archiving and Communication System
VCSE	Voluntary, Community and Social Enterprise
API	Application Programme Interface
R&I	Research & Innovation
GIPB	Group Information Programme Board
GISB	Group Informatics Strategy Board
AI	Artificial Intelligence
BRC	Manchester Biomedical Research Centre

Foreword

We are ambitious in our digital aspirations. By 2027, the health & social care experiences for our residents, patients/service users, staff and wider population of Greater Manchester (GM) will be transformed through the deployment of innovative digital solutions, commencing with the implementation of our Hive Electronic Patients Record (EPR) in September 2022 and achievement of Trust Digital Maturity over time.

Our longer-term expectation is that Manchester University NHS Foundation Trust (MFT) will be a global exemplar in the use of digital technology to drive improvements in clinical services and in our patients/service user and staff experiences within healthcare. Our Digital Strategy supports the NHS Long-Term plan and regional priorities, such as the GM Digital Blueprint, GM Integrated Care System (GM ICS), Manchester City Council – Digital Strategy, Population Health Management: The Manchester Way, while articulating how this strategy will act as an enabler for delivery of the MFT Clinical Services Strategy and ultimately MFT's Strategic Aims of:

- To focus relentlessly on improving access, safety, clinical quality and outcomes
- To improve continuously the experience of patients/service users, 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 longstanding inequalities, creating social value and advancing the wider green agenda

Advances in digital technology are impacting all areas of society and in particular the rate of digital adoption across all Healthcare sectors has been accelerated due to the COVID-19 pandemic, through the need to enable remote working and enable the provision of care outside of the physical hospital. With this digital acceleration we acknowledge there are uncertainties as we move to support innovative clinical models, shifting from a 'sickness treatment' service to a 'wellness' model which is not contained by the walls of our hospitals.

As has been evidenced throughout the pandemic, these challenges can be overcome and ultimately health outcomes improved, through the proven opportunities that digital technology provides.

Our strategy, building on the implementation of our single electronic patient record (Epic), sets out a long-term ambition to provide world class clinically safe healthcare for patients/service users and the wider population of GM using advanced digital technology, near/real-time data and innovation.

Education and engagement are fundamentally important when it comes to improving a person's ability to manage and improve their health outcomes. By educating people about their health condition, they are more likely to be able to seek, understand, and act on the health information they are given. Our digital solutions will be co-designed and deployed in partnership with our residents to ensure they take a more proactive role in managing their health needs; and with our staff to empower them to make real time evidenced decisions. We recognise that our digital transformation cannot be achieved in digital silos and as such we will continue to work with our Greater Manchester Integrated Care System (GM ICS) partners to drive integration to ensure we provide a holistic and integrated patient/service user journey while developing our approach to population health management and prevention.

To ensure success, we will focus on building resilient and robust technical foundations which will have significant investment with deployment of Hive EPR in September 2022; nurturing a data-driven culture across the Trust; and doing all we can to tackle the challenge of digital inclusion and digital poverty, so no one is left behind.

Our strategic digital outcomes and priorities are underpinned by several capabilities that will be required to deliver our ambition of a single hospital service. We will continue to engage with both our staff and patients/service users throughout this transformation through a strong change management capability and co-production. Our digital programme supports the delivery of our People Plan, promoting the attraction, retention and development of our staff.

MFT already has mature partnerships within health, academia, and research. We will continue to build upon these as we endeavour to be world-class in designing person-centred solutions to the problems we all face; ensuring we continue on the transformation journey together for the benefit of our users.

Our staff remain our most precious and principal asset and have a vital role to play in bringing this strategy to life, changing the culture, while taking ownership for the digital transformation that we envisage. We ask each of you to work with us in delivering the digital revolution needed to support the improved healthcare of those we serve.

We are excited to commence this digital journey with you.

Sir Michael Deegan CBE
Group Chief Executive Officer
Manchester University NHS Foundation Trust

1. Executive Summary

Across the world, leading hospitals are using digital technology to provide proactive, safer, personalised, integrated, and where possible, independent care. Given the challenges that our GM ICS patients/service users face, we must take advantage of innovative and creative solutions to improve their well-being, enabled by integrated digital technologies.

Vision & Strategy Components

We have set an ambitious Digital Vision, which builds upon the implementation of our Epic EPR, in which the Trust will connect all care settings including Manchester & Trafford Local Care Organisations (M&T LCO) and departments with the digital world, creating a data-driven organisation. We will give clinicians and all other staff access to real-time data and advanced digital technologies using sensors, Artificial Intelligence (AI) and automation to support them in delivering high quality, safe, cost-effective care and research services. We will extend access to residents, patients/service users and their carers to enable them to better manage their own health. These capabilities will be secure, integrated, easy to use, reliable and delivered through shared ownership by informatics and clinical/non-clinical services.

We recognise that digital transformation cannot be realised in digital silos and as such we will continue to work with our partners (GM ICS, Local Authorities etc) to increase interoperability and provide a holistic, integrated patient/service user journey while developing our approach to population health management and prevention.

Our Digital Strategy is underpinned by five strategic outcomes that we will achieve over the next 5 years and beyond:

- **Empowered residents, patients/service users and carers**: Inclusivity, education and engagement is fundamental to improving a person's ability to manage their health and improve their health outcomes. By educating people about their health condition, they are more likely to be able to seek, understand, and where possible act on the health information they are given via digital means;
- **Consistent delivery of safe high-quality proactive care**: Enabling clinicians to deliver the highest quality and safest healthcare for patients/service users, utilising best practice, as well as to maximise the impact of remote and proactive care;
- **Optimised efficiency and productivity**: Improving working lives of our staff with enhanced communication and co-ordination amongst operational teams to optimise working arrangements, enabling them to be the best they can be and ensure patients/service users are cared for in the right place, at the right time;
- **Integrated working and joined-up care:** Providing seamless access to real-time (single source of truth) data is pivotal in supporting integrated working and joined-up care. Digital capabilities are essential to putting our patients/service users at the centre of health care and managing pathways holistically across acute, primary, community, social care and beyond through the longitudinal care record;
- **Enhanced efficiency and opportunities within research & Innovation**: Acceleration of research and innovation by improving the flow of data, enabling proactive outreach, and expanded collaboration with partners.

Within each of the five digital strategic outcomes, there are specific priorities to guide the realisation of the impact of digital capabilities.

Digital Strategy Roadmap

The implementation of Hive EPR in September 2022 is the foundation to delivering healthcare of the future and the beginning of our digital journey. Following the implementation of Hive EPR the Trust has commenced a period of stabilisation and optimisation to ensure we achieve the benefits outlined in the business case, ensuring we harness the full functionality of the system and reach Healthcare Information and Management Systems Society (HIMSS) level 7 (see Appendix B). Achievement of HIMSS level 7 is renowned globally as a digital maturity benchmark of outstanding service recognition.

Our five-year roadmap sets out our journey of digital transformation and will be underpinned with commitments describing how patients/service users, clinician and staff experiences will evolve as we build and embed our digital capabilities through three phases of delivery: Preparing the Digital Foundations; Embedding Digital Maturity and Transformation through Innovation.

2. Strategic Context

2.1 National & Regional Context

Digital technology will play a central role in realising the NHS Long Term Plan. The future model of care will look markedly different to today's model with the NHS seeking to offer a 'digital first' option across services. Digital tools will enable our citizens to have more control over the services they receive and their personal health data; more digital support to allow them to better manage any long-term conditions and to keep themselves well and at home for as long as possible e.g. population health findings will enable targeted recommendations alerts to be passed to the individual's care record for their information or to support General Practitioners (GP); and this support will extend to assisting carers in their vital work.

The GM ICS Digital Vision is to: 'Improve outcomes for GM citizens by harnessing the power of technology to better understand our population, identify their needs and change care provision. We will use technology to empower people to take greater control and accelerate innovation into practice. We will move beyond the basic ability to share information, to digitally reimagine a care system that promotes healthy living and self-care, as well as early detection, diagnosis and management of ill health and disease'.

2.2 Key drivers

MFT service delivery is influenced by several drivers both nationally and locally which can be overcome, in part, with the adoption of digital capabilities and the implementation of best practice.

National Drivers

Growing demand

Across the NHS, patient/service user volumes and overall workloads are increasing faster than population growth at a time when we are still recovering and learning from the pandemic. The growth is driven in large part by increased treatment demand, an aging population, and the rising risk of long-term conditions. Our increasing ability to treat disease and extend life is leading to substantial additional demand from the chronically ill, and much higher prevalence of comorbidities. This in turn is driving increasing emphasis on generalist and acute medicine to treat these more complex patients/service users. Additionally, we are in a state of recovery following the pandemic and must ensure that our learning from this period is not lost.

Financial pressures

NHS providers face significant financial challenges; demand is forecast to outstrip growth in real-term funding and there is limited access to capital for investment and transformation. Whilst spending on health is protected nationally (Government's 2015 Spending Review), growth is forecast to be slower than historic long-term trends. The government has recently pledged to increase the NHS budget by 3.4% annually to 2023, yet this is still below the 3.7% average annual rise the NHS has had since 1948. Spending pressure on Local Authorities also continues, impacting social care provision and public health spending in Manchester and Trafford.

Workforce Capacity and Capability

Pressure on the NHS workforce is increasing, with demand for staff growing faster than the size and skill mix of the available population. Like all NHS organisations, we face challenges in recruiting and retaining staff of suitable quality and we must work with our Partners (Health Education England etc) to support us in overcoming these. This spans across many areas of our workforce, including consultants (particularly within ED, acute medicine, dermatology, gastroenterology, ophthalmic sub-specialties), middle grades (paediatrics,

urology, ED), nursing (ED, theatres, registered paediatric nurses) and other key workforce groups. Many of the workforce shortages contribute to a negative training environment as junior doctors feel the pressure of the level of rota gaps and excessive workload and at more senior levels as challenges to appropriate supervision.

The societal expectations of our workforce are also changing, and our staff are increasingly looking for flexible working, portfolio careers and other models that allow them to combine a career with their busy lives. We must seek to introduce new roles as well as work with our Workforce Team to develop creative and contemporary employment practices that will allow us to create a sustainable workforce and meet the changing landscape.

In addition to issues relating to workforce supply, we have an ongoing need to integrate our workforce post-merger and to develop a single MFT culture.

National policy

The passing of the 2021 Health & Care Act brought about a substantial change to NHS structures, with the disestablishment of CCGs and establishment of 42 Integrated Care Systems (ICS). ICSs have two key components, a statutory Integrated Care Board and an Integrated Care Partnership. The Act and associated policy is intended to not only ensure that the NHS deliver safe, cost effective and patient, coordinated, centred care, but also that it works with wider partners (eg Local Authorities) to join up services for the benefits of patients and contribute to wider public policy goals, including net carbon neutral and economic development. In Greater Manchester an Integrated Care Board has been established along with 10 place based arrangements and the Provider Federation Board (PFB). PFB brings together the hospital, community, mental health service and ambulance providers so that, collectively, we can contribute to the development of integrated care.

Data and digital adoption

There is a continued national agenda to advance digitisation and data-driven services across the NHS, with the NHS Long Term Plan aiming to make digitally enabled quality care mainstream soon. We have had relatively poor levels of digital adoption across the Trust thus far although this has been significantly improved with the deployment of Hive in September 2022. Many of our systems and processes were paper-based, and many of our patient/service user and professional interactions did not make best use of digital or operational tools. The siloed nature of our previous datasets impedes the use of data science to support diagnostic understanding, predictive planning and prescriptive decision making. Patient/service user, performance, and business datasets are not sufficiently accurate, comprehensive or timely, and this hinders our ability to understand and improve our services. The data benefits of Hive are significant but will require culture change and education to be fully realised.

Drive towards personalised medicine

Developments in advanced diagnostic disciplines such as genomics, as well as a more data-driven approach to designing and delivering care, are creating increasing opportunities in the field of precision medicine. We are increasingly able to personalise patient/service user treatment pathways to improve the quality, effectiveness and efficiency of the care we provide. This must be supported by an extensive research, development, and innovation infrastructure capable of taking innovations into clinical practice e.g. through data science whereby a ‘recommendation engine’ can be used to inform or alert a GP or other community care staff via the care record based on a set of genomic or health factors.

Local drivers

GM Digital Strategy

GM Combined Authority has set out in its Digital Strategy its ambition for Greater Manchester to be a world-leading city-region, recognised globally for its digital innovation. The 2018 Strategy has been updated, placing people at the heart of its plans with an expectation that citizens’ lives will be bettered, and for them to be empowered by the myriad of opportunities a digitally fuelled city-region provides. The MFT Digital Strategy needs to complement and support this ambition ensuring that those that use our services, and our partner

organisations (GM ICS, voluntary organisations etc) are empowered to take a leading role in their health and wellbeing.

Manchester City Council Digital Strategy

Manchester City Council's Digital Strategy will ensure that the city continues to support, sustain and grow the digital ecosystem, while strengthening its connection with the people, organisations and services that call Manchester home. Their strategy provides the foundation for them to achieve their aim of being a world-class digital city by 2026, supporting and contributing to the objectives set out in the Our Manchester Strategy.

Population Health Management: The Manchester Approach

Population Health Management is described by NHSE/I as data-driven planning and delivery of proactive care to achieve maximum impact. The approach aims are to: improve the health and well-being of the population; address health and care inequalities; enhance patients/service user experience of care; increase the well-being and engagement of the workforce; reduce per capita cost of health care and improve productivity. In Manchester, the vision is to realise this through a data-enabled, neighbourhood-led approach that is part of a clear city-wide population health strategy and agreed set of priorities.

Institute of Health Equity: Building Back Fairer in Greater Manchester: Health Equity and Dignified lives

The Institute of Health Equity, in collaboration with GM System, have published their report which provides a framework for how GM can 'Build Back Fairer' in the aftermath of the pandemic. Fundamental to achieving a permanent reduction in health inequalities is a focus on the social determinants of health: those factors outside health care that affect health. The framework calls for health equity to be placed at the heart of governance, including resource allocation, in GM and for all policies in the region to be geared towards achieving greater health equity.

Clinical Care & Patients/Service User Experiences

Across the Trust, patient/service user experiences can vary depending on the service or pathway they are accessing, the location at which the patient/service user presents, the treating clinician(s) and the time of day at which they require care. This can lead to sub-optimal care for patients/service users and inefficiencies across our services. We've made significant improvement to the quality and safety of care over recent years, through the MFT Operational Excellence and our Nursing Standards. To drive consistency and best practice improvements MFT is deploying Hive EPR and is committed to achieving HIMSS level 7 during the timeframe. However, this is not the only opportunity to drive quality, safety, consistency and best practice within our services for example by using data science on datasets can also help identify and quantify inconsistencies.

Capacity and space

In the medium term we have a fixed amount of physical capacity across the Trust. Demands for increased capacity must therefore be met through improved efficiency and productivity. Over the longer term, many of our sites have limited room for expansion and this places constraints on where and how we can develop new services. The acquisition of North Manchester General Hospital (NMGH) and the potential to redevelop the site offers further opportunities for us to rethink how we most effectively use our estate. Increased capacity does not have to sit solely with the physical space and instead we need to embrace technology if we are to transform how we deliver our services and meet the growth of demand from our patients/service users e.g. remote monitoring, virtual wards/hospitals or even the potential for data science to examine and identify variance in performance and quantify the impact.

Research and Innovation

We work with universities, industry and others to take the best new ideas from cutting-edge science and use them to create new tests and treatments that benefit patients/service users more quickly. Over one million patients/service users per year are cared for across our hospitals and community services, and we undertake

research in a diverse range of clinical areas. Our patients/service users are regularly the first-in-the-world to have the opportunity to trial new treatments through research, and even more are first in the UK.

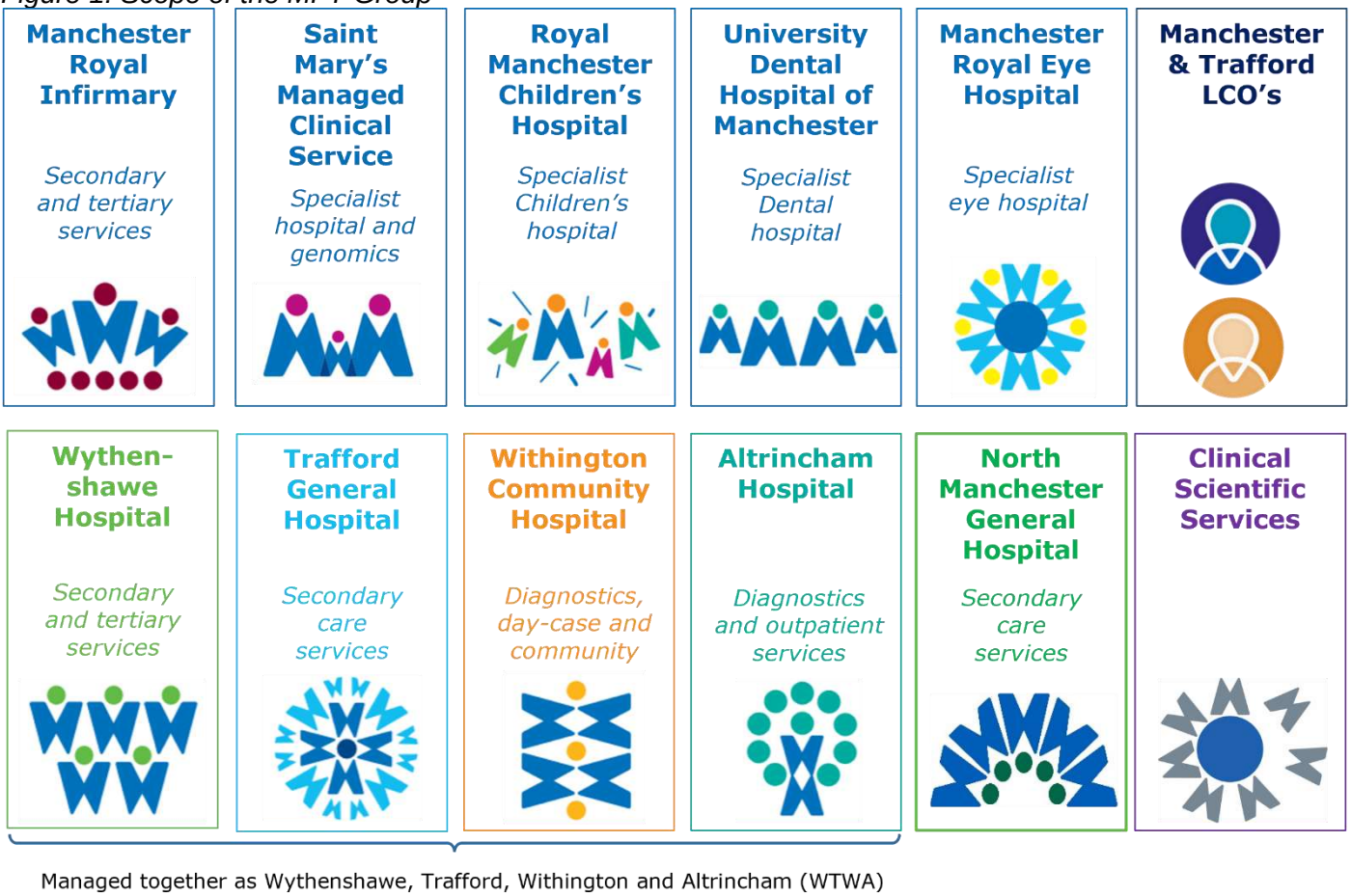
We work closely with The University of Manchester, NHS Trusts in Greater Manchester and Health Innovation Manchester and our research is supported by the National Institute for Health Research.

2.3 MFT Context

MFT was formed in October 2017 by the merger of Central Manchester University NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM). We provide community and secondary care services to the populations of Manchester, through the creation of the Manchester Local Care Organisation, and Trafford Local Care Organisation (M&T LCO) in 2018 & 2019 respectively, and tertiary and quaternary services to residents from GM, the North-West and the rest of the UK.

The merger was the first step of a plan agreed with commissioners to create a single hospital service for Manchester which was recently completed with the acquisition of the NMGH. The organisations that sit within the wider trust are illustrated below:

Figure 1: Scope of the MFT Group



We are a large and complex organisation, recognised as an anchor institute, with approximately 3,000 beds across our 10 hospital sites and are one of the biggest employers locally, with over 28,000 staff and an additional 3500 trainees and affiliates.

MFT provides a full range of general hospital-based services for the populations of Manchester and Trafford; this includes core services such as Accident & Emergency (A&E), elderly care and services for people living with long-term conditions such as diabetes and Chronic Obstructive Pulmonary Disease. Through the M&T LCOs, we not only provide vital community services, including Adult Social Care, for our residents but are

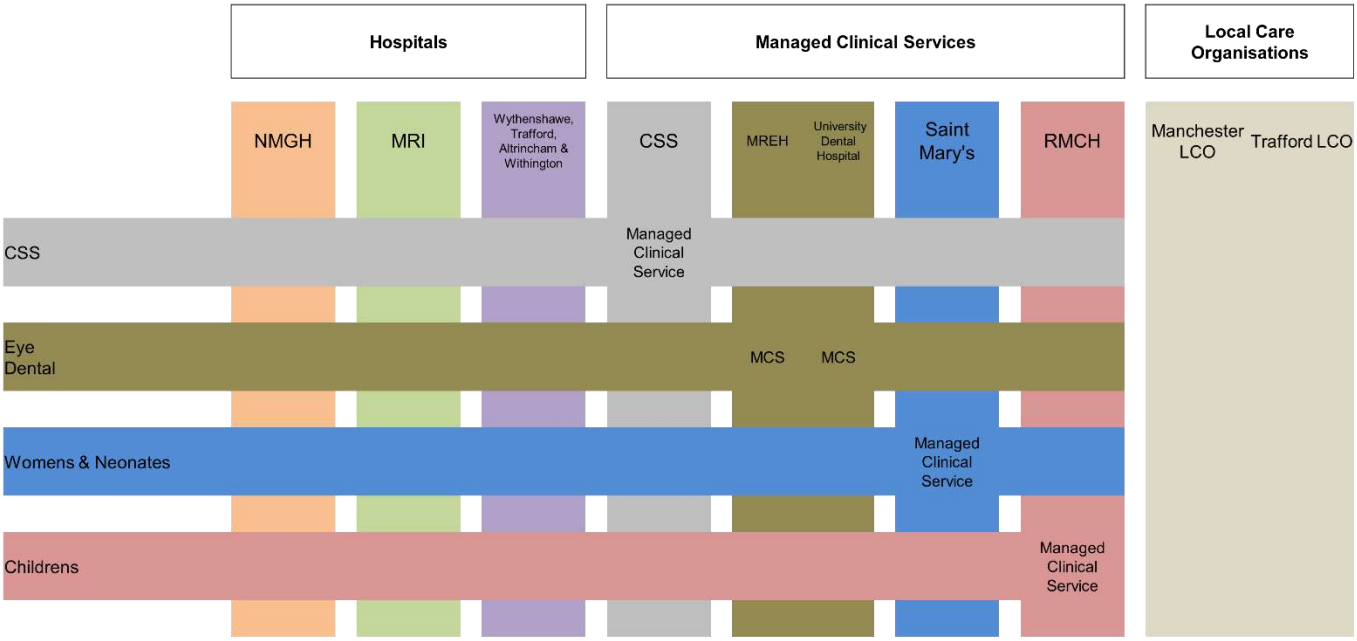
the 'provider delivery vehicle' for improving health and wellbeing and reducing inequalities in GM. Additionally, we provide services outside GM both nationally and regionally across the North West. through services such as our Genomics hub.

We are one of the major academic research centres and education providers in England. Research and innovation is at the heart of everything we do. It enables us to ensure that our patients/service users have access to the latest high-quality care and clinical trials, to attract the best staff and in turn to deliver the best health outcomes. It also enables us to attract investment and develop relationships with industry to our mutual benefit.

We have several clinical academics who are recognised as international experts in their field. We work closely with our academic partners – the University of Manchester, Manchester Metropolitan University and the University of Salford and with industry partners through developments such as Citylabs 1.0. We host the Manchester Biomedical Research Centre (BRC) and are a founding partner of Health Innovation Manchester, a major hub providing clinical and research leadership, helping healthcare organisations reap the benefits of research and innovation. Our Oxford Road campus is located on Corridor Manchester in driving all stages of the innovation pipeline from idea generation to adoption and engagement.

We provide undergraduate and postgraduate medical and dental education, as well as pre- and post-registration training across a range of professional staff groups. We provide much of this in partnership with local partner higher education institutes. Traditionally, hospitals have not had a major impact on population health outcomes, but as the single largest organisation in the Manchester and Trafford health systems we can play a significant role with our partners, not just in diagnosing and treating people with ill health but in prevention, early diagnosis and health education which will contribute to improving the health and wellbeing of the population and reduce health inequalities.

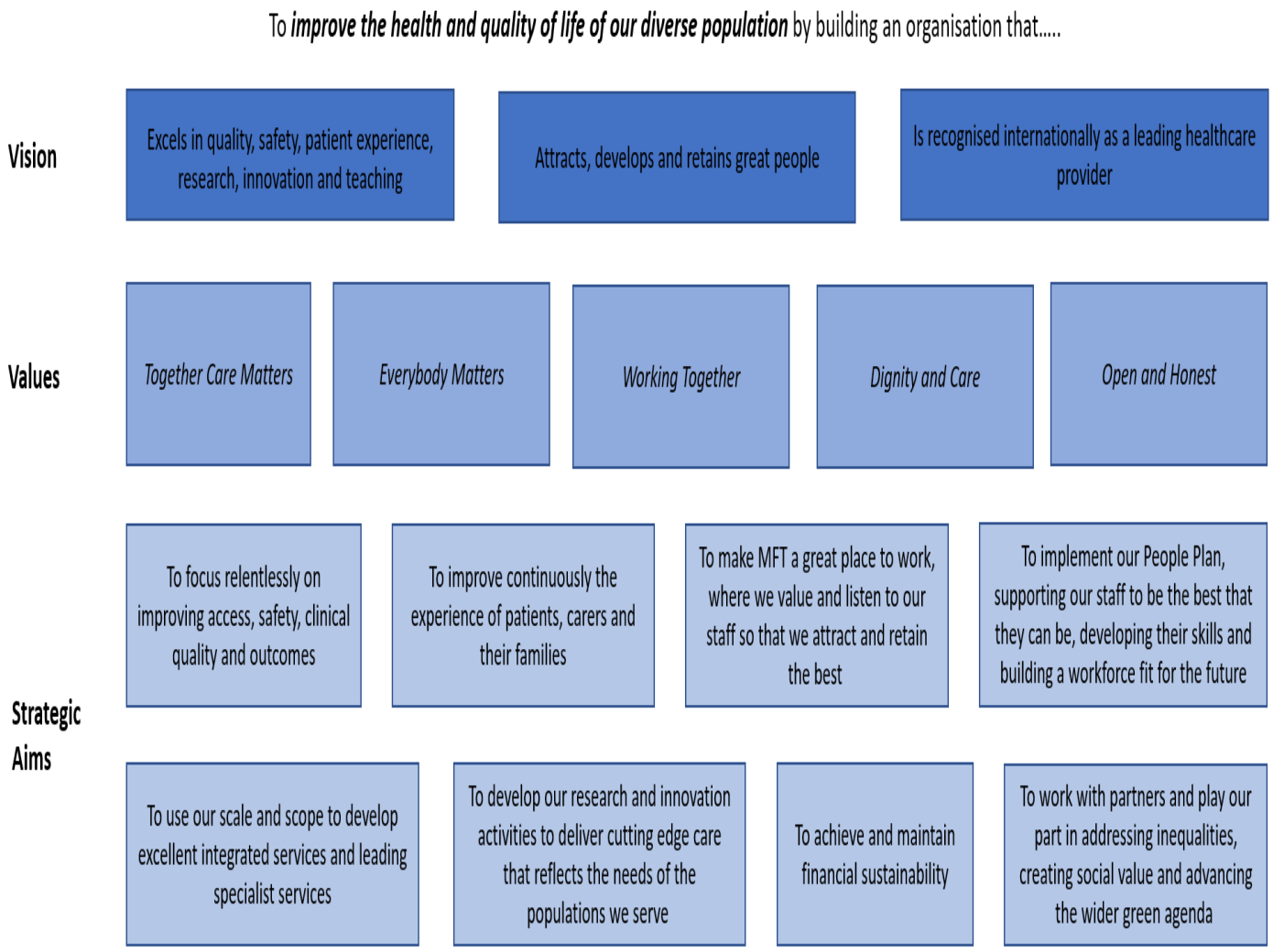
Figure 2: MFT Leadership/Management Arrangements



The scope of the strategy covers all areas of digital transformation across the whole of MFT to not only support the Trust's Vision but the NHS Long Term Plan. As MFT prepares to deploy Hive EPR across its estate and due to the rapid pace of digital technology advancements this strategy is focused over the next 5 years.

2.4 MFT Vision and Strategic Aims

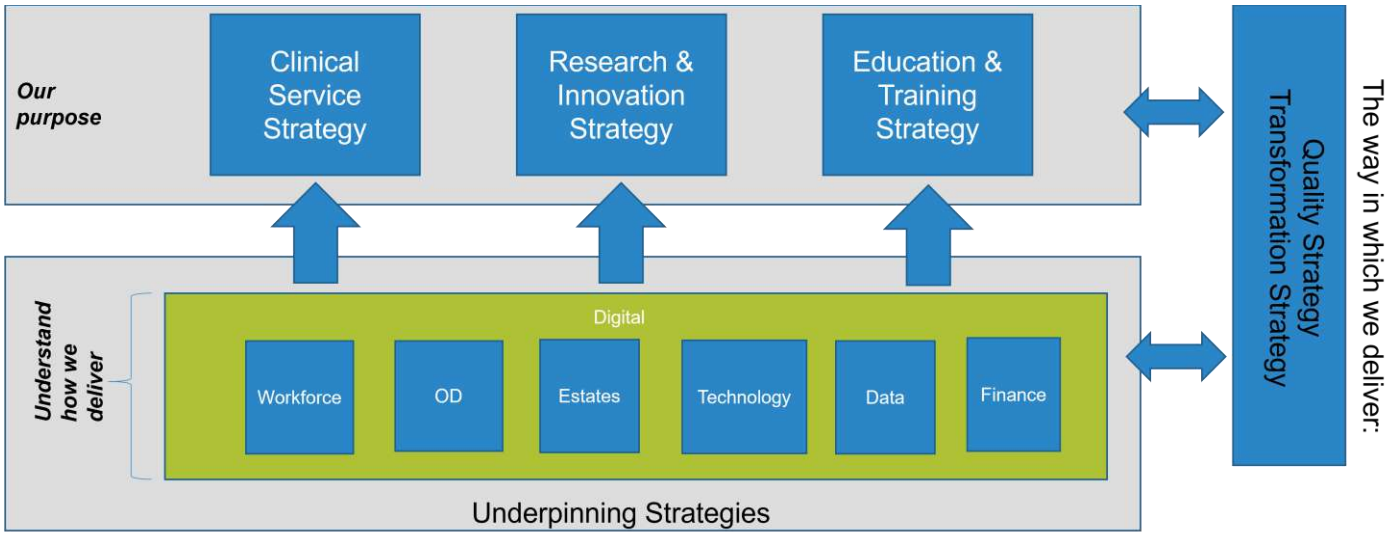
Consistent with the priorities in the NHS Long Term plan, the Trust has set an ambitious vision, set of values, and list of priorities for the Trust hospitals and services.
Figure 3: MFT Vision, Values and Strategic Aims



The Digital Strategy supports the delivery of the MFT's Group Strategy, Annual Plan and the Trust's other corporate strategies.

2.5 Strategy Context

This document is our Digital Strategy and must be considered in the context of other strategies, which collectively constitute the Trust's organisational strategy. The Digital Strategy draws insight from and refers to other areas of our organisation where these directly relate to and support our clinical services.
Figure 4: The relationship between our strategies



The Digital Strategy will be underpinned by forthcoming Informatics Strategies at two levels: Data and Technology.

2.6 MFT Digital Foundations

Historic spend on digital technology and systems has been low (in lowest quartile for NHS organisations) and well below the 5% of turnover recommended by the National Audit Office (NAO May 2020). MFT Digital systems have grown organically over many years which has led to inconsistency across the Trust. This has perpetuated data silos, integration issues, technology debt and security vulnerabilities. Continuing down this path will prevent us from exploiting digital technologies at scale across the Trust.

The result of the organic and uneven growth of digital technology across the Trust, and its preceding organisations, is a variable level of digital maturity amongst our workforce and a lack of a standard operating model that includes digital technology. Decisions have been made about changes to the estate, operational or clinical processes without the detailed understanding of the impact on, or opportunities that could come from, digital technologies. The understanding and inclusion of digital technology and digitally enabled transformation will need to be an integral part of the Trust's decision-making processes to deliver its strategic objectives.

Figure 5: MFT Case for Change

Data is fixed in internal silos, easily accessible but difficult to integrate due to a lack of strategic approach which identifies data as a Trust strategic asset.

The technology core, although generally good, is outdated in some areas and doesn't take full advantage of modern scalable digital services, such as cloud delivery.

The Trust's digital architecture is very complex and, in some areas, not standards based. This is also true at a GM level and requires addressing to enable the interoperability required by digital transformation.

We have digital transformation, technology and data skills gaps across the Trust alongside a low level of digital maturity as an organisation. There is also a wide variation in digital literacy and empowerment across the GM population in which our patients/service users and their families and carers, and many of our staff, live.

We continue to operate a service model that was developed in the last century, while 50% of the workforce started their working lives after 2000.

This strategy sets out our digital case for change which builds on the implementation of Hive EPR as a catalyst for digital transformation. The digital roadmap and associated plans will drive improvements across

data, technology and our system governance to deliver enhanced maturity across all our digital enablers. We will seek to deploy a new generation of digital technology which can enable us to re-imagine how our services, both clinical and non-clinical, can be delivered to enhance the experiences of our staff and citizens and ultimately improve health outcomes of those we serve.

3. Digital Ambition, Vision and Strategic Outcomes

3.1 Development of the Digital Ambition, Vision and Strategy

The MFT Digital Strategy has been developed through extensive collaboration with senior leadership, clinicians and staff. Additionally, a core group of senior stakeholders: clinical, nursing, operational, transformation, strategy, IT, workforce, estates, and research have mobilised to co-develop and validate the digital vision, strategy and delivery roadmap.

3.2 Guiding Principles

A set of guiding principles that are consistent with the strategic context anchor the MFT Digital Strategy. These principles help to ensure that the digital strategy is framed in what matters most to our patients/service users, carers, clinicians, staff, and partners:

1. **Patient/service user centred** – Committed to delivering the best possible safe outcomes for residents, patients/service users and carers in Manchester, within the region and beyond.
2. **Empowering our workforce** – Known as an employer of choice by deploying leading edge digital tools and technologies which support and empower our people to be the best they can be. We will develop together through continuous learning while delivering improvements in the outcomes for patients/service users.
3. **Evidence based decision-making** – Embed digital technologies at the centre of healthcare delivery and operations management to support informed evidence-based decision making, by using our data as a strategic asset and change lever.
4. **Inclusive by design** – We will strive to ensure that nobody is left behind and that all digital solutions, are co-designed with residents, their carers, our staff and cater to the diverse needs of the Manchester & Trafford population.
5. **Delivers the Trust Vision and aligned with wider NHS priorities** – Digital capabilities and transformation initiatives will be an enabler in supporting the delivery of the MFT Vision/Organisational Strategies; while remaining aligned to the wider NHS, GM region and other partners' clinical and digital priorities.

3.3 Our Digital Vision & Ambition

To enable our digital aspirations for MFT, an ambitious digital vision is set out below.

Figure 6: Digital Vision

Digital Vision

To embed a culture of 'Digital First' through the deployment of best-in-class technology and tools which support our staff to embrace innovation through the delivery of our integrated services, providing better, safer and more consistent care which improves the health and wellbeing, for those living in the City of Manchester, Trafford and the wider communities we serve.

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- Consistent delivery of safe, high quality proactive care;
- Optimised efficiency and productivity;
- Integrated working and joined-up care; and

- Enhanced efficiency and opportunities within research & innovation.

The Hive EPR system represents a significant increase in the Trust's capability to unleash the power of data, through its ability to capture high quality/volume acute clinical and non-clinical services data and to exploit this data to catalyse digital transformation.
Opportunities for exploitation will be continually expanded and developed as the Digital Strategy is delivered. This section sets out some of the ways in which Informatics working across MFT and our external partners (GM, MCC etc) will support this exploitation.
We need to move beyond the current use of IT as "systems of record", acting as a replacement for paper case notes and paper forms, to a digital first ethos integral to all Trust services.
Figure 7: MFT Digital Ambition

Our Digital Ambition by 2027 & beyond

- The Trust will connect all care settings and departments with the digital world creating a data-driven organisation.
- We will be a digital Trust, by achieving HIMSS level 7, providing our staff access to near/real-time data and advanced digital technologies using sensors, artificial intelligence and automation to support them in delivering high quality, safe, cost-effective care and research.
- The Trust will enhance access to patients/service users and their carers to enable them to better manage their own health.
- These capabilities will be secure, integrated, easy to use, reliable and delivered through shared ownership by informatics and clinical / non-clinical services.

We need digital systems that automate the collection of data with software capabilities which then presents current and historic data through artificial intelligence (AI) and enables evidence-based decision making by our staff. This is then used as the basis of crucial management information which enables our staff to make informed decisions and take action, and finally automated translation of that directive into action. Building this digital capability will create a data-driven organisation that will improve patient/service user and staff satisfaction, productivity, quality and lead to better health outcomes.

These digital systems will whenever possible need to be integrated with digital technology across GM ICS and the North-West; organisations delivering services in health, social care and local government, as well as industry and academic partners. Extending digital reach across GM ICS and beyond will break down geographic barriers and create virtual interoperability across care pathways, enable data to flow to and from those delivering health services and allow us to redesign clinical services and deliver more effective population health management.

This same approach will transform our enabling services generating significant efficiencies and improved productivity while driving more flexible ways of working, designed around user needs. It will allow us to automate core processes, releasing staff from low value data entry tasks into higher value roles. We will unlock the value in our data to make better, quicker, evidence-based decisions. Linking clinical and non-clinical data (e.g., staff rostering, patients/service user activity, theatre activity, procurement) will allow clinical demand to be better matched with supply and reduce waste.

Clinical Services
The investment in the Hive Programme and the related systems (Epic EPR, PACS, Electronic Document Management System, Clinical Archive) will put in place foundation digital elements to deliver the Group Services Strategy**.**

After a 6–12-month period of stabilisation and then optimisation of workflows, there will be a focus on improving standardised administrative and common clinical processes across all clinical services to realise the planned benefits in terms of patient/service user experience, safety, clinical outcomes, operational efficiencies and cost savings. Over this period the merging of separate hospital clinical services into single trust-wide clinical services will be completed.

Once single clinical services are in place, the transformative work can begin implementing digitally enabled evidence-based clinical pathways capable of being personalised to meet patients/service user's needs. At this point, there will be 2-3 years of rich clinical data which can be used to inform the prioritisation and improvement of specific clinical pathways. Work with Transformation and Operations will also continue to improve patients/service users access, flow and experience by improving generic clinical and administrative processes through digital technology.

Non-Clinical Services (Corporate & Operational Services)

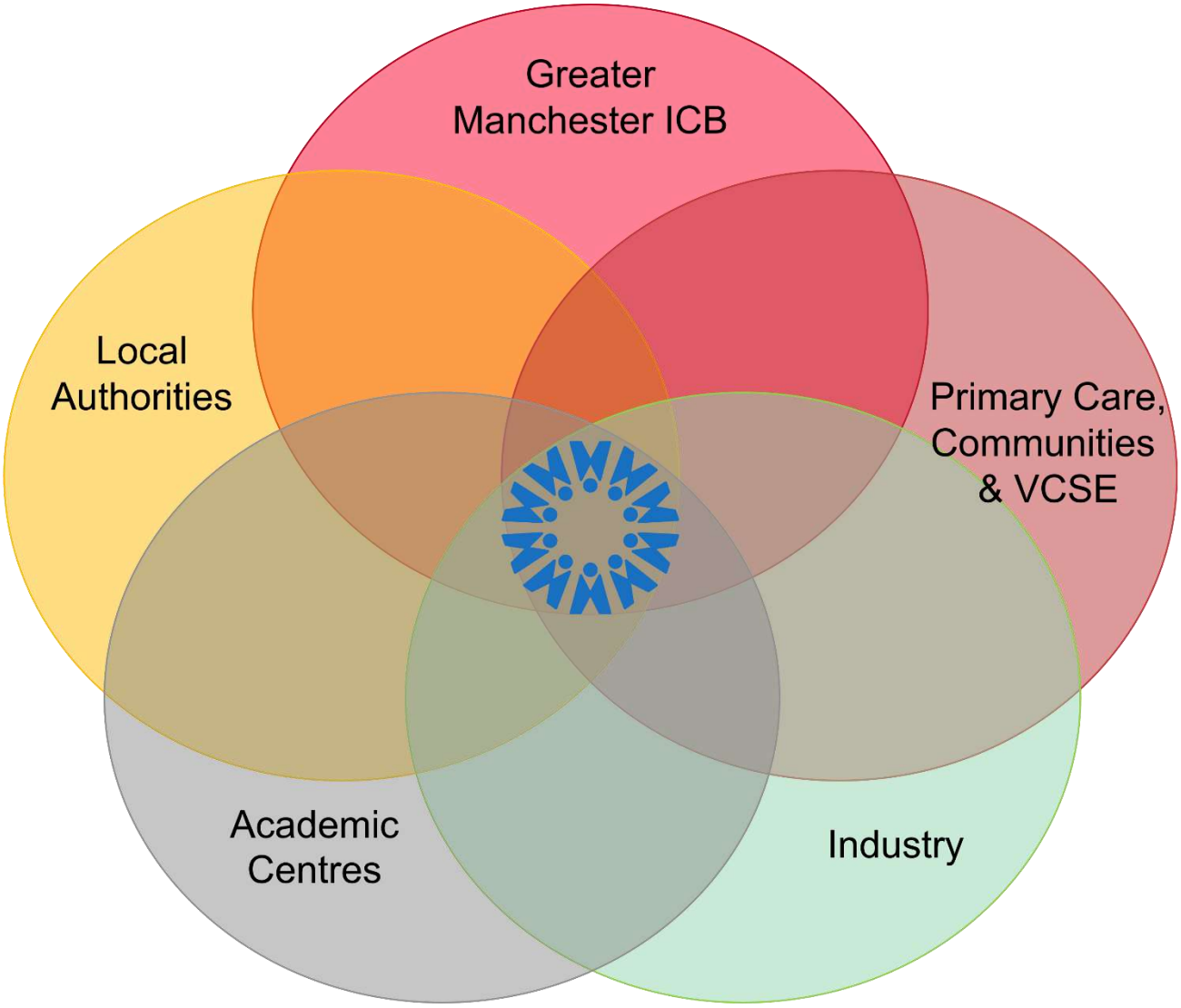
Informatics will partner with the non-clinical services to support them in delivering their digital strategies by integrating the clinical and non-clinical environments to deliver greater benefits to MFT and its patients/service users.

Informatics will foster stronger links with our Corporate Service partners (Finance, Commercial/Procurement and Workforce) to ensure that we engage much earlier in the delivery lifecycle to ensure we understand the business and workforce management requirements. Additionally, we will support our Corporate Services partners in achieving their digital aspirations and enhance internal integration of our system infrastructure. For example, the Workforce Digital Strategy's strategic outcomes include supporting the effective deployment and management of staff through predictive rostering. The Digital Strategy should enable integration with the Epic EPR to enable rostering to be driven by predictive service demand, patients/service users' activity and in turn feed staff availability to schedule delivery of clinical services. Similarly, initiatives in finance, procurement/supply chain and estates will drive greater integration between clinical and non-clinical services.

Wider System Integration

To deliver effective clinical services to our residents we need to see data across the whole patient/service user pathway, not just the element delivered by MFT services. There needs to be close alignment between this strategy and those of our partners GM Digital strategy; Manchester City Council Digital Strategy and the M&T LCO Health Population Management: The Manchester Approach if we are to succeed in delivering population health for our residents. Therefore, to maximise the benefits from this investment, we need system interoperability and wider data integration.

Figure 8: MFT and beyond Integration



Achieving these benefits requires common, interoperable, standardised data, a coordinated data model and Application Programme Interface (API) services, which are actively managed, curated and governed. On this data foundation we can build the digital capability to deliver the strategic outcomes and drive the research and innovation needed to carry on improving our services and ultimately the patient/service user experience.

Priorities for each of the five strategic outcomes set out how the Digital Strategy will be achieved. The strategic priorities describe the focus of energy and resources to make the most out of the opportunities which digital capabilities enable. Our strategic priorities are outlined in the figure below:

Figure 9: MFT Digital Outcomes and Priorities

3.4 Digital Strategic Priorities

Digital capabilities will transform how care is provided, significantly impacting operations, and workforce and patient/service user experiences. Within each of the five strategic outcomes, there are specific priorities to guide the realisation of the impact of digital capabilities. The priorities are detailed in the tables below for each strategic outcome.

Digital capabilities will empower patients/service users and carers by providing greater visibility, control and personalisation of care journeys. These capabilities will also support more proactive management of conditions, enabling the shift to preventative care and wellness. Empowering patients/service users and their families while facilitating the delivery of tailored care will enable a truly patient-/service user-focused approach and ultimately deliver improved health outcomes for our citizens.

Empowered residents, patients/service users and carers *Our Strategic Priorities*	
Provide full visibility of personal health data and pathways	• Provide electronic access to interactive patients/service user records, including multi-way communications (e.g. patients/service users – carer – clinicians) • Display clear personalised information with supporting information at each journey stage, clarity on options and what to expect
Develop new digital ways for patients/service user to access health services	• Integrate new digital services in easy-to-access patients/service user portal • Provide patients/service user' the choice between virtual and physical consultations • Work with GP, social care and mental health partners to develop services that integrate across end-to-end pathways
Enable residents & patients/service user to proactively manage their own health	• Provide residents, patients/service users with tailored healthcare and lifestyle content and advice • Provide proactive information to patients/service users to manage their healthcare

	Empowered residents, patients/service users and carers *Our Strategic Priorities*
	• Support patients/service users and carers to identify and manage health risks earlier on through risk identification and preventative care • Empower and enable patients to see R & I as a route to better care for them and wider society as part of our collective civic responsibility and humanity.
Shift towards personalised care and precision medicine	• Identify the best approaches and care pathways for each patient/service user based on individual needs and circumstances (e.g. genetic, lifestyle, and other factors) • Enable patients/service user to take a more active role in care decision-making
Foster digital inclusion and tackle digital poverty	• Co-design solutions with user groups to capture diverse range of needs, including language, platform accessibility, and network connectivity • Work collaboratively with regional partners to respond to national initiatives • Work with local and community partners to define collaborative initiatives that pool insight and resources • Through the power of digital analyse barriers and implement solutions to support hard to reach groups

Digital will enable our clinicians and staff to enhance how care is provided to patients/service users, thereby improving outcomes. It will enable the standardisation of care and the anticipation of patient/service user needs and risk, ultimately enabling the consistent delivery of high-quality, proactive, safe care.

	Consistent safe delivery of high-quality proactive care *Our Strategic Priorities*
Enable clinicians and staff to maximise the impact of remote and proactive care	• Drive illness prevention by adopting technologies that enable proactive remote monitoring, risk identification and early diagnosis (e.g. smart asthma inhalers, biosensors, ingestible sensors) • Predict and monitor patients/service users with high risk of re-admission to enable earlier interventions • Support patients/service user to adopt virtual consultations and remote care interventions (virtual wards)
Enable clinicians and staff to deliver the highest quality and safest healthcare for patients/services user in hospital	• Improve tracking and monitoring of patients/service users within the hospital (e.g. smart beds and wearable sensors) to develop real-time views of patients/service user' statuses, enabling earlier interventions and risk mitigation • Adopt solutions that enable clinicians and staff to minimise unwarranted variation in care, adhere to best practice guidelines, improving outcomes and reducing length of stay
Enhance care delivery through advanced digital solutions	• Implement solutions, through co-design principles, that improve decision-making and release clinician and staff time (e.g. AI to improve radiology, clinical scenario modelling based on patient profiles and data) and ultimately enhance the user experience • Support clinicians to improve outcomes of procedures by adopting assisted care technologies (e.g. robot-assisted surgery)
Improve the standard of training available to staff through new technologies	• Personalise content and learning pathways for clinicians and staff to maximise individual potential • Embed a continuous feedback loop of clinical data to inform key learning priorities

Digital solutions are key to improving efficiency and productivity across care delivery and hospital operations- to create increased capacity for the anticipated growth in demand. By automating tasks, improving communication and co-ordination, streamlining processes, and optimising resource management, digital capabilities will maximise efficiency.

Optimised efficiency and productivity *Our Strategic Priorities*	
Release time to care for patients/service user by digitising and automating manual tasks	• Enhance ways of working e.g. automate patients/service user scheduling and referrals • Improve supply chain efficiency through real time tracking and supply management (e.g. medication, materials, equipment)
Optimised communication and co-ordination between clinicians and amongst teams	• Improve access to updated holistic patients/service user records for care providers and staff • Enable seamless handovers between acute and non-acute teams (e.g. GPs, ambulance services, community) • Adopt innovative digital communication solutions for collaborative working
Ensure patients/service users are cared for at the right place, at the right time to minimise length of stay	• Streamline and automate key processes (e.g. admission, triage, discharge, and follow up) • Implement new ways of working which actively direct patients/service user to the most appropriate care setting, emphasising closer-to-home care • Optimisation and configuration of clinical services to reduce clinical risk
Optimise the way our workforce and resources are managed	• Improve workforce management and scheduling through automation and analytics e.g. rostering and theatre utilisation • Develop simulation tools to model the impact of shifting services across MFT estate and develop more advanced understanding of resource requirements and impacts of/reactions to major incidents (e.g. COVID-19)' • Produce a resourcing strategy to enable us to meet demand across informatics

Ensuring seamless access to real-time (single source of truth) data is pivotal to supporting integrated working and joined-up care. Digital capabilities are essential to managing our patient/service user' pathways holistically across acute, primary, community, social care and beyond.

Integrated working and joined-up care *Our Strategic Priorities*	
Improve the accessibility and quality of patients/service user data to make the right data available at the right time	• Promote & embed standards for data collection and quality in digital services (incl. new solutions/tools) to ensure data is captured once and at key points along care journeys • Synchronise the joint care record across acute, primary, social, community and mental health to remove friction points/walls • Coordinate information access with the wider MFT network
Create frictionless data sharing with key external partners and datasets	• Integrate with a range of datasets in order to exploit, and contribute to, broader care records (e.g. Greater Manchester Care Record, Local Healthcare and Care Record Exemplars platform)

Address patients/service users pathway needs beyond acute care	• Enable real-time system updates between both internal databases and with external organisations / databases (e.g. National Record Locator) • Provide access to approved and assured Apps which enhance service delivery and the flow of data across pathways.
	• Support sharing of relevant data with GPs, community, social care, mental health teams and other partners • Operate efficient virtual multi-disciplinary teams to enable the highest quality care to be delivered irrespective of location • Collaborate across all MFT settings with community partners and local authorities to develop holistic solutions focussed on improving outcomes and experiences • Improve equity of access to research opportunities for patients/service users

Digital capabilities will also support the acceleration of research and innovation by improving the flow of data, enabling proactive outreach, and expanded collaboration with partners.

Enhanced efficiency and opportunities within research & innovation *Our Strategic Priorities*	
Improve proactive patients/service user outreach to increase uptake of research opportunities	• Support clinicians and staff to make patients/service users more aware of research and trial opportunities (e.g. by providing smart recommendations, using digital signage in hospitals, apps) • Use data analytics to proactively identify suitable patients/service users for research opportunities.
Improve the flow of data, insights and research outputs	• Improve the accessibility and quality of patients/service users, clinical and research data for R&I purposes • Increase the integration and flow of data between clinical systems • Use digital tools to improve our ability to translate research outputs into clinical practice
Expand collaboration with key partners	• Work closely with the Clinical Data Sciences Unit (CDSU) to improve how we deliver research and innovation e.g. analysis of high level data sets. CDSU are included in the Digital Portfolio process which will ensure resourced inclusion within the portfolio, prioritising scheduled activity and increasing our collaboration. • Enhance our reputation with universities, pharmaceuticals companies, other Trusts, and research centres as a leading research partner to drive more opportunities. Conduct planned and sustained engagement with key leadership and stakeholders to increase partnership activities, minimum of 5% year on year, within the strategy period.
Embed a culture of research and innovation across the organisation	• Support our workforce, through education and leadership, to embed research and innovation in their day-to-day work • Advertise and promote R&I opportunities more clearly to our workforce e.g. staff apps

3.5 Digital Enablers

Our strategy is more than just delivering enhanced digital and data technology and will require wider scale service transformation. Significant culture and process change is necessary to achieve the benefits of the digital strategy and digitalisation of services. In addition, the digital capabilities must be built on resilient and

robust technical and architectural foundations. The digital enablers provide focus for energy and investment in:

- Nurturing a data-driven (single source of the truth) culture and building digital leadership;
- Actively working towards digital inclusion so that existing inequalities are not further exacerbated; and
- Continuing to improve our infrastructure.

Digital Leadership, Partnership and Culture

A data-driven culture will be nurtured to encourage leadership through to front-line clinicians and staff to embrace digital capabilities and data. Data-led insight will be placed at the heart of decision-making by ensuring our clinicians and operational staff have access to and confidence in high-quality, near/real-time data. Advanced, intuitive solutions will be used to identify trends and anticipate risks for proactive care management, optimise hospital operations and build effective resource management.
Our leaders will be supported to become champions of data and digital tools and embed data in 'Ward to Board' hospital governance. We will develop close partnerships with our senior leaders within MFT and our external partners to not only understand priorities within MFT, but ensure we work collaboratively across the system. Crucially, data exploration will drive innovation and improve the health of the GM population by supporting innovation across the health, care, and research ecosystems, delivering national and regional initiatives focussed on prevention and population health, especially for our most at-risk, complex patient/service user groups.

Transformation will be driven by:

- Providing high-quality, near/real-time data available to support clinical decision-making and effective care delivery
- A common data architect across MFT to drive consistency and quality
- Working with partner organisations (GM, ICS, Local Authority, voluntary sectors) to support the delivery of the GM Digital Strategy to ensure seamless data flow across patient-/service user' pathways which will require system integration. While accelerating our change management to achieve a cultural shift which includes increasing understanding and use of data science capabilities by primary users and across all MFT services.
- Approval of our new Data Strategy and robust data governance and management processes to manage prioritisation, delivery and benefits realisation, alongside appropriate security and protection of our data.
- Embedding the Informatics Business Relationship Managers across each of our sites to foster a 'digital first' collaborative way of working across both clinical and non-clinical services to enable prioritisation of demand management through to delivery and return on investment.
- Fostering strong partnerships within the data environment, including software suppliers, universities, life sciences companies;
- Equipping leaders and staff with the skills required to be data-driven through learning and development initiatives.
- Fostering stronger partnerships with MFT Corporate services (workforce, procurement etc) to jointly assess future projects and plan accordingly for delivery

Digital Inclusion (Residents, Patients/Service Users and Workforce)

Effective delivery and exploitation of those digital opportunities requires us to develop and embed digital skills across the Trust.

Demand for specialist digital skills remains high but is now considered the norm. The technologies are not specific to the NHS and the market for them is very competitive in the GM area. To retain our existing

workforce and compete for new talent we need to leverage the MFT brand, offer a supportive environment with real learning experiences, and invest in the development of our people.

But acquiring the technology talent to deliver the digital vision won't be sufficient. Realising its full potential requires us to ***develop a digitally advanced and empowered workforce*** through high quality training for our staff while finding new ways to attract new digital talent and be known as an employer of choice. Our workforce will need to be empowered to find new ways to exploit technology across clinical and non-clinical domains. We need a more agile, flexible and innovative culture which encourages creativity and diversity of thought, backed up by multi-disciplinary teams combining digital and transformation expertise to turn ideas into successful digital transformation.

To truly deliver Digital Inclusion MFT will need to collaborate with our partners (GM ICS, GM Local Authorities) to support our residents, patients/service users and carers in accessing services, which may not necessarily be delivered within MFT. MFT is also committed to delivering its part in tackling digital poverty and inclusion alongside our partner initiatives.

Transformation will be driven by:

- Developing a digitally advanced and empowered workforce through high quality training for our staff while finding new ways to attract new digital talent including apprenticeships.
- Adopting the principles of co-production through 'User-centred' design throughout the service life-cycle will enable us to develop products/services in an agile and inclusive way while piloting throughout with staff, patients/service users and Carers
- Collaborating with partners and voluntary sector to ensure digital solutions are tailored to the needs of our regional population and support the GM Digital Inclusion ambitions as set out in the Building Back Fairer in Greater Manchester: Health Equality and Dignified Lives
- Embedding inclusion guidelines and champions within Group and Hospital/MCS.
- Strengthening change management and adoption capabilities.
- Making content available in range of accessible formats (e.g. website, patient/service user portal), and caters to spectrum of demographic needs (e.g. languages, tackling digital poverty)

Robust Systems and Infrastucture

We will support safer and higher quality care by delivering digital excellence for everyone, while supporting our staff to work effortlessly and friction free across our sites. Our digital vision is predicated on the need for resilient systems and access to hardware is paramount to realising our digital aspirations. We see this as reliable high-speed wireless connection, integrated systems, hosting capabilities, highly effective strong cyber security measures, and an equitable modern, fit for purpose digital service across all areas of MFT.
Transformation will be driven by:

- Providing our staff with the robust, reliable, and trusted IT they require to carry out their daily tasks' friction-free.
- Driving unification of systems across our sites to generate an integrated user experience.
- Introduction of new technologies, through co-design methods with both service users and our staff/partners, that improve service delivery and patient care, while enhance the working lives of our staff.
- The development of a digitally advanced and empowered workforce supported via agents of change to ease transition to new ways of working.
- Implementing highly effective cyber security measures (e.g. key appointments, champions, training).

3.6 Conclusion

Our longer-term expectation is that MFT will be a global exemplar in the use of digital technology. We are therefore ambitious in our digital aspirations as set out in this Digital Strategy.

The deployment of the Hive EPR system is our first step in realising the MFT vision of a 'Digital First' organisation and significantly increases the Trust's capability to unleash the power of data, through its ability to capture high quality/volume acute clinical and non-clinical services data and to exploit this data to catalyse digital transformation and support improved patient care.

The Digital Strategy is ambitious in setting out our desire to connect all care settings and departments to create a data driven organisation and achieve HIMSS level 7 status. By doing so we will enhance the working lives of our biggest asset, our staff, by providing them with near/real time data, advanced technology and therefore enabling them to embrace innovation. Additionally, by integrating our services we can provide better, safer, and more consistent care; while deploying technology that enables those we serve to better manage their own health and wellbeing.

Working together, we will ensure coherent and cohesive ways of working, which is key to the success of the Digital Strategy. We will strive to co-design new capabilities which are fundamentally secure, integrated, easy to use, reliable and delivered through shared ownership.

4. Digital Programme: Scope & Roadmap

4.1. Digital Scope

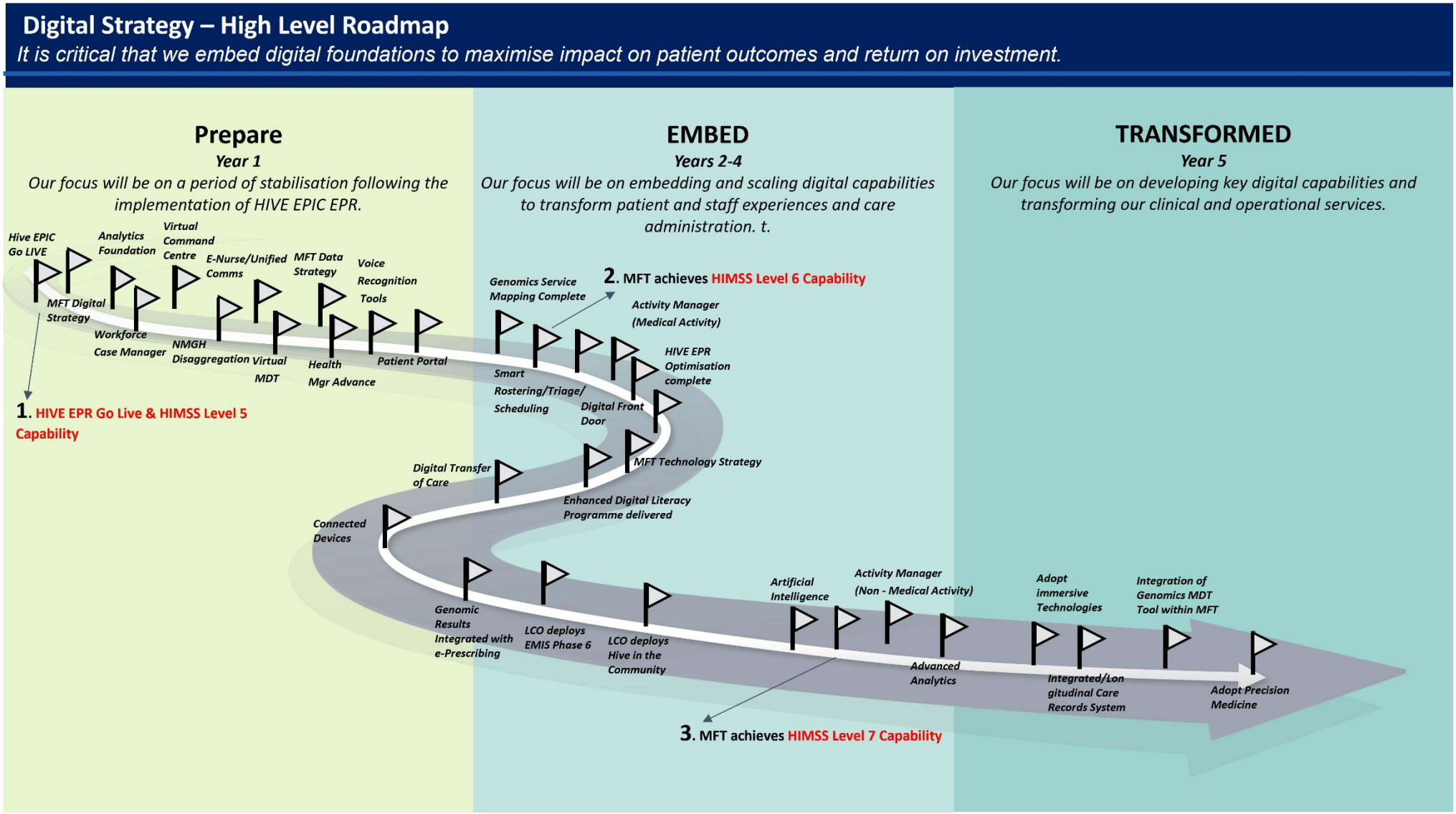
The ambitious and wide-ranging vision for services across MFT cannot be delivered using the existing outdated IM&T systems. Instead, we will need to utilise existing and emerging digital capabilities, alongside enhanced data quality and integration, robust infrastructures and tools to underpin clinical and operational services with Hive EPR acting as the digital enabler for our transformation journey.

The Digital Strategy will be supported by our Data and Technology Strategies. Current Governance (GIPB/GISB) arrangements will oversee delivery of the Digital Strategy roadmap and commitments. All projects will be initiated through the Informatics Demand Management Function and will be jointly delivered by Informatics colleagues and the Service SRO via a robust business case process.

4.2. Digital Strategic Roadmap

The strategic priorities will transform the care experience for patients/service user, healthcare delivery for our clinical and operational teams. The MFT Digital Strategy and Roadmap will focus delivery over a 5-year period commencing with the implementation of Hive EPR in September 2022 through 3 phases of change:

- Preparing the Digital Foundations (until 2023)
- Embedding Digital Maturity (2024-2026)
- Transformation through Innovation (2026-2027).



The implementation of the integrated Hive EPR system, and our commitment to achieve HIMSS Level 7 by 2026, will provide easier access to data, enhancements in our analytics capabilities, and more efficient communication and co-ordination. This will provide opportunities for patients/service user, clinician

and staff experiences to evolve with our digital ambitions over the next 5 years and therefore our commitments need to be able to flex to meet these changing needs.

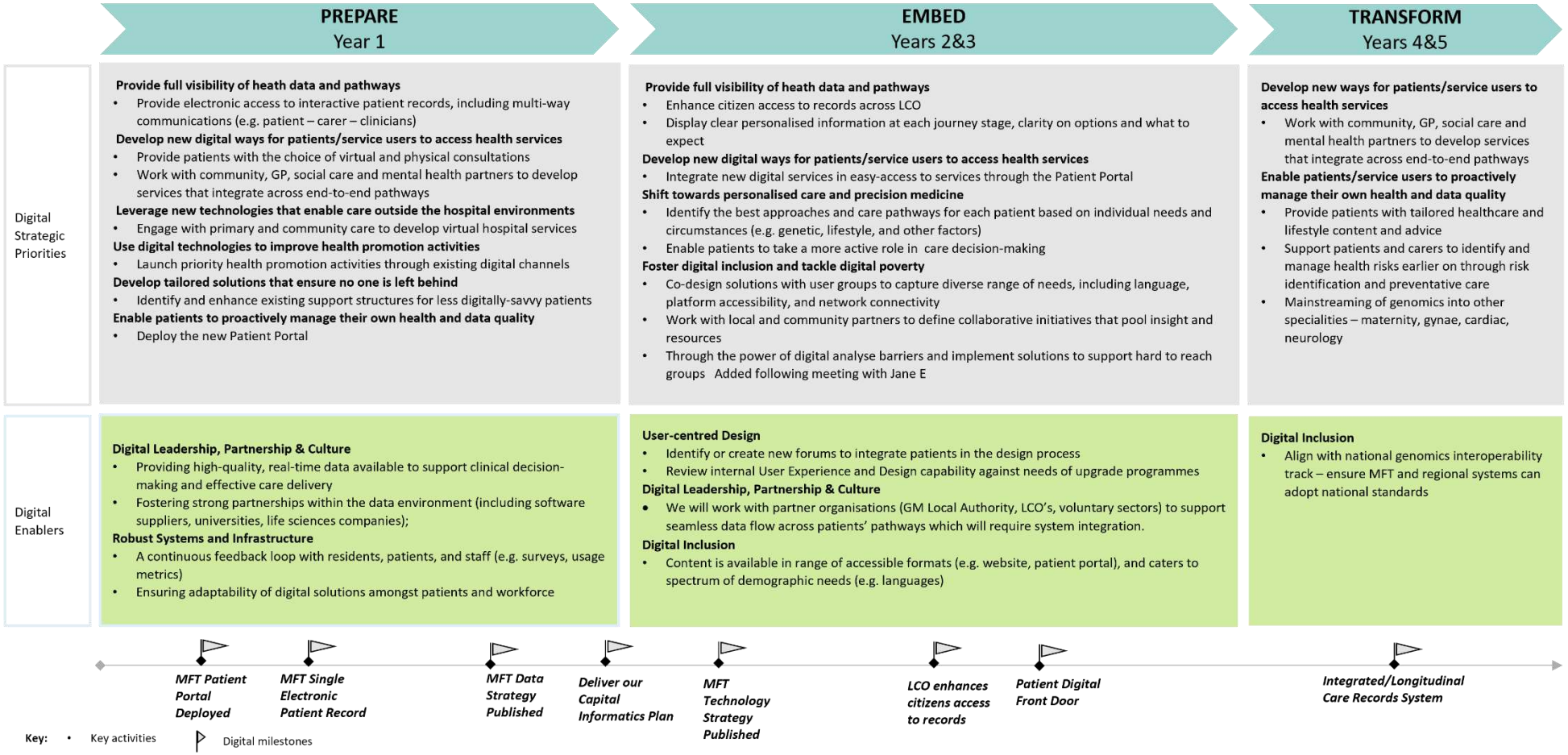
To support this evolution, the Digital Strategy Roadmap and plans will be continuously reviewed as future digital needs are identified, through the Informatics Portfolio Management function, prioritised via existing governance groups and approved by the Executive Director Team, then taken forward into delivery to achieve the return of investment expected.

4.3. Delivering the Digital Strategic Outcomes - Our Commitment Plan

The following sections outline our delivery priorities over the next 5 years to achieve the objectives outlined in the Digital Strategic Objective earlier in the document.

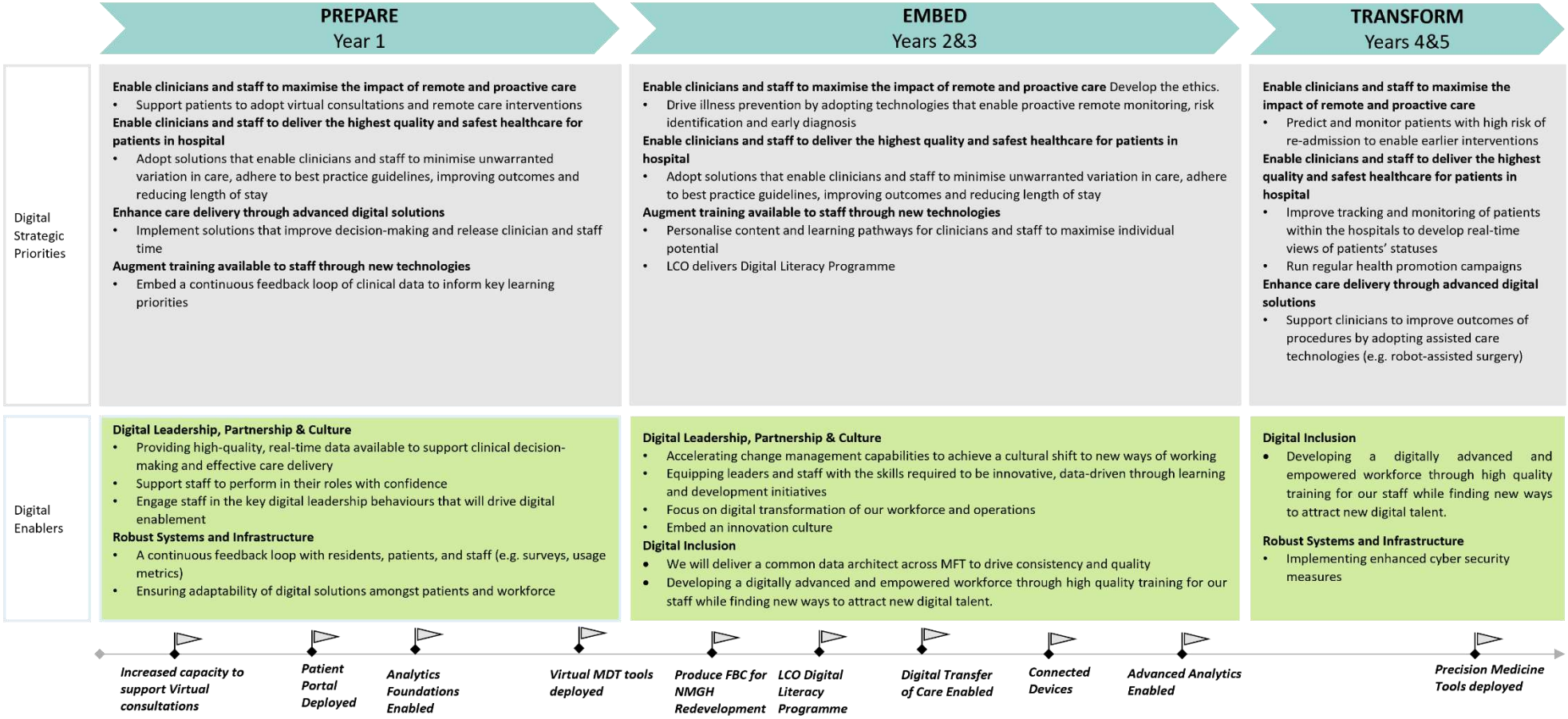
Strategic Priority Commitment Plan – Empowered Residents, Patients/Service Users and Carers

Our roadmap distinguishes three main phases, describing how we will realise our digital ambitions by establishing our capabilities over time.



Strategic Priority Commitment Plan – Consistent Delivery of Safe, High Quality Proactive Care

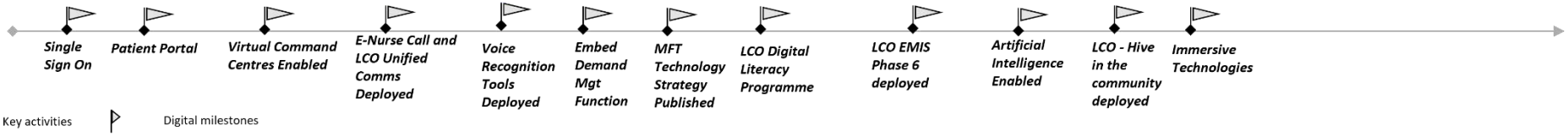
Our roadmap distinguishes three main phases, describing how we will realise our digital ambitions by establishing our capabilities over time.



Strategic Priority Commitment Plan – Optimised Efficiency & Productivity

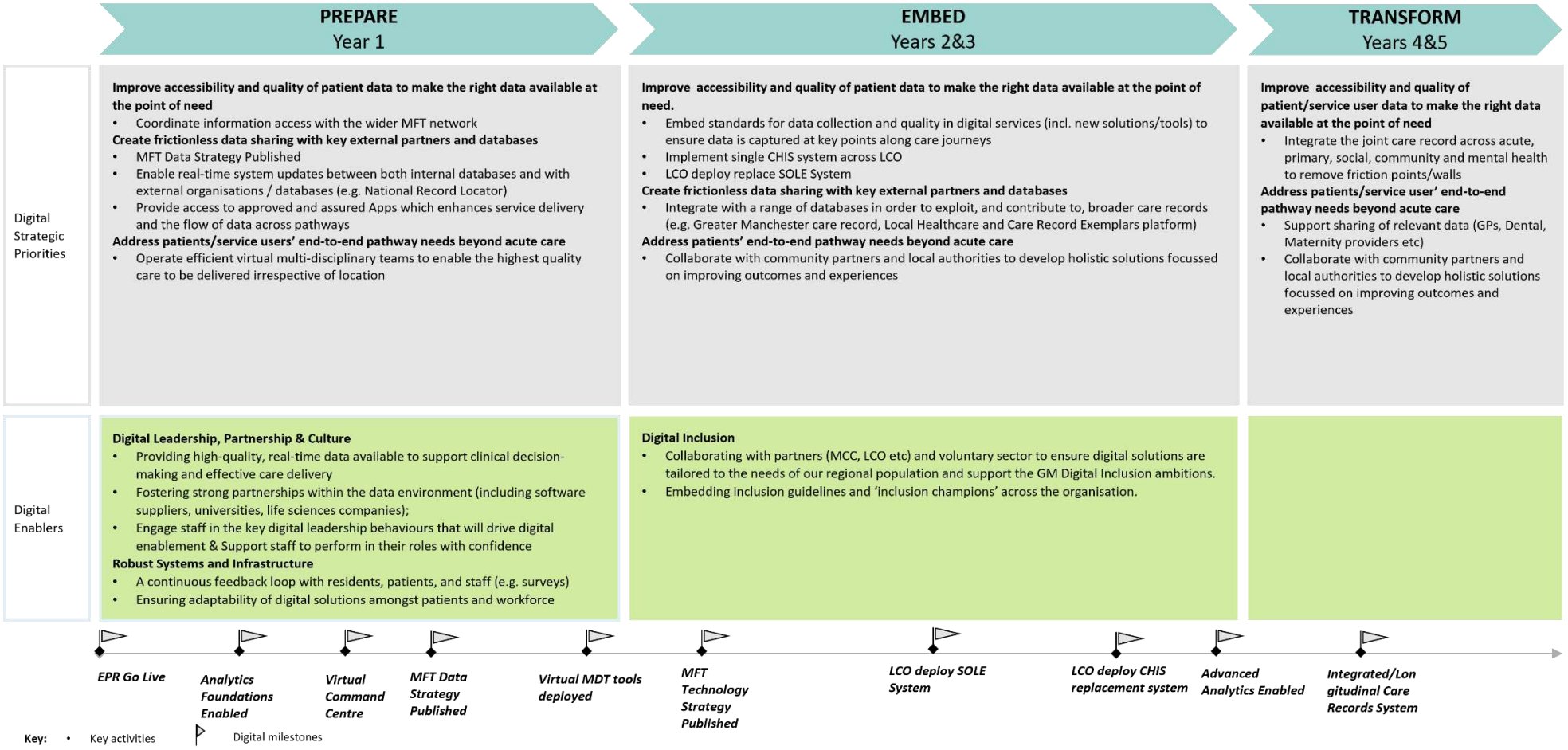
Our roadmap distinguishes three main phases, describing how we will realise our digital ambitions by establishing our capabilities over time.

	PREPARE Year 1	EMBED Years 2&3	TRANSFORM Years 4&5
Digital Strategic Priorities	**Release time to care for patients/service users by digitising and automating manual tasks** • Deploy HIVE Epic EPR including Single Sign on • Enhance ways of working e.g. automate patient/service user scheduling and referrals **Optimised communication and co-ordination between clinicians and amongst team** • Improve access to updated holistic patient records for care providers and staff • Deploy e-nurse call module and unified comm • Adopt innovative digital communication solutions for collaborative workings (Deploy Virtual MDT) **Ensure patients/service users are cared for at the right place, at the right time to minimise length of stay** • Streamline and automate key processes (e.g. admission, triage, discharge, and follow up	**Release time to care for patients by digitising and automating manual tasks** • Improve supply chain efficiency through real time tracking and supply management • LCO HIVE in the community deployed **Optimised communication and co-ordination between clinicians and amongst team** • Enable seamless handovers between acute and non-acute teams (e.g. GPs, ambulance services, community partners) • Adopt innovative digital communication solutions for collaborative workings **Ensure patients are cared for at the right place, at the right time to minimise length of stay** • Implement new ways of working which actively direct patients to the most appropriate care setting, emphasising closer-to-home care • LCO deploys EMIS Phase 6 • Optimisation and configuration of clinical services to reduce clinical risk **Optimise the way our workforce and resources are managed** • Improve workforce management and scheduling through automation and analytics • Develop simulation tools to model the impact of shifting services across MFT estate and develop more advanced understanding of resource requirements and impacts of/reactions to major incidents (e.g. COVID-19)'	**Release time to care for patients/service users by digitising and automating manual tasks** • Use robots, where possible, assisting with physical tasks e.g. medication dispensing, transport of hospital goods, Genomics **Use digital technologies to improve health promotion activities** • Run regular health promotion campaigns • Set-up processes to include health promotion messages to every touchpoints with patients **Optimise the way our workforce and resources are managed** • Develop support structures for less digitally-savvy patients **Ensure patients are cared for at the right place, at the right time to minimise length of stay** • Barcoded sample tracking and integration into Genomics LIMS/workflow
Digital Enablers	**Digital Inclusion** • Develop an informatics People Plan **Digital Leadership, Partnership & Culture** • Embedding robust Informatics governance and management processes to manage prioritisation, delivery and benefits realisation. • Establish a Demand Management Function across MFT • Engage staff in the key digital leadership behaviours that will drive digital enablement & support staff to perform in their roles with confidence • Fostering stronger partnerships with Corporates services (workforce, procurement etc) to jointly assess future projects and plan accordingly for delivery	**Digital Inclusion** • Review existing digital training programs available to clinical and non-clinical staff **Digital Leadership, Partnership & Culture** • Embed the Informatics Demand Management Function across MFT • LCO delivers a digital Literacy programme • Fostering strong partnerships within the data environment • Focus on digital transformation of our workforce and operations & embed an innovation culture • Embed a workforce digital maturity programme supporting staff development & talent acquisition • Accelerating change management capabilities to achieve a cultural shift to new ways of working	**Digital Inclusion** • Deliver the workforce digital maturity programme supporting staff development & talent acquisition



Strategic Priority Commitment Plan – Integrated Working and Joined Up Care

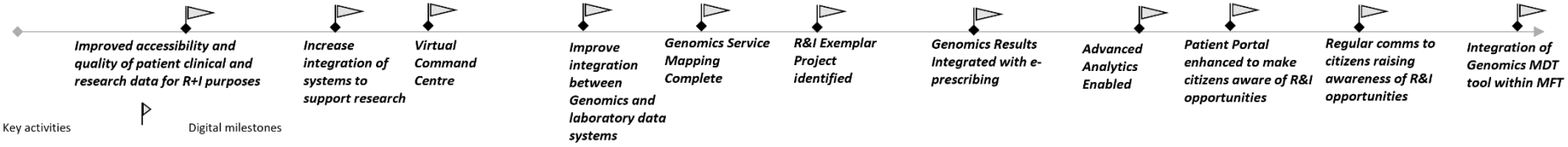
Our roadmap distinguishes three main phases, describing how we will realise our digital ambitions by establishing our capabilities over time.



Strategic Priority Commitment Plan – Enhanced efficiency and opportunities within research & innovation

Our roadmap distinguishes three main phases, describing how we will realise our digital ambitions by establishing our capabilities over time.

	PREPARE Year 1	EMBED Years 2&3	TRANSFORM Years 4&5
Digital Strategic Priorities	**Improve the flow of data, insights and research outputs** • Increase the integration and flow of data between clinical systems • Improve accessibility and quality of patient/service user clinical and research data. **Embed a culture of research and innovation across the organisation** • Advertise and promote R&I opportunities more clearly to our workforce e.g. staff apps	**Improve proactive patient outreach to increase uptake of research opportunities** • Use data analytics to proactively identify suitable patients/service users from databases **Improve the flow of data, insights and research outputs** • Improve the accessibility and quality of patient/service user, clinical and research data for R&I purposes • Use digital tools to improve our ability to translate research outputs in to clinical practice • Improve integration between Genomics and laboratory systems • Genomics results integrated with e-prescribing **Expand collaboration with key partners** • Work closely with the Clinical Data Sciences Unit to improve how we deliver research and innovation e.g. analysis of high level data sets • Enhance our reputation with universities, pharmaceuticals companies, other Trusts, and research centres as a leading research partner to drive more opportunities	**Improve proactive patient/service user outreach to increase uptake of research opportunities** • Support clinicians and staff to make patients/service user more aware of research and trial opportunities **Embed a culture of research and innovation across the organisation** • Support our workforce to embed research and innovation in their day-to-day work **Improve the flow of data, insights and research outputs** • Integration of Genomics MDT tool within MFT
Digital Enablers	**Digital Leadership, Partnership & Culture** • Providing high-quality, real-time data available to support clinical decision-making and effective care delivery • Establish a Demand Management Function across MFT and recruit Informatics Business Relationship Managers • Fostering strong partnerships within the data environment (including software suppliers, universities, life sciences companies); • Engage staff in the key digital leadership behaviours that will drive digital enablement • Support staff to perform in their roles with confidence	**Digital Leadership, Partnership & Culture** • Accelerating change management capabilities to achieve a cultural shift to new ways of working • Equipping leaders and staff with the skills required to be data-driven through learning and development initiatives • Focus on digital transformation of our workforce and operations • Embed an innovation culture **Digital Inclusion** • Collaborating with partners (MCC, LCO etc) and voluntary sector to ensure digital solutions are tailored to the needs of our regional population and support the GM Digital Inclusion ambitions.	**Digital Inclusion** • Developing a digitally advanced and empowered workforce through high quality training for our staff while finding new ways to attract new digital talent.



Key: • Key activities Digital milestones

Appendix A: Digital Strategy Stakeholders

Engagement	Stakeholders
Digital Strategy Stakeholders	Gaurav Batra – Non-Executive Director Jane Eddleston – Joint Group Medical Director Jenny Ehrhardt – Group Chief Finance Officer Dan Prescott – Group CIO Jackie Cooper, NMAHP Sara McGovern – Deputy Director of Transformation Mike Beevers – Deputy Director of Estates and Facilities David Furnival – Group Director of Operations Rob Jepson – Group Director of Estates and Facilities Rachel Bayley – Director of Corporate Resilience, COO Claire MacConnell – Group Director of Workforce Lindsay Fair – Workforce Laura Herbert – Workforce Caroline Davidson – Director of Strategy Lee Hay – Director of Strategy Fin McNicol – Group Communications Director Sarah Booth – Associate Director of Strategic Communications Simon Walsh – Group Procurement Director & Joint GM Procurement Lead Dave Pearson – HIVE EPR Programme Director Ian Lurcock – Chief Executive NMGH Tim Keeler – Chief Executive CSS Stephen Dickson – Chief Executive RMCH Peter Marc-Fortune – HCCIO RMCH Prof Martin Ashley, MFT Associate Medical Director, Informatics Alison Haughton – Chief Executive St Mary's Hospital Vanessa Gardner – Chief Executive MRI Henry Morriss – HCCIO MRI Dionne Stanbridge – Director of Transformation - MRI Jayne Roylance – Chief Executive Eye & Dental

	Gill Heaton – Group Deputy Chief Executive & Chief Executive WTWA Eye & Dental Executive Management Team Saint Mary's Executive Management Team CSS Executive Management Team Daniel Gordon – Director of Corporate Resilience Katy Calvin Thomas – Chief Executive LCO LCO Executive Management Team MFT Digital Matron Community Chris Wanley – Director of ICT, Manchester City Council Janet Taylor - Interim GLH Lead for Informatics (Genomics), Saint Mary's Iain McLean, Managing Director, Research & Innovation Katherine Boylan - Head of Research & Innovation Sherelle Fairweather - Manchester City Council Anthony Wilson - Consultant in Anaesthesia and Critical Care Nin Khoshaba – MCC Digital Inclusion
Digital Strategy Working Group	Ian Daniels – Saint Mary's Kathryn Chamberlain – Saint Mary's Dr Janet Taylor – Saint Mary's - Interim GLH Lead for Informatics (Genomics) Peter Marc-Fortune – RMCH Henry Morriss - MRI Dionne Standbridge - MRI Stuart Moore - MRI Kash Haque – WTWA Gareth Adams – CSS Jen Hughes – NMGH Tom Rafferty – Eye and Dental Tim Griffiths – LCO Sarah Booth - Strategic Comms Laura Herbert - Workforce Lindsay Fair – Workforce Martin Hepke – COO Team Cat Grant – Procurement & Commercial

Dan Garvey – Procurement & Commercial

Rob Jepson – Estates and Facilities

Lee Hay – Strategy

Appendix B: Healthcare Information and Management Systems Society - Levels

The HIMSS EMR Adoption Model (EMRAM) incorporates methodology and algorithms to automatically score hospitals around the world relative to their EMR capabilities.

MFT is expected to be HIMSS level 5 at the point of go live in September 2022 and has an ambition to be HIMSS level 7 during this digital strategy. The following sections provides a description of what each of the stages (5-7) requires:

Stage 7

The hospital no longer uses paper charts to deliver and manage patient care and has a mixture of discrete data, document images, and medical images within its EMR environment. Data warehousing is being used to analyse patterns of clinical data to improve quality of care, patient safety, and care delivery efficiency. Clinical information can be readily shared via standardized electronic transactions (i.e., CCD) with all entities that are authorized to treat the patient, or a health information exchange (i.e. other non-associated hospitals, outpatient clinics, sub-acute environments, employers, payers and patients in a data sharing environment). The hospital demonstrates summary data continuity for all hospital services (e.g., inpatient, outpatient, ED, and with any owned or managed outpatient clinics). Physician documentation and CPOE has reached 90% (excluding the ED), and the closed-loop processes have reached 95% (excluding the ED).

Stage 6

Technology is used to achieve a closed-loop process for administering medications, blood products, and human milk, and for blood specimen collection and tracking. These closed-loop processes are fully implemented in 50 percent of the hospital. Capability must be in use in the ED, but ED is excluded from 50% rule. The eMAR and technology in use are implemented and integrated with CPOE, pharmacy, and laboratory systems to maximize safe point-of-care processes and results. A more advanced level of CDS provides for the “five rights” of medication administration and other, rights‘ for blood product, and human milk administrations and blood specimen processing. At least one example of a more advanced level of CDS provides guidance triggered by physician documentation related to protocols and outcomes in the form of variance and compliance alerts (e.g., VTE risk assessment triggers the appropriate VTE protocol recommendation). Mobile/portable device security policy and practices are applied to user-owned devices. Hospital conducts annual security risk assessments and report is provided to a governing authority for action.

Stage 5

Full physician documentation (e.g., progress notes, consult notes, discharge summaries, problem/diagnosis list, etc.) with structured templates and discrete data is implemented for at least 50 percent of the hospital. Capability must be in use in the ED, but ED is excluded from 50% rule. Hospital can track and report on the timeliness of nurse order/task completion. Intrusion prevention system is in use to not only detect possible intrusions, but also prevent intrusions. Hospital-owned portable devices are recognized and properly authorized to operate on the network and can be wiped remotely if lost or stolen.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Joint Group Medical Director and Group Director of Research and Innovation
Paper prepared by:	Dr Iain McLean, Managing Director for Research and Innovation
Date of paper:	November 2022
Subject:	Research and Innovation Annual Report 2021-22
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Report demonstrates Trust commitment to its vision and values through the excellent performance of its Research and Innovation services.
Recommendations:	The Board of Directors is invited to note and celebrate the Research and Innovation Annual report for 2021-22.
Contact:	Name: Iain McLean, Managing Director for Research and Innovation Tel: 07944 642 792

NHS
Manchester University
NHS Foundation Trust

Research and Innovation

Annual Report

2021/22

Our Vision and Values

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

- 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

Working Together

- 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

Dignity and Care

- 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

Open and Honest

- 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

Contents

Contents (cont)

Forewords

Professor Jane Eddleston

Joint Group Medical Director

As we transitioned into 2021, the COVID-19 pandemic was far from over. In spite of this Research and Innovation (R&I) at MFT has had an extremely successful year, probably the best I have ever known. The year began with the successful R&I team in North Manchester General Hospital (NMGH) seamlessly joining the MFT team. National Health and Care Research (NIHR) studies were restarted at pace and MFT's Clinical Data Science Unit (CDSU) went from strength to strength, supporting our researchers and facilitating our membership of national research collaboratives.

The team prepared for renewal of the NIHR Manchester Biomedical Research Centre (BRC) and the NIHR Manchester Clinical Research Facility (CRF). Both of these prestigious NIHR awards are hosted by MFT, as is the Local Clinical Research Network (LCRN) and other academic NIHR entities (Manchester Academic Health Science Centre, Academic Health Science Network and Applied Research Collaboration), which sit within Health Innovation Manchester (HInM).

As well as all of the above, the team played a pivotal role in the Trust's preparations for Hive, the largest and most complex transformation project in my 30 years as a Consultant. Hive, a Trust-wide Electronic Patient Record (EPR) solution, will offer benefits to our R&I team of an order we have never seen before. In advance of Hive the Innovation team has been awarded as one of the four prestigious Health Foundation National Innovation Hubs. This designation complements the other achievements of this team and will support adoption and adaptation of novel, proven technologies to improve the health outcomes of the diverse population we serve.

Professor Richard Body

Group Director of Research and Innovation

This year has been my first full year as Group Director of R&I at MFT. As someone who was born and raised in Manchester and who has worked at MFT for over 15 years, it is an honour and a privilege to hold this role. I am fully aware of the extent of my responsibility; this magnificent Trust has a long and esteemed history of conducting research and innovation to the highest international standards. My role is to ensure that we provide the best possible environment for the research and innovation of our world-leading staff to flourish, that we grow, and that we continue to make the ground-breaking advances that will improve and extend the lives of our patients.

When I reviewed the content of our annual report, I could not help but feel inspired and re-invigorated. In these challenging times, it is so heartening to see the achievements of our staff: the personal prizes and awards, incredible feats of research delivery and terrific examples of impact. It is all down to our unrivalled R&I work force, the second-to-none support that we receive from all our clinical and non-clinical colleagues around the Trust, the high-level support for R&I that runs through the soul of MFT and, most of all, the faith and perseverance of our patients and research participants. I would like to thank everyone who has played their part in making this such a successful year. I hope that we have managed to provide the best possible platform to continue that in the coming year, and I look forward to the great things we will undoubtedly achieve together in 2022/23.

Dr Iain McLean

Managing Director for Research and Innovation

Whilst it is far from over, 2021/22 was very much a year of transition as we moved from the height of the COVID-19 pandemic and its many challenges and changes to a new business as usual. As ever, I was continually impressed throughout the year by the resilience, flexibility and initiative shown by the amazing colleagues who make up Research and Innovation (R&I) at this wonderful Trust. Staff health, wellbeing and engagement is incredibly important to R&I, and the range of initiatives we support and deliver demonstrates that we do not take our brilliant 2021 NHS Staff Survey results for granted. R&I performed above Trust and National average on every aspect of the survey, which continues our record in that regard, and I am pleased to go into more detail later in the document.

Our staff health, wellbeing and engagement work overlaps very much with our efforts to address health inequity and equality, diversity and inclusion. Of course, this incorporates not just our work with and for our colleagues, but to ensure patients from all communities across Manchester, Greater Manchester (GM) and indeed far beyond, are offered opportunities to be part of our research. I often repeat that I want MFT to be the best place to work in R&I and I want R&I to be the best place to work in MFT. It is therefore important that we build a team with a variety of backgrounds, skills and perspectives, where everyone is welcome. The more inclusive we are, the better our work will be. We are also committed to recognising and challenging all forms of prejudice, including being an organisation which opposes racism.

Part 1: **MFT at the cutting edge of Research and Innovation**

MFT continues to be at the cutting-edge of healthcare research, innovation, and life sciences in the UK. Through clinical, commercial, and academic expertise and funding, we have developed an innovative infrastructure of partners to nurture clinical and commercial success and provide new innovations, products, and services to our patients and research participants.

1.1 Our Performance

In line with the NHS Constitution, we aspire to the highest standards of excellence and professionalism through our commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population.

We proactively manage our performance through Management Board reviews, Clinical Research Delivery targets, and continuous monitoring of performance against The National Institute for Health and Care Research (NIHR) targets through a research performance dashboard.

1.1.1 MFT Clinical research study portfolio 2021/2022

- 17,916 participants recruited to research studies
- 1,429 clinical studies were active during the whole or some of this period, with 270 new studies started in 2020/2021
- 152 external researchers were enabled to conduct research across MFT via research passports.

1.1.2 MFT local and national rankings 2021/2022

- first for overall recruitment in GM
- first for overall recruitment to commercial studies in GM
- eighth top recruiter for all NHS trusts nationally
- second overall in GM for recruitment to COVID-19 Understanding and Elimination-Trials Implementation Panel (CUE-TIP) studies (formerly Urgent Public Health, UPH)

1.1.3 National excellence

Every quarter, we submit data to the NIHR as part of its Performance in Initiating and Delivering Clinical Research (PID) exercise. PID aids understanding of how quickly providers of NHS services are recruiting patients to clinical trials, and how they are performing against their contractual requirements.

Between January and December 2021, MFT was the highest performing trust in terms of initiation (trial set up speed) and joint third highest for commercial recruitment to time and target (delivery) within the group of NHS trusts with the largest number of trials. This was recorded in the Q3 PID report, which included research metrics for all 254 English NHS trusts and was continued in Q4 when we were second on both measures.

This is a fantastic achievement, as by ensuring our studies are set up swiftly – with the appropriate governance in place – our patients are able to consent to participate in research as soon as possible. It is also testament to the actions of truly hundreds of colleagues working on hundreds of projects.

1.2 COVID-19 research continued to provide answers and treatments

Throughout 2021/2022 the skills, expertise, and experience of our staff, coupled with our world-class facilities and hosted R&I infrastructure across GM, have continued to be utilised to address the urgent priorities for research and innovation, as part of a global, coordinated effort to enhance understanding and develop treatments and vaccines for COVID-19.

Alongside this, R&I has been crucial in establishing new treatments and ways of working for a post-pandemic world. We have also reactivated the majority of R&I activity paused as a result of the pandemic, ensuring people from around the world are benefitting from MFT's world-leading expertise.

In May 2021, we reached the milestone of more than 10,000 participants recruited to MFT COVID-19 research studies – spanning our four key areas: treatment; data; diagnostics; and observational. We have continued to recruit participants to existing and new COVID-19 studies throughout the year. Approximately 10 per cent of all *CUE-TIP/UPH studies, which were identified as the highest national priority for the UK's pandemic response in this time period, were led by MFT researchers.

Following on from the launch of our first COVID-19 vaccine trial in November 2020 – which MFT consented the first global participant to – we built on this success and further developed our vaccine portfolio throughout 2021/22. Indeed, we delivered an Oxford/AstraZeneca booster study, aimed at preventing the Beta variant, as well as the Gritstone CORAL trial, investigating one of the world's first multivariant COVID-19 vaccines (please see more on this study in the case studies section below). At a national level, one of MFT's researchers, Professor Andy Ustianowski, is Clinical Lead for the NIHR COVID Vaccine Research Programme.

**Covd-19 Understanding and Elimination - Trials Implementation Panel/Urgent Public Health*

1.3 North Manchester General Hospital became part of our MFT family

From April 2021, North Manchester General Hospital (NMGH) became a fully-fledged part of MFT, joining our family of Hospitals and Local Care Organisations, and completing the Single Hospital Service programme across Manchester which also brought about the merger which created MFT. While some specific services, such as Radiology and Pharmacy, transitioned across subsequently, all the clinical research delivery staff based at NMGH and the projects they work on came over to R&I at MFT and we are very pleased to have them.

There were approximately 140 research studies taking place at NMGH that needed to be transferred over to the MFT R&I research portfolio. This required significant governance oversight and sponsor correspondence, as well as migration of research information from the Northern Care Alliance NHS Foundation Trust to MFT.

Overall, we recruited just under 3,000 more participants across 13 different specialties in 2021-22 compared to 2020-21. Furthermore, recruitment into respiratory studies had returned to pre-pandemic levels, and more studies were open across sites than pre-pandemic. Significantly, by the end of 2021/2022, four respiratory studies were open at NMGH, compared with none in 2020/21 and one in 2019/20. The building of relationships by Clinical Research Fellow, Amany Elbehairy, and the Senior Clinical Trial Coordinator, Paula Wasiolek (pictured top to bottom), with the consultants and the clinical research delivery teams was key to this success.

1.4 Mobile Research Clinic

Our state-of-the-art "Research Van" arrived in December 2021. The van has been designed to widen opportunities for people in communities across GM to be part of research, by visiting easy-to-reach locations, such as community centres and supermarket car parks.

The purpose-built vehicle has been initially funded with a £200,000 grant from the UK government Vaccine Task Force following a successful bid from NIHR Clinical Research Network Greater Manchester (CRN GM), with further support from the NIHR Manchester BRC and NIHR Manchester CRF, all of which are hosted by MFT.

Van facilities include a pharmacy and clinical area, containing all equipment necessary to run vaccine programmes, clinical trials and bespoke clinical projects, along with a patient waiting area and accessible toilet facilities. The pharmacy has capacity to dispense Investigational Medicinal Products (IMPs), including vaccines and gene therapies, stored at a -80°C, -20°C, 2-8°C and room temperature.

Medicines storage areas are safe, secure, and lockable, and are all temperature monitored, with space to accommodate a bio-safety cabinet. The built-in clinical area further has a fully functional outpatient clinic and includes an electrically adjustable phlebotomy couch for taking bloods and the ability to spin and store patient samples.

The first participants took part in a study aboard the van in February 2022, as part of a 'dry run' at Wythenshawe Hospital.

Sue Stockdale, a Trainee Advanced Clinical Research Practitioner at NIHR Manchester Clinical Research Facility (CRF), was the van's first research participant. Sue had her bloods taken by colleague Jane Shaw, a Clinical Research Practitioner, as part of her involvement in the SIREN study, which is investigating the protection COVID-19 antibodies provide against the virus. Sue and Jane are pictured.

Take a look around the van.
Click here.

Sue said: "I was really pleased to be the first participant on the Research Van. The space is comfortable, clean, and surprisingly spacious. Staff were efficient and professional, making the whole experience stress-free."

1.5 Research Governance, Quality and Sponsorship

In the reporting year, 270 new studies were granted confirmation of capacity and capability, 49 per cent being clinical trials. This is equivalent to pre-pandemic figures demonstrating that activity returned to normal levels. This was in conjunction with continuing to restart pandemic-paused studies.

The overall portfolio had 1,415 active studies across the year, 75 per cent on the NIHR CRN portfolio, 25 per cent of which were commercial trials.

Additionally, 152 new research passports were issued to external researchers and the Sponsorship Team contributed to 76 Trust-led grant applications and 23 new Trust-sponsored studies were opened. The overall sponsorship portfolio is 186, which equates to 13 percent of the total active studies at our Trust.

1.5.1 R&I Biospecimen Service (RIBS)

Created in July 2020, our Research and Innovation Biospecimen Service (RIBS) supports research studies delivered within the NIHR Manchester CRF laboratory and the MFT Biobank. The team provides expert technical support in relation to sample processing and logistics in order to provide a regulatory compliant and efficient service to the R&I community at MFT.

Clinical trial activity includes

- management of trial specific biospecimen requirements
- receipt and processing of samples
- despatch of samples to sponsor/central labs
- long-term storage of samples.

Biobank activity includes

- sample procurement from elective surgery at Oxford Road Campus
- storage of samples.

Biobank lab performance

- supported 58 studies (42 commercial, 16 non-commercial)
- 13 new studies were opened
- income generated during this period saw a >50 per cent increase on the previous year.

CRF lab performance

- supported 39 studies (34 commercial, five non-commercial)
- 19 new studies opened during this period – including the Gritstone bio, Inc. 'CORAL' study, trialling a COVID-19 multi-variant booster jab. See the case study section for more.

The Human Tissue Authority (HTA) – which licenses organisations for the removal and storage of tissue for research purposes – carried out a remote site inspection of MFT's HTA research licence in November 2021. This covered six licensed laboratories across ORC and Wythenshawe Hospital. The HTA found the Designated Individual (DI) and the Licence Holder (LH) to be suitable in accordance with the requirements of the legislation, and MFT was found to have met all HTA standards. Four items of advice were given to help further improve practices and these have been implemented.

1.5.2 Hive – MFT Electronic Patient Record

In April 2021, the Research Rapid Decision Group (RDG) was formed to decide how to set up the Hive Research Module for MFT use. Led by the Head of the Research Office, membership included clinicians, Clinical Research Nurses, Research Midwives, Clinical Research Practitioners, Clinical Trials Managers, R&I Managers (R&IMs), as well as pharmacy, radiology and governance representatives.
Training materials were devised for the various research staff groups, with input from different subject matter experts (SMEs). Logistical decisions were made regarding R&I requirements for hardware and devices and activity locations. Work was still ongoing at the end of 2021/22.

The Quality Team led the review of all Trust-wide Policies and Standard Operating Procedures (SOPs) in readiness for Hive implementation. All Trust-wide SOPs that required a change for Hive Go Live were updated, reviewed and ratified by the Sponsorship and Governance Oversight Committee (SAGO).

1.6 Innovation

The Head of Innovation oversees a small but growing and highly specialised team of innovation and programme managers, with varying roles around Intellectual Property (IP) and commercialisation, strategic commercial partnerships, the local innovation district, technology adoption, and key initiatives such as the Diagnostics and Technology Accelerator (DiTA) and the Clinical Data Science Unit (CDSU). Here we describe just some highlights from each initiative.

1.6.1 Intellectual Property and commercialisation

MFT is unusual in having in-house specialists responsible for advising on the capture and protection of inventions, IP and delivering impact from staff ideas and inventions through commercialisation (often in close collaboration with tech transfer colleagues from The University of Manchester (UoM)). As such, the team provides these IP/innovation services to other NHS trusts in GM and wider, which do not have a similar resource.

Conceived during the early days of the COVID-19 pandemic by Dr Brendan McGrath, Consultant in Intensive Care Medicine at Wythenshawe Hospital, the Bubble PAPR project has developed a user and patient-friendly Personal Protective Equipment (PPE) solution, pictured below. Following a large-scale usability study, the technology will be going into production following a commercial agreement between MFT and an innovative healthcare company specialising in the manufacture and distribution of infection prevention and control products.

1.6.2 Strategic commercial partnerships

MFT has a key objective to be the healthcare innovation partner of choice for industry, through working with partnership to deliver mutual benefit for the Trust and commercial organisations.

- In 2021, MFT was selected as one of just four healthcare provider partners, and the sole NHS trust, in the GE Healthcare Edison Accelerator Programme, a healthcare start-up and scale-up acceleration program designed by GE Healthcare in partnership with innovation organization Wayra UK.
- In the same year, MFT signed a collaboration and data sharing agreement with Manchester-based health technology start-up Rinicare, to further develop Rinicare's advanced clinical risk prediction technology platform, building on a long-standing collaboration between the company and clinical colleagues at Wythenshawe Hospital.

1.6.3 Innovation District

The co-location of MFT's Innovation function within an industry-embedded clinical campus, adjacent to the academic might of UoM – and alongside key NIHR infrastructure – has created a pivotal innovation campus. This is underpinned by the strategic relationship with property partners Bruntwood SciTech and the Citylabs developments on the Oxford Road Campus (ORC). Specific Innovation Team resource is provided to co-located companies to support their development needs, and to attract new tenants and inward investment to the district.

- QIAGEN – the global life sciences and diagnostic company – completed its move to Citylabs 2.0 at ORC. Its Global Centre of Excellence for Precision Medicine is now at the heart of Manchester's 'Innovation District' and underlines the city's role as QIAGEN's global hub for diagnostics development, a crucial element of the company's global success, which will ultimately benefit the patients and population MFT serve. The team continues to work to ensure that QIAGEN will leverage the benefits of the co-location that predicated the decision to move to Citylabs 2.0. This includes a tri-party agreement between MFT, QIAGEN and UoM, represented in the photo on the left.

Photo: Kathy Cowell OBE DL; Group Chairman of Manchester University NHS Foundation Trust (MFT), Andy Gover; Vice President, Head of Process Excellence MDx, General Manager QIAGEN Manchester, and Professor Graham Lord; Vice-President and Dean of The University of Manchester's Faculty of Biology, Medicine and Health, on the roof of Citylabs 2.0.

1.6.4 Technology adoption

The team supports local colleagues with the implementation and adoption of new technologies into clinical service in the Trust, working with stakeholders across the Group to identify new innovations which meet the needs of our local population and patients, and facilitating their introduction through a single process.

- MFT was successful in securing Health Foundation funding to become one of just 4 Innovation Hubs nationally. The funding aims to support health care providers to create the conditions to enable faster and more effective uptake of innovations and improvements. Funded for two and a half years, the MFT Innovation Hub will support the adoption and adaption of novel, proven technologies, to improve health outcomes for the diverse population the Trust serves.

1.6.5 Strategic initiatives - Diagnostics and Technology Accelerator (DiTA)

DiTA was established in 2018 to provide the infrastructure and expertise for evidence generation for new commercially supplied medtech and in-vitro diagnostics (IVDs). The DiTA team works with technology providers to identify evidence requirements, evaluate novel medtech and impact delivery through supporting the pathway to clinical implementation.

- New leadership was appointed in 2021 (following Professor Body's move to Group Director of R&I and Dr Katherine Boylan's move to Head of Innovation in 2020) with Dr Tim Felton, Clinical Lead for all MFT COVID-19 related studies and a Consultant at Wythenshawe Hospital, appointed as the new Director of DiTA, and Dr Annie Yarwood as the Operations Manager.
- DiTA played a key role in supporting the MFT-led CONDOR (COVID-19 National DiagnOstic Research and evaluation) platform. CONDOR is a collaboration between DiTA and the NIHR Medtech and In vitro diagnostic Cooperatives (MICs), together with the National Measurement Laboratory and the University of Nottingham.
- The FALCON study, which is nested within the CONDOR programme and undertakes research to evaluate the diagnostic accuracy of COVID-19 tests in hospitals and the community, evaluated more than 20 diagnostic technologies, playing a key role in the national response to COVID-19.

COVID-19 National DiagnOstic Research and Evaluation Platform

1.6.6 Strategic initiatives - The MFT Clinical Data Science Unit (CDSU)

Set up during the height of the COVID-19 pandemic, the CDSU acts as a bridge between MFT's vast data assets and data science academic excellence based at UoM, providing a unique opportunity to bring together resource and expertise in modelling, health informatics, AI/machine learning, virtual reality approaches, and data science input into clinical imaging. This will drive forward research, innovation and commercial partnerships for the benefit of researchers, R&I infrastructure and, most importantly, patients.

- In January 2022, MFT joined a growing group of like-minded organisations working together to utilise health data for research and innovation to benefit the public, as part of the UK Health Data Research Alliance. An independent alliance of leading healthcare and research organisations united to establish best practice for the ethical use of UK health data for research at scale, members come from across the healthcare and research sector.

1.7 Vocal

Vocal creates opportunities for people to find out about, and have a voice in, health research. Hosted by MFT, Vocal works locally, nationally and internationally, bringing people and health research together to make a difference to future health.

Vocal continued its delivery of Patient and Public Involvement and Engagement (PPIE) as part of the NIHR Manchester BRC and NIHR Manchester CRF.

It received recognition from NIHR Evidence as leading practice in community involvement in health research, though an NIHR Alert highlighting its published work and Vocal's Black Asian and Minority Ethnic Research Advisory Group (BRAG).

Vocal further commissioned an independent evaluation of its work. The findings show positive feedback and endorsement of high quality PPIE practice with the identification of some areas for improvement.

Diversity Matters aim 1
Improved patient access, safety, and experience

The R&I Equality Diversity and Human Rights Group develops the initiatives by which we support the three key aims of the Trust's equality, diversity and inclusion (EDI) strategy for 2019-2023, 'Diversity Matters':

- Improved patient access, safety, and experience
- A representative and supported workforce
- Inclusive leadership

R&I has further enhanced how our teams can support researchers developing grant applications to ensure the best possible Patient and Public Involvement and Engagement (PPIE) happens across grant applications and subsequent research projects. PPIE experts Vocal and the R&I Grants and Sponsorship teams reviewed and improved processes including Equality Impact Assessment (EqIA) for research grants and projects, updating our own Research Grants Handbook on informal EDI discussions, and costing PPIE activities.

1.7.1 #MyMSKStory

The #MyMSKStory was a digital engagement project – co-created with patients and community partners – to raise awareness of musculoskeletal (MSK) research and promote involvement in research. Highlights include:

- The campaign had a total social media reach of 1,179,761 (to end March 2022).
- 25 public contributors and 27 MSK researchers from NIHR Manchester BRC, and related groups, were involved in designing and delivering the project
- 30+ MSK researchers across the UK shared their research via the #MyMSKStory hashtag
- the campaign worked with four local and national strategic partners (Vasculitis UK, Scleroderma & Raynaud's UK, CAHN and Oldham Libraries) and a further 12+ organisations (community, research and charities) took part.

1.7.2 Inclusive research eLearning module

In July 2021, the Inclusive Research online – co-created with BRAG and UoM was launched. Highlights include:

- 149 people have completed the course and received the certificate
- 751 people have viewed the course without receiving the certificate
- most people taking the course describe themselves as healthcare professionals
- uptake is global, with trainees in the USA, South Africa, India and Denmark
- overall rating is 4.5 out of 5
- the course has been made mandatory in NIHR Manchester CRF

1.7.3 Other 2021/22 Highlights

The Wellcome funded Planet DIVOC-91, aimed to bring together diverse pe rspectives and experiences of the pandemic and to enable young adults to be heard by those involved in research and policy. The digital comic is now published and available in bookshops.

The International Alliance for Cancer Early Detection (ACED) funded REPRESENT project will produce a roadmap to improve participant representation in cancer research early detection.

Co-led with the NIHR Applied Research Collaboration Greater Manchester (ARC-GM), and in partnership with all GM-based NIHR infrastructure and the GM VCSE (Voluntary, Community and Social enterprise sector) Leadership Group, Vocal was successful in securing support from NIHR to strengthen strategic and operational relationships for PPIE in health and social care research between the GM CVS sector and GM based research infrastructure, building on existing connections.

1.8 Communications

In addition to its corporate communications function, MFT has a distinct R&I Communications Team which showcases how our cutting-edge research and innovation is improving treatment, care, and outcomes for our patients and research participants.

It does this by:

- humanising research and innovation through effective and engaging storytelling
- shining a spotlight on the people who deliver and take part in our research
- celebrating the successes of our R&I staff members and teams
- championing our research and innovation to the media to ensure our good news stories reach as wide an audience as possible
- providing communications support for our hosted NIHR Manchester Biomedical Research Centre and NIHR Manchester Clinical Research Facility
- sharing its expertise and advice across R&I and MFT
- working with communications partners from across Greater Manchester as part of the 'One Manchester' vision.

1.8.1 R&I communications channels

Websites

Our 'front door' to the general public, as well as academic, NHS and industry partners. Includes all our latest news stories, external events, blogs, information about our research areas and studies, our innovation activities and much more.

- **MFT Research and Innovation website**
  www.research.cmft.nhs.uk/
- **NIHR Manchester Biomedical Research Centre**
  www.manchesterbrc.nihr.ac.uk/
- **NIHR Manchester Clinical Research Facility**
  www.manchestercrf.nihr.ac.uk/

Social Media

We have well established social media channels for communicating directly with our stakeholders and for broadcasting the latest breaking news and developments from across R&I and our hosted infrastructure.

With 10,000 combined followers, our accounts are a strong and trusted platform through which to communicate our good news.

- **@MFT_Research**
- **@ManchesterBRC**
- **@ManchesterCRF**

Our @MFTresearchandinnovation Facebook page is one of our newer external social media channels through which we promote good news from across R&I at MFT and our hosted infrastructure.

Internal

- **R&I Round Up** – key information and good news edition – hosted by the Managing Director for R&I and published the second Friday of each month.
- **R&I Round Up:** Staff Health, Wellbeing and Engagement Latest initiatives for staff to ensure MFT is the best place to work in R&I - hosted by the R&I SHWE Lead and published on the third Friday of each month.
- **R&I Update** – operational newsletter, including messages from each R&I department, as well as the Director of VOCAL – published on the final Friday of each month, excluding August and December.

Part 2: **Summary reports from NIHR and other MFT hosted infrastructure**

The National Institute for Health and Social Care Research (NIHR) is the part of the Department of Health and Social Care (DHSC), which funds, enables and delivers world leading health and social care research in England through a variety of programmes to fund different types of research projects and through infrastructure hosted at local levels, typically within NHS trusts but with significant university partnering. University and NHS partners in the NIHR infrastructure hosted across GM are brought together in the Manchester NIHR R&I Oversight Board, a level of cooperation unmatched in any other region of the nation.

Project grant applications and infrastructure hosting tenders are all managed through open competitions ensuring funding is allocated on merit and performance. Summary annual reports from the NIHR infrastructures hosted in MFT on behalf of GM are shown below, with links to stories and more detail.

Diversity Matters

NIHR Race Equality Framework

MFT was one of 16 organisations which took part in the pilot of the NIHR's Race Equality Framework for public involvement in research from August 2021 to March 2022 and our experience was one of the seven case studies included in the final report. Our pilot participation was led by Professor Bella Starling, Director of PPIE experts Vocal, hosted within R&I at MFT, with Executive sponsorship from Miss Toli Onon, Joint Group Medical Director and chair of the MFT Equality, Diversity & Human Rights Committee.

The pilot worked across all GM-based NIHR infrastructure, collaboratively and strategically, to identify actions for change which are now being implemented via the Manchester NIHR R&I Oversight Board. Manchester's pilot is highlighted as a case study in the NIHR report.

2.1 NIHR Applied Research Collaboration Greater Manchester (ARC-GM)

2.1.1 Highlights from progress on ARC objectives

Developing ways of working with partners, the public and communities across GM; establishing ARC-GM's position within the Greater Manchester Health and Social Care Partnership (GMHSCP) and HInM consultation and prioritisation processes

- the ARC-GM Stakeholder Forum meets six monthly; the Senior Leadership Team meets bi-monthly and the Co-Chairs of our Public Involvement Panel attend these meetings. It meets quarterly with NHS GM Integrated Care and its principal member organisations, where it updates them on current research; discuss system priorities and develop the links to co-produce future research.
- strengthened its portfolio of public health and social care research, working with frontline practitioners and through the NHS GM Integrated Care Population Health Board and the GMCA.
- Implementation Science and Evaluation themes have provided robust, high quality and independent applied health research expertise to inform development of the Health Innovation Manchester (HInM) pipeline process and adoption decisions.

Establishing five research themes with engagement of local organisations and communities; co-producing excellent, relevant research

- all themes have multiple examples of co-produced and relevant research, being delivered to agreed milestones, with strong links to frontline health and care stakeholders, voluntary sector organisations and the diverse communities of GM.

Establishing a programme of research capacity building

- supported eight PhD students, part-funded by UoM, over a target of five
- delivering training in implementation and evaluation to frontline NHS staff at MFT, with planned roll out to other trusts
- scoping the learning needs of ARC-GM early-career researchers and working on an action plan to address identified learning needs, including the introduction of a monthly seminar series for ARC-GM staff to present their work and share learning from research projects.

Commencing collaborative research with other NIHR ARCs in areas of ageing and frailty, mental and physical multimorbidity, health economics and knowledge mobilisation

- for example co-leading the NIHR Ageing, Dementia and Frailty National Priority Programme with ARCs Wessex, Peninsula and Yorkshire & Humber and hosting a series of shared learning events for ARCs and AHSNs. Prof Chris Todd is Co-Investigator for the FaLls Exercise (FLEXI) Implementation study funded through this programme.

Being a high-performing research and implementation partner in GM, with a reputation for providing relevant, actionable research in high priority areas

- during the COVID-19 pandemic ARC-GM responsive to our stakeholders' rapidly changing priorities and have provided relevant and actionable research to support decision making for example COVID-19 vaccine equity and evaluation of a digital tracker for COVID-19 symptoms in care home residents.

Co-produced research is producing knowledge that is being actively implemented

- for example an evaluation of Hospital-based, domestic violence advisor service in Wrightington, Wigan and Leigh (WWL) NHS Foundation Trust has informed commissioning of services for the trust in 2021/2022.

Our implementation science expertise is influencing the roll out of innovation in GM

- for example, our Implementation Science theme is working with the NHS Accelerated Access Collaboration (NHS AAC) on a ground-breaking evaluation of the real-world delivery of an injectable cholesterol lowering drug (Inclisiran) in primary care

Ensure added-value by each research theme securing external funding for at least two new research projects

- all themes have secured major external funding awards from NIHR funding streams, research charities and industry. Since October 2019 we have been awarded 45 externally funded awards across seven themes

The work of NIHR ARCs nationally is visible and influencing policy

- in collaboration with The Northern Health Science Alliance (NHSA), Northern ARCs, NIHR Public Health Research (PHR) Programme, The All-Parliamentary Party Group (APPG) for Left-Behind Neighbourhoods and others, we have completed three separate pieces of research to understand the impact of the COVID-19 pandemic on health and productivity in the North. All three reports have been shared widely with the NHSA contacts within government including all northern MPs and representatives from relevant committees and APPGs

2.1.2 Reported impacts

ARC-GM submitted four impact cases to NIHR, which demonstrate the impact of its work on health and care provision/ patient outcomes. These included:

- Understanding variation in COVID-19 vaccination uptake providing key insights to local vaccination teams and public health teams
- Health Inequalities in the North of England providing evidence to policymakers on the disproportionate affect of COVID-19 on those living in the North of England
- The VICTORIAN -Spirit novel phase 3 hybrid trial to inform the role out of Inclisiran (a cholesterol lowering drug) in primary care enabling a series of iterative feedback loops with the NHS Accelerated Access Collaborative to support real time policy decisions and to inform refinement of national implementation.
- Citizens' Juries on Data Sharing in the Pandemic – to canvass public opinion of data sharing initiatives put in place during the pandemic, the result so of which were cited in a DHSC review on trusted Research Environments.

2.2 NIHR Manchester Biomedical Research Centre (BRC)

Hosted by MFT, in partnership with UoM, The Christie and NCA, the NIHR Manchester BRC (£28.5m investment 2017-22, with an eight-month costed extension to November 2022 due to COVID-19) provides infrastructure funding for early phase experimental medicine research across seven research themes:

1. **Musculoskeletal (MSK)**
2. **Hearing Health**
3. **Respiratory**
4. **Dermatology**
5. Cancer: **Prevention and Early Detection (PED)**
6. Cancer: **Advanced Radiotherapy**
7. Cancer: **Precision Medicine**

and three cross cutting themes:

- **Biomarker Platforms**
- **Informatics and Data Sciences**
- **Rapid Translational Incubator**

The BRC Director and Operations Manager oversee the BRC core team, which is based at MFT and comprises specialists in programme and project management, data and informatics, industry and strategic partnerships, and training and development. The Manchester BRC core team further collaborates closely with Vocal and the R&I Communications Team, as well as academic and clinical colleagues. This multidisciplinary expertise ensures Manchester BRC delivers its objectives and a summary of the April 2021-March 2022 activity across its strategic delivery areas is provided below.

2.2.1 Key performance metrics

Contributed to the salaries of **289 staff**

Funded **35** trainees

239 live projects

19,725 people participated in Manchester BRC-funded research

491 publications

leveraged **£55,283,259** in external income **(x10 investment)**

Four active patents

worked with **48 new smes**

92 continued strategic partnerships

13 new strategic partnerships

2.2.2 Highlights 2021/22

Testing for Lynch syndrome has been rolled out nationally using the Manchester model – Cancer: PED

Professor Emma Crosbie and team were highly commended in the BMJ Cancer Care Team of the Year Awards 2021 for developing the evidence, changing National Institute for Health and Care Excellence (NICE) guidance and putting into practice, Lynch syndrome testing for all our endometrial cancer patients.

The team were also the winners of the one-off project/event category for UoM 'Outstanding Contribution to Patient and Public Involvement and Engagement' awards, June 2021 for the '#LetsTalkLynch' project which engaged with patients, support groups, and gynaecological cancer charities to shape research which led to guidance that all womb cancer patients should be offered testing for Lynch syndrome (NICE DG42).

Avoiding antibiotic-induced hearing loss in babies – Hearing Health

Hearing Health Theme researchers designed and developed the world's first rapid bedside genetic test to identify babies being cared for within Neonatal Intensive Care Unit (NICU) who are vulnerable to hearing loss from particular antibiotics. It is the first time a point-of-care genetic test has been used in an acute clinical setting.

In collaboration with the biotechnology company, Genedrive Plc, they have developed a test that can generate a result in 26 minutes, has 100 per cent ability to identify at-risk variants and does not slow down clinical decision making. In the UK, this could prevent 200 cases of profound hearing loss in neonates, saving the NHS £7m per year. The study is covered in depth in Section 5.5.

ManTRa-Diagnostics: taking radiotherapy research into the clinic – Cancer: Advanced Radiotherapy

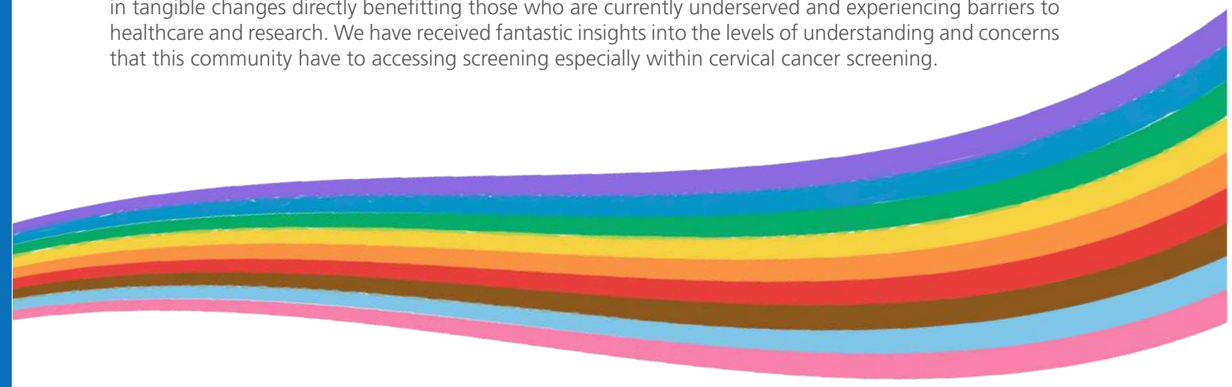
ManTRa-Diagnostics spun out in August 2021 to take Manchester BRC-developed gene signatures that measure tumour hypoxia into the clinic.

Via the spin-out Manchester BRC engaged with Yourgene Health to develop workflows to deliver the signatures in first-in-human biomarker driven and pioneered the use of RNA-based next generation sequencing technology within the NHS through our collaboration with the North West Genomics Hub.

Working with AstraZeneca, Manchester BRC is evaluating the signatures in their cohorts to further assess their ability to predict resistance to immunotherapeutics and widen their clinical utility. It is now engaging with several companies interested in working with ManTRa-Diagnostics to underpin their clinical use in the UK and the USA.

Building Relationships with the LGBTQIA+ Community in Greater Manchester – Cancer: PED

This is the first Cancer PED project that focuses solely on engagement and research with the LGBTQIA+ community, and is the first step in a pipeline of work that will ensure inclusive, relevant research and result in tangible changes directly benefitting those who are currently underserved and experiencing barriers to healthcare and research. We have received fantastic insights into the levels of understanding and concerns that this community have to accessing screening especially within cervical cancer screening.



Recruiting underserved populations to an asthma diagnosis study – Respiratory

There is a higher incidence of asthma in socially deprived areas and ethnic minority groups. These population groups are also affected by a variety of barriers in accessing healthcare. To improve recruitment to research studies from these groups, Manchester BRC researchers installed a digital 'pop-up' in local primary care centres, providing instant access to the study patient information and prompting GPs to refer suspected asthma cases to the study for diagnostic testing in real time, resulting in a fantastic referral rate.

Leading innovation with MR-linac technology – Cancer: Advanced Radiotherapy

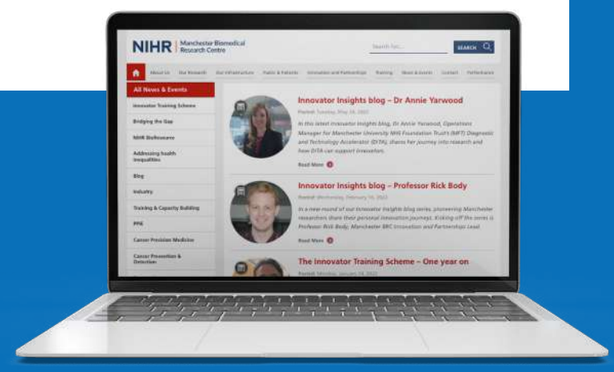
Combining an MR scanner with a linear accelerator, 'MR-linac' is an innovation for radiotherapy delivery that should improve cancer treatment outcomes.

The technology is only available in a few centres worldwide, and allows for in-treatment imaging of a tumour position to improve tumour targeting and tumour control and reduce side effects. During 2021-22, Manchester BRC Advanced Radiotherapy researchers became the first group internationally to use a new method of assessing tumour hypoxia (oxygen enhanced MRI [OE-MRI]) and carried out the first OE-MRI studies worldwide in head and neck cancer patients on the MR-linac.

They also became the first centre worldwide to treat lung cancers on an MR-linac, and pioneered clinician-light adapt-to-position workflows across several tumour sites. There is also the possibility of adding, for the first time, novel biological imaging immediately before radiation delivery. These world-firsts have led to leveraging a significant award (£2.3m) as part of the Cancer Research UK (CRUK) Manchester Centre funding.

2.2.3 Capacity Building

- The 2021-22 P4 Training Series, open to all staff, fellows and students from the BRC, CRF, HInM and UoM was attended by more than 300 attendees.
- The Innovator Training Scheme (ITS): a joint programme between Manchester BRC and Translation Manchester supported researchers to explore/develop innovations and routes to clinical impact, alongside industry partners, and exploit their research for the benefit of patients. The events were attended by more than 300 attendees, and facilitators and speakers included staff and students across UoM, NHS and Industry.
- The MRes in Experimental Medicine has 10 registered students focussed on the Cancer and Dermatology Themes. Students include a trial co-ordinator, Project Manager, Clinical Trials Pharmacist, Senior Clinical Fellow and NIHR Academic Clinical Fellow.
- Working with ARC-GM, Manchester BRC funded eight 6-12 week research placements, and partnered with Manchester Medical Society to offer two of these projects to medical and healthcare students at UoM. One placement has been extended to continue to work on their research project one day per week alongside their role as a physiotherapist, resulting in a submission of a conference abstract. The Hearing Health theme has funded two Audiology placement participants to continue to undertake research alongside their NHS clinical roles.
- During the lifespan of Manchester BRC, it has funded 44 post-grad trainees, with an additional 16 PhDs externally funded via the MRC DTP scheme, plus supporting early career researchers to develop further; notably A. Oldroyd, M. Jani, S. Shoop-Worrall, J. Haines who are taking up ACL, Clinical Scientist and Leadership posts. More information here.



2.2.4 Partnerships

- Manchester BRC continued to work with partner, The Christabel Pankhurst Institution, through joint leadership posts and utilising the ERDF-funded R&I Health Accelerator to support 30+ SMEs to engage with regional researchers.
- With partners, Translation Manchester, funded by the Wellcome Trust Translational Partnership Award (TPA) Renewal and in collaboration with The Christabel Pankhurst Institution, the BRC held a Digital and AI Innovation Labs bringing together researchers with SMEs to initiate and pump prime co-developed research projects that address a specific business need or challenge. Three projects developed and funded including BRC researchers and commercial partners.
- With local tech transfer teams, Manchester BRC prioritises the commercialisation of our research and this year four new patents have been filed.
- It continued with our Innovator Insights blog series to promote and highlight the career benefits of commercial working.
- GE Healthcare: Collaboration on a number of ongoing breast cancer studies through the Cancer PED theme.
- Morningside Group: With HInM and Manchester CRF, Manchester BRC is working with the Morningside company portfolio to address local needs through collaborative projects and by introducing new technologies and interventions to the ecosystem. Projects ongoing with three companies (plus eight in planning discussions) across the BRC digital, respiratory, inflammatory and cancer themes.

2.2.5 NIHR links

- The BRC is a member of the GM NIHR Oversight Board with all GM-NIHR infrastructure, and we have established a GM-NIHR Operations Leads Group (Chair: BRC Operations Manager) to deliver on joint initiatives and identify new collaborative opportunities.
- Manchester BRC Operations Manager chairs a new Northern BRCs Operations Network with Leeds, Newcastle and Sheffield BRCs to share best practice and deliver on collaborative workstreams.
- Delivery of an NHS Research Action Plan on Hearing Health with Nottingham and UCL following a government roundtable event.
- Projects with Cambridge BRC and our Cancer PED theme including 'Improving precision of ovarian cancer risk stratification' which is recruiting BRCA carriers and 'Automated breast ultrasound in screening' (BRAID) with recruitment ongoing.
- Links with CRN-GM include specialty leadership positions within the Children and Young People, Dermatology, Musculoskeletal Disorders and Trauma and Emergency Care as well as national leadership position in Critical Care.
- Manchester BRC has national leadership positions within the MSK, Respiratory and Oncology Translational Research Collaboratives (TRCs). It is also leading in the development of cross-TRC initiatives, including: MSK-Oncology: toxicity of cancer immunotherapy, MSK-Resp: lung fibrosis. Manchester BRC investigators are also leading a 29-centre UK network through the Cardiovascular TRC with an initial focus on multi-centre imaging/experimental studies.
- Its Informatics and Data Sciences Theme works closely with the GM PSTRC Safety Informatics Theme and the ARC GM Digital Health Theme on the Greater Manchester Care Record (GMCR) to provide access to GMCR data across our NIHR Infrastructure.
- More than 500 patients with neurofibromatosis have been submitted to NIHR National Biosample Centre and the Common Diseases Immune-Mediated Inflammatory Diseases (IMID) BioResource (Bruce –CI) has recruited >3000 patients (by March 2022).

2.2.6 Impact on Greater Manchester

Manchester BRC has a number of examples where its research has led to commissioned healthcare, such as testing for Lynch syndrome nationwide and the roll out of our genetic test for gentamicin ototoxicity.

2.3 NIHR Manchester Clinical Research Facility (CRF)

NIHR Manchester Clinical Research Facility (CRF) is the largest and most comprehensive NIHR CRF in the UK. We are dedicated to enabling cutting-edge clinical research across a diverse range of clinical areas, offering world-class facilities and a commitment to public and patient involvement.

Our Manchester CRF approach to clinical research facilities provides dedicated buildings, equipment, and laboratories for experimental research. We are successfully driving early phase research forward, making a valuable contribution to the health of our local population and beyond.

We work with patients, hospitals, universities and industry to take the best new ideas from cutting-edge science to create treatments and tests to treat illness and help people to live better lives.

We operate in four world-class facilities based at NHS teaching hospitals across Greater Manchester (GM): The Christie Hospital, Manchester Royal Infirmary (MRI), Royal Manchester Children's Hospital (RMCH) and Wythenshawe Hospital. During 2021-22 we prepared and submitted an ultimately successful application for a renewal and enhancement of our NIHR CRF award, which includes the beginnings of our expansion to North Manchester General Hospital within MFT and to a new partner in the Manchester CRF group, Northern Care Alliance NHS Foundation Trust.

Manchester CRF's strategy was adapted through 2021-22 in response to the ongoing COVID-19 pandemic so that we acted swiftly to ensure essential research studies could continue (for example, oncology and rare disease therapies) whilst suspending recruitment for other studies to allow Manchester CRF to contribute to trials of acute treatments and vaccines. Manchester CRF also contributed significantly to patient care during the pandemic, through staff redeployment and relocating all our paediatric studies to the CRF at the MRI, to allow re-purposing of the RMCH CRF ward for patient care.

Key performance metrics

- Wythenshawe CRF central in phase 2 studies in cystic fibrosis of CFTR modulators and successfully delivered the follow-up phase 3 clinical trial in this highly complex patient cohort
- Only UK site for Phase 1 COVID vaccine study, Gritstone.
- Wythenshawe CRF recruits First global recruit to a potential new cough treatment, NOC-100
- Research at RMCH CRF contributed to NICE recommendation of new peanut allergy treatment for children.
- Delivery of PHOSP-COVID study in 2020-21 led to the award of funding for an interventional trial in post-COVID patients

Operational Director Helen Pidd retired in December 2021 after a career dedicated to clinical research in the NHS and specifically the creation and development of the CRF model, as exemplified from her many years as Director of the UK CRF Network. Whilst Helen's considerable CRF experience is impossible to replace, we will be pleased to welcome Dr Siân Hanison as her successor from November 2022.

In addition to our structure, we also attribute our success in growing our experimental medicine research portfolio to working more closely in the last five years with other GM research infrastructure, especially NIHR Manchester BRC. Shared posts such as our Industry lead, have been instrumental in facilitating commercial early phase trials and establishing and managing our industry board. We also benefit from strong data management and public patient involvement and engagement (PPIE) support through shared CRF/BRC posts and our joint PPIE Strategy.

Through our CRF funding and joint strategy with Manchester BRC, we have made substantial progress in PPIE. Providing a large portfolio of projects across different disease areas, including a webcomic project on COVID-19. We have also pioneered the collection of demographic data related to both our research participants and PPIE contributors. We have found the diversity of these groups broadly matches or is more diverse than our GM population.

2.4 UK Clinical Research Facility Network

During this reporting period the MFT hosted, UK Clinical Research Facility Network (UKCRF Network) built upon the solid platform of work undertaken in the previous years of the current hosting period and since the Network began in 2008. Successful deliver against objectives across four key themes continued. Many of the objectives agreed with the NIHR have been achieved and those that remain are on track for completion. Additional funding was awarded to extend the contract which will facilitate the delivery of the remaining objectives within the extended period.

Delivery of the programme of work was affected by the COVID-19 pandemic and the ability of UKCRF Network to progress some aspects of short, medium, and long-term objectives within the agreed timeframe. For example, the Patient and Public Involvement, Engagement (PPIE) theme was affected as many staff continued to be redeployed to clinical roles in 2021-22. CRFs continued to deliver vaccine and therapeutic treatment trials for COVID-19, for example the AGILE trial, as well as re-starting paused studies and starting new studies.

As aspects of the pandemic eased, CRF Directors and Managers, who initially met weekly via on-line meeting platforms to respond to the COVID-19 pandemic, retained monthly meetings to ensure that the cohesiveness imbued in this era were embedded in ways of working.

This solid foundation of the first four years of this hosting period has enabled UKCRF Network to successfully support CRFs across the UK and Ireland and drive forward initiatives that improve the patient experience efficiently and effectively. Guidance, best practice, and tools have been shared across the Network. Relationships have strengthened with Contract Research Organisation (CRO) Labcorp and AstraZeneca. UKCRF Network has met with AstraZeneca and Labcorp (previously Covance) to offer a sustainable relationship with CRFs to engage in early phase and complex later phase studies, in order to facilitate the placement of trials within its CRFs.

The reach of UKCRF Network has expanded, with relationships developed with 54 CRFs across the UK and Ireland. The National Head of Research Delivery in Wales, Jayne Goodwin, joined the Senior Management Team (SMT).

In December 2021 Helen Pidd retired as UKCRF Network Operational Director after 13 years in post. Caroline Saunders (Deputy Director & Operations Director, Cambridge) stood in for three months pending the appointment of an Interim Director. Paul Brown (Head of Research & Innovation, Lancashire Teaching Hospitals NHS Foundation Trust and NIHR Lancashire CRF, Former Theme 2 Lead) was appointed Interim Network Director in March 2022.

Top three achievements of the UKCRF Network during the 2021/22 financial year

2021 UKCRF Network Symposium: first virtual event held in place of the usual annual conference celebrating CRF contributions to COVID

CRF Workforce Survey: widespread completion (59 per cent of contacted CRFs) has provided core metrics on the range of current and future roles required to deliver experimental medicine in CRFs, covering the structures, staffing, and training and development needs of CRFs.

Appointed an Interim Operations Director: providing leadership continuity for the Network.

2.5 NIHR Clinical Research Network Greater Manchester (CRN GM)

2.5.1 Leading

CRN Greater Manchester co-created regional research delivery Vision & Values with partners, to rebuild a thriving research community. This was strengthened by a new leadership structure and network Strategic Funding awards that enhanced research delivery through Care Organisation collaboratives. The network has developed an 'ENRICH' style portal for Home Care, which will increase opportunities to place research studies into home environments to improve research access for the local communities who receive care at home. This innovation, together with locally lead progress in Care Home delivery in becoming the UK's first to deliver the NIHR-funded AFRI-C study, was celebrated at a meeting with Professor Lucy Chappell. The network has sought to advance equality, inclusion and diversity opportunities in research delivery. In response to this a PPIE App has been developed as a digital method to combat significant barriers to patient and public involvement and engagement. This programme has evolved to build delivery staff's cultural awareness and confidence in engagement and recruitment across different ethnic groups. Other collaborations included projects to tackle health inequalities such as those in respiratory disorders, research delivery outside of a hospital, a model for complex trial delivery and the Ambulance Service research priority setting initiative.

2.5.2 Transforming

CRN Greater Manchester has delivered ambitious new initiatives within the core network staff group through Wildcard weekday's. This gives network subject matter experts protected time to consider improvements for research delivery. Through this programme under-served communities in prisons have been the focus in a consultation focused on improving the accessibility. The impact has enabled a digitally-enabled plan to move forward following a pilot in 22/23 to create a digital assessment framework for prison researchers. Also through this work the Direct Delivery Team has continued to grow and the team have piloted a high throughput delivery model which has been utilised across studies to make research delivery easier, more efficient and more effective for the region. The ability to take research into communities was strengthened with the Research Van launching for non-vaccine research delivery. This was supported through local Managed Recovery work-streams which increased the number of regional research active General Practices in 2021/22, and renewed focus on delivery of life-sciences studies with Partners continuing to recruit to time and target. This refreshed service was positively experienced in the biotech sector in a trial evaluating how effective a mobile app is at helping people with type 2 diabetes. The CEO describes how much he valued CRN Greater Manchester's support in a webinar.

2.5.3 Together

In collaboration with CRN North West Coast, the joint Workforce Learning and Development team worked with Health Education England North West and NHS R&D North West to develop the NMAHPs Research strategy, which now has an implementation group consisting of NHS Chief Nurses and HEI representation. As a result eight 'new to research' health professionals were welcomed to the Early Career Researcher Development Pathway and many regional researchers are among Cohort 4 of the Research Scholars Programme. At the end of year one, the strategy progress was celebrated with the North West Health and Care Expo 2022. Workforce highlights were seen in Regional Health Professionals recognised by the Royal College of Physicians and NIHR Award, CRN Greater Manchester Delivery Team as a finalist at the Royal College of Nursing Awards 2021, and a number of Women working in research delivery featured in the North Innovation Women list, including many of our own network staff.

CRN Greater Manchester celebrated staff behind the incredible health and care research delivery with a special online ceremony. The film featured reflections from regional and national leaders, including thanks from an Integrated Care Board Chair. It generated a vibrant social media conversation, drew lots of local pride and united the research community

2.6 Manchester Academic Health Science Centre (MAHSC)

Academic Health Science Centres (AHSCs) are designated by NIHR and NHSE demonstrating excellence in health research, education, and care. MAHSC is the only AHSC in the North West of England.

2.6.1 National and international AHSC collaborations

Following a successful Transatlantic Thought Leadership Initiative with the Association of Academic Health Centers International (AAHCI) and feedback from the AHSC Directors, the eight national AHSCs convened several transatlantic roundtables. Manchester partnered with Newcastle to lead the theme of "The Clinical Workforce for Tomorrow's Healthcare". This brought together content experts from North America and the United Kingdom.

2.6.2 COVID Level 4 Response

In response to the Omicron variant, the AHSC's Research Rapid Response Group (R3G) assessed and funded several studies centred on utilising the Greater Manchester Care Record (GMCR). One such study aims to develop a cohort of COVID-19 patients willing to be approached at a later date to participate in Long-COVID studies, building on the NIHR Clinical Research Network 'consent for approach' model. To date, more than 1,200 people who had COVID-19 signed up from across 12 GP practices. This resource enables researchers to undertake Long-COVID studies.

Another initiative uses a 'RapId Comparative Evaluation (RICE)' of innovations model. This 'tags' citizens that receive, or are exposed to, specific innovations of interest. Thereby allowing impacts on these individuals to be assessed through routine data, but it also allows much more powerful comparative analyses with those from unexposed citizens who are 'matched' on key characteristics (therefore mimicking a randomised trial, as far as possible).

2.6.3 NIHR Infrastructure Applications

In addition to the BRC and CRF applications submitted from Manchester, MAHSC supported the submission of the NIHR Patient Safety Research Collaboration (PSRC) application, a renewal for the current Patient Safety Translational Research Centre.

2.6.4 Streamlining Research Governance Processes across the AHSC

MAHSC has been working with the research-intensive trusts and University partners to standardise and streamline contracts and agreements, to enable partners to collaborate more easily with one another. The documents have been successfully trialled and will now be in regular use.

2.6.5 MAHSC Honorary Clinical Chairs

MAHSC announced 14 outstanding individuals as Honorary Clinical Chairs for 2021. The MAHSC Honorary Clinical Chairs are awarded, on an annual basis, by UoM's Faculty of Biology, Medicine and Health Promotions Committee. Three of the 2021 MAHSC Honorary Clinical Chairs are MFT-based.

2.6.6 Capability and Capacity Building

MAHSC formed the GM Training Network, bringing together training leads from across its infrastructure to harmonise strategy and operations for workforce development, creating economies of scale and value for money. To further strengthen collaboration across the four GM universities, it is progressing a model of shared supervision for MPhil/PhD students.

2.6.7 MAHSC Domain Activities

Cancer domain – ADAPT is a system for the clinical follow up of lymphoma survivors. Lymphoma patients who have been treated for lymphoma receive five years of regular hospital follow-up after which a bespoke, late toxicity management plan is developed; largely based in primary care, with open specialist follow-up as required.

Cardiovascular & Diabetes domain – Acute Bundle of Care for IntraCerebral Haemorrhage (ABC-ICH) is now being rolled out across the North of England AHSNs.

Inflammation and Repair domain – A full case study on the DECIDE® Education Programme has now been published on the AHSN Network's Atlas. The AHSN Atlas is an online resource that shares some of the very best examples from across the ANSNs. The DECIDE® Education Programme provides healthcare clinicians with flexible, relevant education which directly translates into practice.

2.7 Health Innovation Manchester (HInM): Greater Manchester Academic Health Science Network (AHSN)

Academic Health Science Networks (AHSNs) are licenced by NHS England to align education, clinical research, informatics, innovation, training and education, and healthcare delivery. Health Innovation Manchester (HInM) is the AHSN for Greater Manchester, developing over the last four years to create a world-leading integrated health science and innovation system. ARC-GM, MAHSC and our AHSN are co-located within HInM, which is a level of integration unique across England for these structures.

Formed in October 2017, HInM works with innovators to discover, develop and deploy new solutions, harnessing the transformative power of health and care, industry and academia working together to address major challenges and tackle inequalities.

HInM's core offer to the GM system is delivering a programme of industry-led innovations to support key health and care priorities that improve outcomes for citizens, reduce inequalities, enable transformation of care pathways, support service improvement and deliver economic benefits to all parts of GM.

Launched in June 2021, HInM's three-year business plan, "Leading with Delivery" laid out its commitment to putting GM in the best possible place to attract and deploy new innovations to make the biggest difference to the health, wealth and wellbeing of our citizens.

This period saw the continued success and development of the GM Care Record, taking it beyond the basic ability to share information, to supporting innovation, research and the transformation of care and citizen outcomes.

The GM Care Record brings together 3.1 million patient records from across all 10 GM boroughs, into one joined up record. Through close collaboration between the GM clinical-academic community, health and care partners and citizens, a suite of COVID-19 research studies that could be undertaken using de-identified data from the record were identified, with 22 studies underway.

Key impacts

Health & Care:

363 care homes (63% of GM total) supported to recognise early signs of health deterioration through use of the 'RESTORE2 mini' tool

Research:

£5.4m in leveraged funding from research funders

Digital:

3.1m patient records across 500 health and care providers managed through the GM Care Record

Industry:

211 companies supported through the Innovation Nexus online portal and business support service

Read the full 2021 – 2022 HInM Impact Report.

Part 3: **Our Hospitals, Managed Clinical Services, Local Care Organisations, and NMAHP led research**

3.1 Nursing Midwifery and Allied Health Professions (NMAHP)

Our Email:
mcac@manchester.ac.uk

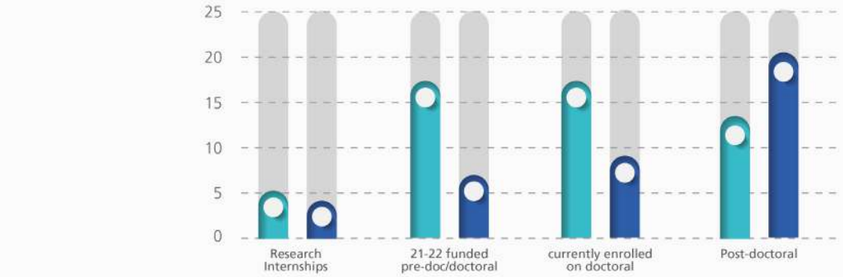
3.1.1 The Manchester Clinical Academic Centre (MCAC)

During this period planning and development undertaken for the Manchester Clinical Academic Centre (MCAC) for Nurses, Midwives and Allied Health Professionals (NMAHPs) – a unique partnership between MFT and the School of Health Sciences at UoM.

MCAC builds on the outstanding record that MFT has for championing NMAHP clinical academic careers and promoting NMAHP-led research. In 2021, MFT NMAHP researchers generated more than £4 million in grant income and produced 154 research publications.

MFT has been at the forefront of supporting staff to develop research and clinical academic careers. Figure 1 shows the number of staff undertaking research internships, pre-doctoral, doctoral and post-doctoral opportunities at MFT between 2021-2022.

NMAHPs workforce across the clinical academic pathway 2021-2022



	Research Internships	21-22 funded pre-doc/doctoral	currently enrolled on doctoral	Post-doctoral
Nurses and midwives	5	17	17	13
AHP* (inc pharamacist etc)	4	7	9	20

In October 2021, the first cohort of pre-doctoral fellows presented with impact the awards have made (see Posters | 2020/21 GM ARC Capacity Building Showcase (epostersonline.com).

In June 2021, ARC-GM – in partnership with MFT Charities – doubled recruitment to eight pre-doctoral students from a broader range of NHS organisations. In GM, four of eight were MFT staff. In June 2022 a further four pre-doctoral and three doctoral awards were made to MFT. Neetu Bansu was awarded the Health Education England (HEE) and NIHR Clinical Doctoral Research Fellowship (CDRF) OpTimising Acute Pain aftEr suRgery (TAPER study): Development and feasibility study of an intervention to optimise opioid use to ensure patient safety.

3.1.2 NIHR Academic clinical lecturer post-doctoral appointments

MCAC is one of the few centres nationally which hosts NIHR Clinical Lecturers in Nursing and AHPs, alongside medical colleagues on the Integrated Clinical Academic Training Programme (ICAT). These posts can be offered to any suitably qualified health professional. In the 50 per cent university-funded post can be based anywhere in the Faculty of Biology Medicine and Health and the Clinical Lecturer participates with IAT training which supports them pursue post-doctoral fellowship funding.

Dr Gabriella Lindergard PhD (pictured right), a Clinical Research Nurse based in the Infectious Diseases Research Department at NMGH, was appointed in 2022.

3.1.3 Pre-registration engagement in research

Professor Michelle Briggs is leading a national work stream in the NIHR Nursing and Midwifery Incubator The NIHR Nursing and Midwifery Incubator | NIHR to embed embedding clinical research education in undergraduate programmes, and has engagement and active support from the Council of Deans Clinical Academic Roles Implementation Network (CARIN). 010621-research-placement-report-FINAL-updated-220621.pdf (councilofdeans.org.uk).

Education resources have been successfully piloted evaluated via an online survey. Practice-based Academic and Clinical Engagement in Research (PACER) workshops have been developed and delivered at MFT. The PACER workshops are designed to improve research knowledge, skills and confidence and being research aware in practice. They are also a means of developing research collaborations to enable students to maximise their research engagement in learning environments. Pacer workshops have been published as case study in the Chief Nursing Officer of England (CNO) national strategic plan for Research B0880-cno-for-englands-strategic-plan-fo-research.pdf

3.1.4 NIHR 70@70 Senior Nurse 7 Midwife Research Leaders

The NIHR 70@70 programme was set up in 2019 to strengthen the research voice and influence of nurses and midwives in health and social care settings. In 2022, four MFT staff completed NIHR 70@70 Research Leaders programme – Dr Karen Kemp, Dr Nicola Booth, Catherine Chmiel and Susan Neeson. See Figure 2 for a summary of key achievements

NIHR 70@70 Nurse and Midwife Senior Research Leaders (April 2021-2022) Dr Karen Kemp, Dr Nicola Booth, Catherine Chmiel and Susan Neeson

NMAHPS Research leadership (Principal Investigator (PI) and Co- applicants.

- What experiences of patients living with inflammatory bowel disease (IBD) throughout the pandemic COVID-19 who either did or did not endure shielding due to being categorised as clinically extremely vulnerable to the virus? Lead PI_Dr Karen Kemp.
- Being an inflammatory bowel disease clinical nurse specialist in the NHS: challenges, stressors and coping mechanisims Co-investigator Dr Karen Kemp
- PHE clinical study CLARITY at Manchester Royal Infirmary. PI Dr Karen Kemp
- PREPARE study at Manchester Royal Infirmary, study completed July 2021, recruited 90 patients PI Dr Karen Kemp
- PROTECT study at Manchester Royal Infirmary, study completed July 2021, recruited 90 patients PI Dr Karen Kemp
- NIHR Innovation for invention Grant for the Development and Implementation of Point-of-Care Pharmacogenetic Test to Avoid Antiboitic Related Hearing Loss in Neonotaes (The Paloh Study) NIHR i4i grand £898,412.00 Role as co-applicant in project development and NICU implementation team lead. Dr Nicola Booth
- The Peony North study: Postnatal care following high blood pressure in pregnancy. PI Cathering Chmiel
- The Antenatal arm of the Cleft Collective Study. PI Catherine Chmiel

Research capacity and capability building activities

- **Developed and piloted a new research guidance tool to use at appraisals** for all Nurse and Midwife managers
- Facilitated **'An introduction to implementation research-informed change** in health settings programme within MFT in collaboration with NIHR ARC_GM
- **Mapped the current research activity in the Advanced Clinical Practitioner workforce in MFT'**
- **Embedded teaching of both clinical research delivery and clinical academic pathway for pre and post registration nurses.** For example, Research education now a regular item for neonatal ACP's, on neonatal Qualified in Speciality courses, neonatal surgical courses and for pre-registration nurses at MFT

Innovation in Clinical Academic and Research Delivery workforce

- **NIHR IAT Clinical Lecturer in Nursing (UoM/MFT R&I)**
- Working collaboratively wi Head of Nursing in R&I at MFT an University of Manchester (UOM) academics to developed an appoited to a joint role within Th e Faculty of Biology, Medicine and Health and MFT. This Clinical Lectureship or nursing and allied health professionals is one of the first in the country to combine 50% academic and 50% clinical research delivery. The Clinical Lectureship is be part of the Faculty's IHR **'Integrated Clinical Academic Training Programme'**
- Developed and led five **Band 5 Director of Nursing Fellows (DoNF)** appointed, supporting a 'Fundamental of Delivery of Care Fellow' to undertake a reasearch project related to one of the workstreams within the programme. These are innovative unique roles with the ability to influence practice.
- **Greater Manchester Stratigic Funding Initiatives**
- The objective was to generate new ideas to make the delivery of portfolio research more relevant to local communities, to staff in care organisations and to the regional intergrated care systems. The aim was to undertake projects that seek to better undersyand and address the health and socail care needs of Greater Manchetser, East Lancashire and East Cheshire people and how research delivery CRN portfolio opportunities can increase value for local communities. A showcase event for was delivered in March 2022.

Publications - (Impact factors ranging from 2-79)

- **Recent examples**
- *"*Rapid *Point-Of-Care Genotyping to Avoid Aminoglycoside Induced Ototoxicity: A Pragmatic Prospective Implementation Trial"*
- McDermott *JH, Mahaveer A, Mahood R, Booth N, Turner M, Harvey K, Miele G, Stoddard D, Tricker K, Corry R, Garlick J, Ainsworth S, Bruce I, Body R, Ulph F, MacLeod R, Roberts P, Wilson P, Newman W. The journal of the American Medical Association Pediatrics (JAMA Pediatrics) March 2022.*
- Impact *Factor: 56.27 (2020)*
- Sebastian *S, Walker GL, Kennedy NA, Conley TE, Patel KV, Subramanian S, Kent AJ, Segal JP, Brookes MJ, Bhala N, Gonzalez HA. Assessment endoscopy, and treatment in patients with acute severe ulcerative colitis during the COVID-19 Pandemic (PROTECT-ASUC): a multicentre, observational, case-control study. The Lancet Gastroenterology & Hepatology. 2021 Apr 1;6(4): 271-81*
- Lenti *MV, Dolby V, Clark T, Hall V, Tattersall S, Fairhurst F, Kenneth C, Walker R, Kemp K, Borg-Bartolo S, Limdi JK. A propensity score-matched, real-world comparison of ustekinumab vs vendolizumab as a second-line treatment for Crohn's disease. The cross Pennine study ll. Alimentary Paramacology & Therapeutics. 2022 Apr;55(7):856-66.*
- Kemp *K, Duncan J, Mason I, Younge L and Dibley L, 2022. Scoping review with textual narrative synthesis of the literature reporting stress and burn-out in specialist nurses: making the case for inflammatory bowel disease nurse specialist. BMJ open gastroenterolohy, 9(1), p.e000852.*

3.2 Clinical Scientific Services (CSS)

Through the collaboration of CSS and R&I alongside other partners we acquired the equipment to enable the UoM PET_MR scanner to support Paediatric scans under general anaesthetic to increase capacity to support research scans.

Dr Tim Felton, Associate Medical Director, was successful in securing two prestigious INNOVATE UK grants as well as co-applicant on three other grants (two MRC and one NIHR).

Urgent Public Health Study "SIREN" recruited 250 staff members across MFT with Dr Shazaad Ahmad as the Principal Investigator (PI) and utilised the research van to support delivery.

3.3 Manchester Royal Eye Hospital (MREH) and University Dental Hospital of Manchester (UDHM)

Two commercial research studies, RHINE & TENAYA, that were completed in 2021 within MREH for age related macular degeneration (AMD) and diabetic macular oedema (DMO) have supported Vabysmo (farcimab-sova) being available in the NHS through NICE recommendations. MREH is one of only four UK sites delivering the FOCUS trial where an investigational gene therapy, called GT005, is being tested for an advanced form of dry AMD – known as geographic atrophy.

With MREH one of four specialist centres, commissioned in 2020 in the UK, to offer Luxturna Gene therapy treatment on the NHS for Leber congenital amaurosis and retinitis pigmentosa we have partnered with Novartis to deliver the PERCIEVE study looking at the long-term safety of Luxturna Gene Therapy. The first UK patient was recruited into the Trident study assessing treatments for open angle glaucoma.

3.4 Manchester Royal Infirmary (MRI)

Research happens across the multiple specialties delivered within the MRI, and the teams have been highlighted in the top five sites in the UK for recruitment across several studies. Under the PI Handrean Soran the team delivered the Orion 3 and Orion 8 studies which studies the anti-cholesterol drug, inclisiran which has been approved by NICE. Data from these studies have shown that an injection of the drug can halve bad cholesterol in two weeks, with virtually no side effects.

A pilot for high-throughput models of research delivery was carried out by the MSK team within MRI to support further recruitment from sites across MFT. The IMID BioResource study which is NIHR funded with Professor Ian Bruce as Chief Investigator was utilised to determine if we could deliver this study in a more streamlined manner to recruit higher numbers of patients/day. The learnings of the pilot have enabled us to develop a delivery model which works for the patients we serve and can be adapted for the study being delivered.

3.5 North Manchester General Hospital (NMGH)

NMGH was named as the top recruiter for the Urgent Public Health study, HEAL-COVID trial, in the week of 28 February to 4 March 2022.

Please also see our special section (1.3) about NMGH joining MFT on page 8.

3.6 Royal Manchester Children's Hospital (RMCH)

Led by RMCH with the support of R&I the five year Children and Young People's Research & Innovation Strategy was implemented in April 2021, with ambition to enable and grow, to measure and connect.

With deep inequalities in child health indicators in GM and public health challenges the RMCH philosophy has been to provide all children the opportunity to start well and live well. This culture is supported by the research delivered in the hospitals where a combination of successful grant income, ambitious key opinion leaders and research outputs have enabled our key specialties to continue to thrive. The research team recruited the highest number of Black, Asian and Minority Ethnic (BAME) community than any other site nationally to an Urgent Public Health Prioritised study "What's the Story" through their research delivery approach to ensure all our communities are represented in research.

The Hunter syndrome program partnership was put in place with AVROBIO and UoM for the ground-breaking clinical development of an investigational lentiviral gene therapy for mucopolysaccharidosis type II (MPS II).

From a staff perspective RMCH has been a driving force inspiring the next generation of paediatric researchers. The PRIME (Paediatric Research In Manchester, England) network was set up to connect paediatric trainees across the North West of England and support them in participating and initiating research for child health. The network aims to connect enthusiastic trainees to one another and to supervisory teams to undertake research projects which will change practice and improve the care provided to children locally, nationally and internationally.

3.7 Saint Mary's Hospital (SMH)

Research happened across the different specialties within the hospital and managed clinical services as well as the research that is delivered in collaboration with RMCH and MREH through the Genetics team.

MFT was the top global recruiter to the early phase study, GWEP, delivered within NICU. The study had been struggling to recruit internationally due to the stringent eligibility criteria – involving newborn babies with a suspected brain injury – however the team worked around the clock to ensure all potential patients had access to the trial. The neonatal team was the highest recruiting UK site to neonatal portfolio studies

One of the world's largest community-based genetics studies among people of Pakistani and Bangladeshi heritage, Genes and Health, opened with Professor Bill Newman as PI. The team developed new ways of delivering research outside of the hospital setting to encourage participation in this study which has supported learning for other studies.

3.8 Wythenshawe, Trafford, Withington and Altrincham Hospitals (WTWA)

WTWA was awarded three respiratory NIHR Research for Patient Benefit (RfPB) grants in this period. The first global participant was recruited to a chronic cough phase 2a RCT trial of NOC-100 in adults with chronic or acute cough, including cough due to postinfectious COVID-19. Researchers also contributed to the further development of the drug Gefapixant for treatment of chronic cough, which is under FDA review.

The Respiratory and Allergy team progressed their Food Standards Agency funded and commissioned project Patterns and Prevalence of Adult Food Allergy in a UK population (PAFA).

The Ear Nose and Throat (ENT) portfolio grew, with Ms Sadie Khwaja, ENT Consultant at Wythenshawe Hospital, PI on two commercial studies WAYPOINT and EVEREST.

The MR scanner in the BHF Manchester Centre for Heart and Lung Magnetic Resonance has been integral to national multicentre studies, including TEMPEST, led by Professor Chris Miller.

The Manchester Lung screening community programme continues to be a platform for the delivery of extensive research and collection of data on GM's lung cancer patient population. MFT sponsored research in this setting (qUEST) contributes a large proportion of the MFT CRN portfolio numbers, and also hosts external research, for example IDX lung – a large lung cancer biomarker study.

3.9 Manchester and Trafford Local Care Organisations (MLCO & TLCO)

Work has been ongoing to understand the structure within the LCO and the services that are provided to build upon the research that is taking place. The Venus 6 trial, a study which was an NIHR HTA grant hosted at MFT was opened and recruited 33 patients. Early July 2021, the first patient within Europe was recruited to an international commercial study to follow the progress of exuding chronic wounds to healing. These studies show that both non-commercial and commercial studies are being delivered in the LCO and they are being delivered to a high standard with the support of the staff within the LCO.

Part 4: **Our People**

4.1 Senior Investigators, Fellowships and Awards

4.1.1 Prestigious national appointments for MFT researchers

In March 2022, two leading MFT researchers were appointed as Senior Investigators by the NIHR. NIHR Senior Investigators are among the most prominent and prestigious researchers funded by the NIHR, and the most outstanding leaders of patient and people-based research.

Professor Rick Body, MFT Group Director for Research and Innovation, and Professor Maya H Buch, Honorary Consultant Rheumatologist at the MRI, were named in the list of 30 new Senior Investigators appointed for 2022 across England. Professors Body and Buch are pictured below:

Professor Rick Body

Is also Honorary Consultant in Emergency Medicine at the MRI, Professor of Emergency Medicine at The University of Manchester (UoM), and Innovation and Partnerships Lead at NIHR Manchester BRC. He is Deputy National Specialty Lead, Injuries and Emergencies at the NIHR CRN, and has led a range of studies into emergency care and point of care testing for acute myocardial infarction (AMI, or heart attack), as well as the national CONDOR/FALCON study investigating rapid testing for COVID-19.

Rick said: "I am honoured by this award, and I hope the platform it provides will allow me to nurture the next generation of healthcare scientists and to develop valuable partnerships between the NHS, academia, patients and the public and the life sciences industry."

Professor Maya Buch

Is a Professor of Rheumatology at UoM, Director of Experimental Medicine at UoM's Centre for Musculoskeletal Research, and Rapid Translational Incubator Theme Lead for NIHR Manchester BRC. She is also Chair of the NIHR-Versus Arthritis UK Musculoskeletal Translational Research Collaboration (TRC) and leads the CARDIO-IMID UK Network. Her research looks at personalised therapeutics of rheumatoid arthritis and other autoimmune conditions, as well as cardiovascular risk and management of these conditions.

Maya said: "I am really pleased to have received this award. I will use this platform to improve the lives of people with chronic inflammatory conditions and inspire a diverse next generation of researchers."

4.1.2 MFT doctor named as the Young Researcher of 2021/22

The NIHR CRN and the Royal College of Emergency Medicine (RCEM) named Dr Anisa Jafar as the Young Researcher of the Year 2021/22.

These joint awards recognise outstanding contributions of NHS consultants and trainees in the conduct of clinical research in the field of Emergency Medicine (EM).

At time of the award, Dr Jafar (pictured) was undertaking an NIHR Academic Clinical Lectureship as part of the Humanitarian and Conflict Response Institute (HCRI) at UoM and was an ST6 Junior Doctor in Emergency Medicine at the MRI.

The judging committee found Dr Jafar to be an excellent role model for young researchers, were enthused by her commitment to global health, and impressed by her well thought-out research project.

Dr Jafar said "I plan to mentor and support junior EM colleagues to investigate the role played, and potential created, by GH work conducted by those in UK Emergency Care. Winning this award is a real opportunity to expand the capacity for GH research amongst those in UK emergency care so I'm really pleased."

4.1.3 Prestigious surgical honour awarded to Manchester Royal Infirmary researcher

In December 2022, a trainee surgeon at the MRI was awarded a prestigious national honour for his contributions to transplant research.

Mr Iestyn Shapey, Specialist Trainee in Hepatobiliary and Pancreatic Surgery, was awarded the Syme medal by the Royal College of Surgeons of Edinburgh (RCSEd). Named after the eminent nineteenth century surgeon James Syme, the award is given to trainee surgeons who have displayed a high-quality body of research which has impacted future research of clinical practice.

Mr Shapey received the award for his research into blood sugar (glucose) control in organ donors, and how this affects the success of pancreas transplants and cells responsible for glucose regulation in diabetic patients. He was presented with the medal by Professor Michael Griffin OBE at a ceremony in Edinburgh, pictured above:

Mr Shapey said: "Findings from my research have been used to make better decisions on which organs to accept for transplantation, and how to manage them during the transplantation process so that they can last longer and stand a better chance of working properly for our patients."

In 2016 Mr Shapey also received an MFT Peter Mount Fellowship – more information about which is provided below. This provided seed funding and support for him to develop the larger body of research for which he was awarded the Syme medal.

4.1.4 MFT consultant and trainee honoured in prestigious research awards

In October 2021, two researchers from NMGH were named as winners in the Royal College of Physicians (RCP) and NIHR CRN Awards.

The awards recognise outstanding contributions of NHS consultants and trainees who are active in research.

Professor Andrew Ustianowski, an Honorary Professor of Infectious Disease and Tropical Medicine, was among six consultants nationally to be named a prize winner. Professor Ustianowski (pictured) has played a critical role in the delivery of vaccine trials, not only in MFT but across GM and nationwide in his role as National Clinical Lead for the NIHR COVID-19 Vaccine Research Programme. His roles also include Joint National Specialty Lead for Infection with NIHR CRN, and Deputy Clinical Director for CRN Greater Manchester.

Professor Ustianowski said: "I am delighted to receive this award though, as with the vast majority of research, it is important to realise that there are many people and an excellent team behind the progress we have made.

"Therefore, though my name is on the award, I would like to accept it on behalf of the wider team without whom it would not have been possible to achieve what we have achieved."

Dr Samuel Hey, a Medical Trainee, was one of four prize winners in the trainee category. Dr Hey got involved in research for the first time while working on the wards at NMGH during the first wave of the pandemic. Dr Hey (pictured) was accepted on to the NIHR's Associate Principal Investigator (PI) Scheme through his involvement in the flagship COVID-19 treatment trial, RECOVERY, and worked as a sub-investigator on a number of other Urgent Public Health (UPH) studies for COVID-19.

Dr Hey said: "I feel very lucky to have been recognised for my contributions over the last year. It reflects a lot of hard work done by welcoming researchers and clinicians who made it possible for me to have such a great start in research and innovation.

"Everyone has risen to the challenge over the last 18 months, and I've felt honoured to be a part of it. I look forward to developing and continuing my involvement in research going forwards."

4.1.5 MFT pump-prime fellowships

Through funding that came to MFT as a benefit from our Citylabs development partnership with Bruntwood, we were able to run the Peter Mount Pump-Prime Fellowship Scheme in 2021/22, which supports the salary of a clinical research fellow for six months and limited project running costs. The scheme was designed to support and prepare promising early career clinical researchers and innovators to submit external fellowships or other research and innovation funding applications in future. We received seven applications and awarded three fellowships to:

Dr Jennifer Peterson, Neonatal GRID Trainee, Saint Mary's Hospital (SMH)

Mr Babatunde Oremulé, Specialist Registrar in Ear, Nose & Throat and Head & Neck Surgery, Royal Manchester Children's Hospital (RMCH)

Dr Callum Shields, Academic Foundation Year 2 Doctor, RMCH

The funding enabled the applicants to move forward with their projects and all three of the successful applicants have secured further external funding. Two of the applicants are in the process of applying for further funding through the NIHR Research for Patient Benefit and the NIHR Invention for Innovation schemes. The results of this round of pump-prime funding, as well as previous years, demonstrates that this funding scheme is a positive way to support early career researchers in obtaining external funding to develop their research careers.

From these monies we were also able to pilot a new scheme for 2021/22 supporting Clinical Research Fellow posts at 0.5 WTE, for five months, to recruit participants into portfolio-adopted research. We awarded two fellows: one supporting COVID-19 research across Wythenshawe Hospital, NMGH and the MRI, and one supporting Colorectal/ General Surgery and Gastroenterology research at Wythenshawe Hospital.

The Clinical Research Fellow support was invaluable to R&I, leading to increased recruitment into the studies that were being delivered, as well as instilling the drive to deliver research in their future careers. Feedback from the fellows showed they were either pursuing their own research or wanted to continue to do research as their clinical careers developed therefore potentially developing the Chief Investigators or PIs of the future. Altogether, the pilot has shown great promise and we are looking at how posts like these can be funded moving forward.

4.1.6 Prestigious national entrepreneurship scheme places awarded to three MFT staff members

In March 2022, three of MFT's budding entrepreneurs were awarded places on the prestigious NHS Clinical Entrepreneur Programme. The programme provides a package of learning that supports entrepreneurial thinking and innovation for a diverse range of clinical and non-clinical healthcare professionals.

More than 300 applications were submitted from staff across the NHS and, following a rigorous and competitive application process, 170 individuals were shortlisted for the year-long programme. The three MFT awardees were:

Mr Kamran Khan,
Consultant Vascular Surgeon, Manchester Royal Infirmary

Kamran said: "This project is close to my heart and I'm willing to dedicate all my efforts towards ensuring it succeed. The ultimate beneficiaries will be my patients, as well as my colleagues, as I will encourage a culture of innovation in my workplace."

Lisa Miles,
Operations Manager, NIHR Manchester BRC

Lisa said: "A key aspect of the Programme for me is the mentorship and peer-to-peer support it will provide, which I'm really looking forward to experiencing and then sharing with my own teams. I am really keen to listen, learn and grow."

Dr Richard Byers,
Consultant Histopathologist, Manchester Royal Infirmary

Richard said: "I have recently retired from full time work to concentrate my time on this innovation project and hope also to bring my expertise and experience to the Programme."

Diversity Matters aim 2
A representative and supported workforce

R&I's works to with Trust Staff Networks to highlight our diverse staff and encourage R&I staff engagement with the Networks, including:

- Blog by R&I EDI Coordinator, Emily Weaver-Holding, about her role as a Clinical Trials Coordinator, being a member of the MFT LGBTQ+ Staff Network, and why she is passionate about celebrating the differences that make people unique.
- As part of Black History Month, in October 2021, R&I sponsored the screening of the documentary film 'Coded Bias', which was hosted by the BAME Staff Network.

Events across the year included:

- 'Health Inequalities in Research' educational online event held during EDHR Week in May 2021.
- 'R&I presents: International Day of Women and Girls in Science' online event held in February 2022, showcasing the talents of women in science from across R&I at MFT.
- The R&I Trial Coordinator Network (TCN) held an EDI quiz in March 2022 to assess and improve its membership's awareness of EDI initiatives.
- Communications throughout the year included:
- As EDI Lead for R&I, R&I Manager Monika Cien has a section in each monthly 'Update', the main R&I operational newsletter to announce initiatives and more.
- 'Show me who you R&I initiative' was launched in which colleagues share a 'treasured object', what it means to them, the story it tells and potentially what it means for their role.

Other initiatives included:

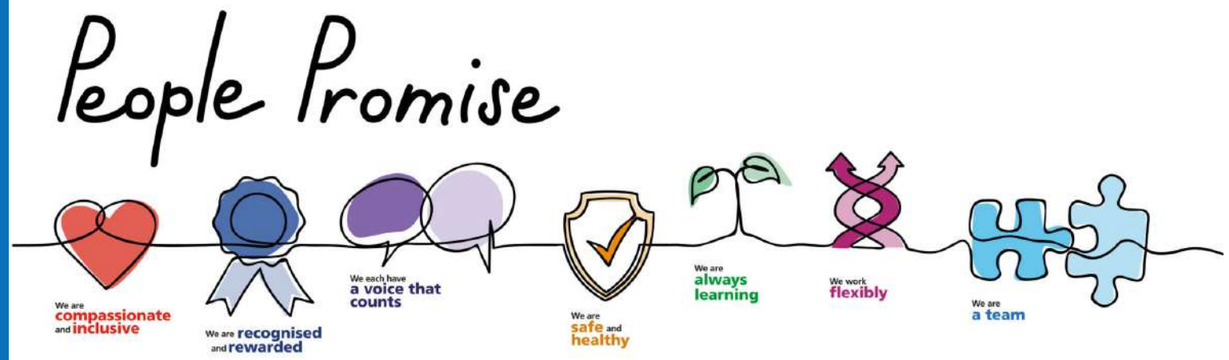
A review of recruitment and selection practices within R&I was undertaken, with a focus on staff with protected characteristics who apply, are invited to interview, and are appointed. This work continues into 2022-23.

4.2 Research and Innovation Staff

4.2.1 NHS Staff Survey 2021

Each autumn, everyone who works in the NHS in England is invited to, anonymously, take part in the NHS Staff Survey. It offers a snapshot in time of how NHS staff experience their working lives, gathered at the same time each year.

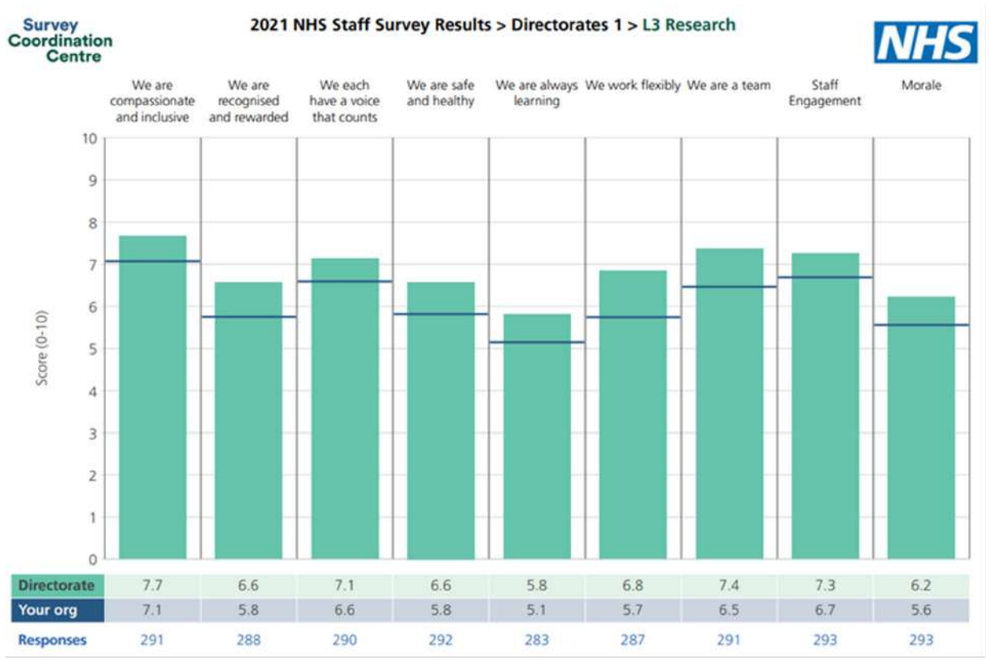
293 R&I staff took part in the 2021 NHS Staff Survey – our highest number of respondents ever. We live by our Trust value that Everyone Matters, and what our staff think is of genuine importance to our R&I senior management. Improving our understanding of what it is like for people across R&I means we can work to make continuous improvements, and ensure that we are always learning as an organisation.



We scored well above the organisational (MFT Group) average across all themes, which for 2021, were aligned to the NHS People Promise.

Our response rate of 49 per cent was the highest of any MFT Hospital or service, and significantly higher than the organisational average of 30 per cent.

Unpacking our R&I theme results
The below graph shows our R&I (directorate) theme scores in green, compared against the organisational average in blue:



Our highest scoring themes were: 'We are compassionate and inclusive' and 'We are a team' – which are two areas our R&I staff, can take a huge amount of direct credit for. We see lots of examples of staff going the extra mile to support not only their direct team members, but also colleagues within the wider R&I Team, and it is this compassion for each other that makes R&I a great place to work.

Conversely, our two lowest scoring themes – although still well above the Trust and national average – are 'We are always learning' and 'Morale'. All results must of course be viewed in the context of the COVID-19 pandemic; face-to-face learning opportunities have necessarily reduced during the past two years and it has been a uniquely challenging time for everyone – autumn 2021 perhaps particularly so, due to the rise of the Omicron variant at the time.

4.2.2 Staff Health, Wellbeing and Engagement (SHWE) within R&I

A diverse range of grassroots SHWE activities take place across R&I, which we certainly intend to support our excellent Staff Survey results, continue to address areas where we can improve, and ensure that as individuals we each find something helpful to our particular needs and preferences. While these groups are supported by the R&I SHWE Lead and Communications Team, they are quite rightly staff-led. Examples include:

- **'R&INBOW' Craft Club**
- **'Videoheads' R&I Film Club**
- **R&I Walking Group**
- **R&I Running Club**
- **R&I Recipe Sharing Group**

Additionally, R&I senior leadership and our Communications Team also deliver a range of initiatives to support staff wellbeing and morale, which receive sustained high levels of engagement. Examples include:

- **Virtual R&I Quizzes**
- **Seasonal R&I Photography Competitions**
- **Annual R&I Staff Celebration Events**
- **Virtual OMT Q&As** – regular opportunities for staff to ask the R&I Operational Management Team (OMT) questions, with an option to do so anonymously
- **Cup of Team with OMT** – a new initiative where staff elect to have an informal meeting with a member of OMT

We ran an R&I SHWE Survey between March and April 2022, in order to gauge awareness of our staff health, wellbeing and engagement activities among R&I and research-active colleagues, and to take the temperature on how staff felt about them.

43 people took part, and while this is of course only a small proportion of our staff, the results do provide an interesting snapshot of how they felt at this time. It is a high response rate in comparison to other internal R&I surveys and feedback exercises, and more than double the responses received for the R&I SHWE Survey we ran between September and October 2020.

Key Takeaways

In response to the question:

'How would you rate the support offered by MFT R&I in terms of Staff Health, Wellbeing and Engagement?'

The average rating was 3.72 out of 5.

3.72 Average Rating

Similarly, in response to the question:

'On a scale of one to five, how far engaged do you feel with MFT R&I as a place to work?'

The average rating was 3.63 out of 5.

3.63 Average Rating

Qualitative feedback

A sample of free text comments submitted as part of the survey are included below:

Part 5: **Clinical Impacts**

5.1 CONDOR: A single, national route for evaluating new diagnostic tests for COVID-19 – and a way for us all to live with the virus

In the early days of the COVID-19 pandemic, development of tests to identify positive coronavirus cases was in its infancy.

As 2020 went on, there was growing international demand for accurate diagnostic tests, with the life sciences industry seeing an influx of new in vitro diagnostics (IVDs) – tests that can detect disease, conditions and infections. In vitro simply means 'in glass', meaning these tests are typically conducted in test tubes and similar equipment, as opposed to in vivo tests, which are conducted in the body itself.

However, evaluations of these IVDs tended to be single-centred, employing differing reference standards, with variable protocols. This resulted in limited comparability between tests and, ultimately, a longer time to useful results to guide clinical care.

Leveraging existing infrastructure and collective expertise, Professor Rick Body, Professor of Emergency Medicine at UoM and then Director of DiTA, along with Professor Gail Hayward, Associate Professor in Primary Care at the University of Oxford, proposed the formation of a collaborative national platform for COVID-19 diagnostics research and evaluation.

In June 2020, with funding from the National Institute for Health and Care Research (NIHR), UK Research and Innovation (UKRI), Asthma UK and British Lung Foundation, the Manchester-led COVID-19 National DiagnOstic Research and Evaluation (CONDOR) platform was formed.

CONDOR created a single, national route for evaluating new diagnostic tests in hospitals and community healthcare settings.

It provided a framework for the performance of then new COVID-19 diagnostics – including lateral flows and Polymerase Chain Reaction (PCR) tests – to be validated at pace.

As of August 2022, CONDOR has evaluated 27 COVID-19 tests that are now widely used by the NHS and in people's homes – therefore having a significant impact on how we all now live with COVID-19.

This programme brought together highly experienced experts in the field in evaluating diagnostic tests and generating the robust evidence required for a test to be used in the NHS.

Professor Body (pictured), who is also an Emergency Department Consultant at the MRI and now Group Director of Research and Innovation at MFT, said: *"CONDOR and its hospital-setting arm, FALCON, have ensured patients get better care and NHS staff can make more informed, early decisions about how to control spread of the virus.*

"As Director of DiTA at the time, I was able to draw upon its resources and make use of my experience of evaluating evidence for diagnostic tests in order to roll-out the CONDOR platform at pace and scale."

To ensure DiTA's continued involvement in the programme, Dr Annie Yarwood, DiTA Operations Manager, sits on the CONDOR Steering Group.

5.2 CORAL: MFT chosen as chief site for early trial of pioneering multivariant COVID-19 vaccine booster vaccine

Despite strong uptake of the COVID-19 vaccination, new variants meant it was critical to keep researching new ways to tackle the virus.

MFT, with its rich history in delivering cutting-edge clinal research and innovation, was the ideal organisation to trial one of the world's first multivariant COVID-19 vaccine as the study's chief site.

Andrew Clarke, Gritstone trial participant, receives his booster vaccine at the Manchester CRF at Manchester Royal Infirmary.

Working in partnership with UoM and US pharmaceutical company Gritstone bio, Inc., our R&I Vaccine Team delivered the early phase trial – involving a small number of people to be the first in the world to given the treatment – at the NIHR Manchester CRF at the MRI, to an initial participant group aged 60 years and above.

The first participants to receive theirs jabs were Andrew Clarke, 63, and his wife Helen, 64, both retired and from Bolton.

"We believe this vaccine, as a booster, will elicit strong, durable, and broad immune responses, which may well be likely to be critical in maintaining protection of this vulnerable elderly population who are particularly at risk of hospitalisation and death."

During 2022, the trial will be expanded from 20 people to 120 as we continue this work with Gritstone in the clinical development of this promising next generation, T cell enhanced COVID-19 vaccine.

5.3 Kaftrio: Research conducted at MFT played key role in transforming the lives of people with cystic fibrosis

Wythenshawe Hospital were the first in Europe to have received the life-changing drug, Kaftrio, as part of standard NHS care.

Patients were administered with the life-changing drug at Manchester Adult Cystic Fibrosis Centre (MACFC). Some of the MACFC team are pictured below:

Kaftrio, which was made available on the NHS following approval by European regulators in 2020, had previously been tested within clinical trials across the world, including at MFT. At our Trust, the research involved adult participants at the NIHR Manchester CRF at Wythenshawe Hospital, as well as paediatric participants at NIHR Manchester CRF at RMCH.

Cystic fibrosis (CF) is a rare genetic disease that affects around 10,000 people in the UK and is caused by mutations in the CFTR gene. Kaftrio is a breakthrough therapy, known as a CFTR modulator, because it targets the core defect rather than the effects of the disease, and it could be suitable for 90 per cent of patients with CF.

In the last few years MFT has successfully delivered many clinical trials of this class of medications, both at Wythenshawe Hospital and at RMCH. Researchers from MACFC have served as national and global leads on a number of pivotal studies, while RMCH was the first UK centre to recruit patients in the Kaftrio trial.

Dr Anirban Maitra (pictured), Consultant Respiratory Paediatrician; Director of Cystic Fibrosis and Lead for Bronchiectasis and Non-CF Bronchiectasis at RMCH, said:

"Kaftrio, the modern new generation CFTR modulator, has already made a considerable impact on people with cystic fibrosis.

"I am immensely proud to be associated with the first UK-based research trials of Kaftrio that took place at MFT, in the world class research facilities at RMCH, under the guidance of a very able research team.

"I am truly honoured that this work has benefitted our children with cystic fibrosis."

Dr Peter Barry (pictured), Consultant Respiratory Physician, MACFC and medical lead for the roll out of these medications at Wythenshawe Hospital, said:

"MFT's Manchester Adult Cystic Fibrosis Centre has taken a leading role in trials which have led to the development of novel medications focused on the underlying defect in cystic fibrosis.

"Our investigators conducted this pivotal research at Manchester CRF at Wythenshawe Hospital. As a result, we were keenly aware of the positive influence these medications could have for the majority of people with CF attending our centre. We were delighted that these therapies rapidly moved from clinical trials to licensing in 2020.

"We have rapidly adapted our service during the COVID-19 pandemic to continue to provide safe and accessible clinical care to all our patients including the rapid implementation into clinical care of these novel therapies.

"It is truly a tribute to the determination, drive and application of the entire CF MDT that our patients were actually the first in Europe to receive these transformative medications."

5.4 PALISADE: MFT research contributed to NICE recommendation of new peanut allergy treatment for children

It was announced in February 2022 that children in the UK will be able to receive Palforzia – a life-changing oral treatment for peanut allergies – as NHS standard of care following approval for use by NICE.

Peanut allergy is a common and serious condition that is associated with severe reactions, including anaphylaxis – a severe, potentially life-threatening allergic reaction.

It affects one in 50 children in the UK, and is one of the most common causes of food-related deaths. Approximately 80 per cent of patients remain allergic to peanuts as adults.

Following results from the Peanut Allergy Oral Immunotherapy Study of AR101 for Desensitization (PALISADE) trial delivered at the Manchester CRF at RMCH, children in the UK would be able to receive Palforzia via the NHS.

Kerry Duffin's 11-year old daughter, Esther, was five when she first took part in the PALISADE study at Manchester CRF at RMCH.

Kerry said: "Esther was only one and a half when she had her first severe reaction to peanut, so she was too young to understand what was happening to her.

"After this incident I always found it incredibly stressful whenever she was invited to parties or other social situations. I often had to say no as in my mind there was always that question of 'what if she was accidentally exposed to peanut?'.

"We are so glad to have been involved in this study. When she began the study, she was having allergic reactions to 100th of a peanut. She now has the equivalent of a peanut every day.

"We've experienced so many benefits as a result of the study, some unexpected. By taking the peanut treatment she's been able to learn how peanuts taste and how her body reacts to it. She is 11-years-old now and she can distinguish the specific feeling she has when she's been exposed to peanut.

"She can sense the level of reaction, and so we are able to deal with it, this has opened up her world."

5.5 PALOH: New genetic test to avoiding antibiotic-induced hearing loss in babies

Critically ill babies admitted to intensive care are usually given the antibiotic, Gentamicin, within 60 minutes. While Gentamicin is used to safely treat about 100,000 babies a year, one in 500 babies carry the genetic variant that can cause permanent hearing loss.

In collaboration with local company, Genedrive Plc, the Pharmacogenetics to Avoid Loss of Hearing (PALoH) study successfully trialled a world-first, bedside genetic test, meaning babies found to have the genetic variant can be given an alternative antibiotic within the 'golden hour.'

The new swab test technique will replace a test that traditionally took several days and could save the hearing of 180 babies in England alone every year.

Nursing student Mary (shown left), from Preston, is mother to two-year-old Khobi, who was born at Saint Mary's Hospital and took part in the PALoH study.

Mary said: "Khobi was born with her bowel outside her tummy, which put her at risk of infection – she needed antibiotics quickly but was given this new genetic test which showed she was susceptible to hearing loss from gentamicin.

"She was given an alternative antibiotic which didn't affect her hearing, and it worked well. She's doing fine and is such a happy, sociable baby.

"This test is great, and I think all babies should have it."

Following the completion of the ground-breaking study, the NHS Genomic Medicine Service Alliance and the NHS began exploring how this technology can be launched as part of a clinical service through the NHS Genomic Medicine Service.

From March 2022, training on how to use the test began for around 300 nurses at Saint Mary's Hospital, Wythenshawe Hospital, and North Manchester General Hospital, ahead of its routine use in all MFT NICUs within weeks.

It is expected the test could save the NHS £5 million every year by reducing the need for other interventions, such as cochlear implants.

Professor Bill Newman, a Consultant in Genomic Medicine at Saint Mary's Hospital and Professor of Translational Genomic Medicine at UoM, led the PALoH study.

Professor Newman said: *"I am absolutely thrilled with the success of the study, and that this testing is now going to be used in three of our Trust's Neonatal Intensive Care Units – it's actually going to make a real difference so babies are not going to lose their hearing for a preventable reason.*

"The trial demonstrated that you can deploy rapid genetic testing in a clinical setting, and that the tests can be carried out within the 'golden hour' when severely unwell babies should be treated with antibiotics."

Part 6: **Strategy 2022/23 and Beyond**

Towards the end of 2021/22, we reviewed our strategic direction for 2022/23, recognising that is year in which we are still very much transitioning out of the COVID-19 pandemic experience and returning to business as usual. That is one reason for producing a single year strategy so that we can work on a future longer-term strategy to take effect from April 2023. There are two particular changes to highlight:

6.1 Relationship with the MFT Charity

Our focus is developing new strategic priorities for R&I fundraising and maintaining our established pump-priming fellowships scheme (known until 2021 as the Peter Mount Fellowships), and we are pleased to be growing a new and closer relationship with the MFT Charity team to do this. We have added MFT Charity as a new priority area under the 'Infrastructure' domain of our refreshed objectives.

6.2 6.2 Focus on sustainability

We want to respond to the climate emergency by addressing sustainability in the research we do, and how we operate in general. We will work to support the MFT and NHS Green Plans, including appointing a Sustainability Lead for R&I to focus our efforts to do this, and have therefore included our responsibility to sustainability in our 10 Principles, which have been revised, along with our objectives.

Diversity Matters aim 3
Inclusive leadership

A core aim of Diversity Matters is to increase visibility of the Senior Leadership Team supporting the EDI agenda. Senior leaders from across R&I demonstrate visible support for the EDI agenda by sharing quotes and personal reflections via the regular R&I Update.

R&I SLT members have also participated in the Trust's Removing the Barriers Programme by embracing the Reciprocal Mentoring Scheme (RMS). RMS is available to staff across Agenda for Change (AFC) bands 7 and above and aims to increase the ethnic diversity of staff AFC bands 8a and above. It matches a colleague of Black, Asian and Ethnic Minority background with an executive or similar colleague in a mentoring relationship where they come together as equal partners in progress.

6.3 Refreshing the 10 Principles of R&I at MFT

First written by our erstwhile Group Director of R&I Professor Neil Hanley in 2017 at the time of the merger creating MFT, our 10 Principles summarise our ethos, priorities and approach. These have been slightly revised following the changes of the last five years and as we look to the next five and beyond.

The 10 Principles of Research and Innovation at MFT

1. We will always ensure that our work is designed to advance the standard and efficiency of the care that we provide and to improve the health of our patients and our local population. To achieve that, we will partner and work closely with key external stakeholders where appropriate.
2. We will constantly strive to maintain the highest ethical standards, operating within national frameworks of governance whole making every effort to streamline processes, to be as efficient as possible.
3. We will always work to ensure equality, diversity, and inclusion among our leadership, our wider work force and our research participants.
4. We expect to achieve excellence as a leading international centre for research and innovation in health and care. This should be evident nationally in widely reported metrics; and should be evident internationally from our grant income, positions of esteem and output metrics.
5. We will encourage and facilitate R&I and its growth across the whole Trust, mindful that activities in some specialties are more mature than others, both locally and nationally.
6. We expect to have responsibility for all phases of clinical trials involving patients on our campus, while not necessarily acting as sponsor.
7. We encourage career development of the next generation, supporting our staff to develop their careers through R&I including strong support to obtain and thrive in external fellowships in close partnership with higher education institutions, especially the University of Manchester, and with key external partners.
8. We encourage protected time for research-active staff. The Trust expects that commercial income, fully costed grant recovery and other external awards are used as major sources to fund this research time.
9. Our R&I activity should strive for the highest possible standards of sustainability in health care: in our finances; staff recruitment, development and retention; and in our use of the world's resources, for the benefit of future generations.
10. To ensure that the Trust gets the recognition it deserves, we ask all substantive and honorary staff to ensure that the Trust is appropriately recognised in all external communications and outputs. The Trust should be included in the affiliation address line for all research outputs.

The full strategy document can be accessed via the MFT R&I intranet landing page.

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MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Joint Group Medical Director
Paper prepared by:	Dr B Schaefer, Consultant Gynaecologist Cervical Screening Provider Lead
Date of paper:	November 2022
Subject:	NHS Cervical Screening Programme Annual Report
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Patient safety.
Recommendations:	The Board of Directors is asked to note the contents of the report.
Contact:	Name: Miss Toli Onon, Joint Group Medical Director Tel: 0161 701 0205

Manchester University
NHS Foundation Trust

NHS Cervical Screening Programme
Cervical Screening Provider Lead Annual Report
Manchester University NHS Foundation Trust
April 2021 – March 2022

B Schaefer
Consultant Gynaecologist, Cervical Screening Provider Lead, Manchester University NHS Foundation Trust

Introduction

This report covers the NHS cervical screening programme (NHS CSP) activities undertaken by Manchester University NHS Foundation Trust (MFT) during the period 01 April 2021 to 31 March 2022. The three elements of the cervical screening service provided by the Trust are cervical screening, which includes cytology and virology testing, histology, and colposcopy.

The key performance indicators (KPIs) for each of these elements are listed against the national standards for the relevant specialty (please see references).

Key achievements

- The virology department has achieved successful UKAS reaccreditation in December 2021 and continuously met a 3-day turnaround time despite pandemic related reduced capacity on the analysers and rapid increase in HPV workload during recovery of the screening programme
- Recruitment for the validation of self-sampling for HPV known as the HPValidate study commenced July 2021 and is nearly complete, with results to be reported to NHSEI by the end of 2022. Collaborative study with The University of Manchester regarding the validation of urine samples for primary screening is expected to complete at the end of 2023
- Several senior members of the MFT cytology and virology staff are members of prominent national committees relating to cervical screening and have actively contributed towards national NHSCSP publications in this timeframe
- Significant progress in consolidating and updating the framework of colposcopy guidelines and SOPs across the Trust; harmonising key clinical guidance and patient information for ORC and NMGH
- Successful closure of 40 Quality Assurance (QA) recommendations
- Full recovery of the backlog of colposcopy patients caused by pandemic and gynaecology service reconfiguration in October 2020 was completed in February 2022

Key challenges

- Managing the ongoing challenges of COVID-19 on staffing and capacity in all departments
- Addressing the outstanding QA recommendations from the 2020 visit and 2021 Interim Screening Quality Assurance review
- Managing significant capacity issues in histopathology in both current histopathology labs due to several consultant histopathology vacancies on the background of a national shortage of histopathologists
- Lack of adequate administrative support (both in quality and quantity) across all parts of the service, in particular colposcopy and for the specialty lead roles, leading to incidents around delayed patient management and communication. An extensive recruitment campaign has been undertaken to address this issue
- Difficulty in making timely progress of some national cervical cancer audit cases through (nationwide) difficulties in reviewing Surepath slides and absence of administration support for the CSPL team
- IT: Efficiency losses caused by the need to access multiple, non-compatible IT systems across sites, lack of easy access for key users and outdated software
- Ensuring all colposcopists see the required number of patients with cytological abnormalities for ongoing accreditation and are able to attend the required number of MDT meetings/year

Vision for 2022/23

- Closure of all outstanding QA recommendations except the ones requiring large structural changes (single site histology lab) by end of the current financial year
- Successful QA visit in March 2023 highlighting the achievements of all MFT cervical screening teams
- Expansion of the existing histopathology team to ensure continuing/increasing compliance with National KPIs despite increasing workload and successful absorption of the additional workload from NMGH in 2022/23
- Active progress in the plans for a single site histopathology service, which will provide greater resilience to the histopathology service and enable standardisation of all cervical screening processes as required by the QA
- Building a strong and resilient colposcopy administration department with sufficient dedicated support to the CSPL and colposcopy leadership teams for monitoring key performance data and other quality criteria
- Migrating to a single, integrated software (EPIC), which enables more efficient data sharing within and between colposcopy services, histology, and cytology
- Smooth integration of the NMGH colposcopy into the MFT team

1. Individual service reports

1.1. Cytology and Virology service

Manchester University NHS Foundation Trust hosts one of eight departments in England providing cytology and virology services for HPV primary screening within the NHSCSP. Manchester Cytology Centre reported approximately 440,000 samples between April 2021 and March 2022. The laboratory is fully accredited to the international standard ISO 15189:2012. This was most recently awarded on 09 December 2019. An interim ISO inspection of the department last took place in November 2021. The screening service is provided by the cytology and virology departments based within the Clinical Sciences Centre at Manchester Royal Infirmary. The laboratory hosts sample reception and processing and has a large 'screening room' where microscopy is undertaken by biomedical scientists and cytology screeners. Electronic requesting and reporting is in place and is used by the majority of GP practices and colposcopy departments. The department supports samples taken in Extended Access Clinics thus helping to improve uptake of cervical screening. Secure electronic links are in place to the colposcopy units throughout the North West of England (Greater Manchester / Lancashire and Cumbria / Cheshire and Merseyside) in order to arrange a direct referral from the laboratory for patients needing further investigation following their screening test.

Cervical samples taken as part of the NHSCSP are processed by the cytology and virology departments in accordance with the National HPV primary screening protocol https://www.gov.uk/government/publications/human-papillomavirus-hpv-primary-screening-protocol

A single named clinical lead is responsible for NHSCSP related activities undertaken in both the cytology and virology departments. Senior staff take an active part in Programme Board meetings across the region and attend meetings hosted by the regional SQAS team e.g. laboratory leads and CSPL meetings. Several senior staff have contributed towards national NHSCSP publications during this period and are members of prominent national committees relating to cervical screening. Screening activities are coordinated by two consultant biomedical scientists who provide clinical support for the Trust CSPL.

The laboratory has exclusively reported Thin Prep (Hologic) Liquid Based Cytology (LBC) samples since July 2019, following conversion from Surepath technology. HPV primary testing is provided by the virology department using the Roche P480 pre analytics and the Roche Cobas 8800 automated platform.

In common with the wider NHS, there was a considerable impact on the cytology and virology services during this period by effects of the COVID-19 pandemic. The pandemic impacted on delivery of services in several ways: shielding of clinically vulnerable staff, staff shortages owing to isolation protocols, increased workload owing to recovery of the service following suspension of the NHSCSP in issuing of invitations for screening to the population during the Spring of 2020. During this period the workload has been consistently higher than forecast and in addition to the resultant staff shortages this has resulted in the laboratory not being able to consistently meeting the 14-day turnaround standard.

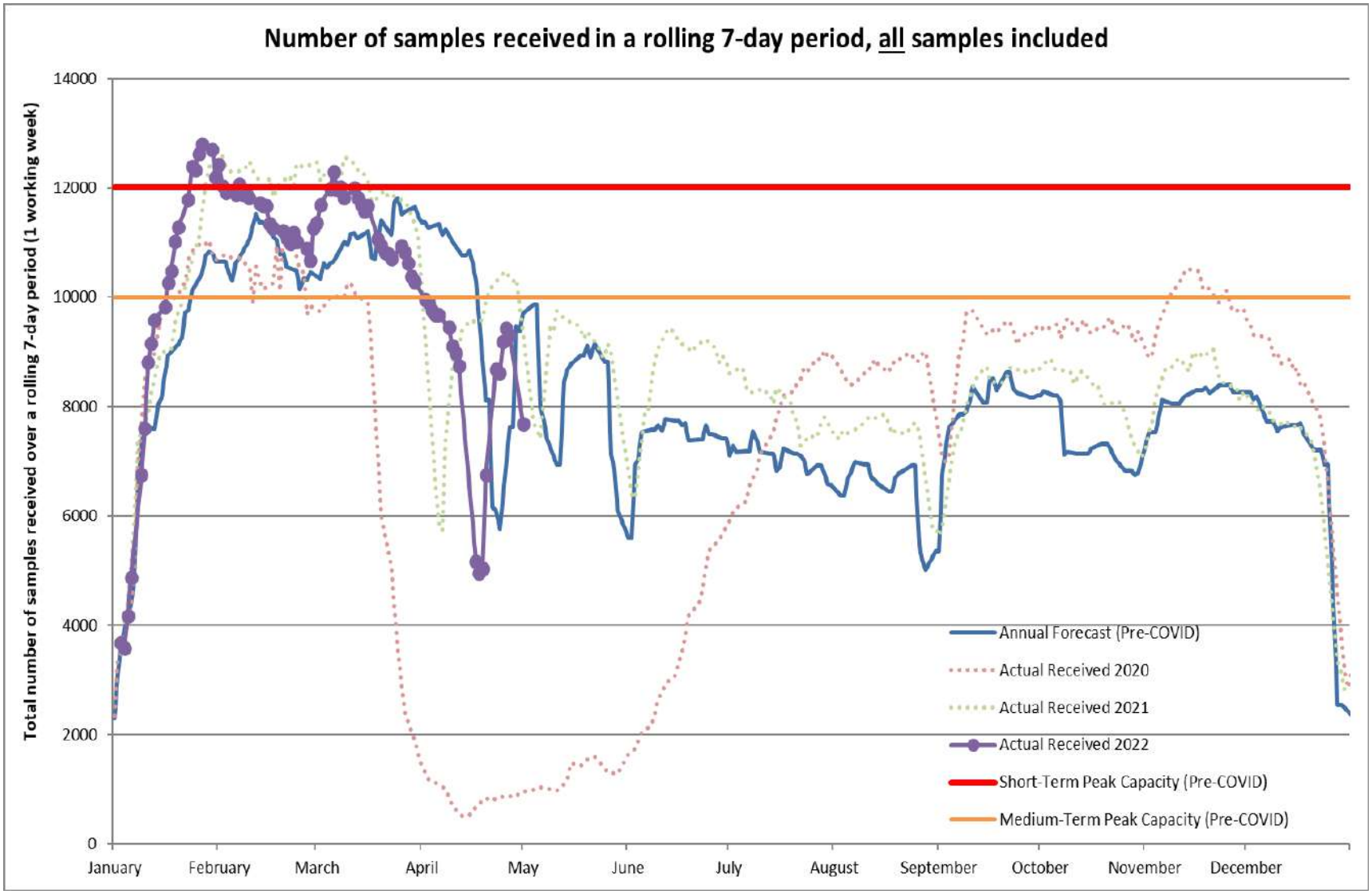

Figure 1. Laboratory workload Jan 2020 – Mar 2022

During the next year the laboratory will prepare to replace its current Laboratory Information Management System (LIMS) with a new innovative solution (EPIC), and it is anticipated that a common integrated IT solution across the MFT Trust will reap huge benefits in streamlining the service. In particular, it is hoped that data sharing between colposcopy services, histology and cytology will be managed more efficiently. However, it should be recognised that this project will require a considerable input from the staff within the cytology and virology departments.

Cervical Sample Taker Database (CSTD)

The cytology laboratory holds the regional cervical sampler taker database (CSTD) which is the central record of sample taker training and is also capable of producing personal performance reports on demand to both practice managers and individual sample takers.

Table 1. Cytology KPI data April 2021 – March 2022

KPI – April 2021 – March 2022	Standard	Reference	MFT value	Comment
Samples received by laboratory	35,000 (min)	KC61	45,418	
Primary screener workload	3,000 slides screened (min)	Annual return	15/17	x2 staff on long term absence (COVID-19)
Primary screener sensitivity for high grade dyskaryosis	>95%	Annual return	17/17	
Primary screener sensitivity for all grades of dyskaryosis	>90%	Annual return	17/17	
Checker workload	750 slides screened (min)	Annual return	4/9	x1 checker employed in role < 12 months x4 checker on long term absence (COVID-19(
Consultant workload	750 cases reported (min)	Annual return	10/11	x1 Cons. BMS on long term absence and now retired
All non-medical staff to undertake 3 days of NHSCSP approved update training every 3 years	100%	**1	100%	All staff attended NHSCSP update courses
Turnaround time for results from date of sample collection to delivery of report	% of samples reported by laboratory within 14 days	KC61	71.51%	
External Quality Assurance (EQA) of the laboratory service	All cytology staff must participate in the gynae EQA scheme	BAC	100%	

KPI – April 2021 – March 2022	Standard	Reference	MFT value	Comment
	The cytology department must participate in the Technical EQA scheme (Staining quality)	BAC	Participated on 4 rounds of the external TEQA scheme run during 21/22 Results for all 4 rounds 'Good'	
	The virology department must participate at least 1 EQA scheme for the molecular detection of HPV	UKNEQAS QCMD	Virology participates in the UKNEQAS and QCMD scheme, no problems identified	UKNEQAS – 3 x yearly QCMD - annual
Percentage of samples reported as inadequate	Between 0.3 – 4.7% (2020-21 statistical bulletin) -** mix of cytology PS and HPV PS	KC61	0.31% ** all HPV primary screening samples; 2.0% when calculated for samples with cytology recorded	
Positive predictive value (PPV) of cytology: % of women referred with high grade cytology or worse, whose biopsy is reported as CIN2 or worse	Between 72.8 – 92.4%	KC61	88.13%	Stats Bulletin 2020/21 Note: calculated for the period April 2020 – March 2021 as data is collected retrospectively to allow time for follow up
Referral Value (RV): number of women referred to colposcopy to detect one CIN2 or worse lesion	Between 2.1 – 4.4%	KC61	3.13%	Stats Bulletin 2020/21
Mean CIN score	N/A	KC61	1.70%	
Abnormal Predictive Value (APV)	Between 6.6 – 20.3%	KC61	10.39%	Stats Bulletin 2020/21
All cases of invasive cervical cancer diagnosed in the Trust must be audited in line with national guidance	100%	**2	Yes	See separate section
Number of women lost to follow up after failsafe	<5%	KC61	0.56%	Stat Bulletin 2020.21 Note: calculated for the period April 2020 – March 2021 as data is collected retrospectively to allow time for follow up

References

**1 http://www.britishcytology.org.uk/resources/BAC_Code_of_Practice2015_-_2017_update.pdf
**2 https://www.gov.uk/government/publications/cervical-screening-auditing-procedures

Outcomes of colposcopy referrals to assess laboratory failsafe

The review period for this report 01.04.20 to 30.03.21 (please note that due to the national requirement for the laboratories to allow time for failsafe enquiries for at least 12 months, the figures regarding failsafe in the annual report always refer to the ones in the preceding financial year), during which time a total of 19,640 direct referrals to colposcopy were made by the laboratory, an increase of 50% compared with the preceding annual period owing to increased laboratory footprint. Direct referrals were made to 27 colposcopy units in Greater Manchester / Lancashire and Cumbria / Cheshire and Merseyside. The recorded outcomes allow sufficient time for the failsafe enquiries to be completed and information to be gathered for up to 12 months after the referral to colposcopy has been made. The laboratory failsafe enquiries during that period included a system generated letter to the sample taker followed by a system generated letter to the colposcopy unit. Ad hoc enquiries are made by the failsafe manager where this is indicated e.g. phone calls.

The category 'Outcome known, none of the above' included patients who did not attend or refused colposcopy; colposcopy delayed e.g. pregnancy; the category 'No outcome available' incudes patients who moved away or used private healthcare for further investigation.

Table 2 shows the outcome of referrals to Saint Mary's Oxford Road Campus, Trafford General and Wythenshawe colposcopy units. Please note that from October 2020 onwards, all colposcopy for the then MFT sites (Saint Mary's Hospital, Wythenshawe and TGH) has been undertaken at a single site – Saint Mary's Oxford Road Campus – therefore any perceived management differences are likely arbitrary rather than site specific. North Manchester General Hospital was not part of MFT during the above timeframe but has since then become part of the Trust and therefore been included for the sake of completion.

Outcome after failsafe enquiries completed	Total referrals	Cancer or CGIN	CIN3 / CIN2	CIN1 / HPV	Bx -> No CIN/HPV	Bx -> Inadequate	Colposcopy NAD / no Bx	Outcome known, none of the above	No outcome available
Saint Mary's Hospital	784	11	185	234	8	13	290	30	13
Trafford General Hospital	337	7	70	91	7	4	145	10	3
Wythenshawe Hospital	1077	20	234	310	35	20	389	50	19
North Manchester Gen H	540	9	110	115	21	17	245	20	3

Clinical audit of updated laboratory failsafe protocol

The cytology department migrated its laboratory failsafe process from Masterlab to Cyres during April 2021. Following this change the department completed a clinical audit of its updated laboratory failsafe process and the audit achieved compliance level 'significant'. A partial follow up audit is to be scheduled before September 2023.

Virology

HPV testing is carried out in the virology department which is fully accredited to the international standard ISO 15189: 2012. The last UKAS visit was 08 December 2021 and continuing accreditation was granted. Testing is performed using the Roche P480 automated systems for pre analytics and Roche Cobas 8800 analysers for detection. COVID testing continues to run on the same instruments alongside HPV with no capacity issues reported. Instrument capacity is recorded on the Trust risk register and is closely monitored. Virology continuously turnaround HPV testing within three days, as per the service level agreement between cytology and virology. During 2020-2021 virology experienced stock shortage issues with increased COVID testing nationally however, this has not been experienced during 2021-2022 and supply of stock is not a concern. Virology participates in two EQA schemes; an inter-laboratory exchange scheme with three other Roche screening sites and carries out daily IQC on each of the instruments with no issues identified.

In July 2021, recruitment for the validation of self-samples (HPValidate study) began and recruitment is nearing completion. Results will be reported to NHSEI towards the end of 2022 and will feed into a larger evaluation study expected to start in 2023. Cytology and virology in collaboration with The University of Manchester are also involved in the validation of urine samples for primary screening with this study expected to complete at the end of 2023.

1.2. Colposcopy service

MFT ORC

Following the restoration of services programme supported by the QA and SIT teams and in partnership with the CCGs, MFT colposcopy services reported a return to business-as-usual position in February 2022. Due to the nature of the KC65 returns this is not yet reflected in the KC65 data but will become evident in the next two quarterly returns.

The number of colposcopists was boosted to help recover the backlog and stands at 14 consultants, one registrar and three nurse colposcopists. The fourth nurse colposcopist returned from maternity leave in April and will unfortunately leave on 01 July but recruitment for a new trainee nurse colposcopist is underway. The trainee nurse colposcopist will complete training in October 2022 and there are currently two doctors training to become colposcopists.

The team has struggled to run the full complement of colposcopy clinics due to insufficient supporting staff in clinic at times due to staff vacancies and sickness. There were also ongoing sufficient staff shortages withing the admin team, which led to a number of incidents

around timely patient booking and result notification. The Trust has taken an active approach in addressing the vulnerable administrative support by several recruitment campaigns; also, all members of the clerical team had the opportunity to attend a structured educational event on 08 June 2021 with strong support from PHE, GMSIT and the CCG, to enable a better understanding of the importance of the administrator role within the screening pathway.

The colposcopy admin team currently consists of a team manager, three Band 4 lead patient pathway coordinators, three Band 3 patient pathway coordinators, a Band 4 CSPL support and MDT coordinator and a Band 2 assistant. There are still several vacancies to be recruited to and another recruitment campaign to fill the remaining vacancies is underway (1 x full time lead PPC – successfully recruited to, awaiting a start date, 1 x maternity cover lead PPC – currently advertised, 1 x CSPSL support and MFT coordinator – who has started on 08 August, 1 x patient pathway coordinator – currently advertised). The team continues to report intermittent problems with the Compuscope database but have been unable to submit the KC65 for the last two quarters with support from Irisoft.

The implementation of the new HIVE EPR system has a planned ‘go live’ date of 08 September 2022 and staff training sessions have begun. The KC65 data will be generated from HIVE moving forward. The demonstration of the custom-built colposcopy section of HIVE is awaited.

There has been a comprehensive review and update of the existing framework of clinical and admin related colposcopy guidelines in the last financial year. A number of audits have been undertaken (see below) and the results disseminated within the colposcopy team as well as a demographic analysis of non-attenders, the results of which will be taken into account in potential future expansion of colposcopy sites.

In April 2022 MFT gynaecology division took over management of NMGH gynaecology and the colposcopy teams across the sites have shared clinical guidelines and patient information leaflets with site specific contact details.

Performance Indicators for colposcopy

KPI	Standard	Reference	ORC Value		Comment
WAITING TIMES			Jan – March 2022	Jan – March 2021	
Waiting time for ALL referrals	99% offered appt within 6 weeks	No. 20 No. 25	38%	27.12%	Recovery Programme in progress
Low grade dyskaryosis includes - borderline nuclear changes and mild dysk	99% offered appt within 6 weeks	No. 20 No. 25	485	4.58%	
High grade dyskaryosis includes: - Moderate dyskaryosis - Severe dyskaryosis - Suspected invasive cancer - Suspected glandular neoplasia	93% offered appt within 2 weeks	No. 20 No. 25	92%	100% 100% 100%	
Results of colposcopy visit - communicated to patient	90% within 4 weeks	No. 20	69%	66.14%	
All patients to receive results within 8 weeks of attendance	100%	No. 20	99%	100%	
DNA rate for new patients	<15%	No. 20	5%	10.83%	
DNA rate for return for treatment patients	<15%	No. 20	0%	1.08%	
DNA rate for follow up patients	<15%	No. 20	0.4%	4.15%	
First attendance: all patients should have histological diagnosis prior to destructive therapy	Actual number	No. 20	2	0	x2 PCB no smear abnormality
All attendances: all patients should have histological diagnosis prior to destructive therapy	Actual number	No. 20	2	0	x2 PCB no smear abnormality
Of all biopsies taken more than 90% should be suitable for histological interpretation	>90%	No. 20	97%	97.64%	

KPI	Standard	Reference	ORC Value		Comment
Biopsy should be undertaken in more than 95% of women with high grade dyskaryosis (moderate or severe) on their test result	>95%	No. 20	91.3%*	92.5%	*2 x required a GA, 1 x risk of pregnancy, 1 x going on holiday, 1 x unsatisfactory colp – came back for diagnostic large loop excision of the transformation zone (LLETZ), 1 x normal colp – conservative management and colp MDT
Certification of colposcopists – continuing medical education	BSCCP approved meeting every 3 years	No. 20	18 accredited colposcopists including 3 nurse colposcopists and 1 junior medical staff, 1 nurse trainee		2 x maternity leave
Caseload for colposcopists	50 new NHSCSP referrals pa (min)	No. 20	30% of colposcopists achieved the required number of referrals, however the data is likely impacted by pandemic related absences		DM has worked with admin team on ensuring individual clinic templates contain enough screening referrals for each colposcopist to ensure adequate caseload
All colposcopists to attend 50% of MDTs	50%	No. 20	50% of colposcopists attended the MDT in the required minimum frequency		Steps have been taken through job planning and alternating between Wednesday and Friday afternoons to enable and increase attendance

MFT NMGH

The NMGH colposcopy team has increased by two consultants and consists now of four consultant colleagues as well as a nurse colposcopist, employed by the NCA who does 3PAs/week for Saint Mary's (North Manchester) on an SLA basis. The SLA will discontinue in April 2023 and will likely be replaced by nurse colposcopists from Oxford Road Campus attending on a rotational basis. One of the trainees has formally commenced colposcopy training and is about to complete supervised training. The admin team consists of two colposcopy clerks also double up as receptionists for colposcopy as well as all other gynae clinics in Lilac Suite.

The longstanding colposcopy clerk has retired in May 2021 and was replaced by a receptionist, who then left the position in December 2021. At the time of writing this report, a new receptionist has been employed, but all colposcopy clerical functions rest on one member of staff, which makes the admin support very vulnerable to periods of unexpected absences i.e. sick leave. The NMGH site had major problems with the colposcopy software Compuscope in 2021/22 caused by the NCA server upgrade which was found to corrupt the colposcopy software; following a six-month period of reduced or no functionality between March and September 2021 some of the data restoration by Irisoft did not contain the correct data (i.e. procedures were randomly allocated to colposcopists who used to work at

Fairfield but actually never practised at NMGH. As a result, we were unable to submit the annual individual colposcopy data for this timeframe and two of the quarterly KC65 returns only with significant delay. Equally only the annual audits which are not dependent on Compuscope data could be completed. Since joining MFT, the Trust wide colposcopy guidelines and patient leaflets (adapted to local needs with NMGH contact details) were adopted.

Performance Indicators for colposcopy

KPI	Standard	Reference	NMGH Value
WAITING TIMES			**Jan – March 2022**
Waiting time for ALL referrals	99% offered appt within 6 weeks	No. 20 No. 25	100%
Low grade dyskaryosis include - borderline nuclear changes & mild dyskaryosis	99% offered appt within 6 weeks	No. 20 No. 25	100%
High grade dyskaryosis includes: - moderate dyskaryosis - severe dyskaryosis - suspected invasive cancer and suspected glandular NPL	93% offered appt within 2 weeks	No. 20 No. 25	93.7% 100% 100%
Results of colposcopy visit communicated to patient	90% within 4 weeks	No. 20	100%
All patients to receive results within 8 weeks of attendance	100%	No. 20	100%
DNA rate for new patients	<15%	No. 20	4.74%
DNA rate for return for treatment patients	<15%	No. 20	0%
DNA rate for follow up patients	<15%	No. 20	0%

KPI	Standard	Reference	NMGH Value Jan – March 2022	Comments
First attendance: all patients should have histological diagnosis prior to destructive therapy	Actual number	No. 20	0	x2 post-coital bleeding – no smear abnormality
All attendances: all patients should have histological diagnosis prior to destructive therapy	Actual number	No. 20	4	2 had biopsies taken in previous quarter/ 2 cryocautery for symptomatic

KPI	Standard	Reference	NMGH Value Jan – March 2022	Comments
				ectropion with negative smear in the last 12 months
Of all biopsies taken more than 90% should be suitable for histological interpretation	>90%	No. 20	97%	
Biopsy should be undertaken in more than 95% of women with high grade dyskaryosis (moderate or severe) on their test result	>95%	No. 20	100%	*2 x required a GA, 1 x a risk of pregnancy, 1 x going on holiday, 1 x unsatisfactory colp – came back for diagnostic LLETZ, 1 x normal colp – conservative management and colp MDT
Certification of colposcopists – continuing medical education	BSCCP approved meeting every 3 years	No. 20	100%	
Caseload for colposcopists	50 new NHSCSP referrals pa (min)	No. 20	4/5 100%; the 5th colleague joined in December and saw 35 new cyto referrals in 4/12	
All colposcopists to attend 50% of MDTs	50%	No. 20	3/5 100% 1 joined 09/21, attended 3/6 meetings, 1 joined 12/21, attended 2/4 meetings	Attendance compliant with the time colposcopists were part of the team but not counted over the whole year

1.3. Histopathology

MRI

The histopathology service for gynaecological biopsies taken at Saint Mary's (ORC) and Trafford General Hospital is based at Manchester Royal Infirmary. (No colposcopy is undertaken at Trafford General Hospital.) Although we were successful in filling two retirement related consultant histopathologist vacancies in August and October 2021, one further gynae pathologist has left the department and the lead gynae pathologist will also be leaving at the end of June; two consultant jobs are currently out for advert. Of the remaining six pathologists, only one reports solely gynaecological histopathology samples.

As highlighted in last year's report, the gynaecology histopathology service is currently experiencing significant pressures as indicated by the persistently slow turnaround times. There are a number of reasons for this situation, the most notable being the combination of consultant understaffing in the context of an increase in workload. The retirements mentioned above leave the department short of reporting capacity, but it should be noted that even prior to the retirements, the team was struggling to meet the increasing demands of the gynae service. In addition to this, the reconfiguration of the gynaecology services in 2020-2021 resulting in all routine gynaecology cases being sent to the laboratory at MRI caused a significant increase in workload for the already depleted staff. the estate at the MRI is regarded as not fit for purpose and has been awaiting life cycling for many years now. Furthermore, there are also staffing issues within the laboratory, the latter being a prominent issue this year with disruption to normal workflows and delays in cases available for reporting. In order to mitigate the capacity shortfall, a proportion of cases are being outsourced to a private provider. Previously, a proportion of cases were also transferred to colleagues in Wythenshawe for reporting however due to Wythenshawe's own staffing shortages and lack of capacity this is no longer taking place. Outsourcing is a costly exercise both financially and in terms of time for both consultant and secretarial staff however it has been essential in titrating our workload to our reporting capacity. This is monitored on a daily to weekly basis, particularly with respect to COVID absences which at times have severely limited our ability to report cases in a timely fashion. Outsourcing also makes meeting a 7-day turnaround time impossible. The 7- and 10-day turnaround data has now been flagged by senior management and steps have been taken to recruit further team members. However with the COVID recovery plan in action and the prospect of the gynaecology work from North Manchester General Hospital expected next year (postponed from this year) there remain serious concerns about our ability to meet these targets in future.

On a more positive note, we have established cross site reporting proformas, updated our data collection algorithm (to better reflect our true CSP workload) and established a new rota system for colposcopy MDT cover (in addition to covering additional monthly MDTs). Additionally, the vast majority of our consultants now meet the minimum number of annual cases reported (150 cases), whereas previously only one consultant achieved this target.

Performance Indicators for histology

KPI	Standard	Reference	CMFT Value	Comments
Percentage of biopsy results available to the requestor	80% within 7 days 80% within 10 days	NHS CSP	9.2% within 7 days 16.4% within 10 days	Significant staffing pressures and service restructuring have led to a severe deterioration in TATs
All histology consultant staff must participate in EQA	All pathologists participate in the national gynaecological pathology EQA scheme	NHS CSP	All staff participate	
Laboratory participates in the UKNEQAS technical EQA	Laboratory participates in the ULNEQAS general cellular pathology technical EQA scheme		Laboratory participates	Visits as per standard arrangements

All pathologists use the agreed subset of report codes:

Pathologist	Inadequate	Normal/no CIN/HPV only	CIN1	CIN2	CIN3	Cancer	CGIN	Total
A	0	16	36	31	17	4	5	109
B	6	21	57	71	39	7	8	209
C	0	33	23	2	7	2	0	67
D	3	19	30	17	17	10	3	99
E	3	54	91	43	21	8	2	222
F	7	36	59	37	35	8	6	188
G	5	17	63	30	46	6	4	171

Wythenshawe

The Wythenshawe histopathology laboratory has been contributing to the processing and reporting of cervical biopsies taken at Saint Mary's until January 2022 but had to cease doing so due to major staffing and workload pressures in late 2021/early 2022 which led to hugely delayed turnaround times for all patient pathways. The Wythenshawe lab provides the cervical histopathology service to Tameside General Hospital. The total cervical workload of the Wythenshawe lab therefore currently only includes Tameside biopsies. We are unable to easily separate CSP and non-CSP cases – the workload therefore reflects the totality of all cervical biopsies.

Only three pathologists currently share the gynae histopathology workload at Wythenshawe, one of our team having resigned from the NHS in December 2021. Each of the pathologists also works in at least two other specialties with varying proportions of their job plan given to gynae histopathology, ranging from 2.5% to 17.5% of the gynae workload. Although we are having to outsource up to 77% of our gynae workload due to insufficient consultant support, we are not currently outsourcing any CSP related work from Wythenshawe. The department currently has 5.5 consultant vacancies which are covered by a combination of extracontractual lists carried out by the existing team and outsourcing to Source Bioscience Healthcare. 2021-2022 has been an incredibly difficult year for the Wythenshawe lab due to COVID-19 effects and in particular the clinical recovery which has completely outstripped our resources leading to an accumulating backlog of all types of biopsy work with a steady deterioration in turnaround times.

The Wythenshawe cellular pathology lab has maintained its full UKAS accreditation after a follow up inspection in early 2021.

The workload figures to end of QA4 2022 are as follows:

Pathologist	Total cases	Total biopsies	Total excisions
A	376	166	210
B	217	117	100
C	80	38	42
D	76	24	52

All pathologists use the agreed subset of SNOMED codes for reporting HPV/CIN/CGIN/carcinoma:

	Histological diagnosis							
Pathologist	**Inadequate**	**Normal/no CIN/HPV only**	**CIN1**	**CIN2**	**CIN3**	**CGIN**	**Cancer**	**Total**
A	14	105	55	32	160	4	6	376
B	5	50	60	55	44	2	1	217
C	0	23	19	20	17	1	0	80
D	1	22	9	18	22	1	3	76

Performance Indicators for histology (Wythenshawe)

KPI	Standard	Reference	MFT Value	Comments
Percentage of biopsy results available to the requestor	70% within 7 days 90% within 10 days	RCPath	See figures below	
All histology consultant staff must participate in EQA	All pathologists participate in the national gynaecological pathology EQA scheme	RCPath	All pathologists participate	
Laboratory participates in the UKNEQAS technical EQA	Laboratory participates in the ULNEQAS general cellular pathology technical EQA scheme	NEQAS		

	Specimen reported in 7 days (%)	Specimen reported in 10 days (%)
A	23.4	48.4
B	37.8	61.8
C	15	25.0
D	10.5	23.7

2. Staffing levels

Staffing levels as of 31 March 2022

Department	Staff grade		Comments, Vacancies etc.
Cytology	Consultant (pathologist/biomedical scientist)	8.67	Vacancies 1.9 wte
	Lab manager	1	
	Clinical scientist/pathway manager	1	
	Lead BMS	3	
	Advanced BMS	8.2	Vacancies 2.6
	Specialist BMS	2	Vacancies 1.3
	Trainee BMS	1	Vacancies 1
	Cytology screener	16.4	Vacancies 1.5
	Support:		
	Band 5	1	
	Band 4	7.15	
	Band 2	18	Vacancies 7.6
Virology	Consultant virologist	1	
	Senior biomedical scientist	1	
	Biomedical scientists	2	
	Associate practitioners	1	1 vacancy out to advert
	Medical laboratory assistants (Band 3)	9	
	Medical laboratory assistants (Band 2)	2	

Department	Staff grade		Comments, Vacancies etc.
Histology	Consultant histopathologist (ORC)	7	2 gynae jobs currently advertised (1 recent departure, 1 retirement 30/06/22)
	Consultant histopathologist (Wythenshawe)	3	Each Wythenshawe pathologist includes gynae only as a part of their total scope of work. 5.5 vacancies currently in department
Colposcopy	**ORC**:		
	Consultant gynaecologist/oncologist	14	Incl. 1 locum, 1 working towards reaccreditation, 1 on mat leave with cover
	Nurse colposcopists	5	Incl. 1 trainee, 1 on mat leave
	Junior medical staff	3	3 accredited, 2 training
	Other nursing staff	1	Nurse smear taker (to cover mat leave)
	Admin staff	5	2 members of staff recruited awaiting start date in August, recruitment for 2 further vacancies ongoing
	NMGH:		
	Consultant colposcopists	4	
	Nurse colposcopists	1	3 PAs/week on SLA from NCA – needs replacement in April 2022
	Junior medical staff	1	1 colposcopy trainee
	Other nursing staff	2	Weekly smear clinicians shared by 1 Band 5/1 Band 6
	Admin staff	2	1 colposcopy clerk, 1 receptionist

3. Multidisciplinary team (MDT) meetings and operational meetings

The colposcopy MDT should meet once each month to ensure the timely management of difficult cases and discordant results. Currently, the ORC MDT is still separate from the NMGH MDT due to logistical reasons, but once all histopathology is reported by MFT these will likely merge. Attendance at MDT meetings is recorded. MDT decisions on each case are recorded in patients' medical records and on the laboratory IT system. In 2021/22, monthly meetings were held, all of which had representation from all specialties. Only 56% of the colposcopy team attended the required 50% (or more) of all MDT meetings, but appropriate steps have been taken (time for MDT attendance is incorporated in the job plan, and the meetings are alternating between Wednesday and Friday afternoons) to ensure these figures will increase.

Operational management meetings are held quarterly at ORC and attended by the lead colposcopist, nurse colposcopist, colposcopy clinic coordinator, women's services business manager, lead cytopathologist, lead histopathologist and the deputy cervical screening provider lead to discuss performance, staffing, audits, and incidents. The team meetings at NMGH are also quarterly and usually directly after the colposcopy MDT. Moving forward the colposcopy MDTs are expected to merge over the coming financial year, as current Service Level Agreements for histopathology with the Northern Care Alliance reach an end.

4. Service user satisfaction surveys

The next service user survey for cytology is scheduled to take place September 2022. A colposcopy patient satisfaction survey for the financial year in question has been carried out at NMGH in March 2022 and is currently being analysed by the NMGH audit team; the 2022/23 patient satisfaction survey for ORC colposcopy has been carried out over a six week period in May and June 2022; initially the NMGH team planned to conduct another survey in the same timeframe, but due to a four week IT outage across the NCA IT system, the start had to be delayed to the beginning of July. Moving forward the Colposcopy User Satisfaction Survey will be conducted contemporaneously on both sites, with the aim of reducing variations in care and extending good practice identified on one site to the other site.

The outcomes of all of the above surveys will be included in the six-month interim CSPL report in Autumn 2022.

5. Cervical cancer audit

Completion of the National Cervical cancer audit is an essential part of the role of the cervical screening provider lead. Unfortunately, due to long term sickness of the previous CSPL, there has been a delay in processing the Q3 and Q4 data of 2020/21. Deputy CSPLs were appointed in May 2021 and have since addressed the majority of the backlog. The guideline for the management of the cervical cancer audit including disclosure was also comprehensively updated in line with new national guidance, which also necessitated a process change for determining whether a cervical cancer audit outcome meets the criteria for disclosure/Duty of Candour, which is now a colposcopy MDT decision.

In 2021, 23 patients diagnosed with cervical cancer at MFT have had their CRUK files retrieved. All cases have been registered. Eleven of these cases have had their reviews completed. These cases have been reviewed through the colposcopy MDT. Nine are deemed fit for disclosure. Appropriate communication has been made with patients. Two patients sadly were deceased. Twelve are undergoing reviews and their files were pending MDT discussion at the point of writing this report. Of the 2021 cases, 18 were screen detected, five were symptom-based referrals. Thirteen (56%) of cases were squamous cell carcinoma and seven (30%) were adenocarcinoma. Two cases were of mixed morphology. There was a solitary case of clear cell carcinoma. Eight of the patients were diagnosed with FIGO 1A1 (34%) which was the most common stage.

Ten of the cases diagnosed with cervical cancer at MFT in 2022 have had their CRUK files retrieved. All cases have been registered. The 10 cases are undergoing review and their files were pending MDT review at the point of writing this report.

There has been a completion of backlog of cases from 2020 with appropriate disclosure information now sent to 11 patients.

6. Regional quality assurance site visit

In February 2020 the colposcopy and histology services at MFT received a routine cervical screening quality assurance visit by Public Health England. Some areas of improvement were identified, with key themes around admin structure and support as well as the standardisation of services delivered across a range of sites. A further informal service quality assessment review was carried out in February 2021 – unfortunately in the absence of the CSPL due to long term sick leave – which generated a further eight recommendations.

Of the 54 recommendations outstanding by April 2021, at the point of writing this, 47 have now been formally closed. The remaining seven are long term recommendations; two are relating to the functionality of IT systems, which will hopefully be addressed through implementation of HIVE in September, two require 12/12 data of the current financial year for closure and three can only be successfully addressed through the long-awaited merge of both histopathology labs on one site, accompanied by a successful recruitment drive in histopathology/negotiations with an external Trust.

A full list of outstanding recommendations (including tracking notes) is available on request.

The next QA visit to the Trust has been announced and will take place 14 – 15 March 2023.

Incidents

A total of 24 screening incidents were recorded for 2021/22: 17 for cytology and two for virology. Twelve of the 19 had been successfully closed at the time of writing this report, with the most common themes around data entry errors, incorrect recall interval applied by the laboratory, cracked, or expired sample tubes and retesting of valid negative HPV samples.

Colposcopy reported five incidents, all of which were closed. The main theme here was administrative errors with regard to issuing the correct recall date, and problems around the functionality of the colposcopy software Compuscope. A bespoke training session for the administration team has been delivered in June 2021, and increased staffing levels as well as bespoke training for the new team members will help to avoid similar incidents (note that at the point of writing this, there have been no new admin related SIAF in colposcopy for six months). With regards to the software problems, Compuscope is regionally recognised as quite a problem prone software and the team is looking forward to the implementation of HIVE to find a positive and definite solution to this longstanding problem.

There were no incidents reported in histopathology for the timeframe in question.

There have been difficulties for the CSPL in the past to be consistently aware of all cervical screening incidents within the Trust. This problem has been addressed by implementing an automatic notification process for all screening incidents within the existing incident reporting system in September 2021. An incident log is kept by the CSPL team, which will be regularly monitored for any trends and incident clusters which will help to identify and address recurring risks to the service in the future.

7. Audits

The table below shows the range of audits undertaken across the screening programme in the last financial year:

Audit title	Audit Lead(s)	Audit No.	Timescale	Date completed	Outcomes/Action plan
Use of the cervical loop reporting dataset	Debbie Baishnab / Tom Pilkington		February 2022	June 2022	100% loop reports contained a fully complete dataset, to reaudit after implementation of EPIC
Cervical biopsy coding audit	Tegan Miller / Tom Pilkington		February 2022	June 2022	86% of biopsies accurately coded, to reaudit after implementation of EPIC
Colposcopy biopsy service improvement project	Z Al-Dubbaisi / Rhona McVey / Joe Shaw		02/21 – 05/21	August 2021	Consideration of examining loop biopsies in 8 rather than 4 levels
Outcomes of colposcopy referrals to assess laboratory failsafe	Steve Burrows	9986			Significant compliance achieved
Colposcopy MDT frequency and attendance	B Schaefer / E Dobbin	9950	04/20 – 03/21	July 2021	Significant compliance achieved
Audit of the cervical biopsy rate in women attending colposcopy with a low-grade smear abnormality	U Winters / A Ahamed	9487	January 2021	August 2021	Biopsy rate can safely be reduced
Audit of disclosure of the NHSCSP invasive cervical cancers	U Winters	9935	2018 – 2020	July 2021	Significant compliance achieved
Audit of ‘See and Treat’ LLETZ cases in the colposcopy department	U Winters / J Abiola	9823	06 – 07/21	August 2021	Significant compliance achieved
Proportion of and indication for loop biopsies conducted under general anaesthetic	B Schaefer / S Marsden	Reg with NCA	04/20 – 03/21	June 2021	Significant compliance achieved
Depth of excision of large loop excision of the transformation zone (LLETZ) re-audit	A Astall / A O’Donoghue	9716	09/20 – 12/20	January 2022	Significant compliance achieved

8. Summary

Through great personal commitment and a proactive management approach, the colposcopy team has made great progress in closing outstanding recommendations from the previous QA visit, developing a shared framework of guidelines and SOPs relating to many aspects of the

Trust's cervical screening workload, and successfully addressed the backlog of colposcopy patients caused by the pandemic and the gynaecology service reconfiguration. However, performance and working conditions of all departments are still affected by both of those vents and will need further support to manage these, particularly in view of the upcoming integration of North Manchester General Hospital which will create further pressures in particular on the histopathology department, which is already experiencing significant difficulties due to staff shortages and inadequate estates to work in.

In order to achieve its full potential, the team will need managerial and executive support in 2022/23 with the following issues:

- continue active recruitment and training of administrative staff (particularly in colposcopy) to reduce the number of admin related incidents, increase clinic efficiency and ensure valuable clinician time can be utilised to provide timely, high quality clinical work and leadership
- ensure all team members have easy access to a single, integrated software with bespoke features to facilitate the data collection required for the mandatory quarterly and annual submissions, enabling more efficient data sharing within and between colposcopy services, histology, and cytology
- support in closing any outstanding QA recommendations outside the direct remit of the clinical teams and in the preparation for the upcoming Quality Assurance visit in March 2023
- continue the recruitment effort for cytology and histopathology consultants and BMSs, and expedite the plans for bespoke laboratory facilities, especially a single site histopathology laboratory

Acknowledgement

I would like to thank and acknowledge all clinical leads and team members, who supported me with their specialist expertise in the relevant sections of this report and without whom, I would not have been able to collate this document.

Links to references

Cervical screening HPV testing and cytology services	https://www.gov.uk/government/publications/cervical-screening-laboratory-hpv-testing-and-cytology-services
Cervical screening programme and colposcopy management	https://www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management
BAC	http://www.rcpath.org/resourceLibrary/key-performance-indicators-in-pathology---recommendations-from-the-royal-college-of-pathologists-.html
No. 25	https://www.gov.uk/government/publications/cervical-screenng-programme-standards/cervical-screening-supporting-information
UKNEQAS	http://www.uknewas.org.uk/
QCMD	https://www.qcmd.org/

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MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Nurse
Paper prepared by:	Gail Meers, Corporate Director of Nursing, Quality and Patient Experience Claire Horsefield, Head of Customer Services Brenda Crozier, PALS & Complaints Manager
Date of paper:	November 2022
Subject:	Complaints & PALS Report: Quarter 2, 2022/23
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Assurance with regard to Strategic Aim: *To improve continuously the experience of patients, carers and their families*
Recommendations:	The Board of Directors is asked to note the content of this Q2, 2022/3 Complaints Report and the on-going work of the Corporate and Hospital/MCS/LCO teams, to ensure that MFT is responsive to concerns and complaints raised and learns from patient feedback to continuously improve the patient's experience.
Contact:	Name: Gail Meers, Corporate Director of Nursing, Quality & Patient Experience. Tel: 0161 276 8862

1. Introduction

1.1 This report relates to Patient Advice and Liaison Service (PALS) and Complaint activity across Manchester University NHS Foundation Trust (MFT) during Q2 (Quarter 2, July – September) 2022/23.

1.2 Our aim is to provide timely resolutions when people raise concerns or complaints about their experiences of the care they have received. We aim to remedy the situation as quickly as possible, ensuring the individual is satisfied with the response they receive. Learning from complaints provides a rich source of information to support sustainable change.

1.3 This report provides:

- A summary of activity for Complaints and PALS across the Trust.
- An overview and brief thematic analysis of complaints raised.
- A summary of feedback received through Care Opinion and NHS Websites.
- A summary of improvements achieved, and those planned to ensure learning from complaints is embedded in everyday practice.
- A summary of the Complainants' Satisfaction Survey and planned improvement activity.
- Equality and Diversity information and planned improvement activity.
- Supporting information referred to throughout the report is included at **Appendix 1**.

1.4 The report refers to all Hospitals/Managed Clinical Services (MCS) and Local Care Organisations (LCO) across the MFT Group.

2. An overview of PALS and Complaints activity Q2 2022/23

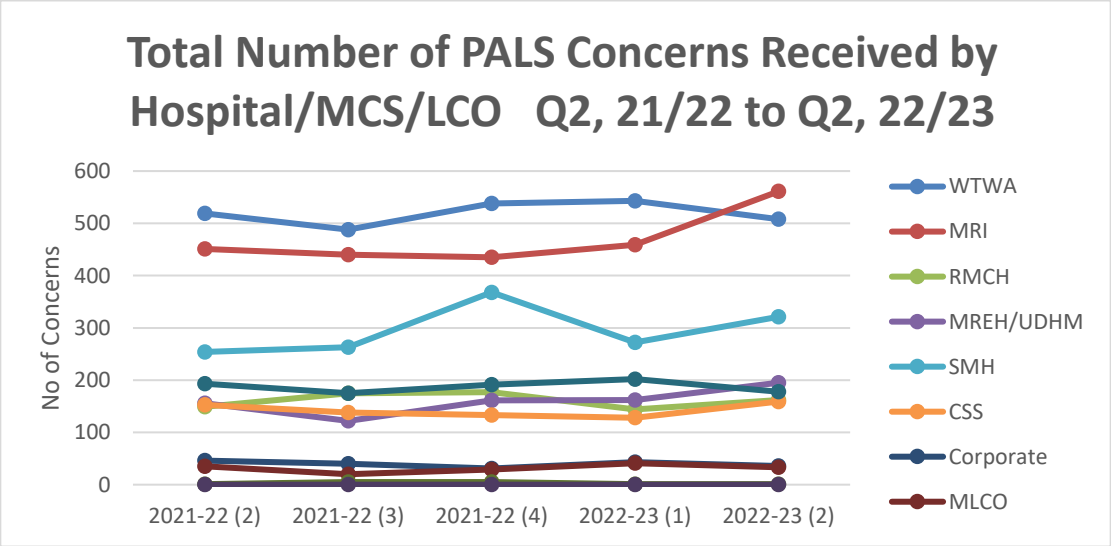
- 2,154 PALS concerns were received in comparison to 1,995 received in the previous quarter. This shows an increase of 10.0% (197) for the same period in Q2, 2021/22.
- 520 new complaints were received in comparison to 437 received in the previous quarter. This shows a marked increase of 18.1% (80) for the same period in Q2, 2021/22[1].
- Of the 520 new complaints received, 169 related to in-patient services. This shows an increase of 33.0% (42) in comparison to 127 received in the previous quarter. Of note, 128 (29.0%) related to inpatient services for the same period in Q2, 21/22.
- Wythenshawe, Trafford, Withington and Altrincham (WTWA) received the greatest number of complaints with 130 being received during this quarter; an increase of 26.2% (27) in comparison to the 103 WTWA received in the previous quarter. Of the 130 complaints received at WTWA there were themes or trends identified.
- 100% of complaints were acknowledged across the Group within three working days; this position was maintained throughout all quarters in 2021/22 and 2202/23.
- The Trust has a target of 90% of complaints to be responded to within an agreed timescale and 88.6% of complaints were responded to within this agreed timescale compared to 91.1% in the previous quarter.
- 53 (10.8%) complaints investigated were upheld, 357 (72.85%) were partially upheld and 62 (12.65%) were not upheld (please refer to Section 5.3).

[1] Contributed to by NMGH joining from 1st April 2021

- The Parliamentary and Health Service Ombudsman (PHSO) closed 0 cases during this quarter and opened 9 cases. Details of the 'open' PHSO cases are set out in **Appendix 1, Table 1**.
- There was a total of 92 re-opened complaints received. This compares to 72, a 28.0% increase compared to the previous quarter.
- 34 virtual or face to face complaint local resolution meetings were held. This compares to 29, a 17.24% increase compared to the previous quarter.

3.0 An overview and brief thematic analysis of PALS and Complaints contacts

3.1 In Q2 the Trust saw an increase in PALS concerns from the previous quarter with 2,154 PALS concerns being received. **Graph 1** below shows the number of concerns received by each Hospital / MCS / LCO each quarter. Manchester Royal Infirmary (MRI) received the greatest number of PALS concerns. Overall, the greatest decrease in PALS concerns was in WTWA with a 6.5% decrease being noted compared to the previous quarter. Further detail is provided in **Table 2, Appendix 1**.

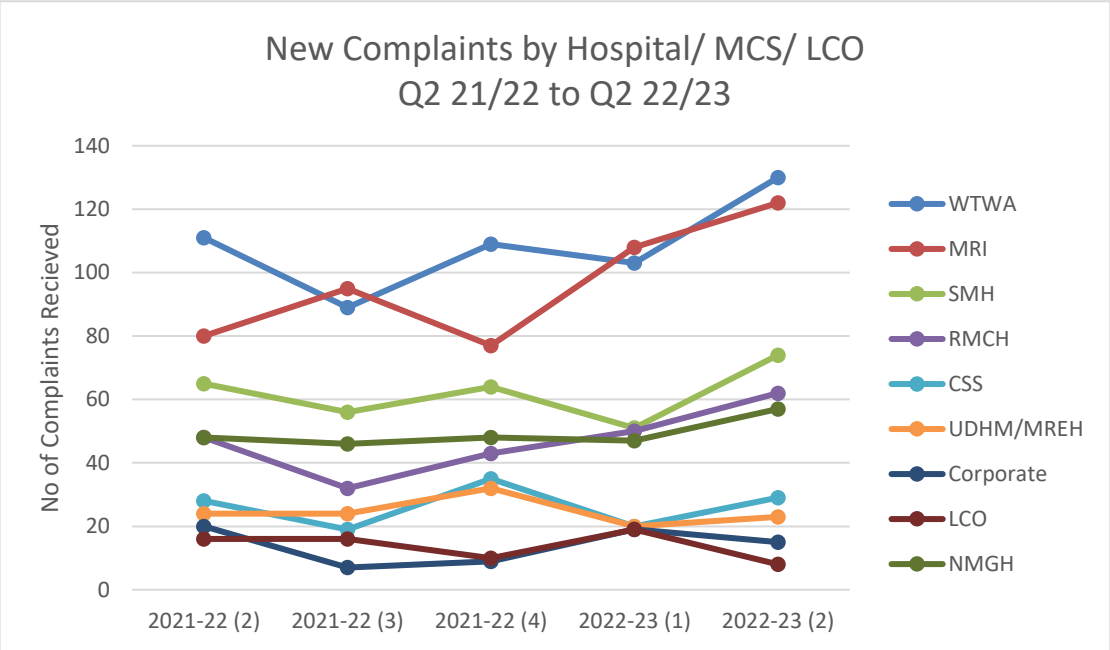


Graph 1: PALS Concerns Received by Hospital/MCS/LCO

3.2 **HIVE**

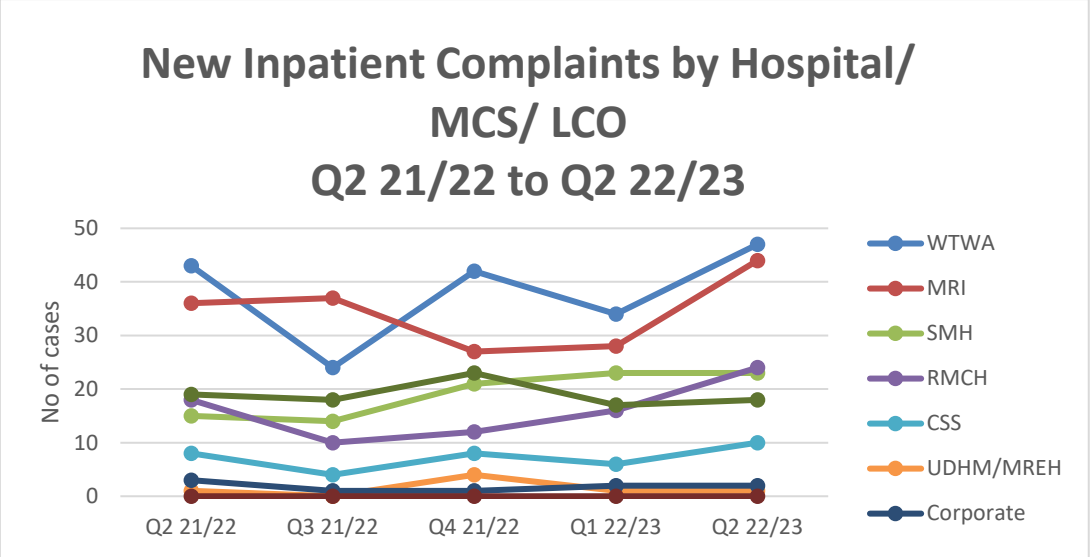
Following 'HIVE Go Live' for the period of 8th September – 30th September 2022 (Q2) PALS received a total of 24 distinct HIVE related concerns. There were no specific themes highlighted and the concerns were a combination of: 'Delayed Medication', 'A&E Waiting Times', 'Delays in Tests being Undertaken' and Delays in Care'.

3.3 As in Q1, 2022/23, the Trust noted a further increase in complaints in Q2 with 520 new complaints being received. **Graph 2** below shows the number of complaints received by each Hospital / MCS / LCO each quarter. WTWA received the greatest number of complaints. Further detail is provided in **Table 3**, **Appendix 1**.

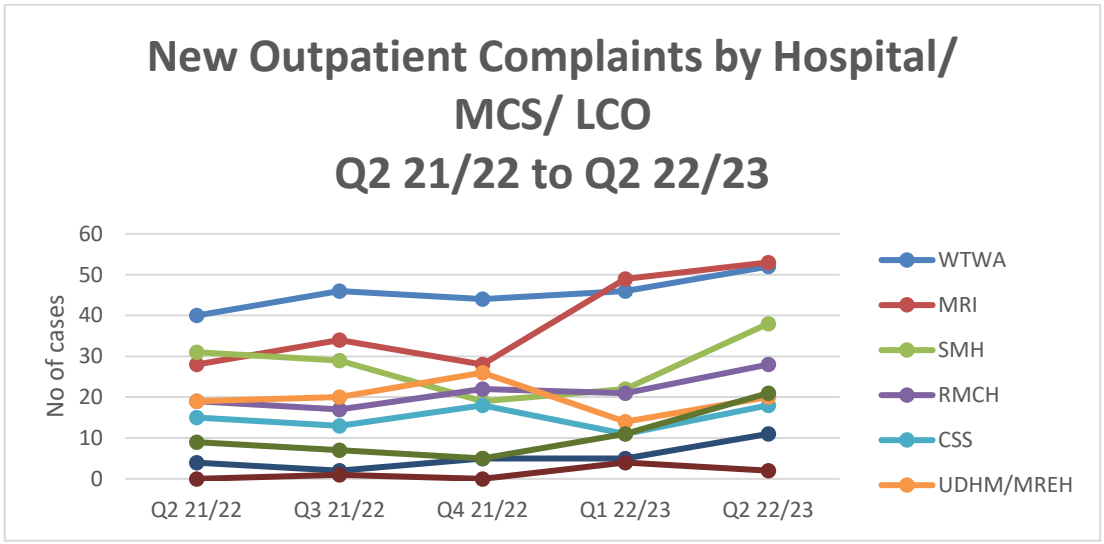


Graph 2: New Complaints Received by Hospital/MCS/LCO

3.4 **Graphs 3 and 4** illustrate the number of new complaints relating to inpatient and outpatient services during Q2 2021/22 – Q2 2022/23. Overall, the greatest increase in complaints relates to out-patient services, however, there was also a marked increase for in-patient services. Of the 520 new complaints received 32.5% related to in-patient services.



Graph 3: Number of new complaints relating to inpatient services by Hospital/MCS/LCO



Graph 4: Number of new complaints relating to outpatient services by Hospital/MCS/LCO

3.5 Under the NHS Complaints Regulations (2009) there is a requirement that all new complaints are acknowledged within three working days of receipt of the complaint, MFT are committed to achieving this in 100% of cases. The Trust met this indicator, **Appendix 1, Table 4** demonstrates the complaints acknowledgment performance.

4.0 Complaints resolved within agreed timescales

4.1 Against the trust target of 90%, the trust achieved closure of 88.6% of complaints within the agreed timescale representing a slight decrease in comparison to the previous quarter, **Appendix 1**, **Table 5** provides the comparison of complaints resolved within agreed timeframe during the last five quarters.

4.2 The oldest complaint case closed during Q2 was registered within WTWA on 8th November 2021 and was 195 days old when it closed on 26th August 2022. The complaint involved a serious incident high-level investigation, which impacted on the

Trust's overall response time. The complainant was kept updated and was fully supported throughout this process.

4.3 The oldest complaint case open at the end of Q2 22/23 at 115 days old was within Saint Mary's Hospital (SMH). The complaint involved a midwifery care review following the death of a baby. The complainant was kept updated and fully supported throughout the process.

5.0 Outcomes from Complaint Investigations

5.1 All NHS organisations and those delivering NHS services are required to submit quarterly returns to NHS Digital. The Hospital and Community Health Services Complaints Collection (KO41a) has been accepted by the Standardisation Committee for Care Information (SCCI) and is now mandatory. The information obtained from the KO41a collection monitors written hospital and community health service complaints received by the NHS. It also supports the commitment to ensure both equity and excellence are key drivers to improve the patient experience and provide opportunity to listen to the public voice.

5.2 Often complaints relate to more than one issue. In conjunction with the Hospital/ MCS/LCO investigating teams, the Corporate Complaints team review each of the issues raised to determine what happened. If failings are found in all the issues raised, and substantive evidence (evidence based on which a fact is proven) is identified to support the complaint, then the complaint is recorded as fully upheld. If failings are found in one or more of the issues, but not all, the complaint is recorded as partially upheld. Where there is no evidence to support any aspects of the complaint made, the complaint is recorded as not upheld.

5.3 During Q2, 53 (11%) of the complaints investigated and responded to were fully upheld, 357 (73%) were partially upheld and 62 (12.6%) were not upheld. **Appendix 1, Table 6** demonstrates the outcome status of all complaints between Q2 2020/21 and Q2 2022/23.

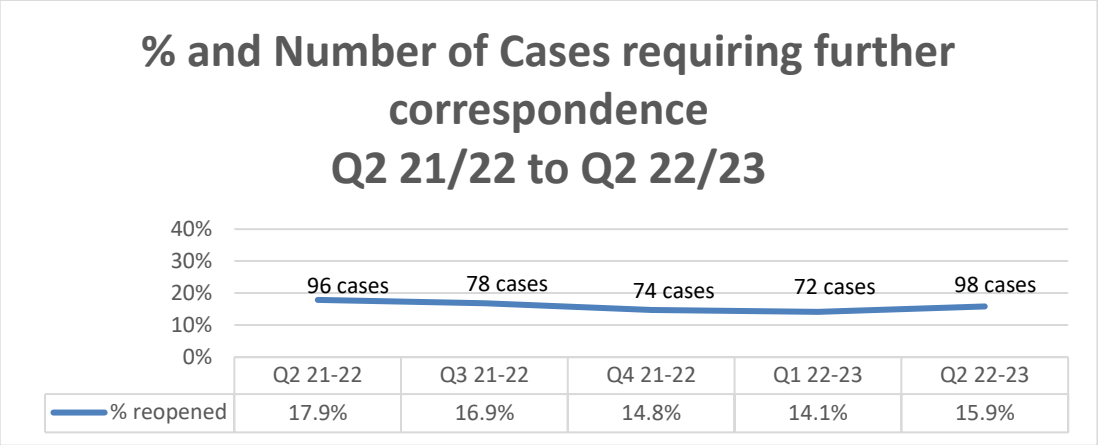
6.0 Re-opened complaints

6.1 A complaint is considered 're-opened' if any of the following categories can be applied:

- Where there is a request for a local resolution meeting following receipt of the written response.
- When new questions are raised following information provided within the original complaint response.
- The complaint response did not address all issues satisfactorily.
- The complainant expresses dissatisfaction with the response.

6.2 The number of re-opened complaints is used as a proxy indicator to measure the quality of the initial response. During Q2, 15.9% of complaints were reopened (98 cases in total) against the Trust tolerance threshold of 20%. In the previous quarter, 14.1% of complaints were reopened (72 cases in total).

6.3 **Graph 5** demonstrates the number of complaints re-opened from Q2 2021/22 – Q2 2022/23. **Appendix 1, Table 7** provides an overview of the primary reasons for the complaint being re-opened by Hospital/MCS/LCO during Q2.



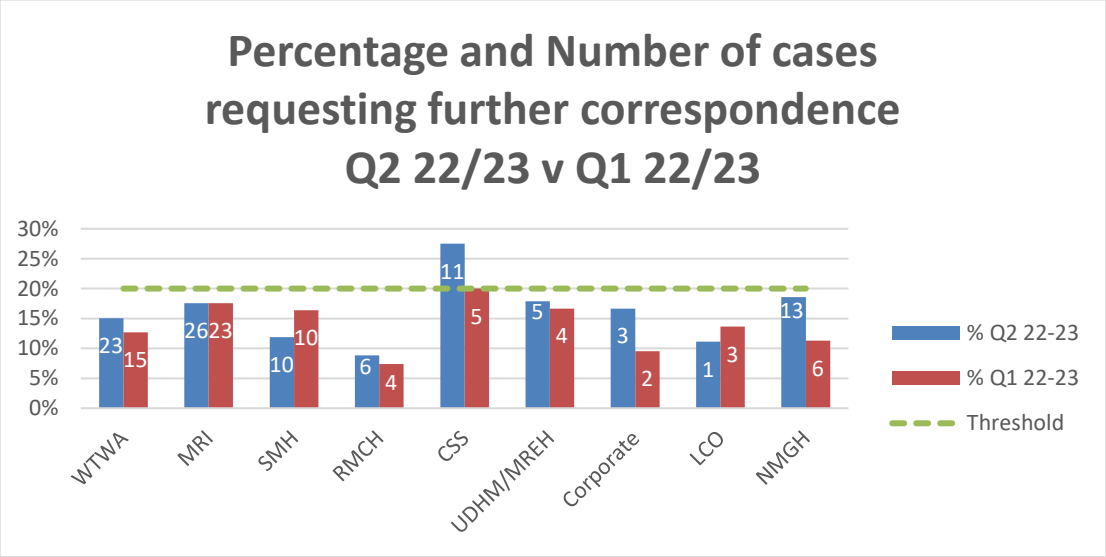
Graph 5: Total Re-opened complaints Quarter 2, 2021/22 to Quarter 2, 2022/23

6.4 In 29 of the 98 complaints requiring re-opening, the primary reason was due to the complainant being 'dissatisfied with the response', with WTWA and MRI receiving the greatest number, 11 and 7 respectively.

6.5 The 20% threshold was exceeded by Clinical Scientific Services (CSS) at 27.5% **(Graph 6).**

6.6 Small fluctuations in the total number of complaints received in a Hospital/MCS/LCO or Corporate Services can result in large percentage changes for those areas where the overall number of complaints are low, which is the case for CSS, University Dental Hospital Manchester/Manchester Royal Eye Hospital (UDHM/MREH), Corporate Services and the LCO.

6.7 The Corporate Complaints team letter writing training programme continues to support improvements in the content and quality of responses with a review to ensuring that the complainant's concerns are fully answered in the first response.

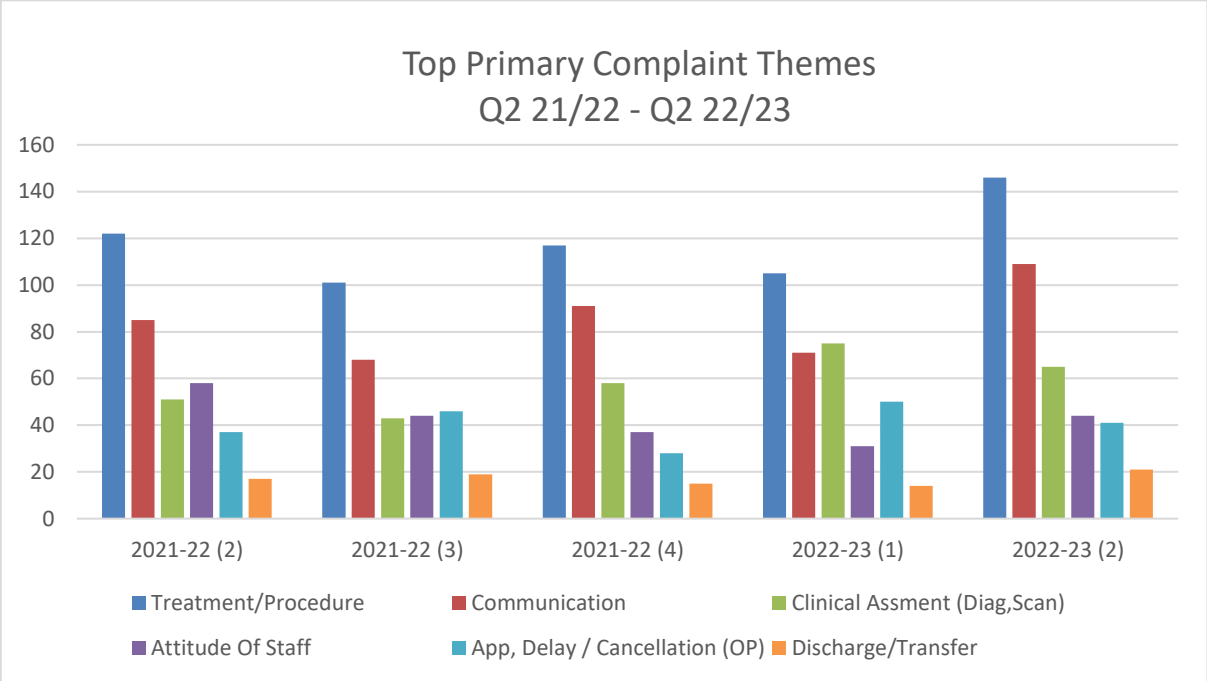


Graph 6: Percentage and number of re-opened complaints, Quarter 2, 2022/23

7.0 Brief thematic overview of complaints

7.1 The opportunity to learn from complaints is an effective way of improving patient care and experience. By applying categorisation and theming to the complaints received, the teams work to improve the quality of care where themes emerge, or where practice is identified as requiring improvement.

7.2 During Q2, the top 5 primary categories remained unchanged with 'Treatment/ Procedure' remaining the top category **(Graph 7)**.

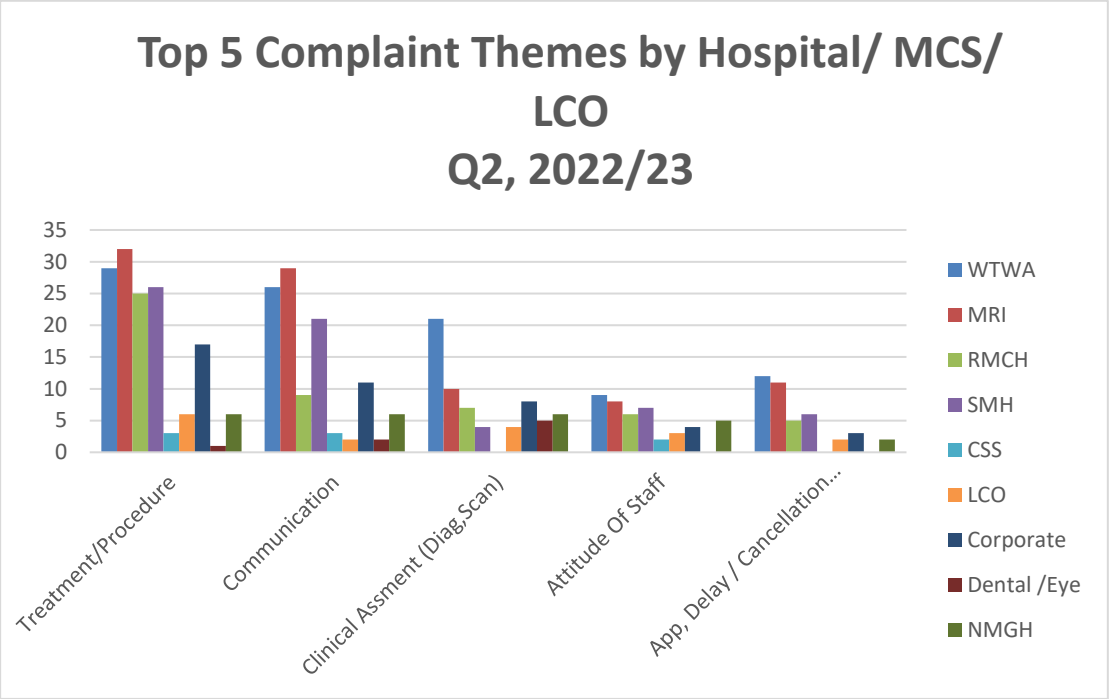


Graph 7: Top Primary Complaint Themes Q2, 2021/22 to Q2, 2022/23

7.3 MRI received the most complaints relating to 'Treatment/Procedure', some examples include:

- a patient unhappy with the overall medical care and treatment received and lack of communication between the different specialties caring for the patient.
- a patient experiencing a lengthy delay in treatment due to the doctor not undertaking appropriate investigations.
- a patient experiencing a delay in endoscopic management (biliary drainage).
- a patient experiencing a delay in receiving treatment for respiratory distress.

7.4 **Graph 8** below shows the distribution of the top 5 themes by Hospital/MCS/LCO in Q2 2022/23.



Graph 8 Top 5 themes by Hospital/MCS/LCO in Q2 2022/23

8.0 Care Opinion and NHS Website feedback

8.1 The Care Opinion and NHS Websites are independent healthcare feedback websites whose objective is to promote honest and meaningful conversations about the patient experience between patients, and people who provide health services.

8.2 All NHS Website and Care Opinion comments are received by the Patient Experience Team (PET) and shared with the relevant Hospital/MCS/LCO. Responses are required for publication within 5 working days. Designated senior staff within each Hospital/MCS/LCO review the comments and provide a response for publication. **Table 9** below provides examples of the feedback received and the subsequent responses posted on Care Opinion and NHS Website during Q2.

Quarter 2, 2022/23
Wythenshawe Hospital – multiple departments
"Excellent patient care" I came for a mastectomy after having breast cancer twice and was extremely nervous about the procedure. From going into the Admissions Lounge, meeting the anaesthetist, surgeon etc, walking to theatre, waking in the recovery room and being moved to F4, every member of staff reassured me and kept me calm. Every step of the process was explained to me and if I got upset, I wasn't made to feel I was being silly. They were there with kind words, a hand on my shoulder and at times a hug or two. I was lucky to go home the same day, however if I hadn't, I would have been comfortable enough to stay. Which considering my anxiety is a major compliment.
Response

Thank you for leaving your positive comments about several departments within Wythenshawe Hospital. It is great to hear that staff on both F4 and Theatres provided you with reassurances and took the time to explain each step of care being delivered. Also, it is wonderful to hear that you breast care nurse made you feel at ease and well supported. We will pass your positive comments on to the Head of Nursing, so they can cascade your comments to the relevant areas. We wish you a speedy recovery.

North Manchester General Hospital

"Bad service"
They gave me an appointment and I had to take three buses to reach the hospital because I don't have a car. My appointment was cancelled whilst I was on my way and was almost there. She just said sorry with no convincing excuse and ended my call before I finished speaking.

Response

Thank you for sharing your experience when you were due to attend an out-patient appointment at North Manchester General Hospital and we are very sorry that your appointment was cancelled at such short notice. We apologise for the short notice and fully understand why this was a concern for you and caused you distress. Unfortunately, there are occasions when clinic appointments are cancelled at very short notice, and this is usually due to circumstances such as short notice sickness. I am sorry that the staff member who contacted you did not fully listen to your concerns, this is not the standard of communication that we expect, and we apologise that you experienced this. From the available information it is unclear if a further appointment has been made for you, if you would like the opportunity to discuss with a member of the clinical team, please do not hesitate to contact Patient Advice and Liaison Service (PALS) on 0161 276 8686 or by e-mailing pals@mft.nhs.uk and they can liaise with the clinical team on your behalf.

Manchester Royal Infirmary – Hathersage Centre

"Decent nurses and staff but hard to get through"
Honestly, it's the first time I've seen a practice where it's impossible to get through on the phone most times or to book an appointment. The nurses/staff in person are overall quite friendly and professional but it's the rest of the process (booking, lack of appointment slot availability, and extra-long wait (two+ weeks) for getting test results, that make the experience horrible and one's better off going privately when panicking over an STI scare.

Response

Thank you for your comments which we welcome as an opportunity to learn, reflect and evaluate our services. I am sorry to hear about your experience when accessing our service. We do acknowledge that often the demand on our services can often outweigh our capacity and are looking at ways that we can provide more appointments going forward. We are pleased that your experience with our nursing staff was so positive.

Royal Manchester Children's Hospital – A&E and Ward 76

“Great practice”
I came into Children’s A & E for a second opinion as I had a bad experience at another hospital. My 4-year-old daughter had fell in dirt and there was glass around where she had fallen. The cuts were deep and left uncleaned; the doctors were so good with my daughter and so thorough with looking at the wound, checking how her hand was moving. A plan of action was made. She went in as a day case the following morning to Ward 76 for them to put her under anaesthetic so they could check there was no damage they hadn’t been able to see. They gave it a good clean out and a stitch. All the staff on this ward were also fantastic with my daughter. Thank you to everyone who helped with her care you were all so professional and helpful.

Response

Thank you for taking the time to leave feedback about your experience at Royal Manchester Children's Hospital. From thorough treatment and cleaning of the wound, to keeping you informed about the next steps in your daughter's care, it is great to hear your praise for both A&E and Ward 76. We will pass your comments onto both departments. We hope your daughter is recovering well after her visit.

Manchester Royal Eye Hospital – Emergency Eye Department

I was sent to the Emergency clinic at the REH today by the advanced practitioner at my GP surgery. I was seen by an extremely knowledgeable and professional Nurse Practitioner who examined me and explained I had been wrongly diagnosed by my surgery. She explained everything to me, explaining what my condition actually was, recommending I bought preparations over the counter as they were cheaper than prescription. I was seen in a timely manner. The nurse couldn't have been more professional, knowledgeable or helpful.

Response

Thank you for taking the time to leave positive comments regarding your experience at Manchester Royal Eye Hospital. We are glad to hear you received the correct diagnosis upon attending the hospital after assessment by one of our Nurse Practitioners. Furthermore, we are pleased to hear you were seen in a timely manner and everything about your care was explained in detail. We will pass your comments onto the Head of Nursing for the Emergency Eye Department so they can feedback your positive comments onto the team.

Wythenshawe Hospital – Emergency Department

“Unnecessary and distressing experience!!”
On the advice of her dentist and with a covering letter explaining that she was in severe pain from an abscess, which she had been prescribed two courses of antibiotics, with no effect, I took my wife to A&E. We were met by the meet and greet nurse who explained because the dentist had not referred her through the system she would need to book-in at reception. She advised me that to her knowledge the department that would treat my wife did indeed extract teeth. After booking in we waited for approximately 1.5 hours to see the triage nurse who after having a telephone conversation with another department, informed my wife that the hospital did not treat dental cases. Our dentist has confirmed that she has referred other patients to Wythenshawe Hospital for treatment. There is clearly a conflict of understanding between the members of staff that were involved from Greet, Booking-in and Triage, which needs investigation.

Response
Thank you for raising this concern with us. Wythenshawe Hospital does have a Maxillofacial service which your dentist may have referred patients to in the past, however this is not a Dental service and the meet and greet nurse you describe is unfortunately not able to refer patients with dental problems to the Maxillofacial Surgeons. I am sorry that this was not explained to you on arrival and you had a long wait to see the Triage Nurse who obviously tried to see if the Maxillofacial team would be able to see your wife. I am pleased to hear that you found the staff to be courteous and kind. We will share your concern with the team for their learning. I do hope your wife has been able to seek dental assistance and is improving. If you would like to discuss this with us in more detail, please feel free to contact our Patient Advice and Liaison Service on 0161 276 8686 or by e-mailing pals@mft.nhs.uk.

Table 9: Examples of Care Opinion/ NHS Website Postings and Reponses Q2 2021/22

8.3 This quarter a total of 47 comments were received via the websites, of which 30 (64%) were positive, 16 were negative (34%) and 1 was mixed (2%). The number of Care Opinion and NHS Website comments by category; 'positive', 'negative', and 'mixed', are detailed in **Appendix 1**, **Table 9.**

9.0 Learning from Complaints

9.1 This section of the report provides examples of improvements made in response to feedback from complaints. Further detail is provided in Section 10, which outlines the opportunities being explored to support learning and transformation through shared vision, and positive change through open dialogue and reflection.

9.2 Patient complaints offer intelligence that can be used to change practice and improve patient experience and outcomes. Whilst the focus on the performance of managing and responding to complaints is key it is also important that there is a clear intent to ensure that learning from the outcomes of complaints is shared, and improvements are acted upon and disseminated widely to improve patient experience.

9.3 During Q2 2022/23 in response to the focus on 'HIVE go LIVE', a decision was made to stand down July, August, and September's MFT Complaints Review Scrutiny Group (CRSG). Resumption of the meetings is planned for Q3, 2022/23.

10.0 Hospital /MCS/ LCO Learning from complaints

10.1 Each Hospital/ MCS/ LCO holds regular forums where themes, trends relating to complaints are discussed with focused actions agreed for improvement.

10.2 Detailed below, in **Table 10,** are some examples of how learning from complaints has led to changes that have been applied in practice.

Hospital / MCS / LCO	Reason for complaint	Action Taken

LCO	Concerns received regarding a family being unhappy with the level of care their father received and the provision of catheter equipment.	As part of the daily Safety Huddle all staff are to review in advance of visiting patients at home that all necessary catheter equipment is available. Staff to ensure: • that were appropriate patients are registered with the Continence service and provided with the necessary support for the ordering of equipment. Action to form part of the department's newly developed staff induction. • Staff to ensure a supply of catheter equipment available within their vehicles. • Staff to ensure clear communication channels at all times with patients and family members to ensure they are fully appraised of all actions taken by the team.
MREH	Concerns relating to disregard and agitated behaviour being shown by a staff member during a patient's outpatient consultation. Concern raised in relation to information provided within clinic letter received by patient's GP not reflecting the discussion held at the outpatient appointment.	Patient provided with a follow-up appointment with a different member of staff. Complaint discussed with the member of staff and supported in reflecting on the events leading up to the complaint and methods discussed for the taking of patient's history including listening to patient's concerns. A letter was sent to the patient's GP reflecting the discussion at the follow-up consultation, explaining the inaccuracies and omissions in the original letter.
UDHM	Concerns regarding the patient's personal information not being up to date on the system and reception staff not providing detailed explanations regarding appointment timeframes. Difficulties contacting the secretarial team and not receiving return calls.	Refresher training provided to all reception staff. All staff reminded of the importance of clear communication with patients and robust process put in place for staff members who are due to return a patient's call however are unexpectedly absent from work.

CSS (Imaging)	Concerns raised regarding lack of explanation from the sonographer during the patient's appointments and repeat reference to the patient's weight. Patient requested to be seen by another Sonographer at the next appointment.	All sonographers reminded of the importance of ensuring clear verbal communication with patients. Patient seen by a different sonographer at future appointments.
NMGH	Concerns regarding the waiting time in A&E and a delay in the patient being admitted.	Direct Referral and Admissions process shared with the patient and apology provided regarding the long wait to be seen and the delay in being admitted.
RMCH	Parent raised concerns in relation to her child's care at the MRI and RMCH in terms of his unique needs and pathway for planned surgery. The patient, who is a paediatric size of 5 years old has a need for the smallest paediatric equipment. Parent feels that the current pathway moulds the patient into an unsafe adult environment. Parent queried the lack of appropriately sized equipment (intubation, BP cuffs, height measuring equipment) in the adult hospital and enquired what plans RMCH had in place to ensure that this equipment is available in the future? Request for a robust time-critical safe plan be put in place for any emergency admissions to A&E and an updated health passport.	Communication to all senior MRI nursing teams informing them on how to access equipment should the patient be admitted to the MRI adult services. A joint meeting between MRI and RMCH senior leadership teams to ensure the patient has a clear plan in place with regards to emergency attendances, inpatient admissions and outpatient appointments. A note added to the patient's electronic record to alert MRI A&E staff should the patient attend. An updated health passport agreed and uploaded to the electronic patient record.
MRI (OCS)	Concerns regarding a patient's clinic letter being sent to an address previously associated to a GP twenty years ago, which was now a private residence.	All reception staff reminded of the importance of ensuring all patient GP details are reviewed and correct at each outpatient attendance.

		As a direct result of the complaint all receptionists will ensure GP details of the patients are reviewed when booking patients into their appointments. Process incorporated into induction programme for new staff members.
SMH (Obstetrics)	A number of complaints raised in respect of the management of women using the birthing pool.	New signage erected outlining the criteria for patients wishing to utilise the birthing pool. The Procedure for the Emergency Evacuation of a Patient from the Birthing Pool in the event of emergency shared further with all staff Additionally all staff to be aware of the allocation of a staff member during each shift to co-ordinate emergency evacuation.

Table 10: Examples of the application of learning from complaints to improve services, Q1 2022/23

11.0 Quality Improvements during Q2 2022/23 included:

11.1 Complaints Review Scrutiny Group (CRSG)

11.2.1 To assist with CRSG lending itself to improve patient experience, work continued throughout Q2 finalising the proposed quality improvements. In line with the improvements to the CRSG, the Terms of Reference have been updated, a Standard Operating Procedure developed and implemented, and data parameters agreed and set.

11.2 In house E-Learning Customer Service – Module 2, PALS and Complaint's package

11.2.1 Quality assurance checks, technical tests and ratification are planned during the early part of Q3 with the aim of launching the learning package on the Trust's learning platform in the latter stages of Q3, 2022/23.

11.3 Relocation of North Manchester General Hospital Corporate PALS office

The renovation and re-location of the PALS office in the previously known 'Swan Suite', was completed in Q2. The new office space is much larger accommodation than the old PALS office providing easier to use and access of services for all people. The new office now provides a private meeting room for

patients wishing to meet and talk confidentially with a member of the PALS team.

12.0 HIVE

12.1 Implementation of HIVE

In order to monitor and highlight any areas of concern presented to PALS during the implementation and launch of the Trust's major clinical transformation programme Hive, during Q2 the PALS team provided an extended PALS service to its patients, service user and Hospitals/MSCs/LCO. Their main aim was to provide timely support and advice to patients, patient's families/friends and an hourly thematic overview of Hive concerns received to the Trust's Corporate Hive Command Centre. The PALS extended service was provided throughout the first three week of the launch, seven days a week and manned 08:00 -19:00 hours.

13.0 Education

13.1 PALS and Complaints Training

13.1.2 During Q2, 2022/3 the Patient Services Manager and the Complaints Manager delivered a newly developed 'bespoke' complaints investigation training session to staff within the Local Care Organisation (LCO). This training will continue to be delivered to other teams involved in complaint investigation within the LCO during Q3 & Q4 and it is planned that upon completion this training be rolled out across all sites.

13.1.3 During Q2, 2022/3 the Corporate Complaints Team Leaders delivered a further two sessions of the letter writing training programme for those staff who wish to improve their complaint response writing skills. In addition to this the team also facilitated three PALS and Complaints Working in Practice training sessions as part of the ongoing raising awareness of PALS and Complaints.

14.0 Complainant's Satisfaction Survey

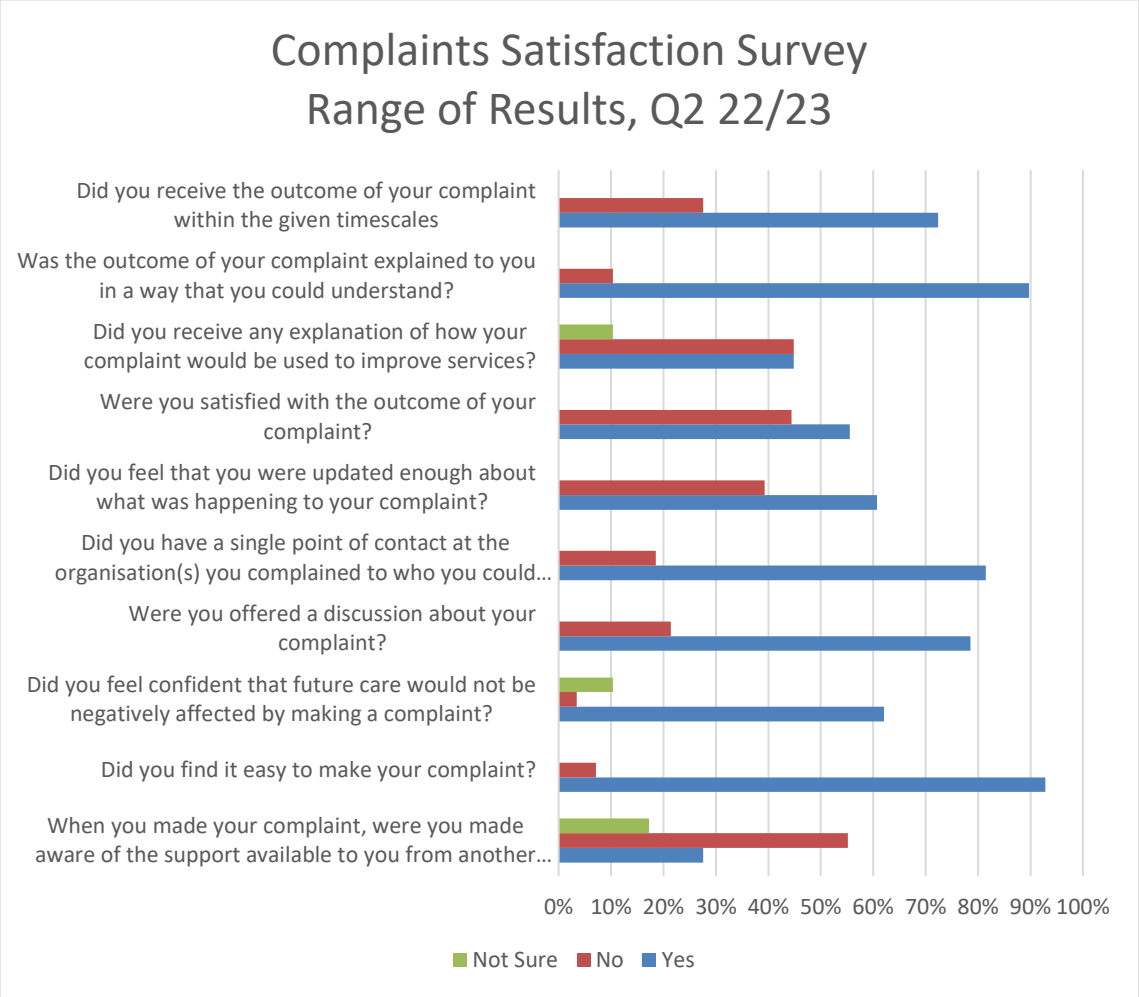
14.1 Understanding the experience of the complainant during and after a complaint investigation is considered good practice. By asking the complainant about their experiences about the quality of the services they have received, the Trust can use this feedback to make changes and improve our processes and procedures.

14.2 In Q2, 175 surveys, based on the 'My Expectations' paper, was distributed to complainants across all MFT Hospital's/MCS's/LCO at the closure of the complaint. As in previous quarters, collection of these surveys remains inconsistent and extremely low, with only 29 questionnaires being returned, the results are shown in **Graph 9** below. It was anticipated that the implementation of the online approach during Q1

would have shown an increase in returns, however, due to administration vacancies, the number distributed was much lower than in previous quarters.

14.3 It is important to note that due to the low response rate of 29, each answer attributes to a 3.4% score within the survey.

14.4 There has been a slight decrease in Q2, 22/23 in the number of complainants reporting they received the outcome of their complaint within the given timescales, which correlates with the slight decrease noted in complaints closed within the agreed timescale.



Graph 11: Complaints Satisfaction Survey results for Q2 2021/22

14.5 The following are examples of feedback from complainants. Comments received during Q2 2022/23 include the following:

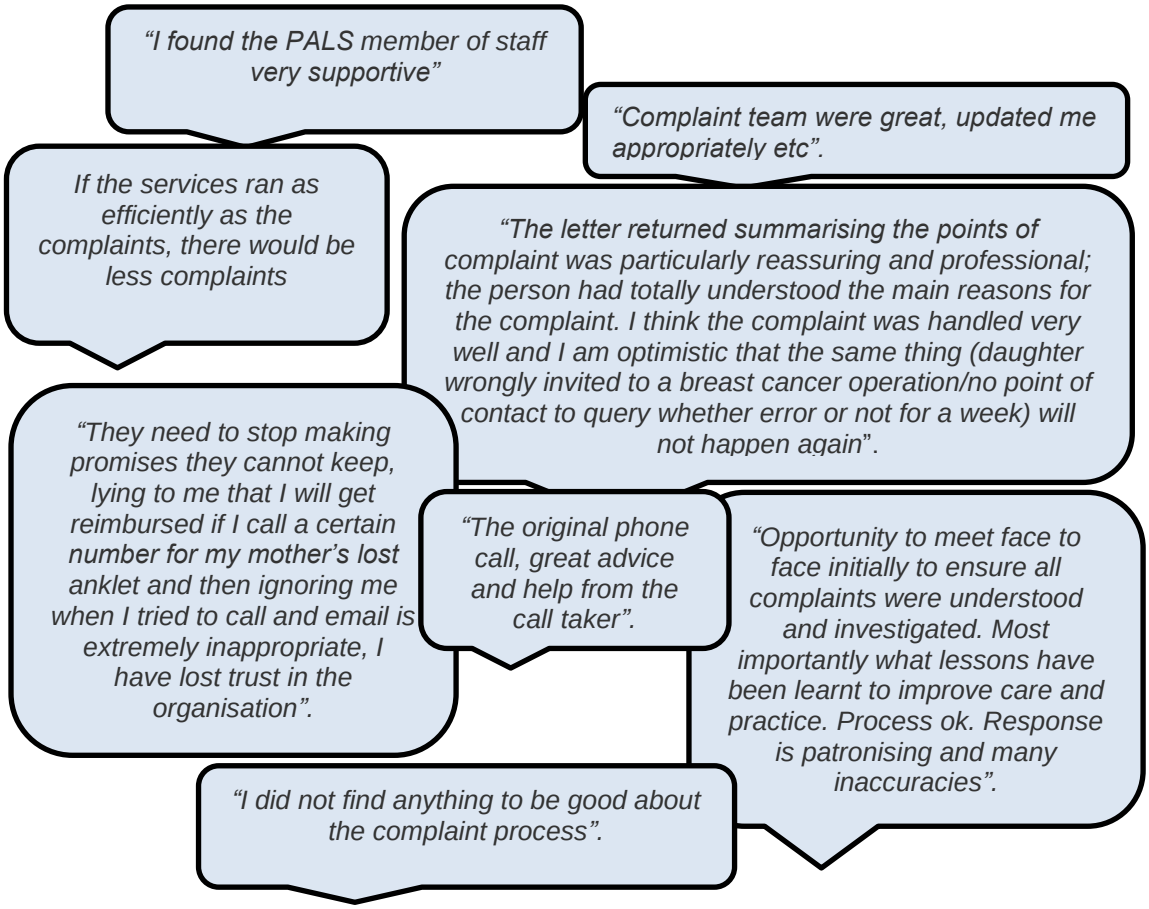
"More taking of responsibility"!

"The final investigation letter was detailed and gave some reassurance that we were not being fobbed off.

Offering a simple apology can make the difference that a patient and family need to hear".

"The person carrying out the complaint could have called me on the telephone for my version as the hospital version was not totally correct".

"I received a very prompt reply and a prompt response to my complaint, but I do think if my conversation with the organisation I complained about was listened to, then some action would have been taken".



15.0 Continuing Planned Improvements

15.1 Continued areas for improvement and development during Q3, 22/23 and throughout 2022/2023, include:

- Launch of the PALS and Complaints Customer Service Advanced e-learning package
- 'Ask, Listen, Do' commitment - Improving the experiences of people with a learning disability, autism or both when using the Trust's PALS and Complaints service
- Heightening of PALS and Complaints training across Hospitals/MCSs/LCO
- Optimising learning from Complaints via Quality and Patient Experience Forum
- Optimising learning from Complaints via Education
- Enhancement of collection of Complaints Satisfaction Surveys and active sharing of learning
- Exploration of the introduction of a PHSO/complaints 'upheld' Learning Sub-Group'
- Development of dedicated PALS Volunteer role
- Enhancement of collection of Equality and Diversity data
- Development of a 'third party' Ulysses report
- Advanced telephone system
- Affina – staff development programme

16.0 Equality and Diversity Monitoring Information

16.1 The collection of equality and diversity data is shown in **Appendix 1, Table 15**. As in previous quarters, collection of this information remains inconsistent.

16.2 Evidence of the ongoing need to improve reporting on the collection of Equality and Diversity Monitoring Information continues to be demonstrated

16.3 Ways of improving the collection of this data will continue to be explored in Q3 and throughout 2022/23.

17.0 Conclusion and recommendations

17.1 This report provides a concise review of matters relating to Complaints and PALS during Q2, 2022/3. Opportunities for learning and service improvement have continued to be identified, and this report has provided highlights of where this has and will take place.

17.2 The Board of Directors are asked to note the content of this Q2, 2022/3 Complaints Report and the on-going work of the Corporate and Hospital/MCS/LCO teams, to ensure that MFT is responsive to concerns and complaints raised and learns from patient feedback to continuously improve the patient's experience.

Appendix 1 – Supporting information

Table 1: Overview of cases open at the PHSO as of 30th September 2022

Hospital/ MCS/ LCO	Cases/s	PHSO Investigation Progress
MRI (7)		
Cardiovascular Specialty	1	Awaiting Final Report
Cardiovascular Specialty	1	Awaiting Provisional Report
GI Medicine & Surgery	1	Awaiting Provisional Report
In-Patient Medical Specialties	1	Awaiting Provisional Report
Emergency Assessment & Access	1	Scoping
Cardiovascular Specialty	2	Scoping
WTWA (5)		
Medicine (Medical Specialties)	2	Scoping
Surgery (Orthopaedics)	1	PHSO request for Early Resolution
Surgery (Orthopaedics)	1	Awaiting PHSO to re-issue Provision Views
Medicine (Urgent Care)	1	Awaiting Provisional Report
RMCH (3)		
CAMHS	1	Final Report received, partially upheld, two actions to complete by 7/10/22 and 3/12/22
CAMHS	1	Awaiting amendments s to scope
Complex Medicine	1	Scoping
SMH (1)		
Obstetrics	1	Awaiting Provisional Report
Gynaecology	1	Awaiting Provisional Report
CSS (0)		
UDHM (2)		
Dental	2	Scoping
TOTAL	**19**	

Table 2: Number of PALS concerns received by Hospital/ MCS / LCO Q2 2021/22 – Q2 2022/23

	Q2,21/22	Q3, 21/22	Q4, 21/22	Q1, 22/23	Q2,22/23
WTWA	519	488	538	543	508
MRI	451	440	435	459	561
RMCH	149	175	177	144	162
UDHM/MREH	156	122	161	162	195
SMH	254	263	368	272	321
CSS	153	138	133	128	159
Corporate	46	40	31	43	36
LCO	35	20	29	41	33
Research & Innovation	1	5	5	1	1
NMGH	193	175	191	202	178

Grand Total	**1957**	**1866**	**2068**	**1995**	**2154**

Table 3: Number of Complaints received by Hospital/ MCS / LCO Q2 2021/22 – Q2 2022/23

	2021/22 (2)	2021/22 (3)	2021/22 (4)	2022/3 (1)	2022/3 (2)
WTWA	111	89	109	103	130
MRI	80	95	77	108	122
SMH	65	56	64	51	74
RMCH	48	32	43	50	62
CSS	28	19	35	20	29
UDHM/MREH	24	24	32	20	23
Corporate	20	7	9	19	15
LCO	16	16	10	19	8
NMGH	48	46	48	47	57
Grand Total	**440**	**384**	**427**	**437**	**520**

Table 4: Complaints Acknowledgement Performance

3 Day Target	Q2, 21/22	Q3, 21/22	Q4, 21/22	Q1, 22/23	Q2, 22/23
100% acknowledgement	100%	100%	100%	100%	100%

Table 5: Comparison of complaints resolved by timeframe: Q2 2021/22 – Q2 2022/23

	Q2,21/22	Q3,21/22	Q4,21/22	Q1,21/22	Q2,22/23
Resolved in 0-25 days	295	329	287	299	347
Resolved in 26-40 days	55	49	34	41	53
Resolved in 41+ days	75	103	57	77	90
Total resolved	**425**	**481**	**378**	**417**	**490**
Total resolved in timescale	**320**	**371**	**342**	**380**	**434**
% Resolved in agreed timescale	**75.3%**	**77.1%**	**90.5%**	**91.1%**	**88.6%**

Table 6: Outcome of Complaints, Q2 2021/22 – Q2 2022/23

Number of Closed Complaints		Upheld	Partially Upheld	Not Upheld	Information Request	Consent Not Received	Complaint Withdrawn	Out of Time
Q2,21/22	440	48	274	83	6	7	5	0
Q3,21/22	384	53	339	75	9	4	0	2
Q4,21/22	427	42	243	74	13	5	1	0
Q1,22/23	437	42	283	76	10	5	0	0
Q2,22/23	520	53	357	62	6	9	2	1

Table 7: Re-opened Complaints by Hospital/MCS/LCO Q2 2022/23

	Request for local resolution meeting	New questions raised as a result of information provided	Response did not address all issues	Dissatisfied with response	TOTAL
WTWA	2	2	8	11	23
MRI	3	8	5	7	23
SMH	0	1	3	2	6
CSS	2	2	3	3	10
RMCH	1	0	5	0	6
UDHM/MREH	1	0	1	3	5
Corporate	0	0	2	0	2
LCO	0	1	0	0	1
NMGH	1	1	8	3	13
Grand Total	**10**	**15**	**35**	**29**	**89**

Table 9: Care Opinion/NHS website postings by Hospital/ MCS / LCO in Q2 2022/23

Number of Postings received by Hospital/MCS/LCO/Corporate Service Q2 22/23			
Hospital/ MCS /LCO	**Positive**	**Negative**	**Mixed**
MRI	6	6	1
WTWA	8	4	0
CSS	1	1	0
Corporate	0	1	0
UHDM/MREH	1	0	0
LCO	0	0	0
RMCH	2	0	0
SMH	4	2	0
NMGH	3	3	0
Grand Total	**16 (64%)**	**6 (34%)**	**1 (2%)**

Table 12: Closure of PALS concerns within timeframe Q2 2021/22 – Q2, 2022/23

	Q2,20/21	Q3,20/21	Q4,21/22	Q1,2223	Q2,22/23
Resolved in 0-10 days	1709	1702	1783	1872	1839
Resolved in 11+ days	249	213	178	202	265
% Resolved in 10 working days	**87.3%**	**88.9%**	**90.9%**	**90.3%**	**87.4%**

Table 13: Number of PALS concerns taking longer than 10 days to close by Hospital/MCS/LCO Q2 2021/22 – Q2, 2022/23

	Q2,20/21	Q3,21/22	Q4,21/22	Q1,22/23	Q2,22/23
WTWA	35	57	44	36	56
MRI	35	67	75	44	53
RMCH	20	17	32	25	13
UDHM/MREH	15	12	2	0	8
SMH	31	40	23	39	30
CSS	10	15	11	16	16
Corporate	21	11	10	8	14
LCO	0	0	0	0	0
R&I	0	0	0	0	0
NNW	0	0	0	0	0
NMGH	15	24	13	5	11
Grand Total	**184**	**249**	**213**	**179**	**202**

Table 14: Number of PALS concerns escalated to formal investigation Q2 2021/22 – Q2 2022/23

	Q2,20/21	Q3,21/22	Q4,21/22	Q1,22/23	Q2,22/23
No of cases escalated	26	22	12	13	9

Table 15: Equality and Diversity Monitoring Information

Disability	Q2,21/22	Q3,21/22	Q4,21/22	Q1,21/22	Q2,22/23
Yes	28	24	34	27	29
No	12	15	16	14	17
Not Disclosed	400	345	377	396	481
Total	**440**	**384**	**427**	**437**	**527**
Disability Type					
Learning Difficulty/Disability	1	0	2	1	0
Long-Standing Illness or Health Condition	19	10	28	11	16

Mental Health Condition	5	6	9	4	6
No Disability	0	0	0	0	0
Other Disability	4	4	2	0	7
Physical Disability	5	1	8	5	7
Sensory Impairment	2	1	2	0	5
Not Disclosed	404	362	376	416	486
Total	**440**	**384**	**427**	**437**	**527**
Gender					
Man (Inc Trans Man)	169	151	175	188	201
Woman (Inc Trans Woman)	268	229	246	248	320
Non-Binary	0	0	0	0	0
Other Gender	1	0	0	0	0
Not Specified	2	4	6	1	4
Not Disclosed	0	0	0	0	2
Total	**440**	**384**	**427**	**437**	**527**
Sexual Orientation					
Heterosexual	96	63	92	51	110
Lesbian / Gay/Bi-sexual	4	1	3	10	3
Other	0	0	0	2	1
Do not wish to answer	3	4	9	8	7
Not disclosed	337	316	323	366	406
Total	**440**	**384**	**427**	**437**	**527**
Religion/Belief					
Buddhist	0	0	0	0	1
Christianity (All Denominations)	51	44	64	42	71
Do Not Wish to Answer	4	4	12	5	8
Muslim	8	10	8	5	9
No Religion	38	20	40	40	48
Other	1	0	4	2	3
Sikh	0	0	0	0	1
Jewish	1	3	0	0	4
Hindu	0	1	0	3	0
Not disclosed	336	301	298	340	382
Humanism	0	1	1	0	0
Paganism	1	0	0	0	0
Total	**440**	**384**	**427**	**437**	**527**
Ethnic Group					
Asian Or Asian British - Bangladeshi	1	3	1	1	4
Asian Or Asian British - Indian	2	3	1	4	5
Asian Or Asian British - Other Asian	7	3	3	5	5
Asian Or Asian British - Pakistani	10	7	6	7	9
Black or Black British – Black African	3	7	4	9	4

Black or Black British – Black Caribbean	2	6	6	10	3
Black or Black British – other Black	0	3	3	4	1
Chinese Or Other Ethnic Group - Chinese	1	1	1	0	0
Mixed - Other Mixed	2	2	4	2	1
Mixed - White & Asian	0	0	2	0	3
Mixed - White and Black African	1	1	3	0	3
Mixed - White and Black Caribbean	1	1	0	0	2
Not Stated	92	98	93	86	297
Other Ethnic Category - Other Ethnic	2	0	10	5	4
White - British	145	104	148	139	174
White - Irish	9	4	9	2	2
White - Other White	4	12	7	8	10
Not disclosed	158	129	126	155	0
Total	**440**	**384**	**427**	**437**	**527**

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Nurse
Paper prepared by:	Dr Sarah Vause, Medical Director, Saint Mary's MCS Mrs Kathryn Murphy, Director of Nursing and Midwifery, Saint Mary's MCS
Date of paper:	November 2022
Subject:	Maternity Services Assurance Report, incorporating the Ockenden Report assurance framework and Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) Safety Action update.
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support ✓ • Accept ✓ • Resolution • Approval ✓ • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Excels in quality, safety, patient experience, research, innovation, and teaching To improve patient safety, clinical quality, and outcomes To improve the experience of patients, carers, and their families
Recommendations:	The Board of Directors are asked to note: • The initial key actions from East Kent Maternity Review • The Immediate and Essential Actions from the independent review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust – the Ockenden Reports • The work in place to ensure the safety of women and babies in Saint Mary's Managed Clinical Service (MCS) • compliance with 10 safety actions for Maternity Incentive Scheme Year 4
Contact:	Name: Alison Haughton, Acting Chief Executive Officer, Saint Mary's MCS Tel: 0161 276 6124

1. Executive Summary

1.1. In line with current reporting framework this paper provides:

- Initial review of East Kent Maternity Review[1] 'Reading the signs'
- An update on progress of Immediate and Essential Actions (IEAs) identified to be compliant with the Final Report of the Ockenden Review[2] published on 30th March 2022,
- Assurance to the Board of Directors on matters relating to patient safety within maternity services including compliance with the recently updated Year 4 Maternity Incentive Scheme[3], themes identified from clinical incidents, shared learning and monitoring of actions.

1.2. Saint Mary's Managed Clinical Service (SM MCS) continue to monitor progress against the 15 IEAs each month and report this to Saint Mary's Quality and Safety Committee (SM QSC) and Group Quality and Performance Scrutiny Committee. Currently compliance with the IEAs is 74%, which is an increase of 4% since reporting to the Board of Directors in September 2022. It is expected that all provider actions will be completed by December 2022. From December evidence of ongoing compliance for IEAs will also be discussed in detail at QPSC.

1.3. Regional Assurance visits across SM MCS regarding actions taken from the IEAs of the Emerging Ockenden report[4] took place in August 2022. The feedback was positive, acknowledging full compliance with all 7 IEA's. The feedback also commented on the progress being made on the final Ockenden report 15 IEA's[5].

1.4. Between 1st August 2022 and 30th September 2022 there were 2843 births across Saint Mary's MCS.

1.5. Saint Mary's MCS Maternity Division reported 1144 incidents between 1st August 2022 and 30th September 2022 which is a reduction in the overall numbers of incidents reported since the previous BoD report in September 2022 All incidents were reviewed through SM MCS governance processes

- 1094 were validated as no harm
- 45 were validated as slight harm
- 5 were validated as moderate harm or above

1.6. The 5 moderate harm or above cases did not highlight any themes and there were no similar incidents within the preceding 12 months.

[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1111992/reading-the-signals-maternity-and-neonatal-services-in-east-kent_the-report-of-the-independent-investigation_print-ready.pdf
[2] https://www.ockendenmaternityreview.org.uk/wp-content/uploads/2022/03/FINAL_INDEPENDENT_MATERNITY_REVIEW_OF_MATERNITY_SERVICES_REPORT.pdf
[3] https://resolution.nhs.uk/wp-content/uploads/2022/05/MIS-year-4-relaunch-guidance-May-2022-converted.pdf
[4] https://www.donnaockenden.com/downloads/news/2020/12/ockenden-report.pdf
[5] https://www.ockendenmaternityreview.org.uk/wp-content/uploads/2022/03/FINAL_INDEPENDENT_MATERNITY_REVIEW_OF_MATERNITY_SERVICES_REPORT.pdf

1.7. Since the relaunch of Maternity Incentive Scheme (MIS) Year 4 reporting in May 2022, Saint Mary's MCS have continued to work through the 10 Safety Actions and are currently compliant with all 10 safety actions as of end of October 2022. An updated version of MIS Year 4 was published in October 2022 and has changed the submission date of compliance from 5th January 2023 to 2nd February 2023 which does not impact on Saint Mary's compliance status.

1.8. Evidence of compliance has been submitted and approved by Saint Mary's Quality and Safety Committee and submitted for approval to the Board of Directors in November 2022 against all Year 4 MIS Safety Actions.

1.9. As previously reported to the Board of Directors in September 2022, a review of the governance and reporting arrangements has been commissioned by the SM MCS leadership team in recognition of the volume of reporting required to assure the Board of Directors on maternity safety. Progress with current reporting mechanisms and accessibility of data is underway. A meeting has been held with SM MCS senior leadership team to provide an update with expected timeframe of improved reporting by January 2023. It is expected that the work will reduce repetition and provide assurance at divisional, hospital and board level and also to external bodies such as CQC, GMEC LMNS and NHS England.

1.10. The Board of Directors are asked to note the work ongoing to ensure the safety of women and babies across Saint Mary's MCS.

1. External Maternity Reviews and Assurance reporting

1.1. East Kent Report – Reading the signals (2022)[6]

1.1.1. On 19th October 2022 the East Kent Independent Report of maternity services at Queen Elizabeth The Queen Mother Hospital and the William Harvey Hospital was published. The report found suboptimal clinical care which led to significant harm, with 8 missed opportunities at Board level to effectively address concerns.

1.1.2. In investigating East Kent maternity services and their missed opportunities, the report acknowledges the previous with recommendations from other inquiries such as Ockenden; Mid Staffordshire NHS Foundation Trust Public Inquiry[7] and Kirkup Report (2015)[8] and has chosen not to repeat a list of recommendations for providers.

1.1.3. The report identified 4 key actions, with associated recommendations, to be addressed by external bodies such as NHS England, RCOG, RCM, Health Education England and other relevant eternal bodies. The 4 actions are:

- **Monitoring Safety Performance** – Recommendation to create a task and finish group to focus on appropriate safety metrics to identify concerns and address effectively
- **Standards of clinical behaviour** – Recommendations to embed compassionate care into practice and sustain through life-long learning
- **Flawed teamworking** – recommendation for relevant Colleges to improve teamworking, with a particular reference to establishing common purpose, objectives and training from the outset.
- **Organisational behaviour** – Recommendation for government to reconsider a bill place duty on public bodies not to deny, deflect and conceal information, with NHS England reviewing the approach to poorly performing trusts, specifically regarding leadership

1.1.4. The report requires all providers of maternity services to review their approach to reputation management.

1.1.5. Saint Mary's MCS will review the report in detail and provide an update, and associated actions to the Board of Directors in January 2023.

Ockenden Report – Emerging themes (2020)

1.1.6. The Board of Directors continue to receive bi-monthly updates relating to Donna Ockenden's **first** report covering emerging themes [9], on four occasions during 2021 along with updates in January, March, May and July 2022.

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[6] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1111992/reading-the-signals-maternity-and-neonatal-services-in-east-kent_the-report-of-the-independent-investigation_print-ready.pdf

[7] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf

[8] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408480/47487_MBI_Accessible_v0.1.pdf

[9] https://www.donnaockenden.com/downloads/news/2020/12/ockenden-report.pdf

1.1.7. On behalf of NHS England, assurance visits by the Northwest Regional Maternity Team (inclusive of GMEC LMNS, Health Innovation Manchester, service users and Northwest Regional Maternity Office) occurred on 24th – 26th August across the 3 maternity sites of SM MCS. Feedback has been received, confirming compliance with all 7 IEA's and many good points of practice noted.

1.2. The Final Ockenden report

1.2.1. The Final Ockenden report[10], published in March 2022 identified **15 IEAs** with 97 separate elements.

1.2.2. Of these 97 elements, as of 14th October 2022, 72 elements are compliant, which is an increase of 4 since reporting to the Board of Directors in September 2022. There remain 12 elements which require external input and 1 provider related to neonatal medical staffing which remains non-compliant. Overall compliance is 74%.

1.2.3. Saint Mary's MCS are fully compliant with IEAs 2, 3, 4, 8 and 13 and partially compliant for the other 10 IEA's.

1.2.4. Saint Mary's MCS would like to highlight the progress made to achieve compliance with Safety Action 2 - Safe staffing

1.2.5. **Safety Action 2 – Safe Staffing**. Whilst the midwifery and obstetric workforce are nationally recognised as an area of significant challenge, Saint Mary's MCS continue to make improvements where possible.

- Saint Mary's MCS have embedded a clear escalation and mitigation policy when maternity staffing falls below the minimum staffing levels including:
  - Communication to senior midwifery, obstetric and executive safety champion 3 times daily on staffing levels and acuity
  - Supernumerary senior midwives on each maternity site 24/7 to support appropriate escalation of concerns
  - On call rota to provide support out of hours

- To further support safe staffing levels Saint Mary's MCS have:
  - Suspended Midwifery Continuity of Carer teams where safe staffing is not achieved, obtaining approval from the Board of Directors and risk assessed every quarter
  - Implemented a new process to allocate a named mentor to all newly appointed band 7 and band 8 midwifery posts to support transition into leadership and management roles, with a focus on staff wellbeing, development and succession planning
  - One senior midwife post per maternity site dedicated to recruitment and retention

[10] https://www.ockendenmaternityreview.org.uk/wp-content/uploads/2022/03/FINAL_INDEPENDENT_MATERNITY_REVIEW_OF_MATERNITY_SERVICES_REPORT.pdf

1.3. Maternity Self-Assessment Tool (MSAT)[11]

1.3.1. Saint Mary's MCS remain committed to complete all actions required within MSAT, as part of Ockenden IEA's. As of 14th October 2022, of the 168 elements for Saint Mary's MCS:

- 156 elements have been achieved, with overall compliance over 92%.
- 10 elements are in progress with an expected completion date of February 2023. An action plan to ensure timely completion is monitored bi-monthly within the maternity division.
- 2 elements require action from GMEC LMNS and relate to updating of the Midwifery Contract and bi-annual safety conference.

1.4. Ongoing assurance reporting to QPSC

1.4.1. In August 2022, Saint Mary's MCS presented an update of Ockenden IEA's to Group Quality and Performance Scrutiny Committee (QPSC).

1.4.2. It was agreed that QPSC would receive an update of 1 IEA at each committee, which will include actions taken to become complaint, evidence, current compliance status and ongoing reporting pathways.

1.4.3. The next paper will be submitted to QPSC in December 2022.

1.4.4. The Non-Executive Maternity Safety Champion will be in attendance at QPSC going forwards.

1.5. Review of Governance and reporting arrangements

1.5.1. SM MCS has commissioned a review of governance processes which has compared all national requirements, including the national maternity review[12], Kirkup report[13], MSAT, Ockenden and latest CQC inspections within maternity services, against current assurance reporting to divisional, hospital and the Board of Directors.

1.5.2. The work has now identified all relevant data required to provide assurance at each organisational level and monitor areas of highest clinical impact. Maternity dashboards will be created from this work to support clinical teams to monitor and interpret data more easily. The implementation of HIVE will support this process.

1.5.3. In October 2022, an update was provided to SM MCS senior leadership team regarding progress on the review of governance processes and onward reporting arrangements.

2. Patient Safety

2.1. During the period of this report, 1st August and 30th September 2022, there were 2843 births across Saint Mary's MCS.

[11] https://www.england.nhs.uk/publication/maternity-self-assessment-tool/

[12] https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

[13] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408480/47487_MBI_Accessible_v0.1.pdf

2.2. The following section of this report relates to incident management, aligned to the Saint Mary's MCS Assurance Oversight Framework (AOF), with particular focus on those incidents where harm has been caused and includes details relating to maternal deaths and neonatal brain injuries.

2.3. Table 1 illustrates incidents reported in August and September 2022. In line with the perinatal surveillance model, Saint Mary's MCS Maternity Division monitor maternity data monthly via the Maternity Score Card (see Appendix 1) which tracks incident reporting data throughout the year.

Incidents	August 2022		September 2022	
	Number	%	Number	%
No harm	575	94.6	519	96.8
Slight harm	29	4.8	16	2.9
Moderate	4	0.66	0	0
Major	0	0	0	0
Catastrophic	0	0	1	0.18
Total Incidents	**608**		**536**	

Table 1 Reported incidents August and September 2022

2.4. In August and September 2022, a total of 5 cases were reported in the moderate, major, or catastrophic harm category. All of which have ongoing HILAs:

- 1 case was reported to HSIB and related to a delay in escalating an emergency situation appropriately – moderate harm
- 1 case was related to delayed recognition of preterm labour– moderate harm
- 1 case related to delayed administration of blood products during an antepartum haemorrhage. – moderate harm
- 1 case was related to a lack of holistic overview and consideration of the need for further assessment on transfer to maternity theatre – moderate harm
- 1 case related to a woman with vasa praevia not having care in line with the correct antenatal pathway resulting in her not being offered a caesarean section in a timely manner and subsequently attending with an antepartum haemorrhage and a fetal death in utero – catastrophic harm

2.5. Of the above 5 cases there were no themes and no similar incidents within the preceding 12 months.

2.6. During August and September 2022, 4 cases were referred to the Healthcare Safety Investigation Branch (HSIB), due to suspected hypoxic ischaemic encephalopathy and were considered no harm; care was provided appropriately with no identified learning. A 5th case (see 2.4) was referred to HSIB and was reported in the moderate harm category. Details of all HSIB referrals are provided below:

2.6.1. One case related to a woman who attended Maternity Triage in labour at 40 weeks and 3 days gestation and a fetal death in utero was confirmed on ultrasound scan. Bereavement support was offered to the family.

2.6.2. One case related to a woman who experienced an antepartum haemorrhage at home and was transferred to the maternity unit by ambulance. On arrival the woman was

clinically stable and a fetal death in utero was confirmed on ultrasound scan. Bereavement support was provided to the family.

2.6.3. One case related to a woman who was admitted for induction of labour at 37 weeks and 3 days due to the baby being small. The woman progressed in labour and there was a fetal bradycardia with prompt review and the baby was born by forceps in good condition. The baby was noted to have increased work of breathing and an unrecordable temperature and was admitted to the Neonatal Intensive Care Unit where therapeutic cooling was commenced.

2.6.4. One case related to a woman who was admitted in early labour with subsequent delayed progress. The CTG was normal throughout labour, consultant review was appropriate, at caesarean section fresh blood was noted. The baby was born in poor condition and transferred the NICU for therapeutic cooling.

2.6.5. One case related to a woman who was admitted for induction of labour at 38 weeks and 3 days gestation due to reduced fetal movements. There was a delay in activating the emergency buzzer during labour for a prolonged fetal bradycardia and birth was complicated by a shoulder dystocia The baby required resuscitation and was transferred to the Neonatal Intensive Care Unit where therapeutic cooling was commenced. The learning included the need for escalation, especially during handover and using the emergency buzzer to summon help.

2.7. No maternal deaths occurred within Saint Mary's MCS in August or September 2022.

3. Maternity Incentive Scheme (MIS) Year 4

3.1. An updated report from NHS Resolution was released in October 2022, with adjusted submission date of 2nd February 2023. There were minor amends to safety actions 2, 6 and 8 none negatively impacted on Saint Mary's MCS compliance.

3.2. Saint Mary's MCS are now fully compliant with all 10 safety actions. Table 2 provides an overview of the Saint Mary's MCS current Year 4 MIS compliance.

Safety Action	**Indicator/ standard**	Current position Nov 2022
1	Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	Compliant
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Compliant
3	Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?	Compliant
4	Can you demonstrate an effective system of clinical workforce planning to the required standard?	Compliant
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Compliant
6	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two?	Compliant

7	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services?	Compliant
8	Can you evidence that a local training plan is in place to ensure that all six core modules of the Core Competency Framework will be included in your unit training programme over the next 3 years, starting from the launch of MIS year 4? In addition, can you evidence that at least 90% of each relevant maternity unit staff group has attended an 'in house', one-day, multiprofessional training day which includes a selection of maternity emergencies, antenatal and intrapartum fetal surveillance and newborn life support, starting from the launch of MIS year 4?	Compliant
9	Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	Compliant
10	Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN) scheme for 2021/22?	Compliant

Table 2 Year 4 MIS compliance

3.3. It was reported to the Board of Directors in September 2022 that Saint Mary's MCS were compliant with 7 of the 10 Safety Actions, with safety actions, 2, 6 and 8 with work ongoing. An update for how each of these safety actions has achieved compliance is provided below.

4. Safety Action 2 – Maternity Services Dataset

4.1. SM MCS have submitted data to the Maternity Services Data Set (MSDS) to the required standard.

4.2. A maternity specific digital strategy has been created and approved by SM MCS hospital board and is provided within the evidence for MIS Year 4 approval.

4.3. Targets related to Maternity Continuity of Carer have been removed from Safety Action 2 following the update in October 2022.

4.4. SM MCS are now fully compliant with Safety Action 2.

5. Safety Action 6 – Saving Babies Lives Care Bundle version 2

5.1. Saint Mary's MCS, as part of 2020/2021 standard contract, and in line with best available evidence to reduce perinatal mortality, has fully implemented each of the 5 elements within version 2 of the Saving Babies Lives Care Bundle (SBLCB)[14].

5.2. Saint Mary's MCS has achieved compliance at the time of submission and will continue to provide an update to Saint Mary's MCS Quality and Safety Committee and the Board of Directors

[14] https://www.england.nhs.uk/wp-content/uploads/2019/07/saving-babies-lives-care-bundle-version-two-v5.pdf

5.3. Element 1 – Smoking Cessation and CO measurement

5.3.1. To meet year 4 MIS Safety Action 6 element 1, it is required for at least 80% of women to have a Carbon Monoxide (CO) measurement recorded at their booking appointment and again when they attend their appointment at 36 weeks gestation. Compliance has been monitored monthly at site specific quality and safety meetings.

5.3.2. Table 3 provides quarterly progress of CO measurement at the woman's booking appointment.

	Overall
Quarter 1 21/22	72%
Quarter 2 21/22	85.8%
Quarter 3 21/22	90.7%
Quarter 4 21/22	94%
Quarter 1 22/23	93%
Quarter 2 22/23	92%

Table 3 CO Booking compliance

5.3.3. SM MCS continue to meet the required standard for CO measurement at booking and continues to monitor compliance monthly via Maternity Services Divisional Quality and Safety Committee.

5.3.4. Table 4 provides quarterly compliance of CO measurement at 36 weeks.

	Overall
Quarter 1 21/22	20.8%
Quarter 2 21/22	36.5%
Quarter 3 21/22	59.4%
Quarter 4 21/22	76%
Quarter 1 22/23	80%
Quarter 2 22/23	81%

Table 4 CO 36/40 compliance

5.3.5. SM MCS now meet the expected standard for Element 1.

5.3.6. Further monitoring and scrutiny of monthly progress continues to be applied at the Maternity Services Divisional Quality and Safety Committee.

5.4. Element 2 – Fetal Growth Restriction (FGR)

5.4.1. To reduce the risk of stillbirth and meet year 4 MIS Safety Action 6 element 2, Saint Mary's MCS are required to identify and record each woman's risk status for having a growth restricted fetus at booking.

5.4.2. Saint Mary's MCS meet the expected standard with over 90% across all three maternity sites.

5.5. **Element 3 – Reduced Fetal Movements**

5.5.1. As previously reported to the Board of Directors, Saint Mary's MCS are compliant with both requirements for this element.

5.6. **Element 4 – Fetal Monitoring**

5.6.1. To improve fetal outcomes by providing training in fetal monitoring and to meet Year 4 MIS Safety Action 6 element 4, Saint Mary's MCS are required to have a dedicated lead Midwife for Fetal Monitoring and lead Obstetrician for Fetal Monitoring per maternity site. Saint Mary's MCS 3 maternity sites are compliant with this element.

5.6.2. In addition, in line with Safety Action 8, Saint Mary's MCS are required to have 90% of eligible staff attend multi-professional fetal monitoring training annually. Saint Mary's MCS 3 maternity sites are compliant with this element.

5.6.3. Saint Mary's MCS meet the required standard for element 4. Further information on training compliance and actions are provided in section 7.

5.7. **Element 5 – Preterm Birth**

5.7.1. To improve neonatal outcomes and meet year 4 MIS Safety Action 6 element 5, Saint Mary's MCS must ensure that women who birth before 34 weeks gestation receive a full course of antenatal corticosteroids within 7 days of birth.

5.7.2. In addition, magnesium sulphate which improves neonatal neurological outcome must be given within 24 hours prior to birth for women who birth before 30 weeks gestation.

5.7.3. Saint Mary's MCS continue to be compliant with this element.

5.7.4. Saint Mary's MCS are compliant at time of submission and will continue to provide a quarterly update to Saint Mary's MCS Quality and Safety Committee and the Board of Directors.

6. Safety Action 8 – Training

6.1. Safety Action 8 expects that 90% of all relevant staff groups (identified in Table 5-8) must have received maternity specific training prior to submission of Year 4 MIS.

Staff Group	Oxford Road	North Manchester	Wythenshawe
Anaesthetic Consultants	100%	100%	100%
Anaesthetic Trainees	100%	100%	100%
Obstetric Consultants	96.55%	100%	100%
Obstetric Trainees	96.55%	95.65%	90.62%
Midwives	95.54%	91.27%	93.33%

Maternity Support Workers	90.76%	94 %	91.80%

Table 5 Multidisciplinary Emergency Training (%) at the end of September 2022.

Staff Group	Oxford Road	North Manchester	Wythenshawe
Midwives	97.32%	92.61%	97.14%
Obstetric Consultants	93.10%	94.44%	93.75%
Obstetric Trainees	94.82%	95.65 %	90.62%

Table 6 Fetal Monitoring Compliance (%) (either face to face or virtual training) at the end of September 2022

Staff Group	Oxford Road	North Manchester	Wythenshawe
Midwives	93.18%	92.61%	93.80%
Neonatal or Paediatric Consultants*	94%	100%	100%
Neonatal junior doctors/trainees**	96%	92.30%	90%
ANNP's	93%	100%	100%
Neonatal Nurses	99%	100%	93.75%

Table 7 Neonatal Resuscitation (%) at the end of September 2022

** Neonatal or Paediatric Consultants covering Neonatal units * Neonatal junior doctors who attend births

Staff Group	Oxford Road	North Manchester	Wythenshawe
Midwives	96.01%	90.17%	97.54%

Table 8 CTG Machine Training at the end of September 2022

6.2. Saint Mary's MCS now meets the required training compliance and has processes in place to ensure that training remains above 90% in all staffing groups each month.

7. Safety Action 9 – Safety Champions

7.1. Continuity of Carer

7.1.1. In September 2022, NHS England communicated to Trusts that there will no longer be a target date for maternity services to deliver Midwifery Continuity of Carer (MCoC), and this will remain in place until maternity services in England can demonstrate sufficient staffing levels to do so.

7.1.2. As previously reported to the Board of Directors, Saint Mary's MCS undertook a risk assessment in August 2022 to ensure that MCoC teams were safely staffed. The risk assessment, which continues to be repeated quarterly, has required the pause of 6 MCoC teams which has been approved by the Board of Directors. Currently there is 1

MCoC team which is staffed to full establishment. The risk assessment will be repeated again in November 2022.

7.1.3. Saint Mary's MCS acknowledges the benefits of MCoC and whilst are unable to provide continuity across the whole pathway, will look to implement a more focussed approach to improving MCoC in the antenatal period, initially prioritising those in the most vulnerable groups.

7.2. **Safety Walkarounds**

7.2.1. Midwifery, Obstetric and Neonatal frontline safety champions continue to undertake monthly safety walkarounds.

7.2.2. Feedback from these walkarounds is provided to staff via a bi-monthly poster. Themes during August and September related mainly to the implementation of Hive, with nervousness of the changes ahead rather than specific safety concerns raised.

7.2.3. In addition, a bi-monthly walkaround across all 3 maternity sites takes place with the Hospital Maternity Safety Champion and Non-Executive Maternity Safety Champion.

7.2.4. Themes from these walkarounds are captured with actions taken forward where required. Recently walkarounds have been based on the journey of the woman and family with a focus in October 2022 on the antenatal pathway.

8. Midwifery Staffing

8.1. In September 2022, Saint Mary's MCS midwifery vacancy was **85 WTE** across 3 maternity sites. There are **91 WTE** posts in offer which are expected to be in post between October and January 2023.

8.2. There have been concerns raised by midwives and maternity support workers on the North Manchester site and support is being provided with a number of listening events, including inviting the Royal College of Midwives on site to hear staff concerns alongside members of Saint Mary's senior leadership team and members of the Maternity division. The board level safety champion has been appraised of the concerns with regular updates on progress by Saint Mary's MCS Director of Nursing and Midwifery.

8.3. An action plan has been developed to address concerns raised, with a number already being resolved. The action plan has been shared with the team and will be closely monitored by the maternity division with progress monitored at divisional Quality and Safety Committee.

8.4. There remain challenges nationally within midwifery staffing and work is ongoing to recruit additional midwives, using both domestic and international recruitment. Workforce continues to be monitored via monthly nursing and midwifery workforce meeting, with a focus on retention and increasing the number of midwives returning to work following retirement.

8.5. Saint Mary's MCS continue to monitor sickness and absence given the significant impact this has on both service delivery and staff wellbeing. There is strong collaboration between the HR team and the Heads of Midwifery and a focussed session was undertaken in October 2022 to consider actions to address short term sickness.

9. Recommendations

9.1. It is recommended that the Board of Directors:

- note the information provided in this report in relation to:
    - the initial key actions from East Kent Maternity Review
    - the Immediate and Essential Actions from the independent review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust – the Ockenden Reports
    - the work in place to ensure the safety of women and babies in Saint Mary's Managed Clinical Service (MCS)
    - the work in progress to strengthen compliance and support learning and assurance in relation to maternity safety
    - the compliance of all 10 safety actions within MIS Year 4.

Appendix 1 : SM MCS inhouse scorecard for perinatal clinical quality

Appendix: SM MCS inhouse scorecard for perinatal clinical quality

CQC Maternity Ratings March 2019	Overall	Safe	Effective	Caring	Responsive	Well Led
	Good	Good	Good	Outstanding	Good	Good

Staff survey	
Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their Trust as a place to work or receive treatment (reported annually)	79.1
Proportion of specialty trainees in O&G with 'excellent' or 'good' on how they would rate the quality of clinical supervision out of hours (reported annually)	83.7

Summary

- The data is validated each month and shared via the Q&SC process; this report contains the data for June
- Maternity incidents are reported separately via the governance reports presented at Q&SC
- Exception report details are below
- All HSIB referrals are reviewed by MDT to identify lessons learnt and mitigate any risks

Major PPH > 2.5litres	Term admissions to NNU	Stillbirths
• Incidents monitored monthly • Major PPH quality improvement work undertaken • Lessons learnt shared across the MCS	• All term admissions reviewed to identify if the admission was avoidable and identify lessons learnt • MatNeo quality improvement programme in progress to reduce term admissions	• Perinatal Mortality Review Tool used to complete MDT review for all stillbirths • All stillbirths are incident reported and reviewed by the MDT to identify lessons learnt

			GMEC monthly average (Jun 22)	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Jan-22	Feb-22	Mar-22
Perinatal	1:1 care in labour	Percent	98.36	99.22	98.75	96.80	97.04	94.7	98.89	98.7	99.2				
	3rd/4th degree tears	Percent	2.75	1.91	1.44	1.54	1.87	1.32	1.37	1.65	1.53				
	Obstetric haemorrhage > 2.5L	Rate per 1000	5.46	0.38	5.6	5.16	0.74	0.44	0.53	3.58	6.24				
	Term admissions to NNU	Rate per 1000	38.31	63.38	57.79	53.23	54.52	49.15	53.48	66.97	64.47				
	Apgar score<7 at 5 minutes (term babies)	Rate per 1000	12.56	8.61	11.38	9.68	4.88	12.89	9.34	13.09	15.74				
	Stillbirth number	Rate per 1000	6.73	4.96	4.96	3.64	5.18	2.16	5.26	4.95	6.85				
	Neonatal Deaths	Rate per 1000	3.79	2.13	2.13	2.19	1.48	5.05	2.25	1.41	5.48				

Patient Experience	Number of formal compliments	Number	3	2	1	5	1	11						
	Number of formal complaints	Number	11	6	15	8	9	7						
	Complaint response on time	Percent	-	-	-	-	-							
	Maternity Unit diverts	Number	0	0	0	0	0	0	0	0	0			

Training	Emergency skills and drills	Percent of staff trained	73.5	79.4	74.18	79.52	79.79	83.25	83.99	82.94				
	CTG training	Percent of staff trained	90.7	85.8	81.6	85.4	85.26	93.56	92.66	87.9				
	CTG competency assessment	Percent of staff assessed	87.4	67.2	66.05	62.1	60.3	59.72	58.66					

Coroner Reg 28 made directly to the Trust	No	No	No	No	No	No	No	No	No			
HSIB/ CQC concern or request for action	No	No	No	No	No	No	No	No	No			
StEIS reported incidents	1	5	3	5	5	3	4	5	4			
Incidents with moderate harm or above	1	3	2	3	3	4	3	4	1			
HSIB referrals	1	4	2	4	4	2	3	5	3			

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Nurse
Paper prepared by:	Anne-Marie Varney, Corporate Director of Nursing
Date of paper:	November 2022
Subject:	Safer Staffing –To provide the Board of Directors with the bi-annual Nursing, Midwifery and Allied Health Professional (AHP) Safer Staffing Report
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Impact of report on key priorities and risks to give assurance to the Board that's its decisions are effectively delivering the Trust's strategy in a risk aware manner. 1. Patient Safety 2. Patient Experience 3. Productivity
Recommendations:	The Board of Directors is asked to receive this paper and note progress of work undertaken to support the Trusts workforce recovery plans and address the nursing, midwifery and AHP vacancy position across the Group.
Contact:	Name: Anne-Marie Varney, Corporate Director of Nursing Tel: 0161 276 8862

1. Executive Summary

1.1 This report details the Trust position against the requirements of the National Quality Board (NQB) Safer Staffing Guidance for adult wards 2016[1], and the NHS Improvement (NHSI) Developing Workforce Safeguards Guidance[2], published in October 2018.

1.2 It is a national requirement for the Board of Directors to receive this report bi-annually to comply with the CQC fundamental standards as outlined in the well-led framework. The previous report was received by the Board of Directors in March 2022. This report provides analysis of the Trust's Nursing, Midwifery and AHP workforce position at the end of **September 2022**.

1.3 Nationally there was a net increase of **26,403 (3.4%)** registered nurses, midwives, and nurse associates reported in March 2022 compared with March 2021. Internationally recruited professionals accounted for **48%** of all new NMC registrants.

1.4 Despite the number of registered nurses rising, the number of nurse vacancies in England has also risen. In June 2022 there were **46,828** vacancies in the NHS in England, a **20%** increase from June 2021[3], as workforce supply is not able to keep pace with the growth in nurse establishment required for recovery programmes and new targets. A rise in the number of leavers is further exacerbating the workforce challenges.

1.5 The numbers accepting a place to study nursing or midwifery commencing 2022 has reduced by **9%** compared with 2021, however, numbers are still **14%** higher compared with 2019[4]. NHS England in collaboration with the NMC has commenced a programme of work focusing implementing evidence-based interventions to improve retention of nurses and midwives[5].

1.6 There continues to be national shortages in several AHP groups, and most professions have experienced a gradual reduction in overall numbers since January 2022[6]. In addition, it is recognised that AHP services are experiencing increased demand. This is difficult to demonstrate in the absence of an AHP evidence-based safe staffing standard.

1.7 Since the previous Board of Directors report, Hive EPR system has been implemented. This significant event has led to an extensive programme of training and offers opportunities for transformation of services and fundamentally it is expected that it will lead to improvements to patient safety and experience. The system will provide valuable

[1] National Quality Board (2016) Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: safe sustainable and productive staffing
[2] NHS Improvement (2018) Developing workforce safeguards: supporting providers to deliver high quality care through safe and effective staffing
[3] NHS Digital (2022) NHS vacancy statistics England April 2015 - June 2022 experimental statistics
[4] UCAS (2022) 2022 Cycle applicant figures
[5] Prof Em Wilkinson-Brice and Dame Ruth May, DBE (2022) Retaining our nursing and midwifery colleagues
[6] NHS Digital (2022) NHS workforce statistics - June 2022

data and reports to enhance professional judgement and evidence-base to triangulate nursing, midwifery and AHP safe staffing data and decisions.

1.8 At the end of September 2022 there were **336.5wte (3.6%)** registered nursing and midwifery vacancies across the Trust compared with **374.0wte (4.1%)** in January 2022, an overall decrease in vacancies of **37.5wte (0.5%)**. During this time there has been an increase in funded establishment of **133wte.** The AHP vacancy position was **100.87wte (5.46%)**.

1.9 The sickness rate at the end of September 2022 for registered nursing and midwifery staff was **7.0%** and **10.3%** for unregistered staff. This is a significant improvement from the sickness rate in January 2022, an overall reduction of **3.2%** for qualified nursing and midwifery staff and **3.4%** for unregistered staff. For AHPs there has been an increase from **3.24%** in January 2022 to **5.10%** in September 2022.

1.10 The improvement in nursing and midwifery vacancy position and sickness absence has supported an improvement in average fill rate against planned shifts for both registered nurses and midwives **(89.5%)** and unregistered staff **(90.96%)** since the last report.

1.11 There are currently **162** domestic nurses and midwives in the recruitment pipeline with confirmed start dates and a further **235** band 5 nurses and midwives expected to start before the end of March 2023. Between January and October 2022, **535** internationally recruited nurses and midwives have commenced work in the Trust. The Trust plans to recruit a further **155** international nurses and midwives by the end of March 2023.

1.12 The Trust's Safer Nursing & Midwifery Staffing Guidance (version 5) continues to inform the monitoring and escalation of nursing and midwifery staffing levels. Daily staffing huddles take place in hospitals/MCSs monitoring patient acuity and dependency, and staff attendance and allocation. A risk rating is calculated for each area. Staffing escalation above level 3 initiates a Director of Nursing workforce escalation meeting chaired by the Chief/Deputy Chief Nurse to review staffing and identify mitigating actions such as mutual aid between hospital/MCSs.

1.13 During the Hive Go Live implementation period in September 2022, a Chief Nurse Office Hive Command was established to provide system oversight of patient safety processes and risks throughout the go live period, monitoring of patient safety indicators, and safe staffing levels and approval of any deviation from processes in regard to safety. Corporate nursing teams were deployed to support clinical areas and provide additional reassurance to patients and relatives during the go live period.

1.14 A SNCT baseline census[7] collection period was undertaken in March 2022 providing assurance that 79% of ward establishments are aligned to the SNCT recommended establishment. The remaining wards require further census data to validate the recommended establishment for these areas. The next SNCT census is scheduled for November 2022 and safe staffing reviews are being planned for the emergency departments (SNCT ED) and community services (CNSST).

[7] Shelford Group (2019) Safer Nursing Care Tool

1.15 Following the publication of the Final Ockenden Report[8] one of the Immediate and Essential Actions concerning workforce stipulates that each maternity provider should have their midwifery establishment calculated utilising Birth Rate Plus (BR+)[9]. A further review has been commissioned by Greater Manchester and Eastern Cheshire (GMEC) Local Maternity System (LMS) and is expected to commence Q3 2022/2023 that will consider the increased activity on the Wythenshawe site following support of East Cheshire Trust and provide an updated calculation of specialist midwives required on each maternity site.

1.16 A summary of the workforce positions and safer staff assurance for the Hospitals/MCS/LCOs in included (Appendices).

1.17 The Board of Directors is asked to receive this paper and note progress of work undertaken to support the Trusts workforce recovery plans and address the nursing, midwifery and AHP vacancy position across the Group.

[8] Ockenden (2022) Ockenden Report - Final
[9] Birthrate Plus (1996 - 2022)

2. Introduction

2.1 The bi-annual, comprehensive safer staffing report is provided to the Board of Directors outlining the Nursing, Midwifery and Allied Health Professions staffing capacity and compliance. The report details the Trust position against the requirements of the National Quality Board (NQB) Safer Staffing Guidance for adult wards 2016[10], and the NHS Improvement (NHSI) Developing Workforce Safeguards Guidance[11], published in October 2018.

2.2 It is a national requirement for the Board of Directors to receive this report bi-annually on staffing to comply with the CQC fundamental standards as outlined in the well-led framework. The previous Nursing, Midwifery and AHP Safer Staffing Report was received by the Board of Directors in March 2022.

2.3 Registered nursing and midwifery staffing levels are positively associated with quality and outcomes measures including, mortality, patient, and staff experience[12]. For safe and effective staffing, the health and care service must have the right numbers, with the right skills, in the right place and at the right time[13]. This is pertinent in the wake of the COVID-19 pandemic as the Trust emerges with a focus on restoration and recovery of services whilst implementing an ambitious digital transformation requiring an effective and efficient workforce.

2.4 This report provides analysis of the Trust's Nursing, Midwifery and AHP workforce position at the end of **September 2022**. The Hospitals and Managed Clinical Services (MCS) present their workforce positions and plans in quarterly board reports to their Hospital/MCS Board. A summary of these reports is included in this report (Appendices).

3. National Context

3.1 It is now more than two years since COVID-19 was first reported. The number of people in hospital with COVID-19 has reduced[14] and public health restrictions have been lifted[15]. However, there continues to be severe strain felt by UK and global health systems as recovery and restoration plans are implemented.

3.2 The contribution of the NHS workforce is key to the success of the national restoration and recovery plans. The Government manifesto in 2019 committed to increasing the

[10] National Quality Board (2016) Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: safe sustainable and productive staffing
[11] NHS Improvement (2018) Developing workforce safeguards: supporting providers to deliver high quality care through safe and effective staffing
[12] Ball JE and Griffiths P (2021) Consensus Development Project (CDP): An overview of staffing for safe and effective nursing care. Nursing Open. Vol. 9, No. 2, pp872-879.
[13] Royal College of Nursing (2017) Safe and effective staffing: nursing against the odds
[14] UK Health Security Agency (2022) Coronavirus (COVID-19) in the UK
[15] NHS Employers (2022) COVID-19: NHS Staff Council joint statement

number of registered nurses in England with a target of 50,000 more nurses by 2024[16]. To date, there are 24,190 more nurses, close to half the target[17].

3.3 The NHS Long Term Plan, published in 2019, outlined the commitment to expanding training opportunities and reducing student and early career attrition rates with an aim to reduce nursing vacancy rates to 5% by 2028[18]. The NHS recruitment campaign 'We are the NHS' promotes the work of nurses, AHPs and heath care support workers to inspire a career in the NHS[19]. In March 2022 the 'Once a nurse, always a nurse' campaign was launched to promote return to practice opportunities[20].

3.4 There was an unprecedented number of applicants to nursing and midwifery programmes in 2020 and 2021 following the publicity about the professions' response to the global pandemic. Whilst numbers accepting a place to study commencing 2022 has reduced by 9% compared with 2021, numbers are still 14% higher compared with 2019[21].

3.5 The NMC Register Annual Data Report identified a net increase of 26,403 (3.4%) nurses, midwives, and nursing associates registered in March 2022 compared with March 2021[22]. The NMC report highlights a significant factor for the rise in registrants is the contribution of internationally trained professionals who account for 48% of new registrants in England[22].

3.6 The number of midwives registered with the NMC has increased by 3% from 39,070 in March 2021 to 40,165 in March 2022 and there continues to be a year-on-year increase in the number of first-time registered midwives, with 2,268 joining in 2021/22. In the same period, 1,474 midwives left the permanent register which is more than compared with March 2021 but remains lower than the number of leavers in March 2019[22].

3.7 In June 2022, it was reported that over 44,500 nurses had joined the NHS in England during the previous year. However, there remains a significant workforce challenge with 40,365 nurses leaving active service during the same period. This is substantially more than during the previous five years and has led to the national leavers rate rising to 11.5%[23].

3.8 The number of registered nurses is rising, but the number of nurse vacancies in England has also risen. In June 2022 there were 46,828 vacancies in the NHS in England, a 20% increase from June 2021[23]. Vacancy numbers have been rising since March 2021. This trend results from workforce supply not keeping pace with growth in nurse establishment in response to new targets and recovery programmes[24]. In the last quarter this was exacerbated by the increase in leavers rate.

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[16] Department of Health (2022) 50,000 nurses programme: delivery update
[17] Nuffield Trust (2022) Peak leaving? A spotlight on nurse leaver rates in the UK
[18] NHS (2019) NHS Long Term Plan
[19] NHS Employers (2021) 'We are the NHS' campaign 2021
[20] NHS (2022) Once a nurse, always a nurse' campaign
[21] UCAS (2022) 2022 Cycle applicant figures
[22] The Nursing and Midwifery Council (2022) The NMC register
[23] NHS Digital (2022) NHS vacancy statistics England April 2015 - June 2022 experimental statistics
[24] Kings Fund (2022) Is the NHS on track to recruit 50,000 more nurses?

3.9 Sustained effort is required for recruitment to maintain pace with the rise in vacancies. International recruitment is expected to be a major contributor. Not only is there considerable scope for overseas recruitment, but internationally recruited nurses from outside the EU are more likely to remain in the NHS (93% compared with 90% UK recruits) and in the same organisation (89% compared with 74%)[25].

3.10 Reducing the leaver rate would contribute to the 50,000 nurses target and support reduction in vacancy rates, however, retaining staff is complex with factors outside of the control of the NHS. In many cases reason for leaving is not reported. Nationally, the most common reasons provided for leaving the NHS in all roles are retirement followed by work-life balance[26].

3.11 NHSE in collaboration with the NMC has commenced work[27] to support organisations to implement local evidence-based retention improvement plans aligned to the NHS People Plan 2020[28]. This programme of work provides a focus on evidence-based interventions that will have the greatest impact on the retention of nurses and midwives[29].

3.12 NHSE announced plans in March 2022 for major investment over the next two years to boost the workforce and improve the culture in maternity units, building upon a package previously announced in 2021. Within the plan is funding to increase the number of midwifery posts and support retention of all midwives, support students and those midwives with less experience.[30]

3.13 The NHS Long Term Plan recognised that paramedics, podiatrists, radiographers, and speech and language therapists were in short supply[31] and there continues to be shortages in these and several other AHP groups including prosthetics and orthotics, orthoptics, and operating department practitioners (ODPs)[32].

3.14 In June 2022, 99,074 registered AHPs were working in the NHS in England. This is more than reported in June 2021 (97,867). There has been a gradual reduction in overall numbers since January 2022 when there were 100,197 registered AHPs (1.12% reduction). The only professional groups not to have experienced a reduction in staff are music/art/drama therapy, prosthetics and orthotics, and osteopathy. The professions with the largest reduction in numbers are podiatry (2.6%), ODPs (2.5%), and speech and language therapy (1.56%)[33].

[25] Nuffield Trust (2021) Return on investment of overseas nurse recruitment: lessons for the NHS
[26] Nuffield Trust (2022) Peak leaving? A spotlight on nurse leaver rates in the UK
[27] NHS England (2022) Nursing and midwifery retention self-assessment tool
[28] NHS England (2020) NHS people plan
[29] Prof Em Wilkinson-Brice and Dame Ruth May, DBE (2022) Retaining our nursing and midwifery colleagues
[30] NHS England (2022) NHS announces £127 million maternity boost for patients and families
[31] NHS England (2019) Interim people plan: the future allied health professions and psychological professions workforce
[32] Health Education England (2021) AHP careers awareness strategy 2021-22
[33] NHS Digital (2022) NHS workforce statistics - June 2022

4. MFT Workforce Position

Nursing and Midwifery Vacancies

4.1 Since January 2022, there has been an increase in funded establishment of **133wte**. These increases have been applied to several hospital/mcs due to the ongoing programme of work to improve the accuracy of our financial ledger system, the highest increase being in CSS **65.14wte**.

4.2 The Trust workforce position has continued to improve over the last 12 months. Both domestic and ethical international recruitment programmes have resulted in **1,448.4wte** registered nurses and midwifes joining the organisation, this is an increase of **67wte** compared to the previous 12-month period.

4.3 Recruitment has been offset by a total of **1050.2wte** registered nurses and midwives leaving the Trust. This is an increase of **196.8wte** when compared to the previous 12-months (during the pandemic) when there were **853.3wte** leavers. However, the latter does not include all North Manchester General Hospital leavers due to the transaction in April 2021.

4.4 This improved workforce position, is supported by the number of internationally recruited nurses recruited via the well-established overseas recruitment campaign. Between January and September 2022, **510wte** internationally recruited nurses have joined MFT. This is an increase of **95wte** (**23%**) from the same period in 2021.

4.5 At the end of September 2022 there were a total of **336.5wte (3.6%)** registered nursing and midwifery vacancies across the Trust compared with **374.0wte (4.1%)** in January 2022. This equates to an overall decrease in vacancies of **37.5wte (0.5%)**. However, during this time the nursing workforce has grown more than this above movement suggests. Recruitment has kept pace with turnover and increases in funded establishment demonstrating an overall improving picture that is expected to continue into 2023 due to the numbers in the domestic and the international recruitment pipeline.

4.6 Recent workforce modelling predicts an improved trajectory throughout 2022/23 when the Nursing and Midwifery vacancies are predicted to be **101.0wte** at the end of March 2023 (see **graph 1**).

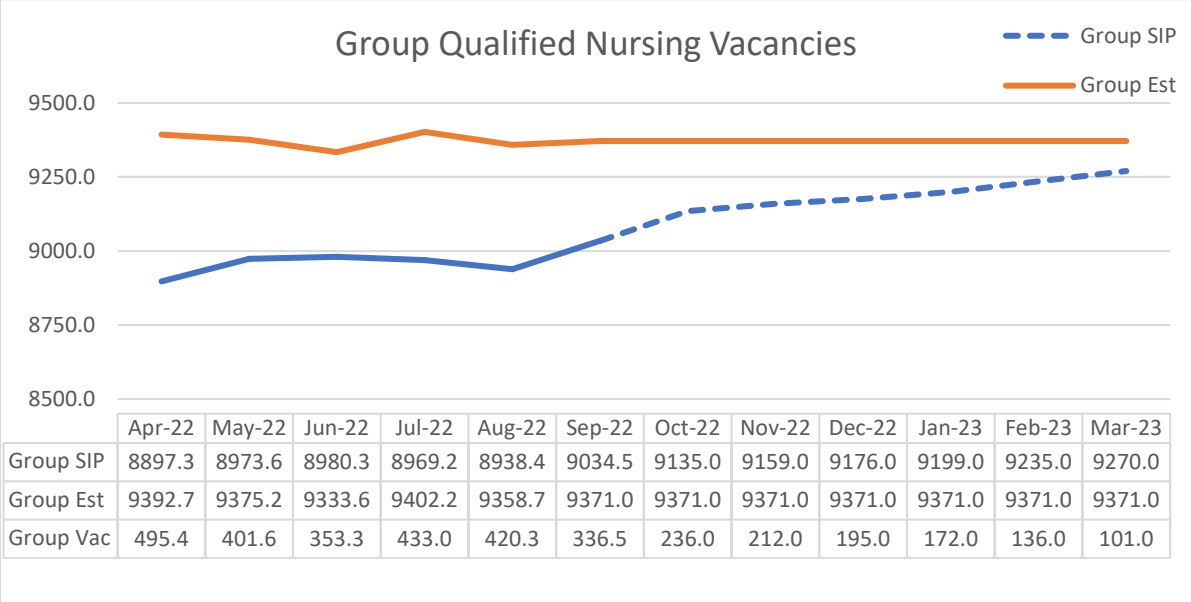
4.7 A significant proportion of nursing and midwifery vacancies are within the band 5 workforce. At the end of September 2022 there were **180.0wte (3.71%)** vacancies compared with **200.6wte (4.2%)** in January 2022. This is an overall decrease in band 5 vacancies of **20.6wte (0.5%).** This reduction in vacancies has been achieved even though nursing workforce establishments have been increased during the same period.

4.8 The Trust's overall nursing and midwifery vacancy rate (**3.6%**) is much lower than the national vacancy rate of **11.8%** and the Northwest vacancy rate of **9.7%**[34]. On-going work within each hospital/MCS to align the ledger to establishments is being led by the

[34] NHS Digital (2022) NHS Vacancy Statistics England

Directors of Nursing/Midwifery and Directors of Finance to ensure the accuracy of the workforce data in relation to vacancies.

Graph 1



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Group SIP	8897.3	8973.6	8980.3	8969.2	8938.4	9034.5	9135.0	9159.0	9176.0	9199.0	9235.0	9270.0
Group Est	9392.7	9375.2	9333.6	9402.2	9358.7	9371.0	9371.0	9371.0	9371.0	9371.0	9371.0	9371.0
Group Vac	495.4	401.6	353.3	433.0	420.3	336.5	236.0	212.0	195.0	172.0	136.0	101.0

Nursing and Midwifery Turnover

4.9 At the end of September 2022, the 12-month rolling turnover rate for registered nurses and midwives was **12.4%**, this is an increase since January 2022 when the rate was **11.6%**. The Trust turnover rate is lower than the current national turnover rate for nursing and midwives in acute NHS trusts which is **14.7%**.[35]

Nursing and Midwifery Sickness Absence

4.10 Sickness rates have gradually reduced throughout 2022 as we have seen a natural decline in covid related sickness. At the end of September 2022, the sickness rates for qualified nursing and midwifery staff was **7.0%** and **10.3%** for unqualified staff. Less than **1.0%** of sickness is now classified as covid related. This is a significant improvement from sickness rates in January 2022, an overall reduction of **3.2%** for qualified nursing and midwifery staff and **3.4%** for unqualified staff.

Allied Health Professions Workforce

4.11 At the end of September 2022 there were 10 of the 14 AHP groups working in the Trust. The AHP vacancy position was **100.87wte (5.46%)** this excludes ODPs as this profession is included in the nursing theatre workforce data.

[35] NHS Digital (2022) NHS vacancy statistics England

4.12 The turnover rate for registered AHPs was **8.73%** in September 2022. Sickness absence rates for registered AHPs in September 2022 was **5.10%.** This is an increase from sickness rates in January 2022 when the rate was **3.24%.**

5. Nursing and Midwifery Recruitment

Domestic Recruitment

5.1 There are currently **162** domestic nurses and midwives in the recruitment pipeline with confirmed start dates and a further **235** band 5 nurses and midwives expected to start before the end of March 2023.

5.2 In January 2022, all GM nurses, midwives, and nursing associates undertaking placements within the Trust during their final year of training were given a guaranteed job offer with the Trust. A total of **380** candidates completed the application process (302 nurses and midwives and 78 Nursing Associates) and **76.8%** are now employed by MFT or progressing through employment checks.

5.3 The Trust held three Spring nursing and midwifery recruitment events across MFT in April and May 2022 to support the attraction, recruitment, and retention of our future workforce. Attendances at these events has been positive and candidates were directed to live Trac applications. AHPs have attended recent HEI open days to promote MFT careers and opportunities. Three further multidisciplinary recruitment events are planned to take place Autumn 2022.

International Recruitment

5.4 The code of practice for the international recruitment of health and social care personnel in England was updated in August 2022[36] to strengthen best practice in ethical recruitment from overseas. The Trust continues to follow this guidance. Currently, ethical recruitment campaigns for MFT primarily attract nurses educated in India. Recently, the Trust has joined collaborative programmes of work ethically recruiting midwives and AHPs.

5.5 The international recruitment (IR) programme continues to be a strong and reliable pipeline for band 5 nurse recruitment. Between January and October 2022, **535** internationally recruited nurses have commenced work in the Trust. The Trust plans to recruit a further **155** international nurses by the end of March 2023.

5.6 Between January 2022 and June 2022, a total of **383** internationally recruited nurses from MFT took the OSCE test with a **99.5%** pass overall. Nationally, the OSCE test past rate in the same period is **87%**[37].

5.7 To support recovery and restoration plans the Trust promotes theatre roles and offers theatre training and development opportunities for internationally recruited nurses

[36] Department of Health and Social Care (2022) Guidance: code of practice for the international recruitment of health and social care personnel in England

[37] The Nursing and Midwifery Council (2022) Pass rates and number of candidates: test of competence

without previous theatre experience. This approach is to be expanded to include other hard to fill areas such as emergency departments and renal medicine.

5.8 Internationally recruited nurses strengthen our workforce and share a wealth of experience and diversity. The Trust has an embedded a strategic approach to improve the nurses' experience of the recruitment process through to working in the organisation. This has been recognised with MFT successfully being shortlisted for the Best International Recruitment Experience in the Nursing Times Workforce Awards 2022**.**

5.9 The Trust is working in partnership with NHSE and the GM Maternity Network to implement an international recruitment programme for midwives as part of a NW regional collaboration. A regional OSCE training programme has been developed to ensure the internationally recruited midwives are supported to successfully apply to the NMC register. The first cohort of midwives are already in training with three due to join MFT with an additional nine due to arrive before the end of March 2023.

5.10 In June 2022, a programme of international AHP recruitment was launched by NHSE prioritising diagnostic radiographers, occupational therapists, and podiatrists. The Northwest region are working as a collaborative to deliver this programme. MFT has submitted a bid to recruit 10 diagnostic radiographers and 10 occupational therapists.

Nursing Associate Workforce

5.11 There has been a total of **267** nursing associates complete their programme in MFT since January 2018. Several nursing associates go onto complete further qualifications and there are **21** now working in band 5 positions in MFT. Currently, there are **182** registered nursing associates working across the hospitals, community settings and theatre areas. In addition, there are **134** trainee nursing associates (TNA) across the Trust undertaking their training through the apprenticeship or self-funded route.

Nursing Assistants and Maternity Support Workers

5.12 As part of a NHSE Healthcare Support Worker (HCSW) Programme[38] and the promotion of health care as a career option, MFT joined a GM collaborative HCSW 2-day recruitment event in April 2022 with a focus on recruiting people who are new to health and care. Since the event **293** are in post with a further **27** completing pre-employment checks.

5.13 In April 2022, the Trust launched a new Nursing Assistant (NA) and Midwifery Support Worker (MSW) Development Programme. The programme provides essential education and training incorporating of the Cavendish Care Certificate for staff new to care. Phase 1 of the programme focuses on the fundamentals of care and patient safety whilst Phase 2 supports the development of essential clinical skills.

[38] NHS England (2019) Healthcare support worker programme

5.14 Since April 2022, **398** NA's and MSW's have been inducted on the programme across the Trust. It is anticipated this position will improve following the expansion of the band 3 workforce creating opportunities for staff to move into these roles.

6. Undergraduate Nursing, Midwifery and AHP Pre-Registration Education

6.1 The University and Colleges Admission Services (UCAS)[39] reported a reduction in numbers of nursing and midwifery students accepting places on programmes commencing this academic year with a UK wide decrease of **9%** since 2021. However, there is still a **14%** growth compared to 2019. There has been a reduction in midwifery applicants with a decrease of **6.7%** since 2021.

6.2 GM Provider organisations and Higher Education Institutions (HEIs) continue to work in collaboration to increase the pre–registration education pipeline. Predicated recruitment numbers for academic year 2022/23 at GM HEI's show a slight increase in adult nursing **(0.6%),** midwifery **(2.8%)** and a **50%** increase in Direct Entry student Nursing Associates.

6.3 The number of adult nurses qualifying from GM HEI's in September 2022 is **809**. This is **82%** of the predicted numbers recruited to programmes in 2019/20 academic year. There have been **182** Children and Young Person nurses (CYP) qualifying in September 2022, **84%** of the original enrolment. For midwifery **115** qualified **(70.5%)** and mental health **225** qualified **(75%).** Some learners from the 2019/20 cohorts have been delayed in qualifying as they are required to complete clinical placement hours which they chose to defer during the pandemic.

6.4 The Trust has been pivotal in the development of a new regional process for the management and utilisation of learning environment capacity for AHP learners through engagement with the NW practice learning reform project facilitated by Health Education England (HEE) NW. Starting with physiotherapy, dietetics and speech and language therapy, this project aims to ensure effective utilisation of placement capacity for students across GM and NW.

6.5 The GM Workforce PMO, in partnership with HEE and the GM Workforce Collaborative, has continued to contribute to the HEE Multi-professional Education and Training Investment Planning process (METIP) 2-year forecast. The METIP is not a workforce plan, but an investment plan for HEE's 'Future Workforce' and 'Workforce Development' budgets which is around 90% of HEE spending[40]. Each year METIP will set out the activity intentions of the future professional Health & Care workforce for GM, therefore a key requirement is for system engagement and partnership working with HEI's.

6.6 HEE have identified investment for the GM system called Targeted Practice Education Programme (TPEP), to fund a sustainable collaborative ICS approach to practice education. The programme builds upon activity undertaken by previous investment pro-

[39] UCAS (2022) 2022 Cycle applicant figures

[40] Health Education England (2021) HEE core business: multi-professional education and training investment plan (METIP)

grammes including Enabling Effective Learning Environments Project; Clinical Placement Expansion Programme; Simulated Learning Environments and Workforce Upskilling Programme. This funding will support practice learning for pre-registration Nursing, Midwifery, AHP, Healthcare Science, Clinical Psychology, Trainee Nursing Associates, Advanced Practice Programmes, Physicians Associate, Anaesthesia Associates, Pharmacy, pre-registration apprenticeships and T-level students for academic year 2022/23 and beyond, enabling growth in our highly skilled future health and care workforce.

7. Workforce Retention Strategies

7.1 The NHS People Plan[41] highlights the importance of looking after our people to support and grow the future NHS workforce. In July 2022, a collaboration between NHSE and the NMC launched a programme of work[42] to support organisations to focus on workforce retention strategies. The programme focuses on targeted interventions for different careers stages and identifies bundles of high-impact actions to deliver sustained gains in retaining nurses and midwives.

7.2 The high-impact actions are those likely to have the greatest impact on job satisfaction and retention of nurses and midwives. These are:

- Flexible working
- Benefits and rewards
- Developing a diverse workforce and creating opportunities
- Implementation of the National Preceptorship Framework
- Implementation of legacy mentoring schemes
- Information on pensions and flexible retirement options
- Developing a menopause strategy

7.3 The Trust is required to complete a self-assessment against the high impact actions which will inform an overarching retention workplan. Progress on this work will be provided to the Board of Directors in May 2023. In the last 12 months, the most common reasons given for staff leaving the organisation are work-life balance and relocation. These reasons are given by **52%** of staff leaving. Of all staff leaving the Trust, **42%** are within their first two years of service at the Trust.

7.4 Health Education England (HEE) have established the Northwest Operating Department Practitioners (ODP) Workforce Supply & Transformation Group in response to a range of workforce challenges in operating theatres. The aim of the group is to provide strategic leadership on the identified challenges enabling a clear plan of action for any regional and/or system work. GM has established a Theatre Workforce Group whose purpose is to work collaboratively in making changes to improve theatre workforce experience and workforce growth. Outputs from this group are aligned with system work with regional activity. Key pieces of work being undertaken relate to career development, learner attrition, placement expansion and effective use of upskilling training delivered by our GM HEI's.

[41] NHS England (2020) NHS People Plan
[42] NHS England (2022) Retaining our nursing and midwifery colleagues

Continued Professional Development

7.5 In September 2020, the Trust launched a programme of work to support nursing, midwifery and AHPs continuing professional development (CPD) utilising the new national funding model available for every nurse, midwife and AHP[43]. Now entering the final of the three-year funding provision, **70%** of eligible NMAHP workforce have accessed education that has been allocated CPD points.

7.6 The Trust continues to develop CPD programmes maximising CPD investment and widening access to training programmes in the future as this current round of CPD funding comes to an end. Programme development has focused on leadership, mentorship, training, and workforce transformation providing the opportunity for staff to access clinical speciality training to support service recovery and growth.

7.7 The Trust delivers a multi-professional preceptorship programme for new to practice nurses, midwives and AHPs to support their transition into practice. The preceptorship programme has been refreshed and the new content is being delivered to both domestic and internationally recruited staff through face to face and virtual training. Additional modules have been developed to enhance the pastoral support for internationally recruited nurses. Topics include safeguarding, communication and adapting to the NHS culture.

7.8 To prepare for the implementation of Hive, nurses, midwives and AHPs have undertaken profession specific training to use the EPR system during Q2. This training has since being enhanced to support safe practice focusing specifically on clinical interventions, referral processes and discharge. Work is being undertaken to ensure that all future CPD programmes are aligned to the transformation enabled by Hive.

Health and Wellbeing of NMAHP Workforce

7.9 As part of the restoration and recovery plans for the workforce there is an opportunity to continue and progress initiatives that promote staff wellbeing. The DON in each of the Hospitals and MCS have established staff wellbeing champions and forums to develop local staff wellbeing strategies.

7.10 The National Professional Nurse Advocate (PNA) training programme was launched in March 2021 in response to the pandemic recovery to support the wellbeing of our nursing workforce through restorative supervision. The PNA role focuses on the four functions of Advocating for Education and Quality Improvement (A-Equip) model: clinical supervision, monitoring, evaluation and quality control, personal action for quality improvement and education and development[44].

7.11 The PNA training programme continues to expand the number of PNAs across the Trust, working towards the recommended 1:20 PNA to registered nurse ratio. A total of **31** registered nurses had completed the PNA programme by August 2022, with a further **43** nurses in training.

[43] HM Treasury (2019) career boost for almost half a million frontline NHS staff
[44] NHS England (2021) Professional nurse advocate A-EQUIP model: a model of clinical supervision for nurses

7.12 In September 2022 a Matron for PNAs was appointed to further enhance the implementation of the PNA role across MFT and evaluate the impact of the PNA role.

8. Safe Staffing

8.1 Recommendations set out in the Developing Workforce Safeguards Report[45] focus on accountability and monitoring of nursing establishments and responding to unplanned changes in daily staffing[46]. The guidance states organisations must demonstrate compliance with the key principles of safe staffing, supporting a triangulated approach combining evidence-based tools such as Safer Nursing Care Tool (SNCT)[47] and Birth-Rate Plus (BR+)[48], data, professional judgement and outcomes that are based on patient needs, acuity, dependency, and risks.

8.2 The Trust's Safer Nursing & Midwifery Staffing Guidance (version 5) continues to inform the monitoring and escalation of nursing and midwifery staffing levels. Daily staffing huddles take place in hospitals/MCSs monitoring patient acuity and dependency, and staff attendance and allocation. A risk rating is calculated for each area. Staffing escalation above level 3 initiates a Director of Nursing workforce escalation meeting chaired by the Chief/Deputy Chief Nurse to review staffing and identify mitigating actions such as mutual aid between hospital/MCSs.

8.3 Before and during the implementation of Hive it was anticipated that there would be additional staffing pressures as staff were required to attend classroom-based training. Despite this increased pressure, safe staffing levels were maintained by forward planning to mitigate the escalated staffing needs and continued monitoring through the staffing huddles.

8.4 During the Hive Go Live implementation period in September 2022, a Chief Nurse Office Hive Command was established to provide system oversight of patient safety processes and risks throughout the go live period, monitoring of patient safety indicators, and safe staffing levels and approval of any deviation from processes in regard to safety. Corporate nursing teams were deployed to support clinical areas and provide additional reassurance to patients and relatives during the go live period.

8.5 The Trust is required to submit the monthly Safe Staffing Report to NHSI detailing actual registered nurse and midwifery staffing levels as a percentage against those that were planned. The average fill rate against planned shifts in September 2022 was **89.5%** for registered nurses and midwives and **90.96%** for unregistered staff**.** In comparison, the fill rate in January 2022 was **88.2%** and **88.3%** respectively when sickness absence rates were higher.

[45] NHS Improvement (2018) Developing workforce safeguards: supporting providers to deliver high quality care through safe and effective staffing
[46] NHS England (2018) Developing workforce safeguards
[47] The Shelford Group (2019) Safer Nursing Care Tool
[48] Birthrate Plus 1996 - 2022

8.6 Temporary staffing has continued to be utilised to support staffing levels throughout the Trust. Weekly NHS Professionals (NHSP) temporary staffing huddles ensure maximisation of engagement between Hospital/MCS/LCOs and NHSP. Opportunities to maximise our temporary staffing fill remains the priority with NHSP. The average fill rate for qualified nurses and midwives is **53.2%** in the last quarter, and **78.4%** for unqualified staff.

Daily Staffing

8.7 The Trust's Hospital/MCS daily staffing levels are assessed across each shift to ensure they are adequate to meet patient acuity and nursing needs on each ward and department. The daily staffing level of staffing requirements including bed occupancy, planned staffing and staffing attendance are undertaken by senior nursing and midwifery staff at their daily 'staffing huddles' within each hospital/MCS.

8.8 The Allocate SafeCare tool is utilised in real time within the staffing huddles to match ward staffing levels with patient acuity, providing control and assurance from bedside to board. During the staffing huddle, safe staffing levels are discussed and, utilising professional judgement, resources are managed based upon patients' acuity and dependency, quality and safety indicators and issues that may affect patient safety and experiences. This information is reported as part of the daily sitrep into Group Strategic.

Safer Nursing Care Tool (SNCT)

8.9 The SNCT is an evidence-based tool[49] and methodology used to calculate the recommended staffing establishments across inpatient wards and incorporates a staffing multiplier to ensure nursing establishments reflect patient needs in terms of acuity and dependency.

8.10 A SNCT baseline census collection period was undertaken in March 2022 providing assurance that **79%** of ward establishments are aligned to the SNCT recommended establishment. The remaining wards require further census data to validate the recommended establishment for these areas.

8.11 The next SNCT census is scheduled for November 2022. This is following the implementation of Hive that will offer a robust system with a positive contribution to safeguards, quality improvements and opportunities for the triangulation of data and professional judgement to support evidenced-based decision making, thus supporting the principles of safer staffing, and achieving optimal nurse staffing levels.

8.12 The Emergency Department Safer Nursing Care Tool (ED SNCT)[50] has been developed by NHSE to support NHS organisations measure patient acuity and/or dependency, applying evidence-based methodology and decision making on setting nursing establishments across both adult and paediatric areas. The ED SNCT census is scheduled to be undertaken in each ED before the end of March 2023.

[49] Shelford Group (2019) Safer Nursing Care Tool
[50] Shelford Group (2021) Launch of the ED SNCT tool

8.13 The Community Nursing Safer Staffing tool (CNSST) was launched at the end of April 2022. The CNSST focuses primarily on physical health delivered by multi-professional community teams within Integrated Teams.

8.14 The GM District Nursing Workforce Group was established in response to the publication of the Queen's Nursing Institute (QNI) Workforce Standards for the District Nursing Service (2022)[51] that sets out safety standards for the UK district nursing workforce and launch of the Community Nursing Safer Staffing Tool (CNSST). The group are developing a collaborative approach to delivering the CNSST training for GM and benchmarking the GM system against the QNI Standards, which will then inform the application of professional judgement and progress implementation of the CNSST.

Safe Staffing in Maternity Services - Birth Rate Plus

8.15 Following the publication of the Final Ockenden Report[52] one of the Immediate and Essential Actions concerning workforce stipulates that each maternity provider should have their midwifery establishment calculated utilising Birth Rate Plus (BR+)[53]. A further review has been commissioned by Greater Manchester and Eastern Cheshire (GMEC) Local Maternity System (LMS) and is expected to commence Q3 2022/2023 with the results available in Q4.

8.16 This new BR+ review will now consider the increased activity on the Wythenshawe site following support of East Cheshire Trust who have been unable to facilitate an inpatient service since March 2020. In addition, the review will provide an updated calculation of specialist midwives required on each maternity site, considering the increasing leadership roles now required as part of Ockenden Immediate and Essential Actions and the impact on increasing the specialist midwifery workforce to successfully sustain Saving Babies Lives Care Bundle version 2.

8.17 In September 2022 NHSE notified providers of the removal of the Midwifery Continuity of Carer Model (MCoC) targets from national reporting, again in response to the Ockenden Immediate and Essential Actions. This was subsequently confirmed in the Maternity Incentive Scheme Year 4 update in October 2022. SM MCS acknowledges the benefits of continuity of care for vulnerable women and will seek to modify the approach to focus on a sustainable antenatal continuity model.

AHP Safe Staffing

8.18 In June 2022, the new AHP Strategy for England 2022-2027 'AHPs Deliver' was published, with one of the four priorities being skills and workforce[54]. It is recognised that AHP services are experiencing increased demand. This is difficult to demonstrate in the absence of an AHP evidence-based safe staffing tool. Service specifications that include AHP staffing are available in specific acute clinical areas namely Guidelines for

[51] The Queen's Nursing Institute (2018) Workforce Standards for the District Nursing Service
[52] Ockenden (2022) Ockenden Report - Final
[53] Birthrate Plus (1996 - 2022)
[54] NHS England (2022) AHP strategy for England 2022 - 2027: AHPs deliver

Provision of Intensive Care Services (GPICS)[55] and British Society of Rehabilitation Medicine (BSRM) Standards for Rehabilitation[56].

8.19 The HEE funded National AHP Workforce Supply Project[57], involving 207 provider organisations across England, closed in Q1 2022. The key outcomes of the project included upskilling workforce leaders, better understanding of workforce data for AHPs, and improved recruitment pathways. In MFT, the project contributed to the development of an AHP Staffing Dashboard providing centralised workforce data related to registered AHPs.

8.20 The national project highlighted the benefit of offering Degree Apprenticeships for AHPs for career development opportunities for AHP support workers, to enhance diversity, and support growth of a workforce that reflects the local population. MFT has successfully implemented an apprenticeship programme for occupational therapy with four existing AHP support workers being appointed in the first cohort commencing March 2022. Additionally, the project contributed to the strategic work carried out by NHSE to support the development of the AHP international recruitment programme.

8.21 The Trust Chief AHP has established a task and finish group, reporting to the AHP Steering Group with a focus on retention of and succession planning within the current AHP workforce. This includes scoping and planning rotational job opportunities across the Trust to support internal workforce development.

Safer Staffing Summary

8.22 Overall, the number of qualified nursing and midwifery vacancies has reduced to **3.6%** and sickness absence has reduced to **7%** for qualified staff and **10.3%** for unqualified staff. This has supported an improvement in average fill rate against planned shifts for both registered **(89.5%)** and unregistered nurses and midwives **(90.96%)** since the last report. Temporary staffing continues to support safe staffing with the average fill rate being **53.2%** for qualified and **78.4%** for unqualified staff.

8.23 The staffing position has improved, however, there is an increase in turnover of nurses and midwives since the last report **(12.4%)** from a larger cohort of staff, highlighting the importance of implementing evidence-based retention strategies and maintaining both domestic and international recruitment pipelines**.** Hospitals and MSCs have implemented a range of retention initiatives to support health and wellbeing, staff development and enhance leadership (Appendix 1).

8.24 It is anticipated that there will be higher acuity and dependency over the coming months with the combined pressures from COVID-19, flu and an increase in hospital attendances from the most vulnerable during the winter period [58]. Through the last week of September 2022 bed occupancy across the Trust increased from **84%** to **94%.** The

[55] Intensive Care Society and The Faculty of Intensive Care Medicine (2022) Guidelines for the provision of intensive care services. Version 2.1
[56] British Society of Rehabilitation Medicine (2009) Standards for Rehabilitation
[57] Health Education England (2022) AHPs workforce supply project
[58] NHS England (2022) NHS sets out package of measures to boost capacity ahead of winter

reduction in vacancies does provide an improved workforce position than in recent years however the high staff absence rate, reduced pipeline from Q4 and shortage of nurses with specialist skills such as theatres and ED will continue to present workforce challenges.

8.25 The planned SNCT census and BR+ along with the introduction of SNCT ED and CNSST will provide timely insight into the current acuity and dependency levels and provide validation of establishments and skill mix. Continuing professional development and the development of in-house training programmes will remain a priority with a focus on developing our nursing, midwifery and AHP staff to broaden their skills and support hard to fill roles.

9. Summary

9.1 Since the previous Board of Directors report, Hive EPR system has been implemented. This significant event has led to an extensive programme of training and offers opportunities for transformation of services and fundamentally it is expected that it will lead to improvements to patient safety and experience. The system will provide valuable data and reports to enhance professional judgement and evidence-base to triangulate nursing/midwifery and AHP safe staffing data and decisions.

9.2 The SNCT census in March 2022 has provided assurance that **79%** of in-patient ward establishments are aligned to the recommended level when reviewed through an evidence-based approach. The census needs to be repeated in the remaining ward areas to meet the requirements of the tool in the validation their staffing establishment. The next census is planned for November 2022.

9.3 The overall nursing and midwifery workforce position has been maintained. A range of domestic recruitment campaigns and a sustained, healthy international pipeline have both contributed to the increase of nursing staff in post despite the challenges of increasing funded establishment and turnover rates. This is in keeping with the national workforce trends, however MFT have not experienced a vast increase in vacancies.

9.4 The Trust has significantly increased pre-registration NMAHP placement opportunities for nursing, midwifery and AHP students and has been integral to the implementation of a tool to effectively manage the utilisation of learning environments.

9.5 There has been a continued focus on delivering CPD opportunities for nursing, midwifery and AHP staff, particularly to support recovery and restoration following the pandemic. Staff health and wellbeing remains important with progression of initiatives such as PNA and Health and Wellbeing Champion roles.

9.6 The Trust is engaging with the NHSE/NMC principles and high impact actions to support retention of nurses and midwives and deliver on the NHS People Plan[59].

[59] NHS England (2020) NHS people plan

9.7 A summary of the workforce positions and safer staff assurance for the Hospitals/MCS/LCOs is provided (Appendices).

10. Conclusion

10.1 The Board of Directors are asked to receive this paper and note progress of work undertaken to support the Trusts pandemic workforce recovery plans and address the nursing, midwifery and AHP vacancy position across the Group.

Appendix 1	Hospitals/ Managed Clinical Services/ Local Care Organisation NMAHP Workforce Report Summary

The Hospital/MCS Directors of Nursing are required to provide a quarterly nursing and midwifery workforce report to their hospital boards. A summary of these reports follows, together with an updated workforce position.

1. Wythenshawe, Trafford, Withington and Altrincham Hospitals (WTWA)

WTWA Workforce Position

1.1 At the end of September 2022, there were a total of **9.0wte (0.5%)** registered nurse vacancies across WTWA compared to **111.8wte (5.7%)** in January 2022. This is a reduction of **102.8wte (5.2%)** nursing vacancies. WTWA have welcomed **132** internationally recruited nurses since January 2022.

1.2 The 12-month rolling turnover at the end of September 2022 for registered nursing staff at WTWA was **11.8%** and **14.0%** for band 5 staff. This has increased by **2.0%** and **1.4%** respectively since January 2022.

1.3 There are currently **56** Band 5 domestic nurses in the pipeline, including **28** experienced nurses and **28** student nurses. Additionally, there are **5** Trainee Nursing Associates who have been allocated posts. WTWA continue to recruit to turnover and maintain a steady recruitment pipeline whilst focusing on improving staff retention.

1.4 In September 2022, there were a total of **186.8wte (20.1%)** nursing assistant vacancies across WTWA compared to **198.7wte (20.8%)** in January 2022. The 12-month rolling turnover for Band 2 nursing assistants was **23.0%** in September 2022**.** This is an increase of **7.7%** when compared to January 2022 when the turnover for this staff group was **15.3%**.

1.5 There are currently **79** nursing assistants in the recruitment pipeline, including **13.73wte** who are due to start in post by the of end of Q3. WTWA are also hosting nursing assistant recruitment events to attract additional staff to their specific hospital sites, there are three further events planned in Q3.

1.6 Sickness absence including covid related absences within the nursing staff group at WTWA was **6.6%** for qualified staff and **11.7%** for unqualified. Stress, anxiety, and depression remains the highest absence reason within the nursing staff group, followed by musculoskeletal.

WTWA Safe Staffing

1.7 A bi-monthly WTWA Nursing and AHP Workforce Steering Group has been launched to provide professional oversight for the recruitment and retention of the nursing and AHP workforce.

1.8 A focus for WTWA is developing the theatre workforce. Theatre recruitment events have been held throughout 2022 and monthly WTWA Theatre Workforce Group meetings are held to address the workforce challenges and ensure a highly skilled workforce. Additionally, Trainee Nursing Associates (TNAs) in their final placement are being placed in theatres with the plan to encourage them into taking up a nursing associate post when qualifying.

1.9 Work commenced in May 2022 to review the effective management of rosters across WTWA, following on from the recently updated Health Roster Policy. The Workforce and Education Lead Nurse is working collaboratively with the Divisions and the NMAHP Workforce Programme Lead, delivering engagement sessions to provide guidance and education to managers on effective rostering.

WTWA AHP workforce

1.10 AHPs in WTWA are employed directly in specialist multi-disciplinary teams. Operating Department Practitioners (ODP) work in WTWA but are fully integrated into the nursing workforce data The vacancy rate in September 2022 for AHPs (excluding ODPs) was **8.4%**, with a 12-month rolling leavers rate of **11.2%**.

2. Manchester Royal Infirmary (MRI)

MRI Workforce Position

2.1 At the end of September 2022, there were a total of **74.9wte (4.6%)** registered nurse vacancies across MRI compared to **15.6wte (1.0%)** in January 2022. This is an increase of **59.3wte (3.6%)** nursing vacancies. During this same period MRI ledger establishment has increased by **99.75wte** increasing the demand for recruitment. MRI have welcomed **134** internationally recruited nurses since January 2022 and have further cohorts planned.

2.2 The 12-month rolling turnover at the end of September 2022 for registered nursing staff at MRI was **11.2%** and **11.8%** for band 5 staff which is a reduction of 1% since January 2022.

2.3 There are currently **45** Band 5 domestic nurses in the pipeline, **28** are students and **17** are experienced nursing staff. Additionally, there are **14** Trainee Nursing Associates who have been allocated posts.

2.4 In September 2022, there were a total of **134.7wte (16.5%)** nursing assistant vacancies across MRI compared to **158.9wte (19.6%)** in January 2022. The 12-month rolling turnover for Band 2 nursing assistants has increased by **1.6%** from **18.0%** in January 2022 up to **19.6%** in August 2022**.**

2.5 There are currently **48** nursing assistants in the recruitment pipeline, including **11.89wte** who are due to start in post by the end Q3.

2.6 Sickness absence including covid related absences within the nursing staff group at MRI was **6.4%** for qualified staff and **12.5%** for unqualified. Stress, anxiety, and depression remains the highest absence reason within the nursing staff group, followed by musculoskeletal.

MRI Safe Staffing

2.7 Analysis of the leavers at MRI in 12-months to Q3 2022 highlighted relocation as the most common reason for leaving.

2.8 To improve the level of attrition, particularly for band 2 and band 5 posts, MRI has introduced numerous schemes to support staff recruitment and retention including Band 2 and Band 5 engagement meetings, pastoral support for each banding, exploration of rotational posts, and a pilot scheme to refer colleagues to Lime Arts scheme known as Create+.

2.9 To support safe staffing there is ongoing engagement with ward managers to ensure roster compliance with a plan for monthly roster 'check and challenge' meetings.

2.10 MRI has a longstanding commitment to developing advanced clinical practice roles. Currently there are 45 Advanced Care Practitioners (ACP) and 4 Nurse Consultants. There are 12 Trainee ACPs enrolled on apprenticeship schemes. This is a 3-fold increase on previous cohorts.

3. North Manchester General Hospital (NMGH)

NMGH Workforce Position

3.1 At the end of September 2022, there were **767.9wte** registered nurses in post at NMGH, bringing them to their current ledger establishment across the hospital, compared to **36.2wte (5.1%)** vacancies in January 2022.

3.2 NMGH has continued to welcome International Nurses, with **97** joining NMGH since January 2022.

3.3 In the domestic registered nurse pipeline, there are currently **31** nurses allocated to NMGH, **18** students and **13** experienced nurses.

3.4 Registered nurse turnover has seen an overall increase of **1.8%** from **13.7%** in January 2022 up to **15.8%** in September 2022. Turnover for nursing staff at band 5 level is **16.4%** up by **0.6%** from **15.8%** in January 2022. NMGH continue to recruit to nursing turnover.

3.5 In September 2022, there were a total of **55.9wte (11.8%)** nursing assistant vacancies across NMGH compared to **47.4wte (12.5%)** in January 2022. This is an increase in vacancies of **8.5wte** mainly due to additional funding and increase in establishment of **90wte** across NMGH ward and departments.

3.6 **72** nursing assistants have commenced in post following successful recruitment events, with a further **23** currently progressing with pre-employment checks and **6** who are booked to start in the next 8 weeks.

3.7 The 12-month rolling turnover for Band 2 nursing assistants has seen a positive decrease since January 2022 when turnover was **11.8%**, this has now decreased by **0.1%** to **11.7%** in September 2022.

3.8 Current sickness absence levels include those related to covid at **7.9%** for qualified staff and **10.5%** for unregistered staff.

NMGH Safe Staffing

3.9 There has been considerable investment in registered and non-registered nursing workforce at NMGH following a review of nurse staffing establishment. Increased qualified nursing recruitment activity has taken place to ensure staffing demands are met for NMGH.

3.10 NMGH have now successfully implemented the Health Roster System, Allocate in line with MFT policy. Weekly roster meetings have been established. The next step for NMGH is to implement the SafeCare function of the system to support professional judgement and decision making in relation to staffing requirements.

3.11 NMGH continues to implement initiatives to enhance employee engagement including a development programme for band 5 and band 6 nurses; rotations for staff working in the acute medical unit and the emergency department; and improving communication on lessons learned from incidents.

4. Royal Manchester Children's Hospital (RMCH) MCS

RMCH Staffing Position

4.1 In September 2022 there were **1049.7wte** registered nurses in post at RMCH, bringing them to their current ledger establishment across their services, compared to **6wte (0.6%)** vacancies in January 2022. during this period additional funding has been added to RMCH ledger establishment from **1038.4wte** in January 2022 to **1061.0wte**.

4.2 The 12-month rolling turnover for registered nurses at the end of September 2022 is **10.9%** which is an increase of **1.3%** from **11.3%** in January 2022. For band 5 nurses there has been an increase of **1.5%**, from **11.6%** in January 2022 to **13.1%** in September 2022.

4.3 In the domestic registered nurse pipeline, there are currently **63** nurses allocated to RMCH, **53** students and **10** experienced nurses. RMCH has welcomed **39** internally recruited paediatric nurse since January 2022 and continue to factor into their recruitment plans.

4.4 In September 2022, there were a total of **29.9wte (12.0%)** nursing assistant vacancies across RMCH compared to **31.1wte (12.4%)** in January 2022. The 12-month rolling turnover for nursing assistants was **20.1%** in September 2022, this is an increase of **6.2%** from January 2022 **13.9%**.

4.5 Sickness absence including covid related absences within the nursing group at RMCH is **6.3%** for qualified nursing and **12.6%** for unqualified.

RMCH Safe Staffing

4.6 It has been identified that most registered nurses leaving RMCH MCS have only been in post between two and five years. Most leavers from the unregistered workforce have only been in post for up to three years. A Matron for Staff Wellbeing, Equality Diversity and Inclusion was appointed in January 2022 and is working closely with HR and the Wellbeing Advocate for RMCH/MCS to understand the needs of staff, develop a structure of wellbeing champions and implement initiatives that contribute to improves staff retention.

4.7 RMCH is the second largest centre for Bone Marrow Transplant in England and due to rapid increase in patient numbers and advancements in available therapies it has been necessary to review the established workforce to ensure safe staffing. This review has resulted in investment in the workforce and a programme of recruitment and development of staff has been implemented to achieve the required staffing and skills.

4.8 The paediatric nursing workforce has been supported to develop expertise to care for increasing number of young people with mental health, learning disabilities and autism presenting to services. Work has been completed to expand the Focused Support Team with a plan to recruit and develop additional nursing assistants to support the wards.

5. Manchester Royal Eye Hospital (MREH) and University Dental Hospital of Manchester (UDHM)

MREH and UDHM Nursing Workforce Position

5.1 At the end of September 2022, there were a no registered nurse vacancies in MREH or UDHM. There was a total of **10.4wte (19.0%)** nursing assistant vacancies in MREH.

5.2 The 12-month rolling turnover at the end of September 2022 was **6.8%** for registered nurses in MREH which is a decrease of **5.2%** from **12.0%** in January 2022.

5.3 MREH continue to recruit to turnover for both nurses and nursing assistant posts. MREH have welcomed **15** internationally recruited nurses since January 2022.

5.4 Sickness absence including covid related absences within the nursing staff group for MREH was **5.6%** for registered nursing and **10.2%** for nursing assistants. For UDHM the current sickness levels are **6.4%**.

5.5 There are significant national shortages in dental nurses[60] and there is increasing competition from private practices. UDHM has launched a recruitment campaign on social media with the aim of improving attraction to these posts.

5.6 Several initiatives have been introduced to enhance retention across UDHM and MREH. These include the development of service improvement courses to support emerging leaders as well as an in-house ophthalmic course supported the MFT CPD Fund in MREH.

5.7 MREH engagement in the MFT recruitment campaigns has led to successful recruitment to turnover of band 5 nurses in Q2 2022.

MREH AHP Workforce

5.8 Orthoptic staff are the predominant AHP group in MREH. Operating Department Practitioners (ODP) work in MREH but are fully integrated into the nursing workforce data. Orthoptic staffing sickness has increased slightly from **2.7%** in April 2022 to **3.2%** in August 2022. Rolling 12-month leavers rate has increased slightly from **4.2%** in April 2022 to **5.5%** in September 2022.

6. Clinical and Scientific Services (CSS)

CSS Workforce Position

6.1 At the end of September 2022 CSS there were no registered nurse vacancies. This is significantly lower that the reported national vacancy rates in critical care units across England.[61]

6.2 Within CSS the rolling 12-month turnover for registered nurses up to the end of September 2022 was **9.2%** which is a **1.6%** decrease from January 2022 **10.8%**. Improvements have also been seen in the band 5 nursing workforce where turnover has reduced by **1.1%** since January 2022.

6.3 There are currently **10** registered nurses in the domestic pipeline allocated to CSS, **4** students and **6** experienced nurses, in addition to this CSS remain committed to welcome future IR nurses.

6.4 Sickness absence including covid related absences within the nursing staff group for CSS was 6.3% for qualified nursing and 12.6% for unqualified nursing.

CSS Safer Staffing

6.5 Guidance for the Provision of Intensive Care Services (GPICS)[62] are used by professional and regulatory bodies to appraise critical care services and staff staffing levels.

[60] Dentistry (2022) Is there a crisis in dental nursing?
[61] Critical Care National Network Nurse Leads Forum Symposium CC3N (2022)
[62] Intensive Care Society and The Faculty of Intensive Care Medicine (2022) Guidelines for the provision of intensive care services. Version 2.1

This includes during the Care Quality Commission (CQC) inspections and annually during the GM Critical Care Network Peer Review.

6.6 The GPICS standards require a minimum of 50% of registered nurses to hold a post-registration critical care qualification. During the pandemic the Critical Care Course delivered by GM Critical Care Skills Institute was suspended. Consequently, only NMGH Critical Care is compliant with this standard (57%). A recovery plan has been agreed with the GM Skills Institute with a trajectory to achieve the standard by September 2023.

6.7 Additional specialist commissioning to increase availability of ECMO (Wythenshawe Critical Care); support flexible use of beds to increase level 3 capacity when required; and install Bioquell PODS (North Manchester Critical Care) has supported an increase in funded nursing establishment.

6.8 CSS have well-established initiatives to support staff health and wellbeing such as 'Thoughtful Thursday', reflective rounds, and staff exercise and walking events. The MCS offers Stay Interviews to support retention and has embraced the Professional Nurse Advocate (PNA) role, developing a PNA toolkit that will be presented at the British Association of Critical Care Nurses Conference 2022.

CSS AHP Workforce

6.9 In CSS, AHPs work in the AHP Division (Physiotherapists, Occupational Therapists, Dietitians, and Speech and Language Therapists), and the Imaging Division (Radiographers). The number of AHP vacancies in September 2022 were **32.99wte (5.29%)** in the AHP Division and **42.67wte (11.37%)** in the Imaging Division. This is a reduction in vacancies in the AHP Division (**74.96wte)**, but a similar position in the Imaging Division **(43.68wte)** compared with May 2022.

6.10 In September 2022, the 12-month leavers for the AHP Division was **5.43%** and the sickness absence rate was **4.62%.** In the Imaging Division the 12-month leavers rate was **7.14%** and the sickness absence rate in September 2022 was **5.08%**.

6.11 The CSS Deputy Director of AHPs has been created to provide oversight and increase representation of AHPs.

7. St Mary's Hospital MCS

SM MCS Nursing Workforce Position

7.1 At the end of September 2022, there were a total of **36.7wte (5.6%)** registered nurse vacancies across SMH compared to **40.2wte (6.5%)** in January 2022. SMH have welcomed **37** internationally recruited nurses since January 2022.

7.2 The 12-month rolling turnover at the end of September 2022 for registered nursing staff at SMH was **15.1%** which is an increase of **2.0%** since January 2022.

7.3 There are currently **13** Band 5 domestic nurses in the pipeline, including **5** experienced nurses and **8** student nurses. Additionally, there are **2** Trainee Nursing Associates who have been allocated posts.

7.4 In September 2022, there were a total of **41.8wte (32.1%)** nursing assistant vacancies across SMH compared to **35.7wte (29.2%)** in January 2022.There are currently **21** nursing assistants in the recruitment pipeline progressing through recruitment checks.

7.5 Sickness absence within the nursing staff group is **8.4%** for qualified staff and **11.60%** for unqualified.

SM MCS Newborn Services Safe Staffing

7.6 The key workforce challenges faced by the new-born services are recruitment of experienced staff to vacancies, meeting National Standards for Qualified in Speciality (QIS), and retention of new starters particularly on the Newborn Intensive Care Unit (NICU). Staff feedback surveys have been carried out to identify themes and develop an action plan to support retention.

7.7 In recognition of the national shortage of neonatal nurses the Newborn Services Division continues to review alternative roles and strategies to support the nursing cohort. All new band 5 starters to Newborn Services are supported to rotate between the level 3 and level 2 sites during the induction period. This model has been used following the transaction of the North Manchester site into the MCS.

7.8 Newborn services made a successful bid to the Northwest Neonatal Operational Delivery Network (NWNODN) with an increase of 20.3wte nursing posts to increase cot side nursing care provision resulting in a total of 34.7wte nursing vacancies across New-born services. Recruitment to these posts has been positive with all posts now recruited to.

SM MCS Gynaecology Safe Staffing

7.9 The Gynaecology Division is strengthening its nursing management structure through the appointment of an additional Lead Nurse. This appointment will increase senior nurse strategic overview and forms part of the retention plans in response to staff survey feedback highlighting staff not feeling involved in changes in their departments.

7.10 SM MCS theatres have completed a workforce consultation to ensure effective utilisation of staffing. The change in working patterns align with theatre scheduling improving the flexibility of theatre lists and supporting recovery plans.

SM MCS Midwifery Workforce Position

7.11 At the end of September 2022, there were a total of **90.7wte (12.5%)** registered midwife vacancies across SMH compared to **20.2wte (2.8%)** in January 2022. This is an increase of **70.5wte (9.6%)**.

7.12 The 12-month rolling turnover at the end of September 2022 for registered midwifery staff at SMH was **13.4%** this has increased by **0.7%** since January 2022 **12.7%**.

7.13 There are currently **75** registered midwives in the domestic pipeline expected to commence in post before the end of Q3. SMH, as part of wider GMEC LMNS, continue to support international recruitment and have **21** International Midwives in the pipeline, **5** of which are expected to be in the UK by January 2023.

7.14 In September 2022, there were a total of **20.2wte (11.7%)** maternity support worker (MSW) vacancies across SMH. Attraction and retention of this staff group is expected to improve following the introduction of the band 3 maternity support worker role.

7.15 There are currently **4** MSW in the recruitment pipeline who are undertaking recruitment checks and are predicted to start in Q3.

7.16 Sickness absence within the midwifery staff group is **8.4%.**

SM MCS Midwifery Safe Staffing

7.17 SM MCS continues to be supported by three NHSE/I funded recruitment and retention midwives until April 2023. This team review reasons for leaving, develop action plans to address the themes and implement initiatives to support retention. The current top themes stated for leaving at exit interviews are relocation out of area, retirement and moving to another local GM Trust**.**

7.18 Workforce retention levels at end of Q2 had improved by **2.3%.** Further plans include face-to-face listening events, band 6 and band 7 away days to support wellbeing and development and focused sessions on topics such a menopause supported by Royal College of Midwives (RCM) representatives.

7.19 To enhance recruitment SM MCS makes guaranteed job offers to final year midwifery learners, held SM MCS specific open days in 2022, worked with HEIs to increase capacity of learners and participated in a national International Midwifery Recruitment Campaign.

8. Manchester and Trafford Local Care Organisation (M/TLCO)

M&TLCO Workforce Position

8.1 At the end of September 2022, there were a total of **122.6wte (11.4%)** registered nurse vacancies across the M&TLCO. This is a decrease of **0.5wte (0.2%)** vacancies from **123.1wte (11.3%)** vacancies in January 2022.

8.2 Approximately 35% of the vacancies across M/TLCO remain within the registered nurse workforce, predominantly in the District Nursing workforce. Across M/TLCO the turnover for September 2022 for registered nurses is **17.2%** which is an increase of **1.3%** since January 2022 when turnover was **15.9%**. There are currently **23** registered

nurses in the domestic pipeline for M/TLCO, compromising of **21** students and **2** experienced nurses.

8.3 In September 2022, there were a total of **55.0wte (17.7%)** nursing assistant vacancies across M/TLCO compared to **40.2wte (14.5%)** in January 2022. The expansion of the band 3 workforce across the LCO is expected to support attraction and retention of staff in these roles.

8.4 It is recognised that there is a workforce challenge within district nursing services across M/TLCO due to mismatch between capacity and demand, vacancies, and staff absence. There are similar challenges within M/TLCO health visiting and school health services that reflects national and regional shortages in these specialities. Additional community nursery nurses have been employed to support health visiting services and bridge the workforce gap in this area.

8.5 To mitigate current workforce challenges a district nursing recruitment and retention plan has been implemented to improve vacancy rates. A daily reporting tool (sitrep) has been implemented to monitor, mitigate, and escalate staffing levels and demand.

M/TLCO Allied Health Professional Workforce

8.6 In September 2022 there were **22.25wte (4.49%)** AHP vacancies across the M/TLCO with a 12-month leavers rate of **14.34%**. The sickness absence rate for AHPs is **4.13%**

8.7 There are a range of workforce challenges for M/TLCO AHPs including difficulty recruiting to community based AHP positions and AHPs leaving for private practice. Predominately vacant posts arise due to AHPs seeking promotion or due to retirement.

8.8 Despite these challenges initiatives have been implemented that support recruitment and retention. These include upskilling senior rehabilitation assistants, option of rotational posts that include linking with CSS AHP division, creating band 5 to band 6 transitional roles, and expanding the AHP ACP workforce.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC

Report of:	Group Chief Nurse
Paper prepared by:	Gail Meers, Corporate Director of Nursing, Quality and Patient Experience David Wright, Macmillan Lead Cancer Nurse, Cancer Services Emma Burton, Deputy Lead Cancer Nurse, Cancer Services
Date of paper:	November 2022
Subject:	Report of the results of the National Cancer Patient Experience Survey (2021).
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision and Values and Key Strategic Aims:	This report reflects and supports the work of cancer teams to deliver the MFT Vision and Values with regards to: - Everyone Matters - Dignity and Care - Open and Honest
Recommendations:	The Board of Directors is asked to note the content of the report.
Contact:	Name: David Wright, Macmillan Lead Cancer Nurse Tel: 07971030036

1 Executive summary

1.1. The National Cancer Patient Experience Survey (NCPES) is designed to monitor national progress on cancer care and drive quality improvements. It is scheduled on an annual basis as outlined in the 'National Cancer Strategy: Achieving World Class Cancer Outcomes', (2015). The NCPES 2021 is the 11th iteration of the survey since 2010.

1.2. The questionnaire was redeveloped for the 2021 survey following an audit of the previous 5 years data and areas for improvement were identified. These areas for improving the survey include living with and beyond cancer, care planning and immunotherapy to ensure inclusiveness.

1.3. Due to the significant changes made to the questionnaire, NCPES recommended that comparisons are not made with previous years' results and there is no ability to trend specific questions from previous years. However, we do have the ability to trend demographic data.

1.4. The 2021 NCPES survey was carried out from 1st April 2021 to 30th June 2021, with participating Trusts received their results on 7th July 2022.

1.5. Actions taken as a result of this survey will not directly impact on the 2022 survey outcomes as fieldwork had already commenced at the time the 2021 survey was published.

1.6. It is important to note that the survey results are a snapshot in time, and during the sampling period there was variation in the effects of the pandemic within different parts of the country that also impact comparisons at a Trust level.

1.7. The survey was commissioned and managed by NHS England and the principles and objectives of the survey were set and overseen by the National Cancer Patient Experience Advisory Group.

1.8. The survey involved 134 NHS Trusts, out of 107,412 people, 59,352 people responded to the survey, yielding an overall response rate of 55%. MFT's response rate was 48%.

2 Overview of the paper

2.1. The paper provides an overview of MFT's results following the NCPES 2021 including:

- Respondents' demographics
- Areas requiring further analysis,

- Opportunities for improvement, and
- Areas of improvement from the previous survey
- Links to the Cancer Strategy currently being agreed.

2.2 The survey is open to adult NHS patients (aged 16 years and above) with a confirmed primary diagnosis of cancer, that have been discharged from the Trust after either an inpatient or day case episode cancer related treatment during the months of the survey.

2.3 It is valuable to note that tumour group specific information is only available where eleven or more responses have been received and the results encompass MFT as a whole and are not broken down by individual Sites.

3 Methodology and Sample

3.1 The NCPES methodology usually reflects the CQC standard for reporting comparative performance, based on the calculation of 'expected range's'. The expected range charts in the results show the lowest and highest scores received nationally. Trusts whose score is above the upper limit of the expected range are positive outliers, with a score statistically significantly higher than the national mean. This indicates that the Trust performs better than what Trusts of the same size and demographics are expected to perform. The opposite is true if the score is below the lower limit of the expected range.

3.2 The NCPES (2021) response rate for MFT was 48% which is 7% below the national response, and also a drop of 7% from the 2019 and 2020 survey which both had response rates of 55%.

3.3 **Table 1** shows the Trust's sample size and survey response rate. This indicates a decline in both national and local response since 2019.

	2019		2020		2021	
	MFT	**National**	**MFT**	**National**	**MFT**	**National**
Sample size	1,260	111.366	880	33,266	1,645	113,516
Completed	697	67,858	484	19,610	792	59,352
Response rate	55%	61%	55%	59%	48%	55%

Table 1. Sample size and response rate

3.4 The gender distribution is shown at **Table 2**. Please note the 2021 survey is the first survey that provided an opportunity for the responder to not provide a gender as indicated below.

	2019	2020	2021
Gender	**Respondents**	**Respondents**	**Respondents**
Male	329 (47%)	216 (45%)	387 (49%)
Female	368 (53)	254 (55%)	370 (46%)
Prefer not to say			1
Not given			34 (4%)
Total	**697**	**484**	**792**

Table 2. Gender distribution

3.5 Each year the survey focuses on ethnicity with 85% of responders identifying as white British, 6% declined to answer, and 9% identified across the other ethnicity groups. The City of Manchester has the highest proportion of non-white people of any district in Greater Manchester and therefore the results are not reflective of the population served in Manchester and Trafford. A key theme under development as part of the MFT Cancer Strategy, is inequalities and access, where the survey results will be considered, and work commenced to address. **Table 3** below, shows a breakdown of the ethnicity responders identified as:

Ethnicity	Number of responders
White British	
English/Welsh/Scottish/Northern Irish/British	642
Irish	15
Gypsy or Irish Traveller	0
Any other white background	14
Mixed/ Multiple Ethnic Groups	
White and Black Caribbean	4
White and Black African	4
White and Asian	3
Any other Mixed/multiple ethnic background	3
Asian or Asian British	
Indian	9
Pakistani	13
Bangladeshi	1
Chinese	8
Any other Asian background	2
Black/African/Caribbean/Black British	
African	12
Caribbean	9
Any other Black/African/Caribbean background	3
Other Ethnic group	

Arab	1
Any other Ethnic background	4
Not given	
Not given	45

Table 3. Respondents by ethnicity

3.6 **Table 4** shows the age profile of the Trust's survey sample with the single highest age range of respondents identified as 65-74 years, with a total of 61% of respondents aged between 55-84 years. In 2020 83% of responders fell between this age range which indicates a greater range of responders for the 2021 survey. The 2021 results also show for the first-time responses from people aged 85+years

Age	2019	2020	2021
16-24	2	2	0
25-34	9	5	6
35-55	17	19	21
45-54	64	44	82
55-64	145	94	180
65-74	279	185	285
75-84	179	135	180
85+	N/A	N/A	38
Total	697	484	792

Table 4. Respondents by age

3.7 **Table 5** shows that the largest number of responses constituting 54% of the Trust overall response rate were received from patients in the Lung, Breast and Haematology tumour groups, which is in keeping with the three largest tumour sites for diagnosis at MFT. This is also consistent with the 2019 and 2020 survey results when the same three tumour groups also accounted for the largest cohort of responses, constituting 55% of the total number. **Table 5** provides the number of responses by Tumour Group.

Tumour group	2019 Number of responses	2020 Number of responses	2021 Number of responses
Brain & CNS	0	0	0
Breast	116	78	173
Haematology	130	111	117
Upper GI	27	25	41
Gynaecology	34	25	27
Urology	51	46	68
Prostate	35	15	51

Colorectal	63	20	56
Head& Neck	25	10	40
Sarcoma	5	5	10
Lung	147	79	136
Skin	16	12	7
Other	48	56	66

Table 5. Results by Tumour Group

4. Trust Results

4.1 Following an audit of the previous 5 years data and areas for improvement being identified, the questionnaire was redeveloped for the 2021 survey. To ensure inclusiveness the areas for improving the survey include 'living with and beyond cancer', 'care planning' and 'immunotherapy'.

4.2 The 2021 NCPES is structured into fourteen thematic sections as follows:

- Seeing your GP
- Diagnostic Tests
- Finding out that you had cancer
- Support from a main contact person
- Deciding on the best treatment
- Care planning
- Support from hospital staff
- Hospital care
- Your treatment
- Immediate and long term side effects
- Support while at home
- Care from your general practice
- Living with and beyond cancer
- Your overall NHS care

4.3 Responses for questions with one to eleven respondents are suppressed, both to protect patient confidentiality and due to the ambiguity around the result.

4.4 The 2020 survey indicated a correlation between the reduction in cancer diagnoses seen during the early stages of the COVID pandemic and responses to the 2020 NCPES. The 2021 response numbers appear to correlate with 2019 and would suggest a return to pre pandemic diagnosed numbers.

4.5 In line with previous surveys, patients were asked to rate their overall quality of care on a scale of 0 (very poor) to 10 (very good). The following tables show the MFT score for overall quality of care and those of Greater Manchester Trusts shown in **Table 6**, and

those of Shelford Trusts in **Table 7**. It is reassuring that after another difficult year for cancer services that the overall care score for MFT was 8.9 and aligns with Trusts across Greater Manchester and fellow Shelford Trusts.

Northern Care Alliance	Stockport	MFT	East Cheshire	Wigan	Bolton	The Christie	Tameside
8.7	8.7	8.9	9.0	9.0	9.1	9.1	9.1

Table 6. Overall Quality of Care scores for MFT and other GM Trusts

Imperial	Birmingham	UCL	Kings	MFT	GSTT	Oxford	Sheffield	Northumbria	Cambridge
8.8	8.8	8.9	8.9	8.9	9.0	9.0	9.0	9.0	9.1

Table 7 Overall Quality of Care scores for MFT and other Shelford Trusts

4.6 Due to the significant changes made to the questionnaire there is no ability to trend specific questions from previous years, however it is pleasing to note that high scores (>90%), were received for ten out of the fifty-nine questions as displayed in **Table 8**.

Question No.	Question asked	2021
Question 5	Received all the information needed about the diagnostic test in advance	**92%**
Question 9	Enough privacy was always given to the patient when receiving diagnostic test results	**95%**
Question 17	Patient had a main point of contact within the care team	**92%**
Question 19	Patient found advice from main contact person was very or quite helpful	**96%**
Question 25	A member of their care team helped the patient create a care plan to address any needs or concerns	**93%**
Question 26	Care team reviewed the patient's care plan with them to ensure it was up to date	**99%**
Question 27	Staff provided the patient with relevant information on available support	**90%**
Question 38	Patient received easily understandable information about what they should or should not do after leaving hospital	**91%**
Question 41.3	Beforehand patient completely had enough understandable information about radiotherapy	**91%**
Question 56	The whole care team worked well together	**90%**

Table 8. Scores above 90%

4.7 As shown in **Table 9,** a further six questions scored above the expected range.

Question No.	Question asked	2021 score	Lower expected range	Upper expected range	National score
Question 13	Patient was definitely told sensitively that they had cancer	**77%**	**70%**	**77%**	**73%**
Question 14	Cancer diagnosis explained in a way the patient could completely understand	**80%**	**74%**	**79%**	**76%**
Question 15	Patient was definitely told about their diagnosis in an appropriate place	**87%**	**82%**	**87%**	**84%**
Question 42.2	Patient completely had enough understandable information about progress with chemotherapy	**83%**	**74%**	**83%**	**79%**
Question 49	Care team gave family, or someone close, all the information needed to help care for the patient at home	**62%**	**51%**	**60%**	**55%**
Question 58	Cancer research opportunities were discussed with patient	**56%**	**34%**	**54%**	**44%**

Table 9: Questions scoring above expected range

4.8 As shown in **Table 10**, of the fifty-nine questions asked, one scored below the expected range.

Question No	Question asked	2021	Lower expected range	Upper expected range	National score
Question 41.5	Beforehand patient completely had enough understandable information about immunotherapy	**73%**	**74%**	**91%**	**83%**

Table 10: Questions scoring below expected range

4.9 In response to this, actions are being developed to improve the access to understandable information about immunotherapy.

5. Tumour Specific Analysis

5.1 Results for tumour-specific groups are provided where eleven or more patients have responded (please reference **Table 5**). The Trust received tumour specific scores for the tumour groups below:

- Breast
- Colorectal
- Gynaecology
- Lung
- Prostate
- Upper Gastro

- Haematology
- Head and Neck
- Urology
- Other

5.2 Tumour specific results were not received for the Sarcoma or Skin cancer groups, as only ten and seven responses were received, respectively, from these groups. Of noting, MFT does not offer cancer services for Brain and CNS cancer patients.

5.3 The only tumour group to contain a full library of results, were those for Breast cancer, as in each set of questions they received eleven or more responses.

5.4 The result that stands out is an overall care score of 7.5 for Upper GI. In regard to the NCPES, Upper GI encompasses Oesophago-gastric and hepatobiliary patients (HPB). The remaining cancer teams have an overall care score ranging between 8.2 and 9.3 for comparison. This will be explored further with the Upper GI and HPB teams.

5.5 The Trust has invested widely to increase the patient access to key aspects of Personalised Cancer Care. These key areas are holistic assessment of worries and concerns, care plans and treatment summaries, with access to health and wellbeing information.

5.6 The 2021 results suggest a mixed picture with the Trust scoring an overall 99% for care plans with team scores ranging between 94% and 100%. However, the Trust score for patients being able to discuss needs or concerns prior to treatment was only 72% with teams ranging between 63% and 88%. Additionally for the question that pertains most closely to health and wellbeing information and support, the Trust score was 79% with teams ranging between 67% and 92%. These issues will be addressed with cancer MDT teams.

5.7 One of the shortfalls of the survey results is that the tumour specific results are not shown against the national average for that tumour group. The Corporate Cancer Nursing team will pull together the MFT scores against the national scores to add greater depth to the tumour group meetings. This data will be presented at the cancer quality committee meeting when a plan for dissemination can be agreed.

6. Specific response – Age and ethnicity

6.1 The results demonstrate a small number of responses for those in the younger age ranges, with most questions having none or limited responses from those under the age of 45. This is due to patient demographics as demonstrated in **Table 4**.

6.2 The survey results do not show the Ethnic diversity of patients that received the survey. However, with 85% of responders identified as white British, this points to the results as not being reflective of the diversity of recipients of care and treatment at MFT. This is something that the corporate cancer team plan to action.

6.3 Overall, it is difficult to draw too many conclusions from comparison between the results from the different ethnic groups. However, as there are results available for White, Asian, Black and 'Not Given' we can draw the average rating of care as identified in **Table 13**. From comparison it appears that there is less difference between the responses for White responders and Black responders than there is between White responders and Asian responders.

Question No.	Question asked	White	Asian	Black	Not Given
Question 59	Patients average rating of care scored from very poor to very good	**8.9**	**8.3**	**9.0**	**8.8**

Table 13: Questions about experience by ethnic groups

7. Free Text responses

7.1 The 2021 survey has produced a large volume of free text responses, 1479 in total. **Table 14** shows the total responses across 25 topic areas. Of noting a response may cover more than one topic area.

7.2 As with the quantitative data results the qualitative responses cannot be broken down to individual sites of MFT or individual tumour groups. There are a small minority of responses where a staff member, team or location are mentioned but not enough to offer any workable numbers for comparison.

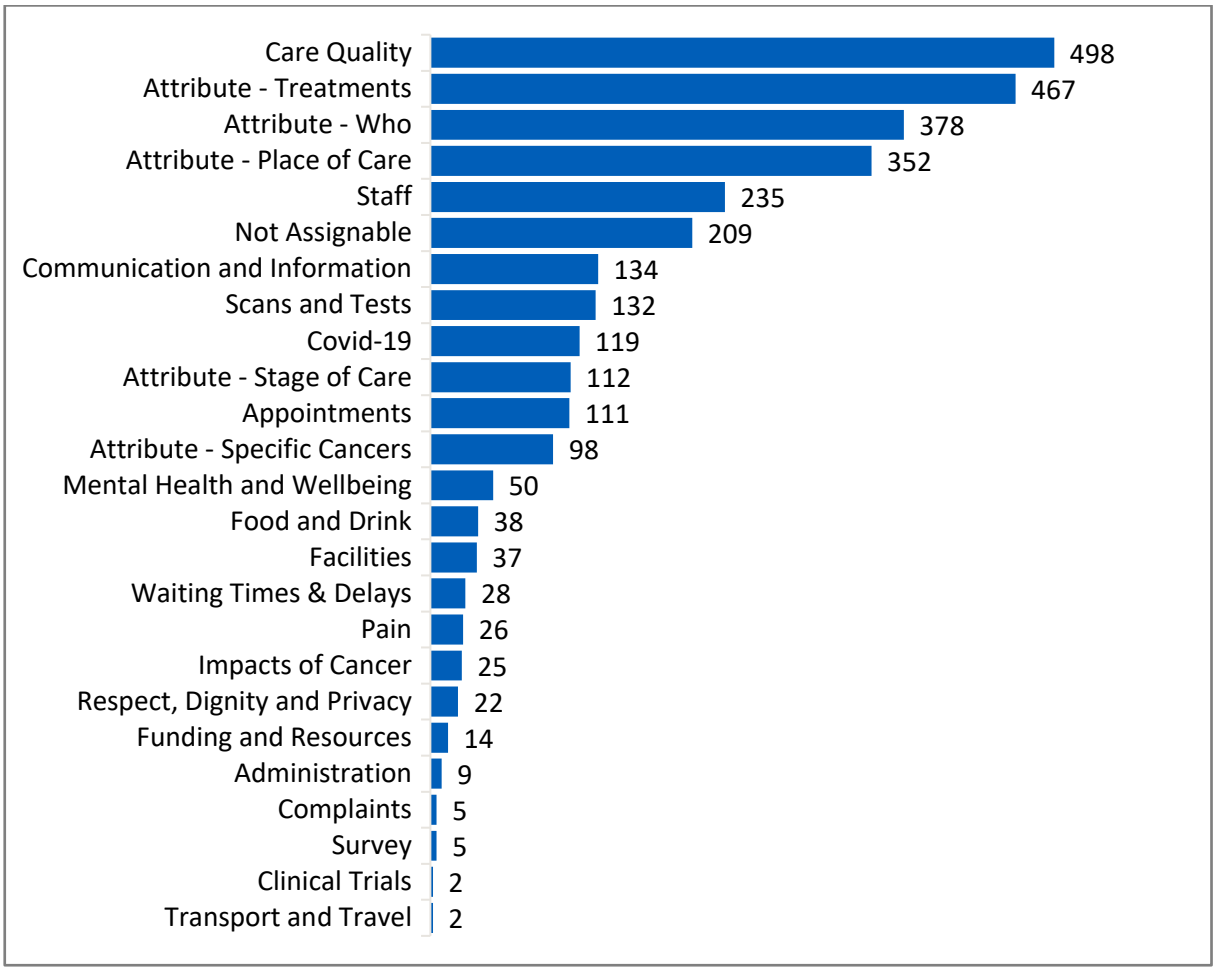


Table 14. Topic areas highlighted in the 1479 free text responses

7.3 The free text responses were developed from three questions that asked the recipient to describe anything particularly good, anything particularly poor and then any other comments. **Table 15** shows the breakdown of these three questions for the 25 topic areas.

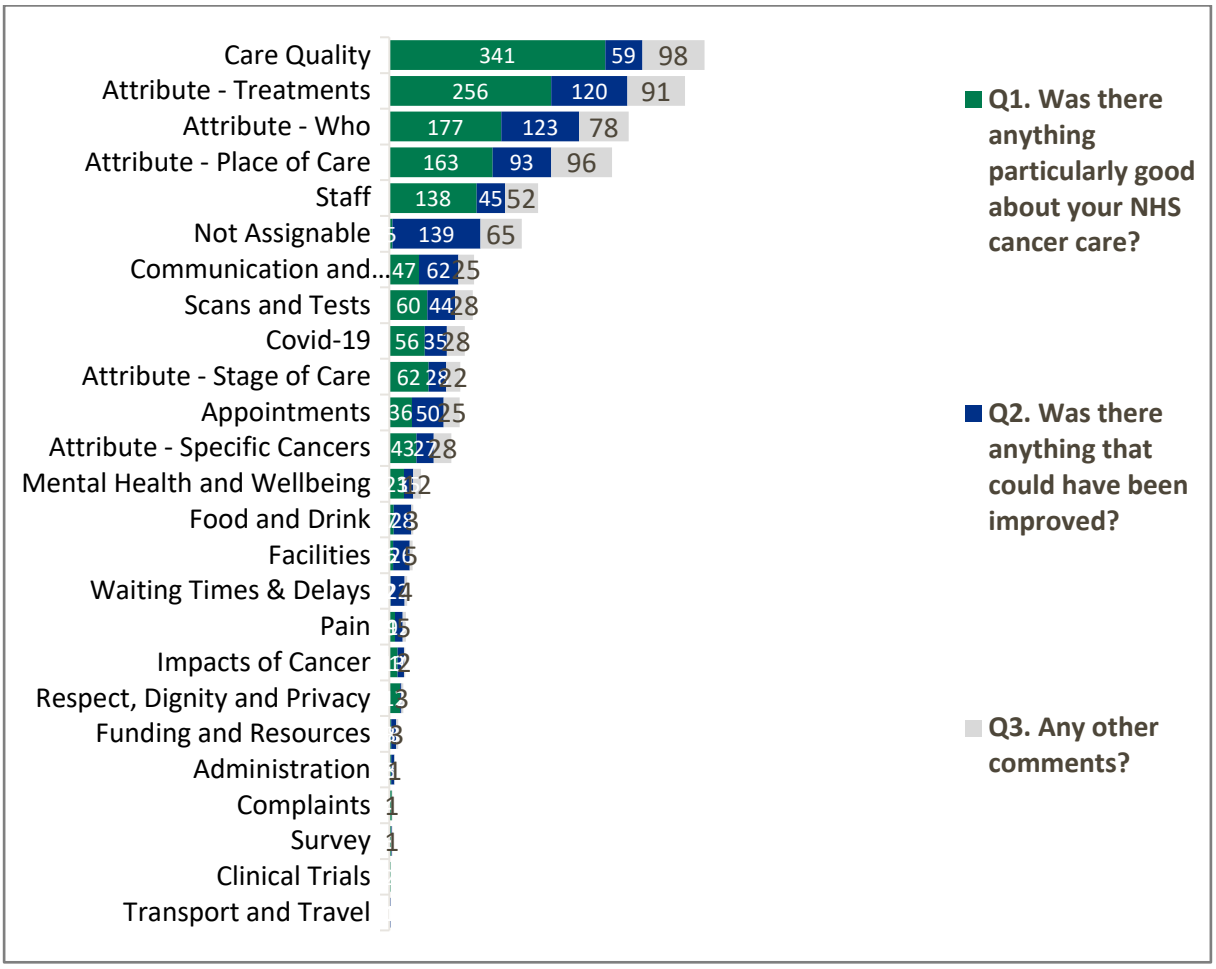


Table 15. The three free text questions and the breakdown for the 25 topic areas.

7.4 The fact that the free text responses cannot be attributed to a location or tumour group does make it difficult to provide feedback to cancer teams and to produce specific action plans. However it is encouraging that the majority of comments pertain to good cancer care, and this can be communicated to cancer teams as a whole.

7.5 Although it should also be recognised that there are a sizeable number of comments pertaining to poor care, treatment and place of care. This feedback will also be shared with teams as an overview of the care some patients have received.

8. Summary

8.1 The results have yielded rich information for teams to work on and we need to ensure that these core areas are reflected in the MFT Cancer Strategy.

8.2 Results require further analysis by tumour-specific teams working closely together across the Trust to both identify areas to celebrate success and to identify areas for improvement. Guidance will be taken from the cancer quality and patient experience group.

8.3 Where common priorities exist across multiple teams these will be highlighted at the appropriate group and site cancer committees to ensure parity of provision. The challenge remains for those tumour groups where eleven or fewer responses were received to consider how they can encourage patients to respond to the future surveys.

8.4 Following further analysis of the results, a detailed action plan will be received and monitored from each tumour-specific team, including those groups where fewer responses were received, through the Cancer Quality and Experience Committee.

8.5 Additionally, actions are required to increase the participation, of all ethnic groups that receive cancer care through MFT, in the survey and reduce inequalities as a key theme of the MFT Cancer Strategy.

8.6 The survey results feel reflective of the hard work of all staff that contributed to providing cancer services during COVID-19 pandemic recovery as this continue to be felt across all healthcare services.

8.7 The report and the findings will be shared and discussed at the Group Cancer Quality and Experience Committee.

9. Recommendations

9.1 The Board of Directors is asked to note the feedback and the opportunity for improvements in patient experience.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Nurse
Paper prepared by:	Gail Meers, Corporate Director of Nursing, Quality and Patient Experience Sarah Cosgrove, Head of Nursing, Quality and Patient Experience Claire Horsefield, Patient Services Manager Shannon Wesley, Patient Experience Programme Manager
Date of paper:	November 2022
Subject:	National In-Patient Survey 2021
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Information to support prioritisation of improvement activity
Recommendations:	The Board of Directors is asked to note the content of this report.
Contact:	Name: Gail Meers, Corporate Director of Nursing, Quality and Patient Experience Tel: 0161 276 8862

1. Introduction

1.1 The results of the Adult National In-Patient Survey 2021 were published by the Care Quality Commission (CQC) in September 2022. This paper provides a high-level summary of the results, based on the final CQC Benchmark Report.

1.2 The information within this report provides Manchester University NHS Foundation Trust (MFT) results, together with national and the Shelford Group comparisons.

2. Background

2.1 The Adult National In-Patient Survey (NIPS) is a CQC requirement in which feedback is obtained to aid improvement of local services for the benefit of patients and the public based on patient experience. The CQC use the results from this survey in their regulation, monitoring and inspection of NHS acute trusts in England. The results also contribute to the Trust's Quality and Risk Profile outcomes and form the basis of quality improvements which are monitored through the Trust's contracts with its commissioners.

2.2 Understanding people's experiences of care and treatment while they are an in-patient provides key information about the quality of services, and this can be used to drive improvement both nationally and locally[1].

2.3 In line with the CQC's ambitions to create a digital method of survey delivery, the 2020 Adult Inpatient Survey was the first survey in the programme to offer a mixed-method approach which offered an online survey and Small Messenger Service (SMS) reminders. This method of collection has continued for the 2021 survey.

2.4 To participate in the survey, a patient must be over the age of 16 and have stayed at least one night in hospital during November 2021.

2.5 It should also be noted that whilst adult in-patients from Royal Manchester Eye Hospital, Saint Mary's Hospital and Trafford General Hospital will have been included in the patients invited to take part in the survey, and will be reflected in the overall MFT score, the number of responses received was insufficient to generate a separate site report.

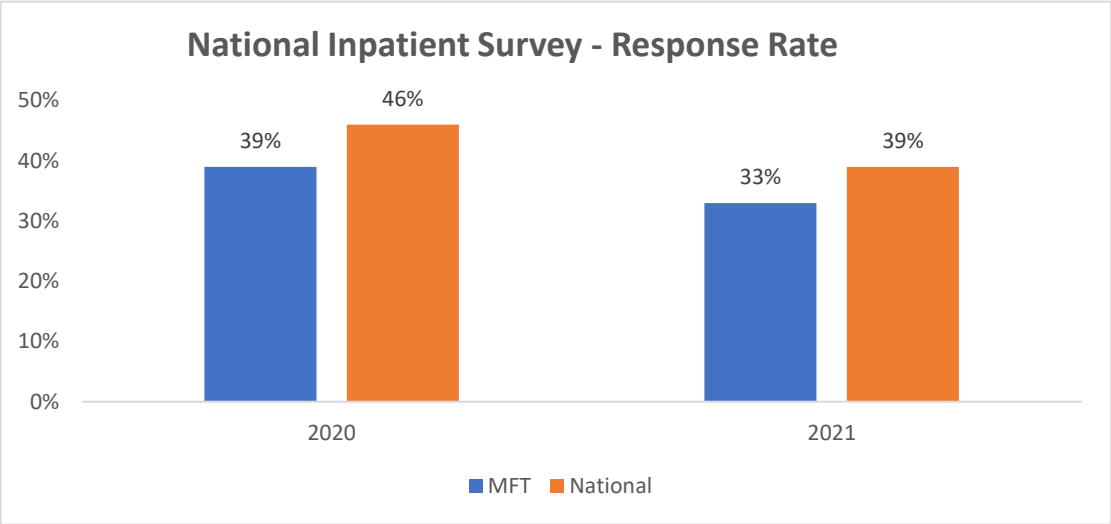
2.6 Additionally, this is also the first year North Manchester General Hospital have been included in the MFT score.

2.7 This report presents a comparison of the 2020 and 2021 results for MFT, alongside national comparisons and the Shelford Group of Hospitals. Owing to multiple changes within the NIPS survey, direct compassion cannot be made to surveys prior to 2020, furthermore, due to the global pandemic of COVID-19, a 2019 report was not produced.

[1] https://www.cqc.org.uk/publications/surveys/adult-inpatient-survey-2019

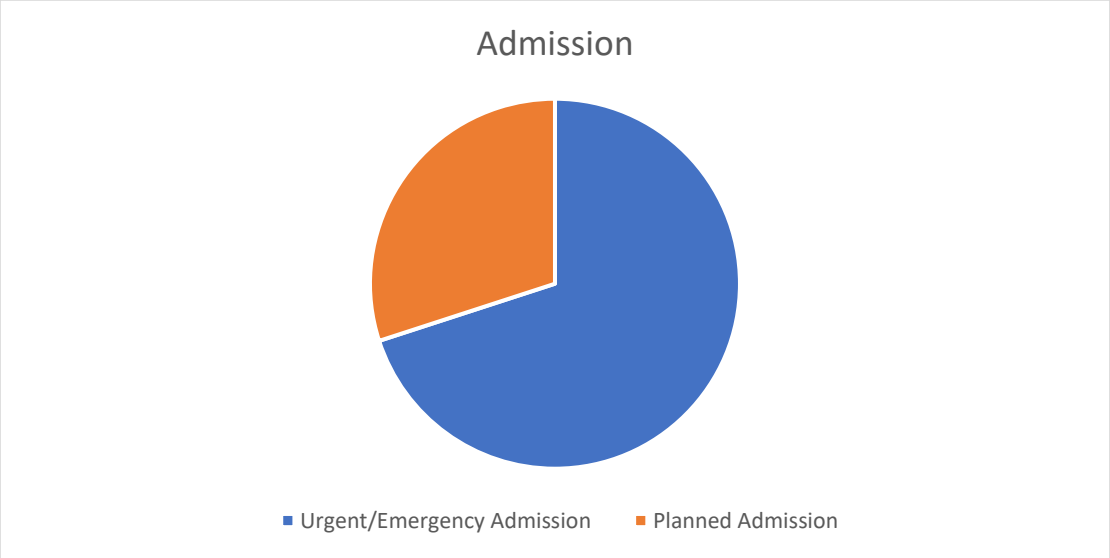
3. Demographics

3.1 Nationally, the response rate for the Adult Inpatient Survey 2021 was 39%, this represents a reduced rate of 7% in comparison to the 2020 national rate of 46%. Likewise, the Trust's response rate was 33% (401 respondents), which also represents a reduced rate of 6% in comparison to the Trust's 2020 rate of 39%. Please see **Graph 1** below for comparisons.



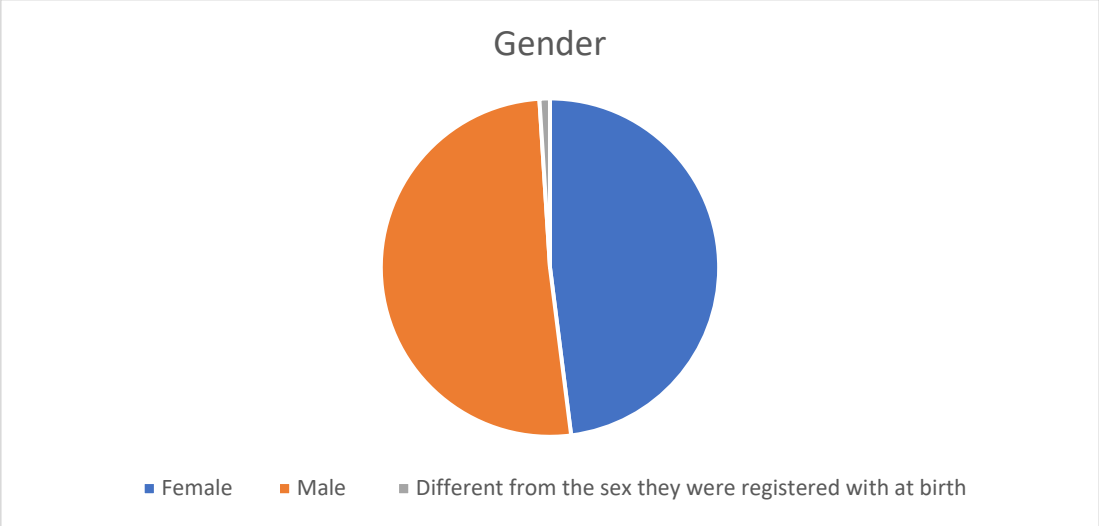
Graph 1: Comparison of MFT and National Response rates for 2020 and 2021

3.2 Of the 401 participants, 70% reported to have been urgent/emergency admissions and 30% planned admissions. Please see **Graph 2** below.



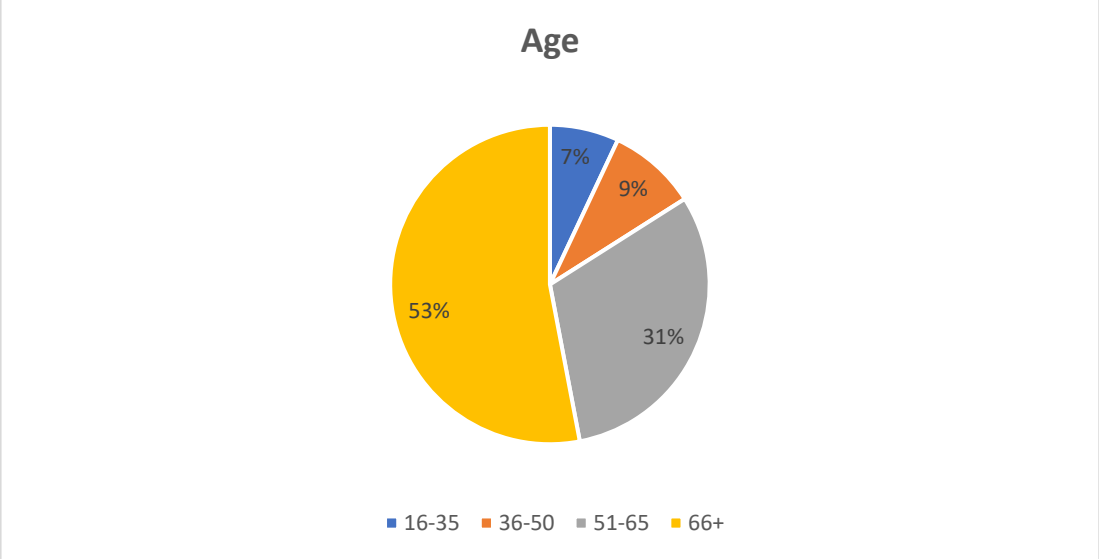
Graph 2: Number of participants relating to Urgent/Emergency and Planned Admissions, 2021

3.3 Further to this, 48% identified that they were registered as female at birth, 51% were registered as Male at birth and 1% of participants said their gender is different from the sex they were registered with at birth.



Graph 3: Breakdown of gender for survey participants

3.4 The age profile of the participles is broken down in **Graph 4** below with 84% of patients being over 51 years of age.



Graph 4: Breakdown of age profile for survey participants

3.5 Of the 401 participants, 80% of participants said they had a long-term health condition.

3.6 **Table 1** below demonstrates the percentage of participants by ethnicity. The MFT Equality, Diversity, and Inclusion (EDI) Annual Report 2021, states the current patient population is 35% British, however it does not further breakdown those that identity as white [2]. Due to differences between the collection of EDI data between the Trust and survey responses, a comparison cannot be made.

[2] https://mft.nhs.uk/app/uploads/2022/04/EDIAnnualReport_2022_A4_V7-1.pdf

3.7 Although the National Inpatient Survey does not collect ethnicity data under the term 'British', a significant disparity from the data collected within the Equality, Diversity, and Inclusion Annual Report 2021, has been identified in the ethnicity of the patients completing the survey (89% white).

Ethnicity	
White	89%
Mixed	2%
Asian or Asian British	6%
Black or Black British	4%
Arab or other ethnic group	0%

Table 1: Breakdown of ethnicities participants identified themselves as

4. Overview of Survey

4.1 The survey involved 62 questions, of which 15 questions related to demographic information or routing questions. Routing questions are questions that direct the participant to the following questions dependant on the answer given. 45 require respondents to indicate the standard of care they believed they had received. Positive scoring was applied to responses where applicable, with a positive score indicating a more positive patient experience. Of noting 41 questions can be compared to 2020's scores.

4.2 The survey is arranged into the following eight categories relating to the patient pathway:

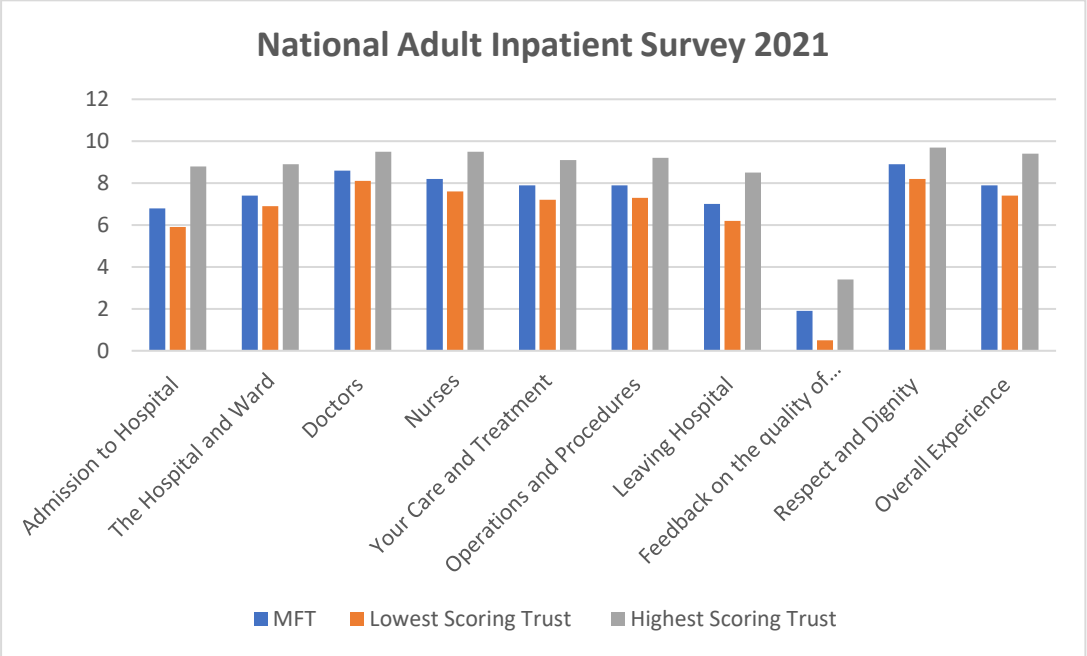
- Admission to Hospital
- The Hospital and Ward
- Doctors
- Nurses
- Your Care and Treatment
- Operations and Procedures
- Leaving Hospital
- Overall Experience

4.3 Each patient's response to a question is converted to a score 0 to 10. The scores represent the extent to which the patient's experience could be improved. A score of 0 is assigned to all responses that reflect considerable scope for improvement, whereas a response that was assigned a score of 10 refers to the most positive patient

experience possible. Each question is then analysed and categorised using a technique called the 'expected range' to determine if MFT is performing 'about the same', 'better' or 'worse' in comparison to other organisations.

5. National Benchmarking Results

5.1 **Graph 5,** below, compares the Trust's results for each of the ten key themes alongside the highest and lowest scores achieved nationally.



Graph 5: Comparison of MFT's and National response rates for 2021 ten key themes by highest and lowest scoring Trusts

5.2 For overall experience, the national highest scoring average was 9.4, with the lowest being 7.4. MFT scored 7.9, which is a reduction from the 8.2 the previous year.

5.3 Of note are the two highest scoring areas for the Trust: 'Respect and Dignity' with a score of 8.9 and 'Doctors' with a score of 8.6. Whilst highest scoring, both scores have respectively fallen from the 2020 scores of 9.2 and 9.0.

5.4 Of significance is the very low score for 'Feedback on the Quality of your Care' for the Trust, with a score of 1.9. Whilst this is a very low score, this score demonstrates a 0.5 increase in 2021 compared to the 1.4 score received in 2020.

5.5 **Table 2** below shows the scores for each key theme with a colour scale denoting where the score is 'about the same', 'better' or 'worse' in comparison to other organisations.

	MFT	Lowest Scoring Trust	Highest Scoring Trust
Admission to Hospital	6.8	5.9	8.8
The Hospital and Ward	7.4	6.9	8.9
Doctors	8.6	8.1	9.5

Nurses	8.2	7.6	9.5
Your Care and Treatment	7.9	7.2	9.1
Operations and Procedures	7.9	7.3	9.2
Leaving Hospital	7.0	6.2	8.5
Feedback on the quality of your care	1.9	0.5	3.4
Respect and Dignity	8.9	8.2	9.7
Overall Experience	7.9	7.4	9.4

Table 2: Trust scores for each theme alongside the national range

6. Notably High Scores

1.1 The data for notably high scores presented within **Table 3** below demonstrates three questions indicated specifically high scores of 9.0 and above. Although not comparable, where applicable Trust scores for 2019 have been included.

Question	MFT Score 2019	MFT Score 2020	MFT Score 2021	2020/2021 trend	National Average	National Range
Section 2: The Hospital and Ward						
Q15. During your time in hospital, did you get enough to drink?	9.4	9.5	9.1	↓	9.4	8.6-9.9
Section 5: Your Care and Treatment						
Q28. Were you given enough privacy when being examined or treated?	9.5	9.6	9.3	↓	9.4	9.0-9.9
Section 6. Operations and Procedures						
Q32. Beforehand, how well did hospital staff answer your questions about the operations or procedures?	9.1	9.0	9.0	↔	8.9	8.2-9.7

Table 3: Questions with scores 9.0 or above within the National Inpatient Survey 2021 results

7. Notably Low Scores

7.1 When compared to 2020 survey results, the same two questions scoring low scores of 5.0 or below in 2021 remained unchanged. **Table 4** below provides a breakdown of the notably low scores for 2021 compared to 2020. Although not comparable, where applicable Trust scores for 2019 have been included.

Question	MFT Score 2019	MFT Score 2020	MFT Score 2021	2020/2021 trend	National Average	National Range
Section 7: Leaving Hospital						
Q41. Thinking about any medicine you were to take at home, were you given any of the following?		4.6	4.6	↔	4.6	3.6-6.2
Section 8: Feedback on the quality of your care						
Q49. During your hospital stay, were you ever asked to give your views on the quality of your care?	1.4	1.4	1.9	↑	1.4	0.5-3.4

Table 4: Questions with scores 5.0 or below within the National Inpatient Survey 2021 results

8. Comparison with Internal Patient Feedback Mechanisms

8.1 It is valuable to cross reference the snapshot provided by the National Inpatient Survey results with real-time feedback data from the Trust's 'What Matters to Me' (WMTM) Patient Experience Surveys, Friends, and Family Test (FFT) and Quality Care Round (QCR).

8.2 The WMTM survey is administered via a hand-held electronic device and asks patients a series of questions about their recent experience. These MFT surveys are based on the questions within the National Patient Experience surveys and ask patients about their experiences in the following themed categories:

- Clean Environment
- Infection Control
- Patient Safety
- Pain Management
- Privacy and Dignity
- Involving Patients and Carers
- Patient Satisfaction
- Clinic Organisation
- Staff Communication

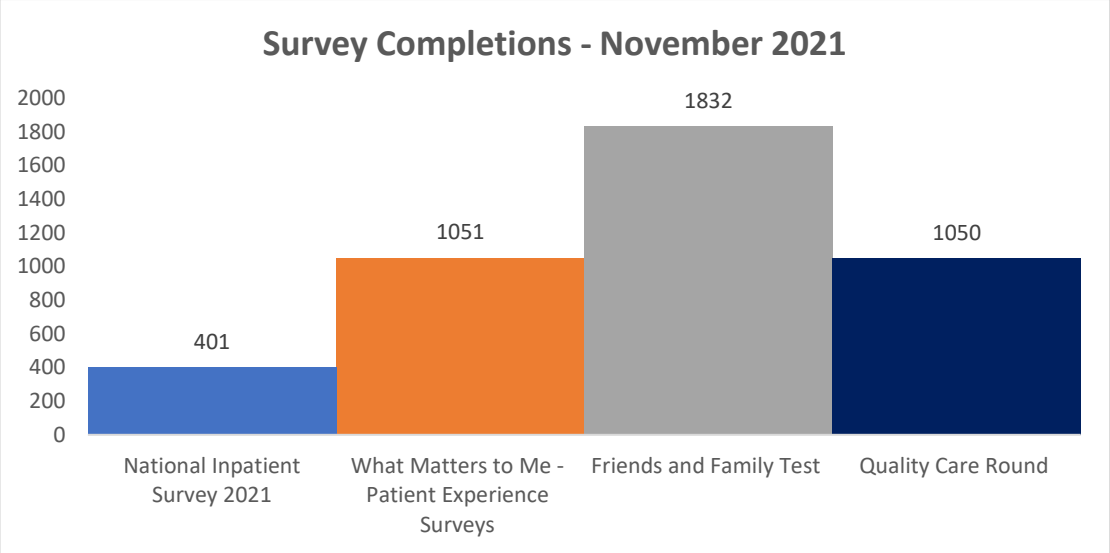
8.3 Further to the WMTM Patient Experience surveys, FFT also allows patients to rate their experiences of our services through one singular question which asks how likely, on a scale ranging from extremely unlikely to extremely likely, they are to recommend the service to their friends and family if they needed similar care or treatment.

8.4 The QCR is a MFT designed self-assessment audit tool completed monthly by either the ward manager or matron which captures patient feedback. The assessment is

completed in all hospital-based clinical areas and includes the same domains as the WMTM Patient Experience surveys.

8.5 The internal baseline target for the WMTM surveys and QCR is 85% achievement in all domains. The responses are used alongside other available quality, safety, and patient experience data (FFT, Workforce, Complaints, and Incidents) to provide teams with a 'triangulated' view of an area, identifying elements that require improvement and areas of strength and outstanding practice. This information then guides the improvement agenda within the area, supported by MFT's Improving Quality Programme methodology, as well as the opportunity to celebrate and share success.

8.6 **Graph 6, below**, demonstrates the total number of completions for WMTM, QCR and FFT in comparison to the total number of respondents for the National Inpatient Survey for the sample month of November 2021. The WMTM, QCR and FFT data is taken from In-patient Services only, across the organisation.



Graph 6: Total Survey Completions for all Patient Feedback mechanisms November 2021

8.7 In comparison to the National Inpatient Survey, there is a greater uptake in responses for both WMTM, QCR and FFT. The greater increase in responses for internal feedback mechanisms highlights patients are being asked to feedback on the quality of their care which in turn highlights a discrepancy with the National Inpatient Survey 2021 results.

8.8 **Table 5, below**, indicates the variations in scores for National Inpatient Survey*, WMTM and QCR for the overall experience.

	National Inpatient Survey out of 10	**WMTM** **%**	**QCR** **%**
Overall Experience/Quality Score	7.9	88.94	92.92

Table 5: WMTM, QCR and National Inpatient Survey Scores 2021
* MFT scores are presented out of 100 whereas the National Inpatient Survey is scored out of 10.

8.9 Based on the questions within the National Inpatient Survey*, questions within MFT's internal feedback mechanism are categorised into themes. Scores for those themes are demonstrated in **Table 6 below**. Although there are eight categories in QCR and WMTM for the purpose of this report questions have been drawn from the survey to reflect with the category. Although not comparable, due to the variance in scoring system, where applicable Trust National Inpatient Survey scores for 2021 have been included.

Category	**National Inpatient Survey** Out of 10	**QCR** **%**	**WMTM** **%**
Achieving a Clean Environment	8.9	90.92	93.64
Achieving Good Communication	8.7	96.22	81.08
Ensuring Infections Controlled	-	97.33	96.09
Ensuring Pain is Managed	8.5	89.76	90.92
Ensuring Patient Safety	7.3	94.24	94.71
Involving Patients and Carers	7.1	91.09	92.27
Providing Good Nutrition	6.5	96.73	86.8
Respecting Privacy and Dignity	8.9	87.45	91.25

Table 6: Scores for each category for QCR and WMTM
* MFT scores are presented out of 100 whereas the National Inpatient Survey is scored out of 10.

8.10 In addition, 1,832 FFT responses were collected for In-patient Services throughout November 2021. Of those responses, 95.47% rate their experiences of our services as good or higher, with only 2.24% rating it as poor or below. **Table 7, below**, shows a breakdown of responses for November 2021.

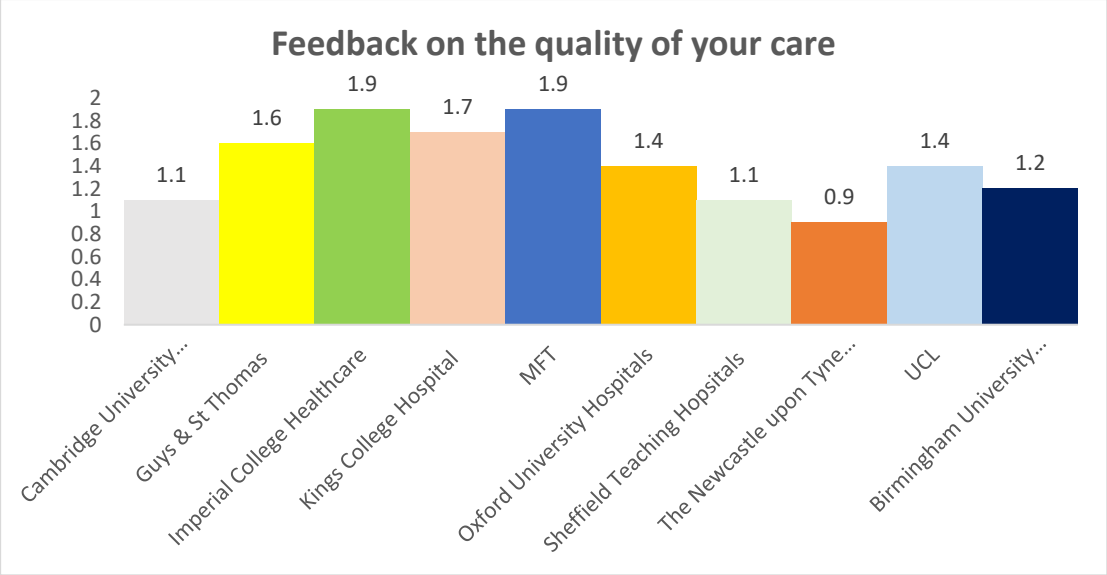
Total FFT Responses	**Very Good**	**Good**	**Neither good nor poor**	**Poor**	**Very Poor**	**Don't know**
1832	1470	279	37	17	24	5
100%	80.24%	15.23%	2.02%	0.93%	1.31%	0.27%

Table 7: Breakdown of FFT responses for inpatient services November 2021

8.11 There is a continued focus across MFT for each Hospital and MCS to demonstrate month on month improvements in relation to patient experience feedback and response rates, which will improve the validity of the data, enabling on-going use of feedback to identify areas of concern and most importantly improve the experience of care for patients.

9. Comparison with the Shelford Group Trusts

9.1 A comparison with the Shelford Group Trusts for each category within the National Inpatient Survey is detailed in **Appendix 2**. Out of the categories, the Trust was joint first for 'Feedback on the Quality of your Care', please see **Graph 7,** below.



Graph 7: Comparison with Shelford Group Trusts for 'Feedback on the quality of your care'

5.2 Further analysis of the 2021 survey results shows that one of the Shelford Group Trusts has improved their overall experience score.

- Newcastle Upon Tyne Hospitals NHS Foundation Trust

5.3 Eight Trusts including MFT stayed 'about the same'

- MFT
- Cambridge University Hospitals NHS Foundation Trust
- Guy's and St Thomas' NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- King's College Hospital
- Oxford University Hospitals
- Sheffield Teaching Hospitals NHS Foundation Trust
- University College Hospital

5.4 The remaining Trust experiencing a deterioration in the overall experience score was:

- University Hospitals Birmingham NHS Foundation Trust.

5.5 The response rates for the Shelford Group Trusts ranged from 31% (Imperial College) to 48% (Newcastle Upon Tyne Hospitals). The response rate of 33% for MFT places the Trust in 9th position when compared to the other Shelford Group Trusts.

5.6 **Appendix 3,** provides a full breakdown of the list of questions and Trust and site-specific scores for the 2021 survey. **Table 8** below shows the number of questions in the context of Trust scores 'about the same', 'somewhat worse than expected' and 'worse than expected'.

	About the Same	Somewhat worse than expected	Worse than expected
Admission to Hospital	2	0	0
The Hospital and Ward	13	0	0
Doctors	3	0	0
Nurses	4	0	0
Your Care and Treatment	7	1	0
Operations and Procedures	2	0	1
Leaving Hospital	11	0	0
Feedback on Care	1	0	0
Respect and Dignity	1	0	0
Overall Experience	1	0	0
Grand Total	**45**	**1**	**1**

Table 8: Number of MFT response questions by category

5.7 All ten areas show an overall reduction in score, however, an increase in scores for the individual following questions was seen:

- 'Dietary needs/hospital food/support when eating'
- 'Discussions around additional equipment'
- 'Information about what you should and should not do after leaving hospital'

10. Development of Improvement Plans

10.1 There is recognition that significant improvements are typically driven by national initiatives and policies to tackle widespread or high-profile problems. However, analysing local data provides useful insights and initiatives can be identified, especially when complemented by detailed local knowledge and expertise.

10.2 The survey results will be shared through the Trust's Quality and Patient Experience Forum. As all questions, except for two areas where deterioration has been seen, were within the 'about the same' category. Improvement plans will be developed by MCSs', with specific focus on two areas namely, 'pain management' and 'communication post operation/procedure'.

10.3 Being asked about the quality of care is an area that the Trust will continue to work on to further the improvement seen within the 2021 survey results.

10.4 Key consideration should be given to how patients can be encouraged to participate in the survey, and then how these results are published and shared with our staff, patients, and the public. The Patient Services team are currently developing ways of how to improve how the Trust engages with its patients and the public, and this important piece of work also includes visual communications and patient involvement.

10.5 In light of the 2021 survey results and to ensure continual improvement in patient experience the Patient Services team has developed an action plan which can be found in **Appendix 1**.

11. Summary

11.1 The National Inpatient Survey (2021) results demonstrate the results are predominantly 'about the same' as other NHS Trusts.

11.2 MFT wide and local improvement plans are being developed with specific focus on the notably low scores and worst performing areas as detailed within the report.

11.3 The National Inpatient Survey 2021 provides MFT with detailed and useful information for our hospital sites to reflect and improve on.

11.4 Successes should be celebrated with teams and areas identified for improvement.

11.5 MFT's internal What Matters to Me (WMTM) patient experience surveys along with Quality Care Round data provide an internal mechanism for the on-going monitoring of patient experience throughout the year.

12. Recommendations

12.1 The Board of Directors is asked to note the content of this report, the work undertaken and support the ongoing initiatives to deliver transformational improvement.

APPENDIX 1:

Patient Services Action Plan

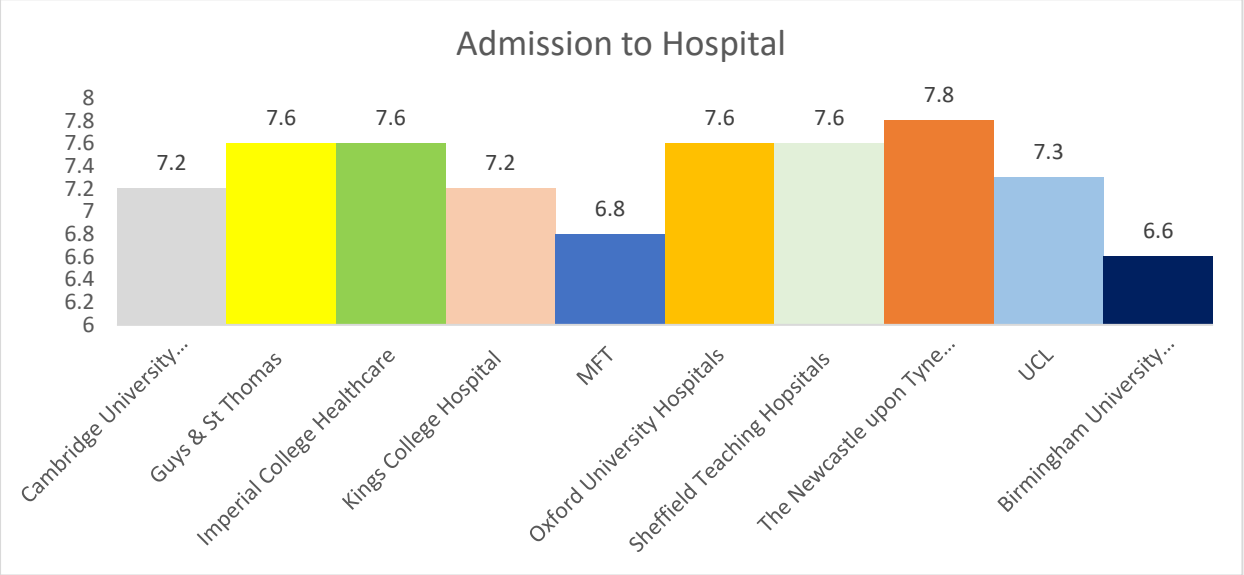
Key Deliverable	Actions Required	Lead(s)	Time Scale – Review Date	Where monitored	Progress – Comments
Patient feedback: To use the various types of patient feedback available to direct the focus of patient experience improvement work	• Develop an integrated patient experience report that includes feedback from Complaints, PALS and patient survey results • Review Complaints and PALS literature to ensure accessibility and support • To work with Patient Experience colleagues across the Shelford Group to identify and share best practice • Use locally sourced feedback in tandem with national survey findings to identify trends and inform improvement work streams and monitor their success	PET Quality Complaints MCS's	Q1	Quality & Safety Committee	EXAMPLE *Integrated patient feedback report developed and presented / discussed at Trust Board and other key committees* *Report used to prioritise agenda at the monthly Quality and Patient Experience Forum*
Communication: To ensure that all patients/carers receive timely, clear and sufficient information that enables them to understand their condition and care, and make informed choices	• Review the in-house Communication Workshops for clinicians, expanding to include <u>all</u> staff • Continue to run Customer Care Training and ensure that it is then followed up by local supervision, objective setting and appraisal • Develop, pilot, then roll out use of customer care competencies	PET Quality	Q2	Quality and safety Committee	

about proposed future treatment plans	• Implement the Accessible Information Standards Trust wide, starting with least well performing areas • Refocus on communication standards utilising Bee Brilliant • Utilise digital technology including HIVE and MyMFT to promote synergy working between teams. • Ensure appropriate and timely communication with patients/carers	MCS's			
In-patient wards: To improve the level and content of patient feedback on in-patient adult general wards	• Develop specific improvement targets for all wards to increase levels of patient feedback via FFT, WMTM and QCR. • To include "patient experience" conversations in Visible Leadership objectives	MCS's	Q2	Quality and safety committees	
Hospital Food: To ensure that as far as possible, all patients have food provided that meets their health, cultural and individual preferences. To ensure that whenever necessary patients receive skilled and timely assistance with eating and drinking	• Continue regular food tasting sessions and act on feedback • Establish a focus group to gain deeper understanding of issues and possible solutions • Increase the volunteer support for mealtime assistance • Promote additional meal choices through utilising Saffron • Use results of patient surveys and feedback to identify their key issues • Re-enforce protected mealtimes and use of visible indicators for patients who require support •	PEOC Volunteers MCS's	Q2	Quality and safety committees	

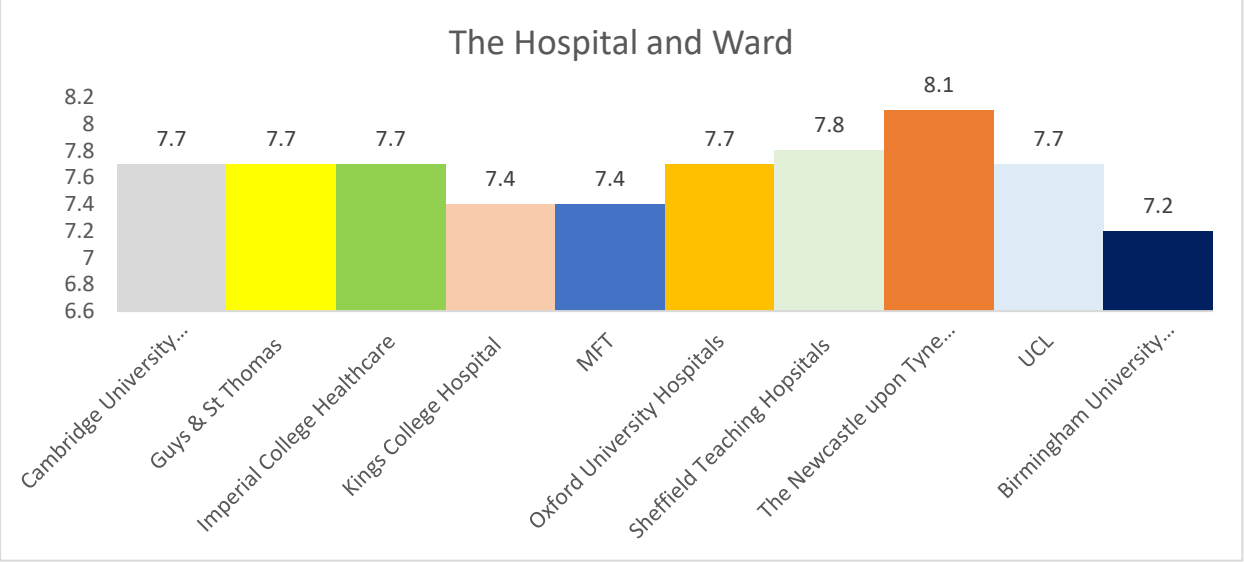
Discharge Information: To ensure that all patients receive clear information about their ongoing care and how to get help once they leave hospital, before they are discharged	• Ensure Discharge Information is available throughout the Hospitals/MCSs/LCO and ensure it is also available on the intranet and trust website • Develop and implement a Discharge Alert Process so that failed discharges are known about, acted upon and reviewed • Promote MyMFT to ensure patients have the relevant discharge information	PET MCS's	Q2	Quality and safety committees	
Central Quality Improvement Record	• Create a central register of all IQP activities, to avoid duplication and enable the sharing of learning across all sites	Quality	Q2	Quality and safety committees	
Standardisation of IQP activity	• Create standardised documentation for the creation of all new IQP activity to included cost/benefit realisations and approach to sharing learning	Quality	Q2	Quality and safety committees	
Proactive NIPS Promotion	• Continue work with MFT charities to launch MFTV • Utilise digital technology including HIVE and MyMFT to promote NIPS • Creation of a positive marketing campaign to encourage survey completion. • Include posters in various formats and languages. • Use of QR codes and social media	PET MCS's	Q2	Quality and safety committee	
Improvements within each MCS	• Review and share the NIPS results throughout the MCS • Identify areas for improvement within each adult area • Produce a bespoke MCS specific action plan	MCS's Quality	Q2	Quality and safety committees	

	• Share and monitor action log through the patient experience committee • Monitor objectives using local measurability's				

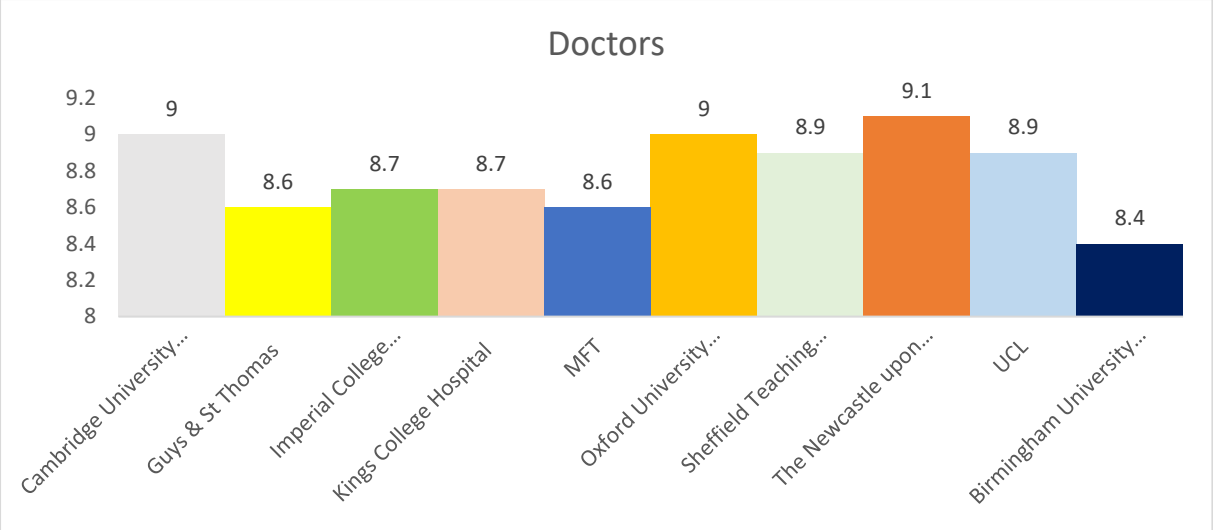
Appendix 2: The Shelford Group Comparison for each theme in the National Inpatient Survey



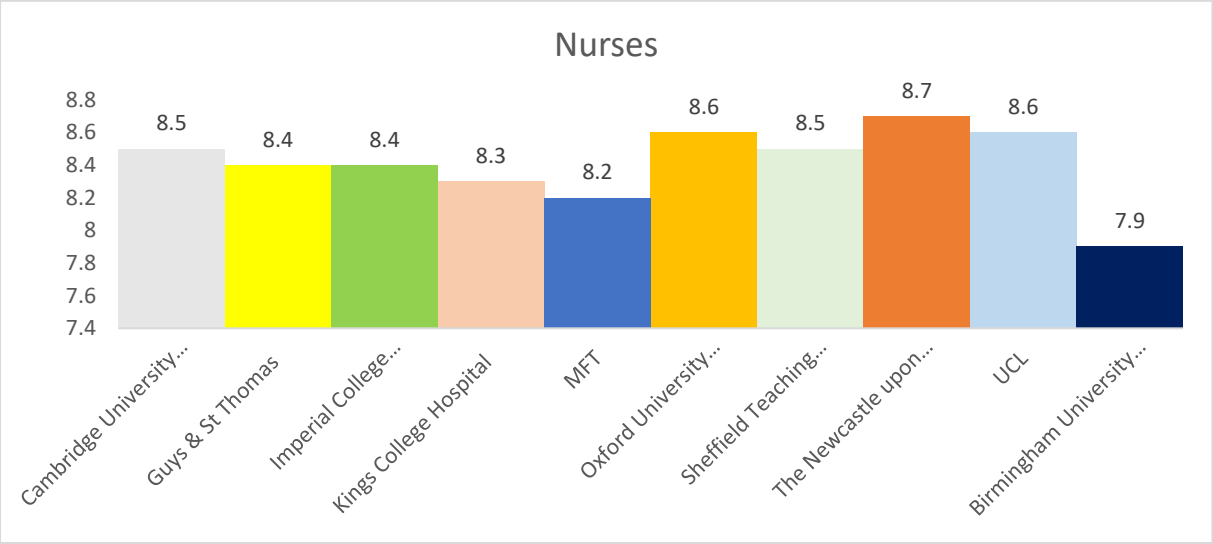
Graph 8: Shelford Group comparison for theme: Admission to Hospital



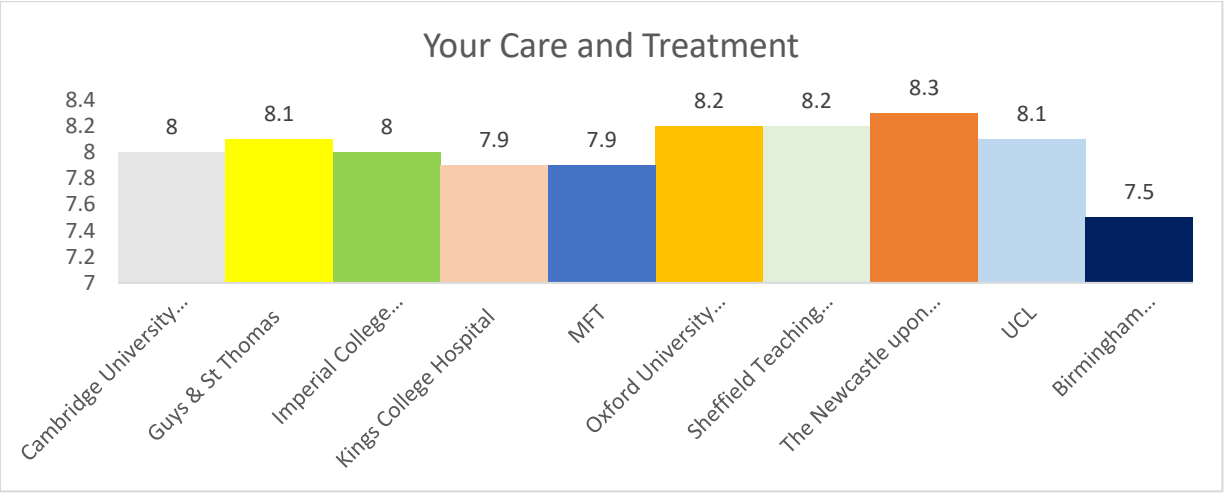
Graph 9: Shelford Group comparison for theme: The Hospital and Ward



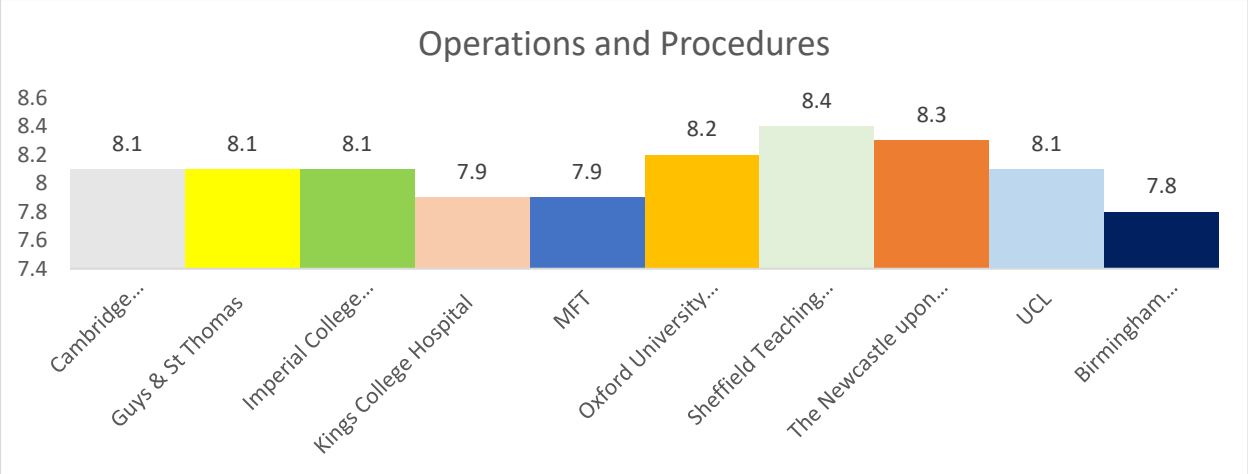
Graph 10: Shelford Group comparison for theme: Doctors



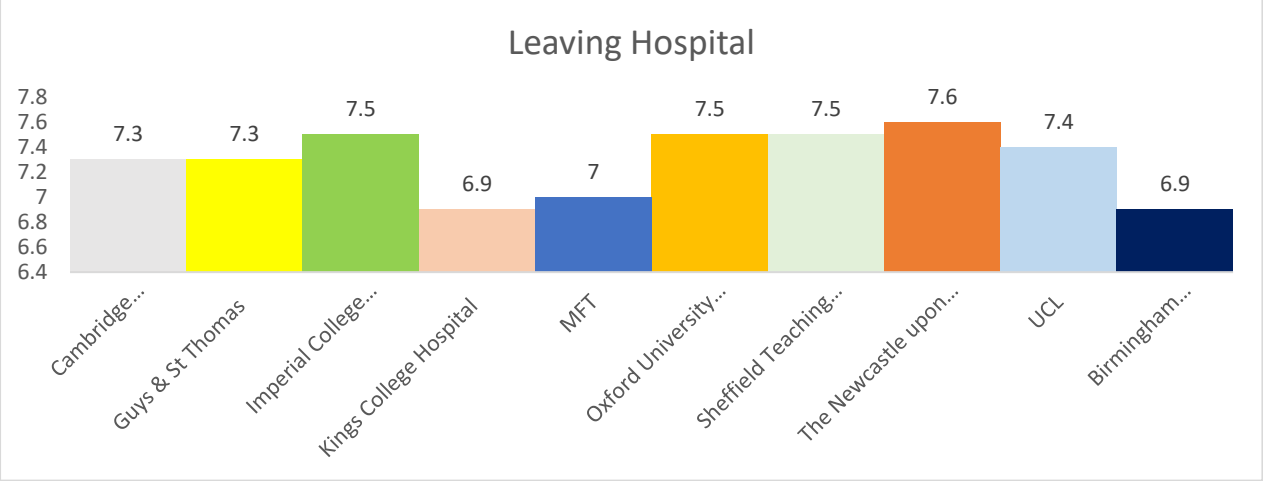
Graph 11: Shelford Group comparison for theme: Nurses



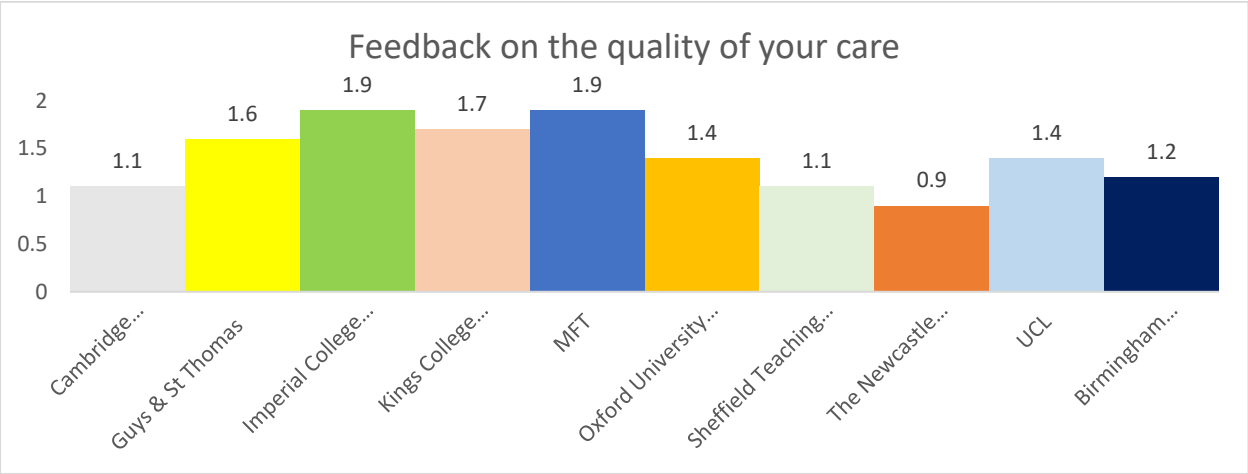
Graph 12: Shelford Group comparison for theme: Your Care and Treatment



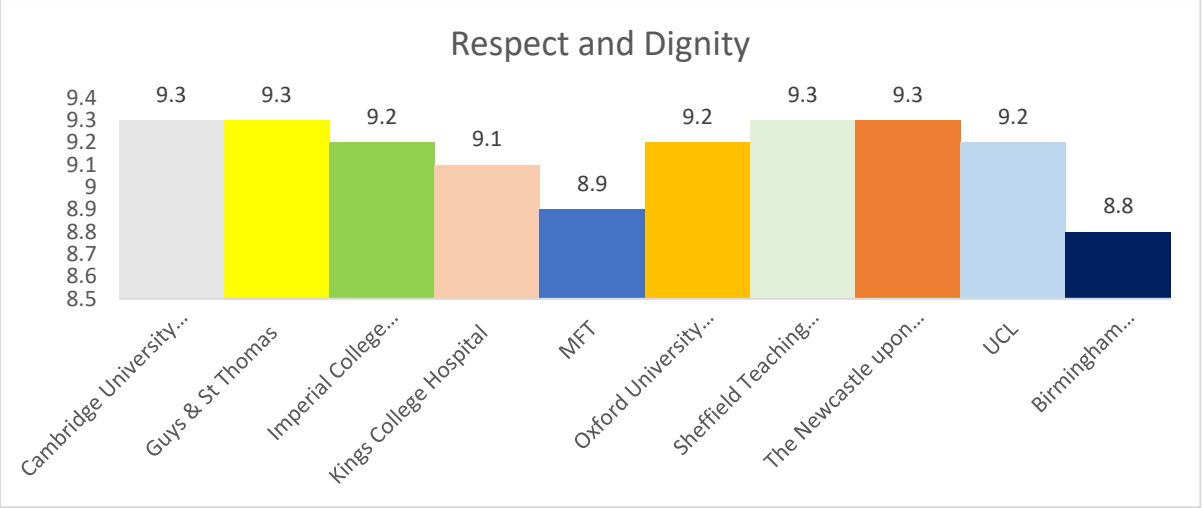
Graph 13: Shelford Group comparison for theme: Operations and Procedures



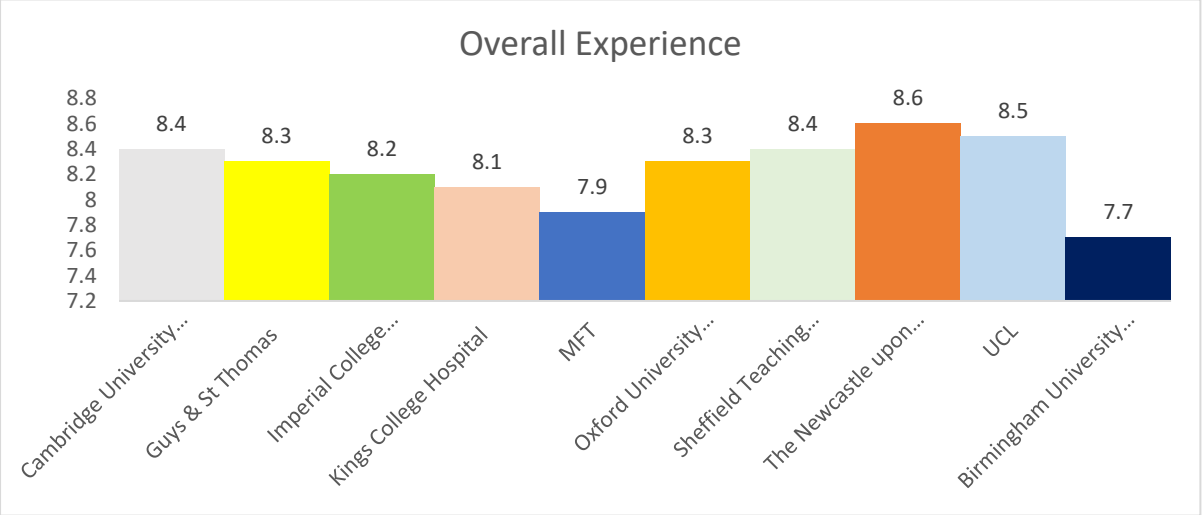
Graph 14: Shelford Group comparison for theme: Leaving Hospital



Graph 15: Shelford Group comparison for theme: Feedback on the Quality of Your Care



Graph 16: Shelford Group comparison for theme: Respect and Dignity



Graph 17: Shelford Group comparison for theme: Overall Experience

Appendix 3: Full Trust results including site specific scores. If fewer than 30 responses were received from patients discharged from a site, no scores are displayed. Colour denotes performance.

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

*Trust scores for 2019 have been included where applicable however, the Adult Inpatient survey underwent significant changes in 2020 with regards to methodology, sampling month and questionnaire content. The questionnaire was amended significantly with changes to wording and order. Therefore, the results for 2020 and 2021 are not comparable to 2019 Trust scores. 2019 scores have been left blank where there is no similar question.

Question	Trust Score 2019	Trust Score 2020	Trust Score 2021	National Range	MRI	Wyth	NMGH
Admission to Hospital							
Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?	8.4	8.2	7.1	6.1 - 9.2		6.5	
Q3. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?		7.2	6.4	5.3 - 9.2	5.9	6.7	5.0
The Hospital and Ward							
Q4. Did you get help from staff to keep in touch with your family and friends?		7.7	7.6	6.4 - 9.5	6.8	7.8	8.1
Q5. Were you ever prevented from sleeping at night by noise from other patients?	6.6	6.3	5.6	4.8 - 9.5	5.2	5.8	5.9
Q5. Were you ever prevented from sleeping at night by noise from staff?	8.4	8.1	8.1	7.2 - 9.5	7.9	8.0	7.9

Q5. Were you prevented from sleeping at night by hospital lighting?		8.7	8.1	7.2 - 9.4	8.7	7.9	8.1
Q7. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?		6.7	6.1	5.3 - 9.1	4.9		
Q8. How clean was the hospital room or ward that you were in?	8.9	8.9	8.9	8.4 - 9.9	8.7	8.9	9.1
Q9. Did you get enough help form staff to wash or keep yourself clean?	7.7	8.2	7.6	7.2 - 9.4	7.4	7.4	7.9
Q10. If you brought medication with you to hospital, were you able to take it when you needed to?	6.5	8.3	8.1	7.3 - 9.5	7.6	8.4	7.7
Q11. Were you offered food that met any dietary needs or requirements you had?		7.7	7.8	6.7 - 9.7	7.3	7.9	
Q12. How would you rate the hospital food?	5.2	6.2	6.5	5.9 - 8.8	6.3	6.2	6.9
Q13. Did you get enough help from staff to eat your meals?	7.3	7.2	7.3	6.2 - 9.3	6.9	7.3	
Q14. Were you able to get hospital food outside of set mealtimes?			5.4	4.3 - 8.6	4.7	5.7	
Q15. During your time in hospital, did you get enough to drink?	9.4	9.5	9.1	8.6 - 9.9	8.9	9.1	9.5
Doctors							
Q16. When you asked doctors questions, did you get answers you could understand?	8.3	9.0	8.7	7.9 - 9.5	8.4	8.9	8.0
Q17. Did you have confidence and trust in the doctors treating you?	9.0	9.3	8.9	8.5 - 9.8	8.5	9.1	9.0
Q18. When doctors spoke about your care in front of you, were you included in conversations?		8.8	8.3	7.9 - 9.4	8.1	8.5	7.9
Nurses							

Q19. When you asked nurses questions, did you get answers you could understand?	8.1	8.8	8.5	7.8 - 9.7	8.2	8.5	9.1
Q20. Did you have confidence and trust in the nurses treating you?	8.7	9.0	8.7	8.2 - 9.6	8.5	8.6	9.1
Q21. When nurses spoke about your care in front of you, were you included in the conversation?		8.8	8.4	7.7 - 9.5	8.2	8.4	8.4
Q22. In your opinion, were there enough nurses on duty to care for you in hospital?	7.1	7.8	7.3	5.9 - 9.1	6.5	7.2	7.6
Your Care and Treatment							
Q23. Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?	8.2	7.9	7.7	6.7 - 8.9	7.1	7.6	8.7
Q24. To what extent did staff looking after you involve you in decisions about your care and treatment?		7.3	7.1	6.3 - 8.5	7.0	6.9	6.9
Q25. How much information about your condition or treatment was given to you?	8.9	9.2	8.8	8.3 - 9.7	8.8	8.8	8.4
Q26. Did you feel able to talk to members of hospital about your worries and fears?	5.5	7.7	7.4	6.4 - 9.2	7.3	7.3	8.0
Q27. Were you able to discuss your condition or treatment with hospital staff without being overheard?		6.9	6.2	5.3 - 9.3	5.7	6.5	7.0
Q28. Were you given enough privacy when being examined or treated?	8.6	9.6	9.3	9.0 - 9.9	9.2	9.4	9.3
Q29. Do you think the hospital staff did everything they could to help you control your pain?	8.1	8.9	8.5	8.1 - 9.6	8.5	8.5	8.6
Q30. Were you able to get a member of staff to help you when you needed attention?	7.6	8.2	7.9	7.3 - 9.4	7.7	7.7	8.5
Operations and Procedures							

Q32. Beforehand, how well did hospital staff answer your questions about the operations or procedures?	9.1	9.0	9.0	8.2 - 9.7	8.6	9.0	
Q33. Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?	7.8	7.8	7.6	6.4 - 8.8	7.0	7.7	
Q34. After the operations or procedures, how well did hospital staff explain how the operation or procedure went?	8.2	8.3	7.3	7.0 - 9.2	6.9	7.3	
Leaving Hospital							
Q35. To what extent did staff involve you in decisions about you leaving hospital?	7.1	7.2	6.8	6.2 - 8.5	6.3	6.9	7.1
Q36. To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?	7.3	7.2	7.2	6.5 - 9.0	6.7	7.3	7.6
Q37. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?	7.7	7.9	8.0	5.6 - 9.6	8.4	8.0	
Q38. Were you given enough notice about when you were going to leave hospital?	7.3	7.1	6.9	6.0 - 8.5	6.6	7.0	6.8
Q39. Before you left hospital, were you given any information about what you should or should not do after leaving hospital?	6.6	6.6	7.6	7.0 - 9.7	6.5	7.8	7.7
Q40. To what extent did you understand the information you were given about what you should or should not do after leaving hospital?			8.8	8.5 - 9.5	8.8	8.9	8.9
Q41. Thinking about any medicine you were to take at home were you given any of the following?		4.6	4.6	3.6 - 6.2	4.4	4.5	4.5
Q42. Before you left hospital, did you know what would happen next with your care?		6.6	6.2	5.3 - 8.4	5.7	6.3	6.3

Q43. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	7.7	7.7	7.4	6.2 - 9.7	7.1	7.5	7.6
Q44. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	8.1	8.6	7.7	6.0 - 9.5	8.0	7.3	7.9
Q46. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?	8.1	6.6	5.9	3.9 - 8.2	5.6	5.4	
Feedback on Care							
Q49. During your hospital stay, were you ever asked to give your views on the quality of your care?	1.4	1.4	1.9	0.5 - 3.4	1.9	2.1	1.1
Respect and Dignity							
Q47. Overall, did you feel you were treated with respect and dignity while you were in the hospital?	9.0	9.2	8.9	8.2 - 9.8	8.6	9.0	9.1
Overall Experience							
Q48. Overall, how was your experience while you were in the hospital?	8.1	8.2	7.9	7.4 - 9.4	7.5	7.9	8.0

Table 8: Survey Questions by Trust and site-specific scores for 2021

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Operating Officer
Paper prepared by:	Rachel Bayley (Deputy Group Director of Operations) James Lomas (Emergency Preparedness, Resilience and Response Manager)
Date of paper:	November 2022
Subject:	EPRR Assurance Process Statement of Compliance
Purpose of Report:	Indicate which by ✓ • Information to note • Support • Accept • Resolution • Approval ✓ • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	To achieve high standards of patient safety and clinical quality across the Trust demonstrated through performance outcome measures
Recommendations:	The Board of Directors is asked to • Approve the MFT EPRR statement of compliance for 2022-23, • Note the assurance of delivery of actions and future improved compliance through the MFT EPRR governance structure.
Contact:	Name: Rachel Bayley, Deputy Group Director of Operations Tel: 0161 276 6718

2022-23 MFT EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE CORE STANDARDS SELF-ASSESSMENT

1. INTRODUCTION

The purpose of this report is to provide the Board of Directors with the MFT self-assessment against the NHS England Core Standards for Emergency Preparedness Resilience and Response (EPRR) for the period of 2022-23.

2. CONTEXT

The Civil Contingencies Act (CCA) 2004 and the NHS Act 2006 as amended by the Health and Social Care Act 2012 underpin EPRR within health. Both Acts place EPRR duties on NHS England and the NHS in England. Additionally, the NHS Standard Contract Service Conditions (SC30) requires providers of NHS funded services to comply with NHS England EPRR guidance.

Under the CCA 2004 Acute Providers are Category 1 responders, which are recognised as being at the core of emergency response and are subject to the full set of civil protection duties including: risk assessment of emergencies, to have in place emergency plans and business continuity management arrangements and a requirement to share information and cooperate with other agencies.

The minimum requirements Acute Providers must meet are set out in the NHSE Core Standards for EPRR, which are in accordance with the CCA 2004 and the Health and Social Care Act 2012. In line with contractual requirements the Trust is required to provide an annual assurance of compliance with the Core Standards, comprising key documents of:

- Statement of compliance
- Associated action plan
- EPRR Core Standards Spreadsheet, which outlines the evidence and RAG rating against each individual standard.

There are a total of 64 standards and additionally each year a 'deep dive' is conducted to gain additional assurance into a specific area. The 2022 the 'deep dive' topic was evacuation and shelter, and the evaluation was undertaken against 13 specific core standards. These are all being considered during the review of the MFT Evacuation and Shelter Plan. Whilst important to undertake, the deep dive do not contribute towards the overall Trust compliance level. There are 4 levels of compliance:

Full	**Substantial**	Partial	Non-Compliant
Compliant with **all** standards	The organisation is **89-99%** compliant	The organisation is **77-88%** compliant	The organisation is compliant with **76% or less**

Updates since the 2021-22 EPRR Core Standards Submission

The 2020-21 and 2021-22 EPRR Core Standards submissions were both reduced to take into account that organisations were still managing the impact of the COVID-19 pandemic.

Following two amended submissions and significant recent changes to the EPRR landscape, several overarching changes have been made to the 2022-23 EPRR Core Standard submission. This includes the addition of a new standard, and revisions or the addition of new evidence requirements to 43 of the 64 standards, preventing direct comparison with the 2021-22 submission.

MFT have raised at Local Health Resilience Partnership the short turnaround for changes to Core Standards – these were received by hospitals in August 2022 with submissions due October 2022. This gives Trusts little time to absorb the new standards / reflect new evidence requests and demonstrate compliance, as the standards should reflect an annual position. MFT are working with partners in GM and NHSE to identify opportunities to improve the process for future submissions.

In 2021-22, MFT overall assurance rating was ‘substantial’ with full compliance against all standards bar five, on which it declared partial compliance. Following successful implementation of the action plan included in last year’s Board Report, all five of those partial compliance standards have been marked as full compliance for the 2022-23 submission.

3. 2022/23 COMPLIANCE

Based on MFT’s self-assessment; 59 of 64 Core Standards were declared as ‘fully compliant’, resulting in MFT maintaining an overall EPRR assurance rating of ‘Substantial’ for 2022/2023**.**

MFT receiving a rating of ‘Substantial’ should not be perceived as a poor assurance rating, as a Trust MFT are delivering against each NHS Core Standards for EPRR. However, it indicates there are opportunities for the Trust to further improve over a period, through the implementation and monitoring of effective action plans.

A breakdown of the 2022-23 submission is as follows:

- Full compliance with 59 of the 64 standards
  - *2 of these have been identified as compliant but requiring strengthened evidence in line with new requirements, and will be included in the action plan accordingly*
- Partial compliance with 5 standards
- Non-compliance with 0 standards

Actions to address the partially compliant standards are in place as outlined in Appendix A. The action plan will be overseen by the MFT EPRR Committee to ensure delivery, with assurance to the Group Management Board via Committee minutes. Cascade of actions will be undertaken through the MFT EPRR governance structure to local hospital EPRR Forums.

In addition, external oversight and peer review of provider EPRR self-assessments and associated action plans, is provided through the Local Health Resilience Partnership. It should be noted, Greater Manchester’s Integrated Care Board can ‘check and challenge’ MFTs EPRR Core Standard submission with 48 hours’ notice.

The MFT self-assessment against the NHS England Core Standards for EPRR for the period of 2022-23 was reviewed at the October 2022 Quality and Performance Scrutiny Committee (QPSC). Following discussion, QPSC noted the MFT EPRR statement of compliance for 2022 – 2023 and recommended it to the Board of Directors for approval.

4. RECOMENDATIONS

The Board of Directors is asked to

- Approve the MFT EPRR statement of compliance for 2022-23,
- Note the assurance of delivery of actions and future improved compliance through the MFT EPRR governance structure.

Greater Manchester Local Health Resilience Partnership (LHRP)

Emergency Preparedness, Resilience and Response (EPRR) assurance 2022-2023

STATEMENT OF COMPLIANCE

Manchester University NHS Foundation Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, Rachel Bayley, MFT Deputy Director of Operations will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Substantial (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

_____

Signed by the organisation's Accountable Emergency Officer

_____

Date signed

Date of Board/governing body meeting	Date presented at Public Board	Date published in organisations Annual Report

Appendix A – Partial Compliant Standards Action Plan 2022-23

#	Domain	Standard	Standard Detail	Partial Compliance Rationale	MFT Actions	Responsible Officer	Timescale for Full Compliance
9	**Duty to Maintain Plans**	Collaborative planning	Plans and arrangements have been developed in collaboration with relevant stakeholders to ensure the whole patient pathway is considered.	MFT are a core member of Greater Manchester Acutes Group, Local Health Resilience Partnership and GM Mass Fatalities Group. MFT also regularly communicate emergency plans, arrangements, and exercises to stakeholders. However, the collaboration process is currently undocumented.	To include formal collaboration process in MFT EPRR Policy – ensuring all MFT plans are developed collaboratively, and this can be evidenced.	EPRR Managers	March 2023 (next review of EPRR Policy)
13	**Duty to Maintain Plans**	New and emerging pandemics	In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic	The MFT Pandemic Plan was last updated in December 2019 and will reach its natural review date in December 2022. The review will consider lessons from COVID-19 accordingly.	Establish a task and finish group to ensure appropriate mechanisms for capturing learning from COVID-19 into the MFT Pandemic Plan.	EPRR Team	December 2022

22	**Training and exercising**	EPRR training	The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.	New evidence requirement requests: • *Evidence of personal training and exercising portfolios for key staff* These have not been created for EPRR training.	MFT already run a full training needs analysis with the release of the annual Training and Exercising Schedule. For 2022-23, the next revision will ensure all staff are creating appropriate portfolios.	EPRR Team	April 2023 (next release of EPRR Training and Exercising Schedule)
25	**Training and exercising**	Responder training	The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum Occupational Standards. Individual responders and key decision makers should be supported to maintain a continuous personal development portfolio including involvement in exercising and incident response as	New evidence requirement requests: • *Evidence of personal training and exercising portfolios for key staff* These have not been created for EPRR training.	MFT already run a full training needs analysis with the release of the annual Training and Exercising Schedule. For 2022-23, the next revision will ensure all staff are creating appropriate portfolios.	EPRR Team	April 2023 (next release of EPRR Training and Exercising Schedule)

			well as any training undertaken to fulfil their role				
65	**CBRN Training Programme**	Training Programme	Internal training is based upon current good practice and uses material that has been supplied as appropriate. Training programmes should include training for PPE and decontamination.	Following several years with no official NWAS CBRN training across all UK Trusts (due to COVID-19) MFT were the first Trust to secure NWAS Chemical, Biological, Radiological and Nuclear Response 'Train the Trainer' training in 2022. Several individuals from all wet decontamination sites (MRI, NMGH and Wythenshawe) completed the training. This has not yet been formatted into local level internal training for all Emergency Department / Admin staff. All currently in development.	EPRR to coordinate an MFT local CBRN training course suitable for all wet decontamination sites.	EPRR Team	April 2023

Fully Compliant Standards (opportunity to strengthen evidence) Action Plan 2022-23

#	Domain	Standard	Standard Detail	Current Compliance	New standard / updated evidence requirements and action required
4	**Governance**	EPRR work programme	The organisation has an annual EPRR work programme, informed by: • current guidance and good practice • lessons identified from incidents and exercises • identified risks • outcomes of any assurance and audit processes The work programme should be regularly reported upon and shared with partners where appropriate.	MFT follow a collective work programme across Group EPRR Committee and all hospital / MCS / LCO EPRR Forums – ensuring MFT is fully compliant with this standard.	Following the new addition of 'the work programme should be regularly reported upon and shared with partners where appropriate' to the standard in 2022. MFT will capture all the entire work programme into one easy to share single document, suitable for sharing where appropriate.
38	**Cooperation**	LRF / BRF Engagement	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough	Current GM arrangements ensure that MFT are represented at the Greater Manchester Resilience Forum	MFT will ensure a formal governance agreement is put in place to ensure NHS GM are demonstrating their

			Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.	by the GM Health Partnership – where Colin Kelsey and Martin Hawksworth represent all Trusts as part of NHS GM Integrated Care (formally the Greater Manchester Health and Social Care Partnership). This ensures MFT participates in all appropriate LRF activities.	participation and including NHS Trusts as required. MFT will also contact the Greater Manchester Resilience Forum to ask if there are any opportunities for shared training and exercising to encourage co-operation.

2021-22 Core Standards marked partial compliance – all compliant by October 2022

Domain	Standard	Standard Detail	Partial Compliance Rationale	MFT Actions	Date of Completion / Forum for approval	Responsible Officer
Duty to Maintain Plans	Critical Incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as defined within the EPRR Framework).	The current MFT Business Continuity Plan (2018 version) does not include or document specific arrangements to respond to a critical incident.	MFT Business Continuity Plan to be rewritten to include critical incident response arrangements.	October 2022	EPRR Managers.
	Shelter and Evacuation	In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff, and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	MFT does not have a completed Shelter and Evacuation Plan that has been signed off or validated. In previous years all GM Acute Trusts were advised by the Local Health Resilience	Produce an MFT Shelter and Evacuation Plan. Exercise and validate the MFT Shelter and Evacuation Plan.	October 2022	EPRR Managers / Directors of Operations.

			Partnership to declare partial compliance on this standard.			
Business Continuity	Business Continuity Management System (BCMS) Scope and Objectives	The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.	The scope and objectives of the MFT BCMS are not currently documented in any MFT plans or policies.	To develop an MFT Business Continuity Strategy which includes the scope and objectives of the BCMS, to sit alongside the existing MFT Business Continuity Plan.	July 2022	EPRR Managers.
	Business Continuity Management System Continuous Improvement Process	There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	The process to assess the effectiveness of the MFT BCMS are not currently documented in any MFT plans or policies.	To develop an MFT Business Continuity Strategy which includes the process to assess the effectiveness of the MFT BCMS, to sit alongside the existing MFT Business Continuity Plan.	July 2022	EPRR Managers.
	Assurance of Commissioned	The organisation has in place a system to assess	MFT utilises a wide range of NHS and	Ensure Business Continuity is part of	July 2022	EPRR Managers /

	Providers / Suppliers Business Continuity Plans	the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements work with their own.	Public Sector Procurement Framework suppliers.	the MFT pre-qualification and tendering process. Ensure the system for random audit of commissioned providers / suppliers Business Continuity Plans is documented in the MFT Business Continuity Strategy.		Group Director of Procurement.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Director of Workforce and Corporate Business
Paper prepared by:	Director of Corporate Business/ Trust Board Secretary
Date of paper:	November 2022
Subject:	MFT Board of Directors' Register of Interests (October 2022)
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Assurance • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	The MFT *'Constitution'* and *'Standing Orders for the Practice & Procedure of the Board of Directors'* requires the Board of Directors to provide a Register of Interests.
Recommendations	The Board of Directors is asked to note the MFT Board of Directors' Register of Interests (October 2022)
Contact	Name: Nick Gomm, Director of Corporate Business/ Trust Board Secretary Tel: 0161 276 4841

1. Introduction

In line with the MFT constitution and standing orders, the Board of Directors is required to make a declaration of its Register of Interests.

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

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

2. Recommendation

The Board is asked to note the MFT Board of Directors' Register of Interests (October 2022).

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS

REGISTER OF DIRECTORS' INTERESTS

(October 2022)

BOARD OF DIRECTORS

REGISTER OF INTERESTS – October 2022

NAME	POSITION	INTERESTS DECLARED
Kathy Cowell OBE DL	Group Chairman	• Member of the General Assembly, The University of Manchester • Member Manchester Academic Health Science Centre • Vice Chair Cheshire Young Carers • Mentor on the Aspirant Chairs Programme (NHSI) • Member of the QVA's mentoring panel (Cheshire) • Chairman of Totally Local Company • Deputy Lieutenant for Cheshire • Chairman of the Hammond School (Chester) • People Ambassador for Active Cheshire • Vice President, St Ann's Hospice • Trustee, Pankhurst Trust
Barry Clare	Group Deputy Chairman	• Partner (Clarat Partners LLP) • Partner (Clarat Healthcare LLP) • Non-Executive Director (Ingenion Medical Ltd) • Chairman (Crescent OPS Ltd) • Chairman (FLOBACK Ltd) • Chairman Evgen Pharma PLC • Non-Executive Chairman (Ori Biotech) • Non-Executive Director (Arterius Ltd)

NAME	POSITION	INTERESTS DECLARED
Professor Luke Georghiou	Group Non-Executive Director	• Deputy President and Deputy Vice-Chancellor, University of Manchester • Non-Executive Director of Manchester Science Partnerships Ltd • Non-Executive Director, Manchester Innovation Factory • Non-Executive Director, Northern Gritstone Investment Company • Chair of Board of University of Manchester Worldwide Limited
Nic Gower	Group Non-Executive Director	• Director Furness Building Society [NED]
Chris McLoughlin OBE	Group Non-Executive Director & Senior Independent Director (SID)	• Corporate Director of People and Integration • Director of Children's Services, Stockport Metropolitan Borough council • Member of Association of Director of Children's Services Ltd • Chair of Greater Manchester Start Well & School Readiness Board • Chair of Greater Manchester Children and Young People Health and Wellbeing Executive • Member of Greater Manchester Integrated Care Partnership
Trevor Rees	Group Non-Executive Director	• Treasurer/Trustee (Manchester Literary and Philosophical Society) • Independent Co-opted member (Audit Committee at University of Manchester (not a Board Member) • Non-Executive Director of Totally Local Company, Stockport (3-year Term) • Chair of the Audit Committee of GB Taekwondo

NAME	POSITION	INTERESTS DECLARED
Gaurav Batra	Group Non-Executive Director	• Chairman, Bolesworth Estate (Salaried, comprising directorships of the following entities): Bolesworth Holding Company 1 Bolesworth Holding Company 2 Bolesworth Investment Company Bolesworth Estate Company • Chairman, Stockport Sports Trust • Director IE8 Limited (Strategic Consultancy)
Angela Adimora	Group Non-Executive Director	• Governor, Salford University • Senior Director of HR Operations, UK & Europe for GXO and Salford University

BOARD OF DIRECTORS

REGISTER OF INTERESTS – October 2022

NAME	POSITION	INTERESTS DECLARED
Sir Mike Deegan CBE	Group Chief Executive Officer	• Board Member, The Corridor, Manchester • Board Member, Health Innovation Manchester
Gill Heaton OBE	Group Deputy Chief Executive	• Co-Chair of the Manchester Provider Collaborative Board • Co-Chair of the Trafford Provider Collaborative Board
Darren Banks	Group Executive Director of Strategy	• Spouse - Finance Director of Rochdale Infirmary, NCA • Board Member, The Corridor, Manchester
Peter Blythin	Group Executive Director of Workforce & Corporate Business	• No interests to declare
Julia Bridgewater	Group Chief Operating Officer	• Foundation Director of Multi Academy, All Saints Catholic Collegiate
Professor Jane Eddleston	Joint Group Medical Director	• Chair of Adult Critical Care CRG [NHSE] • Clinical lead for Healthier Together Programme • GM Partnership Joint Medical Executive lead for Acute Care
Jenny Ehrhardt	Group Chief Finance Officer	• Former Trustee and Treasurer – Faculty of Medical Leadership & Management (to June 2022) • Chair of Sub-Committee of the National Finance Leadership Council

NAME	POSITION	INTERESTS DECLARED
Professor Cheryl Lenney OBE	Group Chief Nurse	• Spouse – Director of Workforce & Organisational Development, Manchester Local Care Organisation
Miss Toli Onon	Joint Group Medical Director	• No interests to declare
David Furnival	Group Director of Operations	• Spouse - Chief of Regulatory Compliance and Improvement, NWAS

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Joint Group Medical Director
Paper prepared by:	Cameron Chandler, Head of Group Medical Directors' Programmes
Date of paper:	November 2022
Subject:	Annual Report to the Board of Directors: Management of Medical Appraisal and Revalidation
Purpose of report:	Indicate which by ✓ • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify ✓
Consideration against the Trust's Vision & Values and Key Strategic Aims	The issues contained in this report have an impact on medical staff engagement, quality improvement and organisational reputation
Recommendations:	The Board of Directors is asked to receive this update as part of the Annual Board Report on the implementation of Medical Revalidation, and ratify the HRSC approval for submission of an Annual Statement of Compliance to the Higher-Level Responsible Officer, NHS England (North West).
Contact:	Name: Miss Toli Onon, Joint Group Medical Director Tel: 0161 701 0205

1. Executive summary

This report describes the progress of the Trust over the last financial year in the management of medical appraisal and revalidation.

Summary of key points:

- at the end of the last appraisal year (31 March 2022), MFT had 2,217 doctors with a prescribed connection plus an additional 95 dentists
- 94.9% of connected doctors had an appraisal within the year
- the Quality Assurance of the process is subject to ongoing review and appraisers are being trained or refreshed to ensure they all meet the required standards
- appraisers were rated as 'Very Good' or 'Good' by 97% of appraisees who submitted feedback
- appraisal rates for clinical fellows and short-term contract holders have increased to comparable levels with other medical staff
- the Trust has been instructed to submit a signed Statement of Compliance to NHS England for 2021/2022

2. Purpose of the paper

The purpose of this report is to:

- summarise the Trust's performance in relation to medical appraisal and revalidation for the period April 2021 to March 2022
- provide assurance to the Board through the HRSC that the Trust is compliant as a designated body for medical revalidation, continues its pursuit of quality improvement, and that the Responsible Officer (RO) is discharging her statutory responsibilities

3. Background

Revalidation was formally launched in the UK in January 2013 and is the process by which all licensed doctors are requested to demonstrate, on a regular basis, that they are up to date and fit to practise in their chosen filed and able to provide an appropriate standard of care. The process of revalidation seeks to give extra confidence to patients, the public and the professional that the doctor is being regularly checked by both their employer and the General Medical Council (GMC). Licensed doctors must revalidate usually every five years, part of which is the requirement to have an annual appraisal based on the GMC's Good Medical Practice framework[1]. The Trust's appraisal and revalidation process is managed operationally by the team of the Responsible Officer (RO); a role established in statutory legislation[2] and currently undertaken by Miss Toli Onon. The RO's role is supported by Professor Daniel Keenan and Dr Emma Hurley, Group Associate Medical Directors for Appraisal and Revalidation, in addition to the Chief of Staff, Head of Programmes and the Revalidation administration team.

The revalidation process is based on a recommendation from the RO to the GMC, the regulator making the final decision about revalidating a doctor. In order to make the recommendation, the RO must be assured that:

- the doctor has a track record of engagement with annual appraisals consistent with the guidance on strengthened medical appraisal and has been appraised on the full scope of their practice (including in the independent sector) at a single appraisal meeting

[1] http://www.gmc-uk.org/static/documents/content/GMP_pdf

[2] The Medical Profession (Responsible Officers) Regulations 2010, amended 2013

- any concerns about the doctor raised through the appraisal have been brought to the attention of the relevant medical line manager and successfully addressed
- the doctor has undertaken a multisource feedback evaluation of their work and professional behaviour, including feedback from both colleagues and patients, and that this has been discussed with their appraiser (one formal multisource feedback per five-year revalidation cycle)
- there are no outstanding concerns about the doctor's performance or professional conduct known to the Trust

Options available to the RO are to recommend revalidation, defer the recommendation for a period of up to 12 months (either due to insufficient information for a positive recommendation or because the doctor is subject to an ongoing process) or to notify the GMC of the doctor's non-engagement with the process.

4. Designated body

Manchester University NHS Foundation Trust is a designated body, as established in the Responsible Officer regulations; status as a designated body also determines which doctors should be connected to the Trust for appraisal and revalidation. At 31 March 2022 (the end of the last appraisal year), 2,217 doctors were connected: 1,451 consultants, 134 SAS grade doctors, 625 temporary and short-term contract holders (including clinical fellows and bank doctors) and 7 other doctors (such as clinical trial physicians). There was an increase on the previous year of 297, primarily comprising new consultants.

Doctors who work jointly within the Trust and the University of Manchester is an academic position are required to undergo a joint appraisal under the Follett Principles. These doctors connect to the Trust for revalidation. Additional doctors who work for the Trust, who are not connected for appraisal and revalidation, include GPs (who connect to one of the NHS England local teams) and doctors who undertake work at MFT but also with another NHS organisation, who is their main employer and designated body. Despite not connecting directly with these doctors, the Trust still has an obligation to monitor their fitness to practise and report any concerns to the doctor's RO. Doctors in a training grade are appraised and revalidated separately by Health Education England.

5. Revalidation

For the appraisal year 01 April 2021 – 31 March 2022, 626 doctors were due to be revalidated, this is a much higher number than usual due to the pause to revalidation during the pandemic and due dates being pushed back to the following year. Of the doctors due, 517 doctors were recommended for revalidation and a further 49 were deferred and subsequently revalidated; 60 doctors were deferred with a future revalidation date after 31 March. Of the 109 deferrals, 106 were due to insufficient information and three due to involvement in an ongoing process; a further three doctors are 'on hold' from the revalidation process due to ongoing GMC investigations. All MFT recommendations regarding revalidation have been approved by the GMC. For the year April 2022 – March 2023, 283 doctors are due for revalidation.

6. Appraisal

All doctors and dentists must ensure that they undergo appraisal within each financial year and are responsible for the continuous collection of their portfolio of evidence covering their full scope of practice. For medical staff who are registered with the GMC as well as the General Dental Council, continued engagement with appraisal is necessary over the course of the five-year revalidation cycle.

At 31 March 2022, 2,217 connected doctors were due to have an appraisal within year (01 – 31 March). The appraisal rate for the 2021-2022 appraisal year is as follows (Table 1):

Table 1: Number of medical appraisals at MFT during 2021-22

Group	Connected	(1) Completed appraisal	(2) Approved incomplete or missed appraisal	(3) Unapproved incomplete or missed appraisal
Consultants	1,491	1,386 (96%)	65 (4%)	0 (0%)
SAS	134	124 (93%)	10 (7%)	0 (0%)
Temporary or short-term contract holders	625	586 (94%)	39 (6%)	9 (0%)
Other	7	7 (100%)	9 (0%)	0 (0%)
Total	**2,217**	**2,103 (95%)**	**114 (5%)**	**0 (0%)**

Category definitions (as established by NHS England)[3]:

1. *Appraisal held within year*
2. *Appraisal not held or completed within year with approval from the RO (e.g. maternity leave)*
3. *Appraisal not held or completed within year without approval from the RO*

Consultant and SAS appraisal rates have remained consistent; temporary and short-term contract holders have seen a significant increase on previous years however, with an increase of 7% from last year, bringing them in line with other medical groups. These 'agile' doctors have previously been a problematic group to reach for appraisal compliance hence these figures represent a positive improvement.

7. Revalidation management system

The SARD appraisal software was launched in April 2019 with all medical appraisals held via this system. The contract was for an initial three years with the option to extend by two further years; this has been extended for this year with a view to utilising the full five-year contract. Consideration will need to be given next year whether to further extend the contract or complete another tender process.

The single software across all sites also has the capability for multisource feedback to be done within the same system. Medical Directors and other clinical managerial staff can view and report on the staff within their hierarchy level and monitor appraisal progress directly. Following the acquisition of NMGH, a successful migration of all appraisal data from their previous system to SARD took place allowing them to use SARD for their latest appraisals.

The system can be developed individually for each user organisation allowing MFT to tailor the system to specific requirements, providing a bespoke appraisal portfolio for each clinician according to their role and specialty, so that only the relevant information is requested to be submitted. Recent additions include sections to reflect on the impact of the pandemic and a section to consider personal and professional wellbeing and reflect on this. Processes are also in place to start automatically uploading governance information into appraisal portfolios, with incidents of level 3 and higher being imported from the Ulysses risk system.

[3] https://england.nhs.uk/revalidation/qa/

8. Appraisers

The Trust has a responsibility to support appraisers in the maintenance and development of their skills, to assure the quality of medical appraisals and to ensure that appropriate resources are available to support this. Those who undertake medical appraisal for the Trust must be adequately trained in this role. Refresher training should be undertaken every one-three years, since September 2020 these have been held virtually facilitated by the Group Associate Medical Directors. At 01 September 202, 582 appraisers are currently in date with training. Of the 29 not currently compliant, nine are booked onto an upcoming training session. The remaining 20 have been written to confirm if they wish to book on to a training session or come off the appraiser list if they no longer wish to undergo refresher training.

9. Appraisee feedback

Following each completed appraisal, appraisees are asked to submit feedback regarding their appraisal, appraiser, and the overall process. For the last appraisal year, a total of 1,276 feedback responses were received. Individual reports for each appraiser are collated and added to their appraisal portfolios for discussion at their own appraisal. Of the responses received:

- 87% rated their appraiser overall as 'Very Good' and a further 10% as 'Good'
- 71% 'Strongly Agreed' that their appraisal discussion was important in their professional development and 23% 'Agreed'
- 67% 'Strongly Agreed' that the overall administration of their appraisal had been satisfactory and 29% 'Agreed'

10. Quality assurance

The need for a robust Quality Assurance (QA) process for appraisal as part of the Medical Revalidation process is self-evident, but also explicitly expected by both NHS England, as the Senior Responsible Owner of the revalidation process and the GMC. A need for oversight of both appraisers and appraisal outputs is necessary to ensure a consistent, effective, and constructive appraisal system, benefiting both the doctor's development and the Trust assurance processes.

Appraisers are responsible for ensuring the quality of the appraisal outputs for the appraisals they undertake. They must ensure that both the appraisal summary and the Personal Development Plan (PDP) adhere to the required standards. Feedback is requested from doctors following an appraisal; this information is collated and used to assist appraisers with their development and gives an indication of how the process is progressing.

An appraisal quality tool ASPAT (Appraisal Summary and PDP Audit Tool) developed by NHS England has been incorporated within SARD so that randomised samples of appraisals can be audited online to assess the quality of the appraisal process. The process for this is currently being developed with an aim to audit a representative sample of all outputs, and findings should be ready to be reported on at the end of the current appraisal year in March 2023.

Appraisal and revalidation are covered by the Trust's Revalidation and Appraisal policy for Medical and Dental staff, this was due for renewal in November 2021 and an updated version is currently with the Local Negotiating Committee (LNC) for approval. Compliance and quality assurance are also monitored via the Appraisal and Revalidation group which

meets quarterly with clinical and managerial representatives from each Hospital/MCS, Medical Education and Workforce in addition to the Group Revalidation team.

11. Summary and future challenges

Following a return to the appraisal process post pandemic, consultant and SAS appraisal rates have remained consistent; temporary and short-term contract holders have, after a number of years lagging behind, seen a significant increase in their appraisal rates bringing them in line with other medical grades. Work is being undertaken in conjunction with Medical Education to closer align the work of Educational Supervisors and the Revalidation team, helping with the increase. Going forward, there is still work required to embed the process of appraiser allocation, by hospital sites to facilitate appraisals being held in good time.

12. Recommendations

The Board of Directors is asked to receive this update as part of the Annual Board Report on the implementation of Medical Revalidation, and ratify the HRSC approval for submission of an Annual Statement of Compliance to the Higher-Level Responsible Officer, NHS England (North West).

Appendix 1

MFT Appraisee Feedback 2021-2022

Total responses: 1,592

1: The Appraisal Process		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know	Not Reported
1a	The Appraisal Policy is clear and comprehensive	25	14	103	763	647	10	30
1b	I knew what to expect from the appraisal process	24	14	63	755	677	7	52

2: The Appraiser		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know	Not Reported
2a	My Appraiser listened to and reflected what I said to him/her	11	2	6	237	1317	0	19
2b	My Appraiser was supportive	11	4	5	166	1380	0	26
2c	My Appraiser gave me constructive advice and helpful feedback	11	3	8	235	1310	0	25
2d	My Appraiser helped me to think about new areas for development	10	3	31	329	1184	2	33
		Very poor	Poor	Average	Good	Very good	Don't know	Not Reported
2e	My Appraiser's preparation for the appraisal was	3	0	19	263	1281	3	23
2f	My Appraiser's skills in appraising me were	2	1	11	202	1349	3	24
2g	Overall I rate my Appraiser as	2	0	9	157	1386	1	37

3: The Appraisal Discussion		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know	Not Reported
3a	My Appraiser regularly referred to my portfolio of supporting information	3	5	20	355	1189	1	19
3b	My Appraiser reviewed progress against my last PDP (where available)	3	2	25	285	1213	31	33
3c	My Appraiser challenged me to make me think about my practice and development	2	10	45	392	1116	7	20
3d	My new PDP is an accurate reflection of the priorities for my development	3	1	17	333	1211	2	25
3e	My Appraisal discussion was important in my professional development	5	7	46	372	1127	0	35

4: The Administration of Appraisal		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know	Not Reported
4a	The allocation of my Appraiser was straightforward	8	41	65	425	1024	12	17
4b	I was given the required notice of the date of my appraisal	3	12	30	418	1107	3	19
4c	The arrangements (room, length, interruptions etc) for my appraisal were satisfactory	3	5	33	385	1135	9	22
4d	I had access to the supporting information which I required for my portfolio	2	6	37	448	1070	8	21
4e	I understand how this appraisal contributes to the process of my Revalidation by the GMC	4	5	20	451	1080	9	23
4f	Overall the administration of my appraisal has been satisfactory	3	7	27	455	1060	1	39

2021-2022 Annual Submission to NHS England North West:

Appraisal and Revalidation and Medical Governance

Name of organisation:		
	Name	Contact information
Responsible Officer	Miss Toli Onon	toli.onon@mft.nhs.uk
Medical Director	Miss Toli Onon and Prof. Jane Eddleston	toli.onon@mft.nhs.uk jane.eddleston@mft.nhs.uk
Medical Appraisal Lead	Prof. Daniel Keenan and Dr Emma Hurley	daniel.keenan@mft.nhs.uk emma.hurley@mft.nhs.uk
Appraisal & Revalidation Manager	Cameron Chandler	cameron.chandler@mft.nhs.uk
Additional Useful Contacts	Andrea Roberts (Revalidation Admin) Yvonne Jenkinson (Revalidation Manager)	andrea.roberts@mft.nhs.uk yvonne.jenkinson@mft.nhs.uk

Contents

Introduction:

The Annual Organisational Audit has been stood down again for the 2021/22 year. A refreshed approach is planned for 2022/23. It still remains a requirement for each Designated Body to provide assurance to their Board about the governance arrangements in place in relation to appraisal, revalidation and managing concerns. In addition, NHS England North West use information previously provided in the AOA to inform a plan for quality visits to Designated Bodies. These visits are now starting to be planned in again moving forwards.

Amendments have been made to Board Report temple (Annex D) with the intention of making completion of the submission straightforward whilst retaining the goals of the previous report:

a) help the designated body in its pursuit of quality improvement

b) provide the necessary assurance to the higher-level responsible officer, and

c) act as evidence for CQC inspections.

This template for an Annual Submission to NHS England North West should be used as evidence for the Board (or equivalent management team) of compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) or appended to your own board report where a local template exists.

This completed document is required to be submitted to NHS England North West by the end of September 2022 and should be sent to england.nw.hlro@nhs.net

Annual Submission to NHS England North West

Section 1 – General:

The Board of Manchester University NHS Foundation Trust can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

   2021/2022 update: Miss Toli Onon (3442971)

   Action for next year: None

2. The designated body provides sufficient funds, capacity, and other resources for the responsible officer to carry out the responsibilities of the role.

   Yes

   2021/2022 update including description of Appraisal & Revalidation support: Revalidation Team consisting of two Group Associate Medical Directors, Head of Group Medical Directors' Programmes, Revalidation Manager and Revalidation Administrator

   Action for next year: None

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

   2021/2022 update:

   Action for next year: None

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

   List of relevant policies and date of last review: Revalidation and Appraisal Policy for Medical and Dental Staff – November 2018

   2021/22 update: Updated policy has been drafted and is with staff-side representatives for consultation

   Action for next year: Ratify updated policy

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

2021/2022 update: An internal audit of all appraisal processes (medical and non-medical) was undertaken by KPMG which had an outcome of significant assurance with minor improvement opportunities. Action for next year: Liaise with comparably large, multi-site organisation to arrange peer reviews

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

List of relevant policies and date of last review: 2021/2022: Action for next year:

7. Where a Service Level Agreement for External Responsible Officer Services is in place – N/A

Describe arrangements for Responsible Officer to report to the Board Date of last RO report to the Board: Action for next year:

Section 2a – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. For organisations that have adopted the Appraisal 2020 model, there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations

that have not yet used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

2021/2022 update: The appraisal process was amended to have a 'lighter touch' with less supporting evidence required to be presented and more of a focus on reflection and development. A new portfolio section was also included to reflect on work and any changes to this due to COVID-19, to include any positive and negative experiences, achievements and any learning that resulted

Action for next year:

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

2021/2022 update: N/A

Action for next year:

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

List of relevant policies and date of last review: Revalidation and Appraisal Policy for Medical and Dental Staff – November 2018

2021/2022 update: Updated policy has been drafted and is with staff-side representatives for consultation

Action for next year: Ratify updated policy

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Number of available appraisers: 610

2021/2022 update: Refresh of appraiser list has taken place; 97% of appraisers have received training within the last three years

Action for next year: Ensure all appraisers have undergone refresher training within a three-year period

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development

events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[4] or equivalent).

List of relevant policies and date of last review:

2021/2022 update: ASPAT functionality has been developed within SARD and recently gone live. A process for this is currently being developed with an aim to audit a representative sample of all appraisals

Action for next year: Ensure a representative sample of all appraisals are audited

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Total number of doctors with a prescribed connection as at 31 March 2022	2,217
Total number of appraisals undertaken between 01 April 2021 and 31 March 2022	2,103
Total number of appraisals not undertaken between 01 April 2021 and 31 March 2022	114
Total number of agreed exceptions	114

[4] http://www.england.nhs.uk/revalidation/ro/app-syst/

Section 3 – Revalidation Recommendations to the GMC

1. Timely recommendations re made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Recommendations to the GMC:	
Total number of positive recommendations submitted between 01 April 2021 and 31 March 2022	439
Total number of recommendations for deferral submitted between 01 April and 31 March 2022	126
Total number of recommendations for non-engagement submitted between 01 April 2021 and 31 March 2022	0
Total number of recommendations submitted after due date between 01 April 2021 and 31 March 2022	2

2.

2021/2022 update:

Action for next year:

3. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

List of relevant policies and date of last review:

2021/2022 update: Two submissions were made late, both by one day. One of these was due to the doctor connecting after his due date

Action for next year:

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors. This includes reporting and collation of, for example,

complaints, safeguarding concerns and incidents to identify necessity for appropriate intervention at the earliest opportunity.

List of relevant policies and date of last review:

2021/2022 update: MFT has good governance systems in place, confirmed by CQC full inspection report March 2019

Action for next year:

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

2021/2022 update: Processes have been developed to allow for governance information to be automatically uploaded into individual appraisal portfolios

Action for next year:

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved Responding to Concerns Policy that includes arrangements for investigation and intervention for capability, conduct, health, and fitness to practise concerns.

List of relevant policies and date of last review:

2021/2022 update: Quarterly meetings between Joint Group Medical Director/RO, Group Associate Medical Directors (Appraisal and Revalidation, Professional Matters) and Site Medical Directors and HR Leads to discuss medical professional matters and concerns. Managing Concerns Policy due to renewal in December 2021, an updated policy has been drafted and is with staff side representatives for consultation

Action for next year: Ratify updated policy

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type, and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors[5].

[5] This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level

Outline arrangements and frequency for reporting to the Board:

2021/2022 update:

Action for next year:

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation[6].

2021/2022 update: Transfer of information process within NHS is managed by Revalidation Manager. Sharing of information with two main private providers in locality is managed by RO and Group Associate Medical Directors for Professional Matters

Action for next year:

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

2021/2022 update: Work is currently being undertaken to assess the medical workforce in line with the WRES and monitor the protected characteristics of doctors involved in an ongoing process and GMC referrals, and those who have deferral recommendations made to the GMC. This will be further enabled by the roll out of the Empactis case management module

Action for next year: Monitor and report on management of doctors of concern, including protected characteristics

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term

[6] The Medical Profession (Responsible Officers) Regulations 2011, Regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

List of relevant policies and date of last review:

2021/2022 update: Work is currently being undertaken to assess the medical workforce in line with the WRES and monitor the protected characteristics of doctors involved in an ongoing process and GMC referrals, and those who have deferral recommendations made to the GMC. This will be further enabled by the roll out of the Empactis case management module

Action for next year: Monitor and report on management of doctors of concern, including protected characteristics

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail any additional information that you wish to highlight (the following provides a guide to information that you may wish to include):

- **General review of actions since last Board report**
- **Actions still outstanding**
- **Any reflections of impact of COVID-19 on delivering service to patients**
- **Current issues**
- **New actions:**

Overall conclusion:

Section 7 – Statement of Compliance:

The Board of Manchester University NHS Foundation Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

(Chief Executive or Chairman [or Executive if no Board exists])

Official name of designated body: Manchester University NHS Foundation Trust

Name: Sir Mike Deegan: Signed: 

Role: Group Chief Executive

Date: 25th October 2022

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Director of Workforce & Corporate Business
Paper prepared by:	Director of Corporate Business / Trust Secretary
Date of paper:	November 2022
Subject:	Board Assurance Framework (October 2022)
Purpose of Report:	Indicate which by ✓ • Information to note • Support • Accept ✓ • Assurance • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	A clear and effective Board Assurance Framework enables the organisation to monitor the principal risks which are most likely to impact upon delivery of our Strategic Aims.
Recommendations:	The Board of Directors is asked to accept the latest BAF (October 2022) which is aligned to the MFT Strategic Aims.
Contact:	Name: Nick Gomm, Director of Corporate Business / Trust Secretary Tel: 0161 276 4841

1. Introduction

1.1 Significant risks to achieving the Trust's key strategic aims are reviewed and reported to the Group Risk Oversight Committee and through other established governance routes, dependent on the risk rating.

1.2 The Board Assurance Framework (BAF) presents the risks which have the most potential to impede MFT's delivery of its strategic aims. These risks are also overseen by the relevant Board Scrutiny Committees.

1.3 MFT's new Risk Management Framework and Strategy (RMFS) was approved by MFT's Board of Directors in May 2022. It includes a Risk Appetite Statement and ten principal risks. This has necessitated a change to the format of the BAF to ensure it is aligned with the RMFS.

1.4 The new format has been informed by discussions with Non-Executive Directors, Group Executive Directors and Internal Audit. It also reflects recommendations from Internal Audit's review of the BAF earlier this year.

1.5 The new format consists of:

- A front page which aligns the Trust's Strategic Aims with the RMFS's principal risks and Risk Appetite Statement. It also identifies the total number of risks on the Trust's Corporate/Strategic Risk Register, and the highest rated, for each strategic aim.

- A page for each principal risk which includes the scores for the aligned Corporate/Strategic Risks, details the controls and sources of assurance for each Principal Risk, and identifies gaps/weaknesses in assurance along with the actions in place to address them.

- A final page which provides definitions for the terms used and the Risk Appetite Statement in full.

1.6 At their meeting in October 2022, the Audit Committee reviewed and supported the new format of the BAF.

1.7 The BAF will next be presented to the Board in March 2023. Prior to that, the principal risks will be discussed at the relevant Scrutiny Committees and the Group Risk Oversight Committee to maintain oversight of them between Board meetings. The format of the BAF will continue to be refined during this process to ensure it is as clear as it can be.

2. Recommendations

2.1 The Board of Directors is asked to accept the latest BAF (October 2022) which is aligned to the MFT Strategic Aims.

Board Assurance Framework: 2022/23

The Board has overall responsibility for ensuring systems and controls are in place, sufficient to mitigate any significant risks which may threaten the achievement of the organisation's strategic aims. Assurance is secured through a range of sources, within a robust governance process. The Board achieves this primarily through the work of its scrutiny committees, through audit and other sorts of independent review, and by the systematic collection and analysis of performance data. The Board Assurance Framework is a live document that will continue to be populated and amended as risks and assurances associated with the organisational objectives are identified

Strategic Aim	Scrutiny Committee	Principal risks aligned to strategic aims	Individual strategic risks aligned to Principal risks		Risk appetite for Strategic Aim
			No. of risks	Highest rated	
To focus relentlessly on improving access, safety, clinical quality and outcomes	Quality and Performance Scrutiny Committee	1. Failure to maintain the quality of services	21	20	Strongly averse to any risk
		2. Failure to sustain an effective and engaged workforce	5	20	
		3. Failure to maintain operational performance	15	20	
		9. Failure to meet regulatory expectations, and comply with laws, regulations, and standards.	12	20	
		10. Failure to continually learn and improve the quality of care for patients	1	20	
To improve continuously the experience of patients, carers and their families	Quality and Performance Scrutiny Committee	1. Failure to maintain the quality of services.	21	20	Strongly averse to any risk
		3. Failure to maintain operational performance s	15	20	
		8. Failure to maintain a safe environment for staff, patients and visitors	7	20	
		9. Failure to meet regulatory expectations, and comply with laws, regulations, and standard	12	20	
To make MFT a great place to work, where we value and listen to our staff so that we attract and retain the best	Human Resources Scrutiny Committee	2. Failure to sustain an effective and engaged workforce	5	20	Open to taking opportunistic risk
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	Human Resources Scrutiny Committee	2. Failure to sustain an effective and engaged workforce	5	20	Open to taking opportunistic risk
To use our scale and scope to develop excellent integrated services and leading specialist services	Board of Directors	5. Failure to deliver the required transformation of services	1	15	Significant appetite to exploit opportunistic risk
		7. Failure to deliver the benefits of strategic partnerships	0	N/A	
To develop our research and innovation activities to deliver cutting edge care that reflects the needs of the populations we serve	Board of Directors	7. Failure to deliver the benefits of strategic partnerships	0	N/A	Significant appetite to exploit opportunistic risk
To achieve and maintain financial sustainability	Finance and Digital Scrutiny Committee	4. Failure to maintain financial sustainability	2	15	Strongly averse to any risk that could result in non-compliance with standards
		6. Failure to achieve sustainable contracts with Commissioners	9	20	
To work with partners and play our part in addressing inequalities, creating social value and advancing the wider green agenda	Board of Directors	5. Failure to deliver the required transformation of services	1	15	Significant appetite to exploit opportunistic risk
		7. Failure to deliver the benefits of strategic partnerships	0	0	

MFT's Principal risks			
1	Failure to maintain the quality of services	6.	Failure to achieve sustainable contracts with Commissioners
2	Failure to sustain an effective and engaged workforce	7.	Failure to deliver the benefits of strategic partnerships
3	Failure to maintain operational performance	8.	Failure to maintain a safe environment for staff, patients and visitors
4.	Failure to maintain financial sustainability	9.	Failure to meet regulatory expectations, and comply with laws, regulations, and standards
5.	Failure to deliver the required transformation of services	10.	Failure to continually learn and improve the quality of care for patients

Principal risk 1: Failure to maintain the quality of services	Oversight Committees	Quality and Performance Scrutiny Committee
		Group Risk Oversight Committee

Risk appetite

We hold patient safety in the highest regard and are strongly averse to any risk – clinical, operational, data quality, workforce or related to strategic partnerships – that might jeopardise safety; we will continuously benchmark and research the safety and effectiveness of the care we provide with a focus on identifying and eliminating unwarranted variation that drives risk.

Strategic risk(s)		Risk rating			
		Inherent	Residual	Current	Progress
MFT/001150	Safe storage of medicines	20	8	20	⟷
MFT/005182	Optimising human/ system interaction to ensure patient safety	20	4	20	⟷
MFT/001253	Adult Histo-pathology provision	16	4	16	new
MFT/004513	Delivery of activity levels and national operational standards	20	16	20	⟷
MFT/000137	ACHD level 2 service	16	8	16	⟷
MFT/002842	Decontamination service	16	12	16	⟷
MFT/003018	Paediatric Haem/BMT, benign haematology and oncology service	16	4	16	⟷
MFT/00467	Paediatric MR scanner	16	4	16	new
MFT/000694	Paediatric ED physical and staffing capacity (RMCH)	16	12	16	⟷
MFT/005930	Response to national maternity recommendations	15	10	15	new
MFT/000241	Paediatric dentistry	15	10	15	⟷
MFT/005480 MFT/005482 MFT/005636 MFT/005559	HIVE implementation related risks	15	8	15	⟷
MFT/004492	Informatics resource capacity	16	8	16	⟷
MFT/000363	Malicious attacks to IT systems	15	10	15	⟷
MFT/002263	Cardiac Surgery Capacity	15	5	15	⟷
MFT/005559	Thoracic surgery capacity	15	8	15	⟷
MFT/005850	Paediatric dentistry capacity	15	9	15	⟷
MFT/005930	National maternity recommendations	15	10	15	new

Controls			Gaps/weaknesses in Controls	Action being taken to address gaps/weaknesses	Target date	Progress
Vision, Values and Behavioural Framework Annual Operational Plan Quality and Safety Strategy Annual Plan Patient Safety Profile and Plan (PSIRP) Risk Management Strategy and Framework Quality Strategy Safety Oversight System Incident management policy Infection Prevention and Control Standards, policy and accountability infrastructure Long wait harm review process Patient Experience Strategy IQP programme Informatics strategy (incl. Cyber security)	Information governance infrastructure Quality improvement collaboratives CQC improvement programme Performance (RTT/ECS/Cancer) benchmarking PLACE assessments Freedom to Speak Up programme Clinical Accreditation Scheme Safe staffing escalation matrix and risk triggers, appraisal, mandatory training, sickness absence benchmarking Patient safety alert management process Medical Examiner System NICE guidance implementation programme Safety critical policies	Internal audit programme relevant to controls National Audit Programme Health and safety related policies Structured Judgement Review Programme LeDeR Programme Policy and Procedure compliance benchmarking Quality Governance infrastructure Safeguarding Governance, policy and accountability infrastructure Human factors academy Compliments, complaints and concerns policy WMTM patient experience programme	Implementation plans to support delivery of Quality and Safety Strategy	Implementation plans developed for all objectives	31/12/22	On track
			Safety Critical Policies-governance and review sub-optimal	Action plan to address in place (monitored by GROC)	30/9/22	Compromised
			LeDeR programme-weakness in external engagement	Review to be undertaken	30/11/22	On track
			Learning from deaths policy-requires review	Review to be undertaken	30/11/22	On track
			NICE guidance implementation programme-requires review	Review to be undertaken	30/11/22	On track
			National patient safety training offer not fully formalised	Local training provision to meet identified need	31/3/23	On track

Routine Sources of Assurance			Gaps/weakness in Assurance	Actions being taken to address gaps/weaknesses	Target date	Progress
Site/MCS/LCO assurance	**Group assurance**	**External Assurance**				
Minutes of Site/MCS/LCO Quality and Safety Committees/risk/performance committees Accountability Oversight Framework Escalation of risks to Quality and Safety Committee from site/MCS/LCO governance Placement satisfaction benchmarking (medical students) Safe Staffing Reports Clinical accreditation outcome Annual Safeguarding workplan Mandatory training compliance reports IQP output and assurance	Patient Safety Profile Bi-annual NMAHP safe staffing report Integrated Risk Profile Annual Safeguarding report Safeguarding Adults Annual Assurance statement Annual Clinical Audit Report Annual Learning from Death report Infection Prevention and Control Report Health and Safety Annual report EPRR Core standards Clinical Accreditation annual report Minutes of relevant Group Committees Annual report/Quality account IPC Board Assurance Framework (awaiting next iteration)	Internal Audit CQC-Dynamic monitoring/inspections NHSE-Maternity scrutiny National inpatient survey GIRFT Section 11 audit (safeguarding) Cyber security assurance Data Security Protection Toolkit IPC Assurance Framework Quality Account/Annual report: external review ICS quality review	Internal Audit-risk management strategy-Significant assurance	Action plan in place-no concerns in relation to governance or delivery	30/9/22	On track
			Quality and content of assurances within Site/MCS/LCO minutes	Quality governance development programme initiated across the Trust	31/12/22	On track
			Real time quality assured quality and safety data	Implementation of HIVE	31/3/23	On track
			Understanding of the impact of inequality on the safety of patients	Programme of work in place to address optimising insight	31/3/23	On track
			IQP programme	Ensure embedded in all areas	31/3/23	On track

Principal risk 2: Failure to sustain an effective and engaged workforce	Oversight Committees	Human Resources Scrutiny Committee
		Group Risk Oversight Committee

Risk appetite

We are strongly averse to any risk where it involves potential exposure to significant harm for our people. We are open to taking opportunistic risk in improving the recruitment and retention of a diverse inclusive workforce, recognising the challenging recruitment environment

Strategic risk(s)		Risk rating			
		Inherent	Residual	Current	Progress
MFT/001150	Safe storage of medicines	20	8	20	↔
MFT/005182	Optimising human/ system interaction to ensure patient safety	20	4	20	↔
MFT/004003	Staff psychological wellbeing	15	10	15	↔
MFT/005927	HIVE training	15	10	15	↔
MFT/005480	HIVE socialisation and workflow familiarity	15	10	15	↔

Controls			Gaps/weaknesses in Controls	Action being taken to address gaps/weaknesses	Target date	Progress
MFT People Plan NMAHP Safe Staffing Escalation Policy and risk framework Safer Nursing Care Tool (SNCT) census E-roster KPIs Workforce KPIs Values and behaviours Framework Diversity and Inclusion Strategy Workforce policies and procedures Workforce governance structure Accountability Oversight Framework Medical Directors Workforce Board NMAHP Professional Board Diversity and Inclusion groups and networks	Informatics strategy Equality, Diversity and Human Rights Strategy Freedom to Speak Up Workforce Predictive modelling Workforce recovery programme Staff-side multi-union OD programme Workforce electronic management systems Mentorship and coaching freely available Top Leaders programme available through NHS Academy Flexible working policy Freedom to Speak Up Programme Rostering policy	Mandatory Training programme Workforce plans Job Planning Policy Operational Plan Leadership and culture strategy Domestic and international recruitment strategies Guardian of Safe Working Risk management strategy and framework Mutual Aid MoU Staff Health & Safety risk assessments Health and Safety Policies and procedures	Employee Health and Wellbeing Strategy	Strategy being developed	31/3/23	On track
			Policy profile development	Policy profile under review	31/3/23	On track

Routine Sources of Assurance			Gaps/weakness in Assurance	Actions being taken to address gaps/weaknesses	Target date	Progress
Site/MCS/LCO assurance	**Group assurance**	**External Assurance**				
Workforce dashboards Daily safe staffing huddles (nursing and midwifery) Safe staffing risk escalation process 7DS audits Accountability oversight framework Job plan status reports Roster confirm and challenge meeting	Monthly Nursing and Midwifery workforce dashboards Bi-annual Safer Staffing reports to BoD Safer Nursing Care Tool used to support annual inpatient establishment reviews 7DS joint assurance group and action plan GoSW reports Integrated risk profile Workforce Race Equality Standard Workforce Disability Equality Standard Annual NMC Revalidation report Regulatory assurance framework and map Minutes of relevant Group Committees Annual report/Quality account IPC Board Assurance Framework (awaiting next iteration)	GMC survey Staff survey Model Hospital Workforce planning return (NHSE) Monthly safe staffing reporting to NHSE (Nursing and midwifery) NHSE monitoring reports (medical workforce) Annual Report audit	Allocate Medical Workforce solution	Roll out to be completed	31/3/23	On track
			Limitations of GoSW reports	Reports to be expanded (non-training grade)	31/3/23	On track

Principal risk 3: Failure to maintain operational performance	Oversight Committees	Quality and Performance Scrutiny Committee
		Group Risk Oversight Committee

Risk appetite

We hold patient safety in the highest regard and are strongly averse to any risk – clinical, operational, data quality, workforce or related to strategic partnerships – that might jeopardise safety; we will continuously benchmark and research the safety and effectiveness of the care we provide with a focus on identifying and eliminating unwarranted variation that drives risk. We will be cautious about any risk that could compromise data quality or data security in the context of performance and reputational risks; and we commit to continuous improvement in these areas.

Strategic risk(s)		Risk rating			
		Inherent	Residual	Current	Progress
MFT/001253	Adult Histo-pathology provision	16	4	16	new
MFT/004513	Delivery of activity levels and national operational standards	20	16	20	⟷
MFT/000137	ACHD level 2 service	16	8	16	⟷
MFT/002842	Decontamination service	16	12	16	⟷
MFT/005198	NMGH critical estate building infrastructure	16	8	16	⟷
MFT/003018	Paediatric Haem/BMT, benign haematology and oncology service	16	4	16	⟷
MFT/00467	Paediatric MR scanner	16	4	16	new
MFT/000694	Paediatric ED physical and staffing capacity (RMCH)	16	12	16	⟷
MFT/000241	Paediatric dentistry	15	10	15	⟷
MFT/005480 MFT/005482 MFT/005636 MFT/005559	HIVE implementation related risks	15	8	15	⟷
MFT/004492	Informatics resource capacity	16	8	16	⟷
MFT/000363	Malicious attacks to IT systems	15	10	15	⟷
MFT/002263	Cardiac Surgery Capacity	15	5	15	⟷
MFT/005559	Thoracic surgery capacity	15	8	15	⟷
MFT/005850	Paediatric dentistry capacity	15	9	15	⟷

Controls			Gaps/weaknesses in Controls	Action being taken to address gaps/weaknesses	Target date	Progress
Annual Plan MFT recovery programme (including response and recovery group) Performance management frameworks GM networks EPRR policies and plans Business Continuity plans EPRR governance framework Trust Access Policy Quality and Safety Strategy ICS engagement Strategic Oversight Framework	Workforce: Safe staffing standards, appraisal, mandatory training, sickness absence benchmarking Performance Governance infrastructure Risk management framework and strategy Health and Safety Related Policies Clinical Policies/Guidance Health inequalities	Health Informatics/Business Intelligence function Data Quality Governance infrastructure Digital strategy Technical Design Authority Training programme in place for key Operational and Clinical Systems Recovery Plans/Contingency Plans for critical systems Data Centre & Health Informatics reporting infrastructure Regular data back-ups and checks on the integrity of the back-ups	Operational Excellence governance and framework to oversee delivery and coordination of activities in UEC and Elective care across MFT	Framework being developed and new governance arrangements planned	31/3/22	On track

Routine Sources of Assurance			Gaps/weakness in Assurance	Actions being taken to address gaps/weaknesses	Target date	Progress
Site/MCS/LCO assurance	**Group assurance**	**External Assurance**	Management of elective waiting lists/slot utilisation	Programme in place to ensure MFT treats most clinically urgent cases first	31/3/23	On track
Capacity and delivery plans Risk profiles Performance committee minutes Risk management committee minutes Accountability Oversight Framework Trajectories	Weekly response and recovery group Routine Committee reports aligned to delivery of the Trust's access policy Minutes of relevant Group Committees Integrated Group Risk Profile Accountability Oversight Framework	Internal Audit Peer review GIRFT NHSE approval of Trust Access Policy Implementation of and adherence to national and regional guidance in relation to clinical prioritisation, IPC measures, safety netting and monitoring of waiting lists Annual report/Quality Account ICS performance review	Training on access policy to be robust and mandated for all staff.	Compliance report in development Training programme refreshed	31/3/23	On track
			Measuring health inequalities impact on performance to identify areas of focus	Programme of work in development	31/3/23	On track
			Visibility and tracking of Performance HIVE	Data validation and reconciliation and dashboards in development	30/11/22	On track

Principal risk 4: Failure to maintain financial sustainability	Oversight Committees	Finance and Digital Scrutiny Committee
		Audit Committee
		Group Risk Oversight Committee

Risk appetite

A balanced approach has been taken to reviewing the specific areas of risk associated with each strategic objective and given the challenging financial and operational environment that currently exists across the NHS, it is inevitable that a higher level of risk is inherent in these areas. We are mindful that there must be consideration of the balance of risk across all domains, hence financial risk is considered alongside all others.

Strategic risk(s)		Risk rating			
		Inherent	Residual	Current	Progress
MFT/005092	Compliance with control total	15	10	15	↔
MFT/005482	HIVE risk (related to benefits realisation)	15	10	15	↔

Controls			Gaps/weaknesses in Controls	Action being taken to address gaps/weaknesses	Target date	Progress
Agreement of the Annual plan by Board/ICB and NHSE/I Hospital control level financial targets including WRP targets established and signed off by EDT and Hospitals Accountability oversight framework Financial Control policy infrastructure SFIs/Standing Orders and Scheme of Delegation Trust electronic financial system reflects the approved SFIs and Scheme of Delegation Monthly/Bimonthly finance reviews take place of Hospital financial performance Business Case sign-off process	The Finance and Digital scrutiny committee contributes to the development of the annual financial plan (including oversight of WRP) and receives quarterly assurance on progress. The committee receives regular finance reports including forecasts and challenges performance and targets The committee reviews and approves the Trust's financial and operational plans prior to submission to the Board and ICB and regulators	Regular attendance at GM and regional meetings which includes scrutiny of GM finance and Trust finance	No material gaps Weaknesses in controls identified through external audit, internal audit and counter fraud. Continued work on WRP delivery to ensure savings are realised recurrently	Control weakness with associated actions are logged and a defined programme is established, monitored and reviewed	June 2023	On track

Routine Sources of Assurance			Gaps/weakness in Assurance	Actions being taken to address gaps/weaknesses	Target date	Progress
Site/MCS/LCO assurance	**Group assurance**	**Independent assurance**	Weaknesses in assurance identified through external audit, internal audit and counter fraud	Assurance weakness with associated actions are logged and a defined programme is established, monitored and reviewed	March 2023	On track
Finance governance infrastructure is replicated in all operating units with a qualified Finance Director as part of each operating units Senior Leadership Team. The SLT of each unit receives a finance report providing a summary of all financial performance metrics at regular meetings The SLT receives a report on progress to achieve WRP/Cost Improvement Programmes across the operating unit The CEO of each unit signs off and supplies to Group a monthly result and forecast pack.	Monthly finance reporting to Audit Committee, GMB, FDSC and BoD Annual Report includes Financial budget that is triangulated with Operations and Workforce The Finance & Performance Committee meets on a bi-monthly schedule with an agreed annual workplan in place The committee has Terms of Reference in place, reviewed annually The Chief Finance Officer is the Executive Lead for the committee GMB is the highest operational group in the Trust and maintains oversight and scrutiny of performance to provide financial assurance to the Board In accordance with the Trust's Risk Policy, the Group Risk Committee receives a report on high-level financial risks, and can access all risk status through the Ulysses on-line system, to monitor actions to mitigate risks and determine any impact on strategic risks being managed through the BAF • All operational risks associated with finance & performance are also monitored through the GMB The Audit Committee receives an update on trust-wide policies related to the duties of the committees and on the implementation of recommendations from internal audit reviews The respective committees complete a self-assessment against its work in respect of the agreed Terms of Reference and Workplans	Monthly reporting to ICB and regular holding to account meetings Monthly NHSE reporting Head of Internal Audit opinion External Audit reviews, Value for Money conclusion and external audit/going concern opinion Internal Audit Assessment of controls and regular reviews reported to Audit Committee Counter Fraud Service Assessment Reviews by HMRC	No material gaps			

Principal risk 5: Failure to deliver the required transformation of services	Oversight Committees	Group Risk Oversight Committee

Risk appetite

We have a significant appetite to exploit opportunistic risk where positive gains can be anticipated, particularly in relation to promoting and delivering clinical service transformation, in research, innovation and in finance for the benefit of our patients.

Strategic risk(s)		Risk rating			
		Inherent	Residual	Current	Progress
MFT/005482	HIVE risk (lack of adoption of transformation)	15	10	15	↔

Controls			Gaps/weaknesses in Controls	Action being taken to address gaps/weaknesses	Target date	Progress
Transformation programme structures at System and Trust level including Programme Board and workstream groups Annual Plan MFT Clinical Services Strategy MFT Single Service Group Group Service Strategy Committee (GSSC) Single Service Development Assurance Process			Ensuring Group Transformation plans and local hospital/MCS are aligned	Clear prioritisation of focus areas via Operational Readiness Authority	Ongoing	On track
				Establishment of MFT Transformation Network	Nov 22	On track

Routine Sources of Assurance			Gaps/weakness in Assurance	Actions being taken to address gaps/weaknesses	Target date	Progress
Site/MCS/LCO assurance	**Group assurance**	**External assurance**				
Operational Readiness Authority Pathway Councils Hospital/MCS Post Live Readiness Assessments, including post live metrics	Hive Stabilisation Board EPR programme Board End of year reviews Pathway Council Oversight Committee Post Live Readiness Assessments, including post live metrics Single Service Boards established Single Service management arrangements in place Year-end Annual Plan review Minutes of GSSC					

Principal risk 6: Failure to achieve sustainable contracts with Commissioners

Oversight Committees	Financer and Digital Scrutiny Committee
	Group Risk Oversight Committee

Risk appetite

We believe that all regulatory standards, including clinical, professional and financial standards, are the minimum that we need to achieve to be outstanding; we are strongly averse to any risk that could result in non-compliance with standards, or poor clinical or professional practice. We have a significant appetite to exploit opportunistic risk where positive gains can be anticipated, particularly in relation to promoting and delivering clinical service transformation, in research, innovation and in finance for the benefit of our patients.

Strategic risk(s)		Risk rating			
		Inherent	Residual	Current	Progress
MFT/001253	Adult Histo-pathology provision	16	4	16	new
MFT/004513	Delivery of activity levels and national operational standards	20	16	20	⟷
MFT/000137	ACHD level 2 service	16	8	16	⟷
MFT/00467	Paediatric MR scanner	16	4	16	new
MFT/000241	Paediatric dentistry	15	10	15	⟷
MFT/002263	Cardiac Surgery Capacity	15	5	15	⟷
MFT/005559	Thoracic surgery capacity	15	8	15	⟷
MFT/005850	Paediatric dentistry capacity	15	9	15	⟷
MFT/005480	HIVE implementation related risks	15	8	15	⟷

Controls			Gaps/weaknesses in Controls	Action being taken to address gaps/weaknesses	Target date	Progress
Clinical services strategy Annual plan Internal/external review for service reconfiguration to strengthen key specialised services Strategic clinical network engagement NHSE/Shelford group engagement Risk management framework and strategy	Involvement in operational delivery networks (QSIS) Partnership group membership ICS engagement Quality Surveillance review process	National clinical service specifications	Compliance with national clinical service specifications	Risk stratified review of compliance with national service specifications	31/3/23	On track
			Impact of changes to funding/commissioning (ICB/population based)	Engagement with NHSE/NW region and Shelford Group	31/3/23	On track
			NHSE portfolio of national service reviews	Regular dialogue in place reviews	31/3/23	On track

Routine Sources of Assurance			Gaps/weakness in Assurance	Actions being taken to address gaps/weaknesses	Target date	Progress
Site/MCS/LCO assurance	**Group assurance**	**External assurance**	Specialised services dashboards	GSSC to review dashboards	31/3/23	On track
Accountability oversight framework	Single hospital service governance Specialised service quality and performance dashboards	Quality surveillance reviews				

Principal risk 7: Failure to deliver the benefits of strategic partnerships	Oversight Committees	Group Risk Oversight Committee

Risk appetite

We hold patient safety in the highest regard and are strongly averse to any risk – clinical, operational, data quality, workforce or related to strategic partnerships – that might jeopardise safety; we will continuously benchmark and research the safety and effectiveness of the care we provide with a focus on identifying and eliminating unwarranted variation that drives risk. We are open to taking opportunistic risk associated with the implementation of emerging technology. However, we seek to minimise exposure to cyber risk. We have a significant appetite to exploit opportunistic risk where positive gains can be anticipated, particularly in relation to promoting and delivering clinical service transformation, in research, innovation and in finance for the benefit of our patients.'

Corporate/Strategic risk(s)	Risk rating			
	Inherent	Residual	Current	Progress

Controls			Gaps/weaknesses in Controls	Action being taken to address gaps/weaknesses	Target date	Progress
Direct involvement in establishment of ICS Governance MFT Representation on ICS Boards and Groups Regular attendance at ICS meetings Engagement with PFB Involved in development of locality governance arrangements Representation on locality ICP Board and Groups	Regular attendance at locality board meetings MFT clinical service strategy Partnership Boards Group Service Strategy Committee (GSSC) Involvement in development of GM Joint Forward Plan		There is no comprehensive map of GM/PFB/locality groups to ensure prospective coverage of key meetings	Documentation of groups and MFT representation for all GM ICS/PFB /locality groups	31/12/22	On track

Routine Sources of Assurance			Gaps/weakness in Assurance	Actions being taken to address gaps/weaknesses	Target date	Progress
Site/MCS/LCO assurance	**Group Assurance**	**External assurance**	There is no single document showing GM ICS groups and MFT reps	Create live database of GMICS meetings and MFT reps	30/12/22	On track
	MFT reps in key roles in ICS MFT reps in key roles in PFB Terms of reference for partnership boards Minutes of GM ICB and ICP Minutes of locality Boards Minutes of GSSC Minutes of Partnership Board meeting Regular reporting to Board and committees on ICS development and activities GM ICB Joint Forward Plan GM ICP Integrated Care Strategy	MFT Clinical service strategy approved by GM Partnership	There is no list of key strategic partner Trusts	Create live database of key partner Trusts including details of any formal governance for the partnership	31/3/23	On track

Principal risk 8: Failure to maintain a safe environment for staff, patients and visitors	Oversight Committees	Quality and Performance Scrutiny Committe
		Group Risk Oversight Committee

Risk appetite

We believe that all regulatory standards, including clinical, professional and financial standards, are the minimum that we need to achieve to be outstanding; we are strongly averse to any risk that could result in non-compliance with standards, or poor clinical or professional practice. We hold patient safety in the highest regard and are strongly averse to any risk – clinical, operational, data quality, workforce or related to strategic partnerships – that might jeopardise safety. We are strongly averse to any risk where it involves potential exposure to significant harm for our people.

Corporate/Strategic risk(s)		Risk rating			
		Inherent	Residual	Current	Progress
MFT/005182	Optimising human/ system interaction to ensure patient safety	20	4	20	↔
MFT/001253	Adult Histo-pathology provision	16	4	16	new
MFT/005198	NMGH critical estate building infrastructure	16	8	16	↔
MFT/000694	Paediatric ED physical and staffing capacity (RMCH)	16	12	16	↔
MFT/004430	Asbestos management and controls	16	4	16	↔
MFT/004513	Delivery of activity levels and national operational standards	20	16	20	↔
MFT/000213	Fire stopping	15	5	15	↔

Controls			Gaps/weaknesses in Controls	Action being taken to address gaps/weaknesses	Target date	Progress
Health and Safety policies and procedures Health and safety governance infrastructure Business Continuity Plans Risk management strategy and framework Maintenance regimes Authorising engineers in place for critical services Proactive risk management system to continuously measure and monitor risk and prioritise investment and allocation of resource	Comprehensive Planned Preventative Maintenance Programme (ensuring the Estate, Plant, Infrastructure and Equipment is safe, compliant and utilised to its maximum capacity and full lifecycle) Reactive Maintenance to ensure the Estates, Plant, Infrastructure & Equipment are returned to use in a timely manner Governance structure and processes established to monitor passive fire protection (PFP)	Priority risk based annual Capital Bids to improve the Estate and upgrade Plant, Infrastructure Equipment etc. Scheduled Site level reporting and monitoring Estates operational strategy Site and group-based specialist teams responsible for fire safety, asbestos management, medical gases and other regulated activity.	Out of date asbestos surveyors and management plans	Surveys underway and new management actions can be compiled on completion of these	1/4/23	On track
			NHS funding for NMGH not yet approved	Continue to develop NHP cohort 3 FBC for approval	6/12/22	On track
			Failure to ensure smoke and heat exhaust ventilation system is subject to a suitable system of maintenance and maintained in efficient working order and good repair	Annual PPMs in place to inspect all fire dampers within ORC estate with data held in 2 separate systems. This will be combined in to one system. Undertake survey of TDH to locate & identify fire dampers	28/2/23	On track

Routine Sources of Assurance			Gaps/weakness in Assurance	Actions being taken to address gaps/weaknesses	Target date	Progress
Site/MCS/LCO assurance	**Group assurance**	**Independent Assurance**				
Certification relating to remedial actions (building regulations) health and safety Committee minutes	Premises Assurance Model Health and Safety Committee (operational/strategic) minutes Estates Department Performance & Assurance Framework Monthly Directorate Statutory Compliance Group Assurance Meeting Capital Planning (scrutiny and overview of the Trust's planned maintenance) PEOC	Independent certification of remedial actions where required Internal Audit Programmes External Accreditation	MRI do not currently have an operational health and safety committee	Assurance being sought in relation to the effectiveness of arrangements currently in place	31/12/22	On track
			Range of outstanding remedial work identified through external audit	Infrastructure schematics updated in relation to outstanding remedial works	31/3/22	On track
			PEOC does not formally report via a Scrutiny Committee	Agree reporting route for PEOC	1/2/23	On track

Principal risk 9: Failure to meet regulatory expectations, and comply with laws, regulations, and standards	Oversight Committees	All relevant scrutiny committees
		Group Risk Oversight Committee

Risk appetite

We believe that all regulatory standards, including clinical, professional and financial standards, are the minimum that we need to achieve to be outstanding; we are strongly averse to any risk that could result in non-compliance with standards, or poor clinical or professional practice.

Corporate/Strategic risk(s)		Risk rating			
		Inherent	Residual	Current	Progress
MFT/001150	Safe storage of medicines	20	8	20	⟷
MFT/005182	Optimising human/system interaction to ensure patient safety	20	4	20	⟷
MFT/004513	Delivery of activity levels and national operational standards	20	16	20	⟷
MFT/002842	Decontamination service	16	12	16	⟷
MFT/005930	Response to national maternity recommendations	15	10	15	⟷
MFT/000363	Malicious attacks to IT systems	15	10	15	⟷
MFT/004003	Staff psychological wellbeing	15	10	15	⟷
MFT/005092	Compliance with control total	15	10	15	⟷
MFT/005198	NMGH critical estate building infrastructure	16	8	16	⟷
MFT/004430	Asbestos management and controls	16	4	16	⟷
MFT/004513	Delivery of activity levels and national operational standards	20	16	20	⟷
MFT/000213	Fire stopping	15	5	15	⟷

Controls			Gaps/weaknesses in Controls	Action being taken to address gaps/weaknesses	Target date	Progress
Risk management strategy and framework Policy and procedure infrastructure covering all legislation Assurance Framework and map External visits register	Site and group based specialist teams responsible for regulated activity (e.g. fire safety, asbestos management, medical gases) Nominated individuals in place across the Trust as required by legislation		Policy governance	Trust-wide review required	31/12/22	Compromised
			Policy and guidance accessibility	Review of current solution required	31/12/22	On track
			Consent policy	Requires review in light of EPR implementation	30/11/22	On track

Routine Sources of Assurance			Gaps/weakness in Assurance	Actions being taken to address gaps/weaknesses	Target date	Progress
Site/MCS/LCO	**Group assurance**	**Independent assurance**				
Quality and risk governance infrastructure-Committee meetings and risk escalation Health and Safety Compliance Auditing	Annual reporting schedule External visits register reporting Annual Governance Statement Annual Health and Safety report Annual Safeguarding report Data Security Protection toolkit High Priority Clinical Audit Programme Clinical Audit Annual report Assurance framework and map	Regulator visits and inspections External audit opinion of Annual Governance Statement QSP self-declaration Annual DSP Toolkit submission Internal audit programme	Effectiveness of application of the MCA (internally)	Audit of compliance	31/3/23	On track
			DoLs authorisation	Escalation process agreed with LA for urgent notifications	31/12/22	Complete
			Application of Duty of Candour: timeliness and quality	Review completed-improvement plan to be developed and implemented	31/3/23	On track
			Health and Safety Compliance auditing	Electronic solution developed and implemented	31/12/22	On track

Principal risk 10: Failure to continually learn and improve the quality of care for patients	Oversight Committees	Quality and Performance Scrutiny Committee
		Group Risk Oversight Committee

Risk appetite

We hold patient safety in the highest regard and are strongly averse to any risk – clinical, operational, data quality, workforce or related to strategic partnerships – that might jeopardise safety; we will continuously benchmark and research the safety and effectiveness of the care we provide with a focus on identifying and eliminating unwarranted variation that drives risk. We have a significant appetite to exploit opportunistic risk where positive gains can be anticipated, particularly in relation to promoting and delivering clinical service transformation, in research, innovation and in finance for the benefit of our patients.

Corporate/Strategic risk(s)		Risk rating			
		Inherent	Residual	Current	Progress
MFT/005182	Optimising human/ system interaction to ensure patient safety	20	4	20	↔

Controls			Gaps/weaknesses in Controls	Action being taken to address gaps/weaknesses	Target date	Progress
Workforce: training, operational management, supervision, appraisal and professional development Vision, Values and Behavioural Framework IQP Programme Patient Experience Strategy Getting it Right First Time programmes Clinical Accreditation Programme Compliments, complaints and concerns policy WMTM patient experience programme Quality improvement collaboratives BRC / Research & Innovation / MCAC	Safety Oversight and Management System Clinical Ethics Committee Equality Committee Human Factors Academy Patient safety programmes Learning from success Systems approach to investigations Risk assessment for changes in practice Policies and Procedural documents Clinical Audit					

Routine Sources of Assurance			Gaps/weakness in Assurance	Actions being taken to address gaps/weaknesses	Target date	Progress
Site/MCS/LCO assurance	**Group assurance**	**External Assurance**				
Board self-assessment and Well Led governance reviews Learning from deaths annual report Accreditation process	Board self-assessment and Well Led governance reviews Research and Innovation Annual Report Learning from Deaths annual report Monthly patient safety profile Annual Patient Experience report Quarterly & Annual Complaints reports H & S annual report Clinical Accreditation annual report Quality Account Ockenden action plan progress report Annual clinical audit report AOF	Well led governance reviews Internal audit of the effectiveness of controls aligned to quality of care National patient surveys NHS staff survey Auditor review of Annual Report CQC dynamic monitoring and inspection process GIRFT Regulator visits and inspections Internal audit programme	Real time data to understand variation in outcomes	Realisation of benefits of HIVE	31/3/23	On track

Board assurance framework legend

Descriptors	
Principal risk	What could prevent the Strategic Objective from being achieved?
High Level Controls	What controls/systems do we have in place to assist/secure delivery of the objectives?
Gaps in controls	Are there any gaps in the effectiveness of controls or systems?
Sources of assurance	Where can we gain evidence in relation to the effectiveness of the controls/systems which we are relying on?
Positive assurance	What evidence have we of progress towards or achievement of our strategic objective?
Negative assurance	What evidence have we of progress towards our strategic objectives being compromised?
Gaps in Assurance	Where can we improve the evidence about the effectiveness of one or more of the key controls/systems which we are relying on?
Rationale for assurance level	A description of the reason for the decision in relation to assurance level agreed by the assuring committee
Risk Appetite	The level of risk the organisation is prepared to tolerate in relation to the secure delivery of each individual strategic objective

Risk Appetite statement (2022-2023) DRAFT

The Board of Directors recognises that the Trust's long-term stability and continued development of effective relationships with our patients, their families and carers, our staff, our community and our strategic partners, is dependent upon the delivery of our strategic objectives. A balanced approach has been taken to reviewing the specific areas of risk associated with each strategic objective and given the challenging financial and operational environment that currently exists across the NHS, it is inevitable that a higher level of risk is inherent in these areas. We are mindful that there must be consideration of the balance of risk across all domains, hence financial risk is considered alongside all others. Therefore:

- We hold patient safety in the highest regard and are strongly averse to any risk – clinical, operational, data quality, workforce or related to strategic partnerships – that might jeopardise safety; we will continuously benchmark and research the safety and effectiveness of the care we provide with a focus on identifying and eliminating unwarranted variation that drives risk.
- We believe that all regulatory standards, including clinical, professional and financial standards, are the minimum that we need to achieve to be outstanding; we are strongly averse to any risk that could result in non-compliance with standards, or poor clinical or professional practice.
- We are strongly averse to any risk where it involves potential exposure to significant harm for our people.
- We will be cautious about any risk that could compromise data quality or data security in the context of performance and reputational risks; and we commit to continuous improvement in these areas.
- We are open to taking opportunistic risk in improving the recruitment and retention of a diverse inclusive workforce, recognising the challenging recruitment environment.
- We are open to taking opportunistic risk associated with the implementation of emerging technology. However, we seek to minimise exposure to cyber risk.
- We have a significant appetite to exploit opportunistic risk where positive gains can be anticipated, particularly in relation to promoting and delivering clinical service transformation, in research, innovation and in finance for the benefit of our patients.'