

Quality Account 2022 / 2023

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What is a Quality Account?

All NHS providers in England have a statutory duty to produce an annual report about the quality of services they deliver. This is called the Quality Account.

The Quality Account aims to drive quality improvement within the NHS and increase public accountability. This is done by getting NHS organisations to review their performance over the previous year, identify areas for improvement and publish that information, along with a commitment to you about how those improvements will be made and monitored over the next year.

Quality consists of three areas which are essential to the delivery of high-quality services:

- How safe is the care (patient safety)
- How well the care provided works (clinical effectiveness)
- How patients experience the care they receive (patient experience)

Scope of the Quality Account

This report sets out our performance on core quality account indicators compared to the previous year and our quality priorities for the year 2023/24. We have engaged with our Governors in setting these priorities and are aligned to our Quality and Safety Strategy.

Our main focus remains to provide safe, effective and a positive patient experience.

Highlights from Our Quality and Safety Strategy

We have a Quality and Safety Strategy which sets the direction for the delivery of quality services within our organisation for the next three years. It supports and builds upon our Trust's proven delivery of high-quality services, whilst supporting its ambition for a continuous improvement of services and sustainable growth.

The Quality and Safety Strategy sets out an approach which aims to put quality right at the heart of everything we do in order to deliver our ambition to be an 'outstanding' organisation. It ensures that quality services are delivered in response to the specific requirements of our patients, carers, our staff, the public, our commissioners and regulators. Core to this Strategy is our Trust's values and related behaviours. Our Quality and Safety Strategy describes a consistent and integrated approach to providing quality services across the Trust.

Its purpose is to set out the Trust's framework within which the Trust leads, directs and delivers high quality services.

It is an enabler of our Trust's vision and is supported through the Trust's organisational development of work. It underpins the Trust's performance and reputation and is fully endorsed by our Trust Board.

An explicit focus on Quality and Safety is at the core of our vision and strategic objectives which are to:

- focus on improving access, safety, clinical quality and outcomes
- improve continuously the experience of patients, carers and their families

- make MFT a great place to work, where we value and listen to our staff so that we attract and retain the best
- 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
- use our scale and scope to develop excellent integrated services and leading specialist services
- develop our research and innovation activities to deliver cutting edge care that reflects the needs of the populations we serve
- achieve and maintain financial sustainability
- work with partners and play our part in addressing inequalities, creating social value and advancing the wider green agenda

Our Quality and Safety Strategy is aligned to our regulatory framework which allows us to approach the development and implementation of the strategy through the lens of, and ultimately the integration of

- The safety of our care
- The effectiveness of our care
- The responsiveness of our care
- The experiences of our patients of our care
- Our quality and safety leadership

Our commitment to involving our patients and our staff in quality and safety, our focus on reducing unwarranted variation in outcome and specifically reducing inequalities in quality and safety, our appetite for learning and our mission for continuous, sustainable and accelerated improvement in quality and safety act as key drivers for our strategy.

We have identified seven quality and safety aims to support the delivery of this strategy each of which will have a specific implementation plan supported by the Trust's Annually developed and reviewed Operational Plan, each with defined governance to support monitoring and assurance processes.

These aims are:

- Our care is safe: we continuously, systematically and consistently prioritise patient safety in everything we do
- Our care is effective: our patients are provided with the best possible clinical outcome based on their individual circumstances and demonstrate a culture of continuous improvement and learning
- We are caring: Respect, dignity, kindness and compassion are at the core of our service provision
- Our care is responsive: our services are quick and convenient to use and responsive to individual needs
- We are well led: the Quality and Safety strategy is underpinned by high quality leadership
- We make our data count and measure for improvement
- We are confident that our care is of high quality, and we understand, contextualise and manage risk consistently

Every year specific quality and safety priorities will be identified for and included in the Trust's Quality Account and Annual Report.

Overview of our 2023/24 Priorities

This section of the report provides an overview of our priorities for the upcoming year as we continue to recover from the pandemic. We are proud of our long-standing commitment to patient safety and continue to focus on improving the quality of care that we provide. We know that embedding our values enables our staff to demonstrate key behaviours that leads to safer care; listening to patients and colleagues, responding proactively where there are concerns, and being caring and supportive when things do go wrong. We will continue to focus on these principles to achieve the best care for our patients and families.

Each year we are required to define a number of quality priorities which this year we have aligned to our Quality and Safety Strategy.

In 2022/23 our priorities were to:

- To understand and reduce unwarranted variation in outcome, experience and safety across the organisation for similar services (the implementation of HIVE is a key enabler for this priority)
- To Implement the National Patient Safety Strategy in full to optimise patient safety learning through the delivery of the Trust's Patient Safety Profile and Plan aligned to the Trust-Wide Quality and Safety Strategy
- To deliver an effective IPC Strategy to support recovery from COVID-19 and continued focus on prevention and control of other healthcare acquired infections
- To deliver excellence in patient experience through the MFT quality and patient experience programme and the implementation of the National Patient and Public Involvement in Patient Safety Framework

Our 2023/24 priorities:

We will be carrying forward some of our priorities from 2022/23 to 2023/34. Our 2023/24 priorities are:

- To understand and reduce unwarranted variation in outcome, experience and safety across the organisation for patients accessing our services for urgent or emergency care or triage (including maternity) or who are waiting for elective or cancer care or diagnostic services
- To optimise the safety of invasive and operative procedures undertaken across the Trust
- To support effective patient involvement and optimise consent processes through the implementation of shared decision making
- To ensure safe and effective medication management throughout all services provided by the Trust
- To understand and reduce unwarranted variation in outcome, experience and safety across the organisation for patients being discharged from our services
- To ensure the actual or potential impact of inequality is explicitly considered through the ongoing work to implement the Quality and Safety Strategy, including the implementation of the Patient Safety Incident Response Framework

In addition to the above priorities, we will continue our ongoing work to support recovery from the COVID-19 pandemic.

Friends and Family Test - Patients

The Friends and Family Test (FFT) is an important feedback tool which can be utilised by people who use the NHS to provide feedback on their experience. It is a standardised national single question survey which asks patients whether they would recommend the NHS service they have used to friends and family who need similar treatment or care. FFT results are published monthly on the NHSE and NHS Choices websites and monitored by the CQC as part of their inspection process. FFT results are included in the Trust's Board Assurance reports. FFT performance including qualitative comments provided by patients is accessible via the CIVICA Patient Experience Portal.

The Friends and Family Test

Thinking about your recent visit to / from: _____

Overall, how was your experience of our service?

Very Good Good Neither Good nor Poor
 Poor Very Poor Don't Know

Please scan the QR Code for alternative languages or larger font.

Please can you tell us why you gave your answer?

Please tell us about anything that we could have done better.

Thank you for sharing your feedback. We would like to include anonymous comments from our patients in our reports. Please tick this box, if you do not wish your comments to be made public.

Please Turn Over

Version: September 2021

FFT is also an important source of information that provides information about What Matters to Patients in respect of the care and treatment they receive. It is important that patients are given the opportunity to complete the FFT survey so that they can add comments about their experience. The feedback informs continuous improvements and transformation of services to provide a high-quality patient experience. To maximise feedback from the FFT, responses are captured through a variety of different methods including FFT cards, tablet devices, Hospedia bedside entertainment screens, online surveys, and SMS text messaging.

The Friends and Family Test

Thinking about your recent visit to / from: _____

Overall, how was your experience of our service?

Very Good Good Neither Good nor Poor
 Poor Very Poor Don't Know

Please scan the QR Code for alternative languages or larger font.

Please can you tell us why you gave your answer?

Please tell us about anything that we could have done better.

Thank you for sharing your feedback. We would like to include anonymous comments from our patients in our reports. Please tick this box, if you do not wish your comments to be made public.

Please Turn Over

Version: September 2021

The question is based on a six-point answer scale which ranges from 'extremely likely' to 'extremely unlikely'.

A key benefit of FFT compared to other patient feedback tools is that patients are able to provide feedback in near real time, meaning results are available to staff more quickly. This allows timely action to address poor experiences and celebrate and promote good practice.

The FFT results are monitored through monthly reports that present response rates, positive and negative scores, and links to patient comments for all wards and departments.

The FFT feedback is used, alongside other data (such as our monthly Quality of Care Round Audits, local '**What Matters to Me**' Patient Experience Surveys and National Patient Surveys) to further inform continuous improvements to patient care.

During 2022/2023, the Quality and Patient Experience team have:

- Publicised the updated FFT guidance, collaborated with each Hospital/MCS/LCO to increase FFT response rates and promote the FFT survey.
- Initiated a collaboration with Voluntary Services targeting areas that have low response rates in collecting quality FFT feedback.
- Delivered a targeted awareness campaign to promote the relaunch of the Patient Experience platform tool and rebrand of the FFT survey design across the Trust.
- Ensured a successful transition of all ward areas are included in the new platform, inclusive of any new areas and encompassing northern MLCO and TICO services.
- Continued to promote an emphasis on the Free Text elements of the FFT ensuring that these are prioritised at both ward level and a corporate level as critical feedback can highlight opportunities for improvement.
- Continued to publicise the importance of FFT to staff and patients with emphasis around the rebrand and using pop up banners and posters.
- Focused on a specialty area or a trigger point to promote the FFT/engaging with users where numbers of responses fall too low.
- Explored the introduction of improvement thresholds to increase uptake.
- Introduced dedicated 'ward walks' to increase Patient Experience Team's visibility and address issues on the spot.

FFT Feedback from our Patients - Some of our patients' comments



The feedback we receive helps us to inform our improvement work and celebrate our success.

Table 1: FFT Response and Results April 2022 – YTD February 2023

Friends and Family Test Response and Results 2022/2023			
Area	Response Rate 22/23	Percentage Positive	Percentage Negative
Inpatients	14.06%	95.85%	1.44%
Emergency Departments	6.06%	73.35%	19.39%
Outpatients	N/A*	95.97%	1.92%
Maternity	N/A*	93.00%	4.53%
Community	N/A*	99.03%	0.30%

* Response rates are not a statutory requirement for Outpatients, Maternity and Community. This is because there is no limit on how often a patient or service user can give feedback when using these services. Therefore, eligible number of patients for these services have not been captured and hence response rates are not calculated.

Plans for 2023/2024

- To continue to gather as much feedback as possible to improve the care of our patients

Friends and Family Test (Staff)

The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends

In the 2022 NHS Staff Survey, 58% of staff reported that if a friend or relative needed treatment, they would be happy with the standard of care provided by the Trust.

Action Plans and Next Steps

Staff Survey response plans have taken a different approach to previous years to recognise the accelerated shift required to move the dial on our staff experience. A number of strategic workshops have been held with senior leaders from across the Trust in order to work as a collective system team, to tackle longstanding staff experience challenges. This new way of working has enabled leaders, for the first time, to consider at a system level what needs to change to deliver a sustainable shift. It has also increased the focus on getting the foundations right for everyone as the 'critical path' to improving staff experience. A programme of work is underway to support a holistic 'listening well' organisational strategy.

A holistic 'listening well' organisational engagement plan has been developed to support the new Group Chief Executive Officer during the first six months in role. The approach has been taken based on NHS England listening well guidance best practice. This guidance supports the staff survey 2022 themes around meaningful listening and engagement and the opportunity to use digital enablement tools to support deeper, faster and more inclusive communication and engagement with everyone.

More information can be found in the organisational engagement plan which is currently being considered by Executive colleagues and will be shared widely in due course for visibility.

The 2022 results will be included in Accountability Oversight Framework discussions led by the Group Chief Operating Officer with the support of Group Executive Directors. This will also be monitored via the model hospital data.

To support a consistent approach to action planning and goal setting, a revised 'Staff Survey Action Plan Playbook' has been circulated to managers. This will support leaders and managers to work through a four-stage process in developing their plans.

The ongoing work will also continue locally across the Hospitals / MCSs / LCO / Corporate Services to create a feel-good factor for staff.

Complaints, Concerns and Compliments

Complaints data is reported monthly to members of our Trust Board of Directors. In addition, we publish in-depth quarterly complaints reports and an annual complaints report. Table 2 shows the number of Formal Complaints and PALS Concerns received from 1st April 2022 to 31st March 2023.

Table 2: Formal Complaints and PALS Concerns

	2022/23
Formal Complaints	2021
PALS Concerns	8673

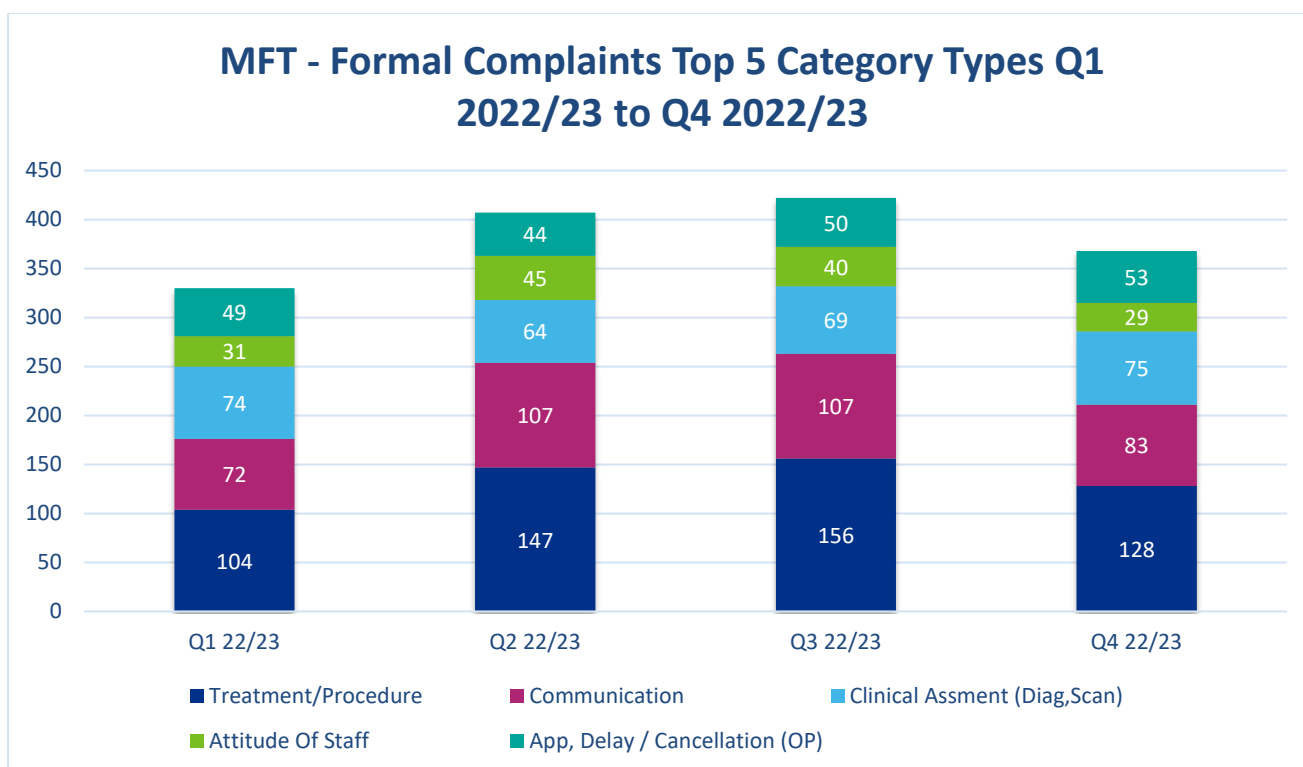
Table 3: Formal complaints received by service

	2022/23
Inpatient	624
Outpatient	919
A&E	314
Community Hospitals	2
Maternity	39
Mental Health	16
Other	65
Other Community Health	42

The themes and trends from complaints are reviewed at a number of levels. Each Hospital / MCS / LCO consider local complaints on a regular basis, as part of their weekly complaint review meetings and monthly Quality Forums. Further analysis of complaint themes and trends is provided in the Board of Directors Quarterly and Annual Complaint Reports.

The Trust-wide top 5 categories for 2022/23 are displayed in Graph 1

Graph 1: Formal Complaints – Top 5 categories for 2022/23



Parliamentary and Health Service Ombudsman (PHSO)

If a complainant remains dissatisfied following completion of the local resolution process for a complaint (the first stage of the NHS complaints procedure), a complainant can self-refer their complaint to the PHSO. The PHSO will then assess their complaint and may decide to undertake a further investigation. Table 4 below provides the number and outcome of our Trust PHSO cases closed during 2022/23.

Table 4: Current and closed PHSO cases

	Current cases under investigation	Closed during 2022/23	Fully upheld	Partially upheld	Not upheld
2022/23	6	1	1	0	0

PALS and Complaints Quality Improvements during 2022/23

Advanced telephone system

A new advanced telephone system was implemented in the PALS and Complaints Department in March 2023. This new system was identified as being necessary, as a result of feedback from complainants, and has been implemented to improve telephone access to the PALS and Complaints Department and responsiveness to calls.

The new telephone system provides the PALS and Complaints Manager and the Customer Service Manager with a 'live' electronic dashboard to monitor the number of calls into the service, and the responsiveness. This allows performance to be monitored, and any proactive support and improvements made as deemed necessary.

Enhanced Equality Diversity and Inclusion (EDI) data quality collection

The complaints EDI monitoring form has been updated to capture the protected characteristics under the Equality Act, and in line with data fields on HIVE. EDI data is now collected direct from HIVE when the patient is the complainant, following advice and approval from the Trust's EDI and Information Governance Teams, to improve the data collection percentage.

Hospital/MCS/LCO/Corporate Services Complaint KPI meetings

Weekly Hospital/MCS/LCO/Corporate Services Complaints KPI meetings now include PALS, as well as Complaints, and the structure of these meetings has been standardised across the Trust. This will ensure all Hospitals/MCSs/LCO/Corporate Services are monitoring their Complaints and PALS KPIs and enable timely updates to be provided to the Corporate Complaints Team. Since these improvements have been made, there has been an associated increase in the number of PALS Concerns being responded to within 10 working days.

Complaints Review Scrutiny Group

To assist with the Complaints Review Scrutiny Group (CRSG) lending itself to improve patient experience, work was completed during 2022/23 to implement quality improvements. In line with the improvements to the CRSG, the Terms of Reference have been updated, a Standard Operating Procedure developed and implemented, and data parameters agreed and set.

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 eight times in 2022/23. At each CRSG, the management teams from two different Hospitals/MCSs/LCO each presented a case, with learning and associated actions identified from the 4 cases discussed, and assurance was provided that complaints are investigated with appropriate action taken when needed.

PALS and Complaints Education Programme

During 2022/3 the Complaints Team delivered Complaints Investigation and Response Letter Writing Training whilst the PALS Team facilitated educational sessions as part of the Team Leader Senior Clinician Leadership and Management Programme. Further training is planned to be delivered across all Hospitals/MCSs/LCO/Corporate Services in 2023/24, with a full timetable to be published on the Trust's learning hub.

During 2022/23, the PALS and Complaints MFT E-Learning Customer Service package was launched on the Trust's learning platform. This continues to be advertised through the Trust's communication channels and attendance data and user feedback will be reviewed in 2023/24 and on an ongoing basis

Complaints Satisfaction Survey

Understanding the experience of the complainant, during and after a complaint investigation, is considered good practice. By asking the complainant about their experiences about the quality of the services they have received, the Trust can use this feedback to make changes and improve our processes and procedures.

Feedback from complainants during 2022/23 included concerns regarding difficulties contacting PALS via telephone and compliments for the support and re-assurance provided by PALS staff during difficult times for patients and relatives.

Following receipt of this feedback, the PALS and Complaints Manager and Customer Service Manager undertook a thorough review of the case handling and identified areas for learning. As a result of this, a new telephone system has been implemented as previously discussed and there will be a change in process to how voicemails and calls are returned directly by the PALS and Complaints handlers, to increase responsiveness to calls.

Continued areas for improvement and development during 2023/24 include:

- Update PALS and Complaints sections on the Trust website and create a new online PALS contact form.
- Update PALS and Complaints leaflets, posters, and banners.
- 'Ask, Listen, Do' commitment - improving the experiences of people with a learning disability, autism or both when using the Trust's PALS and Complaints service.
- Implementation of changes to the Complaints Process in accordance with the new PHSO Complaints Standards, to be enforced in April 2024.
- Exploration of the introduction of a PHSO/Complaints 'upheld' Learning Sub-Group.
- Exploration of the introduction of a Patient and Public Involvement Complaints Focus Group.
- Establish collaborative working relationships with charitable, voluntary and community organisations, to increase PALS awareness in Manchester.
- Re-open PALS office at Trafford General Hospital.
- Audit of PALS process to identify areas for improvement.
- Exploration of electronic document signing, to improve consent request process.
- Training sessions on Ulysses' Customer Services module to be delivered by Complaints Team Leaders.

Our Digital Maturity – Electronic Patient Records (Hive)

On the 8th of September, MFT went live with Hive, a fully integrated electronic patient record (EPR) system that provides a single Trust-wide hospital record for every patient. Alongside Hive, a new patient portal and mobile app MyMFT also went live, empowering patients to take greater control of their healthcare.

Our priority, as ever, is to deliver safe and effective care for our patients and this remains at the forefront of the Hive transformation taking place across MFT. Hive is a **clinically led, operationally delivered, digitally enabled** programme and is a key enabler for patient safety and experience transformation, and for our workforce experience strategy.

Through Hive we aim:

1. To **increase patient safety** by providing **accurate and accessible information** within one Trust-wide record for each patient
2. To **improve patient experience** by **standardising the experience** across the Trust and giving patients more control over their care with MyMFT
3. To **support better clinical decision making** and allowing more time for patient care as staff can access the information, they need to care for patients wherever and whenever they need it.

In the six months since Go Live there are already some key areas where early benefits have been realised:

Transparency and Visibility: Having an integrated system with increased visibility of data such as referrals, previous encounters, and lab results significantly improved efficiency and transparency leading to better outcomes.

Safeguarding: In Hive, safeguarding concern information is easily accessible and with electronic notes documentation cannot go missing. One Safeguarding Lead said, “We think it’s great so far, and we’re in a good starting place”.

Patient Empowerment: Over 150,000 of our patients are feeling empowered to take more control of their care by signing up to MyMFT – their dedicated online patient portal.

Patient Safety: Real-time updates in an efficient one-page “track board” means staff can easily track warnings and trend in the Emergency Department, which supports patient safety.

Sustainability: We are already seeing the benefits of moving away from paper and print based systems whilst decommissioning hundreds of legacy digital systems, all contributing to our sustainability goals.

Care Quality Commission

Manchester University NHS Foundation Trust (MFT) is required to register with the Care Quality Commission (CQC) and its current registration status is fully registered with no conditions. MFT has had no conditions on its registration. The CQC did not take enforcement action against MFT during 2022/23.

MFT has not participated in any investigations by the CQC. The Trust works closely with the CQC on maintaining high quality services.

In the reporting year, the Trust has participated in a CQC review and an inspection. In January 2023, the CQC undertook a review of the use of the Mental Health Act (MHA) in all of our A&E departments namely Manchester Royal Infirmary (MRI), North Manchester General Hospital (NMGH) and Wythenshawe. The review explored the compliance with the provisions within the Mental Health Act relating to patients being brought to the departments as a place of safety (under Section 136). Feedback from the CQC following the review did not highlight any concerns or actions for the Trust.

In March 2023, the CQC inspected Maternity Services at each of the three sites between 7th and 9th March. The sites were:

- Saint Mary’s Oxford Road (7th March)
- Saint Mary’s Wythenshawe (8th March)
- Saint Mary’s North Manchester (9th March)

This inspection was in line with the CQC national maternity inspection programme across the country. The programme aims to provide an up-to-date view of the quality of hospital maternity care across the country, and gain a better understanding of what is working well to support learning and improvement at a local and national level.

Following the inspection, the Trust was notified that the CQC had formed the view that the quality of health care provided by the maternity services required significant improvement in the following areas:

- The service did not operate effective and timely triage process to protect women, birthing people and newborns.
- The service did not facilitate timely access to appropriate treatment and birth settings for women, birthing people and newborns.
- The service did not always have enough sufficiently skilled and experienced midwifery and medical staff to appropriately assess and care for women and birthing people and mitigate risks in a timely manner.

Due to these concerns, the CQC notified the Trust of their intention to issue a Warning Notice under section 29a of the Health and Social care Act 2008.

The Trust has produced and submitted a comprehensive compliance action plan related to the specific concerns. An Executive led Maternity Oversight Group, co-chaired by the Group Chief Nurse and Deputy Chief Executive has been established to oversee and assure the response to the CQC.

The Trust awaits the final inspection report. The timeframe for this is unknown.

The Trust continues to work closely with all external regulators and inspection bodies and will use regulatory findings to make improvements where needed and as an assurance of quality.

Information Governance (IG)

The Trust met the 30th June 2022 deadline for submitting its 2021/22 IG compliance self-assessment against the NHS Data Security and Protection Toolkit (DSPT) standards and published its 2021/22 DSPT as “Standards Met”.

Accuract of data - Data Quality

Manchester University NHS Foundation Trust submitted records during 2022-23 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient’s valid NHS number was:

99.2% for admitted patient care

99.6% for outpatient care, and

95.4% for accident and emergency care

The percentage of records in the published data which included the patient’s valid General Medical Practice Code was:

99.6% for admitted patient care

99.3% for outpatient care, and

98.2% for accident and emergency care

Clinical Research and Innovation

MFT continues to be at the cutting-edge of healthcare research, innovation, and life sciences in the UK. Through clinical, commercial, and academic expertise and funding, we have developed an innovative infrastructure of partners to nurture clinical and commercial success, and provide new innovations, treatments, and services to our patients and communities.

Throughout 2022/2023, the skills, expertise, and experience of our staff, coupled with our world-class facilities and hosted Research and Innovation (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.

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.

We aim to give as many people as possible the opportunity to influence, design, and take part in clinical studies and evaluations. They 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.

Highlights of our research and innovation include

- First baby in UK receives life-saving gene therapy (Libmeldy – the most expensive NHS treatment) at Royal Manchester Children's Hospital
- Award winning MFT-led world-first genetic test, that could save the hearing of hundreds of babies each year, recommend by National Institute for Health and Care Excellence (NICE) for use within the NHS
- MFT-developed gene therapy (in partnership with UoM and Orchard Therapeutics) has shown promising early results in a proof-of-concept study for Sanfilippo disease (also known as childhood dementia)
- World first participant in new study to evaluate next generation COVID-19 protection
- MFT-sponsored research study to tackle milk allergy in babies and children opened at the Manchester CRF at Royal Manchester Children's Hospital
- Research study at Saint Mary's Wythenshawe to help pre-term babies with breathing issues
- Change to standard care treatment for rare cancer based on MFT-led research
- Parents in Greater Manchester support new HARMONIE research study tackling RSV infections in infants
- North Manchester General Hospital joins UK RIO study investigating long-acting immune-based treatment for HIV

- First UK participant to study investigating treatment of leading cause of irreversible blindness recruited at Manchester Royal Eye Hospital
- MFT-led research reveals ‘life-changing’ impact of ‘Flash’ blood glucose monitoring for type 1 diabetes
- ‘World-first’ graphene-based test, developed in partnership with MFT’s Diagnostics and Technology Accelerator (DiTA) could rapidly detect patients’ need for antibiotic treatment
- Launch of ambitious strategic Tri-party partnership between MFT, UoM, and global precision medicine company QIAGEN
- Memorandum of Understanding between MFT, UoM, and Siemens Healthineers to formalise close working relationships and accelerate GM’s capacity to detect and diagnose cancers – and other health conditions which disproportionately affect the city region’s population
- MFT-hosted UK Clinical Research Facility Network awarded £2.4 million NIHR funding to support research studies over the next five years.

Next steps: R&I in 2023/24

MFT’s R&I strategy for 2023/24 will build on the success of our 2022/23 strategy, strengthening our continuous track record of achievements and developments.

You can learn more about the impact of our research and innovation in our Annual Report [Pls insert page no]; and follow us on Twitter ([@MFT_Research](#)) and LinkedIn: www.linkedin.com/company/mft-research-and-innovation

National and local clinical audits

National Audits

The national clinical audits that the Trust was eligible to participate in during 2022/23 are shown in table 5. It is important to note that the final overall total number of data submission to some national audits have been affected by the Hive implementation. This is being addressed by Informatics.

Table 5 National Audit submission

Title	No. of cases	% Of cases submitted	Notes
Transurethral REsection and Single instillation intravesical chemotherapy Evaluation in bladder Cancer Treatment (RESECT)	WTWA - 45	WTWA – 100%	Data collection ongoing until end of June 2023.
Case Mix Programme (CMP)	CSS – 4938	CSS – 100%	
Cleft Registry and Audit Network (CRANE)	RMCH - 45	RMCH – 100%	
Emergency Medicine QIPs - Care of Older People	MRI - TBC WTWA - TBC	MRI - TBC WTWA - TBC	Data collection ongoing until October 2023
Emergency Medicine QIPs - Mental Health (Self-Harm)	MRI - TBC WTWA - TBC	MRI - TBC WTWA - TBC	Data collection ongoing until October 2023
Emergency Medicine QIPs - Pain in Children	RMCH - TBC WTWA - TBC	RMCH - TBC WTWA - TBC	
National Audit of Seizures and Epilepsies in Children & Young People (Epilepsy 12)	RMCH – 65	RMCH– 100%	
National Audit of Inpatient Falls	MFT - 16	MFT – 94%	
National Hip Fracture Database (NHFD)	MRI – 43 WTWA – 516 NMGH - 383	MRI 100% WTWA 100% NMGH 100%	
National Bowel Cancer Audit (NBOCA)	MRI – TBC WTWA – 153	MRI – TBC WTWA –100%	MRI data still being validated
National Oesophago-Gastric Cancer Audit (NOGCA)	MFT – N/A	MFT – N/A	Diagnosis only now at MFT
Inflammatory Bowel Disease (IBD) Audit -Inflammatory Bowel Disease (IBD) Biological Therapies Audit	MRI – 0 RMCH – 0	MRI – N/A RMCH – N/A	MRI – Unable to submit due to staffing issues in the IBD team. Issue now resolved – staff appointed into post. RMCH unable to submit due to staffing issues
National Diabetes Foot Care Audit	MRI - 117 WTWA - 32 NMGH - 21	MRI – 100% WTWA -100% NMGH - 100%	
Title	No. of cases	% Of cases submitted	Notes
National Diabetes Inpatient Audit Harms (NADIA)	MRI - 25 NMGH – 0 WTWA – 29	MRI – 100% NMGH - N/A WTWA –100%	

National Core Diabetes Audit	MRI – 0 WTWA – 0 NMGH – 0	MRI –N/A WTWA – N/A NMGH – N/A	NMGH did not submit data due to clinical pressures. Discussed at NMGH's Hospital Quality and Safety Committee. MRI & WTWA did not submit data due to Hive functionality not supporting data collection at this point. Pre HIVE data collection was via Diamond system. Discussed at respective Hospital Quality and Safety Committee. Ongoing discussion with Hive to support 2023/24 submission.
National Diabetes in Pregnancy Audit	SMH - 193	SMH - 100%	
Adult Asthma Secondary Care	MRI - 94 WTWA – 17 NMGH - 109	MRI - 100% WTWA – 15% NMGH- 100%	WTWA- insufficient data submission due to staffing resource. Discussed at WTWA's Hospital Quality and Safety Committee. Plan in place to support
Chronic Obstructive Pulmonary Disease (COPD)	MRI – 393 WTWA – 285 NMGH – 448	MRI – 100% WTWA – 60% NMGH – 100%	WTWA- insufficient data submission due to staffing resource. Discussed at WTWA's Hospital Quality and Safety Committee. Plan in place to support
Paediatric Asthma Secondary Care	RMCH – 114	RMCH – 100%	
Pulmonary Rehabilitation	MRI – 20 WTWA - 129 NMGH – 30	MRI - 20 WTWA –100% NMGH – 100%	On target for 100% of expected cases by audit deadline 13/05/2023
National Audit of Breast Cancer in Older People (NABCOP)	WTWA – 807	WTWA – 100%	Due to HIVE includes cases from April to Sept 2022
Breast and Cosmetic Implant Registry (BCIR)	NMGH – TBC	NMGH - TBC	
National Audit of Cardiac Rehabilitation	WTWA - 552 NMGH – 195	WTWA –100% NMGH –100%	Data validation ongoing – Final data available in June
National Audit of Care at the End of Life (NACEL)	MRI – 28 WTWA – 34	MRI - 56% WTWA - 100%	
National Audit of Dementia	MRI – 50 WTWA – 80 NMGH -100%	MRI – 100% WTWA –100% NMGH –100%	NAD audit continues into 23/24
National Cardiac Arrest Audit	CSS – 106	CSS – 100%	Awaiting data from Q4
Myocardial Ischaemia National Audit Project (MINAP)	WTWA – 387 MRI - 931	WTWA –100% MRI – 100%	Data submission closes after validation on 30.06.23
National Adult Cardiac Surgery Audit	WTWA – 598 MRI - 410	WTWA –100% MRI – 100%	Data submission closes after validation on 30.06.23
National Audit of Cardiac Rhythm Management (CRM)	WTWA – 354 MRI - 859	WTWA –100% MRI – 100%	Data submission closes after validation on 30.06.23
National Audit of Percutaneous Coronary Interventions (PCI)	WTWA – 985 MRI - 1378	WTWA –100% MRI – 100%	Data submission closes after validation on 30.06.23
National Congenital Heart Disease Audit (NCHDA)	MRI - 129	MRI 100%	Data submission closes after validation on 30.06.23

National Heart Failure Audit	WTWA – 156 MRI - 338	WTWA –100% MRI – 100%	Data submission closes after validation on 30.06.23
Title	No. of cases	% Of cases submitted	Notes
National Early Inflammatory Arthritis Audit (NEIAA)	MRI – 0 WTWA – 10	MRI – N/A WTWA – Unknown*	MRI did not submit in 22/23 due to capacity issues. *WTWA – low patient volume therefore submission inappropriate.
National Emergency Laparotomy Audit (NELA)	MRI – 58 WTWA - 89	MRI – Unknown WTWA – Unknown	Q4 data not yet available
National Joint Registry	MFT – 1006	MFT – 100%	
National Lung Cancer Audit	MRI – TBC WTWA - 560 NMGH - TBC	MRI – TBC WTWA –100% TBC	
National Ophthalmology Audit NOD	MREH - TBC	MREH - TBC	We will not receive the data for the 2022/23 NHS year until June 2023
National Maternity and Perinatal Audit (NMPA)	NMGH – Unknown*	NMGH - 100%	*Provided automatically by NHS Digital, actual number unavailable
National Neonatal Audit Programme (NNAP)	SMH - 3362	SMH – 100%	All data is extracted by NNAP via BADGERNET
National Paediatric Diabetes Audit (NPDA)	RMCH - TBC NMGH - TBC	RMCH - 100% NMGH - 100%	NPDA cannot confirm final numbers until June
National Prostate Cancer Audit (NPCA)	MRI – 123 WTWA – 153	MRI – 100% WTWA –100%	
National Vascular Registry	MFT - 465	MFT - 100%	
Paediatric Intensive Care Audit Network (PICANet)	RMCH - 916	RMCH - 100%	
UK Renal Registry (UKRR)	MRI - 7084	MRI – 100%	
Sentinel Stroke National Audit Programme (SSNAP)	MRI – 191 WTWA – 177 MTLCO - 54	MRI – 100% WTWA –100% MTLCO -100%	
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	CSS - 19	CSS - 100%	
Society for Acute Medicine Benchmarking Audit (SAMBA)	MRI – 50 WTWA – 51 NMGH –100	MRI – 100% WTWA –100% NMGH –100%	
Trauma Audit & Research Network	MRI – 819 RMCH - 262 WTWA – 433 NMGH – 0	MRI – 100% RMCH – 100% WTWA –100% NMGH – N/A	NMGH not active in 22/23 due to capacity discussed at NMGH Quality and Safety Committee
UK Cystic Fibrosis Registry	RMCH – 210 WTWA - 418	RMCH – 100% WTWA –100%	
UK Parkinson's	MTLCO – 20 MRI – 30 WTWA – 20	MTLCO 100% MRI – 100% WTWA –100%	

Local clinical audits

The reports of local clinical audits were reviewed by the Manchester University NHS Foundation Trust in 2022/23. Some examples of audit outcomes from the programme are as per below:

- Physiotherapists in the muscular-skeletal (MSK) department at Trafford General Hospital reaudited one of the MSK service standards. The standard relates to Physiotherapists providing patients with information on health priorities, assessments and interventions and ensuring this is reflected in the patients' clinical records. The outcome of the audit showed an improvement in compliance from the previous audit, as majority of patients received this advice. However not all patients had documentary evidence of this in their records, therefore additional team training sessions were put in place with respective teams to address this.
- The Cardiology team in Manchester Royal Infirmary looked at a number of their patients with pre-existing heart conditions who required a dental check-up before their operations to reduce the risk of infection. The audit result showed that for all the patients they looked at, all of them had had the assessment and for three quarters of the patients this had taken place within the correct time period. This was an improvement in the results compared to a similar audit that was undertaken the previous year.
- It's important for some younger patients to receive a pregnancy test before they undergo a procedure for a several reasons. After a previous audit showed low level of compliance, the clinical team at Royal Manchester Children's Hospital had put actions in place to ensure that in these cases the relevant information was recorded. These actions included developing a guideline, providing pregnancy testing kits and offering patient information leaflets, which were written with the help from the youth forum. A reaudit following implementataions of the actions, showed an improvement in the compliance level.
- Safe Place Merseyside is a service that aims to provide a comprehensive service to men, women and young people over 16 years and above, who have been raped or sexually assaulted. The team audited their checklist, which assists them in providing a high quality of service. Overall, their results had improved from very limited to significant assurance since the previous audit.
- The podiatry team in the Manchester Local Care Organisation looked at how well they were following NICE guidelines when examining diabetic patients with foot ulcers. They looked at records for over 70 patients at five different clinics to assess if standards were being met. Overall, they found the results provided them with significant assurance that they were meeting the standards which was an improvement from the the original audit where the assurance was very limited.

Core Quality Account Indicators

In this report, you will see performance figures and, where possible, comparative information so that you can see how well we are doing alongside our other NHS colleagues.

Table 6: Core Quality Account indicators with comparable performance figures where possible.

Prescribed information	Data Source	2022/23	2021/22	National Average	Indicator Comments
The value and banding of the summary hospital-level mortality indicator (SHMI) for the Trust for the reporting period	HSCIC	99.6 (Dec 21 – Nov 22)	94.07 (Dec 20 - Nov 21)	100	National target <100
Percentage of patient deaths with palliative care coded at either diagnosis or specialty level	Dr Foster	36.9% (Jan 22 – Dec 22)	44.1% (Jan 21 - Dec 21)	40%	
The percentage of patients aged 0-15 readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.	Dr Foster	8.5% (Nov 21 – Oct 22)	8.9% (Nov 20 – Oct 21)	10.8% (Sep 21 – Aug 22)	
The percentage of patients aged 16 or above readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.	Dr Foster	6.9% (Nov 21 – Oct 22)	7.8% (Nov 20 – Oct 21)	7.8% (Sep 21 – Aug 22)	
Percentage of patients admitted to hospital risk assessed for VTE	Trust Data	Currently suspended for external reporting	89.18%	95.63% - Q1 2019/20 (not submitted since)	95% of all eligible patients to be risk assessed for VTE
The rate per 100,000 days of cases of C. difficile infection reported within the Trust amongst patients aged 2 or over	Trust Data	27.14	27.55	16.2	National average based 2021/22 year
The number and, where available rate of patient safety incidents reported within the Trust in the reporting period.	Trust Data	57787 679 per 10,000 bed days	46501 536 per 10,000 bed days	N/A	N/A
The number and percentage of such patient safety incidents that resulted in severe harm or death (levels 4 and 5)	Trust Data	141 0.24%	92 0.20%		
Groin hernia surgery	NHS England	Ceased national collection of data in 2017	Ceased national collection of data in 2017	Ceased national collection of data in 2017	Discontinued in 2017
Varicose vein surgery	NHS England	Ceased national collection of data in 2017	Ceased national collection of data in 2017	Ceased national collection of data in 2017	Discontinued in 2017
Hip replacement surgery and	NHS England	Ceased national collection in 2021	97.2% Oxford Hip Score (2020 – 21)	97.2% Oxford Hip Score (2020 – 21)	Discontinued in 2021
Knee replacement surgery	NHS England	Ceased national	91.9% Oxford Hip	94.1% Oxford	Discontinued in 2021

		collection in 2021	Score (2020 – 21)	Knee Score (2020 – 21)	
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Statement of Directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS England has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the content of the Quality Account meets the requirements set out in the NHS foundation trust annual reporting manual 2019/20 and supporting guidance detailed requirements for quality reports 2019/20
- the Quality Account presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Account is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the Quality Account has been prepared in accordance with NHS England's supporting guidance as well as the standards to support data quality for the preparation of the Quality Account

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the board

.....2023..... Date..... *Katty Corwell* Chairman
.....2023..... Date..... *[Signature]* Chief Executive

Feedback from Greater Manchester Integrated Care Board

NHS Greater Manchester Integrated Care Board welcomes the opportunity to comment on the quality account for Manchester University NHS Foundation Trust.

It is positive to note the progress made against the 2022/23 priorities and those priorities the Trust commits to take forward over to 2023/2024. It is a reminder of the many notable achievements of the trust over the past 12 months, particularly considering the ongoing recovery from the pandemic. Those challenges are not unique to the trust and continue to be experienced nationally.

With consideration of the 2023/24 quality priorities, NHS GM ICB notes the commitment from the trust to involve patients and staff in quality and safety, we know the voice and experience of patients and staff is integral to driving real change in reducing unwarranted variation of outcomes as well as achieving sustainable and accelerated improvement.

NHS GM ICB is also pleased to note the plans around patient safety with a clear focus on reducing and eliminating patient harm. We support the actions to understand and reduce unwarranted variation in outcomes across the organisation for patients accessing our services in urgent, emergency care or triage, including maternity, or who are waiting for elective or cancer care or diagnostic services. The priority is to ensure the actual or potential impact of inequality is explicitly considered through the ongoing work in implementing the Quality and Safety Strategy. The implementation of the Patient Safety Incident Response Framework is of particular importance for a population as diverse as that treated by the Trust.

The development of ICSs has allowed for cross organisational working with members of NHS Greater Manchester Integrated Care (NHS GM) invited to attend Patient Safety Oversight Panels, Clinical Practice Oversight Committees and High Impact Learning Assessment events that bring together a plethora of disciplines to maximise learning potential and minimise patient and staff harm. A collaborative approach between MFT and NHS GM to all areas of quality continues to evolve and embed allowing for a supportive, open and transparent way of working.

This year has also been significant in relation to digital advancements within the trust with the introduction of HIVE in September 2022. Hive is a clinically led, operationally delivered, digitally enabled programme and is a key enabler for patient safety and experience transformation. The new electronic patient system has meant patient records are now shared across sites, patients do not need to repeat their information and clinicians have the accurate and accessible information. Implementation of a change of this magnitude has not been without challenge, NHS GM has been assured of the robust programme management approach and governance process to oversee the implementation with safety placed at the forefront of implementation.

NHS GM supports the continued dedication to Research and Innovation, and the extensive list of achievements and improved outcomes for our population, nationally as well as globally.

Whilst the Quality Account reflects the many areas of development, excellence and good practice within the trust, there are also areas of challenge to acknowledge. The Trust recently went from System Oversight Framework (SOF) 2 segmentation to SOF 3 segmentation in recognition of elective recovery and cancer waiting times. Those challenges are derived from the unprecedented and ongoing pressures brought on by the pandemic. An additional opportunity for improvement, as included within the quality account, is the recent Care Quality Commission (CQC) inspection into Maternity Services as part of the National Maternity Inspection Programme which resulted in the trust being issued with a Regulation 29a notice. This is an opportunity to build on the momentum

for change and improvement evident within the trust. The trust has the support of the Local Maternity & Neonatal System (LMNS) and the wider NHS GM to deliver improvements in a sustainable way for long term improvement.

Finally, NHS GM wishes to acknowledge and thank every member of staff at the trust who continue to uphold the NHS Constitutional values for their hard work, courage and dedication. The last 3 years has been challenging for staff of all disciplines who work to deliver care to the populations served. Those challenges and staff experiences are evident when we see the outputs from the NHS staff survey. Whilst NHC GM awaits the trust's Organisational Engagement Plan in response to the NHS staff survey, the trust have shared assurances in relation to staff health and wellbeing. This has included monthly health and wellbeing bulletins, Wellbeing Conversations, Wellbeing champions, Menopause Support, Reasonable Adjustments Toolkit, Neurodiversity Support and Advice, as well as the Mental Health First Aid Programme.

NHS GM commends the continued commitment to quality improvement and innovation of the trust alongside increased collaboration and partnership working with the Integrated Care System. The year ahead will provide further challenges, notably elective recovery and cancer wait times. NHS GM look forward to continuing to work in a collaborative partnership with the Trust to further improve the quality of care to our patients.

Greater Manchester Integrated Care Board Chief Executive