

**Manchester University NHS
Foundation Trust**

2023/24 Annual Plan

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1. Introduction

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

Our vision describes our aspirations for the next 5 years and is the framework for the development of our annual plans; it is the golden thread that ensures that the whole of the organisation is working towards the same long-term goals.

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

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

This is underpinned by our strategic aims, which are:

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

Our plans are shaped by our own internal existing long-term strategies such as our People Plan and in particular our Group and Clinical Service Strategies that set out the roadmap for the development of our service over the coming 5 years. Our plans are also influenced by the priorities set by NHS England (NHS E) and the plans of our partners, in particular the Greater Manchester (GM) Integrated Care System (ICS). These, and their alignment with MFT strategic aims, are described in more detail in section 3.

Our work this year will continue to be dominated by the need to recover from the COVID-19 pandemic, tackling the backlogs and increasing our productivity, as well as addressing those longer-term goals such as playing our part in tackling health inequalities.

Key to all of this is our people and we will be maintaining our focus on our workforce and prioritising staff health and wellbeing. Other key streams of work this year will be optimising our Electronic Patient Record (EPR) to deliver benefits for patients and staff and developing single services so that patients receive the same standards of care, whichever site they are treated on.

2. Manchester University NHS Foundation Trust - who we are

Manchester University NHS Foundation Trust (MFT) is one of the largest NHS Trusts in England providing community, general hospital and specialist services to the populations of Greater Manchester and beyond. We have a workforce of over 28,000 staff. We are the main provider of local hospital care to approximately 750,000 people in Manchester and Trafford and provide more specialised services to patients from across the North West of England and beyond. We are a university teaching hospital with a strong focus on research and innovation.

Our services are delivered through the following management units:

- ***Royal Manchester Children's Hospital (RMCH)*** - RMCH is a specialist children's hospital and provides general, specialised and highly specialist services for children and young people across the whole of MFT.
- ***Saint Mary's Managed Clinical Service (SMMCS)*** – SMMCS is a specialist women's hospital as well as being a comprehensive Genomics Centre and provides general and specialist medical services for women, babies and children across MFT.
- ***Manchester Royal Eye Hospital (MREH)*** – MREH is a specialist eye hospital and provides inpatient and outpatient ophthalmic services across MFT.
- ***University Dental Hospital of Manchester (UDHM)*** – UDHM is a specialist dental hospital and provides dental services across MFT.
- ***Manchester Royal Infirmary (MRI)*** – MRI is an acute teaching hospital and provides general and specialist services including vascular, major trauma, kidney and pancreas transplant, haematology, cardiac services and sickle cell disease.
- ***Wythenshawe, Trafford, Withington and Altrincham (WTWA)*** – WTWA is an acute teaching hospital and provides specialist services including cardiac services, heart and lung transplantation, respiratory conditions, breast care services across Wythenshawe, Trafford, Withington and Altrincham hospitals.
- ***North Manchester General Hospital (NMGH)*** - NMGH provides a full range of general hospital services to its local population and is the base for the region's specialist infection disease unit.
- ***Clinical and Scientific Services (CSS)*** – CSS provides laboratory medicine, imaging, allied health professional services, critical care, anaesthesia and perioperative medicine and pharmacy across MFT.
- ***Local Care Organisation (LCO)*** – the LCO provides community and out-of-hospital care in Manchester (MLCO) and Trafford (TLCO).

Our Vision

Our vision sets out what sort of organisation we want to become over the next 5 to 10 years. It is underpinned by eight strategic aims that describe in more detail what we want to achieve over that timeframe.

VISION

Our vision is to improve the health and quality of life of our diverse population by building an organisation that:
Excels in quality, safety, patient experience, research, innovation and teaching,
Attracts, develops and retains great people, and;
Is recognised internationally as leading healthcare provider

STRATEGIC AIMS

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

Our Values

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

Our Vision

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

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

Our Values

Together Care Matters

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

Everyone Matters



- I listen and respect the views and opinions of others
- I recognise that different people need different support and I accommodate their needs
- I treat everyone fairly
- I encourage everyone to share ideas and suggestions for improvements

Working Together



- I listen and value others' views and opinions
- We work together to overcome difficulties
- I effectively communicate and share information with the team
- I do everything I can to offer my colleagues the support they need

Dignity and Care



- I treat others the way they would like to be treated – putting myself in their shoes
- I show empathy by understanding the emotions, feelings and views of others
- I demonstrate a genuine interest in my patients and the care they receive
- I am polite, helpful, caring and kind

Open and Honest

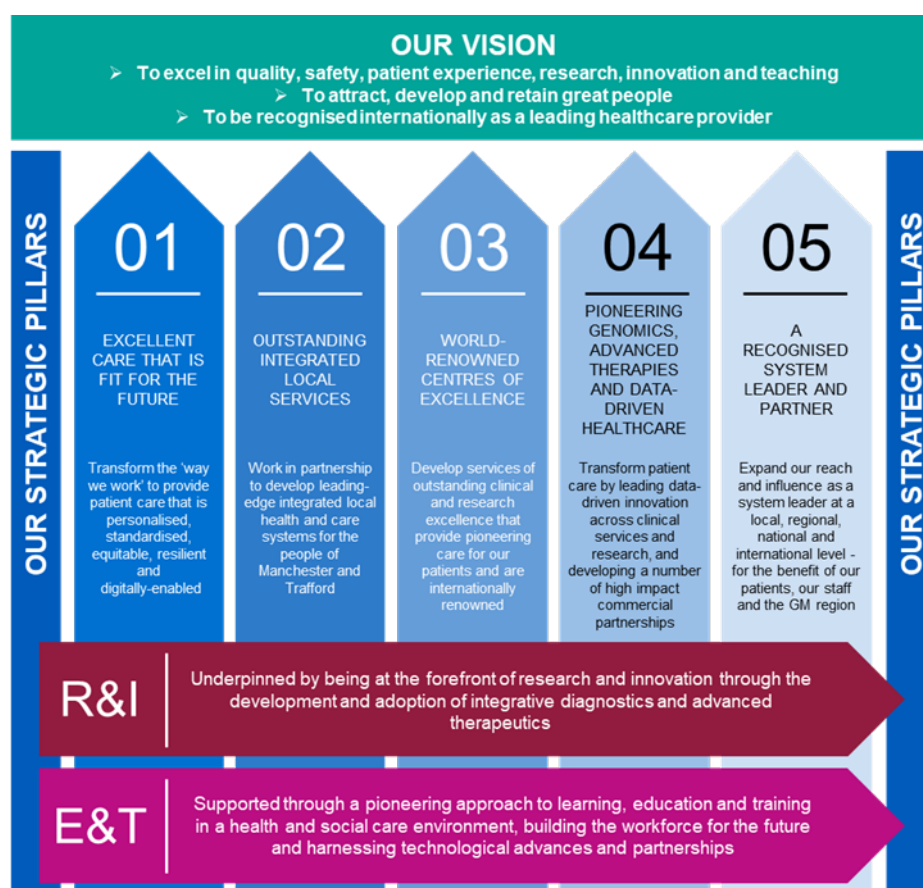


- I admit when I have made a mistake, and learn from these
- I feel I can speak out if standards are not being maintained or patient safety is compromised
- I deal with people in a professional and honest manner
- I share with colleagues and patients how decisions were made

Our Group and Clinical Service Strategies

The Single Hospital Service for the city of Manchester was created to improve services for patients and create rewarding roles for our staff. In order to agree how best to reshape our services to deliver these benefits, we produced an MFT **Group Service Strategy** and a series of individual **Clinical Service Strategies**. These strategies were developed through extensive engagement with internal and external partners and stakeholders and were completed in 2019. Given the very significant changes that have taken place since then, in particular the Covid pandemic, the establishment on Integrated Care Systems and the implementation of our EPR, we have undertaken a refresh of the Group Service Strategy.

The refreshed **Group Service Strategy** sets out, at a high level, our vision for how services should develop over the next five years. The graphic below shows the pillars of the strategy and describes what we want to achieve under each pillar.



The **Clinical Service Strategies** which sit within the framework of the Group Service Strategy describe in more detail the development path for individual services over the next 5 years.

This Annual Plan describes the actions that we need to take in 2023/24 in order to progress both the Group and individual Clinical Service Strategies.

3. Context

NHS E National Objectives for 2023/24

Area	Objective
Urgent and emergency care	<ul style="list-style-type: none"> • Improve A&E waiting times so that at least 76% of patients wait no more than four hours by March 2024 with further improvements in 2024/25 • Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25 • Reduce adult general and acute bed occupancy to 92% or below
Community health services	<ul style="list-style-type: none"> • Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard • Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
Primary care	<ul style="list-style-type: none"> • Make it easier to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently have an assessment the same or next day according to clinical need • Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024 • Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024 • Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	<ul style="list-style-type: none"> • Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties) • Deliver the system specific activity target (agreed through the operational planning process)
Cancer	<ul style="list-style-type: none"> • Continue to reduce the number of patients waiting over 62 days • Meet the cancer faster diagnosis standard by March 2024, so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days • Increase the % of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	<ul style="list-style-type: none"> • Increase the % of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95% • Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
Maternity	<ul style="list-style-type: none"> • Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury • Increase fill rates against funded establishment for maternity staff
Use of resources	<ul style="list-style-type: none"> • Deliver a balanced net system financial position for 2023/24
Workforce	<ul style="list-style-type: none"> • Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
Mental health	<ul style="list-style-type: none"> • Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019) • Increase the number of adults and older adults accessing IAPT (Improving Access to Psychological Therapies) treatment • Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services • Work towards eliminating inappropriate adult acute care out of area placements

	<ul style="list-style-type: none"> • Recover the dementia diagnosis rate to 66.7% • Improve access to perinatal mental health services
People with a learning disability and autistic people	<ul style="list-style-type: none"> • Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 • Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under-18s are cared for in an inpatient unit
Prevention and health inequalities	<ul style="list-style-type: none"> • Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024 • Increase the percentage of patients aged between 25 and 84 years with a CVD (Cardiovascular disease) risk score greater than 20% on lipid lowering therapies to 60%. • Continue to address health inequalities on the CORE20PLUS5 approach

GM Integrated Care Strategy

The purpose of the Integrated Care System is to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

The GM Integrated Care Partnership (ICP) Strategy was approved by the GM ICP in March 2023. The ICP is required to produce a 5 year strategy to improve the health and wellbeing of its population to which the ICB must pay regard when developing its plans.

The strategy has been co-developed with involvement of people and organisations from across the health and care system, including the VCSE sector, as well as patients and the public. The table below summarises the 6 missions, 4 outcomes and 10 high-level commitments outlined in the strategy.

6 Missions

- Strengthen our communities
- Help people get into – and stay in – good work
- Recover core NHS and care services
- Help people stay well and detect illness earlier
- Support our workforce and our carers
- Achieve financial sustainability

4 Outcomes

- Everyone has an opportunity to live a good life
- Everyone has improved health and wellbeing
- Everyone experiences high quality care and support where and when they need it
- Health and care services are integrated and sustainable

10 'Commitments'

- Ensure our children and young people have a good start in life
- Support good work and employment and ensure we have a sustainable workforce
- Play a full part in tackling poverty and long-standing Inequalities
- Help to secure a greener Greater Manchester with places that support healthy and active lives
- Help individuals, families and communities feel more confident in managing their own health
- Make continuous improvements in access, quality, and experience – and reduce unwarranted variation
- Use technology and innovation to improve care for all
- Ensure all our people and services recover from the effects of the COVID-19 pandemic as effectively and fairly as possible
- Manage public money well to achieve our objectives
- Build trust and collaboration between partners to work in a more integrated way

The table below shows how the NHS E objective and the missions of the GM Integrated Care Strategy align with our strategic aims.

MFT Strategic Aims	NHS E Objectives	GM Integrated Care Strategy
<p>To focus relentlessly on improving access, safety, clinical quality and outcomes</p> <p>To improve continuously the experience of patients, carers and their families</p>	<p>Urgent and emergency Care</p> <p>Community health Services</p> <p>Elective care</p> <p>Cancer</p> <p>Diagnostics</p> <p>Maternity</p> <p>Mental health</p>	<p>Recover core NHS and care services</p>
<p>To make MFT a great place to work, where we value and listen to our staff so that we attract and retain the best</p> <p>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</p>	<p>Workforce</p>	<p>Support our workforce and our carers</p>
<p>To use our scale and scope to develop excellent integrated services and leading specialist services</p>		<p>Help people stay well and detect illness earlier</p>
<p>To develop our research and innovation activities to deliver cutting edge care that reflects the needs of the populations we serve</p>		
<p>To achieve and maintain financial sustainability</p>	<p>Use of resources</p>	<p>Achieve financial sustainability</p>
<p>To work with partners and play our part in addressing inequalities, creating social value and advancing the wider green agenda</p>	<p>Prevention and health inequalities</p>	<p>Helping people get into – and stay in - good work</p> <p>Strengthen our communities</p>

4. Priorities and Plans for 2023/24

Taking into account all of the internal and external context and drivers, the Hospitals, Managed Clinical Services (MCSs), Local Care Organisations (LCOs) and corporate teams have identified their priorities and developed plans that will enable them to deliver on those priorities over the coming year.

The following tables set out what we plan to do across the Hospitals, MCSs, LCOs and corporate departments to take forward each of the MFT strategic aims.

This is a summary only of a set of very detailed plans that describe what will be done by when, what will be achieved in terms of outcomes, how the plans will be staffed and show how they can be afforded within our funding.

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

MFT wide plans

Corporate Nursing <ul style="list-style-type: none"> Deliver an effective IPC Strategy to support continued focus on prevention and control of other healthcare acquired infections Deliver an effective IPC Strategy to support ongoing recovery from COVID-19 and continued focus on prevention and control of other healthcare acquired infections Deliver excellence in Patient Experience through the MFT quality and patient experience programme underpinned by integration of quality and safety governance and data, and digital transformation 	Group Informatics <ul style="list-style-type: none"> Informatics will provide direct support to Hive optimisation and activities which require dependency and enablement from functional areas Deliver year 1 activities of the digital strategy via 23/24 Digital Portfolio activities Support the engagement with patient groups and users via MyMFT and the delivery of Hive EPR functionality
Medical Directors <ul style="list-style-type: none"> Progress Health Inequalities work via Health Inequalities Group and Strategy Maximise our input as an Anchor Institution Continue focus on MESH/GIRFT via Trafford Elective Hub 	Research and Innovation <ul style="list-style-type: none"> Ongoing support for development of research aspects of the Trust-wide Rare Conditions Centre and the Informatics/Research and Innovation initiative the Clinical Data Science Unit All clinical trials to be built in Hive with electronic prescribing by 31st March 2024 Expansion of Clinical Research Facility to North Manchester General Hospital
Workforce <ul style="list-style-type: none"> Through delivery of the People Plan we will provide the training, learning and skills for all our staff to conduct their roles professionally and effectively Through the Equality Diversity and Inclusion Team we work across the Trust to ensure we are compliant with Accessible Information Standards, ensuring all patients can effectively access health literature The EDI Team will support the development of the Health Inequalities Strategy Through the inclusion of Workforce Wellbeing within the Health Inequalities Strategy, this recognises that the wellbeing of our staff, improves the health and wellbeing of our communities 	Chief Operating Officer Team <ul style="list-style-type: none"> Lead and support Hospital/MCS to undertake waiting list validation activity Lead and support the Transformation programme relating to urgent care services at the ED front Door- supporting patients to access the right services when presenting at ED Development of the SDEC and Ambulance handover pathways Lead and support the hospitals to deliver Theatre Productivity programme Lead and support the hospitals to deliver the Outpatient improvement programme Support the delivery of the Back to Basics Programme Continue to deliver improvements to reduce diagnostic waiting times for patients (DM01 basket of diagnostics), and cancer pathways To meet national requirements to support the GM Endoscopy network objective Continued delivery of the Elective Recovery PMO to support hospitals and MCS's in reducing long wait backlogs Drive a programme of improvement to achieve best timed pathways for cancer With system partners, develop an Urgent Care Strategy across Manchester & Trafford locality Ensure Trust compliance with NHSE EPRR Core standards and the Civil Contingencies Act
Clinical Governance <ul style="list-style-type: none"> Implement the Trust-wide Quality and Safety Strategy 2022-25 Implement the National Patient Safety Strategy in full to optimise patient safety 	Hive <ul style="list-style-type: none"> Establish and embed the Hive Governance structures ensuring they are aligned to provide a single Trust wide digitally enabled transformation strategy

<p>learning through the delivery of the Trust's Patient Safety Profile and Plan aligned to the Trust-Wide Quality and Safety Strategy</p> <ul style="list-style-type: none"> • To understand and reduce unwanted variation in outcome across the organisation for similar services • To continue achieving high standards of health and safety through the provision of healthy working environments, safe working practices and safe people working therein • Ensure and assure compliance with CQC fundamental standards of Quality and Safety • Implement a strategic approach to becoming outstanding (CQC) across all domains 	<ul style="list-style-type: none"> • Work with all Trust Hospitals/MCS/LCO corporate teams to ensure Hive benefits are realised
<p>Estates and Facilities</p> <ul style="list-style-type: none"> • Delivering Compliance, Safety & Efficiency • Maintaining a Sustainable and Accessible Estate 	

Hospital / MCS / LCO plans

<p>NMGH</p> <ul style="list-style-type: none"> ▪ Optimise standards of infection, prevention and control ▪ Delivery of safety initiatives aligned to the MFT objectives of decreasing harm, enhanced staffing establishments to meet national recommended ratios of activity and acuity ▪ Targeted reduction in Hospital Standardised Mortality Ratios and Summary Hospital-level Mortality Indicator, focus on sustaining a culture that avoids never events and avoidable death through the Hospital Quality and Safety programme ▪ 7-day Standards: Focussed improvement to 14hr standard ▪ HIVE: Implementation planning and benefits realisation to drive improvements in performance, quality and safety ▪ Delivery of Urgent Care Action Plan reporting progress updates through NMGH Recovery Assurance Board that includes targeted plans to deliver improvements in key standards ▪ Referral to treatment: Recovery and improvement including reducing 104 week waits and ensuring clinical prioritisation ▪ Cancer Performance: Improvement in attainment of key standards and maintaining access for patients through cancer services disaggregation process 	<p>WTWA</p> <ul style="list-style-type: none"> • Develop and deliver WTWA Patient Safety Incident Response Framework • Implement the recommendations from the WTWA safety review • Ensure robust processes are in place to monitor and maintain safety of patients in the Emergency Department • Continue to deliver improvements in relation to cancer performance
<p>MRI</p> <ul style="list-style-type: none"> • Use systematic processes for safety, gathering and acting on safety insights via our Insight Cell, with a focus on: <ul style="list-style-type: none"> ○ infection prevention and control ○ emergency department safety ○ mental health medicines administration and storage ○ Hive safety metrics ○ renal dialysis capacity • Deliver safe and effective patient pathways with a focus on reducing waiting times, improving discharge processes and delivering constitutional standards 	<p>CSS</p> <ul style="list-style-type: none"> • Continue to implement and realise the benefits of Hive • Use Hive data to improve safety and better understand our services • Continued recovery – outpatients and elective programmes • Rapidly improve cancer diagnostic turnaround times • Embed the National Patient Safety Incident Response Framework • Develop and start to take forward strategic plans for pathology services, including the provision of new laboratory facilities • Embed a culture of continuous improvement
<p>MREH</p> <ul style="list-style-type: none"> • Reduce the delays in waiting times for treatment in line with national guidance and, where possible, at pace • Using the optimisation benefits in HIVE – risk stratifying and prioritising patients waiting for follow up review • Achieving gold accreditation across all areas • Continuation and development of improvement Boards to drive transformation • Provide specialties with regular detailed activity and performance reports to support productivity and efficiency • Provide services with regular detailed quality and safety performance reports to support quality improvement and improving safety 	<p>UDHM</p> <ul style="list-style-type: none"> • Reduce the delays in waiting in line with national guidance • Retain gold accreditation for the dental hospital • Undertake space review analysis across all sites to identify opportunities for increased capacity for undergraduate activity • Explore how we provide sedation both at UDHM and other sites - how we best deliver sedation in the appropriate environment • Provide specialties with regular detailed activity and performance reports to support productivity and efficiency • Review the model of care for emergency dental services

<ul style="list-style-type: none"> • Full review of space across all sites to maximise capacity and support productivity • Investigate the development of a play specialist role for clinic H • Re-design of the pre operative assessment pathways and department • Improve diabetic patient access to specialist nursing advice and support 	
MLCO <ul style="list-style-type: none"> • Deliver the Resilient Discharge Programme enabling flow through Urgent Care pathways • Virtual Wards - Build on work to embed Virtual Wards and Hospital@Home across Manchester enabling flow and supporting admission avoidance • Deliver the LCO Community Health Services Strategy focused on reducing the variation in and between and ensuring equality and equity of access and provision of our Community Health services in Manchester • Mobilise pathways for Respiratory and Vascular (agreed through Clinical and Professional Advisory Group), exploring opportunities for closer working across secondary care, community and primary care colleagues • Ensure Community services continue to meet quality, safety and performance standards; delivering AOF priorities and monitor ASC performance through the ASC performance report • Increased understanding of patient experience from use of Friends and Family Test and What Matters To Me • Deliver Patient Safety Incident Response Framework Plan in line with MFT Group timescales for 2023/24 • Deliver phase 4 of Better Outcomes Better Lives focused on prevent, reduce, delay and support people to remain at home 	TLCO <ul style="list-style-type: none"> • Deliver the Resilient Discharge Programme enabling flow through Urgent Care pathways • Virtual Wards - Build on work to embed Virtual Wards and Hospital@Home across Trafford enabling flow and supporting admission avoidance • Deliver the LCO Community Health Services Strategy focused on reducing the variation in and between and ensuring equality and equity of access and provision of our Community Health services in Trafford • Mobilise pathways for Respiratory and Vascular (agreed through Clinical and Professional Advisory Group), exploring opportunities for closer working across secondary care, community and primary care colleagues • Ensure Community services continue to meet quality, safety and performance standards; delivering AOF priorities and monitor ASC performance through the ASC performance report • Increased understanding of patient experience from use of Friends and Family Test and What Matters To Me • Deliver Patient Safety Incident Response Framework Plan in line with MFT Group timescales for 2023/24 • Mobilise the TLCO Target Operating Model
SMMCS <ul style="list-style-type: none"> • Prioritise access standards, as per national guidance, that help improve quality and outcomes • Increase elective caesarean section capacity • Delivery of the maternity safety agenda including development of maternity dashboard • Reviewing maternity scanning and outpatient service provision • Achieve UKAS Accreditation for Sexual Assault Referral Centre (SARC) 	RMCH <ul style="list-style-type: none"> • CQC Improvement programme for safety, quality and patient experience • Expand Children's Virtual Wards across respiratory, neonatal jaundice, fluids, chemotherapy and specialist services to support children to be in the right place • Implement city wide 'Complex Care' approach enabling earlier discharge and care at home • Implement Getting it Right First Time programme across RMCH MCS with a focus on Paediatric surgery and urology, trauma and orthopaedics and ear, nose and throat • Work together with Manchester and Trafford urgent and emergency care partners to develop CYP element of UEC strategy • Implement RMCH MCS medication safety strategy for children • Continue to learn from past harm, embed the mortality review process and year on year reduction in level 4 and 5 harms

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

MFT wide plans

Corporate Nursing <ul style="list-style-type: none"> Deliver excellence in Patient Experience through the MFT quality and patient experience programme underpinned by integration of quality and safety governance and data, and digital transformation 	Group Informatics <ul style="list-style-type: none"> Provision of Digital live services to LCO, Hospitals, MCS and partners Improve prioritised infrastructure activities within the MFT locations and in support/enablement of Estates projects Connect care settings to enhance information sharing and improved outcomes for patients
Medical Directors <ul style="list-style-type: none"> Make improvements to Urgent and Emergency Care patient flow Continue focus on Hive training for medical workforce and My MFT Launch the Medical Examiners service in the community 	Research and Innovation <ul style="list-style-type: none"> Acquire and develop existing space for dedicated clinical research delivery Full operation of new physical assets including Research Van and the Anti-Microbial Resistance Research Laboratory Acquire new major items of research equipment
Estates and Facilities <ul style="list-style-type: none"> Prioritising Patient Experience 	Chief Operating Officer Team <ul style="list-style-type: none"> Support the development and roll out of MyMFT delivery across the MFT services Development of Booking and Scheduling principles Further development of the unification of Booking and Scheduling services across MFT
Hive <ul style="list-style-type: none"> Agree a strategy for the development of MyMFT so that it delivered stepped changes to experience of our patients 	

Hospital / MCS / LCO plans

NMGH <ul style="list-style-type: none"> • MFT ward accreditation: Expand to all areas and further develop ward-based learning processes • Fully embed What Matters to Me framework at NMGH • Patient experience focus: Evaluate high impact roles to support improving patient experience with full alignment to workplans and key indicators 	WTWA <ul style="list-style-type: none"> • Align Improving Quality projects to patient survey/accreditation feedback • Improve access and the patient experience when accessing urgent & emergency care • Put plans in place to reduce avoidable healthcare acquired infections • Deliver improvements to drive down waiting lists for elective care • Improve recognition of patients with a Learning Disability making reasonable adjustments to optimise care
MRI <ul style="list-style-type: none"> • Enhance patient experience and involvement in care and service delivery ensuring the patient and family voice is reflected within our services 	CSS <ul style="list-style-type: none"> • Explore innovative ways to engage and involve patients in care, including use of the new MyMFT system • Prepare for CQC inspection • Embed a culture of continuous improvement
MREH <ul style="list-style-type: none"> • Expand and develop our relationships with external partners such as Henshaw's and the Royal National Institute of Blind People • Provide services with regular detailed quality and safety performance reports to support quality improvement and improving safety 	UDHM <ul style="list-style-type: none"> • Provide services with regular detailed quality and safety performance reports to support quality improvement and improving safety • Work with the Estates and Facilities Department to agree a life cycling programme of work to minimise risk, maintain safe services and enhance patients and staff experience
MLCO <ul style="list-style-type: none"> • Further integrate our approach working with partners in Neighbourhoods, documented in Neighbourhood plans • Support MCC to mobilise the Think Family approach including 3 locality (North, Central and South) Family hubs • Agree joint plans (INTs) with PCNs to address agreed Population Health Management priorities, assess and monitor impact • Undertake a review of ASC in-house provider services • Develop Dementia vision and Action Plan for ASC services to deliver the best care and support for people pre and post-diagnosis • Carers Manchester – deliver targeted support and pro-active referrals 	TLCO <ul style="list-style-type: none"> • Continue to reform and develop Homecare • Mobilise the Trafford Neighbourhood model delivering closer alignment of community Health and Social care, with primary care, Mental Health, Voluntary, Community and Social Enterprise • Implement recommendations from the Learning Disability Review
SMMCS <ul style="list-style-type: none"> • Increase patient involvement with a focus on coproduction • Link digitally with service users • Increase patient involvement in service development working in collaboration with Maternity Voices Partnership • Relocate SARC to Peter Mount 	RMCH <ul style="list-style-type: none"> • Develop an RMCH Patient and Public involvement/engagement strategy • Expand volunteering across RMCH with wayfinding and family support volunteers • Introduce "Speak to Sister" and "Chat to Charge Nurse" – empowering families to raise concerns

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

MFT wide plans

Corporate Nursing <ul style="list-style-type: none"> Further develop and deliver programmes to support a highly skilled workforce 	Group Informatics <ul style="list-style-type: none"> Adopt additional and new digital tools to aid delivery and support managers and teams with new skills training Continue to develop the skills and knowledge of our staff with the aim of improving retention and attracting talent Create Informatics competency frameworks by professional cohort which will aid the development of staff and teams and identify succession planning
Medical Directors <ul style="list-style-type: none"> Develop the Medical & Dental Workforce strategy 2023-28 Implementation of 2 x Trust-wide recruitment rounds for junior doctors; recruited to 2 year posts Mentoring scheme for new Consultants Implementation of Medical Workforce Race Equality Standard (MWRES) 	Research and Innovation <ul style="list-style-type: none"> Continue to deliver staff engagement and equality, diversity and inclusion initiatives which show Research and Innovation at the top of staff survey responses Combine Research and Innovation assets and resources into a new staff training strategy with the leadership to deliver it
Workforce <ul style="list-style-type: none"> Refresh MFT Leadership and Culture Plan deliverables as part of the MFT People Plan Refresh of the MFT EDI Strategy (Diversity Matters 2024-28) Wellbeing Strategy in support of People Plan. Freedom to Speak Up – Self Assessment Continue to lead the implementation of our Armed Forces Strategy to ensure opportunities for veterans are available and current serving members have access to the appropriate support 	Estates and Facilities <ul style="list-style-type: none"> Supporting a Diverse Workforce
Chief Operating Officer Team <ul style="list-style-type: none"> Development of Transformation development and skills training for roll out across organisation Development of Admin and clerical teams' skills and training in all aspects of patient access management including RTT and soft skills To work with hospitals to support the development of skills, capabilities, and the career pathway for operational staff 	Hive <ul style="list-style-type: none"> Establish the Hive BAU training and thrive training programme

NMGH <ul style="list-style-type: none"> ▪ Create vibrant and inclusive culture - introduce activities to address systemic barriers that exist for staff from minority ethnic groups ▪ Improve our staff engagement methodologies: we will build on the identity of NMGH to improve the retention of staff 	WTWA <ul style="list-style-type: none"> • Continue to promote and support staff health and wellbeing • Look at improving how we effectively engage with our workforce, listen to and act on their feedback
MRI <ul style="list-style-type: none"> • Enhance engagement at team level, embedding a climate of belonging to embrace difference and ensure well being • Enforce zero tolerance of violence and aggression to our staff 	CSS <ul style="list-style-type: none"> • Short and medium term workforce plans for key areas • Increase advanced clinical practice roles and leadership development opportunities • Expand apprenticeship opportunities
MREH <ul style="list-style-type: none"> • Development of flexible working agenda that supports staff needs, whilst meeting the needs of the service • Expansion of Civility Saves Lives Programme • Promote inclusion, Equality and Diversity within MREH • Full review of hospital communication plan and governance structures 	UDHM <ul style="list-style-type: none"> • Creation of a sustainable workforce strategy to attract and retain staff across University Dental Hospital Manchester and maximising the skills of the current workforce • Development of flexible working agenda that supports staff needs, whilst meeting the needs of the service • Expansion of Civility Saves Lives Programme • Full review of hospital assurance, communication and governance structures
MLCO <ul style="list-style-type: none"> • Deliver all staff Freedom 2 Lead event (May 2023) • Continue to undertake staff engagement approach on agreed themes and topics, collating and acting on feedback 	TLCO <ul style="list-style-type: none"> • Deliver all staff Freedom 2 Lead event (May 2023) • Continue to undertake staff engagement approach on agreed themes and topics, collating and acting on feedback
SMMCS <ul style="list-style-type: none"> • Innovative and proactive approaches to recruitment and retention • Positive staff engagement • Culture of compassionate leadership 	RMCH <ul style="list-style-type: none"> • Implement RCPCH Progress curriculum (Sept 2023) through rota / workforce redesign and MCS medium term action plan which supports paediatric speciality training and continues to improve trainee and trainer experiences • Continue to expand health and wellbeing initiatives across MCS and team level and ensure recruitment campaigns demonstrate strong commitment to workforce diversity • Develop longer term workforce transformation plan for general and specialist paediatric services

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

MFT wide plans

Medical Directors <ul style="list-style-type: none"> Implement Medical and Dental Workforce Strategy 2023 – 2028 Continued focus on development of Hive training for medical workforce new starters - in particular, rotating junior doctors 	Group Informatics <ul style="list-style-type: none"> Informatics will develop and implement a People plan to improve the staff and user experience
Workforce <ul style="list-style-type: none"> Deliver MFT People Plan Through delivery of the People Plan we will provide the training, learning and skills for all our staff to conduct their roles professionally and effectively Develop a Wellbeing Strategy in support of People Plan 	Research and Innovation <ul style="list-style-type: none"> Deliver successful first cohort of Houghton Dunn pump-priming fellowships enabling roll out of second cohort
Estates and Facilities <ul style="list-style-type: none"> Supporting a Diverse Workforce 	Chief Operating Officer Team <ul style="list-style-type: none"> Development of Transformation development and skills training for roll out across organisation

Hospital / MCS / LCO plans

NMGH <ul style="list-style-type: none"> Review and strengthen our development offer for staff: Develop and deliver a range of initiatives to support our staff 	WTWA <ul style="list-style-type: none"> Continue to ensure that staff appraisals are carried out in a timely manner and contain an agreed personal development plan for all staff Continue to value diversity in the workplace and implement improvements based on the workforce racial equality standards
MRI <ul style="list-style-type: none"> Optimise our service level leadership (level 3) through our leadership and talent development programmes Proactively manage absence 	CSS <ul style="list-style-type: none"> Focus on health and wellbeing of staff Prioritise digital enablement and skills development
MREH <ul style="list-style-type: none"> Revised induction plan for all staff to ensure staff are supported and informed as they begin their role 	UDHM <ul style="list-style-type: none"> Development of induction programme for newly appointed consultants and career development Explore leadership development opportunities for Clinical Leads and Associate Medical Directors
MLCO <ul style="list-style-type: none"> Continue to support our staff through the People Plan (recruitment, retention, attendance, appraisal, mandatory training and workforce development) Continue to embed equality, diversity and inclusion into service design, delivery and impact approach Continue to support our staff through 'Let's Talk about Race' and implement the allyship model Deliver year 2 of the LCO Allied Health Professionals strategy focused on workforce and service development Focused workforce support: reducing vacancies through bespoke attraction strategy and strengthening connections to local communities, improve recruitment processes and reducing avoidable absence by proactive health and wellbeing support and effective case management 	TLCO <ul style="list-style-type: none"> Continue to support our staff through the People Plan (recruitment, retention, attendance, appraisal, mandatory training and workforce development) Continue to embed equality, diversity and inclusion into service design, delivery and impact approach Continue to support our staff through 'Let's Talk about Race' and implement the allyship model Deliver year 2 of the LCO Allied Health Professionals strategy focused on workforce and service development Focused workforce support: reducing vacancies through bespoke attraction strategy and strengthening connections to local communities, improve recruitment processes and reducing avoidable absence by proactive health and wellbeing support and effective case management
SMMCS <ul style="list-style-type: none"> Continuing development of the Equality, Diversity and Inclusivity Network Workforce strategy implementing new roles in Genomic Medicine Non consultant doctor workforce sustainability in Maternity Embedding Senior Leadership Team Structure in SARC 	RMCH <ul style="list-style-type: none"> Deliver our MFT and RMCH people plan - 'All here for you' and engagement strategy with focus in 2023-24 on recognition, communication and workforce ideas and improvement programme Retain focus on mandatory training and appraisals

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

MFT wide plans

Medical Directors <ul style="list-style-type: none"> Ensuring the training needs of junior doctors is built into design of single services at MFT 	Group Informatics <ul style="list-style-type: none"> Deliver Digital live services and a portfolio of service improvement and change activities to Informatics services and in support of Trust, hospital, MCS and LCO priorities Support the continued development of the MFT single hospital service strategy and implementation
Workforce <ul style="list-style-type: none"> Through the EDI Team we will lead on the pathways for homeless patients, working across the Trust and partners 	Research and Innovation <ul style="list-style-type: none"> We expect to host from April 2024 the revised and merged local networks forming the North West Regional Research Delivery Network of the NIHR
Estates and Facilities <ul style="list-style-type: none"> Developing a Flexible, Digitally Enabled Estate 	Chief Operating Officer Team <ul style="list-style-type: none"> Supporting the development and implementation of Hive pathways to support single services development utilising Transformation support as required Support delivery of the Cancer Strategy Cancer capacity and demand modelling to work towards delivery of best-timed pathways
Group Strategy <ul style="list-style-type: none"> Implementation of single services in priority specialties Attainment of commissioner approval to implement changes Develop strategic plans for Urgent & Emergency Care Develop strategic plans for Elective Care Develop strategic plans to deliver Integrated Care Development of MFT Rare Conditions Centre Development of a plan for ATMPs Development of a long-term plan for genomics Strategy to enhance resilience of specialised services Complete the expansion of the GM HCDP service Support the set-up and implementation of the GM Sustainable Services programme Establish strategic approach to robotic surgery and other surgical techniques 	

Hospital / MCS / LCO plans

NMGH <ul style="list-style-type: none"> Implementation of single services priority areas Delivery of safe and effective disaggregation plans Navigate commissioner decision-making and assurance processes for the complex services Redevelopment: Support completion of an Outline Business Case and RIBA Stage 2 refresh Evolve our relationships with the non-Manchester localities in our catchment 	WTWA <ul style="list-style-type: none"> Deliver the agreed cardiac strategy for MFT Further develop the managed single services across MFT to include urology and breast services Expand the cardiac and trauma & orthopaedics managed single services to incorporate services at NMGH
MRI <ul style="list-style-type: none"> Lead the creation of centres of excellence in; Vascular, head & neck, GI medicine/surgery and rheumatology through single services across MFT 	CSS <ul style="list-style-type: none"> Continue to develop integrated Managed Clinical Services - realising the benefits of NMGH integration Support NMGH redevelopment process Support wider MFT Single Hospital programme Support the development of a GM Vascular hub model, Trafford Elective Hub development Continue to contribute to GM network development (Pharmacy, Pathology and Imaging) and deliver system transformation priorities for 23/24
MREH <ul style="list-style-type: none"> Lead on the GM 'Sustaining Ophthalmology Services' programme Support development of a new model for GM Retinopathy of Prematurity (ROP) services via work lead by the NW Neonatal ODN Engage with the planning process for NMGH Development of shared care models with Community Eyecare Services 	UDHM <ul style="list-style-type: none"> Achieve a shared strategy with the UoM for the development of a new hospital Engage with the planning process for the redevelopment of NMGH Agree the model for the Cary's Bannister Dental Unit with UoM colleagues Progress plans with North Manchester to deliver a single service for dental laboratories Develop the Special Care Dentistry service
MLCO <ul style="list-style-type: none"> Design a clinical service strategy for community health services Continue to work with GM commissioners to test / implement the proposed new service specification for community dental services Design an MFT service strategy for Sickle Cell and Thalassemia Embed PHM into the INT service model and wider neighbourhood working Mobilise the refreshed INT service model - agree closer working alignment with partners Support Primary Care (PCNs) through INT model and work through the Manchester Provider Collaborative 	TLCO <ul style="list-style-type: none"> Design a clinical service strategy for community health services Through mobilisation of the Neighbourhood programme, agree closer working alignment with Primary Care Networks Embed the delivery and monitoring of impact PHM into neighbourhood model Complete delivery of phase 2 Community Diagnostic Centre phlebotomy expansion programme
SMMCS <ul style="list-style-type: none"> Strengthen the Regional Genomic Medicine Network With commissioners, co-design an assisted conception service that is fit for the future Develop specially commissioned terminations services for women with complex medical co-morbidities Establish the robotic programme for Gynaecology services Clinical and office space requirements including Acute Assessment Unit / Triage Secure, conclude and operationalise a single site estate solution for Connect North West 	RMCH <ul style="list-style-type: none"> Lead the equitable recovery of children waiting for treatment across Greater Manchester and the North West through standardised protocols and prioritisation, access to hubs, and clinically designed optimal pathways and treatment Deliver RMCH MCS Transformation and achieving value programme using HIVE to standardise MCS wide working across urgent, elective, outpatient, CAMHS, complex discharge care and length of stay Develop stage 2 HSCT / Gene Therapy expansion business case to deliver pipeline of advanced therapies research and commissioned services Intraoperative MRI full business case MFT approval and mobilisation

<ul style="list-style-type: none"> • Work collaboratively with partners to identify potential funding streams to enable to the implementation of Genedrive technology across all three sites for Newborn services 	<ul style="list-style-type: none"> • Develop the clinical role of RMCH and specialist regional partners in children's specialist commissioning and multi-ICB governance
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To develop our research and innovation activities to deliver cutting edge care that reflects the needs of the populations we serve

MFT wide plans

Corporate Nursing <ul style="list-style-type: none"> Continue to build on NMAHP research activity 	Group Informatics <ul style="list-style-type: none"> Informatics will continue to support R&I activities, Clinical Data Science Unit and Genomic services development
Estates and Facilities <ul style="list-style-type: none"> Maximising Partnership Opportunities 	Research and Innovation <ul style="list-style-type: none"> Update R&I equality, diversity and inclusion plans to reflect new Trust strategy and align with the University of Manchester's strategy Address health inequity, including initiatives within existing NIHR infrastructure (Applied Research Collaborative, Biomedical Research Centre, Clinical Research Facility) and revised or new NIHR infrastructure (North West Regional Research Delivery Network, Medtech and In vitro diagnostics Co-operative)

Hospital / MCS / LCO plans

NMGH <ul style="list-style-type: none"> Improve Clinical Trial Access: Demonstrate year on year growth of patients recruited to National Institute of Health and Care Research funded studies Develop a NMGH Research, Discovery and Innovation plan for 2022-25: Focus on widening participation and engagement across all staff groups Innovative Academic Posts: Develop and appoint new academic posts across different professions 	WTWA <ul style="list-style-type: none"> Set up and deliver our expanded NIHR Manchester Biomedical Research Centre and Clinical Research Facility Begin to utilise the enriched data within HIVE for research and innovation Increase NMAHP research activity with evidence of research embedded in practice
MRI <ul style="list-style-type: none"> Develop our research and innovation portfolio and people as core to providing excellent clinical services 	CSS <ul style="list-style-type: none"> Support the development of Pharmacogenetics research Support ATMPs service expansion Increase research capacity and delivery within each division
MREH <ul style="list-style-type: none"> Develop training opportunities in-house and regionally, for all staff Deliver the Educational Team Philosophy to ensure all (non-medical) healthcare professionals have the knowledge and skills to ensure they can deliver high standards of safe and effective care Development of the Eye Research Centre 	UDHM <ul style="list-style-type: none"> Continue to develop the research portfolio across University Dental Hospital Manchester
MLCO <ul style="list-style-type: none"> Agree LCO Digital strategy priorities, working with Manchester City Council / MFT and Manchester Integrated Care Partnership to mobilise, including technology-enabled care and further roll out of automation opportunities Understand benefits of HIVE implementation, roll out to bed base and scope options to extend / develop a community EPR 	TLCO <ul style="list-style-type: none"> Agree LCO Digital strategy priorities working with Trafford Council / MFT to mobilise inc. technology-enabled care and further roll out of automation opportunities Support the digital portal in ASC Understand benefits of HIVE implementation, roll out to bed base and scope options to extend / develop a community EPR
SMMCS <ul style="list-style-type: none"> Re-establish MCS Research and Innovation Oversight Forum Utilise HIVE to enhance recruitment and data gathering for research studies 	RMCH <ul style="list-style-type: none"> Deliver Children's Research 2025 programme for 2023-24: Mobilising The Manchester Children's Research Centre, launch children's research, technology and innovation group, deliver Biomedical Research Council research projects for children

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

MFT wide plans

<p>Medical Directors</p> <ul style="list-style-type: none"> Continue work on Health Inequalities via HIG and Strategy, working with Trust and LCO partners 	<p>Research and Innovation</p> <ul style="list-style-type: none"> Commercial: <ul style="list-style-type: none"> Support our strategic partners One new partnership per year Attract optimum partners to co-locate on site Non-commercial: <ul style="list-style-type: none"> Regular communication with University of Manchester, Health Innovation Manchester, Integrated Care System for GM Consistent approval processes across Manchester Link with other Epic Trusts (EPR) Supply paid R&I services to other Trusts
<p>Workforce</p> <ul style="list-style-type: none"> As an Anchor Institute we deliver Widening Participation programmes to recruit from diverse communities across Manchester and Trafford Through the Health Inequalities Strategy, the Wellbeing of the MFT Workforce (28,000) is recognised as a key pillar of tackling health inequalities. As a consequence, the delivery of our Wellbeing Strategy will seek to address health inequalities 	<p>Estates and Facilities</p> <ul style="list-style-type: none"> Maximising Partnership Opportunities Maintaining a Sustainable and Accessible Estate Ensure MFT can deliver the large scale estates decarbonation programs that have been designed for the North Manchester and Wythenshawe masterplans, the Trafford net zero project and the for the Oxford Road Campus
<p>Group Strategy</p> <ul style="list-style-type: none"> Support NMGH Redevelopment NMGH disaggregation Progress plans for a new dental hospital Pursue financial flexibilities for Wythenshawe masterplan Support emerging specialised commissioning policy and implementation Ongoing network and partnership development Group lead for Health Innovation Manchester Support development of ICS arrangements Support development of locality arrangements 	

Hospital / MCS / LCO plans

NMGH <ul style="list-style-type: none"> Understand current inequalities and develop plans to address them Collaborative planning: Develop plans with key partners to address health inequalities and advance priority areas of integration Service change: Embed improving access and reducing health inequalities as core principles of all service change design 	WTWA <ul style="list-style-type: none"> Work with partners across the system to improve access to diagnostic testing via the community diagnostic centres Work across the system with partners to implement an expanded targeted lung health screening programme across Greater Manchester
MRI <ul style="list-style-type: none"> Ensure we fully meet the CQC's Well Led key lines of enquiry Work effectively with our partners within and outside MFT to improve care, especially to address inequalities Focus on creating conditions for high performance in our priority areas Ensure hospital compliance with relevant EPRR Core Standards and promotion and engagement in the EPRR strategy 	CSS <ul style="list-style-type: none"> Increase local recruitment through widening participation Decrease environmental impact of CSS services Community Diagnostic Centre community engagement programme
MREH <ul style="list-style-type: none"> Develop a green agenda and action plan, with identified leads to drive forward local improvements 	UDHM <ul style="list-style-type: none"> Develop a green agenda and action plan, with identified leads to drive forward local improvements Undertake a health inequality review Promote inclusion, Equality and Diversity within UDHM
MLCO <ul style="list-style-type: none"> Support the delivery of MFT Health Inequalities strategy aligning hospital leads to the development of Neighbourhood PHM priorities Mobilise and assess the impact of the PHM methodology (diabetes, hypertension, Winning Hearts and Minds and bowel cancer screening) to improve health inequalities (Support) North Manchester strategy delivery, ensuring PCNs (North), VCSE and community partners are engaged in the design and delivery Understand opportunities to support zero carbon in community services through the LCO Climate Change group Mobilise the Making Manchester Fairer – Kickstarter programme - for work and health 	TLCO <ul style="list-style-type: none"> Support the delivery of MFT Health Inequalities strategy aligning hospital leads to the development of Neighbourhood PHM priorities Agree approach (Living well in my community programme) to mobilise PHM methodology to improve health inequalities through Neighbourhood Population Health Plans Understand opportunities to support zero carbon in community services through the LCO Climate Change group Oversee the agreement and delivery of joint population health plans through the Living Well in my Community programme to address agreed PHM priorities, assess and monitor impact through co production groups
SMMCS <ul style="list-style-type: none"> Explore opportunities for the green agenda through active participation on the Climate Emergency Board Continue to develop education offering at SARC 	RMCH <ul style="list-style-type: none"> Deliver NW-wide network of excellence services which improve children's health and wellbeing including cardiology, healthy weight, surgery, Long Term Ventilation, Major Trauma, Covid, Burns and mobilise Northern early adopter for Gender Identity Dysphoria Collaborate with the MLCO on Children's Sickle Cell, Thalassemia and Rare Anaemias strategy and wider opportunities to integrate children's urgent and planned care across community, primary care and acute settings Co-develop national transformation programmes with the Children's Hospital Alliance to ensure equal and increased access for children in urgent and emergency care alternatives, specialist bed and elective capacity

	<ul style="list-style-type: none"> • Host NW children's ODNs and finalise case for change proposals in children's critical care, surgery and cancer with NHSE specialist commissioners
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5. Finance

Introduction

This section summarises the income and expenditure plan, capital programme and cash flow management plans as part of the Financial Plan for 2023-24, these were submitted to the ICB and NHSE on the 4th May 2023, in accordance with their agreed timetable. The process to agree the financial plan for 2023/24 has been complicated but has sought to triangulate throughout the internal plans of MFT with those of the ICB and the expectations of NHSE.

The financial regime for 2023/24 is focused on supporting the recovery of elective activity, reduction of waiting lists that have reached historic highs, the continued drive to prevent unnecessary hospital admissions and on early supported discharge. Overall, there is little change in the income envelope between this year and last with the tariff uplift and Elective Recovery Fund (ERF) increase being offset by the efficiency requirement in the tariff and the complete cessation of COVID funding.

The implication of this 'flat cash' environment is, with significantly increasing levels of inflationary pressure and a workforce still not back to sickness levels experienced prior to COVID, the requirement to deliver historically high levels of cost reduction through the waste reduction programme (WRP) to achieve the financial plan balance for 23/24. The figure for this new financial year is some £136m compared to the required figure in 22/23 of £117m. This new requirement is also in the context of a continued range of workforce implications from industrial action and ongoing health and wellbeing concerns.

MFT within the ICS plan submitted a breakeven plan, which was approved by the Trust Board. The constituent parts of that plan are detailed below.

2023-24 Income and Expenditure Plan

	2022/23 Actual	2023/24 Plan
Statement of Comprehensive Income	£m	£m
Operating income from patient care activities	2,386.2	2,345.7
Other operating income	264.5	258.8
Total Income	2,650.6	2,604.5
Employee expenses	(1,636.9)	(1,521.3)
Operating expenses excluding employee expenses	(1,036.1)	(1,156.7)
Total Expenses	(2,673.0)	(2,678.0)
Operating Surplus/(Deficit)	(22.4)	(73.5)
Net Finance Costs	(50.5)	(46.6)
Suplus/(Deficit) for Period as per Accounts	(72.9)	(120.1)
Add back all I&E impairments/(reversals)	74.7	123.4
Surplus/(Deficit) before impairments and transfers	1.9	3.3
Remove capital donations/grants/peppercorn lease I&E impact	(1.7)	(3.3)
Adjusted financial performance Surplus/(Deficit) *	0.1	(0.0)

The Trust has sought to develop a realistic and triangulated plan considering the Operations, Workforce and Finance requirements for this year. There has been a period of significant uncertainty regarding the level and allocation of funding available to the Trust which has only very recently been concluded. This has been to an extent further complicated by the key element of performance recovery and the costs associated with the expected activity levels as the Trust moves further onto activity recovery beyond 78 weeks waits to see and treat those patients waiting for firstly over 65 weeks and then more than 52 weeks.

The fundamental shift away from Payment by Results (PbR) during COVID as a basis for Commissioner payment has been somewhat modified in the strengthening of the Aligned Payment and Incentive scheme and yet that is within the retention of an overall block amount of income available to the Trust, as set out in guidance for 23/24.

The MFT breakeven plan position has been derived from bottom-up work throughout the Group, helped this year by further extension of the “Anaplan” budgeting tool introduced in 22/23 and in arriving at the breakeven position the following approach has been taken.

The underlying position for 22/23 has been adjusted for the following items;

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

This approach was considered to provide a reasonable and realistic financial baseline position for allocation of the 23/24 control totals. Hospitals, LCOs, MCSs and Corporate were requested to confirm the full year effect of approved service developments and previously approved business cases. Additionally, the full year effect of the planned increased investment in the EPR programme has been included. These developments are in addition to the expected increase in CPT Drug expenditure which is matched by assumed income. These developments have been reviewed through an approvals process and prioritised into Control Totals at a Hospital/MCS/LCO level and corporate level and shared with our teams.

The level of inflation applied to expenditure is highlighted below as this is a material impact this year in the context of the plan and the consequential WRP requirement, the funded element in tariff is not sufficient to cover off the impact of increased inflationary pressures being faced by the Trust.

Inflation impact 23/24

2023/24 £m	Description	Notes
55.3	Funded tariff inflation @ 2.9%	
(30.8)	Pay Inflation cost @ 2%	Rate of increase provided by NHSE. Includes PFI staff.
(3.6)	Drugs inflation at 1.3% (NHSE guidance) - likely to be higher.	Inflation as per NHSE guidance. Actual cost is likely to be higher than this - not picked out individual costs from hospitals/MCSs.
(11.9)	Capital Charges increase**	Imputed from Provider Finance Return (PFR) form.
1.3	Funding for capital charges	Additional funding received from commissioners
(17.2)	PFI inflation - contracts uplifted by March 2023 RPI index of 13.84%	Based on latest PFI information.
(9)	Utilities increase (eg. Gas fixed price ends 31/3/23)	Gas, electricity, water based on latest market positions
(22)	Non-Pay Inflation	This is as per our procurement team analysis on increase in costs across non pay as opposed to adding up proposed increases across all areas.
(93.1)	Total inflation	
(37.9)	Net Impact included in 23/24 plan	

**excluding depreciation on leased assets

Waste Reduction Plan Requirement

The value of required Waste Reduction for 23/24 based on the assumptions above is in the order of £136m. This increase is due to several factors already discussed but also due to delivery of the previous year's WRP in part through non-recurrent means. Hospitals / MCS / LCO and Corporate have been set a WRP of some £60m. The residual gap of £76m to the actual WRP target will be addressed through among other actions, further system funding, internal efficiencies, increased productivity, and a review of any financial flexibilities. Delivery of this level of WRP is unprecedented and is therefore one of the material risks in achieving the 2023/24 financial plan.

Capital Plan 2023/24

The total capital programme for MFT for 2023/24, which is provided below at a summary level and is currently a submission of £152m, GM ICB have agreed for providers to submit a plan that exceeds the envelope provided on the basis that further funding is assumed to come nationally for MFT and NCA and providers receive a share of targeted funding held in reserve by NHSE. In our plan we have agreed a level of operational capital below the overall submission level to allow our Digital and E&F team to continue to work on delivery of critical IMT and E&F projects. At the time of writing, we are still waiting for an announcement on the quantum of capital for enabling works in relation to the New Hospital Programme, and in the interim we continue work within the envelope previously agreed.

Capital Expenditure 2023/24 Plan

Area	2022/23 Plan	2022/23 FOT	2023/24 Capital Requirement	2023/24 Plan Final Submission
	£k	£k	£k	£k
Equipment Total	1,437	5,613	0	Split by area to be agreed on confirmation of GM envelope
Contingency	0	48	500	
IM&T Internal schemes	27,757	33,466	17,330	
Estates Internal schemes	39,373	40,273	60,349	
Stretford Memorial Hospital disposal credit against CDEL		(2,300)		
MFT requested utilisation of GM Envelope	68,567	77,100	78,179	73,440
Indicative share of GM Envelope			53,915	53,915
Oversubscription against GM Envelope			24,264	19,525
IM&T External schemes	15,743	12,335	0	0
Estates Externally Funded	6,319	6,837	21,728	18,718
Equipment Externally Funded	4,319	15,524	0	1,300
PFI	8,114	8,114	8,049	8,295
New Hospital Programme	28,044	28,044	44,336	43,835
Estates/Equipment charity funded	3,685	746	5,600	5,600
Estates Grant funded	1,603	2,253	0	0
Total Externally funded	67,827	73,852	79,713	77,748
Total Capital Expenditure	136,394	150,952	157,892	151,188

Cash and Balance Sheet

2023/24 Cash Flow - main assumptions

The Trust's planned cash flow for 2023/24 recognises repayment commitments against existing DH loans and PFI liabilities, and investment in the capital programme. There is an overall cash deterioration of £98m to a closing cash position as of the 31st March 2024 of £142m. In arriving at this position, we have assumed a breakeven position, that WRP will be achieved and that capital creditors at year end reduce across months 1 to 4.

The capital programme requires that PDC cash draw down takes place throughout 2023/24 in relation to the New Hospitals Programme enabling works, and Lease repayments include the effects of IFRS 16 changes and subsequent reduction in rental costs through I&E.

Extract of Cash Flow statement from revised plan.

Movements	Revised Plan 2023/24 £m
Opening Cash and Bank	240.9
Operating Deficit	(69.2)
Depreciation	74.8
Impairments	123.4
Interest Payments	(52.4)
Working capital movement	(43.4)
Operating Cash	33.2
Asset Purchases	(157.2)
PDC Received	63.9
Interest received	7.1
Loans received	0
Loan repayments	(11.5)
Lease repayments	(12.7)
PFI repayments	(13.2)
PDC Dividend paid	(7.5)
Finance Costs	(37.9)
Net Cash Movement	(98.0)
Closing Cash and Bank	142.9

2023/24 Balance Sheet - main assumptions

The material movements in the Trust balance sheet over the course of 23/24, arise from some additional £152m asset additions. The capital creditors which are high at 1/4/23 following expenditure in M12, will reduce over the first 4 months of 23/24 and there are reductions in both receivables and payables which reflects the inclusion of the imputed pay offer provided at 31/3/23. As detailed above there are several significant cash outflows in year including support to the operating position, Capital investment plans in 2023/24, paying down 22/23 capital creditors (noted above) and

the recurrent PFI loan and Lease repayments leading to a closing cash position of £142.9m.

Extract of Balance Sheet from revised plan.

Category	Draft accounts Opening 2023/24 £m	Revised Plan M12 2023/24 £m
Tangible and intangible assets	1,071.9	1,070.0
Investments	0.9	0.9
Non-current receivables	17.3	17.3
Non-Current assets	1,090.1	1,088.2
Assets held for sale	0.2	0.2
Inventories	25.4	25.4
Receivables	156.6	110.8
Cash and Bank	240.9	142.9
Current assets	423.1	279.3
Payables	(473.3)	(381.2)
Borrowings	(36.7)	(33.2)
Provisions and other liabilities	(81.2)	(76.2)
Current liabilities	(591.2)	(490.5)
Borrowings	(495.3)	(506.4)
Provisions and other liabilities	(14.2)	(14.2)
Non-current liabilities	(509.5)	(520.7)
Total net assets employed	412.5	356.3
PDC	471.9	535.8
Revaluation Reserve	163.4	163.4
I&E reserve	(222.8)	(342.9)
Total Taxpayers Equity	412.5	356.3

Key Risks associated with the 2023/24 financial plan

Key risks to achievement of 2023/24 Plan and mitigations

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

Description	Assumption	Worst Case £m	Most Likely £m
Performance against 103% Elective target	Maximum risk to Elective income if exit 2022/23 performance is continued	(62.0)	(30.0)
WRP not delivered in full	High risk/unidentified schemes aren't delivered	(60.0)	(30.0)
BMA Rate Card Consultants	Only included at PFB agreed rates, not full BMA rates	(20.0)	(3.0)
Inflation in excess of plan	Minimal non pay inflation has been included in the plan	(15.0)	(2.0)
Additional capacity required to deliver 103% of elective activity	Potential risk if productivity and efficiency challenge isn't met	(20.0)	0.0
Industrial Action	Impact of future IA will impact costs which cannot be mitigated in year. Cost of cover on strike days c.£800k	(5.0)	(2.0)
Regulatory Action	No additional cost assumed once national supply ends	(5.0)	(2.0)
Total		(187.0)	(69.0)

The difference between the Worst Case and most Likely scenarios are in response to the risk mitigations put in place by the organisation during the final quarter of 22/23 and in ongoing further mitigations required in 23/24.

System risk – MFT as part of the GM ICS

Following a robust and challenging planning process, GM has reached an agreed system position assuming achievement of respective local WRP / CIP plans. Additionally, the achievement of an ICS plan will require the delivery of a wider system efficiency.

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

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

There is a further risk to GM in that the full value of ERF has been assumed as income, which requires delivery of cost-weighted activity levels at an average delivery of 103% of 2019/20 levels and an elective performance that delivers 107% by March 2024. If this level of activity is not delivered, the potential loss of ERF will add to the system efficiency requirement.

These internal and the wider system risks and their mitigations will be managed locally through the monthly Finance and Productivity meetings and through the Group Recovery Board.

6. Monitoring Delivery

Annual Review

A year-end review of the Annual Plan will be undertaken in December. Hospitals, MCSs, LCOs and corporate departments have identified their priority actions for each strategic aim. These will be used to track progress. Performance in December will be used to assess projected year end performance. This will be presented to the Council of Governors.

Other mechanisms for monitoring delivery of the plans throughout the year include:

Quarterly Review

A review of progress in delivery of all aspects of the plan will be undertaken on a quarterly basis. We are reviewing the governance arrangements but it is proposed that this will take place through Group Management Board.

Accountability Oversight Framework (AOF)

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

Board Assurance Report

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

Hospital / MCS / LCO Review

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

Glossary of Abbreviations

A&E	Accident & Emergency
AOF	Accountability Oversight Framework
ASC	Adult Social Care
ATMP	Advanced Therapy Medicinal Products
BAU	Business As Usual
CAMHS	Child and Adolescent Mental Health Services
CQC	Care Quality Commission
CPT	Cost Pass Through
CSS	Clinical Scientific Services
CYP	Children and Young People
ED	Emergency Department
EPR	Electronic Patient Record
EPRR	Emergency Preparedness, Resilience and Response (EPRR)
ERF	Elective Recovery Fund
GIRFT	Getting It Right First Time
GM	Greater Manchester
HCDP	Haematology Cancer Diagnostic Partnership
ICB	Integrated Care Boards
ICP	Integrated Care Partnership
ICS	Integrated Care System
INT	Integrated Neighbourhood Teams
IPC	Infection Prevention and Control
LCO	Local Care Organisations
MCC	Manchester City Council
MCS	Managed Clinical Service
MESH	Manchester Elective Surgical Hub
MFT	Manchester University NHS Foundation Trust
MLCO	Manchester Local Care Organisation
MREH	Manchester Royal Eye Hospital
MRI	Manchester Royal Infirmary
NHS E	NHS England
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health and Care Research

NMAHP	Nursing, Midwifery and Allied Health Professionals
NMGH	North Manchester General Hospital
ODN	Operational Delivery Network
PbR	Payment by Results
PCN	Primary Care Network
PFI	Private Finance Initiative
PHM	Population Health Management
PMO	Programme Management Office
RCPCH	Royal College of Paediatrics and Child Health
RIBA	Royal Institute of British Architects
R&I	Research & Innovation
RMCH	Royal Manchester Children's Hospital
RTT	Referral to treatment
SARC	Sexual Assault Referral Centre
SDEC	Same Day Emergency Care
SHS	Single Hospital Services
SMMCS	Saint Mary's Managed Clinical Service
TLCO	Trafford Local Care Organisation
UDHM	University Dental Hospital of Manchester
UOM	University of Manchester
VCSE	Voluntary Community and Social Enterprise
WRP	Waste Reduction Programme
WTWA	Wythenshawe, Trafford, Withington & Altrincham