

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING (PUBLIC AGENDA)

TO BE HELD ON MONDAY 13th NOVEMBER 2023
At 2:00PM – 4:00PM

Boardroom 1, 2 & 3
Trafford General Hospital

A G E N D A

1. Apologies for absence
2. Declarations of Interest
3. To approve the minutes of the Board of Directors' meeting held on 11th September 2023 *(enclosed)*
4. Patient Story *(Film)*
5. Matters Arising
6. Chairman's report *(Verbal Report of the Group Chairman)*
7. Chief Executive's report *(Report of the Group Chief Executive enclosed)*
8. Report from the Board of Directors' Scrutiny Committees *(Reports of Group Non-Executive Directors)*
 - Audit Committee held on 13th September 2023
 - Charitable Funds Committee held on 13th September 2023 and 26th September 2023
 - EPR Scrutiny Committee held on 27th September 2023
 - Strategic Projects Scrutiny Committee held on 18th October 2023
 - Workforce Scrutiny Committee held on 24th October 2023
 - Quality and Performance Scrutiny Committee held on 24th October 2023
 - Finance and Digital Scrutiny Committee held on 31st October 2023
9. **Operational Performance**
 - 9.1 To receive the Integrated Performance Report *(Report of the Group Executive Directors enclosed)*
 - 9.2 To receive the Group Chief Finance Officer's Report (M6) *(Report of the Group Chief Finance Officer enclosed)*
 - 9.3 To receive a report on MFT's Winter Plan, including the COVID-19 Vaccination programme and the Flu Vaccination programme *(Report of the Deputy Group Chief Executive enclosed)*

10. Strategic Review

10.1 To receive an update on the MFT strategic developments *(Report of the Group Executive Director of Strategy enclosed)*

10.2 To receive a report on the Mental Health Strategy *(Report of the Group Chief Nurse enclosed)*

10.3 To receive a report on the Carers' Strategy *(Report of the Group Chief Nurse Enclosed)*

11. Governance and assurance

11.1 To receive a report on amendments to the Standard Financial Instructions and Scheme of Reservation and Delegation *(Report of the Group Chief Finance Officer enclosed)*

11.2 To receive the Patient Experience report *(Report of the Group Chief Nurse enclosed)*

11.3 To receive the bi-annual Safer Staffing report *(Report of the Group Chief Nurse enclosed)*

11.4 To receive the Learning from Deaths Annual Report *(Report of the Joint Group Medical Director enclosed)*

11.5 Action on health inequalities at MFT *(Report of the Joint Group Medical Director enclosed)*

11.6 To receive the Research and Innovation Annual Report *(Report of the Joint Group Medical Director enclosed)*

11.7 To receive the MFT Board of Directors' Register of Interests (October 2023) *(Report of the Group Executive Director of Workforce and Corporate Business enclosed)*

11.8 To receive the Board Assurance Framework *(Report of the Group Executive Director of Workforce and Corporate Business enclosed)*

11.9 To receive the Group Risk Oversight Committee Terms of Reference *(Report of the Joint Group Medical Director enclosed)*

12. Date and Time of Next Meeting

The next meeting will be held on Monday 15th January 2023 at 2:00pm

13. Any Other Business

MINUTES OF THE BOARD OF DIRECTORS' MEETING

Meeting Date: 11th September 2023

(PUBLIC)

Main Boardroom, Cobbett House

Present:	Kathy Cowell (Chair) (KC) Mark Cubbon (MC) Trevor Rees (TR) Angela Adimora (AA) Gaurav Batra (GB) Darren Banks (DB) Peter Blythin (PB) Julia Bridgewater (JB) Jane Eddleston (JE) Jenny Ehrhardt (JEh) David Furnival (DF) Nic Gower (NG) Luke Georghiou (LG) Cheryl Lenney (CL) Toli Onon (TO) Damian Riley (DR) Mark Gifford (MG)	Group Chairman Group Chief Executive Deputy Group Chairman Group Non-Executive Director Group Non-Executive Director Group Executive Director of Strategy Group Director of Workforce & Corporate Business Group Deputy Chief Executive Joint Group Medical Director Group Chief Finance Officer Group Chief Operating Officer Group Non-Executive Director Group Non-Executive Director Group Chief Nurse Joint Group Medical Director Group Non-Executive Director Group Non-Executive Director
In attendance:	Nick Gomm (NGo)	Director of Corporate Business/ Trust Board Secretary

115/23 Apologies for Absence

Apologies were received from Chris McLoughlin

116/23 Declarations of Interest

No specific interests were declared for the meeting.

117/23 Minutes of the Board of Director's meeting held on 10th July 2023

The minutes of the Board of Directors' (Board) meeting held on the 10th July 2023 were approved

Board Decision:	Action	Responsible officer	Completion date
The Board approved the minutes.	n/a	n/a	n/a

118/23 Patient Story

CL introduced a filmed patient story regarding the experience of a trans patient using MFT's sexual health services delivered from the Hathersage centre.

Board Decision:	Action	Responsible officer	Completion date
The Board noted the patient story.	None	n/a	n/a

119/23 Matters Arising

There were no matters arising.

120/23 Group Chairman's Report

The Group Chairman presented her verbal report which provided an update on matters of interest which have taken place since the last meeting. They included:

- The one year anniversary of Hive go-live on the 8th September
- The award of the NHS Pastoral Care Quality Award to MFT
- Manchester Rare Conditions Centre's annual celebratory event
- The launch of the Hindu staff network
- The Council of Governors' election
- The recruitment of a new Non-Executive Director

Board Decision:	Action	Responsible officer	Completion date
The Board noted the Group Chairman's verbal report.	None	n/a	n/a

121/23 Group Chief Executive's Report

MC presented his report which provided information on a wide range of issues of relevance to the Board. He highlighted:

- The North Manchester General Hospital (NMGH) Redevelopment Programme and the recent visit of Lord Markham to the site which saw a good turnout from patients and staff. Discussions continue with the New Hospital Programme (NHP) team to progress the development.
- The organisational effort on improving operational performance, covered in more detail in the Integrated Performance Report later on the agenda.
- The impact of the industrial action and the ongoing work of all teams across the Trust to ensure services are safe during these periods. In September, junior doctors and consultants are co-ordinating their action. Over 15000 patients have had their appointments rescheduled so far as a result of the industrial action.
- The winter planning process which will be scrutinised at the Quality and Performance Scrutiny Committee in October.
- The Letby verdict and the work undertaken within MFT to engage with medical leaders, nurses, and Hospital/MCS/LCO senior teams in the light of it. Assurance on how MFT works on the issues emerging from the case will be provided at the relevant scrutiny committee(s).
- The recruitment process for current senior appointments including the substantive Chief Executive role at WTWA, a new Group Executive Director role of Chief Digital Officer, and the Group Chief Nurse in light of CL's announcement that she will be retiring in 2024.
- His two main concerns currently: MFT's financial position, which is covered in JEh's report on the agenda, and the impact of industrial action on MFT's operational performance.

LG commented that there needs to be caution in attributing a causal link from the reduction of DNAs from those signed up to MyMFT as it may be the case that people who have signed up to MYMFT would be less likely to DNA in any case.

In response to comments from GB and AA regarding triangulating data regarding Never Events and episodes of harm with Freedom to Speak Up (FTSU) matters, PB explained that it does happen if a 'hot spot' is identified and noted the importance of ensuring that the FTSU process is confidential.

Referring to a Board masterclass on equality, diversity and inclusion, KC and AA emphasised the importance in MFT having a strong listening culture. MC described the listening events which are taking place across the Trust with 900 people having attended so far. PB noted that more than 50 FTSU champions were in post and plans were in place to identify more FTSU champions going forward as part of the review of FTSU.

In response to a comment from LG regarding the existence of 'unknown unknowns', MC and JE described the range of policies and processes in place to identify any issues and gave the example of the theatre checklist on the Hive system which was created by a member of staff to improve safety and compliance with guidelines.

Board Decision:	Action	Responsible officer	Completion date
The Board noted the Group Chief Executive's verbal report.	None	n/a	n/a

123/23 Reports from the Board of Directors' Scrutiny Committees

The Non-Executive Director (NED) Chairs of the Board of Directors' Scrutiny Committees presented their reports which described matters discussed in the last meetings of them.

Workforce Scrutiny Committee held on 29th August 2023

AA highlighted:

- Industrial action planning and the work undertaken to support staff who are working while strikes are occurring.
- Action being taken on the themes from responses to the NHS staff survey including parking, hot food provision in non-core hours, and flexible working.
- FTSU through consideration of the Q1 report. AA has also met with Andrew Lloyd., the new FTS Guardian.
- The work of the Guardian of safe working through consideration of her Q1 report.
- Equality, Diversity, and Inclusion work, the delivery of the current strategy and plans to develop the strategy further in 2024.
- Work to further increase mandatory training compliance across the Trust.

Quality and Performance Scrutiny Committee held on 29th August 2023

DR highlighted:

- The improvement workstreams being delivered for operational performance.
- A 'deep dive' on diagnostics received by the Committee.
- The issue of reporting >12 hour trolley waits which has now been resolved.
- The consideration of the Integrated Performance Report (IPR) and the need to improve compliance with NICE guidance.
- The discussion on the last quarter's report on the Maternity Incentive Scheme
- The Annual Complaints Report.
- The Trust's revised Patient Safety Policy and associated plans.
- That the Committee deferred two items to the next meeting – the Learning from Deaths report and the report on learning from the GGI report into GMMH.

Finance and Digital Scrutiny Committee held on 5th September 2023

TR highlighted:

- MFT's current financial position, and the actions being taken to improve it, with the aim achieving a breakeven position at year-end.
- The progress in delivering this year's Waste Reduction Programme (WRP)
- The risks to MFT's capital position due to uncertainty as to the extent of national support for the capital requirements resulting from the disaggregation of Pennine Acute Hospital Trust (PAHT).
- Scrutiny of MFT's cash position.
- The reduction in cyber-attacks, in particular phishing attacks, received by MFT following enhanced cyber security applications.
- The presentation received by the Committee regarding the recent IT outage caused by overheating in the data centre as a result of a malfunctioning cooling fan.

Board Decision:	Action	Responsible officer	Completion date
The Board noted the reports	None	n/a	n/a

124/23 Integrated Performance Report

CL introduced the report which detailed progress across the domains of quality, safety, patient experience, operational performance, workforce and finance aligned to the delivery of the Trust's strategic aims. Each Group Executive Director presented the sections relevant to their area of responsibility which had also been scrutinised at the relevant Scrutiny Committees. It was noted that the IPR had been discussed in detail at each of the relevant Scrutiny Committees in advance of the Board meeting.

From the Patient Safety and Clinical Effectiveness sections, TO highlighted the improvement work being undertaken regarding compliance with clinical audit and NICE guidance. This includes a Trust-wide ACE day in September which will take place despite current operational pressures.

From the Patient Experience section, CL noted that a number of items later on in the agenda provided further detail. She highlighted some remaining issues with compliance with mixed sex accommodation compliance and noted that 68 ward accreditations had been undertaken since April 2023, each with a focus on improving patient experience.

KC noted that meal provision was highlighted as an area requiring improvement and described the Board's sampling of the food provided to patients prior to the meeting beginning. MG described an interaction with a patient at Wythenshawe hospital whose overall experience had been good but who had raised the quality of food provided as an issue.

DF introduced the Operational Performance section and reminded Board members of the discussion held in the private Board meeting regarding the August position. The new cancer standards will be included in the IPR in the future following their introduction in October.

In response to a question from KC regarding action to improve the diagnostic performance, DF explained that every diagnostic modality has its own target improvement trajectory.

In response to a question from DR regarding the recorded compliance with the A & E 4 hour target when national targets aren't being met, DF explained that the assessment is based on the NHSE-agreed derogation from the national target.

The Board discussed the impact of industrial action and TO explained the intention to request of consultants and junior doctors that they volunteer their intentions in advance of the planned action in September to assess potential numbers who would attend work on those days, in order to be able to plan some urgent elective activity. MC explained how MFT leaders were using their networks to encourage a resolution to the dispute between the government and the unions whilst recognising the dispute is not with MFT and that it is the right of MFT employees to take action if

they believe it to be necessary.

PB introduced the workforce section and explained that absence rates were reducing but that there had been a blip in August with a rise in absence due to COVID. Improvements have been seen in mandatory training rates and compliance with appraisals requirements. There is a focus on culture within the organisation with line managers key in driving improvement. A programme is in place to support them.

The following matters were also raised by Board members:

- The benefits of the IPR and how it is enabling different conversations within MFT.
- The challenge in addressing the current pressures whilst developing a robust and sustainable plan for the future. External support has been brought in to assist with this.
- The review of the Accountability Oversight Framework and the way in which it will correlate with the IPR moving forward.

Board Decision:	Action	Responsible officer	Completion date
The Board noted the reports	None	n/a	n/a

125/23 Group Chief Finance Officer's Report M4

JEh presented MFT's financial position as at Month 4 2023/24 and the key risks to delivery of the financial plan for 2023/24.

At the end of month 4, year to date to 31 July 2023, the Trust has delivered a deficit of £47.9m against a planned deficit of £24.8m. The in-month deficit for July 2023 of £13.1m. There is £12.2m income assumed in the year-to-date (YTD) actuals for elective activity that represents a risk within GM Contracts based on indicative activity numbers to month 4. When including income from outside GM this risk rises to £14.7m YTD.

In July 2023, expenditure was £231.6m which is a decrease of £1.8m compared to the month 3 value of £233.4m. Pay costs have reduced by £5.6m with higher expenditure against consultant costs, primarily for Waiting List Initiative (WLI) claims against cover for the junior doctors' strike days and additional sessions to help deliver some of the activity targets around 78ww of £1.0m. This has been offset by lower expenditure in month 4 on nursing staff of £2.4m and Support to Nursing staff of £0.9m. In addition, unrequired balance sheet flexibility of £3.4m has been used in month 4. Non-pay costs rose by £3.7m with expenditure on Clinical Supplies, linked to improvements in activity, and increased costs of Insourcing/Outsourcing being the main drivers. There is also a stepped increase in the planned WRP in July, thereby reducing the budget.

As at the 31st July 2023, the Trust had a cash balance of £150m which is a reduction of £38m to the cash balance at the 30th June 2023. The cash balance at the end of July was less than the £186m forecast, with the reduction primarily reflecting the timing of payments to suppliers and income receipts. A revised cashflow will be reviewed and agreed during August.

The capital plan is currently reflective of the, as yet, unresolved 2023/24 capital plan submission by GM which is awaiting approval by NHSE. The Trust's element of the submission, with GM agreement, is a total plan of £151.2m, with the GM envelope component being £73.4m.

To advance the capital programme whilst the allocation of the GM envelope is finalised, MFT capital leads were authorised to commence the "in-progress and contractually committed capital" schemes (totalling £33.5m) at the start of 2023/24. A further capital funding release of £10.4m has been approved by the Executive Director Team in July ahead of formal GM approval. This is to avoid operational delays and a possibility of being unable to complete capital schemes within the 2023/24 financial year.

For the period up to 31st July 2023, total expenditure was £19.0m against a plan of £28.5m, an underspend of £9.5m. Expenditure included within the GM envelope was £12.1m against the submitted plan of £11.7m, an overspend of £0.4m. The full year forecast for the total capital programme is £122.9m and is a £28.3m reduction to plan as a result of a £32.4m reduction in the North Manchester New Hospital Programme (NHP) due to the delay in the approval for its Phase 2 enabling works bid, partially offset by an additional £4.1m of PDC funding for the Targeted Lung Health Check (TLHC) and Community Diagnostic Centre schemes.

For the period up to 31st July 2023, IFRS 16 capital spend totalled £0.57m. The full year forecast for IFRS 16 capital is £41.5m.

The key risks to, and opportunities to support, delivery of the 2023/24 break-even plans are:

- Further cost pressures – inflationary, pay award costs.
- Delivery of the Trust's WRP target.
- Delivery of the Trust's activity and income plans.
- Changes to the national income framework relating to the industrial action to offer additional income.
- Use of further flexibilities available.
- Sickness absence levels remaining high, failing to deliver the 2% reduction target.
- Turnover levels remaining high, failing to deliver the 1.5% reduction target.

The most significant external risk not included within the forecast remains the GM "system risk". This additional risk cannot be mitigated within MFT. The Trust will endeavour to hit its NHSE plan but the accumulated impact of risks identified above mean that this will be extremely challenging.

JEh provided an update on the Month 5 position:

- The increase in the deficit has slowed and is currently £52.5m.
- Industrial action continues to have an impact on activity, and therefore income.
- The cash position was the same as at the end of Month 4.
- Capital is underspent overall with a small overspend against the GM envelope.
- Clarity is awaited regarding the GM financial risk and a report will come to a future FDSC regarding this.

Board Decision:	Action	Responsible officer	Completion date
The Board noted the report	A report regarding the treatment of the GM financial risk to be presented at a future FDSC	JEh	October 2023

126/23 Update on Hive Programme

JB presented the report which provided an update on the Hive programme which saw the anniversary of its go-live on the 8 September 2023. She thanked all of those involved across MFT.

Considerable progress has been made during the Stabilisation Phase. The Stabilisation Governance, overseen by the Hive Senior Responsible Officer, has further matured with the formation of three Hive Delivery Authorities and a relaunch of the Hive Pathway Council which further strengthens governance. The Hive priorities for 23/24 align with the MFT productivity and improvement initiatives.

Good progress has been made since the last Board on the Administration Workstream which has been a key escalation theme since December 23. A large number of escalations in relation to Hive build and training of staff have now been addressed however, there is still a significant piece of work to complete over the coming 6 months to ensure delivery is complete.

Planning and business case development continues to take place for the delivery of Epic Hyperdrive project which will deliver: a more readily available functionality enhancements & future upgrade process; potential to provide future reduction in required licences; a more streamlined access to the Hive EPR; and improved opportunities for device integration.

Training teams across Hive and other IT systems continue working with all stakeholder groups to develop Future State Training. The team have been trained in the production of eLearning and the lesson plans across the professions have now been signed off with stakeholders. The team are now working on bringing the training materials into an eLearning format so that they are of a higher standard and easier to access.

The management of the Hive Programme continues to have robust risk management strategy in place that continues to align to and report directly into the Trust Group Risk Oversight Committee (GROC) as required. 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.

Blood transfusion is Hive's highest priority optimisation project. Implementation of the third-party system was moved to optimisation before Go Live as it was not safe to proceed and the legacy laboratory system was retained. Significant work has taken place during Stabilisation to improve the blood transfusion workflow using the legacy system and also to support staff with training. Given the complexities, multiply stakeholders, cross Trust impact and the workarounds that are required, Blood Transfusion remains at level 15 (high level) risk on the Trust Risk Register. Planning for the substantive solution has now been finalised with an accompanying business case agreed and funded. The project will take 12 months to complete with a Go Live planned for August 2024.

During the time since last reporting there have been two unplanned occasions of system unavailability. The first unplanned incident was on 19 June 2023, Hive was impacted with an unplanned downtime of approximately 1 hour. This was due to human error when resolving an issue in Hive, a full root cause analysis has been completed including lessons learnt. The incident was managed by Informatics and supported by Hive, EPRR and Communications team.

The second unplanned incident was on 03 August 2023 and caused the unavailability for Hive and other core systems having a significant impact to Wythenshawe and Withington Hospitals. The cause of the incident was a chiller failure in the data centre, resulting in the data centre overheating causing equipment to automatically shut down to protect from damage. Systems started to become unavailable from 7am on 03 August. Internal incident management was established utilising support from Informatics, Hive, Estates, EPRR and Communications.

Hive access was restored to all users by 10:00, however Wythenshawe and Withington continued to experience issues accessing computers. Access to all critical systems was restored by 11pm on 03 August except for one system which remained in business continuity. The full restoration of the Wythenshawe Data Centre was completed by 9am on 04 August 2023 with Informatics teams working with suppliers through the night to progress with restoration. Systems including Hive, blood transfusion, point of care testing and telephony were impacted during the outage. An EPRR lead root cause analysis is underway, this has been reported to the Finance & Digital Scrutiny Committee.

The Improvement workstreams (Urgent Care, Outpatients, Theatres and Diagnostics) are now fully established with identified transformation priorities outlined within their programmes of work. The outputs from the external support for the Trusts Elective Recovery programme from Carnall Farrar will align to the relevant Improvement workstreams, with a Group wide PMO being developed to provide oversight and assurance for the deliverables.

There is a financial delivery risk within the Hive related elements of the FY23/24 Waste Reduction Programme. At year to date, plans are short of target (c. £6m against an expected £19.3M). There is therefore focussed attention by the organisation to develop and deliver further value.

JB summarised the benefits accrued from Hive in relation to patient safety, connectivity and efficiency, patient experience (resulting from MyMFT), streamlining and sustainability, workforce, and research and innovation. JB noted that MyMFT uptake was currently at 32% and some Hive sites in the USA had reached 98% so there were still considerable opportunities to improve take-up.

GB and KC noted that further engagement with Deloitte as the programme's source of independent assurance would be considered at the next EPRSC.

LG described the positive feedback regarding Hive that he had received during Senior Leadership Walk Rounds and suggested there may be opportunities to commercialise MFT's Hive expertise. KC described how at WTWA's recent staff awards, every nomination had an element of Hive within it.

Board Decision:	Action	Responsible officer	Completion date
The Board noted the report	None	n/a	n/a

127/23 Emergency Preparedness Resilience and Response (EPRR) Core Standards 2023/24

JB presented the report which provided the Board of Directors with the MFT annual self-assessment against the EPRR core standards. The report had already been considered at the QPSC in August. She explained that the Executive Director responsibility for EPRR would move back to DF from the 1/9/23.

Board Decision:	Action	Responsible officer	Completion date
The Board noted and approved the contents of the report.	None	n/a	n/a

128/23 Update on strategic developments

DB introduced the report which updated the Board in relation to strategic issues of relevance to MFT. He highlighted the following sections.

NHSE has recently set out the next stage in its plans to delegate specialised commissioning to integrated care boards (ICBs). This year, 59 specialised services NHSE judged to be suitable for delegation are being jointly commissioned by ICBs and NHSE at a regional level. From April 2024, NHSE plans to delegate those services fully to ICBs, or groups of ICBs. In preparation for this, ICBs have been asked to undertake a self-assessment to assess whether systems have built the right capacity and capability to take on specialised commissioning functions.

NHSE board will make a final decision on the delegation model they will adopt at its meeting in December 2023. The Strategy team are in discussion with NHSE and GMICB to ensure any risks to MFT are discussed and mitigated.

NHS IMPACT (Improving Patient Care Together) is the new, single, shared NHS approach to improvement. It has been launched to support all NHS organisations, systems and providers to develop the skills and techniques to deliver continuous improvement. Organisations, systems and providers are at different stages and it will take time for NHS IMPACT to be fully embedded across all organisations.

The principles of a refreshed Operating Model for Greater Manchester ICS have now been set out. They provide more clarity about how the constituent organisations work together as a system. The model is draft at this stage and requires final approval from the Integrated Care Board.

MFT's bid to be a sickle cell hyper acute unit pilot has been successful. The aim is to provide a new pathway for patients in crisis which delivers more rapid access to specialist advice and care including admission, if necessary, on a 24/7 basis, wherever patients live, and bypassing their local emergency department. Phased implementation is planned from autumn. NHS England have asked for elements of the pathway to be available across the whole of the North West to include Liverpool/Merseyside patients, and discussions are commencing to explore this with Liverpool colleagues. Partnership working across GM/NW and patient involvement will be central to implementation.

MFT has also been selected as one of six centres in the UK to provide Exagamglogene autotemcel gene therapy if the therapy is approved by regulators over the coming year. This is a gene editing therapy adults and older children with severe sickle cell disease or transfusion dependent thalassaemia.

The Northern Sexual Health Service, led from MRI, has been awarded the tender to provide the integrated sexual health service for the City of Salford for five years from 1 January 2024, with an option to extend for up to a further five years. The award of the contract to the Northern Sexual Health Service enables us to extend our expertise to the population of Salford, to harness the geographical and health needs synergies of bringing this service together with the existing Manchester/Trafford service, and provides continuity of care for Salford residents who already access clinics run by the Northern Sexual Health Service.

In response to a question from AA regarding the sickle cell developments, DB and JE confirmed that a communications plan was in place which had been co-produced with sickle cell user groups.

Board Decision:	Action	Responsible officer	Completion date
The Board noted the report.	None	n/a	n/a

129/23 Annual Planning process for 2024/25

DB introduced the report which described the process for developing MFT's annual plan for 2023/24. He noted the drafting errors in the second paragraph of the report which referred to 2022/23 instead of 2023/24.

The Annual Plan sets out what MFT intends to do in the coming year in order to respond to immediate challenges and to make progress towards achieving the Trust's longer-term vision and strategic aims. It quantifies the workforce requirements and shows how the plan will be delivered within budget.

The annual planning process adopted last year was reviewed to identify what worked well and where improvements could be made. As a result, the following key changes are being made to the process: bringing forward the process starting the preparatory work in July and the actual planning in September; establishing an Executive Director led Annual Planning Oversight Group to oversee design and delivery of the process including timelines, products and triangulation of plans; and a greater degree of bottom-up Hospitals/MCS/LCOs planning which will be aggregated into an overarching MFT plan. The work is being supported by a MFT-wide capacity modelling plan.

The Annual Planning Oversight Group has been established. Its primary purpose is to bring together all planning; ensure workforce, finance, and activity planning is aligned; and enable all internal plans and submissions to NHSE to be triangulated. Executive Directors on the group will keep the relevant Scrutiny Committees apprised of progress prior to final approval by the Board of Directors.

Board Decision:	Action	Responsible officer	Completion date
The Board noted the report	None	n/a	n/a

130/23 NHS Long-term Workforce Plan

PB introduced the report which presented the first ever NHS Long-term Workforce Plan and work underway locally in response to it.

Commissioned and accepted by the Government, the plan explains how the NHS will develop to meet existing and future demand to support the health and wellbeing of the population. The plan sets out the strategic direction for the long-term as well as short to medium-term actions to be undertaken locally, regionally and nationally. To aid the process over £2.4 billion has been committed to fund additional education and training places over the next five years. This is on top of existing funding commitments however guidance on how the funding will be allocated has not yet been received.

While this is a national plan, it allows for priority decisions to be taken at system and local level. There is also a commitment to the plan not being a one off but iterative, with further versions being developed and published on a more regular basis as actions and assumptions are tested through the application of data.

The detailed modelling that underpins the national plan is to be published alongside implementation and funding arrangements. At that point the opportunities, capacity and infrastructure required to deliver the ambitions set by the Government will be reviewed in the context of the overall MFT People Plan, organisational strategy, clinical service changes, annual planning and associated processes including research and development.

To help position MFT well, discussions have already commenced with GMICS and an action has been agreed at the Greater Manchester (GM) Workforce Collaborative Steering Group to establish a specific workshop in October involving a broad membership of professions in the health and education sectors. In addition, the Joint Medical Director and Group Executive Director of Workforce & Corporate Business have met the Manchester University Director of Undergraduate Medical Studies to begin discussions about apprenticeship routes to pre-registration medical education. Further discussions are planned.

PB noted that the proposals had already been considered and discussed at the WSC in August.

Board Decision:	Action	Responsible officer	Completion date
The Board noted the report	None	n/a	n/a

131/23 NHS England's revised Fit and Proper Person Test (FPPT) Framework for board members (August 2023)

PB introduced the report which updated the Board on NHSE's new FPPT Framework for Board members which was published on the 2/8/23.

The aim of the new framework is to prioritise patient safety and good leadership in NHS organisations, helping board members build a portfolio to provide assurance that they are fit and proper, whilst preventing demonstrably unfit board members from moving between NHS organisations.

The Framework introduces a number of new checks and processes which NHS bodies should undertake on appointment of a new board member and on an annual basis thereafter. The Framework also introduces the use of the national Electronic Staff Record (ESR) for the storage of FPP-relevant information about board members.

The Framework is effective from 30th September 2023, at which stage the national ESR will have been updated to include the new requirements and should be implemented by all boards going forward from that date. NHS organisations are not expected to collect historic information to populate ESR or local records, but to use the Framework for all new board level appointments or promotions, and for annual assessments going forward.

PB summarised the changes to the current process and explained that a decision will be required on the precise scope of the application of the guidance within MFT. This would be considered and agreed through the Remuneration and Nominations Committee.

Board Decision:	Action	Responsible officer	Completion date
The Board noted the report.	Further report on the FPPT to be presented at the Remuneration and Nominations Committee.	PB	October 2023

132/23 Annual Patient Experience report

CL introduced the report which presented the Annual Patient Experience report which includes a summary of feedback received by MFT from 1st April 2022 to 31st March 2023 and a description of themes and findings, activities undertaken by MFT staff to make improvements, and an outline of plans for the 2023/24.

CL highlighted that:

- Patients have expressed most dissatisfaction with waiting times for treatment but issues with food provision were also prominent.
- The data from the national in-patient survey is triangulated with outputs from MFT's 'What Matters To Me' (WMTM) programme and action plans are in place to respond to the feedback.
- Hive has proven useful in supporting patient experience initiatives but significant work was required to ensure the system delivered what was required.
- The valuable role played by volunteers, and the aim to increase volunteer numbers and ensure they are representative of the communities served by MFT.
- The contribution of the Spiritual Care service, a small team which delivers a huge amount of work, and enables access to faith leaders 24 hours a day.
- The role which the ward accreditation programme plays to improve patient experience. Four 'white wards' were identified and additional support has been put into these to ensure improvement. Learning from the accreditation programme is shared across the Trust.
- Senior Leadership Walkrounds have helped to identify issues, both positive and negative.
- A wide range of actions are being taken as a response to the range of patient experience information received through all the initiatives.

KC asked about the consistently raised issues of noise at night and timely availability of medication on discharge CL explained that noise at night is often caused by the need to move patients on wards. Attempts were made to restrict this activity to before 9pm but this proved unworkable. The issue of take-home medicines is still an issue but a group has been established to look at this.

In response to a question from DR, CL confirmed that patients on 'white wards' are safe but it is an indicator that there are aspects on the ward which require improvement.

Board Decision:	Action	Responsible officer	Completion date
The Board note the report and supported the actions required to ensure continuous improvement.	None	n/a	n/a

133/23 Annual Complaints report

KC explained that the Annual Complaints report had already been considered in detail at QPSC who recommended it for approval to be published on the Trust website.

CL added that complaint numbers have risen since 2017 but that needs to be seen in the context of the merger of the CMFT and UHSM and the acquisition of NMGH. The increased size of MFT will inevitably lead to a greater number of complaints when compared to predecessor organisations.

Board Decision:	Action	Responsible officer	Completion date
The Board noted this Complaints Report for 2022/23 and, in line with statutory requirements, approved the report for publication on the Trust website.	None	n/a	n/a

134/23 Q1 Complaints and Patient Experience report

CL introduced the report which presented patient experience activity, including PALS/complaints data, for the period 1/4/23 to 30/6/23. The report provided: an overview and summary of activity and brief thematic review; a summary of improvements achieved, and those planned, to ensure learning from Corporate Patient Services activity is embedded in everyday practice; and equality and diversity information and planned improvement activity.

CL highlighted:

- A decrease in PALS concerns alongside an improvement in turnaround times for addressing issues.
- The Friends and Family Test results. WTWA have worked hard to increase completion rates for the Test and now have the largest number of compliments which may be associated with their increasing areas of management of single services.
- The need to improve communication with patients based on feedback received.
- The top three positive and negative themes emerging from the WMTM programme
- The appointment of 42 new volunteers during the quarter with a specific focus on attracting volunteers whose first language isn't English. (CL noted that the use of the work shortlisted in 17.1 was an error, instead it should have said that 69 people applied)

CL agreed with a comment from AA on the potential of linking volunteer recruitment to the Interpretation service.

Board Decision:	Action	Responsible officer	Completion date
The Board noted the report.	CL to look into the potential of linking with the Interpretation service to encourage volunteer recruitment.	CL	November 2023

135/23 Group Patient Safety Incident Response policy

TO introduced the report which sought approval for MFT's Patient Safety Incident Response policy which directly supports the requirements of the Patient Safety Incident Response Framework (PSIRF). The report set out Manchester University NHS Foundation Trust's approach to developing and maintaining effective systems and processes for responding to patient safety incidents and issues for the purpose of learning and improving patient safety.

The policy describes a co-ordinated and intelligence-driven response to understanding patient safety and responding to patient safety incidents. It is designed to help ensure that MFT's response to patient safety incidents is proportionate and considered in a system-focused way and is linked to our patient safety improvement priorities.

KC explained that the policy had been discussed in detail at the August QPSC and the Committee had recommended it to the Board for approval.

Board Decision:	Action	Responsible officer	Completion date
The Board noted the contents of the report and approved the policy.	None	n/a	n/a

136/23 Group patient safety incident response plan

TO introduced the item which presented the Trust's Patient Safety Plan and the Hospital/MCS/LCO Patient Safety Incident Response Plans, all of which are aligned to the transition to the Patient Safety Incident Response Framework.

KC explained that all the plans had been discussed in detail at the August QPSC and the Committee had recommended it to the Board for approval with the requirement to improve the consistency of content, format, and presentation prior to the strategy approval in March 2024.

Board Decision:	Action	Responsible officer	Completion date
The Board approved the Trust's Patient Safety Plan and the Site/MCS/LCO Patient Safety Incident Response Plans	None	n/a	n/a

137/23 Management of Never Events

TO introduced the report which followed on from a report presented to the QPSC in June 2023 which provided evidence of how the learning from Never Events, 'near miss' Never Events, and the safety oversight system in general, has been used to support, direct and strengthen the approach to mitigating risks. It also demonstrated how there is now a consistent approach to applying systems thinking and human factors methods to patient safety insight, learning and response.

As a result of the deliberations of the Committee, it was agreed that the strategic risk of not 'understanding' the impact of the way staff and patients interact with our systems and processes of care to enable safety could be closed, with all actions completed, and that specific risk mitigated. It was agreed that the risk exposure now related to the potential impact of not optimising that interaction through better system and process design and the direct application of human factors and ergonomic design principles. The Group Risk Oversight Committee will receive the closure report and the revised escalated risk exposure at its meeting in September 2023.

DR fully supported the report and the approach being taken. He requested that the single Never Event which has occurred this financial year should be presented and discussed at the next QPSC.

AA emphasised the need to focus on repeated themes within Never Events as well as the number of them. TO agreed and noted that this has been an issue with invasive procedures in the past. Hive has helped with this by reinforcing Local Safety Standards for Invasive Procedures (LocSSIPs).

Board Decision:	Action	Responsible officer	Completion date
The Board noted the report and the progress being made including the alignment of the work with the Trust's strategic risk exposure and Integrated Performance Report.	Learning from the July Never Event to be presented at the next QPSC.	TO	October 2023

138/23 Annual Medical Revalidation Report and Annual Statement of Compliance

TO introduced the report which described the progress of the Trust over the last financial year in the management of medical appraisal and revalidation, and provided assurance that the Trust is compliant as a designated body for medical revalidation. She noted her role as the Trust's Responsible Officer for discharging the statutory duties related to this area of work.

At the end of the last appraisal year (31 March 2023), MFT had 2,414 doctors with a prescribed connection plus an additional 94 dentists. 94.7% of connected doctors had an appraisal within the year and appraisers were rated as 'very good' or 'good' by 99% 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 2022/2023.

The Annual Medical Revalidation Report had been discussed at the WSC in August 2023 and the Statement of Compliance had been considered at QPSC in the same month. The QPSC had recommended the Statement to the Board for approval for submission to the Higher Level Responsible Officer, NHSE (North West).

DR commended TO for her work and noted that the 0% late submission rate for revalidations was exceptionally good. TO thanked her team for their hard work in achieving this.

Board Decision:	Action	Responsible officer	Completion date
The Board received the update as part of the annual Board report on the implementation of Medical Revalidation, and approved submission of an Annual Statement of Compliance to the Higher Level Responsible Officer, NHS England (North West)	None	n/a	n/a

139/23 Remuneration and Nominations Committee Terms of Reference

PB introduced the report which proposed enhancing the terms of reference of the Remuneration Committee to become a Remuneration and Nominations Committee and play a formal role in overseeing the appointment of the Group Chief Executive and Group Executive Directors, and associated processes. The expanded role for the Committee ensures MFT meets the requirements of NHS England's Code of Governance for Provider Trusts (April 2023).

Board Decision:	Action	Responsible officer	Completion date
The Board of Directors approved the terms of reference for the Remuneration and Nominations Scrutiny Committee.	None	n/a	n/a

140/23 Date and Time of Next Meeting

The next meeting of the Board of Directors will be held on Monday 13th November 2023 at 2:00pm

141/23 Any Other Business

There were no additional items of business.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING (Public)

ACTION TRACKER

Board Meeting Date: 11 th September 2023		
Action	Responsibility	Completion date
A report regarding the treatment of the GM financial risk to be presented at a future FDSC	JEh	Complete
Further report on the FPPT to be presented at the Remuneration and Nominations Committee.	PB	Complete
CL to look into the potential of linking with the Interpretation service to encourage volunteer recruitment.	CL	November 2023
Learning from the July Never Event to be presented at the next QPSC.	TO	Complete

Board Meeting Date: 10 th July 2023		
Action	Responsibility	Completion date
CI to provide an update on the work to improve the patients experience of MFT food to QPSC	CL	Complete
Report on specific HCAI infections which are increasing across the Trust to be presented at QPSC	CL	Complete
Assurance on ward staff mandatory training levels 2 & 3 safeguarding training compliance to be provided to QPSC	CL	Complete

Mrs Kathy Cowell, OBE DL
Group Chairman

.....
Signature

...../...../.....
Date

Mr Nick Gomm
Director of Corporate Services /
Trust Board Secretary

.....
Signature

...../...../.....
Date

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST
BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Executive
Paper prepared by:	Mark Cubbon, Group Chief Executive
Date of paper:	November 2023
Subject:	Group Chief Executive Report
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	The Group Chief Executive has provided a report which provides an overview of activities at the Trust, the response to current operational pressures, and progress made on strategic objectives. They have outlined issues of current interest to the Board and have shared their top three areas of concern.
Recommendations:	The Board of Directors is asked to note this report.
Contact:	<p><u>Name</u>: Leo Clifton, Senior Business Manager <u>Tel</u>: 0161 529 0264</p>

The purpose of this report is to provide a general update on matters that the Group Chief Executive Officer (CEO) wishes to highlight to the Board since the last public board meeting. The report is divided into 5 sections:

Contents

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2.	Operational Delivery.....	5
3.	Finance and Governance.....	7
4.	Workforce.....	7
5.	Top three concerns.....	9

1. Strategic Updates

There are several key strategic updates I would like to bring to the Board's attention:

Organisational Strategy Development

A comprehensive programme of work is now underway to develop a 5-year organisational strategy for MFT. We are considering our plans for the coming years so that we can continue to improve the lives of the people we serve and have a positive impact on the wider health and care system.

The process through which we are working involves:

- a. Clarifying our strategic aims as an organisation.
- b. Identifying the key opportunities and challenges that might help or hinder us in delivering these aims.
- c. Agreeing the actions we will take in response to these opportunities and challenges.

During August and September I led Listening Well sessions with staff from across all our Hospitals, Managed Clinical Services (MCSs) and Local Care Organisation (LCO) to gain insights into the issues our colleagues feel are a priority for the Trust and the changes they would like to see. The outputs of these sessions and wider staff engagement are informing the work to develop our strategic aims.

Sessions have also been held with the Board of Directors, Group Management Board, senior operational and medical leaders to develop our thinking further. We will be holding sessions with 4 reference groups to gain different perspectives from patient representatives, staff, governors and external partners before a draft strategy is presented to the Board in January. A period of wider engagement is then planned with the intention of gaining Board approval for the final strategy in March 2024.

Senior Leaders Summit

Our first Senior Leaders' Summit took place on the 29 September bringing together over 100 members of the wider leadership team for MFT's hospitals, MCSs, LCO and Corporate Directors. The purpose of the day was to explore leadership resilience, collective leadership opportunities and to support development of our overarching organisational strategy.

Feedback and insights captured throughout the session will now inform strategic programmes of work including the development of MFT's cultural change programme and the ongoing work to develop and enhance our senior leader community. Future summits will now be held on a bi-annual basis with the next due to take place in March 2024.

Greater Manchester Health and Care Research Awards

The 10th annual Greater Manchester Health and Care Research Awards were held on 5 October, hosted by Clinical Research Network Greater Manchester with an audience featuring national and regional health and care leaders, local research teams, and industry partners. The event recognised the outstanding work of the awards finalists during 2022/23 and celebrated the wider achievements of the Greater Manchester, East Cheshire and East Lancashire research community over the past decade. Congratulations to all those who were shortlisted, and the two winners from MFT:

- **Outstanding Achievement by a Team** - Dr Pilar Rivera-Ortega and FIBRONEER Trial Research Team at Wythenshawe Hospital
- **Made in Manchester Special Award** - Dr Sam Hey, Internal Medical Trainee Year 3 Doctor, North Manchester General Hospital

Annual Members' Meeting

This year's Annual Members' Meeting took place on 20 September in the Post-Graduate Centre on the Oxford Road Campus. The theme of this year's event was 'Your health matters' with a particular focus on the work underway to address health inequalities. Stalls were on display throughout the afternoon for visitors to learn more about MFT's work and to provide their views as part of engagement work to inform the development of our organisational strategy. Blood pressure tests and health checks were also available for those attending the session.

During the meeting, members received presentations from myself, the Chairman and Group Chief Finance Officer, providing an overview of MFT's work during the last financial year and describing our priorities for 2023/24 and beyond. Our Lead Governor, Mrs Geraldine Thompson, announced the results of this year's Governor elections and we bade farewell to a number of Governors who have supported the Trust for several years. Having completed the maximum of two terms, Ms Thompson will be stepping down as Lead Governor on 22nd November and will be succeeded by Mr Michael Kelly following an internal election process. We are very grateful to all our

governors for the time they have dedicated to improving the services we provide to our patients and supporting efforts to engage with our local communities.

Hospital at Home Symposium

On 28 September colleagues from the Manchester and Trafford Local Care Organisation (LCO) hosted a system wide symposium regarding the ongoing developments for the Hospital at Home service. The event brought together professionals from social care, community, acute and primary care who work collaboratively to provide this service which enables patients to live as independently as possible whilst receiving appropriate care and support.

Hospital at Home is a core element of our winter plans with potential to reduce occupancy in acute beds through provision of additional capacity in community settings across Manchester and Trafford as well reducing avoidable admissions and enabling safe and effective discharge. The service also aims to provide wider, year-round benefits to our patients through the addition of virtual ward capacity and improving access to urgent care. The symposium showcased the progress that has been made so far as well as highlighting significant opportunities for expansion which will form a key element of our plans for 2024/2025.

External Visits

Since the last Board meeting, we have been fortunate to host a number of external visits to MFT sites which help to support the delivery of our strategic aims, facilitate collaborative working and the delivery of our services:

- **Patient Safety Visit** - On 18 September Dr Aidan Fowler (National Director of Patient Safety) and Dr Henrietta Hughes OBE (National Patient Safety Commissioner) took time out from the Patient Safety Congress being held in Manchester to visit MFT and hear about how we are doing "Safety Differently" to support our implementation of the National Patient Safety Strategy. Feedback on and following the visit was very positive.
- **Manchester Metropolitan University** - On 13 October we welcomed Professor Malcolm Press CBE, Vice-Chancellor of Manchester Metropolitan University (MMU), and a number of faculty leads from the University to meet with members of our Executive Team. The visit provided an opportunity to discuss current areas of collaboration and opportunities to build on these over the years ahead.
- **National Institute for Health and Care Research (NIHR)** – On 5 October myself and the Joint Group Medical Director welcomed visitors from the Department of Health and Social Care (DHSC) and the National Institute for Health and Care Research (NIHR) who met with representatives from the NIHR Manchester Biomedical Research Centre (BRC) and NIHR Manchester Clinical Research Facility (CRF). The NIHR team received updates on contributions to national research infrastructure and collaborative working across the region followed by tours of our CRF facilities.

- National Visit for Urgent and Emergency Care (UEC)** – On 17 October we hosted a visit from NHE England colleagues Sarah-Jane Marsh, National Director of Urgent and Emergency Care and Neill Moloney, Director of UEC Tiering Support as well as colleagues from the Greater Manchester (GM) Integrated Care Board for a discussion around UEC improvements at MFT and the model of system working across Manchester and Trafford. The visit included a clinically led walkthrough of UEC pathways at the MRI and provided an opportunity to share examples of the collaborative work underway between our LCO and system partners to develop the Hospital at Home service.

2. Operational Delivery

This section provides a high-level overview of operational delivery and a number of key developments since the last Public Board session:

Performance and Delivery

In Urgent and Emergency care, year to date 4-hour performance across all types is 72.9% against a trajectory of 67.7%. Our teams are working with the Emergency Care Improvement Support Team (ECIST) and Getting It Right First Time (GIRFT) in a number of areas, including alternatives to the Emergency Department for patients, pathways to support our frail patients and diagnostic testing. The Urgent and Emergency Care and Flow improvement workstream is progressing at pace with the Back to Basics and Hospital at Home programmes.

We continue to see reduction in ambulance handover times with September month end performance for handovers within 30 minutes at 86.2%, but we are applying further focus to handovers within 15 minutes which were recorded at 51.5% for September against a target of 75%. MFT and the GM Integrated Care Board (ICB) have established a monthly ambulance improvement meeting and are working closely with the North West Ambulance Service (NWAS) to deliver further improvements.

For Cancer Care the 62-day cancer backlog in September was 396 against a trajectory of 312. We have experienced higher levels of referrals over a sustained period since the summer, particularly in Dermatology and Head and Neck pathways. Latest data available for the Faster Diagnosis Standard (FDS) is for August, where month end performance was 69.7% against a revised trajectory of 74%. Trajectories for 62-day performance have also been developed with oversight through our Operational Excellence Board.

In elective care, we have revised our trajectories to deliver our 78 week plans by the end of December and 65 weeks by the end of March 2024. We have made significant progress in reducing our overall waiting list by just over 21,000 pathways since the beginning of April 2023. The Elective Productivity Delivery Unit (EPDU) was established in September and is working closely with hospitals to support the delivery of agreed trajectories and transformation of pathways. Elective capacity will be protected as much as possible over winter months through the optimisation of Trafford as our elective surgical hub.

Our 6-week diagnostic performance at end September was 52.9% against a planned month end trajectory of 45.7%. The work of the Diagnostic Improvement Programme remains focused on clinical and administrative validation, maximising productivity, creating additional community diagnostic capacity, to support the delivery of agreed trajectories.

Further detail regarding the Trust's performance and delivery is provided in the presentation of the Integrated Performance Report by the Deputy Chief Executive later on the agenda.

Industrial Action

Since our last Board meeting, we have experienced two further periods of industrial action, both of which have involved Consultant and Junior Doctor staff groups. Although we have continued to prioritise access to our urgent services, the combined nature of both strikes has made it even more difficult to protect elective activity than on previous occasions. I am grateful for the enormous effort from our multidisciplinary teams across MFT to prepare for, and safely deliver services, throughout each period of industrial action.

While taking every reasonable step to reduce the impact on our patients, it has been necessary for MFT to stand-down and rebook circa 18,400 appointments across 8 periods of industrial action since the beginning of April 2023. Each period of industrial action causes substantial disruption to patients and impacts the delivery of our plans to significantly reduce waiting times for our patients.

Winter Preparedness

Our winter planning process commenced in July, with our hospitals, MCSs and LCO holding a series of engagement sessions to review lessons learned from Winter 2022/23. Safety continues to be our top priority and it is critical this is maintained throughout the winter period when demand on urgent care is at its greatest. Maintaining our elective programme throughout this time is also key to ensuring we deliver on our commitment to continue to reduce waiting times for patients.

Winter plans have been shared with the Executive Directors Team Committee and Operational Excellence Board prior to approval through the Quality, Performance & Safety Committee. Central to our plan is accelerating our Hospital at Home programme, ensuring we can keep patients safe and well at home and reduce demand on our emergency care services. A new national Operational Pressures Escalation Levels (OPEL) Framework has been published which provides a set of indicators for our leadership teams to use to gauge the level of pressures across the system. Monitoring of the plan will be through our Operational Excellence Board and delivery will be overseen through the Urgent Care & Flow Improvement programme.

Further detail regarding winter preparedness will be provided by the Deputy Chief Executive later on the agenda.

3. Finance and Governance

Financial Recovery Plan

The Trust is in the process of developing our financial recovery plan, to deliver on our strategic aim of financial sustainability. Internally, we have developed an initial long-term financial model which we are now developing further to identify the Trust's underlying deficit and the overall requirement for waste reduction in the coming years. Further to developing the Waste Reduction Plan (WRP), we are benchmarking using available tools such as Model Hospital and Patient Level Costing. These elements will then be drawn together into the overall recovery plan, which will be used to support the planning for 24/25.

Details of the forecast, along with a range of other information, have been a focus of discussions during ICB-led Performance and Assurance meetings. The MFT finance team have worked very closely with the ICB to ensure a clear understanding of the position in this financial year and to identify additional opportunities to support delivery of the Trust's forecast.

The work to identify waste reduction opportunities is monitored through the Group Recovery Board on a fortnightly basis, including progress of the 23/24 WRP delivery. The MFT Chief Finance Officer has shared the principles for the 24/25 WRP targets and process with all Hospitals/MCS/LCO and Corporate Senior Leadership Teams, and the Group Recovery Board will begin to receive reports on the 24/25 programme during November.

Further details regarding the Trust's financial position and recovery plans will be provided by the Chief Finance Officer later on the agenda.

Well Led Developmental Review

Board members are aware that the Well Led Developmental Review has now been completed and an initial presentation was received at the Board Development session on 9 October. A further discussion of the recommendations, and agreeing the actions we will take in response, will take place at the next Board Development session on 11 December. A comprehensive plan will be presented to the Board for approval in January.

4. Workforce

Leadership Update

In October, we completed a review of Group Executive Director Team (EDT) portfolios to ensure that we have the necessary distribution of skills and experience within the team. The review led to an agreement for some adjustments to certain director portfolios and job titles, details of which have been shared with the Board through the remuneration committee. Recruitment is also underway for a number of key leadership posts on which we will provide a verbal update during the meeting.

The successful implementation of these changes will be an important milestone that will allow further changes to the leadership model for MFT to evolve over the year ahead.

Staff Survey

The National NHS Staff Survey is one of the largest workforce surveys in the world and is carried out every year to improve staff experiences across the NHS. The survey is aligned to the [NHS People Promise](#) plan, and was launched on Tuesday 19 September 2023 and will remain open until 24 November.

The Staff Survey results are the primary method by which we measure how well we support the well-being of our workforce and enable each member of our staff to reach their full potential. A new Staff Experience Oversight Board, led by the Group Director of Workforce and Corporate Business is now being formed to consider the broader staff experience and engagement strategy.

Significant work has also been undertaken since we received last year's survey results to address areas identified as key concerns for staff which included: food provision, car parking & transport, staff facilities, our management support offer and development opportunities.

A full communications plan has been developed and rolled out to ensure there is greater awareness of the breadth of activities underway to deliver improvements in response to the feedback we have received.

Violence and Aggression

Conversations with colleagues through the Listening Well sessions that I have recently led have highlighted the issue of violence and aggression experienced by colleagues in various departments across MFT, from patients and their families. NHS Trusts and Integrated Care Boards have also recently had guidance from NHS England to review policies for handling cases of sexual assault, harassment and abuse of staff and patients and to support the adoption of policies to improve sexual safety.

In response, I hosted a workshop on 18 October focussed on Preventing and Responding to Violence and Sexual Assault in the Workplace. Over 30 colleagues were in attendance including senior leaders from across our hospitals and representatives of key clinical departments with first-hand experience of these issues. The session focussed on the things that the Trust can do to support prevention as well as respond effectively when incidents occur.

To help ensure the Trust is applying the best practice MFT has signed up to the national Domestic Abuse and Sexual Violence future collaboration platform. Information gleaned from membership will inform the Trust approach to prevention and management of sexual violence including the preparation of a specific sexual violence policy.

The workshop is intended to build on this work, raise its profile and drive an accelerated action plan with executive director oversight and sponsorship to ensure a determined focus on improvements to this vital agenda.

Consultant Appointments

Since our last Board meeting on September 11, 31 consultants have been appointed to roles within the following specialties: Anaesthetics, CAMHS, Cardiology, Clinical Haematology, Cytology, Dental, Dermatology, Emergency Medicine, ENT, Gastroenterology, Histopathology, Infectious Diseases, Nephrology, Obstetrics, Oncology, Paediatric Critical Care, Paediatric Respiratory, Radiology, Respiratory Medicine and Rheumatology.

We continue to attract a high calibre of candidates and provide a development programme for new consultants following their first appointment.

5. Top three concerns

The current top three concerns I would like to highlight to the Board are:

Financial Position

Our financial position, whilst still very difficult, has stabilised in Months 5 and 6. We continue to take appropriate action to deliver improvements to our run-rate through the application of enhanced controls, delivering improvements in productivity, and through the delivery of further waste reduction. We are on track to deliver £116m of waste reduction and we have a plan to deliver £136m by the end of the financial year. We remain committed to the delivery of our plan, and while we have seen an improvement in our position, significant risks remain.

Impact of Industrial Action

Industrial action continues to present challenges for our patients and staff, as well as having an impact on our operational efficiency. Should further episodes occur in the coming months this will present additional significant risks to our plans to reduce waiting times for our patients and could also impact on efforts to address our financial position, as outlined above.

Winter Preparedness

Preparation for the winter period is a key focus for our clinical and operational teams as we are likely to see increased pressures across acute and community services with associated impact on bed capacity and flow in our emergency departments. It is imperative that we have robust plans in place to monitor and respond to surges and ensure that we are working collaboratively both internally and with local partners to safeguard our patients and operational resilience.

Audit Committee Highlight Report

This report includes the key escalations and discussion points from the last meeting of the Audit Committee for consideration by the Board. The agenda for the meeting is included.

Committee meeting date	13 th September 2023
Committee Chair	Nic Gower

KEY ESCALATION AND DISCUSSION POINTS

ALERT

The Committee received the internal audit report on insourcing which identified a number of improvements required including the need for a more consistent approach to contract management across the Trust.

The Committee received the internal audit report on Nursing and Midwifery Recruitment. A number of improvement opportunities were identified and the Committee will be receiving a follow up report from management at their next meeting in November 2023.

ASSURE

The Committee received an internal audit report on the Saint Mary's MCS's response to the Ockenden reports. Significant assurance was provided with minor improvement opportunities identified.

ADVISE

The Committee received the internal audit advisory review of the Trust's Clinical Service Strategy. The Trust is developing an overarching Group strategy, under which the clinical service strategies will sit. The current focus is on the implementation of agreed single services.

The Committee received a report benchmarking MFT's internal audit activity against other Trusts. The report highlighted that MFT's internal audit activity covers a wider range of areas than other Trusts as a result of its size. The exercise will inform the Trust's internal audit plan for 2024/25.

The Committee received a report providing progress on the Counter Fraud work plan for 2023/24 including clarification on the process for raising any issues of concern with senior leadership.

The Committee approved changes to the Trust's Scheme of Reservation and Delegation and Standing Financial Instructions prior to ratification at the Board of Directors.

The Committee approved amendments to the Trust's Counter Fraud policy.

The Committee noted a report on the Trust's current management consultancy contracts.

The Committee agreed actions to enhance the process for receiving declarations of interest from specific groups of staff.

The Committee noted reports from the Board's Scrutiny Committees which had met since the last Audit Committee.

RISKS

The reports from the internal audit and counter fraud work programmes provide external assurance for the Trust's management of its principal and strategic risks.

ACTIONS

The Board is asked to note this Committee report.

LEARNING

Learning from internal audit reports is disseminated to relevant teams at Group level and in the hospitals, MCSs, and LCOs.

Agenda of meeting:

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

AUDIT COMMITTEE

to be held on Wednesday 13th September 2023 at 9.00am – 10:45am

Main Boardroom, Cobbett House
Oxford Road Campus

A G E N D A

1. Apologies for Absence
2. Declarations of Interest
3. To receive and approve the Minutes of the Audit Committee meeting held on 20th June 2023 *(enclosed)* All
4. Matters Arising
 - an update report on the Management Response to address the findings of the audit on the job planning process was presented to WSC on 29/8/23
5. Internal Audit (KPMG)
 - 5.1 To receive the Internal Audit Progress Report *(enclosed)* Harriet Fisher (KPMG)
 - 5.2 To receive a report on benchmarking Internal Audit time used at MFT in comparison to other similar size organisations *(enclosed)* Harriet Fisher (KPMG)
6. External Audit (Mazars)
 - 6.1 To receive the External Audit Progress Report *(enclosed)* Karen Murray (Mazars)
7. Local Counter Fraud Specialist (MiAA)
 - 7.1 To Receive the Local Counter Fraud Specialist progress report *(enclosed)* Suki Pooni (Grant Thornton)

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|--|--|-------------------|-----------------------------------|
| 7.2 | To receive an update on the Local Counter Fraud, Bribery and Corruption Policy | <i>(enclosed)</i> | Sarah Kabirat
(Grant Thornton) |
| 8. | To receive a report on how specific fraud issues relating to external contracts would be raised with Group Executive Directors and the Audit Committee Chair | <i>(enclosed)</i> | Jenny Ehrhardt |
| 9. Items for Noting and/or Information | | | |
| 9.1 | Losses and Special Payments for 1 st April 2022 to 31 st March 2023 and 1 st April 2023 to 31 st May 2023 (including report on the processes and procedures in place for overseas visitors and MFT's recovery level compared with other hospital Trusts) | <i>(enclosed)</i> | Rachel McIlwraith |
| 9.2 | Tenders Waived for the period 1 st June 2023 to 31 st July 2023 | <i>(enclosed)</i> | Rachel McIlwraith |
| 10. | To receive an update report identifying improvement actions required to increase compliance with Declarations of Interests requirements | <i>(enclosed)</i> | Nick Gomm |
| 11. | To receive the annual review of the Trust SFI's and SORD for approval | <i>(enclosed)</i> | Tim Barlow |
| 12. | To receive a summary of Management Consultancy Contracts 01/04/23 to 31/07/23 | <i>(enclosed)</i> | Jenny Ehrhardt |
| 13. | To receive the Audit Committee work programme | <i>(enclosed)</i> | Nic Gower |
| 14. | Reports from MFT Board Sub-Committees for Assurance: | | |
| 14.1 | Group Risk Oversight Committee held on 15 th May 2023 and 3 rd July 2023 | | |
| 14.2 | Workforce Scrutiny Committee held on 20 th June 2023 | | |
| 14.3 | Quality and Performance Scrutiny Committee held on 20 th June 2023 | | |
| 14.4 | Finance and Digital Scrutiny Committee held on 27 th June 2023 | | |
| 14.5 | Charitable Funds Committee held on 12 th July 2023 | | |
| 15. | Date and Time of Next Meeting: | | |
| | The next meeting will be held on Wednesday 8th November 2023
at 10:00am | | |

Charitable Funds Committee Highlight Report

This report includes the key escalations and discussion points from the last two meetings of the Charitable Funds Committee (CFC) for consideration by the Board and Audit Committee. The agendas for the meetings are attached.

Committee meeting date	13/9/23 & 26/9/23
Committee Chair	Kathy Cowell

KEY ESCALATION AND DISCUSSION POINTS

ALERT (matters to be escalated to the Board/Committee receiving this report)

The overall value of the Charity's investments has decreased by £112k in the period from 31/5/23 to 31/8/23.

A £1m repayment has been made to a donor because it is not possible at present to progress with the scheme which they had donated the funds for.

ASSURE

The Charitable Funds Auditors report for 2022/23 was accepted with no significant matters of concern identified.

2023/24 Charity income shows a 31% increase for the same period in 2022/3. Income from charitable trusts has increased but income from legacies and major gifts has decreased.

ADVISE

The CFC approved the Charitable Funds Annual Report and Annual Accounts for 2022/23.

For the period 31/5/23 to 31/8/23, the expenditure on charitable activities was £904k.

Work to address the deficit in the Trust's General Purposes Fund is being prioritised.

A Charity Strategy away day was held and an action plan will be created for presentation at the CFC meeting in November. Immediate actions included reviewing and streamlining the process for accessing funds and re-establishing the Charitable Fundraising Board.

RISKS

n/a

ACTIONS (actions required of the Board/Committee receiving this report)

To note this report.

LEARNING (any learning which needs to be shared, how it will be shared, and who with)

Learning from how other charities operate was considered as part of the Charity Strategy workshop.

Meeting agendas

CHARITABLE FUNDS COMMITTEE

WEDNESDAY 13TH SEPTEMBER 2023 at 10:45AM - 11:30AM

MAIN BOARDROOM, COBBETT HOUSE

AGENDA

1. Apologies for Absence
2. Declarations of Interest
3. Matters Arising (if not covered under the main agenda heading):
4. To receive the Charitable Funds Auditors Report (enclosed) David Hoose / Ben Fowler (Mazars)
5. To receive and approve the Charitable Funds Annual Accounts and Annual Report (enclosed) Jenny Ehrhardt
6. **Date and Time of Next Meeting**

The next meeting will be held on **Tuesday 26th September 2023** at **2:00pm**

CHARITABLE FUNDS COMMITTEE

TUESDAY 26TH SEPTEMBER 2023 at 2:00PM - 4:00pm

MAIN BOARDROOM, COBBETT HOUSE

AGENDA

1. Apologies for Absence
2. Declarations of Interest
3. Minutes of the Charitable Funds Committee held on 12th July 2023 (enclosed) All
4. Matters Arising (if not covered under the main agenda heading):
5. To receive the Charities Fundraising Report (enclosed) Tanya Hamid
6. To receive Charitable Funds Finance Report (enclosed) Jenny Ehrhardt
 - 6.1 Proposed amendments to the Scheme of Delegation (SoRD) as it relates to the MFT Charity (enclosed) Jenny Ehrhardt
7. To review the Charitable Funds Committee work programme (enclosed) Kathy Cowell
8. Summary of actions from the Charity Strategy Workshop (enclosed) Tanya Hamid
9. **Date and Time of Next Meeting**
The next meeting will be held on **Tuesday 28th November 2023**
at **2:00pm**

EPR Scrutiny Committee Highlight Report

This report includes the key escalations and discussion points from the last Committee meeting of the EPR Scrutiny Committee for consideration by the Board of Directors. The agenda for the meeting is included.

Committee meeting date	27 th September 2023
Committee Chair	Gaurav Batra

KEY ESCALATION AND DISCUSSION POINTS

ALERT

ASSURE

Hive is assisting with reducing medicine administration errors – clinicians at MRI have been alerted to medication discrepancies in 3.5% administrations.

A delivery authority chair explained how Hive is part of all team meetings and is embedded across the organisation.

The Committee heard that the infrastructure in place for the stabilisation stage is functioning well.

The Committee noted that the context of cumulative strike action has affected the benefits accrued from Hive but, without Hive, managing the industrial action would have been much more difficult.

ADVISE

The Committee discussed and came to a consensus on the threshold for raising Hive issues with the Committee Chair and with the Group Chairman outside of formal EPRSC meetings.

The Committee received a detailed presentation showing the patient journey of someone arriving in ED and requiring surgery and the role Hive plays in enabling a smooth patient journey.

270000+ patients are now using MyMFT.

Benefits realisation remains a focus for the programme. Cash releasing benefits are lower than planned but non-cashable saving are assisting productivity.

The new Chief Digital Officer will take responsibility for Hive when they come into post. A full handover will be carried out so that organisational knowledge is not lost and sufficient infrastructure remains in the Trust to support Hive.

A Hyperdrive update will be carried out to ensure Hive can continue to function optimally. The upgrade will happen in June 2024 and Epic will send resource to support this.

A 'Signal' system will be introduced which can identify where there are training needs across the organisation to enable Hive to be used to its potential.

An options appraisal has taken place on the Wellsky arrangements for blood transfusion. A report on how to handle any financial implications will be provided to the Audit Committee.

RISKS

The Hive risk will be reworded to reflect the stage of the programme. It will remain scored as a 12.

The risk of the introduction of Hyperdrive was discussed. The risk is included in the overall Hive risk and there will be no downtime required for the upgrade to Hyperdrive.

Blood transfusion is now a separate strategic risk under the purview of QPSC.

The risk of single points of failure causing Hive downtime was discussed in light of the recent data centre issue. Risk are escalated through Hive Governance and then risk would be escalated to the correct Committee depending on the nature of the risk.

ACTIONS (actions required of the Board/Committee receiving this report)

The Board is asked to note this update from the most recent EPR SC.

LEARNING

Lessons are being learned as to how periods of downtime are handled following the recent incident.

Meeting agenda

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

EPR Scrutiny Committee

Wednesday 27th September 2023 at 2:00pm – 4:00pm

**MAIN BOARDROOM
COBBETT HOUSE**

A G E N D A

1. Apologies
2. Declarations of Interest
3. To receive the EPR Scrutiny Committee minutes of the meeting held on Wednesday 26th April 2023 *(enclosed)*
4. To receive the report of the EPR Implementation and Benefits Realisation Programme Board *(enclosed)* *Julia Bridgewater*
5. To review presentation on benefits – one year after Go Live *(enclosed)* *Julia Bridgewater*
6. To receive a report on Hive downtime functionality and downtime periods *(enclosed)* *Julia Bridgewater*
7. To receive a proposal on further assurance activity *(enclosed)* *Julia Bridgewater*
8. To consider the EPR Scrutiny Committee work programme (inc. key areas of focus and future progress) *(enclosed)* *Gaurav Batra*
9. Any other business

Strategic Projects Scrutiny Committee Highlight Report

This report includes the key escalations and discussion points from the last Committee meeting of the Strategic Projects Scrutiny Committee (SPSC) for consideration by the Board of Directors. The agenda for the meeting is included.

Committee meeting date	18h October 2023
Committee Chair	Luke Georghiou

KEY ESCALATION AND DISCUSSION POINTS

ALERT

ASSURE

ADVISE

This was the first meeting and Committee noted the terms of reference which had been approved by the Board of Directors. The Committee will meet on a quarterly basis with the next meeting in January 2024.

The Committee discussed the scope of projects under the purview of the Committee with an initial list agreed of North Manchester General Hospital redevelopment, University Dental Hospital developments, Wythenshawe Masterplan, Project Red, PFI agreements, and External Partnerships. It was agreed that a mapping of major capital and strategic projects, including major service reconfigurations, would be undertaken and this would lead to a workplan being developed for the Committee.

An update on the development of the North Manchester Redevelopment Programme was discussed in detail. Confirmation of national funding available is yet to be received and discussions are ongoing with the New Hospital Programme team. It was agreed to retain the NMGH redevelopment as a standing item for future meetings.

An overview of current PFI programmes was received by the Committee including an update on current life-cycling programmes.

An overview of major strategic commercial partnerships was presented to provide the Committee with an understanding of current agreements in place.

RISKS

ACTIONS

The Board is asked to note the discussions at the first meeting of the SPSC.

LEARNING

Meeting agenda

STRATEGIC PROJECTS SCRUTINY COMMITTEE

Wednesday 18TH October 2023
10:00am – 12:00pm
Main Boardroom, Cobbett House

A G E N D A

- | | | | |
|-----|--|-----------------------|---------------------------|
| 1. | Apologies | | |
| 2. | Declarations of Interest | | |
| 3. | Matters Arising | | |
| 4. | Introduction & Welcome | <i>verbal</i> | <i>Luke Georghiou</i> |
| 5. | To receive the Strategic Project Scrutiny Committee Terms of Reference | <i>(enclosed)</i> | <i>Luke Georghiou</i> |
| 6. | Discussion to identify projects in scope of the Committee | <i>(enclosed)</i> | <i>Jenny Ehrhardt</i> |
| 7. | North Manchester General Hospital Redevelopment programme update | <i>(presentation)</i> | <i>Michelle Humphreys</i> |
| 8. | Overview of current PFI programmes | <i>(enclosed)</i> | <i>Julia Bridgewater</i> |
| 9. | Overview of major strategic commercial partnerships | <i>(enclosed)</i> | <i>Claire Robinson</i> |
| 10. | Next meeting TBC | | |

Workforce Scrutiny Committee Highlight Report

This report includes the key escalations and discussion points from the last Committee meeting of the Workforce Scrutiny Committee for consideration by the Board of Directors. The agenda for the meeting is included.

Committee meeting date	24th October 2023
Committee Chair	Angela Adimora

KEY ESCALATION AND DISCUSSION POINTS

ALERT

The Committee watched and discussed a filmed staff story regarding violence against staff – an example of the 3 assaults a day carried out on MFT staff across the Trust. A programme of work to address violence and aggression against staff is in place and a further report will be considered at a future WSC.

The Committee received a report on current staff absence levels. There has been a reduction of people absent due to MSK reasons but mental health numbers remain high. A pilot is being delivered at NMGH to implement a new way of supporting line managers to effectively manage absence issues.

The Committee considered in detail a report which looked at the growth in staff costs for 2023/24 – a subject currently being discussed with GMICB and their Turnaround Director. Pay increase costs were cited in month 4 as being £10.5M which were attributable to two factors: a movement in reserves of £8.9m as a result of the backdated pay ward; and an increase in expenditure on temporary, largely due to a delay in invoice processing by the bank provider. Further analysis is underway and mitigation plans are in place and being implemented.

NHS staff survey completion rate is currently 29% with 31 days left following the date of the Committee. The Committee heard an update on initiatives being delivered based on the feedback from last year's survey.

ASSURE

Level 1 mandatory training compliance has improved considerably, however mandatory training levels 2 and 3 needs further work. Additional training has been commissioned for specific areas with low compliance.

The Committee received the mid-year review of the Employee Health and Wellbeing service which described the progress being made. The service is delivering its objectives which are linked to MFT's broader strategy.

The annual report of the Guardian of Safe Working (1/8/23 – 31/7/23) was presented to the Committee. In areas where fines have been levied, departments have taken action to address the salient issues. Fines have been passed to the Junior Doctors' forums at each site for decision making on how to spend it.

The Committee received assurance that relationships with staff side have remained productive throughout the periods of industrial action experienced this year.

ADVISE

NHS staff survey completion rate is currently 29% with 31 days left following the date of the Committee. The Committee heard an update on initiatives being delivered based on the feedback from last year's survey.

The Committee received report on the Trust's WRES/WDES data. Work is underway to address issues raised by the latest WRES/WDES data including the EDI improvement plan, the agreed adoption of an anti-racism framework, strengthening staff forums and a focus on accessible information standards.

Vacancy rates remain above target in some areas due to the lack of availability of qualified staff for particular roles. A report on the range of work underway to improve recruitment will come to December's Committee meeting.

The Committee received a report on staff overpayments and the work underway to reduce them. New processes are now in place, supported by strengthened communications activity.

The Committee received a report on the action being taken to further strengthen Freedom to Speak Up arrangements in the Trust.

The Committee received the Annual Report of the Widening Participation team which described a significant increase in service outputs over the last year.

RISKS

The Committee reviewed the Principal Risks within the BAF which are under the oversight of WSC. The strategic risks regarding workforce are being reviewed.

The Committee received a 'deep dive' into risks associated with employee relations, considering controls in place and how assurance is provided. Learning from employment tribunal themes is an important part of this.

ACTIONS (actions required of the Board/Committee receiving this report)

The Board is asked to note the discussions at the Committee meeting.

LEARNING

A number of the reports identified learning that focused on process improvements and training requirements for departments across the Trust. Assurance was received that action is being taken in this regard by way of clear, and agreed, actions and plans.

Meeting agenda

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

Workforce Scrutiny CommitteeTuesday, 24th October 2023 at 10.00am – 12.00noon**A G E N D A**

Main Boardroom, near Cobbett House Reception, ORC

1. Apologies
2. Staff Story
3. Declarations of Interest
4. Minutes of the Workforce Scrutiny Committee held on 29th August 2023 *(enclosed)* *All*
5. Matters Arising (if not included on the Main Agenda) *All*

Items for Scrutiny and Assurance

6. Report of the Group Executive Director of Workforce Corporate Business *(enclosed)* *Peter Blythin*
7. MFT performance against workforce metrics included in the Integrated Performance Report *(enclosed)* *Peter Blythin*
8. To receive the BAF risks relevant to the Workforce Scrutiny Committee *(enclosed)* *Peter Blythin*
9. To receive the 'Workforce BAF Plus' Dashboard *(enclosed)* *Claire Macconnell*
10. To receive the MFT WRES & WDES progress report *(enclosed)* *Peter Blythin*
11. To receive the Employee Health and Wellbeing Service Report/Mid-Year Review *(enclosed)* *Nick Bailey/
Marisa Pickerill*
12. To receive a report on Staff Overpayments (including key issues related to leavers) *(enclosed)* *Lindsey Fair*
13. To receive a progress update on the F2SU Recommendations (key learning from Ambulance Trust Review) *(enclosed)* *Andrew Lloyd/
Nick Bailey*
14. To receive a report on any specific actions highlighted within the ICB Finance Letter *(enclosed)* *Peter Blythin*

Work Programme Governance Items

- | | | | |
|-----|---|-------------------|---------------------------------------|
| 15. | To receive the Annual report of the Guardian Safe Working (2022/23) | <i>(enclosed)</i> | <i>Karen Fentem</i> |
| 16. | To receive the Widening Participation Annual Report (2022/23) | <i>(enclosed)</i> | <i>Jamie Bytheway</i> |
| 17. | To receive a progress report on staff engagement & experience plans/initiatives including an update on MFT's current Staff Survey and Quarterly National Staff Pulse Survey Results | <i>(enclosed)</i> | <i>Peter Blythin/
Yvon Poland</i> |

Items for Noting

- | | | | |
|------|---|-------------------|---|
| 18. | To receive the Workforce Scrutiny Committee Work Programme | <i>(enclosed)</i> | <i>Committee Chair
(Angela Adimora)</i> |
| 19. | To note the following meetings held: | | |
| 19.1 | Workforce & Education Committee meeting held on 25 th August and 22 nd September 2023 | <i>(enclosed)</i> | <i>Committee Chair
(Angela Adimora)</i> |
| 19.2 | Medical Directors' Workforce Board meetings held on 31 st August and 28 th September 2023 | <i>(enclosed)</i> | <i>Committee Chair
(Angela Adimora)</i> |

Any Other Items

- | | | | |
|-----|--------------------|--|------------|
| 20. | Any Other Business | | <i>All</i> |
|-----|--------------------|--|------------|

Date of Next Meeting

- | | | | |
|-----|---|--|--|
| 21. | The next meeting is to be held on Wednesday 20th December 2023 at 1:00pm in the Main Boardroom, ORC | | |
|-----|---|--|--|

Quality and Performance Scrutiny Committee Highlight Report

This report includes the key escalations and discussion points from the last meeting of the Quality and Performance Scrutiny Committee for consideration by the Board. The agenda for the meeting is included.

Committee meeting date	24 th October 2023
Committee Chair	Damian Riley

KEY ESCALATION AND DISCUSSION POINTS

ALERT

There is evidence of increases in some healthcare-associated infections across the Trust. Work has been taking place to identify, and address, the causes.

Tier 1 funding is required to support achievement of key targets. It has been requested but is yet to be confirmed. Industrial action remains a significant risk to delivery.

ASSURE

The Committee received the Trust's Winter Plan and the supporting plans for each hospital/MCS/LCO. The overall aim is to ensure safe services continue whilst maintaining elective recovery programme. An extra ward is opening on the Wythenshawe site in January.

The Committee considered the Integrated Performance Report and received assurance that all workstreams in place to improve operational performance are being monitored closely and progress is being made.

Compliance with NICE Guidance improving and further work is underway, some of which requires funding from GMICB.

The Committee received an update on the implementation of PSIRF. A gap analysis being carried out and action plans created by sites in response to gaps. Good progress is being made.

The Committee received a report on 'learning from deaths' and the process for medical examiner involvement which plays a significant role within the Trust.

ADVISE

The 78ww trajectory is being remodelled to ensure national targets are met. Work is underway with the hospitals to identify what capacity is required at speciality level to deliver. Outpatients is an area of focus.

PA Consulting are supporting the Trust to look at productivity and capacity within diagnostics.

Annual capacity and demand planning for 2024/25 has begun using expected targets ahead of national planning guidance.

A new OPAL framework is in place from November and MFT has been using it in shadow form during October.

The Committee received an update on the waiting list for those not on a RTT pathway. . Actions are being considered at a Group level to manage these patient including data cleansing and consideration as to whether PIFU is an option.

The Committee received an update on the Health Inequalities programme including work undertaken to analyse DNAs by protected characteristics. Appointment offers have been changed to include evening slots to enable better access to those working during the day.

The Committee received a report from SMH MCS regarding regulatory compliance. Meetings have been held with BSOTTS national leads to review the model with a view to it becoming more sensitive to operational requirements.

The Committee received the draft Mental Health strategy and recommended it for approval at the Board.

The Committee received the draft Carers Strategy and recommended it for approval at the Board.

RISKS

The relevant sections of the Strategic Risk Exposure Report were discussed at the meeting.

Industrial action remains a risk to deliver to activity and productivity targets, as well as delivery of the Winter Plan.

ACTIONS (actions required of the Board)

To note the support for the Patient Safety policy and associated Patient Safety plans.

LEARNING

The Committee received a report on the learning and actions taken following a never event in July 2023.

Learning from the super surgery day at RMCH is being used to inform improvement workstreams.

The Committee considered and discussed the key learning themes from the Safeguarding, Patient Experience, and Infection Control annual reports

Committee agenda

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

Quality & Performance Scrutiny Committee

Tuesday 24th October 2023 at 1.00pm – 4:00pmMAIN BOARDROOM
COBBETT HOUSE

A G E N D A

1. Apologies
2. Declarations of Interest
3. A case study in learning – July 2023 Never Event *(presentation)* *Muir Morton*
4. Minutes of the Quality & Performance Scrutiny Committee held on 29th August 2023 *(enclosed)* *All*
5. Matters Arising *All*
6. To receive the Performance, Quality and Safety Strategic Risk Exposure report: *(enclosed)* *Alison Lynch*
 - 6.1 Maternity regulatory compliance *See item 13*

Performance Items for Scrutiny and Assurance

7. MFT performance against operational performance metrics within the Integrated Performance Report and the AOF (including draft Performance and Activity plan for 2024/2025) *(enclosed)* *Lorraine Cliff*
8. To receive a report on Winter Planning *(enclosed)* *Lorraine Cliff*
9. To receive a report on the outpatient follow-up waiting list *(enclosed)* *Julia Bridgewater / James Allison*
10. To receive a progress report on MFT's health Inequalities programme *(enclosed)* *Jane Eddleston / Simon Watts*

Quality Items for Scrutiny and Assurance:

11. MFT performance against Quality and Safety metrics within the Integrated Performance Report *(enclosed)* *Jane Eddleston/ Cheryl Lenney*

12.	To receive a progress report on Patient Safety Incident Response Framework	<i>(enclosed)</i>	<i>Tanya Claridge</i>
13.	To receive a report on learning from deaths	<i>(enclosed)</i>	<i>Jane Eddleston</i>
14.	To receive a progress report on maternity regulatory Compliance	<i>(enclosed)</i>	<i>Alison Haughton/ Sarah Vause</i>
15.	To receive a report on the Mental Health Strategy	<i>(enclosed)</i>	<i>Alison Lynch</i>
16.	To receive a report on the Carers' Strategy	<i>(enclosed)</i>	<i>Gail Meers</i>
17.	To note learning from Greater Manchester Mental Health (GMMH) external review	<i>(enclosed)</i>	<i>Cheryl Lenney</i>
18.	Key Learning Themes' from the following 2022/2023 Annual Reports:	<i>(enclosed)</i>	<i>Cheryl Lenney</i>
	<ul style="list-style-type: none"> • Safeguarding (including safeguarding training compliance) • Patient Experience (including accreditation and complaints) • Infection control (including focus on rising HCAs) 		<i>Ruth Speight</i>
			<i>Gail Meers</i>
			<i>Rajesh Rajendran/ Michelle Worsley</i>
19.	To note the Board Assurance Framework risks relevant to QPSC	<i>(enclosed)</i>	<i>Nick Gomm</i>
20.	To review the QPSC Work Programme	<i>(enclosed)</i>	<i>Damian Riley</i>
21.	To note the following Committees held meetings:		
21.1	Group Risk Management Committee held on 18 th September 2023	<i>(enclosed)</i>	
21.2	Group Infection Control Committee held on 19 th July 2023	<i>(enclosed)</i>	
21.3	Group Quality and Safety Committee held on 15 th August 2023	<i>(enclosed)</i>	
21.4	Group Cancer Committee held on 25 th July 2023	<i>(enclosed)</i>	
21.5	Group Safeguarding Committee held on 30 th August 2023	<i>(enclosed)</i>	
21.6	Operational Excellence Board for the period September 2023 - October 2023	<i>(enclosed)</i>	

22. The next meeting will be held on Tuesday 19th December 2023 at 9:00am

Finance and Digital Scrutiny Committee Highlight Report

This report includes the key escalations and discussion points from the last meeting of the Finance and Digital Scrutiny Committee for consideration by the Board. The agenda for the meeting is included.

Committee meeting date	5 th September 2023
Committee Chair	Trevor Rees

KEY ESCALATION AND DISCUSSION POINTS

ALERT

The year-to-date position for the Trust is a £47.9m deficit against a planned deficit of £24.8m, an adverse variance of £23.1m.

Year to date pay expenditure is overspent by £17.5m, c.£9.2m relates to the costs of covering industrial action.

Year to date income is overall £4.8m worse than plan.

Year to date non-pay expenditure is overspent by £0.8m.

As at the 31st July 2023, the Trust had a cash balance of £150m which is a reduction of £38m to the cash balance at the 30th June 2023 and less than the £186m forecast.

ASSURE

For the period up to 31st July 2023, total expenditure was £19.0m against a plan of £28.5m, an underspend of £9.5m.

The DSPT submission had been successful.

Connections to the University of Manchester's IT systems are now fully reinstated following their cyber incident.

There has been a downturn in cyber-attacks with phishing incidents reduced by 40%.

The WRP has delivered as much by the end of July as it had by the end of December last year.

FDSC received a report on management consultant contracts which have been let and future commissions.

FDSC received an update on the national cost-collection exercise

ADVISE

Debate continues to NHSE's contribution to the capital costs from the NMGH disaggregation.

There have been 14 high severity IT incidents during the reporting period with all but one resolved within SLA targets

FDSC noted the rationale, and planned programme of work for PA Consulting's support in delivery of the WRP.

FDSC received a report on the development of the 2 year financial plan including risks, opportunities, timeline and next steps.

FDSC supported the preferred option for the purchase of MREH laser equipment.

RISKS

The strategic risks relevant to FDSC were presented to the Committee with positive and negative assurance received through the reports described in the 'Alert' and 'Assure' sections above. An updated and detailed analysis of Principal Risk 6 (Failure to embed the Trust's approach to value and financial sustainability) was noted.

ACTIONS (actions required of the Board)

To note the discussions of the FDSC.

LEARNING

Successful WRP initiatives are being shared between Hospitals/MCSs/LCOs.
The contribution from external consultants/support is being shared across the Trust through the Group Recovery Board.

Meeting agenda**MANCHESTER UNIVERSITY NHS FOUNDATION TRUST****Finance & Digital Scrutiny Committee****Tuesday 5th September 2023 at 2.00pm – 4:00pm****MAIN BOARDROOM, COBBETT HOUSE**

A G E N D A

1. Apologies
2. Minutes of the Finance & Digital Scrutiny Committee Meeting held on 27th June 2023 *(enclosed)* *Trevor Rees*
3. Matters Arising *(enclosed)* *Trevor Rees*
4. MFT performance against Finance metrics within the Integrated Performance Report *(enclosed)* *Jenny Ehrhardt*
5. Chief Finance Officer's Report M4 – including
 - GM Capital Envelope update *(enclosed)* *Jenny Ehrhardt*
6. Chief Informatics Officer's Report
 - MFT IT outage *(enclosed)* *Dan Prescott*
7. Waste Reduction Programme *(enclosed)* *Tim Barlow*
 - 7.1 Outcome of tender for the external support for WRP and update on progress *(enclosed)* *Jenny Ehrhardt*
8. Progress on 2-year Recovery Plan *(presentation)* *Jenny Ehrhardt*
9. Management consultancy contracts - 01/04/23 to 31/07/23 *(enclosed)* *Jenny Ehrhardt*
10. Proposed contract award for the Royal Eye Hospital Private Patient laser service *(enclosed)* *David Furnival*
11. National Cost Collection Pre-Submission Report *(enclosed)* *Jenny Ehrhardt*
12. To receive a report on the FD&SC BAF Risks *(enclosed)* *Jenny Ehrhardt*

13. To receive the FDSC work programme *(enclosed)* *Trevor Rees*

14. To note the following Committee meetings:
 - 14.1 Group Informatics Strategy Board
(the meeting held on the 26th July 2023 was stood down)

15. The next meeting will be held on
Tuesday 31st October 2023 at 2:00pm

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST
BOARD OF DIRECTORS (PUBLIC)

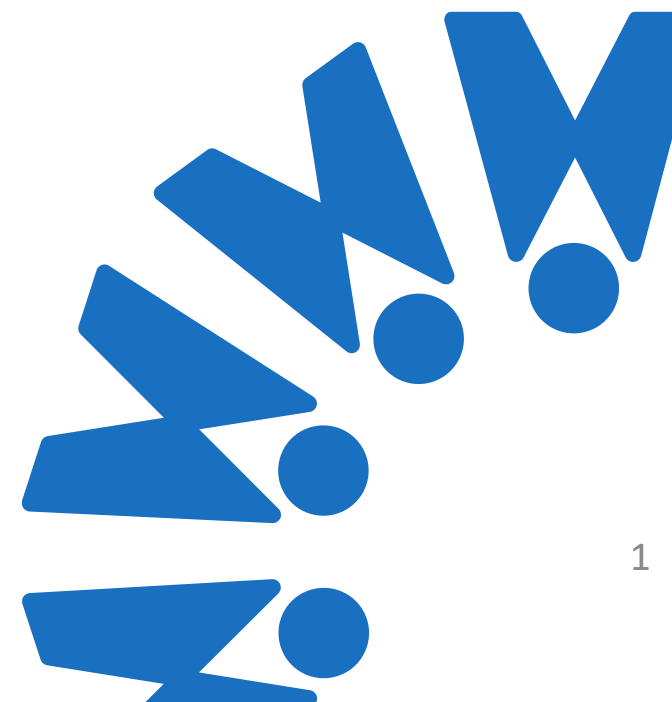
Report of:	Group Executive Directors
Paper prepared by:	Alison Lynch, Deputy Group Chief Nurse
Date of paper:	November 2023
Subject:	Integrated Performance Report
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	The report details progress in meeting performance targets which are key to the delivery of the Trust's strategic aims.
Recommendations:	The Board of Directors is asked to note the content of the report.
Contact:	<p><u>Name:</u> Nick Gomm, Director of Corporate Business / Trust Board Secretary</p> <p><u>Tel:</u> 0161 276 4841</p>



Manchester University
NHS Foundation Trust

Integrated Performance Report

Reporting period to 30th September 2023



Introduction

The report provides the Board with an integrated focus on key performance indicators relating to quality and safety, operational performance, workforce and finance. The report is designed to enable the Board to have oversight of a range of metrics (including those monitored through the national contract and those locally derived) in the context of insight and assurance in relation to the:

- effectiveness of the controls and enablers in place to ensure improvement in the quality of care and operational efficiency aligned to the Trust's Strategic Aims, it is a key source of assurance to support the Board Assurance Framework.
- compliance with CQC fundamental standards across all the domains of quality and safety
 - Safe: patients, staff and the public are protected from abuse and avoidable harm.
 - Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.
 - Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.
 - Responsive: services are organised so that they meet people's needs.
 - Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
- core principles contained in the NHS Constitution of:
 - Equality of treatment and access to services
 - High standards of excellence and professionalism
 - Service user preferences
 - Cross community working
 - Best Value
 - Accountability through local influence and scrutiny

The Board's consideration will be supported by exception reports from relevant Scrutiny Committees , who routinely scrutinize the assurance and mitigation of risk in relation to the metrics where an area of performance is giving rise for concern, or where a significant improvement has been achieved.

Integrated Performance Report Navigation Panel

3	Strategic Aims and Key enablers		
4	How we understand performance and escalate any risks identified		
5	Integrated Performance overview		
7	Quality and Patient Safety: Patient Safety Executive Summary		
8	Quality and Safety: Effectiveness Executive Summary		
9	Quality and Patient Safety: Caring Executive Summary		
10	Quality and Patient Safety: Responsiveness Executive Summary		
12	Operational performance Executive Summary		
14	Workforce Executive Summary		
16	Finance Executive Summary		

Our Strategic aims	Our enablers 2023/24															
	Quality and Safety Strategy 2022/25	Patient Safety Plan 2023/24	Effectiveness Plan 2023/24	High Priority Audit Plan	What Matters to me	Mental Health Strategy	End of life care strategy	Urgent and Emergency Care Strategy	Inequalities strategy	Financial plan	Operational Plan 23/24	People Plan	Carer's strategy			
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	●	●	●	●	●		●		●		●		●			

Understanding our performance

We use the objectives within our key enablers (our strategies and plans) to help us identify measures of success. Our measures of success are metrics (qualitative and quantitative) that are designed to help us make better decisions about how to improve services and to help us identify and monitor the effectiveness of our response to risks to the delivery of our strategic aims. We use this data to

- Provide measurable results to demonstrate progress towards outcomes
- Identify areas needing attention and opportunities for improvement
- Support continuous improvement.

Our measures of success will include

- System-level measures of community wellbeing and population health including reductions in avoidable deaths for treatable conditions, improved mental health and
- Trust level proxies for improved health outcomes such as avoidable admissions to hospitals, lengths of hospital stay, and patient safety
- Personal health outcomes to our patients, primarily relating to measures of responsiveness
- Resource utilisation
- Organisational processes and characteristics that support evidence that systems to support high-quality people centred care
- Patient and carer experiences of, for example, shared decision-making, care planning, communication and information sharing, and care co-ordination.

Measuring our Performance

We, where possible and appropriate, use the identification of Special Cause Variation in our data to understand our performance. We use four specific tests in our data to look for unexpected variation in our Statistical Process Control Charts. Where SPC charts are not deemed the most appropriate use of data, alternative charts and display mechanisms have been included. It is important to note that whilst the variation and assurance symbols are predominantly associated with SPC charts, we have taken the approach of standardising their use within this document across all data types to ensure consistency of language and approach. Also included, where benchmarking data is available (for instance through national or locally derived standards) an indication of compliance with those standards. A summary of the action status is also provided aligned to each indicator.

The table below provides a summary of the symbols used within this integrated performance report.

Compliance



Target being met



Target not met



For information, no target set or target not due

Variation



Common cause – no significant change



Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values



Special cause of improving nature or lower pressure due to (H)igher or (L)ower values

Assurance



Variation indicates Inconsistently passing and falling short of the target



Variation indicates consistently (P)assing the target



Variation indicates Consistently (F)alling short of the target

Action Status



Active surveillance – continue to observe in order to better understand the current position



Improvement – continue actions to support improvement until steady state achieved



Deterioration or maintained underperformance – instigate or review actions to ensure drivers of current position are mitigated



Steady state – continue to monitor achievement of level of performance which is satisfactory, and which requires no intervention to maintain

Escalating performance concerns

Using the four SPC rules and outcomes of our benchmarking, we use an Alert, Advise and Assure model to ensure that both risks and improvements associated with performance are escalated appropriately using the Trust's risk escalation framework, through the Trust's Governance Infrastructure. Risks identified through the assessment of and assurance associated with any element of performance that may have an impact on the delivery of the Trust's Strategic Objectives are reflected within the Trust's Board Assurance framework.

Alert

Advise

Assure

Integrated Performance Report Overview

Quality and Safety	Operational Performance
<div data-bbox="155 453 645 856"> </div> <div data-bbox="698 393 1303 977"> <p>The quality and safety component of the IPR was considered in detail at the Quality Performance and Scrutiny Committee, with a particular focus on the approach being taken to the stratification of risk associated with patients waiting to access diagnostics or treatment. The Committee received an update in relation to the implementation of PSIRF and the annual learning from deaths report, noting the integration of mortality oversight and insight in the IPR. The Committee received a range of assurance in relation to progress being made in the responsive domain, with the approval of the Mental Health and Carer’s Strategies</p> </div>	<div data-bbox="1397 453 1868 836"> </div> <div data-bbox="1948 393 2553 977"> <p>QPSC considered all operational excellence domains, with a focus on the Annual Planning 2024 – 2025 and the 2023 Winter Plan. QPSC scrutinised the Winter Plan, and sought assurance on the surge capacity to manage the peaks in demand over this period. The continued requirement for improvement in delivering our commitments was subject to scrutiny by the committee, with assurance that associated risks are mitigated to support delivery. The QPSC sought assurance on the continued focus on diagnostics as our most challenged operational domain.</p> </div>
Workforce	Finance
<div data-bbox="147 1108 672 1743"> <p>The workforce component of the IPR was discussed at the Workforce Scrutiny Committee on the 24/10. The Committee received a range of assurance on relevant issues including staff absence, mandatory training compliance, the Employee Health and Wellbeing Service, actions in response to WRES/WDES data, the work of the Widening Participation team, and a deep dive into the risks associated with employee relations. The growth in staff costs during 2023/24, in particular in M4 and M5, was also discussed in depth with further analysis requested.</p> </div> <div data-bbox="766 1139 1142 1683"> </div>	<div data-bbox="1397 1149 1921 1743"> <p>FDSC considered the Finance component of the IPR, with a focus on the I&E position year to date and forecast, alongside consideration of the cash balance and forecast, and the capital position. The Committee had detailed discussions on the GM ICB Turnaround work and the part MFT is playing in the ICS, alongside scrutiny of the actions being taken to improve the financial forecast. Further work was requested on the Financial Recovery Plan and the cash position in particular.</p> </div> <div data-bbox="2056 1018 2540 1743"> </div>

Quality and Safety Report



Quality and Safety: Patient Safety Executive Summary

Key Performance Metric								
Focus	Ref	Status	Variation	Assurance	Action status	Indicator	Indicator Type	Page
Oversight	S1					Serious Incidents Requiring Investigation (reported in Month) per 1,000 occupied bed days	Local	6
	S2					Never Events	National	6
	S3					Notifiable patient safety incidents: Non-notifiable incidents (ratio)	Local	6
System reliability	S4					National patient safety alerts over deadline	National	6
	S5					Surgical Safety Checklist compliance	Local	
	S6					LocSSIP Compliance	Local	
	S7					Attributable Reportable organism infections	National	6
	S8					Maternity dashboard indicators alerting	New	6
	S8					Compliance with patient specific assessments	New	
	S9					PSIRP safety profiles alerting	Local	6
	S10					Deprivation of Liberty Standards	New	
PSIRP 23/24	S11					Patients waiting for access to care who experience associated harm	Local	
	S12					Notifiable incidents related to surgical procedures	Local	
	S13					Notifiable incidents related to invasive procedures	Local	
	S14					Notifiable incidents related to a patient with a mental health concern	Local	
	S15					Notifiable incidents related to medication safety	Local	
	S16					Notifiable incidents related to Ergonomic design	Local	
	S17					Notifiable incidents related to Discharge	Local	
	S18					Notifiable incidents related to the effective assessment and management of risk (Falls etc)	Local	
Learning and culture	S19					Prevention of future deaths notifications	Local	10
	S20					% patient safety risks not mitigated exceeding the deadline for mitigation	New	10
	S21					Culture: People Promise: We each have a voice that counts (staff survey 2022)	National	10

Joint Group Medical Directors' and Chief Nurse's Summary

September 2023 saw the approval of the Trust's Patient Safety Incident Response policy and Site/MCSD/LCO Patient Safety Incident Response Plans by the Board of Directors. The QPSC was informed that the Site/MCS/LCO patient safety performance reports, and subsequently the Trust-wide reports are now being developed to align fully to the transition to the Patient Safety Incident Response Framework. It was confirmed to the QPSC that while this work is being undertaken, the Trust's Patient Safety Oversight System continues to ensure active surveillance and integration of patient safety intelligence, alongside the development of key measures of success aligned to identified patient safety priorities. The QPSC considered the detailed safety component of the IPR, which provides an analysis of the intelligence considered and contextualised through the safety oversight system and aligned to the relevant strategic risks. This analysis is supported by the work of the Group Quality and Safety Committee which reviews key areas of safety performance from the Group Patient Safety Profile, and alerts the QPSC to opportunities for high impact learning and areas of actual, emergent or latent risk, also advising the Committee of action taken to ensure optimal approaches to learning. The Quality and Safety Committee provides assurance to the QPSC in relation to the effective mitigation of risk to patient safety and the outcomes of those actions. Where relevant it provides updates for the committee about the work being done nationally, regionally and the work we are doing across the Trust to understand patient safety and optimise our learning. Key areas escalated for consideration of the Committee, which the Committee agreed would continue to have oversight at the Group Quality and Safety Committee were;

- The effective application of policies relevant to restrictive practice**
- The consistency of the approach to clinical harm reviews of patients who have waited for access to care or treatment**
- The application of Duty of Candour to notifiable incidents**
- The current position in relation to NPSA alerts**
- The requirement of a rapid review of the safer surgical and invasive procedures policy to support the optimisation of human/system interaction**

The QPSC requested further insight and assurance in relation to two areas, both aligned to areas of current strategic risk

- The safety impact of patients waiting (P2 patients, patients waiting over 104 days (cancer) and those awaiting diagnostic imaging) and the consistency of the application of risk stratification**
- The continued incident profile in maternity triage incidents relating to patients leaving before being seen and the impact of this data on group wide statistical process control charts, indicating potential under reporting across other urgent and emergency care settings**

Principal Risk			
No.	Description	Strategic Risks	Highest scoring
1.	Failure to maintain essential standards of quality, safety, and patient experience	4	20

Risk Profile				
Group Wide Risk Profile		No.	Strategic Risks	Risk Score
		1150	Controlled drug storage	12
		7090	Human System interaction	20
		6352	Clinical Harm-waiting patients	15
		5480	HIVE impact on patient safety	12

Key Oversight Performance Metrics								
Focus	Ref	Status	Variation/ data	Assurance	Action status	Indicator	Indicator Type	Page
Outcomes	E1	✓	📉	🔍	🎯	Hospital Standardised Mortality Ratio (HSMR)Rolling 12mth	National	
	E2	✓	📉	🔍	🎯	Hospital Standardised Mortality Ratio		
	E3	ℹ️	📉	🔍	🎯	Hospital Standardised Mortality Ratio (HSMR) Crude Mortality (Trust)	National	
	E4	✓	📉	🔍	🎯	Summary Hospital-Level Mortality Indicator (SHMI) QUARTERLY	National	
	E5	✗	📉	🔍	✗	% of deaths screened	National:	
	E6	✗	📉	🔍	🎯	Structured Judgement Reviews resulting in a Hogan Score of 3 or below	Local	
	E7	✗			✗	National audits: Outlier status	National	
	E8	ℹ️				National Audits (CQC Profile) recording outcome worse than expected	Regulator: No data	
	E9	✗			✗	Local Audits –limited assurance		
	E10	ℹ️	📉	🔍	🎯	30 day readmission rate	Local	
	E11	✗	📉	🔍	✗	% NICE Guidance: Evidence of implementation	Local	
	E12	✓	📉	🔍	🎯	% policy and clinical guidance in date	Local	
	E13	ℹ️			🎯	National Audit case ascertainment	Local	
	E14	✗			✗	% high priority local audits discontinued	Local	
	E15	✓				CQUIN 1: Flu vaccinations for frontline healthcare workers	CQUIN (prioritised)	
	E16	✓				CQUIN 2:Supporting patients to drink, eat and mobilise after surgery	CQUIN (prioritised)	
	E17	✓				CQUIN 3: Timely communication of Medicines changes to community pharmacists	CQUIN (prioritised)	
	E18	✓				CQUIN 4:Prompt switching of intravenous (IV) antimicrobial treatment	CQUIN (prioritised)	
	E19	✓				CQUIN 5: Identification and response to frailty in emergency departments	CQUIN (prioritised)	
	E20	✓				CQUIN Composite (all other indicators)	CQUIN (prioritised)	

Joint Group Medical Directors' Summary

The Quality and Safety Strategy 2022-25 has acted as an enabler for the Trust to review its performance within the Effectiveness domain with a different lens than previously. The focus on insight as led to the initiation of a programme of work to identify the correct, proportionate and relevant metrics to measure progress to achieving the objectives identified in the Effectiveness plan. The metrics presented in the current version of the IPR are traditional and focus on mortality, the management of external recommendations, the key controls in place (clinical policies and guidance), performance in national audit and the national CQUIN scheme. Utilising data from Hive and also in an aggregated and benchmarked format in the Healthcare Evaluation Data (HED) the indicators are currently under review to support a more integrated approach to outcome data, with a clear focus on understanding and eliminating unwarranted variation. The detailed effectiveness component of the IPR, providing a range of insight and assurance is considered at the QPSC, the consideration is supported by the analysis and contextualization of the intelligence by the Group Quality and Safety Committee.

There were four important areas of the IPR that were considered in detail by the QPSC




































- The impact of the revised approach to the assurance associated with the implementation of NICE guidance (Since September 2022), and the approach to undertaking a risk based approach to assurance associated with previously published NICE guidance (the assessment of risk is directly supported by the implementation of HIVE, which serves to enable the standardization of clinical care). The ongoing monitoring of progress in relation to this assurance will be through the Clinical Practice Oversight Committee.**
- The assurance in place in relation to the conduct and governance associated with the Trust’s High Priority Audit Plan 23/24**
- Assurance associated with case ascertainment and data validation for National Audits during the HIVE stabilisation period.**
- Aligned to the receipt of the Learning from Deaths Annual report by the QPSC the opportunities to strengthen the approach to structured judgement reviews (Mortality reviews) across the Trust**

Principal Risk			
No.	Description	Strategic Risks	Highest scoring
1.	Failure to maintain essential standards of quality, safety, and patient experience	2	15

Group Wide Risk Profile

No.	Strategic Risks	Risk Score
6352	Clinical Harm-waiting patients	15
5480	HIVE impact on patient safety	15

Key Oversight Performance Metrics

Focus	Ref	Status	Variation	Assurance	Action status	Indicator 	Indicator Type	Page
Oversight						Friends and Family test (response rate)	Local	15
						What Matters to Me (Overall Score)	Local	15
						Mixed sex accommodation breaches	National	15
						Upheld complaints (rate)	Local	15
						Formal Complaints received	Local	15
						Re-opened complaints (rate)	Local	15
						Ombudsman referred complaints	Local	15
						National Adult Inpatient Survey (2022): Composite metric (Results received – currently embargoed)	Local	15
Learning and Culture						Excellence / Compliments Received	Local	16
						Innovation (metric to be agreed at Quality & Patient Experience Forum)	Local	16
						Improvement Priorities	Local	16
						National Children and Young People's Inpatient and Day Case Survey (2020) Composite metric	Local	15
						Urgent and emergency care survey 2022; Composite metric	Local	16
						National Maternity Survey (2022) (an analysis technique called the 'expected range' to determine if your trust is performing about the same, better or worse compared with most other trusts)	Local	16

Risk Profile

Under development post Quality & Experience Forum

Principal Risk

No.	Description	Strategic Risks	Highest scoring
3.	Failure to maintain quality of services	16	20

The **Family and Friends Test** response rate is monitored, as is the % of those who would recommend our services. In September 2023 there was a decline in FFT returns, with approximately 1,000 fewer returns (14,756 responses in September). The overall score **rose in September, with 93.47% saying the would 'recommend MFT to a friend or a family'**. This improvement has been sustained since April 2023.

Analysis of themes, and opportunities for learning are monitored through the Patient Experience Forum, and fed directly back to the clinical areas. The data is triangulated with active surveillance, including **What Matters to Me (WMTM) and Quality Care Round (QCR) data**. We use the intelligence to inform quality improvement projects directly in clinical areas.

Whilst the number of What Matters to Me survey completions has increased significantly since April 2023, there has been a **slight reduction in September of 450 to 5,755**. There has been an overall decrease of 7.89% in the number of WMTM survey completions in September 2023, compared to the previous month.

The Patient Experience and Quality Improvement Teams have identified **three areas of focus (meals process, medication and communication)**, which were also identified through Clinical Accreditation. A refresh of mealtime processes is being undertaken in addition to a working group looking at medication transfer and storage. Quality leads across sites are undertaking projects looking at communication and this was highlighted in Q1 Bee Brilliant Call to Action. In September WMTM data, patient opinion of nutrition and hydration was 87.4% compared to QCR data results (96.56%); WMTM communication scored 89.21% with QCR at 96.79%. Responses for pain (medication) were more evenly matched in both WMTM and QCR (89.87% and QCR 87.68% respectively). This 'mismatch' is being explored through the Quality Improvement work in place.

Mixed Sex accommodation breaches have occurred in critical care areas, where exemptions are in place that support delivery of single sex critical care services in mixed sex environments. At the point of discharge, the exemption is no longer applicable, and a 'breach' is said to occur if we have been unable to discharge a patient to a step-down area. There were 41 mixed sex breaches in September, the reason for delay was availability of step-down beds.

During **September there was a decrease in the number of formal complaints received**; themes in September remained static and include concerns raised about Treatment / Procedure and Communication. A **decrease of 69% in the number of complaints that were upheld** was noted, with 5 in September compared to 16 in August. The top complaint theme in September 2023 was Treatment/Procedure (48); although this did demonstrate a reduction from August. Analysis, led by the Patient Experience Team will identify specific learning and inform action planning, which will be monitored through the Patient Experience Forum.

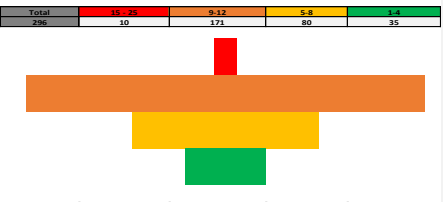
4 complaints were reopened during September 2023, compared to 7 in August. A complainant may be dissatisfied with our response for a number of reasons; a key theme has been noted that we did not respond or resolve all the concerns raised through our complaint response letter and often new questions are asked. The Complaints Team delivered three complaint investigation and response letter writing training sessions in September 2023, as well as attending an ACE day at Wythenshawe Hospital. It is anticipated that these training sessions will improve the quality of complaint responses and reduce the number of re-opened complaints. In addition to this, the Customer Services Manager delivered two lectures to the Undergraduate Dentistry students at the University of Manchester, on the role of PALS and Complaints within the NHS, and the importance of local resolution of concerns and complaints in the clinic setting.

Compliments are sent directly to the clinical area, work is underway to consider ways of confidently capturing this information to support thematic analysis. There were **163 compliments recorded in Quarter 2**. This represents a fraction of those received directly to clinical areas, which include Thank You cards and letters for example. In addition, compliments are recorded Ulysses and NHS choices.

The results of the **2022 National In-Patient** survey have been analysed; our overall experience has reduced to 7.8 (from 7.9 in 2021 survey). The **Urgent and Emergency Care Survey** results have been released; our overall experience score has reduced to 6.9 (was 8.3 in 2020 survey). The Quality & Experience Forum are overseeing hospital plans.

Key Oversight Performance Metrics

Focus	Ref	Status	Assurance	Action status	Indicator	Indicator Type	Page	
Oversight					Deaths with a Hogan score of <3 (Protected characteristics)	Local	18	
					NI/Red complaint Protected characteristics	Local	18	
		✘	H	F	✘	NI/Red complaint: Discharge/transfer	Local	18
		✘	L	F	✘	Duty of Candour compliance	Statutory	18
System Reliability					7DS compliance	National	18	
					Accessible Information standard compliance	Local	18	
		i			↔	Clinical Accreditation	Local	18
		i			↔	PLACE Outcomes	National	18
Mental Health Strategy		✘	H	F	✘	Access to timely care/assessment and treatment	National	18
					% ReSPECT forms reviewed at each encounter	Local	19	
		i				Mental Health Act 1983 (MHA) compliance: Section 132: % Provision of information to patients	Local	19
		i	H		↔	Mental health training compliance	Local	19
LD Strategy		i				NI/Red Complaint (Mental health concern)	Local	19
		i				Mental health in acute Trusts: Quality standard compliance – Number of patients on s136 who remain in ED greater than 12 hours (not trolley wait)	Local	19
		i				Number of patients (over age 18 years) where Deprivation of Liberty Safeguards standards have been applied		19
	i			✘	% of people with a Learning disability or who are autistic who have evidence of reasonable adjustments in place	Local	19	



No.	Strategic Risks	Risk Score
6469	Urgent & Emergency Care – ED & Patient Flow	16
6470	Scheduled Care Inpatient and Outpatient Backlog	16
6475	Cancer Pathway Delays	12
6467	Diagnosis Delay – patients >6 weeks from referral to diagnostic test	15

Principal Risk

No.	Description	Strategic Risks	Highest scoring
3.	Failure to maintain quality of services	16	20

Joint Group Medical Directors' and Chief Nurse's Summary

The responsiveness metrics have been further developed during July 2023, with data made available specifically in metrics relating to **Mental Health**.

A theme of **complaints related to discharge or transfer** is end of life, or palliative care discharges. The Palliative & End of Life Groups have developed focussed actions to make improvements, including those related to findings of the National Audit of Care at the End of Life (NACEL).

Duty of Candour compliance is an area of significant development aligned to the implementation of the PSIRF, with a revise policy and training opportunities in place. The risk in relation to this area of patient engagement is recognised across the Trust with each Site/MCS/LCO proactively mitigating the risk through enhanced monitoring and dedicating specific staff for enhanced oversight.

since 1st April 96 accreditations and 22 Quality Assurance Visits have taken place. The Annual Clinical Accreditation Report has been received at the Board of Directors meeting (as part of the Patient Experience Annual Report).

Outcomes from the **PLACE** light visits are due to be received at the next Patient Quality & Experience Committee.

Compliance with **s132 of the Mental Health Act 1983** has improved in month, hospital/MCS/LCO senior leadership teams have developed actions to improve compliance, which includes improving the process by which a patient receives their rights, rather than a delay being caused relating to bed availability, thus we have seen an improvement in effectively provide and record the correct information to patients in a timely manner.

Mental Health Training compliance is achieved at Level 1 (Mandatory) at 91.65%, with 25472 out of 28087 requiring training having achieved compliance

There were no **red complaints or incidents relating to Mental Health Concerns** in September 2023. There has been a significant improvement in the number of patients brought to ED under a s136 who remained in ED for more than 12 hours (2 patients), whilst this is a poor experience for both patients does demonstrate improvement. Work to understand What Went Well, including a walkthrough of processes is taking place in October, linking with colleagues at GMMH.

There is oversight of a range of safeguarding indicators through the Group Safeguarding Committee and the AOF. **Deprivation of Liberty Safeguards** standard monitoring shows good compliance with urgent application to the Supervisory Body in appropriate timescales in all 336 cases. However, 0 cases were approved by the Supervisory Body, care and treatment was subsequently provided under the Mental Capacity Act (MCA) Best Interest Process for those who still required to remain in our care.

In respect of **Learning Disability / Autism and Quality Standard Compliance**. Awareness has been raised through the Safeguarding Committee and LD Steering Groups, and supported by Hive processes. Of those patients who required a reasonable adjustments through care planning, 67 patients out of 79 (88%) had their plans in place within 48 hours of admission. This is an improvement from July (59%)

Safeguarding Level 1 training compliance is achieved, trajectories and plans are in place to achieve **Levels 2 and 3 adult and children's Safeguarding Training**, the Group Safeguarding Committee continue to remind hospitals/MCS/LCO of the requirement.

Operational Performance Report



Operational Performance: Executive Summary

Key Oversight Performance Metrics								
Focus	Ref	Compliance	Variation	Assurance	Action status	Indicator	Indicator Type	Page
Urgent care and Flow	P1	✘				A&E 4 hour standard	National	
	P2	✘				Ambulance handover within 15 mins	National	
	P3	✘				Ambulance handovers over 60 mins	National	
	P4					Hours lost in month due to delayed handovers	Local	
	P5	✘				Number of AED waits > 12 hours	National	
	P6	✘				Number of A&E DTA waits ≥ 12 hours	National	
	P7					UEC referrals	Local	
	P8	✘				No clinical reason to reside	National	
Cancer	P9	✘				Cancer 2WW Performance (all)	National	
	P10	✘				Cancer 31 day Performance	National	
	P11	✘				Cancer 62 day performance	National	
	P12	✘				Cancer Backlog reduction	National	
	P13	✘				Cancer Faster Diagnosis	National	
Elective	P14					RTT total list size	Local	
	P15	✘				RTT>78 week waiters	National	
	P16	✘				Elective Inpatient Activity	Local	
	P17					Elective Outpatient Activity	Local	
	P18	✘				Patients Discharged to PIFU	National	
	P19	✘				Theatre Utilisation	Local	
Diagnostics	P20					Diagnostics (DM01) total list size	Local	
	P21	✘				Diagnostics (DM01) waits > 6 weeks	National	

Chief Operating Officer's Summary

Across **urgent care our year-to-date performance stands at 72.9%**, surpassing our plan of 67.7%. Over the past three months, we have maintained a consistent performance level, albeit with a slight increase in the average time to treatment and a reduction in ambulance handovers within 15 minutes. Year to date ambulance handovers within 15 minutes versus the 75% target is 53.3%. Since April, MFT has been performing above the national average. However, in September, we have seen a slight drop in performance as winter pressures are starting to become evident. Winter plans have been developed which outlines the Trusts approach in ensuring operational resilience and patient safety is maintained throughout this period. GM continues to be allocated to TIER1 for Urgent Care, with MRI receiving external support through this process.


Our **cancer 62-day backlog** has increased since August with September performance reporting 396 against a trajectory of 312. We have received sustained high levels of referrals since the summer, particularly in skin and head and neck tumour groups. To address this, clinician workforce has been bolstered in the areas to support first seen pathways and transformation resource has been secured to provide improvements on 62 and 31-day performance. Revised trajectories have been developed for the 62 and 31-day performance aligned with the refreshed National Cancer Wait Time standards that come into effect from the 1st October. Performance against the Faster Diagnosis Standard for August has seen a slight deterioration against plan, correlating to the increase in referrals. Our focus on 62 and 31 day performance remains and whilst we are behind plan, performance is on an upward trend. Along with the increase in demand, the cumulative impact of industrial action is a contributing factor to our performance.

MFT have the largest **RTT waiting list** nationally and consequently the more challenged long wait position. We have made good progress on reducing our overall waiting list by circa 21k since April 23. Reducing our 78 week waits continues to be one of our top priorities and whilst we have made significant progress the impact of industrial action is making this more challenging. At the end of September there were 618 patients waiting 78 weeks predominantly due to patient choice, patients being medically unwell or due to the impact of industrial action. Taking into account on-going industrial action periods, trajectories are being revised to deliver zero 78 weeks by December and we continue to be committed in delivering zero 65 weeks by end of March 24.

Whilst a key enabler for delivery of other streams, **diagnostics continues to be MFT's most challenged area**. YTD performance on patients waiting >6 weeks is reporting 52.9% against a plan of 45.7%. Improvement workstream and supporting actions are in place with additional capacity through community diagnostic centres and weekend insourcing to support recovery.

Principal Risk			
No.	Description	Strategic Risks	Highest scoring
3.	Failure to maintain operational performance	4	16

Group Wide Risk Profile



No.	Strategic Risks	Score
6469	Overcrowding and Flow Delays across Urgent Care Pathways	16
6470	Eliminating our longest waits >65 weeks for scheduled care admitted and non-admitted	16
6475	Delays to diagnosis and treatment for patients on a Cancer Pathway	12
6467	Delays to diagnosis with patients waiting >6 weeks for diagnostic tests	15

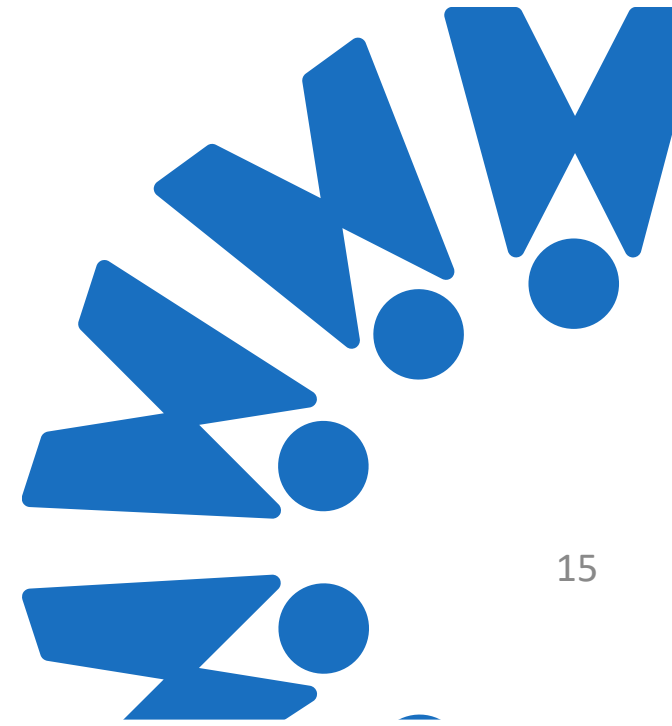
Workforce Report



Key Oversight Performance Metrics								
Focus	Ref	Status	Variation	Assurance	Action status	Indicator	Indicator Type	Page
Workforce capacity	W1					Establishment WTE	Local	8
	W2					Staff in Post WTE	Local	8
	W3					Vacancy WTE	Local	8
	W4					Vacancy Percentage	Local	8
	W5					Temporary Staffing WTE	Local	8
	W6					Temporary Staffing Cost	Local	8
Looking after our people	W7					Attendance Percentage	Local	9
	W8					Call Back & Return to Work Compliance %	Local	9
	W9					Level 1 Mandatory Compliance Percentage	Local	10
Belonging	W10					Level 2 & 3 Mandatory Compliance Percentage	Local	10
	W11					Appraisal – Non Medical Compliance Percentage	Local	10
	W12					Appraisal – Medical Compliance Percentage	Local	10
	W13					Staff Engagement Score	Local	11
	W14					% of BME in Medical and Dental pay scales	Local	11
	W15					% BME in band 8a and above roles	Local	11
	W16					% BME in band 7 and below	Local	11
	W17					% Disability in Medical and Dental pay scales	Local	11
	W18					% Disability in band 8a and above roles	Local	11
Future focus	W19					% Disability in band 7 and below	Local	11
	W20					Turnover %	Local	12
	W21					Retention/Stability %	Local	12

Director of Human Resource's Summary			
<p>Workforce metrics are adversely affected by a challenging operational context including sustained industrial action. Although absence due to sickness is well below the rates witnessed during the pandemic, they have not returned to pre-pandemic levels. As of September 2023, the Trust attendance rate was 93.8%. The single month attendance rate has started to increase since May 2023 due to increasing cases of Covid 19. Our rolling 12 Month sickness absence rate has therefore continued to increase since the start of 2023/24. Each Hospital/ MCS/ LCO/ Corporate area has a bespoke target and plan to reduce sickness absence. Areas of focus include case management approach, review of long term cases, improving compliance with policy via the Absence Management system, and continued focus on both preventative and supportive Health & Wellbeing activity. Any adverse affects continue to be managed via flexible workforce deployment approaches (e.g. use of bank, additional shifts) and close operational planning in relation to activity.</p> <p>Workforce turnover (12-month average) has seen a large improvement to 12.9% in September 2023, however this remains slightly above our internal target of 12.6%. Stability/retention percentage is also showing an improvement on last month at 87.6%. Vacancy rate is in keeping with turnover and retention trends above target throughout the last 12 months, currently at 11.9% against a target of 7.5%. The ongoing delivery of our MFT People Plan continues to support staff retention and we anticipate this improved position to continue.</p> <p>Mandatory training compliance levels are showing a general improvement over the last 6 months. Level 1 Mandatory compliance for September 2023 achieved against target at 91.7%. However, further attention is needed in relation to levels 2 & 3 compliance which remain below target at 81.7%, although this is improving month on month. Appraisal compliance is also showing a general improvement over the last 12 months. Non-medical appraisal compliance for September 2023 was 87.1% against a 90% target. Medical appraisal compliance for September 2023 was 90.7%, which is achieving against 90% target. HR Directors continue to lead local improvement plans with Trust level oversight via the Assurance Oversight Framework (AOF) to recover our compliance position. A review of mandatory training content is also underway to streamline and reduce time to train.</p> <p>Our key metrics in relation to the theme of 'Belonging' show a mixed picture. Key areas to improve on include our staff engagement score which is currently 6.5 for September 2023 against a target of 6.8, and % BAME staff in Band 8a and above roles which is currently 10.6% for September 2023 which is much lower than the BAME population of Greater Manchester at 23.6% (reported by ONS) and our patient demographics with BAME representing 29%. Staff engagement and inclusion have been key focus areas in 2023, aligned with the arrival of our new CEO. Key initiatives include CEO Listening Events, Big Conversation, Staff Retreat, Staff Survey, 'Inclusionist' campaign, and 6 High Impact ED&I Actions - – all of which we anticipate will deliver improvements.</p> <p>The Workforce agenda remains a strategic priority for the Trust, particularly in relation to staff experience / engagement, and workforce productivity and efficiency. Following the release of the NHSE Long Term Workforce Plan, the MFT People Plan will be refreshed to ensure it continues to deliver against organisational priorities.</p>			
Principal Risk			
No.	Description	Strategic Risks	Highest scoring
3.	Failure to sustain an effective and engaged workforce	1	15

Finance Report



Focus	Ref	Status	Variation	Assurance	Action Status	Indicator	Indicator Type	Page
I&E	F1	✘	L	F	✘	Financial performance against budget YTD (£'000s)	External	
Pay Expenditure	F2	✘	H	F	✘	Total pay expenditure against budget YTD (%)	Internal	
	F3	✘	H	F	✘	Consultant spend - variance to budget YTD (%)	Internal	
	F4	✘	H	?	👁️	All other Medics spend - variance to budget YTD (%)	Internal	
	F5	✔️	?	P	👁️	Agency spend compared to total pay expenditure YTD (%)	Internal	
	F6	✘	H	F	✘	Bank spend compared to total pay expenditure YTD (%)	Internal	
Non Pay Expenditure	F7	✔️	?	?	👁️	Drugs - variance to budget YTD (£'000s)	Internal	
	F8	✘	H	F	👁️	Clinical Supplies - variance to budget YTD (£'000s)	Internal	
Income	F9	✔️	L	?	👁️	Income including Elective - variance to income in finance plan (£'000s)	Internal	
WRP	F10	✔️	?	P	👁️	WRP - variance to plan (£'000s)	Internal	
Capital	F11	✘	H	F	↔️	Capital expenditure (GM plan) - variance to plan YTD (%)	Internal	
	F12	✘	H	F	↔️	Capital expenditure (total plan) - variance to plan YTD (%)	Internal	
Cash	F13	✘	L	F	👁️	Cash balance - variance to plan in month (%)	Internal	
BPPC	F14	✔️	H	P	↔️	Performance against Better Payment Practice Code in month (% by value)	External	

At the end of month 6, year to date to 30th September 2023, the Trust has delivered a deficit of £65.2m against a planned deficit of £28.2m, being adverse by £36.9m YTD. This reflects an in-month deficit for September 2023 of £12.7m which is driven primarily by a change in NHSE guidance to report actual delivery against the elective plan which has resulted in a shortfall in ERF income of some £6.2m YTD against plan.

This adverse variance reflects £15.2m costs of covering strike action, £11.9m overspend across bank and agency staffing, £1.5m against other substantive pay and non-pay overspends totalling £3.7m.

Key risks to delivery of the plan for 2023/24 are continued industrial action by various staff groups, which has the impact of disrupting the ability to deliver elective recovery and also causes increased costs over the strike days; these strikes and their resolution is outside of the Trust's control. Other workforce concerns include the ongoing high sickness levels which the Trust has set an internal improvement target to reduce staff turnover, thereby reducing the impact of the difficulties that persist across the NHS in recruiting all levels of staff across a range of staff groups.

The breakeven plan relies on achieving an historic high WRP target of £136.4m, which currently poses an estimated financial risk of circa £20m to the Trust.

Delivery of activity remains a key risk to the financial plan as Elective Recovery Funding is at risk if we do not achieve our activity targets. Year to date the Trust is £6.3m (4%) behind the ERF plan. Within this position the impact of industrial action in the financial year is a loss of c£7m of activity, therefore without industrial action the Trust would be marginally ahead of plan.

The Trust has instigated a wide range of actions, which are reported through the Group Recovery Board, and included within the mitigations & actions section of this paper, to address the financial position.

As at the 30th September 2023, the Trust had a cash balance of £132.0m which is a reduction of £17.1m to the £149.1m cash balance at the 31st August 2023. Cash remains lower than the £168.9m plan, primarily reflecting the cash impact of the overall income and expenditure deficit against plan.

The GM capital plan remains under discussion with regional and national colleagues and the MFT plan is therefore not yet confirmed. The Trust has released a total of £55.5m capital to ensure that the plan is progressed.

For the period up to 30th September 2023, total expenditure was £30.8m against a plan of £46.4m, an underspend of £15.6m. The full year forecast for the total capital programme is £111.9m which is a £39.3m reduction to plan.

The IFRS 16 CDEL plan has also not yet been agreed externally so the Trust is being conservative in progressing spend, with a year to date spend of £2.8m, and full year forecast of £28.9m which is a £16.1m reduction to plan.

Principal Risk

No.	Description	Strategic Risks	Highest scoring
3.	Failure to maintain financial sustainability	1	15

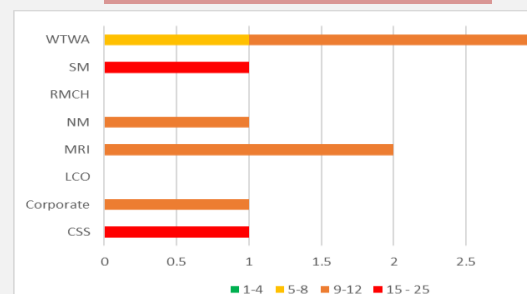
Risk Profile

Group Wide Risk Profile



No.	Strategic Risk	Score
5092	Capital finance	15

Site/MCS/LCO Risk Profile



MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Finance Officer
Paper prepared by:	Paul Fantini, Deputy Director of Group Financial Reporting & Planning Rachel McIlwraith, Operational Finance Director
Date of paper:	November 2023
Subject:	Financial Performance for Month 6 2023/24
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Maintaining Financial Sustainability for both the short and medium term
Recommendations:	<ul style="list-style-type: none"> • Continuing strong financial governance and control is essential as the Trust is operating in a very challenging operational and financial environment. • Board members should note the latest internal forecast position which highlights that there are several material risks to the achievement of plan, these are detailed at section 1.5, and materially include the additional cost associated with the drive to meet national performance targets, the costs and lost income associated with industrial action and the remaining unidentified WRP. • With the changes in the funding regimes, 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 I&E position, the Forecast against the 23/24 plan and Cash and Capital positions for the Trust.
Contact:	<p><u>Name:</u> Jenny Ehrhardt, Group Chief Finance Officer</p> <p><u>Tel:</u> 0161 276 6692</p>

Executive Summary

1.1	Delivery of financial plan and associated risk	<p>The financial regime for 2023/24 continues the focus on recovery of elective activity, reduction of waiting lists that have reached historic highs across the NHS and the continued drive to prevent unnecessary hospital admissions. There is now increased scrutiny on the finances of Greater Manchester in particular following the move into SOF3 with mandated support, with monthly Performance meetings and scrutiny of MFT's finances increasing as a result.</p> <p>Key risks to delivery of the plan for 2023/24 are continued industrial action by various staff groups, which has the impact of disrupting the ability to deliver elective recovery and also causes increased costs over the strike days; these strikes and their resolution is outside of the Trust's control. Other workforce concerns include the ongoing high sickness levels which the Trust has set an internal improvement target to reduce staff turnover, thereby reducing the impact of the difficulties that persist across the NHS in recruiting all levels of staff across a range of staff groups.</p> <p>It also must be noted that the breakeven plan relies on achieving an historic high WRP target of £136.4m, which currently poses an estimated financial risk of circa £20m to the Trust.</p> <p>Delivery of activity remains a key risk to the financial plan as Elective Recovery Funding is at risk if we do not achieve our activity targets. Year to date the Trust is £6.3m (4%) behind the ERF plan. Within this position the impact of industrial action in the financial year is a loss of c£7m of activity, therefore without industrial action the Trust would be marginally ahead of plan. The full year risk associated with under-delivery of ERF is in the region of £25m, although full achievement is assumed within the "best case" forecast of break-even.</p> <p>At the end of month 6, year to date to 30th September 2023, the Trust has delivered a deficit of £65.2m against a planned deficit of £28.2m, being adverse by £36.9m YTD. This reflects an in-month deficit for September 2023 of £12.7m which is driven primarily by a change in NHSE guidance to report actual delivery against the elective plan which has resulted in a shortfall in ERF income of some £6.2m YTD against plan.</p> <p>This year to date adverse variance reflects £15.2m costs of covering strike action, £11.9m overspend across bank and agency staffing, £1.5m against other substantive pay and non-pay overspends totalling £3.7m.</p> <p>The Trust has instigated a wide range of actions, which are reported fortnightly through the Group Recovery Board, and included within the Forecast section of this paper, to address the financial position.</p>
1.2	Run Rate	<p>In September 2023 expenditure was £226.4m which is a decrease of £12.6m compared to the month 5 value of £239.0m. This is predominantly driven by a reduction in drugs expenditure of £8.8m and reductions in pay costs relating to the Medical and Dental pay award costs YTD arrears which were reflected in Month 5.</p>
1.3	Cash & Liquidity	<p>As at the 30th September 2023, the Trust had a cash balance of £132.0m which is a reduction of £17.1m to the £149.1m cash balance at the 31st August 2023. Cash remains lower than the £168.9m plan, primarily reflecting the cash impact of the overall income and expenditure deficit against plan.</p>

1.4	Capital Expenditure	<p>The capital plan is currently reflective of the as yet not agreed 2023/24 capital plan submission by GM and is still awaiting approval by NHSE. The Trust's element of the submission, with GM agreement, is a total plan of £151.2m, with the GM envelope component being £73.4m. To advance the capital programme whilst the allocation of the GM envelope is finalised, MFT capital leads were authorised to commence the "in-progress and contractually committed capital" schemes (totalling £33.5m) at the start of 2023/24. Two further capital funding releases totalling £22.0m have subsequently been approved by the Executive Directors Team ahead of formal GM approval; this is to avoid operational delays and a possibility of being unable to complete capital schemes within the 2023/24 financial year.</p> <p>For the period up to 30th September 2023, total expenditure was £30.8m against a plan of £46.4m, an underspend of £15.6m. Expenditure included within the GM envelope was £18.1m against the submitted plan of £20.4m, an underspend of £2.3m. The full year forecast for the total capital programme is £111.9m which is a £39.3m reduction to plan.</p> <p>In relation to IFRS 16 CDEL, the current 2023/24 capital budget guidance sets out that there will continue to be nationally ring fenced CDEL cover for the impact of IFRS16, though advising it is subject to future updates and further application guidance. The current plan submission totals £45m, however, the level of CDEL cover available is still subject to approval. For the period up to 30th September 2023, IFRS 16 capital spend totalled £2.8m. The full year forecast for IFRS 16 capital is £28.9m which is a £16.1m reduction to plan.</p>
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<p>1.5</p>	<p>Forecast Outturn and Risks to delivery</p>	<p>There are several material risks to delivery of the 23/24 breakeven plan, which have been considered as part of the regular review of the forecast year end position. The forecast scenario exercise completed for month 4 has been updated based on Month 6, with proposed best case (plan, breakeven), most likely (£50m deficit) and worst-case forecasts based on a series of assumptions of delivery against individual risks and opportunities.</p> <p>Both the best and most likely cases assume a national funding mechanism is agreed for costs and lost income related to Industrial Action which to date has not been confirmed.</p> <p>The key risks and opportunities recognised within this forecast are;</p> <ul style="list-style-type: none"> - Further cost pressures – loss of commissioner income, inflationary costs and pay award costs - Delivery of the Trust’s WRP target - Delivery of the Trust’s activity and income plans - Changes to the national income framework relating to the industrial action to offer additional income - Use of further flexibilities available - The impact of additional control measures being put in place. <p>However, there remain other risks to the Trust’s delivery, which are harder to quantify but which would have a financial impact:</p> <ul style="list-style-type: none"> - Sickness absence levels remaining high, failure to deliver the 2% reduction target - Turnover levels remaining high, failure to deliver the 1.5% reduction target <p>The most significant external risk not included within the forecast remains the GM “system risk” of £130m which is within the ICB’s plan. This currently does not have a material plan identified to cover the savings required and so there is a risk that GMICB shares this savings target out to all providers. This additional risk could not be mitigated within MFT.</p>
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Financial Performance

Income & Expenditure Account for the period ending 30th September 2023

I&E Category	NHSE Plan M6	Year to date Actual - M6	Year to date Variance
	£'000	£'000	£'000
INCOME			
Income from Patient Care Activities			
NHS England and NHS Improvement	471,899	468,941	(2,958)
ICBs	688,576	682,630	(5,946)
NHS Trust and Foundation Trusts	2,241	2,241	(0)
Local authorities	18,636	18,633	(3)
Non-NHS: private patients, overseas patients & RTA	5,760	5,440	(320)
Non NHS: other	6,359	9,924	3,565
Sub -total Income from Patient Care Activities	1,193,470	1,187,809	(5,661)
Research & Development	37,056	37,615	559
Education & Training	43,926	44,254	328
Misc. Other Operating Income	45,618	46,056	438
Other Income	126,600	127,925	1,325
TOTAL INCOME	1,320,070	1,315,734	(4,336)
EXPENDITURE			
Pay	(801,537)	(830,153)	(28,616)
Non pay	(486,382)	(493,979)	(7,597)
TOTAL EXPENDITURE	(1,287,919)	(1,324,132)	(36,213)
EBITDA Margin	32,151	(8,398)	(40,549)
INTEREST, DIVIDENDS & DEPRECIATION			
Depreciation	(35,122)	(32,696)	2,426
Interest Receivable	3,738	5,131	1,393
Interest Payable	(25,979)	(25,937)	42
Gain / (Loss) on disposal of PPE	0	(254)	(254)
Dividend	(3,012)	(3,012)	0
Surplus/(Deficit) before gain / (loss) on investments	(28,224)	(65,166)	(36,942)
Gain / (Loss) on Investment			0
Surplus/(Deficit)	(28,224)	(65,166)	(36,942)
Surplus/(Deficit) as % of turnover	-2.1%	-5.0%	
Impairment	(61,680)	(25,554)	36,126
Gain / (Loss) on Absorption	0	0	0
Non operating Income	300	196	(104)
Depreciation - donated / granted assets	(918)	(706)	212
Surplus/(Deficit) after non-operating adjustments	(90,522)	(91,230)	(708)

For the year to 30th September 2023, the Trust has delivered a deficit of £65.2m against a planned deficit of £28.2m, an adverse variance of £36.9m.

The position after non-operating adjustments is a £91.2m deficit, £0.7m adverse to plan, due to lower than anticipated impairments.

Income

Year to date income is adverse to plan by £4.3m having been favourable to plan by £9.9m in month 5. This is primarily due to the YTD adjustment for under-performance against the Aligned Payment Incentive monies (API), also referred to as ERF, with a reduction of £6.2m being posted into month 6. This is following updated guidance from NHSE for M6. Previously, guidance was to assume delivery of the API/ERF plan each month.

The other main reasons for the variance are:

- Under-performance against CPT drugs of £2.7m (offset by a reduction in expenditure)
- Under-performance against CPT devices of £1.0m (offset by a reduction in expenditure)
- Private Patient income was £1.1m behind plan
- Other smaller favourable variances against clinical income accounted for overperformance of £2.0m
- Over-performance against Other Operating Income of £0.4m
- E&T and R&D income were a combined £0.9m favourable to plan
- Overseas patient income and RTA income were a combined £0.8m favourable to plan
- Deferred income utilised YTD was £2.6m

In relation to ERF income, there remains a risk of circa £25m against the full year plan for elective activity since, although the YTD value has been included in month 6, assumption of full delivery by year end is included in the breakeven forecast.

Pay

Staffing costs are adverse to plan by £28.6m YTD to month 6. The main reasons are:

- Industrial Action costs of £15.2m
- Bank staff expenditure is adverse to plan by £15.4m YTD due to cover for vacancies and sickness and enhanced care nursing requirements
- Expenditure against agency staff is favourable to plan by £3.5m, reflecting the Trust shifting cost to more cost effective bank staff
- Under-delivery of WRP targets across the Sites and the impact of prior year spending decisions also accounts for a proportion of the variance.

The work with PA Consulting in both the “pay” and “controls” workstreams are addressing the non-IA overspends and seeking to deliver additional WRP in-year, and further additional controls are being put in place to reduce this overspend.

Non Pay

The expenditure against non pay categories is adverse to plan by £3.7m YTD (including interest, dividends and depreciation). The key variances YTD are:

- Drugs costs favourable to plan by £2.4m (offset by reduced income as noted above)
- Clinical Supplies costs were adverse to plan by £7.9m driven by inflation and activity
- General Supplies favourable to plan by £4.2m
- Depreciation on NMGH IT assets is lower than plan by £2.3m
- Outsourcing costs were adverse to plan by £3.2m supporting activity to reduce waiting list numbers
- Adverse variances across other non pay categories account for the remaining £1.5m difference

Costs are forecast to further increase across some of these categories, such as Clinical Supplies and Drugs, as the year progresses as a result of actions to improve 78ww and 65ww numbers. This will not, however, bring in further income but if delivered will mitigate the risk around activity linked income that is already in the plan.

Financial Forecast as at Month 6

As previously noted in months 4 and 5 the Trust has undertaken a top-down forecast scenario exercise based on Month 6 run rate, which describes a best and most likely scenario forecast outcome:

		Best case	Most likely
Ref	Category	Breakeven	£50m deficit
		£'000	£'000
1	Run Rate Year End position @ M6	(130,332)	(130,332)
2	Industrial Action costs to M6 - Removed extrapolation	30,420	30,420
3	Industrial action costs -full year forecast	(17,080)	(17,080)
4	Non-Recurrent items to M6 - Removed extrapolation	(3,787)	(3,787)
5	Corrected for non-recurrent/IA costs	(120,779)	(120,779)
6	Further pressures	(3,600)	(17,200)
7	Microsoft Licencing saving not realised - assume funded nationally	0	0
8	Non-Recurrent Flexibilities/Balance Sheet (Exclude AL Accrual) not yet in position	9,200	9,200
9	Annual Leave Accrual	10,400	10,400
10	Clinical Income above extrapolation - assumes delivery of current commissioner plan.	23,160	23,160
11	WRP Delivery change from extrapolated value	29,430	9,874
12	Availability of further flexibility	14,600	14,600
13	ERF income relating to April 2% change	7,000	7,000
14	Additional Funding to support: -IA costs May to Sept (net of April 2% ERF adjustment) -Costs of delivering lost activity (assumed to be lost income cost)	17,400	0
15	Deferred income review	6,000	4,000
16	Additional Control measures to reduce run rate	7,189	9,745
17	Forecast	0	(50,000)
18	Forecast if net May to Oct IA costs and activity costs aren't funded	(17,400)	(50,000)

Key Assumptions

Many of the key assumptions have not changed from previous months

Ref 6 – In the best case, expected loss of UEC income and costs of pay awards above funding are included. The most likely case additionally includes assumptions that additional costs are incurred to deliver the full activity plan and together with a further reduction in UEC income.

Ref 10 and 13 – Assumption in both breakeven and most likely scenarios that the original 103% elective activity plan is delivered and additional income of £7m is received by MFT.

Ref 14 – Additional income is received to offset the costs of covering Industrial Action after April together with recompense for lost income relating to activity lost during Industrial Action.

Ref 16 – Assumption that additional cost control measures are implemented to reduce the current run rate. It should be noted that the scenarios assume that any material pressures for winter or other unanticipated financial impacts are mitigated. This also assumes there is no financial impact from Industrial Action beyond October 2023.

The Trust is undertaking a series of actions, under the governance of the Group Recovery Board, to ensure that the Best Case is delivered in line with our plan, however the risks as set out above could be material and some of the opportunities are outside of Trust control. Work is ongoing as part of the GM ICB mandated support from PwC to review current risks and opportunities to delivery of the MFT's financial plan.

Further, as previously reported, the GM ICB holds a "system risk" of £130m in its plan, for which there is currently no agreed plan. There is therefore a risk that the ICB chooses to share this additional savings ask amongst providers and consequently MFT is asked to make additional savings. This would not be possible to deliver given the risks and ranges set out above.

Updated plan categorisation

NHSE mandated the updating of plans for both the Agenda for Change pay award in Month 3, and for the Medical & Dental pay awards in Month 6. The Trust discussed and has agreed with NHSE that other changes to the categorisation of the plan, between income, pay and non-pay, can be reflected in an updated plan for the remainder of the financial year. This will better reflect the internal plan as Hospitals/ MCSs/LCOs and Corporate Depts have updated their budgets locally, as WRP has been identified and transacted, and changes to services have been enacted through the budgets. Thus variances at Trust level will be easier to understand and explain, resulting in improved control.

The table below shows the movements at a summary level for each of the changes outlined above. The figures reflect the full-year impact of the change enacted at each time.

I&E Category	Original Plan £'000	AfC Pay Award Uplift Impact (Month 3) £'000	Medical Pay Award Uplift Impact (Month 6) £'000	Restatement of Plan to Match MFT Internal Plan at M7 £'000	Revised Plan from M7 £'000	Total Movement from Original Plan £'000
Income from patient care activities	2,345,740	35,106	16,854	9,935	2,407,635	61,895
Other Operating Income	258,799	0	0	(2,910)	255,889	(2,910)
Pay	(1,529,855)	(35,106)	(16,854)	(26,655)	(1,608,470)	(78,615)
Operating Non Pay	(1,143,141)	0	0	19,630	(1,123,511)	19,630
Non Operating Items	(51,596)	0	0	0	(51,596)	0
Adjustments to Adjusted Financial Performance	120,053	0	0	0	120,053	0
Adjusted financial performance surplus/(deficit)	0	0	0	0	0	0

As part of the agreement to enact these changes with NHSE, the phasing of the plan across the months has not changed.

Waste Reduction Programme

Within the respective Hospital, MCS, LCO and Corporate Control Totals for the year is a Waste Reduction target totalling £60.9m with a further £75.5m to be delivered through schemes developed at Trust level, a total requirement of £136.4m.

The tables below outline the month 6 23/24 YTD position against the planned savings. The Board is reminded that the phasing of the Waste Reduction Programme is skewed towards the later part of the year, therefore with lower delivery anticipated in Q1, rising in Q2 and again for Q3 and Q4. Against this plan, on a consolidated basis, the Trust has achieved above the target delivery of £43.6m by £9.8m, delivering £53.5m YTD. Of this, £20.9m (39%) is non recurrent. Current forecasts show a shortfall in full delivery of the 23/24 programme of £19.6m – an improvement on the adverse £23.9m forecast in month 5 - and work is ongoing to identify schemes to close this gap. The full year non recurrent delivery is currently forecast at £45m (39.5%), which will impact on the Trust's underlying financial position going into 24/25.

MFT Summary

Workstream	Savings to Date				Forecast 23/24 Position			
	Plan (YTD)	Actual (YTD)	Variance (YTD)	Financial BRAG (YTD)	Plan (YTD) (23/24)	Act/F' Cast (23/24)	Variance (23/24)	Financial BRAG (YTD)
	£'000	£'000	£'000		£'000	£'000	£'000	
Admin and clerical	2,876	2,830	(46)	98%	8,560	8,514	(46)	99%
Budget Review	1,579	1,579	1,579		3,970	3,970	(0)	100%
Contracting & income	3,400	3,458	58	102%	6,926	6,983	58	101%
Hospital Initiative	3,071	3,269	199	106%	6,850	7,048	199	103%
Length of stay	556	556	0	100%	1,111	1,111	0	100%
Non Pay Efficiencies	1,628	1,598	(30)	98%	3,560	3,510	(50)	99%
Outpatients	10	10	0	100%	24	24	(0)	100%
Pharmacy and medicines management	1,105	1,031	(73)	93%	2,215	2,141	(73)	97%
Procurement	1,975	2,017	43	102%	4,641	4,713	72	102%
Theatres	47	47	0	100%	93	93	0	100%
Workforce - medical	3,216	3,001	(215)	93%	6,891	6,616	(275)	96%
Workforce - nursing	2,280	1,495	(785)	66%	5,311	4,139	(1,172)	78%
Workforce - other	1,716	1,771	55	103%	2,598	2,653	55	102%
Informatics	1,245	1,245	0	100%	2,778	2,775	(3)	100%
Total (L3 or above)	24,703	23,908	(795)	97%	55,527	54,290	(1,237)	98%
Trust Initiative	18,939	29,577	10,638	156%	62,555	62,555	0	100%
Unidentified	-	-	0		18,335		(18,335)	
MFT Total	43,642	53,485	9,843	123%	136,416	116,845	(19,571)	86%

Summary against Target M1-6	YTD
Target	43,642
Actuals (L3 or above)	53,485
Variance to Target	9,843
Lost opportunity (value of schemes below L3)	1,457
Variance to target if all schemes delivered as plan	11,300

Summary against Target 23/24	Act/F' Cast
Target	136,416
Actuals/Forecast (L3 or above)	116,845
Variance to Target	- 19,571
Value of schemes below L3	4,812
Variance to target (all schemes)	- 14,759

Financial BRAG

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

■	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	23/24 Target	23/24 Actual/Forecast	23/24 Variance	23/24 % Variance
Corporate	5.0	5.3	0.3	7%
CSS	12.6	11.4	(1.2)	-10%
EYE	1.7	1.9	0.2	14%
Dental	0.6	0.4	(0.2)	-33%
LCO	3.8	3.1	(0.7)	-18%
MRI	9.1	9.2	0.1	1%
NMGH	4.6	3.9	(0.6)	-14%
RMCH	6.2	3.6	(2.6)	-42%
St. Mary's	5.8	5.6	(0.3)	-5%
WTWA	11.4	9.9	(1.5)	-13%
Hospital/MCS/LCO Total	60.8	54.3	(6.5)	-11%
Trust (Group)	75.6	62.6	(13.1)	-17%
MFT Total	136.4	116.8	(19.6)	-14%

Statement of Financial Position

	M12 Restated 22/23	M06 23/24	Movement in YTD
	£000	£000	£000
Non-Current Assets			
Intangible Assets	11,369	10,819	(549)
Property, Plant and Equipment	1,060,566	1,035,517	(25,049)
Investments	858	858	0
Trade and Other Receivables	17,318	17,644	326
Total Non-Current Assets	1,090,111	1,064,839	(25,272)
Current Assets			
Inventories	25,374	25,145	(230)
NHS Trade and Other Receivables	100,604	62,154	(38,450)
Non-NHS Trade and Other Receivables	56,004	45,107	(10,898)
Non-Current Assets Held for Sale	210	210	0
Cash and Cash Equivalents	240,943	132,171	(108,772)
Total Current Assets	423,135	264,786	(158,349)
Current Liabilities			
Trade and Other Payables: Capital	(36,707)	(17,444)	19,264
Trade and Other Payables: Non-capital	(436,632)	(386,254)	50,378
Borrowings	(36,700)	(37,075)	(375)
Provisions	(29,276)	(29,150)	126
Other liabilities: Deferred Income	(51,880)	(40,523)	11,357
Total Current Liabilities	(591,195)	(510,446)	80,750
Net Current Assets	(168,060)	(245,660)	(77,599)
Total Assets Less Current Liabilities	922,050	819,179	(102,871)
Non-Current Liabilities			
Trade and Other Payables	-	-	-
Borrowings	(495,308)	(479,571)	15,736
Provisions	(11,423)	(11,423)	-
Other Liabilities: Deferred Income	(2,805)	(2,805)	-
Total Non-Current Liabilities	(509,535)	(493,799)	15,736
Total Assets Employed	412,515	325,380	(87,135)
Taxpayers' Equity			
Public Dividend Capital	471,920	476,017	4,097
Revaluation Reserve	163,396	163,396	0
Income and Expenditure Reserve	(222,801)	(314,033)	(91,232)
Total Taxpayers' Equity	412,515	325,380	(87,135)
Total Funds Employed	412,515	325,380	(87,135)

There has been a £25.0m decrease in the carrying value of Property Plant and Equipment from £1,060.6m as at 31st March 2023 to £1,035.5m at 30th September 2023. The decrease is due to depreciation of £32.4m and impairment of £25.6m which has been partially offset by in-year capital additions (including right of use assets) of £33.6m.

NHS trade and other receivables have decreased from £100.6m at the 31st March 2023 to £62.2m at 30th September 2023. This is primarily due to the receipt of cash funding relating to the pay award of £51.8m, which is offset by an increase in clinical negligence scheme prepayments of £5m and an increase in accrued income from Northern Care Alliance of £1.6m, and in Clinical & Scientific Services of £3.4m (including virology consumables and accommodation income) and Research & Innovation of £1.2m.

Non-NHS trade and other receivables have decreased from £56.0m at the 31st March 2023 to £45.1m at 30th September 2023. This movement is primarily made up of an increase in trade receivables of £4.2m, which is offset by a £2.1m reduction in the car lease salary sacrifice scheme debtor and a £6.5m reduction in VAT due to the submission of two VAT returns in September.

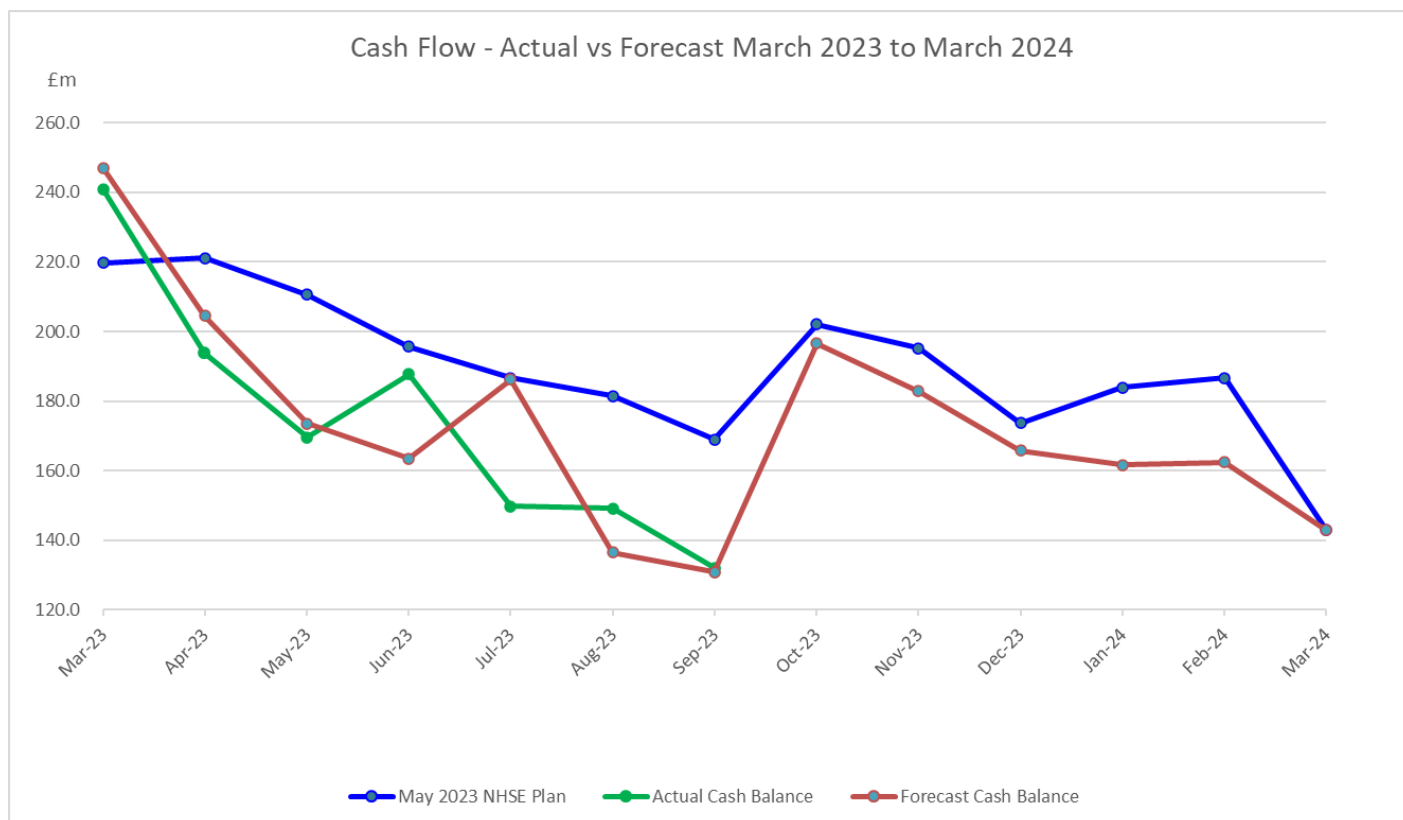
The escalation of capital activity towards the end of the 2022/23 financial year resulted in a high year end capital creditors balance. This has started to unwind in 2023/24 as a high value of invoices and payments are processed, resulting in a reduction in capital creditors from £36.7m at the 31st March 2023 to £17.4m at 30th September 2023, with a corresponding reduction in cash.

Since the year-end, there has been a reduction in non-capital trade and other payables, primarily driven by a reduction of £50m in accruals following the settlement of the pay award.

Deferred income has decreased from £54.7m at the 31st March 2023 to £43.3m at 30th September 2023. The main driver of the decrease is a deferred income decrease of £14.8m relating to recognition of ICB LVA (Low Value Activity) income.

As previously reported, the 2022/23 year-end process resulted in two restatements of M12 2022/23 figures- the opening balance sheet has been restated for two reclassifications in relation to capital payable to receivables (£0.8m) and between capital and non-capital payables (£3.2m).

Cash Flow

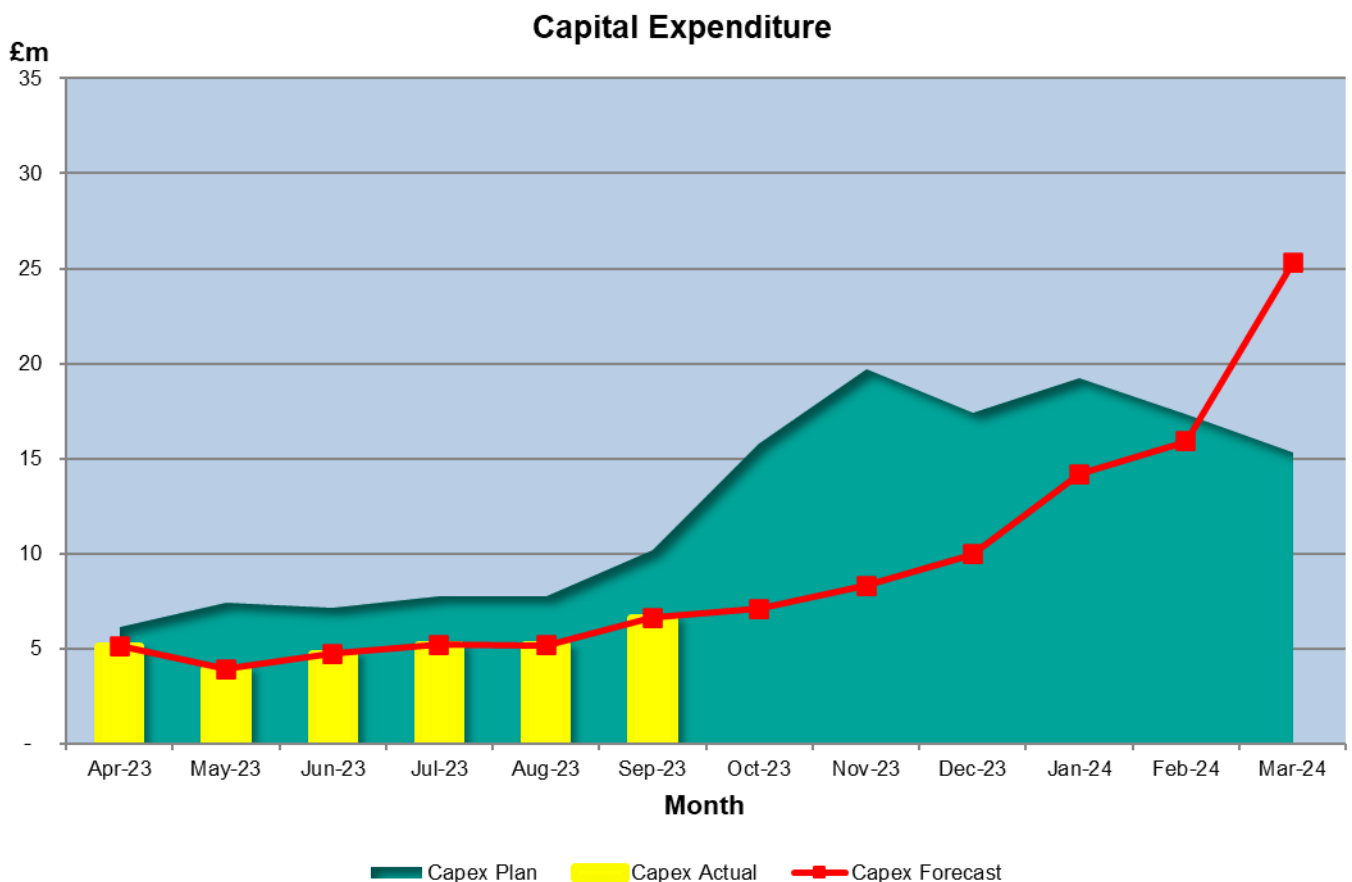


As at 30th September 2023, the Trust had a cash balance of £132m. This is a reduction of £17m compared to the cash balance at 31st August 2023 of £149m.

The key driver of the £37m variance to the 30th September plan balance of £169m is the year to date £41m EBITDA variance against plan which is partially offset by the £2m year to date underspend against the GM envelope capital plan. The assumptions underpinning the forecast are subject to an ongoing review and scrutiny to ensure they remain valid.

The future monthly cash balance is re-forecast each month. The cash balance at 30th September 2023 was slightly higher than forecast by £1.2m, this was primarily due to additional cash received of £7.3m in relation to the community diagnostics hub, partially offset by a net capital overspend of £3.1m largely due to the delayed PDC drawdown, and payroll overspend of £3.2m as a result of the pay award.

Capital Expenditure



In the period to 30th September 2023, £30.8m of capital expenditure has been incurred against a plan of £46.4m, an underspend of £15.6m. Expenditure included within the GM envelope was £18.1m against the original plan of £20.4m, an underspend of £2.3m.

The £15.6m year to date underspend is primarily driven by:

- £11.6m New Hospital Programme due to delays in funding approval;
- £6.0m Project RED initial timing delays;
- £2.2m IM&T schemes that have been delayed awaiting approval of the GM envelope allocation.

These underspends have been partially offset by overspends, notably:

- £4.9m H&S Backlog, this spend is being managed to be in line with plan by year-end;
- £2.3m Targeted Lung Health Check (TLHC) CT scanner PDC scheme bid successful in 23/24; and
- £1.3m Data Centre due to items received ahead of plan but expected to be in line with plan by year-end.

The Trust's current total capital plan value for 2023/24 is £151.2m. £73.4m of this plan relates to the Trust's allocation against the GM envelope component and is still subject to approval. Whilst the GM envelope is still under discussion, at the start of 2023/24, the Trust authorised capital leads to spend £33.5m in relation to the in-flight and contractually committed capital schemes. Two further capital funding releases totalling £22.0m have subsequently been approved by the Executive Directors Team ahead of formal GM approval; this is to avoid operational delays and a possibility of being unable to complete capital schemes within the 2023/24 financial year. This includes the intraoperative MR scanner (iMRI) in RMCH, the hybrid theatre in the MRI and the labs lifecycling on ORC.

At the time of writing this report, it has been agreed with GM to update the 2023/24 forecast for the GM envelope to £66.1m but it remains anticipated that the Trust's allocation of the GM envelope will be a maximum value of £55.5m. However, this remains subject to agreement and approval at GM level. Thus,

with the approvals through EDTC, the full value of the anticipated envelope has been committed, any additional allowance would be used to address further backlog in Estates and technical debt in Informatics, alongside consideration of risks associated with equipment.

The current 2023/24 full year forecast for the total capital plan is £111.9m, this is a reduction of £39.3m compared with the £151.2m submitted plan relating to the following:

- £29.5m reduction in the North Manchester Hospital Programme (NHP) due to the delay in the approval for its Phase 2 enabling works bid;
- £7.3m reduction in the GM envelope as agreed with GM (whilst noting that formal approval of the GM envelope is still to be received).

These underspends have been partially offset by an additional £4.4m of external funding for the TLHC, NIHR and Community Diagnostic Centre (CDC) schemes.

The current 2023/24 capital budget guidance sets out that there will continue to be nationally ring fenced CDEL cover for the impact of IFRS16.

The current IFRS 16 plan submission totals £45m, however, the level of CDEL cover available and the period for which this ringfenced cover will apply are still subject to approval, awaited from NHSE. Consequently, CDEL approval for new leases is being limited to leases already in flight at 31st March 2023 (totalling £8m) until final approval is received. Any impact this has on the continued operational performance of the Trust will also be assessed and action taken as necessary. In the period to 30th September 2023, IFRS 16 capital spend totalled £2.8m.

The current full year forecast for spend against the IFRS 16 capital allocation is £28.9m, this is a reduction of £16.1m compared with the £45m submitted plan. The reduction primarily relates to managed equipment services leases (with lower than planned contract terms or being assessed to be outside of IFRS 16) and leases no longer required.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST
BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Deputy Chief Executive
Paper prepared by:	Lorraine Cliff, Group Director of Performance
Date of paper:	November 2023
Subject:	MFT 2023/24 Winter Plan
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	To achieve high standards of patient safety and clinical quality across the Trust through robust planning over the winter period
Recommendations:	The Board of Directors are requested to note the approach and process for the development of MFTs 2023/24 Winter Plan.
Contact:	<p><u>Name:</u> Lorraine Cliff, Group Director of Performance</p> <p><u>Tel:</u> 0161 7015641</p>

1.0 INTRODUCTION

This paper summarises MFT's approach to winter planning 2023/24 - and how the Trust intends to deliver operational resilience across all sites this winter.

The MFT plan sits as an integral element of the wider Manchester & Trafford Locality plan recognising: -

- Winter will be challenging for health and social care organisations.
- Winter is not an emergency or considered an unusual event, but a period of increased pressure due to demand both in the clinical acuity of patients and the capacity demands on resources within the trust.
- The winter period often brings infectious diseases including Norovirus, Flu, RSV plus the risk of the onset of the unusual such as pandemic flu / COVID.

2.0 APPROACH

Winter planning commenced in July 2023, taking lessons learned from Winter 2022/23. The key priorities include: -

1. Ensuring **safety** is maintained throughout.
2. As a minimum, **76% of A&E** patients to be admitted, transferred, or discharged within four hours.
3. **Ambulance response times** for Category 2 incidents to 30 minutes on average over 2023/24 recognising timely handover of patients is key to supporting ambulances to be back on the road.
4. Maintain delivery of the **elective activity programme**.

The plan has been finalised and presented to Executive Development Team Committee in September and Quality & Performance Scrutiny Committee on 24th October 2023. MFT's plan is an integral part of the system wide winter plan for Manchester & Trafford and has been shared through the Locality Urgent & Emergency Care Board and Scrutiny Committees.

3.0 KEY AREAS OF FOCUS

Hospital/MCSs plans have focused on four main objectives:

1. **Continued delivery of the UEC Recovery plan ensuring high impact interventions are expedited at pace.** Across our acute adult and paediatric hospitals, we have either already implemented or are making substantial progress against the nationally recognised high-impact interventions, a summary of these is provided in the table overleaf.

Such interventions have already contributed to a reduction in patient wait times in our A&E Departments over recent months, with our hospital at home programme at the forefront of our plans.

High Impact Interventions	
Same Day Emergency Care	Reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
Frailty	Reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
Inpatient flow and length of stay	Reducing variation in inpatient care and length of stay for key urgent and emergency care pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
Community bed productivity and flow	Reducing variation in inpatient care and length of stay by implementing in-hospital efficiencies and bringing forward discharge processes.
Care Transfer Hubs	Implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.
Intermediate care demand and capacity	Supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care, including community rehab.
Virtual Wards	Standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and improve discharge.
Urgent Community Response	Increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid unnecessary admission.
Single point of access	Driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time.
Acute Respiratory Infection Hubs	Support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

The objective is to ensure that when patients attend our departments, we can promptly direct them to the appropriate care. However, we know that winter brings many challenges, and we are ensuring that we are well prepared to manage those peaks in demand that we experience each year. Alongside the acceleration of these interventions, we will maintain surgical services to ensure as little disruption as possible to our elective capacity by optimising Trafford as our Elective Hub to improve our resilience.

- 2. MFT has ensured operational and surge planning is robust to prepare for different winter scenarios/peaks in demand.** All Hospitals have developed surge capacity plans to manage peaks in demand and the opening of additional beds. The hospital at home programme will enhance and expand virtual ward capacity from currently managing 439 patients per month to 1258 patients per month by April 2024.

Our main area of focus as a whole system is to avoid admissions, reduce bed occupancy and release bed capacity across the hospital to avoid opening additional beds when demand increases. However, occupancy levels continue to be high across our adult sites with MRI being our most challenged site. Despite efforts with increased bed capacity, the MRI site frequently report a 99% occupancy rate. An MFT wide set of options have been evaluated to support the MRI over winter.

- 3. Leading well, including escalation process.** All sites have ensured robust escalation processes are in place with roles and responsibilities clearly defined, working across group and in partnership with the Greater Manchester (GM) System Co-ordination Centre (SCC).

To gauge pressures on the system a new OPEL¹ framework has been published nationally that will look at a number of measures, including mean ambulance handover times, A&E four-hour performance, attendances, general and acute bed occupancy and patients no longer meeting the criteria to reside. Each hospital across MFT will carry out daily assessments against these metrics and have operational policies in place to manage periods of escalation.

Accountability rests with the Group Deputy Chief Executive who will enact an MFT wide tactical command cell at times of heightened escalation aligned to our revised patient flow and escalation policy. The Trust will work together across the locality with the Transfer of Care Hubs for Manchester & Trafford. The GM System Coordination Centre will be responsible for the coordination of an integrated system response and will support interventions when providers are challenged.

- 4. Looking after our people by having robust workforce plans in place to support the health and wellbeing of our staff.** All hospitals have workforce escalation plans in place for tracking absence levels to maintain safe staffing levels. The Trust will support the health and wellbeing of our workforce, with MFT having a range of programmes in place to support staff including food programmes to improve the accessibility, affordability and choice of food whilst staff are in work, Psychological Wellbeing and Mental Health Services, and Employee Assistance.

The 2023/24 Staff and Affiliate programme will deliver the COVID Autumn Booster and Seasonal Flu Vaccine which commenced 2nd October 2023. To meet this winter's vaccination programme requirements a new central vaccination service has been set up. To enable the new service to be established a phased commencement of the programme took place throughout October with all clinics operational from 25th October 2023 at ORC, Wythenshawe, Trafford and NMGH which will run to January 2024.

The Trust will support patients by having robust communication plans in place to ensure our communities receive succinct and wide-reaching communications. These will support our patients to understand when and what services to access and when to self-care. We will work with locality partners and through the System Coordination Centre to ensure messages reach staff and the wider community.

¹ Operational Pressures Escalation Levels (OPEL)

4.0 RISKS

Risks, impact and mitigations have been considered and are summarised in the table below.

Risks	Mitigations
Sustained high attendances and high acuity to A&E over predicted demand leading to overcrowding within the departments.	<ul style="list-style-type: none"> • Hospital Escalation Plans enacted • Increased virtual ward capacity • Reduction in no reason to reside to ensure flow is maintained
Mental Health demand, and mental health bed availability	<ul style="list-style-type: none"> • Collaborative working with Mental Health Teams • Proactive management through the Transfer of Care hubs / System Coordination Centre (SCC) • Greater Manchester Mental Health Winter plan escalation enacted
Infection, flu and Covid-19 outbreaks in the community leading to risk of cross infection of Covid, flu, pneumonia, Respiratory Syncytial Virus (RSV) following admission to hospital	<ul style="list-style-type: none"> • Vaccination programme • Hospital Surge capacity plans enacted • COVID/Infection prevention control plans enacted • MFT People Plan in place to support staff health and wellbeing
Patient transfer of care delays due to capacity pressures across system leading to longer length of stay and delays to discharge.	<ul style="list-style-type: none"> • Transfer of Care Hub with daily system discharge meetings • Use of System Coordination Centre to support escalation and adherence to GM Policies • Protected Capacity at Trafford • Use of the Independent Sector • Mutual aid
Continued periods of industrial action resulting in fatigue and stress of medical staff leading to increased sickness and increased risk of elective cancellations.	<ul style="list-style-type: none"> • Wellbeing initiatives • Use of the independent sector • Protected elective capacity at Trafford
Staff being transferred to support other areas within group leading to low morale and increased sickness.	<ul style="list-style-type: none"> • Workforce plan 'Buddy system' in place • Wellbeing initiatives • Ward handover booklets
Theatre recovery being converted into a critical care area leading to increased elective cancellations.	<ul style="list-style-type: none"> • Critical care Surge plan enacted • Protected Capacity at Trafford for elective care • Use of the Independent Sector • Mutual aid
Timely access to diagnostics due to winter pressures on diagnostics teams alongside recovery programme leading to staff fatigue and longer length of stay	<ul style="list-style-type: none"> • Diagnostic Recovery plans • Additional radiology staffing • Outsourcing • Use of Community Diagnostic Centres

5.0 CONCLUSION

Whilst the plans acknowledge a level of risk, mitigations for those risks have been built in. The winter plan, in conjunction with the elective recovery plan and the operational plan, provide the Trust with the foundation for preparing for the upcoming 2023/24 winter period.

The plans have been presented and scrutinised through Quality Performance & Scrutiny Committee and Operational Excellence Board ensuring they are robust to maintain patient safety throughout this period and contribute towards the ambitions of our urgent care recovery.

6.0 RECOMMENDATIONS

The Board of Directors are requested to note the approach and process for the development of MFTs 2023/24 Winter Plan.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST
BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Director of Strategy
Paper prepared by:	Tom Rafferty, Director of Strategy
Date of paper:	November 2023
Subject:	Strategic Development Update
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	All individual strategic developments are risk assessed and monitored through the Board Assurance and Risk Management processes.
Recommendations:	The Board of Directors is asked to note the updates in relation to strategic developments nationally, regionally and within MFT.
Contact:	<p><u>Name:</u> Tom Rafferty, Director of Strategy <u>Tel:</u> 0161 701 8543</p>

1. Introduction

The purpose of this paper is to update GSSC in relation to strategic issues of relevance to MFT. The content here will also form the basis of the update provided to the MFT Board of Directors regarding strategic developments.

2. National Developments

2.1. NHSE 2023/24 Business Plan

NHSE has published its 2023/24 business plan which highlights key commitments for 2023/24 under 12 headline objectives:

1. Improve ambulance response and A&E waiting times.
2. Reduce elective long waits and cancer backlogs and improve performance against the core diagnostic standard.
3. Make it easier for people to access primary care services, particularly general practice.
4. Improve mental health services and services for people with a learning disability and autistic people.
5. Improve maternity and neonatal services.
6. Prevent ill health and narrow health inequalities in access, outcomes, and experience.
7. Recover productivity, increase efficiency and deliver a balanced financial position.
8. Build and develop the workforce for now and the future.
9. Build an improvement culture and drive improvements in quality.
10. Transform care through harnessing data, information and technology.
11. Change how we work, empowering and supporting local system partners to deliver on their responsibilities.
12. Create a simpler, smaller, high-performing organisation through the New NHS England programme.

2.2. Delegation of Specialised Commissioning

NHS England continue with plans to delegate commissioning responsibilities for a large proportion of specialised services to Integrated Care Boards (ICBs) from April 2024. A final decision on delegation is expected from the NHS England board at the end of the calendar year. Whilst the expectation is that all ICBs will receive delegated authority for specialised commissioning from April 2024 a number of ICBs across the country have signalled that they are not yet prepared to take on these responsibilities and are seeking to delay delegation.

2.3. Provider Selection Regime

NHS England (NHSE) has published statutory guidance setting out how the Provider Selection Regime (PSR) – the new rules governing the procurement of healthcare services in England – will be applied. Subject to parliamentary approval, the PSR regulations will come into force on 1 January 2024. The intention is to introduce a flexible and proportionate process that supports collaboration across systems. The guidance will allow organisations (including NHSE, ICBs, NHS providers and local authorities) to award contracts for services directly without a competitive process under certain conditions, for example:

- Where a provider is the only provider that can deliver those services
- Where patients have a choice of provider and the number of providers is not limited by commissioners

- Where a provider is satisfying the conditions of its contract, is likely to continue to do so and there is no significant change to that contract
- Where the commissioner can identify the most suitable provider without a competitive process.

Competitive procurement processes will still have to be used when none of the direct award methods above apply. The guidance points to 5 principles that organisations must consider when deciding the best procurement route:

- Quality and innovation
- Value
- Integration, collaboration and service sustainability
- Improving access, reducing health inequalities and facilitating choice
- Social value

The new regulations only apply to healthcare services as defined in existing statutory guidance, and do not apply to the following (unless part of a mixed procurement):

- Goods (e.g. medicines, medical equipment);
- Social care services;
- Essential and advanced pharmaceutical services arranged under the terms of the Community Pharmacy Contract Framework;
- Non-healthcare services or health-adjacent services (e.g. catering, administrative services, capital works).

2.4. CQC Report: The state of health care and adult social care in England 2023/24.

The annual, wide-ranging CQC report made observations and recommendations in six main areas:

1. Access to care

- Timely access to services remains a fundamental problem, particularly for people with protected equality characteristics, across the whole patient journey.
- People are struggling to get GP and dental appointments, report longer waiting times for urgent care, 7m are now waiting for elective care.
- Insufficient capacity in adult social is contributing the delayed discharges.

2. Quality of care

- Increasing demand and pressures on staff are taking a toll on their mental health and wellbeing. A lack of appropriate support affects the quality of care they deliver.
- Many people are still not receiving the safe, good quality maternity care, with issues around leadership, staffing and communication. There remains ingrained inequalities particularly for ethnic minority groups. The quality of mental health services is an ongoing area of concern.

3. Inequalities

- Midwives from ethnic minority groups described a 'normalised' culture where staff tolerate discrimination from colleagues.
- People from ethnic minority groups who have a long-term condition felt they were talked down to about their treatment and report a lack of cultural competency impacting on the quality of their care.

4. Workforce

- Staff regularly fed back to the CQC of being overworked, affecting their ability to provide safe and effective care to people. 26% of NHS staff were satisfied with their level of pay, down 12 percentage points from before the pandemic.

- There is a growing trend of unethical international recruitment practices in social care. In 2022/23, the CQC made 37 referrals for concerns regarding modern slavery, labour exploitation and international visas – more than 4 times the number made in 2021/22.

5. Deprivation of Liberty Safeguards

- The number of applications to deprive a person of their liberty increased to over 300,000, with only 19% of standard applications completed within the statutory 21-day timeframe.

6. Integrated Care Systems

- Local systems should implement plans to address unwarranted variations in population health and disparities in access, outcomes, and experience.
- Carers, are a critical part of all local care systems and are not always getting the support they need.
- Peoples experience in urgent and emergency care continues to be poor and the problems are pointing to issues that require a local system level response.

2.5. Federated Data Platform

A new Federated Data Platform (FDP) is being procured by NHSE. The FDP is software that will sit across NHS trusts and integrated care systems allowing them to connect data they already hold in a secure and safe environment. GP data will not be part of the national platform.

Every trust and integrated care board will have their own platform, with the capability to connect and share information between them where this is helpful. This could include the number of beds in a hospital, the size of waiting lists for elective care services, staff rosters, or the availability of medical supplies.

The FDP will initially be focused on supporting 5 key NHS priorities:

2. **Elective recovery**
3. **Coordination of care** between local health and care services, reducing the number of long stays in hospital.
4. **Vaccination and immunisation**
5. **Population health management** – to help integrated care systems proactively plan services that meet the needs of their population.
6. **Supply chain management** and procurement.

The procurement exercise is expected to conclude in the coming weeks.

3. Regional and Local Developments

3.1. Greater Manchester ICS Operating Model

Following the independent review undertaken by Carnall Farrar of the Leadership and Governance of Greater Manchester ICS, the ICB Board received a report outlining the proposed operating model for Greater Manchester. One of the key recommendations from the Carnall Farrar review was to clarify the roles and responsibilities across the system, particularly regarding the commissioning of services. The full report is available [here](#) (see pages 33-111) with the commissioning responsibilities for the ICB and Places set out below:

NHS GM is responsible for commissioning the following health and care services:

- All diagnostic services

- All secondary acute physical health care including specialised services, planned care, urgent and emergency care for adults, children and young people as well as maternity and neonatal care
- All acute inpatient mental health care and all specialised services, for adults, children and young people
- Emergency services and patient transport
- Some public health services including vaccines and immunisation, health check programmes, hospital smoking cessation services, at-scale prevention for example air pollution

The commissioning, planning and oversight of some NHS and Local Authority services will be led at place:

- All primary care services including medical (including GP out of hours and extended hours), pharmaceutical, dental, ophthalmic
- All NHS community services including
- All NHS community mental health, learning difficulty and autism services
- Some public health services including social prescribing, diabetes prevention and local smoking cessation

Local authorities will determine how their services integrate with place.

3.2. Our Manchester Strategy and Trafford Locality Plan

Manchester City Council are in the process of reviewing and refreshing the *Our Manchester* strategy, with a similar process being led by Trafford around its locality plan. Details of the processes and the input required from MFT and wider partners is still to be agreed.

4. MFT Developments

4.1. Vascular services

As part of the NHS England service change assurance process, the draft case for change and model of care for Vascular services in GM and East Cheshire has been submitted to the NW Clinical Senate ahead of their review at the end of November. If approved, this would formalise the changes made on an urgent basis during the Covid pandemic and complete the creation of a single arterial centre for Greater Manchester. The commissioner assurance process around service change is a thorough one and is therefore likely to continue through 2024/25.

4.2. NMGH Redevelopment

NMGH hosted a visit from Lord Markham, Parliamentary Under Secretary of State at the Department of Health and Social Care on 17th August 2023 which was used as an opportunity to demonstrate our strong partnership working and readiness to progress the scheme. A business case has been submitted for the next phase of enabling works to prepare the site.

4.3. Integration of Services at North Manchester General Hospital

Activities to disaggregate services at North Manchester General Hospital (NMGH) from the legacy PAHT, and fully integrate them into MFT continue. Gastroenterology, Cardiology, Rheumatology, some Urology pathways and benign Colorectal services disaggregated on 1st October 2023. Cohorts of more complex patients in Rheumatology and Gastroenterology will remain under the clinical responsibility of the NCA with their care

transferring in a phased way over the coming months. A communications plan was jointly developed with the NCA to inform system partners of the new arrangements.

The proposed disaggregation changes planned for early 2024 have been presented to Health Scrutiny Committees in all five localities within the NMGH catchment area. This includes Urology, ENT, Trauma & Orthopaedics and DEXA scanning. The recommendation that the changes do not constitute substantial variation were supported by all committees. The GM ICB Board will consider the proposals at the meeting in November.

4.4. Genomics

Agreement has been reached with the GM Pathology Network for MFT to host the Cellular Pathology Genomic Centre for the City. A costing proposal jointly developed by the GLH and Laboratory Medicine valued at approximately £2m has been submitted to NHS England. Separately, discussions continue with the NHS England Genomics Unit about becoming one of two centres in England that will provide circulating tumour DNA (ctDNA) testing for patients with suspected non-small cell lung cancer.

4.5. University Dental Hospital Manchester

Workshops with University colleagues completed to support the development of a strategic outline case for the redevelopment of the Dental Hospital. A longlist of potential options was appraised to inform a final shortlist which was agreed on the 5 September. The plan is to have a draft Strategic Outline Case (SOC) completed by the end of the calendar year and then to proceed through MFT and University governance process.

4.6. Targeted Lung Health Checks

Following confirmation by NHS England (NHSE) to accelerate the timeline for expansion of Lung Cancer Screening across all Greater Manchester (GM) Cancer alliances, MFT continue to develop the business case which addresses the estate, workforce, diagnostic and treatment requirements, to ensure a detailed transitional plan is in place to launch extended lung cancer screening services across GM.

An initial expansion of the programme went live in September supported by the arrival of a second CT scanning unit. 2 further additional CT units (up to a total of 4) have been procured following successful bids to the national team. These are planned to come online on the 1st April 2024 to expand the programme to the Wigan locality.

4.7. Multi-agency Response to Serious Youth Violence in Manchester

Colleagues in Manchester have taken part in the Joint Targeted Area Inspection (JTAI) into the multi-agency response to serious youth violence. A JTAI is an inspection framework for evaluating the services for vulnerable children and young people on a particular theme. It is conducted jointly between Ofsted, Care Quality Commission (CQC), His Majesty's Inspectorate of Constabulary and Fire and Rescue Service (HMIC&FRS) and His Majesty's Inspectorate Probation (HMIP). The inspection looked at how well agencies work together to prevent, identify and respond to safeguard children. The final report is expected to be published at the end of November.

5. 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 Chief Nurse
Paper prepared by:	Alison Lynch, Group Deputy Chief Nurse
Date of paper:	November 2023
Subject:	Manchester University NHS Foundation Trust (MFT) Mental Health Strategy 2023-2026
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note • Support • Accept • Resolution • Approval ✓ • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	<ul style="list-style-type: none"> • To focus relentlessly on improving access, safety, clinical quality and outcomes • To improve continuously the experience of patients, carers and their families
Recommendations:	<p>The Board of Directors are asked to:</p> <ul style="list-style-type: none"> • Approve the MFT Mental Health Strategy, and agree to its publication on the Trust website • Receive updates on implementation of the Strategy through the Safeguarding Annual Report
Contact:	<p><u>Name:</u> Alison Lynch, Group Deputy Chief Nurse <u>Tel:</u> 0161 276 8862</p>

1. Introduction

The Manchester University Hospitals NHS Foundation (MFT) Trust Mental Health Strategy 2023-2026 is an all-age strategy covering children, young people and adults. It has been developed to be applied in all MFT inpatient, outpatient and community settings working in partnership with mental health providers and multi-agency partners.

2. Background

Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential (No Health Without Mental Health 2011¹).

The development of the strategy was led and supported by the MFT Mental Health Subgroup, and co-produced in partnership with key stakeholders, identified following an extensive mapping exercise, including:

- Service users
- MFT subject matter experts
- All MFT Hospitals/MCS/CSS/LCO and AHP forums
- Child and Adolescent Mental Health Service (CAMHS)
- Statutory and multi-agency partners including
 - Greater Manchester Mental Health
 - Greater Manchester (GM) Integrated Care Board
 - GM Police
 - GM Safeguarding Partnership
 - City in the Community,
 - GM Pupil Parliament, and
 - GM Suicide Prevention Partnership.

Stakeholder events were held from February to July 2023.

The Strategy was approved via:

- MFT Safeguarding Committee in September 2023
- MFT Quality & Performance Scrutiny Committee in October 2023, where it was recommended that the Board of Directors ratify the Strategy.

3. Strategy Key Aims

Aimed at improving services and working in partnership to provide outstanding person-centred care to meet the needs of people with a mental health difficulty accessing MFT services, the five key aims of the MFT Mental Health Strategy are set out below:

¹ HM Government (2011) No Health Without Mental Health a cross government outcomes strategy <https://www.gov.uk/government/publications/no-health-without-mental-health-a-cross-government%20outcomes-strategy>

- Quality of Care Delivery: To improve the quality of care delivered to our patients when they access MFT services.
- Patient Experience: To ensure that our patients, at any age have a positive patient experience.
- Education, Training and Supervision: To ensure our workforce has the right knowledge, skills, and attitude to recognise and care for patients, carers, and families with mental health needs.
- Policies, protocols and service level agreements: To ensure that our staff are supported to deliver evidence-based practice.
- Outcomes: To ensure we deliver outcomes that matter to patients as well as organisations.

The Strategy is aligned with, and dependent on the delivery of key Group Wide strategies and plans, including:

- Our Plan for People with Learning Disability and/or Autism their families and Carers Strategy
- MFT Dementia Strategy
- Quality and Safety Strategy
- Diversity Matters
- Carer's Strategy
- Adult Supportive and Palliative and End of life Care Strategy

The Strategy will be underpinned by an implementation plan, delivered through the Mental Health Sub-Group and monitored by the Group Safeguarding Committee.

4. Recommendations

The Board of Directors are asked to:

- Approve the MFT Mental Health Strategy, and agree to its publication on the Trust website
- Receive updates on implementation of the Strategy through the Safeguarding Annual Report

Mental Health Strategy *2023-2026*



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Foreword

I am pleased to present this strategy, which has been co-produced by our staff, patients and partners, who all joined together to ensure that patients experiencing acute or chronic mental health episodes are safely supported when they access any of our services.

It is our ambition that the Strategy shapes the way we think, plan and care for those with a mental health condition. Through fundamental education and training, reducing barriers and improving accessibility and working in partnership with colleagues across Manchester and Trafford, we aim to drive improvements for some of the most vulnerable people.

I know you will join me in welcoming the Strategy as we work together to deliver its key aims.

A handwritten signature in black ink, reading 'Cheryl Lenney'.

Professor Cheryl Lenney OBE
Chief Nurse

Purpose

The purpose of this document is to set out Manchester University NHS Foundation Trust's (MFT) 3-year Strategy (the Strategy) to support patients who have a mental health difficulty throughout their journey of care through our Emergency Departments, Inpatient, Outpatient and our Community Settings.

This Strategy covers all ages – children, young people and adults in acute, maternity and community settings.

At MFT we are committed to providing outstanding, patient centred care, that meets the needs of physical health alongside mental health. It is crucial that our patients feel safe, listened to and have confidence in the knowledge and skills of our staff. Our Mental Health Strategy builds on the work that has been completed over recent years. Providing a clear commitment for continuing this progress, the Strategy sets the direction for the delivery of quality services within the Trust for the next three years. There are Five Key Aims of the Strategy, that we aim to deliver alongside our partners in Greater Manchester Mental Health Trust, stakeholders in the Greater Manchester Police Neighbourhood teams and Manchester Safeguarding and Suicide Prevention Partnership (see page 7, opposite).

The Strategy supports and builds upon the Trust's proven delivery of high-quality services, whilst supporting its ambition for a continuous improvement of services and sustainable growth.

The Strategy sets out an approach to ensuring that the needs of people with a mental health condition are supported alongside physical health, promoting the principle of parity of esteem where mental health is given equal priority to physical health, and is an enabler of the key tenets of the Trust's vision and strategic objectives to:

- focus relentlessly on improving access, safety, clinical quality, and outcomes.
- improve continuously the experience of patients, carers, and their families.
- work with partners and play our part in addressing inequalities, creating social value, and advancing the wider green agenda.

The Strategy identifies the importance of working in partnership with Mental Health Providers and multi-agency partners including Local Authority, Police Services, Primary Care and Voluntary and Community Services in delivering collaborative person-centred care.

Aim 1: Quality of Care Delivery

To improve the quality of care delivered to our patients when they access services at MFT.

Aim 2: Patient Experience

To ensure that our patients, of any age, have a positive experience measured through a range of metrics agreed in partnership with others.

Aim 3: Education, Training and Supervision

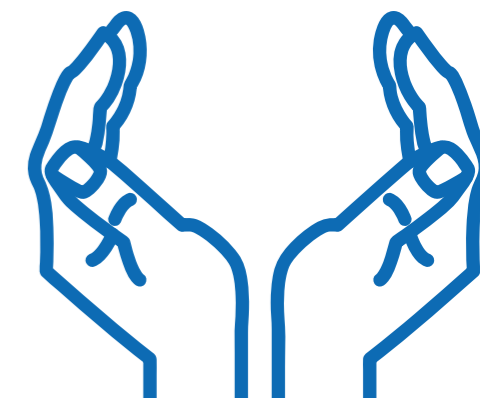
To ensure our workforce has the right knowledge, skills, and attitude to recognise and care for patients, carers and families with mental health needs.

Aim 4: Policies, Protocols and Service Level Agreements

To ensure that our staff are supported to deliver evidence-based practice.

Aim 5: Outcomes

To ensure that we will deliver outcomes that are important to people as well as organisations.



Our Mental Health Strategy

High quality mental healthcare offered to patients in our hospitals/managed clinical services and local care organisations is our aim. The National Confidential Enquiry into Patient Outcome and Death 'Treat as One' 2017 (Treat as One NCEPOD 2017) outlined barriers to this occurring well, noting:

'The benefits of integrated care across boundaries ... are understood, however, good integrated care for people with mental health conditions often appears to remain the exception rather than the rule, with physical healthcare and mental healthcare largely disconnected'.

Links to NHS Mental Health Implementation Long Term Plan, where the commitment to deliver timely, high quality mental health support by 2023/24 is underpinned by the following core priorities are the focus of the Trust's Mental Health Strategy:

- Specialist Community Perinatal Mental Health
- Children and Young People's (CYP) Mental Health
- Adult Common Mental Illnesses (IAPT)
- Adult Severe Mental Illnesses (SMI) Community Care
- Mental Health Crisis Care and Liaison



Background

Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential (No Health Without Mental Health 2011).

Half of mental health conditions in adults start before the age of 14 and 75% before the age of 24. One in four adults experiences at least one diagnosable mental health problem in any given year. With one in six children and young people, aged 7 to 16, had a probable mental health disorder (NHS Digital 2022). During pregnancy and after the birth of a child, women are at higher risk of experiencing mental health problems ranging from low mood to psychosis. At this time a woman who has previously experienced mental health conditions may find they experience them again.

A decline in mental health can affect anyone of us at any time, and it is recognised that many people accessing care within the Emergency Departments, Maternity Settings, Inpatient, Outpatient areas and community settings may require support around their mental health.

A clear link between mental health and physical health has been noted in national drivers, for example, people living with diabetes are two to three times more likely to have depression than the general population and it is estimated

that poor mental health carries an economic and social cost of £105 billion a year in England (Wellbeing and Mental Health: Applying All Our Health 2022).

The Department of Health and Social Care (2022) has estimated that 50% of patients in a general hospital are older people and the number of people aged 75 years or over is expected to double in the next 30 years. On an average day in a 500 bed hospital, older people occupy 330 of the beds, and of these 220 will have a mental disorder of some kind with depression (being the most common illness), psychotic disorders, dementia and delirium. It is noted that depression in later life can be a major factor in suicide.

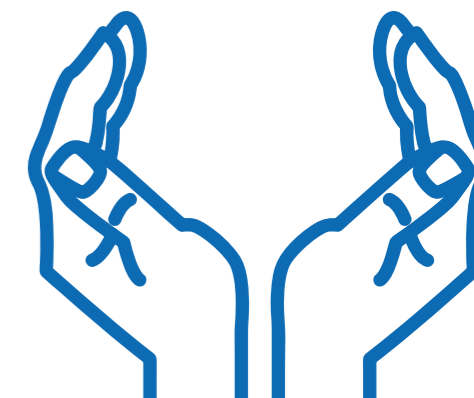
The Treat as One document (NCEPOD 2017) recognised the importance of bridging the gap between mental and physical health care in general hospitals. Likewise Mental Healthcare in Children and Young People and Young Adults (NCEPOD 2019) recognises that Emergency Department attendance shows an increased presentation rate due to mental health conditions compared with other health conditions highlighting the need for focus on mental health. Healthcare Safety Investigation Branch (HSIB) [2023] identified that the number of children, young people and adults with mental health needs has increased since 2017

with 25.7% of people aged 17 to 19 years having had a probable mental disorder. The We Can Talk Impact Report (2019) identifies that acute hospitals play a vital role in supporting children and young people's mental health. The report identifies the importance of creating a culture that enables the workforce to be competent and confident in their knowledge and skills in supporting people's mental health to foster a more effective care environment.

A Kings Fund Report (2016) highlighted that all health and care professionals have a part to play in delivering closer integration to meet the needs of both physical and mental health. Research recognises the importance of professionals being willing and able to take a 'whole person' perspective and having the necessary skills to do so. Following the Coronavirus pandemic of 2020, mental health decline has been evident throughout our communities. In 2023 the GM Mental Health Partnership Board identified 550,000 people were at risk of a mental health need in Greater Manchester Services should be asked to bring expertise, knowledge, resources and relationships together to improve all citizens mental wellbeing and respond to mental health issues in a flexible person centred way designed around a person's needs. The Trust is dedicated to understanding the needs of our population and will strive to treat mental health at the same time as physical health.

This Strategy will align closely to the following Trust strategies:

- Dementia Strategy
- Our Plan for People with Learning Disability and/or Autism their families and Carers Strategy
- Safeguarding Policy
- Diversity Matters Strategy
- Carer's Strategy
- Adult Supportive and Palliative and End of Life Care Strategy





How the Strategy was produced

The Strategy was developed in partnership with service users, MFT professionals, statutory and multi-agency partners. The MFT Mental Health Subgroup have supported the development of the Strategy and a series of MFT, and partnership stakeholder events were completed from March to July 2023 to develop and consult upon the Strategy. This included consultation events with Greater Manchester Mental Health Services, the Police, partners in the Integrated Care Board, Manchester Suicide Prevention and Safeguarding Partnerships. During Mental Health Awareness week 2023 the Strategy was consulted on, with frontline MFT professionals.

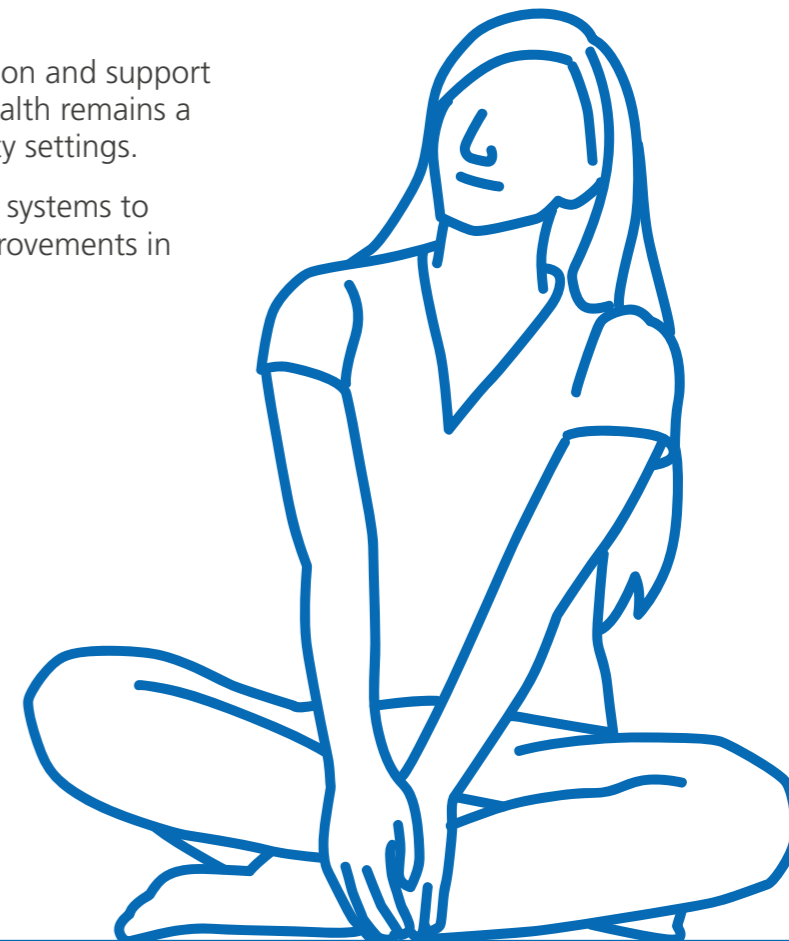
Five Key Aims:

Aim 1: Quality of Care Delivery

To improve the quality of care delivered to our patients when they access services at MFT, we will:

- Work with Mental Health Providers and multi-agency partners including local authority, police services, primary care and voluntary and community services to understand, then deliver, services that can effectively and efficiently meet the needs of the communities we serve.
- Work with our key partners to ensure seamless evidence-based care at the point of care delivery, by fostering a culture of parallel assessment that meets the needs of patients with a mental health and physical health concern.
- Consistently deliver mental health risk identification and management tools.
- Develop and deliver a digital audit schedule to systematically review and monitor national guidance, including.
 - > NECPOD Recommendations:
 - ~ Treat as One (2017).
 - ~ Mental Healthcare for Young People and Young Adults (2019)
 - > NHS (2022) Supporting Children and Young People (CYP) with mental health needs in acute paediatric settings.
 - > No Wrong Door: A Vision for mental health, autism and learning disability services in 2032 (2023).
 - > NICE Guidance/Quality Standards in adults, children and maternity relating to mental health.
 - > Royal College of Emergency Medicine (RCEM) A toolkit for mental health audit standards for the Emergency Department.

- Work alongside our partners, jointly auditing the quality of mental health assessments, risk assessment and care management plans to improve pathways for mental health.
- Work with our partners to deliver care in a safe environment appropriate to the patient's needs to promote patient privacy and dignity.
- Ensure early identification and support for perinatal mental health remains a priority within maternity settings.
- Use digital information systems to inform and deliver improvements in the quality of care.

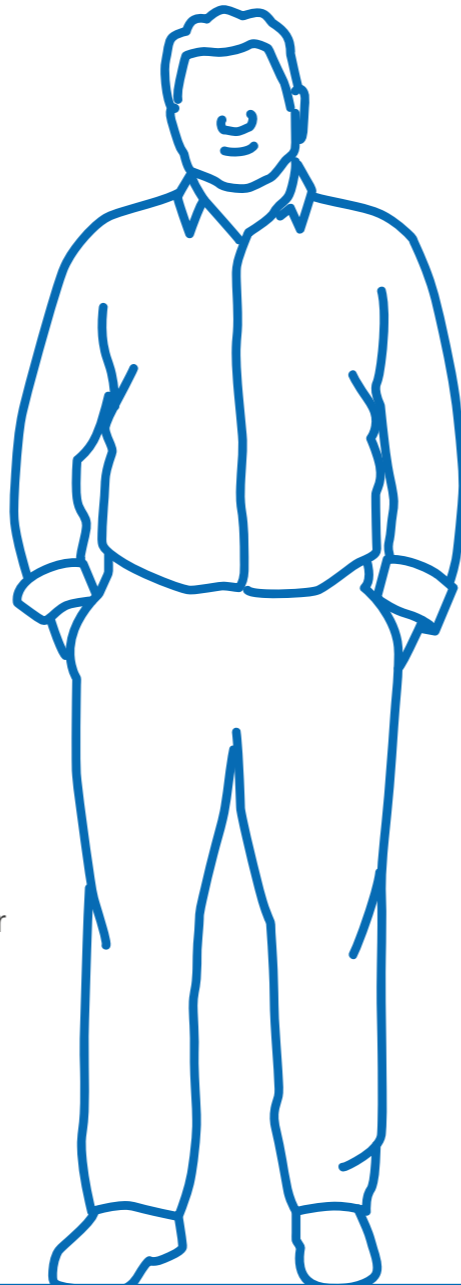


Five Key Aims:

Aim 2: Patient Experience

To ensure that our patients, of any age, have a positive experience measured through a range of metrics agreed in partnership with others, we will:

- Hear and listen to the voice of people in their journey through MFT services working in partnership with multi-agency services to inform a coordinated approach to the care of people with mental health difficulties.
- Develop forums where experts by experience, their families, and carers co-produce culturally appropriate pathways for mental health, recognising the inequality, discrimination, and structural inequity of peoples' experience to develop more inclusive services.
- Provide accessible, accurate information to people using services, including access to patient information through My MFT.
- Actively seek to understand patients' lived experience through surveys, questionnaires and by analysing themes from incidents, complaints, PALS, or concerns raised.
- Ensure section 132 of the Mental Health Act is applied, we will review patient experience of being detained under a section of the Mental Health Act.
- Ensure that feedback received is used to guide quality improvement projects and service development to improve patient experience.



Aim 3: Education, Training and Supervision

To ensure our workforce has the right knowledge, skills and attitude to recognise and care for patients, carers and families with mental health needs, we will:

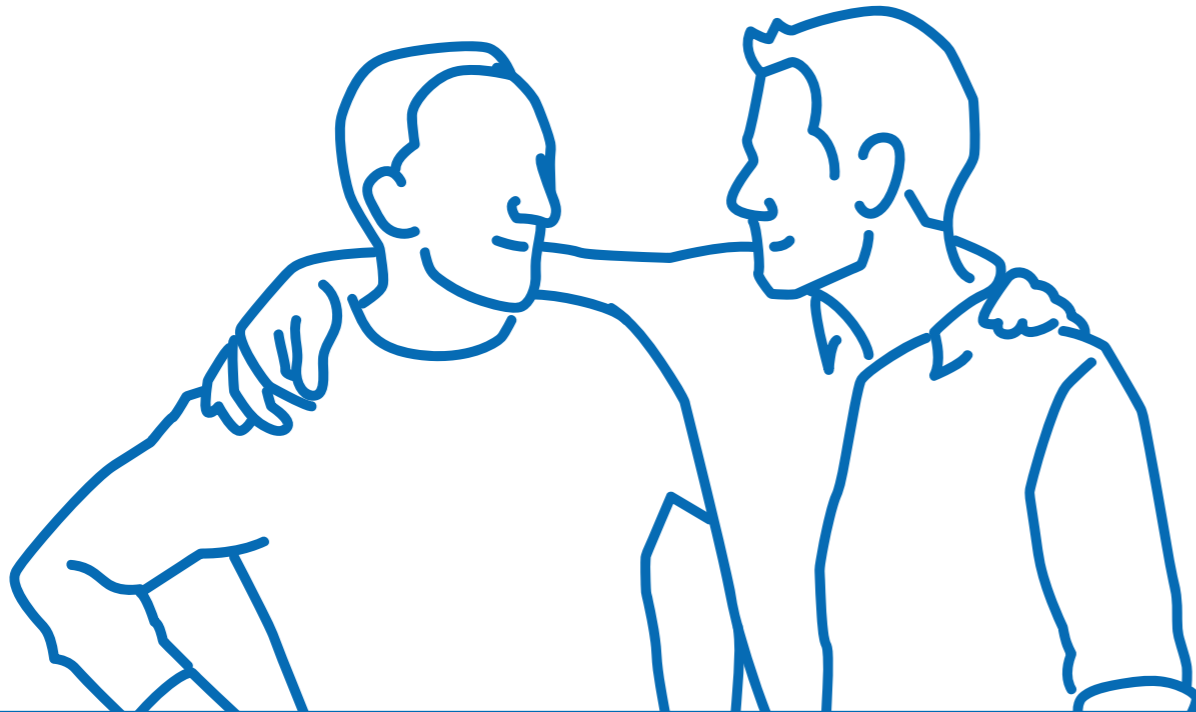
- Develop and deliver training programmes with Mental Health Service Providers specific to the needs of staff, with a key focus on collaborating individualised care related to implementation and application in practice of:
 - > The Mental Health Act (1983, amended 2007)
 - > The Mental Capacity Act (2005)
 - > The Children Act (1989)
 - > Care Act (2014)
 - > Suicide Prevention
 - > Trauma Informed Practice
 - > Trust Policy and Procedures
 - > Risk assessment and management tools
- Work alongside our security colleagues to support delivery of:
 - > De-escalation and Safety, and Supporting You training programmes
 - > Restrictive Intervention Training Programme
 - > Delivery of Enhanced Supervision and Observation.
- Develop the role of Mental Health Champions, jointly supported by MFT Mental Health Team, CAMHS Team, and Mental Health Liaison Teams to role model and increase confidence, knowledge, and skills within teams.
- Include patient stories and involve experts by experience in the development of training, continually increasing staff knowledge in supporting people with mental health difficulties and in application of the Mental Health Act (MHA), patient rights, process of appealing, and least restrictive practice.
- Scope the requirement for supervision for clinical teams who regularly provide care to patients with mental health needs.
- Develop a communication plan to highlight education opportunities.

Five Key Aims:

Aim 4: Policies, Protocols and Service Level Agreements

To ensure that our staff are supported to deliver evidence-based practice, we will:

- Implement national guidance and best evidence-based practice through policy, protocol, and procedure.
- Contribute, as a leading partner to the development of services across the system for patients with mental health needs to provide a collaborative joint health and partner agency response.
- Work with health and multi-agency partners to strengthen links with system wide pathways of care and escalation framework.
- Regularly review agreed Service Level Agreements/Specifications with Mental Health Provider partners through agreed governance framework.



Aim 5: Outcomes

To ensure that we will deliver outcomes that are important to people as well as organisations, we will:

- Hold a series of workshops with key stakeholders, drawing on the experience of patients to develop a series of outcomes to be measured and presented through the governance structure to the Board of Directors via an annual report, including, but not exhaustively, data relating to:
 - > Patients who are detained under the Mental Health Act in acute settings.
 - > Patients who are brought to the emergency department under section 136.
 - > Children and young people in crisis.
 - > Patients' rights and access to advocacy services.
- Ensure mental health is a core part of integrated locality services, local system initiatives and wider sustainability and transformation plans.
- Complete an annual assurance exercise with all hospitals/MCS/LCO focussing on mental health experience within services.
- Develop a Trust-wide digital audit schedule based on impact of implementing national guidance, using the data available within our Hive system to improve and achieve change.

Strategy Alignment

This Mental Health Strategy is aligned with, and dependent on the delivery of all Group Wide strategies for instance the Our Plan for People with Learning Disability and/or Autism their families and Carers Strategy, Dementia Strategy, Quality and Safety Strategy, Diversity Matters Carer's Strategy, Adult Supportive and Palliative and End of life Care Strategy and the Risk Management Framework and Strategy.

The Strategy is informed by the Greater Manchester Integrated Partnership Mental Health Doing Mental Health Differently Strategy, Escalation Process, and the Decision-Making Process.





Implementation of the Strategy

The aims within this Mental Health Strategy are supported by specific implementation plans which are used to develop an overarching MFT Mental Health Action plan and Assurance Framework. Each plan includes measures of success in relation to the delivery of this Strategy. Each Hospital, Managed Clinical Service and Local Care Organisation will be responsible for the local delivery of the aims of the Strategy coordinated and supported by the MFT Mental Health Subgroup which will report to Group Safeguarding Committee who will oversee delivery of the aims. Implementation plans will involve co-production with service users and Mental Health services and multi-agency partners.

Reference Documents

[The National Confidential Enquiry into Patient Outcome and Death 'Treat as One' \(2017\)](#)

Accessed at: https://www.ncepod.org.uk/2017report1/downloads/TreatAsOne_FullReport.pdf

[NHS Mental Health Implementation Plan 2019/20-2023/24](#)

Accessed at: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf>

[HM Government \(2011\) No Health Without Mental Health a cross government outcomes strategy](#)

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[MIND 2021 Mental Health Facts and Statistics](#)

Accessed at: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/>

[MIND 2022 New research from mental health charity Mind](#)

Accessed at: <https://www.mind.org.uk/news-campaigns/news/new-research-from-mental-health-charity-mind-shows-that-parents-and-grandparents-are-so-worried-about-young-peoples-mental-health-it-s-giving-the-m-sleepless-nights/>

[MIND 2021 Facts and figures about young people and mental health](#)

Accessed at: <https://www.mind.org.uk/about-us/our-strategy/doing-more-for-young-people/facts-and-figures-about-young-people-and-mental-health/>

[Department of Health and Social Care \(2022\): Wellbeing and Mental Health: Applying All Our Health](#)

Accessed at: <https://www.gov.uk/government/publications/wellbeing-in-mental-health-applying-all-our-health/wellbeing-in-mental-health-applying-all-our-health#:~:text=Our%20mental%20health%20influences%20our,recover%20from%20physical%20health%20conditions.&text=People%20with%20physical%20health%20problems,health%20%2D%20particularly%20depression%20and%20anxiety>

[The National Confidential Enquiry into Patient Outcome and Death Mental Healthcare in Young People and Young Adults \(2019\)](#)

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[Healthcare Safety Investigation Branch \(2023\) Interim report Keeping children and young people with mental health needs safe: the design of the paediatric ward](#)

Accessed at: <https://hsib-kqcco125-media.s3.amazonaws.com/assets/documents/hsib-interim-report-keeping-children-and-young-people-with-mental-health-needs-safe.pdf>

[People Unlimited \(2019\) We Can Talk Impact Report Transforming mental health in acute settings](#)

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[Kings Fund: Bringing Together Physical and Mental Health: A new Frontier for Integrated Care \(2016\)](#)

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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
Date of paper:	November 2023
Subject:	MFT Carers' Strategy 2023-2026
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note • Support • Accept • Resolution • Approval ✓ • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Delivering an excellent experience for patients, families and their significant others.
Recommendations:	The Board of Directors are asked to approve the MFT Carers' Strategy 2023-2026.
Contact:	<p><u>N</u>ame: Gail Meers, Corporate Director of Nursing, Quality and Patient Experience</p> <p><u>T</u>el: 0161 701 0331</p>

1. Introduction

- 1.1. A carer is a person, either adult or child, who looks after a family member, partner or friend who requires help due to their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support¹.
- 1.2. Following research undertaken during Carers Week 2022, Carers UK estimate there are currently 10.58m people in the UK that are unpaid carers, which equates to one in five adults². It is also documented there are approximately 800,000 young carers in the UK³.
- 1.3. Carers of all ages play a significant and important role within the communities served by Manchester University NHS Foundation Trust (MFT). However, their individual experiences are often overlooked, and their health and wellbeing are not always supported.
- 1.4. The development of this strategy is to illustrate MFT's commitment to improving the experiences of all our carers and to play an active role in supporting their health and wellbeing.

2. Background

- 2.1. The Care Act 2014 and Children and Families Act 2014 legislated local authority access to a carers assessment for unpaid adult and young carers. The assessment places emphasis on the carers' needs for support and their individual requirements.
- 2.2. The Health and Care Act 2022 and the introduction of Integrated Care Boards/Systems sees an accumulation of recommendations from the aforementioned acts, whilst introducing new legislative measures to allow health and care organisations to deliver an improved service, particularly for those persons accessing multiple organisations.
- 2.3. Building on recommendations from NHS England and the introduction of Integrated Care Systems (ICS), there is now emphasis on all organisations to deliver a Carer's Strategy. The Health and Care Act 2022 places a duty on the National Health Service (NHS) to have regard for carers with the emphasis on promoting their health and wellbeing.
- 2.4. Furthermore, the Care Quality Commission (CQC) now require evidence from organisations in support of promoting the health and wellbeing of carers and improving their experience. This requirement is twofold, i.e., research published by the CQC showed that two thirds of unpaid carers highlighted a lower standard of care, during the pandemic, unacceptable and that there is a call for feedback from carers to better

¹ [NHS commissioning » Who is considered a carer? \(england.nhs.uk\)](https://www.england.nhs.uk/commissioning/who-is-considered-a-carer/)

² [Carers Week 2022 Make Caring Visible Valued and Supported report final.pdf \(carersuk.org\)](https://www.carersuk.org/Carers-Week-2022-Make-Caring-Visible-Valued-and-Supported-report-final.pdf)

³ [The Big Ask Voices: Shining a light on young carers | Children's Commissioner for England \(childrenscommissioner.gov.uk\)](https://www.childrenscommissioner.gov.uk/the-big-ask-voices-shining-a-light-on-young-carers/)

understand the impact of the pandemic on care, and to hear the voice of those on the frontline as part of their 'Because We All Care' campaign.

- 2.5. Whilst the above denotes MFT's legal obligations to develop a Carer's Strategy, the Trust's values of: 'Together Care Matters, Everyone Matters, Working Together, Dignity and Care, Open and Honest' emphasises our internal commitments to improve carer's experiences whilst accessing MFT services.

3. Strategy Development Work, August - December 2022

- 3.1. Building on the commitments outlined in MFT's Experience and Involvement Strategy 2020-2023 and to ensure MFT's Carer's Strategy development is inclusive and co-produced, a series of engagement activities were undertaken to capture the views and voices of What Matters to carers, staff, and other key stakeholders.

Literature Review

- 3.2. The purpose of this was to understand carers' strategies in more detail but also to establish the level of engagement for carer's strategies across the United Kingdom, especially those within the Shelford Group, NHS Foundation Trusts of comparable size and scope to MFT, as well as those within national charities, and local councils. In addition, a review of any legacy strategies pre-MFT was undertaken, along with a review of current strategies which acknowledge carer's across MFT.

- 3.3. It was identified that the following MFT strategies have an impact on carers and for this reason the overarching MFT Carer's Strategy aligns with the commitments outlined in these strategies:

- MFT's Experience and Involvement Strategy: Our Commitments to Patients, Families and Carers 2020-2023
- MFT's Adult Supportive Palliative and End of Life Care Strategy 2021-2026
- Our plan for people with learning disabilities and/or autism, their families and carers 2022-2025
- MFT's Dementia Strategy 2023-2026

Stakeholder Analysis

- 3.4. A stakeholder analysis was completed by the Patient Experience and Voluntary Services teams to identify key delegates that should be involved in co-producing MFT's Carers Strategy. To reach and ensure stakeholder approval and buy-in, the teams used the recognised NHS quality, service improvement and redesign tools to identify stakeholders and prioritise them based on level of influence and interest. From this full list of stakeholders, equal representation from individuals across MFT, Charitable Organisations and Voluntary Services were identified for the stakeholder engagement event. This analysis was also used to consider the type of activities that would best engage all stakeholders during the event and elicit open and honest responses to co-produce a strategy that reflects everyone.

Engagement Event

- 3.5. From this complete list of stakeholders, equal representation was sought from individuals across MFT, charitable organisations and councils.
- 3.6. The stakeholder analysis was used to consider the type of activities that would best engage all stakeholders during the event and elicit open and honest responses, in order to co-produce a strategy that is reflective of multiple viewpoints. Prior to the engagement event colleagues hosting the event, attended the Manchester City Council (MCC) Carers Rights Day, November 2023.
- 3.7. Invitations were sent to stakeholders identified, including MFT Senior Leadership, carers themselves, clinical and clerical staff both internally and from our external partners such as charitable organisations, and councils working together to learn about What Matters to Carers.
- 3.8. Stakeholders unable to attend were invited to complete a carers Strategy Stakeholder Survey.

4. Post Stakeholder Event Work, January – May 2023

- 4.1. Five key themes were identified from the engagement event:
 - Identification and Recognition
 - Communication
 - Signposting and Partnership Working
 - Education
 - Reasonable Adjustments
- 4.2. To establish commitments for the strategy, each of these themes have been reviewed and resource mapped against those forementioned policies and the 2022 Care Quality Commission (CQC) Expectations – (Safe, Effective, Caring, Responsive, Well-led).
- 4.3. Further details on all the above pieces of work are available on request.
- 4.4. The culmination of all this preparatory work has led to the development of the MFT Carers' Strategy 2023-2026. Please see Appendix 1.

5. Consultation

- 5.1. MFT opened a period of consultation on the Carers' Strategy 2023-2026 , from 18th May to 30th June 2023. Comments were invited from all identified stakeholders, and MFT Senior Leadership. These have been considered and the Strategy amended accordingly, where appropriate.

5.2. The Equality Impact Assessment (EqIA) has now commenced.

5.3. Further details on all the above pieces of work are available on request.

6. Recommendation

6.1. The Committee, are asked to note the Carers' Strategy 2023-2026 for launch on Carers Rights Day, the 23rd November 2023.

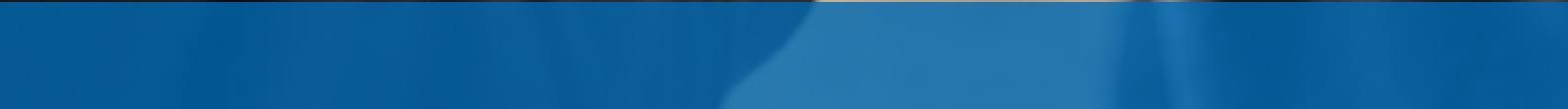
Appendix 1. MFT Carers Strategy, 2023-2026.



Manchester University
NHS Foundation Trust

Manchester University NHS Foundation Trust

Carer's Strategy 2023-2026



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Foreword

Setting the Carers' Strategy in the context of our Patient Experience framework, "*What Matters to Me*", goes to the heart of our vision and describes our commitments to the Communities we serve.

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 and carer experience, research, innovation and teaching
- Attracts, develops and retains great people
- Is recognised internationally as a leading healthcare provider.

It is only through seeing our services through the eyes of those receiving care and those who provide care, that we will truly achieve our vision.

Thank you on behalf of the Board of Directors and on behalf of Carers' for what you do. Thank you for your leadership, your professionalism, your tenacity, your strength, your compassion and your care.

Mark Cubbon, Group Chief Executive

[Awaiting CEO Approval]



Introduction

I am delighted to introduce Manchester University NHS Foundation Trust's (MFT) Carer's Strategy 2023-2026. This strategy builds on and sets out improvements on our work to delivering high quality person-centred care and to delivering the quality of experience any carer would want to receive.

Carers of all ages play a significant and important role within the communities served by MFT. However, their individual experiences are often overlooked, and their health and wellbeing are not always supported.

The strategy outlines MFT's commitment to improving the experiences of all our carers and how we will play an active role in supporting their health and wellbeing.



Our Commitments are:

1. To ensure appropriate **identification and recognition of carers** is well documented – both when an individual has a carer or an individual themselves has caring responsibilities.
2. We are committed to **communicating with carers** in an accessible, friendly and respectful manner.
3. We commit to working in **partnership** with health, social care and third sector services to best **coordinate care**.
4. We are committed to **developing carers awareness** across all areas of the organisation and to **develop training** to ensure all staff feel equipped and skilled to work in partnership with carers.
5. We commit to ensuring **reasonable adjustments** are made to meet the carers and their loved ones needs.

I would like to thank everyone involved in developing this strategy and for everyone's help and support in realising our commitments.

Professor Cheryl Lenney, OBE Chief Nurse

Background

A carer is a person, either adult or child, who looks after a family member, partner or friend who requires help due to their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support¹.

Following research undertaken during Carers' Week 2022, Carers' UK estimate there are currently 10.58m people in the UK that are unpaid carers, which equates to one in five adults². It is also documented there are approximately 800,000 young carers in the UK³.

Carers of all ages play a significant and important role within the communities served by MFT. However their individual experiences are often overlooked, and their health and wellbeing is not always supported.

The development of this strategy illustrates MFT's commitment to improving the experiences of all our carers and to play an active role in supporting their health and wellbeing.

The Care Act 2014 and Children and Families Act 2014 legislated local authority access to a carer's assessment for unpaid adult and young carers'. The assessment places emphasis on the carer's needs for support and their individual needs.

The Health and Care Act 2022 and the introduction of Integrated Care Boards / Systems sees an accumulation of items from the aforementioned acts whilst introducing new legislative measures to allow health and care organisations to deliver a better linked service, especially for those individuals accessing multiple organisations.

Building on recommendations from NHS England and the introduction of integrated care systems, there is now an emphasis on all organisations to deliver a carers' strategy. With the Health and Care Act 2022 placing a duty on the NHS to have regard to carers', and to promote their health and wellbeing.

Furthermore, the Care Quality Commission will now require evidence from organisations in support of promoting the health and wellbeing of carers' and improving their experience.

Whilst the above denotes our legal obligations to develop a carers' strategy, the Trust's values of 'Together Care Matters' – Everyone Matters, Working Together, Dignity and Care, Open and Honest – emphasise our internal commitments to improve carers' experiences whilst accessing MFT services.



How Our Strategy Was Produced

This strategy outlines MFT’s commitments to improving the experiences of all our carers, playing an active role in their health and wellbeing, and ensuring their individual experiences are not overlooked by 2026.

Building on the commitments outlined in MFT’s Experience and Involvement Strategy 2020-2023 and to ensure MFT’s Carers’ Strategy development is inclusive and co-produced, a series of engagement activities were undertaken to ensure all views and voices were heard relating to ‘What Matters’ to carers and other important key stakeholders.

A key activity was a Stakeholder Engagement Event held in November 2022. The event involved a wide range of individuals, from carers themselves, to clinical and clerical staff both internally and from our external partners such as charitable organisations working together to learn about What Matters to Carers.

The following MFT strategies impact carers’ and this overarching MFT Carers’ Strategy will align with:

- MFT’s Experience and Involvement Strategy: Our Commitments to Patients, Families and Carers 2020-2023
- MFT’s Adult Supportive Palliative and End of Life Care Strategy 2021-2026
- Our plan for people with learning disabilities and / or autism, their families and carers 2022-2025
- MFT’s Dementia Strategy 2023-2026
- 2022 Care Quality Commission (CQC) Expectations (Safe, Effective, Caring, Responsive, Well-led)

The Trust is also developing a Carers Policy to underpin this strategy.

How we have produced and plan to deliver on our commitments and strategic ambitions:



Our Commitments

Identification and Recognition

To ensure appropriate identification and recognition of carers is well documented – both when an individual has a carer or an individual themselves has caring responsibilities.

To do this, we will:

- Ensure staff are approachable, kind, and empathetic. This will make carers feel welcome and are treated with respect and dignity in our Hospitals / MCS / LCOs. Staff need to acknowledge, carers may be young.
- Provide a positive carer experience through offering support and, where possible, provision of facilities for carers to support/visit their loved ones.
- Encourage patients to identify all those involved in their care, and for carers to come forward to identify themselves as such to allow them to seek extra support if necessary.
- Support the delivery of person-centred care by encouraging carers to be involved in the completion of 'Getting To Know Me' documentation to support individual carers.
- Recognise that the carers are the 'expert' on how their loved one feels. Staff need to recognise a carers needs.
- Ask carers 'What Matters' to them about the care of their significant other / loved one at all times, and particularly during Palliative Care of their loved one.
- Ensure that patients with their carers are as involved in discussions and decisions about their care as they wish to be – "No decision about me, without me".

- Provide choice for carers regarding where the care of their loved one will be delivered, where this is clinically appropriate.
- Support staff to continue to treat carers as individuals. They will respect the protected characteristics of age, physical or learning disabilities, cultural and religious needs.

Carer Quotes 2022:

"I came feeling extremely anxious and depressed. Over the weeks I have made changes to address my own needs and this has resulted in a significant shift in my mindset and feelings of being able to cope as a CARER for my partner with cancer and also in dealing with work and life. For this I am so very grateful. I feel happier and stronger. Thank you."



Our Commitments

Communication

We are committed to communicating with carers in an accessible, friendly and respectful manner.

To do this, we will:

- Provide carers with full consistent information about the care of their loved one, that is clear and presented in their preferred or required manner.
- Ensure that carers have an opportunity to speak to a doctor, nurse, other healthcare professional or member of the chaplaincy team for practical, spiritual and emotional support.
- Maintain patient and carer confidentiality at all points of care, unless policy indicates a need to share information.
- Improve information sharing across the Trust, so that carers will not need to answer the same questions repeatedly.
- Provide access to interpretation and translation services for all carers who may need it.
- Be responsive to carers' questions in a timely and effective manner and inform them of the reasons for any delays in answering their questions.
- Be responsive to carers' needs, when booking appointments / accessing treatment for themselves as well as for whom they care for. Eg "Flagging" system in HIVE.



Carer Quotes 2022:

“Very prompt arrival following phone call with doctor. Health care practitioner was very polite and respectful to my very elderly mum. Answered any questions I may have had. I felt like I was being listened to which is very important when you are a CARER.”

“Poor communication and really long wait. Waiting for over 6 hours now, I am a CARER for my wife so has caused lots of anxiety.”

Our Commitments

Signposting and Partnership Working

We commit to working in partnership with health, social care and third sector services to best coordinate care.

To do this, we will:

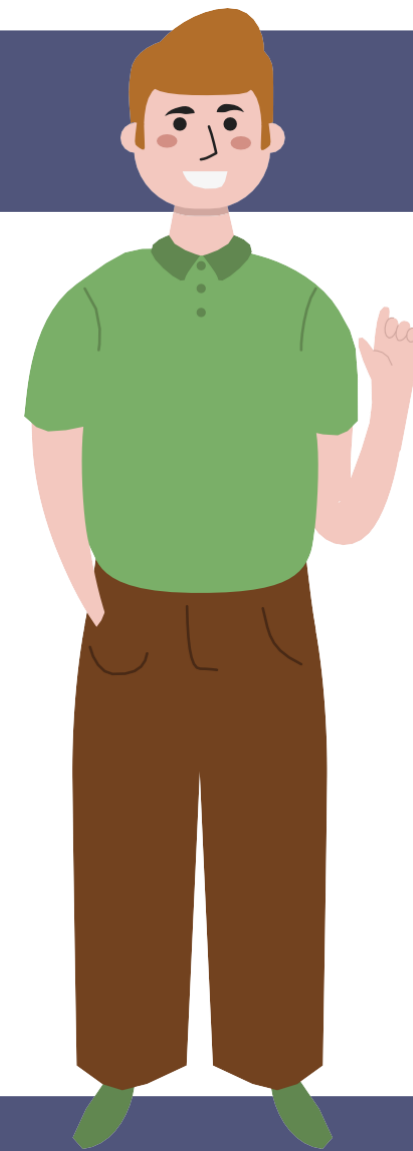
- Establish an MFT web page for Carers. This will have links to other related websites, such as support groups, patient and carer forums, Carers' Manchester.
- Provide or signpost carers to appropriate information and or support groups when the patient is discharged.
- Keep the Trust website up to date with correct contact information, useful information about the Trust's services, and links to local and national support.
- Promote care at home by ensuring that carers and their loved ones are provided with support necessary to enable them to continue care at home.



Carer Quotes 2022:

"...There were no wheelchairs available at any of the entrances. Finally found one abandoned outside St Mary's. Eventually found cardiology, ...I was told I couldn't stay with her in the waiting room... Other hospitals in the trust allow me to stay. Mum is 89, completely deaf, non mobile and very confused. She needs a CARER...."

"Better signage, Send a map of hospital out with appointment letter. Wheelchairs available at all entrances. Use some common sense when applying the no family to accompany rule. A patient with an essential CARER needs a CARER to stay with her."



Our Commitments

Education

We are committed to developing carers' awareness across all areas of the organisation and to develop training to ensure all staff feel equipped and skilled to work in partnership with carers.

To do this, we will:

- Provide staff with the right training, skills and support to best respond to the individual needs of carers and their loved ones. This includes mandatory Equality, Diversity and Inclusion training.
- Encourage carers to raise any questions or concerns, so they may be resolved in a timely manner, either by speaking directly with staff or by seeking advice from the Patient Advice and Liaison Service (PALS) or by making a complaint should they wish to.
- Listen to, act on and learn from feedback from carers across the Trust to develop service improvements alongside coproduction frameworks. Triangulate Patient Feedback, PALS and Complaints data to facilitate this learning.
- Ensure all carers are given the chance to provide feedback through asking *What Matters* to them and offering the Friends and Family Test (FFT) to be completed.
- Review the WMTM Patient Experience Surveys. Develop a specific Carer / Family member survey, to gather feedback on their experiences.
- Regularly review how we obtain and use feedback, and assess its validity and effectiveness.
- Participate in national patient surveys and use the feedback to inform continuous improvement.
- Implement a Trust Carers' Policy which supports the implementation of the Carers' Strategy and acknowledges that staff may also be carers.
- Include carers' experience in the annual Board "Patient Story" programme.
- Review the Trust's monthly Quality Care Round (QCR) audit, to include specific questions to carers are included.



Our Commitments

Reasonable Adjustments

We commit to ensuring reasonable adjustments are made to meet the carers and their loved ones needs.

To do this, we will:

- Provide clear information on how to find the way round our Hospitals / Managed Clinical Services (MCS) / Local Community Organisation (LCO), including public transport and car parking. We will offer wayfinding maps in each reception area in accordance with our MFT Wayfinding Policy.
- Provide up-to-date accessible Access Guides on our Trust website.
- Be responsive to the needs of carers and make reasonable adjustments with for example visiting times.
- Establish agreed ward “boundaries of care” for carers during an inpatient stay, such as when carers can support meal times; identifying what patient care, a carer would like to be involved with.
- Be aware of all carers’ needs regardless of age. Acknowledge carers themselves may require reasonable adjustments for, e.g. autism; dyslexia. Development of a “Carers’ Passport”.





Implementation

Each Hospital/MCS/LCO will ensure that their Business Plans reflect the actions required to deliver the commitments and ambitions of this strategy.

The Group Quality and Patient Experience Forum will oversee implementation of the commitments, enabling services across the Trust to give updates on their progress and share best practice.

Our ambitions, deliverables and commitments will be reviewed annually to ensure that they remain responsive to issues that matter to carers. This update will be included in the annual Patient Experience Board report.



This strategy has been co-produced with thanks to:

Andy Proctor – Estates & Facilities
 Veronica Karb – Parent / Carer
 Lynette Hayes – MLCO
 Richard Harvey – Governor
 Ruth Mulholland – Patient Services Team
 Gail Meers – Corporate Director of Nursing,
 Quality and Patient Experience
 Sarah Cosgrove – Corporate Head of Nursing,
 Quality and Patient Experience
 Claire Horsefield – Patient Services Manager
 Sheila Wilkinson – Patient Services Team
 Shannon Wesley – Patient Services Team
 Claire Entwistle – WTWA
 Sarah Armistead – Quality Matron, Central MLCO
 Hazel Savage – Alzheimer's Society
 Christabel Akwei – Quality Matron, NMGH
 Helen Andrews – Carers Manchester
 Helen Gilbertson – Stroke Association
 Curtis Walters – Carer
 Sarah Khan – MFT Occupational Therapy
 Abdullah Shahjan – MFT Spiritual Care
 Sarah Schwartz – MFT Chaplaincy Volunteer
 Annie McMullen – MFT Chaplaincy
 Daisy Eames – MFT Safeguarding
 Rachel Gittons – MFT Safeguarding
 Claire O'Donnell – Patient Experience Manager,
 RMCH

Alice Fortune – MFT Occupational Therapy
 Deborah Clegg – Dementia Specialist, NMGH
 Gill Hodgson – Patient Safety
 Julie Conneely – Volunteer
 Niall Bancroft – Customer Services Manager
 Morag Doherty – Estates & Facilities
 Daniel Welsh – Patient Experience
 Ollie Melia – Patient Experience
 Jorge Orostica – Patient Experience
 Will Barnes – Gaddum
 Glyn Meacher – Gaddum
 Helen Andrews – Gaddum
 Paul Johnston – Manchester City Council
 Carole Diggle – Carer
 Nicolas Hookey – MFT Chaplaincy Manager
 Lesley Baston – MFT Dementia Nurse
 Claire Entwistle – MFT Quality and Patient
 Experience Matron
 Niall Bancroft – MFT Customer Services Manager
 Suzanne Lewis – Matron for Professional Practice
 Dave Williams – Manchester Carer Forum
 Sally Ferris – Together Dementia Support
 Heather Birds – MFT Equality, Diversity &
 Inclusion Lead
 Ruth Speight – MFT Safeguarding Lead

References

1. NHS commissioning » Who is considered a carer? (england.nhs.uk)
2. Carers_Week_2022_Make_Caring_Visible_Valued_and_Supported_report_final.pdf (carersuk.org)
3. The Big Ask Voices: Shining a light on young carers | Children's Commissioner for England (childrenscommissioner.gov.uk)

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MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Finance Officer
Paper prepared by:	Tim Barlow, Deputy Group Chief Finance Officer Richard Hogger, Deputy Operational Finance Director
Date of paper:	November 2023
Subject:	To receive a report on the annual review of, and amendments to, the Standing Financial Instructions and Scheme of Reserved Decisions and Scheme of Delegation
Purpose of Report:	Indicate which by ✓ <ul style="list-style-type: none"> • Information to note • Support • Accept • Resolution • Approval ✓ • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Requirement of the MFT Constitution (and supporting annexes) relating to core governance documents
Recommendations:	The Board of Directors is asked to review and approve the highlighted amendments to the attached Standing Financial Instructions (SFI) and the Scheme of Reserved Decisions and Scheme of Delegation (SORD)
Contact:	<u>Name:</u> Jenny Ehrhardt, Group Chief Finance Officer <u>Tel:</u> 0161 276 6692

1. Introduction

- 1.1 The purpose of this paper is to detail the proposed amendments to the Standing Financial instructions (**SFI**) and Scheme of Reserved Decision and Scheme of Delegation (**SORD**).
- 1.2 The SFI and SORD documents are reviewed on an annual cycle and as Board members will remember last year's review resulted in substantial changes to both documents following the reversion to a new 'Business as Usual' after the pandemic. This year the review has resulted in fewer changes.
- 1.3 Currently, no changes have been included as a result of the introduction of the Integrated Care System and Integrated Care Board in Greater Manchester, as these have not made a difference to Trust governance arrangements. This will however be kept under review in light of the recent appointment of PWC provided mandated support to the ICB and its Provider Trusts.
- 1.4 The updates described in this paper have been considered through Audit Committee, for those pertaining to the Trust, and through Charitable Funds Committee, for those pertaining to the Charity. They have been recommended for approval by the Trust Board by both Committees.

2. Review and Amendments

- 2.1 The changes highlighted below are detailed in two tables, those pertaining to the SFIs and those pertaining to the SORD.

2.2 Proposed Amendments to the SFIs

Original Clause Content	Revised Clause Content	Rationale for change
2.2.1.2 Review the annual statutory accounts, before they are presented to the Group Board of Directors,	Amended to 'on behalf of' rather than 'before they are presented to'	In line with actual approval process for accounts undertaken by trust
4.3.1 (b) those authorised to sign cheques or other orders drawn on the Trust's accounts.	Remove 'sign cheques' and replace with 'authorise payments'	To reflect current practice – Trust no longer issues cheques
5.2.1 The Trust shall follow the Department of Health advice in the Payment by Result (PbR) guidelines	Remove 'Payment by Results (PbR) and replace with 'Aligned Payment Incentives (API)'	Update following revised national guidance

5.5.1 The use of purchasing cards is to be minimised and a more appropriate procurement route should be followed wherever possible. Notwithstanding this, the Group Director of Procurement is responsible for:	Amend 'Group Director of Procurement' to 'Operational Finance Director'	This work is undertaken by Financial Services rather than procurement – therefore to reflect actual responsibility
10.3. Security of assets	Include new statement as 10.3.7 regarding assets transferred between departments	To help improve tracking of assets during their life
12.1 Disposals and condemnations	Revise section to include disposal procedures, removing reference to separate policy	To simplify documentation and reduce number of separate policies
19 Consultancy Board approval above £50K, GCEO above £30K and GCFO up to £30K	Board approval above £150K, GCEO up to £150K and GCFO up to £50K	Recent update to limits agreed through EDT (see also SoRD 3.6)

Proposed Amendments to the Scheme of Reserved Decisions and Scheme of Delegation:

Original Clause content	Revised Clause content	Rationale for change
1.7b Signing of documents - contracts above £1m approved by Board (GCFO £0.5m to £1m)	Board limit to increase to £5m GCFO to sign £1m-£5m	Reduce number of contracts coming to board for signature
2.3 Service development and Business cases – approval of business cases as Hospital Chief Executive level if the 5 year gross costs are <2%of annual hospital budget	Reduced cost limit to <1%	Reduce level at which Group become involved in such decisions
2.9 Management of Charitable Funds (Endowment Funds)	Remove the Endowments reference.	To remove outdated language
Limits of approval for expenditure up to £100k in tranches based on defined hierarchy	Existing limits are halved	Greater control and oversight of charitable expenditure by the Charitable Funds Committee

3.2 GCFO nominates and authorises Senior Officers and decides on admissibility and acceptance of tenders. Two nominated Senior Officers to open and receive tenders. Neither should have been involved in the commissioning of the work.	3.2 GCFO approves arrangements for the Electronic Opening of Tenders	To reflect modern operational practices
3.5 Ordering Goods and Services - Decision by Board unallocated	3.5 Ordering Goods and Services - Decision by Board GCFO to sign on behalf of board >£5m	In line with change at 1.7, to reduce number of documents coming to board
3.6 Appointment of Management Consultants – decision by board in excess of £50K	GCFO up to £50K GCEO £50K to £150K Board >£150K	Recent update to limits agreed through EDT (see also SFI 19)

3. Recommendation

The Board of Directors is asked to review and approve the amendments that are incorporated in the attached Standing Financial Instructions (SFI) and the Scheme of Reserved Decisions and Scheme of Delegation (SORD).

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Application:	All Staff

Originated / Modified By:	Jenny Ehrhardt, Tim Barlow
Designation:	Group Chief Finance Officer, Group Deputy Chief Finance Officer
Ratified by:	Trust Board
Date of Ratification:	

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STANDING FINANCIAL INSTRUCTIONS

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MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

Standing Financial Instructions (SFIs)

1. KEY OBJECTIVES

1.1 Introduction

- 1.1.1 These Standing Financial Instructions (SFIs) detail the financial responsibilities, policies and procedures adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and the Independent Regulator's relevant guidance. They should be used in conjunction with the Scheme of Reserved Decisions and Scheme of Delegation and the standing orders adopted by the Trust.
- 1.1.2 These SFIs identify the financial responsibilities that apply to everyone working for the Trust and its constituent organisations including any charitable funds, trading units, subsidiaries, hosted organisations or similar. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. All financial procedures must be approved by the Group Chief Finance Officer. These SFIs do not set out in full the requirements of the Independent Regulator's guidance and all relevant guidance of the Independent Regulator should be consulted. Such guidance will also change over time and these SFIs do not record or reference all such applicable guidance.
- 1.1.3 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Group Chief Finance Officer must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the Trust's Standing Orders (SOs).
- 1.1.4 Failure to comply with SFIs and SOs is a disciplinary matter that could result in dismissal and/or criminal prosecution.**
- 1.1.5 If for any reason these SFIs are not complied with full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit Committee for referring action or ratification. All members of the Board and staff have a duty to disclose any non-compliance with these SFIs to the Group Chief Finance Officer as soon as possible.
- 1.1.6 Officers of the Trust should note that the SFIs, SOs and 'Scheme of Reserved Decisions and Scheme of Delegation' do not contain every legal obligation applicable to the Trust. The Trust and each officer of the Trust must comply with all requirements of legislation (which shall mean any statute, subordinate or secondary legislation and any applicable judgment of a relevant court of law which is a binding precedent in England) and all guidance and directions binding on the Trust. Legislation, guidance and directions will impose requirements additional to the SOs, SFIs and Scheme of Reserved Decisions and Scheme of Delegation. All such legislation and binding guidance and directions shall take precedence over these SFIs, SOs and the Scheme of Reserved Decisions and Scheme of Delegation. The SFIs, SOs and Scheme of Reserved Decisions and Scheme of Delegation shall be interpreted accordingly.
- 1.1.7 All policies and procedures of the Trust, to the extent that they are consistent with these SFIs, must be followed by all Governors, Directors and Officers of the Trust in addition to the provisions of these SFIs (whether specifically referenced in this schedule or not).

1.2 Responsibilities and delegation

1.2.1 The Board of Directors

1.2.1.1 The Board exercises financial supervision and control at Group level through:

- (a) formulating the financial strategy
- (b) requiring the submission and approval of the Annual Operational and Financial Plan and budgets including income and both revenue and capital expenditure
- (c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money)
- (d) defining specific responsibilities placed on members of the Board and employees as indicated in the 'Scheme of Reserved Decisions and Scheme of Delegation'.

1.2.2 The Board of Directors has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the 'Scheme of Reserved Decisions and Scheme of Delegation' document. All other powers have been delegated to such other Committees as the Trust has established.

1.2.3 If ambiguity arises in the interpretation of reserve matters, 'Scheme of Reserved Decisions and Scheme of Delegation' or any specific proposed transaction which does not fit into the above, then the Group Chief Finance Officer will have responsibility for providing clarification and ensuring matters are referred to the Board of Directors as deemed necessary.

1.2.4 The Group Chief Executive Officer and Group Chief Finance Officer

1.2.4.1 The Group Chief Executive Officer and Group Chief Finance Officer will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

1.2.4.2 Within the Standing Financial Instructions, it is acknowledged that the Group Chief Executive Officer is ultimately accountable to the Board of Directors, and as Accountable Officer to the Secretary of State, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Group Chief Executive Officer has overall executive responsibility for the Trust's activities; is responsible to the Chairman and the Board of Directors for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control.

1.2.4.3 It is a duty of the Group Chief Executive Officer to ensure that Members of the Board of Directors, employees and all new appointees are notified of, and put in a position to understand their responsibilities within these Instructions.

1.2.5 The Group Chief Finance Officer

1.2.5.1 The Group Chief Finance Officer is responsible for:

- (a) implementing the Trust's financial policies and for coordinating any corrective action necessary to further these policies

- (b) maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions
- (c) ensuring that sufficient records are maintained to show and explain the Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Trust at any time and, without prejudice to any other functions of the Trust, and employees of the Trust, the duties of the Group Chief Finance Officer include:
 - i. the provision of financial advice to other members of the Board and employees,
 - ii. the design, implementation and supervision of systems of internal financial control, and
 - iii. the preparation and maintenance of such accounts, certificates, estimates, records and reports as the Trust may require for the purpose of carrying out its statutory duties.

1.2.6 All Employees

1.2.6.1 All staff of the Trust are severally and collectively responsible for:

- (a) the security of the property, assets and resources of the Trust
- (b) avoiding loss
- (c) exercising economy and efficiency in the use of resources
- (d) conforming to the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the 'Scheme of Reserved Decisions and Scheme of Delegation'.

1.2.7 Contractors and Their Employees

1.2.7.1 Any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Group Chief Executive Officer to ensure that such persons are made aware of this.

1.2.7.2 For all members of the Board and any employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board and employees discharge their duties must be to the satisfaction of the Group Chief Finance Officer.

2. AUDIT

2.1 Audit Committee ("The Committee")

2.1.1 The Committee has been formally constituted as a standing Committee of the Group Board of Directors in accordance with its Standing Orders.

2.1.2 The Committee is authorised by the Group Board of Directors to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any requests made by the Committee.

- 2.1.3 The Committee is authorised by the Group Board of Directors to obtain outside legal or other independent professional advice. The Committee is authorised by the Group Board of Directors to request the attendance of individuals from outside the Group with relevant experience and expertise if it considers it necessary or expedient to the carrying out of its functions.

2.2 Scope and Duties

2.2.1 Financial Statements and the Annual Report

- 2.2.1.1 Monitor the integrity of the financial statements of the Group, any other formal announcements relating to the Group's financial performance, reviewing the significant financial reporting judgements contained in them.
- 2.2.1.2 Review the annual statutory accounts, on behalf of the Group Board of Directors, in order to consider their compliance, objectivity, integrity and accuracy. This review will cover but is not limited to: the meaning and significance of the figures, notes and significant changes; areas where judgement has been exercised; adherence to accounting policies and practices; explanation of estimates or provisions having material effect; any unadjusted statements; and any reservations and disagreements between the external auditors and management which have not been satisfactorily resolved.
- 2.2.1.3 Review the annual report and annual governance statement before they are submitted to the Group Board of Directors to determine compliance, objectivity, integrity and accuracy.
- 2.2.1.4 Review each year the accounting policies of the Group and make appropriate recommendations to the Group Board of Directors.
- 2.2.1.5 Review all systems of control including accounting and reporting systems that support the production of the annual report before review by the Group Board of Directors

2.2.2 Internal Control and Risk Management

- 2.2.2.1 Review the Group's internal financial controls to ensure the provision and maintenance of an effective system of financial risk identification and associated controls, reporting and governance.
- 2.2.2.2 Review and maintain an oversight of the Group's general internal controls and risk management systems, liaising with separate sub-committees as required.
- 2.2.2.3 Review processes to ensure appropriate information flows to the Audit Committee from executive management and other Group committees in relation to the Group's overall internal control and risk management position.
- 2.2.2.4 Review the adequacy of the policies and procedures in respect of all counter-fraud work.
- 2.2.2.5 Review the adequacy of underlying assurance processes that indicate the degree of achievement of corporate objectives and the effectiveness of the management of principal risks.
- 2.2.2.6 Review the adequacy of policies and procedures for ensuring compliance with relevant regulatory, legal and conduct requirements.

2.2.3 Whistleblowing

- 2.2.3.1 Review arrangements, including Freedom to Speak-up provisions that allow staff and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety and other matters.
- 2.2.3.2 Ensure that arrangements are in place for the proportionate and independent investigation of such matters, and for appropriate follow-up action, and ensure safeguards are in place for those who raise concerns.

2.2.4 Corporate Governance

- 2.2.4.1 Monitor corporate governance compliance (e.g. compliance with terms of the license, constitution, codes of conduct, standing orders, standing financial instructions, maintenance of registers of interests).

2.2.5 Internal Audit

- 2.2.5.1 Conduct an annual review of the provision of internal audit services taking into consideration relevant UK professional and regulatory requirements.
- 2.2.5.2 Review and approve the internal audit strategy and programme, ensuring that it is consistent with the needs of the organisation.
- 2.2.5.3 Oversee on an ongoing basis the effective operation of internal audit in respect of: adequate resourcing; its coordination with external audit; meeting relevant internal audit standards; providing adequate independent assurances; it having appropriate standing within the foundation trust.
- 2.2.5.4 Consider the major findings of internal audit investigations and management's response and their implications and monitor progress on the implementation of recommendations.

2.2.6 External Audit

- 2.2.6.1 Review and monitor the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements.
- 2.2.6.2 In line with NFT's constitution, the Council of Governors is responsible for appointing, re-appointing and removing external auditors and will work with the Audit Committee in agreeing the criteria for this. To support them in this task, the Audit Committee should:
- provide information on the external auditor's performance, including details such as the quality and value of the work, the timeliness of reporting and fees.
 - make recommendations to the Council of Governors in respect of the appointment, re-appointment and removal of an external auditor and related fees as applicable. To the extent that a recommendation is not adopted by the Council of Governors, this shall be included in the annual report, along with the reasons that the recommendation was not adopted.

- 2.2.6.3 Discuss with the external auditor, before the audit commences, the nature and scope of the audit, and ensure coordination, as appropriate, with internal audit and any other external regulatory body who may contribute to the formation of the audit opinion.
- 2.2.6.4 Assess the external auditor's work and fees each year and based on this assessment, to make the recommendation to the Council of Governors with respect to the re-appointment or removal of the auditor.
- 2.2.6.5 Oversee the conduct of a market testing / evaluation exercise for the appointment of an auditor at least once every five years and, based on the outcome, make a recommendation to the Council of Governors with respect to the appointment of the auditor.
- 2.2.6.6 Review external audit reports, including the annual audit letter, together with the management response, and to monitor progress on the implementation of recommendations.
- 2.2.6.7 Develop and implement a policy on the engagement of the external auditor to supply non-audit services, taking into account relevant professional rules and ethical guidance.

2.2.7 Standing Orders, Standing Financial Instructions and Standards of Business Conduct

- 2.2.7.1 Review on behalf of the Group Board of Directors the operation of, and proposed changes to, the standing orders and standing financial instructions, the constitution and standards of business conduct; including maintenance of registers.
- 2.2.7.2 Examine the circumstances of any significant departure from the requirements of any of the foregoing, and whether those departures relate to a failing, an overruling or a suspension.
- 2.2.7.3 Review the operation of, and proposed changes to, the Group 'Scheme of Reserved Decisions and Scheme of Delegation'.

2.2.8 Other

- 2.2.8.1 Review performance indicators relevant to the remit of the Audit Committee. Examine any other matter referred to the Audit Committee by the Group Board of Directors and initiate investigation as determined by the Audit Committee.
- 2.2.8.2 Develop and use an effective Assurance Framework to guide the Audit Committee's work. This will include utilising and reviewing the work of the internal audit, external audit and other assurance functions as well as reports and assurances sought from directors and managers and other investigatory outcomes, so as to fulfil its functions in connection with the Audit Committee's Terms of Reference and these SFIs.
- 2.2.8.3 Review the work of all other Group committees in connection with the Audit Committee's assurance function.
- 2.2.8.4 Consider the outcomes of significant reviews carried out by other bodies including, but not limited to, regulators and inspectors within the health [and social care] sector and professional bodies with responsibilities that relate to staff performance and functions.

2.3 Group Chief Finance Officer

- 2.3.1 The Group Chief Finance Officer is responsible for:

- (a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective internal audit function; ensuring that the internal audit is adequate and meets the NHS internal audit standards, the Audit Code for NHS Foundation Trusts and the Guide for Governors: Audit Code for NHS Foundation Trusts;
- (b) ensuring that the Trust maintains adequate counter fraud and corruption arrangements and deciding at what stage to involve the Local Counter Fraud Specialist (LCFS) and/or the police in cases of fraud, misappropriation and other regularities in conjunction with NHS Counter Fraud Authority; and
- (c) ensuring there are appropriate terms of reference for the internal audit function, and that these are reflected in the SFIs.

2.3.2 The Group Chief Finance Officer or designated Auditors/LCFS are entitled, without necessarily giving prior notice, to require and receive:

- (a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature
- (b) access at all reasonable times to any land, premises, and members of the Board or Officers of the Trust
- (c) the production of any cash, stores or other property of the Trust under a member of the Board and/or Officer's control; and
- (d) explanations concerning any matter under investigation

2.4 Role of Internal Audit

2.4.1 In accordance with Public Sector Internal Audit Standards there are two key roles of internal audit:

- The Provision of an independent and objective opinion to the Accountable Officer, the Board, and the Audit Committee on the degree to which risk management, control and governance support the achievement of the organisations agreed objectives.
- The provision of an independent and objective consultancy service, specifically to help line management improve the organisation's risk management, control and governance arrangements.

2.4.2 The Head of Internal Audit will provide an annual opinion statement, in accordance with Public Sector Internal Audit Standards, which will be based on a systematic review and evaluation of risk management, control and governance which comprises the policies, procedures and operations in place to:

- (a) establish, and monitor the achievement of, the Trust's objectives
- (b) identify, assess and manage the risks to achieving the Trust's objectives
- (c) ensure the economical, effective and efficient use of resources
- (d) ensure compliance with established policies (including behavioural and ethical expectations), procedures, laws and regulations

- (e) safeguard the Trust's assets and interests from losses of all kinds, including those arising from fraud, irregularity or corruption; and
- (f) ensure the integrity and reliability of information, accounts and data, including internal and external reporting and accountability processes

- 2.4.3 Where key systems are being operated on behalf of the Trust by anybody external to the Trust, the Head of Internal Audit must ensure arrangements are in place to form an opinion on their effectiveness.
- 2.4.4 Where the Trust operates systems on behalf of other bodies, the Head of Internal Audit must be consulted on the audit arrangements proposed or in place.
- 2.4.5 Whenever a matter arises which involves, or is thought to involve, irregularities concerning cash, stores or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Group Chief Finance Officer must be notified immediately.
- 2.4.6 The Head of Internal Audit will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chair and Group Chief Executive Officer of the Trust.
- 2.4.7 The Group Chief Finance Officer shall produce written procedures for the issue and clearance of audit reports. These shall include the appropriate following action and the steps to be taken when managers fail to take remedial action within the appropriate time period.
- 2.4.8 Where in exceptional circumstances the use of normal reporting channels could be seen as possibly limiting the objectivity of the audit, the Head of Internal Audit shall have access to report directly to the Chair or Vice Chair of the Board, Chair of the Audit Committee or Group Chief Executive Officer.
- 2.4.9 The Head of Internal Audit shall be accountable to the Group Chief Finance Officer. The reporting system for internal audit shall be agreed between the Group Chief Finance Officer, the Audit Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with Public Sector Internal Audit Standards. The reporting system shall be reviewed at least every three years.

2.5. External Audit

- 2.5.1 The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.
- 2.5.2 The Audit Code for NHS Foundation Trusts ("The Audit Code") contains directions of the Independent Regulator under Schedule 7, paragraph 24 of the National Health Service Act 2006, with respect to the standards, procedures and techniques to be adopted by the Auditor.
- 2.5.3 The Trust shall apply and comply with the Audit Code.
- 2.5.4 The Auditor shall be required by the Trust to comply with the Audit Code.
- 2.5.5 SFI 2.5.2 relates equally to internal and external audit.
- 2.5.6 In the event of the Auditor issuing a public interest report the Trust shall forward a report to the Independent Regulator within 30 days (or such shorter period as the Independent Regulator may

specify) of the report being issued. The report shall include details of the Trust's response to the issues raised within the public interest report.

2.6. Fraud and Corruption & Security Management

- 2.6.1 The Trust shall take all necessary steps to counter fraud, bribery and corruption and deal effectively with security management issues affecting NHS funded services in accordance with:
- (a) the NHS Anti-Fraud Manual published by NHS Counter Fraud Authority—(previously known as the Counter Fraud and Security Management Service (CFSMS) and then NHS Protect until 2017)
 - (b) The requirements of the NHS Standard Contract clauses that relate to anti-crime measures
 - (c) the policy statement “Applying appropriate sanctions consistently” published by NHS Counter Fraud Authority.
 - (d) any other reasonable guidance or advice issued by NHS Counter Fraud Authority that affects efficiency, systemic and/or procedural matters; and
 - (e) the security management manual
- 2.6.2 The Group Chief Executive Officer and Group Chief Finance Officer shall monitor and ensure compliance with the above.
- 2.6.3 The Trust shall nominate a suitable person to carry out the duties of the local counter fraud specialist (LCFS) and local security management specialist (LSMS) in accordance with relevant NHS Counter Fraud Authority guidance and NHS Standard Contract clauses.
- 2.6.4 The Group Chief Finance Officer shall instruct the Internal Auditor to investigate any breaches of the Standing Orders and Standing Financial Instructions as he/she may deem appropriate and necessary. Where there is evidence to suggest misappropriation has taken place, the Group Chief Finance Officer shall instruct the LCFS to investigate as he/she deems appropriate and necessary.
- 2.6.5 The LCFS and LSMS shall report to the Group Director of Finance and shall work with staff in NHS Counter Fraud Authority in accordance with the Department of Health anti-fraud manual and NHS Standard Contract clauses.
- 2.6.6 The LCFS will provide periodic updates, including a written annual report, on anti-fraud, bribery and corruption activities undertaken across the Trust.

3. ANNUAL ACCOUNTS AND REPORTS

3.1 Annual Accounts

- 3.1.1 NHSE may, with the approval of the Secretary of State, give directions to the Trust as to the content and form of its accounts. The accounts are to be audited by the Trust's external Auditor. The following documents will be made available to the Comptroller and Auditor General for examination at his request:
- (a) the accounts
 - (b) any records relating to them; and

(c) any report of the external Auditor on them.

3.1.2 The Trust is to prepare in respect of each financial year annual accounts in such form as NHSE may direct with the approval of the Secretary of State. NHSE may with the approval of the Secretary of State direct a Trust:

(a) to prepare accounts in respect of such period or periods as may be specified in the direction

(b) that any accounts prepared by it by virtue of paragraph (a) are to be audited in accordance with such requirements as may be specified in the direction.

3.1.3 In preparing its annual accounts or in preparing any accounts by virtue of 4.1.3 (a) the Accounting Officer shall cause the Foundation Trust to keep proper accounts and proper records in relation to the accounts that comply with any directions given by NHSE with the approval of the Secretary of State as to:

(a) the methods and principles according to which the accounts are to be prepared

(b) the content and form of the accounts.

3.1.4 The annual accounts, any report of the external Auditor on them, and the annual report are to be presented to the Council of Governors at a General Meeting.

3.1.5 The Trust shall:

(a) lay a copy of the annual accounts, and any report of the external Auditor on them, before Parliament; and

(b) send copies of those documents to NHSE within such a period as NHSE may direct:

i. a copy of any accounts prepared by virtue of 4.1.3 (a); and

ii. a copy of any report of an auditor on them prepared by virtue of 4.1.3 (a).

3.1.6 Responsibility for complying with the requirements relating to the form, preparation and presentation of the accounts shall be delegated to the Group Chief Executive Officer.

3.2 Annual Report

3.2.1 The Trust is to prepare annual reports and send them to NHSE, the Independent Regulator. The reports are to give:

(a) information on any steps taken by the Trust to secure that (taken as a whole) the actual membership of its public constituencies and the classes of the staff constituency is representative of those eligible for such membership;

(b) information on the Trust's policy on pay and on the work of the committee established and such other procedures as the Trust has on pay; and

(c) information on the remuneration of the directors and on the expenses of the governors and directors; and

(d) any other information NHSE, the Independent Regulator requires.

3.2.2 The Trust is required to comply each year with the requirements of any guidance issued by NHSE (currently NHSE's NHS Foundation Trust Annual Reporting Manual (FT ARM)) with regard to:

- (a) the form of the reports
- (b) when the reports are to be sent
- (c) the periods to which the reports are to relate.

3.3 Annual Plan

3.3.1 The Trust is to give information as to its forward planning in respect of each financial year to NHSE. The document containing this information is to be prepared by the Directors, and in preparing the document, the Board of Directors must have regard to the views of the Council of Governors.

4. BANKING

4.1 General

4.1.1 The Group Chief Finance Officer is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts. This advice will consider guidance/ directions issued from time to time by NHSE or HM Treasury. In line with 'Cash Management in the NHS' Trusts should minimize the use of commercial bank accounts and consider using the Government Banking Service (GBS) accounts for all banking services.

4.1.2 The Board shall approve the banking arrangements.

4.2 Bank and GBS Accounts

4.2.1 The Group Chief Finance Officer is responsible for:

- (a) bank accounts and the Government Banking Service (GBS) accounts
- (b) establishing separate bank accounts for the Trust's non-exchequer (Charitable) funds
- (c) ensuring payments made from bank or GBS accounts do not exceed the amount credited to the account except where arrangements have been made
- (d) reporting to the Board all arrangements made with the Trust's bankers for accounts to be overdrawn
- (e) monitoring compliance with NHSE's guidance on the level of cleared funds

4.3 Banking Procedures

4.3.1 The Group Chief Finance Officer will prepare detailed instructions on the operation of bank and GBS accounts which must include:

- (a) the conditions under which each bank and GBS account is to be operated
- (b) those authorised to authorise payments or other orders drawn on the Trust's accounts.

4.3.2 The Group Chief Finance Officer must advise the Trust's bankers in writing of the conditions under which each account will be operated.

4.4 Tendering and Review

4.4.1 The Group Chief Finance Officer will review the commercial banking arrangements of the Trust at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the Trust's commercial banking business.

4.4.2 Competitive tenders should be sought at least every five years. The results of the tendering exercise should be reported to the Board. This review is not necessary for GBS accounts.

5. INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

5.1 Income Systems

5.1.1 The Group Chief Finance Officer is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.

5.1.2 The Group Chief Finance Officer is also responsible for the prompt banking of all monies received.

5.2 Fees and Charges

5.2.1 The Trust shall follow the Department of Health advice in the Aligned Payment Incentives (API) guidelines and any other applicable guidance in setting prices for contracts with NHS Commissioners for all services falling within API or other nationally agreed methodology from time to time.

5.2.2 The Group Chief Finance Officer is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health or by Statute. Independent professional advice on matters of valuation shall be taken as necessary. Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is being considered the guidance in the Department of Health's Commercial Sponsorship – Ethical Standards in the NHS shall be followed.

5.2.3 All employees must inform the Group Chief Finance Officer promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

5.2.4 As per the 2012 Health and Social Care Act the Trust shall ensure the following:

- (a) the income received from providing goods and services for the NHS is greater than their income from other sources.

- (b) publish information within the forward plan on all their non-NHS work and to explain its impact on the delivery of goods and services for the NHS.

5.2.5 Should the Trust wish to increase the share of its income from non-NHS sources (including private work) by more than five percentage points in any one year, prior approval from the Council of Governors must be sought.

5.3 Debt Recovery

5.3.1 The Group Chief Finance Officer is responsible for the appropriate recovery action on all outstanding debts.

5.3.2 Income not received should be dealt with in accordance with losses procedures.

5.3.3 Overpayments should be detected (or preferably prevented) and recovery initiated in accordance with the Trust's Overpayment Policy.

5.3.4 Debt write off will be managed in line with the debt write off procedures with overall authorisation by the Group Chief Finance Officer.

5.4 Security of Cash, Cheques and other Negotiable Instruments

5.4.1 The Group Chief Finance Officer is responsible for:

- (a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable
- (b) ordering and securely controlling any such stationery
- (c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines
- (d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.

5.4.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.

5.4.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Group Chief Finance Officer.

5.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss.

5.5 Purchasing Cards

5.5.1 The use of purchasing cards is to be minimised and a more appropriate procurement route should be followed wherever possible. Notwithstanding this, the Operational Finance Director is responsible for:

- a) approving and determining the purchasing capabilities of procurement cards and expenditure limits
- b) prescribing and maintaining procedures on behalf of the Trust which ensures expenditure complies with the conditions of the card
- c) ensuring segregation of duties exist for reviewing all transactions and purchases comply with these SFIs.

6. NHS CONTRACTS AND SERVICE LEVEL AGREEMENTS FOR THE PROVISION OF SERVICES

6.1 Contracts and Service Level Agreements

6.1.1 The Group Chief Executive Officer, as the Accountable Officer, is responsible, where directed, for ensuring the Trust enters into appropriate service contracts with the appointed bodies for commissioning the provision of NHS services. This responsibility is delegated to the Group Chief Finance Officer with the Contracts Director overseeing this on a day-to-day basis. Where the Trust enters into a relationship with another organisation for the supply or receipt of other services, clinical or non-clinical, the responsible officer should ensure that, in line with the limits set out in the Scheme of Delegation, an appropriate contract is present and signed by both parties.

6.1.2 The Trust will look to adhere to the terms and conditions of the NHS standard contract in so far as these are mutually acceptable and balance risk in a reasonable way. In discharging this responsibility, the Group Chief Finance Officer with the Contracts Director shall pay particular attention to:

- the contract term and conditions precedent
- the standards relating to the service quality requirements inclusive of the service specifications
- the costing and pricing of services, referencing to national and local tariffs
- provision of information and activity
- the payment terms and conditions
- governance requirements to include:
 - provider roles and responsibilities
 - performance and contract management

6.1.3 Contract Variations that arise during the course of the contract period e.g. regarding new Commissioner policies, changes to contract funding levels etc. will be reviewed appropriately by the Contracts Director and relevant colleagues consulted and notified as appropriate.

6.2 Stakeholder Partnership and Risk Management

- 6.2.1 A robust contract management framework is based on effective stakeholder relationships, working together across the health and social care system, to provide high quality, sustainable and value for money services. This will require the Group Chief Executive Officer to ensure that the Trust works with all partner agencies involved in both the delivery and the commissioning of services. Where appropriate, risk will be managed across the care system and responsibilities shared to influence outcomes and delivery of integrated services.

6.3 Reports to Board

- 6.3.1 The Group Chief Finance Officer with the Contracts Director will ensure that the Board and other management forums have appropriate oversight of contract agreements and contract performance. This will typically be via the monitoring of performance KPIs, quality standards and information on Hospital activity performance through high level point of delivery information.

6.4 Provider to Provider SLAs

- 6.4.1 The Hospital / MCS/ LCO Chief Executives and their respective Finance Directors are responsible for ensuring that appropriate SLAs are in place and regularly maintained regarding the provision and receipt of services to/from other NHS providers, including annual price reviews and confirmation that service specifications reflect the current service needs.
- 6.4.2 Officers detailed in 6.4.1 should seek advice from the Contracts Director and their team to support any significant changes to these agreements, in particular in relation to pricing discussions.

7. TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE BOARD OF DIRECTORS AND EMPLOYEES

7.1 Remuneration

- 7.1.1 The Remuneration Committee has been established by the Group Board of Directors to ensure that proper systems exist to advise on the appropriate level of remuneration for the Group Chief Executive Officer, the Group Executive Directors and other staff paid on Very Senior Manager (VSM) Pay or non-standard pay scales.

7.2 Scope and Duties

- 7.2.1 To determine the framework or broad policy for the remuneration of the Group Chief Executive Officer, the Group Executive Directors and other staff paid on non-standard pay scales (Very Senior Managers on local Terms & Conditions; Other Medical & Dental Staff on ad hoc salaries etc) with responsibility to monitor the comparative remuneration of senior staff covered by the NHS Agenda for Change.
- 7.2.2 To determine the framework or broad policy for the application or removal of national or local incentive payments e.g. Clinical Excellence Awards.

- 7.2.3 To advise on and oversee contractual arrangements for such staff including a proper calculation and scrutiny of termination payments, taking account of relevant national guidance and legal advice.
- 7.2.4 The Council of Governors will decide the remuneration and allowances, and the other terms and conditions of the non-executive Directors.
- 7.2.5 The Group Board of Directors' emoluments will be accurately reported in the required format in the Group's annual report.

7.3 Staff Appointments

- 7.3.1 No officer or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:
- (a) unless authorised to do so within the 'Scheme of Reserved Decisions and Scheme of Delegation'; and
 - (b) they are within the approved limit of the annual plan i.e. the approved financial budget
- 7.3.2 The Board will approve procedures presented by the Executive Director of Workforce and Corporate Business and the Group Chief Finance Officer and in line with the 'Scheme of Reserved Decisions and Scheme of Delegation' for the determination of commencing pay rates, condition of service, etc, for employees.

7.4 Processing Payroll

- 7.4.1 The Group Executive Director of Workforce and Corporate Business is responsible for:
- (a) specifying timetables for submission of properly authorised time records and other notifications
 - (b) the final determination of pay and allowances
 - (c) making payment on agreed dates
 - (d) agreeing method of payment.
- 7.4.2 The Group Executive Director of Workforce and Corporate Business will issue instructions regarding:
- (a) verification and documentation of data
 - (b) the timetable for receipt and preparation of payroll data and the payment of employees and allowances
 - (c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay
 - (d) security and confidentiality of payroll information
 - (e) checks to be applied to completed payroll before and after payment

- (f) authority to release payroll data under the provisions of the Data Protection Act
- (g) methods of payment available to various categories of employee and Officers
- (h) pay advances and their recovery; up to the point finance is notified of payment/recovery to be made
- (i) separation of duties of preparing records
- (j) a system to ensure the recovery from those leaving the employment of the Trust of sums of money and property due by them to the Trust.

7.4.3 The Group Chief Finance Officer will issue instructions regarding:

- (a) procedures for payment by cheque, bank credit, or cash to employees and Officers
- (b) procedures for the recall of cheques and bank credits
- (c) pay advances and their recovery; from the point finance are notified of payment / recovery to be made
- (d) maintenance of regular and independent reconciliation of pay control accounts.

7.4.4 Appropriately nominated managers have delegated responsibility for:

- (a) submitting time records, and other notifications in accordance with agreed timetables
- (b) completing time records and other notifications in accordance with the Group Executive Director of Workforce and Corporate Business' instructions and in the form prescribed by the Group Executive Director of Workforce and Corporate Business
- (c) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or Officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Group Executive Director of Workforce and Corporate Business must be informed immediately.

7.4.5 Regardless of the arrangements for providing the payroll service, the Group Executive Director of Workforce and Corporate Business shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

7.5 Contracts of Employment

7.5.1 The Board shall delegate responsibility to the Group Executive Director of Workforce and Corporate Business for:

- (a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation;

- (b) dealing with variations to, or termination of, contracts of employment.

7.6 Funded Establishment

- 7.6.1 The workforce plans incorporated within the annual budget will form the funded establishment.
- 7.6.2 The funded establishment of any department may not be varied without the approval of an authorised officer in line with the Scheme of Reserved Decisions and Scheme of Delegation.
- 7.6.3 No appointment can be made without a funded / established post on the ledger and ESR systems.

8. NON-PAY EXPENDITURE

8.1 Delegation of Authority

- 8.1.1 The Scheme of Reserved Decisions and Scheme of Delegation sets out the delegated powers.

8.2 Requisitioning

- 8.2.1 The Trust provides End User Requisitioning (EUR) facility to order goods and services via catalogues supported by Trust/NHS contracts, frameworks and pricing agreements.
- 8.2.2 Where a service or good is not available on catalogue then the requisitioner should consult with the Procurement department. In choosing the item to be supplied (or the service to be performed) best value for money for the Trust should always be sought. Where the advice of the Procurement department is not acceptable to the requisitioner, the Group Chief Finance Officer (and/or the Group Chief Executive Officer) shall be consulted.

8.3 System of Payment and Payment Verification

- 8.3.1 The Group Chief Finance Officer shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.
- 8.3.2 The Group Chief Finance Officer will:
 - (a) advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in Standing Orders and Standing Financial Instructions and regularly reviewed
 - (b) prepare procedural instructions or guidance within the Scheme of Reserved Decisions and Scheme of Delegation on the obtaining of goods, works and services incorporating the thresholds
 - (c) be responsible for the prompt payment of all properly authorised accounts and claims
 - (d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:

- i. A list of Trust employees authorised to certify invoices.
- ii. Proper Certification

8.4 Prepayments

8.4.1 Prepayments are only permitted where exceptional circumstances apply. In such instances:

- (a) Prepayments are only permitted where the financial advantages outweigh the disadvantages
- (b) The appropriate officer must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to meet their commitments
- (c) The Group Chief Finance Officer will need to be satisfied with the proposed arrangements before contractual arrangements proceed
- (d) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Group Chief Executive Officer if problems are encountered.

8.4.2 The sole exception being with regard to maintenance contracts where the industry standard terms are for prepayment. In these circumstances the contract details will be tracked and the prepayment adjustment will be enacted to reflect the correct expenditure for the year to date position.

8.5 Official orders

8.5.1 The Group Chief Finance Officer will issue instructions to ensure:

- (a) that written assurance has been obtained from each provider that they themselves are compliant with the requirements of the anti-bribery legislation
- (b) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Directors or employees, other than:
 - i. isolated gifts of a trivial nature or inexpensive seasonal gifts, such as calendars
 - ii. conventional hospitality, such as lunches in the course of working visits

This provision needs to be read in conjunction with and the principles outlined in the national guidance contained in HSG 93(5) “Standards of Business Conduct for NHS Staff” and the ‘adequate procedures’ requirements of the Bribery Act 2010 as outlined in the Trust’s Anti-Fraud, Bribery and Corruption Policy.

- (c) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Group Chief Finance Officer on behalf of the Group Chief Executive Officer
- (d) all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash; in exceptional circumstances a confirmation order can be raised prior to payment of associated invoices.

- (e) verbal orders must only be issued very exceptionally - by an employee designated by the Group Chief Executive Officer and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";
- (f) orders are not split or otherwise placed in a manner devised to avoid the financial thresholds
- (g) goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase
- (h) changes to the list of employees and Officers authorised to certify invoices are notified to the Group Chief Finance Officer
- (i) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Group Chief Finance Officer
- (j) petty cash records are maintained in a form as determined by the Group Chief Finance Officer.

8.6 Joint Finance Arrangements with Local Authorities and Voluntary Bodies

- 8.6.1 Payments to local authorities and voluntary organisations made under the powers of section 28A of the NHS Act shall comply with procedures laid down by the Group Chief Finance Officer which shall be in accordance with these Acts.

9. EXTERNAL BORROWING AND INVESTMENTS

9.1 Borrowing

- 9.1.1 The Trust must ensure compliance with guidance from the Independent Regulator. The degree to which the organisation's income covers its financing obligations is a key determinant of the Trust's financial stability and will therefore be clearly referenced in determining appropriate levels of borrowing over time.

9.2 Public dividend capital

- 9.2.1 On authorisation as a Foundation Trust the public dividend capital held immediately prior to authorisation continues to be held on the same conditions.
- 9.2.2 Additional public dividend capital may be made available on such terms the Secretary of State (with the consent of the Treasury) decides.
- 9.2.3 Draw down of public dividend capital should be authorised in accordance with the mandate held by the Department of Health cash funding team and is subject to approval by the Secretary of State.
- 9.2.4 The Trust shall be required to pay annually to the Department of Health a dividend on its public dividend capital at a rate to be determined from time to time, by the Secretary of State.

9.3 Commercial borrowing

- 9.3.1 The Trust may borrow money from any commercial source for the purposes of or in connection with its functions, subject to NHSE guidance. Any exercise of this freedom will take full account of the considerations referenced in 9.1.1.

9.4 Investments

- 9.4.1 The Trust may invest money (other than money held by it as charitable Trustee) for the purposes of or in connection with its functions. Such investment may include forming, or participating in forming, or otherwise acquiring membership of bodies corporate.

9.5 Investment of Temporary Cash Surpluses

- 9.5.1 Temporary cash surpluses must be held only in such public and private sector investments as approved in the Trust's treasury management policy which should be drawn up by the Group Chief Finance Officer and pursuant to all applicable guidance including Managing Operating Cash in NHS Foundation Trusts published by the Independent Regulator.
- 9.5.2 The Group Chief Finance Officer shall report periodically to the Board of Directors concerning the performance of investments held.
- 9.5.3 The Group Chief Finance Officer will prepare detailed procedural instructions on investment operations and on the records to be maintained. The Trust's treasury management policy will incorporate guidance from the Independent Regulator as appropriate.
- 9.5.4 The Trust shall comply with all relevant guidance published on investments from time to time in force.

10. CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

10.1 Capital Investment

- 10.1.1 The Group Chief Executive Officer:
- (a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans
 - (b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost
 - (c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges
 - (d) shall ensure that the Trust complies with prevailing regulatory requirements and best practice.
- 10.1.2 For every capital expenditure proposal (other than replacement equipment or rolling programmes) the relevant Hospital Chief Executive, or for Trust level proposals the responsible Executive Director shall ensure:

- (a) that a business case is produced setting out:
 - i. an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs
 - ii. a robust assessment of risks together with appropriate mitigation plans for these risks,
 - iii. a benefits realisation programme with clear accountable officers and timeline set out for delivery and monitoring
 - iv. the involvement of appropriate Trust personnel and external agencies
 - v. appropriate project management and control arrangements
- (b) that the appropriate Director of Finance has certified professionally as to the costs and revenue consequences detailed in the business case.

10.1.3 The requirements of 10.1.2 shall also apply to the procurement of assets through lease arrangements or Managed Equipment Services contracts and such transactions will be reported appropriately adhering to IFRS requirements applicable at the time of procurement.

10.1.4 The Group Director of Estates & Facilities shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE and ESTATECODE. The technical audit of these contracts shall be the responsibility of the relevant Director.

10.1.5 For capital schemes where the contracts stipulate stage payments, the responsible Executive Director will issue procedures for their management, incorporating the recommendations of ESTATECODE.

10.1.6 The Group Chief Finance Officer shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

10.1.7 The Group Director of Estates & Facilities, in consultation with the Group Chief Finance Officer shall issue to the Director responsible for any scheme:

- (a) specific authority to commit expenditure
- (b) authority to proceed to tender
- (c) approval to accept a successful tender (see overlap with Scheme of Reserved Decisions and Scheme of Delegation)

10.1.8 The Group Chief Finance Officer shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.

10.2 Asset Registers

10.2.1 The Group Chief Executive Officer is responsible for the maintenance of registers of assets, taking account of the advice of the Group Chief Finance Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted as appropriate.

- 10.2.2 The Trust shall maintain an asset register recording Property, Plant & Equipment (fixed assets). The minimum data set to be held within these registers shall be as specified in accordance with the International Financial Reporting Standards (IFRS) or any other guidance applicable for the periods concerned.
- 10.2.3 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:
- (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties
 - (b) stores, requisitions and wages records for own materials and labour including appropriate overheads
 - (c) lease agreements in respect of assets held under a finance lease and capitalised.
- 10.2.4 Where capital assets are sold, scrapped, lost or otherwise disposed of their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate). Prior approval will be required from the Group Chief Finance Officer for assets with a value in excess of £75,000, including in circumstances where assets are replaced / superseded by new items e.g. medical equipment. (See 12.1.2)
- 10.2.5 The Group Chief Finance Officer shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
- 10.2.6 The value of each asset shall be depreciated using methods as allowed in the IFRSs.

10.3 Procedure for the Security of Assets

- 10.3.1 The overall control of fixed assets is the responsibility of the Group Chief Executive Officer.
- 10.3.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and including donated assets) must be approved by the Group Chief Finance Officer. This procedure shall make provision for:
- (a) recording managerial responsibility for each asset
 - (b) identification of additions and disposals
 - (c) identification of all repairs and maintenance expenses
 - (d) physical security of assets
 - (e) periodic verification of the existence of, condition of, and title to, assets recorded;
 - (f) identification and reporting of all costs associated with the retention of an asset
 - (g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.
- 10.3.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Group Chief Finance Officer.

- 10.3.4 Whilst each employee and officer has a responsibility for the security of property of the Trust, it is the responsibility of Board members and senior employees in all disciplines to apply such appropriate routine security practices in relation to Trust property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.
- 10.3.5 Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported in accordance with the procedure for reporting losses.
- 10.3.6 Where practical, assets should be marked as Trust property.
- 10.3.7 If a fixed asset is to be transferred between departments or moved to a different location within the same department then the Capital team should be informed immediately.

11. STORES AND RECEIPT OF GOODS

11.1 General Position

- 11.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:
- (a) kept to a minimum
 - (b) subjected to annual / rolling stock take
 - (c) valued at the lower of cost and net realisable value.

11.2 Control of Stores, Stocktaking, condemnations and disposal

- 11.2.1 Subject to the responsibility of the Group Chief Finance Officer for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Group Chief Executive Officer. The day-to-day responsibility may be delegated by them to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Group Chief Finance Officer. The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer; the control of any fuel, oil and coal of a designated estates manager.
- 11.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/Pharmaceutical Officer. Wherever practicable, stocks should be marked as Trust property.
- 11.2.3 The Group Chief Finance Officer shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.
- 11.2.4 Stocktaking arrangements shall be agreed with the Group Chief Finance Officer and there shall be a physical check covering all items in store at least once a year.
- 11.2.5 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Group Chief Finance Officer.
- 11.2.6 The designated Manager/Pharmaceutical Officer shall be responsible for a system approved by the Group Chief Finance Officer for a review of slow moving and obsolete items and for

condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Group Chief Finance Officer any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI on Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

11.3 Goods supplied by NHS Supply Chain

- 11.3.1 For goods supplied via NHS Supply Chain central warehouses, the Group Chief Executive Officer shall identify those authorised to requisition and accept those goods. Generally, goods will be ordered through the Materials Management system and will be ordered to regularly agreed stock levels. Any discrepancies to order should be reviewed and resolved with NHS Supply Chain.

12. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

12.1 Disposals and Condemnations Procedures

- 12.1.1 The Group Chief Finance Officer is responsible for preparing detailed procedures for the disposal of assets including condemnations and transfers, and to ensure that these are notified to all Trust Departments.
- 12.1.2 The authorisation of a disposal has been delegated by the Group Chief Finance Officer to Operational Finance Director
- 12.1.3 It is important for managers to consider the potential financial implications of disposing of an inventory asset and therefore any replacement costs should be considered when deciding to dispose of such assets.
- 12.1.4 Consideration to disposal arrangements should be carried out at the procurement stage for a replacement asset and costs of disposal should be considered as part of the initial procurement decision as per the Procurement Policy.
- 12.1.5 If the asset to be disposed of has previously been subject to a lease agreement, the condemning officer must ensure that the Trust has title to the item in question.
- 12.1.6 If, following a business decision in accordance with Trust SFI's, an item is identified as being surplus to the Trust's requirements, it should be disposed of in the most economical manner – maximising proceeds to the Trust whilst complying with the relevant legislation and guidance.
- 12.1.7 The normal means of disposal of surplus equipment will be through the Trust's appointed equipment auctioneers (as advised by Procurement department). This will be undertaken as appropriate by the relevant team.
- 12.1.8 No surplus fixed or inventory assets should be given to staff, members of the public or any third party without the express permission of the Operational Finance Director.
- 12.1.9 In the case of obsolete, or otherwise unusable, assets the Trust may approve the gift of the item to a registered charity including those working overseas e.g. obsolete medical equipment. This is

subject to confirmation that appropriate decontamination procedures can be carried out at negligible costs or where these costs will be refunded by the charity. Packaging and transport would be the responsibility of the charity.

- 12.1.10 When considering the disposal of medical equipment, the Trust's Medical Equipment and Maintenance department (MEAM) will advise on the safety, condition and suitability for the disposal of an asset. Reference can also be made to The Medical Device Management Policy which complies with all relevant guidance.
- 12.1.11 When considering the disposal of IT equipment, confirmation that it has reached the end of its useful life is to be sought from IM&T. For any device containing data storage, for example hard drive, IM&T will arrange for its removal and appropriate disposal.
- 12.1.12 When it is decided to dispose of a Trust asset, a Trust official with the appropriate delegated authority will notify the Operational Finance Director. The Operational Finance Director will establish the carrying amount of the asset and determine the financial impact of the disposal, taking professional advice where necessary. (see 10.2.4)
- 12.1.13 All unserviceable articles shall be disposed of in line with the Transfer and Disposals of Assets Policy.
- 12.1.14 A Trust official with delegated authority for disposal of the asset shall satisfy themselves as to whether or not there is evidence of negligence in use and shall report any such evidence to the Operational Finance Director who will take the appropriate action.

12.2 Losses and Special Payments

12.2.1 Procedures

- 12.2.1.1 The Group Chief Finance Officer must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments.
- 12.2.1.2 Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Group Chief Executive Officer and the Group Chief Finance Officer or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Group Chief Finance Officer and/or Group Chief Executive Officer.
- 12.2.1.3 Where a criminal offence is suspected, the Group Chief Finance Officer must immediately inform the police if theft or arson is involved. In cases of fraud or corruption, or of anomalies which may indicate fraud or corruption, the Group Chief Finance Officer must inform the Trust's LCFS in accordance with the NHS Standard Contract clauses.
- 12.2.1.4 The Group Chief Finance Officer must notify NHS Counter Fraud Authority, via the LCFS. The Group Chief Finance Officer should also notify the Board, Audit Committee and External Audit as/when appropriate to do so.
- 12.2.1.5 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if below £100k, the Group Chief Finance Officer must promptly notify:
 - (a) the Board,

(b) the External Auditor.

- 12.2.1.6 Within limits delegated to it by the Department of Health and in accordance with the Scheme of Delegation, the Board shall approve the writing-off of losses.
- 12.2.1.7 The Group Chief Finance Officer shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.
- 12.2.1.8 For any loss, the Group Chief Finance Officer should consider whether any insurance claim can be made.
- 12.2.1.9 The Group Chief Finance Officer shall maintain a Losses and Special Payments Register in which write-off action is recorded.
- 12.2.1.10 No special payments exceeding delegated limits shall be made without the prior approval of the Department of Health, NHSE and H.M. Treasury.
- 12.2.1.11 All losses and special payments arising in the previous period must be reported to the Audit Committee at every meeting.

13. PATIENTS' PROPERTY

- 13.1 The Trust has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead, on arrival.
- 13.2 The Group Chief Executive Officer is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission by:
- notices and information booklets; (notices are subject to sensitivity guidance)
 - hospital admission documentation and property records
 - the oral advice of administrative and nursing staff responsible for admissions,
- that the Trust will not accept responsibility or liability for patients' property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.
- 13.3 The Group Chief Finance Officer must provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.
- 13.4 Where Department of Health instructions require the opening of separate accounts for patients' monies, these shall be opened and operated under arrangements agreed by the Group Chief Finance Officer.
- 13.5 In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, Small Payments, Act 1965), the production of Probate or Letters of Administration shall be required before

any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.

- 13.6 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.
- 13.7 Where patients' property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

14. FUNDS HELD ON TRUST

14.1 Corporate Trustee

- 14.1.1 The Trust is responsible, as a corporate Trustee, for the management of funds it holds on Trust and shall comply with Charities Commission latest guidance and best practice.
- 14.1.2 The discharge of the Trust's corporate Trustee responsibilities are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.
- 14.1.3 The Group Chief Finance Officer shall ensure that each Trust fund which the Trust is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

14.2 Accountability to Charity Commission and Secretary of State for Health

- 14.2.1 The Trustee responsibilities must be discharged separately, and full recognition given to the Trust's dual accountabilities to the Charity Commission for charitable funds held on Trust and to the Secretary of State for all exchequer funds held on Trust.
- 14.2.2 The Scheme of Reserved Decisions and Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Board of Directors members and Trust Officers must take account of that guidance before taking action.

14.3 Applicability of Standing Financial Instructions to funds held on Trust

- 14.3.1 In so far as it is possible to do so, most of the sections of these Standing Financial Instructions will apply to the management of funds held on Trust.
- 14.3.2 The over-riding principle is that the integrity of each of the Trust and the Charity must be severally maintained and statutory and regulatory obligations met. Materiality relating to the Charity must be assessed separately from Exchequer activities and funds.

15. ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT

- 15.1 The Group Chief Executive Officer shall ensure that all staff are made aware of the Trust policy on acceptance of gifts and other benefits in kind by staff (The Trust's 'Standards of Business Conduct and Hospitality Policy'). This policy follows the guidance contained in the Department of Health circular HSG (93) 5 'Standards of Business Conduct for NHS Staff' and is also deemed to be an integral part of these Standing Financial Instructions and the MFT Standing Orders (Annex 7, MFT Constitution - October 2017).
- 15.2 Staff are also reminded that the offering, promising, giving, requesting, receiving or agreeing to receive gifts, hospitality and other benefits in kind, under certain circumstances, may also constitute offences under the Bribery Act 2010. (Further advice and guidance can be sought from the LCFS).
- 15.3 Staff and Officers are also required to comply with the Trust's instructions regarding the declaration of interests' processes.

16. RETENTION OF RECORDS

- 16.1 The Group Chief Executive Officer shall be responsible for maintaining archives for all records required to be retained in accordance with Department of Health guidelines.
- 16.2 The records held in archives shall be capable of retrieval by authorised persons.
- 16.3 Records held in accordance with the latest NHS Code of Practice shall only be destroyed at the express instigation of the Group Chief Executive Officer. Detail shall be maintained of records so destroyed.

17. INSURANCE

17.1 Insurance: Risk Pooling Schemes administered by NHS Resolution (formerly NHSLA)

- 17.1.1 The Board shall decide if the Trust will insure through the risk pooling schemes administered by NHS Resolution (formerly the NHS Litigation Authority) or self-insure for some or all of the risks covered by the risk pooling schemes. If the Board decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually.

17.2 Insurance arrangements with commercial insurers

- 17.2.1 The Group Chief Finance Officer shall ensure that insurance arrangements exist in accordance with the risk management programme.

17.3 Arrangements to be followed by the Board in agreeing Insurance cover

- 17.3.1 Where the Board decides to use the risk pooling schemes administered by NHS Resolution the Group Chief Finance Officer shall ensure that the arrangements entered into are appropriate and

complementary to the risk management programme. The Group Chief Finance Officer shall ensure that documented procedures cover these arrangements.

17.3.2 Where the Board decides not to use the risk pooling schemes administered by NHS Resolution for one or other of the risks covered by the schemes, the Group Chief Finance Officer shall ensure that the Board is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Group Chief Finance Officer will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.

17.3.3 All the risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'deductible'). The Group Chief Finance Officer should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

18. TENDERING AND CONTRACTING PROCEDURE

18.1 The Scheme of Reserved Decisions and Scheme of Delegation and the Trust's Procurement of Goods and Services policy, specify the procurement arrangements that should be applied along with provisions for instances where the invitation of competitive offers or the prescribed number of competitive offers is not appropriate.

19. CONSULTANCY

19.1 The Trust shall comply with any guidance from NHSE regarding the utilisation of consultancy support including any approvals processes and reporting requirements applicable.

19.2 Any planned use of consultancy requires the approval of the Board for appointments in excess of £150,000 (thresholds include irrecoverable VAT and other costs e.g. expenses). The approval of the Group Chief Executive Officer is required for expenditure up to £150,000 and approval of the Group Chief Finance Officer for expenditure up to £50,000. These values also apply where the threshold is reached due to a contract extension or variation.

20. INFORMATION TECHNOLOGY

20.1 The Group Chief Financial Officer, who is responsible for the accuracy and security of the computerised financial data of the Trust, shall:

- a) devise and implement any necessary procedures to ensure adequate and reasonable protection of the Trust's data, programs and computer hardware for which they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection and Computer Misuse Acts
- b) ensure that adequate and reasonable controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system
- c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment

- d) ensure that adequate controls exist to maintain the security, privacy, accuracy and completeness of financial data sent via transmission networks
- e) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as are considered necessary are being carried out.

20.2 The Group Chief Financial Officer shall satisfy themselves that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation.

20.3 The Group Chief Financial Officer shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

20.4 Where another health organisation or any other agency provides a computer service for financial applications, the Senior Information Risk Owner shall periodically seek assurances that adequate controls are in operation.

20.5 Where computer systems have an impact on corporate financial systems the Senior Information Risk Owner shall satisfy him/herself that:

- a) systems acquisition, development and maintenance are in line with Trust policies
- b) data produced for use with financial systems is adequate, accurate, complete and timely, and that an audit trail exists
- c) Trust's Finance Officers have access to such data; and
- d) such computer audit reviews carried out as necessary.

21. RESEARCH & INNOVATION

21.1 Principles

21.1.1 The principles surrounding Research and Innovation (R & I) contained in these Standing Financial Instructions are of direct relevance to all those who host, conduct, fund or participate in research within the Trust.

21.1.2 These SFIs should be read in conjunction with the R&I Standard Operating Procedures (SOPs) and Policies which are available on the R&I Trust intranet web pages.

21.1.3 Financial probity and compliance with the law and rules laid down by H M Treasury for the use of public funds are applicable to R & I activities being undertaken within the Trust.

21.1.4 There are two types of R & I activity as follows:

- i. "Commercial R & I" – where R & I is primarily conducted for commercial purposes and funded by an external company, for example a drug trial prior to licensing.
- ii. "Non-Commercial R & I" – where R & I is funded by a charitable organisation, a Research Council, the Department of Health or other government agencies.

21.2 Use of funding gained through Research and Innovation

- 21.2.1 Any funding which is received through R & I activity is covered by the Trust's SFIs as is the case for all other funding sources within the Trust. This includes all rules associated with issues such as hospitality.
- 21.2.2 It is not possible to carry forward surplus funds following the completion of a research project into the next financial year under NHS accounting rules.
- 21.2.3 Researchers do not have the authority to use the funding for purposes other than that specifically authorised. The use of any surpluses which occur must comply with the contractual terms of the research grant / contract.
- 21.2.4 In some cases, if the research activity is not fully delivered, under the contractual obligations an element of the funding will need to be returned to the external funding body and will not be retained by the Trust.
- 21.2.5 Where it is appropriate that the Trust retains any surpluses, the use of these must be approved through the normal budget holder structure within the area concerned.
- 21.2.6 Most R & I funding streams are non-recurrent. Permanent commitments such as the appointment of staff to research positions on permanent contracts should only be made if there is an agreed income stream to cover the on-going commitment once the funding source has ceased.
- 21.2.7 Payments to staff for research activities must be in line with Trust payroll procedures and no arrangements to avoid taxation liabilities should be entered into.
- 21.2.8 Any income which is gained from NHS activities must be paid into and managed as part of normal Trust exchequer accounts. Funds must not be held within special accounts, (external bank accounts), Charitable funds or within any other charitable trust funds.
- 21.2.9 Before approval, any potential applications for research need to be fully assessed from a financial perspective and approved in line with normal Trust budgetary management arrangements. In particular any deficits identified in the study need to be agreed by the management team in that area and accounted for accordingly.
- 21.2.10 A nominated member of the research team undertaking the research activity, supported by finance managers is responsible for ensuring that there is on-going monitoring of the recovery of income awarded under any approved grant / contract and should any income not be forthcoming, appropriation action taken.
- 21.2.11 A nominated member of the research team is responsible for controlling and monitoring spend, ensuring that it is contained within the approved funding allocation and that the spend represents value for money, liaising with the management team for their area and with the appropriate finance manager.

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SCHEME OF RESERVED DECISIONS AND SCHEME OF DELEGATION

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SCHEME OF RESERVED DECISIONS AND SCHEME OF DELEGATION

1. INTRODUCTION

- 1.1 This Schedule of Reserved Decisions and Scheme of Delegation sets out all the roles and decision levels by which the Board of Directors operates. Many of the areas shown can be linked to specific paragraphs in the Standing Orders, Standing Financial Instructions or Procurement Regulations and these should also be consulted as required. (The Schedules are set out in the following tables).
- 1.2 The general description of the roles of the Board of Directors, the Chairman, the Group Chief Executive Officer and Group Executive Directors, are shown below followed by descriptions of the role/decision level in more specific areas which are part of the Trust's regular business.

2. GENERAL CONDITIONS

- 2.1 All powers are vested in the Board of Directors and remain to be exercised by the Board unless specifically delegated within a scheme of delegation authorised by the Board.
- The ultimate responsibility for all decisions taken under delegated powers remains with the Board of Directors
 - Decisions made under delegated powers must comply with statutory and legal provisions, with Trust policy and regulations and must not incur expenditure that is not provided for, in the Trust's Business Plan (revenue or capital budget).
 - No Committee may exercise powers greater than those available to the Board of Directors or greater than those specifically delegated by the Board.
 - It is the responsibility of each Chairman (or acting Chairman) of each Committee, operating within delegated powers, to ensure that:
 - Business is conducted in accordance with formal agenda reports.
 - Minutes are compiled in respect of all business considered at meetings and that those minutes are comprehensive and clear and adequately reflect the considerations and decisions made.
 - Minutes of meetings including reference to decisions taken, should be submitted to the Board of Directors at the earliest practical opportunity, but in any case on a regular and timely basis.

3. ROLE OF THE BOARD OF DIRECTORS

- 3.1 The Trust sets the strategic direction of the organization having regard to NHSE Oversight Framework and overall NHS policy, sets objectives and the plans to meet them and oversees their delivery. It aims to ensure high standards of corporate governance and personal behaviour in the conduct of business with high standards of financial stewardship and value for money and achieves this through officers led by the Group Chief Executive Officer and a team of Group Executive

Directors who will advise and appraise – it is important to note that the Board of Directors function as a unified Board as opposed to individuals' accountabilities.

4. ROLE OF THE CHAIRMAN

- 4.1 The Chairman acts as the main link in communication between the Group Chief Executive Officer and the Board of Directors; to provide a focus for Directors' views; to act on behalf of the Board between meetings where necessary and to report on such actions where appropriate; to advise and guide the Group Chief Executive Officer; and to maintain close contact with Governors and other NHS Chairmen; to act as the main spokesperson for the Board. The Chairman also has a responsibility for authorising, on behalf of the Trust, urgent actions in respect of appropriate matters. In the event of the absence of the Chairman, the Deputy Chairman will deputise over the whole range of the Chairman's responsibilities.

5. ROLE OF THE GROUP CHIEF EXECUTIVE OFFICER

- 5.1 The Group Chief Executive Officer is directly accountable to the Board of Directors in relation to the performance of all of the Trust's functions. Whilst Group Executive Directors have a crucial role in the development of policy, The Group Chief Executive Officer is ultimately responsible for advice to the Board and for ensuring that the Board's policies and decisions are implemented. The only exception to this is when advice is given by other officers in their professional capacity.

6. ROLE OF THE GROUP EXECUTIVE DIRECTORS

- 6.1 Responsible to the Group Chief Executive Officer for the scope of work delegated to them and for assisting him in the formulation of policy and advice to the Board. It is an intrinsic part of the organisation that Group Executive Directors work closely together.

7. ROLE OF EMERGENCY ACCOUNTABLE OFFICER

- 7.1 Responsible to the Group Chief Executive Officer in the event of a designated national or local emergency the Emergency Accountable Officer (normally the Group Chief Operating Officer) shall have additional delegated authority over resources including workforce, finances and estates and facilities for the duration of the emergency - see Appendix B.

8. EQUALITY IMPACT ASSESSMENT

- 8.1 This document has been Impact assessed by the author using the Trust's Equality Impact assessment (EqIA)
- 8.2 The Equality Impact Assessment has been completed and submitted to the Equality and Diversity Team for equality sign off.

9. CONSULTATION APPROVAL AND RATIFICATION PROCESS

- 9.1 The main Internal Stakeholders for the purpose of this document are the Trust Directors and Senior Leaders and those tasked in supporting due and appropriate governance.

10. DISSEMINATION AND IMPLEMENTATION

- 10.1 To be placed on the Intranet for leaders and staff to reference as required.

11. STANDARDS AND KEY PERFORMANCE INDICATORS

- 11.1 This document should be reviewed every three years or when there are significant changes to the document.

12. REFERENCES AND BIBLIOGRAPHY

- 12.1 Trust Standing Orders (Trust intranet)
Standing Financial Instructions

13. SCHEME OF DECISION AND SCHEME OF DELEGATION

Governance
Finance
Procurement
Human Resources
Asset Management
PFI Approvals
Corporate Investments
Contracts for Provision of Services.

14. APPENDICES

Appendix A - PFI Scheme of Delegation
Appendix B – Process in the event of a national or local emergency

Scheme of Reservation and Delegation – Detailed Schedules

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF
		CHAIRMAN	GROUP CHIEF EXECUTIVE OFFICER	DIRECTOR /SENIOR MANAGER	
1. Governance					
1.1 Standing Orders/ Standing Financial Instructions (SOs / SFIs)	Approves	Chairman in conjunction with the Group Chief Executive Officer and Board Secretary is the final authority in interpretation of SOs and the Audit Committee for SFIs	Responsible for creation/submission of Standing Orders or through delegation to GDWCB.	GCFO responsible for creation/ amendment of SFIs and submission for approval	SFI 1.2.1 (c) SFI 1.2.1 (d) SFI 1.2.2
1.2 Audit Arrangements	Approval through Audit Committee. Action on points raised by External Auditors			GCFO manages the arrangements for the provision of external and internal audit. Advises Chairman/GCEO on points raised by auditors	SFIs 2
1.3 Emergency Powers / Urgent Decisions		In conjunction with the Group Chief Executive Officer takes action as appropriate and reports to the next Board meeting			SFI 1.2.3 SO 7
1.4 Health and Safety Arrangements	Approves policy on Health & Safety and arranges for the undertaking of specific reviews on the advice of the Risk Oversight Committee		Overall responsibility for operational arrangements with delegation to GDWCB	GDWCB to ensure effective implementation of Trust policy to monitor on a day-to-day basis and to advise GCEO of requirements. GDs / Senior Managers responsible for arrangements within their scope of operation	
1.5 Code of Conduct, Hospitality etc.	Approves overall policy.	Approval of attendance at conferences or similar visits by Non-Executive Directors and GCEO	Overall responsibility for the arrangements for Director/Officer hospitality in line with Trust policy and national guidance.	GDWCB to ensure that the Trust's Code of Conduct for Directors and Employees is brought to the attention of staff including new starters.	SFI 15

KEY:	GCEO	Group Chief Executive Officer	GMD	Group Medical Directors	AMD	Associate Medical Director
	GDCEO	Group Deputy Chief Executive Officer	GCN	Group Chief Nurse / Director of Patient Services	GDWCB	Group Director of Workforce and Corporate Business
	GCFO	Group Chief Finance Officer	GDs	Group Directors	DRI	Director of Research and Innovation

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF
		CHAIRMAN	GROUP CHIEF EXECUTIVE OFFICER	DIRECTOR /SENIOR MANAGER	
1. Governance					
1.6 Risk Management	Approves Policy. Receives regular reports on quantified Risks from the Risk Oversight Committee. Through the Audit Committee approves Statement on Internal Control.		Overall responsibility for Risk Management. Delegated to GMD. Signed Statement on Internal Control.	GMD to ensure that the Risk Management Policy is implemented. Advises Board and GCEO of significant risk. GED's/Senior Manager responsibility to put in place Risk Management for arrangements within the scope of operations and for taking appropriate action based upon risk assessments.	
1.7a Sealing of Documents	Receives Annual Reports on the documents on which the Common Seal has been fixed in the presence of Chairman (or a Group Non Executive Director) and Group Chief Executive Officer (or a Group Director)	Chairman to be present or a Group Non-Executive Director and to be attested by him/her	Group Chief Executive Officer to be present or a Group Director, and to be attested by him/her		SO 13.3
1.7b Signing of Documents	Contracts above £5m approved by Board			Limits for signing contracts for goods and services received or provided excluding the NHS Contracts & SLAs (SFIs 6):- Hospital / Divisional / Corporate Director £250,000 Deputy Group CFO £500,000 Group CFO £5m Lease documents for Clinical, Business and Residential Accommodation shall be signed by the Group Director of Estates and Facilities up to a total lifetime cost of £1m. Lease documents for all accommodation with a lifetime cost of greater than £1m require approval by the Board of Directors before signature by the Group Director of Estates and Facilities.	SFI 6
1.8 Complaints against the Health Service	Assesses and actions reports submitted on complaints or allegations of ill treatment/inappropriate treatment.		Advises Chairman/Board on specific issues.	GCN advises GCEO on specific issues.	

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF				
		CHAIRMAN	GROUP CHIEF EXECUTIVE OFFICER	DIRECTOR /SENIOR MANAGER					
1. Governance									
1.9 Research & Innovation	Approves policy and strategy having regard to the advice of the Research Governance Committee.		Reports Research and Innovation performance and governance to Board of Directors	JGMD to put in place an effective Research Governance System and reporting. Divisional Director of Research and Innovation approves and signs research contracts. DRI issues Honorary Research contracts.					
1.10 Data Protection	To ensure policy on data protection is effective.			GCFO in line with statute and Trust policy to nominate a Data Protection Manager. Reports to Board annually and as required.					
1.11 Research Grants				Submission of the bids and approval of contracts for research grant funding. Limits for signing bid and contracts for research grant funding:- <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Managing Director of Research and Innovation approves all</td> <td style="width: 30%;">Up to upper NHS E/I grant limit (currently £0.5m)</td> </tr> <tr> <td>Group Chief Executive Officer approves all above</td> <td>Above upper NHS E/I grant limit (currently £0.5m)</td> </tr> </table>	Managing Director of Research and Innovation approves all	Up to upper NHS E/I grant limit (currently £0.5m)	Group Chief Executive Officer approves all above	Above upper NHS E/I grant limit (currently £0.5m)	SFI21
Managing Director of Research and Innovation approves all	Up to upper NHS E/I grant limit (currently £0.5m)								
Group Chief Executive Officer approves all above	Above upper NHS E/I grant limit (currently £0.5m)								

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF
		CHAIRMAN	GROUP CHIEF EXECUTIVE OFFICER	DIRECTOR /SENIOR MANAGER	
2. Finance					
2.1 Business Plan, Budget, Annual Report and Accounts	Accepts and approves reports submitted by the GCFO/GCFO		Approves Business Plans of the Trust and of Hospital units. Annual Report and Accounts for submission to the Board of Directors.	GCFO oversees the development of financial plans for the Trust and for constituent Hospital units and presents summary plan and financial reports to the Board.	SFI 3
2.2 Delegation of Budgets and Approval to spend.	Accepts and approves delegated budgets		<ul style="list-style-type: none"> - Regulatory positioning & overall financial strategy - Assessment of risk / escalation status appropriate for each Hospital - Decisions on recovery time boundaries & whether Turnaround programme required - Decision on trigger point for and specific nature of 'Financial Special Measures' based on Accountability Oversight Framework (AOF) 	<ul style="list-style-type: none"> - Financial strategy and Operational Plan - Hospital/MCS/LCO/Corporate Budget Setting and Operational Delivery of Financial Plan - Hospital/MCS/LCO/Corporate level Scheme of Delegation (Items outside of local levels of delegate schemes refer to Scheme of Delegation) - Financial authorisation controls 	SFI 8.1.1
2.3 Service Development & Business Cases (including responding to Health Tenders/ Contracts)	Approves Trust's Annual Plan and any in-year developments exceeding delegated limits of Hospitals / Divisions		As Trust's Accountable Officer is responsible for the legality of service developments & approves in-year developments up to delegated limits.	<p>Approval of business cases at Hospital Chief Executive level if the 5 year gross costs are < 1% of annual Hospital budget. (This is subject to AOF review process)</p> <p>Provided that overall integrity of Hospital forward plan is delivering the required bottom line control total position and this is maintained throughout the period covered.</p> <p>Approval of Group Corporate business cases up to £1m Executive Group Director. Up to £5m to be approved by GCFO. Business cases above £5m approved by Board.</p>	SFI 10.1.1
2.4 Operation of all Detailed Finance Matters including Bank Accounts and Banking Procedures.				GCFO to be responsible for the implementation of the Board's financial policies, in accordance with SFIs.	SFIs

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF
		CHAIRMAN	GROUP CHIEF EXECUTIVE OFFICER	DIRECTOR /SENIOR MANAGER	
2. Finance					
2.5 Banking	All banking arrangements must be approved by the Board of Directors.			GCFO to advise the Board on: Banking needs The provision of banking services The need for re-tendering. GCFO to stipulate operational and day-to-day controls.	SFI 4
2.6 Insurance Arrangements	Approves insurance portfolio.		Reports to Board on potential insurable risks.	GCFO draws up insurance portfolio recommendations. JGMD responsible for R&I clinical indemnity arrangements.	SFI 17
2.7 Management and Control of stocks				GCFO defines what is to be classed as stock and the controls and records required. Hospital Chief Executives are responsible for stocks under their control but may delegate day-to-day control to Divisional Directors/Heads of Department.	SFI 11
2.8 Recording and Monitoring of Payments under the Losses and Compensation Regulations				Directors and Senior Managers will notify GCFO in writing of losses and special payments who will arrange for the appropriate authorisation, notify the GCFO and provide quarterly reports to the Audit Committee. GCFO will notify the GCEO/Chairman/Board of Directors of specific items of a managerial nature without delay.	SFI 12

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF
		CHAIRMAN	GROUP CHIEF EXECUTIVE OFFICER	DIRECTOR /SENIOR MANAGER	
2. Finance					
2.9 Management of Charitable Funds	<p>Approve the composition of Charitable Funds Committee.</p> <p>Charitable Funds Committee approves Charity Scheme of Delegation and sets overall policy on investments and accepts annual progress reports.</p>			<p>GCFO acts as Treasurer to the Charitable Fund Committee GCFO to be responsible for ensuring management and accounting arrangements are in place which must comply with legislation.</p> <p>Fund Advisor Up to £2,499</p> <p>Directorate Mgr. £2,500 - £4,999</p> <p>Divisional Director or Clinical Head of Division £5k - £24,999</p> <p>Appropriate Group Director / Hospital Chief Executive £25k-£49,999</p> <p>Charitable Funds Committee Above £50k</p>	SFI 14
2.10 External/Internal Audit	Through the Audit Committee takes necessary action on external audit reports and internal audit provision.		Considers submission to Board of Directors.	GCFO monitors audit issues.	SFI 2

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF
		CHAIRMAN	GROUP CHIEF EXECUTIVE OFFICER	DIRECTOR /SENIOR MANAGER	
3. Procurement					
3.5 Ordering Goods and Services	GCFO to sign on behalf of Board where expenditure > £5M		Authorises named individuals to raise and sign orders within prescribed monetary levels.	At all times within approved budgets / business cases (and subject to AoF): Budget Holder/Dept. Head Up to £5,000 Directorate / CSU Manager Up to £25,000 Hospital / MCS /LCO/SLT Corporate Directors Up to £250,000 Group Corporate Directors Up to £500,000 Group Exec Directors / Hospital / MCS / LCO Chief Executive Up to £1,000,000 GCFO Up to £5,000,000 Director of Pharmacy: Pharmaceutical products & medical gases under nationally or locally agreed contract. Up to £500,000 For orders outwith agreed contracts Up to £50,000	

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF
		CHAIRMAN	GROUP CHIEF EXECUTIVE OFFICER	DIRECTOR /SENIOR MANAGER	
3. Procurement					
3.6 Appointment of Management Consultants as defined by DHSC Group Accounting Manual	<p>Approval of appointments with value of more than £150,000.</p> <p>Finance and Digital Scrutiny Committee reviews all commissioned consultancy.</p> <p>Audit Committee receives a report of all commissioned consultancy</p> <p>Accepts outcome and performance reports and considers value for money of appointments.</p>	<p>Considers requests for action in advance of Board approval where urgent exigencies occur.</p>	<p>Agrees appointments between £50,000 and up to £150,000</p>	<p>Group Chief Finance Officer agrees appointments up to £50,000 after appropriate budgetary approval.</p>	<p>SFI 19</p>

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF
		CHAIRMAN	GROUP CHIEF EXECUTIVE OFFICER	DIRECTOR /SENIOR MANAGER	
4. Human Resources					
4.1 Remuneration and Terms of Services for GDs	To be determined following recommendations from Remuneration Sub Committee			GDWCB advises Remuneration Sub Committee	SFI 7.1 SFI 7.2
4.2 Personnel Policy Disputes/Arbitration/ Disciplinary Matters	Approves policies for Trust		Determines submission to Board. Approves all recommendations to Remuneration Committee re retire and return arrangements.	GDWCB to prepare options and draft policy in liaison with GDs. GDWCB reports to GDs or Board as required.	
4.3 Education and Training	Approves overall policy and monitors implementation			GDWCB drafts policy in liaison with GDs	
4.4 Workforce Plan	Approves as part of Annual Plan			Hospital / MCS / LCO Finance Director and Hospital / MCS / LCO HR Director for variations to Hospital Operational Plan	SFI 7.6

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF
		CHAIRMAN	GROUP CHIEF EXECUTIVE OFFICER	DIRECTOR /SENIOR MANAGER	
5. Asset Management					
5.1 Management and Control of Computer Systems and Facilities	Approves overall corporate IT policy on procurement and control of systems and facilities based on reports submitted by GDs.			GCFO co-ordinates IT policy on behalf of Trust and is responsible for ensuring satisfactory arrangements exist for the control and security of hardware, software and data.	SFI 14 SFI 20
5.2 Management of Land and Buildings	Approves the general policy in respect of acquisitions, sale exchange or reservation of land and buildings and also the apportionment of proceeds as required			Group Director of Estates & Facilities to be responsible for the day-to-day management of land and Buildings and surveys of land / buildings for acquisition and disposal. GD E&F responsible for land and building disposal proposals. Sign off in accordance with SFI 10.2.4	SO Appendix A
5.3 Management of medical equipment	Approves overall corporate policy on procurement and control of equipment based on reports submitted by GDs.			GCFO co-ordinates policy on behalf of Trust and is responsible for ensuring satisfactory arrangements exist for the control and security equipment.	SFI 14
5.4 Management of Other Significant Assets			Authorise purchase or determines submission to Board of Directors on the purchase or sale of capital assets	Individual Hospital CE's responsible for assets within their delegated control. Report to GCEO on items with a value of £1,000,000. GMD responsible for Intellectual Property	SF10
6 Capital & PFI Approvals	See Appendix A	See AppendixA	See Appendix A	See Appendix A	

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF
		CHAIRMAN	GROUP CHIEF EXECUTIVE OFFICER	DIRECTOR /SENIOR MANAGER	
7. Corporate Investments					
7.1 Commercialisation of Trust's Intellectual Property	Approves overall corporate policy on any investments in third party corporate vehicles and/or any internal financial support required to protect the Trust's Intellectual Property, based on reports submitted by GDs.			GCFO co-ordinates policy on behalf of Trust and is responsible for ensuring satisfactory arrangements exist for the control on any investments in third party corporate vehicles and/or any internal financial support required to protect the Trust's Intellectual Property.	
7.2 Strategic Alliances, Partnerships and Joint Ventures		Approves the general policy in respect of joint ventures and strategic alliances, based on reports submitted by GD's.		GCFO to be responsible for the structuring of any joint ventures and strategic alliances and the accounting treatment of such transactions.	
7.3 Major Projects	Approves the general policy in respect of acquisitions, sale exchange or reservation of land and buildings and also the apportionment of proceeds as required.			Group Director of Estates & Facilities to be responsible for the design and management of capital schemes, surveys, land and building acquisition and disposal, GDE&F to be responsible for the day-to-day management of land and buildings.	

DESCRIPTION	DECISION BY BOARD	DECISION BY ROLE OF:			SO/SFI REF
		CHAIRMAN	GROUP CHIEF EXECUTIVE OFFICER	DIRECTOR /SENIOR MANAGER	
8. Contracts for Provision of Services					
8.1 Contracts for Provision of Services	<p>Receives Annual overview of Contract agreements/ baseline and consistency with Annual Budget plan.</p> <p>Receives updates on contractual negotiations and exception reporting on material contractual matters.</p>			<p>Limits for signing formal Contracts/SLA's:-</p> <p>Contracts Director Up to £10,000,000</p> <p>GCFO signs all In excess of contracts with value £10,000,000</p> <p>Contracts Director responsible for agreeing baseline values within overall Contracts, and ensuring consistency or variation reporting, comparing to Trust plans contained within the Annual Budget plan.</p>	SFI 6

Appendix A – Capital & PFI Scheme of Delegation

1. Estates Capital & PFI

Value of Variation	Quote/Tender	Adjudicated By	Accepted By
Up to £500,000	PFI: Project Co Valuation & Q/S advice Non PFI: Valuation & Q/S advice	Senior Capital Programme Manager	Director of Estates & Facilities – Development
£500,001 - £1m	PFI: Project Co Valuation & Q/S advice Non PFI: Valuation & Q/S advice	Director of Estates & Facilities – Development	Group Director Estates & Facilities
£1,000,001 - £5m	PFI: Project Co Valuation & Q/S advice Non PFI: Valuation & Q/S advice	Group Director Estates & Facilities	GCFO and GCOO
Over £5m	PFI: Project Co Valuation & Q/S advice Non PFI: Valuation & Q/S advice	Group Director Estates & Facilities	Board of Directors

2. Variations which Affect Services and Result in Changes to Tariff/Unitary Payments

Value of Variation	Quotation	Adjudicated By	Accepted By
Up to £25,000	Variation Confirmation	Service Adviser	Deputy Directors Estates & Facilities ORC, WTWA, NMGH
£25,001 – £250,000	Variation Confirmation	Director of Estates & Facilities ORC, WTWA, NMGH	Group Director Estates & Facilities
£250,001 - £1m	Variation Confirmation	Group Director Estates & Facilities	GCFO and GCOO
Over £1m	Variation Confirmation	Group Director Estates & Facilities	Board of Directors

3. Review, Approval and Certification of Unitary Payment Invoices (within Contract Terms)

By:	Group Director of Estates & Facilities
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4. IM&T

Value of Order	Accepted By	Quote/Tender
Up to £500,000	Group Chief Informatics Officer	£10,000 to £49,999.99 incl. VAT the following is required: Minimum of 3 Formal Quotations – these being issued by and returned to the Procurement Team (or nominated officers in Informatics or Estates as appropriate) utilising the Trust Quotation Form and appropriate NHS Terms and Conditions
£250,001 - £5m	GCFO	
Over £5m	Board of Directors	

5. Equipment

Value of Order	Accepted By	Quote/Tender
Up to £250,000	Chief Of Staff	£10,000 to £49,999.99 incl. VAT the following is required: Minimum of 3 Formal Quotations – these being issued by and returned to the Procurement Team (or nominated officers in Informatics or Estates as appropriate) utilising the Trust Quotation Form and appropriate NHS Terms and Conditions
£250,001 - £5m	GCFO	
Over £5m	Board of Directors	

Appendix B – Process in the event of a national or local emergency

Scheme of Decision making in Event of National / Local Emergency - Oversight by EAO

Value of Variation	Quote/Tender	Adjudicated By	Accepted By
Up to £500,000	PFI: Project Co Valuation & Q/S advice Non PFI: Valuation & Q/S advice	Senior Capital Programme Manager	Director of Estates & Facilities – Development
£500,001 - £1m	PFI: Project Co Valuation & Q/S advice Non PFI: Valuation & Q/S advice	Director of Estates & Facilities – Development	Group Director Estates & Facilities
£1,000,001 - £5m	PFI: Project Co Valuation & Q/S advice Non PFI: Valuation & Q/S advice	Group Director Estates & Facilities	GCFO and GCOO
Over £5m	PFI: Project Co Valuation & Q/S advice Non PFI: Valuation & Q/S advice	Group Director Estates & Facilities	Board of Directors

2. Variations which Affect Services and Result in Changes to Tariff/Unitary Payments

Value of Variation	Quotation	Adjudicated By	Accepted By
Up to £25,000	Variation Confirmation	Service Adviser	Deputy Directors Estates & Facilities ORC, WTWA, NMGH
£25,001 – £250,000	Variation Confirmation	Director of Estates & Facilities ORC, WTWA, NMGH	Group Director Estates & Facilities
£250,001 - £1m	Variation Confirmation	Group Director Estates & Facilities	GCFO and GCOO
Over £1m	Variation Confirmation	Group Director Estates & Facilities	Board of Directors

3. Review, Approval and Certification of Unitary Payment Invoices (within Contract Terms)

By:	Group Director of Estates & Facilities
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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
Date of paper:	November 2023
Subject:	Quality and Patient Experience Report: Quarter 2, 2023/24
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	To improve the experience of patients, carers and families.
Recommendations:	The Board of Directors are asked to note the content of the report.
Contact:	<p><u>Name:</u> Gail Meers, Corporate Director of Nursing, Quality and Patient Experience</p> <p><u>Tel:</u> 0161 276 8862</p>

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QUARTER 2, QUALITY & PATIENT EXPERIENCE REPORT

2023/24



1. Introduction

- 1.1 This report relates to Corporate Patient Services activity across Manchester University NHS Foundation Trust (MFT) during Quarter 2, 1st July to 30th September 2023 (Q2).
- 1.2 We are committed to delivering safe, effective and person-centred care. Feedback from those who use our services is central to ensuring delivery of these aims and the trust offers a variety of approaches which allow people to choose a feedback mechanism that best suits their needs. These include:
- What Matters to Me Survey (WMTM)
 - Via the NHS website and Care Opinion
 - Friends and Family Test (FFT)
 - In writing by letter/email via PALS/Complaints
 - Via the Clinical Accreditation process
 - Face to face and daily contact with our service users
 - National Surveys
- 1.3 This feedback provides the trust with a rich source of patient experience data whilst also offering insight into what matters to patients and service users. Using all methods of information available enables the Trust to better understand the patient's experience of the services offered and delivered and is beneficial to help prioritise where to focus efforts on action planning.
- 1.4 The report aims to present a rounded or triangulated picture of patient experience and, as such, provides information on all aspects of experience, good and less positive. Where poor experience is reported, actions are then taken to ensure improvements are made and are featured in the report.
- 1.5 A wide range of examples are presented in the report from the different sources, including PALS concerns, complaints, feedback from FFT, Patients Surveys, WMTM and the Clinical Accreditation process.
- 1.6 The Trust's What Matters to Me Patient Experience Framework supports the triangulation of data and information from a wide range of sources across the organisation. Examples of these include themes from the Annual National Survey results; the Trust's local Quality Care Round (QCR) data; FFT and WMTM Patient Experience survey feedback, along with incidents, complaints, PALS and compliments.
- 1.7 Triangulation of this data, along with feedback from Interpretation and Translation Services (ITS) and other sources provides the opportunity for the Hospitals/MCS/LCO to analyse, identify areas for improvement, compare findings and correlate themes. Where themes correlate, early indication and intelligence to act on the data helps to reduce risks and prevent harm. Similarly, negative patient feedback has a close

correlation with patient complaints and understanding the nature of complaints provides the opportunity for learning lessons from lived experience of our services and is an effective way of improving patient care.

1.8 All feedback is shared with the relevant Hospitals/MCSs/LCO to enable the relevant teams to share feedback and consider suggestions for improvements made by patients and service users.

1.9 This report provides the following:

- An overview and summary of activity and brief thematic review.
- A summary of improvements achieved, and those planned, to ensure learning from Corporate Patient Services activity is embedded in everyday practice.
- Supporting information referred to throughout the report is included at **Appendix 1**.

2. Key Messages

2.1 During Quarter 2: **Positive**

- Fifty-one clinical accreditations were completed.
- Bee Brilliant events added live streaming to enable more staff to participate.
- An overall 19% increase in WMTM survey responses.
- An overall 20% increase in FFT survey responses.
- An overall good FFT score of 93.15% (an increase of 0.77%).
- 45 new volunteers commenced employment; 5875 volunteer hours were undertaken by volunteers.
- PALS responsiveness continues to improve, with 94.5% of cases resolved within 10 working days.

2.2 During Quarter 2: **Less positive**

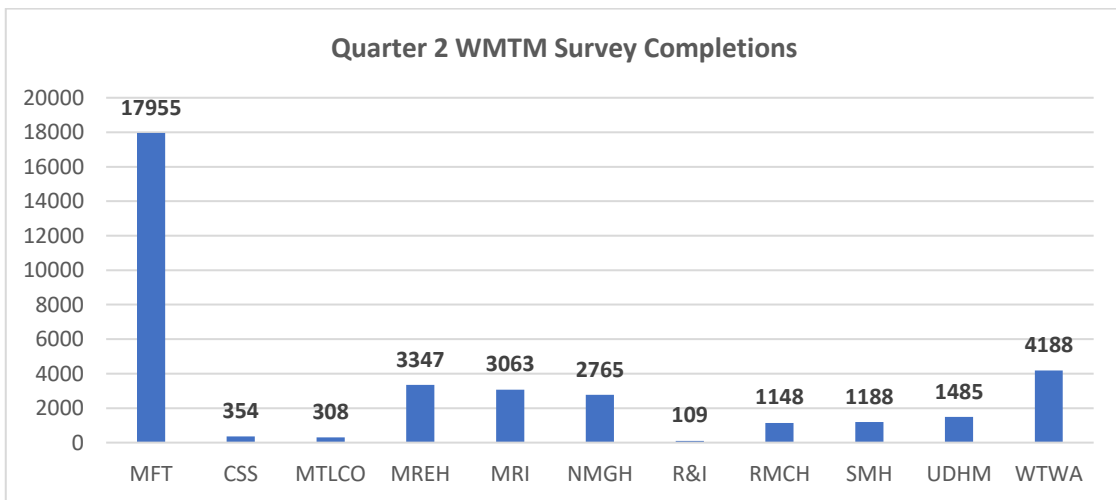
- MFT scored 7.8 for overall quality in the National Adult Inpatient Survey 2022 which was a 0.1 decrease from 2021.
- The top three improvement themes identified in WMTM were 'Waiting', 'Food and Beverages' and 'Hygiene'.
- The top three improvement themes identified in FFT were 'Waiting', 'Pain' and 'Emotional and Physical Support'.
- The top three themes identified from complaints were 'Treatment/Procedure', 'Clinical Assessment (Diagnostics/Scans)' and 'communication' with attitude of staff being the biggest increase.
- The top three areas for improvement identified during Clinical Accreditation were Professional Standards, Nutrition and Hydration and Medication.

3. Patient Feedback

What Matters To Me (WMTM)

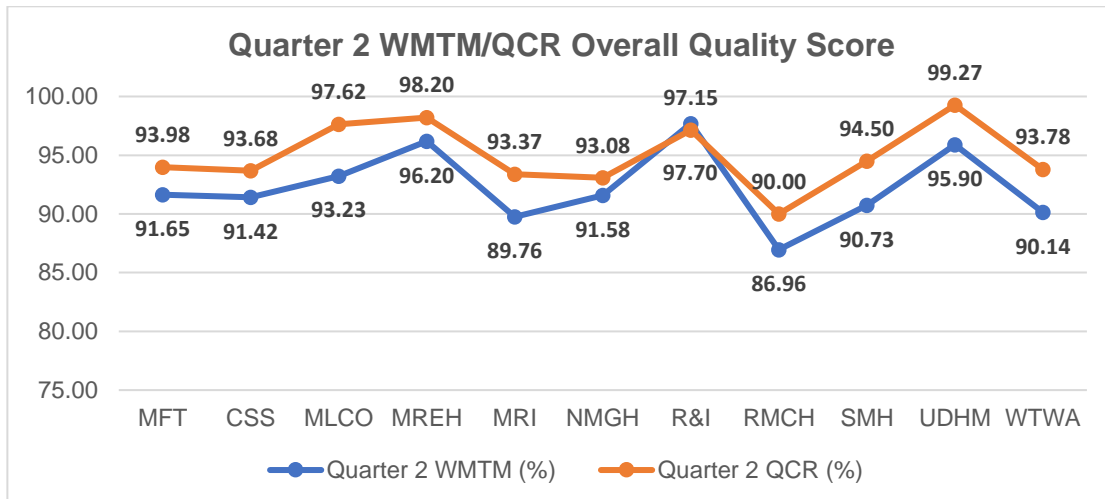
3.1 The Trust’s WMTM and QCR responses alongside other available quality, safety, and patient experience data provide teams with a triangulated view of an area; identifying elements that require improvements, but also areas of strength and outstanding practice.

3.2 **Graph 1** shows that in Q2, 17,955 WMTM surveys were completed for MFT overall, in comparison to 14,578 received in the previous quarter. This shows an increase of 19% (3,379). Wythenshawe, Trafford, Withington and Altrincham (WTWA) completed the greatest number of WMTM Surveys (4188).



Graph 1: Total Number of WMTM Responses, Q2.

3.3 **Graph 2** shows the overall quality score for WMTM and QCR by Trust and Hospitals/MCS/LCO, against the Trust lower and higher benchmark standards of 85% and 95% respectively. The 85% threshold was exceeded by all Hospitals/MCSs/LCO. In QCR, the 95% threshold was exceeded by the LCO with 97.62%, Manchester Royal Eye Hospital (MREH) with 98.20%, Research and Innovation (R&I) with 97.15% and University Dental Hospital of Manchester (UDHM) with 99.27%.

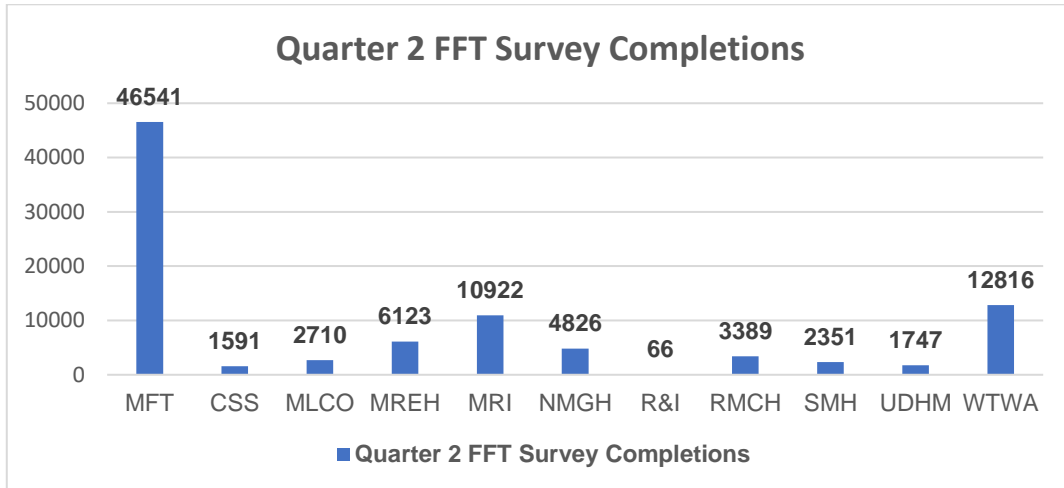


Graph 2: Overall Quality Score for WMTM/QCR during Q2.

- 3.4 The top 3 WMTM themes were ‘Emotional and Physical Support’, ‘Friendliness’ and ‘Compassion’. This differed slightly to Quarter 1 top 3 WMTM Themes which were ‘Emotional and Physical Support’, ‘Friendliness’ and ‘Compassion’. A further breakdown of Hospital/MCS/LCO results can be found in **Appendix 1 Table 1**.
- 3.5 The bottom three WMTM feedback themes were ‘Waiting’, ‘Food and Beverages’ and ‘Hygiene’. A further breakdown of Hospital/MCS/LCO results can be found in **Appendix 1 Table 2**.
- 3.6 What Matters to Me responses, feedback and comments are reviewed at the quality and Patient Experience forum, and quality improvement programmes based on the results are discussed at the Quality and Patient Experience Operational Group.

Friends and Family Test

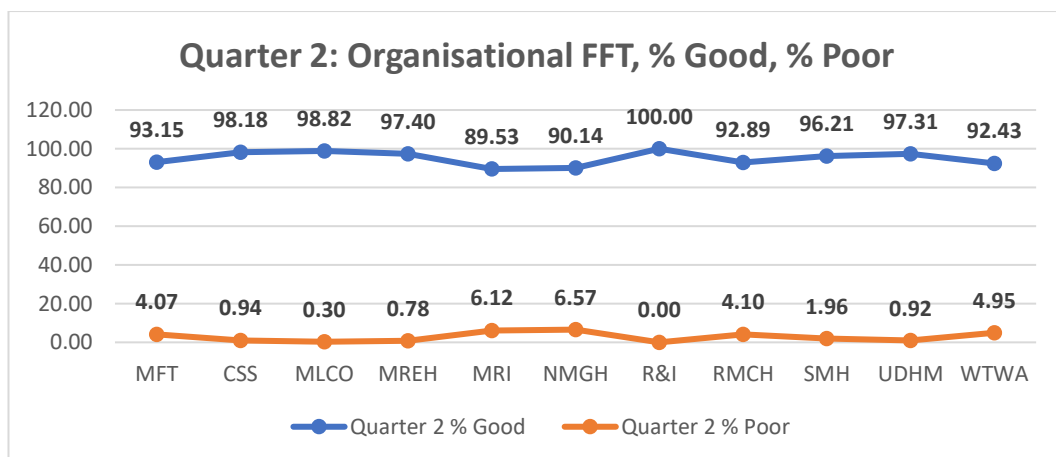
- 3.7 FFT provides a mechanism for patients who receive NHS care or treatment to have their say by rating their experience from very good to very poor. The Trust is continuing work with wards and departments to promote the FFT survey to as many patients as possible who receive care or treatment at MFT. The FFT Results and comments are analysed and are used locally to drive improvements.
- 3.8 The score is a simple comparison of the percentage of those completing the test who would recommend their experience as ‘good’ and ‘very good’, against the percentage of those who would not recommend the care experience and rate the scores as ‘poor’ or ‘very poor’.
- 3.9 In Q2, the Trust saw an increase in FFT responses from the previous quarter with 46,541 FFT responses collected across MFT, compared to 38,884 in Q1, representing an increase of 7,657 responses (20%). **Graph 3** shows the number of responses collected by each Hospital/MCS/LCO in Q2.



Graph 3: Total Number of FFT Responses Q2.

3.10 **Graph 4** shows the Trust overall FFT results where patients have rated their experience between 'good' and 'poor' as a percentage. The 95% threshold was exceeded by CSS with 98.18%, LCO with 98.82%, MREH with 97.40%, R&I with 100%, Saint Mary's Hospital (SMH) with 96.21% and UDHM with 97.31%. Of note, the same hospitals exceeded the 95% benchmark in Q1. NMGH, RMCH and WTWA all scored less than 95% with 90.14%, 92.89% and 92.43% respectively. MRI scored the lowest, with 89.53%. NMGH and MRI had the highest rates of poor FFT feedback (6.12% and 6.57%), which correlates with an increase in PALS concerns for NMGH and both PALS and formal complaints for MRI (as detailed in section 6.1). Wards and departments are focused on increasing their FFT responses and reviewing the data.

3.11 The overall MFT % good FFT score for Q2 was 93.15% which has increased by 0.77% compared to Q1 score which was 92.32%.



Graph 4: Trust overall FFT results showing patient ratings as % Good or % Poor scores for Q2.

3.12 During Q2, the top 3 feedback FFT themes were 'Friendliness', 'Emotional and Physical Support' and 'Professional and Competent'. These remain unchanged from

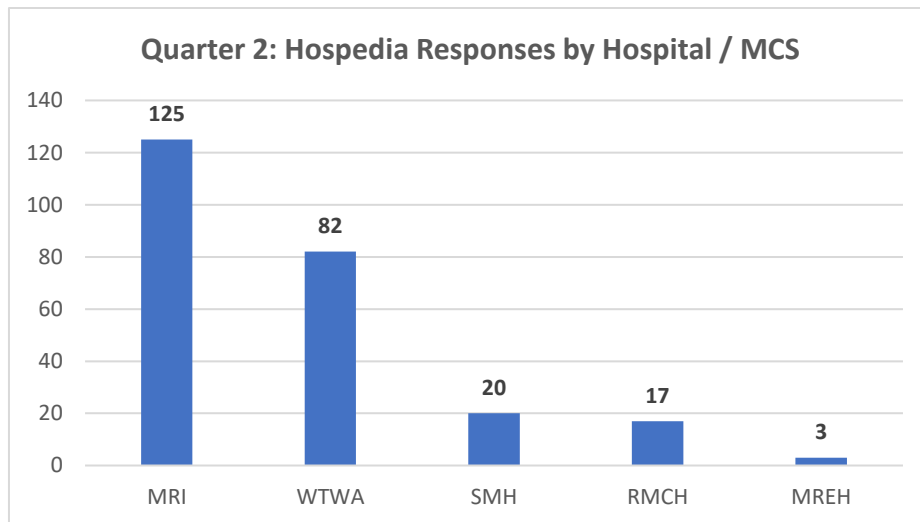
Q1. A further breakdown of Hospital/MCS/LCO results can be found in **Appendix 1 Table 3**.

3.13 The bottom three feedback themes captured within FFT were ‘Waiting’, ‘pain’ and Emotional and Physical Support’. The themes remain the same as Q1 with Pain and Emotional and Physical Support changing order place. A further breakdown of Hospital/MCS/LCO results can be found in **Appendix 1 Table 4**.

3.14 Friends and Family Test responses, feedback and comments are reviewed at the quality and Patient Experience forum, and quality improvement programmes based on the results are discussed at the Quality and Patient Experience Operational Group.

Hospedia

3.15 In addition to I-Pads and paper, feedback can also be provided via Hospedia. **Graph 5** illustrates the number of Hospedia responses received during Q2.



Graph 5: Number of Hospedia WMTM Responses by Hospital/MCS/LCO during Q2.

3.16 The following are examples of the “What Matters to Me” feedback comments received on Hospedia during Q2.

“Feeling comfortable and not in pain; staff have 100% supported this”

“Attentiveness”

“The staff are brilliant, my every needs are being cared for”

“Being treated fairly and with respect, and this is being provided”

“Very keen staff, so helpful [and] polite”

“I ask for something and it rarely materialises, I ask several times, it causes so much frustration and I feel a constant mither to the staff who I know

“The need to sleep, which is not possible with monitors that bleep all night. I also don’t understand why you cannot provide a

NHS Website and Care Opinion Feedback

- 3.17 The NHS Website and Care Opinion are independent healthcare feedback websites whose objective is to promote honest and meaningful conversations about patient experience between patients and health services.
- 3.18 During Q2, a total of 35 comments were received via the websites of which 24 (68%) were positive, 11 were negative (32%) and none were mixed. The number of Care Opinion and NHS Website comments by category; 'positive', 'negative', and 'mixed' are detailed in **Appendix 1, Table 5** along with examples of feedback received and the subsequent responses posted on Care Opinion and NHS Website during Q2 **Appendix 1, Table 6**.

Healthwatch Feedback

- 3.19 The Trust has received no patient feedback from Healthwatch during Q2.

4. National Surveys

National Adult Inpatient Survey 2022

- 4.1 The results of the Adult National In-Patient Survey (NIPS) 2022 were published by the Care Quality Commission (CQC) in September 2023.
- 4.2 MFTs overall experience was scored at 7.8. In comparison to similar organisations, the lowest score was 7.4 and highest 9.3, with the average being 8.1. This is a reduction from 7.9 in the previous year.
- 4.3 The results were presented to and discussed at Professional Board and Group Quality and Safety Committee and assurances provided of the actions taken as a result of the feedback.
- 4.4 Actions taken in response to the results included a food and dining symposium and commencement of a quality improvement group for Nutrition and Hydration.

National 2023 Maternity Survey

- 4.5 The Picker Institute released the results of the 2023 Maternity Survey on 18th September 2023. This data is embargoed until the CQC publish the Survey results which are expected in November 2023.
- 4.6 MFT's overall positive score ranking in comparison to the overall positive score of every other organisation (61 in total) that ran the Maternity Survey 2023 with Picker was 37th.

- 4.7 In comparison with the national average, MFT performed 'significantly better' in 1 question, 'significantly worse' in 8 questions and showed 'no significant difference' in 47 questions.
- 4.8 In comparison to 2022, MFT performed 'significantly better' in 3 questions, significantly worse in 2 questions and showed no significant difference in 47 questions.
- 4.9 The results will be presented to Professional Board and Group Quality and Safety Committee and assurances provided of the actions taken as a result of the feedback.
- 4.10 Actions taken in response to the results included a multidisciplinary Quality Assurance visit within each of the SMH hospitals (ORC, NMGH and Wythenshawe).

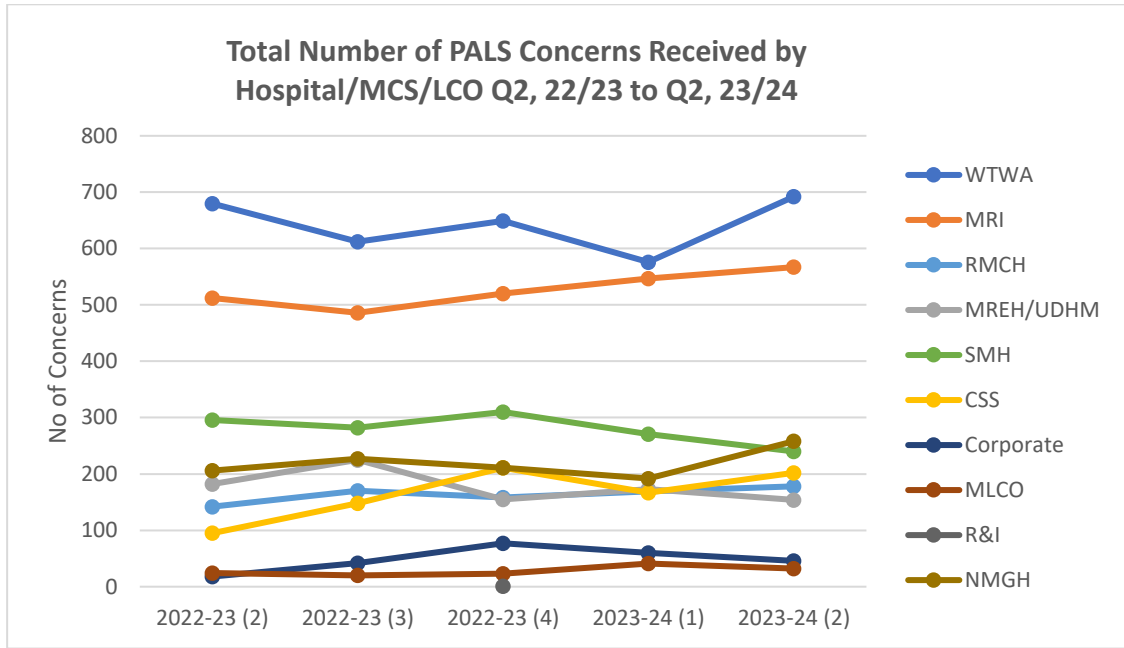
National 2022 Urgent and Emergency Care Survey

- 4.11 The results of the Urgent and Emergency Care Survey 2022 were published by the Care Quality Commission (CQC) in July 2023.
- 4.12 The Trust's average overall experience score for Type 1 departments was 6.9, with the lowest participating trust scoring 6.3 and the highest 8.0.
- 4.13 The trusts average overall experience score for Type 3 departments was 8.1, with the lowest participating trust scoring 7.9 and the highest 9.2.
- 4.14 The results will be presented to Professional Board and Group Quality and Safety Committee and assurances provided of the actions taken as a result of the feedback.
- 4.15 Actions taken alongside receipt of the results included a multidisciplinary Quality Visit to Paediatrics, Wythenshawe, NMGH and MRI Emergency Departments.

5. Patient Advice and Liaison Service (PALS)

PALS numbers and themes

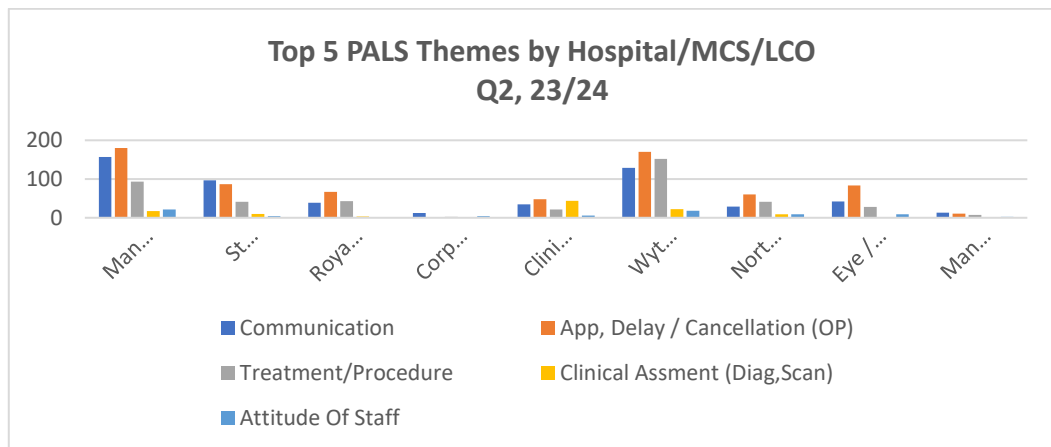
- 5.1 The Trust saw an increase of 7.88% in PALS concerns with 2,369 PALS concerns being received in Q2 compared to the 2,196 received in Q1.
- 5.2 **Graph 6** below shows the number of concerns received by each Hospital/MCS/LCO each quarter. WTWA and MRI received the greatest number of PALS concerns, receiving 692 and 567 respectively. Whilst NMGH saw the largest percentage increase in PALS concerns, receiving 34.38% more than in Q1. CSS also experienced a large increase, receiving 20.96% more than the previous quarter, as did WTWA with 20.14%.



Graph 6: PALS Concerns Received by Hospital/MCS/LCO Q2 2022/23 - Q2, 2023/24

5.3 **Graph 7** shows the distribution of the main PALS themes and indicates that the greatest proportion of PALS concerns in Q2 relate to ‘Appointment Delays/Cancellations’.

5.4 The greatest increase in PALS concerns, from the previous quarter was related to Clinical Assessment (Diagnostics/Scans), which has driven the large increase in CSS PALS concerns. This has been raised at the Trust’s Group Weekly Patient Safety Panel and the Imaging Division have implemented a long-term action plan to address patient backlog (more details are included in **Appendix 1, Table 7** - Examples of actions from complaints Q2, 2023/24.)



Graph 7: Themes of PALS concerns received by Hospital/MCS/LCO Q2.

PALS responsiveness and key performance indicators (KPI)

- 5.5 During Q2, 94.5% of PALS cases were closed within 10 working days, which is an improvement on the 92% last quarter. As seen in **Table 1**, PALS responsiveness has improved, for three consecutive quarters.
- 5.6 Improvements in responsiveness have been supported by the Weekly Hospital/MCS/LCO/Corporate Services PALS KPI meetings, with the progress of every open PALS case discussed with the respective staff managing the cases. In addition to this, the PALS and Complaints Manager now holds a weekly KPI meeting with each PALS case handler, to ensure they are effectively communicating with the Hospitals/MCSs/LCO regularly throughout the PALS process to obtain responses and achieve early resolution.

	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24
Resolved in 0-10 days	1808	1905	1975	2046	2369
Resolved in 11+ days	250	401	223	179	138
% Resolved in 10 working days	87.9%	82.6%	89.9%	92.0%	94.5%

Table 1: Closure of PALS concerns within timeframe Q2, 2022/23 – Q2, 2023/24

- 5.7 **Table 2** shows the number of PALS concerns that were escalated to formal complaints and the number of formal complaints de-escalated to PALS. There was a large increase in the number of formal complaints being de-escalated to PALS cases, through improved communication between the PALS and Complaints Teams. To further improve on this and ensure concerns are resolved as quickly as possible, the PALS and Complaints Department will be delivering training on local resolutions, direct to services, wards and departments across the Trust throughout the rest of 2023/24.

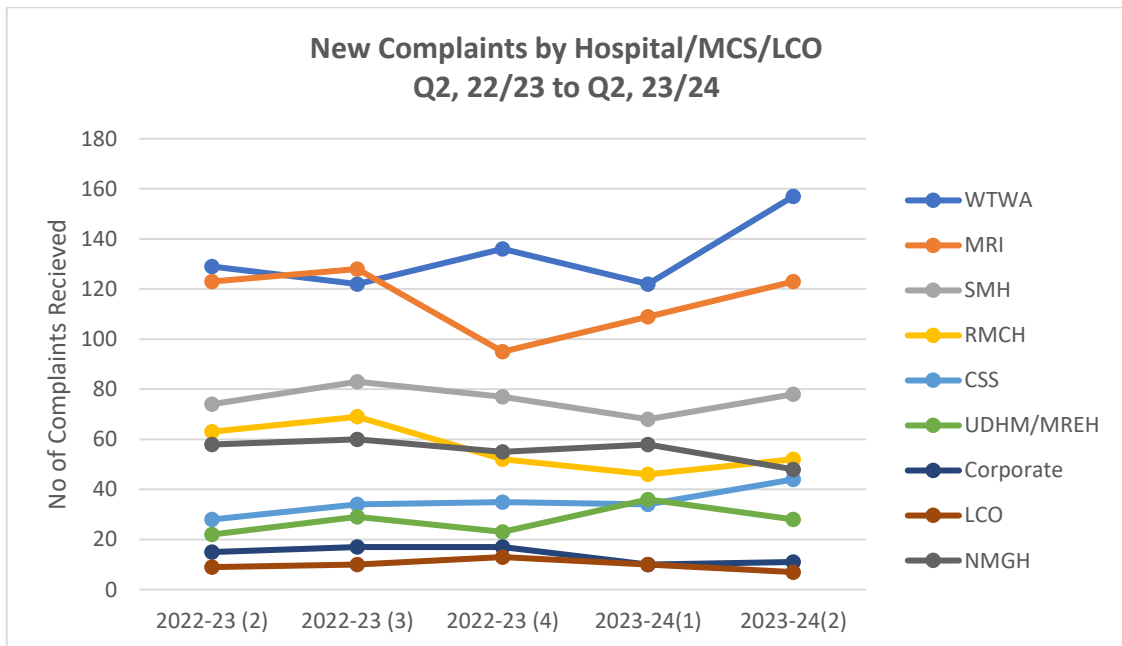
	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24
Number of PALS cases escalated to formal Complaints	15	20	11	14	24
Number of formal Complaints de-escalated to PALS	14	7	11	27	46

Table 2: Number of PALS concerns escalated to formal complaints and complaints de-escalated to PALS concerns Q2, 2022/23 – Q2, 2023/24

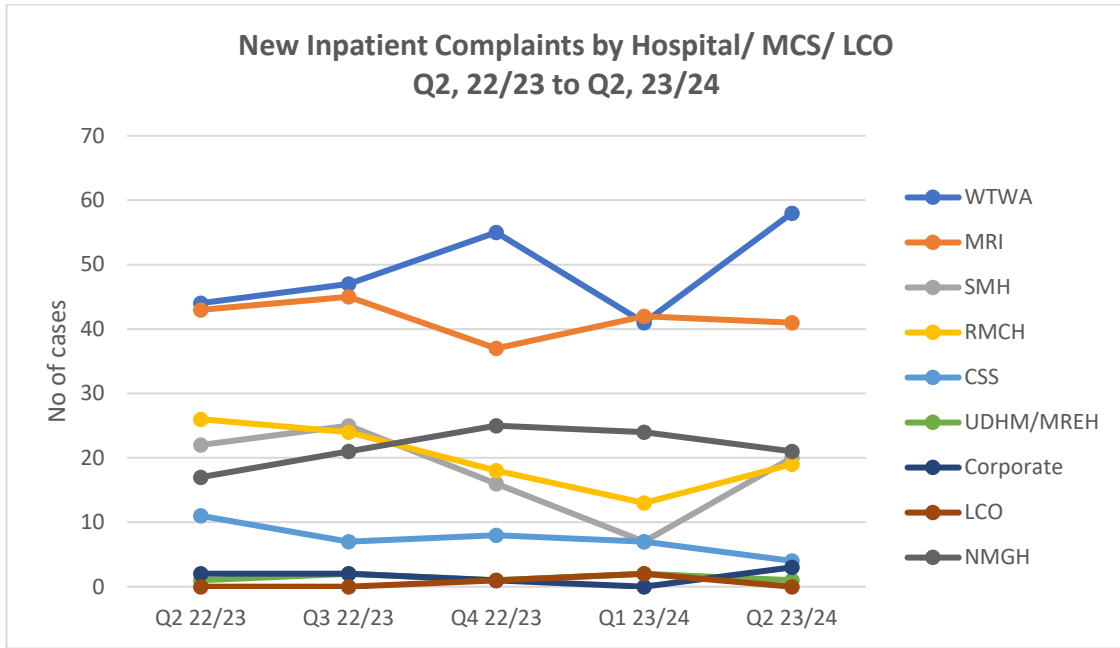
6. Formal Complaints

Complaints numbers and themes

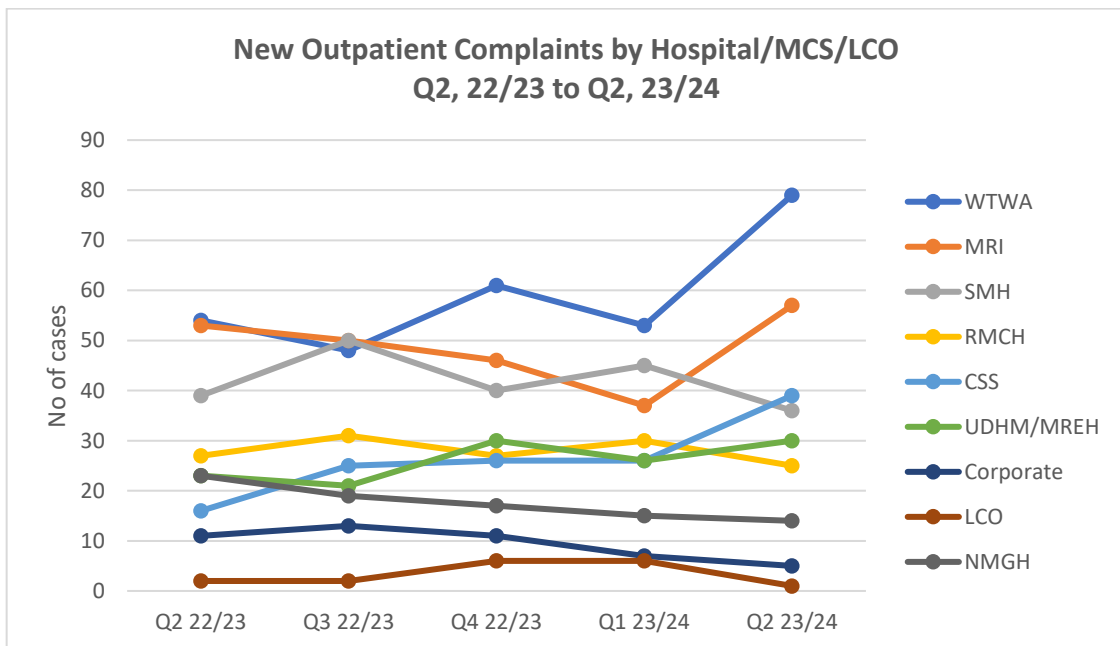
- 6.1 The Trust noted an increase (11.16%) in complaints in Q2, with 548 new complaints being received compared to the 493 received the previous quarter. **Graph 8** shows the number of complaints received by each Hospital/MCS/LCO/Corporate Services each quarter, with **Graphs 9** and **10** showing the split between Inpatient and Outpatient services. WTWA and MRI received the greatest number of complaints, receiving 157 and 123 respectively.
- 6.2 WTWA saw a 29% increase in complaints received in Q2, driven by increases in complaints related to 'Treatment/Procedure' and 'Communication'. There was a large increase in complaints related to 'Treatment/Procedure' for Burns and Plastics, General Surgery, Urology and Breast. The increase in complaints related to 'Communication' was mainly attributable to Trauma and Orthopaedics, and Cardiology.
- 6.3 MRI's complaints increased by 13%, with the largest increases being in relation to complaints about 'Treatment/Procedure', 'Appointment Delay/Cancellation' and 'Attitude of Staff'. Cardiovascular Specialities received an increase in complaints relating to 'Treatment/Procedure' and 'Communication', whilst the increase in 'Appointment Delay/Cancellation' complaints was mainly in GI Medicine and Surgery.
- 6.4 CSS also experienced a large increase (33%) in complaints, as they did with their PALS cases, due to delays in outpatient diagnostics.



Graph 8: New Complaints Received by Hospital/MCS/LCO/Corporate Services Q2, 2022/23 – Q2 2023/24



Graph 9: New Inpatient Complaints Received by Hospital/MCS/LCO/Corporate Services Q2, 2022/23 – Q2, 2023/24

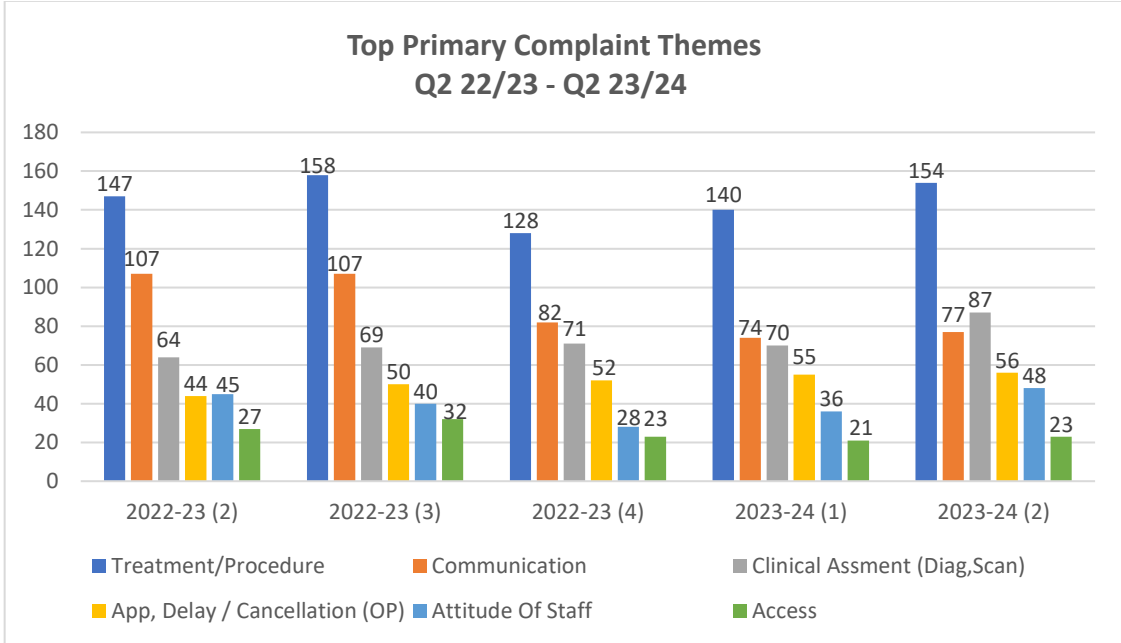


Graph 10: New Outpatient Complaints Received by Hospital/MCS/LCO/Corporate Services Q2, 2022/23 – Q2, 2023/24

6.5 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. ‘Treatment/Procedure’ remained the main category; however, an increase was noted for CSS in the category ‘Clinical Assessment (Diagnostics/Scans)’ which was noted to be the second main theme of

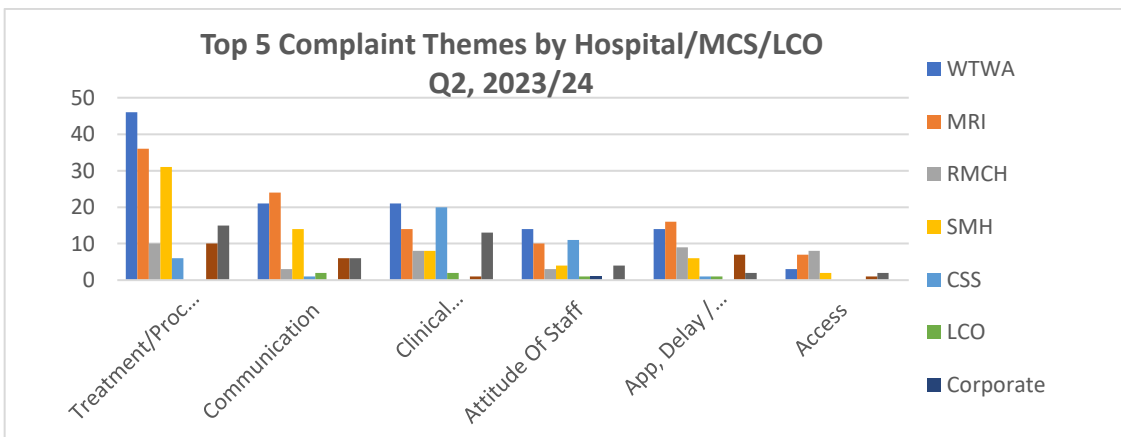
complaints in Q2 (**Graph 11**). Of note, complaints regarding ‘Attitude of staff’ continued to rise with another 33% increase quarter-on-quarter. In order to highlight this, during Q1 Bee Brilliant’s ‘Call To Action’ to all staff was:

- How will you and your team communicate more effectively?
- How can you further promote civility and kindness at work?
- How will you utilise WMTM to achieve excellent patient experience?



Graph 11: Top Primary Complaint Themes Q2, 2022/23 – Q2, 2023/24

6.6 WTWA received the most complaints relating to ‘Treatment/Procedure’ (46), which was a 28% increase from the previous quarter. MRI received the most complaints relating to ‘Communication’ (24), which was the same number received in Q1. **Graph 12** shows the distribution of the top 5 themes by Hospital/MCS/LCO/Corporate Services.



Graph 12: Top 5 themes by Hospital/MCS/LCO/Corporate Services Q2, 2023/24

Complaints responsiveness and KPI

- 6.7 Under the NHS Complaints Regulations (2009), there is a requirement that all new complaints are acknowledged within 3 working days of receipt of the complaint; MFT are committed to achieving this in 100% of cases. This indicator was met during Q2, with all 553 complaints acknowledged on time. **Table 3** demonstrates the complaints acknowledgment performance over the past five quarters.

	Q2 22/23	Q3 22/23	Q4 23/24	Q1 23/24	Q2 23/24
Number of 3 day acknowledgements completed	535	567	518	452	553
Number of breaches	2	2	1	1	0

Table 3: Complaints Acknowledgement Performance Q2, 2022/3 - Q2, 2023/24

- 6.8 Against the Trust's target of 90%, the Trust achieved closure of 89.4% of complaints within the agreed timescale. This represents an 0.5% increase of resolved in agreed timescale in comparison to the previous quarter, as seen in **Table 4 below**.

	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24
Resolved in 0-25 days	332	368	352	362	359
Resolved in 26-40 days	50	65	61	70	72
Resolved in 41+ days	87	113	116	92	106
Total resolved	469	546	529	523	536
Total resolved in timescale	423	488	472	465	479
% Resolved in agreed timescale	90.2%	89.4%	89.2%	88.9%	89.4%

Table 4: Comparison of complaints resolved by timeframe Q2, 2022/23 – Q2, 2023/24

Outcomes from Complaint Investigations

- 6.9 Often complaints relate to more than one issue. In conjunction with the Hospitals/MCS/LCO/Corporate Services 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'.

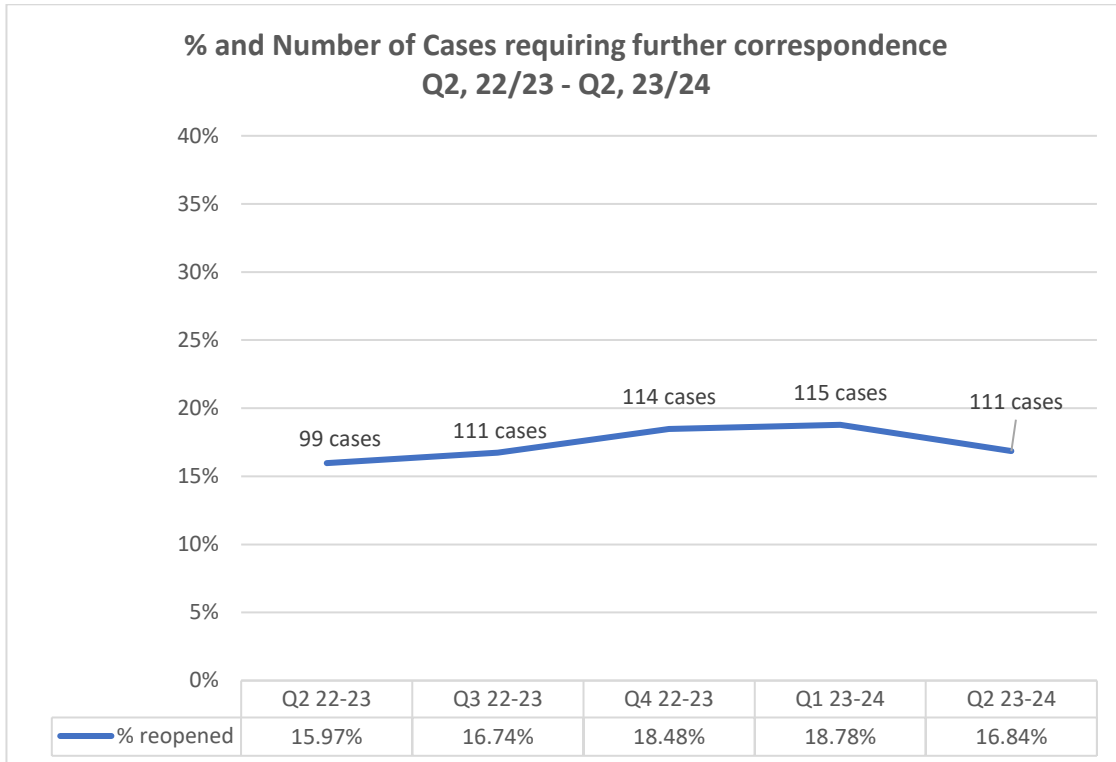
- 6.10 During Q2, 59 (11%) of the complaints investigated and responded to were fully upheld, 387 (72%) were partially upheld and 83 (15%) were not upheld. This is similar to the previous quarter, with no noticeable differences in the percentage of complaints being upheld. The main themes of 'fully upheld' complaints were 'Clinical Assessment (Diagnostics/Scans) and 'Treatment/Procedure'. **Table 5** demonstrates the outcome status of all complaints between Q2, 2022/23 and Q2, 2023/24.

Number of Closed Complaints		Upheld	Partially Upheld	Not Upheld	Information Request
Q2 22/23	469	52	350	63	4
Q3 22/23	546	57	417	72	0
Q4 22/23	529	59	369	100	1
Q1 23/24	523	60	380	81	2
Q2 23/24	536	59	387	83	7

Table 5: Outcome of MFT complaints Q2 2022/23 – Q2 2023/24

Re-opened complaints

- 6.11 The number of re-opened complaints is used as a local proxy indicator to measure the quality of the initial response. During Q2, 16.8% of complaints were reopened (111 cases in total) against the Trust tolerance threshold of 20%. This is a decrease from the 18.8% of complaints reopened in Q1 (114 cases in total). The Complaints Team have increased the number of complaints investigation and response writing training sessions being delivered, which has contributed to an improvement in the quality of complaint responses and reduction in the number of complaints being re-opened.
- 6.12 **Graph 13** demonstrates the percentage of complaints re-opened from Q2, 2022/23 – Q2, 2023/24. **Table 6** provides an overview of the primary reasons for the complaint being re-opened by Hospital/MCS/LCO/Corporate Services during Q2. In 56 of the 111 complaints requiring re-opening, the primary reason was due to the 'complaint response not fully addressing all issues/unresolved issues'.

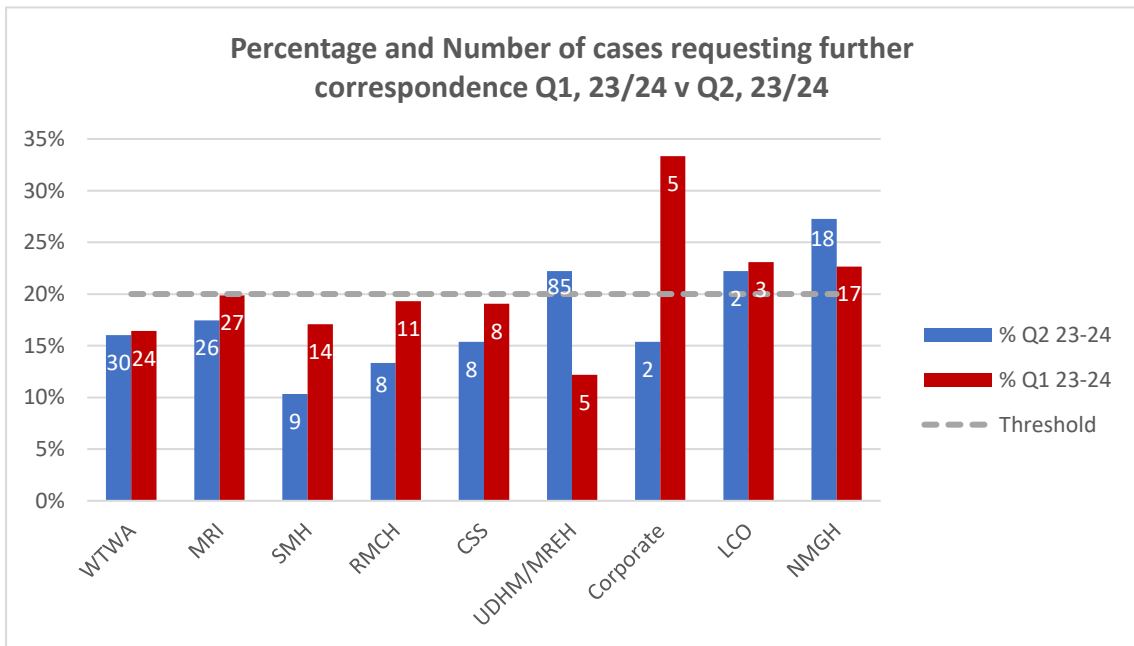


Graph 13: Total re-opened complaints Quarter 2, 2022/22 - Quarter 2, 2023/24

	Disputes Information	New Questions	Not All Issues Fully Addressed/ Unresolved issues	Request Local Resolution Meeting	Other	Total	% Re- opened
WTWA	3	5	21	1	0	30	16.0%
MRI	6	6	12	1	0	26	17.4%
CSS	2	1	4	1	0	8	15.4%
RMCH	3	3	2	0	0	8	13.3%
Corporate	1	0	1	0	0	2	15.4%
LCO	1	0	1	0	0	2	22.2%
NMGH	7	2	5	1	3	18	27.3%
SMH	0	4	5	0	0	9	10.3%
UDHM/MREH	1	2	5	0	0	8	22.2%
Total	24	23	56	5	3	111	16.8%

Table 6: Total re-opened complaints by Hospital/MCS/LCO Quarter 2, 2023/24

6.13 The 20% threshold was exceeded by NMGH (27.3%), LCO (22.2%) and UDHM/MREH (22.2%), as depicted in **Graph 14**. Fluctuations in the total number of complaints received in a Hospital/MCS/LCO/Corporate Services can result in large percentage changes for those areas where the overall number of complaints are low, which is the case for the LCO. The Complaints Team will offer more training sessions to NMGH and UDHM/MREH in Q3, to assist with the quality of their complaint responses with an objective to prevent additional re-opened complaints due to issues not being addressed satisfactorily.



Graph 14: Percentage of re-opened complaints by Hospital/MCS/LCO/Corporate Services, Q1 2022/23 – Q2, 2023/24

7. Parliamentary Health Service Ombudsman (PHSO)

7.1 The PHSO is commissioned by Parliament to provide an independent complaint handling service for complaints that have not been resolved by the NHS England (NHSE) and UK Government departments. The PHSO is not part of the Government, NHSE, or a regulator. The PHSO is accountable to Parliament and their work is scrutinised by the Public Administration and Constitutional Affairs Committee.

7.2 The PHSO make final decisions on complaints that have not been resolved by NHSE and UK government departments and other public organisations. The PHSO do this fairly and without taking sides and their service is free. The PHSO considers and reviews complaints, where someone believes there has been injustice or hardship because an organisation has not acted properly or fairly or has given a poor service and have not put things right.

7.3 During Q2 2023/24 the PHSO did not open any new cases for investigation into MFT complaints.

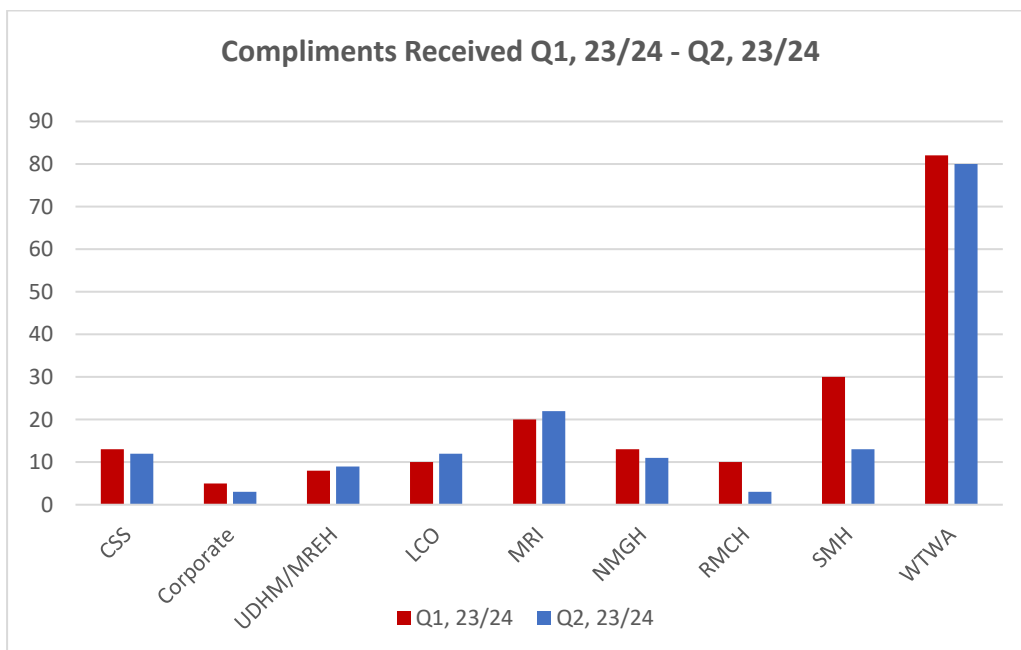
7.4 The PHSO informed the Trust of one completed investigation into MFT complaints; this was partly upheld and was a WTWA complaint. The PHSO identified failings in the care provided to a diabetic patient, in relation to their antibiotic treatment, during an admission in 2019. The Trust acknowledged this and has sent an apology letter to the patient’s husband (patient is deceased and husband complained on their behalf). The Trust has also agreed to pay £500 to the patient’s husband, in recognition of the failings in care and is currently compiling an action plan to detail the actions taken to address the lessons learned from this case.

8. Compliments

8.1 Compliments received from the public provide valuable feedback and provide opportunity to learn from positive experiences. Positive patient experience feedback explicity correlates to compliments and can be linked to the top positive themes seen in WMTM and FFT.

8.2 It is important to acknowledge only a fraction of the overall compliments received within the trust are captured and recorded on the Trusts Customer Service Database (Ulysses). The majority of compliments are received verbally (either in person or via the telephone) and as ‘thank you cards’ directly to staff, which are not routinely logged or tracked by the Hospitals/MCS/LCO.

8.3 **Graph 15** shows the number of compliments received from members of the public about MFT Hospitals/MCS/LCO and recorded on the Trust’s Customer Services Database. WTWA recorded the most compliments (80), followed by MRI (22) and SMH (13).



Graph 15: MFT compliments received Q1, 2023/24 vs Q2, 2023/24

9. Voluntary Services

9.1 Volunteers provide valuable support over several roles throughout MFT which enhance patient experience.

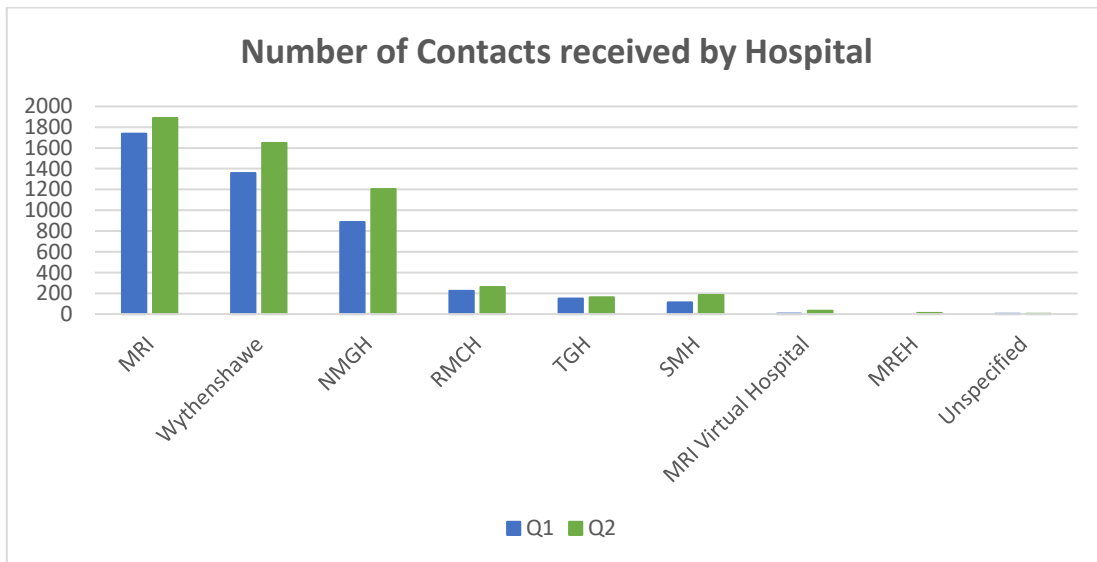
9.2 During Q2, 261 volunteers provided 5,875 volunteering hours across MFT with the greatest number of volunteering hours (1,290) relating to 'Meet and Greet'.

9.3 During Q2 a further 45 volunteers were recruited, and work is ongoing to recruit volunteers and therapy animals.

10. Chaplaincy and Spiritual Care

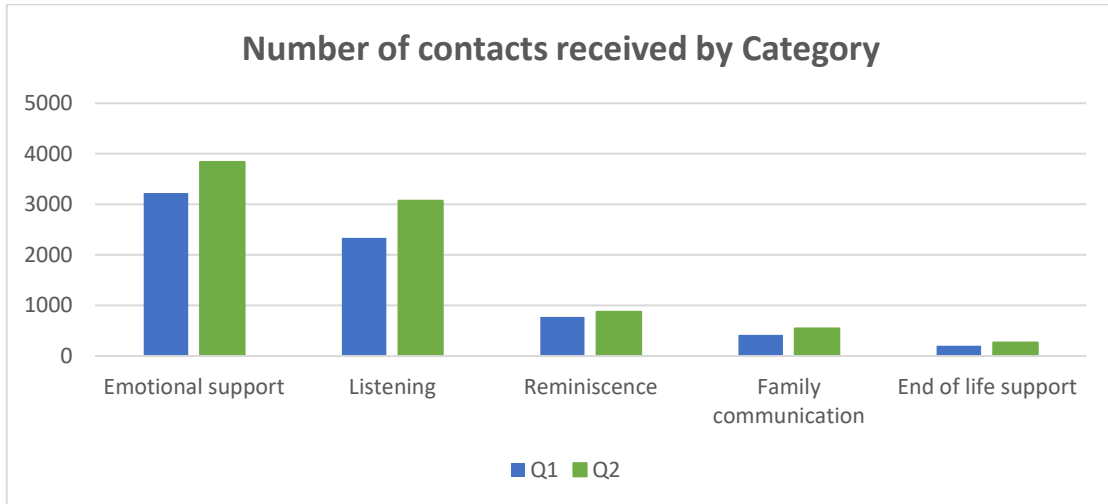
10.1 Assistant Chaplains, Chaplains and Faith leaders form part of the multidisciplinary healthcare team, to provide comprehensive care which can significantly improve the overall patient experience by addressing the spiritual and emotional aspects of health and healing.

10.2 In Q2 there was an increase in Chaplaincy contacts from the previous quarter with 5,394 contacts being received. **Graph 16** below shows the number of contacts received from each Hospital/MCS/LCO. Manchester Royal Infirmary (MRI) received the greatest number of contacts (1,888). Overall, the greatest increase in contacts was at NMGH with a 36% increase being noted compared to the previous quarter. Further detail is provided in **Appendix 1, Table 8 and 9**.



Graph 16: Total Number of Chaplaincy contacts received by Hospital/MCS/LCO, Q1, 23/24 – Q2, 23/24

10.3 The primary category in Q2 for contacts/referrals with Chaplaincy was 'Emotional Support' (**Graph 17**).

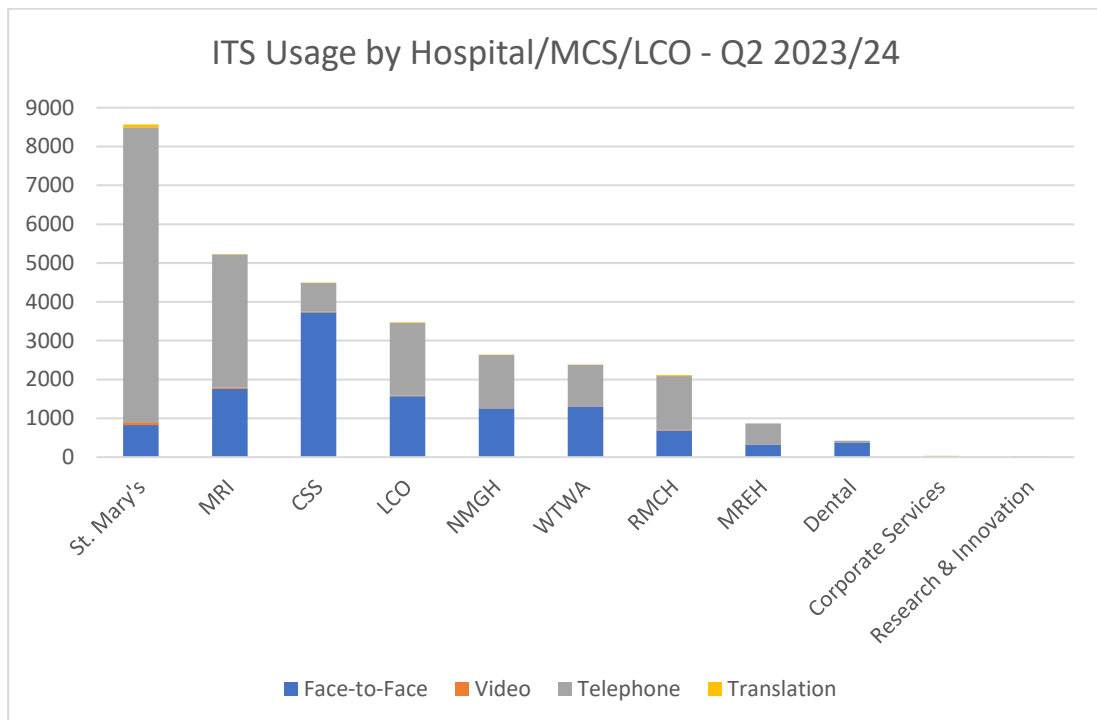


Graph 17: Top Primary Chaplaincy Categories, Q1, 23/24 - Q2, 23/24

11. Interpretation and Translation Services

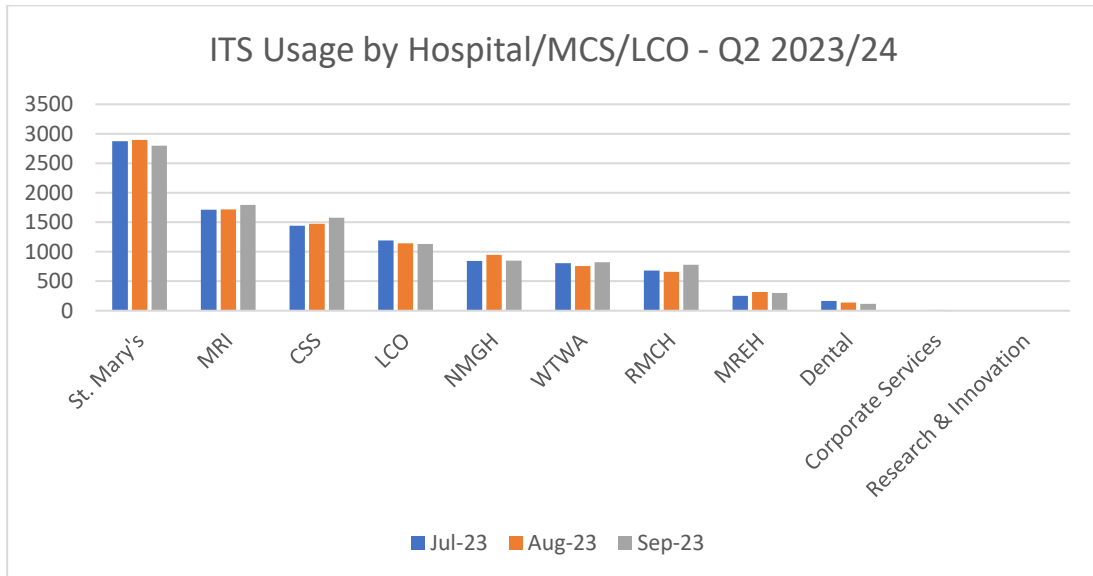
11.1 Translation services in patient experience are a critical component to provide effective communication between healthcare providers and patients for quality care and patient safety.

11.2 During Q2 2023/24, the Interpretation and Translation Service (ITS) was accessed a total of 30,216 times with telephone Interpreting being the most requested service (18,090 interactions) (**Graph 18**).



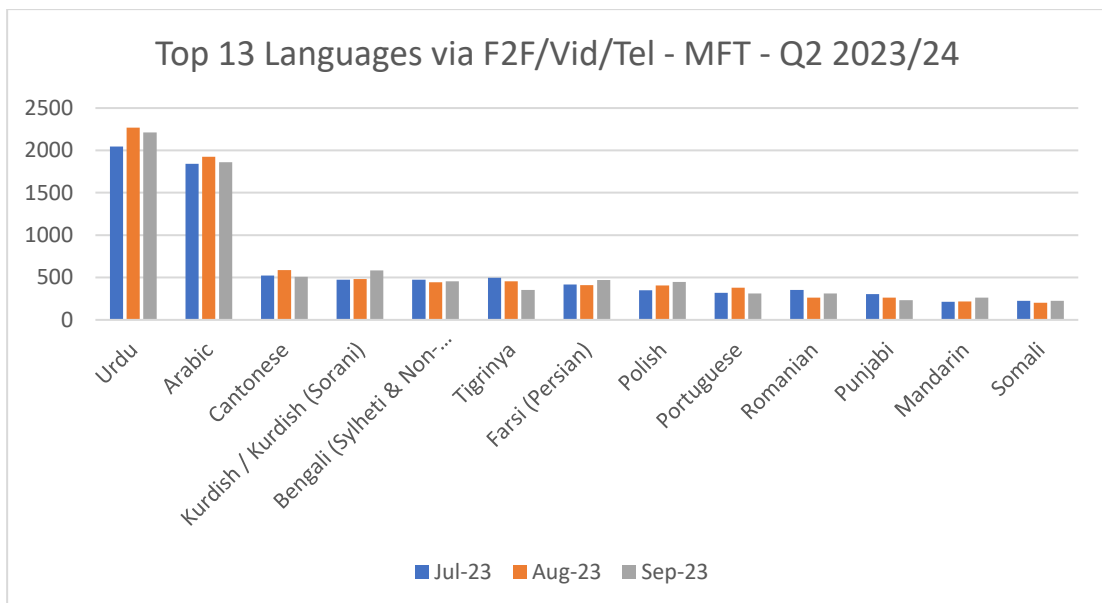
Graph 18. Distribution of service type usage across MFT Q2 2023/24

11.3 Analysis of usage from all Hospitals/MCS and LCO indicate a month on month increase with St. Mary's Hospital (SMH) accessing the service 8,566 times, representing 28.35% of all Trust usage (**Graph 19**).



Graph 19: Interpretation & Translation Service Usage by Hospital/MCS/LCO, Q2 2023/24.

11.4 In Q2, 102 different Languages/Dialects were requested for interpretation with the top 13 languages remaining consistent with previous months seeing Urdu and Arabic the most requested languages (**Graph 20**).



Graph 20: Top 13 languages requested via Face-to-Face, Video and Telephone, MFT, Q2 2023/24.

12. Clinical Accreditation Programme

- 12.1 The Accreditation process is part of MFT, assurance mechanism for ensuring high-quality care and the best possible patient experience. The Accreditation process is aligned to the Care Quality Commission's (CQC) Key Line of Enquiry Standards (KLOE) which are (Safe, Effective, Responsive, Caring and Well Led).
- 12.2 The Clinical Accreditation rota commenced in April 2023 and 37 clinical areas were accredited in Q1 and a further 51 in Q2.
- 12.3 The distribution of Clinical Accreditation awarded following validation during Quarter 2 2023/24 is demonstrated in **Table 11** which demonstrates no area has been awarded a white, 18% (6) achieved Bronze, 73% (25) achieved Silver and 9% (3) achieved Gold and 0 White Awards.

	Q1 23/24	Q2 23/24
Gold	2 (10%)	3 (9%)
Silver	12 (57%)	25 (73%)
Bronze	7 (33%)	6 (18%)

Table 11: Demonstrates the Accreditation comparison Q1/Q2 2023/24

- 12.4 Positive themes identified during Clinical Accreditations during Q2 relate to Multidisciplinary Working and civility/incivility in the workplace. This can be attributed to the call to action from Bee Brilliant Q1 on 'Communication' when staff were asked "How can you further promote civility and kindness at work?".
- 12.5 Areas identified as requiring improvement during the Clinical Accreditation Programme include uniform standards, Infection Prevention and Control measures, Statutory and Mandatory training (including medical device training and AIM), nutrition and hydration, medication storage and management, pain management and documentation.

13. Workstreams / Actions / Learning

Nutrition and Hydration

- 13.1 Nutrition and hydration continue to be a significant focus at MFT. An overall review of incidents, audits, complaints, and local intelligence demonstrated focus was required on ensuring that documentation and care plans were implemented and that the wards/departments have the equipment, tools and education in place.
- 13.2 A 'Diet Order' working group was commenced in July focusing on the diet ordering of meals within HIVE and Saffron. This identified a number of actions, including, ensuring all registrants have the ability within HIVE to complete a diet order, a proposal that diet orders be made a mandatory field within HIVE, coding anomalies between HIVE and

Saffron which are being reviewed, a requirement for a review and relaunch of the mealtime standards, development of educational resources and a review of all catering incidents to draw out themes.

- 13.3 The first meeting for The Mealtime Standards Improvement Programme took place on 26th September and actions have been taken by the group.
- 13.4 A Food and Dining Symposium is planned to take place on the 26th October 2023 to review our current practice and take actions to improvement.

Medicines

- 13.5 A 'Medicine Safety Committee' commenced on 27th September 2023. The purpose of the group is to understand the challenges/barriers that can compromise patient safety and consider how a change in practice could reduce the number of incidents. Although the group is in its infancy, actions have been delegated to members and a further meeting is scheduled for the end of October.

Bee Brilliant

- 13.6 Quarter 2 Bee Brilliant was delivered in July and August 2023, the event was led by the Director of Nursing for NMGH. In total, 476 staff members, from all hospital/MCS/LCO sites, attended the events on 3 dates over 3 MFT sites including live streaming and roadshow events.
- 13.7 The event provided an overview of regulatory bodies and the MFT Leadership and Culture Strategy which strives for compassionate, inclusive leadership with a strong focus on staff engagement. The event also looked at MFT colleagues, both nursing and Allied Health Professionals (AHP), and their successful journeys through MFT as leaders providing their learning along the way. Finally, the event discussed leadership styles which included an activity to help staff understand different leadership styles.
- 13.8 This Quarter was the first event to offer staff the opportunity to attend the session remotely, with the introduction of live streaming from the Oxford Road Campus (ORC). Eighty-nine staff from across MFT hospitals/MCS/LCO opted to participate remotely.
- 13.9 Quarter 3 Bee Brilliant is to be led by Deputy Chief Nurse Alison Lynch, and will focus on professional excellence focusing on Uniform standards, IPC and mealtimes.

Quality Lead Forums

- 13.10 Each Hospital/MCS/LCO attend the Quality and Patient Experience Forum, which is a sub-group of the Group Quality and Safety Committee and NMAHP Professional Board. The overall purpose of the group is to provide corporate strategic direction in relation to quality and patient experience, ensuring patients and families are at the core of all

we do. This forum supports the collaboration of services, shares best practice, and provides a clear link to triangulate themes included in this paper across the Trust.

- 13.11 A subgroup from this meeting is the Operational Quality Leads Forum, where Q2 has focused on sharing ideas and practice for collection of local feedback in the form of WMTM and FFT to ensure an appropriate quantity have been collected for data accuracy.

Small Change Big Difference

- 13.12 The Small Change Big Difference programme is part of the Trust's 'What Matters To Me' patient experience programme that allows all ward/areas to submit applications with the aim of improving patient experience.
- 13.13 In Quarter 2 two panels were held, where bids from the sickle cell and thalassaemia unit for new furniture for patients, and a coaster pager system within the Macular Treatment Centre were amongst the successful bids to improve patient experience.

Complaints Review Scrutiny Group (CRSG)

- 13.14 The Complaints Review Scrutiny Group (CRSG), chaired by the Corporate Director of Nursing for Quality and Patient Experience, and supported by a Non-Executive Director, met on five occasions during Q2 reviewing six complaints in total.
- 13.15 The CRSG process scrutinises complaints investigated and responded to by MFT and contributes to the learning from these complaints, to improve patient experience and positive change through open dialogue and reflection. The management teams from the Hospitals/MCSs/LCO presented a case based upon a complaint they had received. Learning and associated actions identified from the cases were discussed, and assurance was provided that complaints are investigated with appropriate action taken when needed.

Complaint Key Performance Indicator Meetings

- 13.16 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. Each Hospital/MCS/LCO holds regular forums where themes and trends relating to complaints are discussed with focused actions agreed for improvement.
- 13.17 During Quarter 2 focus was given to timely responses to PALS complaints contributing to the 2.5% increase in responses within 10 working days.

The Clinical Accreditation Programme

- 13.18 The Quality Improvement team have been continuing their education and training programme to address the recognised correlation between the knowledge of IQP methodology, effective leadership, Clinical Accreditation outcomes and Patient Experience. Initial band 7 training started in Q1, and during Q2, the Quality Improvement team have developed a new shorter condensed version of the training to accommodate more training sessions.
- 13.19 Training sessions are provided on a weekly basis, across four sites (ORC, Wythenshawe, NMGH & Trafford) and in Q2 of the 256 invited/booked, 186 (73%) attended the training sessions, 44 Did not attend and 19 cancelled with the main theme being 'clinical need'.

Patient Stories

- 13.20 Patient stories provide valuable insights into a lived experience and can have a profound impact on patient experience. The Trust use the videos to share patient experiences with the staff and this provides an opportunity for staff to learn and take action to improve services. Patient stories are also shown in a number of different Trust forums including Trust Board and the Quality and Patient Experience Forum.
- 13.21 Following COVID-19, the Corporate Patient Experience Team have worked closely with the MSCs, Hospitals, LCOs and patients to gain and share their stories giving MFT an opportunity to learn, grow, develop and enhance our care and patient experience.
- 13.22 During quarter 2 this included a patient story from Amanda who wished to remind staff how important it is to get the identity and pronouns of a person correct. This story was discussed in multiple forums and staff reflected on how important it is to ascertain what a person likes to be known as during initial conversations.

Equality and Diversity Monitoring Information

- 13.23 The collection of Complaint EDI data is important to ensure representation and experiences of individuals from diverse backgrounds are captured. Despite the improvements in data collection for complaints, there is still an ongoing need to improve reporting on 'disability', 'religion' and 'sexual orientation', with only 30%, 33% and 29% being received respectively, due to patients and their representatives opting not to declare this.
- 13.24 To address this, the Customer Services Manager is attending the Trust's Disabled People's User Forum and working closely with the Equality and Diversity Lead, to gather feedback on barriers to submitting a complaint so the service can be made more accessible to all patients and the public going forward.

14. Summary

- 14.1 The themes identified from patient local feedback and National Surveys also correlate to the themes identified through PALS and complaints. The most common themes identified for improvement across the trust in Q2 are waiting, appointment delays and cancellations, treatment/procedure, medication safety and mealtime standard issues.
- 14.2 A number of workstreams have continued or commenced in Q2 with a focus on improving the patients experience.
- 14.3 MFT is grateful to those patients, families and carers who have taken the time to share their experiences, raise their concerns, complaints and provide feedback and acknowledges their contribution to improving services, patient experience and patient safety.
- 14.4 Our responses invariably outline actions that have or need to be taken in response to the concerns and complaints, feedback, and accreditation outcomes received, and further work is ongoing to ensure that we are truly listening and acting on feedback gained. This includes ensuring workstreams addressing mealtime standards and safe transfer of medication, as well as supporting updates to appointment letters and patient information leaflets, to manage expectations regarding waiting times.

15. Recommendations

- 15.1 We will continue to focus on further improving the triangulation of valuable sources of data available to each of the teams. In addition, our teams will work together to implement new initiatives to ensure all the teams proactively listen and act on feedback provided in a timely manner.
- 15.2 The Board of Directors is asked to note the content of this Quarter 2, 2023/24 Quality and Patient Experience Report and the ongoing 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: Top 3 themes based on WMTM feedback captured during Q2.

Top 3 Positive WMTM Themes. Quarter 2, 2023/24			
	1	2	3
MFT	Emotional and Physical Support	Friendliness	Compassion
CSS	Compassion	Emotional and Physical Support	Professional and Competent
MLCO	Professional and Competent	Compassion	Emotional and Physical Support
MREH	Professional and Competent	Friendliness	Compassion
MRI	Emotional and Physical Support	Friendliness	Compassion
NMGH	Emotional and Physical Support	Compassion	Helpfulness
R&I	Friendliness	Professional and Competent	Emotional and Physical Support
RMCH	Friendliness	Emotional and Physical Support	Compassion
SMH	Emotional and Physical Support	Compassion	Friendliness
UDHM	Professional and Competent	Friendliness	Emotional and Physical Support
WTWA	Friendliness	Emotional and Physical Support	Professional and Competent

Table 2: Bottom 3 themes based on WMTM feedback captured during Q2.

	Bottom 3 WMTM Themes, Quarter 2, 2023/24		
	1	2	3
MFT	Waiting	Food and Beverages	Hygiene
CSS	Pain	Food and Beverages	Privacy, Dignity and Respect
MLCO	Emotional and Physical Support	Food and Beverages	Waiting

MREH	Waiting	Hygiene	Pain
MRI	Waiting	Food and Beverages	Hygiene
NMGH	Waiting	Food and Beverages	Pain
R&I	Parking	Listening, Involving Patients	Food & Beverages
RMCH	Waiting	Hygiene	Emotional and Physical Support
SMH	Waiting	Hygiene	Pain
UDHM	Waiting	Hygiene	Pain
WTWA	Waiting	Food and Beverages	Pain

Table 3: Top 3 themes based on FFT feedback captured during Q2.

Top 3 FFT Themes. Quarter 2, 2023/24			
	1	2	3
MFT	Friendliness	Emotional and Physical Support	Professional and Competent
CSS	Friendliness	Emotional and Physical Support	Helpfulness
LCO	Emotional and Physical Support	Friendliness	Compassion
MREH	Professional and Competent	Friendliness	Emotional and Physical Support
MRI	Friendliness	Emotional and Physical Support	Professional and Competent
NMGH	Emotional and Physical Support	Professional and Competent	Helpfulness
R&I	Friendliness	Professional and Competent	Communicating to Patients

RMCH	Friendliness	Emotional and Physical Support	Compassion
SMH	Emotional and Physical Support	Compassion	Friendliness
UDHM	Friendliness	Professional and Competent	Compassion
WTWA	Professional and Competent	Friendliness	Emotional and Physical Support

Table 4: Bottom 3 themes based on FFT feedback captured during Q2.

	Bottom 3 FFT Themes, Quarter 2, 2023/24		
	1	2	3
MFT	Waiting	Pain	Emotional and Physical Support
CSS	Waiting	Pain	Emotional and Physical Support
MLCO	Waiting	Emotional and Physical Support	Pain
MREH	Waiting	Facilities	Emotional and Physical Support
MRI	Waiting	Pain	Emotional and Physical Support
NMGH	Waiting	Emotional and Physical Support	Pain
R&I	N/A	N/A	N/A
RMCH	Waiting	Food and Beverages	Facilities
SMH	Waiting	Comfort	Food and Beverages
UDHM	Waiting	Pain	Emotional and Physical Support
WTWA	Waiting	Pain	Emotional and Physical Support

Table 5: NHS website and Care Opinion comments received in Quarter 2, 2023/24:

NHS Website and Care Opinion Comments			
Hospitals/MCS/LCO	Positive	Negative	Mixed
CSS	1	0	0
MREH	3	0	0
MRI	2	1	0
NMGH	2	2	0
RMCH	1	0	0
SMH	4	0	0
UDHM	0	2	0
WTWA	11	6	0
TOTAL	24	11	0

Table 6: Examples of feedback and responses posted on Care Opinion and NHS Website in Quarter 2:

Trafford General Hospital
<p>‘Excellent Service and Patient Experience’ From reception to nurses to doctors. Very positive experience. Friendly, helpful, knowledgeable and informative. Even staff on the corridors when I got a bit lost, stopped to help. Cannot fault. FIVE STAR</p>
Response:
<p>Thank you for taking the time to share your positive feedback regarding your care at Trafford General Hospital. It is always good to read such positive words in response to the conscientious work of our staff. We have forwarded your message on to the Deputy Director of Nursing for sharing with the staff involved.</p>
Manchester Royal Infirmary
<p>‘Very Poor Service from X-Ray’ Very poor service from X-ray. Had a MRI scan book in for 13.45 on 03/03/2023. Checked in at 13.30 and got told to wait in Waiting Room 2 which I did. I waited there to 14.15 nothing, so went back to check in and told was waiting in the wrong place for the mobile MRI scan. Got told I will have to wait till they a space for me, but they do not how long?</p>
Response:
<p>Thank you for your feedback via the NHS / Care Opinion website. We were sorry to learn that your experience was not as positive as we would have hoped when you attended your MRI scan. It is important to us that comments are heard and seen as an opportunity provided to the service to make changes and improvements wherever possible. In response to your comment, I can only assume that when you were booked in that the receptionist did not note which scanner you were booked on to and assumed you were booked on the department’s scanner. This consequently meant that the appointment slot was missed, and the radiographers would then be dependent on another patient cancelling or not arriving for their appointment in order to fit your scan in. I would like to apologise for this and have raised your concerns to the office manager who will remind staff of the importance of checking which scanners patients are appointed to. Hopefully this will ensure that others don’t experience the same issues as you did. It is difficult to respond to all posts in a full way often because of a lack of detailed information, therefore if you would like to discuss your experience with us in more detail, please do not hesitate to contact our Patient Advice and Liaison Service (PALS) on 0161 276 8686 or by e-mailing pals@mft.nhs.uk.</p>
Wythenshawe Hospital
<p>‘Wrong Info Given but Fine Experience’ Came for a scan and was sent to the Ultrasound Department on MyMFT. Got there and was told it was in the other end of the hospital so had to run round to maternity. I was not happy with being given the wrong information. My scan was 40 minutes late, which for an ultrasound can be very uncomfortable. The nurse who took my blood was really friendly and informative.</p>
Response:
<p>Thank you for your feedback via the NHS website. We were sorry to learn that your experience was</p>

not as positive as we would hope at Saint Mary's at Wythenshawe. It is important to us that service user feedback is used to develop our service and to make changes and improvements wherever possible. In response to your comment, we have reviewed the information provided within the appointment letter on My MFT when a pregnancy ultrasound scan is arranged. We are pleased to inform you that this information is in the process of being corrected to identify that the ultrasound scan will take place within the Maternity Department to avoid any further confusion. Thank you for providing us with this feedback. Should you remain dissatisfied and wish to discuss your experience further, please contact the Patient Advice and Liaison Service (PALS) at your earliest opportunity on telephone 0161 276 8686, or email pals@mft.nhs.uk and they will do their best to address your concerns.

Table 7: Examples of actions from complaints Q2, 2023/24:

Reason for complaint	Action Taken
Concerns regarding Perinatal Mortality Review Tool (PMRT) reports	<p>Education and training for all staff working within triage regarding management of women with reduced foetal movements has been completed.</p> <p>Junior Doctors to be reminded of process for acting on blood results and raised alanine transaminase (ALT) results.</p> <p>The importance of partogram completion has been reiterated to delivery suite staff via core huddles (a communication aid for staff to disseminate key information and updates held at the beginning of each shift).</p> <p>Doctor involved to meet with their educational supervisor, for a reflective discussion surrounding the explanation of results to women and appropriate escalation of blood results in relation to obstetric cholestasis.</p> <p>Triage ward manager shared anonymised service user experience at triage team meeting to emphasise the importance of communication and empathy with service users.</p>
Concerns regarding the delay in the patient's valve operation, transfer to different wards, management of pain relief and the reason why a nurse had popped the patient's blister.	<p>Matron has discussed and addressed, with Staff Nurse, the importance of encouraging and ensuring patients take the relevant prescribed medication to maintain their safety and control symptoms.</p> <p>Matron has discussed and addressed, with Staff Nurse, the importance of escalating, documenting, and communicating with the MDT and family when patients decline medication that is essential for their safety and symptom control.</p>

Table 8: Number of contacts received by Hospital/MCS/LCO, Q2, 2023/24:

Site	Q1, 23/24	Q2, 23/24
MRI	1738	1888
Wythenshawe	1358	1648
NMGH	887	1204
RMCH	223	261

TGH	151	162
SMH	113	185
MRI Virtual Hospital	6	33
MREH	0	12
Unspecified	2	1
Total Contacts	4478	5394

Table 9: Number of contacts/referrals received by Faith, Q2, 2023/24:

Site	Q1, 23/24	Q2, 23/24
Roman Catholic	1987	2508
Christian	1282	1409
Jewish	393	657
Muslim	376	384
Unknown	226	189
Not religious	95	89
Other	78	88
Religion Not Given	41	70
Total Contacts	4478	5394

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST
BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Nurse
Paper prepared by:	Anne-Marie Varney, Corporate Director of Nursing (Workforce and Professional Education)
Date of paper:	November 2023
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:	<p>Indicate which by</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept ✓ • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	<p>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.</p> <ol style="list-style-type: none"> 1. Patient Safety 2. Patient Experience 3. Productivity
Recommendations:	The Board of Directors are asked to note the contents of this paper.
Contact:	<p><u>Name:</u> Anne-Marie Varney, Corporate Director of Nursing <u>Tel:</u> 0161 276 8862</p>

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 2016¹, and the NHS Improvement (NHSI) Developing Workforce Safeguards Guidance², 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 May 2023. This report provides analysis of the Trust's Nursing, Midwifery and Allied Health Professional (AHP) workforce position at the end of **September 2023**.
- 1.3 Nationally, growing vacancy rates are being driven by a growing staffing demand across the NHS with an increase in the number of health professionals choosing to leave the NHS. Alongside increasing acuity of patients, a growing and ageing population and increase in chronic disease rates, there is an even greater need for organisations to ensure that they have the correct staffing levels to deliver safe and high quality patient care.
- 1.4 The NHS Long Term Workforce Plan (LTWP) (NHSE, 2023)³ recognises the clear and pressing workforce challenges in the NHS and affirms that without concerted and immediate action, the NHS will face a workforce gap of more than 260,000 - 360,000 FTEs by 2036/37. In the last 12 months the NHS has increased the workforce by 66,039 staff members across **all staff groups**, this is despite over 380,000 leavers in the same period⁴.
- 1.5 Within the registered nursing staff group, data published by NHS Digital in August 2023⁵ shows a national vacancy rate of 10.6% as of 30th June 2023 (equivalent to 43,339 vacancies). There is a slight decrease from the same period the previous year when the vacancy rate was 11.7% (46,241 vacancies).
- 1.6 At a time of rising demand for health and care services, the NMC annual data report May 2023⁶ identified a net increase of 30,351 (4.0%) more nurses, midwives, and nursing associates on the register in comparison to September 2022. The number of domestically educated joiners rose to 27,142 (8.5%). There has been a steady rise in the number of internationally educated joiners to 25,006 (6.8%). Most nursing settings have seen positive increases in the previous 12 months with the exception of Community, Health Visitors and Learning Disability roles.

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 England \(2023\) NHS Long Term Workforce Plan](#)

⁴ [NHS Digital \(2023\) NHS Workforce Statistics](#)

⁵ <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/june-2023>

⁶ [NMC \(2023\) Annual Report](#)

- 1.7 The NHS has been reliant on international recruitment to fill workforce gaps. The NHS LTWP sets out the direction to increase the numbers of domestically trained NHS staff and reducing the long-term reliance on international recruitment and agency staff.
- 1.8 Healthcare services continue to be under increasing demand with providers competing with other sectors to attract and retain staff, this will remain extremely challenging to improve in the short term. The NHS LTWP places retention as one of three key priorities with the ambition to improve the retention of the workforce by 15% overall.
- 1.9 In June 2023, 84,736 registered AHPs were working in the NHS in England which was an increase of 3,510 (4.3%) AHPs from the previous year.⁷ Radiography and Physiotherapy have seen significant increases in this period of over 1,000 staff members in each profession. The only professional groups not to have experienced an increase in staff are Podiatry and ODPs.
- 1.10 Collaboration between GM providers and GM Higher Education Institutes (HEIs) to increase the future Nursing, Midwifery and AHP workforce continues. The previous Board Report predicted an increase for academic year 2023/24 which has been achieved. The number of students accepted onto nursing and midwifery programmes has increased by (11%). AHP programmes are showing a recruitment to targets with over recruitment to Occupational Health programme. It must be noted that the HEI's are indicating that recruitment to nursing programmes has been challenging and numbers have been reached after going through UCAS clearing.
- 1.11 To promote health care careers the Trust works with local colleges and other providers in attracting 16–18-year-olds to the NHS. The Trust is currently working with Manchester and Trafford Colleges to develop and provide placement opportunities for the students undertaking the T-level programme. This is an opportunity to create an exciting programme, exposing young people to the NHS and supporting them to make future career decisions.
- 1.12 Ensuring pre-registration learners feel supported whilst on practice placement and successfully complete their programme and are fit for practice is essential. The Trust has developed a transition to practice programme, bringing together current initiatives under an umbrella programme, and creating a seamless transition to preceptorship is a key education priority and works in partnership with the guaranteed job offer workstream focusing on investments in home grown learners offering job opportunities at the Trust.
- 1.13 The Trust workforce position has continued to strengthen over the last 6 months. Both domestic and international recruitment programmes have resulted in **669.3wte** registered nurses and midwives joining the organisation. The Trust has benefited from an average monthly nursing and midwifery starters rate of **111.5wte** since the beginning of April 2023.
- 1.14 This improved workforce position, is supported by the number of internationally recruited nurses and midwives recruited via the well-established overseas recruitment

⁷ <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/june-2023>

campaign. The total number of international nurses and midwives joining the Trust since April 2023 is **262wte** with a further **261** planned arrivals through Q3 and Q4.

- 1.15 At the end of September 2023 there were a total of **360.9wte (3.8%)** registered nursing and midwifery vacancies across the Trust which is a small increase from March 2023 due to the establishment increases in this financial year. However, during this time the nursing workforce has grown more than this movement suggests. Recruitment has kept pace with turnover and increases in funded establishment (**181.0wte**) demonstrating an overall improving picture that is expected to continue throughout 2023/2024 due to the numbers in the domestic and the international recruitment pipeline.
- 1.16 At the end of September 2023, the 12-month rolling turnover rate for registered nurses and midwives was **12.1%**, this is a decrease since March 2023 when the rate was **13.1%**. The trust turnover rate is lower than the current national turnover rate for nursing and midwives in acute NHS trusts which is **14.7%**.⁸
- 1.17 At the end of September 2023, there were a total of **55.4wte (7.5%)** registered midwife vacancies across SM MCS, this is a similar position to March 2023 when there were **57.7wte (8.9%)**. There are **71wte** graduate midwives in the pipeline due to graduate before the end of March 2024 with **45wte** expected to start in Q3. The 12-month rolling turnover at the end of September 2023 for registered midwives was **12.7%** this has decreased by **2.6%** since March 2023 **14.3%**.
- 1.18 Challenges have been identified in relation to attracting nursing assistant/maternity support workers; with a current vacancy of **16.4%**, and a turnover rate **15.4%**. In response to the number of nursing assistant and maternity support worker vacancies an Autumn recruitment campaign has been launched with the aim of improving the vacancy position for the winter period and reduce the reliance on temporary staffing and the associated costs. The ambition is to appoint **300** applicants during this campaign.
- 1.19 The Safer Nursing Care Tool (SNCT) census collection is undertaken twice a year to determine the acuity and recommended nurse staffing on inpatient adult and paediatric wards. The results from recent census collections have provided assurance that **98%** of ward establishments are within 10% of the SNCT recommended establishment. This is an improved picture (**8%**) from the census results taken in November 2022 and reflects the investment in nursing posts in areas that were found to fall under the recommended safe staffing threshold.
- 1.20 Following the publication of the Final Ockenden Report on 31st March 2022⁹ maternity providers were required to undertake a maternity establishment review utilising Birthrate Plus. The most recent review was commissioned by Greater Manchester and Eastern Cheshire (GMEC) Local Maternity and Neonatal System (LMNS) and was completed in May 2023. The outcome from this review recommends a total establishment uplift of **61wte** across SM MCS. SM MCS Senior leadership team are considering the recommendations, undertaking a skill mix review and developing a business case for additional investment.

⁸ [NHS Digital \(2023\) NHS vacancy statistics England](#)

⁹ [Independent Maternity Review \(2022\) Ockenden Report - Final findings, conclusions, and essential actions form the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust](#)

- 1.21 At the end of September 2023, the AHP vacancy position was **61.6wte (3.8%)**. The turnover rate for registered AHPs was **12.8%** at the end of September 2023. Sickness rates in this staff group remain low (below 4%)
- 1.22 Recruiting into some AHP professions remain a challenge specifically Occupational Therapy, Podiatry, Speech and Language Therapy and Imaging. The introduction of Band 5 rotation posts within AHP specialties and international recruitment within occupational therapy and imaging will provide learning to inform other AHP professions.
- 1.23 A summary of the workforce positions and safer staff assurance for the Hospitals/MCS/LCOs is included in this report (Appendices).
- 1.24 The Board of Directors are 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.

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), and the NHS Improvement (NHSI) Developing Workforce Safeguards Guidance, 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 May 2023.
- 2.3 Registered nursing and midwifery staffing levels are positively associated with quality patient outcome. The Trust must have the right staff, with the right skills, in the right place and at the right time.
- 2.4 This report provides an analysis of the Trust's Nursing, Midwifery and AHP workforce position at the end of September 2023. The Hospitals, Managed Clinical Services (MCS) and LCO present their workforce positions and plans in quarterly board reports to their Hospital/MCS/LCO Boards. A summary of these reports is included in the appendices of this report.

3. National Context

Nursing and Midwifery

- 3.1 Nationally, growing vacancy rates are being driven by a growing staffing demand across the NHS with an increase in the number of nurses choosing to leave the NHS. Alongside increasing acuity of patients, a growing and ageing population and increase in chronic disease rates, there is an even greater need for organisations to ensure that they have the correct staffing levels to deliver safe and high quality patient care.
- 3.2 The NHS Long Term Workforce Plan (LTWP) (NHSE, 2023)¹⁰ recognises the clear and pressing workforce challenges in the NHS and affirms that without concerted and immediate action, the NHS will face a workforce gap of more than 260,000 - 360,000 FTEs by 2036/37. In the last 12 months the NHS has increased the workforce by 66,039 staff members across **all staff groups**, this is despite over 380,000 leavers in the same period¹¹.
- 3.3 Within the registered nursing staff group, data published by NHS Digital in August 2023¹² shows a national vacancy rate of 10.6% as of 30th June 2023 (equivalent to 43,339 vacancies). There is a slight decrease from the same period the previous year when the vacancy rate was 11.7% (46,241 vacancies).

¹⁰ [NHS England \(2023\) NHS Long Term Workforce Plan](#)

¹¹ [NHS Digital \(2023\) NHS Workforce Statistics](#)

¹² <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/june-2023>

- 3.4 In June 2023, it was reported that the nursing workforce increased by 16,259 staff members. An overall annual increase of 4.6%, despite during this period almost 46,000 nurses leaving the NHS. Most nursing settings have seen positive increases in the previous 12 months with the exception of Community, Health Visitors and Learning Disability roles. During the same period there has been a steadier increase across the maternity workforce. An overall annual increase of 648 (2.5%) midwives has been reported¹³.
- 3.5 At a time of rising demand for health and care services, the NMC annual data report May 2023¹⁴ identified a net increase of 30,351 (4.0%) more nurses, midwives, and nursing associates on the register in comparison to September 2022. The number of domestically educated joiners rose to 27,142 (8.5%). There has been a steady rise in the number of internationally educated joiners to 25,006 (6.8%).
- 3.6 The NHS has been reliant on international recruitment to fill workforce gaps. The NHS LTWP sets out the direction to increase the numbers of domestically trained NHS staff and reducing the long-term reliance on international recruitment and agency staff.
- 3.7 Healthcare services continue to be under increasing demand with providers competing with other sectors to attract and retain staff, this will remain extremely challenging to improve in the short term. The NHS LTWP places retention as one of three key priorities with the ambition to improve the retention of the workforce by 15% overall.
- 3.8 Nationally, the most common reasons provided for leaving the NHS in all roles are retirement followed by work-life balance¹⁵. In many cases reason for leaving is not reported.
- 3.9 The NHS LTWP places retention as one of three key priorities with the ambition to improve the retention of the workforce by 15% overall. Retention of staff is complex with factors often outside of the control of the workplace. The NMC annual data report May 2023¹⁶ identified a positive trend in the number of leavers with a fall of 26,755 (1.4%) in comparison to May 2022.
- 3.10 The NHS LTWP cites three key themes of train, retain and reform as essential for any workforce initiatives. In addition to expanding the number of training places for health care professions, it is important to consider how these staff will be retained post qualifying and what reforms are needed to ensure the workforce meets future productivity demands and how this can be achieved, for example the development of new and advanced roles. Embracing technological advances is essential in driving innovation to ensure the workforce is equipped with the necessary skills and knowledge to care for patients safely.

¹³ [NHS Digital \(2023\) NHS Workforce Statistics](#)

¹⁴ [NMC \(2023\) Annual Report](#)

¹⁵ [Nuffield Trust \(2022\) Peak leaving? A spotlight on nurse leaver rates in the UK](#)

¹⁶ [NMC \(2023\) Annual Report](#)

Allied Health Professionals

- 3.11 In June 2023, 84,736 registered AHPs were working in the NHS in England which was an increase of 3,510 (4.3%) AHPs from the previous year.¹⁷ Radiography and Physiotherapy have seen significant increases in this period of over 1,000 staff members in each profession. The only professional groups not to have experienced an increase in staff are Podiatry (2.7% decrease) and ODPs (0.3% decrease).
- 3.12 The NHS LTWP refers to the education and training pipeline not keeping pace with expected demand, citing shortfalls in podiatry, occupational therapy, diagnostic radiographers and speech and language therapy. The Plan outlines training and investment plans for undergraduate provision, whilst recognising the demand required for service delivery.
- 3.13 In addition to addressing service shortfalls, the NHS LTWP emphasises the importance of enhancing the scope and reach of AHP roles, for example increasing AHP access to advanced practice, independent prescribing and acting as senior decision-makers in appropriate settings.

4. Undergraduate Nursing, Midwifery and AHP Pre-Registration Education Pipeline

- 4.1 The RCN reported in August 2023 that the University and Colleges Admission Services (UCAS)¹⁸ had reported a 13% decline in acceptances to nursing programmes in England compared to last year. This is concerning following the commitment made within the NHS LTWP to increase adult nursing training places by 92%, with an additional 38,000 training places identified by 2031/32. The RCN cite student debt and tuition fees amongst the barriers needing addressing for the key goals within the Plan to be met. Expansion of nursing apprenticeships, with a long-term plan to increase provision from 9% to 20% of nurses qualifying through this route will start to address barriers to accessing nursing careers.
- 4.2 Acceptance figures for midwifery programmes follow similar trends and associated challenges to meet the target of 1000 extra places over the next 3 years.
- 4.3 The NHS LTWP highlights a commitment to increasing the number of training places for allied health professions (AHP) by 19-25% to over 18,000 by 2031/32. This will be met through focusing on increased access to apprenticeship routes in addition to traditional undergraduate programmes.

5. Greater Manchester

- 5.1 Collaboration between GM providers and GM Higher Education Institutes (HEIs) to increase the future Nursing, Midwifery & AHP workforce continues. The previous Board Report predicted an increase for academic year 2023/24 which has been achieved. The number of students accepted onto nursing and midwifery programmes has increased by (11%). AHP programmes are showing a recruitment to targets with

¹⁷ <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/june-2023>

¹⁸ <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/february-2023>

over recruitment to Occupational Health programmes. It must be noted that the HEI's are indicating that recruitment to nursing programmes has been challenging and numbers have been reached after going through UCAS clearing.

- 5.2 To promote health care careers the Trust works with local colleges and other providers in attracting 16–18-year-olds to the NHS. The Trust is currently working with Manchester and Trafford Colleges to develop and provide placement opportunities for the students undertaking the T-level programme. This is an opportunity to create an exciting programme, exposing young people to the NHS and supporting them to make future career decisions.
- 5.3 Ensuring pre-registration learners feel supported whilst on practice placement and successfully complete their programme and are fit for practice is essential. The Trust has developed a transition to practice programme, bringing together current initiatives under an umbrella programme, and creating a seamless transition to preceptorship is a key education priority and works in partnership with the guaranteed job offer workstream focusing on investments in home grown learners offering job opportunities at the Trust.

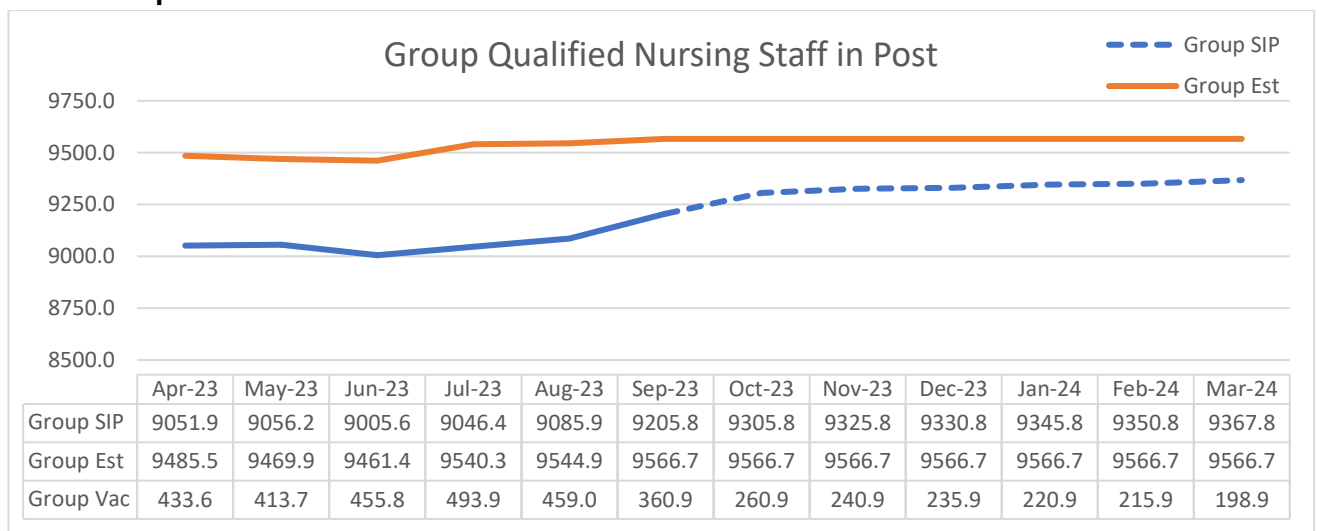
6. **MFT Workforce Position**

Nursing and Midwifery Vacancies

- 6.1 For the last six months there has continued to be improvements in the accuracy of our financial ledger system. This is the result of ESR and financial data cleanse and the introduction of the new finance reporting system Anaplan. Since April 2023 a focus has been placed on LCO establishment and staff in post figures due to the complexities of their structures, some initial success has been found reducing their reported position by 60wte due to unnecessary recruit to turnover inclusion.
- 6.2 The Trust has continued to benefit from successful domestic and international recruitment programmes. The two programmes have resulted in **669.3wte** registered nurses and midwives joining the organisation, further high numbers are anticipated in October which is traditionally our second highest month for new starters. On average the Trust have benefited from **111.5wte** domestic and international recruitment starters per month since April 2023.
- 6.3 At the end of September 2023 there were a total of **360.9wte (3.8%)** registered nursing and midwifery vacancies across the Trust which is a small increase from March 2023 due to the establishment increases in this financial year. However, during this time the nursing workforce has grown more than this movement suggests. Recruitment has kept pace with turnover and increases in funded establishment (**181.0wte**) demonstrating an overall improving picture that is expected to continue throughout 2023/2024 due to the numbers in the domestic and the international recruitment pipeline.

- 6.4 The Trust’s overall nursing and midwifery vacancy rate (**3.8%**) is much lower than the national vacancy rate of **10.6%**¹⁹ and the Northwest vacancy rate of **6.7%**²⁰. On-going work within each hospital/MCS to align the ledger to establishments is being led by the Directors of Nursing/Midwifery and Directors of Finance to continue to ensure the accuracy of the workforce data in relation to vacancies.
- 6.5 Workforce modelling undertaken in March 2023 predicted the vacancy position in September 2023 would be **297.3wte**, these assumptions were predicted accurately but did not consider increasing establishments at the start of the financial year. In April 2023, ledger establishment increased by **89.8wte**, increases were enacted for a number of hospitals/MCS, mainly RMCH 40.7wte, R&I 29.5wte and LCO 19.6wte.
- 6.6 Applying the workforce assumptions relating to domestic recruitment in September and October and the currently planned programme for international recruitment, further recent workforce modelling predicts we will likely see a gradual reduction in vacancies back to below **200wte** by the end of quarter 2023/24, potentially by March 2024 vacancies will have decreased to **198.9wte (2.1%) (Graph 1)**. A large proportion of these predicted vacancies will be at band 5.

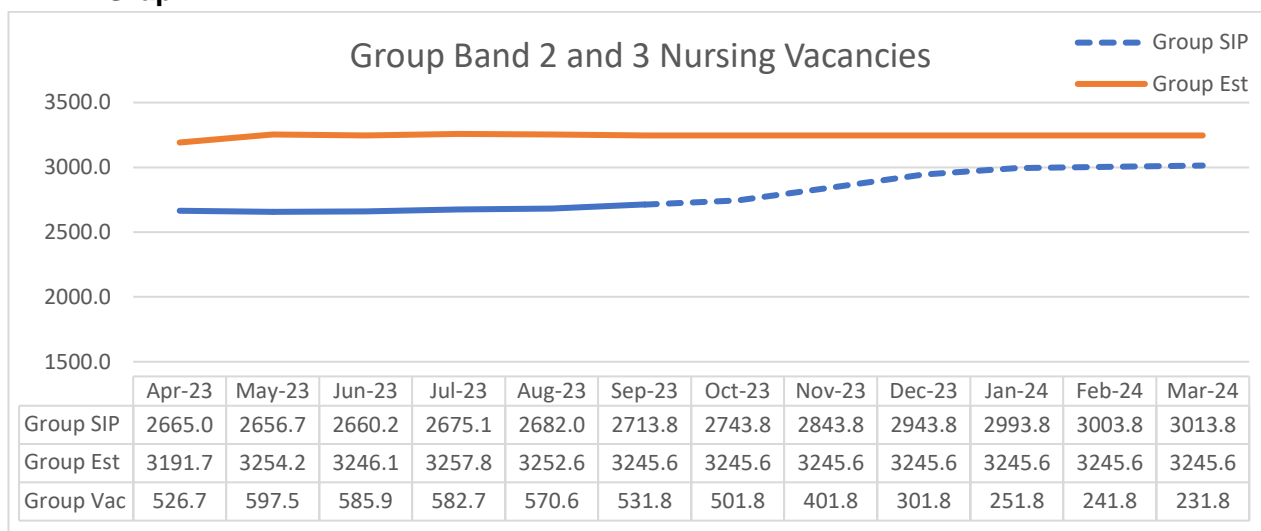
Graph 1



- 6.7 The number of vacancies at band 2 and 3 has been a cause for concern (see section 8.7) at end of September 2023, **band 2 and band 3** vacancies totalled **531.8wte (16.4%)**. During this period there has been an increase in starters, however the continued leaver rates have slowed the impact of this on our vacancy position. To address this deficit a group wide recruitment campaign for band 2 and 3 roles has been launched. It is predicted the trusts vacancy position will improve to below **250wte (see Graph 2)**.

¹⁹ [NHS Digital \(2023\) NHS Vacancy Statistics England](#)

²⁰ [NHS Digital \(2023\) NHS Vacancy Statistics England](#)

Graph 2

Nursing and Midwifery Turnover

- 6.8 At the end of September 2023, the 12-month rolling turnover rate for registered nurses and midwives was **12.1%**, this is a decrease since March 2023 when the rate was **13.1%**. The trust turnover rate is lower than the current national turnover rate for nursing and midwives in acute NHS trusts which is **14.7%**.²¹

Nursing and Midwifery Sickness Absence

- 6.9 Sickness rates have steadily continued to reduce for registered nursing and midwifery staff from **6.4%** in March 2023. However, in September 2023 a recent increase has been noted and current sickness levels are at **6.8%** in September 2023. Rates for band 2 and 3 staff have remained static up until September 2023 where similar increases have been seen, currently **9.9%** for the same period.
- 6.10 On review of the reasons recorded for sickness absence, for both registered and unregistered nursing and midwifery staff, throughout the last six months the primary reason has continued as anxiety/stress accounting for **24.6%** of registered absences and **29.9%** of unregistered absences.
- 6.11 Targeted initiatives have been put in place to support hot spot clinical areas to reduce sickness absence by 2% identified in the annual workforce plan. These include improved utilisation of Absence Manager, additional training, HR and EHW case conference discussions for long term sickness and absence prevention focusing on wellbeing of staff.

7. Nursing and Midwifery Recruitment

- 7.1 The Nursing and Midwifery Resourcing Strategy Group was established in April 2023. The purpose of this group is to focus on improvement through increasing the domestic

²¹ [NHS Digital \(2023\) NHS vacancy statistics England](#)

nursing and midwifery pipeline through group wide targeted campaigns and supporting local recruitment.

Domestic Recruitment

- 7.2 There are currently **139.5wte** domestic nurses and midwives in the recruitment pipeline expected to start before the end of November 2023. Additionally, there are **247.5wte** candidates going through pre-employment and other recruitment checks before confirming start dates at the Trust. The current pipeline provides a sufficient amount of nurses to maintain our nursing and midwifery vacancy position.
- 7.3 As part of our recruit to turnover there are several planned domestic recruitment events at group and hospital level. This will be held at various sites and maximise candidate reach and recruitment opportunities.

International Recruitment

- 7.4 The international recruitment (IR) programme continues to be a strong and reliable pipeline for band 5 nurse recruitment. The total number of international nurses and midwives joining the Trust since April 2023 was **262**. Due to successful bidding for NHSE funding the number of planned nurses for 2023/24 has been increased from the originally planned 360 to **522**. There are **130** international nurses now planned for arrival by December 2023 and the remaining **130** in Q4. These nurses are welcomed not only to support vacancies through turnover but also additional work planned for example to expansion of the Trafford Elective Hub programmes.
- 7.5 The Trust has been successful in implementing an international recruitment programme for midwives as part of a NW regional collaboration working in partnership with NHSE and the GM Maternity Network. The first cohort of midwives joined MFT in November 2022 with a total of **10** midwives recruited so far. An additional **10** midwives are expected to arrive before the end of December 2023.(see section 8.22 re midwifery vacancies)
- 7.6 Following joining the regional collaborative programme of international AHP recruitment, launched by NHSE in June 2022, a total of **13** diagnostic radiographers have been recruited. Work continues to recruit **10** occupational therapists through the collaborative by November 2023. To date, **4** international occupational therapists have arrived with **2** more now authorised to book flights and **2** candidates pending full document checks.

Nursing Assistants and Maternity Support Workers

- 7.7 Challenges have been identified in relation to attracting nursing assistant/maternity support workers; with a current vacancy of **16.4%**, and a turnover rate **15.4%**, Sickness rates for this workforce continues to be at **9.9%**.
- 7.8 In response to the number of nursing assistant and maternity support worker vacancies Autumn recruitment campaign led by the corporate nursing team, has been launched with the aim of improving the vacancy position for the winter period and

reduce the reliance on temporary staffing and the associated costs. The ambition is to appoint **300** applicants during this campaign.

- 7.9 The recent nursing assistant and maternity support worker skill mix review was undertaken to determine the skills required of this staff group to support patients safely. This review continues to support the framework developed to enable support workers to follow a structured development programme in line with B2/B3 job descriptors. The Trust's Clinical Support Worker Development Programme ensures that any NA/MSW joining the Trust especially those who are new to care receive essential education and training to enable them to provide the right care to patients. The programme focuses on the fundamentals of care and clinical skills competency training and assessment. Staff new to the Trust are required to complete the programme before transitioning to a band 3 senior support post. Since the introduction of the programme in September 2022, 600 staff have enrolled on the programme with 332 staff having now successfully completed and undertaking senior support worker roles.

Allied Health Professions Workforce & Recruitment Initiatives

- 7.10 At the end of September 2023, the AHP vacancy position was **61.6wte (3.8%)** this excludes ODPs as this profession is included in the nursing theatre workforce data.
- 7.11 The turnover rate for registered AHPs was **12.8%** at the end of September 2023. Sickness absence rates for registered AHPs in September 2023 was **4.9%**. There had been a continued reduction in sickness through to August, in September an increase has been noted back above those in March 2023 when the rate was **4.7%**.
- 7.12 The NHS LTWP outlines the requirement to grow training places by 19-25% by 2031/32 and to utilise the apprenticeship route for at least third of these. As part of ongoing actions to promote AHP apprenticeship, provision continues to grow with 14 AHP apprentices currently undertaking occupational therapy, speech and language and physiotherapy pre-registration apprenticeship programmes in partnership with universities across Greater Manchester and Yorkshire regions. **2** podiatry apprentices have successfully completed their programme in August 2023 and will have secured posts within the LCO. The apprenticeship offer is to be extended; with **2** Dietetic apprentices commencing in March 2024. Planning is in progress for **2** diagnostic radiographers and **2** sonographer apprenticeships, with an expression of interest submitted to NHSE for a funding grant to support the first year of the apprenticeship programme.
- 7.13 Work is taking place to understand the application of the role of the AHP therapy support worker apprenticeship and how this can be utilised to develop the existing workforce and provide a pathway for career progression to a registered AHP role in line with the NHS LTWP goals. Evaluating how these roles can be utilised as part of improving service delivery, efficiency savings and patient outcomes will form an essential part of this work. At present a radiography assistant practitioner is currently in a training post at NMGH, with the role being evaluated.
- 7.14 Work is progressing to refine the AHP staffing dashboard to ensure data reporting is reflective of the current workforce. In collaboration with the Chief AHP, work on standardising position titles across the professions has now been completed. The next step

is working with finance department to validate the accuracy of establishment data by role and cost centre.

AHP Domestic Recruitment Initiatives

- 7.15 Community Diagnostic Centres have developed an effective community-based approach to engage potential radiography assistant staff. This is enabling residents to work for their local hospital and contributes to MFT position to tackle health inequalities. This will link into work in relation to therapy support roles across AHP professions.
- 7.16 Joint work between the Chief AHP Forum and Widening Participation team continues with five recruitment events scheduled for autumn 2023. The audience includes student on pre-registration courses, secondary schools, and the Museum of Science & Industry event for school children, aimed at attracting young people into AHP careers.
- 7.17 Building on work reported on in the last Board report in relation to Occupational Therapy having one of the highest vacancy rates across the Trust. The targeted recruitment campaign for occupational therapy has been successful with all Band 5 vacancies filled and a decreasing vacancy rate for this profession within the organisation. Apprentice numbers on the OT apprenticeship programme continue to grow, supporting a home-grown pipeline for the future workforce.
- 7.18 AHP workforce retention initiatives have included “Stay Conversations”. These took place in July 2023 with Band 5 & 6 dietitians and occupational therapists to identify factors that encourage retention or influence resignation. The findings from these sessions have been shared with professional leads who are developing an action plan in response. These conversations have been effective in determining what matters to AHPs at the early stages of their career and will be rolled out to other professional groups. Progress on this work will be discussed at the next board report.

8. Safe Staffing

- 8.1 Recommendations set out in the Developing Workforce Safeguards Report²² focus on accountability and monitoring of nursing establishments and responding to unplanned changes in daily staffing²³. 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)²⁴ and Birth-Rate Plus (BR+)²⁵, data, professional judgement and outcomes that are based on patient needs, acuity, dependency, and risks.
- 8.2 The Trust’s Safer Nursing & Midwifery Staffing Policy (version 6) continues to inform the monitoring and escalation of nursing and midwifery staffing levels. Daily staffing

²² [NHS Improvement \(2018\) Developing workforce safeguards: supporting providers to deliver high quality care through safe and effective staffing](#)

²³ [NHS England \(2018\) Developing workforce safeguards](#)

²⁴ [The Shelford Group \(2019\) Safer Nursing Care Tool](#)

²⁵ [Birthrate Plus 1996 - 2022](#)

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 The daily operational staff review process informs identification of the staffing escalation position and the identification of any red flag staffing events²⁶.
- 8.4 Annual ward accreditation is established as routine to support patient safety, quality and patient and staff experience recognising good practice and supporting learning and improvement initiatives. The accreditation assessment follows the CQC key lines of enquiry with safe staffing, patients' safety and leadership falling under the well led domain. This provides rich data to triangulate with safe staffing indicators. A total of 138 Accreditations are planned for 2023/24 including 2 areas for Quality Assurance Review. 87 accreditations were undertaken between April – September 2023. **72 Accreditations** have been validated with **7** areas achieving gold accreditation, **49** areas achieving Silver and **16** areas achieving Bronze. Triangulating the accreditation outcome with the workforce indicators shows no correlation with nursing vacancies.
- 8.5 The implementation of HIVE and its associated reporting capability has demonstrated the ability to analyse nurse sensitive indicators, in relation to patient harms, to mitigate risks and ensure safe staffing levels.
- 8.6 The Trust is required to submit a monthly Safe Staffing Unify Report to NHSI detailing actual registered nurse and midwifery staffing levels as a percentage against those that were planned. These fill rates include substantive and temporary staffing. The average fill rate against planned shifts in September 2023 was **92.4%** for registered nurses and **94.2%** for unregistered staff. In comparison, the fill rate in March 2023 was **91.6%** and **90.0%** respectively when sickness absence rates were higher.
- 8.7 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 bank fill remains the priority with NHSP. The average fill rate for registered nurses and midwives is **70%** in the last quarter, and **92%** for unregistered staff. The Trust has worked closely with NHSP over the last 2 years to reduce the reliance on agency staff and high premium rates. The agency usage for nursing and midwifery had fallen to under 2%, therefore the decision to switch off agency supply was taken and implemented from Monday 18th September 2023. During this time, bank fill has increased to mitigate loss of agency staff, either through agency migration or increased substantive bank hours.

Daily Staffing

- 8.8 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

²⁶ [NICE \(2014\) Safe Staffing for nursing in adult inpatient wards in acute hospitals](#)

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.

- 8.9 The Allocate Safecare Tool ²⁷is 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. When staffing escalation and risk levels are found to be greater than level 3 the Directors of Nursing will come together to review the staffing risks across the trust and explore opportunities for mutual aid to areas with unresolved staffing challenges.
- 8.10 Since April 2023, the Allocate Safecare Tool has been adapted within Maternity and Emergency Departments to support an improved overview of staffing fill rates and deployment. This facilitates proactively responding to real time fluctuations in patient demand to ensure safe staffing.
- 8.11 In addition to the above pro-active tools which are used throughout the organisation, the trust has established a staffing red flag system through the incident reporting process. Managed through the trusts incident system Ulysses, incidents are automatically escalated to hospital/MCS senior leadership team when staffing levels fall below a minimum level resulting in delays in care has been logged.
- 8.12 Staffing red flag incident reporting has overall decreased over the last 12 months, following an increase reported in March 2023. **Table 1** below provides an overview of staffing incidents in the last 12 months and their actual impact level. **12.6%** of recorded incidents in the last 6 months have resulted in delays in care with nil incidents leading to harm.

Table 1

Incident Actual Impact	Incidents Period Apr – Sept 2022	Incident Period Oct 2022 – Mar 2023	Incident period Apr – Sep 2023
Level 1	1148	1270	1231
Level 2	242	186	99
Level 3	0	0	0
Level 4	0	0	0
Overall	1398	1456	1330

- 8.13 To ensure safe staffing across the trust during periods of industrial action; a command-and-control approach has been taken, with senior representation to escalate, respond and provide assurance in relation to patient safety and safe staffing.

²⁷ [Allocate SafeCare - RLDatix - UK \(allocatesoftware.co.uk\)](https://www.allocatesoftware.co.uk)

Hive

- 8.14 Implementation of the Trust wide electronic patient record system (HIVE) demonstrates better information availability to locate and process patient information more efficiently, enhanced information sharing and improved nursing practice and processes resulting in less nursing time spent to locate information and reduction in paperwork. Real time updates via a single screen ED track board displays trends and warnings, supporting patient safety. Bespoke workflows have seen an improvement in patient transfer. Reduction in critical medication administration errors due to Barcode Medication Administration compliance and safety dashboards providing improved oversight of numerous metrics. HIVE therefore offers 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.

Safer Nursing Care Tool (SNCT)

- 8.15 The SNCT is an evidence-based tool²⁸ 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. Recommendation sets out a minimum of 3 census points before considering data against establishment. A triangulated approach using the tool together with professional judgement, quality and patient outcomes is recommended to arrive at optimum staffing levels.
- 8.16 Two ward census collections are planned for 2023/24 as part of the annual SNCT census cycle. This will also enable a more targeted approach to be taken to those ward areas previously showing as not within their funded establishments. The first ward SNCT census was undertaken in June 2023. This census aims to provide a clear depiction of the progressive impact of implementing HIVE.
- 8.17 The Emergency Department Safer Nursing Care Tool (ED SNCT)²⁹ has been developed by the Shelford Group in collaboration with 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 ED areas. The ED SNCT census was undertaken in each adult ED between May and July 2023. A census collection will be undertaken in PED during October 2023. Both census will be repeated in Q4.
- 8.18 The Community Nursing Safer Staffing tool (CNSST) has been introduced as a GM Workforce collaborative. The CNSST sets out safety standards for district nursing workforce and will provide a recommended nursing workforce model for each district nursing team based on patient acuity and caseload. Three separate census data collections are required before considering the data findings. The first census collection was undertaken in March 2023. The second census collection was

²⁸ [Shelford Group \(2019\) Safer Nursing Care Tool](#)

²⁹ [Shelford Group \(2021\) Launch of the ED SNCT tool](#)

completed in October 2023 and a further census collection is planned in Q4. The outcome will be reported to the Board of Directors in May 2024.

SNCT Analysis

- 8.19 The first ward SNCT census collections for 2023/24 was undertaken in June 2023. The results have provided assurance that **98%** of ward establishments are within 10% of the SNCT recommended establishment. This is an improved picture (**8%**) from the census results taken in November 2022 and reflects the investment in nursing posts in areas that were found to fall under the recommended safe staffing threshold.
- 8.20 Following the June 2023 census collection, **4** clinical areas were shown to have a funded establishment of 10% or more below the SNCT recommended establishment. Two of these wards (Doyle and Wilson/A2, WTWA) have since changed their patient profile and as such will require further census periods.
- 8.21 For the remaining 2 areas; A1 and A3 WTWA, the Director of Nursing has reviewed the SNCT recommendations triangulating nurse sensitive indicators; patient safety (harms) and quality (ward accreditation, complaints, and patient feedback) with existing staffing levels. The outcome from this review has revealed an increase in 1 or more indicators and as such supports the SNCT census outcomes. A skill mix review has been undertaken within the respiratory division resulting in a transfer of 6wte RN's to support staffing the revised establishments on A1/A3. The July 2023 SNCT data indicated the registered nurse establishment on Pearce Ward and F3 ward was higher than the SNCT recommended establishment. Following a skill mix review in both areas 6 RN's were transferred to support the required increased establishment on A1/A3. A review of the patient acuity is being undertaken across both wards to determine the skill mix for any further establishment uplift. **Table 2** describes the actions taken following this review.

Table 2

Ward/Dept	November 2022 Census		June 2023 Census		Action Taken
	Funded Estab (WTE)	SNCT Recommended Estab (WTE)	Funded Estab (WTE)	SNCT Recommended Estab (WTE)	
A1 WTWA	34.34	46.00	34.33	45.09	Respiratory Division – funded establishment does not reflect the increase in acuity number of patients requiring NIV post covid. A skill mix review undertaken across respiratory division has resulted in the transfer of 6 RNs to support staffing the revised establishments for A1 / A3.
A3 WTWA	35.49	41.27	37.51	44.53	

9. Maternity Workforce

- 9.1 The Trust midwifery vacancy position is currently **55.4wte (7.5%)**. The midwifery domestic pipeline sees its highest recruits in Q3 each year following the graduation of newly registered midwives. There are **71wte** confirmed starters working through recruitment checks and a further 10 international midwives current planned to arrive in Q3.

Safe Staffing in Maternity Services

- 9.2 Following a Care Quality Commission (CQC) assessment of Saint Mary's Managed Clinical Services (SM MCS) in March 2023 a twice weekly staffing meeting has been introduced to provide an improved overview of staff availability including vacancy, sickness/absence, training gaps and temporary staff fill. In addition to these measures a twice daily staffing meeting across the SM MCS is chaired by a Head of Midwifery to review and document staffing fill rates and acuity redeploying staff where shortfalls arise.

Birthrate Plus

- 9.3 NICE Guideline Safe Staffing for Maternity Settings³⁰ requires NHS maternity provider trusts to undertake a systematic process to calculate the midwifery staffing establishment. Birthrate plus (BR+) is a toolkit which is endorsed by NICE and the Royal College of Midwives as the recommended methodology for Midwifery workforce planning.
- 9.4 BR+ calculates ratios based on individual unit need from their detailed assessment of acuity, ratios of midwife to birth, demographics, case mix, models of care, total number of community cases and the differing needs of women.
- 9.5 Following the publication of the Final Ockenden Report on 31st March 2022³¹ maternity providers were required to undertake a maternity establishment review utilising BR+. The most recent review was commissioned by Greater Manchester and Eastern Cheshire (GMEC) Local Maternity and Neonatal System (LMNS) and was completed in May 2023.
- 9.6 **Table 3** displays the recommendations in the BR+ reports against the current clinical establishment recommending a total establishment uplift of 61wte.

Table 3

Site	Funded Establishment (WTE)	BR+ Recommended Establishment	Variance (WTE)
SM Oxford Road	355.93	389.08	33.15
SM Wythenshawe	200.34	221.05	20.71

³⁰ [NICE \(2015\) NICE Guideline NG4 - Safe midwifery staffing for maternity settings](#)

³¹ [Independent Maternity Review \(2022\) Ockenden Report - Final findings, conclusions, and essential actions form the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust](#)

SM North Manchester	169.31	176.56	7.25
Total	725.58	786.69	61.11

- 9.7 SM MCS have reviewed the site-specific BR+ reports applying professional judgment to review the service needs, activity, safety, and effectiveness to support the recommendations. The reports provided by BR+ when reviewing the midwifery clinical workforce advocate a staffing skill mix split of 90% registered and 10% unregistered midwifery staff members. However, sites are advised to use this flexibly to meet service needs as smaller units may utilise 95% registered and 5% unregistered midwifery staff. This review has prioritised the clinical workforce in real time following the CQC inspection in March 2023 taking into consideration concerns around safety in maternity triage.
- 9.8 SM MCS leadership team are undertaking a skill mix review to inform a business case in response to the BR+ recommendations and any future investment.

10. Workforce Retention Strategies

- 10.1 The NHS LTWP focuses on initiatives to improve culture, leadership, and wellbeing with the aim of reducing the leavers rates. Various factors influence why people leave the NHS workforce. In 2022, common reasons for staff leaving were pay and reward, work-life balance, progression and continuing professional development (CPD), as well as health and wellbeing.³² However recent evidence from the Institute for Fiscal Studies³³ highlights the complexity of factors that influence staff retention within the NHS acute sector with professional group and factors such as an individual's age and long term sickness absence influencing retention rates.
- 10.2 Understanding the data is essential when planning retention initiatives. Work is being undertaken to improve the uptake of the MFT Staff Survey for 2023 for the next data collection period this Autumn. Analysis of this data along with leavers data will provide an evidence base for retention initiatives. Alongside this work is being undertaken across the organisation looking at retention initiatives, for example Stay conversations, rotational posts, and flexible working.
- 10.3 Analysis of leavers data shows that 45% of newly qualified registrants leave within 2 years of commencing at the Trust. The Trust multi-professional preceptorship programme and policy for newly qualified nurses, midwives and AHPs launching in September 2023 is aimed at ensuring structured support is in place and will work alongside the launch of the Trust Transition to Practice programme for all NMAHP learners and the guaranteed job offer for all NMAHP learners who have undertaken a placement experience at the Trust, promoting MFT as a first post destination. The preceptorship programme is mapped against the national preceptorship framework³⁴. Application for the National Preceptorship Interim Quality Award is in progress. Retention data for newly qualified nurses, midwives and allied health professionals will be analysed over the next 12 months to understand in greater detail their experience.

³² <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/february-2023>

³³ [Institute of Fiscal Studies \(2022\) Factors associated with staff retention in the NHS acute sector](#)

³⁴ [NHS England \(2022\) National Preceptorship Framework for Nursing](#)

Continued Professional Development

- 10.4 In September 2020, the Trust launched a programme of work to support nursing, midwifery and AHPs continuing professional development (CPD) utilising the national funding model available for every nurse, midwife and AHP³⁵. This funding has been extended for a fourth year. 68.5% of eligible NMAHP workforce currently in post have accessed education that has been allocated CPD points. (This figure has been adjusted to account for new starters and leavers to the trust)
- 10.5 The aim for the 23/24 CPD funding is to build in sustainability for the future, ensuring MFT offers a portfolio of accessible CPD activity for all eligible nurses, midwives, and allied health professionals. Measuring CPD uptake against patient and quality safety indicators as well as retention data will be the focus for the next six months.
- 10.6 Access to higher level apprenticeships continues, with the NMAHP workforce accessing Advanced Clinical Practitioner, Specialist Community Public Health Nursing and leadership and management programmes via this route in addition to traditional fees funded routes. Apprenticeship programmes for support worker roles across the nursing midwifery and AHP workforce is currently being scoped, understanding the impact of these roles in the clinical setting and patient outcomes is essential before driving forward change.

Health and Wellbeing of NMAHP Workforce

- 10.7 The health and wellbeing of the NMAHP workforce remains a key priority with initiatives across each hospital/MCS to ensure staff are supported whilst at work and links with the trust nursing and midwifery retention strategy and the NHS People Plan³⁶. Looking after our people and ensuring support and action is in place to create an organisational culture where everyone feels they belong is essential in ensuring MFT has a workforce with the knowledge, skills, and values to care for our patients as well as each other.
- 10.8 Having the knowledge and ability to use a coaching style approach when supporting their teams is essential for line managers and the development of our workforce. Concepts such as “Support and Challenge” are included as part of the NMAHP leadership and education programme offer, providing our workforce with the skills required for supporting their teams and providing a safe forum for themselves to share and have a solution focused approach to addressing problems. CPD monies have also funded ILM level 3 and 5 coaching programmes, “Coaching as a line manager” and “Becoming an Effective facilitator” training. The MFT OD team are introducing a Coach Connect and mentor match programme to connect diverse staff groups, skills sets and experience.
- 10.9 The Professional Nurse Advocate (PNA) programme was launched by the CNO in 2021 in response to the pandemic recovery to support the wellbeing of our nursing and midwifery workforce. The programme is a clinical and professional leadership

³⁵ [HM Treasury \(2019\) career boost for almost half a million frontline NHS staff](#)

³⁶ [NHS England > NHS People Plan](#)

programme designed to provide nurses with the skills and knowledge to provide restorative clinical supervision to their colleagues and teams. In addition, the programme supports PNAs to be able to lead on quality improvement initiatives and promote a positive culture of learning³⁷.

- 10.10 NHSE have set a recommended target of 1:20 PNA to registered nurse ratio by 2025³⁸. To meet this ratio and to ensure all registered nurses have access to a PNA, a minimum of **419** PNAs are required across the organisation. Currently **107** registered nurses have completed the PNA programme by March 2023, with **100** undertaking training.
- 10.11 To date there has been no formal evaluation of the effectiveness of this role. With the increase in PNA numbers across the organisation scoping work is being undertaken to define an evaluation strategy from both a qualitative and quantitative perspective. This feedback is now being triangulated with retention data to inform the trust nursing and midwifery retention strategy.

11. Safer Staffing Summary

- 11.1 The SNCT census in June has provided assurance that **98%** of in-patient ward establishments are aligned to the recommended level when reviewed through an evidence-based approach. Actions take to resolve any staffing shortfall in the remaining 2% are described in table 2 (section 8.21). The census will be repeated in January 2024 to account for any seasonal variations in patient acuity. Two further ED and community census collections are planned over the next 6 months to support the completion of the establishment reviews the review.
- 11.2 The impact of ongoing emergency pressures and industrial action, combined with the current challenges faced across the NHS, continues to influence some of the detailed actions and outcomes contained within the report. There is robust professional leadership in place, supported by safer staffing governance frameworks and clear escalation guidance and accompanying actions. It is clear however that the staffing situation remains challenging due to high bed occupancy, increased patient acuity and dependency, balancing emergency and elective capacity and the focus to continue to deliver the highest possible standard of care. The Directors of Nursing continue to provide daily scrutiny and oversight regarding safe staffing and the re-deployment of staff to respond to continued service pressures based on the level of staffing escalation.
- 11.3 The overall nursing and midwifery workforce position has been maintained. The number of registered nursing and midwifery vacancies has remained static **360.9wte (3.8%)** and sickness absence have continued to reduce with a recent spike noted for both registered staff and unregistered staff. This has supported an improvement in average fill rate against planned shifts for both registered **92.6%** and unregistered nurses **94.2%** since the last report. Temporary staffing managed by NHS

³⁷ [Royal College of Nursing \(2023\) Professional Nurse Advocate Standards for Education and Training Programmes and Modules](#)

³⁸ [NHS England \(2021\) Professional Nurse Advocate](#)

Professionals supports staffing shortfalls with the average fill rate being **64%** for registered and **90%** for unregistered staff.

- 11.4 The staffing position has improved, turnover has now started to decrease but there is further work to be done, 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).
- 11.5 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.
- 11.6 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.
- 11.7 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.
- 11.8 A summary of the workforce positions and safer staff assurance for the Hospitals/MCS/LCOs is provided (Appendix 1).

12. **Conclusion**

- 12.1 The Board of Directors are asked to receive this paper and note progress of work undertaken.

Appendix 1	Hospitals/ Managed Clinical Services/ Local Care Organisation NMAHP Workforce Report Summary
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1. 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.

Table 1- Nursing and Midwifery workforce summary

Hospital / MCS	Registered N&M			Nursing Assistant / Maternity Support worker N&M		
	Vacancies WTE	Turnover	Sickness	Vacancies WTE	Turnover	Sickness
WTWA	0.0	11.5%	6.8%	125.8 (13.5%)	16.0%	12.2%
MRI	48.5 (2.9%)	10.8%	7.0%	151.9 (18.0%)	16.1%	12.7%
NMGH	33.2 (3.9%)	12.0%	5.0%	96.9 (18.2%)	14.9%	6.6%
RMCH	34.2 (3.2%)	11.7%	6.5%	55.9 (21.4%)	13.1%	10.0%
MREH	0.0	6.2%	9.5%	6.8 (12.4%)	11.3%	8.2%
CSS	25.7 (2.6%)	11.6%	6.3%	8.1 (9.9%)	14.5%	8.3%
SMH Maternity	55.4 (7.5%)	12.7%	7.8%	15.2 (8.8%)	17.7%	9.6%
SMH Nursing	46.3 (7.1%)	14.3%	6.4%	19.5 (25.4%)	14.8%	7.9%
MLCO/TLCO	91.9 (8.8%)	14.9%	8.0%	57.1 (19.6%)	15.6%	8.0%

Table 2- AHP workforce summary

Hospital / MCS	Allied Health Professionals		
	Vacancies WTE	Turnover	Sickness
WTWA	7.0 (12.8%)	14.5%	6.1%
MRI	0.0	11.2%	6.2%
NMGH	0.0	0.0%	8.4%
RMCH	0.0	22.8%	6.2%
MREH	0.0	7.9%	2.4%
CSS	36.2 (3.6%)	12.6%	4.8%
SMH	0.0	0.0%	15.3%
MLCO / TLCO	18.4 (3.6%)	13.1%	4.1%

2. Wythenshawe, Trafford, Withington and Altrincham Hospitals (WTWA)

WTWA Workforce Position

- 2.1 At the end of September 2023, there are no current registered nursing vacancies across WTWA, this has significantly decreased in the last 6 months down from **45.2wte (2.4%)** in March 2023. WTWA continue to recruit to turnover to maintain their improved workforce position.
- 2.2 WTWA have welcomed **175.1wte** newly recruited nurses since April 2023. Namely due to domestic recruitment events and opportunities successfully recruiting **100.1wte** nurses. In addition to this **75.0wte** international nurses were also recruited.

- 2.3 The 12-month rolling turnover at the end of September for all registered staff at WTWA was **11.5%** and **13.6%** for band 5 staff. This has decreased by **1.6%** and **1.2%** respectively since March 2023.
- 2.4 There are currently **61.6wte** domestic nurses in the recruitment pipeline, additionally WTWA have further **36.0wte** scheduled international recruitment arrivals.
- 2.5 In September 2023, there were a total of **125.8wte (13.5%)** nursing assistant vacancies across WTWA compared to **118.8wte (12.9%)** in March 2023. The 12-month rolling turnover for Band 2 unregistered was **16.0%** in September 2023 which has shown a positive decrease from March 2023 **22.7%**.
- 2.6 There are currently **94.8wte** nursing assistants in the recruitment pipeline, including **15.0** who are due to start in post by the of end of November 2023. This pipeline will support WTWA to continue to see decreases in vacancy levels.
- 2.7 Sickness absence within the nursing staff group at WTWA was **6.5%** for registered staff and **12.0%** for unregistered in March 2023. The sickness rate has slowly improved through summer months but in September 2023 we have started to see increases again. In September 2023 there were **6.8% (0.3% higher)** for registered staff and **12.2% (0.2% higher)** for unregistered staff. Stress, anxiety, and depression remains the highest absence reason within the nursing staff group, followed by musculoskeletal.

WTWA Workforce Initiatives and Retention

- 2.8 The key workforce challenge for WTWA focuses on increased vacancies for Nursing Assistants. Rolling recruitment campaigns attracting candidates with or without prior care experience continues to support the current vacancy position. It is recognised that there are specific demographic challenges to recruiting and retaining band 2/3 nursing assistants across the WTWA sites. A targeted recruitment and retention plan in collaboration with the Widening Participation Team and focussing on pre-employment students through the Careers Ambassadors Programme is underway to consider these challenges and improve attraction and retention. A total of **8** pre-employment candidates have subsequently undertaken NA roles across WTWA.
- 2.9 Though there is some growth in the recruitment pipeline, the number of leavers remains high. Nursing Assistant sickness absence engagement sessions are undertaken with staff who remain on long term/frequent absence. The CSW development programme supports professional development of the NA's and has witnessed active learner engagement with the programme. There are **257** NAs actively engaged with the training and **65** NA's have successfully completed the programme. Plans are in place to support staff retention through career hubs to explore opportunities for development, offering rotational programmes for new and existing staff.
- 2.10 WTWA continues to support education and development activities for pre-registration students and post registration staff. The Professional Nurse Advocate (PNA) course has been actively promoted with **9** staff completing the PNA course and **15** staff currently undergoing the training.

- 2.11 Reconfiguration of several wards, services, specialities have been undertaken to support the service needs. However, the establishment across Respiratory and Surgical areas remain a challenge and establishment reviews have been undertaken to address this.

WTWA AHP Workforce

- 2.12 There were a total of **47.7wte** registered AHPs in WTWA at the end of September 2023. The vacancy rate in September 2023 for AHPs (excluding ODPs) was **7.0wte (12.8%)** this equates to **3.0wte** increase from March 2023, with a 12-month rolling leavers rate of **14.5%**
- 2.13 Sickness absence within the registered AHP group at WTWA was **6.1%** in September 2023.

3. North Manchester General Hospital (NMGH)

NMGH Workforce Position

- 3.1 At the end of September 2023, there were a total of **33.2wte (3.9%)** registered nursing vacancies across NMGH, although this is a small increase from **31.4wte (3.9%)** in March 2023. This has been a successful period for NMGH as they have again increased establishment in line with establishment changes but maintained their vacancy position.
- 3.2 NMGH has continued to welcome internationally recruited nurses, with a further **50.0wte** joining NMGH since April 2023. In addition to this **26.4wte** domestic recruits have started at NMGH with an additional **13.3wte** due to start in the next 2 months.
- 3.3 Registered nurse turnover has seen an overall decrease of **2.6%** from **14.6%** in March 2023 down to **12.0%** in September 2023. Turnover for staff at band 5 level is **11.4%** down by **3.1%** from **14.5%** in March 2023.
- 3.4 In September 2023, there were a total of **96.9wte (18.2%)** nursing assistant vacancies across NMGH compared to **70.2wte (14.8%)** in March 2023. This is an increase of **26wte** vacancies despite reduction in turnover by 3.1% since March 2023, but due to ledger establishment increases of **53.0wte** enacted in May 2023. There are **118.0wte** nursing assistants in the pipeline for NMGH currently following the recent recruit events.
- 3.5 Current sickness absence is **5.0%** for registered staff and **6.6%** for unregistered staff. Positively registered sickness rates have seen large decreases of **1.5%** from **6.5%** in March 2023. Unregistered staff sickness has remained static.

NMGH Workforce Initiatives and Retention

- 3.6 NMGH continues to prioritise safe nurse staffing levels to maintain patient safety and quality with demonstrable increase in the number of nursing staff in post and a reduction in turnover at the end of August 2023.

- 3.7 NMGH's Health and Well-Being Strategy has been a priority to support staff being healthy and happy within the workplace. Wellbeing Huddles have been implemented across all clinical and non-clinical areas, and Schwartz Rounds are now held monthly. Support available to staff through Employee Health and Wellbeing Services is being actively promoted to improve staff awareness.
- 3.8 NMGH continues to support the Nursing Associates programme. The Nursing Associate role is integral to workforce plans for Theatre, OPD, Surgical Assessment and Same Day Care and will feature in plans for the larger wards within the new hospital development.

4. Manchester Royal Infirmary (MRI)

MRI Workforce Position

- 4.1 At the end of September 2023, there were a total of **48.5wte (2.9%)** registered nursing vacancies across MRI compared to **20.7wte (1.3%)** in March 2023. During this period MRI have welcomed **70.0wte** internationally recruited nurses with further cohorts planned and **48.7wte** domestic recruits.
- 4.2 The 12-month rolling turnover at the end of September 2023 for all registered staff at MRI was **10.8%** and **11.7%** for band 5 staff. Overall registered staff turnover has decreased by **0.4%** since March 2023, band 5 turnover has decreased by **0.8%** from 12.5% in March 2023.
- 4.3 There are currently **58.8wte** domestic nurses in the pipeline **20.0wte** of which are due to start in post before the end of November 2023. Additionally, there are a minimum of **22.0wte** international nurses planned for MRI before the end of Q4.
- 4.4 In September 2023, there were a total of **151.9wte (18.0%)** nursing assistant vacancies across MRI compared to **136.8wte (16.9%)** in March 2023. The 12-month rolling turnover for unregistered nursing staff is **16.1%**. Due to recent recruitment events, the pipeline has seen a positive injection of candidates recently, there is now a total of **107.8wte** candidates in the current pipeline.
- 4.5 Sickness absence within the nursing staff group at MRI is **7.0%** for registered staff and **12.7%** for unregistered staff. MRI sickness levels follow trend and has been decreasing since March 2023 but seen a jump in September 2023.

MRI Workforce Initiatives and Retention

- 4.6 Nursing Assistant vacancies continues to be a challenge along with absence trends within nursing. Areas with vacancies continue to have robust recruitment improvement plans in place which are monitored by the Director of Nursing. Review of absence trends within nursing continues to be undertaken by the Deputy Director of Nursing and Deputy Director of HR/OD to reduce turnover in targeted areas.

- 4.7 Increased monitoring of key quality indicators (KPI) by CSU Heads of Nursing, and the Corporate Nursing Team are in place. Several workstreams have been implemented to focus on safety initiatives. The implementation of the HIVE system has increased the visibility and availability of real time patient care data. Development of an ED safety checklist and an associated weekly assurance audit process called 'high 5' supports the monitoring and assurance of ED safety. The hospital has seen an increase in the first quarter of the year in falls with harm. A comprehensive programme of improvement work is in place to mitigate the increase in harm with falls. The hospital has established a multidisciplinary Fall Academy to ensure that learning is captured, shared and the impact of this is fully evaluated.
- 4.8 The MRI has undertaken further work on Enhanced Observations of Care (EOC) and the use of unregistered 'specials'. An EOC improvement programme overseen by the Director of Nursing with the support from the MRI transformation team is in place to provide high level of care for patients with dementia, confusion and those sectioned under the Mental Health Act (MHA). The recruitment of **23 WTE** Nursing Assistants has been completed to increase the availability of substantive staff to support EOC. These staff will be deployed to support enhanced observations required across ward areas.
- 4.9 MRI has a long history and commitment to develop the nursing workforce through supporting the Nursing Associate programme with **62.4 WTE** Nursing Associates currently in post.

5. Royal Manchester Children's Hospital (RMCH) MCS

RMCH Staffing Position

- 5.1 In September 2023 there were **34.2wte (3.2%)** nursing vacancies. These continued low levels of vacancies are a result of effective recruitment both locally in the hospital and guaranteed job offer to newly qualified nurses trained at local HEIs.
- 5.2 The 12-month rolling turnover for registered nurses at the end of September 2023 is **11.7%** which is an increase of **0.8%** from **11.1%** in March 2023. For band 5 registered nurses there has been an increase of **1.1%**, from **15.1%** in March 2023 to **16.2%** in September 2023.
- 5.3 In the domestic registered pipeline, there are currently **70.6wte** nurses allocated to RMCH, with **38.8wte** due to start in the next month. Since April 2023 RMCH has welcomed **10** internationally recruited paediatric nurses. RMCH main source of recruitment remains through the domestic pipeline, successfully welcoming **54.1wte** since the start of the financial year.
- 5.4 In September 2023, there were a total of **55.9wte (21.4%)** nursing assistant vacancies across RMCH compared to **40.2wte (15.9%)** in March 2023. This increase is due to a small increase in establishment and the ongoing challenging turnover level of **13.1%**. Following successful interviews held in September and October events, there are now an additional **37.0wte** nursing assistants in the recruitment pipeline for RMCH.

- 5.5 Sickness absence within the nursing group at RMCH is **6.5%** for registered nursing which is a slight decline (**0.6%**) from the March 2023 position and **10.0%** for unregistered nursing, up **0.9%** from **9.1%**.

RMCH Workforce Initiatives and Retention

- 5.6 Commissioning investment has been approved to increase paediatric critical care beds throughout the year, following a year-on-year increase in activity since 2020. Funding has also been confirmed for the development of a Paediatric Outreach Team for monitoring, response, and support in the ward areas for patients of higher acuity and at risk of deterioration.
- 5.7 In July and August 2023, adjustments to establishments have been agreed using evidence from the SNCT data collection and workforce reviews which will result in an additional **58.1wte** in the hospital baseline establishment. Recruitment plans for the next 12 months will focus on both domestic and international recruitment to support the increased establishment.
- 5.8 RMCH continues to support staff on the Professional Nurse Advocate (PNA) Training, with all areas having at least one PNA to deliver restorative supervision sessions in group and individual format. Staff engagement sessions at ward level led by Lead Nurses and Head of Nursing and representation at sessions from Director of Nursing / Deputy Director of Nursing and Well-Being Matron with focus on annual calendar of events, seasonal planning, accessibility and inclusion, well-being initiatives and ideas.

6. Manchester Royal Eye Hospital (MREH) and University Dental Hospital of Manchester (UDHM)

MREH and UDHM Staffing Position

- 6.1 At the end of September 2023, there continued to be no registered nursing vacancies in MREH. There are also no current nursing vacancies in UDHM. Since April 2023 MREH have welcomed **12.0wte** internationally and **2.8wte** domestically recruited nurses. There are a total of **6.8wte (12.4%)** nursing assistant vacancies in MREH.
- 6.2 The 12-month rolling turnover has remained static. At the end of September 2023 was **6.2%** for registered nursing and **11.3%** for unregistered nursing.
- 6.3 Sickness absence within the nursing staff group for MREH has seen an increased by **1.2%** for registered nursing up to **9.5%** and for unregistered nursing down by **3.8%** to **8.2%**. For UDHM the current sickness levels remain static at **7%**.

MREH and UDHM Workforce Initiatives and Retention

- 6.4 Recovery plans and new ways of working post pandemic are being reviewed to identify future workforce models and substantiate roles that have been created by the new operating model within MREH. MREH continues to support the Registered Nursing Associate (RNA) training programme and its development of this role within the hospital

service establishments. Revised model has seen an increase of the Nursing Associate establishment to 8.0wte from 4.0wte. There are 3 Trainee Nursing Associates (TNA's) currently on placement within MREH.

- 6.5 Retention of staff continues to be a key focus at MREH and UDHM. Several educational initiatives to enhance the development of ophthalmic nurses including the launch of the Foundation of Service Improvement and Intermediate Service Improvement courses to support emerging leaders positively contributes to the retention rates across MREH and UDHM.

7. Clinical and Scientific Services (CSS)

CSS Staffing Position

- 7.1 At the end of September 2023 CSS have a small number of vacancies **25.7wte (2.6%)**. This continues to be significantly lower than the reported national vacancy rates in critical care units across England.
- 7.2 Within CSS the rolling 12-month turnover for registered nurses up to the end of September 2023 was **11.6%** which is a **0.2%** increase from March 2023 at **11.4%**. However there has been a small decrease in band 5 turnover from 13.0% in March 2023 down to **12.8%** in September 2023.
- 7.3 There are currently **19** registered nurses in the domestic pipeline allocated to CSS, in addition to this CSS remain committed to a supply of IR nurses as required depending on their vacancy numbers.
- 7.4 Sickness absence within the nursing staff group for CSS was **6.3%** for registered nursing down by **1.1%** since March 2023 and **8.3%** for unregistered nursing down by **0.8%** since March 2023.

CSS Workforce Initiatives and Retention

- 7.5 The recovery programme and redevelopment of services has seen an expansion in the funded critical care capacity through reconfiguration of units to continue delivery of emergency, elective and transplant services.
- 7.6 Plans currently under consideration which will impact on critical care services in the future include NMGH redesign (and the provision of a new Critical Care Unit at NMGH), along with the Trust Cardiac Services Strategy (and the potential to increase capacity in CTCCU), and the transfer of vascular surgery from the Northern Care Alliance (Oldham).
- 7.7 CSS continues to promote the Professional Nurse Advocate (PNA) role with 31 staff delivering restorative supervision sessions.

- 7.8 The Adult Critical Care Education and Career Development Strategy has been developed to identify development priorities and support opportunities for career pathways available within critical care.
- 7.9 Recovery plans are in place to meet Guidelines for the Provision of Intensive Care Services (GPICS 2019) compliance for minimum of 50% of registered nurses within any critical care unit hold a post basic Critical Care qualification. Safer staffing standards continue to be aligned to most GPICS standards.
- 7.10 Work is ongoing to continue to address staff satisfaction and well-being on several well-established initiatives including 'Thoughtful Thursday', 'Reflective Rounds'/'Wellbeing Sessions'. Monthly Senior Leadership 'walkabouts' have become embedded in units and departments, led by CSS Director of Nursing and Healthcare Professions with a pre-determined theme.

CSS AHP Workforce

- 7.11 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 2023 were **8.1wte (1.3%)** in the AHP Division and **29.2wte (7.6%)** in the Imaging Division. This is a decrease in both divisions from March 2023, AHP Division (**21.1wte**) and Imaging Division (**13.5wte**).
- 7.12 In September 2023, the 12-month turnover rate for the AHP Division was **12.0%** and the sickness absence rate was **3.7%**. In the Imaging Division the 12-month turnover rate was **13.2%** and the sickness absence rate was **6.4%**.
- 7.13 Key retention activity is around the impact of the recruit to turnover strategy. The introduction of Band 5 rotation posts within AHP specialties and international recruitment within occupational therapy and imaging will provide learning to inform other AHP professions.
- 7.14 The AHP Division risks relating to insufficient AHP staffing across various sites/services are reviewed each month at the AHP Quality & Safety Board, AOF meeting and escalated to the CSS Quality and Safety Board as required.

8. St Mary's Hospital MCS

SM MCS Nursing Workforce Position

- 8.1 The SM MCS nursing vacancy position in gynaecology has seen reduction in registered vacancies the last 6 months down to **8.6wte (3.9%)** from **17.92wte (7.7%)** in March 2023. The vacancy position in Newborn Services has remained static at **35.2wte (9.2%)**. The 12-month rolling turnover at the end of September 2023 for all registered nursing at SMH was **14.3%** which is a decrease of **2.2%** since March 2023. There are currently **26.6wte** domestic and international nurses in the pipeline to start over the next 3 months within gynaecology and Newborn Services.

- 8.2 In September 2023, there were a total of **19.5wte (25.4%)** unregistered nursing vacancies across SMH. Recent recruitment events have secured a positive number of candidates and there are currently **25.8wte** working through recruitment checks and planned to start in the coming months to address these vacancies.
- 8.3 Sickness absence within the nursing staff group is **6.4%** for registered staff and **7.9%** for unregistered.

SM MCS Nursing Workforce Initiatives and Retention

- 8.4 Gynaecology remains under immense pressure post Covid-19 pandemic, and the level of expectation to meet national targets within the current financial envelope. There has been a huge step forward in addressing the inefficiencies with the implementation of GIRFT methodology and the Theatre Transformation workstreams, however, sickness remains the biggest challenge of which there remains scrutiny in terms of management and understanding.
- 8.5 Elective care waiting backlogs, including a focus on reducing the number of long waiting patients and the validation and clinical triaging of lists to ensure patients are appropriately and safely managed continues to be a challenge. Sickness absence levels in theatres continue to be monitored in a collaborative approach with human resource, senior nurse leadership teams and operational teams to understand, address and improve the sickness levels.
- 8.6 The Qualified in Speciality (QIS) staffing levels continue to be a pressure within New-born services. Supportive plans are in place to achieve the national standard of 70% compliance with additional nurses supported to attend the QIS course twice yearly. 13 staff completed the course in September 2023 and an additional 20 have been assigned to cohorts starting in September and October 2023. North Manchester is only established to 80% of its occupancy which results in staffing challenges when the unit is busy or has an occupancy greater than 80%. A Business Case is in development to request additional funding to meet national standards. Funding has been received from NHSE to support recruitment to a Band 8b Advanced Clinical Practitioner (ACP) role the role. There is some group wide work ongoing to review the Senior ACP role.
- 8.7 Staff morale has been identified as an issue within the division since the Lucy Letby verdict, additional staff support has been put in place including Matron rounding, Resources shared developed by the Northwest Neonatal Operational Delivery Network (NWNODN) to support staff with difficult conversations with families. Employee Assistance Programme (EAP) and Freedom to Speak Up (FTSU) resources shared if staff require additional support. To support staff morale on the North Manchester site a substantive Matron has been appointed to provide on-site leadership and a series of listening events have been planned in September 2023 facilitated by the HoN and the Lead Nurse.
- 8.8 Reduction in the number of leavers from Gynaecology is positive with increased focus in 2023-24 for the Education, Quality and Workforce Team who have implemented a series of staffing listening events such as the "Listening Lounge", and Nursing Assistant and Band 5 staff nurse forum. Plans to roll out a band 6 education development

programme in October 2023 to provide further education and training focusing on leadership, role development and health and wellbeing is in place.

SM MCS Midwifery Workforce Position

- 8.9 At the end of September 2023, there were a total of **55.4wte (7.5%)** registered midwife vacancies across SMH, this is a similar position to March 2023 when there were **57.7wte (8.9%)**. There are **71wte** graduate midwives in the pipeline due to graduate before the end of March 2024 with **45wte** expected to start in Q3.
- 8.10 The 12-month rolling turnover at the end of September 2023 for all registered midwifery staff at SMH was **12.7%** this has decreased by **2.6%** since March 2023 **14.3%**.
- 8.11 In September 2023, there were a total of **15.2wte (8.8%)** maternity support worker vacancies across SMH. The recent recruitment campaign has also provided a current pipeline of **16.8wte** support workers expected to start over the next two months.
- 8.12 Sickness absence within the midwifery staff group is **7.8%** registered midwives and **9.6%** for maternity support workers.

SM MCS Midwifery Workforce Initiatives and Retention

- 8.13 Recruitment challenges in expanding future midwifery workforce continues to be a pressure and SM MCS have plans to work closely with both education and NHS England to support ongoing work to address this.
- 8.14 SM MCS have explored both clinical and non-clinical roles, to support improvement in quality and safety of care and improved patient experience in maternity services. The site-specific BR+ reports have been reviewed and the deficits in the BR+ reports have been amalgamated by applying professional judgment to review the service needs, activity, safety, and effectiveness to support the recommendations as a whole Managed Clinical Service.
- 8.15 A case for investment and skill mix review pertaining to BR+ recommendations is in development by SM MCS Senior Leadership Team (SLT). Once completed the business case will be presented for consideration and approval.
- 8.16 SM MCS support a team of Professional Midwifery Advocates and there is planning to develop this service further in the next 6 months. A team of Band 7 Recruitment and Retention Specialist midwives with a particular focus on reducing attrition funded by NHSEI will continue to the end of financial year 2023/24.
- 8.17 SM MCS continues to support experienced midwives to return to practice following retirement to support midwifery establishment and skill mix and support senior midwives retiring and returning to practice on part time basis.
- 8.18 SM MCS, as part of a wider GM workstream, have increased midwifery training places each year over the last 3 years, however it is nationally acknowledged that the current number of students in training is insufficient to support the expanding requirements of

the midwifery workforce and further work is required. The Director of Nursing and Midwifery from SM MCS chairs the GM education work stream for midwifery and Saint Mary's continues to work in partnership with the Greater Manchester Higher Education Institute's (GM HEI) to look at innovative ways to increase midwifery training capacity and attract students to train in GM and commence programmes of education in 2023/24.

9. Manchester and Trafford Local Care Organisation (M/TLCO)

MLCO/TLCO Workforce Position

- 9.1 At the end of September 2023, there were a total of **91.9wte (8.8%)** registered nursing vacancies across the M&TLCO. This is a decrease of **52.0wte (1.9%)** vacancies in March 2023. A proportion of this decrease is due to the cleansing of MLCO/TLCO establishment data.
- 9.2 **79.6%** of the vacancies are attributed to services managed by MLCO, predominantly in the District Nursing workforce teams and **20.4%** managed by the TLCO. Across M/TLCO the turnover for September 2023 for registered nursing is **14.9%** which is a decrease of **1.5%** since March 2023 when turnover was **16.4%**.
- 9.3 There are currently **31** registered nurses in the domestic pipeline for M/TLCO.
- 9.4 In September 2023, there were a total of **57.1wte (19.6%)** unregistered nursing vacancies across M/TLCO.

MLCO/TLCO Allied Health Professional Workforce

- 9.5 In September 2023 there were **18.4wte (3.6%)** AHP vacancies across the M/TLCO with a 12-month leavers rate of **13.1%**. The sickness absence rate for AHPs is **4.1%**
- 9.6 The LCO AHP teams have adapted the MFT Staffing Risk Assessment Matrix and Escalation Process to make specific to their service areas based on current staffing levels. This allows staffing levels to be monitored and escalated as required.

MLCO/TLCO Workforce Initiatives and Retention

- 9.7 Recruitment appears to be more challenging for community posts with many posts having to be readvertised multiple times before they are recruited to. This is a particular challenge within district nursing services, health visiting and school health services that reflect national and regional shortages in these specialities. Additional community nursery nurses have been employed to support health visiting services.
- 9.8 AHPs appear on the Government's list of skilled worker shortage occupations for healthcare list (February 2022). Challenges are particularly evident for Band 6 posts across Occupational Therapy (OT), Physiotherapy (PT), Dietetics, Speech and Language Therapy (SLT) and Podiatry.
- 9.9 Vacancies continue within Manchester Community Response (MCR) and newly formed Trafford Community Response (TCR) with OT posts being the most difficult to

recruit to. Additional vacancy pressures exist with the expansion of the Hospital at Home (H@H) service though the workforce model has changed to reduce the number of therapists required to nursing and AHPs. Rotational posts between community and acute OT and PT services are in place and continue to be developed to ease the recruitment challenges.

- 9.10 Dietetic posts are proving difficult to recruit to for both adults and children with most posts needing to be advertised multiple times. A paper will be presented to the LCO executive team with options to support different approaches to recruitment.
- 9.11 Key challenges due to shortages in workforce capacity continues to affect the waiting lists within several community services. Children's Speech and Language Therapy (SLT) in Manchester have seen an increase in the number of children referred with social communication needs. SLT service delivery including waiting times is currently being reviewed as part of LCO Community Health transformation work. Trafford Occupational Therapy (OT) are in the process implementing a new virtual sensory workshop for parents. Musculoskeletal (MSK) services across Trafford and Central are working collaboratively to address some of the staffing issues and alleviate extensive waiting lists. Reduction in waiting times for Community Rehabilitation services is aimed to be addressed with the commencement of the Trafford Community Response (TCR) service in October. The First Contact Practitioner (FCP) physiotherapy service continues to demonstrate effectiveness for reducing the demand on GP services for musculoskeletal problems.
- 9.12 The LCO AHP Strategy has been developed in response to the identified local challenges for AHPs. An annual AHP programme to support the key priorities is being developed. AHP Apprenticeship programme at Level 3 and Level 5 continue to be developed for OT's, with development opportunities for Dietetics and Podiatry planned for 2024.
- 9.13 AHP apprenticeships continue to be developed across MFT. Through support from the Professional Education and Development Team and close collaboration with CSS colleagues, joint recruitment has taken place and agreement for apprentices to be recruited on Band 5. Developments are underway regionally and nationally to support the AHP support workforce with introduction of Level 3 and Level 5 apprenticeships, this is addition to embedding the National AHP support worker framework.
- 9.14 The ACP workforce in the LCOs continues to grow with a further 12 posts being agreed across the N&AHP workforce for M&TCR services.
- 9.15 The LCOs are continuing to expand the AHP Advanced Clinical Practitioner (ACP) workforce via application to Health Education England (HEE) for the Masters in Advancing Clinical Practice Apprenticeship. There are currently 15 trainee ACPs who are AHPs by background on the ACP training programme.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Joint Group Medical Director
Paper prepared by:	Dr Rachel Jenner, Group Associate Medical Director, Quality and Safety Dr Tanya Claridge, Group Patient Safety Specialist Mortality leads (WTWA, CSS, MRI, NMGH, RMCH, SMMCS, LCO)
Date of paper:	November 2023
Subject:	MFT Annual Learning from Deaths Report
Purpose of Report:	Indicate which by ✓ <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	To improve patient safety, clinical quality, and outcomes
Recommendations:	The Board of Directors is asked to note the contents of this report
Contact:	<u>Name:</u> Rachel Jenner, Group Associate Medical Director, Quality and Safety <u>Tel:</u> 07789 933652

Learning from Deaths Annual Report 2022/23

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Introduction

As described in the Trust's Quality and Safety Strategy, we are committed to ensuring that our oversight of and insight into patient outcomes is optimised. This is because reviewing patient outcomes, such as mortality, is important to help provide assurance and evidence that the quality of care we provide is of a high standard and to ensure any identified issues are effectively addressed to improve patient care.

Reviewing mortality helps fulfil two of the five domains set out in the NHS Outcomes Framework:

- Preventing people from dying prematurely.
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

We use a number of mortality indicators such as the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Level Mortality Indicator (SHMI) to compare our mortality data with national data, this helps us benchmark, to understand how we compare with other Trusts. This helps us to identify areas where we can potentially improve our care. It is important to recognise that these measures are not an explicit measure of the quality of care, they do provide a 'warning' of potential problems and help us identify areas for further review.

The Trust Learning from Deaths Policy requires that all inpatient deaths be reviewed within 8 weeks of the death occurring. This annual report summarises the key learning identified in the mortality reviews completed for 2022/23.

Medical Examiner System

Medical Examiners (MEs) carry out independent scrutiny of non-coronial deaths. Although the role is hosted by NHS Acute trusts, Medical Examiners are expected to work with independence of mind and are professionally accountable to the National Medical Examiner via the Regional Medical Examiner. The MFT ME service is funded for 5200 deaths/year across both the acute and primary setting within the funding envelope provided to us from NHS England. Currently we employ 20 MEs (2.13 FTEs) and 5 Medical Examiner Officers (MEOs).

Since the last report, the ME team have:

- achieved a consistently high percentage of scrutinised deaths across all MFT acute sites
- expanded activity to cover acute neonatal and paediatric deaths. MFT were the first to implement the ME service in the neonatal & paediatric setting in Greater Manchester and have been asked to share processes and learning both with other Greater Manchester (GM) localities and those in the North West region.
- expanded activity to cover deaths within the community. MFT cover a community footprint in Manchester and Trafford totaling 129 GP practices. With the approval of the Integrated Care Board we began piloting the process in December 2022. The process was agreed and rolled out from January 2023 with the MFT pathways being put forward by the GM GP Task and Finish group as a possible model to adopt across GM. MFT are at the forefront of cross locality shared learning for community deaths and are currently leading on the implementation of datasets, processes and IT solutions to support the GM GP Task and Finish group in implementing the ME service across all localities.
- continued to work closely with key stakeholders such as coroners and registrars, Integrated Care Boards and local faith groups to work towards the statutory phase of the service, currently set for April 2024. This includes plans for the provision of 7 day ME service and funding and IT solutions for access to primary care records.
- continued to raise concerns at the daily safety huddle where appropriate and attend the group patient safety panel meetings. In addition, the team contributes to EOL steering committees, patient quality and safety groups across all trust sites and report to learning from death meetings.

Medical examiner scrutiny: performance

Tables 1 (acute adult deaths), 2 (neonatal and paediatric deaths) and 3 (Community deaths) provide a summary of routine Medical Examiner activity during 2022/23. An additional 6 adult acute deaths were reviewed at the request of the Coroner. The roll-out the service for acute neonatal and paediatric deaths commenced on the 1st February 2023. There was one MCCD which should have been in this cohort issued in hours without Coroner or Medical Examiner referral. The service for community deaths was piloted in December 2020, with an ongoing roll out from Quarter 1 21/22.

Table 1. ME Activity Data Overview: Acute Adult Deaths

Quarter 2022/2023	Total Number	Referred to HMC Directly	Available for Scrutiny	Other ME review	Total Scrutinised	Percentage Scrutiny
1	737	223	514	0	481	93
2	889	222	667	0	576	86
3	1091	301	790	6	702	89
4	1017	270	747	0	716	96
Total	3734	1016	2718	6	2475	

Table 2: ME Activity Data Overview: Acute Neonatal and Paediatric Deaths*

Quarter 2022/2023	Total Number	Referred to HMC Directly	OOH/ Weekend	Reviewed By ME	Reviewed By ME and Referred to HMC	Other ME review	Total Scrutinised
4	32	12	5	14	1	0	14

Table 3: ME Activity Data Overview: Community Deaths***

Quarter 2022/2023	Total Number	Reviewed By ME	Reviewed By ME and Referred to HMC	Other ME review	Total Scrutinised	No of Practices	No of practices that referred
3	3	3	0	0	3	1	1
4	16	16	1	0	16	12	6
Total	19	19	1	0	19		

Medical examiner outcome: learning

There have been a total of 141 separate recommended actions for 125 patients across the MFT during 2022/23. These recommended actions cover 199 separate concerns with the top 10 concerns shown in table 3. The Medical Examiner team are an integral part of the Trust's safety Oversight System, and work is ongoing to strengthen the approach to insight from the outcome of Medical Examiner scrutiny.

Table 4: Most frequently identified opportunities for learning/areas of risk identified	
Opportunities for learning/risks identified	Number
Medical care	40
Delays/omissions in treatment	25
Nursing care	25
Hydration	11
Medical staff communication	11
Unsafe Hospital discharge	11
Missed diagnosis	10
Medical documentation	8
Nursing documentation	8
Prescribing/Medication	8

A retrospective analysis of escalations of opportunities for learning/ areas of potential risk has been undertaken, and a summary is presented in table 5.

Table 5:2022/2023 ME Clinical Governance Referral Top Line Data			
Escalations By Site	Number	Recommended Action (Across All MFT)	Number
MRI	60	Feedback to Medical or Nursing staff	12
SMH	1	Meeting between Medical team & family	2
RMCH	0	SJR	74
TGH	1	Nursing/AHP care review	8
WYTH	46	Clinical audit	
NMGH	30	Serious incident investigation/report	8
EXTERNAL	3	Mortality review	34
		Referral to Medical Director of external trust	3
Total	141	Total	141

Mortality Review Performance and outcomes: NMGH

Performance Assessment Data

The data collected relates to April 2022 and March 2023, currently NMGH are following the following hogan score system noted below. Following a full review and discussion with the teams it has been identified that the score used on our SJR forms is the Hogan Mortality Score from 2015 and had not been updated. In addition, HIVE has been updated locally by the teams and they were using the SJR template as the guide. This is being reviewed urgently and has been highlighted. The team will be moving towards the online portal in August 2023 and the issue has been urgently resolved.

Hogan 1	<i>Definitely not preventable</i>
Hogan 2	<i>Slight evidence of preventability</i>
Hogan 3	<i>Possibly preventable</i>
Hogan 4	<i>Probably preventable</i>
Hogan 5	<i>Strong evidence of preventability</i>
Hogan 6	<i>Definitely preventable</i>

Tables 5-8 detail the number of deaths triggered for SJR, those completed and the hogan score. In Quarter 1, 49 deaths triggered for an SJR of those 43 were completed, which is **88%** of deaths which have had a review for learning. In Quarter 2, 40 deaths triggered for an SJR of those 34 were completed, which is **85%** of deaths which have had a review for learning. In Quarter 3, 38 deaths triggered for an SJR of which 32 were completed, which is **84%** of deaths which have been reviewed for learning. In Quarter 4, 22 deaths triggered for an SJR of which 20 were completed, of which is **90%** of deaths which have been reviewed for learning.

Table 5: Mortality Reviews completed Quarter 1 (* High Impact Learning Review undertaken and shared with the family)

Area/Specialty	Q1		Hogan score				
	Deaths triggering for SJR	SJR's completed	1	2	3	4	5
A&E	2	2	1				1*
Cardiology	1	0					
Colorectal		0					
Crit Care		0					
Diabetic/Endo	2	2	2				
ENT		0					
Geriatric		0					
Gynaecology	1	1	1				
Infectious Diseases	3	3	2			*1	
Medicine, General	28	28	24	2	2		
Oral/MaxFax		0					
Respiratory	1	1	1				
Rheumatology		0					
Surgery, General	1	1	1				
Trauma & Ortho	2	2	1	1			
Urology	4	3	2	1			
Total	Expected 49	Completed 43					

Graph 1 details the number of SJRS by hogan score over quarter 1. Those that score a hogan score of 3 or above are highlighted to governance for a review.

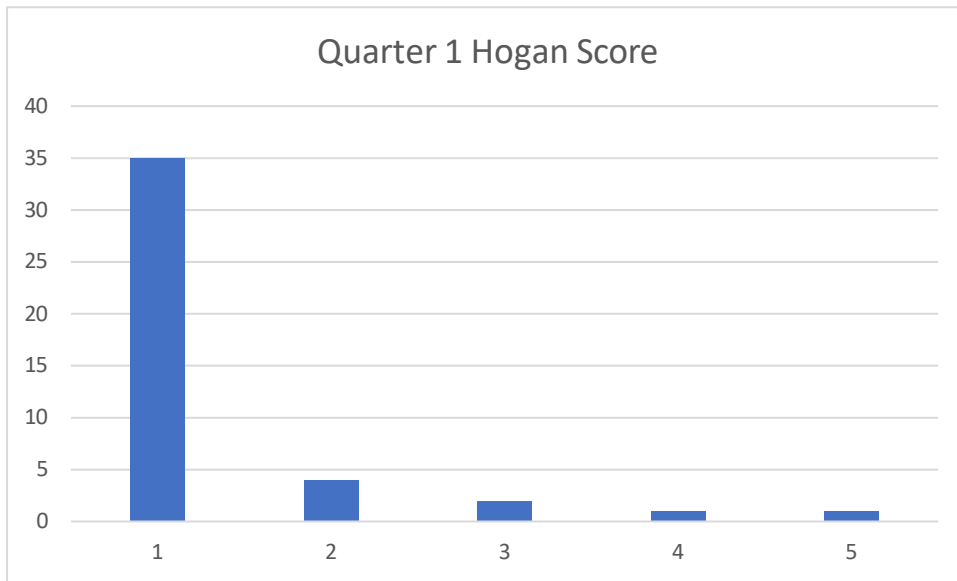


Table 6 Quarter 2 deaths reviewed

Area/Specialty	Q2		Hogan Score				
	Deaths triggering for SJR	SJRs completed	1	2	3	4	5
A&E	1	1	1				
Cardiology	1	1		1			
Colorectal		0					
Crit Care		0					
Diabetic/Endo	2	1		2			
ENT		0					
Geriatric	1	1	1				
Gynaecology		0					
Infectious Diseases	1	1	1				
Medicine, General	23	23	16	5	2		
Oral/MaxFax	1	1	1				
Respiratory		0					
Rheumatology	1	1	1				
Surgery, General	2	2		1	1		
Trauma & Ortho	0	0					
Urology	2	2	2				
Total	Expected 40	Completed 34					

Graph 2 details the number of SJRS by hogan score over quarter 2. Those that score a hogan score of 3 or above are highlighted to governance for a review.

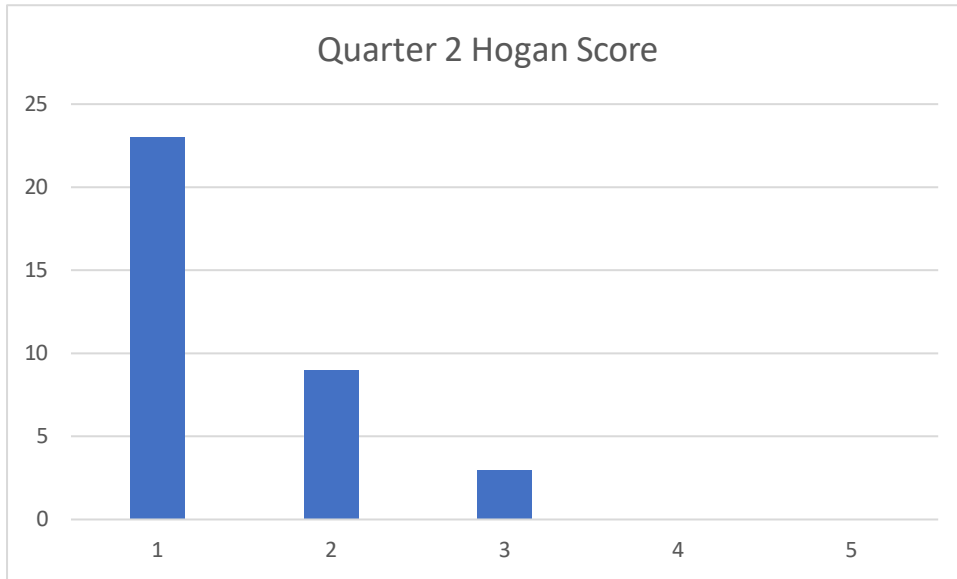


Table 7 deaths reviewed Quarter 3

Q3			Hogan Score				
Area/Specialty	Deaths triggering for SJR	SJRs completed	1	2	3	4	5
A&E	10	8	5	3			
Cardiology	1	0					
Colorectal		0					
Crit Care		0					
Diabetic/Endo		0					
ENT		0					
Geriatric	1	1					
Gynaecology	1	1					
Infectious Diseases	2	2	1	1			
Medicine, General	14	13	10	2	1		
Oral/MaxFax		0					
Respiratory	5	5	4		1		
Rheumatology		0					
Surgery, General	2	2	1	1			
Trauma & Ortho		0					
Urology		0					
Total	38 Expected	Completed 32					

Graph 3 details the number of SJRS by hogan score over quarter 3. Those that score a hogan score of 3 or above are highlighted to governance for a review.

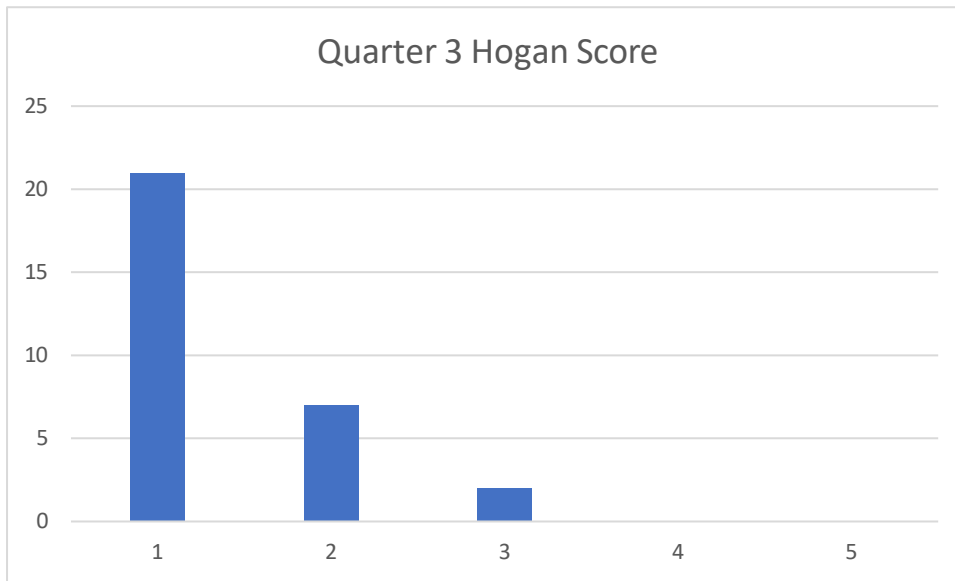
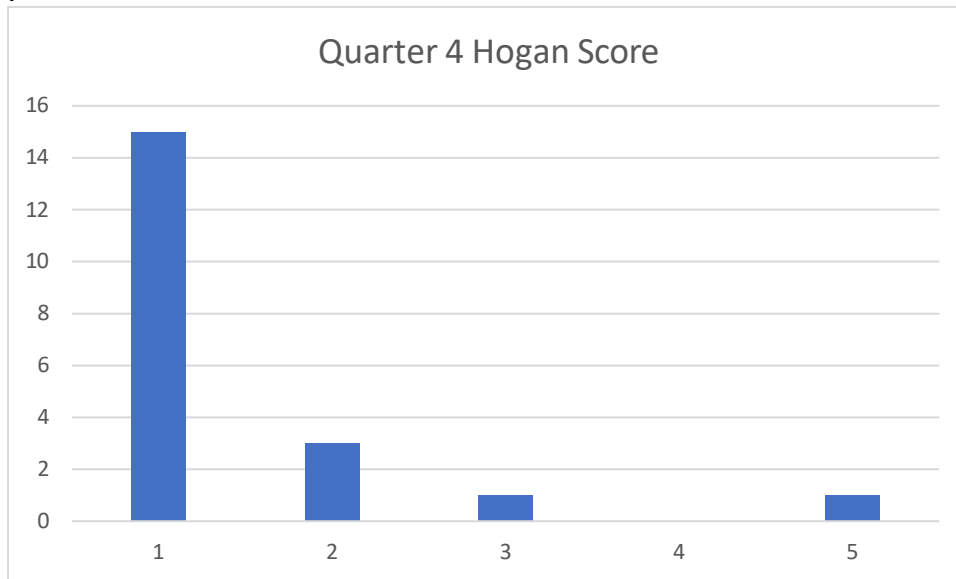


Table 8 deaths reviewed Quarter 4

Q4			Hogan score				
Area/Specialty	Deaths triggering for SJR	SJRs completed	1	2	3	4	5
A&E	3	1	1				
Cardiology	3	3	3				
Colorectal		0					
Crit Care		0					
Diabetic/Endo	3	3	2				1
ENT		0					
Geriatric		0					
Gynaecology		0					
Infectious Diseases		0					
Medicine, General	8	8	5	2	1		
Oral/MaxFax		0					
Respiratory	2	2	2				
Rheumatology		0					
Surgery, General	2	2	2				
Trauma & Ortho	1	1		1			
Urology		0					
Total	Expected 22	Completed 20					

Graph 4 details the number of SJRS by hogan score over quarter 4. Those that score a hogan score of 3 or above are highlighted to governance for a review.



Number of Covid-19 deaths during the reporting period

Table 9 details the number of COVID related deaths in the reporting period at NMGH.

Table 9: Number of COVID related deaths

	Date Range	Number of deaths
Hospital-Onset Probable Healthcare-Associated	April 2022 - March 2023	17
Hospital-Onset Definite Healthcare-Associated	April 2022 - March 2023	20

Brief summary of key themes / issues identified

- VTE assessments not being completed or re reviewed.
- End of Life Care/ Pain relief
- Documentation
- HIVE

Key learning points

1. VTE assessment not given when the patient was admitted overnight rather than a day case. Task and Finish group set up to review VTE across NMGH and audits being undertaken in relation to compliance and re-education across NMGH.
2. A peripheral cannula was inserted for a CT scan and was left in situ for 10 days. The cannula should have been replaced after 4 days unless documented by medical staff that it could remain in situ up to a maximum of 7 days. Ward Manager and Matron to undertake audit in relation to compliance of Visual Infusion Phlebitis chart completion.

3. Poor documentation found – audit in relation to documentation

Next Steps

NMGH have reviewed the hogan scoring system and will be moving towards the online portal once training with the teams has occurred.

NMGH continues to develop and mature their approach to learning from death to ensure meaningful reviews are undertaken. As the team develop, HED data will be utilised, and deep dive reviews undertaken on those triggering an alert within HED. The Deputy Medical Director continues to support and train new SJR reviewers.

Mortality Review Performance and Outcomes: MRI

Performance Assessment Data

Table 10 Mortality Reviews completed and documented on the Mortality Portal

Specialty	Number of deaths	Number of Mortality Reviews Completed	Hogan Score of Avoidability					
			1	2	3	4	5	6
Accident and Emergency	142	36						36
Emergency Medicine	2	0						
Acute Internal Medicine	46	1						1
Clinical Haematology /Haematology	37	1						1
ENT	3	0						
Gastroenterology	24	0						
General Surgery	16	16						16
General Internal Medicine	254	7			1	1	1	4
Renal Medicine	17	0						
Respiratory	39	0						
Geriatric Medicine	17	0						
Stroke Medicine	4	0						
Urology	1	0						
Nephrology	5	0						
Oral Surgery	1	0						
Hepatology	1	0						
Endocrinology and Diabetes	2	0						
Vascular Surgery	18	14						14

Number of Covid-19 deaths during the reporting period

Table 11 Number of Covid-19 deaths during the reporting period

Date	Probable Trust Acquired	Possible Trust Acquired	Not Trust Acquired	Comments
Q1-Q4	5	5	29	

Brief summary of key themes / issues identified

Following the implementation of Hive in September 2022 the mortality portal did not populate with any new deaths until early 2023. Mortality reviews were completed on paper at this time and therefore may be missing from the data and also has meant it was not possible to draw

themes and learning from reviews completed during this period of time. Key areas for further evaluation and scrutiny were identified as follows:

- Falls prevention
- Communication with patients' with learning disabilities and their family
- Suboptimal care process in relation to sepsis
- Appropriateness of admissions to vascular service
- Consideration for the need for a Section 136 suite at the MRI to ensure there is an appropriate place for vulnerable individuals brought in by the police for mental health assessment.
- Non MFT Issue but wider issue related to concerns regarding immunology service provision, backlogs and vacancies. Coroner writing to NHS England.
- Death of patient following discharge from Ambulatory Care Unit by Physician Associate – Review of procedures required and action plan to be submitted to coroner.

Two deaths in 2023 (and over 5 in 2022) have been patients dying between CAR T apheresis and infusion due to progressive lymphoma. the two changes that have come about are, firstly we are reaching out to referral centres to try to get earlier referral (esp in Mantle cell lymphoma) one death prompted this. Secondly the new NHSE second line indications for CAR T in DLBCL should hopefully allow us to get potential CAR T patients earlier.

Covid deaths in Haematology: now trying to recruit to the Supernova trial which gives access to pre-exposure prophylaxis which will hopefully help the immunocompromised patient group .

Increase in VRE bacteraemia in haematology and had a death in a patient who previously had VRE. The ward has implemented a quality improvement programme related to VRE and line infections and has created a VRE action plan.

Key learning points

1. The need for identification of empty clinical areas that patients can gain access and the installation of caps to block access. The need to educate staff and enhanced monitoring of falls prevention measures such as risk assessment, supervision and mental capacity assessment. Falls academy to be established in line with PSIRF which will provide education and identify learning from falls incidents.
2. At least 50% of deaths in vascular service do not have any intervention. As a result, we must question whether these are appropriate admissions given we take from such a large region. Vascular Service are running an audit on patient frailty scores to see if that helps to define a population that are fit enough and would benefit from intervention rather than being admitted and subsequently palliated.
3. Concern identified regarding use of Hive in ED – documenting in rapidly evolving situations is very difficult because of limited access to computers (there are not enough of them) and the need to individually log in to make any entry. When several teams are involved at the same time it is very unlikely they will all be able to document their contributions simultaneously because they will be unable to access a computer while they are in the Resus Room. Prescribing drugs in resuscitation situations is impossible, so these are all done retrospectively, if at all. When drugs are prescribed retrospectively it may appear that there was a delay in treatment, unless the time is back dated. The fact that doctors and nurse have different screens results in confusion about drug prescriptions and administration. The concern has been escalated to triumvirate within EAA and Hive team to review.

Next Steps

1. Focused work supported by Mortality Committee with the CSUs to improve performance in relation to the timely completion of mortality reviews related to coronial process, LeDeR, incidents and complaints.
2. It is acknowledged that some CSUs are completing reviews of deaths via their local Mortality and Morbidity Meetings that this is being captured on the mortality portal. A plan is required to ensure these reviews are collated and the learning is captured and shared. Action to be supported and monitored by the MRI Mortality Committee.

Mortality Review Performance and Outcomes: LCO

Performance Assessment Data

Table 12 Mortality Reviews completed

Specialty	Number of deaths	Number of Mortality Reviews Completed	Hogan Score of Avoidability					
			1	2	3	4	5	6
Podiatry/Intermediate Care	1	1					x	
Intermediate Care	1	1						x

Number of Covid-19 deaths during the reporting period

Table 13 Covid-19 deaths 22/23

Date	Probable Trust Acquired	Possible Trust Acquired	Not Trust Acquired	Comments
N/A				

Brief summary of key themes / issues identified

Both SJRs were completed as part of preparation for inquest. Neither of the patients died whilst an inpatient in the intermediate care units. Both SJRs demonstrated that neither death was avoidable, they did however highlight learning. There was a lack of timely review by podiatry due to the use of different clinical record keeping and scheduling systems. This resulted in a delay to the review as the patient had not been moved from one system to another, this is a manual task. Due to different record keeping systems for the nursing staff and podiatrists it was not recognised that the dressing needed to be changed

Key learning points

1. EMIS: One agreed electronic system to reduce the risk of patients not being moved to treatment booked.
2. Clinical documentation needs to be streamlined to ensure all clinicians are able to see the patient's complete clinical history.
3. Extra training required for nurses: Provide education and training sessions on high-risk foot conditions to staff in intermediate care so they are aware to alert podiatry to any potential changes

Next Steps

The above actions have all been completed and we will monitor using agreed measures of success

Mortality Review Performance and outcome: CSS

Performance Assessment Data

Table 14 Mortality Reviews Completed

Unit	Number of deaths	Number of Mortality Reviews Completed	Hogan Score of Avoidability					
			1	2	3	4	5	6
Adult Critical Care ORC	194	55 (+some morbidity reviews)	0	2	4	2	3	44
Adult Critical Care NMGH	11	10	0	0	0	2	1	7
Adult Critical Care Unit Wythenshawe	93	2022: 63 reviews Q4 :17 reviews and Hogan scores as stated	0	0	0	2	3	12
Adult Cardiothoracic Critical Care Unit Wythenshawe	82	53						
Adult Cardiac Intensive Care Unit ORC	38	Unknown as data not complete						
Total	419	137						

Number of Covid-19 deaths during the reporting period

Table 15 Number of Covid-19 deaths during the reporting period

Unit	Probable Trust Acquired	Possible Trust Acquired	Not Trust Acquired	Comments
Adult Critical Care ORC			4	
Adult Critical Care NMGH			4	
Adult Critical Care Unit Wythenshawe			3	
Adult Cardiothoracic Critical Care Unit Wythenshawe			0	
Adult Cardiac Intensive Care Unit ORC			0	
Total			11	

Brief summary of key themes / issues identified.

Adult Critical Care Unit ORC

- Leadership and ownership, there is a need for early involvement of a senior decision maker in the management of an acutely deteriorating patient – to coordinate action between teams and ensure early recognition of illness and timely investigation, escalation and treatment. This also requires clear and effective communication between individuals and teams.
- Some patients have out-of-date pre-operative assessments, or assessments that may not be comprehensive enough.
- The entire hospital system/pathway is under strain, which can result in delays to assessment and treatment- access to theatres an issue which came out of the some of the cases graded 2 or 3 due to theatre delays and not issues with critical care management.
- There is a requirement to develop a standardised way of managing pulmonary Embolism (PE) cases

Adult Critical Care Unit NMGH

- Unfamiliarity/complexity of HIVE- led to poor documentation or missed/timings.
- Delays in time-critical CT scan reporting, with a deterioration out of hours.
- Delays in obtaining Gastro team input for advice/urgent endoscopy in and out of hours
- PCI pathways differ from NICE guidance.
- Delay in getting on site urgent Cardiology help in time critical situation (pericardial tamponade with cardiac arrests).

Adult Critical Care Unit Wythenshawe

- When a MCCD is recorded there is no way of knowing whether this cause of death was given by the clinical team or after discussion with the medical examiner. There is no record in Hive of ME involvement, so there are occasions when the team rung the ME regarding a specific cause of death only to find they have already reviewed the case. There is a case for having some ME information recorded in Hive
- There is an issue with verification of death in Hive. In one case the doctor used the 'UK IP notification of death' form in Hive. This does not prompt recording of clinical features of death. We advised making a separate entry in the notes to record the verification of death
- Brainstem death tests copied into Hive as a media file. There should probably be a specific Hive Macro for this.
- A case of poor documentation prior to discharge after elective surgery (with subsequent readmission). Probably no relationship between the surgery (or lack of discharge documentation) and the readmission. Scored 5.
- A patient admitted under OMFS following a RIG insertion for chronic jaw pain. There was no formal admission document. The patient was found to be alcohol dependent 48hrs later when he developed withdrawal symptoms. He subsequently aspirated and died on ICU. This was SJR scored as a 4 and fed back to OMF who will perform their own review.

Adult Cardiothoracic Critical Care Unit Wythenshawe

- Documentation – this was mainly in relation to the previous EPR and there were no issues highlighted with this since initiation of EPIC.
- Communication – there is normally excellent documentation of discussions had with relatives and carers, but poor documentation of communication between clinicians and teams. During the period where patients were transferred from AICU to create capacity during the COVID-19 pandemic, several issues in relation to handover of care were highlighted in the M+M process, which were escalated.
- Pre-operative risk – sometimes, where there has been a bad outcome following surgery, going back to notes from the pre-operative period highlights factors that suggest risk may have been higher than it was perhaps appreciated. This is fed back to parent teams and at the formal surgical Morbidity and Mortality (M+M) Review meetings.
- Escalation appropriateness and timing – sometimes, it is useful to discuss how appropriate it was to escalate to, for example, ECMO or mechanical circulatory support, and whether this happened in a timely manner. This is fed back to the CTCCU consultants as a group.
- Complications – medical complications do happen, and they can have significant complications for patients and staff members. When in relation to a patient discussed at the M+M, a ‘no blame’ approach is used to identify areas for learning, feedback and risk mitigation.

Overarching Theme Identified

Lack of consistency in mortality review processes and scoring cases across critical care units.

Key learning points

1. Embed local processes and develop and implement robust standardised pathway for mortality review across all critical care units. Cardiac ICU and CTCCU mortality reviews will be combined in one setting as a new lead has taken on the mortality work
2. Ongoing work with HIVE team to improve documentation e.g., with LOCSSIPS and procedure documentation and brain stem death/verification of death documentation.
3. Importance of thorough and up to date pre-operative assessment for patients undergoing high risk elective surgery.

Next Steps

1. Embed new process for mortality/SJR reviews to ensure consistent approach across all critical care units including all units to provide quarterly summaries to Critical Care Quality and Safety Group and Group Critical Care Quality and Safety Leads to provide annual report to CSS Quality and Safety Committee and MFT LFD Committee.
2. A suggestion has been raised regarding setting up a critical care outreach team for critical care team at ORC- A business case is being reviewed for this.
3. At ORC -The anaesthetic team are reviewing the pathways for pre-operative assessment to see if this can be improved. In particular, there is ongoing work with the transplant team to optimise the work-up of patients awaiting kidney or kidney-pancreas transplantation. Also access to theatre for urgent surgical cases needs to be reviewed.
4. An updated guideline for management of PE is being finalised which will be Trust wide. A key component of this is the establishment of “PE response teams” to coordinate and advise on management.

Mortality Reviews Performance and Outcomes: RMCH

Performance Assessment Data

PICANet Data The PICANet RSPRT chart (Graph 4) shows mortality ratio well within expected range with no triggers for unexpected variance. In contrast, it was noted that MFT SHMI data recently flagged RMCH as an outlier but this is believed to be due to issues with the data including coding and use of an adult co-morbidity index which does not reflect paediatric pathology.

Graph 4 PICANet RSPRT Chart

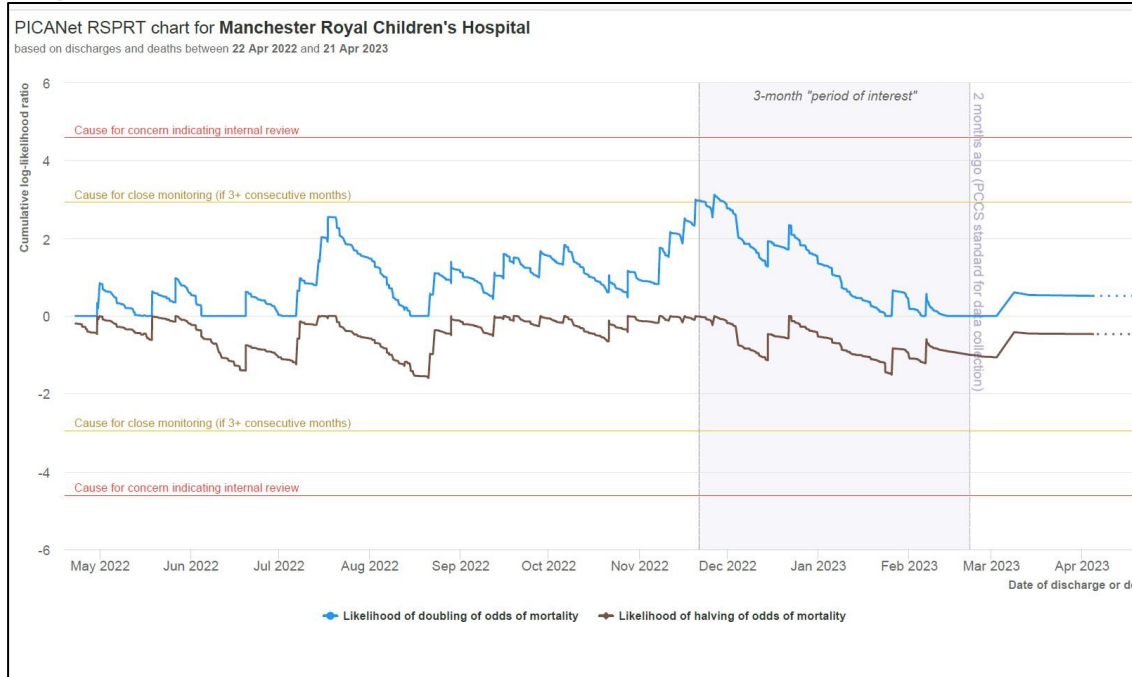


Table 16: Mortality reviews completed

Month	Number of paediatric deaths	Mortality Reviews completed	Suboptimal care identified
April 2022	10 (2 Haem onc ,8 Paediatric Critical Care)	10	Systems investigation re incidents 2276649 and 2271250 both relating to a patient with a congenital diaphragmatic hernia presenting to NMGH ED and later transferred to RMCH for emergency surgery. Investigation highlighted issues with care which may have changed the outcome
May 2022	7 (3 Haem Onc, 2 PCC, 1 ED, 1 Neurology)	7	None
June 2022	5 (1 gastro, 2 ED, 2 haemonc)	5	None
July 2022	8 (6 PCC, 2 ED)	8	None
August 2022	5 (4 PCC 1 Haem Onc)	5	None
September 2022	8 (4 PCC, 2 Haem Onc, 1 Nephrology, 1 respiratory)	6	None
October 2022	6 (3 PCC, 1 Haematology 1 NMGH 1 Wythenshawe F8)	6	Case review of death due to sepsis of North ED patient transferred to RMCH PICU (incident numbers 2322839 and 2322835) highlighted a several delays and issues with care 1 systems investigation in progress - death on F8 HDU, Wythenshawe
November 2022	8 (6 PCC, 1 Oncology, 1 Wythenshawe PED)	8	None
December 2022	8 (2 PCC,2 NMGH ED, 1 Wyth ED, 1 ORC PED, 1 Nephrology, 1 Oncology)	5	None so far 1 systems investigation in progress for death of nephrology patient at RMCH ORC
January 2023	4 (1 PCC,2 ORC PED, 1 NMGH ED)	1	None
February 2023	5 (2 PCC, 1 Respiratory1 Metabolic,1 ORC PED)	2	None so far 1 care review in progress for PED patient who re-attended with sepsis
March 2023	8 (3 PCC,3 Haematology/Oncology 1 North ED 1 ORC PED)	3	None
TOTAL	82		

Number of Covid-19 deaths during the reporting period

Table 17: Number of Covid deaths

Date	Probable Trust Acquired	Possible Trust Acquired	Not Trust Acquired	Comments
				No deaths of COVID-19 patients during the reporting period

Brief summary of key themes / issues identified

Sepsis

- 3 Sepsis deaths triggering systems investigations with HILAs noting delays in recognising and treating sepsis.

Palliative and end of life Care

- Excellent examples of MDT advance care planning
- Improvement in audit results of offering advance care planning
- Excellent examples of support for end of life and bereavement care in hospital and in transition to hospice or home
- Challenge of palliative patients on high flow particularly with regards to hospice transfer
- Positive feedback on strengthening links between paediatric critical care and paediatric palliative care service
- Appropriate use of DNACPR orders for a number of deaths in critically unwell children
- A number of critically unwell haematology/oncology patients highlighted the potential need for earlier consideration of parallel planning. There is currently limited palliative care team capacity within RMCH MCS to deal with the patient demand. The palliative care team are more likely to be involved if a patient within this patient group is being discharged to community for end of life care rather than to support advance care planning. This has triggered a review of RMCH palliative care risks.
- The importance of re-confirming RESPECT forms and advance care plans on admission particularly if some time since they were completed.

Support for staff, patients and families

- Support for cold debrief of distressing or challenging cases via psychology teams and/or employee health and wellbeing
- Significant need for holistic and psychological support for patients and families
- Examples of Positive practice of supporting families with difficult decisions regarding advance care planning and limitations of treatment
- Significant distress to staff dealing with traumatic and sudden and unexpected deaths, particularly in emergency departments. SETS support offered and access to psychology and EHW support as required.

Communication with families

- The importance of co-ordination of clear communication between multiple inpatient teams, families and local hospices
- The importance of appropriate use of interpretation services and clear communication with families where english isn't their first language.
- Challenging communication with families including incidents of reported verbal abuse to staff

Mortality processes

- Importance of ensuring timely notifications and capturing learning from known long term patients who die outside of MFT
- Ensuring appropriate representation at CDRMs, including those not led by RMCH
- Need to ensure all areas are aware of and following processes following death including incident reporting of unexpected deaths and following CDRM process. Particularly in cases where a child or young person dies outside of a paediatric inpatient area e.g. ED or Adult ICU
- Death of a child or young person guideline updated, including incorporating NMGH
- There is an increasing need for more in depth CDRMs for complex cases that involves all key agencies. JAR meetings are arranged via the SUDC team and there is also a need to ensure the outcome is shared appropriately within RMCH.
- Rollout of medical examiner process for paediatrics with early positive feedback
- Identifying clear roles for coroner's referral in SUDC cases between SUDC paediatrician and treating clinical team

Causes of death

- 3 confirmed and suspected deaths from invasive group A streptococcal infection reflecting national rise in cases. National and local public health messages shared appropriately.
- A number of out of hospital/pre-hospital arrests. One highlighted potential issues with GP practice resuscitation with lack of airway management and breaths and only chest compressions. This has been feedback to support improvement in practice but was not felt to have affected the outcome
- Risks of co-sleeping and information for parents - RMCH and St Marys safe sleeping policy updated and staff encouraged to document discussions with parents
- Learning from national report on Sudden and Unexpected Deaths in Infancy and Childhood – for further multi-disciplinary work regarding safe sleeping advice for families and using time in hospital as an opportunity to convey this advice
- 2 deaths of children left unattended in the bath, themes captured via Child Death Overview Panel (CDOP) and any relevant public health messages being considered
- Significant rise in mental health issues amongst teenagers as well as parents

Other

- Excellent examples of resuscitation practice including cross specialty working
- Patient who presented with unexplained collapse and ?ingestion highlighted that a 'Reverse search' is possible on toxbase to help identify potential agent ingested based on signs and symptoms of patient.
- Need for appropriate risk assessment and further discussion with radiology re transfer for x-rays as opposed to portable x-rays in unwell patients. Other clinical risks such as moving a patient on respiratory support may outweigh radiation risk of portable x-ray

Key learning points

- 3 Sepsis deaths triggering systems investigations with HILAs noting delays in recognising and treating sepsis. A group HILA meeting has taken place and an agreed need for focused safety improvement work in this area in line with PSIRF. A multi-disciplinary group will be established to take forward this work
- The importance of a consistency in approach following the death of a child or young person including referral to SUDC team, incident reporting unexpected deaths and following national guidance re CDRMs.

- Particularly highlighted from cases where the child or young person died outside of a paediatric inpatient area e.g., ED, adult ICU
 - Death of a child or young person guideline updated to include clear guidance on current processes on all sites including NMGH and signposting for further information.
- Raising awareness across the trust and region of topics highlighted via mortality cases as well as national reports from HSIB and National Child Mortality Database. Recent topics highlighted and discussed include:
 - Rise in group A streptococcal infections and sepsis. Alert sent out to RMCH and ED staff re rise in cases and presenting symptoms. Regional alert also went out via Paediatric Critical Care ODN
 - Co-sleeping in some infant deaths (outside of hospital). RMCH and St Mary's co-sleeping guidance to be reviewed, updated and harmonised. The importance of documentation of conversations with families whilst in hospital has been shared within RMCH nursing team and via RMCH harm free care meeting

Next Steps

- Systems investigation outcomes being presented to Hospital Mortality Review Group to close the loop and ensure learning from these cases is captured and shared via the group in addition to any other forums
- Monitoring and feedback of process of medical examiners in paediatrics following MFT rollout
- Review of RMCH Hospital Mortality Group TOR including how we can support and facilitate more complex CDRMs
- Plan to review emerging mortality themes and map against hospital risks and ensure any emerging risks are reflected in the RMCH MCS Risk register

Mortality Review Performance and Outcomes: SMMCS

Performance Assessment Data

Table 18: Mortality reviews undertaken

Specialty	Number of deaths	Number of Mortality Reviews Completed
Neonates	68	66 (of those from this time period-lag time due to the way in which PMRT process runs)
Obstetrics (Stillbirths)	70	68 (of those from this time period-lag time due to the way in which PMRT process)
Obstetrics (maternal)	3 (2 hospital 1 community)	3- no harm or avoidability identified
Gynaecology	7	4 (data completeness issue on the portal)

Number of Covid-19 deaths during the reporting period

Table 19: Number of Covid deaths

Date	Probable Trust Acquired	Possible Trust Acquired	Not Trust Acquired	Comments
				There were no Covid deaths reported

Brief summary of key themes / issues identified

Clinical themes / issues

- (1) Delays in accessing antenatal care or not accessing antenatal care
- (2) Inappropriate or missed risk factors
- (3) Lack of timely escalation for senior review
- (4) CTG interpretation or delay in decision making
- (5) Thermoregulation of neonates and delayed cord clamping
- (6) Need for twins clinic on all three sites in line with NICE guideline and to reduce variation in care (now introduced)

Process issues with mortality reviews

- (7) Timeliness of reviews using the Perinatal Mortality Review Tool for stillbirths and NND are part of CNST requirements. Currently we are meeting targets.
- (8) HIVE has caused significant issues during the review of care particularly as many women have part of their care outside of HIVE (either prior to HIVE introduction or because their community care is outside of MFT). Lack of access to these notes.
- (9) HIVE 'disappears' parts of the antenatal record once baby is born.
- (10) Portals-gynaecology and neonatal still not fully functional

Key learning points

1. Ongoing education for fetal monitoring and CTG interpretation, but to include human factors in relation to escalation. Full day fetal surveillance day implemented that

includes fetal physiology, consideration of holistic care and case studies – annual mandatory day for midwives and obstetricians.

2. Continue with roll out of programme to educate and train re Lifestart trolley use to facilitate delayed cord-clamping whilst maintaining thermoregulation
3. Engage with HIVE re issues with collection of appropriate data in post-natal period in order to perform appropriate assessment of care provided

Next Steps

1. Engage with HIVE re issues for PMRT
2. Review of perinatal deaths divided by ethnicity and other characteristics e.g. deprivation and site.
3. Continue with large body of work re Lifestart trolleys.

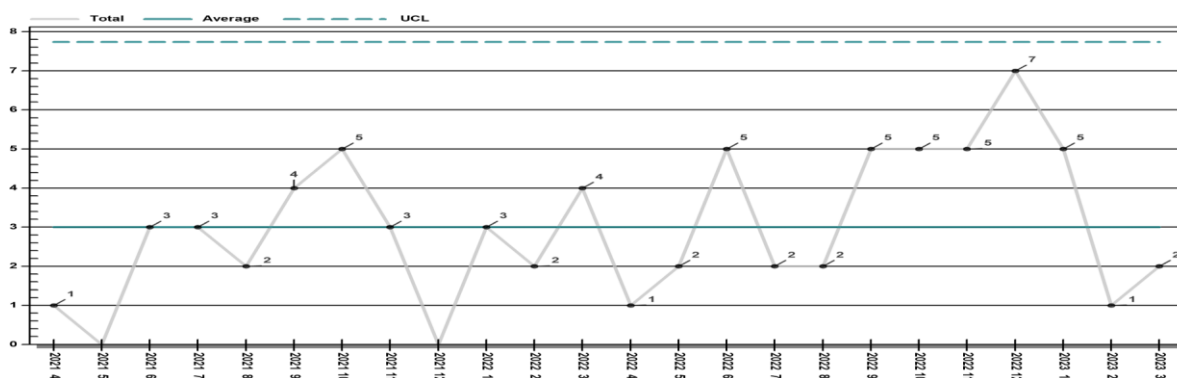
Serious Incidents Requiring Investigations (SIRIs) with a related death

All SIRI related deaths are escalated for consideration to the Group SIRI. During 2022/23 there were 42 SIRIs declared on The Strategic Executive Information System (StEIS) involving patients who died (See Table 20 and Graph 5 (statistical process control chart))

Table 20 Numbers of SIRI involving the death of a patient

Hospital / MCS	Reported Incidents
CSS	2
MRI	17
NM	6
RMCH	3
SM	5
WTWA	9
Total	42

Graph 5 SIRI involving the death of a patient (SPC)

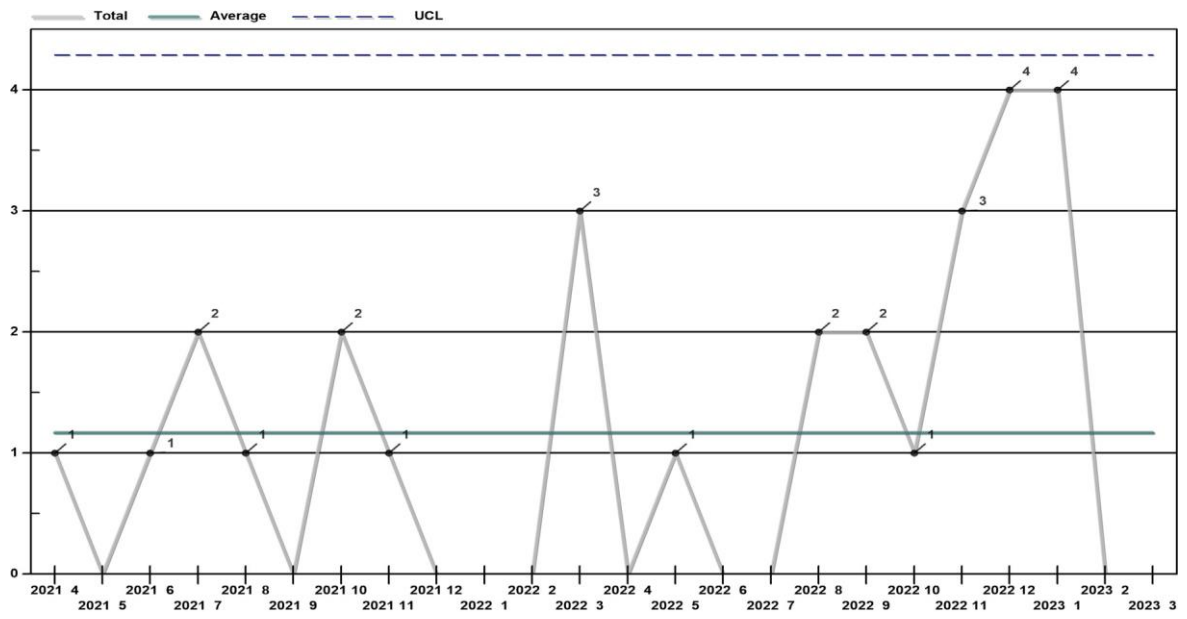


In accordance with national guidance, a structured mortality review is completed in cases of SIRIs involving a death and, as per the Trust’s Patient Safety Insight, Response and Learning Policy, further review/investigation undertaken as required.

For all deaths where an inquest is held the Trust ensures that it provides all the information required to assist the Coroner, including the preparation of a detailed assurance report detailing the effectiveness of the approach taken to implement the learning from any investigation or review undertaken

MRI figures account for 17 of these cases. The implication of this data is currently under review, the Statistical Process Control Chart is presented in Graph 6.

Graph 6 SIRI involving the death of a patient (SPC): MRI



Learning from deaths of patients with a learning disability

The government and NHS England have committed to reducing health inequalities for people with learning disabilities and have established national programmes to improve treatment and outcomes. In addition, the National Learning Disability Mortality Review Programme (LeDeR) seeks to review all deaths of people with a learning disability to provide learning and recommendations nationally for NHS services.

Table 21 Identified deaths and reviews

Period	MRI LD reviews	CSS LD reviews	WTWA LD reviews	NMGH LD Reviews
April 2022 – March 2023	17	8	26	10

It is noted that there is continued disparity between the numbers of LD deaths at ORC and WTWA which is currently unexplained. It is accepted that there is a requirement to improve the analysis of the outcome of the reviews, particularly in relation to ethnicity and socio-demographic groups for instance.

Deaths of patients with a learning disability and autism are notified from the medical examiners/bereavement team and notified to LeDeR. This is now written within the LeDeR Standard Operating Procedure (SOP) which is ratified.

Within the LeDeR SOP it highlights that communication between the SJR review, and the best practice review should be shared to aid further discussion. This is now happening and routinely in place across sites.

Learning disability review key themes

All learning disability deaths are reviewed by the Specialist LD Nurses who specifically look at additional aspects of care that should be considered or in place when caring for someone with additional needs.

1. **Mental Capacity Act not being fully completed.** Whether this is for care and treatment on admissions with subsequent DoLS or an MCA for big decision makings. Treatment is being given without the correct legal framework in place when patients do not have the capacity to consent. This is a continued theme, and has been reflected in previous annual reports.
2. **Flagging not being implemented within the hospital systems.** Since the move to HIVE flagging for patients with a diagnosis were not transferred therefore this increases the risk when patients attend a MFT hospital and staff are not completing the flagging process.
3. **Delays in care and treatment.** This is in relation to the Mental Capacity Act. Professionals take a substantial amount of time to co-ordinate a best interest meeting when the patient lacks the capacity which can result in delays in treatment and care.
4. **ReSPECT forms not following policy with reviews, and inappropriate rationale.** There is evidence that 'poor quality of life' and health needs are included in a ReSPECT process, but which could have been supported accordingly, for instance the term 'learning disability'

5. **Staff not evidencing Reasonable Adjustment accordingly**
6. **Diagnosis not made clear on the medical history** which has resulted in delays in the assessment and subsequent management of care needs

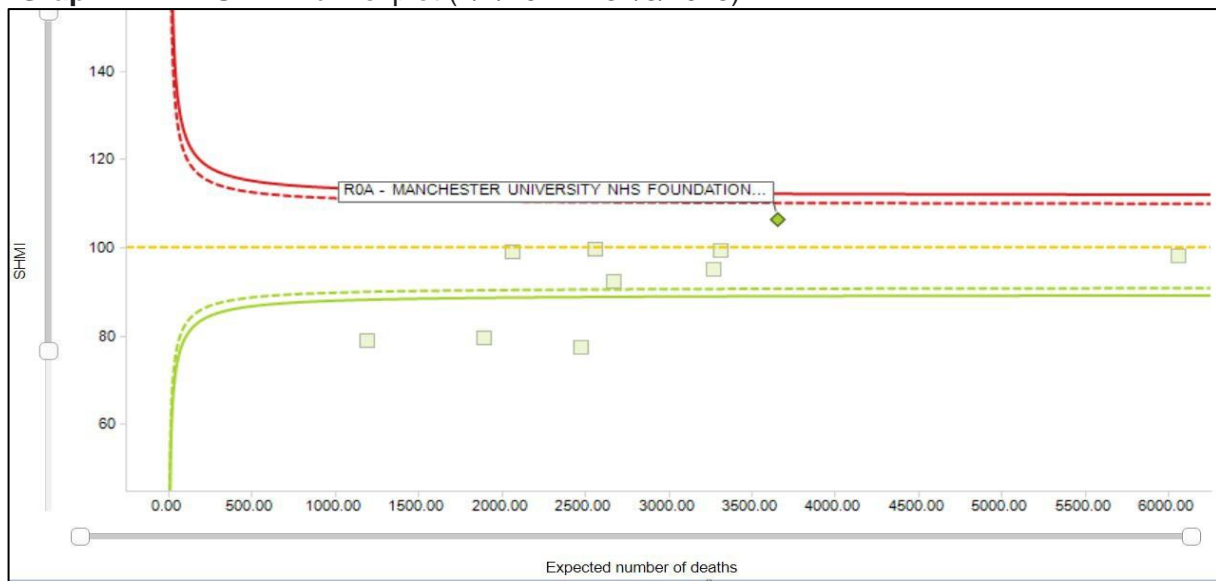
Main hospital sites are holding LD/A lesson learnt meetings following best practice reviews to which ward-based teams are invited to aid to the good practice and lessons learnt. LeDeR is now within all mortality meetings to aid further discussion and awareness. This learning is also considered within the safety oversight system and has resulted in a significant improvement programme in relation to the ReSPECT process.

Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR)

Summary Hospital Mortality Indicator (SHMI)

The SHMI is the ratio between the actual number of patients who die following hospitalisation at a 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 difference between the number of observed deaths and the number of expected deaths cannot be interpreted as the number of avoidable deaths for the trust.

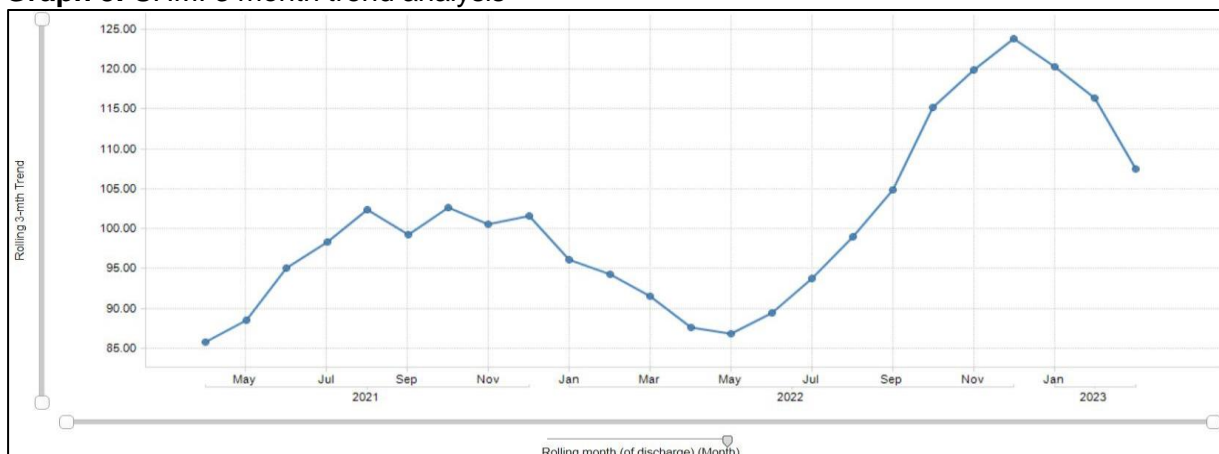
Graph 7: MFT SHMI Funnel plot (1/4/2022 – 31/3/2023)



The SHMI is not a direct measure of quality of care. The expected number of deaths for each trust is not an actual count of patients but is a statistical construct which estimates the number of deaths that may be expected at the trust on the basis of average England figures and the characteristics of the patients treated there.

The SHMI for the data period April 22 to March 2023 for MFT is 106.32 overall this is banded 'as expected' based on NHS Digital's 95% control limits. Graph 8 shows the SHMI rolling 3 month trend analysis between April 2021 and March 2023 for MFT.

Graph 8: SHMI 3 month trend analysis



The SHMI has fluctuated between 87 and 124 and is currently at 106 which is, as described above, within the 'as expected' band. As expected, means that the MFT, overall is not an outlier.

The SHMI rates for individual sites are presented in Table 22. The data demonstrates that all sites apart from RMCH and SMMCS classified 'as expected' or 'lower than expected'.

Table 22 SHMI rates for individual sites (22-23)

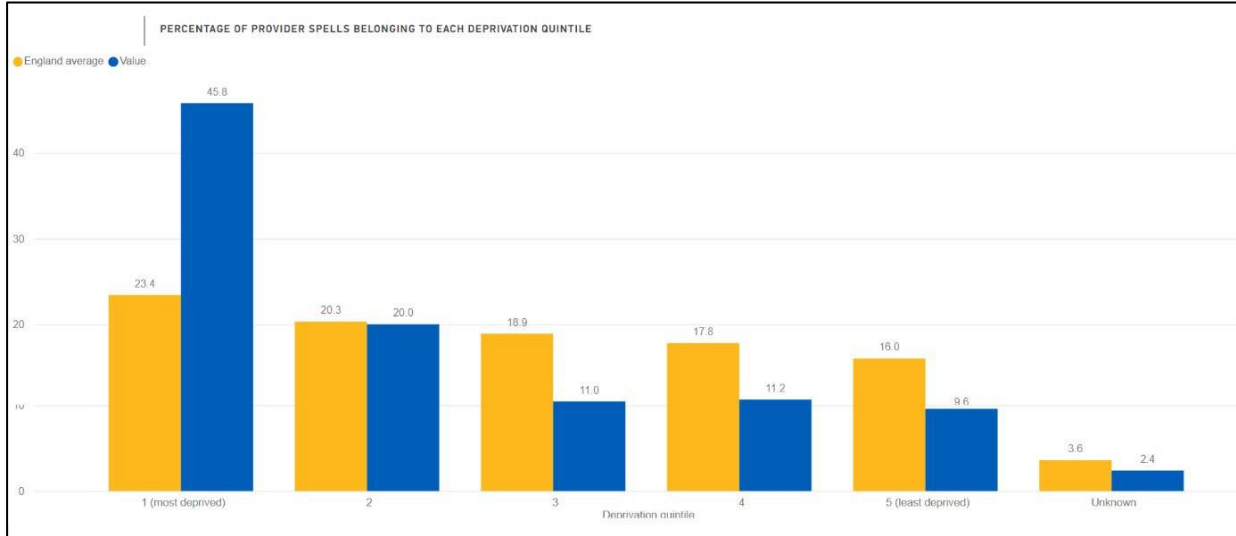
	Provider Spells	Observed Spells	Expected Deaths	SHMI Value	Band Descriptions
Wythenshawe	60760	1690	1640	1.032	As expected SHMI
Manchester Royal Infirmary	31310	1170	1085	1.0749	As expected SHMI
North Manchester General Hospital	37820	945	865	1.0896	As expected SHMI
Trafford General Hospital	1850	50	75	0.6602	Lower Than Expected
St Marys Hospital	34355	115	55	2.0313	Higher Than Expected
Royal Oldham Hospital	735	35	35	0.9428	As expected SHMI
Royal Manchester Childrens Hospital	13860	55	35	1.4924	Higher Than Expected
Royal Eye Hospital	1860				
University Dental Hospital	35				
Withington Community Hospital	30				
Altrincham Hospital	65				

The data driving the SHMI at RMCH and SMMCS has been reviewed in detail. In terms of SMMCS data. The SHMI is calculated by assigning every patient a mortality risk based on primary diagnosis, age, Charlson index, gender, admission method and birth weight (neonates). The final SHMI is the ratio of total observed deaths to expected deaths based on the combined risk factor. The review of the data submitted by SMMCS identified that there was an impact of incorrect coding of spells. If a spell isn't coded, then the neonate's risk factor will be 0 meaning the expected deaths will be lower and SHMI higher. In addition, it was identified that the non-registrable births were being coded and submitted as part of the national CDS submission. The data warehouse team have put a flag against these babies to ensure that they are removed and not submitted in the future. The RMCH data remains under review.

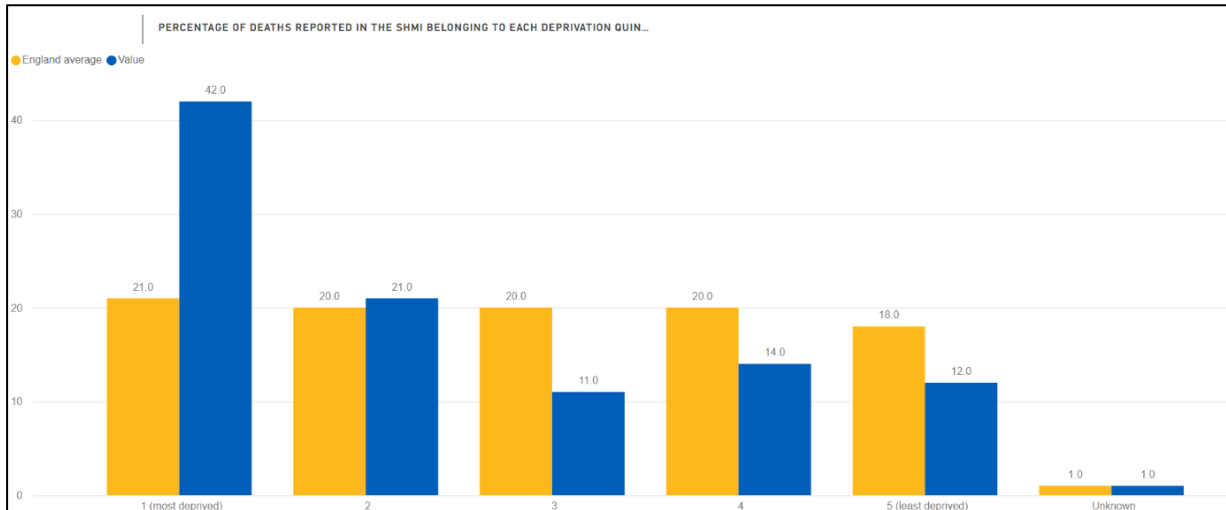
SHMI can also be used to explore the percentage rates of deaths relating to social deprivation. Deprivation quintiles are calculated using the Index of Multiple Deprivation (IMD) Overall Rank field in the Hospital Episodes Statistics (HES) dataset which is based on a weighted combination of factors such as income; employment; health deprivation and disability; education, skills, and training; barriers to housing and services; crime and living environment. Graphs 9 and 10 provide the percentage breakdown of spells and deaths by deprivation quintile. There is a marginally higher percentage of deaths in quintiles 4 and 5 relative to the percentage of spells attributed to those quintiles. It is clear from the data in both graphs that the percentage rate of deaths for patients from the most deprived areas exceeds the England average.

It is recognised that we are not using the data that we have to its fullest extent to understand the impact of inequality on mortality, and this, aligned to our Quality and Safety Strategy is a key focus for 2023/24, and is a direct action in both our Patient Safety and Clinical Effectiveness plans for the year.

Graph 9 SHMI Spells by deprivation quintile

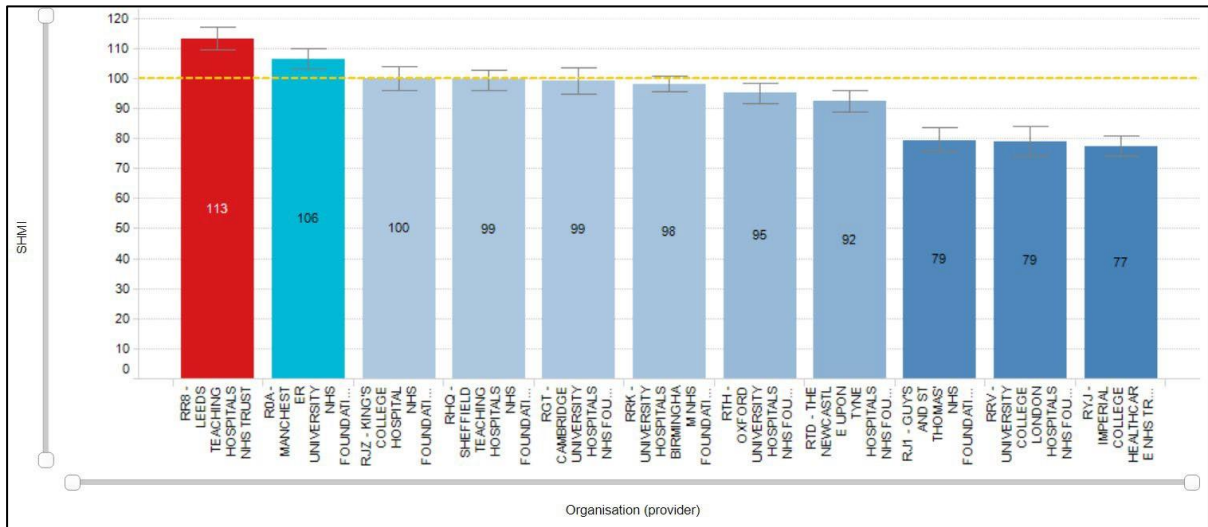


Graph 10 % SHMI Spells by deprivation quintile



We also use SHMI to compare our rate with peers, and particularly Shelford Group Trusts.. Graph 11 provides the position of MFT compared to the Shelford Group; MFT has the second highest SHMI rate in comparison to other Shelford Group Hospitals.

Graph 11 SHMI benchmarking with Shelford Group.



Hospital Standardised Mortality Ratio (HSMR)

The HSMR is a ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell compared to the expected number of in-hospital deaths (multiplied by 100) for all diagnostic groups in a specified patient group. The expected deaths are calculated from logistic regression models. The Trust's overall HSMR for the data period April 22 to March 2023 for MFT is 89.54 and is shown in Graph 12.

Graph 12 HSMR (MFT wide)



Table 23 demonstrates the HSMR rates for sites at MFT. Wythenshawe, Manchester Royal Infirmary and North Manchester General Hospital are all within the expected HSMR.

Table 23 HSMR by Site/MCS

	HSMR	Number of super-spells	Number of super-spells (%)	Number of observed deaths	Expected number of deaths
Wythenshawe	92.15	30735	0.3974	1103	1196.99
Manchester Royal Infirmary	91.81	21256	0.2749	777	846.32
North Manchester General Hospital	92.9	12423	0.1606	610	656.58
Trafford General Hospital	48.23	3174	0.041	18	37.32
St Marys Hospital	44.78	1892	0.0245	61	136.22
Royal Oldham Hospital	67.79	378	0.0049	11	16.23
Royal Manchester Childrens Hospital	143.4	7131	0.0922	25	17.43
Royal Eye Hospital	0	197	0.0025	0	0.61
University Dental Hospital	0	4	0.0001	0	0
Withington Community Hospital	0	118	0.0015	0	0
Altrincham Hospital	0	62	0.0008	0	0

Crude Mortality

Crude mortality gives a contemporaneous, but not risk-adjusted, view of mortality across MFT. This has seen a decreasing trend over the last 2 years as demonstrated in Graph 11.

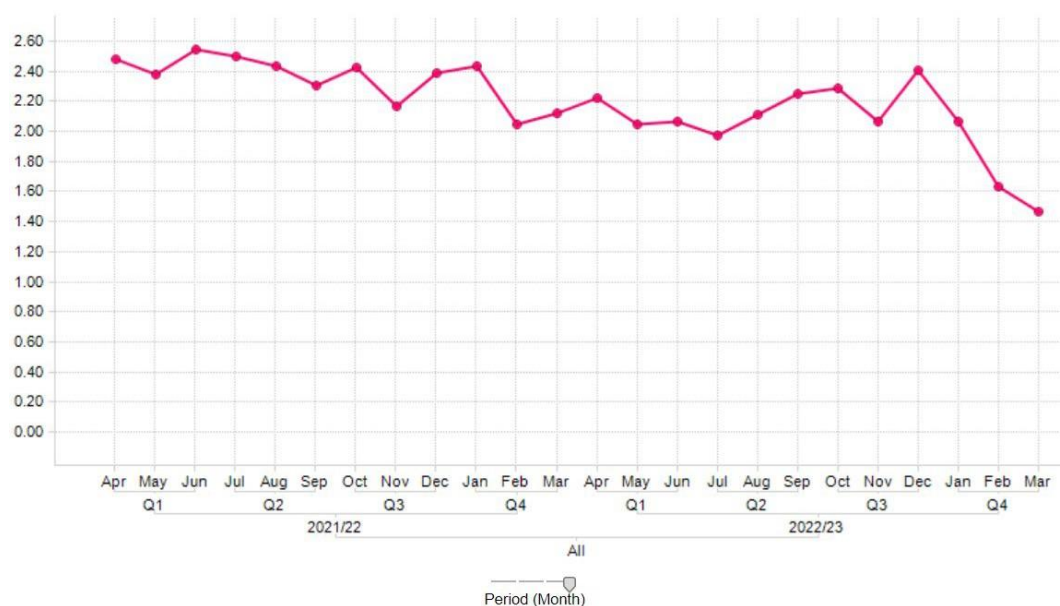
Graph 13 Crude mortality rate for MFT for 1/4/2021 – 31/03/2023

Table 24 provides an overview of Crude Mortality across the Shelford Group, demonstrating that the rate for MFT is commensurate with a relevant peer group.

Table 24 Crude Mortality: Shelford Group

Organisation (Provider)	Discharges	Total Deaths	Crude Death Rate
R0A - MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	728264	16020	2.20%
RGT - CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	372629	8875	2.38%
RHQ - SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	461713	13579	2.94%
RJ1 - GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	626608	9530	1.52%
RJZ - KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	362709	10946	3.02%
RR8 - LEEDS TEACHING HOSPITALS NHS TRUST	377204	13924	3.69%
RRK - UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	628441	21786	3.47%
RRV - UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	322894	5854	1.81%
RTD - THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	425428	12040	2.83%
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	369430	11539	3.12%
RYJ - IMPERIAL COLLEGE HEALTHCARE NHS TRUST	371532	8323	2.24%
Grand total	5046852	132416	2.62%

[Mortality data: Next steps](#)

The Trust has procured and is rolling out the HED (Healthcare Evaluation Data) system, which enables specialty level insight into mortality data, for instance the use of HSMR Cumulative Sum (CUSUM) Charts, allowing the identification of negative and positive alerts for diagnostic groups, and the use of the VLAD method, though most commonly associated with monitoring peri-operative can be used for any binary short-term outcome, for instance the occurrence of post-operative wound infections, outcomes following intensive care or monitoring neonatal survival following a live birth. Essentially, a VLAD chart shows how many fewer (or more) deaths there are over time compared to what would be expected. In its original design, the expected number of deaths over time was determined using a risk of death specific to each individual, but the expected number of deaths can also be determined using the same risk of death for all individuals. This latter use is also well suited to monitoring individual level outcomes following public health interventions, where individual risk estimates are not available and instead the risk of death can be estimated from the baseline mortality rate. It is anticipated that during 2023/24 the Trust's insight into its mortality data, and therefore its opportunities to understand unwarranted variation in detail will be transformed.

Governance

Each Hospital/S=MCS/LCO are responsible for their own arrangements for oversight of and insight into mortality and to ensure that learning from deaths is integrated into their wider patient safety and effectiveness intelligence systems.

A quarterly summary of Site/MCS/LCO mortality reports from their respective mortality and morbidity reviews are presented to the Group Learning From Deaths Committee chaired by the Associate Medical Director(Quality and Safety).

Mortality data is now routinely presented on the Trust's Integrated Performance Report

Conclusion

The Trust operates in accordance with national mortality guidance. The Medical Examiner role is well established, with good working process, governance and continues to see an increase in the quantity of reviews undertaken. The Trust, during 23/24 is implementing a revised mortality review policy and implements structured mortality reviews.

This paper summarises the approach to learning from deaths across MFT for 22/23, recognising the need for

- More effective use of mortality data to better understand and influence unwarranted variation
- Increased focus on the contextualisation of mortality data and learning through the Trust's safety oversight system
- Increased focus on the learning associated with the deaths of patients with a learning disability

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST
BOARD OF DIRECTORS (PUBLIC)

Report of:	Joint Group Medical Director
Paper prepared by:	Dr Simon Watts, Consultant in Public Health
Date of paper:	November 2023
Subject:	Action on Health Inequalities at MFT
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	This report details our work to tackle health inequalities for our population, aligning with the Trust's Vision and Values of 'Everyone Matters' and 'Dignity and Care'
Recommendations:	The Board of Directors is asked to note the progress being made on the health inequalities agenda across the Trust noting the initiatives, developments and challenges most relevant to Site/MCS/LCO areas of practice and expertise
Contact:	<p><u>Name:</u> Simon Watts, Consultant in Public Health <u>Tel:</u> 07768 864225</p>

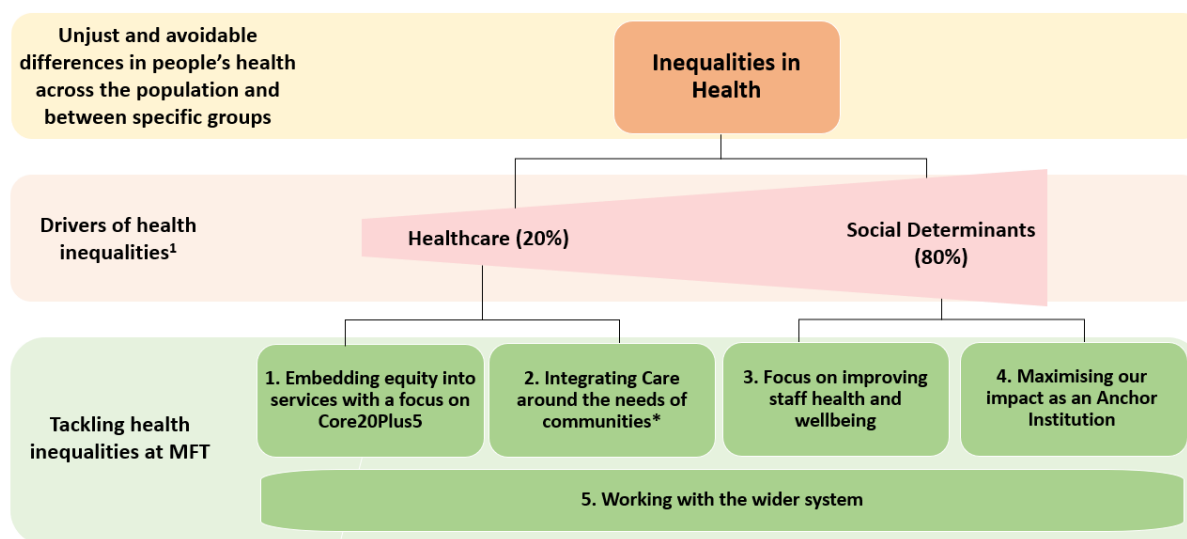
1) Context

MFT is focused on tackling inequalities for its patients and their communities. In 2021, a Health Inequalities Group was formed, chaired by Professor Jane Eddleston, to drive the organisational approach. This was strengthened in 2022 with a Public Health Registrar placement and subsequently substantive appointment of a Consultant in Public Health in August 2023 to provide further leadership for this agenda.

In February 2023, MFT hosted a Health Inequalities Away Day with representation from senior leadership teams from each Hospital/MCS/LCO, Group Medical Directors, EDI, Finance, Operational and Strategy teams, Trafford and Manchester LCO, system Public Health colleagues, Social Care and Primary Care. This provided a space for our senior leaders to discuss and agree priority areas for the Trust in terms of our approach to tackling inequalities. The insight and themes from this session formed the basis of the Health Inequalities framework and plan which contains a number of high-level priorities and actions for the Trust, detailed below.

Following the Away Day, each Site/MCS/LCO within MFT has nominated a Health Inequalities Lead who provides leadership on tackling health inequalities at site level and who attends the bi-monthly MFT Health Inequalities Group referenced above.

A framework for tackling health inequalities at MFT



1. Source: Institute for Clinical Systems Improvement – Going Beyond Walls: Solving Complex Problems (2014)

2) Aims of this report

This report aims to provide the Board with an update on progress on the health inequalities agenda at the Trust, identifying key achievements and challenges. A further update will be provided every six months or more frequently as required.

3) Update on tackling Health Inequalities Programme of Work

Given this is the first update, there is far more progress than can be covered in detail here but to summarise progress in some key areas:

a) Health inequalities dashboard

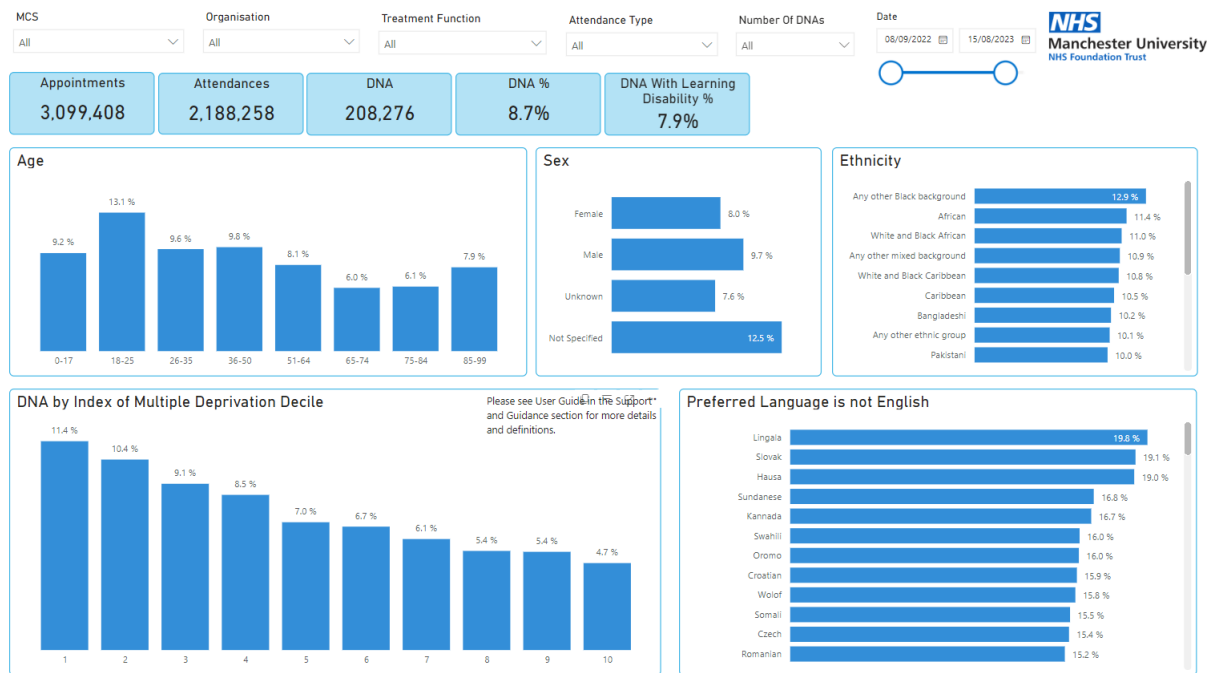
An early priority for the programme of work was to develop a [Health Inequalities Dashboard](#) that would give the organisation the ability to look at its operational data

through a demographic lens, to see where variation in access, outcome and experience exists between population groups.

Phase 1 of this dashboard was completed in February 2023 and included a focus on 'Did Not Attend' (DNA) rates (screenshot below) and urgent care usage. Phase 2 is under development and includes reporting on our elective waiting lists by demographic and includes a focus on access and outcomes for cancer services.

The dashboard has provided colleagues from across MFT with valuable insight into variable access to MFT services and helped prioritise work to tackle inequalities going forwards.

Screenshot from Health Inequalities Dashboard – DNA summary page



b) Targeted DNA reduction

National evidence suggests that non-attendance of outpatient appointments is variable by population group; based on this site, Health Inequalities Leads were asked to do a deep diver of their 'Did Not Attend' (DNA) and waiting lists data by deprivation and ethnicity.

The findings from this work were presented at the Health Inequalities Group in September and highlighted trends across MFT in terms of our most deprived residents not being able to attend appointments, and higher DNA rates in certain ethnicities and for certain groups where their primary language is not English.

This work has provided teams with focus areas and target populations for reducing inequalities in non-attendance, which will include wider resident engagement with identified priority groups to better understand barriers to accessing services. Feedback from teams on the Health Inequalities dashboard which was used for the exercise is informing Phase 3 of its development.

This work is being supplemented by University of Manchester led quantitative and qualitative research which is focusing on factors that are driving DNA rates and particularly how the use of EPIC has and can help improve attendance rates.

c) Progress against health inequalities framework

i) Embedding equity into service, with a focus on [Core20plus5](#)

- (1) Successful funding application to North and RMCH charities for onsite financial wellbeing advice for patients and staff provided by Citizens Advice Manchester – to be mobilised during December. This will support our most deprived residents
- (2) Roll out workforce development sessions to improve how we communicate with patients (health literacy), reducing communication as a barrier to accessing safe and effective care. Again, this work will benefit some of our most deprived residents, where literacy levels are often lower. Ongoing, with further sessions planned between September 2023 and February 2024
- (3) Work has commenced to map secondary bowel cancer pathways, using data to identify inequalities in access, outcome and experience. Planned follow up work with patients and staff to understand barriers to access which will inform interventions to reduce inequalities in the care pathway. This will include screening services. Separate review of breast screening sites has resulted in new sites being identified and added to the rotation
- (4) Development of an Urgent Care Needs Assessment for Manchester that will complement the Trafford Needs Assessment in informing the development of a new Urgent Care Strategy for Manchester and Trafford, which will prioritise reducing inequalities associated with urgent care
- (5) Completion of review of inequalities associated with the Cancer Prehabilitation Programme to inform service improvement
- (6) Development and progressing the GP/secondary care interface work aimed at improving communication of HbA1c results for incidental findings of diabetes, which will provide a template for improving communication for other key test results and improve condition management outside of the hospital
- (7) North Manchester General maternity services taking part in GM pilot work to poverty proof the maternity pathway, working with low income residents to identify and tackle income related barriers to access

ii) Integrating care around the needs of communities

- (1) Citywide approach to tackling health inequalities with neighbourhood leadership driven by a collaboration between the LCO, General Practice/PCNs and the voluntary sector
- (2) Hypertension, diabetes and bowel cancer screening agreed as key focus areas for the neighbourhood population health management work for 2023/24, linking to national priorities identified through [core20plus5](#)
- (3) Data driven approach for 2023/24 will allow progress to be measured and impact assessed to inform future population health management work
- (4) Approval for a Healthy Hearts post hosted by the LCO which will help share learning and drive progress in community led approaches to improving heart health and diabetes, aligning with Core20plus5

iii) Focus on improving staff health and wellbeing

- (1) Development of the Staff Health and Wellbeing Strategy
- (2) The first Health and Wellbeing Day (post-COVID-19) was held for staff at North Manchester General Hospital on 21 September. The event was well attended and provided staff with an opportunity to have their blood pressure checked and chat to a range of offers that are available either on site or in the vicinity of North Manchester General Hospital. The event was provided at zero cost to the Trust, with support of our community partners. The feedback from the session is being assessed to inform a Trust wide approach to future staff health and wellbeing days at our main sites
- (3) Development of support offer for staff around financial wellbeing, which will be supported by the appointment of Citizens Advice outreach workers on site, referenced above

iv) Maximising our impact as an [anchor organisation](#)

- (1) Formation of an anchors working group to bring together key stakeholders from employment, sustainability, estates, communications, public health and strategy across the Trust
- (2) Development of a report for the Executive that identified the existing great work we are doing to add to social value to our communities and identify further opportunities
- (3) Identified an Executive Lead for the anchors work, Group Executive Director of Strategy
- (4) Great examples of system leading work in widening access recruitment, estate development at North Manchester and our work on the green agenda

d) Key challenges and areas for future work

Make Every Contact Count – planned work with a number of services to develop our Trust approach to brief interventions and onward referral. This will build on the successful approach adopted around smoking cessation with the CURE programme. An area of potential focus is damp and mould in our patients' homes

Digital Inclusion – driving forward with the benefit realisation from new technology development, while ensuring that patients who have limited digital access or literacy are not left behind and also benefit from progress

Measuring Impact – agreeing key metrics to track progress of the health inequalities plan, including agreement of key anchor organisation metrics which will allow the Trust to measure and track impact of the value added to the communities we serve

Embedding Resident Engagement – resident engagement, co-design and listening to residents is protective against health inequalities when insights are used to inform service development and future strategies. We engage residents across the Trust,

and this should be built on to embed co-design and engagement principles in everything we do

Anchor Organisation – building on the excellent work of the Widening Access and Apprenticeship teams to scale these approaches across the Trust, providing recruitment opportunities to under-employed communities in MFT's footprint. Further developing our approach to social value procurement to maximise the value for our communities from MFT's procurement spend

4) Recommendations

The Board of Directors is asked to note the progress being made on the health inequalities agenda across the Trust, noting the initiatives, developments and challenges relevant to Site/MCS/LCO areas of practice and expertise.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST
BOARD OF DIRECTORS (PUBLIC)

Report of:	Joint Group Medical Director
Paper prepared by:	Adam Shepphard, Communications Lead for Research and Innovation
Date of paper:	November 2023
Subject:	MFT Research and Innovation (R&I) Annual Report for 2022-2023
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note • Support • Accept ✓ • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Maximising the impact of Research and Innovation so that our patients can benefit from innovative technologies and treatments which deliver better outcomes.
Recommendations:	The Board of Directors is asked to accept the report as an accurate reflection of R&I activity and achievements for 2022-23
Contact:	<p><u>Name:</u> Adam Shepphard, Communications Lead for Research and Innovation</p> <p><u>Tel:</u> 0161 701 0720</p>



RECOVERY, COMMUNITY, GROWTH

● Research and Innovation
Annual Report 2022–2023



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Foreword



Professor Jane Eddleston

Joint Group Medical Director

The past 12 months have provided opportunities for our Research and Innovation (R&I) team to visibly highlight internationally, nationally, and regionally the benefits our endeavours are making for patients. This has been possible through the renewal process for some of the National Institute for Health and Care Research (NIHR) infrastructure we host, participation in a number of national initiatives, and redesign of other infrastructure to cover a North West Regional footprint. In addition, the commissioning of other research facilities across Greater Manchester and the North West Coast is permitting inclusion of a much larger cohort of the diverse populations we serve to become involved in research, and in doing so driving translational medicine across urban, rural and coastal communities in the North West to deliver improved health outcomes.

At the heart of development and enhancement of our R&I strategy is building capability and capacity within our workforce. I am delighted to see our proposals for both of these progressing nicely and working with our partners will provide tangible opportunities for staff to develop academic careers.



Professor Richard Body

Group Director of Research and Innovation

Introduction



Dr Iain McLean

Managing Director for Research and Innovation

Thanks to the hard work and dedication of our teams, 2022-23 was again another fantastic year for Research and Innovation at MFT. We saw the delivery of more cutting-edge trials and interventions, the expansion of our R&I infrastructure, we achieved table-topping metrics, and there were notable individual and team awards and funding. It was fantastic to see so much of it reflected across the media; on the front pages of national papers, interviews with our incredible staff on the BBC red sofa, and emotional documentaries showcasing the real impact we can make on our patients and their families. Each and every one of you is an inspiration.

It has been another challenging year for the NHS overall - from those faced at national organisational levels to those faced by colleagues at the front line on a daily basis. However, there has never been any doubt that your commitment to improving the health and wellbeing of our patients and research participants remains as unwavering and focused as ever.

I continue to work closely with the R&I Senior Leadership Team to ensure we are providing the best possible environment for the research and innovation of our world-leading staff to flourish. I have enjoyed all the opportunities I have had to engage with so many of our teams to learn about how things are in your areas, and to understand where you think we ought to be aiming to further develop going into the future. We always want to hear any suggestions you have about how we can support you and further develop our outstanding research and innovation.

I would like to pay tribute to our former Group Chief Executive, Sir Michael Deegan CBE, whose stable and ambitious leadership over many years, and drive towards the single "One Manchester" vision which brought leaders from the partners organisations together to create harmonised processes.

I would also like to welcome our new Group Chief Executive, Mark Cubbon, and am delighted and thankful that Mark, and the Executive Director Team, are fully supportive of our bold ambitions within R&I, many of which came to fruition during 2022-23, and we will see many more over the coming years.

Finally, 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 2023-24.

MFT to be the best place to work in R&I is not a destination, it's a journey that we continue to look to improve year on year, and each year I am continually impressed by the resilience, flexibility and initiative shown by the amazing colleagues who make up Research and Innovation.

The three key areas of excellence I want to focus on are;

- Recovery
- Community
- Growth

Whilst we are no longer in a pandemic, its lasting impact still remains in both of our recovery from pausing so much research activity, and ensuring teams, systems and processes are in place to address any future scenarios. Coupled with the shifting demands of the NHS, life sciences and the needs of our communities, our recovery has required has meant a constant responsive focus on answering those demands.

The delivery of clinical research in our local communities has continued to develop through a variety of initiatives, including the Greater Manchester Research Van, now out and about bringing research closer to people and receiving rave reviews, and a greater focus on what we can achieve working with our MFT-hosted Manchester and Trafford Local Care Organisations.

Finally, we have continued to grow R&I at MFT and across Greater Manchester and the North West– through both delivery and infrastructure, including our renewed NIHR Manchester BRC and CRF. This has enabled us to expand our R&I areas of expertise and open up research opportunities to millions more people from all ages and backgrounds.

Through our excellent staff survey response, Operational Management Team Q&As, 'Let's Talk' sessions, and EDHR and Staff Engagement groups, we are continuing to address the needs of all our colleagues to ensure we are creating and expanding the most inclusive, diverse, and welcoming culture to bring the very best out of everyone.

Thank you for being such excellent companions on this journey towards making MFT the best place to work in R&I.

MFT Priorities

- Reducing delays for patients who are referred to or attend any one of our sites for treatment, while striving to deliver high quality, effective and safe care;
- Managing our resources effectively and living within our means;
- Ensuring that each one of you has the support you need to do your job to the best of your abilities;
- **Maximising the impact of Research and Innovation so that our patients can benefit from innovative technologies and treatments which deliver better outcomes.**

How we will do this:

- Delivering our plans which drive improvements for patients;
 - Working to address the long-standing inequalities faced by so many of our communities;
 - Being inclusive, listening and acting on feedback from you about improvements we can make with you, at work;
 - Embracing diversity and continuing to be guided by the MFT Values, which bring to life our belief that Together Care Matters:
1. Dignity and Care
 2. Everyone Matters
 3. Working Together
 4. Open and Honest

R&I Vision

“MFT to be the best place to work in R&I”

At the cutting edge of Research and Innovation

Research and innovation enhances, enriches, and saves lives

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 insights, innovations, products, and services to our patients, research participants, and communities.

Throughout 2022-2023, the skills, expertise, and experience of our staff, coupled with our world-class facilities and hosted R&I infrastructure across Greater Manchester (GM), have contributed to major global developments in the understanding and treatment of a wide range of clinical diseases, whilst supporting local and national post-pandemic priorities for life sciences, ensuring patients from around the world are benefitting from MFT's world-leading expertise.

Through external investment into our clinical trials, innovation projects, and R&I infrastructure we have been able to stimulate major economic growth and prosperity for our region, and play a significant role nationally and internationally in shaping the strategic future of R&I.

R&I is conducted across MFT hospitals and local care organisations, covering general care and hospital specialisms, including; emergency care, respiratory disease, cancer, cardiology care, musculoskeletal disorders, genomics, women's health and pregnancy, children's health, eye, and dental health.

This work is supported by more than 600 staff, including our integrated Research Office, Clinical and Non-Clinical Research Delivery Teams, and Innovation Team, along with our colleagues from MFT-hosted organisations – one of the largest National Institute for Health and Care Research (NIHR) portfolios in the country – comprised of:

- NIHR Manchester Biomedical Research Centre (Manchester BRC)
- NIHR Manchester Clinical Research Facility (Manchester CRF)
- NIHR Clinical Research Network Greater Manchester (CRN GM)
- NIHR Applied Research Collaboration Greater Manchester (ARC-GM)

We also host Health Innovation Manchester (HInM), Greater Manchester's academic health science and innovation system, which includes the Manchester Academic Health Science Centre (MAHSC). ARC-GM is hosted within HInM.

Please see the Hosted Infrastructure section on page **30**.

Working with our hosted infrastructure and partners across Greater Manchester, including The University of Manchester (UoM) and the Greater Manchester Integrated Care Partnership, we are proud to be part of, and continue to strengthen and grow, the 'One Manchester' vision.

Our Highlights

1 April 2022

- Manchester researchers develop world-first bedside genetic test to prevent babies going deaf. [More info >](#)
- MFT Professor features in Julia Bradbury breast cancer documentary. [More info >](#)

May 2022

- Manchester Royal Infirmary (MRI) research reveals 'life-changing' impact of 'Flash' blood glucose monitoring for type 1 diabetes. [More info >](#)
- R&I celebrates International Day of the Midwife and International Nurses Day. [More info >](#)

June 2022

- MFT recruits first UK participant to study investigating treatment of leading cause of irreversible blindness. [More info >](#)
- MFT professor recognised as 'Outstanding Supervisor'. [More info >](#)
- Saint Mary's Hospital staff recruit first participant to national fertility trial. [More info >](#)

July 2022

- Seven outstanding MFT clinicians and researchers named MAHSC Honorary Clinical Chairs 2022. [More info >](#)
- Children's intensive care research team at MFT receives prestigious national award. [More info >](#)
- 'World-first' graphene-based test could rapidly detect patients' need for antibiotic treatment. [More info >](#)
- The next generation of health data scientists are taking their first steps into this rapidly expanding field, with internships at MFT. [More info >](#)

August 2022

- MFT developed remote heart alert system saves heart failure patients from hospitalisation. [More info >](#)

September 2022

- MFT, UoM, and Siemens Healthineers sign a Memorandum of Understanding to spearhead earlier detection and diagnosis of cancer and other health conditions across Greater Manchester. [More info >](#)

October 2022

- MFT-hosted NIHR Manchester BRC is awarded £60+ million - the largest ever research award given to the city-region by the NIHR - to tackle health inequalities and drive health improvements. [More info >](#)

November 2022

- MFT celebrates ambitious strategic partnership with The University of Manchester and QIAGEN to strengthen research and innovation across GM. [More info >](#)

December 2022

- MFT-sponsored pioneering DREAM Study to overcome cow's milk allergy (CMA) in babies and children launches across the UK. [More info >](#)

Jan 2023

- North Manchester General Hospital enrolls their first participant in the RIO study, researching long-acting immune-based treatment for HIV. [More info](#)
- UKCRF Network awarded £2.4 million in public funding to support the delivery of early phase research studies. [More info >](#)
- Greater Manchester's state-of-the-art mobile research clinic rolls into Old Trafford. [More info >](#)
- MFT leads parents across Greater Manchester to support new research tackling RSV infections in infants. [More info >](#)
- Wythenshawe Hospital's Acute Intensive Care Unit (AICU) team wins the 2023 Association of Anaesthetists Innovation Prize for a unique PPE COVID-19 solution to keep healthcare workers safe, whilst improving the patient experience. [More info >](#)

Feb 2023

- Early results of gene therapy trial at RMCH for 'childhood dementia' show promise. [More Info >](#)
- Genetic test developed by MFT researchers to prevent newborn babies going deaf recommended by NICE. [More Info>](#)
- First baby receives life-saving gene therapy (Libmeldy) on the NHS at Royal Manchester Children's Hospital. [More info >](#)

March 2023

- World's first participant in a new COVID-19 trial - Supernova – at Manchester CRF at MRI. [More info >](#)
- Greater Manchester researchers have shown for the first time that malfunctioning behaviour of a type of immune cell is linked to specific symptoms of long-COVID. [More info >](#)
- Greater Manchester secures multi-million investment to improve the diagnosis and treatment of disease to save more lives. [More info >](#)

- Joint Manchester BRC/Manchester CRF launch event marks multi-million-pound investment into research across Greater Manchester, Lancashire and South Cumbria to help improve lives. [More info >](#)

31 March 2023

Clinical Research Delivery

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 (NIHR) targets through a research performance dashboard.

We aim to give as many people as possible the opportunity to influence, design, and take part in clinical studies and evaluations. MFT research participants are regularly the first-in-the-UK, and often the first-in-the-world, to trial new treatments and procedures.

MFT clinical research study portfolio 2022/2023

- 18,895 participants recruited to research studies
- 1,377 clinical studies were active during the whole or some of this period, with 279 new studies started in 2022/2023
- 156 external researchers were enabled to conduct research across MFT via research passports.

MFT local and national rankings 2022/2023

- First for overall recruitment in Greater Manchester
- First for overall recruitment to commercial studies in Greater Manchester
- Fourth highest recruiter nationally
- First for recruitment to commercial studies nationally

National excellence: NIHR Performance in Initiating and Delivering Clinical Research (PID)

The NIHR collects data on initiating and delivering research from providers of NHS services in England that undertake clinical research, including trusts that undertake NIHR-funded research and those that deliver studies on the NIHR Clinical Research Network (CRN) Portfolio.

Every quarter, we submitted data to the NIHR as part of its Performance in Initiating and Delivering Clinical Research (PID) exercise. PID aided understanding of how quickly providers of NHS services were recruiting patients to clinical trials, and how they performed against their contractual requirements.

The final PID national league tables (up to and including Q2 2022/23) show MFT performed in the top four of League 1 for both initiation and delivery and had done so across the final 12 months of reporting – the only trust to appear in the top four of both.

This is a fantastic achievement, as by ensuring our studies are set up swiftly – with the appropriate governance in place – our research participants are able to consent as soon as

possible. It is also testament to the actions of truly hundreds of colleagues working on hundreds of projects.

The replacement for PID has yet to be announced by the NIHR.

Delivering cutting-edge research across our hospitals and services

North Manchester General Hospital (NMGH)

NMGH recruited the first European patient to chronic wound treatment Exuflex study. Nigel Rook, who had been living with an ulcer on the same area of his foot since 2011, was the first patient to take part in the 12-week study that followed the healing progress of exuding (oozing) chronic wounds by using two consecutive dressing types.

At least 80,000 people in the UK have an open, complex wound and the NHS spends approximately £3bn annually on wound care.

These dressings are designed to be gentle to apply and remove, as reduction in trauma to the healing skin should result in better wound healing. With less trauma to the wounds, it is easier for patients to self-manage at home. Supported self-management has the potential to relieve pressure on health and social care services and allows patients to be involved in their care as much as possible.

Manchester Royal Eye Hospital

The first UK participant was recruited to the TRIDENT study to investigate the best treatment for glaucoma that could potentially help millions of people living with a condition that can lead to irreversible blindness.

Glaucoma is a common and progressive eye condition, usually caused by a build-up of fluid in the eye. If untreated or insufficiently treated, elevated intraocular pressure (IOP) can lead to permanent vision loss. It is estimated that 76 million people worldwide currently have glaucoma, and that this will increase to 112 million by 2040.

TRIDENT provides an exciting opportunity to seek additional evidence on safe and effective options and researchers hope that the information gained through this trial will reveal if one treatment has any advantage over another, to help inform future clinical care.

Manchester Royal Infirmary (MRI)

Researchers at MRI have developed a new heart failure remote monitoring pathway, called 'TriageHF Plus', for implanted heart devices that has proven to dramatically reduce the number of hospitalisations and improve patient care with minimal staffing time.

Heart failure is a debilitating condition that impacts the lives of nearly one million people in the UK. For the majority of patients with heart failure there is no cure, and so treatments focus on stabilising the condition and managing symptoms. Many patients with severe heart failure are fitted with a heart monitoring device that detects and treats dangerous, irregular heart rhythms.

The pathway acts like a like a risk detection tool and takes advantage of the health data routinely collected by pacemakers and implantable cardioverter defibrillators (ICDs). The information – including heart rate, heart rhythm, physical activity, and fluid build-up in the lungs – is automatically streamed to the hospital from the patient’s home.

Royal Manchester Children’s Hospital (RMCH)

The ground-breaking HARMONIE study investigated how strongly babies can be protected from serious illness due to RSV (Respiratory Syncytial Virus) infection by giving them a single dose of nirsevimab, a monoclonal antibody immunisation.

RSV is one of the leading causes of hospitalisation in all infants worldwide and affects 90 per cent of children before the age of two.

The study was led by researchers at RMCH and delivered across Greater Manchester (GM) for newborns and babies up to 12 months old as part of an international study of 20,000 participants. Through a joined-up approach across GM, parents across the region were provided with a variety of opportunities to take part in this important research.

Saint Mary’s Managed Clinical Service

A world-first genetic test, developed by researchers in Manchester, that could save the hearing of hundreds of babies each year was successfully piloted through the Pharmacogenetics to Avoid Loss of Hearing (PALOH) study.

Taking just 26 minutes, the bedside machine identifies whether a critically ill baby admitted to intensive care has a gene that could result in permanent hearing loss if they are treated with a common emergency antibiotic. The new swab test technique can replace a test that traditionally took several days and means that babies found to have the genetic variant can be given an alternative antibiotic within the ‘golden hour.’

It is expected the test could save the hearing of 180 babies in England alone and save the NHS £5 million every year, by reducing the need for other interventions, such as cochlear implants.

The test has been conditionally recommended by the National Institute for Health and Care Excellence (NICE) for use within the NHS, and the research team behind the study won the New Statesman Positive Impact in Healthcare Award 2022.

University Dental Hospital of Manchester (UDHM)

A weight questionnaire study was delivered at UDHM to help researchers understand the views of the public about whether dental teams should be involved in helping people manage their weight.

The questionnaire sought public opinion on the acceptability of dental teams measuring patients’ height, weight and checking people’s body mass index. Other questions asked participants to share some socio-demographic information, such as their age, sex and frequency of dental visits, as well as questions asking for participants to indicate which weight

interventions offered in a dental setting would be acceptable to them and whether they would support wider medical screening for cholesterol and diabetes.

More than 300 questionnaires have been completed with an overall target of 2,000.

Wythenshawe, Trafford, Withington, and Altrincham Hospitals (WTWA)

The Manchester Chronic Cough Service, based at Wythenshawe Hospital, had a double success with two awards at the 2022 Nursing Times Awards for their innovative approach to supporting and treating patients with urinary incontinence and chronic cough.

Established 20 years ago, the tertiary service based within the North West Lung Centre at the hospital is one of the largest specialist services in the country with patients referred regionally and nationally

The multidisciplinary team of four consultants, two research fellows, three speech and language therapists and a dedicated clinical nurse specialist, were recognised with two awards, winning in the 'Continence Promotion and Care' and 'Respiratory Nursing' categories at the prestigious awards ceremony.

Chronic cough affects more women than men and patients affected with urinary incontinence are now referred to the clinical nurse specialist for advice and support, as well as signposting patients to local incontinence services for further management and assessment.

Manchester and Trafford Local Care Organisations (MLCO & TLCO)

The multi-centred VenUS-6 trial is comparing evidence-based compression, two-layer bandage, or adjustable hook-and-loop fastened compression systems (compression wraps), to assess any difference in how quickly venous leg ulcers heal.

The study is sponsored by MFT and operating across 36 sites. It has recruited 484 of its 675 target participants, including the target of 66 at MFT.

Bringing research closer to our communities

The arrival of the Greater Manchester Research Van in December 2021 has been pivotal to the delivery of research studies across Greater Manchester, including, the pioneering ID LIVER project which aims to save lives by developing a new clinical system that will enable earlier, more accurate and potentially life-saving diagnoses.

The purpose-built, one-stop mobile facility reached Old Trafford in December 2022 and research participants were asked to complete a brief survey about their experience of taking part in research on the GM Research Van. 100 per cent of respondents said they would prefer to take part in research using the van, rather than attending a hospital appointment, with all saying taking part in research was made more accessible and easier through the GM Research Van.

“There’s no waiting, it’s straight in. The fact that it’s coming out where people live is a great thing.”

Anthony Casey – ID Liver research participant

A Hive of research and innovation

Research activity was an integral part of the launch of Hive in September 2022. All clinical trials and studies requiring patient consent were registered on the electronic patient record (EPR), along with any participants still active in them. This meant from day one, all patients taking part in research trials were “flagged” increasing research visibility and patient safety.

Work is continuing to ensure R&I can use all the Hive research tools for maximum patient benefit. This will mature over the next few years into a valuable resource to undertake patient research by our clinicians for our patients.

Manchester Clinical Academic Centre for nurses, midwives, and allied health professionals (MCAC)

Since its launch in April 2022, the Manchester Clinical Academic Centre for nurses, midwives, and allied health professionals (MCAC) continues to develop a supportive and collaborative environment that enables its members to pursue their academic aspirations. MCAC membership stands at 189 across four networks:

- Membership
- Pre-doctoral Network
- Doctoral College
- Post-doctoral Network

There are a variety of health and care professionals being attracted to the MCAC with an increase in nursing membership and a broadening of staff groups attending.

New for 2023, the pre-doctoral network (early career researchers) has been established following feedback at the MCAC membership forum meetings. This development has been led by Dr Justine Theaker who is a member of the MCAC Post-doctoral network. The MCAC pre-doctoral network have a chair and two co-chairs, meet every other month and have an active online network with 27 members.

Five staff have been successfully supported to apply for pre-doctoral fellowships:

- One NIHR Pre-doctoral Clinical and Practitioner Academic Fellowship (PCAF)
- Four NIHR ARC_GM in partnership with MFT Charities Awards



If you would like to know more about the MCAC please email mcac@manchester.ac.uk

Innovation

A world-class health innovation hub

“Research and Innovation improves the care we deliver to our patients. Ensuring that we have the new technology that’s fit-for purpose can only happen through a culture of partnering with industry.”

Professor Rick Body, Group Director of Research and Innovation at MFT

Greater Manchester’s reputation as a world-class health innovation and life sciences hub was further solidified through a strategic partnership between MFT, UoM, and the global life sciences and diagnostics company QIAGEN.

The tri-party agreement strengthened the existing close collaboration between the three organisations which includes QIAGEN’s Global Centre of Excellence for Precision Medicine based within Citylabs 2.0, at MFT’s Oxford Road Campus.

“This framework will allow our three organisations to further streamline and accelerate our joint projects, for the ultimate benefit of our patients and the public we serve.”

Kathy Cowell OBE DL, Group Chairman of MFT



Dr Iain McLean, Managing Director for Research and Innovation at MFT, Richard Leese; Chair NHS GM Integrated Care Board, Kai te Kaat; Vice President, QIAGEN, Andy Burnham; Mayor of Greater Manchester, Kathy Cowell OBE DL; Group Chairman of MFT, Professor Rick Body; Group Director of Research and Innovation at MFT, Professor Neil Hanley; Vice-Dean covering Research and Innovation in the Faculty of Biology, Medicine and Health at The University of Manchester, Dr Katherine Boylan, Head of Innovation at MFT.

The partnership was formally opened by the Mayor of Greater Manchester, Andy Burnham at a celebration event held at Citylabs 2.0.

“Greater Manchester has a history of backing itself to go where we want to go. By welcoming QIAGEN into our city – as part of Europe’s largest academic clinical campus – and with everyone pulling in the same direction, this partnership has the ability to change lives and make us a major global player.”

Andy Burnham, Mayor of Greater Manchester

MFT will also be instrumental in developing and accelerating Greater Manchester’s capacity to detect and diagnose cancers – and other health conditions which disproportionately affect the city region’s population – following the formation of a new strategic partnership with UoM and Siemens Healthineers.



Professor Neil Hanley; Vice-Dean covering Research and Innovation in the Faculty of Biology, Medicine and Health at The University of Manchester, Dr Katherine Boylan, Head of Innovation at MFT, and Dr Alexandra Olaru, Research Collaborations Lead at Siemens Healthineers.

“This agreement will provide a formal framework for joint working, bringing the power of industry, academia and the NHS together to deliver benefit for the populations we serve, enabling us to collaboratively deliver outputs at pace.

“It is widely recognised that there are deep-rooted health inequalities and high levels of long-term conditions across Greater Manchester, and our three organisations are

committed to working to address these persisting issues.”

Dr Katherine Boylan, Director of Innovation at MFT

MFT also partnered with UoM and Health Innovation Manchester to bring a multi-million-pound health innovation accelerator to Greater Manchester. Part of the £100m government investment is to accelerate the growth of three high-potential innovation clusters across the UK, which will ensure Greater Manchester becomes a major, globally competitive, centre for research and innovation.

The health innovation accelerator will focus on tackling some of the most challenging disease areas through early diagnosis, using novel approaches and holistic treatment aligned to people’s specific needs.

“Delivering earlier and more accurate detection, diagnosis, and prognosis, through collaboration, is key to tackling the health inequalities across Greater Manchester.”

Professor Jane Eddleston, Joint Group Medical Director for MFT

Clinical Data Science Unit

The Clinical Data Science Unit (CDSU) supports researchers and innovators from a wide variety of sectors (clinical, academic, pharma and medtech, small-to-medium enterprises) to develop, test and deliver hypotheses and improvements in clinical and social care. The unit also supports operational data science and feeds into work to convert data into actionable research or actionable findings.

CDSU has seen increased activity and improvement in cost-recovery over 2022-23 with near full cost-recovery with projects at various stages along the pathway from proposed to completed, and an income increase of 40 per cent compared to 2021-22.

There was also an increase in collaborations and project applications to the unit, a cost-recovery and quality framework being developed, along with progress in marketing and capability.

There is no R&I without EDI

Equality, Diversity, and Inclusion (EDI) are essential to ensuring that R&I provides the answers for all our patients and communities.

For MFT to be the best place to work in R&I it is essential 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 committed to delivering services and supporting a workforce which exemplifies best practice regarding Equality, Diversity, Human Rights (EDHR) and Inclusion, and to recognising and challenging all forms of prejudice, including being an organisation which opposes racism.

The R&I EDHR Group links in with MFT EDI initiatives and provides monthly updates to R&I and research active staff, along with holding regular workshops and events.

In the summer of 2022, we welcomed the next generation of health data scientists through the Health Data Science Black Internship Programme, funded through the Innovation Team and NIHR Manchester BRC, helping to kick-start the careers of recently graduated Black people, or those in their undergraduate years, by providing opportunities to work on health data science projects.

The Innovation Team, supported by NIHR Manchester BRC, supported three interns in taking their first steps into this rapidly expanding and exciting field.

R&I for the future

Our Ten Principles of R&I include a focus on sustainability for both our staff and our resources.

This year we established the R&I Sustainability Team to drive our sustainability agenda at a local level, linking in with the wider MFT sustainability initiatives. This has included plans to make R&I carbon literate and using the Green Impact Challenge to help shape our goals and projects.

Projects are under way to establish environmentally sustainable changes to the way we work in the hope they will be translatable across the whole of R&I and potentially trust-wide. This includes [Greener Operations Priority Setting Partnership at Wythenshawe Hospital](#). Peri-operative practice covers care before, during and after an operation, which are among the most resource-intensive healthcare interventions. The NHS has committed to achieving Net Zero emissions by 2040, with an interim 80 per cent reduction in emissions by 2032. Healthcare professionals at Wythenshawe Hospital have joined with the James Lind Alliance (JLA) to set up a Priority Setting Partnership (PSP) focusing on sustainable peri-operative practice.

Patient and Public Involvement and Engagement (PPIE) – delivered by 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.

A five-year strategy for inclusive PPIE

Over the last five years, Vocal has supported a move to more inclusive research across MFT and beyond, through inclusive PPIE. During 2022-23 Vocal developed and co-created its new five-year strategy (published June 2023) in partnership with their Black, Asian, Minority Ethnic Research Advisory Group (BRAG), and through a series of workshop-based discussions, with 60 public and community partners, 11 young people as part of Vocal's Voice Up research advisory group of young people, and 35 researchers and research staff from partner organisations, the strategy maps onto the Vocal values:

- Everyone Matters
- Working Together
- Driving Excellence
- Innovating

Encouraging conversations and engagement with research

In 2022-2023, Vocal ran two large public engagement initiatives. **Cancer & Us: Community Conversations** based in Greater Manchester and an international project **One for All**.

Cancer & Us brought people from Greater Manchester and cancer researchers to talk about cancer, prevention and research. Eight researchers, 111 members of the public, and two community organisations took part.

In collaboration with [Healthy Me Healthy Communities](#), the five-week **Cook & Chat** initiative brought together people from Gorton and researchers to learn new recipes and have informal conversations about cancer, prevention and research.

Cancer & Us with the LGBT Foundation listened to members of the LGTBQIA+ community and their experiences of health inequalities. Together, we held creative workshops and created a zine to share experiences, questions and understand more how to have a say about the health research issues that matter to the LGTBQIA+ community. The zine has been shared at face-to-face events and at GP practices through the LGBT Foundation's Pride in Practice programme.

In **Cancer & Us: Behind the scenes of research** patients and people from local communities met laboratory researchers to find out more about how they work and how this improves the lives of cancer patients.

Everyone who took part in Cancer & Us agreed or strongly agreed that they would like to be more involved in shaping health research with 99 per cent agreeing or strongly agreeing they felt more confident having conversations about cancer and research with others.

[Cancer & Us](#) reached over 94k accounts through social media with the videos being viewed 4854 times.

Internationally, Vocal teamed up with the Malawi Liverpool Clinical Research Programme in and a collective of artists in South Africa, to produce the **One for All** project. “One for All, All for One” is a free comic and a film, helping people to have new conversations about vaccines, community protection, trust and working together in research.

Drawn by young South African street artist Mo, the comic is based on sound scientific and social science research and the views and experiences of groups including young people and students, young parents, community and faiths leaders, and artists and researchers in the global South and North, who were all involved in creating it. The comic was published in both English and Chichewa, and the resources have supported immunisation campaigns in Malawi.

Influencing local and national PPIE policy

Vocal was commissioned by the Medical Research Council (MRC) (UK Research & Innovation) to explore how working closely with patients and involving the public can bring real benefits to all types of research, even non-clinical and lab-based research. [Our Public involvement landscape review – UKRI](#) was published (Feb 2023) following consultation with a wide range of people including staff, members of the public, practitioners and people from other organisations. Following on from the review, Vocal will help co-develop the MRC’s strategy for PPIE.

Alongside ARC-GM and GM NIHR research infrastructure, and in partnership with the Voluntary and Community and Social Enterprise Leadership Group and the Caribbean and African Health Network, Vocal was successful in securing funding from NHS England for the second phase of the Integrated Care System Research Engagement Network.

This phase will:

- Grow sustainable research engagement networks to facilitate opportunities for diverse communities to get involved and participate in research
- Develop and implement knowledge exchange as a foundation for shared learning between ICS, researchers, and voluntary sector
- Increase opportunities for diverse communities to take part in research via exemplar projects aligning with ICS priorities
- Develop a prototype for system wide monitoring of diverse and inclusive participation in research.

Communications

MFT has a distinct R&I Communications Team that inspires participation, collaboration, and investment in MFT's cutting-edge research and innovation, by celebrating and showcasing our national and international reputation for enhancing, enriching, and saving lives through improving treatment, care, and outcomes for our patients and communities.

The team provides the communications function for all R&I activity in MFT and for NIHR Manchester BRC and NIHR Manchester CRF.

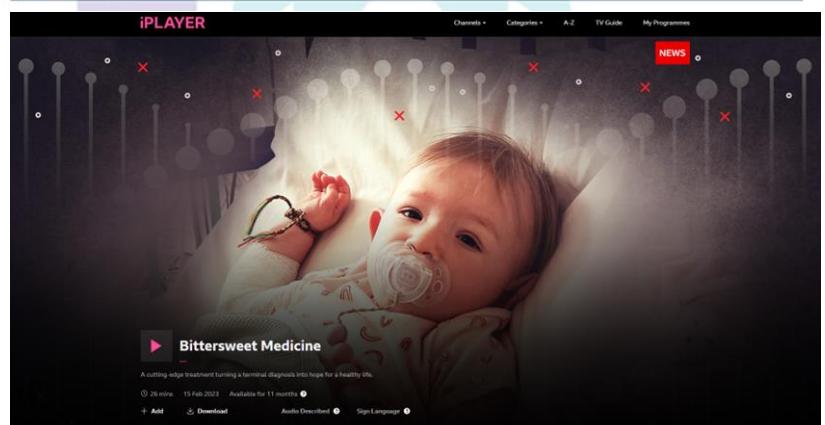
R&I activity included internal communications for all R&I staff and research-active colleagues in MFT, digital communications across social media and websites, internal and external campaigns including International Day of the Midwife, International Nurses Day, International Clinical Trials Day, and NIHR's "Be Part of Research" alongside localised recruitment campaigns, and several national media stories and campaigns, humanising R&I through storytelling.

Most notable was the coverage for the NHS's first patient to receive life-saving gene therapy treatment, Libmeldy. The story was published on February 15, 2023 and dominated the morning headlines, featuring in all national newspapers including front page coverage of some such as The Times.

It was also the lead item across breakfast radio and tv coverage with BBC Breakfast inviting Professor Rob Wynn for an extended live interview to discuss the treatment. Further live and pre-recorded interviews and features were broadcast throughout the day including on ITN National News, Channel 5 News, and Sky News, with the Associated Press picking up the story for international audiences.



Also released that morning was [Bittersweet Medicine](#) - the 30 minute documentary for BBC iPlayer (available to watch until February 2024) that we worked on with NHS England and the BBC, fronted by their medical editor Fergus Walsh. You can read more about Libmeldy in our case study on page 27.



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 across our X(Twitter) accounts, they are a strong and trusted platform through which to communicate our good news.

- @MFT_Research
- @Manchester BRC
- @ManchesterCRF

We also launched LinkedIn profiles for all three areas which have rapidly grown in followers and engagement.

- www.linkedin.com/company/mft-research-and-innovation
- www.linkedin.com/company/nihr-manchester-brc
- www.linkedin.com/company/nihr-manchester-clinical-research-facility-crf

Internal newsletters

- 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

Charity

Investment from the Charity has enabled R&I to establish new research projects, structures and careers to benefit our staff, patients, and communities.

We are now in our second year of a new approach to dedicated fundraising projects.

In September 2022, R&I staff took to the sky as part of our fundraising efforts as Dr Iain McLean, Managing Director for Research and Innovation, Dr Claire Cole, Director of Research Delivery and Cathy Spence, Clinical Trials Manager, leapt from 12,000ft as part of a skydive.



“I’ve wanted to do a jump for decades. I finally got motivated and organised to actually do it when we established the distinct R&I branding within the MFT Charity, so we could fundraise for our exciting new initiatives.

“Jumping out of a plane at almost 12,000 feet and reaching a speed of 139 mph is an amazing experience. I would certainly encourage others to do it, and it would be great to make it an annual R&I event!”

Dr Iain McLean

“I wanted to do the charity sky dive to raise funds to support the innovative research that takes place within R&I at MFT. I would definitely encourage people to do it as it’s an amazing experience personally, but if you can also raise money for a great cause at the same time then you also get to do something amazing for others.”

Dr Claire Cole

“I wanted to help raise some money for R&I so we can continue to grow, deliver more vital research and ultimately make a difference to patients’ lives. I also wanted a challenge to really push me out of my comfort zone.”

Cathy Spence

Developing future researchers

For the first time R&I was able to offer six pump-priming research fellowships in a single cohort, thanks to a significant donation from the Houghton Dunn Foundation, which has been a great support of the Trust through its Charity and particularly for our work in Rare Conditions.

These six-month awards give talented colleagues at the start of their research career the time and support needed to develop high quality applications for full fellowships to compete for prestigious external funding.

Three of the awards were open for all specialties and three were ring-fenced for the following areas:

- Research into conditions affecting Children and Young People
- Research into Rare Conditions
- Research conducted by Nursing, Midwifery and Allied Health Professionals (NMAHPs)

This was double the number we were able to award in a single year before and thanks to the stewardship of the Charity, working with R&I, this generous donation will promote the development of highly motivated future leaders of clinical research and innovation in Manchester.

Case Study: First Baby Receives Life-Saving Gene Therapy on NHS at Royal Manchester Children's Hospital

A 19-month-old baby girl called Teddi became the first child in the UK to receive a life-saving gene therapy treatment for the fatal disorder, metachromatic leukodystrophy (MLD).



Teddi with mum, Ally at her bedside whilst being treated and cared for at Royal Manchester Children's Hospital.

The revolutionary gene therapy, known by its brand name Libmeldy®, has a list price of £2.8 million and was the most expensive drug in the world when NHS England negotiated a significant confidential discount in 2021 to make the treatment available to NHS patients – it remains the most expensive drug licensed in Europe.

Libmeldy is now available on the NHS as a specialist service, delivered by RMCH in collaboration with the Manchester Centre for Genomic Medicine at Saint Mary's Hospital, both part of MFT. Manchester is one of just five European sites administering the treatment, and the only site in the UK.

The genetic disease causes severe damage to the affected child's nervous system and organs, resulting in a life expectancy of between just five and eight years. 19-month-old Teddi and big sister Nala, three, were both diagnosed with MLD in April 2022 but unfortunately, Nala was not eligible for the treatment as the clinical guidance requires the gene treatment to be administered before the irreversible damage caused by the disease, progresses too far.

The life-saving gene therapy works by removing the child's stem cells and replacing the faulty gene that causes MLD before re-injecting the treated cells into the patient.



Sisters Nala and Teddi who were both diagnosed with MLD in April 2022.

Teddi was the first person in the UK to receive the treatment outside of a clinical trial, which began when she was 12 months old. Now, several months on from the procedure, Teddi has fully recovered from the transplant and is showing no signs of the devastating disease she was born with.

“In April last year, our world was turned upside down when not one, but both of our daughters were diagnosed with MLD. Being told our first daughter, Nala, wasn’t eligible for any treatment, would continue to lose all functions, and die extremely young was the most heart-breaking and hardest thing to come to terms with.

“However, amongst the pain, was hope for our younger daughter, Teddi. We were told that a new gene therapy treatment had, luckily, recently been made available on the NHS.

“We are extremely privileged that Teddi is the first child to receive this on the NHS and grateful that she has the opportunity to lead a long and hopefully normal life. Without this treatment, we would be facing both our children being taken away.

“We would like to say a huge thank you to our specialists, doctors and nurses and all the staff at Royal Manchester Children’s Hospital who have been fantastic in caring not just for Teddi, but us as a family.”

Teddi and Nala’s mother, Ally Shaw

“Being able to offer this first licenced treatment as part of NHS standard of care and, crucially, transform Teddi’s life, has been an exciting experience for all of us involved here in Manchester – staff, researchers, patients and families.

“Through the years, colleagues and I have looked after a range of patients with rare but severe conditions, where treatment has been limited. It is wonderful to be involved in this breakthrough moment and deliver a gene therapy which will transform outcomes for patients with MLD.

“It has been wonderful to care for Teddi and the Shaw family and our entire team wishes them well as she continues her recovery at home.”

Professor Rob Wynn, Consultant Paediatric Haematologist at RMCH and Director of the Hospital’s Paediatric Bone Marrow Transplant Programme.



Professor Rob Wynn, Consultant Paediatric Haematologist at RMCH live on the BBC Breakfast sofa to discuss the Libmeldy treatment (second from left) alongside Fergus Walsh, BBC's Medical Editor (far left).

This story really demonstrates how early phase research is turned into a treatment reality for our patients at MFT, which will save the lives of many children in years to come and provide hope for many families. The story received major national and international media attention across broadcast, print and online media, with a number of interviews with Professor Wynn. [You can read more about the treatment on the MFT website.](#)

Professor Rob Wynn and Professor Simon Jones, Consultant in Paediatric Inherited Metabolic Disease at the Manchester Centre for Genomic Medicine and Clinical Director of NIHR Manchester CRF at RMCH both feature in a 30-minute documentary, produced by the BBC following the family's story. ['Bittersweet Medicine' on BBC iPlayer](#) is available to watch until February 2024.



Professor Simon Jones, Consultant in Paediatric Inherited Metabolic Disease at the Manchester Centre for Genomic Medicine at Saint Mary's Hospital with Teddi at RMCH.

Hosted Infrastructure

The National Institute for Health and Care Research (NIHR) is funded by the Department of Health and Social Care and focuses on early translational research, clinical research and applied health and social care research. Since that time, it has transformed research in and for the NHS, and helped to shape the health and social care research landscape more broadly.

Working in partnership with the NHS, universities, local government, other research funders, patients and the public, it funds, enables and delivers world-leading health and social care research that improves people's health and wellbeing and promotes economic growth.

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.

Growing our NIHR infrastructure

Led by MFT researchers, both NIHR Manchester BRC and Manchester CRF completed their 2017-2022 funding rounds. Following a successful application process, both were awarded increased funding for the next five years (2022-2027) to drive forward experimental medicine and transform scientific breakthroughs into diagnostic tests and life-saving treatments.

Manchester CRF was awarded £15.5 million from the NIHR for 2022-2027 (a 24 per cent uplift) to further grow its experimental medicine provision across Greater Manchester within MFT and with partners at The Christie NHS Foundation Trust and Northern Care Alliance NHS Foundation Trust (NCA). Manchester CRF's world-class facilities and staff are now operating at six sites across Greater Manchester:

- The Christie Hospital
- Manchester Royal Infirmary (MFT)
- North Manchester General Hospital (MFT)
- Salford Royal Hospital (NCA)
- Royal Manchester Children's Hospital (MFT)
- Wythenshawe Hospital (MFT)

Manchester BRC was awarded more than £60m from the NIHR for 2022-2027 – the largest single research award given by the NIHR to the city region, and more than double the previous award. This will allow Manchester BRC – hosted by MFT and UoM – to increase research capacity by expanding its partnership to include five NHS trusts; Blackpool Teaching Hospitals NHS Foundation Trust, The Christie NHS Foundation Trust, Greater Manchester Mental Health NHS Foundation Trust, Lancashire Teaching Hospitals NHS Foundation Trust, and NCA.



The new funding also allows Manchester BRC to increase its research areas of cancer, dermatology, hearing health, musculoskeletal, and respiratory, into further areas of relevance to our diverse populations including heart disease, mental health, and rare conditions. This will ensure that communities across our region's urban, rural, and coastal settings will now be able to participate in cutting-edge research.

The awards for both began in late 2022, with the formal launch taking place in March 2023 at Manchester's Whitworth Art Gallery. The event was opened by Andy Burnham, Mayor of Greater

Manchester, followed by key speakers from across the GM R&I infrastructure and partnerships.



(L-R): Roger Spencer, Chief Executive at The Christie NHS Foundation Trust, Professor Ian Bruce, Director of NIHR Manchester Biomedical Research Centre, Gill Heaton OBE, Former Deputy Group Chief Executive at MFT, Sir Richard Leese CBE, Chair of NHS Greater Manchester Integrated Care, Professor Dame Nancy Rothwell, President and Vice-Chancellor of The University of Manchester, Professor Dermot Kelleher, Chair of NIHR Manchester BRC International Scientific Advisory Board and Dean of Faculty of Medicine at University of British Columbia, Professor Jane Eddleston, Group Joint Medical Director at MF, Dr Rafik Bedair, Chief Medical Officer at Northern Care Alliance NHS Foundation Trust, Professor Jacky Smith, Director of NIHR Manchester Clinical Research Facility, Kathy Cowell OBE DL, Group Chairman at MFT, Nazir Afzal OBE, Chancellor of The University of Manchester

The UK Clinical Research Facility Network (UKCRF Network), also hosted by MFT, was awarded £2.4 million funding by the NIHR to support research studies over the next five years.

NIHR Applied Research Collaboration Greater Manchester (ARC-GM)

During 2022-23, NIHR ARC-GM celebrated the first three years in operation by sharing their successes, ambitions and achievements in a new impact report.

Since the inception of the NIHR ARC-GM, the team have cultivated strong partnerships with the NHS, councils, patients and the public, the third sector, industry and universities across the region. NIHR ARC-GM have created a platform and network for discussions and relationships between the universities, academics, health and care systems, local authorities and VCSE sectors to enable research to be undertaken that is aligned to the priorities and needs of local areas.

The NIHR ARC-GM team have done this by:

- Generating new knowledge and insights that enable advances in research, improved decision making and new ways of doing research.
- Translating ideas into new products or services and evaluating the impact.
- Influencing policy and other stakeholders by providing the evidence to inform government reviews, the commissioning of services or changes to health and care guidelines.
- Stimulating new research funding or partnerships by working together with partners to leverage more research funding into the region.
- Developing human capacity to do and use research by providing opportunities for health and care staff to develop their academic careers and providing the training needed to use research in practice.

Further details of the work and successes of NIHR ARC-GM ARC are available to view in the full report [‘NIHR ARC-GM Our Story So Far’](#).

Highlights

1. Health and Care Inequalities in the North of England

We produced a portfolio of reports in collaboration with the NIHR ARC North East North Cumbria, NIHR ARC Yorkshire and Humber, NIHR ARC North West Coast and the Northern Health Science Alliance (NHSA). These continue to highlight the health inequalities facing the North of England.

2. Rapid Evidence Synthesis: Supporting Innovation Adoption in the UK Health and Care system

A Researcher from NIHR ARC-GM developed a new framework for an approach to Rapid Evidence Synthesis (RES), now published in Systematic Reviews³, to provide rapid evidence assessments to support adoption decision-making. This RES approach has been integrated within the innovation pipeline of Health Innovation Manchester (endorsed by the AHSN Network) and the MFT Innovation Hub.

3. The Effect of GM Devolution on Health

The devolution deal which granted Greater Manchester increased control over a range of public services, including health and social care, has been linked to a positive impact on life expectancy in a study by NIHR ARC-GM and the University of Manchester researchers.

A Health Foundation funded study, published in [The Lancet Public Health⁶](#), estimated the impact of devolution on the population stratified by sex, local authority, income deprivation, and life expectancy compared to the rest of England, excluding London.

4. NHS England Research Engagement Network Development (REND) Programme

In collaboration with other GM NIHR Infrastructure, NIHR ARC-GM led a successful bid with NHS GM to NHS England Research Engagement Network Development (REND) fund. This built on the strong foundations created through the GM Public and Community Involvement and Engagement (PCIE) forum and aimed to overcome some of the barriers to creating sustainable networks for engagement with diverse communities.

The partnership focussed on:

- **Co-producing improved approaches for creative engagement and communication** in partnership with VCSE organisations to build trust with communities currently more excluded from taking part in research.
- **Developing an improved network wide system for monitoring and evaluating diverse and inclusive involvement and participation** in research within specific areas and communities where inequalities are most evident.

Impacts for 22-23

- 93 active research projects
- £6.7m of leveraged research income
- £2m of funding from NIHR
- £840k of funding from the GM health and care system
- 93 active research projects
- 48 publications
- 38 studentships (including PhDs, pre-doctoral fellowships and research internships)

NIHR Manchester Biomedical Research Centre (BRC)

The NIHR Manchester BRC bridges the gap between new discoveries and personalised care. Our vision is to improve health outcomes *for all*, through creative, inclusive and proactive research.

BRC 2017-2022 formally closed on November 30 December 2022 and BRC 2022-17 launched on December 1 2022.

April 2022 – November 2022 achievements

- Cancer Prevention and Early Detection theme demonstrated the benefit of targeted 'lung health checks' by providing the service across local communities. This evidence formed a significant part of the UK's [National Screening Committee](#) review in recommending lung cancer screening for high-risk people across the UK.
- Respiratory theme developed a Chronic Obstructive Pulmonary Disease (COPD) exacerbations [outcome set](#) as part of a European Respiratory Society task-force, to improve the consistency, quality and comparability of future COPD trials.
- Musculoskeletal theme in collaboration with the British Society for Rheumatology published the first [international Inflammatory Myopathy-associated cancer screening guidelines](#). This guidance aims to address a lack of awareness of the condition.
- PhD students/early career researchers impacted by the COVID-19 pandemic successfully completed their projects.

Health Inequalities:

- Developed an Inclusive Research Oversight Board to address inclusivity and health equity across our research.
- Vocal continued driving excellence across PPIE, involving more people in research planning, enabling more people to discuss their lived experience, and increasing the presence of public partners, including Davine Forde (BRAG member) appointed to our Governance Board
- Completed delivery of our 2017-22 Capacity Building strategy. This investment in developing and nurturing talent continued into the 2022-27 strategy, retaining the majority of our 'rising stars' and supporting our pipeline of future leaders.

December 2022 – March 2023 highlights

- Pump-prime projects have been initiated at Blackpool Teaching Hospitals NHS Foundation Trust and Lancashire Teaching Hospitals NHS Foundation Trust, with a research nurse recruited at Blackpool to support research delivery.
- Hearing Health theme contributed to the development of the first ever national [research action plan](#) to grow and sustain hearing and tinnitus research in the UK. We also

supported [new research](#) which showed that better understanding of autistic people's listening difficulties could improve their wellbeing.

- Manchester BRC and its partner organisations revealed that malfunctioning behaviour of a type of immune cell is linked to [specific symptoms](#) of long COVID.
- The first ever Alopecia UK [PhD bursary, more than £100,000](#) was awarded to the Dermatology theme, to be used for research into the causes and cures for alopecia areata.

Performance metrics / infographics:

We are driving forward pioneering research in the areas of **cancer** (prevention and early detection, advanced radiotherapy, precision medicine, living with and beyond cancer), **inflammation** (rheumatic and musculoskeletal disease, respiratory medicine, dermatology, integrative cardiovascular medicine), **high-burden under-researched conditions** (hearing health, mental health, rare conditions) and **disease complexity and multimorbidity** (next generation phenotyping and diagnostics, next generation therapeutics) bringing new tests, treatments and devices one step closer to our patient population.



Highlights from our first four months activity data submitted to the NIHR (Dec 2022 – March 2023) include:

- **100** BRC-linked research publications
- **3,937** participants recruited to projects
- **224** research projects supported by the BRC
- 53 Clinical Trials
- 4 Analysis based projects
- 15 Device projects
- 30 Tissue sample projects
- 63 Basic science projects
- 59 Methodology and other research projects
- We have formed **27** Strategic Industry Partnerships
- We have worked with **44** Small and Medium Enterprises (SMEs)

‘One Manchester’ collaboration across Manchester BRC and Manchester CRF

Manchester BRC and CRF encapsulates collaboration perfectly – bringing together world-leading clinical and academic expertise, alongside a Team Research approach, to drive forward innovative, life-changing research to address the healthcare challenges our communities face.

Collaboration with colleagues across our wider infrastructure, who are all driven by the ambition to build a healthier population, by maximising opportunities and advances in driving forward health and care improvements and lasting change for all through creative, inclusive and proactive translational and experimental research.

Our close working relationship not only encompasses shared posts in key areas across industry and partnerships, data management, and communications to facilitate effective strategic alignment to maximise opportunities in experimental medicine, but is further strengthened through several joint strategies developed during 2022-2023:

- **[Equality, Diversity and Inclusion \(EDI\) strategy](#)**
 - Our commitment to building more inclusive and effective research and to ensure our people are truly representative of the vibrant communities we serve.
- **[Patient and Public Involvement, Engagement and Participation \(PPIEP\) strategy](#)**
 - Working with our partners Vocal, we made it easier for citizens to become involved in research, demonstrating our commitment to embracing new voices, including co-creation of the joint PPIEP strategy with (BRAG), and through a series of online and face to face workshops and extensive stakeholder engagement, involving 60 public and community partners and 35 researchers and research staff from BRC and CRF partner organisations
 - More than 1,000 public partners currently work with Vocal in partnership with Manchester BRC and CRF – with 293 new public contributors since April 2022.

NIHR Manchester Clinical Research Facility (CRF)

The NIHR Manchester CRF new [funding award](#) has allowed us to expand from four to six sites to include North Manchester General Hospital (NMGH) and Salford Royal Hospital. This has boosted delivery of experimental medicine across treatment types and conditions.

Providing new research facilities in these communities will improve and increase access to experimental medicine for a further **one million** people of all ages and backgrounds to take part in and benefit from cutting-edge research, right in the heart of hospital campuses.

We have shown strong progress including our significant contribution to the UK's COVID-19 research particularly [the Gritstone phase 1 vaccine study](#), [SIREN study](#) and [AGILE early phase platform](#). We have also managed significant recruitment to the Motor Neurone Disease Smart trial.

Achievements included recruiting the [first patient in Europe](#) to a myotonic dystrophy study, a currently incurable genetic disorder causing progressive muscle weakness and wasting. The ACHIEVE trial, a phase 1/2 study, will investigate the DYNE-101 drug to determine if it can improve muscle strength, function, and quality of life.

We delivered the AstraZeneca-sponsored [Supernova trial](#), which is investigating a drug that combines two long-acting monoclonal antibodies, that specifically target the COVID-19 virus.

We successfully recruited to the phase 1 part of a complex two-part HIV study, which aimed to identify the tolerability of a new medication. Working in collaboration with MFT's infectious disease team and critical care research teams, this helped to identify the safe dose of this medication, which will go on to be used in the phase 2 part of the trial, which we will also be undertaking.

Further success was due to collaboration; through shared posts and joint strategies developed with the NIHR BRC,, including our Innovation and Partnerships team. Our strong portfolio of commercial work grew further, and we exceeded targets to increase income by **30** per cent and our support of UK Small to Medium-size Enterprises (SMEs) by **52** per cent.

We remained committed to achieving sustainability goals which included reducing wastage across all our sites.

Investment in supporting and training our teams remained key. Alongside building capacity in experimental medicine, and to further develop the skills and capabilities of our workforce, two operational managers completed the UKCRF Network CRF Managers Leadership programme, two research nurses completed the Professional Nurse Advocate course, and a senior paediatric clinical research nurse completed the [Windrush Leadership Programme](#).

Key performance metrics:

- Funding award **£15.5 million** – a 24 per cent uplift to provide opportunities for more people of all ages and backgrounds across Greater Manchester to take part in research
- Participants recruited **3,105**
- Research projects **699**
- Early phases (phase 1 and 2) **372**
- Industry funded projects **512**

UK Clinical Research Facility Network (UKCRF Network)

The UKCRF Network is delighted to report that this year has been a highly successful one for the Network. The period covered by this report was the final year in the Network's NIHR funding period 1 April 2017 to 28 February 2023.

We have continued to build upon work undertaken in previous years 2017-22 and successfully deliver against our four key objectives (Work Packages 1-4). The objectives agreed with the NIHR have been achieved. The solid platform has enabled us to successfully support CRFs across the UK and Ireland and drive forward initiatives that improve the patient experience efficiently and effectively. Theme outputs have been delivered and disseminated widely, operational guidance has been proactively offered to CRFs, and the Network has been highly active in supporting the NIHR community.

Our relationship with industry grows stronger, and relationships have strengthened with Contract Research Organisation Fortrea and Pharmaceutical Companies Roche and AstraZeneca. The reach of the UKCRFN is wide-ranging, with relationships developed with 54 CRFs across the UK and Ireland. We continue to reach out to new CRFs both NIHR and non-NIHR funded offering UKCRFN support.

We continue to provide unparalleled expertise in CRF Operations, supporting the NIHR and devolved nations to build a world-class Experimental Medicine (EM) ecosystem across the NHS to improve patient care and promote economic growth.

The UKCRFN's success in supporting NIHR objectives has been recognised by the granting of a further five-year NIHR award for the funding period (2023-2028). Particularly pleasing is the receipt of a threefold increase in funding in the new NIHR Award. As a Network we look forward with great enthusiasm to the opportunities and challenges of the next five years.

Top three achievements of the UKCRF Network during 2022-2023:

- **Leadership Development:** A bespoke CRF Leadership Programme has been designed, a pilot delivered, and CRF-based trainers have been appointed for future delivery.
- **UKCRFN Conference 2022:** Delivery of post-pandemic face-to-face conference: 406 delegates attended, and 136 posters displayed, with a new embedded Summer School.
- **AstraZeneca:** Regular Meetings with AstraZeneca to explore the development of a sustainable relationship with CRFs in EM trials, five trials placed in CRFs in 2022-2023. Discussions on Key Opinion Leader and Senior Nurse involvement in study design and protocol review.

NIHR Clinical Research Network Greater Manchester (CRN GM)

Reset

To address the post-pandemic challenges of resource and capability across the research delivery system, the Department of Health and Social Care and NHS England led the [national Reset programme](#). Regionally, CRN Greater Manchester provided leadership on a national level through our Chief Operating Officer, Sarah Fallon, and supported Reset locally through enhanced initiation and delivery processes with our local Chief Investigators and sites.

CRN GM aided Reset through enhanced initiation and delivery processes with regional Chief Investigators and local participating sites. The network held productive portfolio reviews with local non-commercial sponsors and have worked with Partner leadership teams to respond to Reset. Together this has resulted in 275 intentions recorded regionally and a reduction in the number of Reset studies identified in set-up as a result of [increased CRN infrastructure for set up coordination](#) and support services across Partners. Additional network infrastructure was made available for Reset studies, including [LUMI NOVA](#) and REMORA 2 (plus the [network agile delivery team have been involved in Reset delivery](#), such as with [Outreach](#), Venus6, and [IMID BioResource](#). The Network Research Delivery Managers and Industry Facilitators continue to work with study teams to enable delivery to the 83 studies identified as off track and needing to be addressed.

Life Sciences Industry

CRN GM has continued recovery of the life-sciences industry portfolio by working with local Partner Organisations to expedite commercial-contract research and support barriers to delivery. Highlights include; study start-up acceleration to a local average of 51 days; utilising the purpose built [research van](#) to develop a [Community Delivery Framework](#) that captures key considerations for out of hospital delivery; and creation of site [virtual tours](#) to promote regional capability. In the future these tours will assist with virtual site selection and increase the time and cost effectiveness for the life science industry. This has also been a collaborative effort with [NIHR CRF infrastructure](#) to grow local early phase pipelines. CRN Greater Manchester has consistently performed above the national ambition of 80 per cent of participants recruited within the study timeframes, to the agreed site target for the tenth year running, and has recently experienced a 19 per cent increase in the number of participants recruited to regional commercial contract research studies.

Local Initiatives

2022-2023 has embedded the CRN Greater Manchester values of [Relevant Research, Inclusive Involvement and Exceptional Experience](#). Through these values [strategic funding](#) has instigated a range of local initiatives, including [interprofessional development in care homes](#), aiding [equity of access through outreach services](#), and engaging [the junior doctor](#) workforce. The values underpin the internal [ASPIRE](#) programme which nurtures shared experiences across multi-disciplinary staff groups to propose new ideas that develop network services for both researchers and the local population. This year CRN GM delivered its first [Research Health Festival](#) with the Levenshulme community. This was an opportunity to learn and connect with the public about [research initiatives](#) and build on the agile delivery team's work in a variety of [community settings](#).

CRN Greater Manchester welcomed [10 A-level students](#) for a two week Nuffield research placement for the first time, and three CRN Greater Manchester Clinical Research Practitioners

hosted a [national webinar](#) discussing the evolution and progression of the role and sharing local experiences with under-served communities. There was also a northern network seminar on the [challenges and complexities of research delivery in multiple long term conditions](#).

10 Key highlights from 2022-23

CRN Greater Manchester had many achievements in the past year. Here are 10 highlights, as chosen by our core team.

- 1) Three global first, three European first and nine UK first participants were recruited on to studies delivered in our region, showing our world-class ability to set up studies efficiently for the benefit of patients and the global progress of health and care.
- 2) In collaboration with a local author, we [created a children's book](#) which follows a young person who overcomes their fears of taking part in a study. We are working with schools and NHS partners to help the book reach as many children as possible.
- 3) We held [our first Health Research Festival](#) in Levenshulme, Manchester, as part of our strategy to take more research opportunities into our communities. The event was a great success and we are now taking the festivals to different boroughs in our region in collaboration with partners.
- 4) We [hosted 10 ambitious A-Level students](#) on a Nuffield Research Placement. During their packed two-week visit, the 17-year-olds worked on research projects challenging them to analyse and interpret real-life NIHR data, while also experiencing life on a busy research-active NHS trust site.
- 5) By [taking research directly into our South Asian communities](#), our Delivery Team has provided countless opportunities for people of Bangladeshi and Pakistani heritage to be part of the Genes and Health Study. Over 1,000 people have participated, and in the process we have made research visible in numerous settings such as mosques and festivals.
- 6) Our Core Team was shortlisted for Clinical Site Team of the Year at the [PharmaTimes International Clinical Researcher of the Year Awards 2023](#). At the London ceremony attended by research staff from over 30 countries, we received the Bronze Award after impressing judges with how we adapted our successful pandemic initiatives to enhance delivery of non-COVID research.
- 7) Our network's contribution to the UK's programme to find COVID vaccines for all continued with the recruitment of almost 200 participants to one of the world's first Omicron-specific variant vaccines. This Moderna [vaccine received regulatory approval](#), making the UK the first country to approve a dual vaccine which tackles the original Covid virus and the newer Omicron variant.

- 8) Greater Manchester played a key role in research which showed that a 60-minute iron infusion every one to two years could help people with heart failure avoid being admitted to hospital. Almost [140 local participants were part of the landmark study](#) which was delivered across four of our NHS hospitals and promises to benefit patients worldwide.
- 9) Our network was the highest recruiting region to a UK-wide trial which in October 2022 concluded that [giving a meningitis vaccine to 14 to 19-year-olds helps protect people of all ages](#). Over 5,000 teenagers from our region provided throat swabs to delivery teams from three of our NHS trusts to support the research.
- 10) In a challenging UK environment for commercial research delivery, our number of active commercial studies grew by almost 20 per cent from 219 to 262, opening up many new opportunities for participants. This drew [high praise in the major independent review of UK commercial trials](#) published by Lord O'Shaughnessy.

Health Innovation Manchester: Greater Manchester Academic Health Science Network

Health Innovation Manchester (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 brings together the Academic Health Science Network (AHSN) and Academic Health Science Centre (AHSC) functions, adding in applied health and care research capabilities through the NIHR Applied Research Collaboration GM (ARC-GM) and supplementing this with a major focus on digital, including hosting the GM Integrated Care System (ICS) digital transformation office.

See key highlights from 2022-2023 across HInM's key pillars below.

Digital Transformation

The GM Care Record continues to help transform care pathways and deliver more intelligence on the health and care needs of our population. Greater Manchester, as part of a collaborative across the North West, has initiated the development of a sub-national Secure Data Environment (SDE) for Research & Development. SDE's are intended to enable NHS data to be safely and securely utilised for research and analysis.

HInM has also supported: the rollout of Hospital at Home, an NHS service that supports people at the place they call home; transforming annual physical health checks for people with severe mental illness; and the Digital First Primary Care (DFPC) Programme, a national initiative to improve access to general practice.

[Read more.](#)

Innovation Development and Deployment

Our work continues with national partners on a range of projects to spread innovation at pace and scale, including the early intervention of eating disorders, improving the diagnosis of ADHD, preventing and supporting the management of cardiovascular disease, the Rapid Uptake Products (RUP) programme, getting the balance right in polypharmacy, and the Innovation for Healthcare Inequalities Programme (InHIP).

The Patient Safety Collaborative (PSC) team at HInM has also been delivering a range of projects to support the adoption and spread of proven innovations into health and care services, improving service efficiency, clinical practice and patient outcomes.

[Read more.](#)

Research and Academia

Research undertaken via the Manchester Academic Health Science Centre (MAHSC) and GM's other research bodies continues to be accelerated through HInM's innovation pathway to provide a rich pipeline of evidence-based innovations that can be deployed at pace and scale.

This includes the [rollout of a new point of care genetic test](#) which prevents hearing loss in newborns. The test has been developed and trialled by MFT, UoM, and Genedrive PLC, through the Pharmacogenetics to Avoid Loss of Hearing (PALOH) study.

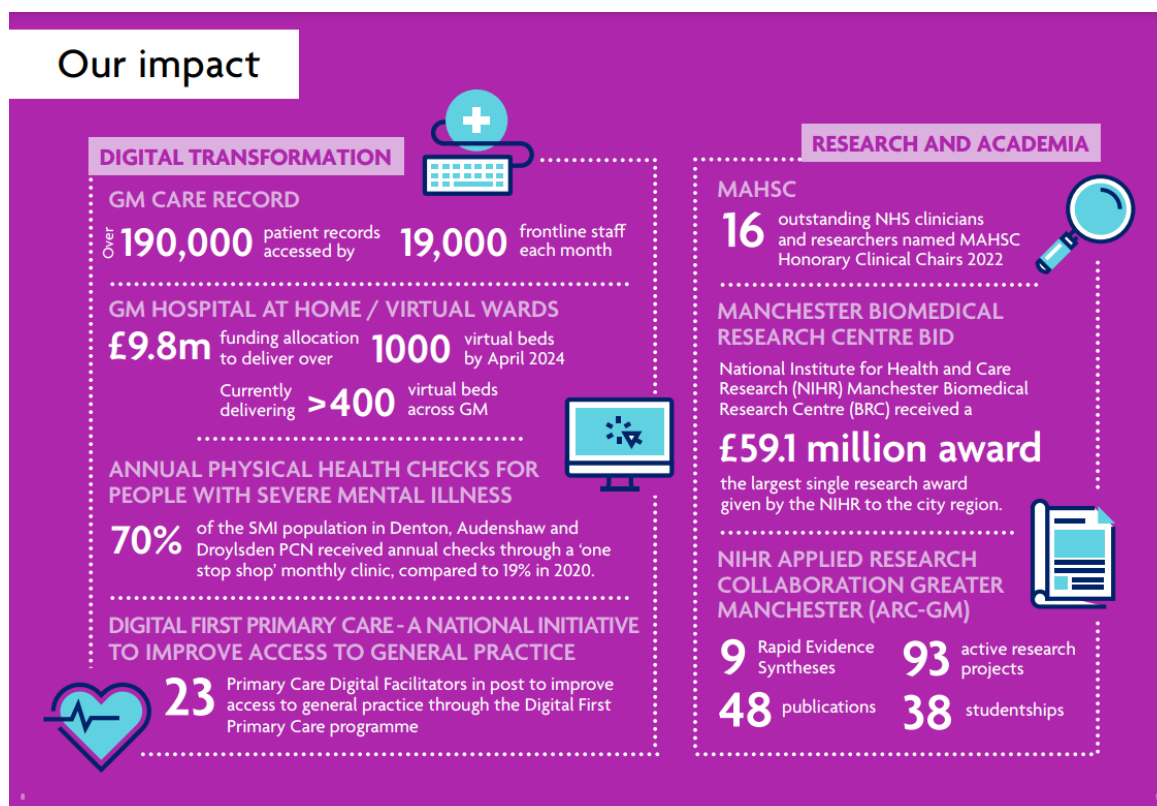
[Read more.](#)

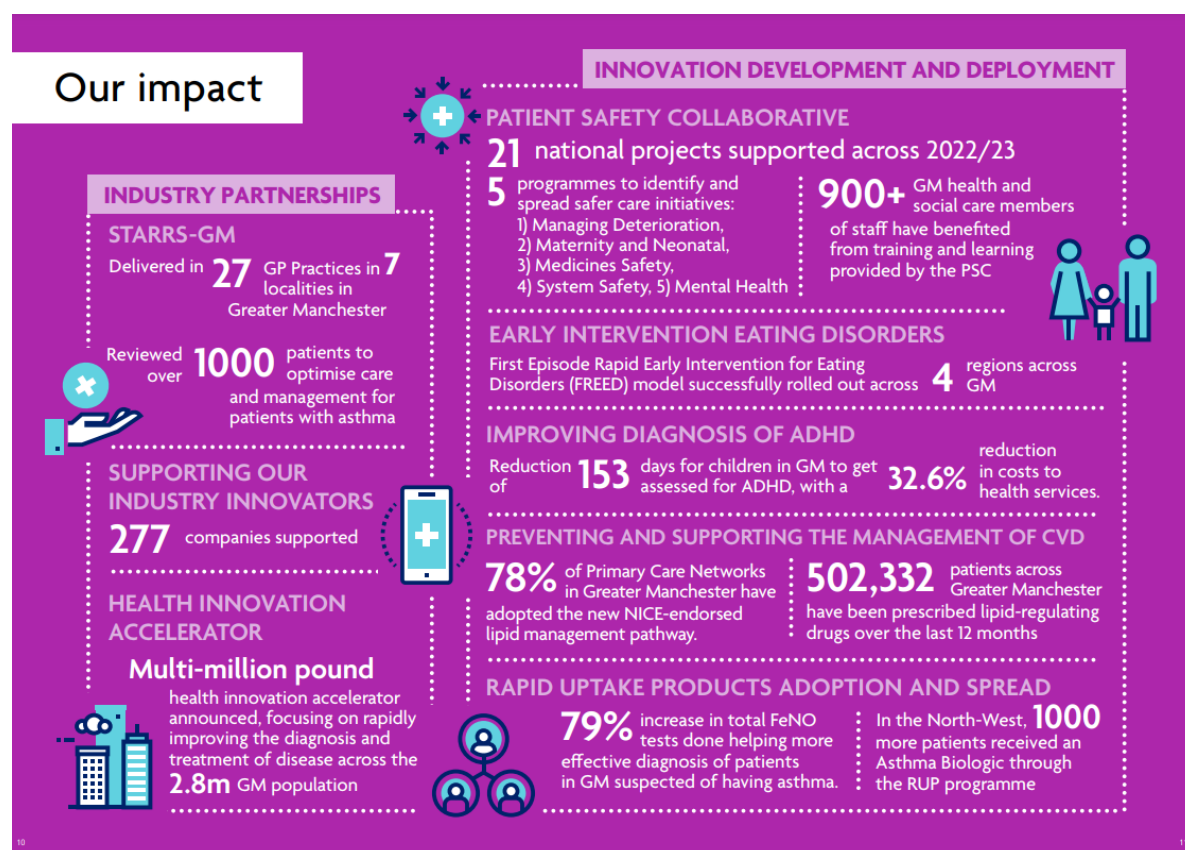
Industry Partners

HInM is developing and delivering an industry strategy to maximise local benefits from industry capability and capacities, including partnerships with global and UK life sciences, med tech, digital and small and medium-sized enterprises (SMEs).

HInM continues to support of SMEs and industry partners, through the Innovation Nexus portal and a wide range of commercial support programmes including the R&I Health Accelerator programme, which has aided the development of new products, technologies and innovative solutions that are ready for deployment.

[Read more.](#)





Manchester Academic Health Science Centre

Academic Health Science Centres (AHSCs) are designated by NHS England and the NIHR for demonstrating excellence in health research, health education and patient care.

The AHSCs are regional partnerships bringing together expertise from universities and NHS organisations. Also, working with local partners including local authorities and industry, they improve health and care services by translating early scientific research and discoveries into benefits for patients and communities.

Manchester Academic Health Science Centre (MAHSC), part of Health Innovation Manchester, is one of only eight AHSCs in England – and the only one in the North West.

MAHSC builds on established collaborations between the leading research and teaching of Greater Manchester's universities and our ICS. This includes:

- Doing excellent research that delivers outcomes for patients
- Growing Greater Manchester's healthcare strengths through excellent education
- Utilising its integrated clinical and social data

The MAHSC discovery and translation strategy is delivered by seven domains, each led by academics and clinicians, overseen by Chief Executives from partner NHS Trusts. The domains are:

- Applied Health and Care Research (joint initiative with the Applied Research Collaboration Greater Manchester)
- Cancer
- Cardiovascular and Diabetes
- Inflammation and Repair
- Mental Health
- Neuroscience
- Women and Children

Research projects undertaken via MAHSC and GM's other research bodies are pulled through HInM's innovation pathway to provide a rich pipeline of evidence-based innovations that can be deployed at pace and scale. It means we can make real fast-tracked improvements to the health of local people and beyond.

MAHSC Honorary Clinical Chairs

The MAHSC Honorary Clinical Chairs are awarded on an annual basis by UoM's Faculty of Biology, Medicine and Health Promotions Committee. They are awarded to individuals from across GM who have made a major contribution to their clinical specialty, including excellence in research and education. This year's recipients, plus previous awards, can be found [here](#).

Applied Health and Care Research

This year, a MAHSC Applied Health and Care Research Group has been formed, to drive applied health and care research activity, in line with the MAHSC vision to 'amplify the discovery and development of our best innovations and, through integration within HInM, and deploy them at pace and scale to improve health outcomes regionally, nationally and internationally, whilst upskilling our workforce and generating economic return for our city region'. [Read more](#).

The 10 Principles of Research and Innovation



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 2023
Subject:	MFT Board of Directors' Register of Interests (October 2023)
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Assurance • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	The MFT ' <i>Constitution</i> ' and ' <i>Standing Orders for the Practice & Procedure of the Board of Directors</i> ' requires the Board of Directors to provide a Register of Interests.
Recommendations	The Board of Directors is asked to note the MFT Board of Directors' Register of Interests (April 2023)
Contact	<p><u>Name</u>: Nick Gomm, Director of Corporate Business/ Trust Board Secretary</p> <p><u>Tel</u>: 0161 276 4841</p>

1. Introduction

In line with the MFT constitution and standing orders, the Board of Directors is required to hold a Register of Interests and review it every 6 months.

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 MFT's website.

2. Recommendation

The Board is asked to note the MFT Board of Directors' Register of Interests (October 2023).

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS

REGISTER OF DIRECTORS' INTERESTS

(October 2023)



MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS

REGISTER OF INTERESTS – OCTOBER 2023

NAME	POSITION	INTERESTS DECLARED
Kathy Cowell OBE DL	Group Chairman	<ul style="list-style-type: none"> • Chairman of the Trust's Charity • 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) • Deputy Lieutenant for Cheshire • Chairman of the Hammond School (Chester) • People Ambassador for Active Cheshire • Vice President, St Ann's Hospice • Member of Manchester Health & Wellbeing Board • Member of Integrated Care Partnership Board
Trevor Rees	Group Deputy Chairman / Group Non-Executive Director	<ul style="list-style-type: none"> • Treasurer/Trustee (Manchester Literary and Philosophical Society) • Independent Co-opted member (Audit Committee at University of Manchester (not a Board Member)) • Chair of the Audit Committee of GB Taekwondo
Nic Gower	Group Non-Executive Director	<ul style="list-style-type: none"> • Director Furness Building Society [NED]

NAME	POSITION	INTERESTS DECLARED
Angela Adimora	Group Non-Executive Director	<ul style="list-style-type: none"> • Governor, Salford University • Senior Director of HR Operations, UK & Europe for GXO
Professor Luke Georghiou	Group Non-Executive Director	<ul style="list-style-type: none"> • Deputy President and Deputy Vice-Chancellor, University of Manchester • Non-Executive Director of Manchester Science Partnerships Ltd • Non-Executive Director, Manchester Innovation Factory • Non-Executive Director, Northern Gritstone Investment Company • Chair of Board of University of Manchester Worldwide Limited
Chris McLoughlin OBE	Group Non-Executive Director / Senior Independent Director (SID)	<ul style="list-style-type: none"> • Executive 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
Gaurav Batra	Group Non-Executive Director	<ul style="list-style-type: none"> • Chairman, Bolesworth Estate (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)

NAME	POSITION	INTERESTS DECLARED
		<ul style="list-style-type: none"> Chairman, Think Energy Group Ltd
Damian Riley	Group Non-Executive Director	<ul style="list-style-type: none"> No interests to declare
Mark Gifford	Group Non-Executive Directors	<ul style="list-style-type: none"> Director (non-renumerated) Diocese of Westminster Academy Trust CEO & Board member National Citizen Service Trust (public body)

BOARD OF DIRECTORS

REGISTER OF INTERESTS – OCTOBER 2023

NAME	POSITION	INTERESTS DECLARED
Mark Cubbon	Group Chief Executive Officer	<ul style="list-style-type: none"> • Board Member, Health Innovation Manchester • Shelford Group CEO Group member • Director of Oxford Road Corridor • NHS Employers Policy Board member
Darren Banks	Group Executive Director of Strategy	<ul style="list-style-type: none"> • Spouse – Chief Finance Officer, Wrightington, Wigan & Leigh NHS FT • Board Member, The Corridor, Manchester
Peter Blythin	Group Executive Director of Workforce & Corporate Business	<ul style="list-style-type: none"> • No interests to declare
Julia Bridgewater	Group Deputy Chief Executive & SRO for Hive Programme	<ul style="list-style-type: none"> • Foundation Director of Multi Academy, All Saints Catholic Collegiate
Professor Jane Eddleston	Joint Group Medical Director	<ul style="list-style-type: none"> • Clinical lead for the NHS England Rehabilitation after Critical Care Programme • GM Partnership Joint Medical Executive lead for Acute Care
Jenny Ehrhardt	Group Chief Finance Officer	<ul style="list-style-type: none"> • Chair of Sub-Committee of the National Finance Leadership Council
Professor Cheryl Lenney OBE	Group Chief Nurse	<ul style="list-style-type: none"> • Spouse – Director of Workforce & Organisational Development, Manchester Local Care Organisation
Miss Toli Onon	Joint Group Medical Director	<ul style="list-style-type: none"> • No interests to declare

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Director of Workforce and Corporate Business
Paper prepared by:	Nick Gomm Director of Corporate Business and Trust Board Secretary
Date of paper:	November 2023
Subject:	Board Assurance Framework (October 2023)
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note • Support • Accept ✓ • Assurance • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	A clear and effective Board Assurance Framework (BAF) 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 review and accept the latest BAF (October 2023) which is aligned to the MFT Strategic Aims.
Contact:	<p><u>Name:</u> Nick Gomm, Director of Corporate Business and Trust Secretary</p> <p><u>Tel:</u> 0161 276 4841</p>

1. Background / Introduction

1.1 Significant risks to achieving the Trust's key strategic aims are reported to the Group Risk Oversight Committee (GROC) 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 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. To reflect the RMFS, a new format for the BAF was developed and presented for the first time to the Board of Directors in November 2022.

1.4 In June, a desktop review of the RMFS led to a revised Risk Appetite Statement and principal risk infrastructure. The principal risks are presented and reviewed at their relevant Scrutiny Committees and are used to provide the context for discussions at those meetings.

1.5 This report presents the BAF for October 2023.

2. Recommendations

2.1 The Board of Directors is asked to review and accept the latest BAF (October 2023) which is aligned to the MFT Strategic Aims.

EXECUTIVE SUMMARY							
Strategic Aim	Principal Risk(s)	Executive lead (s)	Scrutiny Committee	Rationale for Assurance level	Current assurance level	Previous assurance levels	
						(July 2023)	n/a
1. To focus relentlessly on improving access, safety, clinical quality and outcomes	1, 2, 3, 5, 6	Joint Group Medical Directors Group Chief Nurse Group Deputy Chief Executive	Quality and Performance Scrutiny Committee	<p>Operational performance continues to improve, with further work is ongoing to deliver the 2023/24 operational trajectories that underpin delivery of the Trust access targets.</p> <p>All Hospital/MCS/LCOs have clear and agreed improvement trajectories for the remainder of the year covering underlying productivity improvement plans and operational performance. Currently there is variability in performance across the Trust and the individual plans reflect this as do the remedial actions.</p> <p>Monitoring is undertaken on a weekly, fortnightly and monthly basis through the governance structure of EPDU; improvement workstreams; AOF and recovery board.</p> <p>The Trust has and continues to work with a number of external parties, alongside the ICB and NHSE to ensure the plans have received robust, external development and scrutiny. Specific focus has been placed on UEC delivery including the LCO with a focus on improving discharge and the operational performance of the Trafford Elective Hub.</p> <p>Quality and safety initiatives are being implemented across the Trust. Hospital/MCS/LCO Patient Safety Incident Response Plans are in place, aligning with our approach to Safety Differently, improvement work is identified to support the delivery of the plans.</p>			
2. To improve continuously the experience of patients, carers and their families	1, 2, 3, 6	Group Chief Nurse	Quality and Performance Scrutiny Committee	<p>Systems and processes are in place to enable triangulation of all information / analysis through the various controls and enablers, surfaced through the governance systems and frameworks in place. There has been identification that not all risks related to essential standards of quality, safety and patient experience outcomes are fully controlled, however mitigation is in place with clear timeframes to address. Analysis of outcomes, triangulated with patient experience has identified that patients are waiting longer for their care/treatment than pre-pandemic, that there is inconsistency in achieving reduction in attributable healthcare associated infections and mealtime processes. All data is analysed and triangulated to learn lessons and drive improvements within services. The clinical accreditation programme is incentivising and delivering service improvement. MyMFT has provided an additional and popular route for patients to engage with MFT.</p>			
3. To make MFT a great place to work, where we value and listen to our staff so that we attract and retain the best	4	Group Executive Director of Workforce & Corporate Business	Workforce Scrutiny Committee	<p>Staff survey improvement plans and a creative 'listening well' plan are being implemented with increased communication with and engagement of staff. Particular focus is being placed on making a response to what matters to staff which includes six areas for improvement – includes for example access to car parking, food, flexible working.</p> <p>The Group Chief Executive Officer is leading a significant engagement exercise and cultural change programme.</p> <p>Freedom to speak up Guardian and Executive Guardian in post and reviewing infrastructure and communication channels to strengthen access to enable staff to speak up as required. Trust review of FTSU being undertaken by the Guardian and Executive Lead.</p> <p>Senior Leadership event received positive feedback, evidencing collaborative leadership and engagement to develop future MFT strategy. Communication plan to cascade key messages to the organisation is being developed.</p> <p>Externally commissioned well led review completed and discussed with the Board of Directors. A formal response to recommendations made by the external reviewers is underway.</p> <p>Attendance not improving at the rate required to satisfy the trajectory set out in the annual plan. COVID absence rates are increasing steadily which is adding to the challenge to reduce absence rates. The reduction in absence rates and temporary staffing use remain a priority. Review of Staff Networks has been undertaken by EDI Team endorsed by the Group Chief Executive Officer and Executive Director Team, identifying areas to increase engagement with colleagues with protected characteristics.</p>			
4. 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	5	Group Executive Director of Workforce & Corporate Business	Workforce Scrutiny Committee	<p>MFT's People Plan continues to be progressed and implemented alongside the Diversity Matters Strategy. Review of MFT People Plan aligned to the National Long Term Workforce Plan is underway and with ICB for completion in Quarter 4.</p> <p>Non-medical appraisal rates and level 2/3 mandatory training compliance levels are improving and subject to monitoring through the Accountability Oversight Framework meetings led by the Group Deputy Chief Executive. Further improvements are required to satisfy agreed trajectories.</p> <p>A programme of Digital Maturity assessments across all sites is ongoing to increase the use of workforce systems to improve utilisation and drive productivity and efficiency.</p>			
5. To use our scale and scope to develop excellent integrated services and leading specialist services	6, 10	Group Director of Strategy	Board of Directors	<p>Development of specialised services (e.g. lung health checks, ATMPs, rare conditions, genomics, Sickle Cell Disease) through clinical service strategies, single services (e.g. cardiac, general surgery, head & neck, gastroenterology, vascular, breast, urology, orthopaedics, infectious diseases) and integrated community and social care services through the LCOs continues. Disaggregation of NMGH services is ongoing with plans to deliver the safe transfer of responsibilities within the available capacity and resource under continual review. A number of clinical service strategies are due for renewal. This will be completed once the MFT organisational strategy has been completed.</p>			

EXECUTIVE SUMMARY							
Strategic Aim	Principal Risk(s)	Executive lead (s)	Scrutiny Committee	Rationale for Assurance level	Current assurance level	Previous assurance levels	
						(July 2023)	n/a
6. To develop our research and innovation activities to deliver cutting edge care that reflects the needs of the populations we serve	9	Joint Group Medical Directors	Board of Directors	<p>R & I continues to thrive at MFT. MFT is the highest recruiter to research studies in GM, and 4th highest nationally. The Manchester BRC and CRF were launched in March 2023 and MFT will now host the North West RRDN. The outputs from R & IU activity continue to lead to ground-breaking treatment for our patients.</p> <p>Appointments to the new North West Research Delivery Network have commenced with the recruitment of the manager. In addition, MFT has just been notified that we have been successful in our bid to host one of the National HealthTech Research Centres. This will replace our internal Diagnostic and Technology Accelerator Centre.</p>			
7. To achieve and maintain financial sustainability	7	Group Chief Finance Officer	Finance and Digital Scrutiny Committee	<p>At the end of month 6, year to date to 30th September 2023, the Trust has delivered a deficit of £65.2m against a planned deficit of £28.2m, being adverse by £36.9m YTD. This reflects an in-month deficit for September 2023 of £12.7m which is driven primarily by a change in NHSE guidance to report actual delivery against the elective plan which has resulted in a shortfall in ERF income of some £6.2m YTD against plan. As at the 30th September 2023, the Trust had a cash balance of £132.0m which is a reduction of £17.1m to the £149.1m cash balance at the 31st August 2023. Cash remains lower than the £168.9m plan, primarily reflecting the cash impact of the overall income and expenditure deficit against plan.</p> <p>We had already taken actions to deliver the financial position, by commencing the development of a multi-year financial recovery plan. We are working with PA Consulting to identify the significant opportunities available to the Trust to reduce our costs, some of which will deliver within the current financial year and some of which are longer term. We are in the process of reviewing and strengthening our controls across all areas to reduce our spend. The key internally is for all financial decisions to be made in the context of the financial challenge we are facing and for all staff from Board to Ward to understand this significant risk to our delivery.</p> <p>The Trust has developed a range of forecasts, of which the most likely case is a deficit of £50m before Industrial Action costs. We are however striving to deliver our “best case” forecast which is achievement of our financial plan through delivery of a breakeven position. As detailed above, there are actions in place however there remains very high risk that we will not achieve this best case.</p>			
8. To work with partners and play our part in addressing inequalities, creating social value and advancing the wider green agenda	6,8	<p>Joint Group Medical Directors</p> <p>Group Deputy Chief Executive</p> <p>Group Director of Strategy</p>	Board of Directors	<p>MFT has an active role within the Greater Manchester Integrated Care System contributing to all relevant workstreams. MFT’s Green Plan continues to be successfully implemented. Our Health Inequalities Group oversees a number of workstreams to reduce health inequalities in the local population. Recruitment initiatives to encourage local applicants are in place.</p>			

Principal risks	
1. Failure to maintain essential standards of quality, safety, and patient experience	6. Failure to implement and embed infrastructure plans including digital and estates
2. Failure to improve operational performance	7. Failure to embed the Trust’s approach to value and financial sustainability
3. Failure to meet regulatory expectations, and comply with laws, regulations, and standards	8. Failure to work with system partners to address health inequalities, and deliver social value and sustainability
4. Failure to effectively address issues affecting staff experience	9. Failure to expand MFT’s research and innovation capability and capacity
5. Failure to effectively plan for, recruit, and retain a diverse workforce with the right skills	10. Failure to deliver the required transformation and integration of services

Principal risk 1: Failure to maintain essential standards of quality, safety, and patient experience. Lead Executive Director (s): Group Chief Nurse / Joint Group Medical Directors Scrutiny Committee: Quality and Performance Scrutiny Committee Assurance Committee: Quality and Safety Committee	Strategic aims under threat				
	1. To focus relentlessly on improving access, safety, clinical quality, and outcomes 2. To improve continuously the experience of patients, carers, and their families				

Risk appetite			Principal Risk rating				
			Initial	Current	Residual	Target	Progress
<i>We hold safety, quality of care, the experience of our patients and those who use our services, in the highest regard and we are measured in our approach, taking carefully considered risks that do not directly compromise the quality and safety of the care we provide.</i>			20	15	15	10	

Controls / Enablers		Gaps/weaknesses in controls/enablers	Action being taken to address gaps/weaknesses	Target date	Progress
Frameworks / Strategies / Plans Risk Management Strategy and Framework Safety Oversight System Patient safety insight, response and learning Policy. Patient Safety Incident Response Framework Infection Prevention and Control Standards, Policies & Procedures Access Policy EPRR policy Health and Safety Policies Assurance Framework and Map Quality and Safety Strategy Annual Plan Infection Prevention & Control Board Assurance Framework Dementia Strategy Adults / Children's and Young People End of Life and Palliative Care Strategy(s) Wound Care Strategy MyMFT application Committees / Groups Group Quality and Safety Committee Group Infection Control Committee Clinical Practice Oversight Committee Group Nutrition & Hydration Committee Complaints Review Group	Teams / Services / Functions / Programmes Clinical Accreditation Programme What Matters to Me Programme Veterans Programme Gloves Off Campaign Falls Collaborative Bee Brilliant Programme (Call To Action) Resilient Discharge Programme Chaplaincy Services Child and Adolescent Mental Health Service Quality Impact Assessment and Equality Impact Assessments (relating to service change or waste reduction programmes) Profiles Patient Safety Profile and Plan Safety Critical Policy Profile Regulator relevant policy Profile	Implementation of external recommendations	Implementation of revised policy, governance and assurance framework Governance report received	30/11/2023 (prev. 30/6/23)	Revised completion date
		Safety Critical Policies-governance and review	Action plan to address in place (monitored by IGRC)	30/11/2023 (prev. 30/9/23)	Revised completion date
		Availability and use of system reliability measures to identify potential risk-aligned to informatics capacity risk	Risk assessment with clear action plan to undertaken-interim patient safety profiles for areas of high risk in place.	31/3/24 (prev. 31/5/2023)	Revised completion date
		Mental Health Strategy recommended to Board November 2023	The Trust's Mental Health Strategy has been in development since November 2022. Extensive consultation with key stakeholders (GMP, GMMH, Pennine Care, CAMHS / ICB) completed in May 2023. Strategy will be ratified in August 2023. Will be presented to Board in November 2023	13/11/2023 (prev. 31/8/23)	Complete (presented to QPSC 24/10/23)
		Carers Strategy recommended to Board November 2023	Final Stakeholder exercise due for completion in July 2023. Strategy to be ratified in September 2023.	30/09/23 (will be presented to Board in November 2023)	Complete
		Attributable Healthcare Acquired Infections above thresholds (in some alert organisms)	IPC Strategy to be refreshed with focus on specific learning from root cause analysis of incidences. Approved at October GIPCC.	31/10/2023	Complete
		Implementation of Patient safety Incident Response Framework	Implementation plan in place. PSIRPS developed Policy approved	30/11/23	Complete
		Transition to PSIRF (23-24)	Transition plan to be approved in December 2023	30/9/24	On track
		Duty of Candour Policy- compliance	FRAM completed, revised policy/training to developed- approval December	31/12/23	On track
		Risk management and patient safety training	Risk management training review and relaunch, training gap analysis aligned to PSIRF	31/12/23	On track

Sources of Assurance (negative/positive/inconclusive)						Gaps/weakness in Assurance	Actions being taken to address gaps/weaknesses	Target date	Progress
Site/MCS/LCO assurance		Group assurance		External assurance					
Routine	Received since last report	Routine	Received since last report	Routine	Received since last report				
Minutes of Site/ MCS /LCO Quality and Safety Committees, Accountability Oversight Framework Escalation of risks to quality and Safety Committee from site/MCS/LCO governance, Safe Staffing Reports	PLACE Audit results AOF data	Quality report Integrated Risk Profile Quarterly/Annual reports: complaints, patient experience, accreditation Reports to QPSC Reports to Q & S committee	QPSC (29/8): July IPR metrics; AOF data; Impact of industrial action; Colorectal /Urology disaggregation; EPRR standards compliance ; Annual Complaints report; QIAs within WRP; SMH andrology lab re-accreditation ; Q1 PMRT; New patient safety policy and plans ; Strategic Risk Exposure report. Board 11/9: IPR; PMRT report; Strategic Risk Exposure Report; EPRR core standards ; Annual patient experience report; Annual and Q1 Complaints report; Patient safety incident response policy and plans ; Management of Never Events QPSC 24/10: IPR; Winter Plan ; Compliance with NICE guidance; PSIRF ; Learning from deaths ; Capacity and Demand planning 2024/25 ; Health Inequalities programme ; Strategic Risk Exposure report ; Safeguarding, Patient Experience, and Infection Control annual reports.	Internal audit, accreditation, peer review, regulatory inspection	Internal audit report: Ockenden Response and Revises	Provision of meals (meal times processes) standards inconsistently achieved (as noted in Clinical Accreditation / PLACE audits and What Matters to Me Survey results).	Task and Finish Group in place, led by the Improving Quality Team, developing focussed actions. The task and finish group will report to the Nutrition and Hydration Committee.	30/11/203	On track
						Internal Audit: Falls Prevention, Assessment and Management Processes. Partial assurance with improvements required.	Action plan in place-focused on Training, development of Power BI reporting, care planning, outcomes, and actions from monthly audits. Recommendations on track in line with timeframes	31/12/203	On track
						Internal Audit-Learning from harm-significant assurance	Policy review aligned to PSIRF implementation. Review continues. Policy in place in September 2023, associated policies to be reflected in the transition plan	Policy completed. 31/03/24	On track
						NICE Guidance implementation assurance process uncertain	Revised assurance process to be implemented	30/6/23	Completed
						Real time quality assured quality and safety data	Implementation of HIVE and development of dashboards. Further work to prioritise NMAHP Safety Dashboards using Power BI is planned.	30/11/23	On track
						Understanding of the impact of inequality on the safety of patients	Programme of work in place to address optimising insight	31/01/24	On track
						Inconsistent roll out of IQP programmes (noted through Clinical Accreditation)	Ensure embedded in all areas	31/03/24	On track

Principal risk 2: Failure to improve operational performance. Lead Executive Director (s): Group Deputy Chief Executive Scrutiny Committee: Quality and Performance Scrutiny Committee Assurance Committee: Operational Excellence Board	Strategic aims under threat 1. To focus relentlessly on improving access, safety, clinical quality, and outcomes 2. To improve continuously the experience of patients, carers, and their families
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Risk appetite	Principal Risk rating				
	Initial	Current	Residual	Target	Progress
<i>We are prepared to accept the possibility of a short-term impact on operational performance outcomes where there is a potential for longer-term rewards, supporting innovation in the way we address our performance challenges, internally and with system partners. However, we will ensure that appropriate controls are in place to ensure that we maintain the essential standards of quality, safety and patient experience.</i>	20	20	15	10	

Controls / Enablers	Gaps/weaknesses in controls/enablers	Action being taken to address gaps/weaknesses	Target date	Progress	
MFT recovery programme (including response and recovery group) Trust Access Policy Performance management frameworks Performance Governance infrastructure Clinical Policies/Guidance Elective PMO hub Enhancement of Trafford Elective Hub Health and Safety Related Policies Health inequalities programme Data Quality Governance infrastructure Group Recovery Board Accountability Oversight Framework Operational Excellence Board	Deep dives EPRR governance framework Quality and Safety Strategy Strategic Oversight Framework People plan. Risk management framework and strategy Training programme in place for key Operational and Clinical Systems	Stabilisation of the administration pathways/build following launch of Hive EPR	Workplan in place following Root and Branch Review	Dec 23	On track
	Digital strategy Peer reviews for cancer Performance dashboards Annual Plan Robust on-call arrangements Hive stabilisation Board Robust oversight of performance returns to external bodies.	Interpretation and understanding of key components of HIVE data sets	Domain Group for each performance dashboard development with explanation and user guides for Cancer, diagnostics, admin and clerical, RTT and all patient flow	March 24	On track
		Systems working together to have visibility of data for signing off prior to being submitted externally	Scoping exercise to identify and understand data being submitted automatically versus control sign off.	Sept 23	Complete
		Urgent Care Delivery Plans in place but not linked to an overarching Strategy	Strategy in development; delivery date revised to take account of ongoing development work underway with external partners	Dec 23 (previously Sept 23)	Revised completion date
		Discharge policy refresh	Policy in development; delivery date revised to take account of ongoing development work underway with external partners	Dec 23 (previously Oct 23)	Revised completion date
		Cancer Delivery Plans in place but not linked to an overarching Strategy	Strategy in development	March 24	On track

Sources of Assurance (negative/positive/inconclusive)						Gaps/weakness in Assurance	Actions being taken to address gaps/weaknesses	Target date	Progress
Site/MCS/LCO assurance		Group assurance		External assurance					
Routine	Received since last report	Routine	Received since last report	Routine	Received since last report				
Capacity and delivery plans Risk profiles. Performance committee minutes. Risk management committee minutes. Accountability Oversight Framework Trajectories. Hospital/MCS Management Board minutes.	AOF data.	Weekly response and recovery group. Routine Committee reports. Integrated Group Risk Profile Accountability Oversight Framework. Integrated Performance Report Group Recovery Board reports Operational Excellence Board reports. Improvement Workstreams actions plans and progress reports.	QPSC (29/8): IPR (July data); AOF data; 12 hour trolley wait reporting issue; diagnostic performance deep dive; Strategic Risk Exposure report; Group Recovery Board-led performance improvement actions. Board (11/9): IPR, EPRR core standards; Current operational performance (including impact of IA) report. Board development session (9/10): Presentations on elective recovery and productivity including updates on the work undertaken with Carnell Farrar, ECIST and Newton Europe. QPSC 24/10: IPR; Winter Plan; Strategic Risk Exposure report	Internal Audit. Peer review. GIRFT. Tier 1 calls – long waits, urgent care. Carnell Farrar Review of Elective recovery plans. Ongoing ECIST UEC work with the MRI. Newton Europe diagnostic work commenced with a focus on discharge.	ICS performance review. Carnell Farrar sign-off of the improvement trajectories. PA Consulting work on productivity and capacity	Ability to align delivery plans to performance through the AOF	Review and refresh of AOF Framework	Oct 23	On track
	Granular operational performance data by speciality with improvement trajectories.					Required single set of metrics measured through the AOF, IPR and BAR aligned to Hospital plans	Review and refresh of AOF metrics	Oct 23	On track
	Enhanced monitoring via EPDU on a weekly basis, incorporating improvement actions.					Hospital/MCS/LCO improvement plans require external check and challenge to ensure they are comprehensive, challenging and deliverable	External support utilised to challenge and reframe improvement plans and trajectories for UEC and elective delivery and the underlying productivity metrics	Nov 23	On track
						Ongoing Industrial Action is having a material impact on operational delivery with the compound nature of the sustained action now being evidenced within the operational delivery.	Careful planning prior to each period of IA to minimise the impact based on clinical priority then total time awaiting treatment.	March 24	On track

Principal risk 3: Failure to meet regulatory expectations, and comply with laws, regulations and standards. Lead Executive Director (s): Joint Group Medical Directors, Group Chief Nurse Scrutiny Committee: Quality and Performance Scrutiny Committee Assurance Committee: Quality and Safety Committee	Strategic aims under threat
	1. To focus relentlessly on improving access, safety, clinical quality and outcomes 2. To improve continuously the experience of patients, carers and their families

Risk appetite	Principal Risk rating			
	Initial	Current	Residual	Target
<i>We follow regulatory standards and are averse to compromising compliance with them. Should circumstances require it, we are prepared to tolerate the possibility of limited derogation from a regulatory standard on a temporary basis, having assessed the risk and put in place appropriate mitigation.</i>	20	15	15	10

Controls / Enablers	Gaps/weaknesses in controls/enablers	Action being taken to address gaps/weaknesses	Target date	Progress	
Frameworks / Strategies / Plans Risk management strategy and framework Policy and procedure infrastructure covering all legislation. Assurance Framework and map External visits register. Estates and Facilities Policies and Site Plans Committees / Groups Health & Safety Committee Quality & Performance Scrutiny Committee	Teams / Services / Functions / Programmes 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. Child and Adolescent Mental Health Service External Authorising Engineer/Independent Adviser Audit Programme	Policy and guideline accessibility	Requires improved electronic management system-procurement supporting potential tender process. Scoping completed in August	31/3/24 (prev. 31.7.23)	Revised completion date
	Assurance Framework and Map. limited engagement with Sites/MCS/LCO	Additional resource identified to support site/MCS/LCO implementation. Table Top Exercise on RMF in place with sites/hospitals/MCS/LCO reported to GROC September 2023, recommendations agreed – update report to GROC in November 2023. Workshops in November to link to Strategic Risks.	30/5/2023 (completed) 30/11/2023	On track	
	Consent policy	Policy Approved. Now identified as a patient safety priority across the Trust	31/11/23	Completed	
	Out of date asbestos surveys and survey information for 3 acute sites not currently held in one system.	Asbestos surveys are currently being undertaken across the acute hospital sites with survey information to be inputted directly onto the MFT asbestos register (Concerto)	30/11/23	On track	
	Strengthening of fire safety work risk assessment required	Risk assessment underway and controls and actions being identified and agreed	31/7/23	Completed	

Sources of Assurance (negative/positive/inconclusive)						Gaps/weakness in Assurance	Actions being taken to address gaps/weaknesses	Target date	Progress
Site/MCS/LCO assurance		Group assurance		External assurance					
Routine	Received since last report	Routine	Received since last report	Routine	Received since last report				
Quality and risk governance infrastructure- Committee meetings and risk escalation Health and Safety Compliance Auditing	AOF data	Annual reporting schedule External visits register reporting. Annual Governance Statement Annual Health and Safety report Annual Safeguarding report Annual Infection Prevention & Control Report Infection Prevention & Control Board Assurance Framework Data Security Protection toolkit High Priority Clinical Audit Programme Clinical Audit Annual report Assurance framework and map Annual HTA report	Board 11/9: IPR; EPRR core standards; FPTT report; Patient safety incident response policy and plans; Annual Medical Revalidation and Statement of Compliance report	Regulator visits and inspections External audit opinion of Annual Governance Statement QSP self-declaration Annual Data Security Protection Toolkit submission Internal audit programme	CQC Warning Notice section 29a maternity services (previously received) Internal Audit report: Ockenden review and response	Mental Health Strategy required	The Trust's Mental Health Strategy has been in development since November 2022. Extensive consultation with key stakeholders (GMP, GMMH, Pennine Care, CAMHS / ICB) completed in May 2023. Strategy ratified at Safeguarding Committee in August 2023. Recommended to Board in November 2023	31/08/2023 (complete) 13/11/2023 (on the Board agenda for 13/11/23)	On track
						Effectiveness of application of the MCA (internally)	Audit of compliance. Agreement to internal audit in Q4 2023/24	31/08/2023	On track-outcome awaited

Principal risk 4: Failure to effectively address issues affecting staff experience. Lead Executive Director: Group Executive Director of Workforce & Corporate Business Scrutiny Committee: Workforce Scrutiny Committee Assurance Committee: Workforce and Education Committee	Strategic aims under threat
	3. To make MFT a great place to work, where we value and listen to our staff so that we attract and retain the best

Risk appetite	Principal Risk rating				
	Initial	Current	Residual	Target	Progress
<i>We are prepared to take limited risks with regards to the experience of our workforce. When attempting to innovate, we seek to understand where similar actions have been successful elsewhere before taking any decisions.</i>	20	12	8	4	

Controls / Enablers	Gaps/weaknesses in controls/enablers	Action being taken to address gaps/weaknesses	Target date	Progress	
NMAHP Safe Staffing Escalation Policy and risk framework Safer Nursing Care Tool (SNCT) census Workforce-related KPIs Workforce governance, policies and procedures Accountability Oversight Framework Medical Directors Workforce Board NMAHP Professional Board Staff engagement / networks Staff side liaison Guardian of Safe Working H & S risk assessments Workforce and Education Committee Employee Relations Oversight Group	MFT People Plan	Enhanced Employee Health and Wellbeing Strategy required	30/10/2023 (prev. 30/6/23)	Revised completion date	
	Informatics Strategy	People plan deliverables not fully implemented	Full implementation	March 2024	On track
	Diversity Matters	National Long Term Workforce Plan published (Summer 2023), system workshops scheduled to discuss plans with key stakeholders and Education partners	Review MFT People Plan in alignment with National publication	March 2024 (prev. September 2023)	Revised completion date
	Freedom to Speak up programme.	Review of leadership and culture approach ongoing as part of the Group Chief Executive Engagement Plan.	Senior Leadership engagement action plan to be developed aligned with MFT Strategy development	March 2024 (prev. September 2023)	Revised completion date
	EHW programme	Staff survey 23/24 currently open until 24 Nov 23. Strategic programmes from survey feedback not fully implemented.	Executive led staff experience oversight group established and monitoring progress against key programme delivery plans (Food, Car Parking, Flexible Working, Colleague Community, Career pathways)	March 2024	On track
	Leadership and Culture Strategy				

Sources of Assurance (negative/positive/inconclusive)						Gaps/weakness in Assurance	Actions being taken to address gaps/weaknesses	Target date	Progress
Site/MCS/LCO assurance		Group assurance		External assurance					
Routine	Received since last report	Routine	Received since last report	Routine	Received since last report				
Workforce dashboards Daily safe staffing huddles (nursing and midwifery) Safe staffing risk escalation process Job plan status reports Roster confirm and challenge. Staff appraisal records Personal objective setting	AOF data	Accountability Oversight Framework Bi-annual Safer Staffing reports Safer Nursing Care Tool 7DS joint assurance group and action plan GoSW reports FTSU 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	WSC (29/8) : IPR (July data); GoSW report; Annual FTSU report and Q1 report ; SMH update on culture work ; GMC training survey 2023 results; Diversity Matters refresh ; Anti-racism work ; Strategic Risk Exposure report. Board 11/9 : IPR WSC 24/10 : IPR; Principal risks report; Staff absence report; NHS staff survey actions; Employee Health and Wellbeing service report; Guardian of Safe Working annual report; WRES/WDES data; FTSU report.	National Staff Survey and associated pulse surveys.	WRES and WDES data for period 2022/23 received and presented to WEC and WSC in Sept/Oct 2023. Analysis identifies areas for improvement and appropriate action plan.	National Corporate Benchmarking review	Analysis of benchmarking data once report received aligned to pay spend control	March 2024 (prev. 30 th July 2023)	On track
				WRES Report		Allocate Medical Workforce solution	Roll out to be completed	March 2024	On track
				WDES Report					
				Gender Pay Gap Report.					
				NHS E ED&I Improvement Plan					

Principal risk 7: Failure to embed the Trust's approach to value and financial sustainability Lead Executive Director: Group Chief Finance Officer Scrutiny Committee: Finance and Digital Scrutiny Committee Assurance Committee:	Strategic aims under threat
	7. To achieve and maintain financial sustainability

Risk appetite	Principal Risk rating				
	Initial	Current	Residual	Target	Progress
We are prepared to accept some financial risk providing appropriate controls are in place. We have a holistic understanding of value for money which is demonstrated through the contextualization of finance-related performance measures with other measures of performance in the Integrated Performance Report.	25	20	15	15	

Controls / Enablers	Gaps/weaknesses in controls/enablers	Action being taken to address gaps/weaknesses	Target date	Progress
Trust Board of Directors Finance and Digital Scrutiny Committee Audit Committee Annual Plan: - set to include risks and the Waste Reduction Programme challenge - Hospital/MCS/LCO/Corporate control level financial targets including WRP targets SFIs/Standing Orders and Scheme of Delegation Trust electronic financial system reflects the approved SFIs and Scheme of Delegation Financial Control policy infrastructure Finance governance infrastructure is replicated in all operating units with a qualified Finance Director as part of each operating units Senior Leadership Team. Finance Accountability Framework as subset of Accountability oversight framework Monthly/Bimonthly finance reviews take place of Hospital financial performance, workforce and productivity. Business Case sign-off process reviewed and to be relaunched Autumn 23	Operational Excellence Board Group Recovery Board GM and regional meetings Quality Impact Assessments & Equality Impact Assessments undertaken on WRP schemes, Temporary staffing group which will be enhancing controls over the management of staffing costs. 2-year financial recovery plan is in development, including tightening of internal controls on expenditure and focus on productivity.	Weaknesses in controls identified through external audit, internal audit and counter fraud. Gaps caused by overall system pressure are emerging. Pressures on Control Totals resulting from workforce shortages, leading to greater use of higher cost Bank and agency, insourcing arrangements, collective action such as BMA rate card and refusal to offer ECLs, allied to activity pressure to deliver 65 week wait targets mean that Hospital Control Totals and WRP savings are not achieved or only achieved non recurrently and thus MFT fails to achieve its financial plan. Pressure on Group control total arising from GM ICB deficit position for 23/24 and apportionment methodology for system savings. Costs arising from events outside the control of the Trust, for example strike action and external decisions about allocations of funding.	March 2024	Work in progress

Sources of Assurance (negative/positive/inconclusive)						Gaps/weakness in Assurance	Actions being taken to address gaps/weaknesses	Target date	Progress
Site/MCS/LCO assurance		Group assurance		External assurance					
Routine	Received since last report	Routine	Received since last report	Routine	Received since last report				
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. SLT attend finance reviews and AOF meetings	Month 6 actuals and forecasts to EDT at Group Level PA Consulting WRP position to GRB 23/10/2023 Ongoing Month 5 and 6 AOF and Finance and Productivity Meetings Pay reviews across sites and corporate.	Finance reporting to Audit Committee, GMB, FDSC and BoD Annual accounts GMB finance reports Group Risk Committee receives a report on high-level financial risks Workplans Group Recovery Board Integrated Performance Report	FDSC 5/9: IPR; CFO report; WRP report; 2-year Recovery Plan; National cost collection pre-submission report Board 11/9: IPR; CFO report;	Monthly reporting to ICB 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 Counter Fraud Service Assessment Reviews by HMRC Additional external review commissioned to ensure all WRP opportunities have been identified.	PA Consulting support Internal audit: Insourcing report Reviews conducted and meetings with PWC as part of SOF3 are now producing reports for Grip and Control, Underlying Position, Forecast reviews and Balance Sheet.	Weaknesses in assurance identified through external audit, internal audit and counter fraud. Gaps caused by system pressure are emerging	Assurance weakness with associated actions are logged and a defined programme is established, monitored and reviewed	Ongoing	In progress

Group Risk Appetite Statement

We have established, and continuously assess, the nature and extent of the principal risks that our organisation is exposed to, and is willing to take, to achieve our strategic aims - our risk appetite. We ensure that planning and decision-making reflect this assessment.

Our risk appetite is a balance that supports taking measured, assessed risk in the pursuit of certain strategic aims whilst managing and minimising risk in all operational functions. Acceptance of some calculated risk is often necessary to foster innovation and development.

We recognise that the challenging financial and operational environment that currently exists across the NHS inevitably means that, overall, there is a higher than ever inherent level of risk to the achievement of our strategic aims.

We are confident in setting our levels of risk appetite because we believe that our controls, forward scanning, and our systems designed to identify and respond to risk, are effective, and are supported by strong governance.

Our risk appetite statement is as follows:

We hold safety, quality of care, the experience of our patients and those who use our services, in the highest regard and we are measured in our approach, taking carefully considered risks that do not directly compromise the quality and safety of the care we provide.

We are prepared to accept the possibility of a short-term impact on operational performance outcomes where there is a potential for longer-term rewards, supporting innovation in the way we address our performance challenges, internally and with system partners. However, we will ensure that appropriate controls are in place to ensure that we maintain the essential standards of quality, safety and patient experience.

We follow regulatory standards and are averse to compromising compliance with them. Should circumstances require it, we are prepared to tolerate the possibility of limited derogation from a regulatory standard on a temporary basis, having assessed the risk and put in place appropriate mitigation'.

We are prepared to take limited risks with regards to the experience of our workforce. When attempting to innovate, we seek to understand where similar actions have been successful elsewhere before taking any decisions.

We are prepared to accept the possibility of some workforce risk, as a direct result from change and innovation, providing there is the potential for improved recruitment and retention, and developmental opportunities for our people.

We will invest in our infrastructure plans, within our financial resources, for the best possible return for our patients, our people and the organisation as a whole, recognising that the potential for substantial gain outweighs inherent risks.

We are prepared to accept some financial risk providing appropriate controls are in place. We have a holistic understanding of value for money which is demonstrated through the contextualization of finance-related performance measures with other measures of performance in the Integrated Performance Report.

We will consistently work in partnership across the health and care system for the best possible return for our communities, with a significant appetite for challenging the status quo.

We seek to lead the way in terms of our research and innovation capability and capacity. We intend to use our optimised research and innovation capability and capacity to use it as a catalyst to drive positive change across our organisation.

We seek to lead the way and will prioritize new and innovative service delivery models, even in emerging fields. We will consistently and constructively challenge our current working practices, and those of system partners, to optimise our opportunities for transformation and service integration.

Board Assurance Framework Legend

Term	Meaning
Principal risk	A high-level risk which threatens achievement of a strategic aim
Initial risk score	Risk score without the application of any mitigation or additional controls
Current risk score	Risk score at time of population of the BAF based on effectiveness of mitigation and additional controls
Residual risk score	Risk score when all planned mitigation has been effectively applied
Target risk score	Target risk score based on risk appetite
Controls	Controls/systems in place to assist/secure management of risks associated with delivery of the strategic aims
Enablers	Supportive strategies/programmes which enable delivery of the strategic aims threatened by the principal risk
Gaps in controls/enablers	Gaps in the effectiveness of the controls or enablers
Sources of assurance	Evidence in relation to the effectiveness of the controls/systems we are relying on
Positive assurance	Evidence of progress towards achievement of strategic aims
Negative assurance	Evidence of progress towards achievement of strategic aims being compromised
Gaps in assurance	Opportunities to improve the evidence about the effectiveness of the key controls being relied upon
Risk appetite	The level of risk the organisation is prepared to tolerate in relation to each principal risk
Rationale for assurance	The rationale for the Group Executive Director's rating of delivery of the strategic aim
Current assurance level	The Group Executive Director's current confidence in successful delivery of the strategic aim: Red: At risk of not making progress towards delivery of the strategic aim Amber: Some evidence of progress towards delivery of strategic aim but challenges remain Green: On track to deliver the strategic aim

Risk Matrix					
Consequence (B)	Likelihood (A)				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Certain
5 Catastrophic	Score 5	Score 10	Score 15	Score 20	Score 25
4 Major	Score 4	Score 8	Score 12	Score 16	Score 20
3 Moderate	Score 3	Score 6	Score 9	Score 12	Score 15
2 Minor	Score 2	Score 4	Score 6	Score 8	Score 10
1 Negligible	Score 1	Score 2	Score 3	Score 4	Score 5

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Joint Group Medical Director
Paper prepared by:	Nick Gomm, Director of Corporate Business and Trust Board Secretary
Date of paper:	November 2023
Subject:	Terms of reference for the Group Risk Oversight Committee (GROC)
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note • Support • Accept • Resolution • Approval ✓ • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	The Group Risk Oversight Committee is a central governance element of the Trust's implementation of its Risk Management Strategy and Framework (2022-2025)
Recommendations:	The Board of Directors is asked to approve the revised terms of reference for the GROC.
Contact:	<p><u>Name:</u> Nick Gomm, Director of Corporate Business and Trust Board Secretary</p> <p><u>Tel:</u> 0161 276 4841</p>

1. Introduction

- 1.1 The Group Risk Oversight Committee (GROC) reviews and reports on the overall risk profile of the organisation and ensures that effective assurance mechanisms are in place in relation to the mitigation in place. Reports from the GROC are considered at each Board meeting.
- 1.2 In July 2023, the GROC agreed revisions to its terms of reference. The revised terms of reference for the committee are included in Appendix A.

2. Recommendations

- 2.1 The Board of Directors is asked to approve the revised terms of reference for the GROC.

Appendix A

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

Group Risk Oversight Committee

TERMS OF REFERENCE

1. CONSTITUTION

- 1.1. The Board of Directors has established a Committee of the Board to be known as the Group Risk Oversight Committee ('the Committee').

2. MEMBERSHIP

- Group Chief Executive (Chair) Joint Group Medical Directors Group Chief Nurse
- Group Chief Finance Officer
- Group Executive Director of Workforce and Corporate Business Group Chief Operating Officer
- Hospital/MCS/LCO Directors
- Group Director of Corporate Business and Trust Board Secretary
- Group Director of Clinical Governance
- Chairman
- Non-Executive Directors (Chairs of Scrutiny Committees) Non-Executive Directors
- Corporate Directors as required

In attendance, Internal Audit representative (as required).

3. ATTENDANCE AT MEETINGS

- 3.1. Non-Executives of the Trust may attend the Committee and will be provided with copy papers in advance of each meeting.
- 3.2. Internal Audit Representatives may attend as required.
- 3.3. The Committee may require the attendance of any Trust employee or agent of the Trust.
- 3.4. A quorum shall consist of eight members including a minimum of one Executive Director, one Hospital/MCS/LCO Director and one Non-Executive Director.

4. FREQUENCY OF MEETINGS

- 4.1. Every two months and at other times as may be necessary.

5. OVERVIEW

- 5.1. The Committee will review and report on the overall risk profile of the organisation and ensure that effective assurance mechanisms are in place in relation to the mitigation in place.
- 5.2. The Committee will approve the process for the management of risk, communicated through the Group Risk Management Framework and Strategy, and set the tone and appetite for risk across the Group.

6. SCOPE AND DUTIES

- 6.1. To provide an assurance to the Board of Directors that risks of all types are identified, and controlled to an acceptable level, and to advise the Board on significant risks (those with a score of 15 or above and other risks as determined by the Committee).
- 6.2. To receive the Trust Risk Register and any significant risks identified through other reports.
- 6.3. To receive routine assurance from the outcome of each Scrutiny Committee that the relevant Principal Risk(s) and component strategic risks have been considered in the context of the effectiveness of controls in place (using the sources of assurance identified in the BAF as part of the routine business of those Committees).
- 6.4. To ensure the outcome of the consideration of the strategic risk register and any risk escalation or proposed downgrade at the Group Risk Oversight Committee is used to update the BAF.
- 6.5. The Committee will review reports on the following:
 - New and ongoing strategic risk exposure at level ≥ 15 with any comprised of interdependent/interrelated risks presented as linked risks, detailing management and oversight arrangements.
 - New and ongoing 'cross cutting' strategic aggregated risks with any comprised of interdependent/interrelated risks presented as linked risks detailing management and oversight arrangements.
 - New and ongoing strategic risks related to Single Hospital Services.
 - Corporate Risks escalated for review/support by Hospital/MCS/LCO where further mitigation is outside of the control of the Hospital/MCS/LCO (for example a national tariff issue).
 - Level ≥ 15 risks in Hospital/MCS/LCO with an AOF score of 6.
- 6.6. The Committee may also identify risks that require more detailed scrutiny arising from the Group Board Assurance Report, Group Board Assurance Framework, regulatory issues, national reports, patient/service user feedback and public interest issues.
- 6.7. To provide a forum for consultation between all professions on methods for assessing risks of all types in a consistent fashion and to propose levels of tolerance for Board of Directors' approval.

- 6.8. To provide the Board of Directors with the Group Risk Management Framework and Strategy for its approval.
- 6.9. To raise awareness and understanding of risk management at all levels and among all professions in the Trust.
- 6.10. Based upon the reporting and assurance framework, advise the Board of Directors on risk considerations relevant to the agreement of strategic objectives and investment priorities.
- 6.11. To agree and oversee the methodology for treating risks for use by operational management and to propose the relationship between this and the business planning process.
- 6.12. To ensure that there is an effective mechanism for reporting significant risks to the Board or senior management in a timely fashion (outside the usual reporting mechanism)
- 6.13. To ensure that there are effective mechanisms for reporting risks to the appropriate bodies both internally, for example:
 - Pharmacy
 - Employee Health and Wellbeing
 - Medical equipment Externally for example –
 - Care Quality Commission
 - NHS E
 - Greater Manchester Integrated Care Board
 - Medicines Healthcare products Regulatory Agency
 - Health and Safety Executive
- 6.14. To investigate and propose longer term risk indicators and report in progress against them to the Board of Directors.
- 6.15. To ensure an effective mechanism for escalating issues from Trust groups to the appropriate Committee of the Board of Directors and the Board Assurance Framework.
- 6.16. To provide the Board of Directors with an assurance that the risk is well managed. This should be enacted through the work of the Integrated Governance and Risk Committee demonstrating the effective implementation of the Risk Management Framework and Strategy, and the consideration of annual Internal Audit opinion.
- 6.17. To ensure that systems are in place which improve all practice appropriately as a consequence of risk assessment, incidents, complaints, by reporting on:
 - The method for ensuring the full range of risks is encompassed
 - Accountability for aspects of risk management and internal control
 - Any high-level risk associated with progress on completing baseline self- assessments of local and national standards, and generating subsequent action plans

- 6.18. To ensure an effective mechanism for reporting risk issues to all levels of management and staff.
- 6.19. To receive a report of the Integrated Governance and Risk Committee.
- 6.20. To receive a report of the Trust Strategic Health and Safety Committee.

7. DOCUMENT REVIEW

- 8. The Committee will be responsible for the review and submission of the following documents: The Group Risk Management Framework and Strategy

9. RELATIONSHIPS AND REPORTING

- 9.1. The Committee report shall be considered at the next Board of Directors' meeting.
- 9.2. The Committee report shall be considered at the next Trust Audit Committee.
- 9.3. The Committee may request formal reports from any other Trust Committee when relevant.
- 9.4. The Committee will work closely with both the Audit Committee and other Board sub-Committees to provide assurance to the Board of Directors that there are effective systems of internal control.

10. AUTHORITY

- 10.1. The Committee is empowered to examine and investigate any activity withing the Trust pursuant to the above scope and duties.

11. KEY PERFORMANCE INDICATORS

- 11.1. These Terms of Reference will be measured against the following key performance indicators:
 - 11.1.1. 75% attendance of all listed members or nominated deputy
 - 11.1.2. Presentation of the Group Risk Management Framework and Strategy
 - 11.1.3. Presentation of risk management in detail in the Annual Report
 - 11.1.4. Contribution to the Annual Governance Statement
 - 11.1.5. Documented discussion at each meeting of risk referral
 - 11.1.6. Annual Report for Health and Safety Committee

12 . REPORTING STRUCTURE CHART

