

## Board of Directors (Public)

**Date:** 11<sup>th</sup> November 2024

**Time:** 2:00pm – 4:00pm

**Location:** Lecture Theatre 2, Education and Research Centre, Wythenshawe Hospital

### Agenda

	Item	Purpose	Lead	Time
1	<b>Apologies for absence &amp; confirmation of quoracy</b> (verbal)	Meeting admin	Chairman	
2	<b>Declaration of interest</b> (verbal)	Meeting admin	Chairman	
3	<b>Patient Story</b>			
4	<b>Minutes of the previous meeting</b>	Meeting admin	Chairman	
5	<b>Action Log</b>	Discussion	Chairman	
6	<b>Matters Arising</b>	Discussion	Chairman	
7	<b>Chairman's report (verbal)</b>	Discussion	Chairman	
8	<b>Chief Executive Officer's report</b>	Discussion	CEO	
9	<b>Assurance Reporting</b>			
	9.1 Integrated Performance Report	Discussion	Executive Directors	
<b>Strategic aim 1: Work with partners to help people live longer, healthier lives</b>				
10	10.1 Strategic Developments	Discussion	CSO	
	10.2 Socioeconomic duty	Support	JCMO	
<b>Strategic aim 2: Provide high quality, safe care with excellent outcomes and experience</b>				
11	11.1 Quality, Safety and Performance Committee (29/10/24) escalation and assurance report	Discussion	DR	
	11.2 MFT Winter plan	Discussion	CDO	
	11.3 EPRR core standards	Approval	CDO	
	11.4 Annual provider self-assessment	Discussion	JCMO	
	11.5 Q2 Complaints report	Discussion	CNO	

	11.6 Q2 Patient experience report	Discussion	CNO	
	11.7 Cancer patient survey	Discussion	CNO	
<b>Strategic aim 3: Be the place where people enjoy working, learning and building a career</b>				
<b>12</b>	12.1 People Board Committee (29/10/24) escalation and assurance report	Discussion	AA	
	12.2 WRES/WDES report	Discussion	CPO	
	12.3 Staff vaccination programme	Discussion	CPO	
	12.4 Biannual Safe Staffing report (Nursing)	Discussion	KSJ	
	12.5 Biannual Safe Staffing report (Midwifery)	Discussion	KSJ	
<b>Strategic aim 4: Ensure value for our patients and communities by making best use of resources</b>				
<b>13</b>	13.1 Finance Board Committee (30/10/24) escalation and assurance report	Discussion	TR	
	13.2 Chief Finance Officer's report M6	Discussion	CFO	
	13.3 Standing Financial Instructions & Scheme of Delegation	Approval	CFO	
<b>Strategic aim 5: Deliver world class research and innovation that improves people's lives</b>				
<b>14</b>	14.1 Research and Innovation annual report	Discussion	JCMO	
<b>Good governance</b>				
<b>15</b>	15.1 Charitable Funds Committee (24/09/24) escalation and assurance report <ul style="list-style-type: none"> <li>Charity name changes</li> </ul>	Discussion Approval	Chairman Chairman	
	15.2 Audit and Risk Committee (11/09/24) escalation and assurance report	Discussion	NG	
	15.3 Board of Directors' Register of Interest	Discussion	Chairman	
<b>Committee business</b>				
<b>16</b>	<b>Any Other Business</b> (verbal)	Discussion		
<b>17</b>	<b>Meeting Evaluation</b> (verbal)	Meeting admin	Chair	
<b>Date of next meeting: 20<sup>th</sup> January 2025</b>				

<b>Board of Directors (Public)</b>		
<b>9th September 2024</b>		
<b>Present:</b>	Kathy Cowell (Chair) (KC) Mark Cubbon (MC) Trevor Rees (TR) Darren Banks (DB) Julia Bridgewater (JB)  Nic Gower (NG) Kimberley Salmon-Jamieson (KSJ) Bernard Clark (BC)  Luke Georghiou (LG) Mark Gifford (MG) Chris McLoughlin (CM) Angela Adimora (AA) Samantha Liscio Marcus Thorman (MT) David Walliker (DW)  Vanessa Gardener (VG) Matt Bonam	Group Chairman Group Chief Executive Deputy Group Chairman Group Chief Strategy Officer Group Deputy Chief Executive / Interim Chief People Officer Group Non-Executive Director Group Chief Nursing Officer  Interim Joint Group Chief Medical Officer Group Non-Executive Director Group Non-Executive Director Group Non-Executive Director Group Non-Executive Director Group Non-Executive Director Interim Group Chief Finance Officer Group Chief Digital and Information Officer Group Chief Delivery Officer Group Non-Executive Director
<b>In attendance:</b>	Nick Gomm (NGo)  Bev Fearnley	Director of Corporate Services/ Trust Board Secretary Group Director of Clinical Governance

<b>1.</b>	<b>Apologies for absence and confirmation of quoracy</b>
Apologies were received from: Toli Onon  It was confirmed that the meeting was quorate.	
<b>2.</b>	<b>Declarations of interest</b>
No interests were declared	

3.	Minutes of previous meeting held on (insert date of last meeting)		
<p>The minutes of the Board of Directors' (Board) meeting held on the 8<sup>th</sup> July 2024 were approved.</p> <p>It was noted that AA is Chair of the Workforce Scrutiny Committee, not DR.</p>			
Action log (8/7/24) update			
Action		Lead	Complete / date for completion
Further report on 'Strengthening Leadership, Culture and Engagement' to be presented to the Board in March 2025.		Chief People Officer	March 2025
A service user of the Hospital@Home service to feature in a patient story at a future Board meeting		KSJ	November 2024
KSJ and DR to discuss how to consider nutrition and hydration at a future QPSC		KSJ	Complete (August QPSC Deep Dive)
Report to come to a future QPSC following the SMMCS work to identify the cause of, and reduce, complaints.		KSJ	Complete. Scheduled for October 2024
Report on the impact of government immigration policy changes to come to a future WSC.		PB	Complete (August WSC)
A report on progress made against the recommendations of the mental health peer review to come to a future QPSC.		KSJ	Complete. Scheduled for October 2024
Hospital@Home to be discussed at a future Board seminar		JB	Complete. Scheduled for April 2025.
The work to improve the content of patient letters to be discussed at a future Board seminar.		JE	Complete. Scheduled for QPSC. December 2024
Report on the November maternal death to come to a future Board meeting		CL	To be scheduled when ready
4.	Matters arising		
There were no matters arising.			
5.	Patient story		
KSJ introduced the patient story which described the experience of a family who had experienced care at the Royal Manchester Children's hospital.			
Decision		Action	Lead
			Complete / date for completion
The Board noted the patient story		None	n/a

6.	Group Chairman's report			
KC provided her verbal report and drew attention to: <ul style="list-style-type: none"><li>• New Non-Executive Director Matt Bonam attending a Board meeting for the first time.</li><li>• The opening of the new base for Connect North West where ambulance crews are based to quickly transport very unwell babies from across the North-West and North Wales to specialist hospitals to get the urgent treatment they need.</li><li>• The Black Healthcare awards where 3 colleagues had been shortlisted for awards.</li><li>• The Governor election process which begun in August. 21 candidates stood for the 5 public governor seats open. The election results will be announced at the forthcoming Annual Members' Meeting on Wednesday, 25th September 2024.</li><li>• Manchester Pride Parade which took place with colleagues from across the Trust.</li><li>• An event at the Manchester Sickle Cell and Thalassaemia Centre (MSCTC) which officially marked both the refurbishment of the centre and the 40<sup>th</sup> anniversary of the service which opened in 1984.</li></ul>				
Decision		Action	Lead	Complete / date for completion
The Board noted the report		None	n/a	n/a
7.	Group Chief Executive's Report			
MC introduced the Group Chief Executive's report and drew attention to: <ul style="list-style-type: none"><li>• A visit from Professor Lord Ara Darzi who is carrying out a review of NHS on behalf of the new government. H met a range of staff including f cleaners, porters, clinicians and managers and discussed some of the challenges faced currently.</li><li>• MFT being nominated as one of seven centres in England to provide new gene therapy for thalassaemia patients, 1 of 7 centres.</li><li>• The continued improving picture for operational performance.</li><li>• MFT has been removed from the NHSE tiering process for elective care. Further work is still required on cancer performance to achieve the same outcome</li><li>• The winter planning process which is now underway.</li><li>• The progress being made with the Trust's new operating model and the move to six clinical groups being implemented from 30<sup>th</sup> September. Leadership teams are now in place and being prepared for new arrangements.</li><li>• The positive cancer patient survey early results which are the best the Trust has ever received. A full report will come to a future Board meeting.</li><li>• The Trust's Healthtech Research Centre which has been launched and has a focus on urgent and emergency care. It will be one of 13 centres in the country with networking arrangements to enable learning and developments to be shared. One of 13 centres across the country, our focus is on UEC. Network approach being taken between Trusts involved.</li><li>• Claire Wilson has been appointed as the new Chief Finance Officer and will start in December.</li><li>• Peter Blythin has recently retired after 52 years in the NHS. Norma French will be interim Chief People Officer until the new substantive postholder is appointed. MC noted the huge contribution Peter had made to the NHS and thanked him for all his years of service.</li><li>• The recent period of GP collective action and how the Trust will work closely with partners to minimise risks to patient care during any future periods.</li></ul>				

Decision	Action	Lead	Complete / date for completion
The Board noted the report	Report on the Cancer patient survey results to come to future Board meeting	KSJ	November 2024
8.	Reports from the Board of Directors' Scrutiny Committees		
The Non-Executive Director (NED) Chairs of the Board of Directors' Scrutiny Committees presented their reports which described matters discussed in their last meetings.			
Charitable Funds Committee (CFC) held on 5 <sup>th</sup> August 2024			
KC, the Committee Chair, drew attention to:			
<ul style="list-style-type: none"><li>The Committee approved the Charity's annual report and accounts</li><li>The Charity team going to present their programme of work at the next meeting.</li></ul>			
Finance and Digital Scrutiny Committee (FDSC) held on 27 <sup>th</sup> August 2024			
TR presented the report and drew attention to:			
<ul style="list-style-type: none"><li>The Month 4 position is lightly under trajectory slightly off the pace, largely due to under delivery of the Value for Patients (VfP) programme and industrial action costs. There is confidence that that plan will be met for the whole year.</li><li>100% VfP plans identified and the process to check deliverability is still underway. The VfP will be an ongoing process moving forward.</li><li>Cash and capital are becoming more difficult issue. It is not expected that cash support will be required this year but it is being closely monitored by the committee.</li><li>There has been an over-performance against the elective forecast which has helped the financial position.</li></ul>			
Quality and Performance Scrutiny Committee (QPSC) held on 28 <sup>th</sup> August 2024			
DR, the Committee Chair, drew attention to:			
<ul style="list-style-type: none"><li>A deep dive into nutrition and hydration across the Trust. The outputs of the improvement work will be monitored by the Committee.</li><li>A report on pressurised systems report which is included on the agenda of this Board meeting.</li><li>An in-depth look at medicines incidents. There have been no harm or serious harm incidents and, despite a rise in the number of incidents, proportionally the amount has stayed the same. The Medicines Safety Committee will continue to monito the situation.</li><li>A new risk about the potential harm due to long waits at MREH was discussed.</li><li>Deep dives on the CAMHS service and surgical safety have been requested for future meetings.</li></ul>			
Workforce Scrutiny Committee (WSC) held on 28 <sup>th</sup> August 2024			
AA, the Committee Chair, drew attention to:			
<ul style="list-style-type: none"><li>Peter Blythin's career and dedication to the NHS.</li><li>A visit from Dr Navina Evans.</li><li>A pilot being undertaken on the use of body cams to reduce violence and abuse against staff.</li><li>The Trust's policy on carers' leave and the work underway to ensure it is p[ublicised across the organisation.</li><li>A report on the learning gained from tribunals.</li><li>Culture improvement work at SMMCS.</li><li>The Guardian of Safe Working's Q1 report.</li></ul>			

- The Freedom to Speak Up Guardian's Q1 report, two additional guardians have been appointed to increase capacity in the team.

CM welcomed the fact that the committee received report on national policies on immigration and the effects of them on the Trust's workforce.

### **Organisational Development Scrutiny Committee (ODSC) held on 17<sup>th</sup> July and 20<sup>th</sup> August 2024**

MG, the Committee Chair, highlighted:

- Two meetings had been held in the period covered by the report.
- There has been strong evidence that the consultation process has been meaningful throughout the programme so far.
- There will be a greater focus on communication moving forward.
- Thanks to all the other committees monitoring the performance of the Trust and have shown that there has been no deterioration as a result of the work.

KC emphasised the need to ensure there is support available for all staff during these periods of change.

<b>Decision</b>	<b>Action</b>	<b>Lead</b>	<b>Complete / date for completion</b>
The Board noted the report	None	n/a	n/a

## **9. Integrated Performance Report (IPR)**

Group Executive Directors introduced the sections of the IPR relevant to their portfolios.

KSJ drew attention to:

- Duty of candour metrics and that there will be a deep dive on this at a future committee meeting.
- The work with local authorities to increase the number and timeliness of Deprivation of Liberty orders when required.
- Safeguarding level 1 training compliance is up by 7%.
- Oliver MacGowan training numbers are being boosted through a 'train the trainer' approach.
- The significant increase in mental health training compliance numbers.
- An IPC summit has taken place and clinical groups are reviewing their action plans as a result.

BC drew attention to:

- New PSIRF plans will be developed.
- The work being undertaken to look at potential harm caused by waiting lists. In response to a question from TR, MC explained that any learning would be looked at in the next phase of the Covid inquiry which opened today and will run until November.
- A complaints workshop was held in July.

VG drew attention to:

- Largely delivering and tracking to plan at month 4 for all key UEC metrics including ensuring continuous improvement for 60 min handover delays and 12 hour trolley waits development of our winter plan.
- The Trust's winter plan is in development.
- The diagnostics waiting list size is at its lowest level for many years.

- There has been a step change improvement the cancer faster diagnosis standard and the cancer collaborative launched with patient and voluntary sector involvement.
- Forecasting delivery of the elective care target of 65 weeks with the exception of corneal graft and gender affirmation waits. There is a level of risk in T&O, gynae and ENT. Clinical and operational teams are fully focused on delivery.

In response to a question from AA, KSJ confirmed that groups of nurses and midwives have been identified to support promotion of this year's staff vaccination process.

MG commended the work on diagnostics and asked for monitoring of any changes in trends, particularly on the severity of illness at presentation, once the waiting lists are shorter.

JB drew attention to:

- The attendance and retention rates.
- The mandatory training and appraisal rates.
- The 86 change agents from across organisation working to deliver the culture-change programme. KC thanked all of them for their contribution to the programme.

MT explained that the finance metrics would be covered in the next item on the agenda.

Decision	Action	Lead	Complete / date for completion
The Board noted the report	Deep dive on duty of candour at a future QPSC/ QSPBC meeting.	KSJ	December 2025

#### 10. Group Chief Finance Officer's Report M4

MT introduced the report which presented the financial position as at the end of July 2024. He drew attention to:

- The deficit at M4 was due to a slow start to the year but the last two months have seen breakeven positions delivered.
- Positive meetings have been held with GM ICB and NHS England regarding the Trust's plans and delivery.
- There is a YTD cumulative deficit of £28m but if M3 and M4 performance was extrapolated then there will be a breakeven position at year end.
- Work is underway to look at price and volume variance for bank/agency costs following excellent work carried out by KSJ on nursing agency costs. Work continues with BC and TO and the Clinical Groups on medical agency costs.
- The VfP programme had a slow start but £148m has been identified and work continues to identify other schemes.
- The Trust remains in discussion with GM ICB and NHSE regarding money owed to cover costs from the disaggregation of Penning Acute Hospital Trust.
- All IFR16 schemes requested by MFT have been approved by GM ICB so far.

In response to a question from KC regarding the potential on losing capital investments due to the cash position, MT explained that the role of the Strategic Capital Group was key in ensuring this wouldn't happen.

Decision		Action	Lead	Complete / date for completion
The Board noted the report		RMFS to be discussed with the FTSU champion	BF	Complete
		RMFS to reflect terms being used in the new operating model.	BF	Complete
11.	Never events update			
BC gave a verbal update on never events. He drew attention to a recent never event, the first in this financial year. The patient affected suffered no harm and a full investigation is underway.				
Decision		Action	Lead	Complete / date for completion
The Board noted the update		None	n/a	n/a
12.	Strategic developments			
DB introduced the report and drew attention to: <ul style="list-style-type: none"><li>The national CQC review, undertaken by Penny Dash, and the proposed move back to single, named inspectors for trusts as opposed to generic inspection teams.</li><li>The continued meetings with the New Hospital Team to discuss the NMGH redevelopment. The OBC for the programme is being refreshed.</li><li>ENT and Urology have been successfully disaggregated from the Northern Care Alliance in line with the plans following the dissolution of Pennine Acute Hospital Trust.</li></ul>				
Decision		Action	Lead	Complete / date for completion
The Board noted the report		None	n/a	n/a
13.	Board committees' terms of reference:			
KSJ introduced the report which requested approval of the terms of reference for a new set of Board committees: <ul style="list-style-type: none"><li>Quality, Safety and Performance Board Committee</li><li>People Board Committee</li><li>Finance Board Committee</li><li>Digital and Estates Board Committee</li><li>Research, Innovation and Population Health Board Committee</li><li>Audit and Risk Committee</li></ul>				

- Charitable Funds Committee
- Remuneration and Nominations Committee)
- Organisational Development Board Committee
- Trust Leadership Team Committee

DR, AA, TR and SL confirmed that those terms of relevance relevant to current scrutiny committees had been discussed at the committees they chair. MG confirmed that the Organisational Development Board Committee was a time-limited committee established to oversee delivery of the organisational development work programme. MC explained that the Trust Leadership Team Committee was the new executive management team meeting with clinical group chief executives included.

In response to a question from TR regarding NED contact with clinical group chief executives, MC explained that they will begin to feature within Board committees as part of an iterative process of Board engagement.

Decision	Action	Lead	Complete / date for completion
The Board noted the report	None	n/a	n/a

#### 14. Q1 Complaints report

KSJ introduced the report, which had been discussed at QPSC, and drew attention to:

- The decrease in formal complaints and increase in PALs complaints which is part of the complaint reduction and patient experience plans
- Appointment delays and cancellations remain a an area of concern in some areas and is shown in the complaint themes. The Access policy is being reviewed.
- A Complaint workshop with governor involvement has taken place. A new Complaints policy has been produced and is currently being consulted upon.

NG welcomed the increase in issues being addressed through PALS but noted that there had only been one data point so far to indicate this so the situation would need to be monitored. He also stated that, in his experience, delays in response to complaints were usually due to the complexity of the issues rather than problems with the process or the actions of the complaints team.

Decision	Action	Lead	Complete / date for completion
The Board noted the report and approved it for publication.	None	n/a	n/a

#### 15. Q1 Patient Experience report

KSJ introduced the report, which had been discussed in QPSC, and drew attention to:

- The 'What matters to me' update and the patient experience strategy which was in development.
- The issue with hydration which has been highlighted in the report.
- NHS Choices feedback has highlighted a small number of issues with staff behaviour.

<ul style="list-style-type: none"><li>Working groups have been established to look at food and drink, hygiene, and communications.</li></ul>			
Board Decision:	Action	Responsible officer	Completion date
The Board noted the report and approved it for publication.	None	n/a	n/a
16.	Response to pressurised systems		
<p>KSJ introduced the report, which had been discussed at QPSC, and drew attention to:</p> <ul style="list-style-type: none"><li>The letter received from NHSE seeks additional assurances on safety and patient flow.</li><li>All MFT's emergency departments are looking at opportunities to strengthen their working arrangements.</li><li>Governance processes are being strengthened. .</li><li>A nursing group has been established to look at standards.</li><li>Harm incidence in patients who have waited more than 12 hours is being monitored and analysed.</li></ul> <p>In response to a question from DR, KSJ explained that the Senior Leadership Walkrounds programme was being reviewed. KC emphasised that the Walkrounds were a key tool for NEDs to triangulate what they have been presented with what staff and patients are saying and are not part of a formal reporting process.</p>			
Board Decision:	Action	Responsible officer	Completion date
The Board noted the report, approved the next steps and supported the request from NHS GM Trust Provider Collaborative to receive a copy of this report.	None	n/a	n/a
17.	Annual Freedom to Speak Up report		
<p>JB introduced the report, in the absence of the Freedom to Speak Up (FTSU) Guardian, and drew attention to:</p> <ul style="list-style-type: none"><li>The report had been discussed at WSC.</li><li>The development journey which the service has been undergoing</li><li>The energy and dedication which the FTSU Guardian has brought to the role since his appointment.</li><li>The increase in FTSU activity indicates that awareness amongst staff is increasing.</li><li>Themes of issues raised are identified, discussed at a senior level, and acted upon.</li><li>The increase in FTSU champions with an ultimate aim of having 250 across the Trust. 20% of the current champions are multi-lingual.</li><li>An improvement plan is being delivered which includes Board training.</li></ul>			

AA agreed with JB's comments and noted the increase in transparency enabled by the FTSU Guardian and JB.

NG commended the report and asked for a timescale for when the target number of champions would be reached. MC explained that it was planned to reach the figure by the end of the calendar year.

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

**18. Annual Medical Revalidation Report and Annual Organisational Audit (Statement of Compliance)**

BC introduced the report, which had been discussed at WSC, and drew attention to the fact that medical appraisal rates are very high and late submission rates are very low so high standards are being met.

KC gave her thanks to the teams involved, noting the progress made over the last few years.

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

**19. Date and time of next meeting:** 11<sup>th</sup> November 2024, 2pm

**20. Any Other Business:** There were no additional items of business.

**Action log from meeting**

Deep dive on duty of candour at a future QPSC/ QSPBC meeting.	KSJ	Complete – QSPBC October 2024
Report on the Cancer survey results to come to future Board meeting	KSJ	November 2025

**Incomplete actions from previous meetings**

Further report on 'Strengthening Leadership, Culture and Engagement' to be presented to the Board in March 2025.	Chief People Officer	March 2025
A service user of the Hospital@Home service to feature in a patient story at a future Board meeting	KSJ	November 2024
Report on the November maternal death to come to a future Board meeting	CL	To be scheduled when ready

## Board of Directors (Public) Monday 11<sup>th</sup> November 2024

<b>Paper title:</b>	Trust Chief Executive Report	<b>Agenda Item 8</b>
<b>Presented by:</b>	Mark Cubbon, Trust Chief Executive	
<b>Prepared by:</b>	Leo Clifton, Senior Business Manager	
<b>Meetings where content has been discussed previously</b>	Trust Leadership Team Committee	
<b>Purpose of the paper</b> Please check <u>one</u> box only:	<input type="checkbox"/> For approval <input type="checkbox"/> For support <input checked="" type="checkbox"/> For discussion	

### Executive summary / key messages for the meeting to consider (300 words max)

The Trust Chief Executive has provided a report which provides an overview of activities at the Trust, the response to current operational pressures, and progress made on strategic objectives. They have outlined issues of current interest to the Board and have shared their top three areas of concern.

### Recommendation(s)

The Board of Directors is asked to note this report.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

- ☐ **Yes** (please set out in your report what action has been taken to address this)
- ☒ **No**

### Relationship to the strategic objectives

The work contained with this report contributes to the delivery of the following strategic objectives (see key below)

LHL objective 1	<input type="checkbox"/>	LHL objective 2	<input type="checkbox"/>
HQSC objective 1	<input type="checkbox"/>	HQSC objective 2	<input type="checkbox"/>
HQSC objective 3	<input type="checkbox"/>	PEW objective 1	<input type="checkbox"/>
PEW objective 2	<input type="checkbox"/>	VfP objective 1	<input type="checkbox"/>

VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input checked="" type="checkbox"/>
<b>Links to Trust Risks</b>	<p>The work contained with this report links to the following strategic, corporate or operational risks:</p> <ul style="list-style-type: none"> <li>Strategic objective 3, 6 and 8 in the Board Assurance Framework.</li> </ul>		
<b>Care Quality Commission domains</b> Please check <u>all</u> that apply	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Caring <input type="checkbox"/> Well-Led	
<b>Compliance &amp; regulatory implications</b>	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> <li>None.</li> </ul>		

## Main report (2000 words maximum - please use appendixes for all further information)

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

### Contents

1. Work with partners to help people live longer, healthier lives .....3
2. Provide high quality, safe care with excellent outcomes and experience .....5
3. Be the place where people enjoy working, learning and building a career ....8
4. Ensure value for our patients and communities by making the best use of our resources ..... 10
5. Deliver world-class research and innovation that improves people's lives .. 11
6. Strategic Updates and Policy Developments..... 12
7. Leadership Updates ..... 13
8. Top three concerns ..... 14

Full content of the report is included as Appendix A.

## **Appendix 1 – Full report Content**

### **1. Work with partners to help people live longer, healthier lives**

#### **Outputs from the Lord Darzi Review**

In July 2024 the Secretary of State for Health and Social Care commissioned Lord Ara Darzi of Denham to conduct an immediate and independent investigation of the NHS. His report was published in September and provides an expert understanding of the current performance of the NHS across England and the challenges facing the healthcare system. He has concluded that ‘the NHS is in critical condition, but its vital signs are strong’ and has identified 7 key themes for how to repair the NHS to inform the Government’s forthcoming 10-year Plan. These are:

- Re-engage staff and re-empower patients
- Lock in the shift of care closer to home by hardwiring financial flows
- Simplify and innovate care delivery for a neighbourhood NHS
- Drive productivity in hospitals
- Tilt towards technology
- Contribute to the nation’s prosperity
- Reform to make the structure deliver

Internally we have reviewed the work underway across MFT and included in our organisational strategy against these seven themes to identify areas where there is more to be done. We have noted alignment with the themes throughout our strategy and the review provides a greater stimulus to accelerate our efforts, particularly in the development of our links to primary care services and a shift towards prevention as a focus for improving population health.

Following the publication for Lord Darzi’s report the Government has launched a public engagement exercise inviting people to share their experiences, views and ideas for fixing the NHS which will also contribute to shaping the 10 Year Plan which we expect to be published in spring 2025. We will be establishing mechanisms for our staff and local stakeholders to contribute their views to this exercise.

#### **Winter Planning and System Collaboration**

During the winter period, pressure on our Urgent Care services and acute hospital beds is likely to increase, and reducing unnecessary attendances, admissions and lengths of stay will improve our patients’ experience and allow those in need to receive treatment more quickly. This requires system-wide collaboration and working with our primary care, ambulance service and social care partners.

Effective system-wide planning for winter requires proactive coordination and collaboration, and there have been several events in September which support a joined-up

approach to care across our system. The Manchester and Trafford Urgent Emergency Care Summit in September, along with the Greater Manchester Urgent Emergency Care workshop and the North West Regional Risk Meeting, underscored the importance of system-wide collaboration, integration of health and care services, and the development of clinical pathways to enhance urgent and emergency care. Emphasising standardisation, best practices, and safe, dignified patient care, these events have built confidence in UEC recovery plans and formalised approaches to sustain services over winter.

Further details regarding MFT's Winter Plan will be discussed at today's Board session where the plan is being tabled for approval.

### **Major Trauma Review**

A peer review of adult major trauma centre services for Greater Manchester took place at the end of September. These services are provided on a collaborative basis by NCA at Salford Royal Hospital and by MFT at Manchester Royal Infirmary. The panel highlighted a number of areas of good practice in the MFT service, including the commitment and support across all levels of the organisation, with a team ethos, the holistic approach to multidisciplinary team trauma care, staff training and patient experience. The review team also identified aspects at both sites to be addressed to ensure compliance with the national standards; the two trusts are working together closely on plans to address the issues identified and have issued a joint response to the review team on 29 October outlining those plans.

### **Ion Robotic Probe**

I am delighted to report that the innovative new Ion robotic assisted bronchoscopy service is now fully operational. Unlike conventional bronchoscopy, this uses a highly manoeuvrable robotic arm guided from a console by the respiratory physician undertaking the procedure to take biopsies, including from parts of the lung that might otherwise have been inaccessible. 16 patients have already benefited from this advanced diagnostic tool since the service went live in September. There has been a 93% success rate in reaching a diagnosis; earlier and more effective diagnosis enables patients to be provided with an all-clear more quickly, and those that require treatment, to commence with procedures and save critical days or even weeks on the cancer pathway. A recent BBC report highlighted the success of the Ion service and the benefits for patients.

### **Casgevy Gene Therapy**

The Casgevy gene therapy service for patients with transfusion dependent thalassaemia has commenced. The first patients to be considered and approved by the national multidisciplinary team were from MFT, which has been commissioned by NHS England as the provider for the north of England, and their treatment pathways have begun, with harvesting of bone marrow cells. These will be modified by the supplier, Vertex Pharmaceuticals, using CRISPR gene editing technology and infused back into the

respective patients in around six months. This pioneering treatment could provide a welcome respite to patients with this painful condition. We hope to be able to administer the treatment more widely as soon as the product becomes available and are likely to be one of the first centres in the country to do so.

### **Right Care, Right Place**

Right Care Right Person (RCRP) is a framework designed to ensure that when concerns arise regarding a person's welfare due to mental health, medical, or social needs, the appropriate individual with the necessary skills, training, and experience will respond to provide the best possible service. While there will still be instances where police involvement is required, the goal is to limit their involvement to only as long as necessary, ensuring collaboration with health and social care services.

The Trust supported the launch of the initiative, which went live on September 30. In the lead-up to the launch, extensive preparations were made to develop our policies and training to ensure a successful rollout. Following the initial implementation, MFT have been actively participating in partnership meetings and conducting daily situation reports to monitor any resulting incidents. We will continue to work with local partners to ensure the safe transition to the new way of working.

### **Making Manchester Fairer Employment Kickstarter and WorkWell**

MFT is currently working in partnership with Manchester City Council (MCC) and the Growth Company to support a Kickstarter initiative called WorkWell which forms a part of the Making Manchester Fairer programme. The project aims to offer an integrated health and employment service to support Manchester residents receiving Musculo-Skeletal (MSK) services to stay in or move into work. Kickstarters in 19 vanguard sites are taking place across the country with funding from the Department for Work and Pensions and aim to make use of existing resources and infrastructure more effectively to support participants with physical and/or mental health conditions.

MFT patients with MSK conditions are identified by clinicians as needing support and referred into an online portal developed by the Growth Company. Once referred the patient is assessed by the Growth Company for employability support and is able to access one of several employability programmes. Good initial performance of the Kickstarter has enabled the expansion the Kickstarter from December 2024 to be city wide until 31 March 2026 integrating the employability offer further into MSK clinical pathways. We hope to continue to contribute to the programme of work going forwards.

## **2. Provide high quality, safe care with excellent outcomes and experience**

### **Operational Delivery**

This section provides a high-level overview of operational delivery and a number of key developments since the last Board meeting. Our current performance is outlined in the Integrated Performance Report.

- **Urgent and Emergency Care**

This year we aim to achieve a 78% performance for the 4-hour target by March 2025 from our April 2024 position of 68%. For the month of September performance was 69.7% against a plan of 77.3%, a reduction from the 73.7% achieved in August. Although the volume of attendances to our emergency departments were in line with planned levels, the deterioration in four-hour performance was particularly driven by high hospital occupancy, which rose above our planned levels of 92% to an average of 96.5% at the Manchester Royal Infirmary and 94.8% at North Manchester General Hospital.

Average ambulance handover time during September was 17 minutes against the 15-minute standard, representing continued improvement on this important measure. The North West Region is the best performing region in the NHS for ambulance category 2 response times and our Emergency Departments are within the top 5 best performing 5 sites in the Region for handovers, with North Manchester General Hospital with the quickest turnaround times in Greater Manchester and the Region. Whilst this is positive news, there is still more to do to ensure we are addressing the small number of long handover waiting times and to streamline pathways between MFT and the North West Ambulance Service (NWAS).

- **Elective Care**

The September month end position reported 267 65-week waits against a planned trajectory of 146. This is a reduction from 988 reported in August and the figure includes patients waiting for corneal graft tissue, of which there is a national shortage, as well as patients choosing to be treated after the end of September or judged to be unfit for outpatient and surgical treatments. Variance from plan was driven by patients waiting in both complex gynaecology and trauma and orthopaedics treatments, where additional activity is being undertaken to bring waits down further. The gynaecology service in particular requires additional capacity for complex patients over coming months to ensure we can deliver our plans to eradicate long waits for routine care.

- **Cancer Care**

The latest validated data available for cancer performance is from August. In August, performance against the 62-day standard for September reported 57% against a plan of 68%. This variance from plan was driven by a high number of patients receiving first definitive treatment after day 62 on their pathway in breast, lung and urology. In each of these tumour groups, funded plans are in place to increase capacity and streamline pathways in order to reduce the length of time to treatment. A particular constraint is

theatre capacity, where additional sessions at weekends and in evenings are being used to ensure all available theatre estate is maximised to increase the volume of cancer surgery we undertake.

August Faster Diagnosis Standard (FDS) performance was 76.2% against a trajectory of 73%, continuing the positive trend of improving diagnosis times for patients on an urgent suspected cancer pathway.

- **Diagnostics**

Performance for the month of September across all DM01 modalities was 22.1% against a plan of 20.9%. This represents a continuation of the improvement made year to date, with a reduction in patients waiting over six weeks from 33% in April. Variance from plan was driven by continued longer waits for sleep studies and specialist imaging, where further pathway improvements and capacity have been identified over recent weeks in order to deliver to the Trust's planned levels of improvement over the second half of the year.

### **MNSI Letter of Concern**

The Maternity & Newborn Safety Investigation Programme (MNSI), whose role is to undertake independent investigations into maternity and newborn incidents, escalated a concern to MFT as part of their investigation process on the 24 September 2024. MNSI use this process to formally make organisations aware to enable early learning and safety improvements to begin, before completion of the final investigation report.

MFT were asked to acknowledge this escalation in 24 hours which was completed and to respond to it in 5 working days, which was achieved by Tuesday 1 October. Actions to address the concerns have been taken relating to; Alarm limits, Visualisation of observations charts in the electronic patient record and communication and escalation across the MDT during clinical procedures. Following formal receipt of the response MNSI will now consider the assurance provided by MFT at a future concerns panel. In line with NHS England's perinatal quality surveillance model principle, MFT are required to formally note the escalation of concern at Trust Board of Directors and share with external stakeholders and regulators, which has been actioned.

### **Further Faster 20**

We were pleased to be invited to participate in a new Getting It Right First Time (GIRFT) Further Faster20 leadership initiative, led by Professor Tim Briggs. The focus of the initiative will be on development of rapid clinical improvements in the pre, intra, and post-operative care pathways to ensure patients can be treated as promptly as possible, enabling them to actively contribute to the local economy again. Local multidisciplinary teams, including patients, will be supported to use a structured improvement approach, working together to develop and test ideas. This initiative will enable the 20 Trusts to share learning and implement best practices nationwide.

### **3. Be the place where people enjoy working, learning and building a career**

#### **One MFT – Developing our operating model**

On the 30 September 2024, our new Clinical Group structure went live, delivering our commitment to implement the new Accountability Framework and ensuring that each Clinical Group has clear and consistent ways of working led by their new Senior Leadership Teams.

As part of this work, a new Trust Leadership Team (TLT) has been established, with the Chief Executives for each Clinical Group alongside our Executive Directors as members. The TLT will lead our organisation and continue to ensure that we are reflecting the needs of all patients, staff and services across MFT in our decision making.

Work is already underway reviewing how our corporate functions provide effective support to the organisation and our new Clinical Groups to deliver high-quality care. The programme of work is coordinated by a dedicated Programme Management Office (PMO) and Board oversight provided through the Organisational Development Scrutiny Committee. Further updates will be shared with the Board and relevant scrutiny committees as the work progresses.

#### **Violence and Aggression Policy and Work and Sexual Safety**

The safety and well-being of colleagues in MFT is a top priority for our leadership team, and to support this we have recently introduced two new policies to ensure the safety and well-being of all MFT colleagues: the Violence Prevention Policy and the Sexual Safety Policy. These policies are designed to support and create a secure and respectful environment, where any form of violence, abuse or sexual misconduct is not tolerated, whilst accepting that where incidents do occur, we have procedures in place to respond accordingly.

The Violence Prevention Policy provides a framework for reducing and managing disturbed, violent, or challenging behaviour in healthcare settings and outlines sanctions for such behaviours. The policy emphasises the importance of training and awareness for staff to cope with situations where violence or disruptive behaviour could occur. The Sexual Safety Policy affirms the Trust position that we will not tolerate any form of sexual harassment or assault in the workplace or outside the workplace by patients or colleagues.

The Trust has signed up to NHS England's Sexual Safety Charter, a 10-point agreement that includes pledges to provide staff with clear reporting mechanisms, training, and support. This policy includes aims for the eradication of sexual harassment and abuse; promoting a safe workplace culture; clear communication of standards; and reporting process.

#### **Events and Celebrations**

There were a number of events and celebrations taking place over the period since our last meeting that I would like to highlight:

- **Freedom to Speak Up Recognition Event** – On 22 October, the inaugural meeting of what will become an annual Freedom to Speak Up (FTSU) Celebration Event was held to thank FTSU Champions for their dedicated work throughout the year. Their efforts are vital in fostering a culture of openness and trust across MFT. The event highlighted encouraging signs of a growing Speak Up culture within the organisation and we are already seeing some improvements as a result of this work, the celebration provided a great opportunity to recognise the efforts of the Champions and Guardians who support the programme.
- **Manchester Royal Eye Hospital 210th Year Anniversary Celebration** – On 21 October, a special event was held to celebrate 210 years since the opening of Manchester Royal Eye Hospital (MREH). Founded in 1814, the hospital is now the UK's second-largest eye hospital and a leading provider of eye care nationally. The event included reflections on the rich history of MREH and its pioneering role in the delivery of ophthalmic services. Today, the hospital sees over 200,000 outpatients and performs more than 10,000 procedures annually, maintaining its commitment to addressing eye health challenges and advancing innovative treatments for the local community.
- **Improving Healthcare for Black Communities Conference** – On 28 October, the 'Improving Healthcare for Black Communities' conference was held, bringing together voices from across MFT alongside community representatives, volunteers, and partners from Manchester City Council, primary care, the University of Manchester, and the Greater Manchester Mental Health Trust. The conference focused on discussing how to better meet the healthcare needs of Black communities by collaborating directly with local communities and drawing on the expertise of staff, partners, and patients. The event, which helped mark the conclusion of Black History Month, highlighted the ongoing efforts to inform the Trust's Race and Health Inequalities Action Plan and guide the development of our new Diversity Matters Strategy which will be shared with the Board when ready for approval.

### **Healthcare People Management Association (HPMA) Awards**

MFT was shortlisted and announced as the overall winner of the Browne Jacobson Award for Excellence in Employee Engagement at the HPMA awards on 3 October 2024. The submission focused on the organisation engagement series 'Listening Well' commissioned by the Trust Chief Executive Officer which was developed and implemented by the Trust OD team over the last 12 months.

The award recognised the impact of the intervention and included new branding around staff engagement called the MFT Big Conversation, a new OD survey approach for dynamic staff feedback data, and a peer-to-peer recognition programme called ShoutOuts with over 22,000 received to date. Additional initiatives included a cultural ambassador nomination system with over 2,500 badges awarded, an ideas-sharing platform with the

Innovation Team, a new digital platform called Open-door, a collaborative staff engagement programme, and a series of Listening Well events with over 2,000 attendees. This provides an effective platform to further strengthen our plans for cultural development and staff engagement across MFT and to foster innovation and continuous improvement.

### **Consultant Appointments**

A total of 41 consultants were appointed in various specialties during August and September. Whilst these appointments are higher than usual for the time frame, this successful recruitment drive was to fill vacancies that were previously covered by locum shifts in a deliberate move to reduce expenditure on bank and agency, and to create a sustainable clinical workforce in key specialties.

MFT continues to draw in exceptionally qualified candidates for consultant positions who are not only attracted by our exceptional services, but they also welcome our established development programme specifically for new consultants transitioning from their positions as Junior Doctors.

## **4. Ensure value for our patients and communities by making the best use of our resources**

### **GM Financial Sustainability Planning**

The GM Sustainability Plan was approved by the GM Board in September 2024. The plan establishes how GM will return to a financial break-even position by addressing the underlying deficit and securing a sustainable future through addressing future demand growth and implementing new models of care year on year. The plan relies on each part of the system delivering its cost improvement plans, which for this financial year equates to a deficit of £175m for GM, of which MFT's part is delivering a £3.6m surplus. The Trust remains committed to this aim and delivering the plan for the system both in this year and the future years of the Financial Recovery Plan the Trust Board approved in July 2024.

### **Robotic Assisted Surgery Expansion**

At today's Board session, we will review a business case to expand our provision of surgical robots from two systems (one CMR and one Da Vinci) to six systems; by procuring four new state-of-the-art Da Vinci Xi robots. If the business case is approved by the Board, this will give access to the benefits of robotic surgery to a much wider range of patients, both adults and children. A workshop was organised last month during which the clinical services in scope optimised their plans for utilisation of these robots – this means that we will be ready from a training, safety and operational perspective to commence robotic assisted surgery as soon as any robot is delivered. The expansion of Robotic Assisted Surgery closely links to our ambitions to deliver productivity improvements within the currently tight financial envelope the Trust operates in; these investments have been

made on a strong evidence base of reduction in length of stay and lower levels of surgical complications.

## **5. Deliver world-class research and innovation that improves people's lives**

### **Innovation Event**

Our Innovation team held an 'Innovation at MFT: Meet the Team and Collaborate' event in September alongside Patricia Bartoli, Manchester City Council's Director of City Centre Growth and Infrastructure, and speakers from across the Trust to showcase our innovation offer and exciting infrastructure opportunities. We were joined by colleagues from across the NHS, academia and industry to hear about the benefits of partnering with MFT, and how we can provide a platform to develop their innovations from early-stage ideas and evidence generation to implementation and roll-out across the NHS.

Delivering world class research and innovation is one of our five key strategic aims to improving the health and quality of life of our diverse communities, and central to the new Government's focus on the NHS and part of their expansive plans to turn the UK into world leader in life sciences and medical technology.

### **MAHSC Honorary Clinical Chairs 2024**

I'm delighted to announce that five MFT clinicians were among 15 outstanding individuals announced by Manchester Academic Health Science Centre (MAHSC) as Honorary Clinical Chairs for 2024. Awarded by The University of Manchester's Faculty of Biology, Medicine and Health Promotions Committee, they recognise individuals who have made a major contribution to their clinical specialty, including excellence in research and education.

Congratulations to Professor Anand Pillai, Consultant Orthopaedic Foot and Ankle Surgeon, Clinical Director Trauma and Orthopaedics; Miss Laura Hancock, Consultant General and Colorectal Surgeon; Professor Michelle Harvie, Lead Research Dietician at the Prevent Breast Cancer Research Unit, MFT and Programme Lead for the NIHR Manchester Biomedical Research Centre's Cancer Prevention and Early Detection Theme; Dr Peter Barry, Consultant Respiratory Physician, MFT and Professor Sarah Wallace OBE, Consultant Speech and Language Therapist, Wythenshawe Hospital on their appointments.

### **Cystic Fibrosis Innovation Hub in Manchester**

MFT has joined a new network of 'Innovation Hubs' announced by the Cystic Fibrosis Trust to improve the way lung health for people with cystic fibrosis (CF) is managed. Led by its Director, Professor Alex Horsley, the Manchester CF Innovation Hub will bring together our clinicians and researchers in collaboration with The University of Manchester, to accelerate the development of new tests and treatment approaches for lung infections

through this multi-million-pound hub. Research space, laboratories and specialist lung function support will be provided by the National Institute for Health and Care Research (NIHR) Manchester Clinical Research Facility at Wythenshawe Hospital.

## **6. Strategic Updates and Policy Developments**

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

### **NHS IMPACT Clinical and Operational Excellence Programme**

- **Improvement guides and analytics**

As part of its improvement work NHSE has been working with colleagues from across the NHS to develop a series of improvement guides and supporting infrastructure. The purpose of this work is to bring together the best clinical and operational practice from across the country, to support further local improvement. Initial versions of improvement guides covering emergency care and flow, value for patients in elective care and outpatients and medical job planning have been published. They are accompanied by tools and data that enable trusts to identify opportunities, compare performance to other areas of the country, and track improvement over time.

- **Learning and improvement networks**

16 learning and improvement networks (LINs) have been established. These are led by chief executives and operate on a regional footprint and provide an opportunity to bring clinical and operational leaders together to learn from each other and share best practice.

### **NHP Review Terms of Reference**

The Terms of Reference for the review of the New Hospitals Programme requested by the Chancellor of the Exchequer and the Secretary of State for Health and Social Care have been published. They describe the purpose, governance arrangements, scope, approach and deliverables of the review. The review will be jointly led and resourced across the Department of Health and Social Care (DHSC), NHS England and HM Treasury (HMT).

The purpose of the review is to consider the options for putting the New Hospital Programme onto a realistic, deliverable and affordable footing. It will assess the appropriate schedule for delivery for schemes in the programme in the context of overall constraints to hospital building and wider health infrastructure priorities. A full range of options to be taken forward for the overall size and ambition of the programme will be presented.

The review will conclude as soon as possible and will be submitted to the Secretary of State for DHSC and the Chief Secretary to the Treasury for consideration. The review will feed into the spending review process, where decisions on the outcome will be taken in

the round and the government will confirm the outcome of the review as part of that process.

The NMGH redevelopment has been confirmed as one of the schemes within in the scope of the review and we look forward to receiving confirmation of funding and timescales for the scheme once the review concludes.

## **Dash Review**

A major review of the CQC's operational effectiveness was published in September 2024. The review, led by Dr Penny Dash, Chair of the North West London Integrated Care Board, identifies significant operational issues at the CQC, including poor performance in relation to inspections and a lack of capacity and capability to deliver improvements. The report provides seven specific recommendations for improvement, including that the CQC formally pauses the implementation of its assessments of Integrated Care Systems as it works to restore public confidence in health and care regulation. The full report can be found [here](#).

## **7. Leadership Updates**

### **Joint Chief Medical Officer Appointment**

Dr Sohail Munshi has been appointed to the role of Joint Chief Medical Officer (JCMO). He will take up this role in January 2024.

Sohail has been a GP partner in Manchester for over 25 years. In 2018 he became the CMO of Manchester Local Care Organisation. Sohail's clinical background and extensive experience will complement those of Miss Toli Onon, our other Joint Chief Medical Officer, offering MFT a very comprehensive medical leadership perspective at the highest level.

Since March 2021 Sohail has also been supporting the National NHSE team a senior clinical advisor to the National Director for Clinical Integration and the National Director for Healthcare Inequalities Improvement. Sohail is the SRO for the "Making every contact count" programme nationally which is designed to both support better prevention as well as interventions aligned to reducing health inequalities.

Professor Bernard Clarke will continue to cover the Interim JCMO role until the end of December.

### **Chief People Officer Appointment**

Meera Nair will be joining as Chief People Officer (CPO) in February 2025; Meera is currently Chief People Officer at Lewisham and Greenwich NHS Trust's and is also the Chief People Officer of South East London Integrated Care System. Prior to this Meera was at Oxleas NHS Foundation Trust, where she was Director of Workforce and Quality Improvement and

has also held senior roles at Barnet Enfield and Haringey Mental Health Trust, University College London NHS Foundation Trust and Basildon and Thurrock NHS Foundation Trust.

Meera has over 15 years' NHS experience, and previously worked in the private sector as Head of Human Resources for various organisations in India and the US.

Norma French will continue to cover the Interim CPO role until February.

## **8. Top three concerns**

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

### **Financial Challenges**

The Trust remains committed to the delivery of the 24/25 financial plan. This requires further improvement in our run-rate over remaining months of the year, based on known assumptions and expectations about income and Value for Patients delivery. Should there be any changes to these assumptions, this poses additional risk to the full delivery of the plan.

The above concern is reflected in strategic objective 8 in the Board Assurance Framework.

### **Winter Pressures**

Winter will be challenging for health and social care organisations, and we anticipate a period of increased pressure due to the demand both in the clinical acuity of patients and the capacity demands on resources within the trust. This winter, we are expecting infectious diseases including Norovirus, Flu, Respiratory syncytial virus (RSV), and the potential onset of more unusual illnesses such as COVID. It is anticipated that the impact of these will be in line with winter 2023/24.

MFT's Winter Plan has been developed with system partners, which aims to deliver:

- Robust operational plans to manage elective and non-elective activity.
- A strong grip on performance with swift identification of variances and robust responses.
- Collaboration with partners across the system to prepare for winter and develop alternative responses should the need arise.

The above concern is reflected in strategic objective 3 in the Board Assurance Framework.

### **Organisational Change**

As referenced earlier in this report, the work to refresh our operating model is progressing well but we know that any process of change can be unsettling for individuals and teams.

In recognition of this we continue to strengthen our dedicated programme management team to ensure appropriate support is in place, including a bespoke programme of leadership development and regular communications and engagement activity. Changes of this nature pose a number of additional delivery challenges throughout this period however, mitigation plans have been put in place wherever possible to reduce this risk.

The above concern is reflected in strategic objective 6 in the Board Assurance Framework.

## Board of Directors (Public)

### Monday 11<sup>th</sup> November 2024

<b>Paper title:</b>	Integrated Performance Report (IPR)	<b>Agenda Item 9.1</b>
<b>Presented by:</b>	Chief Delivery Officer Chief Nursing Officer Joint Chief Medical Officers Chief Finance Officer Chief People Officer	
<b>Prepared by:</b>	Director of Performance and Planning (performance) Director of Clinical Governance (quality and safety) Deputy Chief People Officer (workforce) Deputy Director of Financial Reporting & Planning (finance)	
<b>Meetings where content has been discussed previously</b>		Board Committees
<b>Purpose of the paper</b> Please check <u>one</u> box only:		<input checked="" type="checkbox"/> For approval <input type="checkbox"/> For support <input type="checkbox"/> For discussion

<b>Executive summary / key messages for the meeting to consider</b>
Members of the Board are requested to note the updates provided in the Trust Integrated Performance Report (IPR).

<b>Recommendation(s)</b>	
The Trust Board is asked to: <ul style="list-style-type: none"> <li>Comment on the revised IPR format and content</li> <li>Note the performance assurance provided</li> </ul>	
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<input type="checkbox"/> <b>Yes</b> (please set out in your report what action has been taken to address this)  <input checked="" type="checkbox"/> <b>No</b>

Relationship to the strategic objectives			
The work contained with this report contributes to the delivery of the following strategic objectives (see key below)			
LHL objective 1	<input type="checkbox"/>	LHL objective 2	<input type="checkbox"/>
HQSC objective 1	<input type="checkbox"/>	HQSC objective 2	<input type="checkbox"/>
HQSC objective 3	<input type="checkbox"/>	PEW objective 1	<input type="checkbox"/>
PEW objective 2	<input type="checkbox"/>	VfP objective 1	<input type="checkbox"/>
VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input checked="" type="checkbox"/>
<b>Links to Trust Risks</b>	The work contained with this report links to the following strategic, corporate or operational risks: <ul style="list-style-type: none"> <li>All strategic risks</li> </ul>		
<b>Care Quality Commission domains</b> Please check <u>all</u> that apply	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Responsive	<input type="checkbox"/> Caring <input checked="" type="checkbox"/> Well-Led	
<b>Compliance &amp; regulatory implications</b>	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: <ul style="list-style-type: none"> <li>N/A</li> </ul>		

## Strategic objectives (Key)

Work with partners to help people live <b>longer, healthier lives</b>	<b>LHL objective 1</b>	Work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.
	<b>LHL objective 2</b>	Improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so people are cared for in the most appropriate place
Provide <b>high quality, safe care</b> with excellent outcomes and experience	<b>HQSC objective 1</b>	Provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience and outcomes wherever they are seen.
	<b>HQSC objective 2</b>	Strengthen our specialised services and support the adoption of genomics and precision medicine
	<b>HQSC objective 3</b>	Continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.
Be the place where <b>people enjoy working</b> , learning and building a career	<b>PEW objective 1</b>	Make sure that all our colleagues feel valued and supported by listening well and responding to their feedback. We will improve staff experience by embracing diversity and fairness, helping everyone to reach their potential
	<b>PEW objective 2</b>	Offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here
Ensure <b>value for our patients</b> and communities by making best use of our resources	<b>VfP objective 1</b>	Achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.
	<b>VfP – objective 2</b>	Deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships
Deliver world-class <b>research &amp; innovation</b> that improves people's lives	<b>R&amp;I – objective 1</b>	Strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part
	<b>R&amp;I – objective 2</b>	Apply research & innovation, including digital technology and artificial intelligence, to improve people's health and the services we provide
<b>Good governance</b>	<b>GG</b>	Deliver a safe, legally compliant and well run organisation

# MFT Integrated Performance Report

Public Board  
September 2024



# Structure of this document

3

Introduction to SPC measurement and icons used

4

Provide high quality, safe care with excellent outcomes and experience – operational performance

8

Provide high quality, safe care with excellent outcomes and experience – quality and safety

10

Be the place where people enjoy working, learning and building a career

13

Ensure value for our patients and communities by making the best use of our resources

# Measuring our performance

## Compliance



Target being met



Target not met



For information, no target set or target not due

## Variation



Common cause – no significant change



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



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

## Assurance



Variation indicates Inconsistently passing and falling short of the target



Variation indicates consistently (P)assing the target



Variation indicates Consistently (F)alling short of the target

## Action Status



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



Improvement – continue actions to support improvement until steady state achieved



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



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

## Escalating performance concerns

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

**Provide high quality, safe  
care with excellent  
outcomes and experience –  
operational performance**



# Metric Assurance Summary – operational performance

Key Oversight Performance Metrics						
Focus	Compliance	Variation	Assurance	Action status	Indicator	Indicator Type
Urgent care and Flow					A&E 4 hour standard	National
					Ambulance handover within 15 mins	National
					Ambulance handovers over 60 mins	National
					Number of A&E waits > 12 hours	National
					Number of A&E DTA waits ≥ 12 hours	National
					General & Acute Bed Occupancy	National
					No clinical reason to reside	National
					21+ Day Length of Stay	National
					Virtual Ward - Hospital @ Home	National

Key Oversight Performance Metrics						
Focus	Compliance	Variation	Assurance	Action status	Indicator	Indicator Type
Cancer					Cancer 31 day Performance	National
					Cancer 62 day performance	National
					Cancer Backlog reduction	National
					Cancer Faster Diagnosis	National
Key Oversight Performance Metrics						
Focus	Compliance	Variation	Assurance	Action status	Indicator	Indicator Type
Elective					RTT total list size	Local
					RTT>65 week waiters	National
					RTT > 52 week waiters	National
					Elective Inpatient Activity	Local
					Elective Outpatient Activity	Local
					Diagnostics (DM01) total list size	Local
					Diagnostics (DM01) waits > 6 weeks	National

# Executive summary

Assurance		
<div><div>✓</div>Achieving Target</div> <div><div>?</div>Inconsistently Achieving Target</div> <div><div>✗</div>Not Achieving Target</div>		
<div>Operational performance</div> <div>Variation</div> <div><div><div>H</div><div>L</div></div>Special Cause Improvement</div> <div><div></div>Common Cause</div> <div><div><div>H</div><div>L</div></div>Special Cause Concern</div>	<div><div>• Elective inpatient activity</div></div>	<div><div>• 28 Day Faster Diagnosis Standard</div><div><div>• Ambulance handovers &gt; 60 mins</div><div>• No Criteria To Reside</div><div>• 62 day standard</div><div>• Cancer backlog reduction</div><div>• Diagnostic total waiting list size</div><div>• Diagnostic waiters over 6 weeks</div></div></div>
	<div><div>• Elective outpatient activity</div></div>	<div><div>• G&amp;A Bed Occupancy</div><div>• RTT 65 week waits</div><div><div>• A&amp;E 4Hr performance</div><div>• Ambulance handovers &lt;15 mins</div><div>• Total waits &gt; 12 hours</div><div>• 12 hr decision to admit breaches</div><div>• Cancer 31 days</div><div>• RTT total list size</div><div>• RTT 52 week waits</div><div>• Virtual Ward</div></div></div>

Consistent assurance can be provided in:

- Elective activity levels, which remain consistently above plan – a critical underpinning factor in our ability to treat as many patients as we safely can.

Significant improvement has been made year to date in:

- The cancer faster diagnosis standard – where we are achieving target for September
- Diagnostic waiting list size and performance – where we are improving but marginally off plan for September
- Ambulance handover delays - which have improved considerably to an average of 17 minutes against the 15-minute target, but still fall short of required levels
- Patients waiting over 65 and 78 weeks – where numbers have significantly reduced year to date but remain above plan for 65 week waits

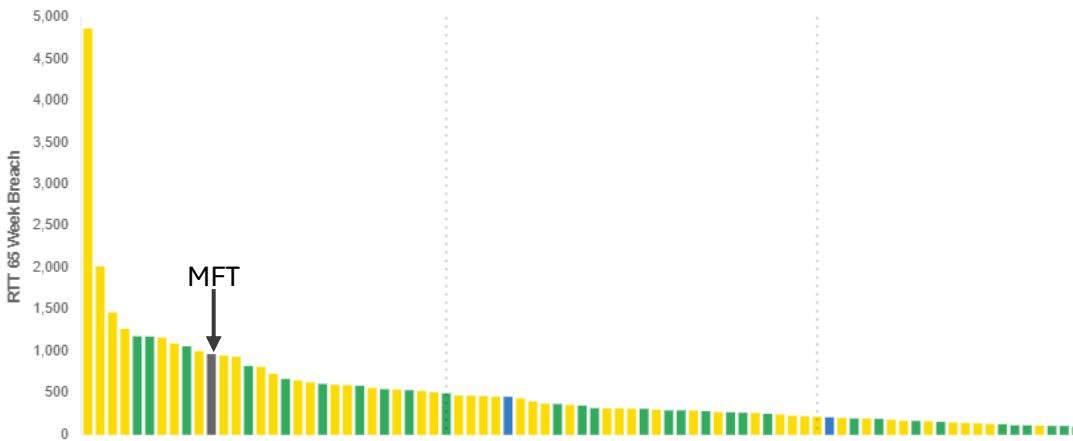
Particular risk is evident in the achievement of:

- The cancer 62 day standard – where performance remains consistently below plan

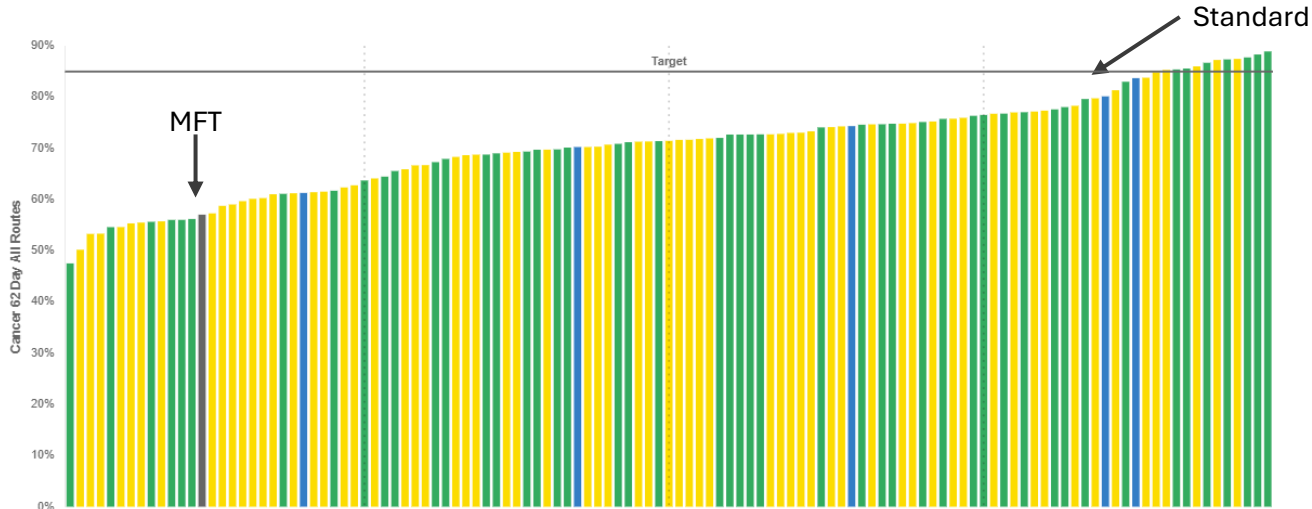
# National benchmarking operational performance constitutional standards

Operational performance

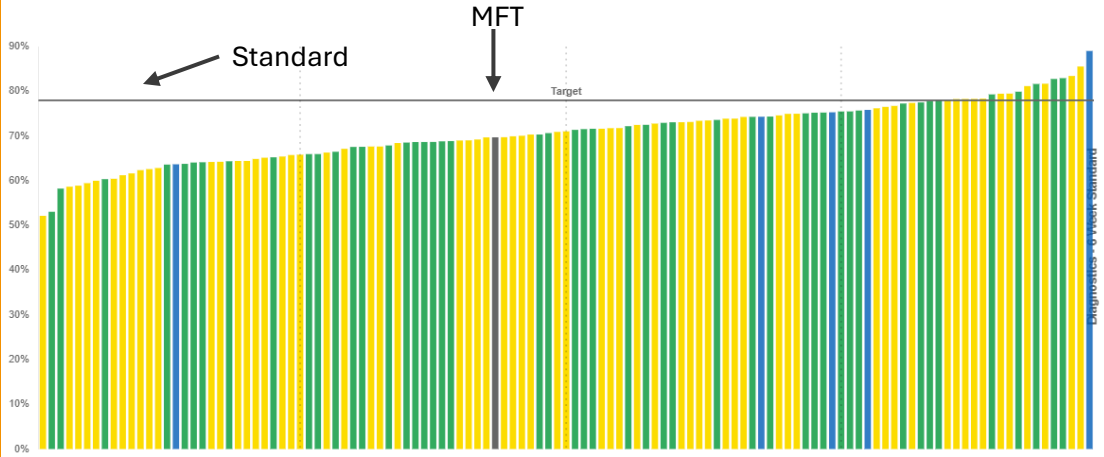
RTT 65-week reduction



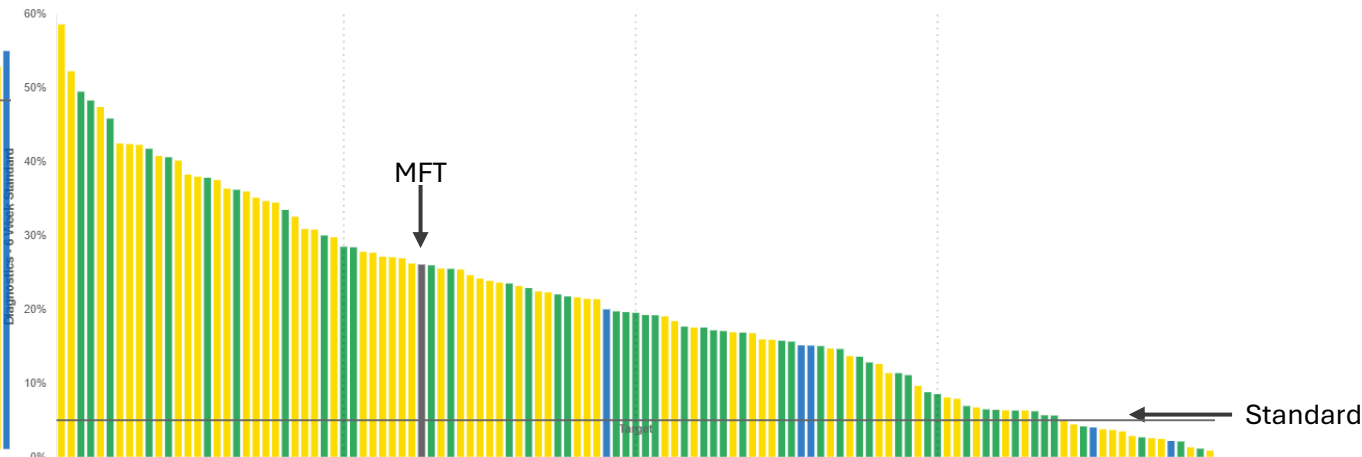
Cancer 62-day standard



Emergency department 4-hour standard



Diagnostic 6-week standard



Benchmarked performance is based on August (and July for cancer) data due to lag in national reported data

Provide high quality, safe  
care with excellent  
outcomes and experience –  
quality and safety



# Executive summary – quality and safety



Manchester University  
NHS Foundation Trust

Assurance		
<div>  Achieving Target                      Inconsistently Achieving Target                      Not Achieving Target                 </div>		
<div>Variation</div> <div>  Special Cause Improvement                      Common Cause                      Special Cause Concern                 </div>	<div> </div> <div>                     NICE HSMR                       % Incidents no harm to harm percentage                 </div> <div>                     WMTM                      Upheld complaints                      Complaints received                      FFT                 </div>	<div> </div> <div>                     Policies                       National Patient safety alerts not implemented within timescale                 </div>
	<div> </div> <div>                     All incidents                      Notifiable Incidents                      Incidents Requiring Notification                      Reporting of Excellence &amp; Innovation                       Safer surgical procedures                      Safer invasive procedures                 </div> <div>                     Patients waiting for access to care who experience associated harm                       Surgical safety compliance                       LocSSIP compliance                       Patient Safety Culture                 </div>	<div> </div> <div>                     National Audits                       MRSA bacteraemia                 </div>
	<div> </div> <div> </div>	<div> </div> <div>                     Never Event                      Incidents related to a patient with a mental health concern                      Incidents related to medication safety                      Incidents related to Discharge                      Incidents related to the effective assessment and management of risk  <i>Clostridioides difficile</i> </div>

No escalations to raise in QPE September data  
Policies – improving picture as per 2 weekly status report  
There are 2 current NPS alerts exceeding the deadline for implementation. Partial compliance relating to Blood Transfusion and SHOT Guidance and also the risk of death from entrapment or falls safety alert.

National Audits – Multi site Hive data issue. Programme of work underway  
Detailed paper relating to next steps with regards to LocSSIPs and surgical safety has been submitted for committee consideration.  
MRSA bacteremia – zero tolerance

The Trust has reported 6 Never events in the last 12 months.  
All areas relating to Trust safety priorities are subject to trust wide improvement plans with specific governance in place  
C. Difficile – monthly tolerance is 22.2 cases

Be the place where people  
enjoy working, learning  
and building a career






# Trust IPR Metric Assurance Summary

Key Oversight Performance Metrics							
Focus	Ref	Status	Variation	Assurance	Action status	Indicator	Indicator Type
Workforce capacity	W1					Establishment WTE	Local
	W2					Staff in Post WTE	Local
	W3					Vacancy WTE	Local
	W4					Vacancy %	Local
	W5					Temporary Staffing WTE	Local
	W6					Temporary Staffing Cost	Local
Looking after our people	W7					Attendance %	Local
	W8					Call Back & Return to Work Compliance %	Local

Key Oversight Performance Metrics							
Focus	Ref	Status	Variation	Assurance	Action status	Indicator	Indicator Type
Belonging	W9					Level 1 Mandatory Compliance %	Local
	W10					Level 2 & 3 Mandatory Compliance %	Local
	W11					Appraisal – Non Medical Compliance %	Local
	W12					Appraisal – Medical Compliance %	Local
	W13					Staff Engagement Score	Local
	W14					% of BME in Medical and Dental pay scales	Local
	W15					% BME in band 8a and above roles	Local
	W16					% BME in band 7 and below	Local
	W17					% Disability in Medical and Dental pay scales	Local
	W18					% Disability in band 8a and above roles	Local
	W19					% Disability in band 7 and below	Local
Future focus	W20					Turnover %	Local
	W21					Retention/Stability %	Local

# Executive summary

Assurance		
 Achieving Target	 Inconsistently Achieving Target	 Not Achieving Target
Level 1 Compliance % % BME in Medical & Dental Payscales % BME in band 7 and below roles Turnover %	Appraisal Medical Compliance % Retention %	Level 2 & 3 Compliance %
		Appraisal – Non medical Compliance % % BME in band 8a and above roles
		Temporary Staffing WTE Temporary Staffing Cost Attendance % Call Back & Return to Work Compliance % Staff Engagement Score

Mandatory training compliance levels are showing a general improvement over the last 6 months. Level 1 Mandatory compliance for September achieved against target at 94.0%. However, ongoing attention is needed in relation to levels 2 & 3 compliance which remain below target at 86.6%, although this is an improvement from the beginning of the year. A review of mandatory training is ongoing focusing on both quick win enhancements to improve engagement and more fundamental changes regarding categorisation, length of training to assess time spent versus outcome/value.

As of September 2024, the Trust attendance rate was 94.1%. Levels of absence remain high, above pre-pandemic levels and are reflective of a challenging operational context. Our 24/25 operating plan is predicated on a reduction of sickness absence to 5%. A comprehensive programme approach to absence prevention and attendance management is underway. Each Clinical Group has a bespoke target and plan to drive local action. The programme design is holistic to address the breadth of factors which lead to reduced attendance (cultural, procedural, environmental, operational) and will be data driven to ensure measurable improvement at pace.

**Ensure value for our  
patients and communities  
by making the best use of  
our resources**



# Metric Assurance Summary – finance

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

## Director of Finance's Summary

The Trust's revenue plan for 2024/25 is for a challenging £3.6m surplus. This is supported by a requirement for delivery of £148m of Value for Patients (VfP) savings. Excluding cost pass through drugs and devices, this represents an efficiency requirement of c5.6% of operating costs (5.0% including CPT) which is the highest value and proportion the Trust will have ever delivered. Further, whilst there was delivery of the £136m savings in 23/24, over half of that value was delivered through Group-level action, which is not available in 24/25.

### Income & Expenditure

At the end of month 6 the Trust is reporting an I&E deficit of £29.1m against a planned deficit of £11.2m, adjusted for the impact of the accounting treatment to PFI schemes. This reflects an adverse variance to plan of £18.8m.

This position is driven by the under-delivery of the VfP programme, together with higher than planned costs in clinical supplies and insourcing, and under performance against assumptions around holding vacancies.

### Cash

As at the 30 September 2024, the Trust had a cash balance of £87.7m. Favourable to the £69.5m plan by £18.2m driven by timing differences in payments to suppliers and delays in receipt of PDC funding offset by additional prior year income and earlier payment of NHSE Education monies.

### Capital

The GM CDEL envelope is yet to be confirmed and there is some risk in relation to the assumption of receipt of £16m PDC and CDEL to cover capital expenditure as a result of the PAHT transaction in 2021. Work is ongoing to mitigate this risk.

For the period up to 30 September 2024, total expenditure was £33.9m against a plan of £55.9m, an underspend of £22.0m. Expenditure included within the GM envelope was £17.1m against a plan of £26.3m, an underspend of £9.2m.

The full year forecast for the capital programme is £122.9m which is an increase to plan of £10.2m due to £3.6m additional funding for NHP and £1.3m charity funded schemes.

In relation to IFRS 16 CDEL, the current plan submission totals £31.3m, however, the level of CDEL cover available is still subject to approval. For the period up to 30 September 2024 IFRS 16 capital spend totalled £1.2m.

# Executive summary

Assurance			
	Achieving Target	Inconsistently Achieving Target	Not Achieving Target
Variation	<div> </div> <div>Special Cause Improvement</div> <div><ul style="list-style-type: none"><li>Agency spend compared to total pay expenditure YTD (%)</li><li>Income including Elective - variance to income in finance plan (£'000s)</li><li>Performance against Better Payment Practice Code in month (% by value)</li></ul></div>	<ul style="list-style-type: none"><li>Bank spend compared to total pay expenditure YTD (%)</li></ul>	
	<div></div> <div>Common Cause</div> <div><ul style="list-style-type: none"><li>Cash balance - variance to plan in month (%)</li></ul></div>		<ul style="list-style-type: none"><li>VfP - variance to plan (£'000s)</li><li>Capital expenditure (GM plan) - variance to plan YTD (%)</li></ul>
	<div> </div> <div>Special Cause Concern</div> <div></div>		<ul style="list-style-type: none"><li>Financial performance against budget YTD (£'000s)</li><li>Total pay expenditure against budget YTD (%)</li><li>Consultant spend - variance to budget YTD (%)</li><li>All other Medics spend - variance to budget YTD (%)</li><li>Drugs - variance to budget YTD (£'000s)</li><li>Clinical Supplies - variance to budget YTD (£'000s)</li></ul>

## Board of Directors (Public)

### Monday 11<sup>th</sup> November 2024

<b>Paper title:</b>	Strategic Development Update	<b>Agenda Item 10.1</b>
<b>Presented by:</b>	Darren Banks, CSO	
<b>Prepared by:</b>	Caroline Davidson, Director of Strategy	
<b>Meetings where content has been discussed previously</b>		
<b>Purpose of the paper</b> Please check <u>one</u> box only:	<input type="checkbox"/> For approval <input type="checkbox"/> For support <input checked="" type="checkbox"/> For discussion	

**Executive summary / key messages for the meeting to consider (300 words max)**

The paper sets out the following for information:

- The outcome of two reviews into the CQC published by the government
- A summary of the findings of a report by the King Fund Report into Population Health in Greater Manchester
- An update on the Greater Manchester ICB Sustainability Plan
- An update on annual planning and the development of single services at MFT

**Recommendation(s)**

The Board of Directors is asked to:

- Note the updates in relation to strategic developments nationally, regionally and within MFT

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<input type="checkbox"/> <b>Yes</b> (please set out in your report what action has been taken to address this) <input checked="" type="checkbox"/> <b>No</b>
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**Relationship to the strategic objectives**

The work contained with this report contributes to the delivery of the following strategic objectives (see key below)

LHL objective 1	<input type="checkbox"/>	LHL objective 2	<input type="checkbox"/>
HQSC objective 1	<input type="checkbox"/>	HQSC objective 2	<input type="checkbox"/>

HQSC objective 3	<input type="checkbox"/>	PEW objective 1	<input type="checkbox"/>
PEW objective 2	<input type="checkbox"/>	VfP objective 1	<input type="checkbox"/>
VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input checked="" type="checkbox"/>
<b>Links to Trust Risks</b>	The work contained with this report links to the following strategic, corporate or operational risks: •		
<b>Care Quality Commission domains</b> Please check <u>all</u> that apply	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Responsive	<input type="checkbox"/> Caring <input checked="" type="checkbox"/> Well-Led	
<b>Compliance &amp; regulatory implications</b>	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: •		

## Main report (2000 words maximum - please use appendixes for all further information)

### 1. Introduction

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

### 2. National Developments

#### 2.1. CQC Review

The government has published two reviews of the Care Quality Commission (CQC). The first, by Dr Penny Dash, chair of North West London ICB, considered the operational effectiveness of CQC. The second, by Prof Sir Mike Richards, former chief inspector of hospitals, considered the single assessment framework.

The Dash review found significant failings in the CQC and recommended that the CQC should rapidly improve operational performance; fix data infrastructure; improve the quality and timeliness of reports; rebuild expertise and relationships; review the single assessment framework; make ratings more transparent; improve local authority assessments; and pause ICS assessments for six months.

Sir Mike Richards' report recommended a fundamental reset of the organisation and a return to the previous organisational structure, with at least three chief inspectors leading sector-based inspection teams at all levels.

Both reports suggested that one-word ratings should be reviewed.

The CQC and the Department of Health and Social Care (DHSC) have committed to undertaking a range of measures including:

- reorganise the CQC around sector expertise, led by at least three chief inspectors of hospitals, primary care, and adult social care services
- simplify the assessment framework and ensure it is relevant to each sector, with more transparent scoring
- pause CQC's assessments of integrated care systems for six months

- improve transparency of scoring

Over the next four months, Penny Dash will conduct a further review of the wider landscape for quality of care and patient safety, including the roles of the different national bodies involved.

### **3. Regional and Local Developments**

#### ***3.1 King Fund Report – Population Health in Greater Manchester***

The Kings Fund has published a report that explores how Greater Manchester has approached improving population health, and looks at both its successes and challenges. It finds that:

- the evidence suggests that the focus on population health in Greater Manchester is starting to pay off, with greater improvement against what would be expected on key measures of health and health inequalities.
- devolution can be successful, but also that it is hard work and will not happen as a matter of course. It relies on clear intent, consistency and coherence over time, underpinned by a strong vision and model for population health, and implemented and connected with economic goals at local authority level.
- It shows how change happens in a national policy context, when it is driven by a coherent vision and commitment at system and local authority level
- There are lessons for a government seeking to deliver a health mission that is centred on closing regional gaps in health inequalities and for other systems seeking to improve population health.

The full report can be found at [www.kingsfund.org.uk](http://www.kingsfund.org.uk).

#### ***3.2 Greater Manchester Sustainability Plan***

Greater Manchester ICB have been developing a Sustainability Plan that shows how the GM System:

- Returns to financial balance through addressing the underlying deficit
- Secures a sustainable future through addressing future demand growth and implementing new models of care year on year

The plan has now been completed and was presented to the Integrated Care Board on 18 September to be endorsed based on the following assumptions:

- Trust and ICB cost improvement will be delivered in full as planned
- Other financial savings will be achieved through optimising care through service review/commissioning, and consideration (specifically) of reducing Procedures of Limited Clinical Value (PLCV)
- We will move to a model of care that supports people to maintain good health (reducing prevalence and proactive care) through changing how we allocate our financial resources

The next steps are

- Sep 2024: Discussion of the underpinning assumptions at the System Leadership Forum
- Sep/Oct 2024: Implications of the plan and further delivery details worked through, including processes for the governance and monitoring of the plan
- Nov 2024: Progress update to be presented to ICB.

### **4. MFT Developments**

#### ***• Annual Planning***

We have begun our annual planning for 2025/26. In September we reviewed the process adopted for 24/25 and identified what had gone well and what could be improved. In light of this we have revised

the way the Annual Planning Oversight Group works and held the first meeting of the new group on 17 October. The strategy, in particular the 85 actions will form the basis of the Trust, corporate team and Clinical Group plans. Work is underway on the activity, workforce and financial planning with closer joint working so that our plans are aligned across the three areas.

- ***Single Services***

The development of single clinical services brings together services that were previously provided separately on the MRI, Wythenshawe and NMGH sites, into one service with one leadership team and one management structure. It enables us to create larger clinical teams and is an important enabler for delivering the benefits of the single hospital service, but it does not change where services are physically located.

A review has been undertaken to ensure that:

- Each Managed Single Service has sufficient leadership input to succeed
- A balance in the leadership portfolios across the Clinical Groups is achieved
- Leadership arrangements for some services that are currently distributed between Clinical Groups are simplified.

- ***Strategy deployment***

Strategy deployment is the process through which we ensure that our strategy is delivered and sets the agenda across the organization. There are three key themes to this work:

- Alignment of Strategic Plans: Ensuring that our strategy creates a shared purpose and informs our plans across MFT
- Governance and Assurance: Ensuring that governance structures across the organisation are aligned to our MFT strategy and that processes are in place to provide assurance on delivery
- Communications and Engagement: Raising awareness of our strategy and ensuring that personal objectives are informed by it.

We have recently completed two significant pieces of work on a reshaping of our governance arrangements around the strategy and making the strategy the basis of our annual planning for 2025/26.

## **5. Recommendations**

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

## Strategic objectives (Key)

Work with partners to help people live <b>longer, healthier lives</b>	<b>LHL objective 1</b>	Work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.
	<b>LHL objective 2</b>	Improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so people are cared for in the most appropriate place
Provide <b>high quality, safe care</b> with excellent outcomes and experience	<b>HQSC objective 1</b>	Provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience and outcomes wherever they are seen.
	<b>HQSC objective 2</b>	Strengthen our specialised services and support the adoption of genomics and precision medicine
	<b>HQSC objective 3</b>	Continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.
Be the place where <b>people enjoy working</b> , learning and building a career	<b>PEW objective 1</b>	Make sure that all our colleagues feel valued and supported by listening well and responding to their feedback. We will improve staff experience by embracing diversity and fairness, helping everyone to reach their potential
	<b>PEW objective 2</b>	Offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here
Ensure <b>value for our patients</b> and communities by making best use of our resources	<b>VfP objective 1</b>	Achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.
	<b>VfP – objective 2</b>	Deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships
Deliver world-class <b>research &amp; innovation</b> that improves people's lives	<b>R&amp;I – objective 1</b>	Strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part
	<b>R&amp;I – objective 2</b>	Apply research & innovation, including digital technology and artificial intelligence, to improve people's health and the services we provide
<b>Good governance</b>	<b>GG</b>	Deliver a safe, legally compliant and well run organisation

## Board of Directors (Public)

### Monday 11<sup>th</sup> November 2024

<b>Paper title:</b>	The Socio-Economic Duty at MFT	<b>Agenda Item 10.2</b>
<b>Presented by:</b>	Professor Bernard Clarke, Interim Joint Chief Medical Officer	
<b>Prepared by:</b>	Simon Watts, Public Health Consultant	
<b>Meetings where content has been discussed previously</b>	Group Management Board Group Equality Diversity & Human Rights Committee Group Service Strategy Committee	
<b>Purpose of the paper</b> Please check <u>one</u> box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For support <input type="checkbox"/> For discussion	

#### Executive summary / key messages for the meeting to consider

The Socio-Economic Duty protects the rights of economically disadvantaged groups and was part of the Equality Act 2010 but was not made mandatory in England.

Since 2010, a number of organisations in England have voluntarily adopted the Duty, ensuring they consider the rights of economically disadvantaged residents and communities in decision making. An example of this could be ensuring the voices of economically disadvantaged groups are heard to inform decisions about how services are improved or reconfigured.

In the same way that the current Equality Act ensures MFT protects the rights of population groups with certain characteristics by law including age, race, pregnant women and disability, adopting the Duty would give parity to those residents who are economically disadvantaged.

MFT's Equality Impact Assessment (EqIA) process would be revised to reflect the adoption of the Duty and when adopted, leaders and wider staff members would be invited to sessions being coordinated by Manchester Council that raise awareness of the Duty and how MFT can protect the rights of economic disadvantaged groups.

There are no direct cost implications of adopting the Duty as its adoption is concerned with how the organisation makes decisions and its governance.

It is recommended that MFT adopt the Socio-Economic Duty.

#### Recommendation(s)

The Public Board of Directors is asked to:

- Approve the adoption of the Socio-Economic Duty, ensuring that the rights of economically disadvantaged groups are protected in decision making and strategy development, alongside those groups already protected in law through the Equality Act 2010

- It is recommended that the Duty is delivered through MFT's EqIA process and that the required changes would be made when the EqIA process is reviewed during 2024. The implementation should be supported through workforce awareness training for managers and leaders, in collaboration with Manchester City Council

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

- ☒ **Yes** (please set out in your report what action has been taken to address this)
- ☐ **No**

### Relationship to the strategic objectives

The work contained with this report contributes to the delivery of the following strategic objectives (see key below)

LHL objective 1	<input checked="" type="checkbox"/>	LHL objective 2	<input checked="" type="checkbox"/>
HQSC objective 1	<input type="checkbox"/>	HQSC objective 2	<input type="checkbox"/>
HQSC objective 3	<input checked="" type="checkbox"/>	PEW objective 1	<input type="checkbox"/>
PEW objective 2	<input type="checkbox"/>	VfP objective 1	<input type="checkbox"/>
VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input type="checkbox"/>

### Links to Trust Risks

The work contained with this report links to the following strategic, corporate or operational risks:

**Care Quality Commission domains**  
Please check all that apply

- ☒ Safe  
☒ Effective  
☐ Responsive

- ☐ Caring  
☐ Well-Led

### Compliance & regulatory implications

The following compliance and regulatory implications have been identified as a result of the work outlined in this report:

- N/A

### Main report

See Appendix 1

## Strategic objectives (Key)

Work with partners to help people live <b>longer, healthier lives</b>	<b>LHL objective 1</b>	Work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.
	<b>LHL objective 2</b>	Improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so people are cared for in the most appropriate place
Provide <b>high quality, safe care</b> with excellent outcomes and experience	<b>HQSC objective 1</b>	Provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience and outcomes wherever they are seen.
	<b>HQSC objective 2</b>	Strengthen our specialised services and support the adoption of genomics and precision medicine
	<b>HQSC objective 3</b>	Continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.
Be the place where <b>people enjoy working</b> , learning and building a career	<b>PEW objective 1</b>	Make sure that all our colleagues feel valued and supported by listening well and responding to their feedback. We will improve staff experience by embracing diversity and fairness, helping everyone to reach their potential
	<b>PEW objective 2</b>	Offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here
Ensure <b>value for our patients</b> and communities by making best use of our resources	<b>VfP objective 1</b>	Achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.
	<b>VfP – objective 2</b>	Deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships
Deliver world-class <b>research &amp; innovation</b> that improves people's lives	<b>R&amp;I – objective 1</b>	Strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part
	<b>R&amp;I – objective 2</b>	Apply research & innovation, including digital technology and artificial intelligence, to improve people's health and the services we provide
<b>Good governance</b>	<b>GG</b>	Deliver a safe, legally compliant and well-run organisation

## The Socio-Economic Duty at MFT Background and Proposed Adoption

### 1. Context

The [Equality Act 2010](#) protects the rights of population groups with certain characteristics by law. These characteristics are known as nine 'Protected Characteristics' and include age, race, pregnant women and disability. The Act legislated that organisations cannot discriminate against these groups and that public organisations should assess and understand the impact of decisions and policies on these groups prior to implementation (Equality Impact Assessment [EqIA]).

Economically disadvantaged groups were **not** included as one of the protected characteristics, but were considered through a separate section of the Act called the [Socio-Economic Duty](#). The Socio-Economic Duty makes specific reference to those who are economically disadvantaged and legislates that public sector organisations should make specific consideration to economically disadvantaged residents in decision making and strategy development

*...when making strategic decisions, consider how their decisions might help to reduce the inequalities associated with socio economic disadvantage. Such inequalities could include inequalities in education, health, housing, crime rates. It is for public bodies subject to the duty to determine which socio-economic inequalities they are in a position to influence...*

The Duty does not define who falls into the category of economically disadvantaged, though a proxy of those households with low income of [60% of below median national average household income](#) or the [Indices of Multiple Deprivation](#) can be used.

When the Equality Act 2010 was brought into law, England **did not** enact the Socio-Economic Duty element of it; the Scottish and Welsh governments have subsequently done so. However, individual public sector organisations in England have voluntarily signed up to the Duty. As of 2021, 1 in 7 councils in England had voluntarily signed up. Within this, there are a number of councils in the North West, including Wigan and Salford. Manchester Council is currently reviewing the Duty with a view to adoption as is GM ICS.

This paper explores what it might mean for MFT to sign up to the Duty, with reference to a number of case studies where the Duty has been implemented.

[Public Health Wales](#) compares how the Socio-Economic Duty complements the existing provisions under the 2010 Equality Act

Mapping the duties and expected health and equality outcomes		
	Equality Act 2010: The Socio-Economic Duty	Equality Act 2010: Public Sector Equality Duty
Scope of the duty	<ul style="list-style-type: none"> <li>Socio-economic disadvantage</li> </ul>	<ul style="list-style-type: none"> <li>Individuals and groups with protected characteristics</li> </ul>
Required application of the legal duty	<ul style="list-style-type: none"> <li>Strategic decisions</li> </ul>	<ul style="list-style-type: none"> <li>Proposed policies and practices</li> </ul>
Outcomes in relation to equality	<ul style="list-style-type: none"> <li>Reduce inequalities of outcome related to socio-economic disadvantage</li> </ul>	<ul style="list-style-type: none"> <li>Eliminate unlawful discrimination</li> <li>Advance equality of opportunity</li> <li>Foster good relations</li> </ul>
Outcomes in relation to health and wellbeing	<ul style="list-style-type: none"> <li>Reduce inequalities in health and wellbeing outcomes related to socio-economic disadvantage</li> <li>Remove barriers to access to health services linked to socioeconomic disadvantage</li> </ul>	<ul style="list-style-type: none"> <li>Prevent negative impacts on health arising from discrimination</li> <li>Remove barriers to access to health services and other opportunities that influence health and wellbeing outcomes</li> </ul>

Source: [Public Health Wales](#)

## **2. Why is the Duty important in Greater Manchester?**

Poverty and low income are considered some of the most important determinants of health. Living on a low-income impacts peoples' ability to live a health life, afford essential goods/services they need to live (e.g. heating the home), causes significant stress (which in turn can impact lifestyle and physical health), and impacts peoples' ability to access healthcare services.

Manchester and Greater Manchester is one of the most income deprived areas in England. 21% of Manchester residents live off a discretionary income of less than £30/month; in some areas of the city this is as high as 54%; 1 in 2 people. A significant proportion of MFT staff live in lower income areas of the city. Given this context, there are not many places in England where the Socio-Economic Duty could be more important and more relevant.

One of the reasons the Duty is important is that it makes an organisational commitment that goes beyond the effort and legacy of individuals who work within MFT, for example individual Directors or teams who recognise and protect the rights of low-income groups through their work. The Duty is an organisational commitment which would outlive any individuals and facilitate a culture of focusing on and protecting the rights of low-income groups.

## **3. Implementation and what would it mean in practice?**

MFT often already considers the needs of low-income groups when making decisions, however not necessarily in a consistent way across the whole organisation. The Duty would give MFT a specific focus on low-income groups in its decision making, in parity with the other protected characteristics outlined in the Equality Act.

Adopting the Duty would not need MFT to identify individual patient's income levels; adoption is about how we consider low-income groups' needs when making strategic and service decisions. Ensuring we have effective means of engaging and listening to low-income groups' views is a key to effective implementation. MFT is able to work with our system partners to support this engagement, who have well established links with our local communities.

MFT's Equality Impact Assessment (EqIA) process is due to be refined during 2024; the most practical way of enacting the Socio-Economic Duty is to incorporate the 'low income' or 'economically disadvantaged' groups into the EqIA process. This is the approach that has been taken by a [number of local authorities](#) who have signed up to the Duty.

An important aspect of implementation would be to build awareness amongst MFT teams and training for leaders as the EqIA process alone would not be enough to ensure that decision making reflects the interest of low-income groups. Enhanced understanding of the issues low-income groups face would support informed decision making, as would giving a voice to low-income groups in strategic developments and decisions through participation and engagements with local people.

Manchester Council are currently putting a similar paper through their governance to support the organisation signing up for the Duty. They have identified a small amount of resource to commission a partner organisation to lead workforce sessions outlining what the Duty is, why it is important and how teams can ensure that the rights of economically disadvantaged residents can be considered. Manchester Council will support MFT colleagues to join these sessions at no cost.

The Poverty proofing project that has recently completed with Maternity Services in North Manchester is an example of targeted engagement work that would align with the Duty.

[Public Health Wales](#) outlines a number of questions that they advise organisations to ask of their decisions/policy as part of implementing the Duty – these could inform how the Duty is enforced through MFT's EqIA process

## Meaningful Impact Assessments

– key questions to consider<sup>55</sup>:

- What are the potential impacts of the proposal/decision as we currently understand them?
- Are there any unintended consequences of the proposal/decision on people experiencing poverty and at the sharp end of inequality?
- How could the proposal/decision be improved so it reduces or further reduces inequalities of outcome, with a particular focus on socio-economic disadvantage?
- How will this policy or service assist us to reduce inequality in outcomes overall?
- How can we ensure the views and experiences of people in poverty and at the sharp end of inequality inform decisions and service design?
- How will actions and outcomes be monitored?
- [If planning to adjust a proposal/decision], can we adjust our decision further to benefit particular communities of interest or of place who are more at risk of socio-economic disadvantage?

Source: [Public Health Wales](#)

### 4. Socio Economic Duty in Action and Benefits

[A recent report from GM Poverty Action](#) highlights a number of case studies from organisations within England who voluntarily signed up to the Duty, as well as examples from Scotland and Wales

- The Duty has helped embed an organisational wide focus on low-income groups, particularly in times of crisis (e.g. COVID) and when resources are stretched or being constrained
- Signing up to the Duty has supported a shift towards embedding organisational wide approaches to targeting recruitment from under employed areas
- Focusing on low income has helped support people with other protected characteristics e.g. ethnic minority groups who are more likely to be on low incomes
- It 'Changes the focus in the way managers within the organisation actually look at how they deliver their services, how we manage our people, and how we recruit our people'  
*Merseyside Fire and Rescue*

A relevant example where the Duty may support MFT to take a different approach is if it were relocating services across MFT sites, or if a service were being reduced or stopped. In both cases the Duty would require MFT to engage with low-income residents to understand the impact of any configuration changes. This would be validated by the EqIA which would ask decision makers to show how they have engaged and what issues have emerged for low-income groups and how they have been mitigated.

A further potential benefit not referenced in the case studies included above is reputation. MFT signing up the Duty as the largest NHS Trust in the UK would attract publicity and would show the organisational commitment to supporting people who are on low income.

## 5. Risks relating to the Socio-Economic Duty

There are some risks to signing up to the Duty

- Though there is no cost associated with signing up to the Duty, it may lead to additional work for teams when making key decisions and developing strategies, though this could be minimised through the improvements being made to the EqlA process in 2024
- The potential cost of training and raising awareness of the Duty with staff is offset by the offer of MFT teams participating in Manchester Council's workforce sessions
- MFT could be open to challenge if decisions are made that do not align with the Duty. This is a risk but could be seen as a positive challenge to the organisation in prioritising the rights of low-income groups
- Given MFT is voluntarily adopting the Duty, it **would not** be open to **legal** challenge for any failure to enforce it
- Reputationally, signing up the Duty could be damaging if MFT does not deliver it in practice and consider the needs of economically disadvantaged residents through its decisions and strategies

There are risks associated with not signing up to the Duty, with the potential for decisions and service developments that adversely impact individual safety, health and wellbeing of our lower income workforce, patients and service users. These may have longer term costs operationally and financially for the organisation.

## 6. Financial implications

There is no cost to signing up to the Duty; it is focused on decision making governance and aims to impact the culture of the organisation and how MFT makes decisions.

Due to it being voluntary by nature, MFT is not exposed to any legal costs associated with non-compliance.

If effective, adopting the Duty will mean service development, configuration and other key decisions are more strongly aligned with the interests of low-income groups. This does not mean increased costs for MFT however and does not mean MFT has to spend more money providing services to low-income groups but may mean they have to be provided in a way that is more tailored or targeted.

Case studies in [GM Poverty Action's](#) report reference how the Duty helped embed equity into decision making and how lower income groups' interests were prioritised by flexing recruitment practices, forming reference groups of lower income residents to ensure their voice is heard and by refining administrative processes to reduce the burden on residents for example.

Any decision MFT makes will continue to be informed by quality, safety and finance priorities; the Duty just encourages leaders and managers to consider the impact of decisions on lower income groups.

## 7. Recommendations

It is recommended that MFT sign up to the Socio-Economic Duty, ensuring that the rights of economically disadvantaged groups are protected in decision making and strategy development, alongside those groups already protected in law through the Equality Act 2010.

It is recommended that the Duty is delivered through MFT's EqlA process and that the required changes would be made when the EqlA process is reviewed during 2024. The implementation should be supported through workforce awareness training for managers and leader, in collaboration with Manchester City Council.



**Manchester University**  
NHS Foundation Trust

## Escalation and Assurance Report

### *Quality, Safety and Performance Board Committee*

**Report to:** Board of Directors

**Report of:** Damian Riley, Non-Executive Director and Chair of QSPBC

**Date of meeting:** 30/10/2024

#### Key escalation and discussion points from the meeting

##### Advise:

The Committee was updated on the proposed harm-review process for patients on waiting lists in the Trust. The report had been requested as the process had been referred to previously and the Committee had requested a more in-depth discussion. The committee heard that a new work programme in the Trust will be focusing on identifying those who encounter harm during their wait, as well as interventions that can be introduced to reduce the risk of harm occurring. The aim is to develop predictive modelling in due course to identify patients at highest risk. The work is overseen by the Quality and Safety Management Committee. The QSPBC will receive a further report in 6 months' time.

The Committee had requested an update on compliance with the duty of candour requirements. Engagement with clinicians is underway to understand reasons for any lapses in meeting Trust standards and to promote compassionate engagement with patients after any unforeseen incidents. A weekly meeting is in place to understand the issues with oversight through the Patient Safety Oversight and Assurance Group chaired by the Director of Clinical Governance. Oversight of a corporate risk relating to Duty of Candour compliance is to be overseen at the Quality and Safety Management Committee.

The Committee received an update regarding the home birth service. The midwifery vacancy factor in community and rota issues have challenged the ability for the Trust to provide a service equitably across the whole catchment area following the amended change to service model for North Manchester. The Trust is reviewing and refreshing the homebirth service to support a sustainable, high quality, equitable service for pregnant women. In the meantime, the homebirth services at Saint Mary's Hospital, Saint Mary's Wythenshawe and Saint Mary's North Manchester have been temporarily suspended. This will impact the very small percentage of women who request home delivery. All pregnant women affected by this move have been informed. The Maternity and Neonatal Voices Partnership (MNVP), North West Regional Maternity Team, and Greater Manchester and Eastern Cheshire Local Maternity & Neonatal System (GMEC LMNS) are aware of the decision and support this move and the Trust is working with partners for the design of the new service.

The midwifery-led Bluebell Birth Centre at North Manchester General Hospital and the Manchester Birth Centre at Saint Mary's Wythenshawe are unaffected. Pregnant women can also opt for midwifery-led care in the Labour Wards at Saint Mary's Hospital, Wythenshawe Hospital or North Manchester General Hospital. The temporary suspension does not affect other aspects of ante-natal or post-natal care in any way.

The Committee discussed actions following results of the Paediatric Audiology Service Quality Assurance Tool. All four services have developed detailed action plans to address the findings, including improving their audit programmes.

The Committee discussed more broadly the need to understand the process for the creation, leadership and governance of departmental and team clinical audits, and a deep dive into the Trust's audit programme was requested for the February 2025 Committee.

A report describing establishment of a new process for learning from deaths was considered with the new Assistant Chief Medical Officer who will have responsibility for this going forward.

The work to ensure the consistent use of surgical safety checklists has recently been rejuvenated and a report will come back to the committee in 6 months' time.

The Committee has asked for a deep dive on decontamination at a future meeting.

### **Assure:**

The Committee discussed in detail the Integrated Performance report for operational performance and quality and safety including a focus on diagnostics performance and the different challenges faced by the Clinical groups.

The Committee received the PMRT review for Q1 which included ethnic and demographic analysis. The report will also be discussed at the Board in private (due to the potential for identification of individuals).

The Committee received an update on maternity safety – a report which the committee receives at each meeting following the CQC inspection in March 2023. Some reduced performance in 'time to triage' metrics had occurred during summer, with recovery and improved performance in September 2024. No harm resulted from the temporary dip in performance. Slides describing the revised induction of labour pathway were included within the report.

A positive update on improvements made in response to the mental health peer review was discussed. These updates will be considered every four months by the committee.

The Committee also received assurance from:

- Q2 complaints report which showed a reduction in the number of complaints re-opened.
- Q2 Patient Experience report with communication highlighted as an area where work is ongoing to address the themes from patients' feedback.
- The national cancer patient survey has been received in which MFT was rated above average when compared to the national average for many aspects of the survey. The Cancer Collaborative will oversee ongoing improvements address any issues highlighted.
- The 94% self-assessment against the EPRR core standards was supported by GM. . This is also being presented to the Board at their November meeting.
- The winter planning process for this year with plans in place to address the predicted 3.5% increased demand.

From the Board Assurance Framework (BAF), the Committee received updates from lead Executive Directors regarding progress with the actions required to deliver strategic objectives 3, 4, and 5 of the MFT strategy. These are included in the BAF presented to the Board at its November meeting.

### **Risks discussed at the meeting**

The Committee discussed relevant strategic, corporate and operational risks and noted the work being undertaken to embed the new risk management framework and strategy and to review all risks currently on the risk register. It was recognised that work is currently underway to standardise the scoring and allocation of risks and that this will be completed over coming months. Future reports will contain the strategic and corporate risks relevant to the committee.

**Board of Directors (Public)**  
**Monday 11<sup>th</sup> November 2024**

<b>Paper title:</b>	Winter Plan 24/25	<b>Agenda Item 11.2</b>
<b>Presented by:</b>	Lorraine Cliff, Director of Elective Care and Cancer	
<b>Prepared by:</b>	Daniel Lythgoe, Director of Urgent and Emergency Care	
<b>Meetings where content has been discussed previously</b>	Previous version was presented to the Board 8 <sup>th</sup> July 2024	
<b>Purpose of the paper</b> Please check <u>one</u> box only:	<input type="checkbox"/> For approval <input type="checkbox"/> For support <input checked="" type="checkbox"/> For discussion	

<b>Executive summary / key messages for the meeting to consider</b>
<p>This report provides an overview of the Trust's plan for the 2024/25 winter period. It sets out the Winter Plan that will support the management of increases in demand and the associated challenges of winter across the Trust's hospitals.</p> <p>The Trust does not develop its plans in isolation and the Trust's plan is part of the 2024/25 Manchester &amp; Trafford Urgent and Emergency Care Delivery Board Winter Plan. The MFT elements have been developed based on lessons learnt over the course of the last five years. The MFT plan covers all Clinical Groups and aims to ensure that, where services might be impacted by the winter period, plans are in place to ensure patients remain safe through periods of increased demand and that there is minimal delay or disruption to patient experience.</p>

<b>Recommendation(s)</b>
Recognise that the Winter plan has been written in partnership with Clinical Groups and wider System Partners

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<input type="checkbox"/> <b>Yes</b> (please set out in your report what action has been taken to address this)  <input checked="" type="checkbox"/> <b>No</b>
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<b>Relationship to the strategic objectives</b>			
The work contained with this report contributes to the delivery of the following strategic objectives (see key below)			
LHL objective 1	<input type="checkbox"/>	LHL objective 2	<input type="checkbox"/>

HQSC objective 1	<input checked="" type="checkbox"/>	HQSC objective 2	<input type="checkbox"/>
HQSC objective 3	<input type="checkbox"/>	PEW objective 1	<input type="checkbox"/>
PEW objective 2	<input type="checkbox"/>	VfP objective 1	<input type="checkbox"/>
VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input checked="" type="checkbox"/>
<b>Links to Trust Risks</b>	The work contained with this report links to the following strategic, corporate or operational risks: <b>Risk Number:</b>		
<b>Care Quality Commission domains</b> Please check <u>all</u> that apply	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Well-Led	
<b>Compliance &amp; regulatory implications</b>	•		

## Main report

### 1.0 Introduction:

- 1.1 The MFT Winter Plan for 2024/25 outlines the arrangements for the winter period, recognising the challenges faced by health and social care organisations due to increased pressure from clinical acuity and capacity demands on resources.
- 1.2 On the 16<sup>th</sup> September, NHS England published their Winter priorities. From a Winter perspective the letter highlights the following:
- Capacity plans will be expected by NHS England, these reconfirmed plans will be regularly monitored
  - Through ICS SCCs, NHS England will run an exercise to test system preparedness
  - Tiering will continue
  - ICBs are to; focus on people with complex needs, provide alternatives to hospital attendance and work with out of hospital providers to ensure patients can be discharged timely
  - NHS Trusts are asked to; review bed plans, review and test full capacity plans, ensure the fundamental standards of care are in place, manage flow 7 days per week and ensure appropriate senior clinical decision-makers are able to make decisions in live time to manage flow
- 1.3 MFTs winter plan has been stress tested against the expectations described in the letter.

### 2.0 The MFT plan 24/25:

- 2.1 The plan has been developed in collaboration with system partners and drawn from clinical groups level plans. The plan for this year has been sectioned into the following areas:
- a) Overview, which includes a review of the key performance indicators for 2023/24
  - b) System and MFT co-ordination throughout winter
  - c) Looking after our patients and staff

- d) Creating the capacity to meet the demand
- e) Communications plan

2.2 To support the delivery of Winter Plan, the Chief Delivery Officer's team is setting up an MFT Co-ordination Centre. This approach will look to:

- Support Clinical Groups to balance UEC and Flow demand.
- Address ongoing challenges across sites where Trust guidance and procedures would support UEC demand and Flow
- Lead operational and strategic discussion into wider system partners through winter.

2.3 The co-ordination centre will be established on the 2<sup>nd</sup> Floor of Cobbett House and developed using a series of tests of change during November through to April 25.

### 3.0 Winter plan submission governance and sign off

The following timeframe has been agreed for the MFT submission:

Month	Action	Timeframe
July 2024	Winter planning starts with engagement of all key stakeholders, such as MFT, commissioners, local authorities, primary care networks, voluntary sector and patient representatives	Complete
August 2024	Winter readiness assessment and gaps identified. Winter planning group established to oversee the development and implementation of the plan.	First draft hospital level plans were internally submitted on 30 <sup>th</sup> August 2024 - Complete
September 2024	Draft Winter plan submitted to the Manchester and Trafford Locality Board for review and feedback. Service level plans to be completed by 27 <sup>th</sup> September	MFT winter plan to be finalised by 13 <sup>th</sup> September  OEB – 18 <sup>th</sup> September - Complete EDTC – 19 <sup>th</sup> September - Complete
October 2024	System led communication and engagement strategy launched to raise awareness and promote the plan to staff, patients and the public	Commences October
November 2024	Winter plan operationalised and monitored through regular performance reports, escalation meetings, and stakeholder feedback. Winter pressure funding allocated and distributed to support the delivery of the plan	November Board of Directors
December 2024 - March 202	Winter plan implemented and evaluated, with ongoing review and adjustment based on changing demand and capacity. Lessons learned captured and shared for future planning and improvement.	

## **4.0 Recommendations**

4.1 It is recommended that the Board of Directors:

- Recognise that the Winter plan has been written in partnership with Clinical Groups and wider System Partners

## Strategic objectives (Key)

Work with partners to help people live <b>longer, healthier lives</b>	<b>LHL objective 1</b>	Work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.
	<b>LHL objective 2</b>	Improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so people are cared for in the most appropriate place
Provide <b>high quality, safe care</b> with excellent outcomes and experience	<b>HQSC objective 1</b>	Provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience and outcomes wherever they are seen.
	<b>HQSC objective 2</b>	Strengthen our specialised services and support the adoption of genomics and precision medicine
	<b>HQSC objective 3</b>	Continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.
Be the place where <b>people enjoy working</b> , learning and building a career	<b>PEW objective 1</b>	Make sure that all our colleagues feel valued and supported by listening well and responding to their feedback. We will improve staff experience by embracing diversity and fairness, helping everyone to reach their potential
	<b>PEW objective 2</b>	Offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here
Ensure <b>value for our patients</b> and communities by making best use of our resources	<b>VfP objective 1</b>	Achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.
	<b>VfP – objective 2</b>	Deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships
Deliver world-class <b>research &amp; innovation</b> that improves people's lives	<b>R&amp;I – objective 1</b>	Strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part
	<b>R&amp;I – objective 2</b>	Apply research & innovation, including digital technology and artificial intelligence, to improve people's health and the services we provide
<b>Good governance</b>	<b>GG</b>	Deliver a safe, legally compliant and well run organisation



# Manchester University NHS Foundation Trust Winter Plan 2024/25



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# Overview



# Overview

The Winter Plan sets out MFTs arrangements for the winter period. The plan sits as an integral element of the wider Manchester & Trafford Locality plan recognising:-

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

A successful winter will be as a result of:

- ✓ Robust operational plans to deliver elective and non-elective activity
- ✓ A strong grip on performance with swift identification of variance and robust responses
- ✓ Working with partners across the system to prepare for winter and prepare for alternative response should the need arise



# Enacting the MFT plan

## October – November 2024

- ❖ Submission of the Plan to Manchester and Trafford locality
- ❖ Consolidate reporting into a Winter 24/25 performance check
- ❖ Operational check and challenge through the Directors of Performance and Operations meetings

## October – March 2024/25

- ❖ Set up and operationalise the **MFT Co-ordination Centre** in Cobbett House Rm239
  - ✓ **People** – Engagement with internal leadership and external leadership i.e. GM SCC, Clinical Group Leadership
  - ✓ **Systems** – Identification and acting on supportive levers in line with OPEL scores and other winter related pressures
  - ✓ **Reporting** – Daily huddles and EPRR response if required
  - ✓ **Technology** – Live position, Demand and Capacity prediction



# Approach to winter planning and the plan structure



The MFT Winter Plan is presented in the four areas identified below:

## System and MFT Co-ordination throughout winter

- ❖ Working together across the locality and GM with the Transfer of Care Hubs for Manchester & Trafford and ICS System coordination Centre
- ❖ Site escalation policies and full capacity protocols in place. National OPEL relaunch and OPEL review undertaken

## Looking after our patients & our staff

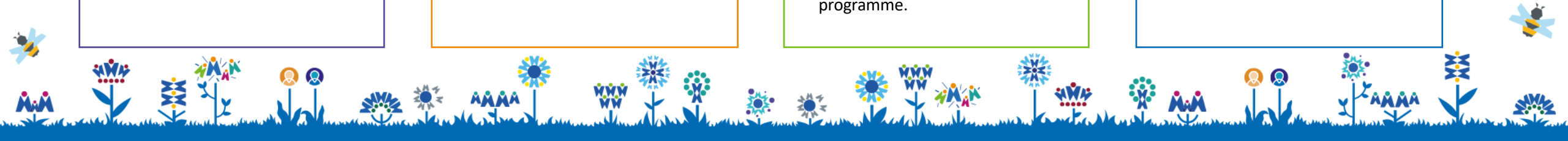
- ❖ Support the health and wellbeing for our people with MFT having a range of programmes in place to support staff. The MFT vaccination programme commenced on the 9<sup>th</sup> September 2024.
- ❖ Robust workforce plans in place to deal with surges in demand and management of leave over peak holiday times.

## Creating the capacity to meet the demand

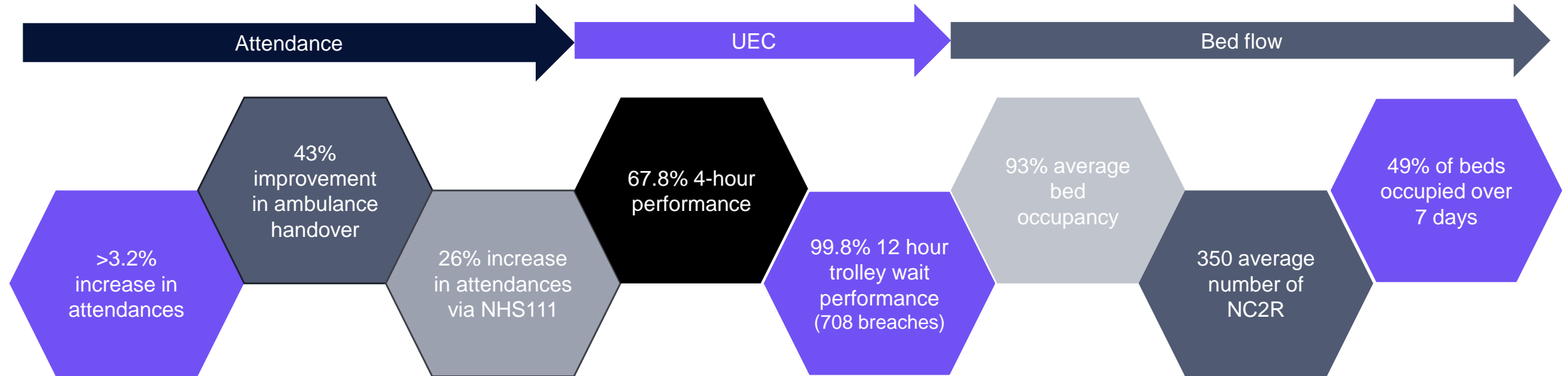
- ❖ Extend hospital front-door that sees ambulatory pathways materially reduce admission rates SDEC and Hospital at Home including Virtual Ward.
- ❖ Making sure that people are only in hospital when they need to be and ensuring discharges are planned well with our partners
- ❖ Maintaining emergency surgery and ensuring as little disruption as possible to routine operations through protecting our elective capacity and optimising Trafford as our Elective Hub
- ❖ Making sure that people who come to the ED are seen quickly and by a specialist in a timely way
- ❖ Work with partners across the system to keep patients well at home and avoid attendance to Emergency Departments driven through the Hospital at Home programme.

## Communication Plan

- ❖ Preparing our people and communities ensuring communication is succinct and wide reaching
- ❖ Supporting our patients to understand when and what services to access and when to self-care

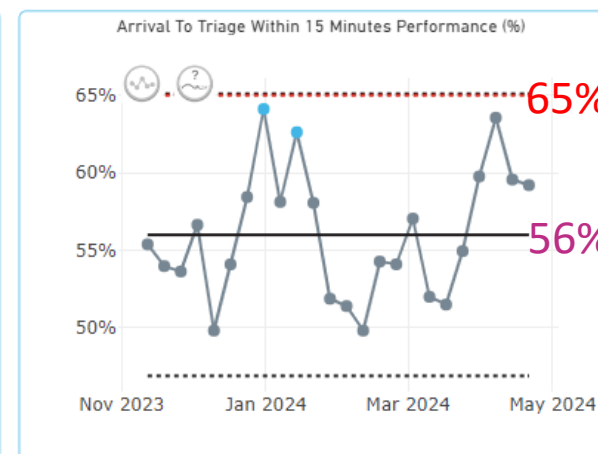
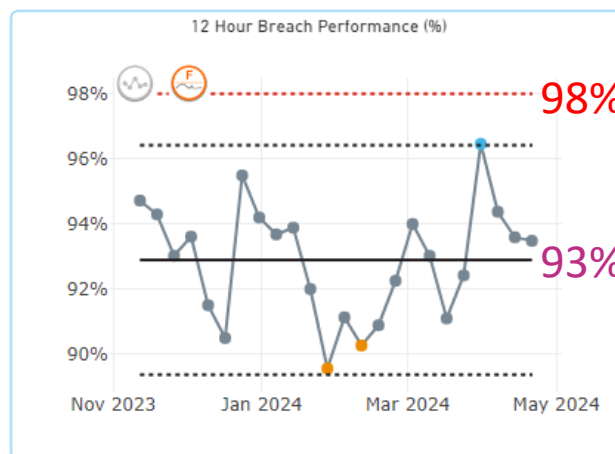
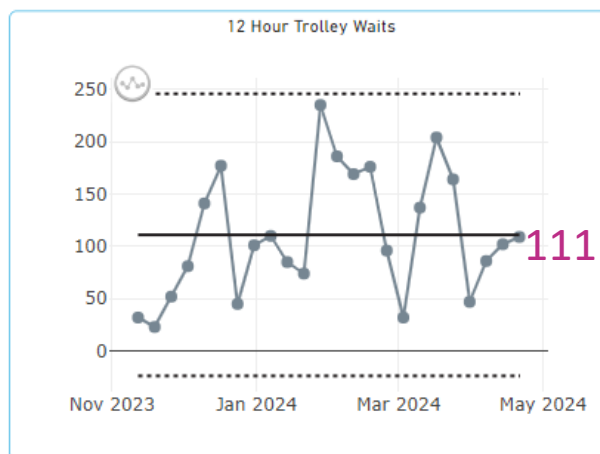
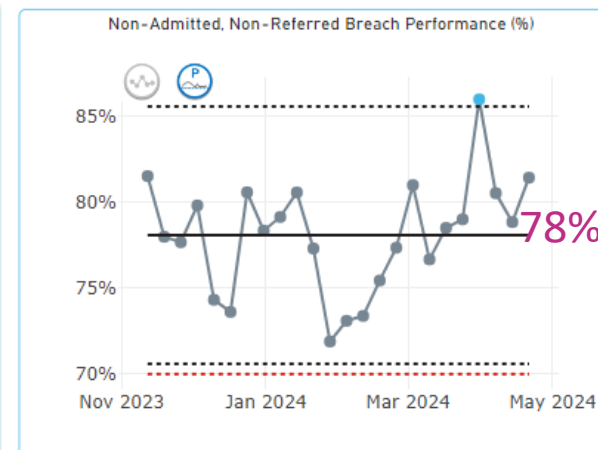
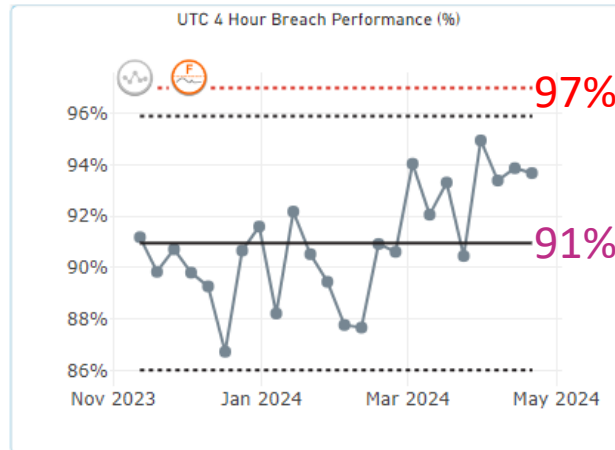
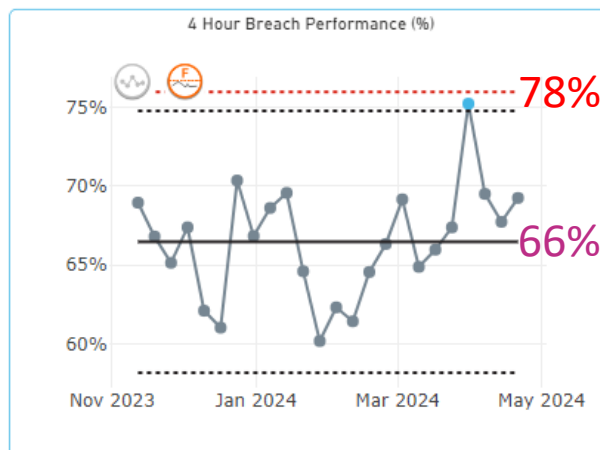


# Winter 2023/24 UEC and Flow



# Winter 2023/24 ED performance

4 hour performance is at its worst during December and February, improving after March. 12-hour Trolley waits peaked in February at appx 250 during one week. Winter 24/25 must focus on delivering these two standards whilst managing increased acuity.



● Common Cause ● Special Cause - Concern ● Special Cause - Improvement

Values in red are performance standards

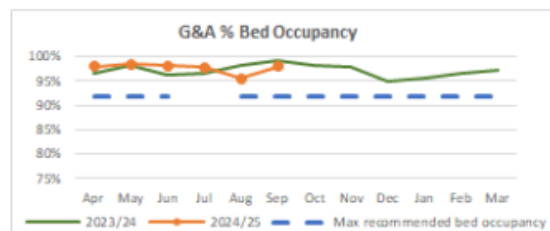
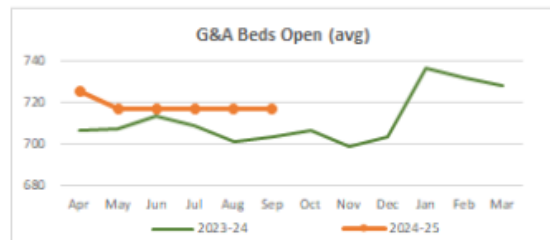
Values in purple are the weekly mean for the period



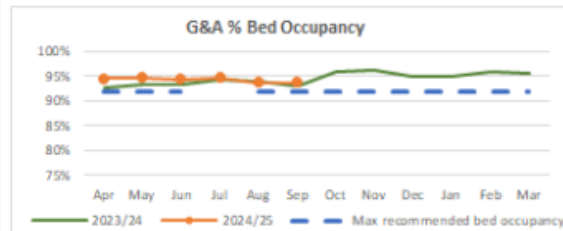
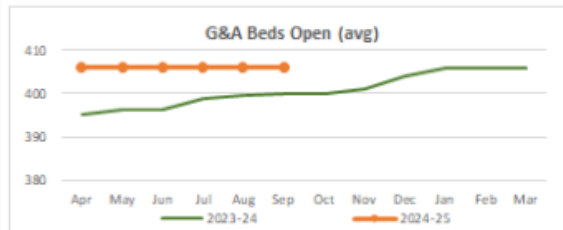
# Winter 2023/24 General and Acute beds occupied

Using Winter 23/24 as a guide, MFT will need c25 additional adult G&A beds from the September 24 position to maintain demand during winter 24/25. This is largely driven by the MRI position

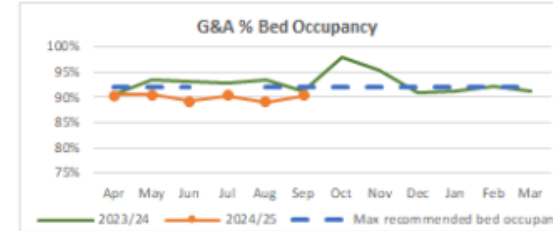
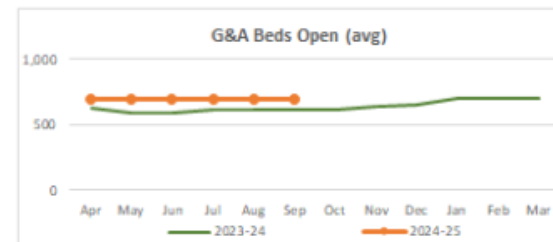
Manchester Royal Infirmary



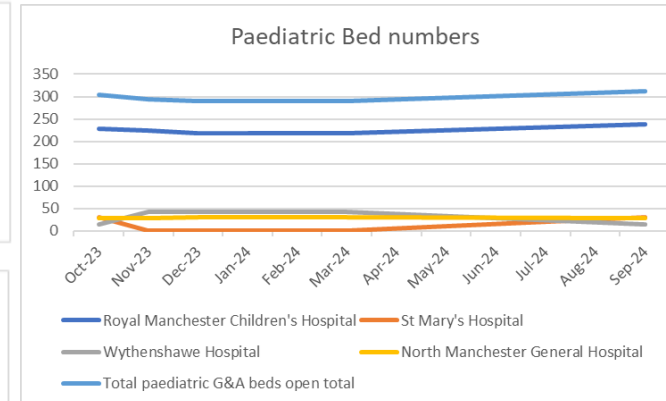
North Manchester General Hospital



Wythenshawe Hospital



Paediatrics across MFT

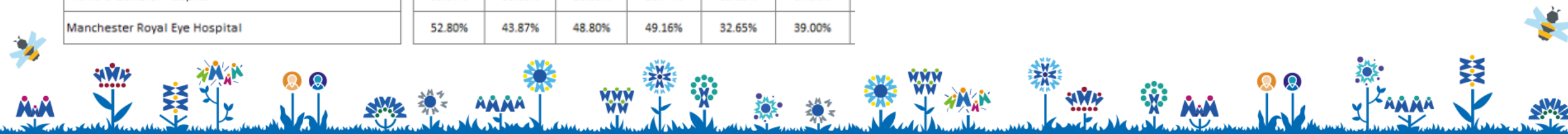


General & Acute % Bed Occupancy

Site	Apr	May	Jun	Jul	Aug	Sep
<b>MFT</b>	<b>91.82%</b>	<b>91.82%</b>	<b>90.64%</b>	<b>90.60%</b>	<b>89.25%</b>	<b>90.02%</b>
Manchester Royal Infirmary	97.94%	98.48%	98.17%	97.91%	95.61%	97.98%
North Manchester General Hospital	94.57%	94.76%	94.45%	94.68%	93.75%	93.75%
Wythenshawe Hospital	90.57%	90.48%	89.31%	90.28%	89.07%	90.31%
Royal Manchester Children's Hospital	87.28%	84.80%	78.87%	81.16%	77.64%	75.63%
Trafford General Hospital	89.07%	90.15%	88.83%	82.74%	85.35%	87.00%
Manchester Royal Eye Hospital	52.80%	43.87%	48.80%	49.16%	32.65%	39.00%

Summer 24 to Winter 23 bed variance

Hospital	MRI	NMGH	Wythenshawe	Childrens	Total
<b>September 24 bed numbers vs Peak variance from winter 2023/4</b>	19	-1	7	0	25

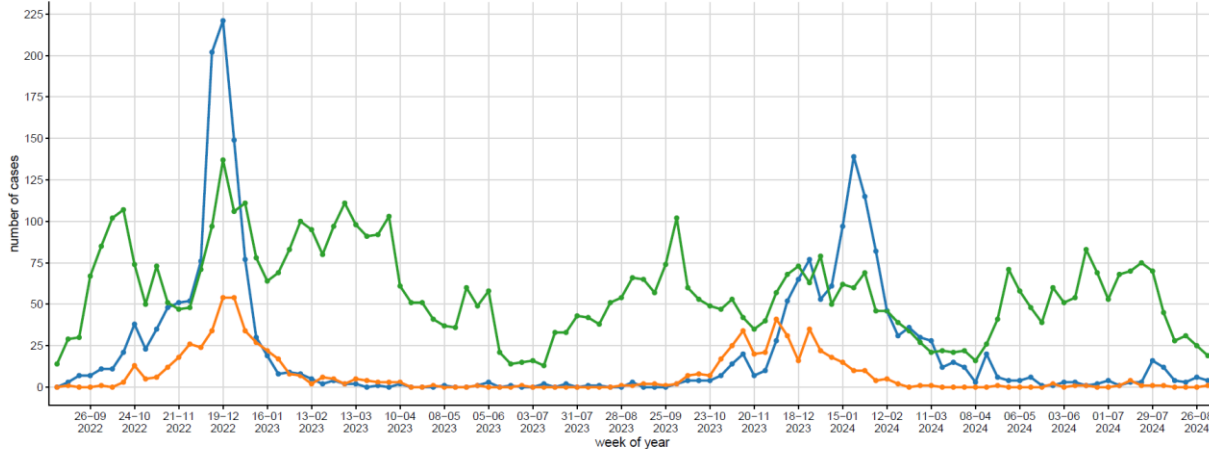


# Presence of Influenza, RSV and Covid on MFT wards - Adults

Weekly Adult Admissions Testing Positive for Influenza A, RSV, and COVID-19 at Manchester University Foundation Trust

From week commencing 2022-09-05 to week commencing 2024-09-02

Virus Influenza A Virus RSV SARS-CoV-2

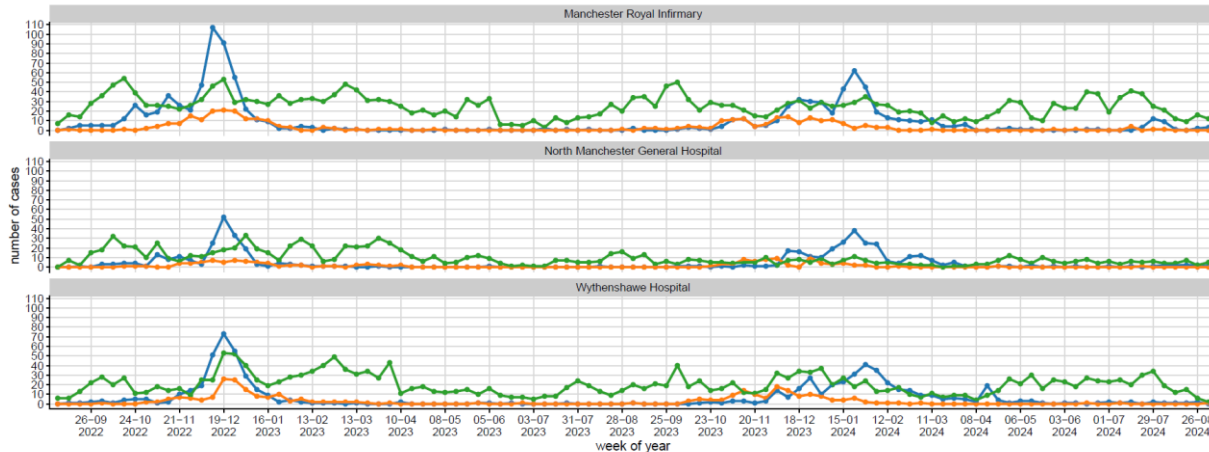


Shazaad Ahmad | MMMP Data, Analytics and Surveillance

Weekly Adult Admissions Testing Positive for Influenza A, RSV, and COVID-19 by Hospital at Manchester University Foundation Trust

From week commencing 2022-09-05 to week commencing 2024-09-02

Virus Influenza A Virus RSV SARS-CoV-2



Shazaad Ahmad | MMMP Data, Analytics and Surveillance

Influenza and Covid peaked in January 24 and December 23 respectively.

At its peak Influenza rates represented c7.5% of all admitted patient in January 24. Influenza tailed off by mid-March 24.

Covid rates fluctuated through winter and represented c4% of all admitted patients in December 23 but saw a peak at the end of September 23, which represented 5.5% of the adult bed base.

Data from the southern hemisphere suggests that winter 24/25 will follow the same pattern as 23/24

- Covid – Peak late September and again in December.
- Influenza – Rise starts in November and peak mid-January, tailing off by Mid-March
- RSV – Peak early November through to mid-January

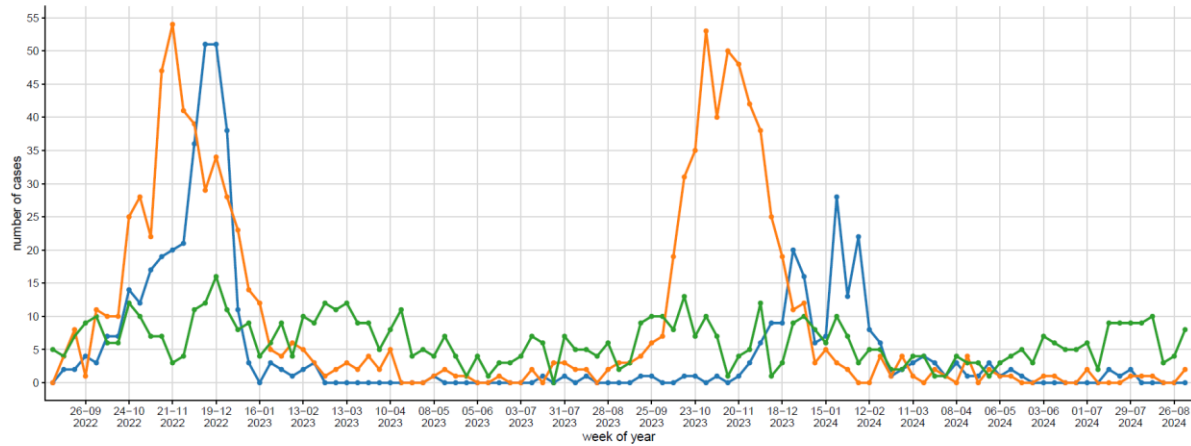


# Presence of Influenza, RSV and Covid on MFT wards - Children

Weekly Number of Children Admitted with a Positive Test for Influenza A, RSV, and COVID-19 at Manchester University Foundation Trust

From week commencing 2022-09-05 to week commencing 2024-09-02

Virus — Influenza A Virus — RSV — SARS-CoV-2



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RSV peaked at the end of October 23, by Christmas 23 the infection was not present in hospitals

RSV accounted for 16% of all admitted patients in October 23

Covid rates represented c9% of all admitted patients in January 24.

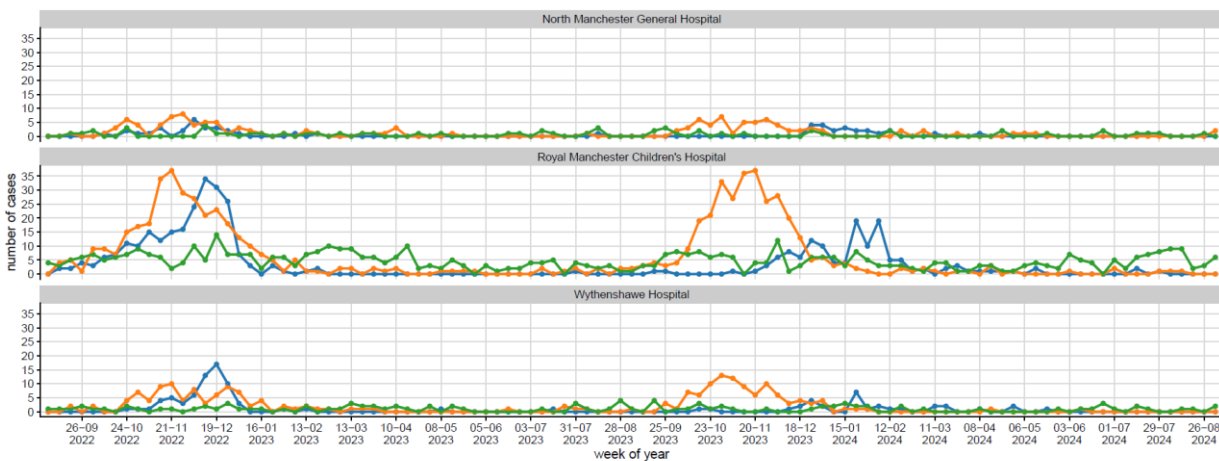
Data from southern hemisphere suggests that winter 24/25 will follow the same pattern as 23/24

- ❖ Influenza – Rise in rate starts early November tailing off mid-February
- ❖ Covid – Expecting a rise at the end of September through to mid-February
- ❖ RSV – Late September, sharp rise and fall through till mid-January.

Weekly Number of Children Admitted with a Positive Test for Influenza A, RSV, and COVID-19 by Hospital at Manchester University Foundation Trust

From week commencing 2022-09-05 to week commencing 2024-09-02

Virus — Influenza A Virus — RSV — SARS-CoV-2



Shazaad Ahmad | MMMP Data, Analytics and Surveillance



## Summary of Data Insights from 2023/24

- Good ambulance handover performance must be maintained during winter 24/25
- Attendances are planned to rise during winter 24/25 by c3.5% per month (1185 extra patients per month)
- MFT should drive delivery of ED performance through better use of SDEC and UTC services
- There are more beds open in September 24 than in September 23 going into winter but the occupancy remains too high at MRI (c97%) and there is a 25 bed deficit for adults, 19 of which are in the MRI.
- To meet peak bed demand, MFT's winter plan must deliver the equivalent of c25 additional bed through alternatives to admission / Hospital @ Home optimisation.
- Expecting winter 24/25 to follow similar pattern to 23/24. IPC insight provides Clinical Groups the opportunity to plan bed and escalation capacity
- GIRFT SEDIT data (Appendix) describes our performance and helps MFT deliver on improvement areas



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## 2. System and MFT Co-ordination throughout winter



## Sound escalation processes in place with roles and responsibilities clearly defined, working across group and in partnership with the System Co-ordination Centre (SCC)

- ❖ NHS England have released the new OPEL frameworks for Acute, Community and Mental health. Systems are expected to implement these by December 2024
- ❖ In line with this publication, MFT has revised its OPEL escalation action cards
- ❖ To improve the MFT leadership in his space, this year a Director of Urgent and Emergency care is in post to deliver on co-ordination of Clinical Group escalations and liaison with Greater Manchester System Co-ordination Centre. This will be delivered through an MFT Co-ordination Centre which aims to reduce and balance demand across our sites
- ❖ For winter 24/25 it will be a successful winter to maintain an OPEL level 2 position
- ❖ To support periods of pressure the site full capacity protocols will be reviewed and consolidated. This will ensure that winter pressures do not normalise care outside of a normal cubical or ward environment. Escalation through CEOs into executive leadership when enacting Temporary Escalation Spaces (TES) Principles

### 2024/25 Acute Hospital OPEL Parameter Scoring

OPEL Parameter	Score			
	0 points	1 point	2 points	3 points
Ambulance Handover (minutes)	<15 min	15-60	>60-90	>90
ED 4-hour performance	>95%	78-95%	60-78%	≤60%
ED Majors and Resus Occupancy	≤80%	>80-90%	>90-100%	>100%
Median Time to Treatment (minutes)	≤60	>60-120	>120-240	>240
Patients in ED > 12 Hours	≤2%	>2-5%	>5-10%	>10%
Decision to Admit	≤2%	>2-5%	>5-10%	>10%
Bed occupancy	≤85%	>85-95%	95-98%	>98%
No Longer Meeting Criteria to Reside	≤5%	>5-10%	>10-15%	>15%
Patients Discharged	>10%	>5-10%	>2-5%	≤2%
Infection Prevention Control	≤0.5%	>0.5-1.5%	>1.5-3%	>3%

### 2024/25 Acute Hospital OPEL Score Thresholds

Aggregated OPEL Score	OPEL Level	Current Risk	Response
0-7	OPEL1	Low	See OPEL Action Card (and MFT policy/protocols)
8-15	OPEL2	Medium	
16-22	OPEL3	High	
23-30	OPEL4	Very High	

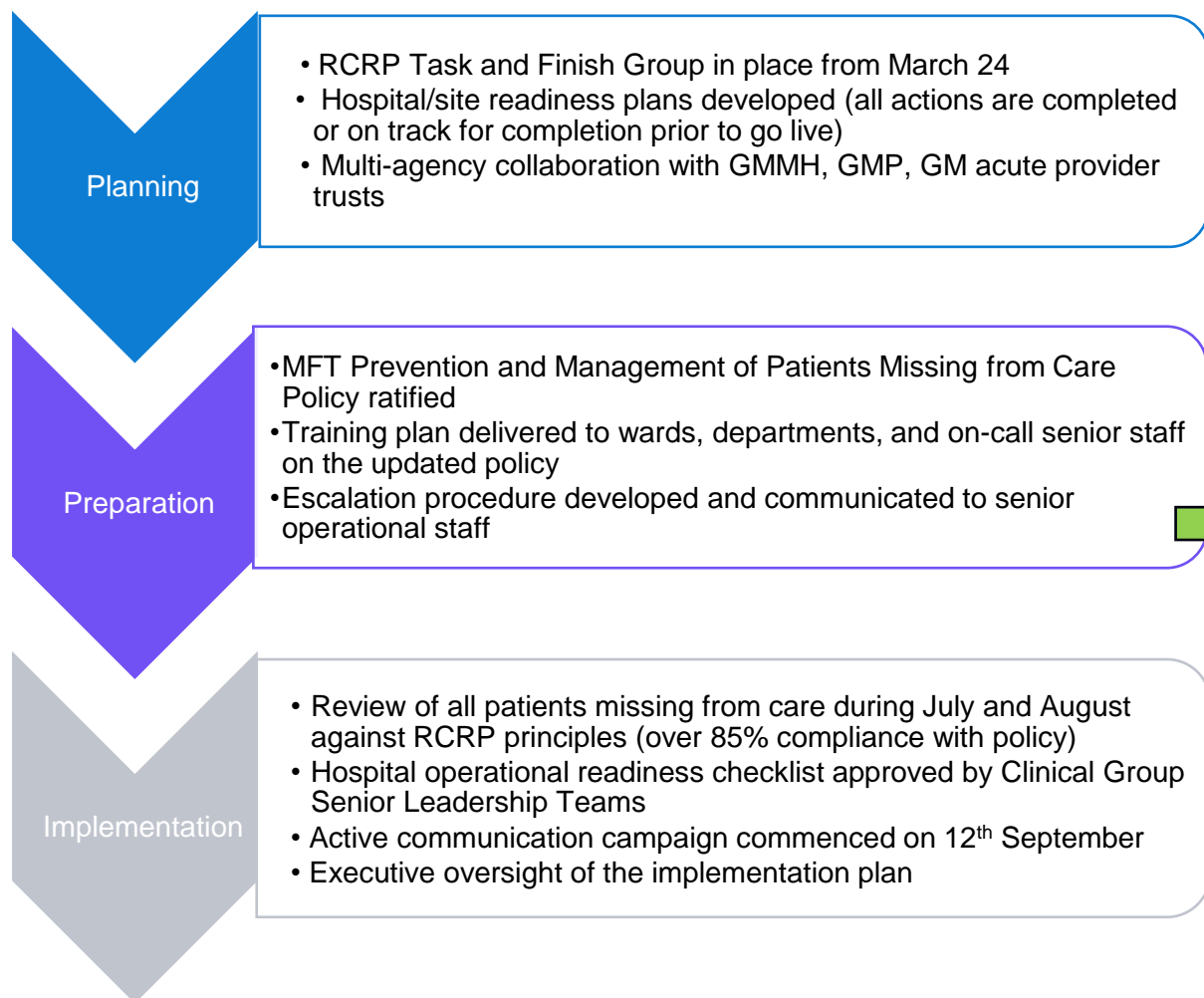
### Live Calculated OPEL Score/OPEL Level

<https://curator.gmtableau.nhs.uk/dashboard/calculated-opel-scores-opel-metric-benchmarking>



# Right Care, Right Person

It is expected that winter 24/25 will continue with significant mental health presentations and DTA delays. To support this, the Right Care, Right Person task and finish group have established a multi-agency response and escalation response



**Go live 30<sup>th</sup> September**

## Appendix A: Managing Disagreement in Decision Making, Escalation of Concerns for Senior Nurse Bleep Holders, Duty managers and Directors on Call



## System Winter Plans – 2024/25

Manchester and Trafford locality are supporting partners by the funding of the following schemes:

Provider	Scheme	Funding allocated	Expected Impact
MFT	ED Front Door Streaming Model (Joint M&T Scheme) - deflecting and diverting acute hospital activity	£240,000	TBC Primary and secondary care colleagues looking at the development of the clinical model during September ready for implementation shortly afterwards.
Various	UEC Patient and Public Engagement and Communications Campaign (Joint Manchester & Trafford Scheme) - targeted engagement and comms work to change patient/public behaviours/culture of UEC services	£40,000	Relatively small impact at the start of winter as the engagement activities take place. Important to use the feedback to determine the most appropriate solutions. Changing behaviours/culture can take time but intention is to have a lasting impact so not just winter
Primary Care	GM Primary Care Support - Winter Surge	£417,580	Continuation of 23/24 winter scheme – no additional expected impact
Primary Care	GM Primary Care Support – Optometry (Top Sliced)	£17,260	Continuation of 23/24 winter scheme – no additional expected impact
Primary Care	GM Primary Care Support – Pharmacy (Top Sliced)	£16,253	Continuation of 23/24 winter scheme – no additional expected impact
Primary Care	Stabilisation of Focused Care Model During Winter - highly skilled practitioners that support some of the most complex patients and families living in some of the most deprived areas in Manchester who are high users of all services including UEC	£60,500	Support continuation of a service – no additional expected impact



## System Winter Plans – 2024/25

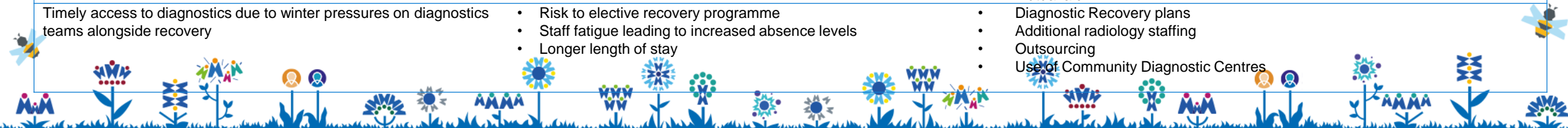
Manchester and Trafford locality are supporting partners by the funding of the following schemes:

Provider	Scheme	Funding allocated	Expected Impact
Primary Care	Acute Respiratory Hubs and Additional Sessions	£1,192,000	Continuation of 23/24 winter scheme – no additional expected impact
GMMH	Community Review Team, Crisis Beds, Commission New Beds, Floating Support, Control Room	£496,000	Continuation of 23/24 winter scheme – no additional expected impact
St Ann's	Hospice Bed Capacity	£92,400	Support continuation of a service – no additional expected impact
	Discharge Coordinator contributions plus support for specific cultural/BAME groups	£60,000	Continuation of 23/24 winter scheme – no additional expected impact



# Risks, Issues and Dependencies

Risks	Impact	Mitigations
Sustained high attendances and high acuity to ED over predicted demand	<ul style="list-style-type: none"> <li>Overcrowded A&amp;E departments leading to potential safety risk, poor patient experience, negative media coverage and stakeholder involvement.</li> </ul>	<ul style="list-style-type: none"> <li>Escalation Plans, Site winter plans</li> <li>Increased virtual ward capacity to avoid admissions</li> <li>Management of discharge performance as per Appendix (339 discharges per day)</li> <li>Reduction in no reason to reside to ensure flow in maintained</li> <li>Media and stakeholder management to support the NHS GM Winter Communications and Engagement Plan</li> </ul>
Mental Health demand, and mental health bed availability	<ul style="list-style-type: none"> <li>Loss of A&amp;E cubicle capacity</li> <li>Poor patient experience</li> <li>Safety risk</li> <li>Negative media coverage</li> <li>Stakeholder interest</li> </ul>	<ul style="list-style-type: none"> <li>Collaborative working with MH Teams, proactive management @Transfer of Care hubs / System Coordination Centre (SCC)</li> <li>GMMH Winter plan escalation and media / stakeholder management plan</li> <li>GM System Control Centre support</li> </ul>
Infection, flu and Covid-19 outbreaks in the community. Risk of cross infection of Covid, flu, pneumonia, RSV following admission to hospital	<ul style="list-style-type: none"> <li>Increased staff absence</li> <li>Risk of safe staffing levels</li> <li>Loss of flow within acute bed base leading to longer length of stay and discharge delays</li> </ul>	<ul style="list-style-type: none"> <li>IPC team working with Manchester University to develop a prediction tool that will be this winter to predict the expected demand over the coming weeks, providing greater opportunity for capacity planning</li> <li>Vaccination programme, opportunistic vaccination programme</li> <li>Surge plans enacted</li> <li>COVID/IPC plans</li> <li>MFT People Plan, HR, Workforce plans, Health &amp; Wellbeing support teams</li> </ul>
Patient transfer of care delays due to capacity pressures across system	<ul style="list-style-type: none"> <li>Longer length of stay and delays to discharge leading to increased no reason to reside numbers</li> <li>Risk to elective recovery programme</li> <li>Tertiary referrals delayed</li> </ul>	<ul style="list-style-type: none"> <li>Transfer of Care Hub</li> <li>Use of SCC to support escalation and adherence to GM Policies</li> <li>Protected Capacity at Trafford</li> <li>Use of the Independent Sector</li> <li>Mutual aid</li> </ul>
Continued periods of industrial action	<ul style="list-style-type: none"> <li>Reduced non-elective staffing risking patient safety</li> <li>Cumulative fatigue and stress in medical staff leading to increased sickness</li> <li>Further elective cancellations</li> </ul>	<ul style="list-style-type: none"> <li>Well being initiatives</li> <li>Enhanced payments to boost rotas</li> <li>WLI</li> </ul>
Staff being transferred to support other areas within group	<ul style="list-style-type: none"> <li>Low morale leading to increased sickness</li> <li>Safe staffing levels</li> </ul>	<ul style="list-style-type: none"> <li>Workforce plan 'Buddy system' in place</li> <li>Well being initiatives</li> <li>Ward handover booklets</li> </ul>
Theatre recovery being converted into a critical care area	<ul style="list-style-type: none"> <li>Risk to elective recovery programme</li> <li>Increased elective cancellations</li> </ul>	<ul style="list-style-type: none"> <li>CC Surge plan enacted</li> <li>Protected Capacity at Trafford</li> <li>Use of the Independent Sector</li> <li>Mutual aid</li> </ul>
Timely access to diagnostics due to winter pressures on diagnostics teams alongside recovery	<ul style="list-style-type: none"> <li>Risk to elective recovery programme</li> <li>Staff fatigue leading to increased absence levels</li> <li>Longer length of stay</li> </ul>	<ul style="list-style-type: none"> <li>Diagnostic Recovery plans</li> <li>Additional radiology staffing</li> <li>Outsourcing</li> <li>Use of Community Diagnostic Centres</li> </ul>



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# 3. Looking after our patients & our staff



# Having robust workforce plans in place to support the health and wellbeing of our staff

All Hospitals have Workforce escalation plans in place for tracking absence levels and triangulating with OPEL status to maintain safe staffing levels. Our staff matter to us and our people plan provides regular communication to support us all to look after each other. It is important to us that our staff have access to the right support and are vaccinated to protect both themselves and the population we serve. Below outlines what is on offer for staff.

Programme	Plan	Programme	Plan
<b>System</b>	<ul style="list-style-type: none"> <li>System Co-ordination Centre – On behalf of Wider GM System to oversee pressure points and support all systems with a co-ordinated response to escalation pressures</li> </ul>	<b>Vaccinations – Flu</b>	<ul style="list-style-type: none"> <li>The programme began on the 9<sup>th</sup> September 2024.</li> <li>(JCVI guidance August 2024 is not COVID-19 vaccination for HSCW)</li> </ul>
<b>Violence Prevention</b>	<ul style="list-style-type: none"> <li>Violence Prevention policy</li> <li>Violence Prevention Charter – commitments to support staff</li> <li>Violence Prevention training – de-escalation, release</li> <li>Body Worn Camera pilot in Emergency Departments</li> <li>Security Team support</li> </ul>	<b>Psychological Wellbeing and Mental Health Service</b>	<ul style="list-style-type: none"> <li>The Psychological Wellbeing Service provides a range of psychological wellbeing support to all Manchester Foundation Trust (MFT) employees. Please <a href="#">Click Here</a> for further information.</li> <li>This includes Critical Incident and Trauma Support Pathway.</li> </ul>
<b>Peer support</b>	<ul style="list-style-type: none"> <li>Staff Networks to support colleagues with protected characteristics.</li> <li>Wellbeing Champions</li> <li>Rewards and Benefits – Social activities – Hobby Health</li> </ul>	<b>Physiotherapy Treatment Service</b>	<ul style="list-style-type: none"> <li>The Physiotherapy Team are highly skilled individuals that aim to support employees to access assessment, treatment and advice to help back to better physical health. For more information please <a href="#">Click Here</a>.</li> </ul>
<b>Staff Screening</b>	<ul style="list-style-type: none"> <li>Cervical Screening offer for staff</li> <li>Support Answer Cancer - screening</li> </ul>	<b>Health &amp; Well Being</b>	<ul style="list-style-type: none"> <li>Menopause Support</li> <li>Stop Smoking</li> <li>Physical Activity and much more</li> <li>Mental health First Aiders</li> <li><b>Access the monthly updates, newsletters and information to support lifestyle behavior change click <a href="#">HERE</a></b></li> <li>Training Offers Please <a href="#">click here</a> to see all of our training</li> </ul>
<b>National Support programmes</b>	<ul style="list-style-type: none"> <li>All staff access to the National Health and Wellbeing platform ‘Supporting Our NHS People’</li> <li>NHS Practitioner Health - NHSPH 85258 for 24/7 support in a crisis</li> <li>Text Support Service SHOUT to 85258 – free 24/7 confidential mental health support service</li> </ul>	<b>Employee Assistance</b>	<ul style="list-style-type: none"> <li>A 24 hour helpline from Health Assured to support you through any of life's issues or problems 0800 028 2047</li> <li>Where required, EAP provides immediate access to qualified and experienced counsellors, either face to face or over the phone, as well as online psychological support.</li> </ul>



# Influenza vaccination campaign

The aim of the seasonal influenza vaccination programmes is to reduce the infection risks to our patients, protect our employees against debilitating illness and reduce operational impact due to increased sickness absence.

The seasonal influenza programme is recognised as an essential activity within the Autumn and Winter Plan. MFTs aim is to protect our staff and patients by vaccinating 75-80% of 'frontline' healthcare workers in line with the National CQUIN target.

There is no mandatory requirement for staff to have the seasonal Flu vaccine or COVID vaccines in MFT.

The 22/23 Flu season saw the lowest levels of uptake nationally for 10 years at 49.4%. In 23/24 the national HSCW uptake was 49.9%. As a minimum, all acute trusts are expected to offer vaccinations to their staff as well as patient groups that may not otherwise be able to access vaccination, or key mandatory groups.

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The 22/23 Flu season saw the lowest levels of uptake nationally for 10 years at 49.4%. In 23/24 the national HSCW uptake was 49.9%

On 2nd August 2024 JCVI issued their proposals for the autumn 2024 COVID-19 vaccination programme. In summary the committee does not advise an offer of COVID-19 vaccination within the autumn 2024 national COVID-19 vaccination programme for frontline health and social care workers,, JCVI statement on the COVID-19 vaccination programme for autumn 2024, 8 April 2024 - GOV.UK ([www.gov.uk](http://www.gov.uk))



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# 4. Creating the capacity to meet the demand



# MFT High Impact Interventions – 24/25

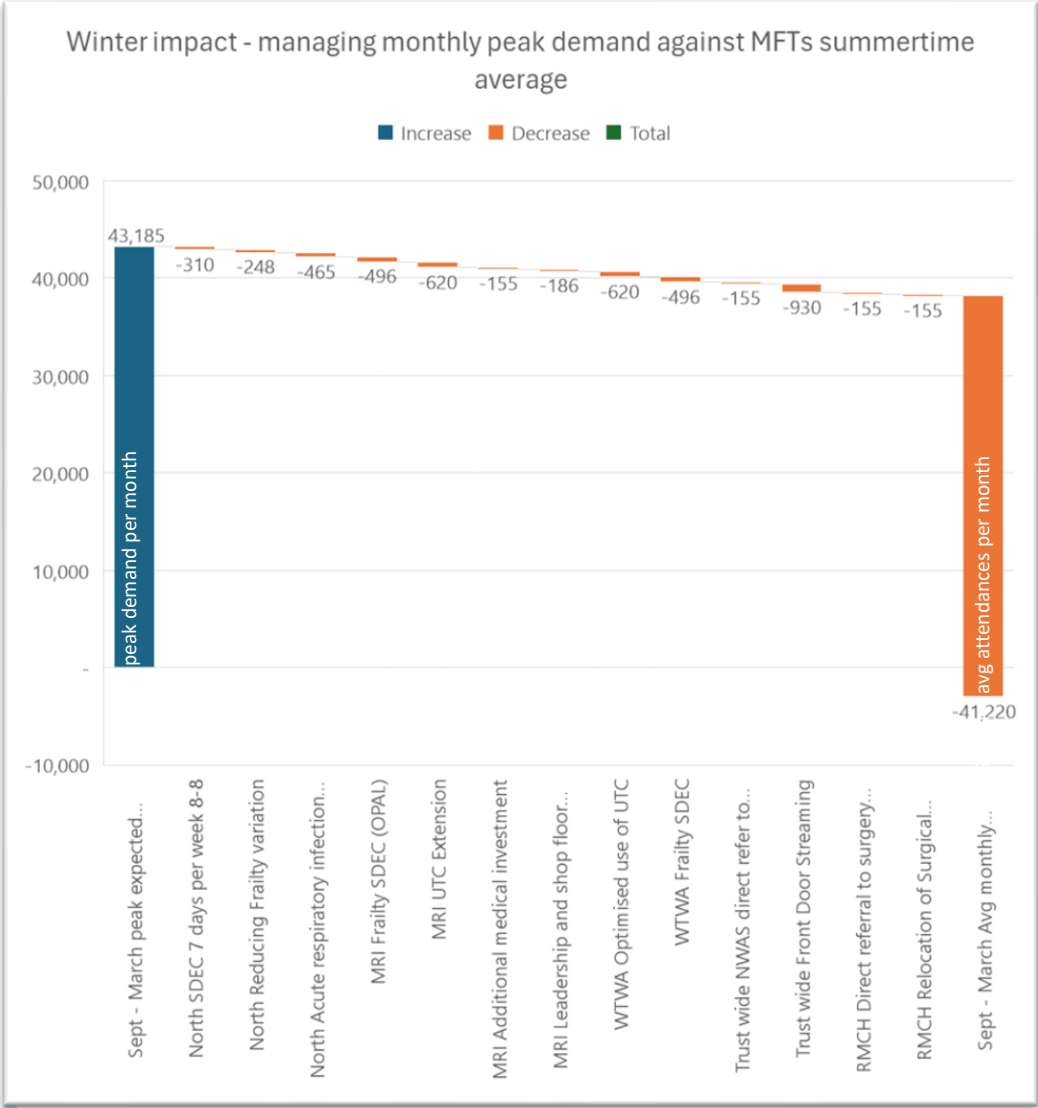
Hospitals/MCSs have already implemented or progressing a number of the nationally evidence-based interventions to support reducing waiting times and crowding in A&E, improve flow and reducing length of stay. A summary of these is provided below which is contributing to the step change in performance.

Intervention	MFT Progress
Same Day Emergency Care	Same Day Emergency Care in place across all Adult Acute sites, operating 7 days per week. Extending hours at all sites to include weekend cover and pathways is planned.
Frailty	Increase frailty capacity at WTWA, plans to enhance further and explore frailty SDEC. MRI Frailty SDEC at agreed levels for winter with further expansion in January. Frailty Hospital at Home offers in place across Manchester localities.
Inpatient flow and length of stay	LoS reviews in place and sharing learning across sites. . Learning from GM September Super MaDE event to be taken into winter. Including primary care input into complex patients. Sites to standardise SAFER approaches following benchmarking exercise.
Community bed productivity and flow	Transfer of care hub, single system PTL and daily meetings in place
Care Transfer Hubs	NR2R recovery plan with Rapid Discharge Programme in place
Intermediate care demand and capacity	Daily PTL, Out of Area daily review
Virtual Wards/Hospital at Home	PDSA's taking place across 2 wards from each sites throughout September and October to test pull of inpatients to be supported by H@H. Capacity to be increased by October as per trajectory.
Urgent Community Response	Site escalation policies in place, currently being aligned to new national framework and System Coordination Centre process. MFT monthly meetings with NWAS in place to continue the ambulance improvement work.
Single point of access	Robust ED focus and support at all sites, support from MCSs. OPEL routes in place with GM SCC. Strong collaboration with LCO Control Hubs. Reviewing the revised escalation plan for Adult Mental Health
Acute Respiratory Infection Hubs	Plans to continue hubs in community for adults and paedts throughout winter in Manchester and Trafford.



The high priority interventions for this winter are aligned to our UEC recovery plan and delivery continues to be system wide with a strong emphasis on accelerating our hospital at home model and virtual ward capacity. The below provides the high-level schemes planned for each hospital and LCO.

	MRI	NMGH	WTWA	LCO
Urgent Treatment Centre	<ul style="list-style-type: none"> <li>New workforce model, to improve the service in line with patient demand and clinical need</li> <li>Deliver 35% streaming conversion rate and 97% performance against the 4-hour clinical safety standard.</li> </ul>	<ul style="list-style-type: none"> <li>Consistent ENP provision and robust staffing across GP workforce.</li> <li>Maximise use of UTC – new daily performance target</li> </ul>	<ul style="list-style-type: none"> <li>Embed bookable system in UTC to support flow and performance.</li> <li>Capacity and demand work, redistribute workforce to meet demand.</li> </ul>	
ED Pathways and Processes	<ul style="list-style-type: none"> <li>Strengthen Shop Floor Management</li> <li>MRI ED Escalation Triggers and Action Process with clear interventions.</li> <li>Admission Avoidance*: Support decision-makers at the front door</li> </ul>	<ul style="list-style-type: none"> <li>NWAS handover/Turnaround sustain improvement.</li> <li>Consistently applying Doc at the Door 0800 – 2200.</li> <li>Senior decision-maker to RAT</li> <li>‘Power hour’ huddles using earlier escalation triggers</li> <li>Strengthen Shop Floor Management</li> </ul>	<ul style="list-style-type: none"> <li>To improve ambulance handover and direct conveyances to ambulatory care service</li> <li>Capacity and demand work, redistribute workforce to meet demand and increase seeing power overnight</li> <li>Clarity on roles, responsibilities and expectations of doctors</li> </ul>	<ul style="list-style-type: none"> <li>Alternatives to ED via Crisis Response and Hospital at Home as deflection routes.</li> <li>NWAS referrals to Crisis Response.</li> </ul>
Same Day Emergency Care	<ul style="list-style-type: none"> <li>Relocation and reconfiguration in line with presenting demand, alongside expansion of the specialties included.</li> <li>Older Persons’ Assessment Lounge: Implementation of agreed model including substantive recruitment and expansion.</li> </ul>	<ul style="list-style-type: none"> <li>Alternatives to Admission – SDEC, For expansion – 7-day service when recruitment completed..</li> <li>SDEC (&gt; 200 patients/week</li> <li>Explore development of surgical SDEC.</li> </ul>	<ul style="list-style-type: none"> <li>Development of a surgical admissions unit to pull from ED</li> <li>Improve/optimize the SDEC models.</li> <li>Optimisation of the Older Care Ambulatory Unit (OAU</li> <li>Strengthen and optimise the older (frailty) ambulatory care model</li> </ul>	<ul style="list-style-type: none"> <li>Explore opportunities between SDEC and Hospital at Home.</li> <li>Support GP system working with SDEC.</li> </ul>
Acute Flow and LOS	<ul style="list-style-type: none"> <li>Expansion of Home First Ward Improvement Programme*; strengthening systems and processes, driving behaviour change.</li> </ul>	<ul style="list-style-type: none"> <li>Admitted paediatrics processes to be optimised.</li> <li>Continue to embed weekend discharge pilot</li> <li>Back to Basics-improvement programme</li> </ul>	<ul style="list-style-type: none"> <li>Clinically led review and redesign the AMU clinical and workforce model</li> <li>Implement new medical rota.</li> <li>Develop new outlier management standard operating procedure</li> <li>Flow Improvement Programme</li> </ul>	<ul style="list-style-type: none"> <li>HIVE GMSD Optimisation-referrals</li> <li>Optimised PTL</li> <li>Home First Programme</li> <li>D2A Therapy Support .</li> </ul>
Site management	MFT-wide programme plan and governance in place.			
Hospital at Home	<ul style="list-style-type: none"> <li>Substantive acute consultant resource will be included in job plans for 2024-25 to further drive utilisation.*</li> </ul>	<ul style="list-style-type: none"> <li>Alternatives to Admission – Hospital at Home (acute &amp; community). For expansion – 7-day service</li> </ul>	<ul style="list-style-type: none"> <li>Expand and Optimise Hospital at home.</li> </ul>	<ul style="list-style-type: none"> <li>Embed A ‘one team’ locality structure</li> <li>Expansion based on Business Case</li> <li>Optimisation and 7 days working.</li> </ul>
Discharge Pathways	<ul style="list-style-type: none"> <li>Improve complex discharge process and system-wide work to rebalance discharges across pathways*</li> </ul>	<ul style="list-style-type: none"> <li>Co-ordination of patient transport via Discharge Lounge</li> </ul>	<ul style="list-style-type: none"> <li>Reduce Pathway 1 demand by reducing the number prescribed on the wards.</li> <li>Assessment of P3 capacity/demand and gap.</li> <li>An alternative to ‘care at home’ (P1) through a different/unique workforce model.</li> </ul>	<ul style="list-style-type: none"> <li>Reducing community delays in P2 and P3 beds</li> <li>IDT optimisation</li> <li>Reablement Support on site</li> <li>Additional Social Care support on site</li> <li>Coordination of out of area</li> </ul>



	March - August avg monthly attends	Sept - March Avg monthly expected demand	Sept - March peak expected demand	Additionality per month to meet expected Avg (Sept - March)	Additionality per month to meet peak demand (Sept - March)	Additionality per day to meet peak demand	Additionality in plans	Variance
MRI	11,748	12,104	12,951	356	1,203	39	47	8
WTWA	13,840	13,720	14,180	-	120	340	11	25
North	10,289	10,993	11,365	704	1,076	35	33-	2
RMCH	4,157	4,403	4,689	246	532	17	10-	7
	40,035	41,220	43,185	1,185	3,150	102	126	24

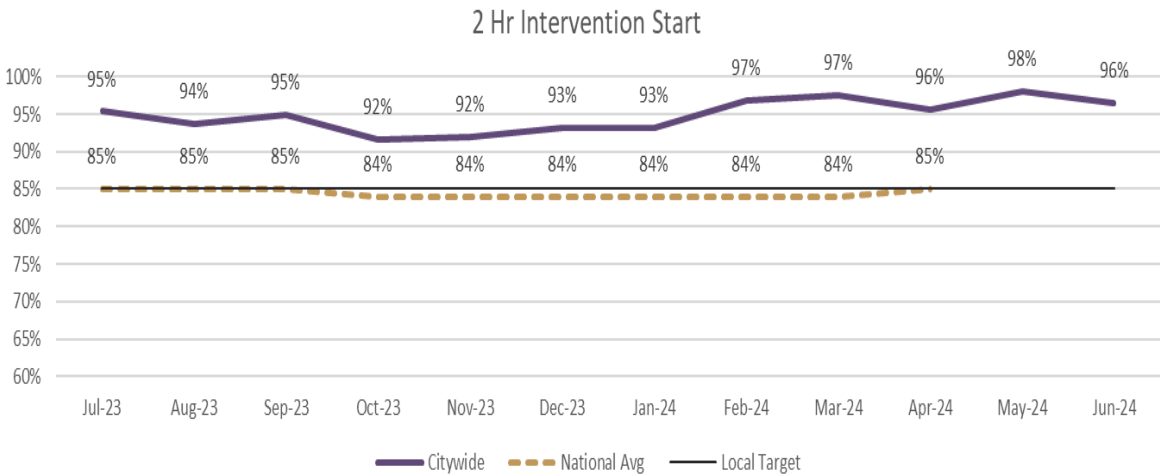
- Site plans include schemes to manage ED front door demand
- The waterfall demonstrates the front door schemes supporting the difference in monthly average attendances in summer and the peak winter demand month as outlined in 2024/25 planning



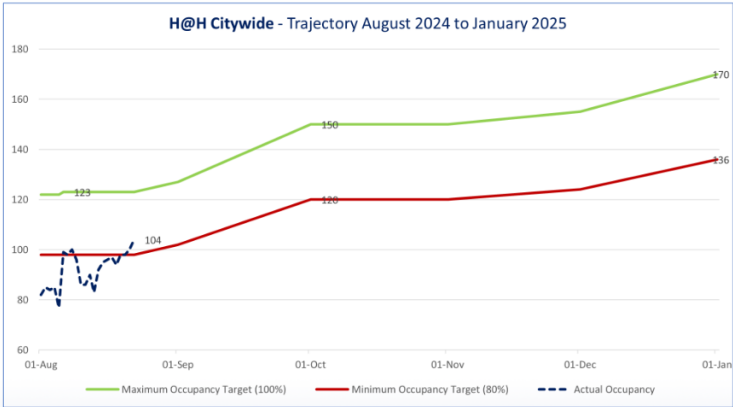
# LCO actions through managing patients at home

- At the forefront of our winter plan is our Hospital at Home programme which will enhance and expand our virtual ward capacity.
- Our main area of focus as a whole system to avoid admissions, reduce bed occupancy and release capacity to manage peaks in demand without the need for additional hospital beds.
- Community based crisis pathways and interventions will continue to keep patients safe at home preventing unnecessary admissions. Crisis receives the majority of referrals directly from Nwas and consistently delivers intervention within 2 hours at levels above national averages.
- On average we support 123 patients at home and by January 2025 this will increase to 170 people managed at home each day.
- Building on from last winter we are building on learning, acute and community H@H teams will working together to increase resilience and therefore support greater flow out of hospital during winter 24/25
- 2 risks have been identified for H@H:
  - Consistent medical cover across 7 days
  - A service for Trafford residents
- These risks will be reviewed and discussed for next steps at MFTs Executive Directors Team on the 26th September 2024. This section of the plan will be updated accordingly

## Crisis pathway 2-hour performance



## Hospital at Home



Area	PROVIDER TEAM	NO. OF PLACES 1 Aug 2024	NO. OF PLACES Planned: October 24	NO. OF PLACES Planned January 25
MRI/CENTRAL	MRI Acute	25 (18)	25	25
	LCO H@H Central	20	25	30
NMGH/NORTH	NMGH Acute	20	25	25
	LCO H@H North	16	25	30
WTWA	WYTH Acute	30	30	30
	LCO H@H South	12	20	30
		123	150	170

### Critical Deliverables

There are staffing roles that are essential to be in place to achieve 170 bed target by January 2025. These roles are ACP (staff in post by October 2024), Pharmacy (staff in post by January 2025) and Medical Model across 7 days.

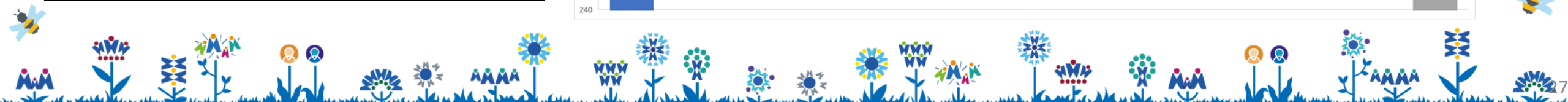
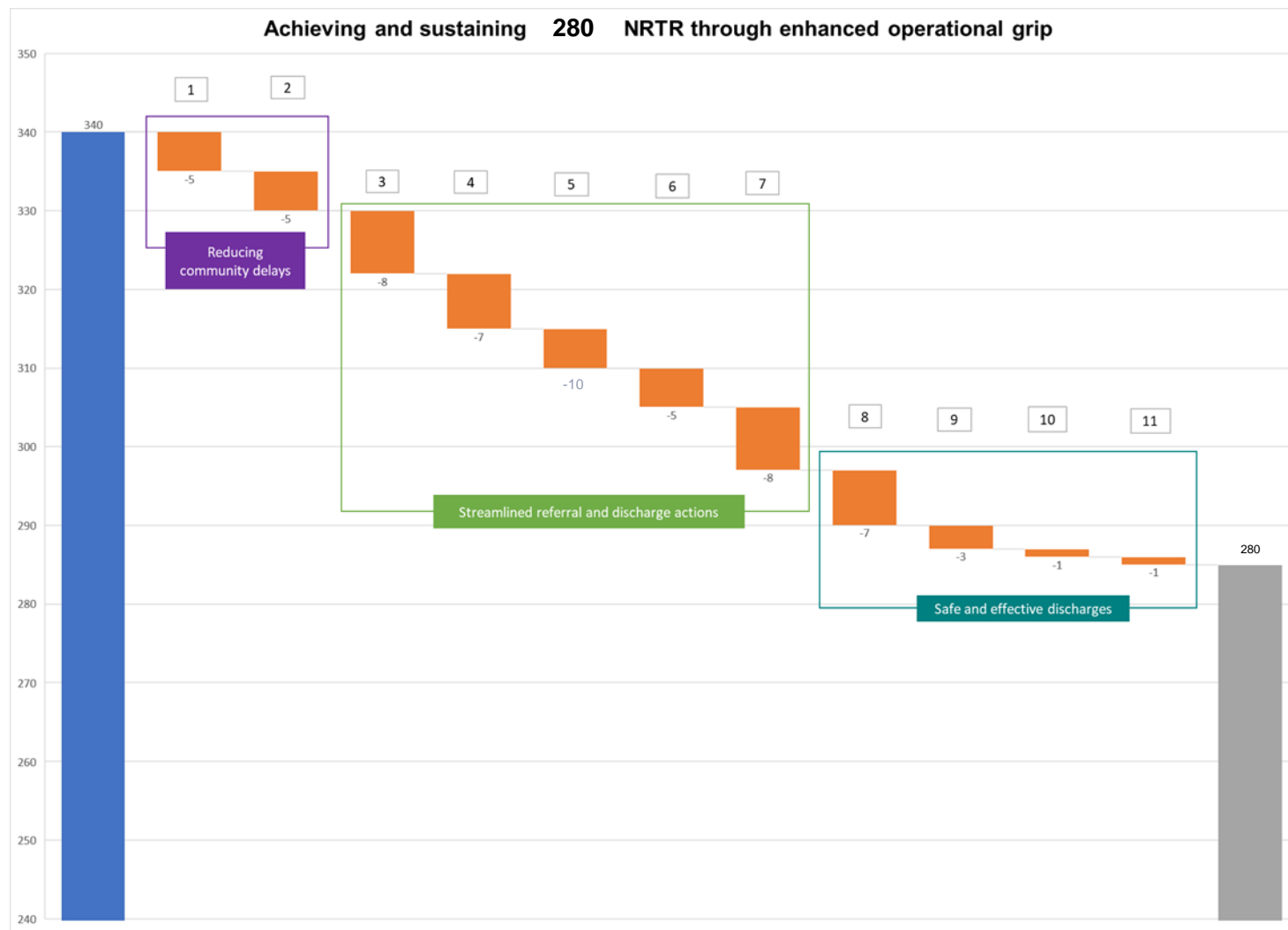
### Weekend Capacity

Central Acute have reduced capacity weekends in line with workforce resource as per figure in brackets above. Community capacity fluctuations across weekends linked to Crisis workforce and capacity



# Impact of the LCO actions - Increased attendances leads to increased demand for beds. Achieving and sustaining NC2R reduction will support additional demand expected and the variance of 25 beds, focus on supporting the MRI -19 bed deficit

Action	Impact on NRTR*
1. Reducing P2 LCO delays in community beds	-5
2. Reduce P3 LCO delay in community beds	-5
3. Reablement Support on sites	-8
4. Reduction in equipment/crisis clean delays	-7
5. Additional Social care support on sites	-10
6. Coordination of out of area delays	-5
7. Optimisation of IDT	-8
8. Zero failed discharges - TTOs and medical reviews	-7
9. PTL – roles and responsibilities	-3
10. Hive GMSD referral optimisation	-1
11. Support and comms to staff	-1
TOTAL NC2R reduction	60



# Management of Elective Recovery through Winter

The Trust is focused on reducing patient waiting times and are on track to eliminate waits >65 by September 24 (except corneal grafts, gender affirmation), aiming to sustain and continue to reduce waits above 52 weeks during 2025/26. In response to this challenge, the Trust's elective recovery plan is focused on

- **Addressing growing waiting list size:** setting out how we intend to stop the growth in the waiting list size
- **Moving towards sustainable waiting list size:** delivering no patient waiting longer than 65 weeks
- **Assurance and control measure :** monitoring and managing delivery of the plan

Our Elective recovery plan depends on delivering significant productivity improvements across the Trust, including

- **Outpatient productivity:** reduction in DNA rate, maximisation of clinic capacity, reduction in follow-up capacity and switch to first appointments supported by pathway transformation
- **Theatre productivity:** maximisation of capacity, booking above 90%, reducing on the day cancellations to <5% and ensuring no list is dropped unnecessarily
- **Trafford Elective Hub:** step change in case throughput by delivering along HVLC principles, with dedicated management structure and HIVE enablers in place

The work is clinically led, with a focus ensuring patient safety through clinical and operational engagement at each stage in the improvement process



# 65+ week Performance Measures

The key interventions for delivering the 65 week commitment is detailed in hospital plans and are summarised below:-

Ref	Interventions
1	<b>Maximising Outpatient Capacity, reducing DNAs and follow-ups</b> <ul style="list-style-type: none"> <li>Increased Advice and Guidance volumes to maximise outpatient consultations/slots</li> <li>Increased Patient Initiated Follow Up (PIFU) volumes to release capacity and reduce waiting times</li> <li>Focus on streamlining pathways to reduce waiting time for first appointment and earlier closure of pathways</li> </ul>
2	<b>On-going Validation</b> <ul style="list-style-type: none"> <li>All patients &gt;12weeks to be contacted whether appointment or treatment is still required (current removal rate 10%)</li> <li>Compliance with the MFT Patient Access Policy principles</li> <li>Prioritising the highest clinical need patients – P2s, cancer, etc.</li> </ul>
3	<b>Increased Elective / Day Case Capacity</b> <ul style="list-style-type: none"> <li>Trafford elective hub ringfenced</li> <li>Insourcing arrangements – weekend lists, 108% procurement</li> <li>Theatre Improvement programme with Foureyes – optimising throughput</li> <li>Exploit mutual aid opportunities</li> </ul>



# Cancer Management through winter - 1

Cancer outpatient, diagnostic and treatment will continue to be prioritised throughout winter 24-25. The actions below focus specifically on those pathways within specialities driving 62 day performance either by breach volume or % performance

Top Contributor	Cause	Actions	Expected Impact	Owner
Lung	Front end capacity/one stop clinic Theatre capacity	<ul style="list-style-type: none"> <li>Undertake a review of theatre processes to ensure optimisation of lists.</li> <li>CT scanning and biopsy pathways - reduction required in current wait time for RAPID Hub patients.</li> <li>Increasing bed base and enhanced care model</li> <li>Funding secured from GM cancer to support 62-day recovery</li> <li>Scoping Single Point of Access and standard first seen offer review</li> <li>Review of theatre capacity</li> </ul>	Year end 62 day performance trajectory 65.7% Year end FDS trajectory 78%	All MCS
Breast	First seen waits and equity of access Theatre capacity	<ul style="list-style-type: none"> <li>Single point of Entry for all MSS Breast Service</li> <li>Scope core theatre capacity to bridge the gap and explore provision of prospective cover in consultant job plans.</li> <li>Review of radiology workforce to allow equity of access and support across sites (CSS)</li> <li>Appointment of 2 new Specialty Doctors to expand capacity</li> <li>Identify funding source to invest in Pathway Navigators - To further tackle DNAs and to ensure correct streaming into clinics</li> <li>Funding received to allow additional theatre activity</li> </ul>	Year end 62 day performance trajectory 74.2% Year end FDS trajectory 95.2%	WTWA/CSS
Urology	Theatre capacity Clinic capacity Prostate Biopsy capacity	<ul style="list-style-type: none"> <li>Improve access to Prostate Bx (consider nurse led) -including provision of an additional Bx chair</li> <li>Implement Single Point of Access and Single queue for diagnostics across sites</li> <li>Implement standardised prostate pathway across sites STT mpMRI in place – expansion of one stop results and Bx clinic required . Standardise triage to protocols by suitably skilled staff</li> <li>Optimisation of theatre capacity to reduce waiting times for nephrectomy</li> <li>Expansion of Oncology One stop clinic - review staffing of procedure unit at Withington (business case required)</li> <li>Improve MDT follow up clinic access</li> </ul>	Year end 62 day performance trajectory 85.4% Year end FDS trajectory 78%	WTWA



# Cancer Management through winter - 2

Cancer outpatient, diagnostic and treatment will continue to be prioritised throughout winter 24-25. The actions below focus specifically on those pathways within specialities driving 62 day performance either by breach volume or % performance

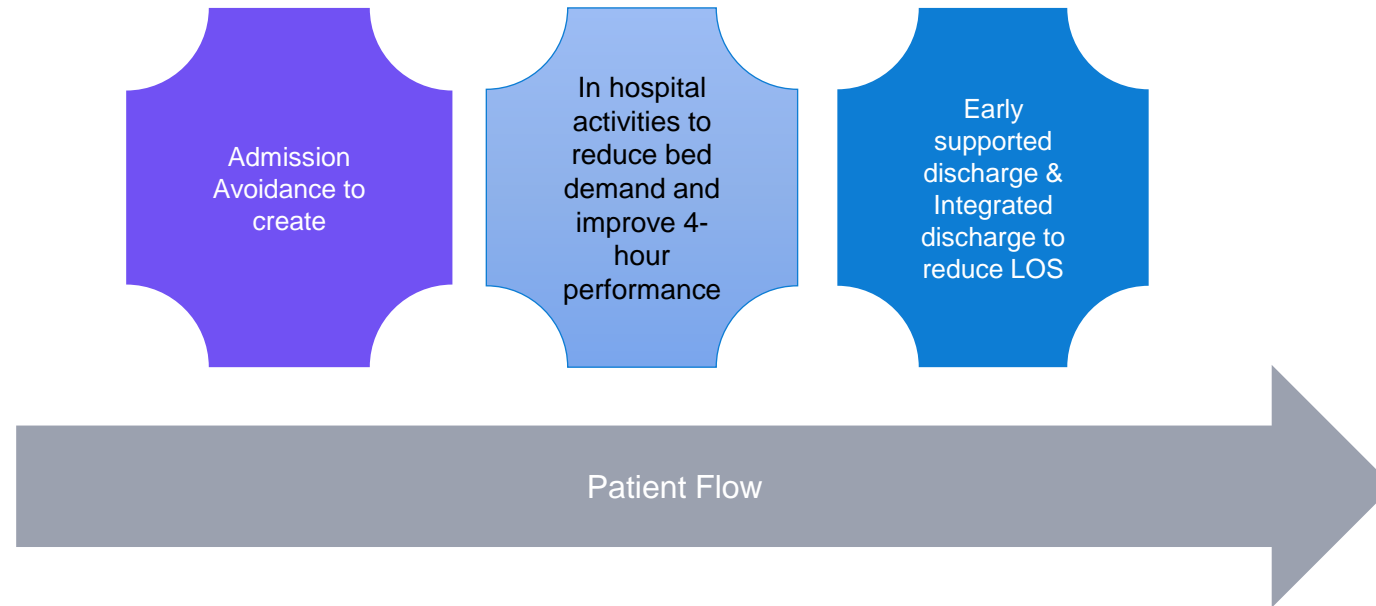
Top Contributor	Cause	Actions	Expected Impact	Owner
Head and Neck	Neck lump clinic/USS FNA provision Demand and capacity imbalances Theatre capacity Consultant Vacancies	<ul style="list-style-type: none"> <li>Resolve demand and capacity challenges for neck lump diagnostic (FNA) procedures (CSS)</li> <li>Implementation of neck lump diagnostic (FNA) procedures in ENT Head and Neck clinics</li> <li>Establish a single front door for OMFS and a single PTL (with alternative arrangements for Skin)</li> <li>Options appraisal for use of NMGH and Trafford theatres for H&amp;N cancer/diagnostic cases, including Thyroids.</li> <li>Recruitment of H&amp;N MSS 2 x OMFS consultant oncologist vacancies.</li> <li>Deliver a new Hive build for ENT, informed by GIRFT and best-timed pathways, to streamline decision making.</li> </ul>	Year end 62 day performance trajectory 65.7% Year end FDS trajectory 77.4%	MRI/NMGH/CSS
LGI	Endoscopy capacity Triage process CTC process Use of FIT	<ul style="list-style-type: none"> <li>Work with primary care to increase % of referrals submitted with FIT results</li> <li>Reduce the number of colonoscopy tests in patients with negative/no FIT</li> <li>Implement Single point of Access to include expanded nurse triage team.</li> <li>Implement Face to Face triage nurse appointment to lessen demand on consultant clinics</li> <li>Expand CTC pre investigation appointment improvements – Straight to test radiology following telephone OPA with triage nurse</li> <li>Standardise points per Endoscopy list across MFT Sites and increase productivity/List utilisation</li> <li>Insourcing and Locum consultant funding for endoscopy in place from NHSE</li> </ul>	Year end 62 day performance trajectory 71.4% Year end FDS trajectory 66.3%	MRI/WTWA



# Building resilience through additional improvement support through Winter

To provide resilience going into winter, MFT has commissioned Prism Improvement to provide delivery support to WTWA and a diagnostic review in the autumn across the UEC pathway in NMGH with the view to support delivery after this.

Newton Europe conducted a diagnostic review across the UEC pathway at the MRI and the system is looking to commission delivery support to implement these findings, commencing this autumn



# Winter 2024/25 Performance Monitoring

Delivery of the interventions will be measured through the 4 hour A&E performance and No Reason to Reside numbers. Trajectories have been developed underpinned by Hospital plans. The UEC Improvement Workstream will be responsible for overseeing delivery of the plans. The plans aim to exceed the 78% by March 25. The NR2R plan will support a reduction in occupancy levels in the run up to Christmas.

## A&E 4hr

MRI	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	62.6%	64.9%	70.0%	72.0%	73.0%	74.2%	74.7%	75.9%	74.0%	73.2%	74.2%	78.0%
Actual	59.9%	58.9%	62.3%	63.2%	63.3%							
Variance	-2.7%	-6.0%	-7.7%	-8.8%	-9.7%							
WTWA	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	64.5%	63.7%	65.0%	67.0%	70.0%	74.5%	76.0%	74.6%	69.6%	75.5%	77.0%	78.0%
Actual	64.5%	63.7%	65.7%	66.8%	72.4%							
Variance	0.0%	0.0%	0.7%	-0.2%	2.4%							
NMGH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	65.3%	71.8%	72.8%	73.6%	74.6%	74.5%	75.5%	75.6%	76.4%	77.1%	77.7%	78.0%
Actual	68.5%	63.9%	66.5%	73.2%	72.4%							
Variance	3.2%	-7.9%	-6.3%	-0.4%	-2.2%							
RMCH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	83.7%	78.2%	88.0%	88.6%	85.2%	88.5%	77.0%	74.0%	67.2%	73.4%	72.5%	82.7%
Actual	85.0%	87.1%	88.0%	87.9%	92.6%							
Variance	1.2%	8.9%	-0.1%	-0.6%	7.4%							
MFT	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In month target	68.9%	67.43%	69.3%	72.1%	74.0%	77.3%	75.0%	72.7%	70.5%	70.2%	74.8%	78.0%
Actual	68.9%	67.4%	69.9%	71.9%	73.7%							
Variance	0.0%	0.0%	0.6%	-0.2%	-0.3%							

## No Reason to Reside

MRI	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	70	70	70	70	85	80	75	72	70	70	70	70
Actual	113	92	105	108	100	117						
Variance	43	22	35	38	15	37						
WTWA	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	70	70	70	70	85	80	75	72	70	70	70	70
Actual	101	104	108	105	121	102						
Variance	31	34	38	35	36	22						
NMGH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	70	70	70	70	85	80	75	72	70	70	70	70
Actual	90	93	90	92	81	71						
Variance	20	23	20	22	-4	-9						
TGH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	30	30	30	30	40	40	35	34	30	30	30	30
Actual	43	43	36	45	50	43						
Variance	13	13	6	15	10	3						
MFT	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In month target	240	240	240	240	295	280	260	250	240	240	240	240
Actual	347	332	339	350	352	333						
Variance	107	92	99	110	57	53						

1. Overview

2. System and MFT Co-ordination throughout winter

3. Looking after our patients & our staff

4. Creating the capacity to meet the demand

5. Communication Plan



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# 5. Communication Plan



# Communication Plan

MFT will enact their communication plan working with locality partners and through the System Coordination Centres to ensure messages reach staff and the wider community.

Trigger	Internal messaging – all channels	External messaging/actions – all channels
<b>OPEL 4</b>	<ul style="list-style-type: none"> <li>Pressures awareness</li> <li>Actions to take /actions taken</li> <li>Wellbeing /support</li> </ul>	<ul style="list-style-type: none"> <li>Patients with minor ailments who attend EDs may be waiting for much longer than normal.</li> <li>Highlighting Keep Well This Winter/Choose the Right Care messaging</li> <li>Active media and stakeholder management potentially required.</li> <li>Communications activity managed in conjunction with NHS GM communications team.</li> <li>Led via SCC who will Co-ordinate/share messaging with system partners</li> </ul>
<b>OPEL 3</b>	<ul style="list-style-type: none"> <li>Pressures awareness</li> <li>Actions to take /actions taken</li> <li>Wellbeing /support</li> <li>What's app messages for more frequent site meetings, actions to be taken</li> </ul>	<ul style="list-style-type: none"> <li>Patients with minor ailments who attend EDs may be waiting for much longer than normal.</li> <li>Highlighting Keep Well This Winter/Choose the Right Care messaging</li> <li>Active media and stakeholder management potentially required.</li> <li>Communications activity managed in conjunction with NHS GM communications team.</li> </ul>
<b>IPC alerts, e.g., Covid / Norovirus</b>	<ul style="list-style-type: none"> <li>Criticality of observing the basics</li> <li>Contextual messaging</li> </ul>	<ul style="list-style-type: none"> <li>Responsible visiting</li> <li>Ward and visiting restrictions</li> </ul>
<b>Cold weather alerts</b>	<ul style="list-style-type: none"> <li>Staff actions/advice</li> </ul>	<ul style="list-style-type: none"> <li>Keep well this winter / Choose the Right Care</li> <li>Use of MFT social media channels/provision of case studies to support national and regional public information campaigns</li> </ul>
<b>Autumn /winter BAU</b>	<ul style="list-style-type: none"> <li>Staff vaccinations campaign</li> <li>Wellbeing / support</li> <li>System Transfer of Care Hub – embedded virtual network to support communication on discharge and flow</li> </ul>	<ul style="list-style-type: none"> <li>Support delivery of the NHS Greater Manchester Winter communications and engagement plan, with social media, digital and media activity.</li> <li>Support delivery of staff/regional/national vaccination programmes campaigns with internal, social media, digital and media activity.</li> </ul>
<b>Informed by NHS Winter Plan and NHS GM Winter Plan</b>	<ul style="list-style-type: none"> <li>Local staff briefings/bulletins</li> <li>MFT Time</li> <li>Mark's Weekly Message</li> <li>Intranet stories</li> <li>MFTV</li> <li>12 days of Christmas 2024 campaign supporting discharge developed by LCO Communications Team.</li> </ul>	<ul style="list-style-type: none"> <li>Social media content</li> <li>Media releases/case studies – for example, normalising use of H@H to manage patient/family expectations.</li> <li>MFTV</li> <li>Social media</li> <li>Website messages</li> <li>Stakeholder bulletin</li> </ul>



# Vaccination communication

- Campaign launched by message from Chief Nursing Officer and re-enforced by **Mark's Weekly Message**.
- A coordinated and creative engagement plan has been implemented to ensure that everyone offered the vaccine have the information required to make an **informed decision** – includes information on how to get your vaccination, uptake figures and mythbusting/Q&A.
- The weekly Comms and Engagement meeting is attended, by communications colleagues and colleagues from across our hospital, MCS and Corporate Services to cascade key messages and provides a feedback mechanism for colleagues to access support with **promotional activities** across the trust.
- The vaccine programme is **inclusive, easily accessible to all staff** and that barriers or concerns are identified and addressed in an informative and supportive way.
- The vaccination inbox, handles enquiries from staff, patients, and the general public.
- Systems are in place to ensure **MFT procedures are amended in line with changes** to national guidance.
- Vaccination Strategic **meetings are held fortnightly**, focusing on the strategic planning and assurance of the vaccine programme, specifically our uptake rate.
- The hospitals will maintain their own risk and incident registers for the aspects of the programme where they are accountable for safe and effective delivery.



# Appendix



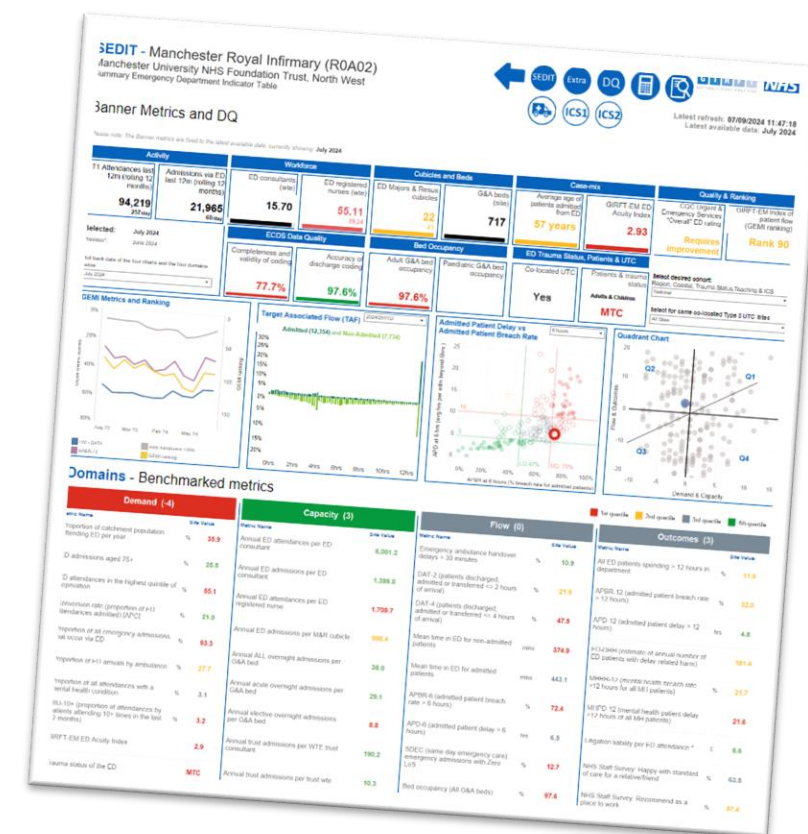
# SEDIT

## (Summary Emergency Department Indicator Table)

Summary review, data as at July 2024 ([SEDIT: Launch - Tableau Server \(england.nhs.uk\)](#))

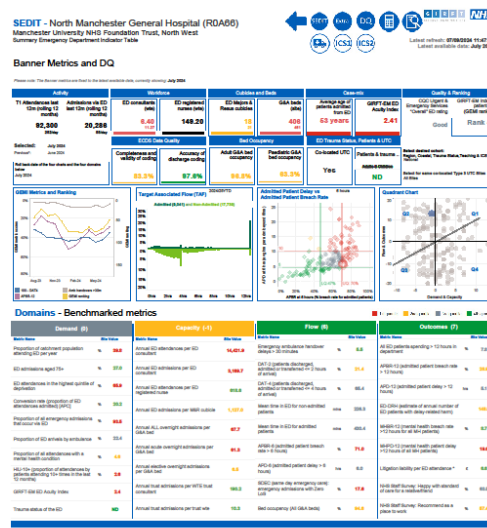
The data supports and informs the following discussion points:

- Stronger emphasis on **access to advice and guidance** - with certain specialties having direct access for advice and guidance - conveyance from Nursing Home should be preceded by an advice and guidance call?
- Continued attention to ensure high rates of **occupancy at Hospital at Home** care models
- Ensuring high performance in **UTC models** with non-admitted performance to focus on maintaining 90% (this is within our gift and will ensure we minimise crowding in departments)
- Maintain focus on **Ambulance Turn around** for community safety
- Promotion of rigorous attention to in hospital schemes to minimise length of stay, Board Rounds, minimise radiology specialist opinion waits and back to basics
- Stronger focus on patients with triad of homelessness, mental health, drug/alcohol dependency who become inpatients

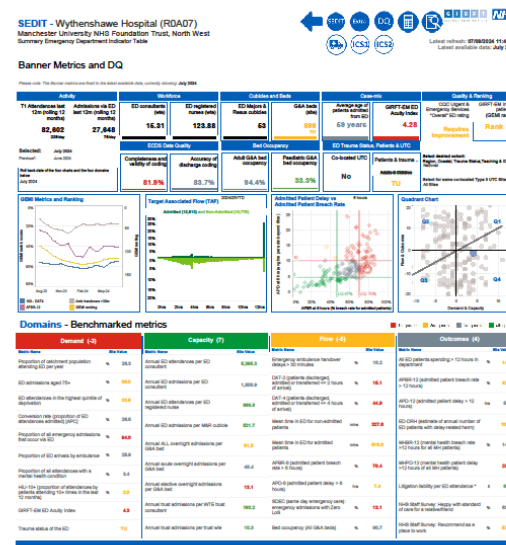




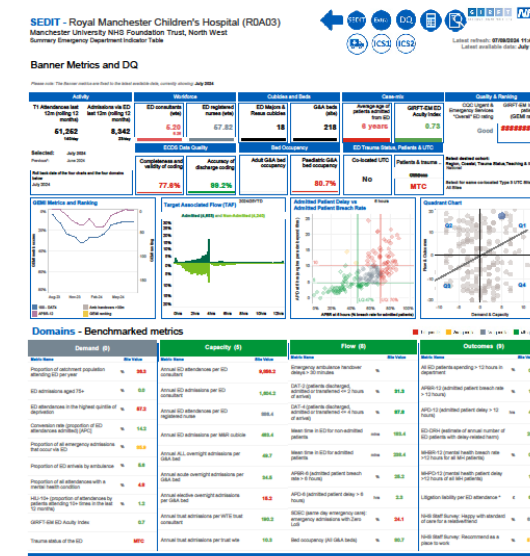
**NMGH**



# Wythenshawe



**RMCH**



July 2024 data - [SEDT: Launch - Tableau Server \(england.nhs.uk\)](#)



**Board of Directors (Public)**  
**Monday 11<sup>th</sup> November 2024**

<b>Paper title:</b>	EPRR Core Standards	<b>Agenda Item 11.3</b>
<b>Presented by:</b>	Lorraine Cliff, Director of Elective & Cancer Care	
<b>Prepared by:</b>	Nicky Shaw, Head of EPRR	
<b>Meetings where content has been discussed previously</b>	Previous version was presented to the Board 8 <sup>th</sup> July 2024	
<b>Purpose of the paper</b> Please check <u>one</u> box only:	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> For support <input type="checkbox"/> For discussion	

<b>Executive summary / key messages for the meeting to consider</b>
<p>This document provides an overview of Manchester Foundation Trust's self-assessment against the 2024/25 EPRR core standards and summarises the discussions held during the GM EPRR inspection visit regarding supporting evidence and EPRR risks.</p> <p><b>Outcome of Trust Self-Assessment</b></p> <p>For the 2024/25 EPRR assurance process, Manchester Foundation Trust declared an overall compliance rating of 'Substantial', having self-assessed as 94% compliant with the core standards and evidence provided.</p> <p>Following the submission on 30th September and the inspection visit on 9th October, the Trust has achieved a rating of 94%.</p>

<b>Recommendation(s)</b>
<p>The Board of Directors is asked to note the significant progress made in achieving 'Substantial' compliance and to have assurance that the EPRR work programme has been developed to address the areas of risk associated with the 'Partially Compliant' standards.</p>

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<input type="checkbox"/> <b>Yes</b> (please set out in your report what action has been taken to address this)  <input checked="" type="checkbox"/> <b>No</b>
--	---

<b>Relationship to the strategic objectives</b>			
The work contained with this report contributes to the delivery of the following strategic objectives (see key below)			
LHL objective 1	<input type="checkbox"/>	LHL objective 2	<input type="checkbox"/>

HQSC objective 1	<input checked="" type="checkbox"/>	HQSC objective 2	<input type="checkbox"/>
HQSC objective 3	<input type="checkbox"/>	PEW objective 1	<input type="checkbox"/>
PEW objective 2	<input type="checkbox"/>	VfP objective 1	<input type="checkbox"/>
VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input checked="" type="checkbox"/>
<b>Links to Trust Risks</b>	The work contained with this report links to the following strategic, corporate or operational risks: <b>Risk Number:</b>		
<b>Care Quality Commission domains</b> Please check <u>all</u> that apply	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Responsive	<input type="checkbox"/> Caring <input type="checkbox"/> Well-Led	
<b>Compliance &amp; regulatory implications</b>	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: <ul style="list-style-type: none"> <li>• Civil Contingency Act</li> <li>• EPRR Core Standards</li> </ul>		

<b>Main report</b>											
<p><b>1. Purpose</b></p> <p>To update the Board of Directors on the progress of the Core Standards submission for September 2024.</p> <p><b>2. Background</b></p> <p>2.1 Under the Civil Contingencies Act (CCA) 2004, Acute Providers are Category 1 responders. They must meet the NHS England (NHSE) Core Standards for Emergency Preparedness, Resilience, and Response (EPRR), which align with the CCA 2004 and the Health and Social Care Act 2012. The Trust must provide annual assurance of compliance, including:</p> <ul style="list-style-type: none"> <li>• Statement of compliance</li> <li>• Associated action plan</li> <li>• EPRR Core Standards Spreadsheet with evidence and RAG ratings</li> </ul> <table border="1"> <thead> <tr> <th>Full</th> <th>Substantial</th> <th>Partial</th> <th>Non-Compliant</th> </tr> </thead> <tbody> <tr> <td>Compliant with <b>all</b> standards</td> <td>The organisation is <b>89-99%</b> compliant</td> <td>The organisation is <b>77-88%</b> compliant</td> <td>The organisation is compliant with <b>76% or less</b></td> </tr> </tbody> </table> <p>2.2 In March EDTC received a report providing a plan to reach 'substantial compliance' by September 2024, with 58 of the 62 standards being compliant, giving 94% compliance overall.</p> <p><b>3. Annual Assurance Process</b></p> <p>The NHS England Board has a statutory requirement to formally assure its own and the NHS in England's readiness to respond to emergencies. This is provided through the EPRR annual assurance process and assurance report. This report is submitted to the Department of Health and Social Care and the Secretary of State for Health and Social Care.</p> <p>As the NHS core standards for EPRR provide a common reference point for all organisations, they are the basis of the EPRR annual assurance process.</p>				Full	Substantial	Partial	Non-Compliant	Compliant with <b>all</b> standards	The organisation is <b>89-99%</b> compliant	The organisation is <b>77-88%</b> compliant	The organisation is compliant with <b>76% or less</b>
Full	Substantial	Partial	Non-Compliant								
Compliant with <b>all</b> standards	The organisation is <b>89-99%</b> compliant	The organisation is <b>77-88%</b> compliant	The organisation is compliant with <b>76% or less</b>								

Providers and commissioners of NHS-funded services complete an assurance self-assessment based on these core standards. This assurance process is led nationally and regionally by NHS England and locally by Integrated Care Boards (ICBs).

The below table provides the process and timeline for submission

Date	NHS England Core Standards 2024 – Regional, National and MFT Processes required for assessment and submission
July 24	NHS England, via the ICB, provided NHS funded organisations with the 2024-25 Core Standards and outlined the process for submission in July 2024
July 24	NHS England also outlined the focus for the 2024/25 <b>deep dive</b> – cyber security and IT related incidents. It should be noted that the outcomes of the deep dive do not form part of the overall assessment or scoring.
14 Aug 24	EPRR Attend Health Emergency Preparedness Group (HEPG)
Between July - 30 <sup>th</sup> Sep	EPRR will undertake a self-assessment of compliance against the standards (62 in total) and undertake a self-assessment of compliance against the deep dive standards (11 in total).
12 Sep 24	AEO attends LHRP where the process will be highlighted.
30 Sep 24	Trust (EPRR) submit to NHS Greater Manchester: <ul style="list-style-type: none"> <li>• Statement of Compliance 2024-2025 signed by the AEO</li> <li>• Self-assessment tool incorporating EPRR Action Plan</li> <li>• Date of Public Board (11<sup>th</sup> November)</li> </ul>
Between 1 <sup>st</sup> Oct - 7 <sup>th</sup> Nov	NHS GM will review provider submissions and liaise with EPRR leads via a check and challenge process to dip sample supporting evidence (face to face meeting with EPRR Team)
	Before 7 <sup>th</sup> November, NHS GM will confirm scores with Organisations, for signoff by their respective Boards
	By 7 <sup>th</sup> November, NHS GM will collate scoring and produce an Assurance Report to be submitted to the GM LHRP for discussion at the LHRP meeting on 14 <sup>th</sup> November.
11 <sup>th</sup> November	Report and Statement of Compliance are signed by the MFT Board of Directors Meeting
14 <sup>th</sup> Nov 24	AEO attends LHRP meeting.
15 <sup>th</sup> Dec	Following this, GM LHRP will formally submit the GM assurance to NHS England NW Regional Team.

MFT submitted our self-assessment on the 30<sup>th</sup> September and an assurance visit coordinated by Greater Manchester EPRR team took place on the 9<sup>th</sup> October.

#### 4. Outcome

MFT declared an overall compliance rating of 'Substantial' through the self assessment process with a score of 94% compliant. Figure 1 overleaf provides a summary of progress against the standards, the four remaining non compliant standards fall into two domains, but compliance against them is significantly improved, these are as follows:

- The duty to maintain plans relating to evacuation, shelter and pandemic flu plans
- Detailed plans for business continuity

# EPRR Core Standards 2024/25: **Acute Trust Standards (x62)** **Compliance Summary: Manchester NHS Foundation Trust**



Greater Manchester  
Integrated Care

D1 (x6)	D2 (x2)	D3 (x11)	D4 (x2)	D5 (x4)	D6 (x7)	D7 (x4)	D8 (x4)	D9 (x10)	D10 (x12)
1	7	9	20	22	26	33	37	44	55
2	8	10	21	23	27	34	38	45	56
3		11		24	28	35	39	46	57
4		12		25	29	36	40	47	58
5		13			30		41	48	59
6		14			31		42	49	60
		15			32		43	50	61
		16						51	62
		17						52	63
		18						53	64
		19						54	65
			Key:	Fully compliant	Partially compliant	Non-compliant	Not Acute Standard		66
Domains									67-73

D1: Governance | D2: Duty to assess risk | D3: Duty to maintain plans | D4: Command & control | D5: Training & exercising  
D6: Response | D7: Warning & informing | D8: Cooperation | D9: Business continuity | D10: Hazmat / CBRN

62 of the EPRR core standards are applicable to Manchester Foundation Trust. A breakdown of the organisation's ratings for these standards is indicated in the table below.

Standards rated as 'Fully compliant'	58
Standards rated as 'Partially compliant'	4
Standards rated as 'Non-compliant'	0
Overall Score	94%

The site visit summary is attached for further detail.

## 5. Next steps

- The paper will be signed off by the Trust Board on 11th November.
- The AEO will attend the LHRP meeting on 14th November.
- GM LHRP will submit GM assurance to the NHS Regional team.

## 6. Recommendations

The Board of Directors is asked to approve the Trust's annual submission of a compliance rating of 'Substantial' with the 2024/25 EPRR core standards.

## Strategic objectives (Key)

Work with partners to help people live longer, healthier lives	LHL objective 1	Work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.
	LHL objective 2	Improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so people are cared for in the most appropriate place
Provide high quality, safe care with excellent outcomes and experience	HQSC objective 1	Provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience and outcomes wherever they are seen.
	HQSC objective 2	Strengthen our specialised services and support the adoption of genomics and precision medicine
	HQSC objective 3	Continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.
Be the place where people enjoy working, learning and building a career	PEW objective 1	Make sure that all our colleagues feel valued and supported by listening well and responding to their feedback. We will improve staff experience by embracing diversity and fairness, helping everyone to reach their potential
	PEW objective 2	Offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here
Ensure value for our patients and communities by making best use of our resources	VfP objective 1	Achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.
	VfP – objective 2	Deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships
Deliver world-class research & innovation that improves people's lives	R&I – objective 1	Strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part
	R&I – objective 2	Apply research & innovation, including digital technology and artificial intelligence, to improve people's health and the services we provide
Good governance	GG	Deliver a safe, legally compliant and well run organisation

## Board of Directors (Public)

### Monday 11<sup>th</sup> November 2024

<b>Paper title:</b>	Annual Self-Assessment Return (SAR) to NHS England	<b>Agenda Item 11.4</b>
<b>Presented by:</b>	Professor Bernard Clarke, Interim Joint Chief Medical Officer	
<b>Prepared by:</b>	Tracey Lakin, Associate Director of Medical Education	
<b>Meetings where content has been discussed previously</b>	Trust Leadership Team Committee – 23 October 2024	
<b>Purpose of the paper</b> Please check <b>one</b> box only:	<input checked="" type="checkbox"/> For approval <input checked="" type="checkbox"/> For support <input type="checkbox"/> For discussion	

<b>Executive summary / key messages for the meeting to consider</b>
<ul style="list-style-type: none"> <li>The annual Self-Assessment Report (SAR) is an NHS England (NHSE) requirement for all Trusts in England. Trusts are asked to rate themselves in a number of areas relating to education and training for all healthcare learners</li> <li>MFT has prepared this year's SAR involving senior leads in Non-Medical Allied Health Professionals (NMAHPs), Medical Education, Pharmacy, Organisational Development/Workforce and Clinical Governance</li> <li>The TLTC is asked to note the return (Appendix 1), which will be made on 31 October 2024</li> <li>Any feedback and related actions from NHSE following this submission will be progressed and the TLTC updated</li> </ul>

<b>Recommendation(s)</b>
The Board of Directors is asked to: <ul style="list-style-type: none"> <li>Note the return and support any recommendations and related actions arising from the submission by NHSE</li> </ul>

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<input type="checkbox"/> <b>Yes</b> (please set out in your paper what action has been taken to address this) <input checked="" type="checkbox"/> <b>No</b>
--	--

<b>Relationship to the Strategic priorities and Board Assurance Framework (BAF)</b>			
The work contained with this report contributes to the delivery of the following strategic objectives (see key below)			
LHL objective 1	<input type="checkbox"/>	LHL objective 2	<input type="checkbox"/>
HQSC objective 1	<input type="checkbox"/>	HQSC objective 2	<input type="checkbox"/>
HQSC objective 3	<input checked="" type="checkbox"/>	PEW objective 1	<input checked="" type="checkbox"/>

PEW objective 2	<input checked="" type="checkbox"/>	VfP objective 1	<input type="checkbox"/>
VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input checked="" type="checkbox"/>

<b>Links to Strategic Risks</b>	The work contained with this report links to the following strategic risks:		
<b>Care Quality Commission domains</b> Please check <b><u>all</u></b> that apply	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Responsive	<input type="checkbox"/> Caring <input type="checkbox"/> Well-Led	
<b>Compliance &amp; regulatory implications</b>	The following compliance and regulatory implications have been identified as a result of the work outlined in this report – N/A		

<b>Main report</b>
<p>The Board of Directors is asked to note the production and submission of the annual Self-Assessment Report (SAR) to NHSE (Workforce, Training and Education Department). The SAR submission has been a requirement for all Trusts in England since 2020 and this will be the first submission to NHSE (formerly Health Education England).</p> <p>Senior leaders across each professional group at MFT have worked on this year's SAR submission via two Teams meetings and through coproduction of the document on Teams. The group agreed the examples provided in the submission, which cover both challenges and achievements at the Trust across all areas of healthcare in relation to education and training. All challenges local to MFT are already part of ongoing workstreams at MFT and form part of the Trust's annual plan.</p>

## Strategic objectives (Key)

Work with partners to help people live <b>longer, healthier lives</b>	<b>LHL objective 1</b>	Work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.
	<b>LHL objective 2</b>	Improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so people are cared for in the most appropriate place
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	<b>HQSC objective 3</b>	Continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.
Be the place where <b>people enjoy working</b> , learning and building a career	<b>PEW objective 1</b>	Make sure that all our colleagues feel valued and supported by listening well and responding to their feedback. We will improve staff experience by embracing diversity and fairness, helping everyone to reach their potential
	<b>PEW objective 2</b>	Offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here
Ensure <b>value for our patients</b> and communities by making best use of our resources	<b>VfP objective 1</b>	Achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.
	<b>VfP – objective 2</b>	Deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships
Deliver world-class <b>research &amp; innovation</b> that improves people's lives	<b>R&amp;I – objective 1</b>	Strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part
	<b>R&amp;I – objective 2</b>	Apply research & innovation, including digital technology and artificial intelligence, to improve people's health and the services we provide
<b>Good governance</b>	<b>GG</b>	Deliver a safe, legally compliant and well-run organisation

## NHS England Self-Assessment for Placement Providers 2024

### Introduction

The NHS England Self-Assessment (SA) for Placement Providers is a process by which providers carry out their own quality evaluation against a set of standards. Providers are asked to complete this online form indicating where they have or have not met the standards as set out in the SA. There is the opportunity under most questions to provide comments to support your answer.

### Completing the Self-Assessment

- **Your region and Trust name has been pre-populated – do not amend this**
- The SA saves your progress at the end of each page – **click save** and the next page button
- **You can amend/change your responses any time prior to completing the final submission** box in Section 12 (click save after any changes)
- Anyone completing any part of the SA can do so using the same link supplied by your regional NHS England Workforce, Training and Education (NHSE WTE) quality team. **Only one person should use the link at any one time.** You must close the weblink for someone else to access the survey to avoid overwriting previous entries
- **To print the SA**, prior to/after submission, skip through to the last page and use the print button. Only questions with response will print
- You can move around the SA without being forced to complete questions/sections before moving to another section. **Save each update even if only partially completed**
- **All sections are mandatory**, please undertake a final check that every question has been completed prior to submission. If a question/section has not been answered after submission, the SA will be returned to you for completion
- Where free text comments are available the word or character limits are shown within each question
- The SA does not support the upload of attachments. If we require any evidence as part of your submission, we will contact you separately after submission

**\*\*This submission should be completed for the whole organisation. It is important that those responsible for each section feed into and contribute to the response\*\***

### Sections of the Self-Assessment

- |                   |   |
|-------------------|---|
| <b>Section 1:</b> | Provide details of (up to) 3 challenges within education and training that you would like to share with us  |
| <b>Section 2:</b> | Provide details of (up to) 3 achievements or good practice within education and training that you would like to share with us   |
| <b>Section 3:</b> | Confirm your compliance with the obligations and key performance indicators of the NHS Education Funding Agreement (EFA). This should be completed once on behalf of the whole organisation   |
| <b>Section 4:</b> | Confirm your compliance with the Quality, Library, Reporting Concerns, and Patient Safety training obligations and key performance indicators of the NHS Education Funding Agreement (EFA). This should be completed once on behalf of the whole organisation. It is important that those responsible for these areas feed into this action |

**Section 5:** Confirm your policies and processes in relation to Equality, Diversity and Inclusion (EDI). Should normally be completed by your placement provider EDI Lead

**Sections 6 – 11:** Self-assess your compliance against the Education Quality Framework and Standards. Each section must be completed once on behalf of the whole organisation. There are opportunities to share good practice examples. You are asked to confirm whether you meet the standard for all professions/learner groups or provide further details where you do not meet or partially meet the standard(s). Where you are reporting exceptions, you are asked to provide the professions impacted and a summary of the challenges you face in meeting the standard

**Section 12:** Final sign off

## 10. Training profession selection

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at any time prior to submission.

**2. Please select from the list below those professional groups your organisation currently train, please select all those which apply. Please select only one option for each row**

	Yes - we train in this professional group	N/A – we do NOT train in this profession group
Advanced Practice	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Allied Health Professionals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dental Undergraduate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Healthcare Science	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Associate Professionals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medicine Postgraduate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medicine Undergraduate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midwifery	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nursing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Paramedicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychological Professions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Workers	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## 11. Section 1 – Provider challenges

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at any time prior to submission.

This section asks you to provide details of (up to) 3 challenges within education and training that you would like to share with us. Please consider whether there are any challenges which impact your ability to meet the education quality framework standards. Please select the category which best describes the challenge you are facing, along with a brief description/narrative of the challenge (*the character limit is set at 1000 characters*). In the event you cannot find an appropriate category, select other and add the category at the start of your narrative.

- ☐ Apprenticeships
- ☒ Burnout / Wellbeing
- ☐ COVID / post-COVID return to norm
- ☐ Culture
- ☐ Curricula / Training Standards
- ☐ Educational Governance & Strategy Funding – Requirements / Unpredictability / Timeliness
- ☐ HEI Issues / Processes
- ☒ Increase in LTFT / Reasonable Adjustment Requests
- ☐ IT Systems
- ☐ NHS England Issues / Processes
- ☐ Other
- ☒ Placement Management / Capacity
- ☐ Supervisors / Educators (Investment)
- ☐ Supervisors / Educators (Recruitment / Retention)
- ☐ Supervisors / Educators (training)
- ☐ Training affected by service pressures (cannot release staff)
- ☐ Training Equipment / Systems
- ☐ Training Space / Facilities
- ☐ Trust Merger or Reconfiguration
- ☐ Workforce Challenges (Recruitment / Retention)

Please provide your narrative in the comments box below:

**1. Placement management / capacity**

**(a) Postgraduate Medical Education**

- The increase in Foundation trainees wishing to train Less Than Full Time (LTFT) or taking longer to train due to ill health has increased over the 12 – 24 months. Funding is given to Trusts for 2 years only and this is placing a burden on clinical departments to continue to host Foundation trainees without NHSE funding

**(b) Medical Associate Professionals (MAPs)**

- National challenges concerning the MAPs roles has impacted on student recruitment and placement experience, recruitment opportunities for newly qualified Physician Associates (PAs) and development opportunities for current MAPs (PAs and Anaesthetic Associates [AAs])
- Placement capacity for student AAs reduced due to media negativity of MAPs role and lack of appropriate funding for educational supervision. MFT has not commenced an additional cohort of student AAs due to the impact of national challenges

**(c) Undergraduate Medical Education (UGME)**

- There are challenges recruiting to UGME educator roles including supervisors and examiners, and around covering teaching sessions – clinical pressures and job planning issues cited as reasons but also growing student numbers increases the required numbers of clinicians

**(d) Pharmacy Undergraduate Education**

- Increased student numbers meaning larger group sizes. We are reaching capacity for the number of students we can support, e.g. Year 1 Pharmacy student numbers have increased from 114 in 2022/23 to 143 in 2024/25. Funding for pharmacy placements is set at non-medical tariff. This is insufficient to cover the cost of providing suitable pharmacy placements to develop students into prescriber-ready graduates
- Room availability for the number of students can be challenging at North Manchester General Hospital (NMGH) and Wythenshawe. Access to IT due to hardware availability with funding levels and system access has been a challenge which is essential for students to be able to access EPR HIVE

**(e) Non-Medical Allied Health Professionals (NMAHP) Pre-Registration**

- We have experienced increasing pressures from the HEIs on placement areas to increase capacity. This includes the increase in development of new programmes at HEIs e.g. new dietetics programme, T-levels. We are supporting areas with this and opening new areas up but the pressure on placement areas is continuing. Staffing also influencing capacity

**(f) Apprenticeships**

- The lack of teaching space is prohibiting bringing learners in face to face, so having to use Teams for group delivery

**2. Burnout**

**Postgraduate Medical Education (PGME)** – Burnout and low morale is prevalent within the junior doctor workforce, impacting training, and recruitment and retention alongside elevated levels of absence, with the potential to impact care

**MAPs** – PAs and supervisors are concerned about the impact of challenges over the role, with an increased number of PAs taking sabbaticals and considering leaving the profession. These ongoing uncertainties around future Scope of Practice and challenges from medical colleagues is impacting on their wellbeing

**3. Increase in Less Than Full Time (LTFT) / Reasonable Adjustment requests**  
**PGME (Foundation training)** – as above, there are challenges in providing continued fundings for Doctors in Training who are LTFT / ill health or require time out

**PGME** – increase in LTFT and reasonable adjustments leading to pressures on rotas and ability to release and provide Doctors in Training with adequate training and educational exposure due to complexity of rotas

**NMAHPs** – increase in learners attending placement with an individual support plan for reasonable adjustments. These can impact the learner's ability to complete appropriate placement hours e.g. learners that are unable to undertake night shifts. This impacts placement capacity and is a particular issue for St Mary's Hospital

We have experienced an increase in NMAHP learners with complex mental or physical health problems who subsequently require more complex reasonable adjustment plans. This impacts the clinical areas supporting these learners in terms of the adjustments that need to be put in place, time to dedicate to the learner etc. Practice is not always made aware of these issues prior to the learners arriving which makes it difficult for clinical teams to manage and plan

**Apprenticeships**

**Off the Job (OTJ)** – the 20% OTJ is creating issues within the Trust and employees are being stopped from taking an apprenticeship as there is no back fill arrangement in place to support

## 12. Section 2 – Provider achievements and good practice

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at any time prior to submission.

This section asks you to provide details of (up to) 3 achievements within education and training that you would like to share with us. Please select the category which best describes the achievements you wish to share, along with a brief description/narrative (*the word limit is set at 1000 characters*). In the event you cannot find an appropriate category select other and add the category at the start of your narrative.

**6. Example 1: Please choose the most appropriate category for your achievement**

- ☐ Collaboration / Partnerships
- ☐ COVID – Response / Catch up
- ☐ CPD
- ☐ Culture
- ☐ Development of TEL Provision
- ☐ Improved Facilities
- ☐ Increased SIM for Training
- ☒ Innovative Training / Course Development
- ☒ Learner / Trainee Support or Wellbeing

- ☐ Multi-professional Initiatives
- ☐ New / Improved Strategy or Governance
- ☐ Other
- ☒ Placement Capacity / Expansion
- ☐ Quality – Improvement Initiatives, response to data, positive feedback
- ☐ Recruitment / Retention Initiatives
- ☐ Supervisors / Educators (Investment)
- ☐ Supervisors / Educators (Training)

Please provide your narrative in the comments box below:

**1. Innovative training / course development**

**Postgraduate Medical Education**

**Manchester Surgical Skills and Simulation Centre (MSSSC) service**, including the development of in-house courses for both Doctors in Training, Locally Employed Doctors (LEDs) and multi-professional colleagues i.e. MAPs

**Educator Development Hub** – a one stop shop of resources and signposting for our Educational and Clinical supervisors. The Hub also allows Educational Supervisors (ES) / Clinical Supervisors (CS) to sign up to MFT workshops and development opportunities which are provided via PGME's rolling educator development programme which has recently been reviewed and expanded to provide workshops, lunch and learns, bite sized sessions as well as a bi-annual educator conference

**Chief Registrar programme** offering Resident Doctors (both trainees and LEDs) the opportunity to apply for a one-year Chief Registrar post which is fully funded with 20% time out for leadership experience and project opportunities

**NMAHPs** – we have developed a programme of training sessions for staff to facilitate effective supervision and assessment of learners in practice. The programme includes a full day Supporting Learners in Practice training supplemented by online material, a half day refresher training, and training for support workers on their role in supporting learners

All of our NMAHP learners now get access to a virtual information platform (PADLET)

**2. Learner / Trainee support and wellbeing**

**Undergraduate Medical Education**

**Student Pastoral Support Toolkit** on all student iPads pan-sector. Student experience team (student experience coordinator and student experience lead) regular informal drop-in sessions with tea/coffee/snacks and chats. Safe space for students amongst themselves and with colleagues

**Postgraduate Medical Education**

Development and implementation of a Wellbeing and Support Hub for all non-consultant grade doctors, including an online Hub with resources and signposting. Robust governance structure led by the Associate Director of Medical Education (ADME) for Wellbeing and Support. A Wellbeing and Support Committee feeds up to Trust level via the Health and Wellbeing Board.

Completion of a Resident Doctors' facilities audit, including physical visits to each hospital site to assess the availability and quality of mess facilities, food provision, IT resources etc, a gap analysis has been completed and fed up to Trust level via the Operational Wellbeing Committee.

Development of a Locally Employed Doctors (LEDs) Hub to ensure equity of opportunity around education and training for locally employed doctors. The Hub includes online resources, ADME for Medical Education for LEDs and Support team within PGME, generic teaching for LEDs

#### **NMAHP Pre-registration**

- We have two members of the team trained in Making Every Contract Count (MECC), plan to disseminate to all staff in the team to enable them to support learners in challenging circumstances
- We have four Mental Health First Aiders (MHFA) in the team to support learning experiencing mental ill health. We have one Professional Nursing Advocate (PNA) and one Professional Midwifery Advocate (PMA) in the team
- We have four staff identified to commence the programme in September 2024 and further staff identified to attend in 2025
- We have Employee Health and Wellbeing, Freedom to Speak Up, Equality Diversity and Inclusion (EDI) and Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual plus (LGBTQIA+) Champions identified in the team

### **3. Placement capacity / expansion**

#### **Undergraduate Medical Education Oxford Road Campus (UGME ORC)**

Successfully recruited first Year 3 placement supervisor in Tameside with a view to increasing placement numbers going forward. Increased Isle of Man student placements with suitable accommodation

#### **Pharmacy**

- We continue to roll out significantly increased numbers and length of pharmacy placements as part of the MPharm degree, in line with updated General Pharmaceutical Council Initial Education and Training standards for pharmacy undergraduates. 2024/25 will be the first year delivering the new style course to all four years of the MPharm. Learning from Health Education England (HEE) funded pilot placements has been used to inform the roll out
- We expanded placement provision in 2023/24 to NMGH after securing tutor funding from University of Manchester (UoM) to accommodate additional student numbers

#### **NMAHPS**

MFT has implemented the equitable allocation system for physiotherapists, speech and language therapists and dietetics as part of the Greater Manchester Allied Health Professionals (GM AHP) placement reform model. We have also independently implemented this for occupational therapy and are working with GM for podiatry. We continue to increase capacity of existing placement areas and open new placement areas to support the increasing number of learners requiring placement. All NMAHP placements follow a coaching model

## **13. Section 3 – Contracting and the NHS Education Funding Agreement**

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at any time prior to submission.

This section asks you to confirm your compliance with the obligations and key performance indicators set out in Schedule 3 of the [NHS Education Funding Agreement \(2024-27\)](#). This should be completed once on behalf of the whole organisation. Please select only one option for each row. There is an option to provide additional comments to support your answer, this is restricted to 2000 characters.

**9. Please confirm your compliance with the obligations and key performance indicators set out in Schedule 3 of the NHS Education Funding Agreement (EFA). This should be completed once on behalf of the whole organisation. Please select only one option for each row**

	Yes	No
There is Board level engagement for education and training at this organisation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The funding provided via NHS Education Funding Agreement (EFA) to support and deliver education, and training is used explicitly for this purpose	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We undertake activity in the NHS Education Funding Agreement which is being delivered through a third-party provider	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Provider or its sub-contractor did not have any breaches to report in relation to the requirement of the NHS Education Funding Agreement (EFA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We are compliant with all applicable requirements of the Data Protection Legislation and with the requirements of Schedule 5 of the NHS Education Funding Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Provider did not have any health and safety breaches that involve a learner to report in the last 12 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The organisation facilitates a cross-system and collaborative approach, engaging the Integrated Care System (ICS) for system learning	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We have collaborative relationships with our stakeholders (e.g. education providers) which provide robust mechanisms to deliver agreed services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If 'Yes' please add comments to support your answer, if 'No' please provide further detail		

MFT works collaboratively both inter-professionally within the organisation (e.g. shared teaching and simulation sessions across professions where relevant), and with NHSE WTE to ensure all learners are supported

**10. Please provide the name and email address of the Board Named Individual responsible for education and training**

Name	<div>Norma French, Interim Chief People Officer</div>
Email address	<div><a href="mailto:norma.french@mft.nhs.uk">norma.french@mft.nhs.uk</a></div>

## 11. Signature

- ☒ I can confirm I have completed this section accurately and can provide evidence to support my responses if required by NHSE WTE

Name, email address and role of the person completing this section

Tracey Lakin  
Associate Director of Medical Education  
[tracey.lakin@mft.nhs.uk](mailto:tracey.lakin@mft.nhs.uk)

## 14. Section 4 – Education Quality

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at any time prior to submission.

This section asks you to confirm your compliance with the quality, library, reporting concerns and patient training obligations and key performance indicators of the [NHS Education Funding Agreement \(EFA\)](#). This should be completed once on behalf of the whole organisation. It is important that those responsible for these areas are able to feed into this section. There is an option to provide additional comments to support your answer, this is restricted to 1000 characters.

## 12. Can you confirm as a provider that you (please select only one option for each row)

	Yes	No	N/A
We are aware of the requirements and process for an education quality intervention, including who is required to attend	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are reporting and engaging with the requirements and process to escalate issues, in line with NHS England's education concerns process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have developed and implemented a service improvement plan to ensure progression through the Quality and Improvement Outcomes Framework for NHS Funded Knowledge and Library Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the provider been actively promoting, to all learners, use of the <a href="#">national clinical decision support tool</a> funded by NHS England?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a Freedom to Speak Up Guardian and they actively promote the process for raising concerns through them to their learners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are aware of the <a href="#">Safe Learning Environment Charter (SLEC)</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are actively implementing and embedding the <a href="#">SLEC</a> multi-professionally	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes' please add comments to support your answer, if 'No' please provide further detail

### **Library Services**

- Quality and Improvement Outcomes Framework (QIOF) for NHS Library and Knowledge Services in England. The library has completed Quality and Improvement Outcomes Framework for NHS Funded Knowledge and Library Services (QIOF)
- The framework is a progression model, and the Trust was placed in the top quartile when benchmarked against the other Trusts across the country. The Library Service has completed the action plan and has completed the follow up discussion with NHS England WTE and received the final Service Improvement Report dated 28 June 2024
- Promotion of the National Clinical Decision Support Tool. The Library and Knowledge Service actively promotes the use of British Medical Journal (BMJ) Best Practice to all clinical groups at induction and outreach sessions. As a result, MFT is ranked in the top five Trusts nationally by usage metrics provided by the content supplier

### **PGME**

- Ensures that medical education and training at MFT is in line with the NHSE WTE Quality Assurance Framework and Educational Contract requirements
- PGME completes an in-depth analysis of both the General Medical Council (GMC) Training Survey, National Education and Training Survey (NETS) and local intelligence/data to identify areas of good practice which can be shared and areas which require support and intervention from the PGME Quality Assurance (QA) team
- Internal quality interventions include the support of local task and finish groups, full QA internal review visits, high level tabletop reviews of specialties, liaising with the relevant senior clinical leadership teams and the development and monitoring of action plans which ensure long term sustainability of developments and improvements

### **Apprenticeships**

- The Apprenticeship department is rated as 'Good' with OFSTED. MFT is listed on the Salisbury Procurement framework for other NHS Trusts to be able to procure our services in Business Admin, Team Leader, Dental Nurse and Mammography

### **NMAHPs**

The team has Employee Health and Wellbeing, Freedom to Speak Up, Equality Diversity and Inclusion and LGBTQIA+ Champions in the team. All learners receive a virtual or face to face induction which includes information about the Champions and how to raise concerns in safety

We are currently implementing the SLEC across all NMAHP learning areas and TPEP within midwifery placement areas

13. As an organisation, have you been referred to a regulator for education and training concerns in the last 12 months (with or without conditions) e.g. GMC, GDC, HCPC, NMC etc)?

Note: we are not seeking information about the referral of an individual learner

- ☒ We have not been referred to a regulator
- ☐ We have been referred to a regulator and the details are shared below

If you have received conditions from a regulator, please provide more details including the regulator, the profession involved and a brief description

14. Did you actively promote the National Education and Training Survey (NETS) to all healthcare learners?

- ☒ Yes

Please briefly describe your process for encouraging responses including your organisation's response rate for the 2023 NETS

- Posters and information when the NETS is open is displayed across all four of the physical library sites
- Updates on NETS are included in Medical Education Committees and the Trust's Joint Chief Medical Officers' Workforce Board
- Fortnightly reminder emails to all Doctors in Training, displaying posters and promotional materials in hospital messes, PGME and other key areas within the Trust. PGME also email ES/CS requesting they encourage trainees to complete the survey. Once the survey results are released, the PGME QA team complete a full analysis of the results triangulating the data against the GMC Training Survey and the local QA intelligence. This analysis feeds any new actions from the NETS into 'live' or 'new' action plans where appropriate

In the autumn 2023, the NETS was completed by 898 multi-professionals working and/or training at MFT footprint, an increase from the response rates in 2022 which were 747. Below is a breakdown of responses to the NETS by profession in 2023:

Profession	NHSE -WTE overall regional responses 2023	MFT responses
Advanced Practice	262	17
Allied health practitioner	363	48
Dental Postgraduate	134	21
Dental Undergraduate	16	1
Health and Social Care	55	3

Healthcare Science	124	31
Medical Associate Professional	40	5
Medical Postgraduate	3471	525
Medical Undergraduate	334	24
Midwife	397	90
Nursing	1326	110
Pharmacy	159	13
Psychological Professionals	69	1

15. **Have you reviewed, at Board Level, and where appropriate, taken action on the outcomes of the results of the National Education and Training Survey (NETS)?**

☒ **Yes**

☐ **No**

Please provide a brief description of the action you have taken as a result, if 'No' please provide further details including your plans to use the NETS data for quality improvement activity in the future

The output of NETS is reported at the Trust's Workforce and Education Management Committee, which feeds through to Trust Board Level

Results from NETS is triangulated with other quality data within departments e.g. alongside the GMC trainee and trainer survey results in the Postgraduate Medical Education department

16. **2024's NETS will be open from 01 October 2024 until 26 November 2024. How will your organisation increase their [NETS response rate](#) for 2024?**

Professional groups with low response rates will have focused, targeted comms running up to the release of the survey to ensure people are aware of the survey, its benefits and the importance of engaging in feedback

#### **NMAHPs**

The pre-registration team are encouraging its completion daily on visibility visits to learners and have added the link to student noticeboards and are encouraging learners to access and complete it on our visits. NETS is discussed at all of our staff and learner teaching/reflection/feedback sessions

**17. Patient Safety and the promotion of a Patient Safety Culture is integral to the Education Quality Framework. Please provide the following information:**

Name and email address of your Board representative for Patient Safety

Miss Toli Onon, Joint Chief Medical Officer  
[toli.onon@mft.nhs.uk](mailto:toli.onon@mft.nhs.uk)

Name and email address of your Non-Executive Director representative for Patient Safety

Damien Riley  
[damien.riley@mft.nhs.uk](mailto:damien.riley@mft.nhs.uk)

Name and email address of your Patient Safety Specialist(s)

Dr Tanya Claridge  
[tanya.claridge@mft.nhs.uk](mailto:tanya.claridge@mft.nhs.uk)

What percentage of your staff have completed the Patient Safety training Level 1 within the organisation (%)

3.5%

**18. Signature**



I can confirm I have completed this section accurately and can provide evidence to support my responses if required by NHSE WTE

Name, email address and role of the person completing this section

Dr Beverley Fearnley  
Trust Director of Clinical Governance  
[beverley.fearnley@mft.nhs.uk](mailto:beverley.fearnley@mft.nhs.uk)

**15. Section 5 – Equality Diversity and Inclusion**

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at any time prior to submission.

This section asks about your policies and processes in relation to Equality Diversity and Inclusion and should normally be completed by your nominated EDI lead. There is an option to provide additional comments to support your answer, this is restricted to 1000 characters.

**19. Please confirm whether your organisation has an Equality Diversity and Inclusion Lead (or equivalent):**



Yes



No

If 'Yes' please add comments to support your answer sharing details of governance and links with education and training alongside the nominated name of your EDI lead for education and training, if 'No' please provide further detail

The Associate Director of Medical Education for EDI & Trust Head of Service for PGME sit on the Trust Equality, Diversity and Human Rights Committee (TEDHRC) ensuring PGME EDI related topics/issues are fed up to Trust level and relevant information shared with wider PGME

**20. Please confirm that you liaise with your Equality Diversity and Inclusion lead (or equivalent) to (please select only one option for each row)**

	Yes	No
Ensure reporting mechanisms and data collection take learners into account?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Implement reasonable adjustments for learners with a disability?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ensure policies and procedures do not negatively impact learners who may have a protected characteristic(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ensure International Graduates (including International Medical Graduates) receive a specific induction into your organisation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ensure policies and processes are in place to manage with discriminatory behaviour from patients?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ensure a policy is in place to manage Sexual Harassment in the Workplace?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you have initiatives to support reporting sexual harassment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has your organisation signed up to the <a href="#">NHS England Sexual Safety in Healthcare - Organisational Charter</a> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your organisation have a designated sexual safety lead such as a Domestic Abuse and Sexual Violence (DASV) lead?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If 'Yes' please add comments to support your answer, if 'No' please provide further detail

MFT has a sexual safety steering group, whose membership includes the Deputy Chief Executive, representatives from across the organisation including clinical and non-clinical members of staff

**21. How does your organisation manage sexual harassment reports?**

MFT has developed and introduced a Sexual Safety Policy, which includes the options available to all colleagues to report sexual harassment in the workplace. We recognise that reporting sexual harassment is difficult for many, there are well evidenced concerns regarding embarrassment, confidentiality, safeguarding and potential legal ramifications. Consequently, MFT provides a range of ways for colleagues to report incidents of sexual harassment, from patients, service users, families and colleagues and managers

The options for reporting include:

- Ulysses incident reports
- Line manager or senior manager
- Human Resources
- Freedom to Speak Up
- Sexual Assault Referral Centre
- Staff Networks

When these incidents are reported there are clear areas for consideration:

- **Immediate safety**

Immediate action should be taken to ensure the safety of the individual who had made the disclosure. This is likely to include separating the individuals involved

- **Reporting of sexual assault**

Where a colleague discloses sexual assault there must be a discussion about the disclosure to contact a Sexual Assault Referral Centre (SARC) which offer medical, practical and emotional support to anyone who has been sexually assaulted. These can be contacted regardless of whether the individual wishes to contact the Police

Victims of serious sexual assault and rape should be encouraged not to wash or change their clothes immediately after a sexual assault as this may destroy forensic evidence that could be important if they decide to report the assault to the Police

If a colleague wishes to contact the Police, they should be supported to do this in a private place. Sexual assault is reported to the Police by calling 101 or 999 depending on the urgency

The decision on whether to report to the Police would usually be for the individual colleague directly impacted by the sexual assault, to make. There may be instances, for the safety of staff, other individuals and patients, the Trust may decide to notify the Police separately

Where the disclosure alleges that a colleague has assaulted a patient, the Police should be informed, regardless of the patient's wishes. If they do not want to report to the Police, a manager will need to do a third-party report, the Safeguarding team are available to provide further guidance on this if required. The Safeguarding team should be contacted following any allegation that a staff member has assaulted a staff member or another person

Any assault must be reported to the most senior staff responsible for the service as soon as possible and a Ulysses report must be used to capture all disclosures of sexual harassment and assault. The Trust's Security team can be contacted for advice on this process. It is very important that the person is informed at every stage of what is happening and that, where possible, the same staff member is with them through these initial stages

If the report is made 'after hours,' the Duty Manager/Manager on Call should be notified and will assist with the management of serious incidents requiring an immediate response. The Manager on Call may use their discretion to send the individual home until a Service Manager is available. Any suspension of colleagues should be conducted in line with guidance set out in the Trust's Disciplinary Policy

Safeguarding policy including following the Managing Allegations against staff who work with children, young people and adults at risk must be considered and applied

- **Ongoing support**

Where staff have been impacted by an incident, they should be offered recovery days to be given time to process what has happened and consider what action they wish to take. There should be an agreed person as a contact for them and reminded of relevant external support if they haven't already made contact with them

Depending on the circumstances, arrangements may need to be put in place to ensure that the individual and the alleged perpetrator do not come into contact, either on a temporary or permanent basis. This may include moving or suspending colleagues in order to support the safety and wellbeing of all, HR colleagues will be able to provide further guidance on this

- 22. Postgraduate Deans and their teams are keen to consider responses and initiatives and share good practice. Please share details of EDI initiatives that are specific to or have an impact on education and training in your organisation and the email address for someone we can contact to discuss this further**

**PGME:**

- Has a dedicated Associate Director for Medical Education for EDI with a focus on identifying and supporting the unique EDI challenges doctors in training and LEDs at MFT experience
- A dedicated online EDI SharePoint site offering signposting, and advice has been developed to support easy access to information
- A bespoke EDI Development Plan is currently being developed which includes the development of a Differential Attainment Mentor Programme and PACES mock exam opportunities for the above-mentioned group of DiT. The first session will take place in September and second in October 2024. Contact [sally.jewsbury@mft.nhs.uk](mailto:sally.jewsbury@mft.nhs.uk) ADME for EDI
- As part of the Educator Development rolling programme of workshops and conferences EDI sessions are regularly delivered to support our ES/CS to support Resident Doctors. Sessions include, Differential Attainment, Neurodiversity Sessions, how to support LTFT trainees

**UGME:**

EDI Masterclasses for all admin and clinical staff at UGME ORC and Wythenshawe. Erica Sullivan and Rebecca Farrington from the University of Manchester facilitated the session. The training session was very well received from all staff, and we would recommend the EDI masterclass to all departments interested

In line with University of Manchester policy, purchasing manikins and models with a range of skin tones for teaching with students

**NMAHP Pre-registration**

- We have implemented an EDI action plan which includes actions by the team that support learners and staff to be aware of EDI issues and address these and know where to escalate to. The action plan also supports EDI communication with the HEIs and a plan within the team to undertake EDI awareness e.g. Roadshows

The team has Mental Health First Aiders, Freedom to Speak Up Champions, EDI Champions & PNAs

23. For education and training, what are the main successes for EDI in your organisation?

**PGME**

- The development of a bespoke EDI plan for all Resident Doctors which dovetails the MFT Trust EDI strategy and focuses on Resident Doctor specific EDI requirements
- An online PGME EDI Hub is currently under development which includes signposting to the Trust staff networks, MFT Strategy and national resources.
- PGME has a dedicated Associate Director of Medical Education for EDI with dedicated time to work on EDI workstreams including Differential Attainment Mentoring Scheme and an International Medical Graduate Peer Buddy mentoring scheme

**UGME**

Addition of a Graduate entry programme into offering has the potential to increase diversity within medical students as it is likely to attract applicants from a wider range of socio-economic backgrounds

**NMAHPs**

Developed an ED&I action plan which supports learners and staff and demonstrates collaborative working with staff, learners and HEIs. We have ED&I champions covering all hospital sites and widely promote ED&I

24. For education and training, what are the main challenges for EDI in your organisation?

- **Engagement:** Varying levels of participation and training fatigue among staff reduce the impact of EDI programmes
- **Resource Constraints:** Budget and time limitations make it difficult to deliver comprehensive and high-quality EDI training
- **Monitoring and Evaluation:** Difficulty in measuring impact and sustaining momentum challenges the effectiveness of EDI initiatives
- **Personal Risks:** Fear of the emotional impact of EDI discussions can limit open dialogue

25. Signature



I can confirm I have completed this section accurately and can provide evidence to support my responses if required by NHSE WTE

Name, email address and role of the person completing this section

Tracey Lakin

Associate Director of Medical Education

[tracey.lakin@mft.nhs.uk](mailto:tracey.lakin@mft.nhs.uk)

## 16. Section 6 – Assurance reporting: learning environment and culture

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at any time prior to submission.

For each standard, please confirm whether you meet the following standards from the Education [Quality Framework](#). There is an option to provide additional comments to support your answer, this is restricted to 2000 characters per text box. **This section should be completed once on behalf of the whole organisation**; however, it is important that those responsible for these areas are able to feed into this section.

- 26. Thinking about the learning environment and culture of your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further**

### UGME:

- Recent improvements to clinical skills lab have improved the learning environment allowing for more small group education to take place by the addition of removable partition walls and soundproof curtains. This will also improve the assessments environment making for a more pleasant and lower stress exam setting which may improve student outcomes
- Bringing back Simulation to ORC having been using University facilities for the last few years. Investing heavily in Virtual Reality and making this a unique experience for our students. Purchasing ARC lights for Ophthalmology students for a pilot study with a view to have this university wide

### PGME

- As part of the QA Framework of visits, tabletops and interventions PGME explore issues around culture and behaviours which may have been reported via the GMC Training Survey, NETs and local intelligence collection. Cultural issues are also identified via the Exception Reporting Process. Once cultural issues are identified within a certain area PGME will visit to offer support and input into development plans to ensure improvements are made
- The Support and Wellbeing committee works closely with the Guardian of Safe Working, site SuppoRTT Leads and other key stakeholders to identify areas within Resident Doctors' working environment which require improvement
- PGME has recently completed a facilities audit including an assessment of mess facilities, onsite food in/out of hours, access to rest and IT facilities. A gap analysis is currently under completion which will include recommendations which will be fed up to the Trust's Operational Wellbeing Group
- Over that past 12 months the Guardian of Safe Working via the Junior Doctors' Forum has funded a number of initiatives to improve junior doctor mess facilities across the MFT footprint and deliver health & wellbeing initiatives for Resident Doctors at MFT

### NMAHP Pre-Registration

NMAHP: Trust senior leads are visible to NMAHP learners at welcome events, learner listening events and transition to practice events and celebration events. A robust process is in place to support learner incidents in practice. The process

involves safety huddles, escalation to senior leadership team, lessons learnt and close partnership working with the HEIs.

**27. Quality Framework Domain 1 – Learning environment and culture. Please select only one option for each row**

	<b>We meet the standard</b> for all professions/learner groups we train	<b>We have exceptions to</b> <b>report</b> and provide narrative below
The learning environment is one in which education and training is valued and championed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The organisational culture is one in which all staff, including learners, are treated fairly, with equity, consistency, dignity and respect	<input checked="" type="checkbox"/>	<input type="checkbox"/>
There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The environment is one that ensures the safety of all staff, including learners on placement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The environment is sensitive to both the diversity of learners and the population the organisation serves	<input checked="" type="checkbox"/>	<input type="checkbox"/>

There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence led practice activities and research and innovation



There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative



The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to knowledge and library specialists



The learning environment promotes multi-professional learning opportunities



The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning



**28. Areas of exception**

**From the professional groups you train, please select which professional group(s) are impacted from the list below.**

**Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box.**

**If required, you can add the details of the sub-professions/specific specialties in the comments box**

All professions	Site specific	
<input type="checkbox"/> Dental Undergraduate	<input type="checkbox"/> Medicine Postgraduate	<input type="checkbox"/> Dental Postgraduate
<input type="checkbox"/> Midwifery	<input type="checkbox"/> Allied Health Professionals	<input type="checkbox"/> Nursing
<input type="checkbox"/> Paramedicine	<input type="checkbox"/> Medical Associate Professions	<input type="checkbox"/> Pharmacy
		<input type="checkbox"/> Advanced Practice

☐ Psychological Professions

☐ Healthcare Science

☐ Medicine Undergraduate

☐ Social Workers

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

29. For the exceptions listed above, please provide further details including a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from NHSE WTE

30. Signature



I can confirm I have completed this section accurately and can provide evidence to support my responses if required by NHSE WTE

Name, email address and role of the person completing this section

Tracey Lakin

Associate Director of Medical Education

[tracey.lakin@mft.nhs.uk](mailto:tracey.lakin@mft.nhs.uk)

## 17. Section 7 – Assurance reporting: educational governance and commitment to quality

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at any time prior to submission.

For each standard, please confirm whether you meet the following standards from the Education [Quality Framework](#). There is an option to provide additional comments to support your answer, this is restricted to 250 words per text box. **This section should be completed once on behalf of the whole organisation**; however, it is important that those responsible for these areas are able to feed into this section.

31. **Thinking about the educational governance and commitment to quality of your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further**

**MAPs:**

**Physician Associates:**

- Comprehensive Governance Framework for PAs written by MFT is being shared regionally
- Standards for appraisal, Direct Observational Procedures (DOPS), Workplace Based Assessments (WBAs) seen as good practice as well as support for PAs, teaching and study leave provided

**Pharmacy**

- For pharmacy undergraduate placements our online induction and pre-placement material and all placement material is developed collaboratively by the Clinical Tutor team across the MFT hospital sites and another Trust in conjunction with the UoM pharmacy practice team
- Clinical Tutors hold honorary contracts with the University to facilitate this partnership. All teaching materials undergo peer review prior to release and the Clinical Tutors meet regularly to review and develop placement provision ensuring we meet with the requirements of the GPhC

**PGME**

- Development of a quality assurance team and hub to monitor the quality of the training experience and environment of Resident Doctors at MFT. This includes a rolling programme of quality visits, tabletops and SLTs to underperforming areas, detailed analysis of various data sources including the GMC Training Survey, NETS, end of placement feedback of other local intelligence sources
- The PGME QA team also provide training around the development of robust action plans and how to analysis and interpret Resident Doctors' feedback for their area of responsibility. Reports are provided to the Group Medical Directors and SLT at MFT for consideration and support
- Development of the MFT Chief Registrar Programme provides opportunities for Resident Doctors to spend 20% of their time working on a quality improvement projects either within their speciality or collaborative work with PGME on group level education and training projects such as Induction, self-rostering etc. The programme continues to grow with approximately 25 Chief Registrars expected to be recruited in 2024. The programme is fully funded by MFT

**UGME**

- Education fellows are funded to complete a PGCert in Medical Education to ensure both professional development of the fellow but also improved quality of education delivered by the fellow to the students during their time as ed fellows and beyond into their careers
- Quality assurance visits occur to all Clinical Education Providers (CEPs) each year with ongoing evaluation and action plans to improve. Visits are supplemented by student feedback from several sources to ensure a robust and data driven approach to quality assurance
- Year Leads and coordinator meet with student reps on a Block basis
- Annual Performance Review meetings between the Trust and the UoM on an annual basis

**NMAHP Pre-Registration**

NMAHP: Working with GM on the implementation of InPlace for educational audits. We have implemented and improved on the way we report on issues in practice. We have adopted the Greater Manchester (GM) Incident in Practice process. We are in the process of developing a quality report which will include data triangulated from PARE evaluations, incidents in practice and failing learners

**32. Quality Framework Domain 2 – Educational governance and commitment to quality. Please select only one option for each row**

	<b>We meet the standard</b> for all professions/learner groups we train	<b>We have exceptions to</b> <b>report</b> and provide narrative below
There is clear, visible, and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team working and both a multi-professional and where appropriate, inter-professional approach to education and training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
There is active engagement and ownership of equality diversity and inclusion in education and training at a senior level	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The governance arrangements promote fairness in education and training and challenge discrimination	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education and training issues are fed into, considered and represented at the most senior level of decision making	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The provider can demonstrate how educational resources (including financial) are allocated and used	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when	<input checked="" type="checkbox"/>	<input type="checkbox"/>

standards are not being met, as well as continuous quality improvement of education and training

There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice

☒
☐

Consideration is given to the potential impact on education and training of services (i.e. service redesign/service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including WTE and Education Providers)

☒
☐

**33. Areas of exception**

**From the professional groups you train, please select which professional group(s) are impacted from the list below**

**Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box**

**If required, you can add the details of the sub-professions/specific specialties in the comments box**

All professions	Site specific	
<input type="checkbox"/> Dental Undergraduate	<input type="checkbox"/> Medicine Postgraduate	<input type="checkbox"/> Dental Postgraduate
<input type="checkbox"/> Midwifery	<input type="checkbox"/> Allied Health Professionals	<input type="checkbox"/> Nursing
<input type="checkbox"/> Paramedicine	<input type="checkbox"/> Medical Associate Professions	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Psychological Professions	<input type="checkbox"/> Healthcare Science	<input type="checkbox"/> Advanced Practice
<input type="checkbox"/> Social Workers		<input type="checkbox"/> Medicine Undergraduate

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

34. **For the exceptions listed above, please provide further details including a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WTE**

35. **Signature**



I can confirm I have completed this section accurately and can provide evidence to support my responses if required by NHSE WTE

Name, email address and role of the person completing this section

Tracey Lakin  
Associate Director of Medical Education  
[tracey.lakin@mft.nhs.uk](mailto:tracey.lakin@mft.nhs.uk)

## 18. Section 8 – Assurance reporting: developing and supporting learners

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at any time prior to submission.

For each standard, please confirm whether you meet the following standards from the Education [Quality Framework](#). There is an option to provide additional comments to support your answer, this is restricted to 250 words per text box. **This section should be completed once on behalf of the whole organisation**; however, it is important that those responsible for these areas are able to feed into this section.

36. **Thinking about how you develop and support learners within your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further**

### **Physician Associates:**

- Provide CPD time in job plans for PAs to meet CPD requirements for ongoing registration. Provide study leave funding for PAs. Provide monthly mandatory teaching and annual regional teaching for PAs and PA students to map national curriculum. Provide newsletters with case studies and provide PAs with example CPD courses and development opportunities

- PA specific induction as well as Trust and local induction. 1:1 follow up meeting with newly recruited PAs with Lead PA. PA specific student induction. Regular updates to online induction booklets and provide advice on the role for inductions for medical students and doctors

### **PGME**

- Development and implementation of a Wellbeing and Support Hub for all non-consultant grade doctors, including an online Hub with resources and signposting, Robust governance structure led by the ADME for Wellbeing & Support. A Wellbeing & Support Committee feeds up to group level via the Health & Wellbeing Board. [belinda.nethercott@mft.nhs.uk](mailto:belinda.nethercott@mft.nhs.uk)
- Development of the MFT Chief Registrar Programme provides opportunities for DiT & LEDs to spend 20% of their time working on quality improvement projects either within their specialty or collaborative work with PGME on group level education and training projects such as Induction, self-rostering etc. The programme continues to grow with approximately 30 Chief Registrars recruited in 2024. The programme is fully funded by MFT. [belinda.nethercott@mft.nhs.uk](mailto:belinda.nethercott@mft.nhs.uk)
- Development of an Educator Development hub – a one stop shop of resources and signposting for our Educational and Clinical supervisors. The Hub also allows ES/CS to sign up to MFT workshops and development opportunities which are provided via PGMEs rolling educator development programme which has recently been reviewed and expanded to provide workshops, lunch and learns, bite sized sessions as well as a bi-annual educator conference
- Development of Portfolio Pathway Hub to support SAS/LED doctors who wish to take the portfolio pathway (previously CESR) route to consultant level. This includes online resources, the appointment of a Portfolio Pathway Lead (in progress) and the development of bespoke portfolio pathway rotations which meet the needs of the competencies required of the pathway
- Development of various mentoring/buddy schemes to support Resident Doctors with differential attainment challenges

### **UGME**

- Student pastoral support is provided by a dedicated clinical and administrative team with ongoing support throughout the students' journey through their education. The primary aim of SPS is to ensure that students are given the opportunity to overcome any barriers to their wellbeing or make reasonable adjustments for disability. We ensure that students are linked in appropriately to the broad range of support available
- Student Experience team and our Education Fellows offer a separate monthly drop in sessions for the students. Drinks and snacks provided where you are able to debrief or meet other students

### **NMAHP Pre-Registration**

- Interprofessional learning opportunities are available to all learners. We use Padlet to provide learners with a single point of information to support their learning experience. We make learners aware of support mechanisms or communities available to support them on placement e.g. learner BAME group, Freedom to speak up champions. PEF team provide drop-ins for learners, guided reflection sessions, learner listening events and Head of Nursing engagement sessions

**37. Quality Framework Domain 3 – developing and supporting learners. Please select only one option for each row**

	<b>We meet the standard for all professions/learner groups we train</b>	<b>We have exceptions to report and provide narrative below</b>
There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Learners are valued members of the healthcare teams within which they are placed	<input checked="" type="checkbox"/>	<input type="checkbox"/>

and enabled to contribute to the work of those teams

Learners receive an appropriate, effective and timely induction into the clinical learning environment

☒
☐

Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users

☒
☐

Learners are supported, and developed to undertake supervision responsibilities with more junior staff as appropriate

☒
☐

Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning

☒
☐

### 38. Areas of exception

**From the professional groups you train, please select which professional group(s) are impacted from the list below**

**Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box**

**If required, you can add the details of the sub-professions/specific specialties in the comments box**

All professions	Site specific	
<input type="checkbox"/> Dental Undergraduate	<input type="checkbox"/> Medicine Postgraduate	<input type="checkbox"/> Dental Postgraduate
<input type="checkbox"/> Midwifery	<input type="checkbox"/> Allied Health Professionals	<input type="checkbox"/> Nursing
<input type="checkbox"/> Paramedicine	<input type="checkbox"/> Medical Associate Professions	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Psychological Professions	<input type="checkbox"/> Healthcare Science	<input type="checkbox"/> Advanced Practice
<input type="checkbox"/> Social Workers		<input type="checkbox"/> Medicine Undergraduate

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

39. **For the exceptions listed above, please provide further details including a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WTE**

40. **Signature**



I can confirm I have completed this section accurately and can provide evidence to support my responses if required by NHSE WTE

Name, email address and role of the person completing this section

Tracey Lakin  
Associate Director of Medical Education  
[tracey.lakin@mft.nhs.uk](mailto:tracey.lakin@mft.nhs.uk)

## 19. Section 9 – Assurance reporting: developing and supporting supervisors

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at any time prior to submission.

For each standard, please confirm whether you meet the following standards from the Education [Quality Framework](#). There is an option to provide additional comments to support your answer, this is restricted to 250 words per text box. This section should be completed once on behalf of the whole organisation; however, it is important that those responsible for these areas are able to feed into this section.

41. **Thinking about how you develop and support supervisors within your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further**

### MAPs

- Monitor educational supervisors for PAs to ensure are accredited GMC ES's
- Educator Days/events on PA supervision
- Liaising with University for educator training for educational supervisors for student PAs

- Annual reports on sPA time for educational supervisors to support their job planning
- Provide feedback reports from student PAs on placements to supervisors and specialty leads

### **Pharmacy**

The Pharmacy Clinical Tutor team support each other in developing the role. New members of the team are supported and encouraged to undertake a PG cert in Education to help them in their role. Tutors are supported in their role by the academic staff at the University of Manchester and can access training within this team

Designated supervisors for Trainee Pharmacists peer support each other with support of the trainee programme manager and pharmacy E&T team. They are all encouraged to access NHSE training for designated supervisors and GPhC training for the role

### **PGME**

**Innovative Training/course development** - Development of an Educator Development hub – a one stop shop of resources and signposting for all Educational and Clinical supervisors. The Hub allows ES/CS to access the suite of courses that the PGME team run via the annual educator development programme which has recently been reviewed and expanded to provide workshops, lunch and learns, bite sized sessions as well as a bi-annual educator conference. New initiatives include bespoke ES/CS IMG training sessions to ensure our supervisors are skilled to support the IMGs and the unique challenges they face. PGME ran its first Educator Awards this year to acknowledge and recognise the work our ES/CS and educational leads do. PGME are currently exploring the development of an inhouse ES/CS GMC accreditation course which will allow new consultant to access training and become accredited quickly and with local support

**Quality initiatives** – as part of the QA Teamwork in PGME we offer bespoke courses and support for areas which are specifically highlighted in the GMC around supervision or trainer support for Resident Doctors. In 2023 we organised a number of bespoke training for Manchester Royal Eye Hospital (MREH) ES/CSs in response to feedback in the GMC Survey. This along with other support initiatives has positively impacted the feedback for MREH in 2024

### **UGME**

- PRiME training days for supervisors
- Yearly Clinical Supervisor Away Days
- Medical Education Conferences twice a year at both ORC and Wythenshawe. AHD for Staff Development

### **NMAHP Pre-registration**

Developed and deliver a multiprofessional Supporting Learners in Practice (SLiP) Programme which includes full day initial training, a half day top up and half day training for support workers (multi-professional). This training gives staff the knowledge, resources and support to be able to provide support to learners in practice. Delivered 42 sessions since Jan 24 with 606 attendees and a further 41 sessions planned

The team have set up a Learning Environment Education Link Network for NMAHP staff. This is a network to share good practice, disseminate information and address challenges

**42. Quality Framework Domain 4 – developing and supporting supervisors. Please select only one option for each row**

	<b>We meet the standard</b> for all professions/learner groups we train	<b>We have exceptions to</b> <b>report</b> and provide narrative below
Formally recognised supervisors are appropriately supported, with allocated time in job plans/job descriptions, to undertake their roles	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. Education Provider, WT&E)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinical supervisors understand the scope of practice and expected competence of those they are supervising	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Educational supervisors are familiar with, understand and are up to date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their ability to support learners' progression	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinical supervisors are supported to understand the education, training and any other support needs of their learners	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development	<input checked="" type="checkbox"/>	<input type="checkbox"/>

and role progression  
and/or when they may be  
experiencing difficulties  
and challenges

Supervisors can easily  
access resources to  
support their physical and  
mental health and  
wellbeing



**43. Areas of exception**

**From the professional groups you train, please select which professional group(s) are impacted from the list below**

**Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box**

**If required, you can add the details of the sub-professions/specific specialties in the comments box**

All professions	Site specific	
<input type="checkbox"/> Dental Undergraduate	<input type="checkbox"/> Medicine Postgraduate	<input type="checkbox"/> Dental Postgraduate
<input type="checkbox"/> Midwifery	<input type="checkbox"/> Allied Health Professionals	<input type="checkbox"/> Nursing
<input type="checkbox"/> Paramedicine	<input type="checkbox"/> Medical Associate Professions	<input checked="" type="checkbox"/> Pharmacy
<input type="checkbox"/> Psychological Professions	<input type="checkbox"/> Healthcare Science	<input type="checkbox"/> Advanced Practice
<input type="checkbox"/> Social Workers		<input type="checkbox"/> Medicine Undergraduate

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

**Pharmacy undergraduate education** – educational supervisors of pharmacy undergraduates is currently carried out by a dedicated team of clinical tutors but with the expansion of placements, supervision will need to be carried out by ward-based pharmacists and the wider pharmacy team and further education supervision training is needed to ensure they are suitably equipped to carry out this role

**44. For the exceptions listed above, please provide further details including a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WTE**

As above – no support required from NHSE WTE at the present time

45. Thinking about the [Educator Workforce Strategy](#), please confirm that your organisation

	Yes	No
Is aware of the Educator Workforce Strategy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ensures educators/supervisors undertake a skills gap/learning development needs analysis for this role	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ensures educators/supervisors have formal development to undertake this role	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Considers the educator workforce in wider clinical workforce planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If 'Yes', please add comments to support your answer. If 'No' please provide further detail

For the medical workforce, the Trust's job planning policy is currently under review, the recommendations having been made to include PAs for the educational supervision of all Resident Doctors, as well as the MAPs workforce

All MFT named clinical and educational supervisors are on the GMC register as such

MFT is progressing its medical leadership programme of activity, which includes leadership development for Newly Appointed Consultants

46. Implementation of the [Educator Workforce Strategy](#)

- ☐ We have **fully implemented** the recommendations of the Educator Workforce Strategy
- ☒ We have **partially implemented** the recommendations of the Educator Workforce Strategy
- ☐ We have **not yet started** implementation of the recommendations of the Educator Workforce Strategy

47. Signature

- ☒ I can confirm I have completed this section accurately and can provide evidence to support my responses if required by NHSE WTE

Name, email address and role of the person completing this section

Tracey Lakin  
Associate Director of Medical Education  
[tracey.lakin@mft.nhs.uk](mailto:tracey.lakin@mft.nhs.uk)

## 20. Section 10 – Assurance reporting: delivering programmes and curricula

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at any time prior to submission.

For each standard, please confirm whether you meet the following standards from the Education [Quality Framework](#). There is an option to provide additional comments to support your answer, this is restricted to 250 words per text box. This section should be completed once on behalf of the whole organisation; however, it is important that those responsible for these areas are able to feed into this section.

- 48. Thinking about how you deliver programmes and curricula to support training within your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further**

### **UGME**

Programme is delivered by a multidisciplinary team of administrators, nurses, junior doctors, pharmacists and consultants. Through protecting time in their job plans or employing them directly in education roles our students have the opportunity to learn from a range of expert sources and it increases our pool of educators to meet growing demands. It also offers students the opportunity to have contact points to raise concerns outside of their clinical or academic supervisors ensuring a safe and welcoming environment

### **PGME**

Have developed a Trust wide Grand Round initiative which is available to all doctors and other clinical professions across MFT. This is delivered weekly via MS Teams ensuring accessibility is available regardless of site. Recordings are also available for those unable to attend

Have developed Educational Development Time guidance to ensure that all Resident Doctors receive protected time for educational development where appropriate and in line with Royal College curricula

Continue to run and develop the Manchester Surgical Skills and Simulation Centre (MSSSC) service offering the only centre delivering cadaveric training locally within the region. The centre delivers cadaveric and simulation training to the multiprofessional healthcare workforce

Introduced the Better Training Better Care (BTBC) project, which will allow all Core Surgical trainees the opportunity to lead on at least one theatre list (including all pre-op and post-op responsibilities) during their rotation at MFT

### **Non-Medical Allied Health Professionals (NMAHP) Pre-registration**

We have adopted an NMAHP model for all non-medical pre-registration learners. We have implemented an updated Multiprofessional Supporting Learners in Practice Programme to facilitate effective supervision and assessment of learners in practice. We also facilitate weekly multi-professional, virtual inductions for all healthcare learners, and they have access to a virtual information platform (PADLET). Introduction and implementation of a Peer Review Teaching toolkit and training workshop for all staff in the team, to ensure quality education facilitation and delivery

**49. Quality Framework Domain 5 – delivering programmes and curricula. Please select only one option for each row**

	<b>We meet the standard</b> for all professions/learner groups we train	<b>We have exceptions to</b> <b>report</b> and provide narrative below
Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Placement providers collaborate with professional bodies curriculum/programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The involvement of patients and service users and also learners in the development of education delivery are encouraged	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timetables, rotas and workload enable learners to attend planned/timetable education sessions needed to meet curriculum requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**50. Areas of exception**

**From the professional groups you train, please select which professional group(s) are impacted from the list below**

**Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box**

**If required, you can add the details of the sub-professions/specific specialties in the comments box**

- | <b>All professions</b>                             | <b>Site specific</b>                                   |   |
|--|--|---|
| <input type="checkbox"/> Dental Undergraduate      | <input type="checkbox"/> Medicine Postgraduate         | <input type="checkbox"/> Dental Postgraduate    |
| <input type="checkbox"/> Midwifery                 | <input type="checkbox"/> Allied Health Professionals   | <input type="checkbox"/> Nursing                |
| <input type="checkbox"/> Paramedicine              | <input type="checkbox"/> Medical Associate Professions | <input type="checkbox"/> Pharmacy               |
| <input type="checkbox"/> Psychological Professions | <input type="checkbox"/> Healthcare Science            | <input type="checkbox"/> Advanced Practice      |
| <input type="checkbox"/> Social Workers            |  | <input type="checkbox"/> Medicine Undergraduate |

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

**51. For the exceptions listed above, please provide further details including a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WTE**

**52. Signature**



I can confirm I have completed this section accurately and can provide evidence to support my responses if required by NHSE WTE

Name, email address and role of the person completing this section

Tracey Lakin  
Associate Director of Medical Education  
[tracey.lakin@mft.nhs.uk](mailto:tracey.lakin@mft.nhs.uk)

## 21. Section 11 – Assurance reporting: developing a sustainable workforce

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at any time prior to submission.

For each standard, please confirm whether you meet the following standards from the Education [Quality Framework](#). There is an option to provide additional comments to support your answer, this is restricted to 250 words per text box. This section should be completed once on behalf of the whole organisation; however, it is important that those responsible for these areas are able to feed into this section.

- 53. Thinking about developing a sustainable workforce within your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further**

### **PGME**

As part of the Medical Education Strategy PGME has developed the Locally Employed Doctors (LED) Hub to specifically support locally employed doctors with their education and training needs with the long-term aspiration of improving the working and training environment for this group with the vision that this will translate into improved recruitment and retention of non-training grade doctors. Similarly for SAS doctors, PGME are working to strengthen the governance structure and support around this group of doctors to ensure they receive the support needed either via the portfolio pathway route or wider career aspirations

### **MAPs**

Provide advice to students on applying for PA posts. Have presented regionally on this advice. Provide advice and support on workforce planning, recruitment to MAPS role and job planning. Provide advice, support and funding for CPD. Ensure governance framework is adaptable and supportive to national and local changes in practice. Provide additional support and a designed “preceptorship” guidance for newly qualified PAs and supervisors

### **UGME**

Education fellows are funded to complete a PGCert in Medical Education to ensure both professional development of the fellow but also improved quality of education delivered by the fellow to the students during their time as ed fellows and beyond into their careers. We have seen an increase in the number of fellows who wish to stay in medical education because of this personal investment and development. This gives students a familiar face and more experienced fellow to progress with through their education

A good initiative is to raise the visibility of UGME we try to attend all conferences and ask for speaking time as well as UGME stands to recruit educators. Send out regular links to tutor recruitment forms. Trying to work with departments to those that teach UGME have the appropriate PAs in their job plans. We also send annual stats to departments showing how much teaching their consultants are giving to UGME on an annual basis

### **NMAHP Pre-registration**

Currently reviewing and developing on an existing transition to practice programme to support learners transition to newly qualified registrants. We are part of the REPAIR Project addressing attrition of learners throughout their programmes and into their first qualifying year

**54. Quality Framework Domain 6 – delivering a sustainable workforce. Please select only one option for each row**

	<b>We meet the standard</b> for all professions/learner groups we train	<b>We have exceptions to report</b> and provide narrative below
Placement providers work with other organisations to mitigate avoidable learner attrition from programmes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the provider provide opportunities for learners to receive appropriate careers advice from colleagues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transition from a healthcare education programme to employment and/or where appropriate career progression is underpinned by a clear process of support developed and delivered in partnership with the learner	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**55. Areas of exception**

**From the professional groups you train, please select which professional group(s) are impacted from the list below**

**Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box**

**If required, you can add the details of the sub-professions/specific specialties in the comments box**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>All professions</b> | <input type="checkbox"/> <b>Site specific</b>  | <input type="checkbox"/> Dental Postgraduate |
| <input type="checkbox"/> Dental Undergraduate   | <input type="checkbox"/> Medicine Postgraduate | <input type="checkbox"/> Nursing             |

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Midwifery                 | <input type="checkbox"/> Allied Health Professionals   | <input type="checkbox"/> Pharmacy               |
| <input type="checkbox"/> Paramedicine              | <input type="checkbox"/> Medical Associate Professions | <input type="checkbox"/> Advanced Practice      |
| <input type="checkbox"/> Psychological Professions | <input type="checkbox"/> Healthcare Science            | <input type="checkbox"/> Medicine Undergraduate |
| <input type="checkbox"/> Social Workers            |  |   |

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

- 56. For the exceptions listed above, please provide further details including a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WTE**

- 57. Signature**

- ☒ I can confirm I have completed this section accurately and can provide evidence to support my responses if required by NHSE WTE

Name, email address and role of the person completing this section

Tracey Lakin  
Associate Director of Medical Education  
[tracey.lakin@mft.nhs.uk](mailto:tracey.lakin@mft.nhs.uk)

## 22. Section 12 – Final Submission

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at any time prior to submission.

Before completing your final submission, please ensure you have:

1. Completed all questions within the Self-Assessment (including the free text sections)
2. Received Board level sign off for your submission

**58. Board level sign off (Premises, Learning Environment, Facilities and Equipment)**

- ☒ I confirm that our premises, learning environments, facilities and equipment are suitable for the performance of the Services accessible, safe and secure, comply with any applicable Health and Safety Legislation, any other applicable law, guidance, appropriate risk management clinical guidance, good healthcare practice and the requirements of any relevant regulator; and are sufficient to enable the Services to be provided at all times and in all respects in accordance with the NHS Education Funding Agreement

**59. Board level sign off**

- ☒ I confirm that the responses in this SA have been signed off at Board level

Name, email address and role of the person completing this section

Tracey Lakin

[Tracey.lakin@mft.nhs.uk](mailto:Tracey.lakin@mft.nhs.uk)

Associate Director of Medical Education

**60. Please confirm the date that Board level sign off was received**

**61. Final submission (please only tick this box when you are ready to submit your self-assessment)**

- ☒ I confirm all sections of this self-assessment have been completed and that this is the final version for submission

**23. Thank you for your time**

**Thank you for your time on the NHS England Self-Assessment for Placement Providers**

You can continue to update this self-assessment using the link supplied to you by your regional NHS England WTE education quality team.

If you would like to print a version of your draft submission at any time, please use the print button on the next page (note that you will only print those sections currently completed).

Once you have completed all sections in full of this self-assessment, please ensure that you complete Section 12 final submission and tick the box Complete Submission; at which point your final response will be sent to your regional NHS England WTE education quality team.

## Board of Directors (Public)

### Monday 11<sup>th</sup> November 2024

<b>Paper title:</b>	MFT Complaints Report Quarter 2, 2024/25	<b>Agenda Item 11.5</b>
<b>Presented by:</b>	Kimberley Salmon-Jamieson, Chief Nursing Officer	
<b>Prepared by:</b>	Emma Dodd, Assistant Chief Nurse, Quality and Patient Experience Niall Bancroft, Customer Services Manager	
<b>Meetings where content has been discussed previously</b>	Quality, Safety and Performance Board Committee 30/10/24	
<b>Purpose of the paper</b> Please check <u>one</u> box only:	<input type="checkbox"/> For approval <input type="checkbox"/> For support <input checked="" type="checkbox"/> For discussion	

<b>Executive summary / key messages for the meeting to consider</b>
<ul style="list-style-type: none"> <li>During Q2, the Trust received 2,113 PALS concerns; an 1.7% marginal increase from the 2,149 received in Q1.</li> <li>The Trust received 513 complaints during Q2; an 9.4% marginal increase from the 472 received in Q1 2024/25.</li> <li>100% of complaints were acknowledged within three working days. 89.4% of complaints were responded to within the agreed timescale and 93.97% of PALS concerns were closed within 10 working days.</li> <li>During Q2 the Parliamentary and Health Service Ombudsman (PHSO) opened 2 new investigations into MFT complaints. The PHSO also informed the Trust of three completed investigations into MFT complaints; one was partially upheld, one was not upheld and one was resolved through early dispute resolution.</li> </ul>

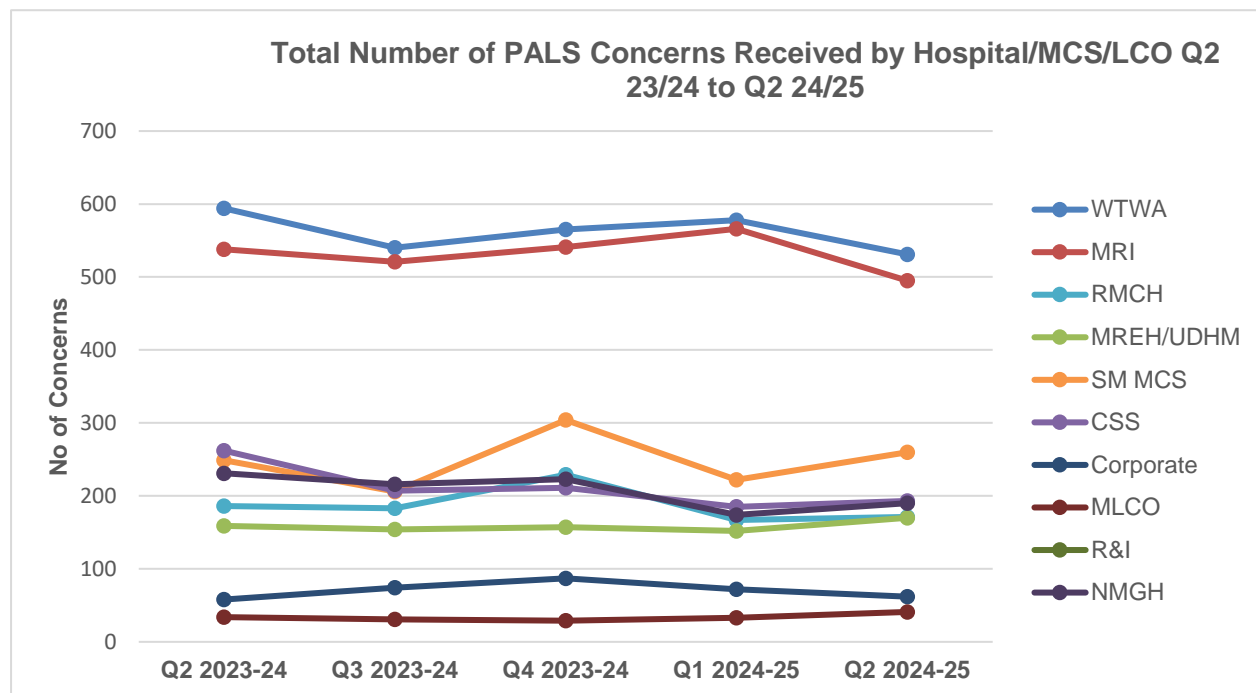
<b>Recommendation(s)</b>
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>Note the content of this Q2 2024/25 Complaints Report and the ongoing work of the Corporate and Hospital/MCS/LCO teams, to ensure that MFT is responsive to concerns and complaints raised and learns from patient feedback to seek continuous improvement.</li> </ul>

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<input type="checkbox"/> <b>Yes</b> (please set out in your report what action has been taken to address this) <input checked="" type="checkbox"/> <b>No</b>
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Relationship to the strategic objectives			
The work contained with this report contributes to the delivery of the following strategic objectives (see key below)			
LHL objective 1	<input type="checkbox"/>	LHL objective 2	<input type="checkbox"/>
HQSC objective 1	<input checked="" type="checkbox"/>	HQSC objective 2	<input type="checkbox"/>
HQSC objective 3	<input type="checkbox"/>	PEW objective 1	<input checked="" type="checkbox"/>
PEW objective 2	<input type="checkbox"/>	VfP objective 1	<input type="checkbox"/>
VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input checked="" type="checkbox"/>
<b>Links to Trust Risks</b>	The work contained with this report links to the following strategic, corporate or operational risks: <ul style="list-style-type: none"> <li></li> </ul>		
<b>Care Quality Commission domains</b> Please check <u>all</u> that apply	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Caring <input type="checkbox"/> Well-Led	
<b>Compliance &amp; regulatory implications</b>	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: <ul style="list-style-type: none"> <li>Adherence to CQC Regulation 16: Receiving and acting on complaints</li> </ul>		

Main report
<p><b>1. Introduction</b></p> <p>1.1 Manchester University Foundation Trust's Patient Advice and Liaison Service (PALS) and Complaints Team ensure effective complaints handling and monitoring to meet regulatory requirements. The learning from complaints is used to improve services for the people who use them, as well as for the staff working in them.</p> <p><b>2. An overview and thematic analysis of PALS concerns</b></p> <p>2.1 <b>Graph 1</b> below shows the number of PALS concerns received by each Hospital/MCS/LCO/Corporate per quarter. Wythenshawe, Trafford, Withington and Altrincham Hospitals (WTWA) and Manchester Royal Infirmary (MRI) received the greatest number of PALS concerns, receiving 531 and 495 respectively. Both were decreases from Q1, however, with MRI receiving 14.3% fewer concerns in Q2 and WTWA 8.9% less.</p> <p>2.2 The decrease in MRI complaints was due to a reduction in concerns regarding 'Appointment Delays/Cancellations' in the Head and Neck Specialities and this has been achieved by the team identifying additional clinic capacity. In addition to this, the division has re-aligned the workforce, with roles and responsibilities allocated to existing staff, to prioritise patient contacts throughout the day and improve communication with patients and ensure messages from patients are passed onto the relevant clinicians in a timely manner.</p>

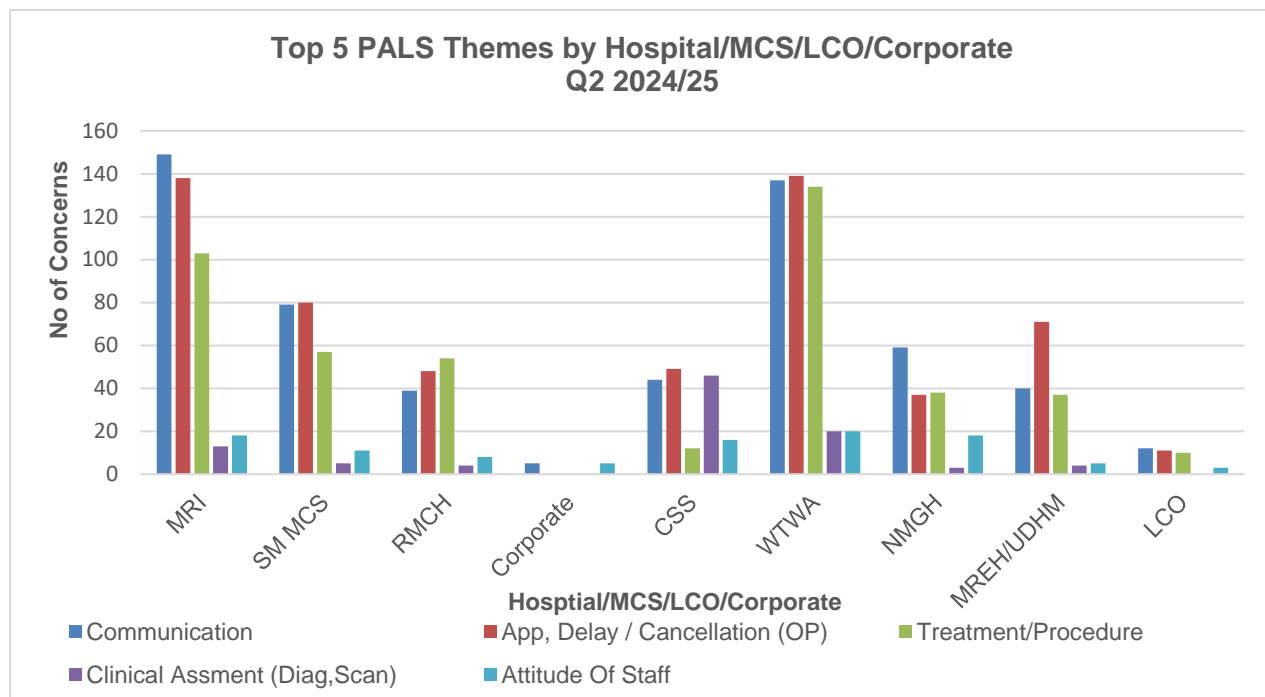
2.3 Manchester and Trafford Local Care Organisation (LCO) PALS concerns increased during Q2, receiving 19.5% more than in Q1, due to a rise 'Appointment Delays/Cancellations'. Saint Mary's Managed Clinical Service (SM MCS) received 14.6% more PALS concerns during Q1 than the previous quarter, this related to an increase in concerns relating to 'Communication' in Obstetrics, particularly in September 2024. To address this, the PALS Manager has collaborated with the Assistant Director – Quality and Safety and Heads of Midwifery at SM MCS, to arrange bespoke local resolution training for maternity services across all sites due to be delivered in Q3 to empower staff with improved communication skills and techniques when patients raise concerns in clinical



areas.

**Graph 1:** PALS Concerns Received by Hospital/MCS/LCO/Corporate Q2 2023/24 – Q2 2024/25

2.4 **Graph 2** shows the distribution of the top 5 PALS themes, with the greatest proportion of PALS concerns in Q2 relating to 'Appointment Delays/Cancellations', followed by 'Communication', which is the same as in Q1. There was an 18.2% increase in concerns related to 'Attitude of Staff' during Q2. To address this, the Assistant Chief Nurse, Quality and Patient Experience has commissioned the Customer Services manager to undertake a thematic review in Q3 into concerns relating to 'Communication', 'Attitude of Staff' and 'Privacy/Dignity', to identify opportunities for learning and improvement across the Trust, in line with Trust values. Once the thematic analysis has been undertaken the results will be shared with the Chief Executive Officers and Directors of Nursing to highlight any themes in specific CSUs or departments.



**Graph 2:** Themes of PALS concerns received by Hospital/MCS/LCO/Corporate Q2 2024/25

### 3. PALS responsiveness and key performance indicators (KPI)

3.1 During Q2, 93.97% of PALS cases were closed within 10 working days, which is a continuance of the PALS Team working collaboratively with the clinical groups to achieve >90% every quarter since Q4 2022/23. <sup>1</sup>

3.2 **Table 1** shows the number of PALS concerns that were escalated to formal complaints and vice-versa. During Q2, there has been a Trust wide focus on seeking early resolution to concerns along with an improved triage process, in both PALS and Complaints. The Complaints/PALS team have supported MRI and Corporate services with trialling of a new local resolution process. This involves senior staff contacting patients/representatives early in the process to listen, discuss and resolve their concerns and taking early action to improve care and experience. This has been a success and will now be expanded to other Hospitals/MCSs/LCO during Q3 and Q4.

	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25
<b>Number of PALS cases escalated to complaints</b>	27	24	13	23	45
<b>Number of complaints de-escalated to PALS</b>	45	35	76	115	104

**Table 1:** Number of PALS cases escalated to complaints and complaints de-escalated to PALS concerns Q2 2023/24 – Q2 2024/25

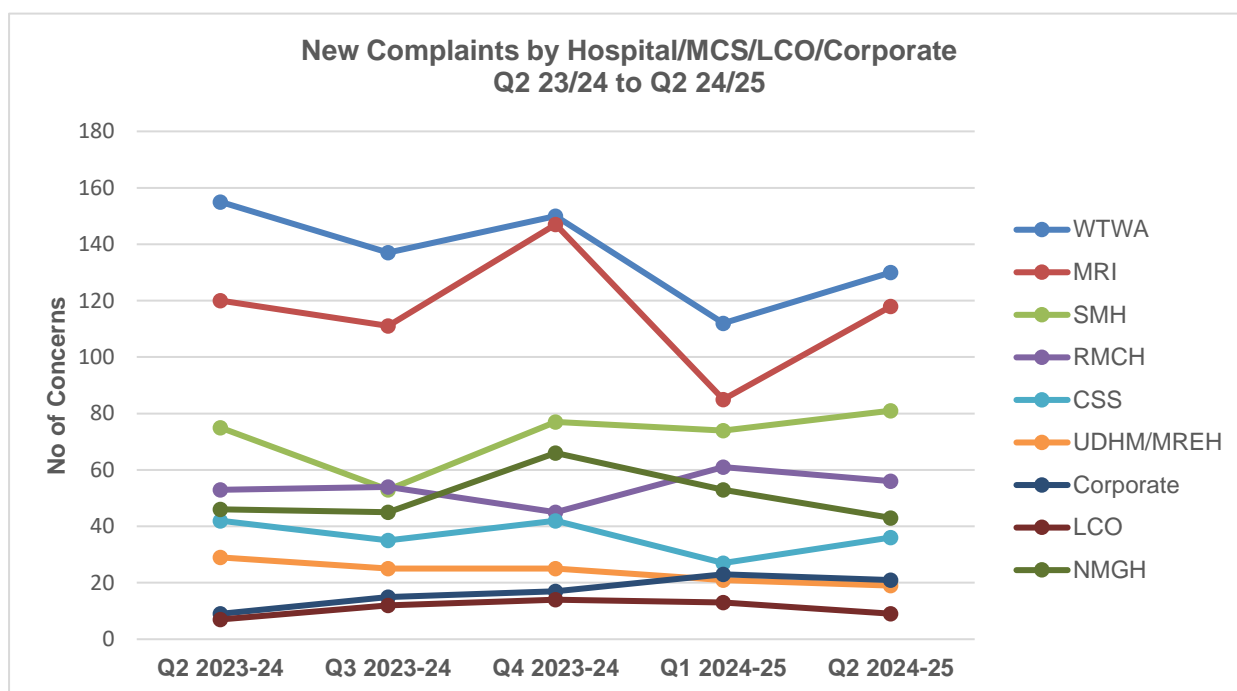
### 4. An overview and thematic analysis of complaints

4.1 There was a 9.4% increase in complaints in Q2, with 513 new complaints received compared to the 472 received the previous quarter. **Graph 3** shows the number of complaints received by each Hospital/MCS/LCO/Corporate.

4.2 WTWA and MRI received the greatest number of complaints (130 and 118 respectively). MRI's complaints increased by 39% during Q2, whilst WTWA's increased by 16%. These increases were related to 'Treatment/Procedure' and 'Clinical Assessment (Diagnostics/Scans)', in particular in the Emergency Departments at MRI and Wythenshawe Hospital.

4.3 CSS' complaints also saw a significant increase of 33%, during Q2, mainly attributed to a rise in 'Clinical Assessment (Diagnostics/Scans)' and 'Attitude of Staff' complaints. The Deputy Director of Nursing at CSS has asked the Quality and Safety Leads to work with the Customer Services Manager to review this further and identify specific themes and opportunities for improvement. The Customer Services Manager met with the Quality and Safety Leads at the end of September to discuss this and future meetings and work is planned, with learning and actions to be monitored through CSS Quality and Safety meetings and performance through the monthly PALS and Complaints dashboards.

4.4 There were reduction in complaints for the LCO (31%) and North Manchester General Hospital (NMGH) (19%). These were due to improvements in resolving concerns regarding 'Communication' and 'Attitude of Staff' locally and through PALS. This was particularly evident in the Division of Urgent Care and Flow at NMGH.



**Graph 3: New Complaints Received by Hospital/MCS/LCO/Corporate Q2 2023/24 – Q2 2024/25**

4.5 Of note, there was a decrease in the number of complaints related to 'Communication' during Q2. This is aligned with the PALS and Complaints Department's aim for communication issues to be addressed locally by staff or through the PALS process, to prevent escalations to formal complaints. This has been supported through the PALS Manager and staff facilitating local resolution training sessions on wards and in clinic areas throughout the Trust,. This has been very successful across MRI and MREH and is going to be further rolled out to other areas during Q3.

## 5. Complaints responsiveness and KPI

5.1 Under the NHS Complaints Regulations (2009), there is a requirement that all new complaints are acknowledged within three working days of receipt of the complaint; MFT is committed to achieving this in 100% of cases. This indicator was met during Q2, with all complaints acknowledged on time.

5.2 Against the Trust's target of 90%, the Trust achieved closure of 89.4% of complaints within the agreed timescale during Q2. This represents a significant improvement in comparison to the previous quarter, as seen in **Table 2**.

	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25
<b>Total resolved</b>	522	496	526	529	490
<b>Total resolved in timescale</b>	462	433	447	418	438
<b>% Resolved in agreed timescale</b>	<b>88.5%</b>	<b>87.3%</b>	<b>85.0%</b>	<b>79.0%</b>	<b>89.4%</b>

**Table 2:** Comparison of complaints resolved by timeframe Q2 2023/24 – Q2 2024/25

5.3 **Table 3** details the breakdown of complaints closed within the agreed timescale by Hospital/MCS/LCO/Corporate Services. WTWA, LCO and CSS responded to 100% of complaints within the agreed timescale during Q2. The most improved compliance, which contributed to the overall Trust improvement, was in SM MCS.

5.4 SM MCS have undertaken a focused workstream to ensure timeliness of responses to complaints. Since commencing this workstream SM MCS have significantly improved the complaints position in Q2 through close work with complaints leads across other MFT clinical groups, along with increased collaboration with Corporate Complaints Team and strong clinical leadership, to ensure all staffing groups understand their role and responsibility and the importance of responding to patient concerns.

5.5 LCO's improvement has been supported through the Director of Nursing introducing greater scrutiny of the complaints process. The Director of Nursing thoroughly reviews all open LCO complaints on a weekly basis, to ensure that appropriate support is provided to investigating teams where necessary. This has improved the response rate to completes and focused early resolution. Following the success of this pilot, the plan is to implement this in all clinical groups.

5.6 RMCH's compliance with complaint response timescales decreased to 63.2% during Q2, this is due to resource and capacity challenges within the Division of Surgery. To address this, the senior team at RMCH continuously review the monthly complaint dashboards to identify any specific themes or areas for targeted actions. RMCH have worked directly with the Division of Paediatric Surgery, to support them with complaints management, whilst they resolve some of their capacity challenges. This has included the RMCH Governance team holding weekly complaints KPI meetings with all divisions chaired by the Director of Nursing or Assistant Director of Quality Governance to ensure progress is being made to improve the division's compliance. In addition to this, the RMCH Governance Team are encouraging all operational teams, particularly in the Division of Surgery, to attend the complaints training as well as providing bespoke localised support, to help staff with complaint investigations.

	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25
<b>CSS</b>	94.9%	97.6%	97.1%	97.4%	100.0%
<b>Corporate</b>	16.7%	54.5%	27.8%	45.8%	70.0%
<b>MREH/UDHM</b>	100.0%	96.4%	93.8%	100.0%	94.4%
<b>LCO</b>	100.0%	77.8%	73.3%	75.0%	100.0%
<b>MRI</b>	90.3%	82.6%	84.3%	64.5%	82.9%
<b>NMGH</b>	96.6%	96.2%	100.0%	100.0%	96.3%
<b>RMCH</b>	89.6%	80.0%	73.3%	73.2%	63.2%
<b>SM MCS</b>	67.1%	67.3%	61.4%	47.8%	91.9%
<b>WTWA</b>	97.8%	96.4%	99.3%	100.0%	100.0%

**Table 3:** Comparison of complaints resolved by timeframe Q2 2023/24 – Q2 2024/25

## 6. Complaint outcomes

6.1 During Q1, 123 (25%) of the complaints MFT investigated and responded to were 'upheld', 274 (56%) were 'partially upheld' and 93 (19%) were not upheld. This represents an increase in the number of 'upheld' complaints across the Trust. The main themes of 'upheld' complaints were 'Communication Failure with Patients/Relatives/Carers', 'Poor Attitude of Medical and Nursing Staff' and 'Delayed Operations'.

Upheld	The organisation made mistakes or provided a poor service that amounted to maladministration or service failure and has had a negative impact on an individual.
Partially Upheld	The organisation got some things wrong, but not all issues that complained about and the mistakes did not have a negative effect on anyone.
Not upheld	The organisation acted correctly in the first place or made mistakes which were rectified.

6.2

**Table 4** demonstrates the outcome status of all complaints between Q2, 2023/24 and Q2, 2024/25.

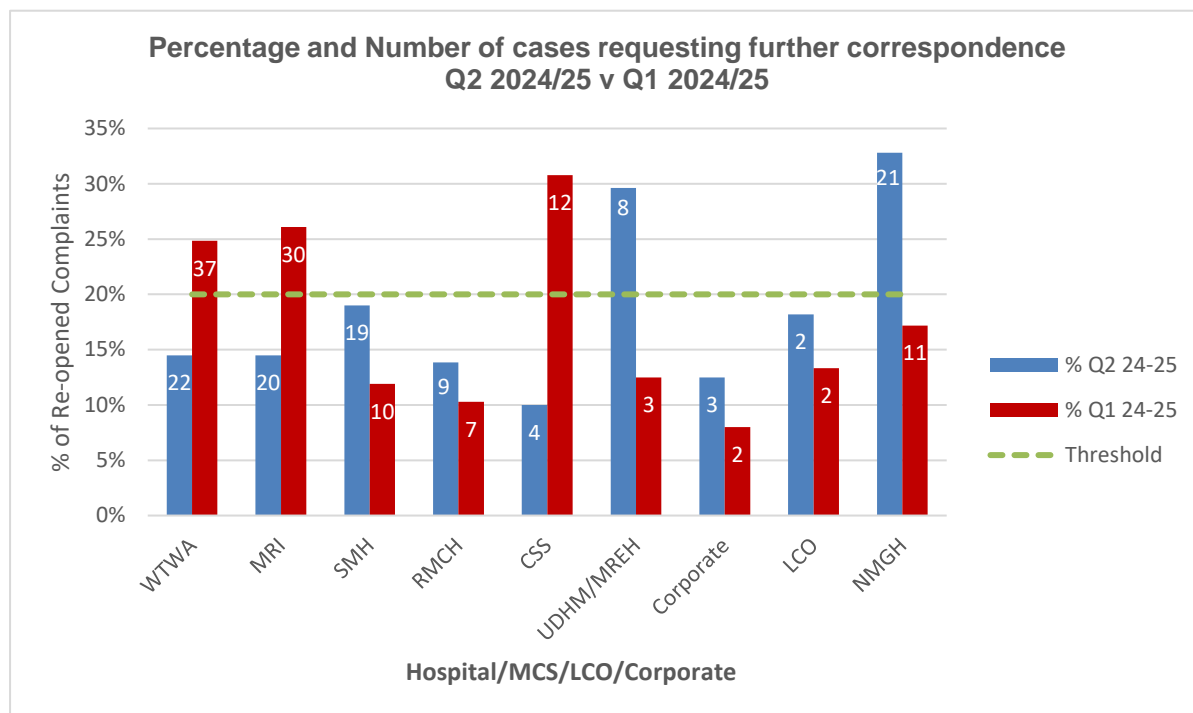
Number of Closed Complaints		Upheld	Partially Upheld	Not Upheld
<b>Q2 23/24</b>	522	58	383	81
<b>Q3 23/24</b>	496	54	370	352
<b>Q4 23/24</b>	526	67	352	107
<b>Q1 24/25</b>	529	114	295	120
<b>Q2 24/25</b>	490	123	274	93

**Table 4:** Outcome of MFT complaints Q2 2023/24 – Q2 2024/25

## 7. Reopened Complaints

7.1 The number of re-opened complaints is used as a proxy indicator to measure the quality of the initial response. During Q2 2024/25, 17.7% of complaints were reopened (110 cases in total) against the Trust tolerance threshold of 20%. This is a reduction from the 19.6% re-opened during Q1.

7.2 As depicted in **Graph 5**, this overall decrease has been driven by large reductions in re-opened complaints for WTWA and MRI. This has been supported by the Customer Services Manager delivering additional complaints investigation and response writing training sessions to staff at these hospitals. The 20% threshold was exceeded by NMGH and UDHM/MREH. Further training sessions are scheduled with these areas during Q3.



**Graph 5:** Percentage of re-opened complaints by Hospital/MCS/LCO/Corporate Q1 2024/25 – Q2 2024/25

## 8. Lessons learned from complaints

8.1 Each Hospital/MCS/LCO hold regular forums where themes and trends relating to complaints are discussed with focused actions agreed for improvement these are monitored through clinical group governance teams. In addition to this, the Complaints Review Scrutiny Group (CRSG), chaired by the Assistant Chief Nurse, Quality and Patient Experience and supported by a nominated Non-Executive Director and Governor, met on 3 occasions during Q2 reviewing 5 complaints in total.

8.2 The Assistant Chief Nurse, Quality and Patient Experience and Customer Services Manager held a PALS and Complaints workshop during Q2, to engage with senior governance and nursing staff across the Trust to seek improvements in the way patient concerns are handled, acted upon and used as an opportunity to identify learning and actions to improve services. Following this, the Trust's Concerns and Complaints Policy is being updated and a MFT Complaints Framework is being developed, to standardise the process of managing complaints across the Trust and to embed a culture of learning from complaints and seeking continuous improvement.

8.3 Detailed below, in **Table 5**, are some examples of how learning from complaints has led to changes that have been applied in practice.

You said...	We did...
Patient was not informed that Self Help were part of IAPT (Improving Access to Psychological Therapies) that information on the referral form to IAPT was inaccurate.	Discussed at local quality and safety meeting, as well as sharing learning with the clinical teams.  Following this learning staff in the department gain and document consent for onward referrals to include all require information ensuring appropriate language to avoid miscommunication.

Staff were unsympathetic when a patient with disabilities attended their scheduled appointment but rescheduled due to illness, Staff also marked the patient as a "Did Not Attend".	Refresher training on the Trust's Access Policy, in particular about the appropriate coding of appointments, was arranged for all department administration staff.  Staff were reminded of the importance of supporting reasonable adjustments and respecting patient choice.
Patient pain management and onward referrals were not managed effectively.	Department to ensure that patients' referral to treatment time (RTT) pathway is not stopped, when they are referred to the pain team for optimisation, to prevent any delays to their surgery date. Direct instructions, with regards to additional pain management, to be clearly provided in clinic outcome letters to GPs.
Communication between nursing/medical staff and families could be improved, especially when a patient is receiving palliative care.	Specialist Palliative Care Team to lead a programme of education for nurses, support workers and allied health professionals from across all clinical areas. This end-of-life care 'champion' programme began in September 2024. This will provide essential training in relation to end of life care and provide the necessary training materials for the champions to cascade information back in their clinical area.
There was conflicting information about family being able to stay on the ward late to ensure the patient, with dementia, was settled.	The Hospital at Night Team and ward staff received additional education around John's Campaign and dementia, including a regular training programme to support new employees to the ward.

**Table 5:** Examples of learning and actions resulting from complaints during Q2 2024/25

## 9. Parliamentary Health Service Ombudsman (PHSO)

9.1 The PHSO is commissioned by Parliament to provide an independent complaint handling service for complaints that have not been resolved by the NHS England (NHSE) and UK Government departments. The PHSO considers and reviews complaints, where someone believes an organisation has not acted properly or fairly or has given a poor service and have not put things right.

9.2 During Q2, the PHSO opened new investigations into two MFT complaints. One of these is regarding maternity care at SM MCS and the other is regarding transfer of patients from external Trusts to MRI. The PHSO informed the Trust of three completed investigation into MFT complaints; one was 'partially upheld', one was 'not upheld' and one was resolved through 'early dispute resolution'.

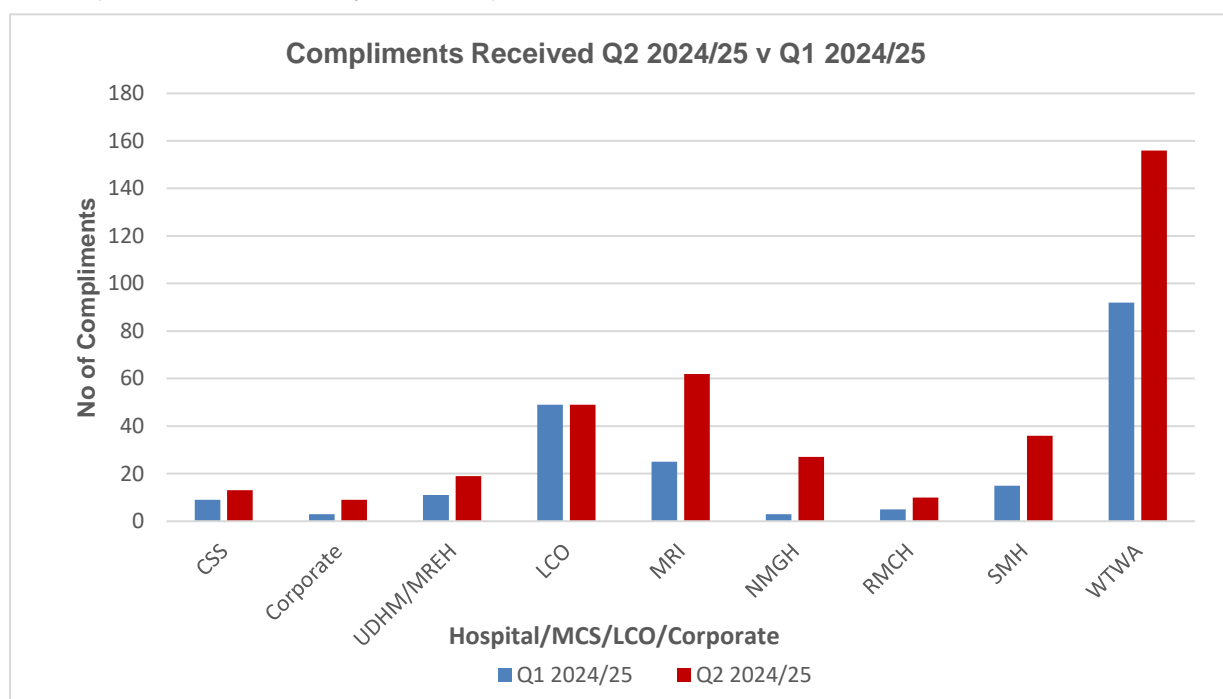
9.3 A WTWA/CSS complaint was 'partially upheld', in which the PHSO identified failings regarding a patient's oxygen assessment prior to discharge. The PHSO recommended the Trust develop an action plan to show how it will learn from this. An action plan has been completed and sent to the PHSO, detailing the actions already taken to address this issue and improve processes.

## 10. Compliments

10.1 The overall compliments received within the Trust are captured and recorded on the Trust's Customer Service Database. The majority of compliments are received verbally and as 'thank you cards' directly to staff, which are not currently logged or monitored by the Hospitals/MCS/LCO. To address this, the PALS and Complaints Department is finalising a new process for compliments, which will improve the recording to ensure positive feedback is accurately reported. This will ensure compliments are always shared with the named staff and

management within two working days and are shared with senior leadership teams through a monthly compliments dashboard.

- 10.2 **Graph 6** shows the number of compliments, received from members of the public about MFT Hospitals/MCS/LCO, recorded on the Trust's Customer Services Database. WTWA recorded the most compliments (156), followed by MRI (62) and LCO (49). WTWA have received the highest compliments consistently over the past 12 months.



**Graph 6:** MFT compliments received Q1 2024/25 vs Q2 2024/25

## 11. Equality and Diversity Monitoring Information

- 11.1 The PALS and Complaints Department has an established Accessibility Working Group, to identify opportunities to improve access to the service. Now the Bee Brilliant Patient Experience group has been launched the team will actively engage patients with lived experience to provide insight and support co-production. Actions taken have included developing new posters and leaflets, increasing PALS' presence and awareness across sites, and meeting patients'/representatives' requests for reasonable adjustments to make the PALS and Complaints processes as easily accessible as possible for everyone.

- 11.2 During Q2, there was an increase in the number of complaints raised by people with learning disabilities and autism, which is reflective of the improvements being made in line with the Trust's duties to the NHS England mandate Ask Listen Do. The Customer Services Manager shares themes and learning from these complaints through MFT's Learning Disability and Autism Steering Group and Forums.

## 12. Conclusion

- 12.1 PALS and Complaints training has supported an improvement with compliance with response timescales, for both PALS concerns and complaints. This has also helped to improve the quality of responses, with fewer re-opened complaints during Q2.

- 12.2 The PALS and Complaints team will actively engage with patients who have lived experience of using services at MFT to improve the service and identify opportunities to engage all groups of patient, particularly those with a learning disability or BAME background.

- 12.3 As of 30<sup>th</sup> September 2024, MFT's Hospitals/MCSs/LCO are arranged into six Clinical Groups. The Q3 Complaints Report will include a breakdown of PALS and Complaints data by Clinical Group.
- 12.4 The Board of Directors are asked to note the content of this Q2 2024/25 Complaints Report and the ongoing work of the Corporate and Hospital/MCS/LCO teams, to ensure that MFT is responsive to concerns and complaints raised and learns from patient feedback to seek continuous improvement.

## Strategic objectives (Key)

Work with partners to help people live <b>longer, healthier lives</b>	<b>LHL objective 1</b>	Work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.
	<b>LHL objective 2</b>	Improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so people are cared for in the most appropriate place
Provide <b>high quality, safe care</b> with excellent outcomes and experience	<b>HQSC objective 1</b>	Provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience and outcomes wherever they are seen.
	<b>HQSC objective 2</b>	Strengthen our specialised services and support the adoption of genomics and precision medicine
	<b>HQSC objective 3</b>	Continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.
Be the place where <b>people enjoy working</b> , learning and building a career	<b>PEW objective 1</b>	Make sure that all our colleagues feel valued and supported by listening well and responding to their feedback. We will improve staff experience by embracing diversity and fairness, helping everyone to reach their potential
	<b>PEW objective 2</b>	Offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here
Ensure <b>value for our patients</b> and communities by making best use of our resources	<b>VfP objective 1</b>	Achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.
	<b>VfP – objective 2</b>	Deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships
Deliver world-class <b>research &amp; innovation</b> that improves people's lives	<b>R&amp;I – objective 1</b>	Strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part
	<b>R&amp;I – objective 2</b>	Apply research & innovation, including digital technology and artificial intelligence, to improve people's health and the services we provide
<b>Good governance</b>	<b>GG</b>	Deliver a safe, legally compliant and well run organisation

## Board of Directors (Public)

### Monday 11<sup>th</sup> November 2024

<b>Paper title:</b>	Q2 Quality & Patient Experience	<b>Agenda Item 11.6</b>
<b>Presented by:</b>	Kimberley Salmon-Jamieson, Chief Nursing Officer	
<b>Prepared by:</b>	Emma Dodd, Assistant Chief Nurse, Quality and Patient Experience	
<b>Meetings where content has been discussed previously</b>	Quality, Safety and Performance Board Committee 30/10/24	
<b>Purpose of the paper</b> Please check <u>one</u> box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For support <input checked="" type="checkbox"/> For discussion	

#### Executive summary / key messages for the meeting to consider

The report details activity related to Quality and Patient Experience across the Trust.

- Patient experience data to include Friends and Family Test (FFT) and What Matter to Me (WMTM) scores remain stable compared to the previous quarter.
- Reviews are being undertaken to improve patient experience feedback by making this more accessible and patient friendly ensuring health literacy adhered to.
- MFT has difference in results for the National Survey results with common themes identified in two of the four surveys related to communication, pain and nutrition and hydration.
- The patient experience team have launched the Patient Experience and Involvement Group with a key focus on co-production and co-design. The MFT Patient Experience and Public Involvement Strategy is in draft development and will be key to co-production and co-design. The patient experience team will train staff in facilitating this co-production.
- The Patient Experience forum will monitor the progress of the Patient Experience and Involvement strategy aligning workstreams from this to the annual plan. The forum is chaired by the Assistant Chief Nurse for Quality and Patient Experience and includes the Corporate Heads of Nursing and Lead Nurses from the clinical groups. The focus of this meeting will be to deliver against the strategy objectives of working with partners to reduce inequalities, improving patient experience by involving patient with decision about our services, focus on harm free care and listen and learn from staff experience so that we can improve services for patient and their families.

#### Recommendation(s)

The Board of Directors is asked to:

- Note the content of the report.
- Support recommended next steps and actions

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

- ☐ **Yes** (please set out in your report what action has been taken to address this)
- ☒ **No**

## Relationship to the strategic objectives

The work contained with this report contributes to the delivery of the following strategic objectives (see key below)

LHL objective 1	<input checked="" type="checkbox"/>	LHL objective 2	<input type="checkbox"/>
HQSC objective 1	<input checked="" type="checkbox"/>	HQSC objective 2	<input checked="" type="checkbox"/>
HQSC objective 3	<input checked="" type="checkbox"/>	PEW objective 1	<input type="checkbox"/>
PEW objective 2	<input type="checkbox"/>	VfP objective 1	<input type="checkbox"/>
VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input type="checkbox"/>

### Links to Trust Risks

The work contained with this report links to the following strategic, corporate or operational risks:

- 

### Care Quality Commission domains

Please check **all** that apply

- ☒ Safe
- ☒ Effective
- ☒ Responsive

- ☒ Caring
- ☒ Well-Led

### Compliance & regulatory implications

The following compliance and regulatory implications have been identified as a result of the work outlined in this report:

- Utilising the Accreditation programme to assess alignment to CQC requirements.

## Main report

This report provides an update on the progress made in Q2 in relation to Patient Experience by providing an overview of workstreams which are reported to and monitored through the Quality & Patient Experience forum.

### Key Elements:

### Strategic aim 2: Provide high quality, safe care with excellent outcomes and experience

#### 1. Patient Feedback

1.0 The overall FFT results for percentage of good scores was between 91-94%. Of note, during August and September the percentage of poor scores were between 2.98% and 4.85%, a minor increase between the two months and stable compared to Q1. CSS, MLCO, MREH, R&I, SMH and UDHM achieved above 98% each month in Q2. Of these areas MREH, R&I and UDHM consistently score above 97% in all domains of the What Matters to Me (WMTM) questionnaire with the Trust benchmark being 95%. The lowest scoring domains in the WMTM survey are communication and nutrition and hydration which aligns with results seen in complaints and PALS and national surveys. The Chief

Nursing Officer has commissioned a review of nutrition of nutrition and hydration and developed a task and finish group with senior lead engagement with the Directors of Nursing, Director of Estates & Facilities and Assistant Chief Nurse for Quality and Patient Experience.

1.1 The themes in WMTM and FFT align to the top themes of complaints PALS to include communication and attitude of staff. The Assistant Chief Nurse for Quality and Patient Experience has commissioned the Complaints Customer Services Manager to undertake a deep dive into the increase in complaints related to attitude of staff with 183 formal complaints received by 30<sup>th</sup> September, this is an increase compared to 23/24. This increase has been shared with the Directors of Nursing at Professional Board and the Chief Executives for the clinical group receive the monthly complaints dashboard where this is highlighted.

1.2 The WMTM questionnaire is under review. Currently the process entails patients completing 75 questions, none of which are aligned to the national surveys and do not directly align to Quality Care Round (QCR). To improve compliance and obtain valuable, measurable patient feedback the new survey will be aligned to the national survey questionnaires which are commissioned and used for benchmarking by the CQC. For Specialist Hospitals SMHMCS and RMCH these will be bespoke questionnaires.

## 2. National survey results overview

2.0 Following release of the National Adult Inpatient Survey a review has been commenced in relation to Nutrition and Hydration commissioned by the Chief Nurse. It was recognised that the internal patient experience feedback does not align to the questions asked and this is a missed opportunity to identify challenges and risk earlier, therefore further work is being undertaken to align these to collect meaningful data.

2.1 The Urgent & Emergency Care results have recently been released, these shows similar results across all three emergency departments. In relation to Urgent Care centres, Trafford is recognised as scoring high in relation to wait times and positive communication with patients. Similar themes to the Inpatient Survey were identified as challenges to include pain management, nutrition and communication. Of note across all three emergency departments MFT scored lower than national average in relation to patients feeling safe relating to other patients in the department. These results have been shared at the Urgent and Emergency care task and finish group with sites to review the results and share with CEOS, Director of Nursing and Operational teams to identify areas for improvement and these results will guide the mock CQC assessments planned for November 2024.

2.2 The Trust received an overall improvement in the recently released National Cancer Patient Experience Survey with the overall care score of 9.0, the highest rating within the last 5 years and aligning to The Christie. The results have been shared with the cancer teams and tumour group action plans developed which reports in to the Cancer Improvement Collaborative for senior oversight.

2.3 The Under 16 Cancer Survey results are due to be released in November 2024.

2.4 The overarching themes in all surveys are in relation to areas for improvement relate to communication, nutrition and hydration and pain management. These areas are recognised as themes in the other patient experience feedback. To address these the Chief Nursing Officer has commissioned a Nutrition and Hydration review with a committee of Senior Nursing, AHP leads and Estates and facilities colleagues.

### 3. Patient and Public Involvement and Engagement

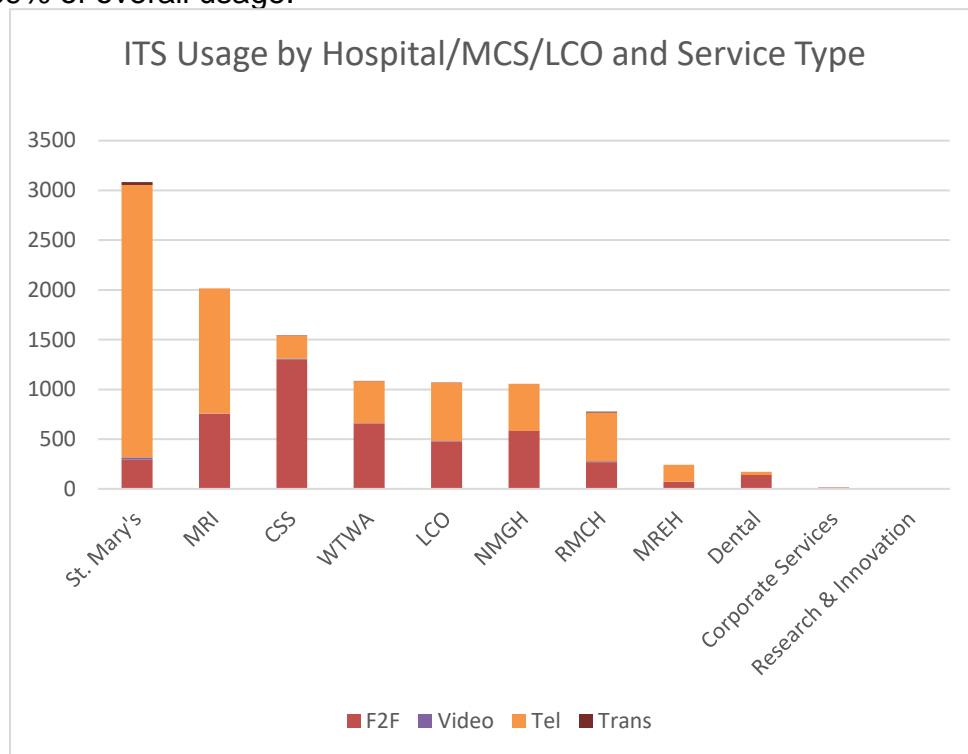
- 3.0 The Bee Involved Patient Experience and Involvement Group launched in September 2024 with 15 new members with lived experience recruited this month. To date the team have facilitated patient involvement in the cancer improvement collaborative with positive patient and staff feedback.
- 3.1 The Patient and Public Involvement Strategy is in draft development, this has been co-designed with patients and colleagues. The patient experience team have collaborated with Public Health colleagues to ensure the strategy meets healthy literacy standards and is being reviewed by students at Manchester University. A launch plan is in development and the strategy is expected to be completed and available to launch in early Q4.
- 3.2 The patient experience is working with the communication team to utilise digital technology and videos to engage patients in co-design. To pilot this the teams plan to collaborate to develop patient videos to support the New Hospital Designs programme at NMGH ensuring these are accessible to all patients, to include British Sign Language Interpretation and availability in multiple languages. This pilot will be reviewed to assess effectiveness and guide further implementation of similar programmes.
- 3.3 The patient experience team continue to facilitate training and staff support to utilise the CIVICA platform and with the Corporate Data team can support staff in interpreting and understanding the data.
- 3.4 Proud to Care on Camera: 'Coming Soon' promotional materials updated and circulated. This is a competition for staff to submit photographs/images of MFT healthcare professionals delivery high quality, patient centred care. This is going to be advertised through Comms, MFT Time, MFTV, social media, leaflets, and posters.

### 4. Patient Support Services

- 4.0 The Volunteers team are working with Organisational Development team to deliver mandatory training in an alternative method for volunteers following several complaints in relation to accessibility of e-learning and feedback this is preventing some people continuing volunteering.
- 4.1 Following the results of the Adult Inpatient Survey the volunteer's team are introducing patient dining volunteer roles. These roles were implemented during the pandemic and stopped in 2022. The volunteer network supports this new role which will provide variation. Volunteers will undertake specific training and to ensure patient safety will not support patient who have additional risk factors related to their nutritional needs, for example they will not support patients who are at risk of aspiration due to a stroke, this will remain clinic staff responsibility.
- 4.2 The team are working towards and increase in volunteer recruitment by working with community and higher education partners to identify opportunities to promote the service and increase the number of volunteers. The aim is to increase the overall number of volunteers by 20% by the end of Q4 with an overall aim of 800 volunteers. The Volunteers manager has visited local hospitals to learn from their models and how they utilise community services to support in hospital volunteering.

## 5. Interpretation and Translation Services

5.0 The ITS service continues to see an increase in demand each month. Telephone interpretation remains the most utilised service representing 58.65% of overall use within the last quarter. St Mary's hospital remains the highest user of the service making up 27.69% of overall usage.



5.1 In August, following attendance at an Accessibility Information Standard Task & Finishing Group, the ITS Manager met with a Transformation Delivery Manager who is working on a pilot scheme designed at reducing Patient DNA's, to provide guidance for staff on reaching out by telephone to those Patients in the pilot that require an interpreter.

## 6. Nursing Quality Improvement team

6.0 During Q2, 44 clinical accreditations and 17 quality assurance visits took place, of these 2 accreditations and 4 quality assurances achieved 'Gold' respectively and no areas were escalated as white.

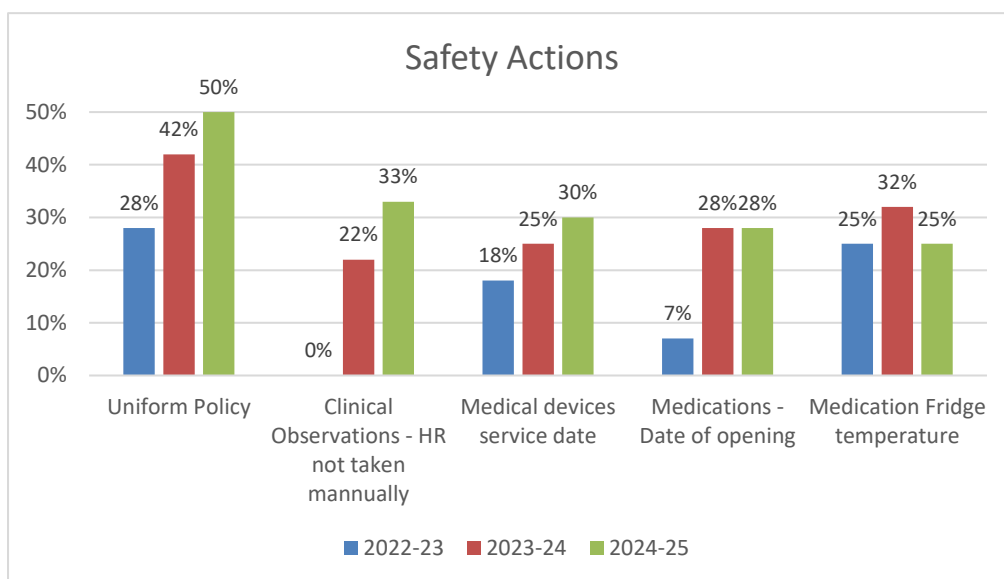
Managed Clinical Service	Gold Award
MRI	1
CSS	0
MREH	0
SMH	0
RMCH	0
MLCO	1
WTWA	1
NMGH	1
Trust Total	4

Managed Clinical Service	Gold Award
MRI	4
CSS	3
MREH	4
UDHM	1
SMH	2
RMCH	2
MLCO	0
WTWA	1
NMGH	0
R&I	2
Trust Total	19

6.1

Gold areas: Ward Accreditations (L) and Clinical Assurance visit

6.2 Safety actions related to the following 4 themes, as identified below these have been identified as safety actions over the past 2 years however note an increase in reduction in compliance to uniform policy. The dress code policy is currently being reviewed to address this and will be released in Q3 24/25.



6.3 The results of the accreditations to include themes and immediate safety actions identified as a risk are shared at the monthly Quality Leads meeting which reports escalations to the Trust Quality and Safety Committee.

6.4 Consultation in relation to the accreditation process and assessment for 25/26 has commenced with the Directors of Nursing, Chief Pharmacist and Assistant Chief Nurses with a focus on including productivity measures, focus on infection control and alignment to national surveys.

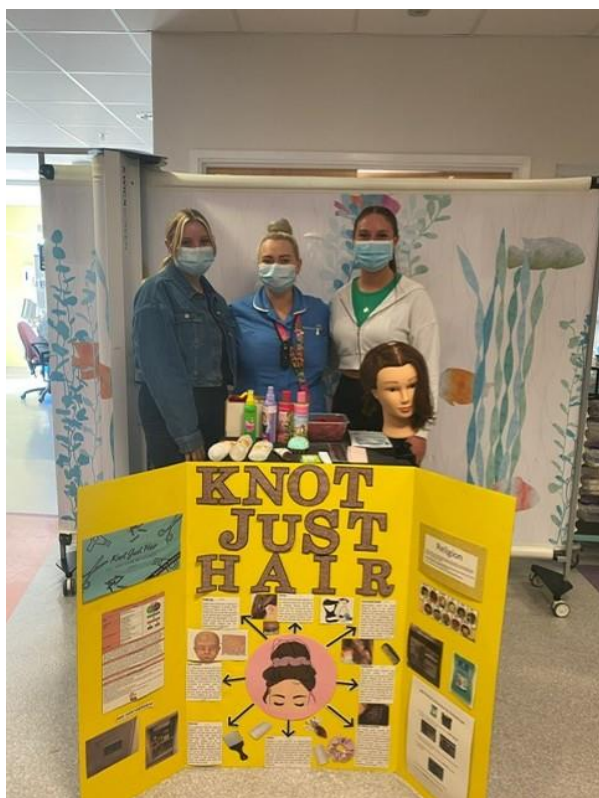
## 7. Patient Environment of Care (PEOC)

7.0 The meeting terms of reference and membership have been reviewed to ensure alignment to the new Trust Strategy and refocus the purpose of the meeting. The meetings are now going to be on a quarterly basis and utilising the new Trust agenda and reporting templates to provide high level information and identify MFT system wide challenges and develop appropriate action plans which can be escalated through the Quality and Safety Committee.

7.1 The next Patient Led Assessment of Care Environment (PLACE) submission is due on the 22<sup>nd</sup> November 2024. The inspections have been completed for WTWA, NMGH, MRI assessments are currently underway with SMH, LCO and CSS planned to complete by 31<sup>st</sup> October prior to submission.

7.2 Once the initial assessments have taken place the results will be collated and shared with the Assistant Chief Nurse for Quality and Patient Experience to identify MFT system wide improvement requirement and site or clinical group challenges and begin to develop action plans, ensuring these are linked to the national survey results prior to the release of the final PLACE results which are due in February 2025. The actions will be reported to the PEOC meeting.

- 7.3 The recent Cleaning Review commissioned by the Chief Nursing Officer has been discussed at the PEOC meeting and confirmation that teams have developed action plans led by Directors of Nursing engaging with Estates Matrons, Quality teams, IPC and Estates colleagues, these are reported to the site based PEOC meeting. NMGH and WTWA have also introduced environmental walk rounds.
- 7.4 Due to the recent changes in clinical groups, the senior leadership teams on the ORC are meeting to discuss governance arrangements to include processes and escalation in relation to the environment.
8. Example of Patient Experience Improvements within the Clinical Groups



The Paediatric Critical Care (PCC) team in RMCH presented this initiative at the Small Change Big Difference Panel.

The focus of the initiative is to improve patient care and experience. Hair care/hair hygiene was launched following an incident of a patients hair becoming matted and developing a pressure ulcer.

'Knot Just Hair' focuses on maintain skin integrity for patients whilst in PCC. This includes looking at patients hair habits taking in to consideration patient religious views, rituals or ethnicity. The desired outcome was to improve staff education.

Since implementing the trial there has been a 50% reduction in pressure sores to children's head/facial area.

Colleagues had been utilising charities and self-funding buying products. The small change big difference panel has awarded £7000 to support the service to continue this evidence based patient improvement initiative.

Examples of Patient Experience initiatives will be shared from the clinical groups in each quarterly report.

## 9. Next Steps & Recommendations

9.1 Review and redesign of the What Matters to Me Survey to also include bespoke design for specialist services.

9.2 Review and redesign of the Clinical Accreditation Programme

9.3 Increase volunteers by 25% by the end of Q4 24/25 by expanding role opportunities.

9.4 Develop a plan on a page for the launch of the Patient Experience and Engagement Strategy at the beginning of Q4.

9.5 Member of the Quality, Safety and Performance Board Committee are asked to note the contents of the report and support suggested actions and next steps.

## Strategic objectives (Key)

Work with partners to help people live <b>longer, healthier lives</b>	<b>LHL objective 1</b>	Work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.
	<b>LHL objective 2</b>	Improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so people are cared for in the most appropriate place
Provide <b>high quality, safe care</b> with excellent outcomes and experience	<b>HQSC objective 1</b>	Provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience and outcomes wherever they are seen.
	<b>HQSC objective 2</b>	Strengthen our specialised services and support the adoption of genomics and precision medicine
	<b>HQSC objective 3</b>	Continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.
Be the place where <b>people enjoy working</b> , learning and building a career	<b>PEW objective 1</b>	Make sure that all our colleagues feel valued and supported by listening well and responding to their feedback. We will improve staff experience by embracing diversity and fairness, helping everyone to reach their potential
	<b>PEW objective 2</b>	Offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here
Ensure <b>value for our patients</b> and communities by making best use of our resources	<b>VfP objective 1</b>	Achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.
	<b>VfP – objective 2</b>	Deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships
Deliver world-class <b>research &amp; innovation</b> that improves people's lives	<b>R&amp;I – objective 1</b>	Strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part
	<b>R&amp;I – objective 2</b>	Apply research & innovation, including digital technology and artificial intelligence, to improve people's health and the services we provide
<b>Good governance</b>	<b>GG</b>	Deliver a safe, legally compliant and well run organisation

## Board of Directors (Public) Monday 11<sup>th</sup> November 2024

<b>Paper title:</b>	National Cancer Patient Experience Survey 2023 Results	<b>Agenda Item 11.7</b>
<b>Presented by:</b>	Kimberley Salmon Jamieson, Chief Nursing Officer	
<b>Prepared by:</b>	Emma Dodd, Assistant Chief Nurse for Quality and Patient Experience	
<b>Meetings where content has been discussed previously</b>	EDTC	
<b>Purpose of the paper</b> Please check <u>one</u> box only:	<input type="checkbox"/> For approval <input type="checkbox"/> For support <input checked="" type="checkbox"/> For discussion	

### Executive summary / key messages for the meeting to consider

The National Cancer Patient Experience Survey (NCPES) is designed to monitor national progress on cancer care and drive quality improvement and is undertaken on an annual basis as outlined in the National Cancer Strategy: Achieving World Class Cancer Outcomes (2015)<sup>1</sup>.

The survey was carried out for patients over the age of 16 years old with a confirmed diagnosis of cancer and discharged from an NHS Trust after an inpatient or day case attendance between 1<sup>st</sup> April-30<sup>th</sup> June 2023. Patient were asked to score 52 questions and also provided opportunity to share written feedback.

- MFT score 9.0 for overall care which is the highest score achieved in the last 5 years.
- MFT met or was above the national average for 45/52 questions.
- Since the implementation of a Personalised Cancer Care Lead there has been a 108% increase in completion and compliance with Holistic Needs Assessments, this data is submitted to NHSE on a quarterly basis and MFT has achieved the highest compliance in GM Cancer for the last 6 months.

### Recommendation(s)

The Board of Directors is asked to:

- Note the content and discuss the information details within this report, recognising the areas for continued development and improvements in comparison to the previous year's results.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

- ☐ **Yes** (please set out in your report what action has been taken to address this)
- ☐ **No**

<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/10/cancer-one-year-on.pdf>

## Relationship to the strategic objectives

The work contained with this report contributes to the delivery of the following strategic objectives (see key below)

LHL objective 1	<input checked="" type="checkbox"/>	LHL objective 2	<input checked="" type="checkbox"/>
HQSC objective 1	<input checked="" type="checkbox"/>	HQSC objective 2	<input checked="" type="checkbox"/>
HQSC objective 3	<input checked="" type="checkbox"/>	PEW objective 1	<input type="checkbox"/>
PEW objective 2	<input type="checkbox"/>	VfP objective 1	<input type="checkbox"/>
VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input type="checkbox"/>

### Links to Trust Risks

The work contained with this report links to the following strategic, corporate or operational risks:

- 

### Care Quality Commission domains

Please check **all** that apply

- ☐ Safe  
☐ Effective  
☐ Responsive

- ☐ Caring  
☐ Well-Led

### Compliance & regulatory implications

The following compliance and regulatory implications have been identified as a result of the work outlined in this report:

- 

## Main report

### 1. Introduction and Overview

The National Cancer Patient Experience Survey (NCPES) is designed to monitor national progress on cancer care and drive quality improvement and is undertaken on an annual basis as outlined in the National Cancer Strategy: Achieving World Class Cancer Outcomes (2015)<sup>2</sup>.

The survey was carried out for patients over the age of 16 years old with a confirmed diagnosis of cancer and discharged from an NHS Trust after an inpatient or day case attendance between 1<sup>st</sup> April-30<sup>th</sup> June 2023. Patient were asked to score 52 questions and also provided opportunity to share written feedback.

GP support	Treatment
Diagnostic tests	Side Effects
Cancer diagnosis	Support at home
Support from main contact	GP support post discharge
Decisions on treatment	Living with and Beyond Cancer
Care planning	Hospital Care
Support from hospital staff	Overall NHS Care

<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/10/cancer-one-year-on.pdf>

## 2. Results

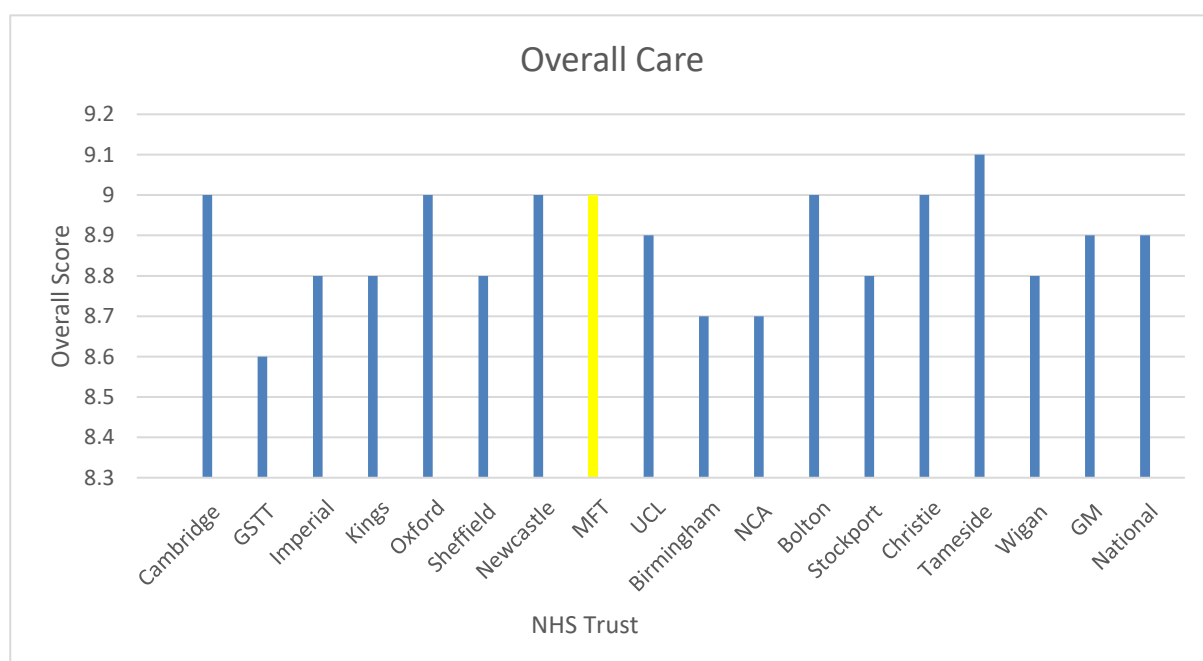
2.1 MFT's response rate is 45% (756) compared to a national average of 52%, of those respondents 78% identified themselves as White British which is not reflective of the population in Greater Manchester. The survey was promoted through posters in all outpatient areas and Macmillan Information Centres, these were available in Cantonese, Polish, English, Urdu and Arabic after consultation with the ITS team for the top 5 spoken languages.

2.2 The overall average rating of care increased to 9.0 having remained at between 8.7-8.9 for the previous 5 years.

2.3 MFT met or was above the national average for 45 of the 52 questions. The following 10 questions were above the national average:

	2023 score	Lower expected range	Upper expected range	National score
Q8. Diagnostic test results were explained in a way the patient could completely understand	82%	75%	82%	78%
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	85%	78%	84%	81%
Q14. Cancer diagnosis explained in a way the patient could completely understand	81%	74%	80%	77%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	87%	77%	83%	80%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	87%	81%	86%	83%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	62%	52%	62%	57%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	67%	56%	64%	60%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	60%	50%	60%	55%
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	66%	57%	66%	62%
Q58. Cancer research opportunities were discussed with patient	63%	34%	55%	45%

2.4 The overall care score is 9.0, this is an increase from 8.9 last year and the first time MFT have achieved a score of 9.0 or above.

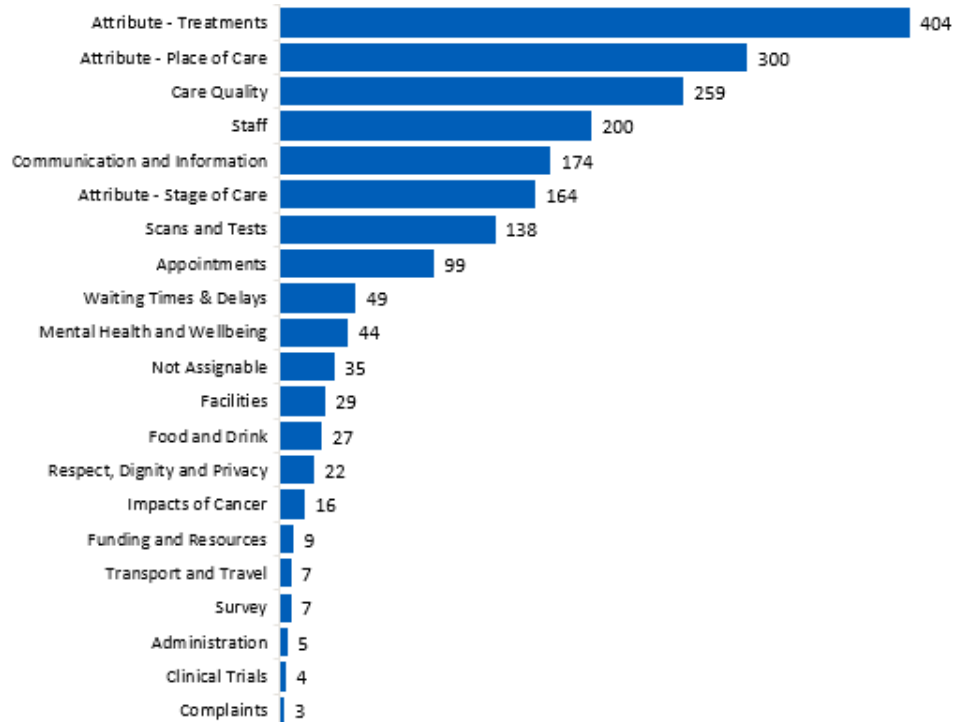


2.5 There is an increase in score for 33 questions in comparison to last year, most noticeable relate to patients being involved in their treatment decisions and family and carers being involved.

2.6 Cancer research opportunities were discussed with the patient 63% compared to a national

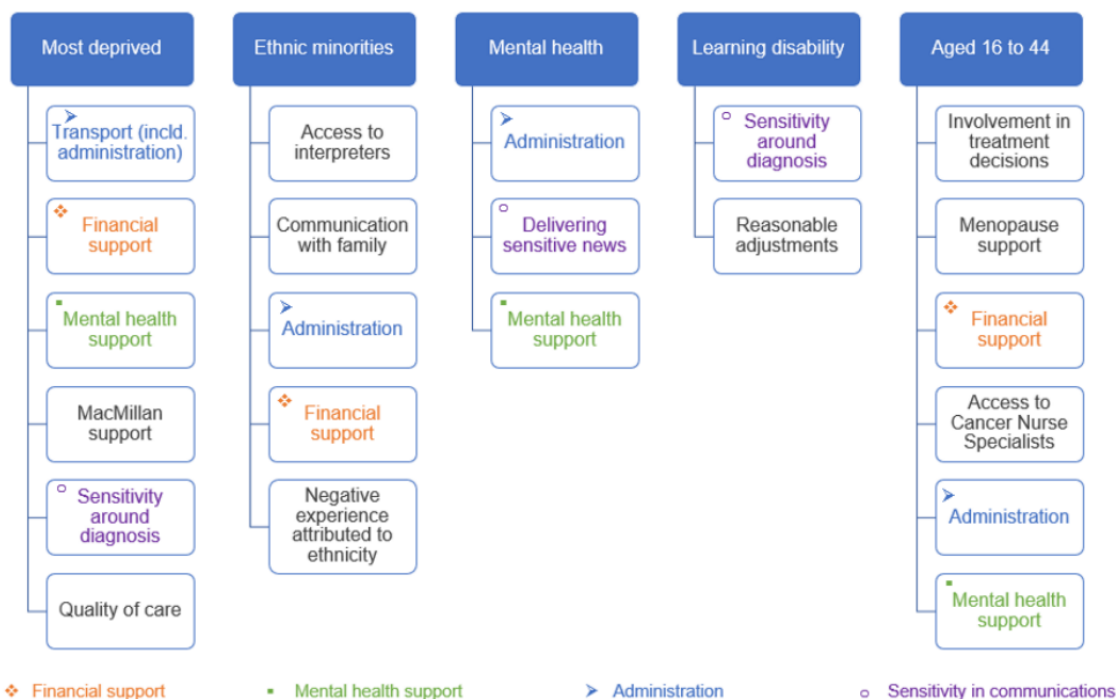
average of 45%.

- 2.7 In total 7 of the 52 questions scored below the national average these were in relation to diagnostics, management of pain whilst in hospital and clinic waiting times. Treatment/Procedure was the top theme in complaints for 23/24 and Q1 of 24/25 and clinic appointments/access was the second highest complaint theme over the same period of time, these themes align with the national data. Between January 1<sup>st</sup>-30<sup>th</sup> June 2024 there were 54 cancer specific complaints received, of these 85% were related to delays in receiving diagnostic tests, delay in reporting and delayed diagnosis, the other 15% were due to appointment delays.
- 2.8 Six scores had decreased by 2-3% compared to last year and 5 of these aligned with the scores below the national average. Only 1 question that had decreased by 3% was still scoring above the national average, this was in relation to patients being able to discuss their concerns prior to treatment.
- 2.9 Reviewing the data in relation to health inequalities patients from the most deprived area scored their overall care at 8.9 with a score of 9.0 from respondents in the least deprived areas.
- 2.10 Communication with patients from different ethnic groups identified that 86% of white British and 88% of black respondents felt treatments were explained in a way they could completely understand compared to an overall score of 76% for this question for Asian patients.
- 2.11 A total of 904 free text comments were received:  
99 of these related to appointments and the waiting times to receive these with delays in follow up appointments recognised as a theme. 9 of the comments focused on delays related to surgical waiting times.
- 138 comments related to diagnostics (scans and tests), 23 of the comments were positive with quick access to diagnostic services.
  - To note 27 of the comments related to food and drink only 4 of these were positive in keeping with the findings in the recent adult IP survey and PLACE results.



### 3. Cancer Health Inequalities

**3.1** The MFT cancer strategy in development focuses on raising the profile of inequalities in cancer care & using data to understand inequalities. In February 2023 NCPES released a Qualitative deep dive report into health inequalities. This was divided into 5 categories with key subcategories for each



**3.2** The results share information about patient from areas of deprivation. The top three areas which a significant percentage difference was noted between patient in the quintile 1 and quintile 5 were in relation to providing explanation in an understandable manner, diagnostic information and lack of information in relation to financial support in keeping with the national

findings. The Indices of Deprivation Report (2019)<sup>3</sup> data shows that 43.3% of neighbourhoods within Manchester are within the top 5 most deprived areas nationally. There were 520 free text feedback comments from patients with the most deprived area (IMD quintile 1). Overall, the responses for this cohort of patients were positive with 9% of comments focused on being treated with respect, dignity and privacy and a further 38.5% highlight the quality of the care they received. The main negative themes focused on appointments, transport & hospital food

**3.3** As highlighted in the ethnic group respondents for the survey does not accurately reflect the population of Greater Manchester. Of the respondents from an ethnic minority background the overall care score is 9.0 in line with the overall score.

**3.4** Within the free text comments 230 of these were from patients from an ethnic minority, of these 106 comments were positive praising the quality of care received. The positive themes were focused on good team working, being treated with dignity and respect and mental health support. There was a total of 12 negative comments with the key themes being lack poor communication, waiting times and primary care access.

**3.5** The NCPES does not ask specific question regarding mental health support or access for patients with learning disability. In the free text results 19 patient identified themselves as having a mental health condition. Most comments were positive with reasonable adjustments made where possible and support from the cancer team however some negative experiences in relation to access to mental health support during a cancer diagnosis.

#### **4. Next Steps**

4.1 These results will be reviewed as part of the Cancer Improvement Collaborative to identify opportunities for shared learning where good practice is identified and provide focus for continuous improvement.

4.2 Results will be shared with the tumour groups to develop action plans as part of the preparation for Quality Assurance reviews (peer review) planned for September-October 2024.

4.3 These action plans will be monitored through the site base cancer committees and escalation as required to Group Cancer Committee.

4.4 Implement the Aspirant Cancer Career and Education Framework (ACCEND) to ensure standardisation of education for staff working in cancer services improving the quality of care provided to patients and provide opportunities for development to staff.

4.5 Continue to work with key stakeholders such as Macmillan and GM Cancer to identify funding opportunities for innovation.

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<sup>3</sup> <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

## Strategic objectives (Key)

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Ensure <b>value for our patients</b> and communities by making best use of our resources	<b>VfP objective 1</b>	Achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.
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Deliver world-class <b>research &amp; innovation</b> that improves people's lives	<b>R&amp;I – objective 1</b>	Strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part
	<b>R&amp;I – objective 2</b>	Apply research & innovation, including digital technology and artificial intelligence, to improve people's health and the services we provide
<b>Good governance</b>	<b>GG</b>	Deliver a safe, legally compliant and well run organisation



**Manchester University**  
NHS Foundation Trust

## Escalation and Assurance Report People Board Committee

**Report to:** Board of Directors

**Report from:** Angela Adimora, Non-Executive Director and Chair of PBC

**Date of meeting:** 30<sup>th</sup> October 2024

### Key escalation and discussion points from the meeting

#### Advise:

The Committee received a report describing progress being made in response to the internal audit report on long-term sickness absence at NMGH. Each Clinical Group has its own action plans in place to reduce long term sickness. CPO has oversight of delivery of all the plans which are discussed at the Workforce and Education Management Committee. Reducing staff absence remains a key target for the Trust and will continue to be monitored by the Committee.

The Committee received a report describing the work to review existing workforce risks to ensure that all relevant risks are correctly specified as strategic, corporate or operational risks and reported in line with the new risk management framework and strategy.

#### Assure:

The Committee discussed the workforce metrics within the Integrated Performance Report and received assurance on staff engagement and the work to encourage completion of the staff survey.

The Committee also received assurance from:

- The Chief People Officer's report including the learning from employment tribunals and consequent action being taken.
- The Safe Nursing and Midwifery Staffing reports, presented biannually to the Board, confirm that staffing levels across the Trust are regularly assessed using the Safer Nursing Care Tool, with senior nurse oversight and professional judgment ensuring adequate coverage. Intensive care areas are staffed in line with GPIC standards, maintaining essential nurse-to-patient ratios for critical care.
- The Widening Participation annual report which highlighted the valuable role the Trust is playing as an anchor institution, creating social value.
- The latest WRES/WDES data, due for publication at end of October. All bar one of the indicators are moving in positive direction.
- An update on employee health and wellbeing services with a focus on Bespoke Intervention and Critical Incident Trauma Pathways. There has been positive feedback from people who have accessed the schemes
- The approved policies on violence prevention and sexual safety and the mechanisms in place, or in development, to support their implementation and use.
- The staff vaccination report
- The Guardian of Safe Working's annual report.

From the Board Assurance Framework (BAF), the Committee received updates from lead Executive Directors regarding progress with the actions required to deliver strategic objectives 3, 4, and 5 of the MFT strategy. These are included in the BAF presented to the Board at its November meeting.

**Decisions taken:**

On behalf of the Board, the Committee approved the publication of the WRES/WDES data so the national deadline could be met. The report is also being presented to the Board in November.

**Report approved by:** Angela Adimora, Non-Executive Director and Chair of the PBC.

Agenda

People Board Committee

**Date:** Wednesday 30<sup>th</sup> October 2024  
**Time:** 2:00pm – 4:00pm  
**Location:** Medical Boardroom, Cobbett House, Oxford Road Campus

Agenda

	Item	Purpose	Lead	Time
1	Apologies for absence & confirmation of quoracy (verbal)	Meeting admin	Chair	2:00pm
2	Declaration of interest (verbal)	Meeting admin	Chair	
3	Minutes of the previous meeting (28 <sup>th</sup> August 2024)	Meeting admin	Chair	
4	Action Log	Discussion	Chair	
5	Matters Arising	Discussion	Chair	
6.	Assurance Reporting			
	6.1 Risk Report	Discussion	NB	2:10pm
	6.2 Integrated Performance Report	Discussion	NB	2:20pm
Strategic aim 3: Be the place where people enjoy working, learning and building a career				
7.	7.1 Staff story	Discussion	NB	2:30pm
	7.2 Chief People Officer report	Discussion	NB	2:35pm
	7.3 Long-term staff sickness internal audit report	Discussion	NB	2:45pm
	7.4 Biannual safe staffing report (nursing)	Discussion	CC	2:55pm
	7.5 Biannual safe staffing report (midwifery)	Discussion	CC	3:05pm
	7.6 Nursing and Midwifery apprenticeships/ placements programme	Discussion	CC	3:15pm
	7.7 Widening participation annual report	Discussion	NB	3:25pm
	7.8 WRES and WDES report	Discussion	NB	3:30pm
	7.9 Employee health and wellbeing report	Discussion	NB	3:35pm
	7.10 Violence and Sexual Safety Policies	Discussion	NB	3:40pm
	7.11 Staff Vaccination Programme	Discussion	NB	3:45pm
	7.12 Guardian of Safe Working annual report	Discussion	KF	3:50pm

Good governance				
8.	Board Assurance Framework	Discussion	NB	3:55pm
Committee business				
9.	Escalation report	Approval	Chair	
10.	Workplan Review	Meeting admin	Chair	
11.	Any Other Business (verbal)	Discussion	All	
12.	Meeting Evaluation (verbal)	Meeting admin	Chair	
Date of next meeting: Wednesday 18 <sup>th</sup> December 2024 at 2pm (MS Teams)				

## Board of Directors (Public)

### Monday 11<sup>th</sup> November 2024

<b>Paper title:</b>	Workforce Race Equality Standard and Workforce Disability Equality Standard 2023-2024	<b>Agenda Item 12.2</b>
<b>Presented by:</b>	Nick Bailey, Director of Corporate Workforce	
<b>Prepared by:</b>	Jismy Vellakunathu Kunjachan	
<b>Meetings where content has been discussed previously</b>	<ul style="list-style-type: none"><li>• Workforce Strategic Equality Group</li><li>• Group Equality Diversity and Human Rights Committee</li><li>• People Board Committee 30/10/24</li></ul>	
<b>Purpose of the paper</b> Please check <u>one</u> box only:	<div><input checked="" type="checkbox"/> For approval<input type="checkbox"/> For support</div> <div><input type="checkbox"/> For discussion</div>	

#### Executive summary / key messages for the meeting to consider

The purpose of the paper is to present the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Reports for 2023-24 to the People Board Committee. The aim of these standards is to ensure NHS organisations review their data against prescribed indicators to produce an action plan to close workplace gaps for ethnic minority and disabled staff. Both standards are included in the NHS Standard Contract, with the WRES being a requirement since July 2015 and the WDES since April 2019.

The WRES data provides a comparison between staff from Black, Asian, and Minority Ethnic (BAME) backgrounds and white staff, while the WDES data compares staff with disabilities to those without. The Trust level data was submitted to the NHS E in May 2024, with a report of findings and actions to be published by the end of October 2024.

#### In summary:

As of 31st March 2024, the Trust has a total of 8,737 BAME staff, representing 28.15% of the workforce, an increase from the previous year.

- The relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants increased slightly from 1.8 in 22/23 to 1.9 in 23/24.
- The relative likelihood of BAME staff entering the formal disciplinary process decreased from 1.5 in 22/23 to 1.1 in 23/24.
- There has been a decrease in the percentage of BAME staff experiencing harassment, bullying, or abuse from patients, relatives, or the public, as well as from colleagues.

The proportion of disabled staff at MFT increased from 4% in 22/23 to 4.5% in 23/24.

- The relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff decreased from 1.36 in 22/23 to 1.04 in 23/24.
- The relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff decreased from 5.06 in 22/23 to 3.04 in 23/24.

#### Recommendation(s)

The People Board Committee is asked to:

- Note and approve the publication of the WRES and WDES data and aligned action plan.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

☒ **Yes** (please set out in your report what action has been taken to address this)  
☐ **No**

### Relationship to the strategic objectives

The work contained with this report contributes to the delivery of the following strategic objectives (see key below)

LHL objective 1	<input type="checkbox"/>	LHL objective 2	<input type="checkbox"/>
HQSC objective 1	<input type="checkbox"/>	HQSC objective 2	<input type="checkbox"/>
HQSC objective 3	<input type="checkbox"/>	PEW objective 1	<input checked="" type="checkbox"/>
PEW objective 2	<input checked="" type="checkbox"/>	VfP objective 1	<input type="checkbox"/>
VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input checked="" type="checkbox"/>

### Links to Trust Risks

The work contained with this report links to the following strategic/corporate or operational risks:

- 

**Care Quality Commission domains**  
Please check all that apply

☐ Safe  
☒ Effective  
☐ Responsive

☒ Caring  
☒ Well-Led

### Compliance & regulatory implications

The following compliance and regulatory implications have been identified as a result of the work outlined in this report:

- NHS E EDI Improvement Plan
- MFT WRES Action Plan
- MFT WDES Action Plan
- Public Sector Equality Duty
- Equality Act 2010

### Main report

#### Purpose

The purpose of the paper is to present to the People Board Committee the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Reports 2022-23.

#### Background and Scope

The aim of the Workforce Equality Standards is to ensure NHS organisations review their data against the prescribed indicators/metrics to produce an action plan to close the gaps in the workplace for ethnic minority staff and disabled staff.

Both Equality Standards are included in the NHS Standard Contract. The WRES has been a requirement of NHS commissioners and NHS healthcare providers including independent organisations since July 2015 and the WDES since April 2019. All NHS Trusts are required to produce and publish their WRES and WDES annually.

The scope of the reports is set by NHS England and the indicators/metrics are different for each standard.

The WRES data provides a comparison between staff from Black, Asian and Minority Ethnic backgrounds and White Staff. The term BME is utilised as a data categorisation however, it is recognised that many different ethnicities are included in this category.

The WDES data provides a comparison between staff with disabilities and those without disabilities.

The trust level data was submitted to the National Team in May 2024, following this a report with all findings and actions are to be submitted by end of October 2024. Following this submission, the WRES and WDES report and data will be provided to all hospitals, managed clinical services (MCS) and Local Care Organisation (LCO) at a local level, this will be completed in November 2024.

## **Workforce Race Equality Standard (WRES) 2023-24**

Please refer to the Appendix to view the trend and yearly comparison table 2019-2024.

### **WRES Introduction**

The WRES is included in the NHS standard contract and has been a requirement of NHS commissioners and NHS healthcare providers since July 2015. NHS Trusts are required to produce and publish their WRES report on an annual basis by end of October.

The purpose of the WRES is to ensure that NHS organisations review their data against the nine indicators. The findings of the data are used to inform the production of an action plan to close the gaps in the workplace between ethnic minority and white staff. It aims to improve the representation of ethnic minority staff at Board level of the organisation.

### **Summary**

As of 31st March 2024, the total headcount at MFT stands at **31,034**, including Sodexo staff contracted by the Trust. National average data from NHS England is still pending for comparison purposes. This report utilises data from the 2023 NHS Staff Survey, as the results for the 2024 survey will not be available until after October 2024.

### **Workforce Representation**

As of 31st March 2024, the Trust has a total of **8,737 BME staff**, representing **28.15%** of the workforce. This marks **an increase of 1,721** staff members (or 3.71%) from the previous year, where BME representation stood at 24.44% (7,016).

The data shows that the BME representation at the Very Senior Manager (VSM) has seen a significant risen, increasing from 3.41% in 22/23 to 43.42% in 23/24. This sharp increase is largely due to incorrect data extraction in previous years, where the proper coding for VSM headcount was not captured by Workforce Planning & Information team.

A substantial portion (26%) of the Trust's BME staff population is concentrated in Cluster 2, which includes Band 5 to Band 7 roles.

There has been a slight reduction of 0.44% in the number of staff who did not declare their ethnicity, down from 10.73% in 22/23 to 10.29% in 23/24. However, since 2019, the non-

disclosure rate has still increased by 2%. The Trust has placed a strong emphasis on updating ethnicity information through the ESR (Electronic Staff Record).

Among the 260 staff members in the Medical & Dental Trainee grades, 77% (201 individuals) have not declared their ethnicity. This represents the highest rate of non-disclosure across staff groups and a significant increase from 49% in the previous year. Currently, BME staff in this grade account for only 6.9%.

### **Recruitment**

The data shows there is an increase of 0.1 in the relative likelihood of white applicants being appointed from shortlisting compared to BME applicants, from 1.8 in 22/23 to 1.9 in 23/24. It is minimal and the only negative increase in this year's WRES data.

### **Disciplinary Process**

The relative likelihood of BME staff entering the formal disciplinary process decreased by 0.4, from 1.5 in 22/23 to 1.1 in 23/24.

### **Accessing CPD/non-mandatory training**

The relative likelihood of White staff accessing non-mandatory or CPD training compared to BME staff decreased slightly by 0.1, from 1.1 in 22/23 to 1.0 in 23/24.

### **Harassment & Bullying**

There has been a 4% decrease in the percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public, falling from 27.4% in 22/23 to 23.2% in 23/24.

Additionally, incidents of harassment, bullying or abuse from colleagues have also improved, with a 5% reduction—down from 29.9% in 22/23 to 25.3% in 23/24.

Approximately 32% of the BME workforce participated in the National Staff Survey, providing valuable insights into these improvements.

### **Discrimination**

There has been a 3% decrease in BME staff reporting discrimination from managers, team leaders or colleagues, dropping from 19.6% in 22/23 to 16.62% in 23/24. However, BAME staff remain more than twice as likely to experience discrimination compared to their white colleagues, with 16.62% of BAME staff reporting discrimination, compared to 6.99% of white staff.

### **Career Progression**

There is an increase of 4.3% of BME staff that believe there is equal opportunity in career progression or promotion, in comparison to white staff, from 42.2% in 22/23 to 46.48% in 23/24.

### **Board Representation**

Out of the 17 board members, only 1 member (5.88%) identifies as being from a BME background. Additionally, 23.53% of board members have not declared their ethnicity, which impacts the accuracy of the Trust's diversity data at the leadership level.

Efforts to improve representation and encourage full ethnicity disclosure will be a key focus moving forward.

Last year, the national report highlighted concerns around Career progression, discrimination and board representation. While there has been improvement in these areas at MFT this year, we are still awaiting the national ranking from NHS England.

### **Proposed actions to address workforce race equality.**

It is recognised nationally and within MFT that the progress being made to improve the WRES data and ultimately the lived experience of BME colleagues is not progressing at a pace

required to see demonstrable change on the scale required. Following actions are planned for the next 12 months:

Action	By When	By Whom
Renew Diversity Matters Strategy 2024-2028	29 <sup>th</sup> November 2024	EDI Team
Diversity Matters Working Group	31 <sup>st</sup> December 2024	MFT Colleagues
Deliver EDI Improvement Plan (addressing all the High Impact Actions)	2025	EDI Team and Partners from across the Trust
Expand and re-launch the Removing the Barriers programme	September 2025	EDI Team
Implement new Staff Network Policy	31 <sup>st</sup> May 2025	EDI Team
Implement process to record discrimination incidents/concerns on Ulysses	31 <sup>st</sup> March 2025	EDI Team, Human Resources, Estates and Facilities Team

## Workforce Disability Equality Standard (WDES) 2022-23

Please refer to the Appendix to view the trend and yearly comparison table 2019-2024.

### WDES Introduction

The WDES is a set of ten specific measures (metrics) that enable NHS organisations to compare the experiences of Disabled and Non-disabled staff. This information informs the development of an action plan to demonstrate progress against the metrics to improve equality and inclusion for Disabled staff. The WDES was mandated for all Trust's from April 2017. It is included in the NHS Standard Contract.

The purpose of the WDES is to improve the experience of Disabled staff and those seeking employment within the NHS. The Trust will need to outline how it has elevated the voices of Disabled staff as well as outlining the action it plans to take to improve the experience of Disabled staff, which is evidenced to be poorer than that of non-disabled staff.

The specifications for the data presented in this report are outlined in the WDES Technical Guidance.

### Summary of WDES Findings

#### Workforce and Board Representation

The proportion of disabled staff at MFT has increased by 0.5%, rising from 4% in 22/23 to 4.5% in 23/24. However, disabled staff continue to be underrepresented in senior roles, especially within clinical positions Cluster 5 (1.59%), Cluster 6 (1.49%) and Cluster 7 (0%)

The percentage of board members declaring a disability has increased slightly from 5.6% to 5.8%. Currently, out of 17 board members, only one (5.88%) has disclosed a disability, while nine (53%) have not declared their status. Furthermore, declaration rates across all bands have declined compared to last year. This year, the highest declaration rate is 13.33% at Band 1, down from 20% at Bands 5 and 6 in 22/23.

#### Recruitment

The relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff decreased by 0.32, from 1.36 in 22/23 to 1.04 in 23/24.

While this reduction is a positive development, the overall improvement remains minimal.

### **Capability**

The relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff decreased by 2.02, from 5.06 in 22/23 to 3.04 in 23/24. Despite this decline, disabled staff remain more likely to enter the formal capability process than their non-disabled counterparts.

### **Bullying & Harassment**

Bullying and harassment toward disabled staff from patients, service users, relatives and the public decreased by 2.5%, from 30.30% in 22/23 to 27.79% in 23/24.

Reports of bullying and harassment by managers also declined by 6.06%, dropping from 21.60% in 22/23 to 15.54% in 23/24. Furthermore, incidents of bullying and harassment from colleagues decreased by 2.9%, from 27.1% in 22/23 to 24.2% in 23/24.

However, there was a notable 4.7% increase in the number of disabled staff reporting incidents, rising from 46.5% in 22/23 to 51.1% in 23/24.

### **Career Progression**

The percentage of disabled staff who believe that the Trust provides equal opportunities for career progression or promotion has increased by 2.9%, rising from 44.6% in 22/23 to 47.5% in 23/24.

### **Pressure to come to work and Feeling Valued**

The percentage of disabled staff feeling pressured to come to work decreased by 4.7%, dropping from 31.4% in 22/23 to 26.7% in 23/24. Additionally, there was a 4.6% increase in the number of disabled staff who feel their work is valued, rising from 30.1% in 22/23 to 34.7% in 23/24.

### **Reasonable adjustments**

There has been a 6.3% increase in the number of disabled staff reporting that their employer has made reasonable adjustments to support them in their work, rising from 63.8% in 22/23 to 70.1% in 23/24.

### **Staff Engagement**

The staff engagement score for disabled staff increased by 0.3 points, reaching 6.36. However, this score remains lower than that of non-disabled staff, who scored 6.89.

For the NHS Staff Survey Metrics, the number of disabled staff who responded to the survey averaged around 2,100, surpassing the total of 1,396 staff members who declared a disability on the Electronic Staff Record (ESR) within MFT.

Last year's national report raised concerns about bullying and harassment, reasonable adjustments and staff engagement. Although there have been improvements in these areas at MFT this year, we are still awaiting the national ranking from NHS England.

Overall, the metrics show positive trends, but the percentages remain low. For example, Metrics 1, 2, 9 and 10 demonstrate improvements, albeit minimal.

### **Proposed actions to address workforce disability equality.**

It is recognised nationally and within MFT that the progress being made to improve the WDES data and ultimately the lived experience of disabled colleagues is not progressing at a pace required to see demonstrable change on the scale required. Following is the action plan for next 12 months:

Action	By When	By Whom
Renew Diversity Matters Strategy 2024-2028	1 <sup>st</sup> December 2024	EDI Team
Diversity Matters Working Group	31 <sup>st</sup> December 2024	MFT Colleagues
Deliver EDI Improvement Plan (addressing all the High Impact Actions)	2025	EDI Team and Partners from across the Trust
Implement new Staff Network Policy	31 <sup>st</sup> May 2025	EDI Team
Implement process to record discrimination incidents/concerns on Ulysses	31 <sup>st</sup> March 2025	EDI Team, Human Resources, Estates and Facilities Team
Declaration Campaign	31 <sup>st</sup> January 2025	EDI Team


## Strategic objectives (Key)


Work with partners to help people live <b>longer, healthier lives</b>	<b>LHL objective 1</b>	Work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.
	<b>LHL objective 2</b>	Improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so people are cared for in the most appropriate place
Provide <b>high quality, safe care</b> with excellent outcomes and experience	<b>HQSC objective 1</b>	Provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience and outcomes wherever they are seen.
	<b>HQSC objective 2</b>	Strengthen our specialised services and support the adoption of genomics and precision medicine
	<b>HQSC objective 3</b>	Continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.
Be the place where <b>people enjoy working</b> , learning and building a career	<b>PEW objective 1</b>	Make sure that all our colleagues feel valued and supported by listening well and responding to their feedback. We will improve staff experience by embracing diversity and fairness, helping everyone to reach their potential
	<b>PEW objective 2</b>	Offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here
Ensure <b>value for our patients</b> and communities by making best use of our resources	<b>VfP objective 1</b>	Achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.
	<b>VfP – objective 2</b>	Deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships
Deliver world-class <b>research &amp; innovation</b> that improves people's lives	<b>R&amp;I – objective 1</b>	Strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part
	<b>R&amp;I – objective 2</b>	Apply research & innovation, including digital technology and artificial intelligence, to improve people's health and the services we provide
<b>Good governance</b>	<b>GG</b>	Deliver a safe, legally compliant and well run organisation































## APPENDIX 1

### WRES (Workforce Race Equality Standard)

## Yearly comparison table


 Green – Positive

 Red –Negative





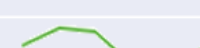
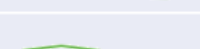
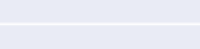



		Year								
	WRES Indicator		2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-24	Trend	Difference between 22/23 to 23/24
1	Percentage of black and minority ethnic (BME) staff	Overall	17.30%	20%	20.20%	21.80%	24.44%	28.15%		3.71% 
		Clinical	20.17%	21.14%	22.45%	24.19%	26.99%	28.30%		1.31% 
		Non-Clinical	16.53%	19.98%	17.11%	17.60%	16.44%	21.40%		4.96% 
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		1.7	1.7	1.5	1.7	1.8	1.9		0.1 
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		1.3	1.1	1.9	1.1	1.5	1.14		-0.36 
4	Relative likelihood of white staff accessing nonmandatory training and continuous professional development (CPD) compared to BME staff		1.1	1.1	1	1	1.1	1		-0.1 
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	21.60%	24.60%	20.60%	27.10%	27.40%	23.17%		-4.23% 
		White	22.30%	23.50%	21.20%	26.40%	25.30%	22.69%		-2.61% 
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BME	27.80%	25.60%	29.80%	32.80%	29.90%	25.28%		-4.62% 
		White	21.80%	21%	23.30%	25%	24.20%	20.43%		-3.77% 
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion	BME	43.10%	46.70%	42.10%	39.90%	42.20%	46.48%		4.28% 
		White	60.10%	60.10%	58.50%	57.10%	54.80%	56.74%		1.94% 
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	15%	13.60%	18.60%	21.70%	19.60%	16.62%		-2.98% 
		White	5.50%	5.90%	6.60%	7.50%	8.10%	6.99%		-1.11% 
9	BME board membership	BME	17.60%	10.40%	14.60%	5.60%	5.60%	5.88%		0.28% 

APPENDIX 2

WDES (Workforce Disability Equality Standard)  
Yearly comparison table

 Green – Positive  Red –Negative

WDES Metrics			Year						Trend	Difference between 2022 and 2023	
			2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024			
1	Percentage of staff in Agenda for Change (AfC) pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.  * Non-clinical, Clinical and Medical/Dental comparison data shown in the table represents % of disabled staff within each category (example: in 2023, 5.3% of all non-clinical staff in the Trust are disabled)	Overall	2.80%	3.00%	3.20%	3.70%	4.00%	4.50%		0.50%	
		Non-clinical*	3.10%	3.40%	3.70%	4.70%	5.30%	5.60%		0.30%	
		Clinical*	2.90%	3.10%	3.30%	3.70%	3.90%	4.50%		0.60%	
2	Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts			1.53	1.65	1.29	1.36	1.04		-0.32	
3	Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process on the grounds of performance, as measured by entry into the formal capability procedure.			7.97	0	5.34	5.06	3.04		-2.02	
4a	Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from Patients/Service users, their relatives or other members of the public.	Disabled	26.90%	28.40%	25.70%	32.80%	30.30%	27.79%		-2.51%	
		Non-disabled	21.50%	22.90%	20.00%	24.50%	24.40%	21.35%		-3.05%	
4b	Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from Managers	Disabled	19.00%	18.50%	20.80%	22.30%	21.60%	15.54%		-6.06%	
		Non-disabled	10.70%	9.50%	11.40%	11.40%	11.40%	8.48%		-2.92%	
4c	Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from colleagues	Disabled	24.90%	24.90%	27.30%	29.90%	27.10%	24.18%		-2.92%	
		Non-disabled	15.80%	15.50%	16.10%	17.90%	17.80%	15.22%		-2.58%	
4d	Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	Disabled	44.60%	47.90%	47.00%	47.50%	46.50%	51.21%		4.71%	
		Non-disabled	45.00%	46.20%	44.30%	44.90%	44.50%	47.69%		3.19%	

WDES Metrics			Year								
			2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	Trend	Difference between 2023 and 2024	
5	Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	Disabled	49.00%	50.00%	50.40%	48.20%	44.60%	47.51%		2.91%	↑
		Non-disabled	58.40%	58.80%	56.50%	55.30%	53.90%	55.88%		1.98%	↑
6	Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Disabled	31.80%	31.70%	34.90%	32.80%	31.40%	26.69%		-4.71%	↓
		Non-disabled	21.50%	20.60%	23.50%	21.70%	21.60%	18.45%		-3.15%	↓
7	Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	Disabled	36.00%	40.50%	39.30%	30.80%	30.10%	34.70%		4.60%	↑
		Non-disabled	49.50%	51.60%	49.30%	42.50%	40.90%	45.67%		4.77%	↑
8	Percentage of disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work.	Disabled	69.70%	71.10%	70.70%	64.40%	63.80%	70.09%		6.29%	↑
9	The staff engagement score for Disabled staff, compared to non-disabled staff.	Disabled	6.64	6.59	6.53	6.2	6.04	6.36		0.32	↑
		Non-disabled	7.2	7.18	7.11	6.84	6.63	6.89		0.26	↑
10	Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce, disaggregated		5.90%	5.60%	5.60%	5.60%	5.60%	5.88%		0.28%	↑

## Board of Directors (Public) Monday 11<sup>th</sup> November 2024

<b>Paper title:</b>	Workforce Seasonal Flu Vaccination Update	<b>Agenda Item 12.3</b>
<b>Presented by:</b>	Nick Bailey, Director of Corporate Workforce	
<b>Prepared by:</b>	Nick Bailey, Director of Corporate Workforce	
<b>Meetings where content has been discussed previously</b>	<ul style="list-style-type: none"><li>• Operational Workforce Seasonal Flu Vaccination Meeting</li><li>• Strategic Health Safety and Wellbeing Committee</li></ul>	
<b>Purpose of the paper</b> Please check <b>one</b> box only:	<div><input type="checkbox"/> For approval</div> <div><input checked="" type="checkbox"/> For support</div> <div><input type="checkbox"/> For discussion</div>	

### Executive summary / key messages for the meeting to consider

This report provides People Board Committee with an update in relation to the workforce seasonal flu vaccination campaign, the decisions regarding COVID-19 workforce vaccinations and the vaccination of key staff in for pertussis (whooping cough).

- The seasonal flu programme for MFT clinical workforce has commenced, with 176 vaccinators trained across the Trust to deliver the peer- to-peer vaccinations.
- The flu vaccine campaign commenced on 11<sup>th</sup> September 2024.
- The Trust have purchased sufficient vaccine for 60% of staff recognising the downward trend in uptake.
- JCVI have determined that health and care workers do not require COVID-19 vaccinations in August 2024.
- For those MFT staff who wish to receive the COVID-19 vaccination they are being signposted to Community Pharmacists and General Practitioners.
- UKHSA guidance has identified the risk of pertussis (whooping cough) for children and young people, consequently 5500 staff have been identified as requiring vaccination to protect those most at risk. MFT have purchased sufficient vaccination at a cost of £149k.

### Recommendation(s)

The People Board Committee is asked to:

- Note and support the Trust Seasonal Flu vaccination programme for staff.
- Note and support the Trust position in regard to the COVID-19 vaccination.
- Note and support the Trust Pertussis vaccination programme for identified staff.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

- ☐ **Yes** (please set out in your report what action has been taken to address this)
- ☒ **No**

### Relationship to the strategic objectives

The work contained with this report contributes to the delivery of the following strategic objectives (see key below)			
LHL objective 1	<input type="checkbox"/>	LHL objective 2	<input type="checkbox"/>
HQSC objective 1	<input type="checkbox"/>	HQSC objective 2	<input type="checkbox"/>
HQSC objective 3	<input type="checkbox"/>	PEW objective 1	<input checked="" type="checkbox"/>
PEW objective 2	<input type="checkbox"/>	VfP objective 1	<input type="checkbox"/>
VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input type="checkbox"/>
<b>Links to Trust Risks</b>	The work contained with this report links to the following strategic/corporate or operational risks: <ul style="list-style-type: none"> <li>Corporate Risk – Staff Safety</li> </ul>		
<b>Care Quality Commission domains</b> Please check <b>all</b> that apply	<input checked="" type="checkbox"/> Safe <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Responsive	<input type="checkbox"/> Caring <input checked="" type="checkbox"/> Well-Led	
<b>Compliance &amp; regulatory implications</b>	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: <ul style="list-style-type: none"> <li>Health and Safety at Work Act - legal duty on employers to ensure, so far as reasonably practicable, the health, safety, and welfare of workers.</li> </ul>		

<b>Main report</b>
<p><b>Purpose</b></p> <p>The purpose of this briefing note is to provide an overview of:</p> <ul style="list-style-type: none"> <li>Plans in place to deliver the 2024/2025 seasonal influenza vaccination programme, which formally commenced on 1<sup>st</sup> October 2024 and will run to 28<sup>th</sup> February 2025.</li> <li>The latest position on COVID-19 vaccinations for front-line health and social care workers in Autumn 2024.</li> <li>Reference to the current position regarding the pertussis vaccination for identified staff cohorts.</li> </ul> <p><b>Delivery of the Seasonal Influenza 2024/2025 Vaccination Programme</b></p> <p>The Seasonal Staff Flu Vaccination Programme aims to protect our staff and patients by vaccinating 75-80% of 'frontline' healthcare workers in line with the National CQUIN target.</p> <p>The 2024/5 Flu Letter<sup>1</sup> refers to the optimal timing for Influenza Vaccination to take place this year is from the start of October to the end of November.</p> <p>There is currently no mandatory requirement for healthcare workers to have the seasonal flu vaccine or COVID-19 vaccines.</p> <p>The 22/23 Flu season saw the lowest levels of uptake nationally for 10 years at 49.4%. In 23/24 the national HSCW uptake was 49.9%.</p>

<sup>1</sup> [National flu immunisation programme 2024 to 2025 letter - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/121212/national-flu-immunisation-programme-2024-to-2025-letter.pdf)

Over the past five years the MFT take up of flu vaccinations is as below in Table 1. It should be noted that throughout the period 2020 – 2023/4 there has been a funded dedicated vaccination team supporting and delivering this programme, something for which there is no guaranteed funding or resources readily available.

Table 1.

2019/20	79.4%
2020/21	81%
2021/22	77%
2022/23	49.7%
2023/24	37.6%

Recognising the significant shortfall in the uptake of the flu vaccination in past years, a decision has been made for the 2024 programme to order sufficient vaccinations for only 60% of staff, compared to previous years where sufficient had been ordered for 100% of staff. (Only 5% of excess stock can be returned, whereas additional stock can be ordered).

With no dedicated vaccination resource, the decision was made to implement a local peer-to-peer delivery model, where all costs (except vaccine) are absorbed within the existing budget. This model includes:

- Clinical and Operational Oversight – Director of Corporate Workforce (supported by Deputy Chief Nurse for clinical oversight)
- Flu Leads support, advice and engagement – EHW, Clinical Services Team Manager
- Training for staff vaccinations, including NIVS – EHW, Clinical Services Team Manager
- Communication Strategy – Corporate Communications
- Data Validation Reporting and Informatics Intelligence – Digital Systems
- Oversight of adverse incidents – Director of Corporate Workforce, Deputy Chief Nurse, Director of Pharmacy
- Sign off legal requirements – Chief Nurse (Infection Prevention Control) and Associate Medical Director (Infection Control)
- Local Delivery – Directors of Nursing

In total 176 vaccinators have been trained across the Clinical Groups to administer flu vaccinations to their colleagues.

As of 11<sup>th</sup> October 2024, a total of 3426 (11%) of MFT staff have received the flu vaccination.

### **COVID-19 Vaccination**

Through the COVID-19 funding the Trust has achieved the following levels of COVID-19 vaccination (for primary dose and booster):

- 20/21 97% COVID-19 vaccination<sup>2</sup>
- 21/22 74.5% COVID-19 vaccination
- 22/23 48.7% COVID-19 vaccination (national 50.9%, NW regional 47.1%)
- 23/24 27.9% COVID-19 vaccination

In July 2024 the UK Health Security Agency <sup>3</sup> assessed the effectiveness of the Autumn 2023 COVID-19 booster as 36.6% beyond 5 weeks from application. In addition, GMICB have completed a review of GM COVID-19 performance, including hospital hub performance

<sup>2</sup> Figures approximated as full year capture difficult to assess

<sup>3</sup> [COVID-19 vaccine surveillance report: week 29 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

(Appendix 1), highlighting that only The Christie in Greater Manchester achieved uptake above 50%.

On 2<sup>nd</sup> August 2024 JCVI<sup>4</sup> issued their proposals for the Autumn 2024 COVID-19 vaccination programme. In summary:

JCVI advises that during the Autumn 2024 programme, a COVID-19 vaccine should be offered to:

- adults aged 65 years and over
- residents in a care home for older adults
- persons aged 6 months to 64 years in a clinical risk group (as defined in tables 3 and 4 of the [COVID-19 chapter of the Green Book](#))

JCVI **does not** advise an offer of COVID-19 vaccination within the Autumn 2024 national COVID-19 vaccination programme for frontline health and social care workers, staff working in care homes for older adults, unpaid carers and household contacts of people with immunosuppression.

As a consequence of the JCVI guidance no funds have been made available for the vaccination of frontline HCWs and MFT has taken the decision to not deliver a COVID-19 staff vaccination programme – it was estimated that to deliver a staff COVID-19 vaccination programme would cost in the region of £600k for the purchase of the vaccine and the establishment of a dedicated Vaccination Team, as a peer-to-peer model is not a feasible option for COVID-19 vaccine.

Those frontline HCWs who do want to receive the COVID-19 vaccination are being sign posted to their local community pharmacies or their GPs.

### **Pertussis Vaccination**

UKHSA Guidance<sup>5</sup> issued in June 2024 has advised that priority groups of staff should be offered pertussis vaccination.

Bordetella Pertussis (whooping Cough) is an acute bacterial respiratory infection. Initial symptoms resemble a common cold which can progress to include spasmodic coughing, choking spells and vomiting after coughing.

The risk of severe complications is highest in very young babies - 97% of the deaths from pertussis in the last 12 years have been in infants aged 3 months or less who cannot be fully protected by immunisation.

HCWs can be a source of infection to vulnerable infants. In recent years, the number of reported cases and incidents linked to healthcare settings in England has increased. In addition to putting vulnerable infants at risk of disease, such incidents have been disruptive and resource intensive, requiring staff exclusion, extensive contact tracing, antibiotic chemoprophylaxis and vaccination.

MFT have agreed to vaccinate staff with regular clinical contact with young, unimmunised infants in hospital or community settings. This includes general paediatric, paediatric cardiology, paediatric surgery and health visitor staff. In total this is a cohort of 5500 staff.

There is no additional external funds for this programme, however recognising the risk to vulnerable patients MFT Executive Directors have agreed to fund the purchase of the Pertussis vaccine (£149K) and deliver this through a peer-to-peer model of delivery, which will run in conjunction with the flu vaccination programme.

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<sup>4</sup> [JCVI statement on the COVID-19 vaccination programme for autumn 2024, 8 April 2024 - GOV.UK \(www.gov.uk\)](#)

<sup>5</sup> [Occupational pertussis vaccination of healthcare workers - GOV.UK \(www.gov.uk\)](#)

The programme is ready to commence, however the national supply of the pertussis vaccination has been unable to deliver the quantities required and discussions are on-going to locate additional stock through our pharmacy leads.

**Recommendations**

People Board Committee is asked to:

- Note and support the Trust Seasonal Flu vaccination programme for staff.
- Note and support the Trust position in regard to the COVID-19 vaccination.
- Note and support the Trust Pertussis vaccination programme for identified staff.

## Strategic objectives (Key)

Work with partners to help people live <b>longer, healthier lives</b>	<b>LHL objective 1</b>	Work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.
	<b>LHL objective 2</b>	Improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so people are cared for in the most appropriate place
Provide <b>high quality, safe care</b> with excellent outcomes and experience	<b>HQSC objective 1</b>	Provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience and outcomes wherever they are seen.
	<b>HQSC objective 2</b>	Strengthen our specialised services and support the adoption of genomics and precision medicine
	<b>HQSC objective 3</b>	Continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.
Be the place where <b>people enjoy working</b> , learning and building a career	<b>PEW objective 1</b>	Make sure that all our colleagues feel valued and supported by listening well and responding to their feedback. We will improve staff experience by embracing diversity and fairness, helping everyone to reach their potential
	<b>PEW objective 2</b>	Offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here
Ensure <b>value for our patients</b> and communities by making best use of our resources	<b>VfP objective 1</b>	Achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.
	<b>VfP – objective 2</b>	Deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships
Deliver world-class <b>research &amp; innovation</b> that improves people's lives	<b>R&amp;I – objective 1</b>	Strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part
	<b>R&amp;I – objective 2</b>	Apply research & innovation, including digital technology and artificial intelligence, to improve people's health and the services we provide
<b>Good governance</b>	<b>GG</b>	Deliver a safe, legally compliant and well run organisation

## Board of Directors (Public)

### Monday 11<sup>th</sup> November 2024

<b>Paper title:</b>	Biannual Safe Staffing Report (Nursing)	<b>Agenda Item 12.4</b>
<b>Presented by:</b>	Kimberley Salmon-Jamieson, Chief Nursing Officer	
<b>Prepared by:</b>	Mark Keegan, Corporate Director of Nursing for Workforce and Education; Marie Mathew, NMAHP Workforce Lead Nurse; Darren Dunleavy, NMAHP Workforce Programme Lead	
<b>Meetings where content has been discussed previously</b>	Quality, Safety and Performance Board Committee 30/10/24	
<b>Purpose of the paper</b> Please check <u>one</u> box only:	<input type="checkbox"/> For approval <input type="checkbox"/> For support <input checked="" type="checkbox"/> For discussion	

#### Executive summary / key messages for the meeting to consider

- 1.1 The report details the Trust position against the requirements of the National Quality Board (NQB) Safer Staffing Guidance for adult wards (2016)<sup>1</sup>, and the NHS Improvement (NHSI) Developing Workforce Safeguards Guidance, published in October 2018<sup>2</sup>.
- 1.2 It is a national requirement for the Board of Directors to receive this report bi-annually to comply with the CQC fundamental standards as outlined in the well-led framework. The previous report was received by the Board of Directors in May 2024. This report provides analysis of the Trust's Nursing and AHP workforce position at the end of **August 2024**.
- 1.3 Previous versions of this report provided analysis of Nursing, Midwifery and Allied Health Professional (AHP) workforce position. The Midwifery element is provided in a separate report.
- 1.4 Nationally the workforce position has seen a change. Data from NHS England show a vacancy rate of 7.8% (32,738)<sup>3</sup> vacancies in June 2024 (updated February 2024) for registered nursing and midwifery, which is a decrease of 2.8% from the same period the previous year when the vacancy rate was 10.7% (43,628) vacancies.
- 1.5 MFT has continued to benefit from successful recruitment campaigns both domestically and via international recruitment. At the end of August 2024 there were a total of **404.5wte (4.1%)** registered nursing and midwifery vacancies across the Trust, this includes increases to establishments since April 2024 of **171.9wte**. It is anticipated the vacancy position will decrease in September and October 2024 as we welcome our graduate starters.
- 1.6 Registered nursing and midwifery turnover has decreased to **9.2%** in August 2024 from **10.2%** in March 2024.

<sup>1</sup> [NHS England \(2016\) National Quality Board guidance on Safe Staffing](#)

<sup>2</sup> [NHS England \(2018\) Developing Workforce Safeguards](#)

<sup>3</sup> [NHS England \(2024\) Vacancy Statistics June 2024](#)

- 1.7 Sickness rates have plateaued through this financial year to date, ranging from a low of **6.0%** up to a high **6.8%**. Rates for band 2 and 3 staff have followed the same pattern and current stand at a rate of **9.6%**.
- 1.7 The Nursing & Midwifery Council (NMC) continues to see an increase in registrants. The NMC Register Mid-Year Data Report (March 2024) showed a record 634,440 nurses, midwives, and nursing associates registered with the NMC in England, which is an increase of 24,060 (3.9%) in 12 months from March 2023 in England<sup>4</sup>.
- 1.8 The Long-Term Workforce Plan (LTWP) focuses on retention, and retaining the knowledge and experience of staff, through a variety of methods, with a focus on valuing staff, offering flexibility, and promoting wellbeing amongst staff. The LTWP (NHSE, 2023)<sup>5</sup> places retention as one of three key priorities with the ambition to improve the retention of the workforce by 15% overall.
- 1.9 In May 2024, 89,248 registered Allied Health Professionals (AHPs) were working in the NHS in England which was an increase of 795 posts nationally from the previous report in March'24.
- 1.10 The Workforce position of the NHS is changing in line with the LTWP recommendations, which advocates an increase in domestically trained NHS staff, and reducing the Long-Term reliance on international recruitment and temporary staffing.
- 1.11 The total number of international recruited nurses (IR) and midwives joining the Trust in Q1 of 2024/25 is **52wte** due to the changing landscape within the Trust position and decreased reliance on international recruitment. The Corporate NMAHP Workforce team will continue to monitor domestic pipeline numbers and promote initiatives to attract and support domestic recruitment.
- 1.12 Domestic recruitment initiatives such as the Guaranteed Job Offer (GJO) scheme continue to attract newly qualified nurses and midwives and experienced nurses. The initiative resulted in the successful allocation of 381 offers to graduates, qualifying September 2024. This includes an addition of 266 registered nurses, 87 registered midwives, 26 registered nursing associates, and 2 registered operating department practitioners (ODP's) joining the workforce. Effective on-boarding with 'Keep in touch' initiatives with the students and regular engagement efforts are intended to result in a low attrition rate.
- 1.13 The Safer Nursing care Tool (SNCT) provides a framework for incorporating professional judgement and assessment of nursing sensitive outcomes as part of a triangulated approach to ensure nursing establishments reflect patient needs in terms of acuity and dependency. Originated in 2006, the tool was updated in 2013 and further refreshed in 2023. Two census collections have been undertaken in January 2024 and June 2024 as part of the annual SNCT census cycle.
- 1.14 Ward staffing has consistently remained above 92% of the planned staffing fill rates for registered staff and unregistered staff. The average fill rate against planned shifts in July 2024 was 94.5% for registered nurses and 94.2% for unregistered staff. In comparison, the fill rate in January 2024 was 92.5% and 95.9%.
- 1.16 Care hours per patient day (CHPPD) is the principal measure of workforce deployment in ward-based settings since April 2016. CHPPD is a metric to reflect care hours per patient bed day and is calculated by taking all the shift hours worked over the 24 hours period by registered nurses and nursing assistants and dividing this by the number of patients occupying a bed at midnight. The MFT wide average CHPPD level is **10.2** hours per patient against a national average of **8.5**<sup>6</sup>

<sup>4</sup> [Nursing & Midwifery Council \(2024\) The NMC Register Report March 2024](#)

<sup>5</sup> [NHS England \(2023\) NHS Long Term Workforce Plan](#)

<sup>6</sup> [NHS England \(2024\) Model Hospital](#)

hours and a Shelford average of **10.2<sup>7</sup>** hours, indicating that the Trust staffing levels result in a CHPPD level aligned with the Shelford average.

- 1.17 All of the Clinical Groups have a summary workforce position and safer staffing assurance included in the appendices.
- 1.18 During quarter 3 of 2024/25 several focused and time-limited schemes have been implemented to strengthen financial control and reduce unwarranted variation across the NMAHP workforce. Each scheme has a Professional Nursing / AHP lead and a Senior Finance Officer lead, with involvement of a nominated NMAHP and Finance representative from each Clinical Group. Quality Impact Assessments are completed for each scheme, and any changes to policy and/or practice will be approved through existing governance arrangements.

### Recommendation(s)

The Board of Directors is asked to receive this paper and note progress of work undertaken to support the Trust workforce plans and consider the NMAHP workforce position and the following recommendations.

- Safer Staffing reports for Nursing and AHP, and Midwifery, will be presented on a quarterly basis.
- Conduct a further SNCT Census of clinical areas before implementing changes to establishments/budgets.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

☐ **Yes** (please set out in your report what action has been taken to address this)

☒ **No**

### Relationship to the strategic objectives

The work contained with this report contributes to the delivery of the following strategic objectives (see key below)

LHL objective 1	<input type="checkbox"/>	LHL objective 2	<input type="checkbox"/>
HQSC objective 1	<input checked="" type="checkbox"/>	HQSC objective 2	<input type="checkbox"/>
HQSC objective 3	<input type="checkbox"/>	PEW objective 1	<input type="checkbox"/>
PEW objective 2	<input type="checkbox"/>	VfP objective 1	<input checked="" type="checkbox"/>
VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input checked="" type="checkbox"/>

### Links to Trust Risks

The work contained with this report links to the following strategic, corporate or operational risks.  
1 Failure to maintain essential standards of quality, safety, and patient experience

<sup>7</sup> [NHS England \(2024\) Model Hospital](#)

	3 Failure to meet regulatory expectations, and comply with laws, regulations, and standards 5 Failure to effectively plan for, recruit, and retain a diverse workforce with the right skills	
<b>Care Quality Commission domains</b> Please check <u>all</u> that apply	<input checked="" type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Responsive	<input type="checkbox"/> Caring <input checked="" type="checkbox"/> Well-Led
<b>Compliance &amp; regulatory implications</b>	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: <ul style="list-style-type: none"> <li>National Quality Board (NQB) Safer Staffing Guidance for adult wards (2016)</li> <li>CQC's fundamental standards – staffing; safety; good governance</li> <li>Developing workforce safeguards - Supporting providers to deliver high quality care through safe and effective staffing; NHSE; 2018</li> </ul>	

Main report	
<b>2</b>	<b>Introduction</b>
2.1	The bi-annual, comprehensive safer staffing report is provided to the Board of Directors outlining the Nursing and Allied Health Professions staffing capacity and compliance. The report details the Trust position against the requirements of the National Quality Board (NQB) Safer Staffing Guidance for adult wards (2016) <sup>8</sup> , and the NHS Improvement (NHSI) Developing Workforce Safeguards Guidance, published in October 2018 <sup>9</sup> .
2.2	This report provides analysis of the Trust's Nursing and AHP workforce position at the end of August 2024. The Clinical Groups present their workforce positions and plans in quarterly board reports to their Clinical Group Management Board. A summary of these reports is included in this report (Appendices).
<b>3</b>	<b>National Context</b>
	<b>Nursing and Midwifery</b>
3.1	Nationally, Nursing workforce supply and demand remains a well-recognised challenge within NHS Trusts. Dynamic initiatives in bridging the vacancy gap by the government through increased funding to recruit and train more nurses and midwives has been instrumental in changing the landscape within the workforce position both nationally and locally over the last 12-18 months.
3.2	Data from NHS England show a vacancy rate of 7.8% (32,738 vacancies) <sup>10</sup> in June 2024 (updated February 2024) for registered nursing and midwifery, which is a decrease of 2.8% from the same period the previous year when the vacancy rate was 10.7% (43,628) vacancies.
3.3	The NMC Register Mid-Year Data Report (March 2024) showed a record 634,440 nurses, midwives, and nursing associates registered with the NMC in England, which is an increase of

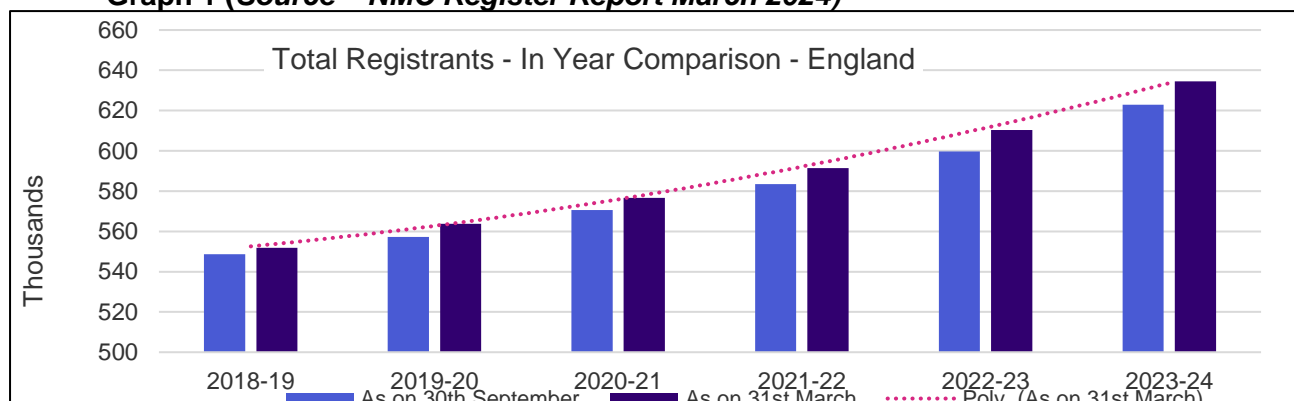
<sup>8</sup> [NHS England \(2016\) National Quality Board guidance on Safe Staffing](#)

<sup>9</sup> [NHS England \(2018\) Developing Workforce Safeguards](#)

<sup>10</sup> [NHS England \(2024\) Vacancy Statistics June 2024](#)

24,060 (3.9%) in 12 months from March 2023 in England<sup>11</sup>. Additionally, the current number of registrants represents an increase of 15% over a five-year period (Graph 1).

**Graph 1 (Source – NMC Register Report March 2024)**



- 3.4 The number of midwives registered in England with the NMC has increased by 5.4% in the last 12 months, now standing at a total of 36,189 (March 2024)<sup>12</sup>. A significant rise in the number (Up by 16.5%) of Nursing Associates, on the NMC register in the last 12 months, with a total 10,816 Nursing Associates on the NMC register, in England (2024)<sup>13</sup>.
- 3.5 As in previous years, there has been continued growth in international educated professionals joining the register in England in the last year. In total there were 9,903 international joiners<sup>14</sup>. It is anticipated through this financial year these rates will slow significantly given the reduction in international recruitment programmes across each NHS organisation.
- 3.6 Continued challenges with supply and demand on NHS staff remain. The persisting increase in demand is influenced by several factors most notably:
- An aging population with increase in the number of hospital admissions. In the NHS, 40% of hospital admissions and over 65% of bed days are attributed to people aged over 65<sup>15</sup>
  - NHS staff retirement. (Although 37% of retired staff return, it is noted majority return to part time hours<sup>16</sup>
  - NHS Maternity leave
  - Challenges to manage finances while protecting safety<sup>17</sup>
  - An increase in nursing workload due to a growing population with increased acuity, dependency, and comorbidities
  - Inefficient staffing and lower quality of care leading to patients often requiring longer hospital stays, readmission to hospitals and other care facilities, or additional treatments to address complications
  - Long term staff sickness absence reported due to anxiety, stress, depression accounting for over 155,000 days lost per month and accounting for 25.5% of current sickness absence reported in April 2024 for Nursing and Midwifery staff<sup>18</sup>.
  - Ongoing industrial action and its impact on NHS services and safe staffing levels. It is currently reported that over 1.4 million hospital appointments across the NHS have been impacted to date<sup>19</sup>.

<sup>11</sup> [Nursing & Midwifery Council \(2024\) The NMC Register Report March 2024](#)

<sup>12</sup> [Nursing & Midwifery Council \(2024\) The NMC Register Report March 2024](#)

<sup>13</sup> [Nursing & Midwifery Council \(2024\) The NMC Register Report March 2024](#)

<sup>14</sup> [Nursing & Midwifery Council \(2024\) The NMC Register Report March 2024](#)

<sup>15</sup> [British Geriatrics Society \(2023\) Protecting the rights of older people to health and social care](#)

<sup>16</sup> [HEE \(2023\) Thousands of Retired Staff Return to the NHS](#)

<sup>17</sup> [NHS Confederation \(2024\) The state of NHS finances 2024/25](#)

<sup>18</sup> [NHS England \(2024\) NHS Sickness Absence Rates April 2024](#)

<sup>19</sup> [NHS England \(2024\) Information for the public on industrial action](#)

- 3.7 These factors compound the reliance and usage of temporary staffing to ensure minimum safe staffing levels are met through NHS organisations. Recent financial reports from NHS England (2024) shows YTD spend for bank and agency staff at 4.83m<sup>20</sup>.
- 3.8 In 2023, the NHS Long Term Workforce Plan (LTWP) sets out the case for change, taking a more strategic and long-term approach to improving the workforce position, and proposes actions to be taken locally, regionally, and nationally in the short to medium term to address current and future workforce challenges. The LTWP recognised the rising demographic pressures, changing burden of disease, high number of vacancies across the NHS workforce, and the NHS's firm reliance on temporary staffing and international recruitment to fill service gaps to ensure safe staffing levels<sup>21</sup>,
- 3.9 The LTWP – Implementation update (Dec 2023)<sup>22</sup> identifies three key priority areas; Train, Retain and Reform:
- Train – increasing the number of students and trainees across every professional group and across every region is a key aspiration. Nurse education training places aim to increase by 34% to 40,000 by 2028/29 and by 80% to over 53,500 by 2031/32. The aim to have 28% of registered nurses training through degree level apprenticeships. By 2031/32 we plan to see 1,106 student nurses that will have been recruited to blended learning pilots to explore differing learning approaches to benefit nursing.
  - Retain – intentions to reduce the leaver rate from 9.1% in 2022 to between 7.4% and 8.2% over the next 15 years though ambitious has seen considerable progress with targeted interventions to improve retention. Staff leaver rate remains at 8.1% for the twelfth consecutive month (August 2023)<sup>23</sup>.
  - Reform – improving productivity by embracing technology and increasing the breadth of multidisciplinary teams by broadening the roles.
- 3.11 Staff retention programmes across England have seen a steady improvement in retention rates. The national all-staff leaver rate continues to decrease, now down to 7.7% in June 2024 (HEE)<sup>24</sup> and the overall nursing and midwifery leaver rate in June 2024 was 5.8%, lowest level since pre-2020. Leavers rates for staff under the age of 55 years has remained at a similar level throughout ranging from current low of 5.0% to peak of 6.6% last year. In contrast the leaver rate for over 55 years has significantly decreased in the last two years from high of 14.5% to 9.7% in June 2024<sup>25</sup>.

### **Allied Health Professionals**

- 3.12 Since the publication of Health Care Professional Council (HCPC) report “Retention rates of first time HCPC registrants<sup>26</sup>, in January 2023, MFT has continued to update its preceptorship programme for newly registered AHP staff in the workplace. MFT also received one year funding in March 2024 for a dedicated AHP People Promise Manager, who is focusing on AHP staff retention, work is ongoing with projects designed to address key staff survey findings via
- 3.13 The HCPC Continuing Professional Development 2023 audit statistics are now available (<https://www.hcpc-uk.org/about-us/insights-and-data/cpd/cpd-audit-statistics-2021-2023>). For the AHP professionals employed at the trust who were sampled to present their CPD portfolio, none were removed from the register. Nationally, a very low percentage of between 0 – 0.6% of professionals are removed each year.

<sup>20</sup> [NHS England \(2024\) Financial Performance Report](#)

<sup>21</sup> [NHS England \(2023\) NHS Long Term Workforce Plan](#)

<sup>22</sup> [NHS England \(2023\) Long Term Workforce plan – Implementation Update](#)

<sup>23</sup> [NHS England \(2023\) Support available to improve staff retention](#)

<sup>24</sup> [HEE \(2024\) Secondary Care Workforce Leaver Rate](#)

<sup>25</sup> [HEE \(2024\) Secondary Care Workforce Leaver Rate](#)

<sup>26</sup> [HCPC \(2024\) Retention rates among registrants joining HCPC](#)

- 3.14 In May 2024, 89,248 registered AHPs were working in the NHS in England which was an increase of 795 posts nationally from the previous report in March'24. Diagnostic Radiography had the largest increase in staff at 1.8% (NHS Workforce Statistics, May 2024). Nationally, Podiatry and Operating Department Practitioners saw a reduction in 57 and 24 posts respectively.
- 3.15 Following the issue of The Long-Term Workforce Plan (2023), the HEIs and provider trusts in the Northwest have responded to NHSE Northwest about their capacity to train learners. The resultant Multiprofessional Education & Training Plan (METIP) for registered AHP training places for the next three years from 24/25 has been shared with Greater Manchester AHP workforce leads for final response and MFT has responded.
- 3.16 There is no equivalent to the Safer Nursing Care Tool for AHPs to determine optimal staffing levels, however their guidance is provided for specific clinical areas, such as Stroke (SSNAP) and Critical Care (GPICS v3). The NHSE Chief Allied Health Professional Officer is due to review this position in 2025.

#### 4. Undergraduate Nursing and AHP Pre-Registration Education Pipeline

- 4.1 Recruitment to undergraduate Nursing and Allied Health Professionals programmes to commence in September and October 2024 is complete. Data published by University and Colleges Admissions Service (UCAS)<sup>27</sup> highlights that in 2024 there were 41,520 nursing applications to UK universities, this represents a 5.5% decrease from 2023 and are at their lowest for five years. The number of applicants to nursing programme providers in England decreased by 7.8% in 2024. The largest decreases were in the number of applications from those aged 25 and over, 25-29 years down (15.4%), 30-34 years down (12.5%) and those aged 35 and over down (10.9%).
- 4.3 At the time of writing of the report, data regarding number of applications to undergraduate programmes at Greater Manchester (GM) universities is not yet available. The collaborative work of GM provider organisations and Higher Education Institutes (HEIs) continues to support a predicted increase to the pre-registration education pipeline locally, for nursing and AHPs. The predicted recruitment numbers for direct entry Student Trainee Nursing Associates programmes continues to increase for 2024/25

#### 5. MFT Workforce Position

##### Nursing Vacancies

- 5.1 The Trust has continued to benefit from successful recruitment programmes, although our international recruitment programmes have been reduced in the early stages of 2024. **375wte** registered nurses have joined the organisation in the last six months.
- 5.2 At the end of August 2024 there were a total of **313.6wte (3.5%)** registered nursing vacancies across the Trust, this includes increases to establishments since April 2024 of **177.4wte**. It is anticipated the vacancy position will decrease in September and October 2024 as we welcome our graduate starters. Successful maintenance of our vacancy position is in part due to a decrease in turnover, to **9.2%** in August 2024 from **10.2%** in March 2024.
- 5.3 MFT's overall nursing vacancy rate (**3.5%**) continues to be lower than the national vacancy rate of **7.8%**<sup>28</sup> and the Northwest vacancy rate of **7.0%**<sup>29</sup>.

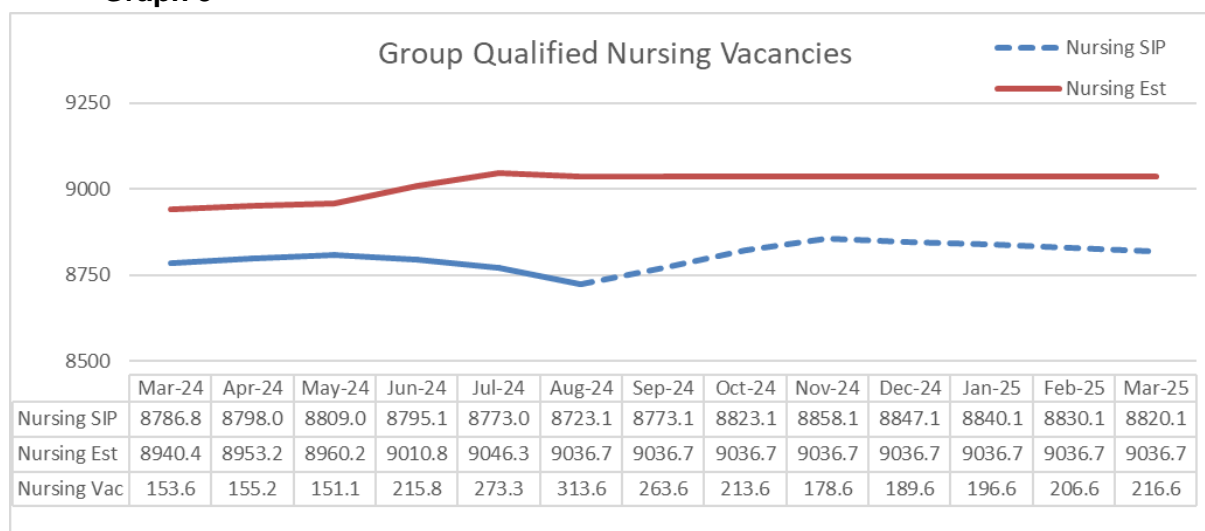
<sup>27</sup> [UCAS \(2024\) 2024 Cycle Applicant Figures](#)

<sup>28</sup> [NHS Digital \(2024\) Vacancy Statistics June 2024](#)

<sup>29</sup> [NHS Digital \(2024\) Vacancy Statistics June 2024](#)

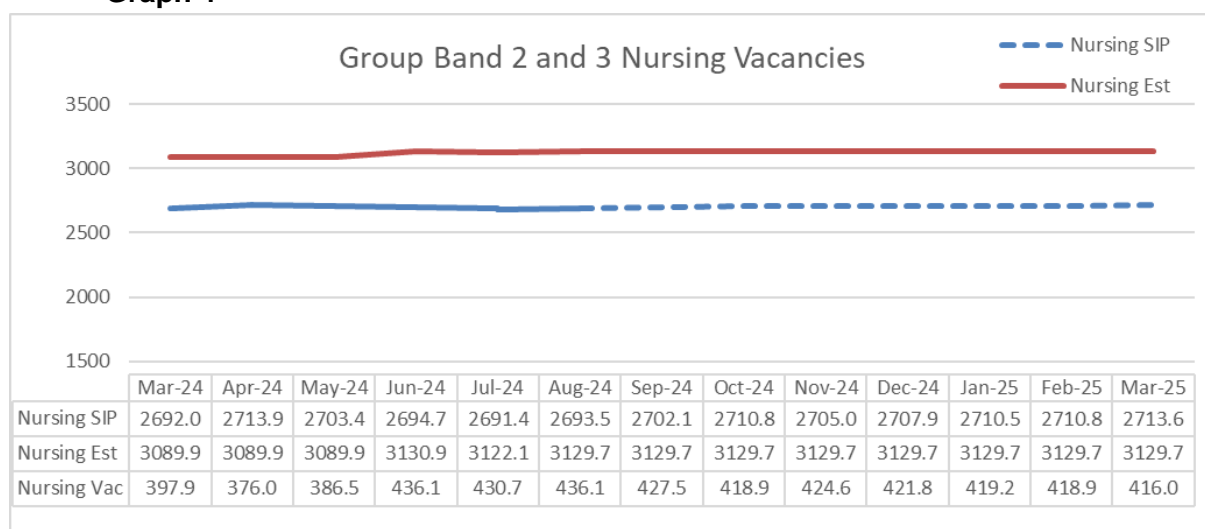
- 5.4 Workforce modelling undertaken in February 2024 predicted the vacancy position would initially increase in Q1 and Q2 and then reduce due to anticipated graduate starters.
- 5.5 Applying the current workforce assumptions relating to domestic recruitment in Q3 and Q4 and the end of the international recruitment programme, further recent workforce modelling predicts we will likely see a decrease in vacancies in Q3 followed by a slow steady increase through to the end of the financial year, up to **216.6wte (2.4%)**. (**Graph 3**). A large proportion of these predicted vacancies will be at band 5.

**Graph 3**



- 5.6 The number of vacancies at band 2 and 3 continues to be a cause for concern at end of August 2024, **band 2 and band 3** vacancies totalled **436.1wte (13.9%)**. The scheduled group wide recruitment event in Autumn coupled with hospital lead events had initially seen a reduction in vacancies down to lowest recent position of **376.0wte** in April 2024. However, increases to establishment during this period have again increased vacancies to the current position of **436.1wte**.
- 5.7 Clinical Group leadership teams are currently establishing recruitment plans for Q3 and Q4, with further recruitment events required to lower the vacancy position. Modelling has been undertaken through to March 2025 based on the current known recruitment plans. It is predicted that MFT's vacancy position will improve very slightly before the end of the financial year, down to **c416.0wte (see Graph 4)**.

**Graph 4**



## **Nursing Turnover**

- 5.8 At the end of August 2024, the 12-month rolling turnover rate for registered nurses and midwives was **9.2%**, this is a decrease since March 2024 when the rate was **10.2%**. The trust turnover rate is lower than the current national turnover rate for nursing and midwives in acute NHS trusts which is **10.0%**<sup>30</sup>, the current Greater Manchester nursing turnover rate is 9.8%.

## **Nursing Sickness Absence**

- 5.9 Sickness rates have plateaued through this financial year to date, ranging from low of **6.0%** up to a high **7.1%** with gradual peaks and troughs. Current rates at the end of August 2024 are **0.4%** higher than in March 2024. Rates for band 2 and 3 staff have followed the same pattern and the current rates at 9.6% are the same as they were in March 2024 and have noted a brief peak in June 2024 of **10.5%**.
- 5.10 Targeted initiatives remain in place to reduce sickness absence by **2%** as identified in the annual workforce plan. These include improved utilisation of Absence Manager, additional training, and Workforce and EHW case conference discussions for long term sickness and absence prevention focusing on wellbeing of staff.

## **6. Nursing Recruitment**

### **Domestic Recruitment**

- 6.1 Trust wide recruitment initiatives continue to attract newly qualified nurses and midwives and experienced nurses. The Trust supported the Guaranteed Job Offer (GJO) initiative offering the opportunity for all nursing and midwifery students, trainee nursing associates (TNA) and operating department practitioners on placement at MFT, qualifying around September 2024 to be offered a post (subject to graduating/registration). Applications were received from over 400 candidates in total across the disciplines. The initiative has resulted in successful recruitment of 248 student nurses, 2 Operating Department Practitioner's (ODP) and 23 Nursing Associates with remaining allocations due to be completed before August. These students are likely to take up posts before December 2024 factoring a 20% attrition rate since some applicants withdraw from the recruitment process to join other Trusts.
- 6.2 Participation at external recruitment events such as the Nursing Times Event and Higher Education Institute (HEI) led events continue to showcase MFT as an employer of choice with a range of opportunities for different specialities.
- 6.3 A corporate led Trust wide Band 2/3 recruitment campaign was launched in May 2024 to address the high vacancy rate for unregistered staff. Attraction campaign was commenced 4 weeks prior to the event and promoted through MFT social media platforms, paid media, local organisations linked to widening participation including department of work and pensions, colleges and training providers, housing associations and third sector organisations. The campaign resulted in 90wte Band 2 staff successfully recruited by July 2024. It is acknowledged that competition in surrounding areas in terms of roles at Manchester Airport or local supermarkets is of concern about the attractiveness of the role to the local population. Undertaking market research to understand the local population will support with future attraction campaigns for better outputs.

### **International Recruitment**

- 6.4 The international recruitment (IR) programme has been paused due to the overall 3.5% nursing vacancy rate, which continues to be lower than the national vacancy rate of 7.8% and the Northwest vacancy rate of 7.0.. The final cohort of international nurses joined the trust in July

<sup>30</sup> [NHS Digital \(2024\) Workforce Statistics](#)

2024 taking the total for 2024/25 to 52.0wte. Domestic pipeline numbers will be monitored closely to ensure that the workforce pipeline is robust enough to support our workforce commitment.

### **Nursing Associate Workforce**

- 6.5 MFT have supported a total of **414** apprentice nursing associates to complete their programme since January 2017. There are currently **94** trainee nursing associates (TNA) across the trust undertaking their training through the apprenticeship route in addition to those we support through the self-funded route. Several nursing associates have gone onto complete further qualifications and study within MFT. There are currently registered nursing associates working across all hospitals and community setting and theatre areas within MFT.

### **Allied Health Professions Workforce**

- 6.8 At the end of July 2024, the AHP vacancy position was 92.4wte (5.1%), This is a 1.4% increase since December 2023. This excludes ODPs as this profession is included in the nursing theatre workforce data. Radiography had the highest vacancy number.
- 6.9 The leaver rate for registered AHPs was 12.1% in July 2024, which is 0.8% lower than December 2023. Sickness absence rates for registered AHPs in July 2024, was 5.2%. This is an increase from sickness in April 2024 when the rate was 4.6%.
- 6.10 AHP apprenticeship provision has continued to grow, with Occupational Therapy (5 learners), Speech & Language beginning in September 2024. A dietetics apprenticeship is due to start in Spring 2025.
- 6.11 Progress has been made to offer more learning for AHP support workers. Access to functional skills, via the trust apprenticeship scheme is now available and Manchester College will provide a Higher Development Award from September 2024. In addition, six staff will begin Level 3 and Level 5 AHP apprenticeships in September 2024 and February 2025.
- 6.12 Development of the AHP staffing dashboard, with consistent data fields to nursing, is ongoing to ensure data reporting is reflective of the current workforce.

### **Allied Health Professionals Domestic Recruitment Initiatives**

- 6.13 Centralised recruitment of rotational occupational therapists and physiotherapists at Wythenshawe Hospital who work across WTWA, Specialised Ability Centre and South LCO. This has enabled cross boundary rotations providing staff with acute and community experience and it has enabled recruitment into some hard to recruit community posts.
- 6.14 Recruit to Turnover (RTT) continues to be a successful strategy for CSS AHP Services to maintain safe AHP staffing levels during vacancies, periods of recruitment and maternity leave.
- 6.15 Secondments have been maintained to foster staff development and pilot AHP services in new areas e.g. Manchester Institute for Health and Performance, Employee Health and Wellbeing, Christie Hospital and Research initiatives, it enables AHP leads to support staff secondments.
- 6.16 Imaging has introduced apprenticeship roles for Mammography, Diagnostic Radiography and Radiographer Assistants with a view to introducing within Ultrasound.
- 6.17 Close collaboration with the Northwest Imaging Academy to undertake workforce surveys in relation to Reporting Radiographers and Imaging Support Workers. The Division has been successful in gaining funding from the NWIA for several post-graduate courses & CPD events for Radiographers.

## 7.0 Safe Staffing

### National Guidance

- 7.1 Recommendations set out in the Developing Workforce Safeguards Report 2018 focus on accountability and monitoring of nursing establishments and responding to unplanned changes in daily staffing. The guidance states organisations must demonstrate compliance with the key principles of safe staffing, supporting a triangulated approach to decide staffing requirements combining evidence-based tools such as Safer Nursing Care Tool (SNCT) and Birth-Rate Plus (BR+) data to measure patient acuity and dependency, professional judgement, patient quality outcomes, accreditation, and harm.
- 7.2 The Trust is actively involved in the ongoing development of safer staffing tools through its membership of the Shelford Group Safer Nursing Care Tool Steering Committee. Karen Vaughan, Deputy Director of Nursing at RMCH is a Chief Nursing Officer for England Safer Staffing Fellow and Kate Robinson, Lead Nurse for Workforce & Education at WTWA will commence the programme in 2025.
- 7.3 The Trust is required to submit a monthly Safe Staffing Unify Report to NHSI detailing actual registered nurse staffing levels as a percentage against those that were planned. The average fill rate against planned shifts in July 2024 was 94.5% for registered nurses and 94.2% for unregistered staff. In comparison, the fill rate in January 2024 was 92.5% and 95.9%.
- 7.4 The Trust overall has consistently remained above 92% of the planned staffing fill rates for registered staff and unregistered staff. It is important to note that these fill rates are based on the commissioned bed base of each area and do not take account of any additional beds that are open, therefore caution should be applied with this data.

### Care Hours Per Patient Bed Days (CHPPD)

- 7.5 Care hours per patient day (CHPPD) is the principal measure of workforce deployment in ward-based settings since April 2016. CHPPD is a metric to reflect care hours per patient bed day and is calculated by taking all the shift hours worked over the 24 hours period by registered nurses and nursing assistants and dividing this by the number of patients occupying a bed at midnight.
- 7.6 CHPPD is not indicative of the total amount of care provided on a ward nor does it directly show whether care is **safe, effective or responsive**, therefore must be **considered in conjunction with measures of safety and quality and using professional judgement**.
- 7.7 CHPPD relates to hospital inpatient wards only where patients stay overnight.
- 7.8 CHPPD is calculated using the data supplied to NHS England via a monthly nurse staffing return known as the “Hard Truths” report (Department of Health 2014) NHS England “Model Hospital” is used as a data platform to view productivity and CHPPD from across NHS providers in England.
- 7.9 CHPPD can be viewed for each professional group that deliver care in a ward-based setting or as a combined total for benchmarking productivity against regional providers or national peers. This ensures skill-mix is well-described and the nurse-to-patient ratio is considered when deploying the clinical professionals to provide the planned care, reflected alongside an aggregated overall actual CHPPD.
- 7.10 There is no national target for CHPPD, however NHSI publish the data on the NHSI Model Hospital<sup>31</sup> portal for Trusts to benchmark the data against other organisations. **Table 1**

<sup>31</sup> [NHS Model Hospital System](#)

illustrates the recent Trust CHPPD data against the median level across all NHS Trusts and those within the Shelford Group. The MFT Trust wide average CHPPD level is **10.2** hours per patient against a national average of **8.5**<sup>32</sup> hours and a Shelford average of **10.2**<sup>33</sup> hours, indicating that the Trust staffing levels result in a CHPPD level aligned with the Shelford average. The previous MFT Trust wide average CHPPD in December 2023 was **9.7** hours per patient against a national average of **8.4** hours and a Shelford average of **9.7** hours indicating that the Trust staffing levels result in a CHPPD level aligned with the Shelford average consistently.

**Table 1**

CHPPD (Total Nursing & Midwifery Staff)	June 2024
MFT	10.2
Shelford	10.2
National	8.5

- 7.11 The lack of national CHPPD targets limits the validity and use of this data to inform safer staffing decisions although it is recommended that benchmarking against other organisations is considered when undertaking a workforce review.
- 7.12 SNCT provides a recommended number of staff (measured as whole-time equivalents) and does not differentiate between unregistered and registered staff, and CHPPD can be a useful indicator used alongside the SNCT audit to assess productivity and skill mix as it differentiates between registered and unregistered staff.
- 7.13 The Care Hours per Patient Day (CHPPD) at the Trust level has remained stable demonstrating where safely possible the workforce is being deployed to meet patient activity and patient needs. Benchmarking data from NHS England Model Hospital<sup>34</sup> (July 2024) demonstrates that the Trust value sits within the highest of the four quartiles at 10.2, aligned to the peer median of 10.2 and is above the national mean of 8.5.

### Daily Staffing Review

- 7.14 The Trust's Safer Nursing & Midwifery Staffing Guidance (version 7) continues to inform the monitoring and escalation of nursing and midwifery staffing levels.
- 7.15 Nurse staffing levels within the Clinical Groups are reviewed daily in real time and monitored through the 'safer staffing huddles' to ensure they are adequate to meet patient acuity and nursing needs on each ward and department. The level of staffing requirements including bed occupancy, planned staffing and staffing attendance are undertaken by senior nursing and midwifery staff at their daily 'staffing huddles' within each Clinical Group. The daily staffing levels are viewed along with reported outcome measures to provide safe and effective patient care. Professional judgment in managing unplanned absences or increased demand, alongside the skill mix and competences is paramount to provide the safest care possible across the organization. The process informs identification of the staffing escalation position and the identification of any red flag staffing events. A risk rating is calculated for each area.
- 7.16 A staffing escalation position above 'level 3' initiates escalation to the Director of Nursing to review staffing and identify mitigating actions such as mutual aid between Clinical Groups. Director of Nursing daily staffing escalation meetings are undertaken during periods of escalation and in response to the trusts EPRR process.

<sup>32</sup> [NHS England \(2024\) Model Hospital](#)

<sup>33</sup> [NHS England \(2024\) Model Hospital](#)

<sup>34</sup> [NHS England \(2024\) Model Hospital](#)

- 7.17 The Nursing Dashboards shared with the Hospital Directors of Nursing provide a comparison of Nursing workforce and safe staffing data against quality outcomes. On review of the planned staffing fill rate, there is no direct correlation found between wards with a lower fill rate and nurse sensitive indicators including patient falls, pressure ulcers and medication errors.
- 7.18 Temporary staffing has continued to be utilised to support staffing levels throughout the Trust. Weekly NHS Professionals (NHSP) temporary staffing huddles ensure maximisation of engagement between Clinical Groups and NHSP. Opportunities to maximise our temporary staffing bank fill remains the priority with NHSP. The average fill rate for registered nurses is 77.1% in Q2 24/25 and 88.2% for unregistered staff. MFT has continued to focus on removal of nursing agency supply and high premium rates. The agency usage for nursing and midwifery is now isolated to two specific services in community. Review is currently taking place between NMAHP corporate workforce team and LCOD Director of Nursing.
- 7.19 The Allocate SafeCare Tool is utilized in real time within the staffing huddles to match ward staffing levels with patient acuity, providing control and assurance from bedside to board. During the staffing huddle, safe staffing levels are discussed and, utilising professional judgement, resources are managed based upon patients' acuity and dependency, quality and safety indicators and issues that may affect patient safety and experiences.

### Quality Metrics to support Safe Staffing

#### Staffing Incidents

- 7.20 In addition to the above pro-active tools which are used throughout the organisation, the Trust has established a staffing escalation system through the incident reporting process, managed through the Trusts incident system Ulysses patient safety management system (PSMS). Incidents are automatically notified to Clinical Group senior leadership teams when staffing levels fall below a minimum level resulting in delays in care. PSMS ensures that the trust can demonstrate a robust governance process, which is fully compliant with the trusts statutory, contractual, and ethical responsibility for patients' safety.
- 7.21 During April 2024- July 2024, 1012, incidents related to staffing were reported. There is significant reduction in the number of incidents reported overall in comparison to the previous 6 months from April 2023 to September 2023 where a total of 1327 incidents were reported (**Table 2**). Overall, 2918 incidents were reported in 2023/24 in comparison to 3190 in the previous 12 months in 2022/23. The majority of the incidents 89% (2600) were recorded as no harm, and the appropriate actions were taken at the time (when investigations had been successfully closed).
- 7.22 A total of 168 (14.52%) of these incidents have been identified as 'red flag' incidents (as defined by NICE) due to a delay in fundamental care, delays in time-critical activity, delays in providing pain relief and unable to provide 1:1 care. It is recognised that despite no adverse clinical outcome, the delays in care have had a negative impact on the overall experience of patients and staff. Most of the incidents recorded 888 (76.75%) were due to staffing levels and skill mix.

**Table 2**

Incident Actual Impact	Incident Period October 2023 – March 2024	Incident period April 2024 –July 2024
Level 1 – No harm	1146	929
Level 2 – Slight	178	81
Level 3 -Moderate	2	2
Level 4 -Severe	1	0
<b>Overall</b>	<b>1327</b>	<b>1012</b>

## Safer Nursing Care Tool

- 7.23 The Trust utilizes SNCT to determine the acuity and dependency of patients. SNCT is an evidence-based tool and methodology developed by the Shelford Group and endorsed by the National Institute for Health and Care Excellence and provides a framework for incorporating professional judgement and assessment of nursing sensitive outcomes as part of a triangulated approach to ensure nursing establishments reflect patient needs in terms of acuity and dependency. Originated in 2006, the tool was updated in 2013 and further refreshed in 2023. The revised version of the tool published in October 2023 incorporates updated patient levels of care descriptors with two additional levels of care (1c and 1d) for one-to-one care and two to one care., aligned to refreshed nursing resource multipliers. The tool also provides for traditional ward layout with a separate section for side roomed wards.<sup>8</sup>
- 7.24 Two ward census collections have been undertaken in 2024 utilising the revised tool, in January 2024 and July 2024 as part of the annual SNCT census cycle. The census is completed by no more than three trained leaders per ward for the duration of the data collection period including the ward manager. Senior nursing lead from the Corporate NMAHP workforce team is responsible for quality control of the data collection, process and outputs. External data validation is undertaken weekly by a trained senior nurse outside the ward's budgetary control.
- 7.25 The census provides a clear depiction of the progressive impact of using the revised SNCT and opportunities for the triangulation of data and professional judgement to support evidenced-based decision making, thus supporting the principles of safer staffing, and achieving optimal nurse staffing levels.

## SNCT Analysis

- 7.26 The bi-annual ward SNCT census collections undertaken in July 2024 included a total of 92 inpatient areas completing the census using the revised SNCT descriptors.
- 7.27 The SNCT census does not include Intensive Care Units and Maternity who align to their respective guidelines for staffing recommendations such as the Guidelines for the Provision of Intensive Care Services (GPICS) and Birthrate Plus. This census does not also include Emergency Departments.
- 7.28 SNCT guidance requires review of data from a minimum of two census periods before implementing changes to establishments/budgets. With multiple changes in ward function, a number of ward moves, and the modifications made to the SNCT prior to the most recent census, a subsequent census is required to confirm establishments.
- 7.29 The July census collection has identified 37 clinical areas (39%) to have a funded establishment 10% or more below the SNCT recommended establishment (**Table 3**). 14 of these areas are within MRI, 4 areas at NMGH, 4 areas at RMCH and 14 areas at WTWA. This is an increase of 7 areas in comparison to the January 2024 census.
- 7.30 Of the 37 areas, 19 areas were identified to have a funded establishment 10% or more below the SNCT recommended establishment in the previous census undertaken in January 2024. This included 9 areas within MRI, 7 areas within WTWA, 2 areas within NMGH and 2 areas within RMCH.
- 7.31 These areas mainly comprised of Inpatient Medical Specialities (7 wards), Emergency Assessment and Access (1 ward) and Urology, Renal and Transplant ( 1 ward) within MRI. Within WTWA the areas were Medical Specialities and Outpatients ( 4 wards) , Surgery & Theatres (1 ward), Cardiac ( 1 ward) and Trauma & Ortho ( 1 ward).Surgery ( 2 wards) . Within RMCH the areas were in Surgery and Theatres ( 2 wards) and within NMGH the areas were in the Division of Medicine ( 2 wards).

- 7.32 The SNCT recommendation suggests a deficit of 222.48wte across the 14 areas at MRI, 44.26wte within 4 areas at NMGH, 211.599wte within the 15 areas at WTWA 39.53wte within the 4 areas at RMCH. The collective recommended Trust establishment change is an overall increase of 478.33wte in the overall establishment, breakdown illustrated in Table 3. This is a significant increase from the collective recommended establishment of 211wte in the January 2024 census.
- 7.33 It should be noted that the patient acuity has considerably increased due to non-invasive ventilation and enhanced patient observations in areas providing acute respiratory care. The refreshed SNCT multipliers, specifically category 1c, factor the increased acuity and dependency requirements of patients in these areas indicating a need for an increased establishment. The additional staffing will support the rising complex needs of these patient groups. Review of staffing is however recommended for areas that have been reconfigured preceding the census.
- 7.34 Triangulation of data shows a reduction in the qualified nursing turnover below trust target of 12.6% for MRI at (9.0%), NMGH at (6.6%), RMCH at (10.1%) and WTWA at (8.3%). Nonetheless the unregistered nursing turnover remains high for MRI (14.8%) and RMCH (15.9%) and reduced for NMGH (13.1) and WTWA (12.6%).
- 7.35 The nursing vacancies continue to remain high within the unregistered workforce within MRI (106.4wte), WTWA (163.9wte) and RMCH (47.7wte) which impacts skill mix and effective care provision to patients requiring enhanced care.
- 7.36 Staffing incidents were reported from 8 of these areas, however majority of the areas (75%) only reported one incident relating to safe staffing and 28 areas had no safe staffing incident reported. The number of incidents in relation to nurse sensitive indicators such as falls, pressure ulcers, medication errors and healthcare associated infections were reported from areas irrespective of the accreditation status.

**Table 3**

Hospital	Ward	Funded Est. (WTE)	SNCT Recommended (Jan-24) WTE	Variance (Jan-24) %	SNCT Recommended (July-24) WTE	Variance (July -24) %
<b>MRI</b>	Ward 4	29.45	35.97	23%	46.54	-58%
<b>MRI</b>	AMU (Ward 18&19)	84.28	109.02	-29%	108.54	-29%
<b>MRI</b>	Ward 6	38.77	79.94	-106%	81.16	-109%
<b>MRI</b>	Ward 5	38.60	37.22	6%	60.29	-56%
<b>MRI</b>	Ward 10	31.99	41.56	-45%	47.04	-47%
<b>MRI</b>	Ward 9	42.50	51.90	-22%	62.68	-47%
<b>MRI</b>	AM2	39.92	49.02	-14%	47.77	-20%
<b>MRI</b>	Ward 1	41.56	47.60	-10%	47.52	-14%
<b>MRI</b>	Ward 2	41.56	42.08	1%	53.34	-28%
<b>MRI</b>	Ward 30	35.73	35.25	4%	40.57	-14%
<b>MRI</b>	Ward 31	39.10	53.29	-36%	48.77	-25%
<b>MRI</b>	Ward 32	36.73	37.21	1%	45.90	-25%
<b>MRI</b>	Ward 45	26.93	45.03	-13%	41.04	-52%
<b>MRI</b>	Ward 37	35.11	52.91	-43%	53.55	-53%
<b>NMGH</b>	E1	46.51	52.47	-13%	54.39	-17%
<b>NMGH</b>	E3	46.51	41.71	10%	58.58	-26%
<b>NMGH</b>	H4	39.86	48.34	-21%	46.94	-18%
<b>NMGH</b>	H3/J6	106.49	120.65	-10%	123.72	-16%
<b>WTWA</b>	ELM Unit	48.99	56.19	-15%	60.50	-23%

WTWA	Jim Quick Ward	21.55	26.88	-25%	28.45	-32%
WTWA	Pearce	28.92	28.36	2%	32.93	-14%
WTWA	A3 (A1 & A3)	30.31	91.07	-4%	48.68	-61%
WTWA	A7	37.87	38.52	-2%	46.97	-24%
WTWA	AMU	90.24	98.25	-6%	111.61	-24%
WTWA	Wilson	31.40	43.74	-39%	37.73	-20%
WTWA	F12	38.54	41.69	-8%	64.69	-68%
WTWA	F14	38.65	49.85	-31%	51.77	-34%
WTWA	F15	39.25	42.49	-20%	44.25	-13%
WTWA	Opal House	55.49	62.44	13%	70.89	-28%
WTWA	A2	36.71	39.10	-7%	42.54	-16%
WTWA	A4	37.60	43.51	-8%	43.10	-15%
WTWA	A5	45.09	62.87	-27%	59.02	-31%
WTWA	A6	40.80	50.70	-10%	50.34	-23%
RMCH	Ward 76	23.19	32.42	37%	32.69	-41%
RMCH	Ward 78	58.59	72.02	-13%	69.85	-19%
RMCH	Ward 85	52.14	61.54	-10%	60.29	-16%
RMCH	NMGH inpatient ward	31.90	42.08	13%	42.52	-15%

7.37 Conversely, the recent SNCT census report has identified 28 areas to have a funded establishment 10% or more above the SNCT recommended establishment (**Table 4**). This includes 8 areas at MRI, 11 areas at NMGH, one area at RMCH, one area at SMH and 7 areas at WTWA.

7.38 Of the 28 areas, 18 areas had reported a funded establishment 10% or more above the SNCT recommended establishment in the previous census undertaken in January 2024. This included 4 areas from MRI, 9 areas from NMGH, 3 areas from WTWA, one area each from RMCH and SMH.

7.39 The areas reported to be over established from MRI were mainly from Cardiovascular (one ward) , GI medicine & Surgery (one ward), Inpatient Medical Specialties (one ward) and Head & Neck (one ward). Within NMGH the areas were mainly from Division of Medicine (4 wards) and Surgery (5 wards). The area reported to be over established from RMCH included one ward from Children's Surgery. SMH included one ward from Gynae speciality.

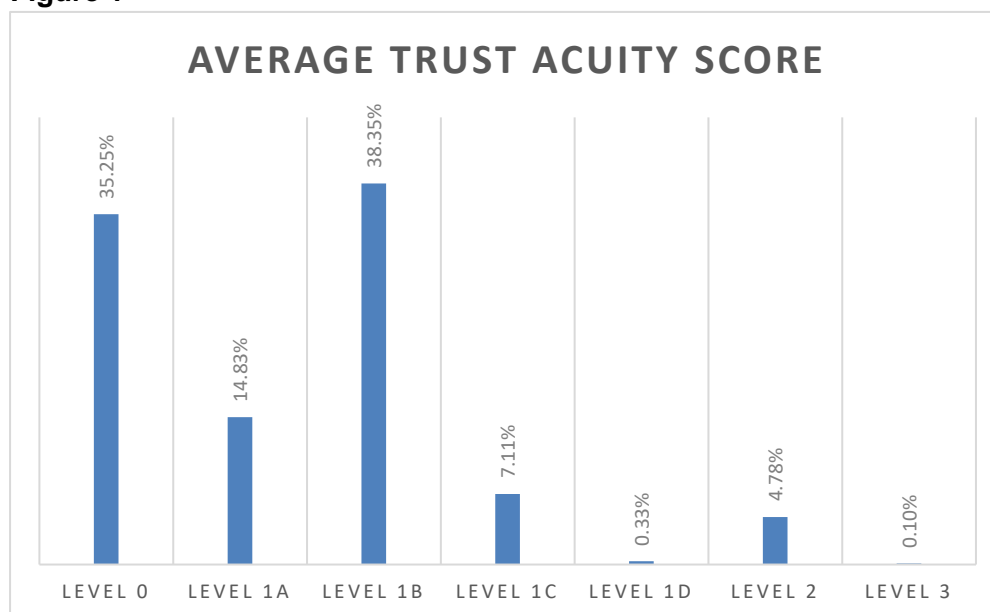
**Table 4**

Hospital	Ward	Funded Est. (WTE)	SNCT Recommended (Jan-24) WTE	Variance (Jan-24) %	SNCT Recommended (July-24) WTE	Variance (July - 24) %
MRI	ACC	43.04	36.60	15%	37.91	12%
MRI	MVC	76.44	84.00	-7%	49.20	36%
MRI	EVC				41.09	46%
MRI	AM4	48.03	51.86	-10%	39.36	18%
MRI	Ward 11	43.92	32.35	31%	35.26	20%
MRI	Ward 46 Gastro	43.70	42.34	7%	37.28	15%
MRI	ETC Surgery	47.36	44.52	12%	37.82	20%
MRI	SAU	67.43	46.94	17%	42.92	36%
NMGH	F1	37.00	31.57	15%	31.45	15%
NMGH	F4	35.28	27.13	23%	22.15	37%

NMGH	J3/J4	56.54	50.77	10%	42.19	25%
NMGH	C3	35.28	27.49	22%	31.01	12%
NMGH	C4	35.28	41.35	-17%	24.51	31%
NMGH	C5	24.36	13.96	43%	13.86	43%
NMGH	C6	24.36	13.87	43%	11.88	51%
NMGH	D5	34.35	23.23	32%	18.16	47%
NMGH	D6	35.76	21.92	37%	22.83	36%
NMGH	F2 STU	40.52	22.60	44%	20.51	49%
NMGH	F3	35.58	34.40	3%	29.56	17%
SMH	F16	29.96	18.05	40%	16.07	46%
WTWA	F3 Lung Surgery	22.44	24.49	-10%	19.56	13%
WTWA	F5	51.50	41.30	45%	43.05	16%
WTWA	F2N	28.11			17.81	37%
WTWA	NWVU	36.57	32.14	12%	29.33	20%
WTWA	POU	25.74	23.34	12%	22.05	14%
WTWA	F7	44.42			35.61	20%
WTWA	Ward 12	47.80			16.73	65%
RMCH	Ward 81 - Burns Unit	34.16	24.66	25%	24.32	29%

- 7.38 The report suggests reduction of 49.08wte at MRI, 126.20wte at NMGH, 13.89wte at SMH, 9.84wte at RMCH, 72.44wte at WTWA. The collective recommended Trust establishment change is an overall reduction of 271.45wte in the overall establishment, breakdown illustrated in **Table 4**.
- 7.39 It is acknowledged that ward reconfigurations, changing patient demographics, reduced patient flow and seasonal variation could be potential factors impacting the acuity and dependency scores for areas reported to be above the SNCT recommended establishment.
- 7.40 Of the 28 areas, 18 areas had been reported to be over established in the previous census. 6 areas have reported an increase in variance from the previous census, of which 3 areas had been aligned to the recommended SNCT guidance in the previous census. This can be attributed to seasonal variation, reduced acuity and dependency of patients, ward reconfiguration and changes in service functions in comparison to the previous census.
- 7.41 The overall average percentage of data for adult ward acuity demonstrates that the highest proportion of patients are stable, and dependent on nursing care with (38.35%) of level 1b patients. This level indicates a patient is requiring a high level of nursing time and support. Significant proportion of the patients (35.25%) are level 0 patients (Figure 1). As expected, there are a low number of level 3 patients. The proportion of patients requiring enhanced observation of care has increased marginally by (0.35%) from the previous census.

**Figure 1**



7.42 Accreditation was undertaken in 5 out of the 28 areas identified as being over established. 3 areas achieved silver, and 2 areas achieved bronze. 6 areas reported incidents related to staffing and none of the 6 areas had been accredited in 2024/25. 4 out of the 6 areas reporting staffing related incidents reported only one incident during the period of the census, however 2 areas reported 2 or more incidents related to staffing during this period. Therefore, the staffing levels could be directly proportional to the nurse sensitive indicators in these areas.

7.43 The 2023 NHS Staff Survey results demonstrate improvement in the proportion of staff (32.04%) feeling there are enough staff at their organisation for them to do their job properly in comparison to 2022 (26.39%) which is an increase of 6% showing improvement in all trust types compared with 2022.

## **8. Workforce Retention Strategies**

8.1 Retention of our people is a key national priority, as outlined in the People Plan<sup>35</sup>, The NHS Long Term Plan and the NHS Long Term Workforce Plan<sup>36</sup>.

8.2 The plan also includes “Our People Promise” which sets out practical actions that employers and systems should take, as well as the actions that NHSEI and HEE will take. It focuses on:

- Looking after our people – with quality and wellbeing for everyone.
- Belonging in the NHS – with a particular focus on the discrimination that some staff face.
- New ways of working – capturing innovation, much of it led by our NHS People.
- Growing for the future- How we recruit, train, and keep our people, and welcome back colleagues that want to return<sup>37</sup>.

8.3 The NHS People Plan highlights the importance of looking after our people to support and grow the future NHS workforce. The plan focuses on NHSE’s targeted workforce retention actions which are most likely to have the greatest impact on job satisfaction and retention of NMAHP. These include flexible working and retirement options, benefits, and rewards, developing a menopause strategy, implementation of the national preceptorship framework and legacy mentoring schemes.

<sup>35</sup> [NHS England \(2021\) People Plan](#)

<sup>36</sup> [NHS England \(2023\) NHS Long Term Workforce Plan](#)

<sup>37</sup> [NHS England \(2023\) Legacy Mentoring](#)

- 8.4 Funding from NHSE will support the pilot of the legacy mentor role. The legacy mentor role ensures the valuable experience of colleagues late in their career is not lost through retirement and provides coaching, mentoring and pastoral support to staff who are at the start of their careers or who are newly appointed into the NHS. With approximately a third of the NHS workforce currently near the end of their career, the role ensures that valuable experience of colleagues is not lost through retirement. This supports the retention of experienced staff and the health and well-being of staff at the beginning of their careers. The 12-month pilot commenced in March 2024 at RMCH and NMGH.
- 8.5 A review of the exit questionnaires provided at Service / Clinical Groups level has been collated and fed back to the NMAHP workforce leads within each Clinical Group.

### **Health and Wellbeing of Nursing and AHP Workforce**

- 8.6 The health and wellbeing of the Nursing and AHP workforce remains a key priority with initiatives across each Clinical Groups to ensure staff are supported whilst at work and links with the trust's retention strategy.
- 8.7 The Professional Nurse Advocate (PNA) programme was launched by England's Chief Nursing Officer (CNO) in 2021 in response to the pandemic recovery to support the wellbeing of our nursing workforce, following a pilot within CSS and RMCH implementation of the PNA rolled out across the trust. The PNA supports staff through restorative clinical supervision (RCS) with a recommended target of 1:20 PNA to registered nurse ratio by 2025<sup>38</sup>.
- 8.8 To meet this ratio, and to ensure all registered nurses have access to a PNA, a minimum of **481** PNAs are required across the organisation. Currently **165** registered nurses have completed the PNA programme by July 2024, with a further **33** undertaking training. An additional **129** are awaiting a programme start date. The focus is on ensuring training places are placed equitably across all Clinical Groups.
- 8.9 Data in relation to the number of restorative supervision sessions (RCS), career conversations and improvement projects supported by PNAs is reported monthly to NHSE. Themes raised from restorative clinical supervision is being collated, with feeling supported in role, staff movement and teamwork, burnout and wellbeing, support following clinical incidents and preceptorship/new starter being the top six. This feedback is now being triangulated with retention data to inform the trust nursing and midwifery retention strategy. Restorative Clinical Supervision addresses the emotional needs of staff. It provides "thinking space", which reduces stress and burnout and in turn improves staff retention.
- 8.10 Currently the PNA lead is working alongside the PNA Steering Group, led by the Corporate DoN for Quality & Patient Experience in standardising the themes for RCS which will help support critical analysis to be able to identify areas requiring additional support or improvement. It is anticipated that early themes arising from the RCS tool will be available by the end of Q1. In addition, a post RCS evaluation tool and a 3-month evaluation tool which will specifically ask about health & wellbeing, retention, the impact on professional practice and a career conversation have been developed. A research project currently under development will further evaluate the benefits of the PNA role looking specifically at staff wellbeing within the Critical

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<sup>38</sup> [NHS England \(2021\) Professional Nurse Advocate](#)

Care setting. It is hoped that findings from this research will inform practice to further support the implementation and embedding of the PNA role within MFT.

- 8.11 Going forward standardising the themes for RCS will support critical analysis. PNA steering group have also developed a post RCS 3-month evaluation tool which will specifically ask about health & wellbeing, retention, the impact on professional practice and a career conversation. It is envisaged that this will provide thematic analysis/ data by the end of Q1. In addition, PNA steering group are also in the process of undertaking a research study into the impact of the PNA role on staff wellbeing in Critical Care. The proposal for this is currently being written and should be finalised by the end of Quarter 1.

### **Continued Professional Development**

- 8.12 In September 2020, the Trust launched a programme of work to support nursing, midwifery and AHPs continuing professional development (CPD) utilising the national funding model available for every nurse, midwife and AHP. This funding has continued for 24/25. 65% of eligible NMAHP workforce currently in post have accessed education that has been allocated CPD points.
- 8.13 Working closely with hospitals/MCS/LCO senior leaders to ensure CPD funding is utilised to upskill our NMAHP workforce has continued to be a priority for 2024/25. CPD has funded externally provided programmes such as perioperative theatre modules as well as internally provided courses and development of eLearning ensuring the NMAHP workforce have the knowledge and skills to provide quality patient care and support the delivery of waiting list initiatives.
- 8.14 Following review of the MFT Preceptorship Programme against the national preceptorship quality standards, MFT was awarded the National Preceptorship for Nursing, Interim Quality Mark in November 2023. For ensuring our newly qualified registrants have a comprehensive preceptorship programme and access to CPD, which is essential to ensuring NMAHP are equipped to provide high quality care to our patients and supports workforce retention.
- 8.15 The NMAHP workforce continue to access higher level apprenticeships, accessing Advanced Clinical Practitioner study, Specialist Community Public Health Nursing and leadership and management programmes via this route in addition to traditional fees funded roles. Going forward for 2024/25 NHSE is advocating the apprenticeship route as the primary option.

## **9. Financial Controls**

- 9.1 During quarter 3 of 2024/25 several focused and time-limited schemes have been implemented to strengthen financial control and reduce unwarranted variation across the NMAHP workforce, including:
- 9.1.1 Removal of enhanced NHSP rates of pay across several services across MFT, including Theatre; Critical Care; Emergency Departments (ED); Endoscopy; Coronary Care; Interventional Radiology.
  - 9.1.2 Ensuring rosters maintain alignment with staffing establishments.
  - 9.1.3 Introduce a risk-based approach to reduce access to variable pay and clear approval process for accessing premium pay.
  - 9.1.4 Establish the optimal supernumerary period for staff commencing a new post.
  - 9.1.5 Establish the optimal headroom for establishments.
  - 9.1.6 Establish bank payment mechanisms, including pay to shift rather than pay to grade.
  - 9.1.7 Establish plans for the removal of overtime.
  - 9.1.8 Revise and implement the Enhanced Therapeutic Observations of Care Policy (ETO).

9.1.9 Review and strengthen approval process for Agency approval and review and convert all agency assignments in place >12 weeks to NHSP / substantive where appropriate.

9.1.10 Review off-framework and/or off-platform AHPs.

9.2 Each scheme has a Professional Nursing / AHP lead and a Senior Finance Officer lead, with involvement of a nominated NMAHP representative from each Clinical Group. Quality Impact Assessments are completed for each scheme, and any changes to policy and/or practice will be approved through existing governance arrangements.

## **10. Conclusion**

10.1 The Board of Directors are asked to receive this paper and note progress of work undertaken and the following recommendations.

10.1.1 Safer Staffing reports for Nursing and AHP, and Midwifery, will be presented on a quarterly basis.

10.1.2 Conduct a further SNCT Census of clinical areas before implementing changes to establishments/budgets.

The Clinical Group Directors of Nursing are required to provide a quarterly nursing and midwifery workforce report to their hospital boards. A summary of these reports follows, together with an updated workforce position.

**Table 1 - Nursing and Midwifery workforce summary – July 2024**

Hospital / MCS	Registered N&M			Unregistered Nursing N&M		
	Vacancies WTE	Turnover	Sickness	Vacancies WTE	Turnover	Sickness
CSS	67.4 (6.7%)	10.8%	6.2%	0.0	12.2%	9.4%
MLCO/TLCO	31.2 (3.0%)	10.9%	7.9%	91.1 (19.5%)	14.7%	9.6%
MREH	2.8 (1.6%)	5.6%	7.4%	9.0 (13.0%)	9.4%	9.8%
MRI	44.0 (2.5%)	9.0%	6.8%	106.4 (11.6%)	14.8%	12.1%
NMGH	16.7 (1.9%)	6.6%	5.9%	108.4 (17.8%)	13.1%	9.1%
RMCH	1.5 (0.1%)	10.1%	6.6%	47.7 (14.3%)	15.9%	9.4%
SMH – Maternity	89.6 (11.3%)	8.9%	5.6%	27.2 (14.3%)	16.0%	12.1%
SMH – Nursing	49.8 (7.6%)	10.2%	7.3%	22.2 (18.9%)	11.7%	6.5%
WTWA	30.3 (1.5%)	8.3%	6.7%	163.9 (15.5%)	12.6%	10.1%

**Table 2 – Allied Health Professionals workforce summary – July 2024**

Hospital / MCS	Allied Health Professionals		
	Vacancies WTE	Turnover	Sickness
CSS	80.3 (7.0%)	11.4%	4.9%
MLCO/TLCO	9.4 (1.7%)	12.6%	4.6%
MREH	0.0	7.0%	13.9%
MRI	0.0	12.9%	6.0%
NMGH	2.7 (22.9%)	0.0%	8.2%
RMCH	0.0	19.2%	5.2%
SMH	0.0	0.0%	9.8%
WTWA	0.0	14.3%	6.1%

## 1. Clinical and Scientific Services (CSS)

### CSS Workforce Position

- 1.1 At the end of July 2024 CSS have a total of 67.4wte (6.4%) vacancies. This is an increase of 16.8wte (1.7%) from February 2024 position of 50.6wte (5.0%). However, this remains below the national vacancy rates in critical care settings in the NHS.
- 1.2 Within CSS the rolling 12-month turnover for registered nurses up to the end of July 2024 was 10.8% which is a decrease of 0.6% from February 2024 at 11.4%. Decreases have also been seen in the band 5 nursing workforce where turnover is currently 12.2%.
- 1.3 There are currently 58.3wte registered nurses in the domestic pipeline allocated to CSS, with a significant decrease in vacancies anticipated in September / October 2024.

- 1.4 Sickness absence within the nursing staff group for CSS was 7.5% for registered nursing in July 2024, decreases from winter period were noted up to June but have increased again.

### **CSS Workforce Initiatives to Support Growth and Retention**

- 1.5 CSS recruitment to Band 6 Junior Sister/Charge Nurses remains challenging (nearly all Band 6 Junior Sister/Charge Nurse posts are recruited to via internal development and promotion of Band 5 Staff Nurses). Supported by NHSE upskilling funds. Action plan underway to increase the number of staff with critical care qualification supported by NHSE upskilling funds
- 1.6 CSS recruitment to Band 5 staff nurse posts is ongoing through Trust national/domestic recruitment initiatives. There is continuation of Guaranteed Job Offer Scheme for student nurses, with 20 students offered roles within critical care to commence in September/October 2024.
- 1.7 Daily cross site staffing meetings are in place and support more effective utilisation of staff across the multi-site critical care service, with staff being moved between units and sites when required.
- 1.8 A review is underway of Ward 14 (ORC) Enhanced Care model, with the level of dependency to be reduced to level 1.5 and staffing numbers consistent with that model of post operative care delivery (currently several patients cared for a level 2). It is envisaged that this may release sufficient funded WTE establishment to enable the development of an interventional Critical Care Outreach Service on the ORC site that would be in line with that delivered on the Wyth and NMGH sites. This would also enable the Trust to move towards compliance with the forthcoming introduction of Martha's Rule.
- 1.9 The Infection Prevention/Tissue Viability team continue to provide a specialist nursing service, working across all MFT hospital and the Manchester and Trafford local care organization settings.
- 1.10 The MFT Practitioner Team provide specialist nursing service linked to the wider Transfusion service, working across all MFT hospitals and have a member of staff on site at ORC, NMGH and Wythenshawe. Trafford is covered remotely with regular site visits.
- 1.11 Disaggregation of urology services from MFT NMGH site to NCA since April 2024 has reduced activity for Interventional Radiology at NMGH and a consultation is currently running for organisational change involving the IR nursing and administrative workforce. Plans are in place to implement a new model of working from December 2024.
- 1.12 The MFT Pain Team have approval to recruit to a Lead Nurse for the service to help maintain safe staffing levels. In addition, a Band 7 and a part time Band 6 is being recruited to enhance cross site cover. Due to vacancies and recruitment challenges, 4 staff have been seconded into more senior positions within the specialist nursing team.
- 1.13 Recruitment for Band 5 in adult Dietetics has improved with all posts within the Division currently filled. Trainee Band 6 posts have been trialled to support Band 6 recruitment. The first Advanced Clinical Practice role in adult Dietetics has been introduced this year resulting in four supplementary prescribers, and with two more staff due to commence the course in 2024.

- 1.14 CSS continues to support OT apprentices with 7 apprentices now in post across all acute site OT services.
- 1.15 Pilot is underway at NMGH to review the impact of introducing MSK Physiotherapist Advance Practitioner roles. In 2024, 35 physiotherapists are due to complete their HEE accreditation in Advanced Practice, with a further 15 physiotherapists completing HEE First Contact MSK practitioner accreditation.
- 1.16 Speech and Language Therapy services have been extended to the tertiary service for people with Parkinson's Disease, tertiary service for patients with cystinosis, SALT services to 2 local hospices. This will support retention of existing staff and increase attraction of new staff. In 2024 the Divisions first SALT apprentice completed their first year of training and a second apprentice is due to start in September 2024.
- 1.17 Paediatric Audiology roles are particularly challenging to appoint, and the team have introduced a 12-month B6 paediatric audiology training post to expand the service to help address growth in Paediatric DMO1 demand. In south, the Audiology service has 3 student trainee posts which are externally funded by the NSHCS these are recruited externally via the NSHCS before being allocated to the service. This strategy as provided a good pipeline for B5 vacancies. In addition, the leads are also developing training offers for the existing team to broaden their skill set across ear care, balance and Adult / Paediatric diagnostics this should help increase retention of current staff and improve attraction to future vacancies.
- 1.18 Division of Imaging has developed a Workforce and Wellbeing Board to facilitate workforce and development plan for future resilience. The division has introduced modality leads for Ultrasound, Fluoroscopy, Interventional Radiology, MR and CT.
- 1.19 Staff engagement events have been introduced across all critical care units and are now being held monthly utilising What Matters To Me (WMTM) questioning to generate discussion with the teams "what do you like most about working in critical care?", "what would you change if you could change one thing?", "what matters to you most when you come to work?". Monthly Senior Leadership 'walkabouts' have become embedded in units and departments, led by CSS Director of Nursing and Healthcare Professions with a pre- determined theme.
- 1.20 Work is ongoing to continue to address staff satisfaction and well-being and building on a number of well-established initiatives including 'Thoughtful Thursday' (staff served coffee and cake in a socially distanced environment), 'Reflective Rounds'/'Wellbeing Sessions' (weekly meetings led by both nursing and medical staff to provide an opportunity to share how they feel, to reflect on challenging situations, focus on the emotional impact) and staff exercise and walking events.
- 1.21 During 2024 there was extensive engagement with Lime Arts who offered bespoke wellbeing sessions/activities supported and delivered at the RHS Bridgewater and included activities such as flower arranging, and forest bathing which staff accessed in their own time. These have been evaluated positively by staff attended.
- 1.22 CSS continues to promote the stay interviews and further promote the Education and Career development strategy with staff. Staff who wish to transfer to other MFT units are supported to do so without the need to go through lengthy recruitment processes.

- 1.23 The national Professional Nurse Advocate (PNA) has seen 29 staff across all CSS critical care units and some other departments working to deliver restorative supervision to their teams in group as well as 1:1 session.

## **2. Manchester and Trafford Local Care Organisation (M/TLCO)**

### **M&TLCO Workforce Position**

- 2.1 At the end of July 2024, there were a total of 31.2wte (3.0%) registered nursing vacancies across the M&TLCO. This is a decrease of 10.2wte (1.0%) vacancies from February 2024. This position represents the lowest vacancy position for MLCO/TLCO in the last two and half years.
- 2.2 23.8wte (76.2%) of the vacancies are attributed to services managed by MLCO, predominantly in the District Nursing workforce teams and 7.4wte (23.8%) managed by the TLCO.
- 2.3 Across M&TLCO the turnover for July 2024 for qualified nursing is 10.9% which is 2.5% decrease from 13.3% in February 2024. The qualified Band 5 turnover is also seeing positive change, decreasing by 4.1% down to 14.0% in July 2024.
- 2.4 In July 2024, there were a total of 91.1wte (19.5%) unregistered nursing vacancies across M/TLCO. The expansion of the band 3 workforce across the LCO is expected to support attraction and retention of staff in these roles.

### **M/TLCO Allied Health Professional Workforce Position**

- 2.5 In July 2024 there were 9.4wte (1.7%) AHP vacancies across the M/TLCO with a 12-month leavers rate of 12.6%. The sickness absence rate for AHPs is currently 4.6%.

### **M/TLCO Workforce initiatives to support growth and retention.**

- 2.6 District Nursing (DN) services have made progress with successful recruitment within Central, South and North DN teams continue to face challenges with recruitment across M&TLCO, although the picture has improved in the last 12 months. In Trafford Community Nursing teams there is pressure in the Palliative Care Team owing to sickness absence and vacancies. To improve recruitment and retention the LCO Workforce Matron reviewed the TLCO Induction Programme, developing a TLCO New Starter Strategy and considering an “itchy feet” clinic with the Lead Nurse or Matron for those staff members who are considering leaving.
- 2.7 Due to challenges in recruiting to band 6 posts within the Manchester School Health Service the service has developed new Band 5 rotational posts which give band 5s the experience of working across different school health teams
- 2.8 M&TLCO remain committed to the refreshed MFT domestic recruitment strategy, with the reintroduction of Guaranteed Job Offer (GJO), a focus on transition to practice (preceptorship), coaching for 3<sup>rd</sup> year students and engagement with them before they finish their course. 25 Registered Nurses, 16 in adult services and 9 in children’s services have been recruited through the GJO scheme. The LCO Workforce Matron is planning a welcome event for the new starters in August 2024.
- 2.9 All District Nursing Community Specialist Practitioner students who commenced the course in 2023 have now been appointed to substantive Band 6 posts. All 16 places on the District

Nursing Community Specialist Practitioner course commencing September 2024, were successfully appointed to following the recent round of interviews.

- 2.10 In Central locality, a newly qualified band 5 nurse has been appointed into the Out of Hours service, this is a new initiative as recruitment to this service is difficult. The team will ensure the candidate has a robust induction to ensure all competencies are signed off and if successful will be repeated
- 2.11 In North locality there has been the successful recruitment of a new Education and Development Practitioner (EDP) who is also a Professional Nurse Advocate (PNA) The aim is for the EDP to use their PNA skills to support new staff within the District Nursing Teams.
- 2.12 The Head of Nursing Learning Disability and Autism continues to work with the MFT Professional Education and Development Team to establish links with the Higher Education Institutions (HEI) with a view to proactively recruiting newly qualified Learning Disability Nurses for the service and the current option is for the service to fund an apprentice which started at Huddersfield University in September 2024.
- 2.13 Dermot Murphy Close is currently working closely with Continuing Health Care (CHC) to look at bed occupancy which is allowing for patients to be assessed on site for CHC assessment.
- 2.14 Work is being undertaken by the Head of Nursing (adults) and DDoN to understand the staffing model and acuity in each of the community bed bases. A review of the current models will identify next steps required and will allow each service to report staffing and capacity more consistently.
- 2.15 M&TLCO continues to work on the rapid development of 'Hospital at Home' models of care across adults and children's services.

### **3. Manchester Royal Infirmary (MRI)**

#### **MRI Workforce Position**

- 3.1 At the end of July 2024, there are 44.0wte (2.5%) registered nursing vacancies across MRI compared to no vacancies in February 2024. This increase is due to increased establishment in this financial year.
- 3.2 Unregistered nursing vacancies are currently 106.4wte (11.6%), demonstrating no change from position in February 2024, however due to reduction in turnover and a health recruitment pipeline it is anticipated this will reduce in the coming months.
- 3.3 The 12-month rolling turnover at the end of July 2024 for all registered staff at MRI was 9.0% and 10.8% for band 5 staff. Overall registered staff turnover has decreased by 0.2% since February 2024.
- 3.4 Sickness absence within the nursing staff group at MRI is 5.3% for registered staff and 13.9% for unregistered staff. MRI sickness levels continue to be a challenge in the unregistered workforce.

#### **MRI Workforce Initiatives and Retention**

- 3.5 The highest proportion of Nursing vacancies in the hospital remain within the Nursing Assistant (band 2 and 3) workforce at 36.0wte a decrease of 56.0wte from the last report. A Corporate Group Nursing Assistant campaign and MRI hospital recruitment events have improved the position.
- 3.6 MFT continues to engage with the Pre-Employment Programme supporting people of all backgrounds and ages from the local community with the opportunity to gain employment within the NHS. 11 candidates have been supported on placements since April 2024.
- 3.7 MRI continues to support the Guaranteed Job Offer Scheme with offers made to 54 student nurses, 7 TNA's and 2 ODP's qualifying in September/October 2024.
- 3.8 Areas continue to have robust recruitment improvement plans in place which are monitored by the Deputy Director of Nursing. There is a specific focus within the hot spot areas in MRI, these are the Emergency Department (ED), Theatres with particular focus on anaesthetic practitioners, and renal dialysis nurses.
- 3.9 Daily staffing levels continue to be assessed across each shift to ensure they are adequate to meet patient acuity and nursing needs on each ward and department. A dynamic response has been used by senior nurses with planned staffing levels changing on a day-by-day basis as the complexity and need changes.
- 3.10 MRI has implemented new rotational programme across EAA, this includes a medical and surgical rotation.
- 3.11 The Deputy Director of Nursing and Deputy Director of HR/OD has been working with the workforce information team to review trends by ward area to develop- with each of the CSU Heads of Nursing, specific improvement plans to reduce turnover in these areas.
- 3.12 The Corporate Matron for education supports the access and co-ordination of all CPD monies to access post graduate training programmes. From April 2022- June 2024 there were 104 courses funded through CPD, training.
- 3.13 MRI continues to support the recruitment of Professional Nurse Advocate role on a quarterly basis and offer support to transition in the role.
- 3.14 The Falls Academy continues monthly to support staff education and training on falls prevention and management. The focus for Quarter 2 will continue to be the provision of Enhanced Observation of Care and falls prevention equipment.
- 3.15 The Re-launch of the MRI Falls Delivery Group is to commence in Q3 2024/25. The TOR is currently being circulated for comments and key stakeholders identified. Learning from Incidents and patient stories will be included as part of the agenda, along with national and local guidelines and audit results.
- 3.16 Work is currently ongoing with the Senior Nurse for Learning Disabilities / Autism (LDA), HFC Matron and NHS England, looking at strategies to reduce the number of pressure ulcers (PU) being acquired in the hospital and community in this patient group.
- 3.17 The MFT Tissue Viability Team are working alongside the E learning Team to review and revise the current PU training package on Kallidus to improve compliance with the Pressure Ulcer mandatory training which is currently at 66.7%. To further support staff knowledge and drive

improvement in PU prevention, the Tissue Viability team run a monthly Tissue Viability Academy which staff can access via the Learning Hub. Following review of the CQUIN data, staff education on Purpose-T assessments, skin bundles, preventative measures/equipment and correct PU grading will have heightened focus in Q2 2024/25.

- 3.18 Health Roster awareness sessions continue to be offered and are included on the band 6 development program to ensure a consistent approach to rostering at MRI and that managers are aware of the Trust Key performance Indicators (KPIs.)
- 3.19 Well-being initiatives such as Time for tea, time for me staff engagement programme led by the MRI Senior nursing team along with HR, has been positively evaluated. Other initiatives include increasing availability of Mental Health First Aiders and MRIs Health and Wellbeing Champions.

#### **4. Manchester Royal Eye Hospital (MREH) and University Dental Hospital of Manchester (UDHM)**

##### **MREH and UDHM Staffing Position**

- 4.1 At the end of July 2024, there are 2.8wte (1.6%) registered nursing vacancies in MREH. There are also no current vacancies in UDHM. There are 9.0wte unregistered nursing vacancies in MREH in July 2024.
- 4.2 The 12-month rolling turnover has increased by 0.8% since February 2024 up to 5.6% in July 2024. For the same period unregistered nursing increased by 2.0% up to 9.4%.
- 4.3 Sickness absence had been initially decreasing up to June 2024 down to 2.8% but has seen a recent jump up to 8.9% in July 2024 within the nursing staff group for MREH, for unregistered nursing decrease noted of decreased of 1.8% down to 8.2%.

##### **MREH and UDHM Workforce Initiatives and Retention**

- 4.4 A review of all the nurse staffing establishments was undertaken during 2022, across MREH and, following Senior Leadership Team (SLT) review of 3 separate business cases, additional funding has been incorporated into the business plan for 2024/25 related to Private Patient activity on Ward 54 and theatres; Specialist Nursing provision in the Emergency Eye Department; and Evening and Weekend Outpatient Activity.
- 4.5 Due to a significant, nationally recognised, reduction in the successful recruitment to Dental Nurse Positions, the Senior Nurses have been working closely with MFT Recruitment and workforce teams and have developed a bespoke Dental Nurse Recruitment drive using social media to raise the profile of the Dental Nurse opportunities available within the Hospital for any future recruitment.
- 4.6 Managing sickness absence continues to be a key priority and is overseen by a Lead Nurse, in monthly Human Resource surgeries where hot spot areas are identified, and improvement action plans are created. Whilst ensuring compliance with relevant policies.
- 4.7 MREH and UDHM are committed to the delivery of safe nurse staffing levels. The Safer Nursing Care Tool (SNCT) has been applied to the single in-patient ward at MREH and recurrent census

has found that staffing establishments are set at safe levels. The tool is not applicable at UDHM due to the outpatient nature of the service.

- 4.8 MREH & UDHM plan to develop a future workforce plan to expand the Specialist Nurse (including nurse led injectors), Nurse Practitioner and Advanced Clinical Practitioner, across MREH.
- 4.9 MREH & UDHM plan to recruit to a Wellbeing and Resilience Matron role across all MDTs within MREH and UDHM. The intention of the role is to develop well-being and pastoral support programmes to meet the needs of specific nursing and other non-medical clinical staff groups supporting induction, on the job-learning and career development. This will further strength the retention offered.
- 4.10 In January 2024 MREH UDHM reviewed and developed a robust Retention plan with input from HR colleagues. Focusing on the 7 national common retention themes identified in NHS People Plan 2023 & NHS Workforce Plan 2023; Health & Wellbeing, Education, Professional Development and CPD, Engagement, Compassionate leadership, Flexible working, EDI/ Culture 7 and quality improvement.
- 4.11 MREH and UDHM are committed to the delivery of safe nurse staffing levels. The Safer Nursing Care Tool (SNCT) has been applied to the single in-patient ward at MREH and recurrent census has found that staffing establishments are set at safe levels. The tool is not applicable at UDHM due to the outpatient nature of the service.
- 4.12 The DCP School has commenced its first Dental Nurse Apprenticeship program since MFT changed its registration to become a main provider. This has enabled the UDHM to deliver the apprenticeship programme to **9.0wte** students employed by the UDHM and **6.0wte** students employed within Primary Dental Care. The school is currently recruiting for the next cohort of 40 students which will commence the apprenticeship program in March 2024.

## **5. North Manchester General Hospital (NMGH)**

### **NMGH Workforce Position**

- 5.1 At the end of July 2024, there are 16.7wte (1.9%), these vacancies are due to increases in establishment at the start of the financial year. It is anticipated due to the health pipeline for NMGH, they will return to no vacancies by October 2024.
- 5.2 The registered nurse turnover rate demonstrates further decreases down to 6.6% in July 2024 when compared to February 2024, when registered nurse turnover was 9.1%. The focus will shift towards domestic recruitment over the next 6-12 months Each division within the hospital has created recruitment action plans to facilitate this approach.
- 5.3 In July 2024, there were a total of 108.4wte (17.8%) unregistered nursing vacancies across NMGH compared to 32.8wte (5.9%) in February 2024. It should be note however, a proportion of these vacancies will not be recruited to by NMGH, as this is part of their financial modelling to present additional funding without recruiting to all the roles.
- 5.4 Current sickness absence 6.3% for registered staff and 8.1% for unregistered staff. Registered sickness rates have seen a small increase of 0.9% from February 2024. The same has been noted for unregistered staff with a small increase of 1.6%.

## **NMGH Workforce Initiatives and Retention**

- 5.5 NMGH registered nurse sickness absence is reported, at 6.3% in July 2024 compared to 5.4% February 2024. Efforts to improve absence management include collaborative working between the Nursing and HR teams, focused staff engagement sessions, and rigorous case reviews for nurse sickness.
- 5.6 Turnover for registered nurses continues to improve, with a current rate of 6.6% for all qualified staff. An in-depth analysis of the reasons for leaving is provided, underscoring work-life balance and relocation as primary factors. Strategies are being implemented to address these concerns and improve retention.
- 5.7 Detailed analysis of NMGH registered nursing workforce age profile highlights a wide age profile from 21 -25 years (50) to 71+ years (3), with 50.8% (436) staff between 26-40 years. This analysis will be used to inform future workforce planning, especially in anticipating future NMGH recruitment needs and managing the transfer of knowledge from more experienced nurses to newer staff members. The data will support the design of targeted recruitment strategies, succession planning, and professional development programs to maintain a skilled and effective nursing workforce
- 5.8 NMGH plans to welcome 43 guaranteed job offer new qualified staff (41 RN, 2 TNA) in September 2024.
- 5.9 NMGH continues to prioritise safe nurse staffing levels to maintain patient safety and quality. staffing at NMGH have been determined using clinical professional judgement, with general wards consistently delivering a minimum Registered Nurse to patient ratio of 1:8.
- 5.10 NMGH underwent the SNCT census in June 2024 across 21 wards and departments. Analysis of SNCT data collection is underway to assess staffing establishments based on patient acuity and dependency. Reviews of SNCT data supported by professional judgement and local intelligence continues to inform staffing decisions and provide assurance surrounding safe workforce position at NMGH.
- 5.11 Implementation of the SafeCare system is underway to improve the accuracy of unfilled shift data, supporting staff experience and patient care. With a further roll out planned in conjunction with Group Workforce team. Compliance with annual leave allocation and roster building is monitored to manage the workforce.
- 5.12 NMGH retention strategies to enhance the nurse staffing position, such as development programmes, preceptorship for new nurses, career conversations, and targeted recruitment, are embedded within the NMGH retention plan. Ongoing retention efforts include employee engagement events and professional development discussions.

## **6. Royal Manchester Children's Hospital (RMCH)**

### **RMCH Workforce Position**

- 6.1 At the end of July 2024, the overall registered nursing vacancy position showed minimal vacancies of 1.5wte (0.1%). This healthy position has been maintained throughout 2024/2025 financial year so far.

- 6.2 At the end of July 2024, there were a total of **47.7wte (14.3%)** unregistered nursing vacancies across RMCH compared to **69.6wte (19.6%)** in February 2024.
- 6.3 The rolling turnover for registered nurses remains below the trust target at **10.1%**, additionally the Band 5 turnover has seen positive reduction down to **12.9%** from **14.1%** in February 2024. The turnover for Band 2 is **15.9%** in July 2024.
- 6.4 Sickness absence within the registered nursing staff group at RMCH is **7.6%** having noted peaks and troughs in the last 6-month period. For unregistered staff a similar pattern has been noted, decreases until March 2024 and then a steady increase up to **12.0%** in July 2024. Absence is monitored and managed at a local level and oversight provided by HR with staff wellbeing remaining a priority.

### **RMCH Workforce Initiatives and Retention**

- 6.5 Recruitment to Band 5 posts has been continuous to maintain a healthy pipeline. Band 5 recruitment via the Guaranteed Graduate Employment Offer, (GGEO), for 2024 will result in approximately 60wte Band 5's starting in post in October 2024. These new staff will result in most areas achieving full establishment and cover their average maternity leave. Steady recruitment will continue for Band 5's to compensate for turnover.
- 6.6 Paediatric Critical Care and Paediatric Theatres will need to continue recruitment due to anticipated deficit arising from maternity leave and turnover.
- 6.7 RMCH initiated the development of digital and hard copy resources to support staff well-being and development opportunities / guidance for the care of young people with Mental Health Illness, a Learning Disability or Autism.
- 6.8 Focus on retention plans has improved the overall leavers rate over the last 12 months with a reduction of 18.06wte for registered and 11.47wte for unregistered staff.
- 6.9 SNCT was completed in 9 inpatient areas in June 2024. Investment made following the last SNCT in June 2023 has demonstrated positive impact in Ward 77 where variance was reported to be higher than 10%.
- 6.10 Health Roster dashboard assurance meetings with Lead Nurses in place to ensure balanced rosters with management of annual leave, time owing and timely release of rosters.
- 6.11 RMCH continues to participate in the legacy mentor piloted by NHSE with Band 6 in employment.
- 6.12 RMCH continues to recruit to the Director of Nursing Fellowship programme with second cohort recruited.

## **7. Saint Marys Hospital (SMH)**

### **SMH Workforce Position**

- 7.1 At the end of July 2024, there were a total of **139.9wte (9.6%)** qualified nursing and midwifery vacancies across SMH MCS. This is an increase of **59.1wte** in overall nursing and midwifery

vacancies since February 2024, these increases were anticipated due to the increases in establishment in Maternity Services following birth rate plus review.

### **SMH Nursing Workforce Position**

- 7.2 The majority of the existing vacancies within SMH MCS were within the nursing (Staff Nurse Band 5) workforce and occur within the Neonatal Unit (NICU). The neonatal nursing vacancy at the end of July 2024 is **47.6wte**. It should be noted as a result of the expansion of Neonatal cots within Newborn Services there has been an overall increase to the nursing establishment which has in part added to the number of overall vacancies. A total of **35.5wte** Band 5 Staff Nurses are in the pipeline due to commence employment in coming months.
- 7.3 The Registered Nursing rolling 12-month turnover is **10.2%** within SMH which is a decrease of **3.0%** from February 2024.
- 7.4 Sickness across SMH nursing areas has remained static at **6.3%**.

### **Nursing**

- 7.5 SNCT was undertaken with Gynae, a review of the nursing establishment is currently underway following the last census in June 2024.
- 7.6 Recruitment initiatives has been successful in Gynaecology with low attrition rates across all areas.
- 7.7 Gynaecology have recruited and developed a dedicated bereavement team for pregnancy loss further to a gap analysis of the recent publication of the National Bereavement standards for early pregnancy loss identifying a gap in service delivery. The team of 1.0wte Band7 and 1.0wte Band 4 will focus to fulfil the National Standards and work with our maternity colleagues in improving patient experience and standards regarding early pregnancy loss. All gynaecology nurses with the Emergency Gynaecology unit have now received face to face bereavement training.
- 7.8 All band 5 nurses have undertaken their band 6 Gynaecology Assessment Unit training making them eligible for a band 6 post which is currently in progress to uplift the team within existing budget to a band 6. This will allow nurse led pathways to be developed, reduction in the requirement for medical staff and enhance the overall patient experience.
- 7.9 Gynaecology have successfully employed 2 International Recruited nurses in the June 2024 cohort and supporting a further 6.0wte Guaranteed Job Offer students in September 2024 who will be placed on a recruit to turnover basis.
- 7.10 There is a plan to develop a business case to recruit an Advanced Nurse Practitioner (ANP) band 8b to oversee the ANP workforce and ensure the ANP workforce are encompassing the four pillars within clinical practice towards the end of the current financial year.
- 7.11 Daily staffing review is undertaken by the matron on call for escalation who will ensure areas are safely staffed and consider redeployment and additional staffing where required. A forward view of the following 24 hours is also undertaken to ensure areas are appropriately staffed and so any areas of concern can be identified in a timely manner.

- 7.12 Gynaecology currently have a Band 8a Urogynaecology Research Nurse undertaking their PhD which is due for completion in March 2025. There are monies aligned within the existing establishment so that a Nurse Consultant post can be integrated into the division. The post of a Nurse Consultant will provide equity against the medical provision, enable further development of the nurse led service and provision of research studies.
- 7.13 The EQ&W team are currently reviewing the gynaecology recruitment and retention strategy to ensure there is a robust plan to reduce turnover, prevent attrition and foster employee engagement.
- 7.14 Newborn Services (NBS) as part of the Neonatal Operational Delivery Network (NWNODN) has seen a year-on-year growth in activity which requires additional skills and competence for staff caring for this group of babies. NBS have established a Band 7 Surgical Nurse Specialist role (0.8WTE for working closely with the surgical teams to support surgical pathways of care.
- 7.15 Newborn Services have supported two experienced senior nurses to take flexible retirement to support retention of experienced nurses.
- 7.16 The division have successfully recruited into Band 4 Nurse Associate (NA) roles and there is an increasing number who have made the decision to commence nurse training.
- 7.17 The division have supported several NAs going into their nurse training to continue to work reduced hours on the neonatal units, with a view for them to apply to Band 5 vacancies once qualified. 6.10
- 7.18 The division are supporting three Trainee Nurse Associate posts, one at Wythenshawe site and two on the ORC site.
- 7.19 The division is supporting one Nurse Associate to complete the apprenticeship programme to become a registered nurse.
- 7.20 Newborn Services have supported 20 experienced nurses between March 2024 to August 2024 to attend the Qualification in Speciality course and 23 new starter nurses have attended the Foundation in Neonates course which is facilitated by the NWNODN.
- 7.21 NBS are seeing an emerging theme of International Nurse Recruits (IR) applying to emigrate to America, Australia, and Canada, some with the QIS qualification. Reported reason for leaving includes improved pay in other countries. The division is exploring the possibility of IR nurses receiving the top of band 5 when they complete their QIS which may improve retention.
- 7.22 The Division have developed a Situational Awareness for Everyone S.A.F.E patient safety culture programme to support staff to feel psychological safe. The programme is based on the Royal College of Paediatrics S.A.F.E programme with the workstreams due to commence in October 2024.
- 7.23 An 8a Away Day was arranged in July 2024 facilitated by the Newborn Services Lead Nurse and Head of Nursing. The programme included compassionate leadership and the S.A.F.E programme was delivered to the Senior Nursing team.

## 8. Wythenshawe, Trafford, Withington and Altrincham Hospitals (WTWA)

### WTWA Workforce Position

- 8.1 At the end of July 2024, there are 30.3wte (1.5%) vacancies. This is due to establishment increases at the beginning of the financial year and it is expected with the current recruitment pipeline, WTWA will return to no reported registered vacancies by October 2024.
- 8.2 At the end of February 2024, there were a total of **163.9wte (15.5%)** unregistered nursing vacancies across WTWA compared to **175.1wte (16.6%)** in February 2024. This is a decrease of **10.9wte (0.9%)** vacancies.
- 8.3 The 12-month rolling turnover for all RNs at WTWA was **8.3%** and **9.9%** for Band 5 Nursing staff. This is an improvement from February 2024, when the 12-month rolling turnover for all RNs at WTWA was **10.1%** and **12.6%** for Band 5 Nursing staff. The turnover for unregistered nursing was **12.6%**. This is a significant decrease of **1.9%** when compared to February 2024 when the unregistered nursing turnover was **14.5%**.
- 8.4 Sickness absence within the RN staff group continues to be above the Trust **3.6%** threshold at **7.6%** for qualified staff and **8.3%** for unregistered nursing. Stress, anxiety, and depression remains as key reasons for absence.

### Allied Health Professionals (AHPs) WTWA Workforce

- 8.5 At the end of July 2024 there were **55.8wte** registered AHPs in WTWA (excluding Operating Department Practitioners (ODPs)). These staff are included in the nursing data due to their roles being fully integrated within the nursing teams. The remaining **55.8wte** AHPs include physiotherapists, occupational therapists, dietitians, speech and language therapists, and radiographers.
- 8.6 Currently there are no reported AHP. Turnover for registered AHPs in last 12 months is **14.3%**. Sickness absence within the registered AHP group at WTWA (excluding ODP) was **7.0%** in July 2024.
- 8.7 There are several Trust wide programmes of work ongoing that support retention of AHP staff. A Clinical Supervision policy is pending ratification, the MFT Preceptorship policy is being mapped to the national AHP preceptorship guidance, and work is ongoing to standardise AHP rotations.

### WTWA Workforce Initiatives and Retention

- 8.8 WTWA continues to face recruitment & retention challenges around its unqualified nursing assistant workforce. WTWA's centralised recruitment continues to support the current vacancy position, with 6-weekly recruitment events. This includes a rolling NA job advert attracting candidates with or without care experience.
- 8.9 Collaborative working with the Head of Widening Participation continues, targeting people local to Wythenshawe and Trafford into employment. A recruitment event is being planned for early 2025, in partnership with local colleges to target local young people who are due to complete Health and Social Care studies. The ongoing placement allocation initiative for pre-employment

students for offer of an NA post will see a further 20 students commence placements with a view to support NA vacancy.

- 8.10 Active recruitment has commenced to open the Enhanced Recovery After Surgery- Cardiac Pathway which is due to commence by the end of Quarter 2 following the approved model to deliver the full Cardiac Surgery service from the Wythenshawe Hospital site.
- 8.11 Daily staffing levels continue to be assessed across each shift by senior nurses at the twice daily staffing huddles across the hospital sites, which are chaired by a Divisional Lead Nurse, with Matron representation from each Division. Allocate Safecare is used within the huddles to inform the daily ward and department staffing levels against the acuity and dependency.
- 8.12 Flexible working continues to be promoted and supported. Work is ongoing to promote the reporting of flexible working outcomes via the HR online platform; to allow greater transparency and demonstrate the anecdotal increase in flexible working requests being approved across WTWA.
- 8.13 WTWA continues to support education and development activities for pre-registration students and post registration staff. The Professional Nurse Advocate (PNA) course has been actively promoted with staff completing the PNA course and 22 staff completing the PNA course and 20 staff currently undergoing the training.
- 8.14 A development programme has been established for the IR nurses at WTWA which focuses on how to access CPD, developing the qualities for a Band 6 leader, improving staff confidence and enhancing employability, including application writing and interview skills.
- 8.15 WTWA AHPs have continued to access MFT CPD funding to support professional development. The Professional Advocate Programme has seen 2 ODPs who have commenced the programme in September 2024.
- 8.16 WTWA held a wellbeing event to coincide with the International Nurses' and ODP Days in May 2024 with facilitated sessions relating to psychological well-being, spirituality, employee health and wellbeing and MFT rewards and benefits.

## Strategic objectives (Key)

Work with partners to help people live <b>longer, healthier lives</b>	<b>LHL objective 1</b>	Work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.
	<b>LHL objective 2</b>	Improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so people are cared for in the most appropriate place
Provide <b>high quality, safe care</b> with excellent outcomes and experience	<b>HQSC objective 1</b>	Provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience and outcomes wherever they are seen.
	<b>HQSC objective 2</b>	Strengthen our specialised services and support the adoption of genomics and precision medicine
	<b>HQSC objective 3</b>	Continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.
Be the place where <b>people enjoy working</b> , learning and building a career	<b>PEW objective 1</b>	Make sure that all our colleagues feel valued and supported by listening well and responding to their feedback. We will improve staff experience by embracing diversity and fairness, helping everyone to reach their potential
	<b>PEW objective 2</b>	Offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here
Ensure <b>value for our patients</b> and communities by making best use of our resources	<b>VfP objective 1</b>	Achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.
	<b>VfP – objective 2</b>	Deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships
Deliver world-class <b>research &amp; innovation</b> that improves people's lives	<b>R&amp;I – objective 1</b>	Strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part
	<b>R&amp;I – objective 2</b>	Apply research & innovation, including digital technology and artificial intelligence, to improve people's health and the services we provide
<b>Good governance</b>	<b>GG</b>	Deliver a safe, legally compliant and well run organisation

## Board of Directors (Public) Monday 11<sup>th</sup> November 2024

<b>Paper title:</b>	Saint Mary's Managed Clinical Services (SM MCS) Midwifery and Neonatal Workforce Safer Staffing paper March – August 2024	<b>Agenda Item 12.5</b>
<b>Presented by:</b>	Chief Nursing Officer	
<b>Prepared by:</b>	Director of Nursing and Midwifery Specialist Hospital Clinical Group	
<b>Meetings where content has been discussed previously</b>	SM MCS Hospital Management Board Quality, Safety and Performance Board Committee 30/10/24	
<b>Purpose of the paper</b> Please check <u>one</u> box only:	<input type="checkbox"/> For approval <input type="checkbox"/> For support <input checked="" type="checkbox"/> For discussion	

### Executive summary / key messages for the meeting to consider

This midwifery and neonatal nurse staffing report is provided following receipt at Saint Mary's Hospital Management Board and Saint Mary's Quality and Safety Committee covering the period **March 2024 to end of August 2024.**

In line with NHS Resolution Maternity Incentive Scheme a midwifery staffing oversight report which covers staffing and safety issues is required to be submitted to the Trust Board every six months. As such with support from the CNO it has been agreed the midwifery and neonatal staffing report will be disaggregated from the overarching Safer Staffing report and become a standalone submission.

The paper outlines the position of the Saint Mary's Managed Clinical Services (SM MCS) maternity and newborn divisions, against the context of national professional staffing standards and the national nursing and midwifery challenges.

Following the CQC inspection in March 2023 an element of the 29a Warning Notice related to workforce across maternity and called out the requirement to have the right and appropriately trained midwifery workforce in place.

The paper will also support NHR MIS year 6 submission in relation to Safety Actions 4 - Which requires SM MCS to report neonatal nursing workforce compliance aligned to British Association Perinatal Medicine (BAPAM) standards

Safety Action 5- Which requires SM MCS to demonstrate the implementation of an effective system of midwifery workforce planning with specifics links to BirthratePlus, Ockenden, and

funded establishments. There are key measures linked to the presence of a supernumerary labour ward coordinator and provision one to one care in labour.

Community Midwifery vacancies is highlighted in the report for all 3 maternity sites for the reporting period and also to include the most current position as of Sept 2024. ORC vacancies are 20.2%, North Manchester 26% and Wythenshawe 22.8%

Across both midwifery and neonatal nursing SM MCS vacancies are moving in a very positive direction except for community midwifery. Over the last 12 months the vacancy factor in the community has negatively affected the homebirth service provision and further impacts the opportunity for community midwives to provide intrapartum care. The impact of the vacancy factor affects the homebirth service provision differently across the 3 maternity sites and as such leads to an inequitable offer of a homebirth service across Saint Mary's MCS. A detailed paper on the position of the Home birth services has been provided to QSPBC.

Vacancies in midwifery staffing 95.1 wte which reflects the recently revised baseline to support Birth Rate Plus compliance at the time of reporting there are 164.97 wte under offer and anticipated to join the service between September 2024 and February 2025

Vacancies in neonatal nursing at the point of reporting were 49.47wte with 25 wte under offer and anticipated to join the service over the next 2 months

### Recommendation(s)

The Board of Directors is asked to:

- Accept the Saint Marys Safer Staffing Report covering March – August 2024 and note that to support more responsive reporting this paper will now be provided quarterly
- Note the community midwifery staffing position which has a significant impact on the homebirth service. A detailed paper has been provided to QSPBC
- Do we need to recommend this committee critically review, offer support and endorse position – just thinking of significance of some issues in report – although I just flicked through

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

- ☐ **Yes** (please set out in your report what action has been taken to address this)
- ☒ **No**

### Relationship to the strategic objectives

The work contained with this report contributes to the delivery of the following strategic objectives (see key below)

LHL objective 1	<input checked="" type="checkbox"/>	LHL objective 2	<input type="checkbox"/>
HQSC objective 1	<input type="checkbox"/>	HQSC objective 2	<input type="checkbox"/>
HQSC objective 3	<input checked="" type="checkbox"/>	PEW objective 1	<input checked="" type="checkbox"/>
PEW objective 2	<input checked="" type="checkbox"/>	VfP objective 1	<input checked="" type="checkbox"/>

VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input checked="" type="checkbox"/>
<b>Links to Trust Risks</b>	The work contained with this report links to the following strategic, corporate or operational risks: •		
<b>Care Quality Commission domains</b> Please check <u>all</u> that apply	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Responsive	<input type="checkbox"/> Caring <input type="checkbox"/> Well-Led	
<b>Compliance &amp; regulatory implications</b>	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: •		

<b>Main report</b>
<p>See Appendix 1 for the full safer staffing paper</p> <p>The paper sets out the position of the SM MCS maternity division and neonatal nursing as part of the biannual requirement and provides evidence that SM MCS remain compliant with the Maternity Incentive Scheme (MIS) Year 6 requirements which include:</p> <ul style="list-style-type: none"> <li>• Recommended establishment using recognised staffing model.</li> <li>• Current midwifery establishment.</li> <li>• Evidence of supernumerary midwifery workforce compliance with oversight of birth activity within the service and the escalation process.</li> <li>• Evidence of compliance that the service is able to support 1:1 care in labour or ensure there is an action plan in place where standards are not met.</li> <li>• Evidence linked to the neonatal unit requirement to meet the BAPM neonatal nursing standards or ensure there is an action plan in place where standards are not met.</li> </ul> <p>The report updates in respect of midwifery staffing position following the Care Quality Commission (CQC) inspection of SM MCS Maternity Services between the 7<sup>th</sup> to 9<sup>th</sup> March 2023. On 24<sup>th</sup> March 2023 a Section 29a Warning notice was issued and on 25<sup>th</sup> July 2023, the CQC published the final inspection reports.</p> <p>SM MCS have outlined the following main points in the paper for the reporting period March 2024 to end of August 2024</p> <ul style="list-style-type: none"> <li>• Establishments linked to Birthrate Plus (BR+) and BAPAM</li> <li>• Vacancies</li> <li>• Recruitment</li> <li>• Sickness and Absence</li> <li>• NHSP cover</li> <li>• Vacancies in Community midwifery and actions taken</li> <li>• Maternity Red flags linked to midwifery staffing</li> <li>• QIS challenges in neonates</li> </ul>

## Strategic objectives (Key)

Work with partners to help people live <b>longer, healthier lives</b>	<b>LHL objective 1</b>	Work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.
	<b>LHL objective 2</b>	Improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so people are cared for in the most appropriate place
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	<b>HQSC objective 2</b>	Strengthen our specialised services and support the adoption of genomics and precision medicine
	<b>HQSC objective 3</b>	Continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.
Be the place where <b>people enjoy working</b> , learning and building a career	<b>PEW objective 1</b>	Make sure that all our colleagues feel valued and supported by listening well and responding to their feedback. We will improve staff experience by embracing diversity and fairness, helping everyone to reach their potential
	<b>PEW objective 2</b>	Offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here
Ensure <b>value for our patients</b> and communities by making best use of our resources	<b>VfP objective 1</b>	Achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.
	<b>VfP – objective 2</b>	Deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships
Deliver world-class <b>research &amp; innovation</b> that improves people's lives	<b>R&amp;I – objective 1</b>	Strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part
	<b>R&amp;I – objective 2</b>	Apply research & innovation, including digital technology and artificial intelligence, to improve people's health and the services we provide
<b>Good governance</b>	<b>GG</b>	Deliver a safe, legally compliant and well run organisation

Saint Mary’s Managed Clinical Services (SM MCS) Midwifery Workforce Safer Staffing



## SAINT MARY'S MANAGED CLINICAL SERVICE

### Management Board

<b>Report of:</b>	Mrs Kathryn Murphy, Director of Nursing and Midwifery
<b>Paper prepared by:</b>	Beverley O'Connor, Head of Midwifery, Saint Mary's Oxford Road Esme Booth, Head of Midwifery, Saint Mary's North Manchester Sarah Owen, Head of Midwifery, Saint Mary's Wythenshawe
<b>Date of paper:</b>	August 2024
<b>Subject:</b>	Saint Mary's Managed Clinical Services (SM MCS) Midwifery Workforce Safer Staffing
<b>Purpose of Report:</b>	Indicate which by x  Information to note x  Support  Accept x  Resolution  Approval x  Ratify
<b>Purpose of Report:</b>	To provide Saint Marys Hospital Management Board and Saint Mary's Quality and Safety Committee with a standalone Bi-Annual Midwifery Safer Staffing report
<b>Consideration against the Trust's Vision &amp; Values and Key Strategic Aims:</b>	To improve patient safety, clinical quality and outcome Improve the experience of patients, carers and families. To support productivity & efficiency
<b>Recommendations:</b>	The Saint Marys Hospital Management Board and Saint Mary's Quality and Safety Committee are requested to accept the report and note the progress work undertaken to support midwifery staffing
<b>Contact:</b>	Name: Mrs Kathryn Murphy, Director of Nursing and Midwifery Tel: 0161 276 6623



## 1. Introduction

- 1.1 This bi-annual midwifery and neonatal nurse staffing report is provided to Saint Mary's Hospital Management Board and Saint Mary's Quality and Safety Committee covering the period March 2024 to end of August 2024. The paper outlines the position of the Saint Mary's Managed Clinical Services (SM MCS) maternity and newborn divisions, against the context of national professional staffing standards and the national nursing and midwifery challenges. The paper will also support Safety Actions 4 and 5 related to neonatal nurse and midwifery staffing within the forthcoming NHS Resolution Maternity Incentive Scheme (MIS) Year 6 2024.

## MATERNITY DIVISION

## 2. Midwifery Staffing

- 2.1 The first section of the paper sets out the position of the SM MCS maternity division and provides evidence that SM MCS remain compliant with the Maternity Incentive Scheme (MIS) Year 6 requirements which include:
- Recommended Establishment using recognised staffing model.
  - Current Midwifery Establishment.
  - Evidence of supernumerary midwifery workforce compliance with oversight of birth activity within the service and the escalation process
  - Evidence of compliance that the service is able to support 1:1 care in labour.
- 2.2 In recent years it has been recognised nationally that there has been a shortage of midwives and nurses within the workforce. In a recent Nursing and Midwifery Council (NMC) publication, March 2024 Annual Report; NMC Data Reports<sup>1</sup> it appears the picture is changing in England with an increasing registered workforce. Although the numbers of midwives joining the register are smaller the percentage increase is bigger compared to nursing and nursing associates together between 2023 and 2024. Midwives joining the register has increased by 20% compared to nurses and nursing associates being a 14% increase.
- 2.3 The Care Quality Commission (CQC) undertook an inspection of SM MCS Maternity Services between the 7<sup>th</sup> to 9<sup>th</sup> March 2023. On 24<sup>th</sup> March 2023 a Section 29a Warning notice was issued and on 25<sup>th</sup> July 2023, the CQC published the final inspection reports. The concerns raised prompted 3 workstreams one of which included and safe staffing, this continues with a compliance programme of which workforce and safe staffing is overseen by the Director of HR with bi-weekly meetings. Progress on the workstream continues to be managed through the SM MCS and reported through the approved Governance framework.
- 2.4 Following the CQC 29a warning notice and change in the CQC rating to the overall service requires improvement and an inadequate rating for safety SM MCS Maternity Services underwent a Diagnostic Review from the NHSE National Maternity Safety Support Programme (MSSP) team. The review was undertaken from 22<sup>nd</sup> January 2024 to 25<sup>th</sup> January 2024 and was very much a supportive measure to enable fresh eyes on the improvement journey.

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<sup>1</sup> <https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/>



- 2.5 The feedback from the Diagnostic Review was predominately positive and acknowledged the prompt, appropriate response SM MCS had taken to the immediate CQC concerns. Significant evidence of the overarching improvement journey was noted by the reviewers and the investment made by MFT into maternity services. Throughout the Diagnostic Review no significant safety issues were escalated, however regarding workforce there were 5 recommendations 2 of which related to midwifery staffing:
- Implementing an effective PMA role across the MCS – a plan in place to support this role from January 2025
  - To review midwifery time and support, including midwifery ultrasoundographers and the consultant midwife role – Midwifery Ultrasonography role review has been completed, Consultant Midwife role is currently being reviewed, plan in place to recruit January 2025.
- 2.6 This paper will inform the current position of staff in post across the Maternity Division as well as the SM MCS midwifery forecast for all qualified staff to the end of February 2025.
- 2.7 SM MCS continues to attract and recruit staff across all three sites, recruiting midwives who are both newly qualified along with those who have experience. The months January to November characteristically reflect the most difficult time for midwifery recruitment. The months June to October historically demonstrate the highest number of vacancies in the calendar year as newly qualified midwives graduate in September and take up their first posts throughout September to January.

### **3. Recommended midwifery establishment using recognised staffing model**

- 3.1. NICE Guideline Safe Staffing for maternity setting (NG4, 27/02/2015) <sup>2</sup>covers safe midwifery staffing in all maternity settings, including at home, the community, day assessment units, obstetric units, and units led by midwives (both alongside hospitals and free-standing). It aims to improve maternity care by advising on staffing levels and actions to take if there are insufficient midwives to meet the needs of women and babies in the service.
- 3.2. NG4 requires NHS maternity provider Trusts to undertake a systematic process to calculate the midwifery staffing establishment which could be supported by a NICE endorsed toolkit. Birthrate Plus (BR+) is the only available safe staffing toolkit and has been endorsed by the Royal College of Midwives. Any Trusts not compliant with a funded establishment based on BirthRate Plus or equivalent calculations, must within their Trust Board minutes provide the agreed plan, including timescale for achieving the appropriate uplift in funded establishment. The plan must include mitigation to cover any shortfall of Midwives (RCM) and others as the recommended midwifery workforce planning tool to support review of midwifery staffing levels against NICE guideline NG4.

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<sup>2</sup> NICE (2015) NICE guideline NG4 – Safe midwifery staffing for maternity settings



- 3.3. The use of BR+ is also incorporated within NHS Resolution Maternity Incentive Scheme standards (MIS year 6) as was in year 5 and required compliance with BR+ recommendations to be delivered by 1st February 2024. Safety Action 5 states that:
- a) A systematic, evidence-based process to calculate midwifery staffing establishment is completed.
  - b) Trust Board to evidence midwifery staffing budget reflects establishment as calculated in a) above.
- 3.4. The Greater Manchester and Eastern Cheshire (GMEC) Local Maternity and Neonatal System (LMNS) Workforce Delivery Plan has been developed through collaboration and engagement with maternity stakeholders across GMEC including MFT. The intention of the plan is to identify key national and local ambitions that acknowledge our workforce challenges, working across the network to identify and support solutions to help reduce the pressure on maternity staff, and plan for a sustainable workforce moving forward. The NHS England Three-Year Delivery Plan for Maternity and Neonatal Services, March 2023, outlines that Trusts will meet establishment set by midwifery staffing tools and achieve fill rates by 2027/28.
- 3.5. Following the publication of the Final Ockenden Report on 31st March 2022 one of the Immediate and Essential Actions concerning workforce stipulated that each maternity provider should have their midwifery establishment calculated utilising BR+. The most recent review across GM was commissioned by Greater Manchester and Eastern Cheshire (GMEC) Local Maternity and Neonatal System (LMNS) and was completed in May 2023. The next review is due to take place in the Autumn of 2025 and will be commissioned by MFT.
- 3.6. The previous reporting period outlined the investment from Saving Babies Lives 2 (SBL2) received by SM MCS in March 2023 to support additional resource to meet the five elements of the carebundle. The funding covered pay (midwifery and obstetric) and non-pay (drugs and equipment). There was also funding supported to increase the midwifery workforce from the Elective Caesarean Section Business Case which was approved in June 2023 and supported an additional 3 all day caesarean section surgical lists and Ockenden supported funding for roles including a midwifery retention team. All of these elements supported the Trust to meet the BR+ recommendations.
- 3.7. The revised midwifery workforce establishments recommended by BR+ were supported by the Trust Board in January 2024 and budgets aligned in April 2024. The BR+ recommendations were utilised flexibly across SM MCS Maternity Services to meet service needs and support safe staffing addressing some of the concerns outlined in the CQC reports including Maternity Triage staffing across all 3 sites. Table 1 demonstrates the revised establishments across SM MCS for midwifery staff inclusive of clinical staff, non-clinical staff, managers and bleep holders for SM MCS after the addition of posts added from SBL2, Elective Caesarean Section, and Ockenden supported posts (64.17 WTE). BR+ recommend a skill mix split of 90/10 Midwives and MSW's in postnatal and community areas. Part of the increase in the maternity



workforce included an additional 10 MSW's added to the ORC establishment (not included in the table below).

**Table 1 (WTE)**

	ORC	Wythenshawe	North Manchester	Grand Total
<b>Pre BR+</b>	355.48	199.18	172.62	727.28
<b>Post BR+</b>	380.79	217.82	192.86	791.47

- 3.8. The increase in the midwifery workforce addresses concerns raised by the CQC regarding the service not always having enough sufficiently skilled and experienced midwifery staff to appropriately assess care for women and birthing people and mitigate risks in a timely manner. This posed a risk of exposing women and birthing people to delays in treatment and increased risk of harm.
- 3.9. Ratios of Midwife to Birth are also important to note as they are dependent on demographics, case mix, models of care, total number of community cases and the differing needs of women. Ratios also vary dependent on place of care and birth e.g., hospital care, home births and community care and a mixture of both. An often-cited ratio was 28 births to 1 WTE midwife; this is not comparable across maternity providers due to local factors which have been highlighted in recent studies. These studies have demonstrated that previous guidance of ratios may not be appropriate to use for comparison due to a nationally seen increase in acuity of mothers and babies and the level of care required. As part of the BR+ review ratios are calculated based on individual unit need from their detailed assessment of acuity. Therefore, it is advised to use individually calculated ratios from a detailed assessment for workforce planning purposes. Recommended ratios of births to midwives for SM MCS sites compared with the last 6 months average ratios are demonstrated in Table 2 below. It is important to acknowledge that these ratios will better reflect the recommendation after the newly recruited workforce are in place.

**Table 2**

Site	Recommended Birth:Midwife Ratio	March 2024 to August 2024 Average Birth: Midwife Ratio
<b>SM ORC</b>	22.2 births:1 Midwife	26 births:1 Midwife
<b>SM Wyth</b>	24.3 births:1 Midwife	26 births:1 Midwife
<b>SM NM</b>	23 births:1 Midwife	25 births:1 Midwife



- 3.10. As recommended by BR+ SM MCS explored both clinical and non-clinical roles, to support improvement in quality and safety of care and to improve patient experience in our maternity services. Consideration of initiatives both nationally and locally were considered. SM MCS Maternity Services support a non-clinical workforce of 12% which is in line with BR+ utilising professional judgment for the needs of the service.
- 3.11. The total number of posts the Division felt was required across the MCS exceeded the BR+ recommendation after SBL 2, the elective section business case and Ockenden posts were taken into account. This was due to the SBL2 funding resourcing predominantly being outpatient and ambulatory activity rather than the acute areas. The risks identified by the CQC within the triage units and the elective pathway are not met with the SBL2, elective section business case and Ockenden funding, and therefore the division's recommendations were in excess of the residual gap.
- 3.12. The division split the roles from the BR+ recommendation into those which are safety critical and those considered strengthening safety. This prioritised the roles which required priority funding. Table 3 outlines how the posts were prioritised.

**Table 3**

Safety Critical (Phase 1)		Strengthen Safety (Phase 2)	
Ward 47 Postnatal Ward (ORC)	3.91WTE		
Midwifery Support Workers - Phase 1 (ORC)	10WTE	Midwifery Support Workers - Phase 2 (ORC)	9.97WTE
Delivery Suite Coordinators (Wyth)	2.14WTE	Bleep Holders (all sites)	7.1WTE
Antenatal Ward (NM)	2.97WTE	Triage Matron (all sites)	1.0WTE
Triage (All sites)	14.39WTE	Trainee Consultant Midwife (all sites)	1.0WTE
Deputy Head of Midwifery (ORC)	1.0WTE		
Workforce Matron (all sites)	1.0WTE		
Quality and Governance Matron (all sites)	1.0WTE		
	<b>36.41WTE</b>		<b>19.07WTE</b>

- 3.13. As the midwifery workforce is rotational the majority of the clinical roles will be filled through the annual midwifery recruitment campaign coming into post between September 2024 and February 2025. The maternity support workers have been recruited to and are expected to be in post by the end of August 2024 which will be recruited to full establishment. Posts already recruited to include Delivery Suite Coordinators, Deputy Head of Midwifery, Workforce Matron and Quality and Governance Matron.



- 3.14. The maternity Division are still waiting agreement of the strengthening safety roles which exceed the BR+ recommendation. The Division plan to submit a case for investment in October 2024 when other investment roles have been recruited to.
- 3.15. A bespoke development package for current band 2 MSW's and new MSW's working towards band 3 level have been extremely successful and recognised across GM & EC Providers. This has led to the SM MCS team supporting an NHSE 6-month project in implementing an MSW framework refresh being led by the LMNS to commence in the next few months

#### **4. Midwifery Recruitment March 2023 – August 2024**

- 4.1. SM MCS have been supported to strengthen the Midwifery workforce not only in increasing establishments but also in building on the attraction recruitment and retention work which with an updated recruitment advertising campaign- 'All Here for You' in collaboration with MFT Talent attraction team and SM MCS Human Resource team (HR). The strategy supported a face-to-face open day on 2<sup>nd</sup> March 2024 which offered a personalised tour and opportunity to meet staff and ask questions. In all 67 prospective staff members attended from all areas of England.
- 4.2. Historically, SM MCS recruit to a predicted turnover which is calculated from local workforce intelligence and in the previous report between September 2023 to March 2024 the turnover had reduced to 8 WTE from a previous turnover of 10 WTE per month across the MCS. The current turnover between March 2024 to the end of August 2024 has reduced to 7.0 WTE per month.
- 4.3. SM MCS have continued to be challenged in recruiting to community midwifery posts due to the large number of newly qualified midwives within the system and the initial restriction following the publication of the final Ockendon report in March 2022, regarding how many of these midwives can work within community. SM MCS have developed a flexibly preceptorship package to support newly qualified midwives to work within the community. flexible working within the band 6 workforce has also been supported to enable midwives to work a hybrid position across inpatients and community services. SM MCS are supporting a small project to review staffing models which are supportive of continuity of carer for women in the antenatal and postnatal periods.
- 4.4. As always SM MCS maternity teams have utilised a number of strategies to support recruitment over the last 6 months. These include:
- A dedicated midwifery workforce lead which has been supported through BR+ to increase from 0.4WTE to 1WTE and is now part of the substantive establishment to support attraction and retention across SM MCS.
  - Working with the corporate talent attraction team supporting a relaunch of the 'All Here for You' campaign to enable targeted recruitment.
  - Rolling job advertisements for both inpatient and community services.



- Repeated initiative to support guaranteed job offers for all final year midwifery learners; current 3<sup>rd</sup> year learners have received offers and are in the recruitment pipeline on qualification from September 2024.
- Representation at the site specific MFT open days.
- A recruitment open day for SM MCS on 2<sup>nd</sup> March 2024.
- A team of Band 7 Recruitment and Retention Specialist midwives with a particular focus on reducing attrition have now been permanently funded by NHSEI.
- Participation in a national International Midwifery Recruitment Campaign which has supported 26 international midwives to join the SM MCS since December 2022 and ended in March 2024.
- Working with Greater Manchester Higher Education Institutes to increase the capacity of future learning cohorts.
- SM MCS have been supportive of senior experienced midwives retiring and returning and partial retirement to practice on part time basis. This supports skill mix across the service.
- SM MCS support a team of Professional Midwifery Advocates who have received positive feedback from midwives following support with restorative clinical supervision sessions and individual support. 9 places on the PMA course have been secured at the University of Salford for February 2025 funded through the LMNS.

## 5. Domestic Recruitment

### 5.1. Guaranteed Job Offers

5.2. SM MCS have remaining 70.99 WTE out of 89 WTE guaranteed job offers in the pipeline to 3<sup>rd</sup> year learners due to qualify at the end of this academic year 2024. Additionally, SM MCS have recruited 98.51 WTE external 3<sup>rd</sup> year learners through advertising and SM MCS and the open day held on 2<sup>nd</sup> March 2024. To date the withdrawal rate is 19.7% with an anticipated withdrawal rate of between 30-40% based on previous years. There are also an additional 8.33 WTE Band 6 midwives in the pipeline expected to join SM MCS between August and October 2024. This will provide in total a pipeline of 177.83 WTE midwives.

5.3. Between March 2024 and August 2024 21.65 WTE midwives have joined SM MCS.

5.4. All candidates in the pipeline are being “kept in touch” with on a regular basis through face-to-face coffee mornings and teams’ calls. For any midwives who have withdrawn, the retention and recruitment midwives are contacting each of them to understand the reasons why. The reasons for withdrawal are stated as job offer at the Trust they have trained at, moving to another country or taking a gap year.

5.5. Table 4 demonstrates the forward view of actual midwifery starters in the pipeline per month (WTE) from September 2024 to the end of February 2025

**Table 4**

	Sep-24		Oct-24		Nov-24	
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New Starters	B5	B6	Total cumulative MCS new starters	B5	B6	Total MCS new starters	B5	B6	Total MCS new starters
<b>ORC</b>	7.41	2.8	10.21	27.37	0.61	38.19	18.81	0.8	57.8
<b>Wythenshawe</b>	6.72	0	6.72	24.4	0	31.12	6.72	0	37.84
<b>North</b>	1	0	1	16.88	1	18.88	3	1.92	23.8
<b>Total</b>	<b>15.13</b>	<b>2.8</b>		<b>68.65</b>	<b>1.61</b>		<b>28.53</b>	<b>2.72</b>	
<b>Total Recruited</b>	<b>17.93</b>		<b>17.93</b>	<b>70.26</b>		<b>88.19</b>	<b>31.25</b>		<b>119.44</b>

	Dec-24			Jan-25			Feb-25		
New Starters	B5	B6	Total MCS new starters	B5	B6	Total Predicted MCS new starters (From Sept 24)	B5	B6	Total Predicted MCS new starters (From Sept 24)
<b>ORC</b>	10.28	0	68.08	12.2	0	80.28	2.65	0	82.93
<b>Wythenshawe</b>	0	0	37.84	9.14	0	46.98	4.82	0	51.8
<b>North</b>	1.84	0	25.64	3	0	28.64	1.6	0	30.24
<b>Total</b>	<b>12.12</b>	<b>0</b>		<b>24.34</b>	<b>0</b>		<b>9.07</b>	<b>0</b>	
<b>Total Recruited</b>	<b>12.12</b>		<b>131.56</b>	<b>24.34</b>		<b>155.9</b>	<b>9.07</b>		<b>164.97</b>

- 5.6. With the rolling recruitment it is expected that there may be further recruits in addition to the current pipeline in the next reporting period between September to the end of February 2025. However, the division does take into consideration the potential for the current pipeline to reduce due to withdrawals.
- 5.7. It is always aimed that the September recruitment of newly qualified midwives will fill both the actual vacancy factor and the expected turnover from September to the end of February. As such, the midwifery vacancy at the end of August 2024 is 95.51 WTE This is lower than August 2024 when the vacancy was 72.19 WTE with a reduced establishment. The uplift in midwives from BR+, SBL2, Caesarean Section Business



Case and Ockenden posts is 64.19 WTE therefore based on last year's establishment the vacancy would have been 31.32 WTE.

- 5.8. If the Division sustain the current withdrawal rate during the next reporting period of the current pipeline it is expected at the end of February 2025 the predicted vacancy across SM MCS would be 12.89 WTE midwives.
- 5.9. SM has been successful in implementing an international recruitment programme for midwives as part of a NW regional collaboration working in partnership with NHSE and the GM Maternity Network. In total of 26 midwives were recruited by the end of March 2024 when the funding ended. Ther retention team and the Cultural Safety Midwife have offered pastoral support and dedicated development sessions for internationally recruited midwives. Each midwife has had an individualised preceptorship package in place.
- 5.10. SM MCS, as part of a wider GM workstream, have increased midwifery training places each year over the last 3 years. This includes learners from Bolton University aimed at providing a cohort of learners who will step of training in the Spring rather than September to provide an additional opportunity for secondary workforce recruitment.
- 5.11. Nationally it continues to be acknowledged that the current number of students in training is insufficient to support the expanding requirements of the midwifery workforce and further work is required. The GM&EC LMNS are exploring different university curriculums to attract a different cohort of learners into the midwifery profession.
- 5.12. Community midwifery vacancies per site

	Mar 24	Apr 24	May 24	June 24	July 24	Aug 24	Sept 24
	WTE	WTE	WTE	WTE	WTE	WTE	WTE
ORC	10.18	10.18	7.41	7.49	8.92	9.91	6.67
Wyth	9.53	9.53	9.29	8.7	7.21	7.69	7.61
North	11.79	11.0	9.12	10.17	11.07	11.03	11.53
Total	31.5	30.71	25.82	26.36	27.2	28.63	26.81

- 5.13. SM MCS is commissioned to provide a consistent safe homebirth service to ensure choice of place of birth for all women. Community midwifery workforce experiences peaks and troughs within the vacancy factor throughout the year as midwifery establishment is impacted by newly qualified midwives graduating once annually in September. Following the recommendations from the Ockenden Report[1], specific to newly qualified midwives, there was a reduction in the number of midwives in their first-



year post qualification working in community. Whilst later guidance rescinded that newly qualified midwives could not work in the community the impact of this guidance continues to negatively impact on recruiting to community midwifery posts.

- 5.14. The vacancy factor within the community establishment significantly impacts the homebirth service provision resulting in the homebirth service on occasion being stepped down on individual sites in order to prioritise essential antenatal and postnatal community service provision. The current percentage of midwifery vacancies is disproportionally sitting in Community establishments
- 5.15. A Standard Operating Procedure (SOP) was implemented in June 2022 to encourage community midwives across the MCS to work collaboratively. The aim was to maintain a homebirth service for women, when individual sites were unable to sustain without significant impact on antenatal and postnatal community provision . The team leaders and Matrons for Community Services across the MCS now facilitate a weekly planning meeting which focuses on the homebirth service provision across the MCS
- 5.16. Over the last 12 months the vacancy factor in the community has negatively affected the homebirth service provision and further impacts the opportunity for community midwives to provide intrapartum care. The impact of the vacancy factor affects the homebirth service provision differently across the 3 maternity sites and as such leads to an inequitable offer of a homebirth service across Saint Mary's MCS.

## **6. Maternity 'Red Flags Events', Escalation and monitoring of staffing**

- 6.1. NICE guidance NG4 Safe Staffing for Maternity Settings (2015) recommends that the maternity service has procedures in place for monitoring and responding to unexpected changes in midwifery staffing requirements. It is the responsibility of the midwife in charge of the unit or the shift to monitor that there are enough midwives to provide women and babies with the midwifery care required taking into account the particular needs of the women and babies being cared for on that day or during the shift. During the day or shift, the midwife in charge is responsible for identifying 'red flag events'. These are signs that there may not be enough midwives to give women and babies the care they need.
- 6.2. Across SM MCS there is 100% compliance with maintaining a supernumerary Bleep Holder on duty 24 hours a day, 7 days a week who monitors and reviews unit status, acuity, and flow, escalating as required in accordance with maternity Bleep Holder Guideline.
- 6.3. Out of hours, the Bleep Holder is supported by 2 senior midwives (Band 8a) on call matrons and also a third-tier escalation on call rota of Band 8b and above. The on-call rota has been integrated across SM MCS and the Bleep holder policy includes a standard operating procedure for all 3 maternity sites to follow should there be an issue which requires escalation.



- 6.4. Following the CQC Inspection in March 2023 SM MCS introduced a twice daily midwifery inpatient staffing meeting which is now business as usual, this was supported by the Safer Staffing workstream led by the Director of Human resources for SM MCS. These meetings are chaired by the Head of Midwifery or the Deputy Head of Midwifery across the MCS and are part of the Trust safer staffing policy. A separate antenatal outpatient and community midwifery meeting is held once a week chaired by a Deputy Head of Midwifery.
- 6.5. The twice daily meetings ensure oversight and escalation of midwifery staffing levels and acuity through a 24-hour period and 7 days per week. The arrangements provide a clear understanding of staffing levels across all clinical areas and sites within SM MCS. This also provides a forward look to ensure that forecasted gaps can be appropriately managed.
- 6.6. Twice weekly site-specific staffing meetings led by Heads/Deputy Heads of Midwifery, attended by the site management team support the overview of staffing fill rates including vacancy, sickness/absence, training gaps and NHSP demand and fill. These meetings are supported by use of the “Ward Establishment Review Model” (WERM). This model supports understanding and overview and challenge of staffing gaps and fill rates. The NHS P team also attend these meetings once a week to support fill of any staffing gaps.
- 6.7. The Heads of Midwifery attend a weekly check and challenge meeting with the Director of Nursing and Midwifery, Director of Human Resources and Director of Finance to discuss staffing gaps and fill rates using the WERM tool.
- 6.8. Staffing levels continue to be reported 3 times a day by the maternity bleep holder on all for the 3 sites. This Maternity Unit Status Report is circulated to managers, matrons, Heads of Midwifery and both Hospital and Board Level Maternity Safety champions at 7am, 1pm and 8pm every day.
- 6.9. Ward managers now review the rosters monthly to ensure they are accurately aligned to budgeted establishments. Roster KPIs are also circulated and reviewed at local level to ensure compliance with KPI's in all areas.
- 6.10. The Allocate SafeCare Tool is utilised in real time within the staffing huddles to match ward staffing levels with patient acuity, providing control and assurance from bedside to board. The SafeCare Tool has recently been upgraded to include provision for when one to one care is provided. During the staffing huddle, safe staffing levels are discussed and, utilising professional judgement, resources are managed based upon patients' acuity and dependency, quality and safety indicators and issues that may affect patient safety and experiences. When staffing escalation and risk levels are found to be greater than level 3 the Directors of Nursing and Midwifery will come together to review the staffing risks across the trust and explore opportunities for mutual aid to areas with unresolved staffing challenges.



- 6.11. As part of MFT, SM submits a monthly Safe Staffing Unify Report to NHSI detailing actual registered midwifery staffing levels as a percentage against those that were planned.
- 6.12. The average fill rate (MW and MSW) against planned shifts in July 2024 for all areas excluding Maternity Triage was 85%. The Maternity Triage fill rate is excluded as staffing exceeds the establishment due to the intentional rounding role not being included in the establishment and filled through NHSP (additional to The fill rate for Maternity Triage was 134%.
- 6.13. Where there are increases in demand and/or acuity, there is an SM MCS escalation policy in place which aligns to the Greater Manchester and East Cheshire Maternity Escalation Policy leading to a temporary closure of the unit and divert of activity to alternate providers.
- 6.14. Activity and staffing is also reported to GMEC LMS once a day through the GM Sitrep and updated as activity and staffing indicates over the day.
- 6.15. The midwifery Red Flag Events are a combination of the NICE guidance NG4 recommended events and locally derived measures identified from serious incident investigations ( See appendix 1 )
- 6.16. Red Flag Events are monitored on the day by the Maternity Midwifery Bleep Holder who will review the maternity unit and take appropriate actions to ensure that women and babies receive appropriate care, e.g., redeploy staff.
- 6.17. Red Flag Events are reported via the incident reporting system, and these are reviewed in line with the MFT process for incident management. It should be noted that these are not all due to midwifery staffing as delays also occur due to the lack of capacity.
- 6.18. A monthly workforce dashboard is maintained which reflects the maternity staffing. Staffing is reported each month via the SM MCS Maternity Services' Quality and Safety Committee meetings and the SM MCS Workforce Committee.
- 6.19. There were 1281 reported Red Flag Events over the 6-month period from 1<sup>st</sup> March 2024 to 31<sup>st</sup> August 2024 with ORC submitting the highest number as would be expected
- 6.20. For assurance, in the event of the labour ward coordinator being required to provide clinical care or where one-to-one care in labour cannot be provided, the Maternity Bleep Holder will review activity across the unit and redeploy a midwife to support care and utilise the Maternity Bleep Holder Escalation Policy as appropriate. An incident report would be submitted with oversight maintained via the Maternity Dashboard.



- 6.21. Details of all Red Flag Events are reported through the Divisional Quality and Safety Committee, including any actions required where the division cannot demonstrate 100% compliance with maintaining the supernumerary labour ward coordinator status and the provision of one-to-one care in active labour.
- 6.22. In line with MIS Safety Action 5, it is a requirement to report and monitor compliance with supernumerary labour ward coordinator status and the provision of one-to-one care in active labour. It is expected that both requirements achieve 100% compliance.
- Supernumerary labour ward coordinator status

From 1<sup>st</sup> March 2024 to 31<sup>st</sup> August 2024 the division has maintained 100% compliance with having a supernumerary labour ward coordinator on all three sites.

- Providing of one-to-one care in labour

Between March 2024 and August 2024, there were 7 women who were categorised as not receiving one-to-one care in labour. In previous submissions, and within MIS year 6, should there be occasions where one to one care has not been provided, it is expected that a robust action plan is created to address the themes identified from reviews and that the action plan is submitted as evidence to Trust Board for approval. This will be submitted with all MIS Year 6 evidence to Trust Board in January 2025. The action plan is currently monitored and presented at the SM MCS monthly Site Obstetric and Divisional Quality and Safety Committees.

## **7. NHSP and Agency Workforce**

- 7.1. Temporary staffing has continued to be utilised to support staffing levels throughout the Trust. Weekly NHS Professionals (NHSP) temporary staffing huddles ensure maximisation of engagement between SM MCS and NHSP. Opportunities to maximise our temporary staffing bank fill remains the priority with NHSP.
- 7.2. The Heads of Midwifery and Heads of Nursing also attend a monthly meeting with the Corporate Workforce Lead and NHSP Managers to review NHSP fill rates, incidents and workforce applications.
- 7.3. Between July to the end of November 2023 when we were awaiting newly qualified midwives take up post, critical enhanced rates of NHSP were supported to back fill the staffing gaps and mitigate risk. Critical NHSP rates have not been required during the current reporting period and are not expected to be required in the next reporting period.
- 7.4. To support the current workforce gap, NHSP rates continue and are monitored on a weekly basis by the Heads of Midwifery and NHS Professionals. Overtime payments are no longer used for routine workforce gap cover and if required in urgent scenarios must be authorised by the Director of Midwifery and Director of Finance.



- 7.5. NHSP in SM MCS is staffed by SM midwives and uptake of shifts in July 2024 across SM MCS is 51% for registered staff and 76% for unregistered staff.

## NEWBORN SERVICES DIVISION

### 8. Background Neonatal Nursing

- 8.1. This section of the report provides background to the nationally mandated staffing levels for neonatal services (Department of Health (DH), 2009<sup>3</sup>, National Institute of Clinical Excellence (NICE), 2010<sup>4</sup>, British Association of Perinatal Medicine (BAPM)<sup>5</sup>. The report provides details of the workforce plans which have been developed to improve staffing levels, recruitment and retention strategies, the workforce challenges faced by the division and an overview of the recurrent funding allocation from NHS England (NHSE) and how this has been utilised within the division over the last 6 months.
- 8.2. Over the past two decades, there have been a significant amount of research and work focusing on optimising standards of care delivery and improving outcomes for neonates. As a result, there are a plethora of associated documents, toolkits and standards with regards recommended staffing levels for the care of neonates. Recommendations made by the Department of Health<sup>1</sup> NHS England & NHS Improvement<sup>6</sup> (NHSE/I) and the BAPM<sup>3</sup>. Nurse staffing ratios per baby have been well documented as far back as the early 2000s. In recent years these staffing levels have been reinforced through the Getting it Right First Time (GIRFT) Review<sup>7</sup>. Saving Babies Lives Bundle Version 3<sup>8</sup>, Maternity Incentive Scheme (MIS)<sup>9</sup> and the NHS Long Term Plan<sup>10</sup>.
- 8.3. Nurse staffing standards have been described by BAPM in a number of papers in recent years and have been the benchmark NHSE have measured against in the National Neonatal Critical Care Transformation Review (NCCR) (2019)<sup>4</sup> and described within the Neonatal Critical Care Service Specification<sup>11</sup> and other key documents including

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<sup>3</sup> Toolkit for high quality neonatal services. Department of Health (DH), 2009

<sup>4</sup> Quality Standard. Specialist Neonatal Care. National Institute of Clinical Excellence (NICE). 2010

<sup>5</sup> Service Standards for Hospitals Providing Neonatal Care 3<sup>rd</sup> Edition. British Association of Perinatal Medicine, 2010

<sup>6</sup> Implementing the Recommendations of the Neonatal Critical Care Transformation Review. NHS England and NHS Improvement. 2019

<sup>7</sup> Neonatology – Workforce GIRFT Programme National Speciality Report. GIRFT. 2022

<sup>8</sup> Saving Babies' Lives Version Two. A care bundle for reducing perinatal mortality. NHS England. 2019

<sup>9</sup> Maternity Incentive Scheme – year six. NHS Resolution. 2024

<sup>10</sup> The NHS Long Term Plan. NHS England. 2019

<sup>11</sup> Service Specification: Neonatal Critical Care.



'Optimal Arrangements for Neonatal Intensive Care Units in the UK (2021) <sup>12</sup> and Optimal Arrangements for Local Neonatal Units in the UK including guidance on their staffing <sup>13</sup>.

- 8.4. The neonatal workforce consists of a wide range of staff to deliver high quality neonatal care which includes but is not limited to doctors, nurses, and allied health professionals along with several other supportive roles.
- 8.5. The pressures on the neonatal workforce are multiple and complex, these are highlighted below and will be explored in detail in the report.
- Activity, capacity, and demand for neonatal cots.
  - Nursing workforce vacancies, age profile and attraction and retention of nurses.
  - Integration of Allied Health Professionals (AHPs) into the neonatal care team.
  - Integrating families into the neonatal care team.
- 8.6. High quality neonatal services rely on having an adequate and appropriate workforce with the leadership, skill mix and competencies to provide excellent care at the point of delivery (Department of Health (DH), 2009) <sup>1</sup>. Staffing has a significant impact on mortality and morbidity for babies and families requiring neonatal care. There is good quality evidence for improved outcomes where registered nurse patient staffing ratios meet national standards (GIRFT, 2022) <sup>5</sup>.
- 8.7. The minimum standards for nurse staffing levels for each category of neonatal care are (DH, 2009 <sup>1</sup>, NICE, 2010 <sup>2</sup> BAPM <sup>3</sup>).
- Neonatal Intensive Care: 1:1 nursing for all babies
  - Neonatal High Dependency Care: 2:1 nursing for all babies
  - Neonatal Special Care: 4:1 nursing for all babies
- 8.8. Staffing levels vary according to the activity and workload on individual units but should meet the recommended minimum levels specified above. In Neonatal Intensive Care Units (NICUs), which provide the care for babies requiring the highest level of support it is acknowledged that some babies require a higher level of nursing care, which on occasions exceeds BAPM requirements.
- 8.9. All intensive care and high dependency care should be provided by Qualified in Speciality (QIS) staff, so where a unit has a high proportion of critical care activity, the percentage of QIS staff required is required to be above 70%.

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<sup>12</sup> Optimal Arrangements for Neonatal Intensive Care Units in the UK (2021) A BAPM framework for practice <https://www.bapm.org/resources/296-optimal-arrangements-for-neonatal-intensive-care-units-in-the-uk-2021>

<sup>13</sup> Optimal arrangements for Local Neonatal Units and Special Care Units in the UK (2018): A BAPM framework for practice <https://www.bapm.org/resources/2-optimal-arrangements-for-local-neonatal-units-and-special-care-units-in-the-uk-2018>



- 8.10. The Department of Health's (DH) Toolkit for High Quality Neonatal Services (2009) <sup>1</sup> and BAPM (2010) <sup>3</sup> standards require all units to have a supernumerary shift coordinator to meet the care needs of the babies on the unit during each shift.
- 8.11. Improving the morbidity and mortality of newborn infants has been a key national ambition since 2015. The neonatal workforce is fundamental to the safety and effectiveness of care provided to neonates and their families and ultimately improving outcomes in neonatal care. There is evidence that morbidity and mortality are reduced, and neurodevelopmental outcomes improved with improved staffing levels.
- 8.12. Significant gaps in the neonatal workforce provision were identified by NHSE in the Neonatal Critical Care Transformation Review (NCCR) which was published in December 2019. Within the NCCR there was recognition that the workforce at that time was not fit for purpose and that there needed to be investment in nurse staffing and a focus on improving education, training, and career development. In response to this the NHS Long Term Plan prioritised funding for additional nursing and Allied Health Professional (AHP) support within neonatal services in April 2021.
- 8.13. The GIRFT neonatal review was undertaken in 2019 to gain a greater understanding of the workforce gaps both at an Operational Delivery Network (ODN) level and within individual hospital trusts. This review provided greater insight into the workforce challenges and identified that there were significant shortfalls in nurse staffing against national standards.
- 8.14. The nurse staffing requirements for direct patient facing care does not consider other important supportive roles as outlined in the Department of Health's Toolkit for High Quality Neonatal Services (2009) <sup>1</sup> such as nurse educators, governance leads, bereavement leads and breastfeeding support. Although Newborn Services (NBS) does allocate time for these important roles, they are part of the neonatal nursing establishment, therefore the hours are not protected and there is a low threshold for staff to be redeployed to the cot side to provide cot side care in the event of unplanned absence or increased activity/acuity. The importance of these roles is recognised in the NHS Long Term Plan.

## **9. Activity, Capacity and Demand**

- 9.1. When assessing the nurse staffing requirements for the neonatal nursing workforce there are several factors related to activity, capacity, and demand for which need to be accounted for when developing workforce plans. The Northwest Neonatal Operational Delivery Network (NWNODN) Activity, Capacity and Demand (ACD) Report 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024 has been the source of the data included in this section of the report.
- 9.2. The key findings from the ACD report are as follows:
  - Decrease in live births seen across the locality in keeping with the birth rate



across the Northwest.

- Reduction in term and late preterm admissions at Oxford Rd and Wythenshawe.
- Intensive Care activity remains at 92% and is consistent with last 3 years.
- Surgical activity within Greater Manchester (GM) has increased.
- NICU and LNU activity is being reviewed as part of NCCR benchmarking.
- Despite investment into Allied Health Professional roles, staffing levels remain below national standards.

- 9.3. There have been national initiatives implemented aimed to impact on both Term/Late Preterm admissions and Preterm admissions to neonatal units inclusive of the Avoiding Term Admission in Neonatal Units (ATAIN) programme. SM MCS have harmonised the Transitional Care (TC) offer to address avoidable neonatal unit (NNU) admissions in line with MIS Year 6.
- 9.4. The Neonatal Unit at North Manchester implemented the Inreach model of care in March 2024 to ensure a levelling up of services and in line with the other services across SM MCS. There has not been any additional funding to support this role and currently there are gaps in provision when the NNU is busy. The Matron for Continuing Care is closely monitoring the situation to ensure service provision and escalating gaps in provision where appropriate. This establishment gap will be included in the North Manchester Nurse Staffing Business Case which is currently in development.
- 9.5. The Saving Babies Lives Care Bundle (SCLCBv2) <sup>14</sup> saw the addition of a fifth element 'reducing preterm birth' to support the ambition of Safer Maternity Care <sup>15</sup> by reducing preterm birth from 8% to 6%. This element focuses on prediction, prevention and preparation when optimising the outcomes for preterm babies
- 9.6. Over the past two years Newborn Services Division have worked closely with Maternity Services across SM MCS as part of the Maternity and Neonatal Safety Improvement Programme (MatNeoSip). Nursing and medical staff across the divisions have worked collaboratively to develop quality improvement projects focusing on the optimisation of preterm care delivery.
- 9.7. Whilst these interventions should have the outcome of reducing demands on neonatal care, the last few years have seen increasing admissions to NNUs of babies at the lower limits of viability with increased levels of acuity <sup>16</sup>. These cases have created a greater demand on those working in neonatal care. This will be impacted further given the publication of the BAPM framework for decision making on extreme preterm births<sup>17</sup> which considers the management of babies born at 22 weeks gestation.

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<sup>14</sup> Saving Babies' Lives Version Two. A care bundle for reducing perinatal mortality. NHS England. 2019

<sup>15</sup> Safer Maternity Care <https://www.england.nhs.uk/wp-content/uploads/2019/03/Saving-Babies-Lives-Care-Bundle-Version-Two-Up-dated-Final-Version-pdf>

<sup>16</sup> A Workforce Strategy for the North West Neonatal Units 2021-2026. North West Neonatal Operational Delivery Network. 2021

<sup>17</sup> BAPM Framework on Extreme Preterm Birth. British Association of Perinatal Medicine. 2019



- 9.8. The Department of Health's (DH) Toolkit for High Quality Neonatal Services (2009) <sup>1</sup> and BAPM (2010)<sup>3</sup> safer staffing standards require NNUs to be staffed to 100% capacity whilst operating at 80% occupancy to allow for fluctuations in activity.
- 9.9. The Newborn Intensive Care Unit (NICU) at Oxford Road Campus (ORC) was over the 80% occupancy standard on 6 occasions in 2023, the mean occupancy for the year was 82%.
- 9.10. From a nurse staffing perspective this impacts on the ability to support quality enhancing roles as they are part of the cot side nursing establishment. As described in section 2.14 there is a low threshold for redeployment if the activity and/or acuity increases.

### **Surgical Activity**

- 9.11. The Northwest Neonatal Operational Delivery Network (NWNODN) has seen a year-on-year growth in activity through its 2 neonatal surgical centres, which include the NICU at Manchester Foundation Trust and Alder Hey Children's Hospital. To care for this group of babies the neonatal workforce requires additional skills and competence and necessities collaborative working with neonatal surgeons and other speciality leads.
- 9.12. Recognising the increase in surgical demand over recent years NBS have established a Band 7 Surgical Nurse Specialist role (0.8WTE). The post holder is responsible for working closely with the surgical teams to support surgical pathways of care. Teaching parents and staff to provide surgical care for babies. Supporting the transition to home or to the baby's local neonatal unit for continuation of care and ensuring seamless surgical management post discharge. In addition to the lead role NBS have allocated additional hours to surgical link nurses who support education and training at the cot side.
- 9.13. The clinical hours attributed to the surgical nurse roles are taken from the cot side nurse establishment therefore when acuity and activity increases there is a low threshold for redeployment to the cot side to achieve safe staffing levels in line with BAPM standards. This can adversely impact on the patient, parent and staff experience of caring for babies with a surgical need.
- 9.14. Newborn Services are working with the NWNODN supporting the development of a Surgical Training Programme which is going to be delivered to nurses across the network. Although this is a great opportunity for the service to be involved releasing staff to support the programme is going to be a challenge.

### **Retinopathy of Prematurity (ROP)**

- 9.15. Retinopathy of prematurity (ROP) is one of the few causes of childhood visual disability which is largely preventable. Retinopathy of prematurity (ROP) occurs in premature



and low birth weight infants when abnormal blood vessels and scar tissue grow over the retina leading to visual impairment/blindness.

- 9.16. ROP screening is undertaken on the ORC NICU by a nurse led team who have been trained to undertake the screening procedure. This service is led by Band 7 ROP Nurse Specialist (0.8 WTE) who is responsible for leading and managing one of two specialist ROP services within the Northwest of England. Additional ROP nurse screeners have been trained in ROP imaging and support the Band 7 lead to screen babies. As these hours are provided from the cot side nursing establishment they are not always protected particularly during periods of high activity and acuity.
- 9.17. The ROP Nurse Specialist has developed a nurse led digital imaging screening training programme and provides education and training to nurses within NBS and across the Northwest. The nurse led screening training programme has been replicated by other providers to alleviate some of the challenges faced with the decline in experienced paediatric ophthalmologist and increasing neonatal survivors.
- 9.18. Similar to the surgical nurse roles the hours are taken from the cot side nurse establishment therefore when acuity and activity increases there is a low threshold for redeployment to the cot side to achieve safe staffing levels in line with BAPM standards. This can adversely impact on the safety and effectiveness of the ROP service provision.

## 10. Nursing Establishments

- 10.1. This section of the report provides an overview of the nursing establishments, current vacancies and external reporting requirements on the neonatal nurse staffing position.
- 10.2. The division continues to receive recurrent funding as part of the Neonatal Critical Care Transformation Review which has supported recruitment into additional nursing posts. A total of £1,221,379 was allocated to Newborn services MCS to increase cot side care provision.

Site	Current Establishment (WTE)	Current Vacancy (WTE) August 2024
Oxford Road	247.17	40.33 *
Wythenshawe	48.28	5.44**
North Manchester	40.59	3.7***
Total	336.04	49.47

**Table 5 – Current funded establishment and vacancies**



*\* 22 WTE in pipeline through Guaranteed Job Offers (GJO)/Other Domestic Recruitment*

*\*\* 3 WTE in pipeline GJO*

- 10.3. The NWNODN reports annually on nursing staffing vacancies and the Northwest's ability to achieve BAPM standards using the Neonatal Nursing Workforce Tool (previously dinning tool). This tool, approved by the National Quality Board and the neonatal Clinical Reference Group (CRG) calculates the number of nurses that would have been required to deliver care according to BAPM standards.
- 10.4. Newborn Services complete the Neonatal Nursing Workforce Tool quarterly and submit to the NWNODN. The submission is based on historical activity workloads according to the BAPM's categorisation of care. By inputting the number of cot days for a 12-month period, this workforce calculator tool calculates the number of cots at each of the three levels of care and the number of nurses needed to staff them. This calculation is based on the recommended minimum levels and an average occupancy of 80%. Deficits against the recommended minimum levels can also be calculated.
- 10.5. BadgerNet staffing data is used nationally to inform the National Neonatal Audit Programme (NNAP) neonatal staffing standard, which examines what proportion of shifts were numerically staffed according to BAPM guidelines and service specification. This is completed by the Neonatal Shift Coordinators on to the BadgerNet system.
- 10.6. Based on the NWNODN workforce calculator tool submissions recurrent funding has been received to increase nursing establishments across the division as part of NCCR. The initial round of funding supported cot side nursing, and a small amount of funding was received through Ockenden in 2023/24 to ensure all units had education and governance nurses in post.
- 10.7. Due to the size of the neonatal service at SM MCS this funding was used to fund an MCS Matron for Quality, Workforce and Education. The post holder is responsible for developing staff education and training programmes, quality improvement initiatives and supporting the recruitment and retention of nursing staff.
- 10.8. There is an expectation from NHSE and Specialist Commissioning that this funding will be retained in the neonatal budget to maintain staffing at the agreed levels. Any changes in staffing levels will need to be agreed with regional NHSE and the NWNODN.
- 10.9. It is important to acknowledge that although NBS endeavour to support additional quality enhancing roles such as education, governance, infant feeding and bereavement. These roles are not funded separately to the cot side nursing establishment therefore there are significant challenges to protect the quality time and maintain safe staffing at the cot side. However, it is recognised that these roles are essential in improving the quality and standard of care for neonates and their families.



- 10.10. The BAPM Service and Quality Standards for Provision of Neonatal Care in the UK (2022)<sup>18</sup> states 'identified nurses acting as champions for the quality of practice within each unit should also have protected time and responsibility for infant feeding, family care, developmental care, QI in perinatal optimisation, safeguarding children, bereavement support and palliative care, discharge planning and outreach nursing'.
- 10.11. The Head of Nursing for Newborn Services has worked closely with the Health Roster team to ensure that all rosters have been reviewed and are in line with budgeted establishments. The approach taken by NBS in line with BAPM requirements has been discussed and agreed with the Director of Finance and the Director of Human Resources within Check and Challenge meetings. Further refinement to the budgeted establishment and Health Roster establishment has been completed in August 2024.

## **11. Operational Management**

- 11.1. When building the rosters, the roster teams within NBS consider the staffing levels required based on average unit occupancy of 80% and include a supernumerary shift leader. The skill mix is considered to meet the care needs of the babies on the unit during each shift, therefore consideration is given to the number of QIS staff allocated to each shift.
- 11.2. Therefore activity, capacity and demand and staffing requirements are monitored closely and adjusted where appropriate, both in terms of number of staff and the skill mix that is required to provide safe care.
- 11.3. A supernumerary shift coordinator is allocated on duty 24 hours a day, 7 days a week, they are responsible for monitoring and reviewing the unit status, acuity, and flow, and escalate as required in accordance with the NBS Safer Staffing Policy.
- 11.4. A Matron lead provides operational support during office hours, any issues are escalated to the Lead Nurse, Head of Nursing (HoN) and Divisional Director/Directorate Manager.
- 11.5. A daily status report is circulated once daily and includes the staffing and activity status for all three neonatal units across the MCS. This report is circulated to all Senior Nursing, Midwifery and Management staff to enable close monitoring of the activity and staffing levels across the MCS.
- 11.6. Admissions to Newborn Services will depend on the NICU (ORC) cot status, which is calculated based upon the number of patients on the unit, the categories of care of the patients and the number of staff required to deliver safe levels of care.

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<sup>18</sup> The British Association of Perinatal Medicine Service and Quality Standards for Provision of Neonatal Care in the UK. BAPM 2022.



- 11.7. The unit status is defined as red, amber, and green depending on the level of available staff, unit activity and the acuity of patients. The dependency of each patient is risk assessed throughout the day; this allows for an accurate assessment of the number of staff required to deliver care in line with BAPM standards. Nursing skill mix across the unit is also considered when assessing the unit status.
- 11.8. To support safe staffing levels during periods of increased activity and acuity mutual aid is considered from other neonatal sites. All new starters within SM MCS newborn services are employed on a rotational contract and made aware of the requirement to rotate across the three sites within the Managed service. This has been one of the successes of the integration of neonatal service as part of the development of the SM MCS.

## **12. Neonatal Nursing Recruitment (March 2024 – August 2024)**

- 12.1. Newborn Service's aspiration is to be the neonatal employer of choice within the Northwest and wider. This will be achieved by showcasing the great development and fulfilling careers on offer across all disciplines within the MCS.
- 12.2. The strategic directions for strengthening the neonatal nursing across SM MCS builds on the attraction, recruitment and retention work which has recently been reinvigorated with an updated MFT recruitment advertising campaign 'All Here for You'.
- 12.3. The division continues to support recruitment open days to showcase neonatal nursing. There is always a great deal of interest in the service, and we have successfully recruited domestic recruits who attended the open days.
- 12.4. The division have participated in the Guaranteed Graduate Employment Offers and accepted 20 candidates through the programme for 2024. Since acceptance 5 candidates have withdrawn from the offer.
- 12.5. The division have attracted several experienced Band 5 nurses through domestic recruitment advertisement, 11 WTE remain in pipeline due to commence in September 2024.
- 12.6. The International Nurse recruitment (IR) recruitment pipeline has stopped and NBS are aware that this will have an impact on recruiting experienced nurses to band 5 posts.
- 12.7. Weekly update meetings continue with the HoN, Lead Nurse, and Workforce and Education Matron to review nursing establishments and provide updates on candidates in pipeline. The Workforce and Education Matron is responsible for following up any candidates who have withdrawn to understand the reasons for their decision.
- 12.8. Newborn Services have supported two experienced senior nurses to take flexible retirement to support retention of experienced nurses.



- 12.9. The division have successfully recruited into Band 4 Nurse Associate (NA) roles and there is an increasing number who have made the decision to commence nurse training. The division have supported several NAs going into their nurse training to continue to work reduced hours on the neonatal units, with a view for them to apply to Band 5 vacancies once qualified.
- 12.10. The division are supporting three Trainee Nurse Associate posts, one at Wythenshawe site and two on the ORC site.
- 12.11. The division is supporting one Nurse Associate to complete the apprenticeship programme to become a registered nurse.
- 12.12. The neonatal nursing vacancy at the end of July 2024 is 49.47 WTE, there are 27 WTE Band 5 nurses in pipeline from a domestic recruitment advert and Guaranteed Graduate Employment Offers. Leaving a residual vacancy factor of 22.47 WTE. The neonatal nursing vacancy during the same reporting period in 2023 showed a nursing vacancy of 49.77 WTE and there were 19.8 WTE Band 5 nurses in pipeline from a domestic recruitment advert, the division were also supported with the International Nurse pipeline and supported monthly interviews. In the absence of the IR recruitment pipeline, Newborn Services are proactively recruiting through domestic recruitment aiming to recruit to turnover.

### **13. Neonatal Nurse Workforce Challenges**

- 13.1. The Qualification in Speciality (QIS) staffing levels across NBS continues to be a pressure, which affects the skill mix particularly in the intensive care rooms. As the service has not achieved the national standard of 70% of staff holding the QIS qualification a risk assessment has been undertaken and the issue is on the Newborn Services risk register scoring 12 (MFT/004452).
- 13.2. All Band 6 and 7 staff hold the qualification in speciality, the non-compliance relates to Band 5 nursing. Since August 2023 the Oxford Road overall QIS compliance has increased from 56% to 59%, Wythenshawe has remained static, and the North Manchester has decreased from 68% to 62.8%.
- 13.3. To mitigate this risk the division has supported additional nurses to attend the QIS course twice yearly 20 staff are due to qualify in July 2024 and a further 20 nurses have applied and are starting the course in September 2024. The QIS numbers have been impacted following a skill mix review which converted Band 6 vacancy at North and ORC to band 5. The increased funding from the NCCR has also adversely impacted on the overall QIS compliance.
- 13.4. A skills assessment and inventory has been developed to support experienced nurses with critical care experience to work in intensive care environment prior to achieving formal QIS status. There are plans to pilot this document with some IR nurse recruits and a domestic recruit with PICU experience.



- 13.5. The NWNODN have advised that some national funding is available from NHSE to support an increase in nursing staff attending the QIS programme from September 2024 to the end of March 2025. The ODN will submit bids on the unit's behalf and once the funding is received will be distributed to individual trusts.
- 13.6. Newborn Services have considered if they can put additional nurses through the QIS training but due to other training pressures e.g. Foundation in Neonates (FiN) course it is not possible due to the pressure it will cause to the cot side nursing requirements to meet BAPM standards.
- 13.7. Between March 2024 to August 2024 Newborn Services have supported 20 experienced nurses to attend the Qualification in Speciality course and 23 new starter nurses have attended the Foundation in Neonates course which is facilitated by the NWNODN.
- 13.8. North Manchester NNU is historically based on legacy NCA staffing establishments only established to 80% of its occupancy which results in staffing challenges when the unit is busy or has an occupancy greater than 80%. The unit currently runs on minimum staffing levels providing direct care, which means on occasions they are unable to allocate a supernumerary shift coordinator on every shift. The Inreach Model of care to support the babies requiring TC care on the Postnatal Ward is also supported by the nursing cot side establishment which poses further challenges to providing safe staffing levels.
- 13.9. As described above the unit's total establishment should be calculated based on an average 80% occupancy (DH, 2009). A business case is in development to request additional funding to meet national standards. The WTE required for the commissioned cots at North Manchester is 50.6 WTE, therefore there is a gap of 10 WTE. The Business Case is near completion and will be submitted to the SM MCS Senior Leadership Team by the end of September 2024 for consideration.
- 13.10. NBS have looking to recruit to a Band 8b Advanced Clinical Practitioner (ACP) role. The post holder would provide clinical leadership to the large cohort of ACPs within the division. This role is recognised by the British Association Perinatal Medicine (BAPM) Advanced Neonatal Nurse Practitioner Framework published in 2021.<sup>19</sup> Ockenden Funding has been received to support this role
- 13.11. The division is experiencing high levels of maternity leave across the service, with a particular pressure at North Manchester and ORC site. Between March 2024 to August 2024 the division lost 23,605 hours to maternity leave in comparison to March 2023 to August 2023 which totalled 15,918 hours. This is an increase of 7687 hours from the previous year. The Newborn Services Lead Nurse is monitoring the situation closely.

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<sup>19</sup> Advanced Neonatal Nurse Practitioner. Capabilities Framework. British Association of Perinatal Medicine. 2021



- 13.12. NBS are seeing an emerging theme of International Nurse Recruits (IR) applying to emigrate to America, Australia, and Canada, some with the QIS qualification. Some nurses are reporting that the reason for leaving is other countries are offering improved pay considering their level of experience. The division is exploring the possibility of IR nurses receiving the top of band 5 when they complete their QIS which may improve retention.
- 13.13. Quality enhancing roles such as risk management, education and feeding continue to be redeployed to the cot side to support safe staffing levels due the short-term sickness and vacancy.

#### **14. Neonatal Workforce Development/ Retention**

- 14.1. Between March 2024 and August 2024 11 WTE Band 5 new starters have commenced across Newborn Services. There is a further 23 WTE in pipeline which includes guaranteed job offer candidates and domestic recruits who are due to commence between September 2024 and January 2024. Several of these new recruits have neonatal experience.
- 14.2. The Division is proactively recruiting into vacant posts and is in the process of interviewing Band 5 new recruits through a domestic recruitment advertisement. There has been a great deal of interest in the post.
- 14.3. The Division has recently received funding for trainee Advanced Clinical Practitioners (ACPs) and have recruited external candidates into these posts.
- 14.4. Between March 2024 to August 2024 16.34 WTE nursing staff have left Newborn Services of which 13 held the QIS qualification. This is a reduction compared to the previous 6-month figures which was 22.01 WTE, the QIS leavers remain unchanged. The overall attrition rate has decreased from 3.66 WTE per month between September 2023 to February 2024 to an average of 2.72 WTE per month in this reporting period between March 2024 to August 2024.
- 14.5. The Senior Nursing Team within Newborn Services monitor the nursing attrition closely and the turnover data (Table 6) is discussed in the monthly Newborn Services Business Meeting.



Reporting Level	Headcount	FTE	Turnover
349 L6 New Born Services	384	338.63	9.17%
349 L7 ANNP/WYTH	7	5.97	22.09%
349 L7 Community SCBS General	19	12.21	14.61%
349 L7 NBS- NMGH	36	30.39	8.66%
349 L7 Neonatal Nursing North NMGH	2	1.60	9.65%
349 L7 Neonatal Unit/WYTH [SMH]	41	34.36	5.91%
349 L7 NICU - ANNP Staffing	16	14.79	7.13%
349 L7 Special Intensive Care	225	205.55	9.37%
349 L7 Transport Team	29	25.25	12.12%

**Table 6– Nursing Turnover Data as July 2024**

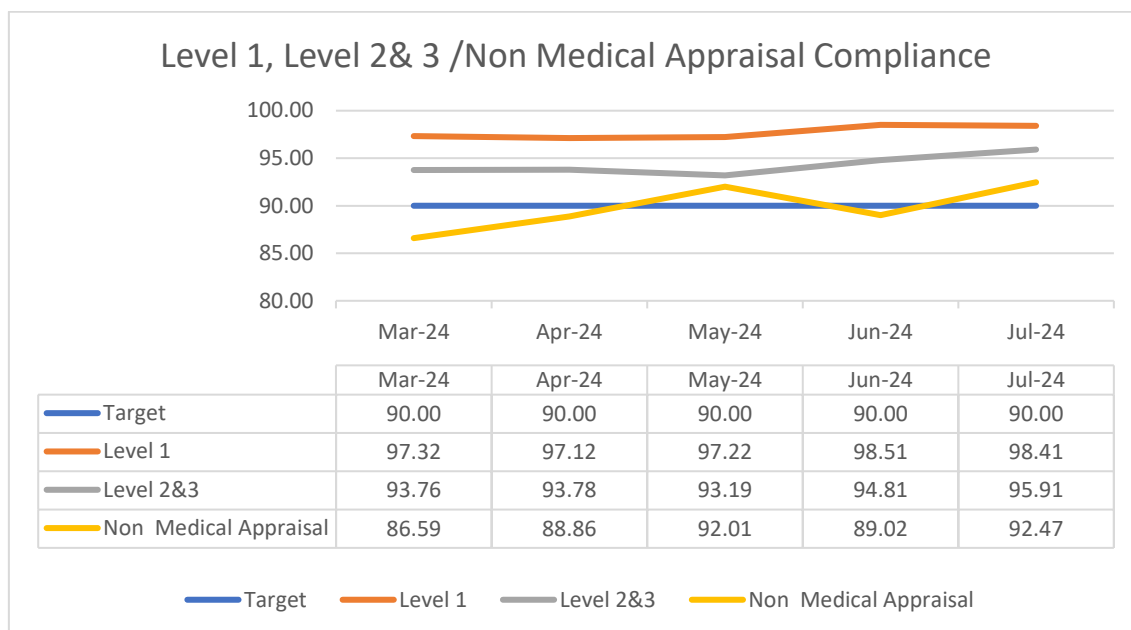
- 14.6. The reasons for leaving are similar across SM MCS as in previous years and is related to community nursing, moving closer to home, moving to a smaller unit, or emigrating. Table 13 shows the number of leavers and destination from March 2024 to August 2024
- 14.7. The division continues to support rotational programmes for the Band 5 and Band 6 nurses between the Newborn Intensive Care Unit (NICU) at ORC and the Local Neonatal Units (LNU) at North Manchester and Wythenshawe to develop management skills on the LNU and increase ITU exposure on the NICU.
- 14.8. The Maternity Incentive Scheme (MIS) <sup>20</sup> year 6 Safety action 4 outlines the requirements for neonatal services to demonstrate an effective system of clinical workforce planning. Neonatal units are required to meet the BAPM neonatal nursing standards or ensure there is an action plan in place where standards are not met. There is a requirement to share action plans with the Local Maternity and Neonatal System and Neonatal ODN. The division has developed a neonatal nursing workforce action plan which outlines plans to support NBS to meet the requirements in relation to the BAPM neonatal nursing standards. It is expected that the action plan is submitted as evidence to Trust Board for approval. This will be submitted with all MIS Year 6 evidence to Trust Board January 2025. The action plan is currently monitored and presented at the SM MCS monthly Divisional Quality and Safety Committee.
- 14.9. NBS is committed to delivering the SM MCS People Plan. Newborn Services have a workforce engagement plan which incorporates the Divisional People Plan, Staff Survey Action Plan and the Perinatal Leadership Programme Score Survey Action Plan. The plan outlines the divisional priorities to ensure the workforce has a positive experience and feels appropriately supported at work.
- 14.10. The Division have developed a Situational Awareness for Everyone S.A.F.E patient safety culture programme to support staff to feel psychological safe. The programme aims to improve staff awareness of the importance of situational awareness in a critical care setting. It focuses on improved strategies for communication in teams and clear mechanisms for escalation. The programme is based on the Royal College of Paediatrics S.A.F.E programme. The SM MCS Innovation and Improvement Team are

<sup>20</sup> Maternity (and perinatal) Incentive Scheme Year Six. NHS Resolution



supporting the project initiation and are developing a project initiation document (PID). The S.A.F.E Programme workstreams are due to commence in October 2024. The programme has been launched week commencing 12<sup>th</sup> August 2024

- 14.11. The Head of Nursing has facilitated a series of listening events for the Advanced Nurse Practitioners across the service. These have been well received and given the team the opportunity to share their ideas and concerns. These will continue quarterly at the request of the team.
- 14.12. Listening events have continued at North Manchester and Oxford Road, however recent sessions have had limited attendance.
- 14.13. Band 6 away days continue across the Division, the sessions have been utilised to start to deliver some of the modules on the S.A.F.E programme. Positive feedback has been received by those who have attended.
- 14.14. Band 7 meetings commenced in May 2024 on the ORC site facilitated by the Matron Team, these meetings are planned monthly and will be used to deliver some of the modules as part of the S.A.F.E programme.
- 14.15. The Neonatal Inreach/Outreach Team have a new Band 7 Team Lead who has identified some cultural issues within the team. Monthly listening events have been arranged to understand the challenges faced by the team. A monthly newsletter has been developed to provide good news stories and service improvements.
- 14.16. Safety Champion Walk rounds continue across SM MCS supported by the Divisional Leadership Teams within Maternity and Neonatal Services.
- 14.17. The Newborn Services mandatory training has commenced a new timetable in April 2024 including taught sessions on professional standards, civility and situational awareness.
- 14.18. Newborn Services Divisional Leadership Team have developed a communication strategy which includes monthly drop-in meetings across all sites, 'A Day in the life of' and 'By invitation'.
- 14.19. Monthly Unit Forums continue across all sites facilitated by the Matron Team.
- 14.20. An 8a Away Day was arranged in July 2024 facilitated by the Newborn Services Lead Nurse and Head of Nursing. The programme included compassionate leadership and the S.A.F.E programme was delivered to the Senior Nursing team.
- 14.21. NBS continues to maintain a positive position for mandatory training compliance. Weekly divisional compliance meetings continue to review compliance position and to ensure a recovery plan is in place for any shortfalls in compliance. Work continues to ensure a proactive approach to ensure compliance.



**Figure 1 – Level 1, 2 & 3 Mandatory Training Compliance and Non-Medical Appraisals.**

14.22. Safety Action 8 of the MIS Year 6 relates to Newborn Life Support training, Newborn Services deliver annual in-house basic life support training for all staff as part of the Neonatal Simulation Programme. The Division also support staff to attend the Resuscitation Council UK Newborn Life Support (NLS) course. Compliance to this training is monitored closely by the Division and compliance data shared with Maternity Services for reporting purposes. The current compliance for neonatal resuscitation training is shown below. There is a recovering plan in place which is being supported by Newborn Services NLS instructors.

Site	Number of eligible staff	Number of compliant staff	Non-compliant Staff	Percentage Compliance
Oxford Road	215	199	16	92.55%
North Manchester	37	35	2	94.59%
Wythenshawe	38	35	3	92.11%

**Table 7 – Percentage compliance for Basic Life Support for nursing as at August 2024**

14.23. The Division are awaiting non-recurrent funding from NHSE via the LMNS to support the recruitment of a Band 6 Close Relative Marriage Neonatal Nurse who will work with families whose babies have genetic conditions to support them to access information and to ensure equity of access to genetic services. Due to delays with release of funding this has been added to the LMNS risk register.



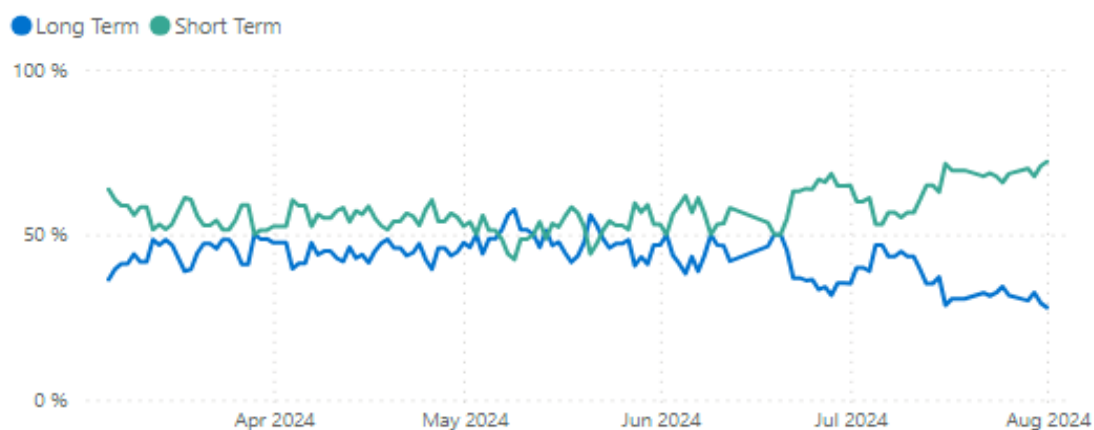
## 15. Sickness and Absence Overview

- 15.1. The NBS sickness absence information is below. The Power Bi information is from 6<sup>th</sup> March 2024 (not available before then) to 1<sup>st</sup> August 2024.
- 15.2. Overall absence in Newborn Services division over the last 6 months has fluctuated within the range 6% to 10.7%, with highest peak on 19<sup>th</sup> May 2024 falling to the lowest position on 19<sup>th</sup> June 2024.
- 15.3. Average monthly absence percentages saw an increase from March (6.48%). The April figure was 7.9% and the May figure was 8.08%. However, the absence percentage reduced in June to 6.62%.

### Short-term v long-term

- 15.4. The data shows that short-term absence has consistently been the driver across this period although there has been a fairly even split between long and short-term absence up until June 2024. From this point onwards the gap widens (with short-term absence reaching its widest point at 72.1% on 1<sup>st</sup> August 2024).

### Short vs Long Term % Absences



**Figure 2 – Short vs Long-Term Sickness**

### Long Term Sickness

- 15.5. Long-term sickness cases are well managed in accordance with policy and with support from HR. It is a positive position that there is currently only 1 case of 9 plus months' duration. The division have 4 cases in the 3-6 months' duration period. The remaining 7 cases are less than 3 months' duration. The Division has been working hard to reduce



sickness absence and work towards the Trust target and has implemented a regular Divisional Sickness Absence Support and Monitoring Panel.

- 15.6. Anxiety/stress/depression –are reported as the highest category by far in this period accounting for 29.6% of absences. This continues to be a common theme through all St Mary's divisions and across the Trust; there has been an increase in absence on account of both work-related and non-work-related stress arising from pressures within the workplace (eg Trust financial constraints, staff shortages, increased patient numbers etc), and outside the workplace (eg increase in cost of living).

## **16. Bank and Agency Usage**

- 16.1. As neonatal units provide an emergency driven service and admissions are not always planned, staffing requirements can vary from shift to shift and depart from those rostered, therefore NHSP is utilised to maintain safer staffing.
- 16.2. Newborn Services only use NHSP to backfill shortfalls in staffing numbers, the main reason for bank usage is to cover nursing vacancies and unexpected staff sickness and occasionally due to high patient acuity/workload increase and to support improved skill mix.
- 16.3. NHSP usage is closely monitored by the division and only used to support safer staffing at the cot side, this may be due to low staffing numbers and/or skill mix issues. Other factors also need to be taken into consideration for example when babies require isolation due to infection and the layout of the unit. This is a particular issue on the Oxford Road and North Manchester sites, additional staff may be required to safely staff the clinical rooms to ensure patient safety due to the layout of the units.
- 16.4. Daily staffing meetings (Mon-Friday) are held with the Head of Nursing, Lead Nurse, and Matron representatives from all three sites. The staffing levels are reviewed considering the activity, capacity, and demand. The option for mutual aid between sites is explored in these meetings. On occasions when mutual aid is not possible consideration is given to the use of NHSP.
- 16.5. The Matron's on each site have started to use the WERM tool to monitor number of hours lost due to vacancies, sickness, maternity leave and study leave. The NHSP usage is inputted to check if the department remains in budget.
- 16.6. The staffing levels required to meet BAPM requirements can change dynamically depending on the admissions and the dependencies of babies, therefore the majority of NHSP is booked on a short notice basis. If activity and BAPM requirements reduce consideration is given to cancelling NHSP if not required to maintain safe staffing levels.
- 16.7. Between September 2024 and January 2025 have 21.85 WTE new starters due to commence in post. NHSP usage within Newborn Services has not historically seen an



immediate reduction in spend when the nursing team come into post. This is due to the complexity of the service and the supernumerary time allocated to staff for them to safely work within the neonatal environment and competently care for babies with all needs.

- 16.8. The Head of Nursing for Newborn Services has discussed NHSP usage, and the approach required to maintain safer staffing levels to meet BAPM requirements in the SM MCS Check and Challenge meetings with the Director of Finance and the Director of Human Resources. This approach has been supported by the Senior Leadership Team.
- 16.9. The division continues to actively recruit to vacancies to reduce NHSP expenditure. NHSP usage is monitored through the Divisional Business Meeting.
- 16.10. Releasing staff to attend the QIS course impacts on the availability at the cot side, therefore there is a reliance on the use of NHSP to backfill for the study days and to support the supernumerary element of the course.

## **17. Recommendation**

- 17.1. SM MCS Maternity and Newborn Services Divisions will continue to monitor progress against midwifery and neonatal nursing workforce plans to support the provision of the highest standard of care.
- 17.2. SM MCS Divisions will continue to focus on the experience of staff and are committed to ensuring that staff feel empowered, feel that they have a voice that is listened to and heard and have influence over how services are delivered.
- 17.3. SM MCS ask that the content of this report and approve declaration of compliance with Maternity Incentive Scheme Safety Action 4 in respect of neonatal nursing workforce



## Appendix 1 The midwifery Red Flag Events

- Activities that need to be done on time are delayed or cancelled; including delayed transfer to the delivery unit to continue the Induction of Labour (IOL) process and providing one to one care in labour.
- After giving birth, a woman has to wait for 60 minutes or more before she is washed or given sutures, if she needs them.
- A woman does not get the time critical medicines she needs when she has been admitted to a hospital or a midwifery-led maternity unit.
- A woman has to wait 30 minutes or more to get pain relief when she has been admitted to a hospital or a midwifery-led maternity unit.
- A woman who is in labour or who requires midwife care has to wait 30 minutes or more for assessment after the midwife has been alerted.
- A woman is not given a full examination when she reports she is in labour.
- There is a delay of 2 hours or more between admission for IOL and the IOL being commenced.
- Delays in identifying and acting on signs that the woman may have a serious health problem.
- A delay of more than 24 hours for transfer to the delivery unit to continue the induction of labour process (local measure).
- Redeployment from mandatory training to clinical practice (local measure).
- Redeployment of the delivery unit coordinator to provide clinical care (local measure).
- Incidents relating to a self-discharge due to a delay in care caused by a prolonged wait for a doctor to attend (local measure).



**Manchester University**  
NHS Foundation Trust

## Escalation and Assurance Report Finance Board Committee

**Report to:** Board of Directors

**Report from:** Trevor Rees, Deputy Chairman and Chair of Finance Board Committee

**Date of meeting:** 29<sup>th</sup> October 2024

### Key escalation and discussion points from the meeting

#### Alert

The Committee considered and supported the following reports which are being presented to the Board for approval:

- Project 108% - approval of Chair's action
- Award of contract for the provision of a system-wide urgent care and flow improvement programme
- Progression of the robotic-assisted surgery business case

#### Advise:

The Committee report which provided an update on assurance arrangements with NHS Resolution for Clinical Negligence (CNST), Property Expenses (PES) and Liabilities to Third Parties (LTPS). The cost of insurance for 2024/25 has increased slightly compared to the premiums for 2023/24. The Committee was supportive of insurance cover being maintained.

The Committee discussed the finance elements of the Integrated Performance Report and the CFO report for month 6 with the position showing a £29m deficit against a planned deficit of £11m. Actions being taken to redeem the position were noted.

The Committee received the Value for Patients' programme update. £56.9m has been delivered against a plan of £62m. £170m of schemes have been identified with a risk-adjusted value of £143.1m. Work continues to identify opportunities and to increase the proportion of recurrent savings over non-recurrent savings.

#### Assure:

The Committee received the post-national cost collection submission report, noting that it had been compliant with national requirements and submitted in line with national deadlines.

From the Board Assurance Framework (BAF), the Committee received updates from lead Executive Directors regarding progress with the actions required to deliver strategic objective 8 of the MFT strategy. This is included in the BAF presented to the Board at its November meeting.

#### Risks discussed at the meeting

The Committee discussed relevant strategic, corporate and operational risks and noted the work being undertaken to embed the new risk management framework and strategy and to review all risks currently on the risk register. Future reports will contain the strategic and corporate risks relevant to the committee.

It was noted that news about capital allocations for the NHS was expected in the forthcoming budget and that discussion are ongoing with national and local stakeholders regarding the funding for the NMGH redevelopment.

**Report approved by:** Trevor Rees, Deputy Chairman and Chair of Finance Board Committee

## Agenda

### Finance Board Committee

**Date:** 29<sup>th</sup> October 2024

**Time:** 2pm

**Location:** MFT Boardroom

## Agenda

	Item	Purpose	Lead	Time
1.	<b>Apologies for absence &amp; confirmation of quoracy</b> (verbal)	Meeting admin	Chair	<b>2:00pm</b>
2.	<b>Declaration of interest</b> (verbal)	Meeting admin	Chair	
3.	<b>Minutes of the previous meeting</b>	Meeting admin	Chair	
4.	<b>Action Log</b>	Discussion	Chair	
5.	<b>Matters Arising</b>	Discussion	Chair	
6.	<b>Assurance Reporting</b>			
	6.1 Risk Report	Discussion	MT	<b>2:10pm</b>
	6.2 Integrated Performance Report	Discussion	MT	<b>2:20pm</b>
<b>Strategic aim 4: Ensure value for our patients and communities by making best use of resources</b>				
7.	7.1 Chief Finance Officer's report M6	Discussion	MT	<b>2:30pm</b>
	7.2 Value for Patients programme update	Discussion	VG/MHS	<b>2:40pm</b>
	7.3 Post-national cost collection submission report	Approval	MT	<b>2:50pm</b>
	7.4 Project 108% contract award Chair's action	Discussion/noting	MT	<b>3:00pm</b>
	7.5 Robotic-assisted surgery expansion business case	Approval	MT	<b>3:10pm</b>
	7.6 Newton Europe	Approval	MT	<b>3:20pm</b>
	7.7 Insurance	Approval	MT	<b>3:30pm</b>
<b>Good governance</b>				

8.	8.1 Board Assurance Framework	Discussion	MT/TR	3:40pm
Committee business				
9.	Escalation report	Approval	Chair	3:50pm
10.	Workplan Review	Meeting admin	Chair	3:55pm
11.	Any Other Business (verbal)	Discussion		
12.	Meeting Evaluation (verbal)	Meeting admin	Chair	
Date of next meeting: 17 <sup>th</sup> December 2024				

## Board of Directors (Public)

### Monday 11<sup>th</sup> November 2024

<b>Paper title:</b>	Chief Finance Officer's report M6	<b>Agenda Item 13.2</b>
<b>Presented by:</b>	Marcus Thorman, Interim Chief Finance Officer	
<b>Prepared by:</b>	Paul Fantini, Deputy Director of Group Financial reporting & planning	
<b>Meetings where content has been discussed previously</b>	Finance Board Committee 29/10/24	
<b>Purpose of the paper</b> Please check <u>one</u> box only:	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> For support <input type="checkbox"/> For discussion	

#### Executive summary / key messages for the meeting to consider (300 words max)

- Continuing strong financial governance and control into 2024/25 is essential as the Trust continues to operate in a very challenging operational and financial environment.
- With the changes in the funding regimes, more than ever it is of paramount importance that decisions are not made that commit the Trust to new recurrent expenditure without the appropriate level of scrutiny and authorisation.

#### Recommendation(s)

The Board of Directors Committee is asked to:

- Note the contents

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

- ☐ **Yes** (please set out in your report what action has been taken to address this)
- ☒ **No**

#### Relationship to the strategic objectives

The work contained with this report contributes to the delivery of the following strategic objectives (see key below)

LHL objective 1	<input type="checkbox"/>	LHL objective 2	<input type="checkbox"/>
HQSC objective 1	<input type="checkbox"/>	HQSC objective 2	<input type="checkbox"/>

HQSC objective 3	<input type="checkbox"/>	PEW objective 1	<input type="checkbox"/>
PEW objective 2	<input type="checkbox"/>	VfP objective 1	<input type="checkbox"/>
VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input type="checkbox"/>
<b>Links to Trust Risks</b>	The work contained with this report links to the following strategic, corporate or operational risks: •		
<b>Care Quality Commission domains</b> Please check <u>all</u> that apply	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Responsive	<input type="checkbox"/> Caring <input type="checkbox"/> Well-Led	
<b>Compliance &amp; regulatory implications</b>	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: •		

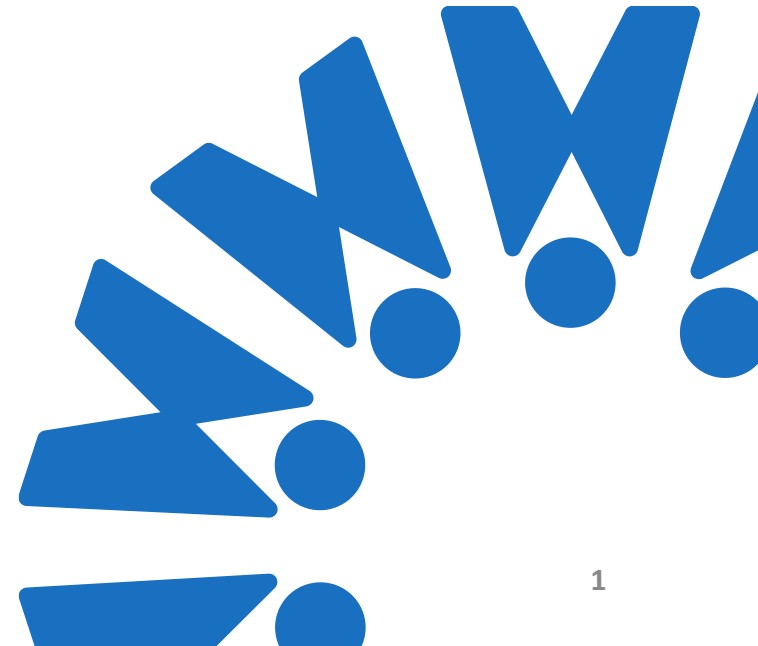
<b>Main report (2000 words maximum - please use appendixes for all further information)</b>
See appendix 1

## Strategic objectives (Key)

Work with partners to help people live <b>longer, healthier lives</b>	<b>LHL objective 1</b>	Work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.
	<b>LHL objective 2</b>	Improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so people are cared for in the most appropriate place
Provide <b>high quality, safe care</b> with excellent outcomes and experience	<b>HQSC objective 1</b>	Provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience and outcomes wherever they are seen.
	<b>HQSC objective 2</b>	Strengthen our specialised services and support the adoption of genomics and precision medicine
	<b>HQSC objective 3</b>	Continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.
Be the place where <b>people enjoy working</b> , learning and building a career	<b>PEW objective 1</b>	Make sure that all our colleagues feel valued and supported by listening well and responding to their feedback. We will improve staff experience by embracing diversity and fairness, helping everyone to reach their potential
	<b>PEW objective 2</b>	Offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here
Ensure <b>value for our patients</b> and communities by making best use of our resources	<b>VfP objective 1</b>	Achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.
	<b>VfP – objective 2</b>	Deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships
Deliver world-class <b>research &amp; innovation</b> that improves people's lives	<b>R&amp;I – objective 1</b>	Strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part
	<b>R&amp;I – objective 2</b>	Apply research & innovation, including digital technology and artificial intelligence, to improve people's health and the services we provide
<b>Good governance</b>	<b>GG</b>	Deliver a safe, legally compliant and well run organisation

# CFO Report M6 2024/25

Manchester University NHS  
Foundation Trust



# Executive Summary

Page	Area	Narrative
	Overview	The Trust's revenue plan for 2024/25 is a challenging £3.6m surplus. This is supported by a requirement for delivery of £148m of Value for Patients (VfP) savings - 5.0% of operating expenditure.
3 - 10	Income & Expenditure	YTD to M6 £29.1m deficit, adverse to plan by £18.8m. Driven by under-delivery against the VfP programme, insourcing and high use of non pay to deliver activity above planned levels plus £3.2m linked to Industrial Action costs in June and July. The forecast for year end is to deliver the plan, but with the risks noted on page 14.
11	VfP	YTD delivery of £56.9m, against a plan of £60.3m, adverse to plan by £3.3m.
12 - 13	SoFP, Cash & Liquidity	Cash balance of £87.7m to 30 September 2024, favourable to plan by £18.2m due to timing differences on supplier payments, offset by prior year income received, and shortfall in PDC income of £16.2m.
14	Capital	GM allocation still unconfirmed. YTD expenditure of £33.9m, an adverse variance of £22.0m with £5.3m intentionally delayed until GM allocation agreed, and £11.7m delays to the PDC funded schemes CDC Withington, TIF scheme and NHP all behind plan.
15	Risk and Mitigations	There are some material risks which could impact on delivery of the 2024/25 financial plan. Work is ongoing to identify and implement mitigations should these risks materialise.

# Income & Expenditure – Month 6 2024/25



## Manchester University NHS Foundation Trust

In month 6 there is an adverse variance to plan of £2.3m and an adverse variance year to date of £18.8m against the control total.

**Income** (note there is £4.8m of NR flexibility supporting the position YTD to M6)

The YTD **£25.8m** positive variance (in month **£8.4m**) to plan is largely driven by:

- Over-performance against CPT Drugs and Devices of £3.8m
- Over-performance against the ERF target of £4.7m (in month over-performance of £2.6m) including £0.5m estimate for coding
- Receipt of £3.3m funding for inflation on contracts for the Consultant pay award to month 6
- Contract variations and other changes to contractual income accounts for a favourable variance of £4.7m YTD
- E&T income above plan by £5.6m (this includes a one off benefit released into the position).
- Other income variances to plan totaling £3.7m YTD for R&I and commercial income

**Pay Variance** (note there is £0.8m of NR flexibility supporting the position YTD to M6)

The YTD **£21.7m** adverse variance (in month **£4.5m**) to plan is driven by:

- Under-performance against the YTD VfP target YTD Junior Doctor's industrial action costs of £3.0m
- YTD costs for the 23/24 Consultant pay award of £3.3m (offset by income)

**Non-pay Variance** (note there is £11.8m of NR flexibility supporting the position YTD to M6)

The YTD **£25.9m** adverse variance (in month **£7.1m**) to plan is predominantly driven by:

- Under-performance against the YTD VfP target
- Clinical Supplies over-spends of £10.1m
- Over-spends against CPT Drugs and Devices by £3.8m (offset by income)

I&E Category	2024/25	Current Month - M6			YTD		
	Original Plan £'000	Original Plan £'000	Actual £'000	Variance £'000	Original Plan £'000	Actual £'000	Variance £'000
NHS England	962,831	80,193	80,657	464	481,673	486,946	5,273
ICBs	1,477,663	123,036	125,996	2,960	739,435	749,289	9,854
NHS Trust and Foundation Trusts	2,094	175	280	105	1,050	1,677	627
Local Authorities	42,913	3,576	4,360	784	21,456	22,240	784
Non-NHS: private patients, overseas patients & RTA	11,491	957	1,050	93	5,742	5,045	(697)
Non NHS: other	9,177	765	823	58	4,590	6,036	1,446
<b>Income from Patient Care Activities</b>	<b>2,506,169</b>	<b>208,702</b>	<b>213,166</b>	<b>4,464</b>	<b>1,253,946</b>	<b>1,271,234</b>	<b>17,288</b>
Research & Development	75,771	6,314	6,456	142	37,884	38,704	820
Education & Training	93,931	7,828	11,568	3,740	46,968	52,576	5,608
Misc. Other Operating Income	106,186	8,837	8,913	76	53,175	55,233	2,058
<b>Other Operating Income</b>	<b>275,888</b>	<b>22,979</b>	<b>26,937</b>	<b>3,958</b>	<b>138,027</b>	<b>146,513</b>	<b>8,486</b>
<b>Total Income</b>	<b>2,782,057</b>	<b>231,681</b>	<b>240,103</b>	<b>8,422</b>	<b>1,391,973</b>	<b>1,417,747</b>	<b>25,774</b>
<b>Staffing Costs</b>	<b>(1,669,436)</b>	<b>(138,846)</b>	<b>(143,326)</b>	<b>(4,480)</b>	<b>(843,218)</b>	<b>(864,953)</b>	<b>(21,735)</b>
Drugs	(294,701)	(24,558)	(25,919)	(1,361)	(147,349)	(149,241)	(1,892)
Supplies and Services - Clinical	(251,132)	(20,937)	(26,420)	(5,483)	(128,313)	(152,440)	(24,127)
Insourcing & Outsourcing Costs	(26,335)	(2,196)	(3,819)	(1,623)	(13,158)	(21,459)	(8,301)
Premises & Establishment Costs	(85,776)	(7,148)	(6,065)	1,083	(42,883)	(40,432)	2,451
Supplies and Services - General	(12,053)	(983)	(1,199)	(216)	(6,374)	(7,267)	(893)
PFI Charges	(76,340)	(6,348)	(6,646)	(298)	(39,695)	(39,920)	(225)
Lease Expenditure	(9,931)	(768)	(788)	(20)	(5,551)	(5,249)	302
Depreciation & Amortisation	(72,219)	(6,132)	(5,294)	838	(34,631)	(32,094)	2,537
Other	(214,815)	(17,904)	(17,894)	10	(109,394)	(104,211)	5,184
<b>Non Pay Costs</b>	<b>(1,043,302)</b>	<b>(86,974)</b>	<b>(94,044)</b>	<b>(7,070)</b>	<b>(527,348)</b>	<b>(552,312)</b>	<b>(24,964)</b>
<b>Total Operating Expenditure</b>	<b>(2,712,738)</b>	<b>(225,820)</b>	<b>(237,370)</b>	<b>(11,550)</b>	<b>(1,370,566)</b>	<b>(1,417,265)</b>	<b>(46,699)</b>
<b>EBIT Margin</b>	<b>69,319</b>	<b>5,861</b>	<b>2,734</b>	<b>(3,127)</b>	<b>21,407</b>	<b>482</b>	<b>(20,925)</b>
<b>Interest &amp; Dividends</b>	<b>(58,237)</b>	<b>(2,793)</b>	<b>(2,355)</b>	<b>438</b>	<b>(40,756)</b>	<b>(38,100)</b>	<b>2,656</b>
<b>Surplus / (Deficit) before adjustments</b>	<b>11,082</b>	<b>3,068</b>	<b>378</b>	<b>(2,690)</b>	<b>(19,349)</b>	<b>(36,719)</b>	<b>(18,270)</b>
Adjust PFI revenue costs to UK GAAP basis	(7,476)	(2,635)	(2,275)	360	8,186	7,644	(542)
<b>Surplus / (Deficit) for CT purposes</b>	<b>3,606</b>	<b>433</b>	<b>(1,897)</b>	<b>(2,330)</b>	<b>(11,163)</b>	<b>(29,075)</b>	<b>(18,812)</b>

- Contract variations backed by income of £2.0m
- Other variances (Insourcing, reagent costs, legal fees) totaling £6.6m adverse.

### Interest and Dividends

The YTD favourable variance of **£2.7m** (in month **£0.4m**) is due to interest receivable above plan relating to cash balances

# Year End Forecast Outturn – Month 6 2024/25



**Manchester University**  
NHS Foundation Trust

	£m
FOT based on M3-M6 extrapolated normalised position	(50.6)
ADD BACK - M1-M2 deficit	(24.9)
<b><u>Mitigations</u></b>	
Review of centrally held budgets	2.4
Industrial Action Funding	3.2
Additional Non Clinical Income	5.5
Non clinical income reforecast	4.0
Additional ERF income	10.0
Additional CIP above extrapolation	34.2
Alternative theatre consumables procurement	3.0
Implementation of tighter financial controls including recruitment management	16.7
<b>Year End Forecast</b>	<b>3.6</b>

## **Year End Position**

- The Trust is planning on delivering the £3.6m surplus plan, but there is recognition that significant action needs to be taken to deliver this.
- To date, £17.4m of flexibility has been used to support the financial position, and there is now minimal remaining to support the remainder of the year.
- Delivery assumes that the following are funded;
  - Mitigating actions to reduce the expenditure run-rate are implemented.
  - Industrial Action costs are funded
  - Any pressures as a result of the 2024/25 pay award and 2023/24 revised medical pay award
  - £4m of funding agreed with GM ICB during the 2024/25 planning period is funded
  - There are no adverse adjustments to agreed commissioner income unless a corresponding reduction in expenditure can be delivered

### Actions to Support Financial Recovery

- A Task and Finish Group led by the Director of Financial Improvement has been set up to drive forward at pace actions which will have maximum impact in reducing the run rate over the remainder of the year.
- Senior Individuals have been identified to support key workstreams with an agreement to prioritise 50% of their working capacity for a period of 2 months to support the financial recovery deliver the implementation plans. Capacity from the Value for Patients and Improvement teams is also being identified to support implementation and delivery of the mitigations.
- A weekly meeting has been established with the Executive Director SROs of schemes, chaired by the Deputy CEO to support the progression of the implementation of mitigation
- Mitigations to the YTD run rate include;
  - Review of all centrally held budgets that support the clinical areas with the move to 6 Clinical Groups
  - Additional income assumed for the costs of industrial action, insurance claims and other income
  - Delivery of further ERF income through acceleration of activity recovery
  - Implementation of VfP above current run rate – more planned in the second half of the financial year
  - Opportunities to renegotiate or change contracts to reduce costs
  - Implementation of increased pay and non pay controls to reduce run rate
  - Review of accruals and provisions held to identify any amounts that are not required
- If the recovery actions don't get implemented at pace, then there will be a significant risk to delivery of the year end plan.

# Income & Expenditure – Run Rate

Manchester University

NHS Foundation Trust

I&E Category	Apr-24 £'000	May-24 £'000	Jun-24 £'000	Jul-24 £'000	Aug-24 £'000	Sep-24 £'000	YTD £'000	Average £'000
Income from Patient Care Activities	209,316	208,134	208,083	219,079	213,456	213,166	1,271,234	211,872
Other Operating Income	22,864	22,526	26,210	22,880	25,096	26,937	146,513	24,419
<b>Total Income</b>	<b>232,180</b>	<b>230,660</b>	<b>234,292</b>	<b>241,959</b>	<b>238,553</b>	<b>240,103</b>	<b>1,417,747</b>	<b>236,291</b>
Staffing Costs	(146,110)	(142,889)	(144,529)	(144,000)	(144,100)	(143,326)	(864,953)	(144,159)
Non Pay Costs	(95,271)	(92,965)	(88,503)	(92,793)	(88,737)	(94,044)	(552,312)	(92,052)
<b>Total Operating Expenditure</b>	<b>(241,381)</b>	<b>(235,853)</b>	<b>(233,032)</b>	<b>(236,793)</b>	<b>(232,836)</b>	<b>(237,370)</b>	<b>(1,417,265)</b>	<b>(236,211)</b>
<b>EBIT Margin</b>	<b>(9,201)</b>	<b>(5,193)</b>	<b>1,260</b>	<b>5,166</b>	<b>5,716</b>	<b>2,734</b>	<b>482</b>	<b>80</b>
Interest & Dividends	(26,359)	(2,281)	(2,236)	(2,448)	(2,421)	(2,355)	(38,100)	(6,350)
<b>Surplus / (Deficit) before adjustments</b>	<b>(35,560)</b>	<b>(7,474)</b>	<b>(976)</b>	<b>2,718</b>	<b>3,295</b>	<b>378</b>	<b>(37,619)</b>	<b>(6,270)</b>
<b>Surplus / (Deficit) for CT purposes</b>	<b>(14,633)</b>	<b>(10,312)</b>	<b>(2,758)</b>	<b>(426)</b>	<b>51</b>	<b>(1,897)</b>	<b>(29,975)</b>	<b>(4,996)</b>
	(6.3%)	(4.5%)	(1.2%)	(0.2%)	0.0%	(0.8%)	(2.1%)	(2.1%)
<b>I&amp;E Excluded from CT</b>	<b>(4,038)</b>	<b>(6,921)</b>	<b>(2,645)</b>	<b>(4,681)</b>	<b>(5,106)</b>	<b>(4,209)</b>	<b>(27,601)</b>	<b>(4,600)</b>
<b>Surplus / (Deficit) after CT excluded items</b>	<b>(18,671)</b>	<b>(17,233)</b>	<b>(5,403)</b>	<b>(5,107)</b>	<b>(5,055)</b>	<b>(6,106)</b>	<b>(57,575)</b>	<b>(9,596)</b>

- M6 income is higher than the YTD average due to the contract variations included from month 4 (this run rate should continue, adjusting only for working days in each month and fluctuations in variable income such as for cost-pass through items) and an increase in ERF income.
- Staff costs in month 6 are lower than the YTD average due to additional balance sheet flexibility utilised. Costs are not reducing as planned due to slower implementation of VfP and additional costs incurred for operational pressures.
- Non pay costs in month 6 are higher than the YTD average by £2.0m with drugs and additional insourcing costs the main factors –this is an area of focus as part of the identified mitigations improve efficiency and productivity to reduce expenditure
- The interest and dividends averages are skewed by the profile of the PFI technical accounting adjustment. Both interest payable and interest receivable show favourable month on month variances to plan. This is largely due to the proactive cash management

# Workforce – Month 6 2024/25

## Expenditure

Staff Group	Month 6					
	Budget (£'000)	Substantive (£'000)	Bank (£'000)	Agency (£'000)	Total Actual (£'000)	Variance (£'000)
Consultant	24,701	24,043	853	504	25,400	(698)
Career Grade Doctor	5,399	5,359	355	102	5,816	(417)
Trainee Grade Doctors	9,696	8,551	1,758	350	10,659	(963)
Registered Nursing Midwifery	42,546	37,526	3,466	2	40,994	1,552
Support to Nursing	12,146	9,823	2,703	0	12,526	(380)
Healthcare Scientists	6,299	5,945	151	16	6,113	186
Support to STT HCS	2,611	2,432	75	3	2,510	101
Allied Health Professionals	7,640	7,705	36	295	8,035	(394)
Support to AHPs	414	380	2	0	382	33
Other Scientific and Theraputi	5,983	5,601	218	6	5,825	158
Support to Clinical	8,461	7,373	656	(2)	8,027	435
Infrastructure Support	12,942	16,212	74	(1)	16,285	(3,344)
Nightingale Staffing Costs	0	0	0	0	0	0
Dental Staff	276	253	0	0	253	23
Dental Support	8	7	0	0	7	1
Apprenticeship Levy	517	495	0	0	495	21
Reconcile to Original Plan*	(794)					(794)
<b>Grand Total</b>	<b>138,846</b>	<b>131,706</b>	<b>10,346</b>	<b>1,275</b>	<b>143,326</b>	<b>(4,480)</b>

\* Reporting is against the Original Plan submitted to NHSE, this row adjusts to offset internal budget movements and uplifts for new income streams

Staff Group	YTD					
	Budget (£'000)	Substantive (£'000)	Bank (£'000)	Agency (£'000)	Total Actual (£'000)	Variance (£'000)
Consultant	144,655	145,753	6,141	2,647	154,542	(9,887)
Career Grade Doctor	32,985	33,937	1,791	640	36,369	(3,384)
Trainee Grade Doctors	56,767	50,267	12,391	1,865	64,523	(7,756)
Registered Nursing Midwifery	259,438	232,390	19,258	34	251,683	7,755
Support to Nursing	70,992	59,296	14,795	(4)	74,087	(3,095)
Healthcare Scientists	38,575	34,283	947	157	35,387	3,188
Support to STT HCS	14,996	14,150	407	43	14,600	396
Allied Health Professionals	49,845	45,487	292	1,634	47,413	2,433
Support to AHPs	2,662	2,317	23	1	2,341	321
Other Scientific and Theraputi	36,708	34,436	1,135	70	35,641	1,067
Support to Clinical	52,819	44,147	3,780	193	48,120	4,699
Infrastructure Support	82,356	95,214	301	137	95,652	(13,296)
Nightingale Staffing Costs	0	0	0	0	0	0
Dental Staff	1,654	1,552	0	0	1,552	103
Dental Support	51	44	0	0	44	6
Apprenticeship Levy	3,100	2,999	0	0	2,999	101
Reconcile to Original Plan*	(4,385)					(4,385)
<b>Grand Total</b>	<b>843,218</b>	<b>796,275</b>	<b>61,261</b>	<b>7,418</b>	<b>864,953</b>	<b>(21,735)</b>

## WTE

Staff Group	Month 6					
	Budget (WTE)	Substantive (WTE)	Bank (WTE)	Agency (WTE)	Total Actual (WTE)	Variance (WTE)
Consultant	1,709	1,515	50	19	1,585	125
Career Grade Doctor	718	781	28	4	813	(95)
Trainee Grade Doctors	1,479	1,363	178	22	1,562	(83)
Registered Nursing Midwifery	9,794	8,845	575	1	9,420	374
Support to Nursing	4,128	3,469	772	0	4,241	(112)
Healthcare Scientists	1,289	1,184	23	5	1,212	78
Support to STT HCS	988	968	19	0	987	2
Allied Health Professionals	1,807	1,657	7	20	1,684	123
Support to AHPs	163	144	1	0	145	18
Other Scientific and Theraputi	1,395	1,217	34	1	1,251	143
Support to Clinical	3,023	2,545	188	(4)	2,729	293
Infrastructure Support	4,074	3,573	17	0	3,590	484
Nightingale Staffing Costs	0	0	0	0	0	0
Dental Staff	86	80	0	0	80	6
Dental Support	4	3	0	0	3	1
Apprenticeship Levy	0	0	0	0	0	0
<b>Grand Total</b>	<b>30,657</b>	<b>27,343</b>	<b>1,890</b>	<b>68</b>	<b>29,301</b>	<b>1,356</b>

- Pay costs are adverse to plan in M6 by **£4.5m** and YTD by **£21.7m** compared to the original plan submitted to NHSE. Note that internal budgets change for costs linked to new/additional income for service changes.
- Infrastructure Support staff hold the bulk of the negative budgets for unidentified VFP targets, hence the adverse variances.
- Medical staff costs make up the majority of the adverse variance caused by premium pay costs (ECLs/WLIs and agency) plus industrial action costs in June and July.
- Whilst worked WTE remain lower than plan, this is because WTE reductions associated with pay VFP plans have not been transacted in full. **Consequently, this results in a higher WTE budget in comparison to the corresponding £ budget.**

# Workforce – Total Pay Run Rate



**Manchester University**  
NHS Foundation Trust

## Run Rate - Cost

Staff Group	Month 1 £'000	Month 2 £'000	Month 3 £'000	Month 4 £'000	Month 5 £'000	Month 6 £'000	YTD £'000	Average £'000
Consultant	26,761	25,023	26,939	25,254	25,166	25,400	154,542	25,757
Career Grade Doctor	6,302	6,067	6,018	5,998	6,167	5,816	36,369	6,061
Trainee Grade Doctors	10,719	10,404	10,076	11,310	11,355	10,659	64,523	10,754
Registered Nursing Midwifery	42,060	42,479	42,362	42,068	41,720	40,994	251,683	41,947
Support to Nursing	12,356	12,678	12,304	12,243	11,981	12,526	74,087	12,348
Healthcare Scientists	5,885	5,780	5,769	5,876	5,965	6,113	35,387	5,898
Support to STT HCS	2,384	2,409	2,367	2,457	2,473	2,510	14,600	2,433
Allied Health Professionals	8,288	7,758	7,504	7,827	8,001	8,035	47,413	7,902
Support to AHPs	430	389	386	379	376	382	2,341	390
Other Scientific and Therapeuti	5,758	6,240	5,926	5,954	5,938	5,825	35,641	5,940
Support to Clinical	8,001	8,487	7,621	7,983	8,001	8,027	48,120	8,020
Infrastructure Support	16,384	14,410	16,489	15,887	16,198	16,285	95,652	15,942
Dental Staff	259	261	261	262	256	253	1,552	259
Dental Support	7	7	7	7	7	7	44	7
Apprenticeship Levy	517	496	502	494	496	495	2,999	500
<b>Grand Total</b>	<b>146,110</b>	<b>142,889</b>	<b>144,529</b>	<b>144,000</b>	<b>144,100</b>	<b>143,326</b>	<b>864,953</b>	<b>144,159</b>
Normalising Adjustments	(503)	1,013	(1,676)	(534)	58	594	(1,048)	(175)
<b>Normalised Pay Costs</b>	<b>145,607</b>	<b>143,902</b>	<b>142,853</b>	<b>143,466</b>	<b>144,158</b>	<b>143,920</b>	<b>863,905</b>	<b>143,984</b>

## Run Rate - WTE

Staff Group	Month 1 WTE	Month 2 WTE	Month 3 WTE	Month 4 WTE	Month 5 WTE	Month 6 WTE		Average WTE
Consultant	1,560	1,569	1,553	1,572	1,569	1,585		1,568
Career Grade Doctor	861	850	838	821	811	813		832
Trainee Grade Doctors	1,518	1,501	1,480	1,487	1,553	1,562		1,517
Registered Nursing Midwifery	9,371	9,485	9,413	9,398	9,314	9,420		9,400
Support to Nursing	4,156	4,274	4,112	4,132	4,039	4,241		4,159
Healthcare Scientists	1,190	1,162	1,169	1,191	1,200	1,212		1,187
Support to STT HCS	930	925	925	951	966	987		947
Allied Health Professionals	1,670	1,685	1,667	1,660	1,664	1,684		1,672
Support to AHPs	164	148	147	145	143	145		149
Other Scientific and Therapeuti	1,274	1,313	1,285	1,284	1,281	1,251		1,281
Support to Clinical	2,707	2,783	2,705	2,741	2,714	2,729		2,730
Infrastructure Support	3,568	3,545	3,573	3,587	3,583	3,590		3,574
Nightingale Staffing Costs	0	0	0	0	0	0		0
Dental Staff	83	84	84	83	81	80		83
Dental Support	3	3	3	3	3	3		3
Apprenticeship Levy	0	0	0	0	0	0		0
<b>Grand Total</b>	<b>29,057</b>	<b>29,327</b>	<b>28,955</b>	<b>29,053</b>	<b>28,923</b>	<b>29,301</b>		<b>29,103</b>
<b>Plan</b>	<b>30,897</b>	<b>30,737</b>	<b>30,656</b>	<b>30,723</b>	<b>30,712</b>	<b>30,657</b>		<b>30,730</b>

- Staff costs in month 6 are below the average normalised run rate. Medical staff costs have fallen £0.8m forming the majority of this drop.
- June (M3) and July (M4) included the impact of the Junior Drs Industrial Action at £2.4m and £0.6m respectively.
- Adjusting for normalising adjustments there has been a small decrease in pay costs of £0.2m between M5 and M6 following.
- There has been an increase in Worked WTE against Resident Doctors (Trainee Grade Doctors) for the second month running, now at the highest number in 2024/25. Nursing numbers have also increased with the September intake.

# Bank Staff



## Manchester University NHS Foundation Trust

### Bank Run Rate - Cost

Staff Group	Month 1 £'000	Month 2 £'000	Month 3 £'000	Month 4 £'000	Month 5 £'000	Month 6 £'000	YTD £'000	Average £'000
Consultant	903	1,091	1,206	995	1,094	853	<b>6,141</b>	1,024
Career Grade Doctor	246	285	236	283	388	355	<b>1,791</b>	299
Trainee Grade Doctors	2,043	1,716	1,663	2,719	2,493	1,758	<b>12,391</b>	2,065
Registered Nursing Midwifery	3,052	3,347	3,434	3,035	2,924	3,466	<b>19,258</b>	3,210
Support to Nursing	2,350	2,672	2,444	2,398	2,228	2,703	<b>14,795</b>	2,466
Healthcare Scientists	157	176	108	178	178	151	<b>947</b>	158
Support to STT HCS	61	70	57	68	75	75	<b>407</b>	68
Allied Health Professionals	52	64	26	39	76	36	<b>292</b>	49
Support to AHPs	3	6	2	4	6	2	<b>23</b>	4
Other Scientific and Theraputi	219	236	140	170	151	218	<b>1,135</b>	189
Support to Clinical	637	660	629	616	582	656	<b>3,780</b>	630
Infrastructure Support	24	57	45	47	55	74	<b>301</b>	50
Nightingale Staffing Costs	0	0	0	0	0	0	<b>0</b>	0
Dental Staff	0	0	0	0	0	0	<b>0</b>	0
Dental Support	0	0	0	0	0	0	<b>0</b>	0
Apprenticeship Levy	0	0	0	0	0	0	<b>0</b>	0
<b>Grand Total</b>	<b>9,746</b>	<b>10,380</b>	<b>9,989</b>	<b>10,552</b>	<b>10,249</b>	<b>10,346</b>	<b>61,261</b>	<b>10,210</b>

### Bank Run Rate - WTE

Staff Group	Month 1 WTE	Month 2 WTE	Month 3 WTE	Month 4 WTE	Month 5 WTE	Month 6 WTE		Average WTE
Consultant	50	59	49	58	56	50		<b>54</b>
Career Grade Doctor	20	27	22	26	28	28		<b>25</b>
Trainee Grade Doctors	173	170	168	193	222	178		<b>184</b>
Registered Nursing Midwifery	495	576	528	518	480	575		<b>529</b>
Support to Nursing	692	783	671	703	626	772		<b>708</b>
Healthcare Scientists	25	27	14	28	31	23		<b>25</b>
Support to STT HCS	14	17	11	16	20	19		<b>16</b>
Allied Health Professionals	10	12	5	8	14	7		<b>9</b>
Support to AHPs	1	2	1	2	2	1		<b>1</b>
Other Scientific and Theraputi	34	38	33	23	27	34		<b>31</b>
Support to Clinical	181	198	165	180	165	188		<b>179</b>
Infrastructure Support	2	6	10	9	12	17		<b>9</b>
Nightingale Staffing Costs	0	0	0	0	0	0		<b>0</b>
Dental Staff	0	0	0	0	0	0		<b>0</b>
Dental Support	0	0	0	0	0	0		<b>0</b>
Apprenticeship Levy	0	0	0	0	0	0		<b>0</b>
<b>Grand Total</b>	<b>1,697</b>	<b>1,916</b>	<b>1,676</b>	<b>1,764</b>	<b>1,683</b>	<b>1,890</b>		<b>1,771</b>

- Bank costs in month 6 have increased marginally by £0.1m from month 5 and remain above the YTD average.
- Although Medical bank staff costs have reduced by £1.0m this has been offset by increased use of Nursing and Nursing Support bank staff supporting an increase in vacancies/gaps.
- The largest increases in Nursing costs were at WTTA, NMGH, and SMH.
- Reasons cited were cover for vacancies in the Lung Health Screening programme (WTTA), enhanced patient observations, maternity leave and sickness cover (NMGH) and for vacancies at SMH.

# Agency Staff



## Manchester University NHS Foundation Trust

### Agency Run Rate - Cost

Staff Group	Month 1 £'000	Month 2 £'000	Month 3 £'000	Month 4 £'000	Month 5 £'000	Month 6 £'000	YTD £'000	Average £'000
Consultant	420	404	426	460	433	504	2,647	441
Career Grade Doctor	106	116	107	104	104	102	640	107
Trainee Grade Doctors	183	395	301	314	322	350	1,865	311
Registered Nursing Midwifery	6	11	4	17	-5	2	34	6
Support to Nursing	-2	0	-1	-1	0	0	-4	-1
Healthcare Scientists	10	19	72	41	-1	16	157	26
Support to STT HCS	5	8	25	13	-11	3	43	7
Allied Health Professionals	674	27	-92	274	455	295	1,634	272
Support to AHPs	0	0	0	1	-1	0	1	0
Other Scientific and Theraputi	21	10	13	14	5	6	70	12
Support to Clinical	38	84	17	28	28	-2	193	32
Infrastructure Support	1	0	24	87	26	-1	137	23
Nightingale Staffing Costs	0	0	0	0	0	0	0	0
Dental Staff	0	0	0	0	0	0	0	0
Dental Support	0	0	0	0	0	0	0	0
Apprenticeship Levy	0	0	0	0	0	0	0	0
<b>Grand Total</b>	<b>1,463</b>	<b>1,076</b>	<b>897</b>	<b>1,353</b>	<b>1,355</b>	<b>1,275</b>	<b>7,418</b>	<b>1,236</b>

### Agency Run Rate - WTE

Staff Group	Month 1 WTE	Month 2 WTE	Month 3 WTE	Month 4 WTE	Month 5 WTE	Month 6 WTE		Average WTE
Consultant	15	15	16	16	16	19		16
Career Grade Doctor	3	4	6	4	4	4		4
Trainee Grade Doctors	18	22	19	20	27	22		21
Registered Nursing Midwifery	1	1	0	2	0	1		1
Support to Nursing	0	0	0	0	0	0		0
Healthcare Scientists	3	5	16	7	-4	5		6
Support to STT HCS	1	1	10	4	-5	0		2
Allied Health Professionals	23	31	27	25	21	20		24
Support to AHPs	0	0	0	1	0	0		0
Other Scientific and Theraputi	4	3	3	3	1	1		2
Support to Clinical	9	22	-4	12	10	-4		8
Infrastructure Support	0	0	0	2	1	0		1
Nightingale Staffing Costs	0	0	0	0	0	0		0
Dental Staff	0	0	0	0	0	0		0
Dental Support	0	0	0	0	0	0		0
Apprenticeship Levy	0	0	0	0	0	0		0
<b>Grand Total</b>	<b>76</b>	<b>103</b>	<b>93</b>	<b>97</b>	<b>70</b>	<b>68</b>		<b>85</b>

- Agency costs in month 6 have fallen slightly but remain above the YTD average.
- The primary driver was a large reduction in AHP costs - down £0.2m on month 5.
- This decrease mainly falls in CSS due to less cover for vacancies in Labs and in Imaging. Work is ongoing to reduce reliance on temporary staffing in these areas but roles are difficult to recruit to Nationally.
- Agency staff costs overall remain very low by both National and Regional standards at just 0.86% of total pay costs YTD.

# Value for Patients – Month 6 2024/25



Manchester University

NHS Foundation Trust

Site	YTD					Annual Forecast				
	Original Plan	Plan schemes >L3	Actual	Variance to Plan	Variance to >L3	Original Plan	Plan schemes >L3	Actual / Forecast	Variance to Plan	Variance to >L3
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
CSS	9,211	5,480	6,465	(2,745)	985	23,144	19,995	19,834	(3,310)	(161)
LCO	3,526	2,243	2,169	(1,357)	(74)	8,839	3,775	3,701	(5,138)	(74)
MREH	999	1,233	1,297	298	64	2,380	1,990	2,145	(235)	154
MRI	6,931	5,608	4,502	(2,430)	(1,106)	17,278	11,702	10,273	(7,005)	(1,430)
NMGH	3,349	2,841	2,829	(520)	(12)	8,403	5,259	5,182	(3,221)	(77)
RMCH	4,668	2,845	2,225	(2,443)	(620)	11,707	6,398	4,119	(7,588)	(2,278)
SMH	4,773	4,758	4,756	(17)	(3)	12,002	9,540	9,590	(2,412)	50
UDHM	363	852	838	476	(14)	906	1,008	982	76	(26)
WTWA	8,596	5,394	5,377	(3,219)	(17)	21,553	10,092	10,023	(11,530)	(69)
<b>Total - Clinical Sites</b>	<b>42,415</b>	<b>31,254</b>	<b>30,458</b>	<b>(11,958)</b>	<b>(796)</b>	<b>106,212</b>	<b>69,759</b>	<b>65,849</b>	<b>(40,364)</b>	<b>(3,910)</b>
Corporate exc Informatics	2,845	3,587	3,495	650	(92)	6,683	6,536	6,318	(365)	(218)
Informatics	4,510	4,748	4,748	238	0	9,019	9,373	9,373	354	0
Estates & Facilities	6,019	1,626	1,626	(4,392)	0	12,037	9,989	9,989	(2,049)	0
<b>Total - Support Services</b>	<b>13,373</b>	<b>9,962</b>	<b>9,869</b>	<b>(3,504)</b>	<b>(92)</b>	<b>27,739</b>	<b>25,898</b>	<b>25,680</b>	<b>(2,059)</b>	<b>(218)</b>
Cross-cutting Schemes	4,499	12,328	16,622	12,123	4,294	14,048	27,974	23,562	9,514	(4,412)
<b>Grand Total</b>	<b>60,287</b>	<b>53,544</b>	<b>56,949</b>	<b>(3,338)</b>	<b>3,405</b>	<b>148,000</b>	<b>123,631</b>	<b>115,091</b>	<b>(32,909)</b>	<b>(8,540)</b>

Non-recurrently delivered VfP above target	YTD		
	Max target of total	Actual Non-recurrent VfP	Variance to target
	%	%	%
CSS	25.0%	25.5%	(0.5%)
LCO	25.0%	38.0%	(13.0%)
MREH	25.0%	47.7%	(22.7%)
MRI	25.0%	6.9%	18.1%
NMGH	25.0%	25.8%	(0.8%)
RMCH	25.0%	73.2%	(48.2%)
SMH	25.0%	62.1%	(37.1%)
UDHM	25.0%	77.7%	(52.7%)
WTWA	25.0%	36.8%	(11.8%)
Corporate exc Informatics	25.0%	24.8%	0.2%
Informatics	25.0%	93.4%	(68.4%)
Estates & Facilities	25.0%	58.7%	(33.7%)
Cross-cutting Schemes	25.0%	49.4%	(24.4%)
<b>Total</b>	<b>25.0%</b>	<b>47.7%</b>	<b>(22.7%)</b>

- YTD delivery against the VfP programme, as per Wave, shows **£56.9m** – adverse to plan by **£3.3m**.
- The forecast shown is based on identified schemes above level 3 and equates to £115.1m, adverse to plan by £32.9m.
- A total of £148.0m of schemes have been identified but the adverse variance above is below level 3 in Wave.
- The National target placed a cap of 25% non-recurrent VfP in 24/25 – YTD 47.7% of identified schemes are non-recurrent – a minor improvement on month 5.
- Work is ongoing to increase the year end forecast delivery (see slides 5-6).

# Statement of Financial Position



**Manchester University**  
NHS Foundation Trust

	M6 vs 23/24 closing Balance Sheet			At M6		
	Mar-24 £'000	Actual £'000	Movement £'000	Plan £'000	Actual £'000	Variance £'000
<b>Non-Current Assets</b>						
Intangible Assets	12,325	11,106	1,219	12,355	11,106	1,249
Property, Plant and Equipment	1,074,674	1,049,539	25,135	1,083,637	1,049,539	34,098
Investments	806	806	0	806	806	0
Trade and Other Receivables	18,330	18,415	(85)	18,331	18,415	(84)
<b>Total Non-Current Assets</b>	<b>1,106,136</b>	<b>1,079,866</b>	<b>26,270</b>	<b>1,115,129</b>	<b>1,079,866</b>	<b>35,263</b>
<b>Current Assets</b>						
Inventories	27,596	29,075	(1,479)	27,596	29,075	(1,479)
NHS Trade and Other Receivables	78,203	66,188	12,015	78,203	66,188	12,015
Non-NHS Trade and Other Receivables	64,221	60,953	3,268	93,356	60,953	32,403
Non-Current Assets Held for Sale	210	210	0	210	210	0
Cash and Cash Equivalents	133,687	87,768	45,919	69,520	87,768	(18,248)
<b>Total Current Assets</b>	<b>303,917</b>	<b>244,194</b>	<b>59,723</b>	<b>268,885</b>	<b>244,194</b>	<b>24,691</b>
<b>Current Liabilities</b>						
Trade and Other Payables: Capital	(37,382)	(13,885)	(23,497)	(11,404)	(13,885)	2,481
Trade and Other Payables: Non-capital	(353,706)	(345,557)	(8,149)	(343,703)	(345,557)	1,854
Borrowings	(43,476)	(42,269)	(1,207)	(40,262)	(42,269)	2,007
Provisions	(16,975)	(11,970)	(5,005)	(16,975)	(11,970)	(5,005)
Other liabilities: Deferred Income	(33,744)	(33,089)	(655)	(33,744)	(33,089)	(655)
<b>Total Current Liabilities</b>	<b>(485,284)</b>	<b>(446,770)</b>	<b>(38,514)</b>	<b>(446,088)</b>	<b>(446,770)</b>	<b>682</b>
<b>Net Current Assets</b>	<b>(181,367)</b>	<b>(202,576)</b>	<b>21,209</b>	<b>(177,203)</b>	<b>(202,576)</b>	<b>25,373</b>
<b>Total Assets Less Current Liabilities</b>	<b>924,769</b>	<b>877,290</b>	<b>47,479</b>	<b>937,926</b>	<b>877,290</b>	<b>60,636</b>
<b>Non-Current Liabilities</b>						
Trade and Other Payables	0	0	0	0	0	0
Borrowings	(722,697)	(727,754)	5,057	(744,984)	(727,754)	(17,230)
Provisions	(9,232)	(9,360)	128	(9,232)	(9,360)	128
Other Liabilities: Deferred Income	(3,826)	(3,826)	0	(3,826)	(3,826)	0
<b>Total Non-Current Liabilities</b>	<b>(735,755)</b>	<b>(740,940)</b>	<b>5,185</b>	<b>(758,042)</b>	<b>(740,940)</b>	<b>(17,102)</b>
<b>Total Assets Employed</b>	<b>189,014</b>	<b>136,350</b>	<b>52,664</b>	<b>179,884</b>	<b>136,350</b>	<b>43,534</b>
<b>Taxpayers' Equity</b>						
Public Dividend Capital	537,401	549,957	(12,556)	576,755	549,957	26,798
Revaluation Reserve	177,882	177,882	0	184,669	177,882	6,787
Income and Expenditure Reserve	(526,269)	(591,489)	65,220	(581,540)	(591,489)	9,949
<b>Total Taxpayers' Equity</b>	<b>189,014</b>	<b>136,350</b>	<b>52,664</b>	<b>179,884</b>	<b>136,350</b>	<b>43,534</b>
<b>Total Funds Employed</b>	<b>189,014</b>	<b>136,350</b>	<b>52,664</b>	<b>179,884</b>	<b>136,350</b>	<b>43,534</b>

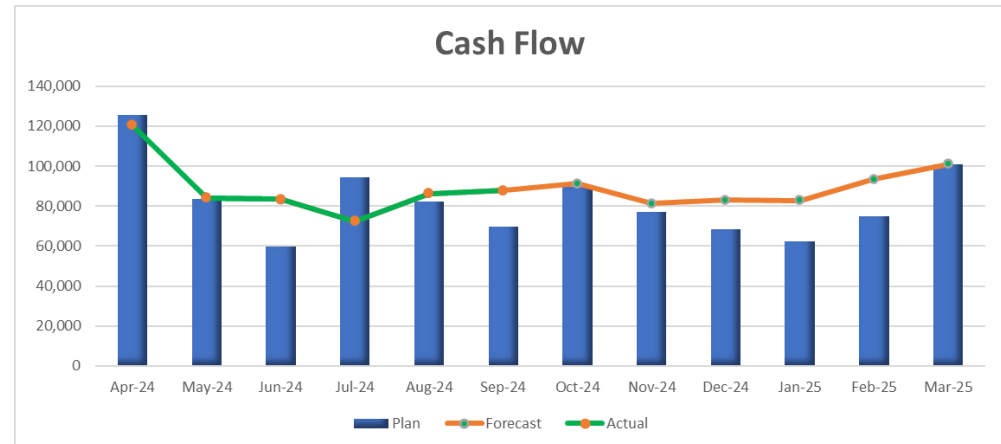
## M6 24/25 vs Month 12 23/24

- Property, plant & equipment value has decreased by £25.1m due to depreciation and impairments YTD.
- The decrease in NHS trade receivables of £12.0m driven by a reduction in the sales ledger balance of £15.3m (notably due to a reduction in invoices outstanding with GMMH).
- Non-capital trade and other payables have reduced by £8.1m. Key movements relate to reductions in pharmacy accruals of £9.1m and system generated GRNI accruals of £8.9m.
- The reduction in provisions is driven by confirmed in-year reductions of £4.5m from the estates and managed equipment services provisions.
- Non-current borrowings have increased by £5.1m, primarily due to the increase in PFI liabilities as a result of an annual indexation applied as at 1<sup>st</sup> April 2024 offset by in- year creditor repayments.

# Cash & Liquidity

Cash Metrics
Days in month
Operating Expenditure in month
<b>Days Cash</b>
Monthly Low
Monthly High

YTD to M6		
Original Plan	Actual	Variance
30	30	
219,688	232,076	(12,388)
<b>9.5</b>	<b>11.3</b>	<b>1.8</b>
	87,558	
	262,117	

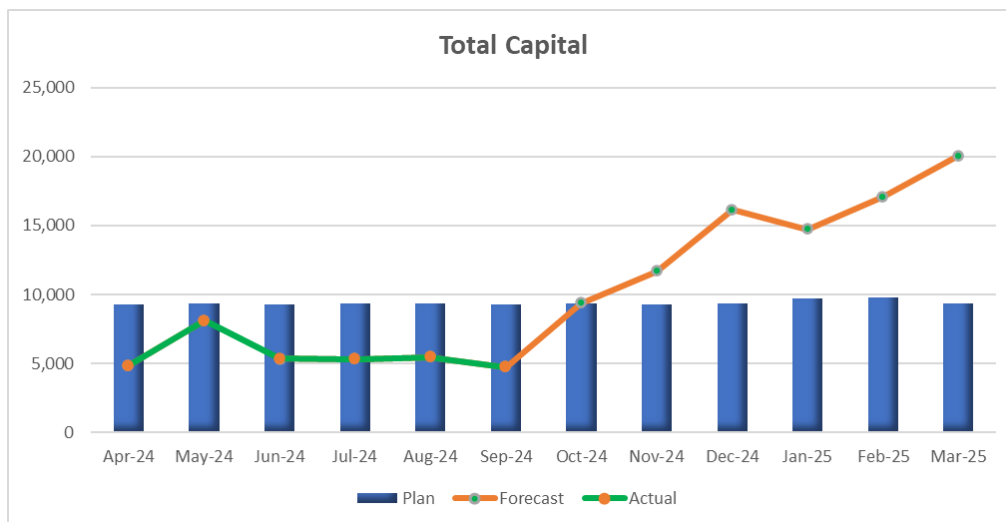


	2024/25 (£k)
Opening cash as at 1st April 2024	133,687
Working capital movements	(20,024)
Capital movements	(10,834)
PFI, lease and loan receipts and repayments	(39,556)
Operating position including interest	37,700
<b>Forecast closing cash as at 31st March 2025</b>	<b>100,973</b>

## Key Messages

At the end of September 2024, the cash position is £87.7m against the plan of £69.5m, favourable by £18.2m.

- Favourable variances include:
  - Income received for prior year settlements (CPT drugs and devices, ERF, CEAs)
  - Income uplift for the Consultant contract changes
  - CNST Maternity Incentive Rebate and settlement of prior year invoices
- Adverse variances include:
  - Delayed receipt of expected PDC related to capital support for the PAHT transaction- this is a timing difference and is expected to reverse in future months.
  - Impact of the YTD deficit position
  - Payment of Lloyds prior year invoices not in plan of £17m
  - Other timing differences of supplier payments - these are expected to reverse in future months.



	Current Month - M6			YTD			Forecast		
	Original Plan	Actual	Variance	Original Plan	Actual	Variance	Original Plan	FOT @ M6	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
GM Envelope	4,383	1,898	(2,485)	26,298	17,083	(9,215)	52,593	52,593	0
Total Capital	9,293	4,748	(4,545)	55,890	33,859	(22,031)	112,734	122,886	10,152
IFRS 16 CDEL	2,613	78	(2,535)	11,964	1,180	(10,784)	31,341	15,528	(15,813)

- **MFT's 2024/25 capital plan is a total of £144.1m** including IFRS16 capital expenditure. The GM envelope component is expected to be £52.6m, although confirmation of £16.2m of CDEL cover for capital requirements associated with the Pennine Acute acquisition in 2021 still requires national confirmation.
- **GM Envelope** – YTD plan of £26.3m, actual of £17.1m – underspend of £9.2m due to delayed spend on capital schemes whilst awaiting the confirmed allocations for 24/25 from GM, delays on the RAAC scheme and delays in ordering high-risk medical equipment whilst completing risk prioritisation across all clinical groups.
- **Total capital spend** – YTD plan of £55.9m, actual of £33.9m – underspend of £22.0m principally driven by the £9.2m noted above plus delays to the CDC Withington project (£6.3m), TIF scheme (£2.6m) although still scheduled to complete in 24/25, NBIA (£1.6m) as PDC bid not successful and delays to the NHP project (£2.8m).
- **IFRS 16 lease capital spend** was planned at £12.0m YTD with £1.2m spent – this underspend is also a consequence of approving leases on a lease-by-lease basis pending the final agreed GM capital allocation. The 2024/25 full year forecast is £15.5m and includes £4.2m of IFRS 16 CDEL that has been approved to progress; all leases are now subject to up-front GM approval.

# Risks and Mitigations



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- Year-to-date, **£17.4m** of central flexibility has been released into the position. There is now only minimal flexibility available to support any unexpected pressures for the remainder of the year.
- Urgent action is required to support a significant reduction in run rate to enable the Trust to deliver the 2024/25 financial plan of a £3.6m surplus.

Risk	Mitigation/Action Being Taken	Timescale	Owner
Expenditure run rate doesn't reduce to deliver 24/25 financial plan	<ul style="list-style-type: none"> <li>• Enhanced expenditure controls require urgent implementation</li> <li>• Temporary staffing expenditure requires a reduction by 25% reduction from November 2024</li> <li>• 2% of all posts to be held until 31<sup>st</sup> March 2025</li> <li>• Implementation of reduction of hourly rate for bank enhanced nursing rate</li> <li>• Implementation of enhanced controls to ensure consistency in application of local override of temporary medical staffing rates</li> <li>• Only exceptional use of admin bank or agency, approved through Executive led Vacancy Control Panel.</li> </ul>	31 <sup>st</sup> October 2024	Director of Financial Improvement/All Executive Directors
Additional costs incurred to deliver performance targets	<ul style="list-style-type: none"> <li>• Activity and Productivity performance is addressed at the MFT's Group Recovery Board which is chaired by the Trust Chief Executive</li> <li>• Any additional costs required to deliver activity are approved through Trust Leadership Team meeting and a funding source is confirmed.</li> </ul>	31 <sup>st</sup> October 2024	Chief Delivery Officer Vanessa Gardener Chief Finance Officer Marcus Thorman
Funding for 2024/25 Pay Award is not received in full resulting in a pressure which cannot be mitigated	<ul style="list-style-type: none"> <li>• Work is ongoing with GM ICB to understand the costs of the pay award and anticipated funding.</li> <li>• Risk is being flagged at GM POM meetings and nationally with Julian Kelly.</li> </ul>	30 <sup>th</sup> November 2024	Chief Finance Officer Marcus Thorman
ERF Income – assumption of c.£20m above plan is not delivered	<ul style="list-style-type: none"> <li>• Plans for implementation of coding improvements to be reviewed and action plans to deliver including timescales confirmed</li> <li>• Areas of expected over-performance to be reviewed and plans to deliver this implemented.</li> </ul>	31 <sup>st</sup> October 2024	Chief Delivery Officer Vanessa Gardener Chief Digital Information Officer David Walliker
Different ICB approaches and general commissioning changes resulting in income reductions, currently extremely high risk.	<ul style="list-style-type: none"> <li>• Discussions with the GM ICB and Specialist Commissioners and therefore NHSE continue to ensure all funding anticipated is received</li> </ul>	30 <sup>th</sup> November 2024	Chief Finance Officer Marcus Thorman

# Risks and Mitigations (continued)



**Manchester University**  
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Risk	Mitigation/Action Being Taken	Timescale	Owner
Assumed £4m of income agreed with GM ICB interim CFO (Kathy Roe) is not funded	<ul style="list-style-type: none"> <li>Discussions ongoing to confirm this funding will be received</li> </ul>	30 <sup>th</sup> November 2024	Chief Finance Officer Marcus Thorman
Industrial Action – Receipt of £3m funding to cover costs incurred	<ul style="list-style-type: none"> <li>Discussed at MFT POM meeting on 25/9/24</li> <li>Further discussions with GM ICB to confirm funding will be allocated to MFT as the cost cannot be mitigated internally</li> </ul>	21 <sup>st</sup> October 2024 POM Meeting	Chief Finance Officer Marcus Thorman
Different ICB approaches and general commissioning changes resulting in income reductions, currently extremely high risk.	<ul style="list-style-type: none"> <li>Discussions with the GM ICB and Specialist Commissioners and therefore NHSE continue to ensure all funding anticipated is received</li> </ul>	21 <sup>st</sup> October POM Meeting	Chief Finance Officer Marcus Thorman
Scarcity of capital could impact on operational delivery and patient safety	<ul style="list-style-type: none"> <li>Ongoing discussions at national level in relation to £16m of PDC capital funding in relation to capital costs as a result the Pennine Acute transaction</li> <li>Full engagement with GM wide capital process</li> <li>Trust Strategic Capital group to meet on a monthly basis (previously quarterly) to monitor expenditure and review prioritisation</li> <li>Monthly review of any alternative sources of funding for capital expenditure</li> </ul>	Ongoing	All Executive Directors
Reduction in Trust cash will require the Trust to access revenue support funding	<ul style="list-style-type: none"> <li>Cash management group established to support maximisation of Trust cash balances</li> <li>Focus on the management of debtors</li> </ul>	Ongoing	Chief Finance Officer Marcus Thorman

## Board of Directors (Public) Monday 11<sup>th</sup> November 2024

<b>Paper title:</b>	Proposed amendments to Standing Financial Instructions (SFIs) and Scheme of Reserved Decisions and Scheme of Delegation (SoRD).	<b>Agenda Item 13.3</b>
<b>Presented by:</b>	Marcus Thorman, Interim Chief Finance Officer	
<b>Prepared by:</b>	Ann Bracegirdle, Interim Deputy Chief Finance Officer Rachel McIlwraith, Operational Finance Director	
<b>Meetings where content has been discussed previously</b>	Audit and Risk Committee 6/11/24	
<b>Purpose of the paper</b> Please check <u>one</u> box only:	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> For support <input type="checkbox"/> For discussion	

### Executive summary / key messages for the meeting to consider

The Standing Financial Instructions (SFIs) and Scheme of Reserved Decisions and Scheme of Delegation (SoRD) of the Trust are key elements of the internal control framework.

The SFIs detail the financial responsibilities, policies and procedures adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and the requirements of regulators.

The SoRD specifies what responsibilities and powers have been delegated by the Board of directors, and who/where to.

The SFIs and SoRD were considered at the Audit and Risk Committee on the 6<sup>th</sup> November 2024 and suggested changes are incorporated within the versions presented in the appendices of this report.

### Recommendation(s)

The Board of Directors is recommended to approve the Standing Financial Instructions (SFIs), and Scheme of Reserved Decisions and Scheme of Delegation (SORD).

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<input type="checkbox"/> <b>Yes</b> (please set out in your report what action has been taken to address this) <input checked="" type="checkbox"/> <b>No</b>
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Relationship to the strategic objectives			
The work contained with this report contributes to the delivery of the following strategic objectives (see key below)			
LHL objective 1	<input type="checkbox"/>	LHL objective 2	<input type="checkbox"/>
HQSC objective 1	<input type="checkbox"/>	HQSC objective 2	<input type="checkbox"/>
HQSC objective 3	<input type="checkbox"/>	PEW objective 1	<input type="checkbox"/>
PEW objective 2	<input type="checkbox"/>	VfP objective 1	<input type="checkbox"/>
VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input checked="" type="checkbox"/>
<b>Links to Trust Risks</b>	n/a		
<b>Care Quality Commission domains</b> Please check <b>all</b> that apply	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Responsive	<input type="checkbox"/> Caring <input checked="" type="checkbox"/> Well-Led	
<b>Compliance &amp; regulatory implications</b>	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: <ul style="list-style-type: none"> <li>Requirement of the MFT Constitution (and supporting annexes) relating to core governance documents</li> </ul>		

Main report
<p><b>1. Introduction</b></p> <p>1.1 The purpose of this paper is to present the amended Standing Financial Instructions (SFIs) (Appendix A) and Schedule of Reserved Decisions and Scheme of Delegation (SoRD) (Appendix B).</p> <p>1.2 These documents make reference to the Trust's Standing Orders (SOs), changes to accounting policies and also include details of waiver value limits and responsible officers.</p> <p><b>2. Review and Amendments</b></p> <p>2.1 The SFIs and SoRD are reviewed annually to ensure they remain up to date and are fit for purpose and in so doing support robust governance throughout the organisation. Input was sought from stakeholders on proposed changes.</p> <p>2.2 Changes made to the SFIs include:</p> <ul style="list-style-type: none"> <li>Updates for changes in job titles, committee names and establishment of Clinical Groups.</li> <li>Section 2.2 of the SFIs, Scope and Duties of the Audit and Risk Committee has been updated in line with the revised description of the committee's responsibilities in the updated SORD.</li> <li>There are also changes for a number of minor typographical errors.</li> </ul>

2.3 The SoRD has been subject to a wholesale review for this update, as such, it is not feasible to highlight the changes made. The updated SoRD covers delegations in responsibilities to Board Committees, Clinical Groups and individuals and is aligned with the new Accounting Framework. Other changes made to the SoRD include:

- The financial scheme of delegation has been separated out into section 5 to aid clarity.
- Updates for changes in job titles, committee names and establishment of Clinical Groups.

2.4 The Standing Orders of the Board of Directors are included in an annex to the Trust's Constitution. The Constitution, including the Standing Orders, will be reviewed in June 2025 with any changes presented to the Board of Directors and Council of Governors for approval.

### **3. Recommendation**

3.1 The Board of Directors is recommended to approve the Standing Financial Instructions (SFIs), and Scheme of Reserved Decisions and Scheme of Delegation (SORD).

## Strategic objectives (Key)

Work with partners to help people live <b>longer, healthier lives</b>	<b>LHL objective 1</b>	Work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.
	<b>LHL objective 2</b>	Improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so people are cared for in the most appropriate place
Provide <b>high quality, safe care</b> with excellent outcomes and experience	<b>HQSC objective 1</b>	Provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience and outcomes wherever they are seen.
	<b>HQSC objective 2</b>	Strengthen our specialised services and support the adoption of genomics and precision medicine
	<b>HQSC objective 3</b>	Continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.
Be the place where <b>people enjoy working</b> , learning and building a career	<b>PEW objective 1</b>	Make sure that all our colleagues feel valued and supported by listening well and responding to their feedback. We will improve staff experience by embracing diversity and fairness, helping everyone to reach their potential
	<b>PEW objective 2</b>	Offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here
Ensure <b>value for our patients</b> and communities by making best use of our resources	<b>VfP objective 1</b>	Achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.
	<b>VfP – objective 2</b>	Deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships
Deliver world-class <b>research &amp; innovation</b> that improves people's lives	<b>R&amp;I – objective 1</b>	Strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part
	<b>R&amp;I – objective 2</b>	Apply research & innovation, including digital technology and artificial intelligence, to improve people's health and the services we provide
<b>Good governance</b>	<b>GG</b>	Deliver a safe, legally compliant and well run organisation

## MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

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# STANDING FINANCIAL INSTRUCTIONS

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# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

## Standing Financial Instructions (SFIs)

### 1. KEY OBJECTIVES

#### 1.1 Introduction

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

## **1.2 Responsibilities and delegation**

### **1.2.1 The Board of Directors**

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

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

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

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

### **1.2.4 The Trust Chief Executive and Chief Finance Officer**

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

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

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

### **1.2.5 The Chief Finance Officer**

1.2.5.1 The Chief Finance Officer is responsible for:

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

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

## **1.2.6 All Employees**

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

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

## **1.2.7 Contractors and Their Employees**

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

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

# **2. AUDIT**

## **2.1 Audit and Risk Committee ("The Committee")**

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

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

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

## **2.2 Scope and Duties**

- 2.2.1 Review the Trust's Annual Report and Annual Accounts to consider their compliance, objectivity, integrity and accuracy, and approve them if delegated to do so by the Board.
- 2.2.2 Review changes to accounting policies, practices, assessments, and judgements
- 2.2.3 Oversee, and assess the effectiveness of, risk management systems within the Trust.
- 2.2.4 Oversee, and assess the effectiveness of, assurance systems within the Trust.
- 2.2.5 Review systems of internal control including financial accounting and reporting systems.
- 2.2.6 Monitor the adequacy of policies and procedures within the Trust.
- 2.2.7 Monitor delivery of the Trust's Counter Fraud service.
- 2.2.8 Monitor delivery of the Trusts internal and external audit functions.
- 2.2.9 Approve the Internal and External Audit annual plans.
- 2.2.10 Approve the Counter Fraud Service's annual plan.
- 2.2.11 Work with the Council of Governors to support their role in appointing or removing the external auditor.
- 2.2.12 Review, on behalf of the Board, the operation of, and proposed changes to, the constitution, the standing financial instructions, and the scheme of delegation.
- 2.2.13 Review and approve the Trust's Standards of Business Conduct policy and monitor compliance with it.
- 2.2.14 Hold private meetings with representatives from the Internal Auditors, External Auditors, and Counter Fraud Service as required.

## **2.3 Chief Finance Officer**

- 2.3.1 The Chief Finance Officer is responsible for:
- (a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective internal audit function; ensuring that the internal audit is adequate and meets the NHS internal audit standards, the Audit Code for NHS Foundation Trusts and the Guide for Governors: Audit Code for NHS Foundation Trusts;
  - (b) ensuring that the Trust maintains adequate counter fraud and corruption arrangements and deciding at what stage to involve the Local Counter Fraud Specialist (LCFS) and/or the police

in cases of fraud, misappropriation and other regularities in conjunction with NHS Counter Fraud Authority; and

- (c) ensuring there are appropriate terms of reference for the internal audit function, and that these are reflected in the SFIs.

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

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

## **2.4 Role of Internal Audit**

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

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

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

- (a) establish, and monitor the achievement of, the Trust's objectives
- (b) identify, assess and manage the risks to achieving the Trust's objectives
- (c) ensure the economical, effective and efficient use of resources
- (d) ensure compliance with established policies (including behavioural and ethical expectations), procedures, laws and regulations
- (e) safeguard the Trust's assets and interests from losses of all kinds, including those arising from fraud, irregularity or corruption; and
- (f) ensure the integrity and reliability of information, accounts and data, including internal and external reporting and accountability processes

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

## **2.5. External Audit**

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

## **2.6. Fraud and Corruption & Security Management**

- 2.6.1 The Trust shall take all necessary steps to counter fraud, bribery and corruption and deal effectively with security management issues affecting NHS funded services in accordance with:

- (a) the NHS Anti-Fraud Manual published by NHS Counter Fraud Authority--(previously known as the Counter Fraud and Security Management Service (CFSMS) and then NHS Protect until 2017)
- (b) The requirements of the NHS Standard Contract clauses that relate to anti-crime measures
- (c) the policy statement "Applying appropriate sanctions consistently" published by NHS Counter Fraud Authority.
- (d) any other reasonable guidance or advice issued by NHS Counter Fraud Authority that affects efficiency, systemic and/or procedural matters; and
- (e) the security management manual

2.6.2 The Trust Chief Executive and Chief Finance Officer shall monitor and ensure compliance with the above.

2.6.3 The Trust shall nominate a suitable person to carry out the duties of the local counter fraud specialist (LCFS) and local security management specialist (LSMS) in accordance with relevant NHS Counter Fraud Authority guidance and NHS Standard Contract clauses.

2.6.4 The Chief Finance Officer shall instruct the Internal Auditor to investigate any breaches of the Standing Orders and Standing Financial Instructions as he/she may deem appropriate and necessary. Where there is evidence to suggest misappropriation has taken place, the Chief Finance Officer shall instruct the LCFS to investigate as he/she deems appropriate and necessary.

2.6.5 The LCFS and LSMS shall report to the Director of Finance and shall work with staff in NHS Counter Fraud Authority in accordance with the Department of Health anti-fraud manual and NHS Standard Contract clauses.

2.6.6 The LCFS will provide periodic updates, including a written annual report, on anti-fraud, bribery and corruption activities undertaken across the Trust.

### **3. ANNUAL ACCOUNTS AND REPORTS**

#### **3.1 Annual Accounts**

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

- (a) the accounts
- (b) any records relating to them; and
- (c) any report of the external Auditor on them.

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

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

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

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

- (a) the methods and principles according to which the accounts are to be prepared
- (b) the content and form of the accounts.

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

3.1.5 The Trust shall:

- (a) lay a copy of the annual accounts, and any report of the external Auditor on them, before Parliament; and
- (b) send copies of those documents to NHSE within such a period as NHSE may direct:
  - i. a copy of any accounts prepared by virtue of 4.1.3 (a); and
  - ii. a copy of any report of an auditor on them prepared by virtue of 4.1.3 (a).

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

## **3.2 Annual Report**

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

- (a) information on any steps taken by the Trust to secure that (taken as a whole) the actual membership of its public constituencies and the classes of the staff constituency is representative of those eligible for such membership;
- (b) information on the Trust's policy on pay and on the work of the committee established and such other procedures as the Trust has on pay; and
- (c) information on the remuneration of the directors and on the expenses of the governors and directors; and
- (d) any other information NHSE, the Independent Regulator requires.

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

- (a) the form of the reports
- (b) when the reports are to be sent

- (c) the periods to which the reports are to relate.

### **3.3 Annual Plan**

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

## **4. BANKING**

### **4.1 General**

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

### **4.2 Bank and GBS Accounts**

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

### **4.3 Banking Procedures**

- 4.3.1 The Chief Finance Officer will prepare detailed instructions on the operation of bank and GBS accounts which must include:
  - (a) the conditions under which each bank and GBS account is to be operated
  - (b) those authorised to authorise payments or other orders drawn on the Trust's accounts.
- 4.3.2 The Chief Finance Officer must advise the Trust's bankers in writing of the conditions under which each account will be operated.

#### **4.4 Tendering and Review**

- 4.4.1 The Chief Finance Officer will review the commercial banking arrangements of the Trust at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the Trust's commercial banking business.
- 4.4.2 Competitive tenders should be sought at least every five years. The results of the tendering exercise should be reported to the Board. This review is not necessary for GBS accounts.

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

#### **5.1 Income Systems**

- 5.1.1 The Chief Finance Officer is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.
- 5.1.2 The Chief Finance Officer is also responsible for the prompt banking of all monies received.

#### **5.2 Fees and Charges**

- 5.2.1 The Trust shall follow the Department of Health advice in the Aligned Payment Incentives (API) guidelines and any other applicable guidance in setting prices for contracts with NHS Commissioners for all services falling within API or other nationally agreed methodology from time to time.
- 5.2.2 The Chief Finance Officer is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health or by Statute. Independent professional advice on matters of valuation shall be taken as necessary. Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is being considered the guidance in the Department of Health's Commercial Sponsorship – Ethical Standards in the NHS shall be followed.
- 5.2.3 All employees must inform the Chief Finance Officer promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.
- 5.2.4 As per the 2012 Health and Social Care Act the Trust shall ensure the following:
  - (a) the income received from providing goods and services for the NHS is greater than their income from other sources.
  - (b) publish information within the forward plan on all their non-NHS work and to explain its impact on the delivery of goods and services for the NHS.
- 5.2.5 Should the Trust wish to increase the share of its income from non-NHS sources (including private work) by more than five percentage points in any one year, prior approval from the Council of Governors must be sought.

### **5.3 Debt Recovery**

- 5.3.1 The Chief Finance Officer is responsible for the appropriate recovery action on all outstanding debts.
- 5.3.2 Income not received should be dealt with in accordance with losses procedures.
- 5.3.3 Overpayments should be detected (or preferably prevented) and recovery initiated in accordance with the Trust's Overpayment Policy.
- 5.3.4 Debt write off will be managed in line with the debt write off procedures with overall authorisation by the Chief Finance Officer.

### **5.4 Security of Cash, Cheques and other Negotiable Instruments**

- 5.4.1 The Chief Finance Officer is responsible for:
  - (a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable
  - (b) ordering and securely controlling any such stationery
  - (c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines
  - (d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.
- 5.4.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.
- 5.4.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Chief Finance Officer.
- 5.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss.

### **5.5 Purchasing Cards**

- 5.5.1 The use of purchasing cards is to be minimised and a more appropriate procurement route should be followed wherever possible. Notwithstanding this, the Operational Finance Director is responsible for:
  - a) approving and determining the purchasing capabilities of procurement cards and expenditure limits
  - b) prescribing and maintaining procedures on behalf of the Trust which ensures expenditure complies with the conditions of the card

- c) ensuring segregation of duties exist for reviewing all transactions and purchases comply with these SFIs.

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

### **6.1 Contracts and Service Level Agreements**

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

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

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

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

### **6.2 Stakeholder Partnership and Risk Management**

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

### **6.3 Reports to Board**

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

### **6.4 Provider to Provider SLAs**

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

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

### **7.1 Remuneration**

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

### **7.2 Scope and Duties**

- 7.2.1 To determine the framework or broad policy for the remuneration of the Trust Chief Executive, the Executive Directors and other staff paid on non-standard pay scales (Very Senior Managers on local Terms & Conditions; Other Medical & Dental Staff on ad hoc salaries etc) with responsibility to monitor the comparative remuneration of senior staff covered by the NHS Agenda for Change.
- 7.2.2 To determine the framework or broad policy for the application or removal of national or local incentive payments e.g. Clinical Excellence Awards.
- 7.2.3 To advise on and oversee contractual arrangements for such staff including a proper calculation and scrutiny of termination payments, taking account of relevant national guidance and legal advice.
- 7.2.4 The Council of Governors will decide the remuneration and allowances, and the other terms and conditions of the non-executive Directors.
- 7.2.5 The Board of Directors' emoluments will be accurately reported in the required format in the Trust's annual report.

### **7.3 Staff Appointments**

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

### **7.4 Processing Payroll**

- 7.4.1 The Chief People Officer is responsible for:
- (a) specifying timetables for submission of properly authorised time records and other notifications
  - (b) the final determination of pay and allowances
  - (c) making payment on agreed dates
  - (d) agreeing method of payment.
- 7.4.2 The Chief People Officer will issue instructions regarding:
- (a) verification and documentation of data
  - (b) the timetable for receipt and preparation of payroll data and the payment of employees and allowances
  - (c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay
  - (d) security and confidentiality of payroll information
  - (e) checks to be applied to completed payroll before and after payment
  - (f) authority to release payroll data under the provisions of the Data Protection Act
  - (g) methods of payment available to various categories of employee and Officers
  - (h) pay advances and their recovery; up to the point finance is notified of payment/recovery to be made
  - (i) separation of duties of preparing records
  - (j) a system to ensure the recovery from those leaving the employment of the Trust of sums of money and property due by them to the Trust.
- 7.4.3 The Chief Finance Officer will issue instructions regarding:

- (a) procedures for payment by cheque, bank credit, or cash to employees and Officers
- (b) procedures for the recall of cheques and bank credits
- (c) pay advances and their recovery; from the point finance are notified of payment / recovery to be made
- (d) maintenance of regular and independent reconciliation of pay control accounts.

7.4.4 Appropriately nominated managers have delegated responsibility for:

- (a) submitting time records, and other notifications in accordance with agreed timetables
- (b) completing time records and other notifications in accordance with the Chief People Officer's instructions and in the form prescribed by the Chief People Officer
- (c) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or Officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Chief People Officer must be informed immediately.

7.4.5 Regardless of the arrangements for providing the payroll service, the Chief People Officer shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

## **7.5 Contracts of Employment**

7.5.1 The Board shall delegate responsibility to the Chief People Officer for:

- (a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation;
- (b) dealing with variations to, or termination of, contracts of employment.

## **7.6 Funded Establishment**

7.6.1 The workforce plans incorporated within the annual budget will form the funded establishment.

7.6.2 The funded establishment of any department may not be varied without the approval of an authorised officer in line with the Scheme of Reserved Decisions and Scheme of Delegation.

7.6.3 No appointment can be made without a funded / established post on the ledger and ESR systems.

## **8. NON-PAY EXPENDITURE**

## **8.1 Delegation of Authority**

- 8.1.1 The Scheme of Reserved Decisions and Scheme of Delegation sets out the delegated powers.

## **8.2 Requisitioning**

- 8.2.1 The Trust provides End User Requisitioning (EUR) facility to order goods and services via catalogues supported by Trust/NHS contracts, frameworks and pricing agreements.
- 8.2.2 Where a service or good is not available on catalogue then the requisitioner should consult with the Procurement department. In choosing the item to be supplied (or the service to be performed) best value for money for the Trust should always be sought. Where the advice of the Procurement department is not acceptable to the requisitioner, the Chief Finance Officer (and/or the Trust Chief Executive) shall be consulted.

## **8.3 System of Payment and Payment Verification**

- 8.3.1 The Chief Finance Officer shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.
- 8.3.2 The Chief Finance Officer will:
- (a) advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in Standing Orders and Standing Financial Instructions and regularly reviewed
  - (b) prepare procedural instructions or guidance within the Scheme of Reserved Decisions and Scheme of Delegation on the obtaining of goods, works and services incorporating the thresholds
  - (c) be responsible for the prompt payment of all properly authorised accounts and claims
  - (d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
    - i. A list of Trust employees authorised to certify invoices.
    - ii. Proper Certification

## **8.4 Prepayments**

- 8.4.1 Prepayments are only permitted where exceptional circumstances apply. In such instances:
- (a) Prepayments are only permitted where the financial advantages outweigh the disadvantages
  - (b) The appropriate officer must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to meet their commitments

- (c) The Chief Finance Officer will need to be satisfied with the proposed arrangements before contractual arrangements proceed
- (d) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Trust Chief Executive if problems are encountered.

8.4.2 The sole exception being with regard to maintenance contracts where the industry standard terms are for prepayment. In these circumstances the contract details will be tracked and the prepayment adjustment will be enacted to reflect the correct expenditure for the year to date position.

## 8.5 Official orders

8.5.1 The Chief Finance Officer will issue instructions to ensure:

- (a) that written assurance has been obtained from each provider that they themselves are compliant with the requirements of the anti-bribery legislation
- (b) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Directors or employees, other than:
  - i. isolated gifts of a trivial nature or inexpensive seasonal gifts, such as calendars
  - ii. conventional hospitality, such as lunches in the course of working visits

**This provision needs to be read in conjunction with and the principles outlined in the national guidance contained in HSG 93(5) “Standards of Business Conduct for NHS Staff” and the ‘adequate procedures’ requirements of the Bribery Act 2010 as outlined in the Trust’s Anti-Fraud, Bribery and Corruption Policy.**

- (c) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Finance Officer on behalf of the Trust Chief Executive
- (d) all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash; in exceptional circumstances a confirmation order can be raised prior to payment of associated invoices.
- (e) verbal orders must only be issued very exceptionally - by an employee designated by the Trust Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";
- (f) orders are not split or otherwise placed in a manner devised to avoid the financial thresholds
- (g) goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase
- (h) changes to the list of employees and Officers authorised to certify invoices are notified to the Chief Finance Officer
- (i) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Chief Finance Officer
- (j) petty cash records are maintained in a form as determined by the Chief Finance Officer.

## **8.6 Joint Finance Arrangements with Local Authorities and Voluntary Bodies**

- 8.6.1 Payments to local authorities and voluntary organisations made under the powers of section 28A of the NHS Act shall comply with procedures laid down by the Chief Finance Officer which shall be in accordance with these Acts.

## **9. EXTERNAL BORROWING AND INVESTMENTS**

### **9.1 Borrowing**

- 9.1.1 The Trust must ensure compliance with guidance from the Independent Regulator. The degree to which the organisation's income covers its financing obligations is a key determinant of the Trust's financial stability and will therefore be clearly referenced in determining appropriate levels of borrowing over time.

### **9.2 Public dividend capital**

- 9.2.1 On authorisation as a Foundation Trust the public dividend capital held immediately prior to authorisation continues to be held on the same conditions.
- 9.2.2 Additional public dividend capital may be made available on such terms the Secretary of State (with the consent of the Treasury) decides.
- 9.2.3 Draw down of public dividend capital should be authorised in accordance with the mandate held by the Department of Health cash funding team and is subject to approval by the Secretary of State.
- 9.2.4 The Trust shall be required to pay annually to the Department of Health a dividend on its public dividend capital at a rate to be determined from time to time, by the Secretary of State.

### **9.3 Commercial borrowing**

- 9.3.1 The Trust may borrow money from any commercial source for the purposes of or in connection with its functions, subject to NHSE guidance. Any exercise of this freedom will take full account of the considerations referenced in 9.1.1.

### **9.4 Investments**

- 9.4.1 The Trust may invest money (other than money held by it as charitable Trustee) for the purposes of or in connection with its functions. Such investment may include forming, or participating in forming, or otherwise acquiring membership of bodies corporate.

### **9.5 Investment of Temporary Cash Surpluses**

- 9.5.1 Temporary cash surpluses must be held only in such public and private sector investments as approved in the Trust's treasury management policy which should be drawn up by the Chief Finance Officer and pursuant to all applicable guidance including Managing Operating Cash in NHS Foundation Trusts published by the Independent Regulator.

- 9.5.2 The Chief Finance Officer shall report periodically to the Board of Directors concerning the performance of investments held.
- 9.5.3 The Chief Finance Officer will prepare detailed procedural instructions on investment operations and on the records to be maintained. The Trust's treasury management policy will incorporate guidance from the Independent Regulator as appropriate.
- 9.5.4 The Trust shall comply with all relevant guidance published on investments from time to time in force.

## **10. CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS**

### **10.1 Capital Investment**

- 10.1.1 The Trust Chief Executive:
- (a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans
  - (b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost
  - (c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges
  - (d) shall ensure that the Trust complies with prevailing regulatory requirements and best practice.
- 10.1.2 For every capital expenditure proposal (other than replacement equipment or rolling programmes) the relevant Clinical Group Chief Executive, or for Trust level proposals the responsible Executive Director shall ensure:
- (a) that a business case is produced setting out:
    - i. an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs
    - ii. a robust assessment of risks together with appropriate mitigation plans for these risks,
    - iii. a benefits realisation programme with clear accountable officers and timeline set out for delivery and monitoring
    - iv. the involvement of appropriate Trust personnel and external agencies
    - v. appropriate project management and control arrangements
  - (b) that the appropriate Director of Finance has certified professionally as to the costs and revenue consequences detailed in the business case.

- 10.1.3 The requirements of 10.1.2 shall also apply to the procurement of assets through lease arrangements or Managed Equipment Services contracts and such transactions will be reported appropriately adhering to IFRS requirements applicable at the time of procurement.
- 10.1.4 The Director of Estates & Facilities shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE and ESTATECODE. The technical audit of these contracts shall be the responsibility of the relevant Director.
- 10.1.5 For capital schemes where the contracts stipulate stage payments, the responsible Executive Director will issue procedures for their management, incorporating the recommendations of ESTATECODE.
- 10.1.6 The Chief Finance Officer shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.
- 10.1.7 The Director of Estates & Facilities, in consultation with the Chief Finance Officer shall issue to the Director responsible for any scheme:
- (a) specific authority to commit expenditure
  - (b) authority to proceed to tender
  - (c) approval to accept a successful tender (see overlap with Scheme of Reserved Decisions and Scheme of Delegation)
- 10.1.8 The Chief Finance Officer shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.

## **10.2 Asset Registers**

- 10.2.1 The Trust Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted as appropriate.
- 10.2.2 The Trust shall maintain an asset register recording Property, Plant & Equipment (fixed assets). The minimum data set to be held within these registers shall be as specified in accordance with the International Financial Reporting Standards (IFRS) or any other guidance applicable for the periods concerned.
- 10.2.3 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:
- (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties
  - (b) stores, requisitions and wages records for own materials and labour including appropriate overheads
  - (c) lease agreements in respect of assets held under a finance lease and capitalised.
- 10.2.4 Where capital assets are sold, scrapped, lost or otherwise disposed of their value must be removed from the accounting records and each disposal must be validated by reference to authorisation

documents and invoices (where appropriate). Prior approval will be required from the Chief Finance Officer for assets with a value in excess of £75,000, including in circumstances where assets are replaced / superseded by new items e.g. medical equipment. (See 12.1.2)

10.2.5 The Chief Finance Officer shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

10.2.6 The value of each asset shall be depreciated using methods as allowed in the IFRSs.

### **10.3 Procedure for the Security of Assets**

10.3.1 The overall control of fixed assets is the responsibility of the Trust Chief Executive.

10.3.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and including donated assets) must be approved by the Chief Finance Officer. This procedure shall make provision for:

- (a) recording managerial responsibility for each asset
- (b) identification of additions and disposals
- (c) identification of all repairs and maintenance expenses
- (d) physical security of assets
- (e) periodic verification of the existence of, condition of, and title to, assets recorded;
- (f) identification and reporting of all costs associated with the retention of an asset
- (g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

10.3.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Chief Finance Officer.

10.3.4 Whilst each employee and officer has a responsibility for the security of property of the Trust, it is the responsibility of Board members and senior employees in all disciplines to apply such appropriate routine security practices in relation to Trust property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

10.3.5 Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported in accordance with the procedure for reporting losses.

10.3.6 Where practical, assets should be marked as Trust property.

10.3.7 If a fixed asset is to be transferred between departments or moved to a different location within the same department then the Capital team should be informed immediately.

## **11. STORES AND RECEIPT OF GOODS**

### **11.1 General Position**

- 11.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:
- (a) kept to a minimum
  - (b) subjected to annual / rolling stock take
  - (c) valued at the lower of cost and net realisable value.

## **11.2 Control of Stores, Stocktaking, condemnations and disposal**

- 11.2.1 Subject to the responsibility of the Chief Finance Officer for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Trust Chief Executive. The day-to-day responsibility may be delegated by them to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Chief Finance Officer. The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer; the control of any fuel, oil and coal of a designated estates manager.
- 11.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/Pharmaceutical Officer. Wherever practicable, stocks should be marked as Trust property.
- 11.2.3 The Chief Finance Officer shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.
- 11.2.4 Stocktaking arrangements shall be agreed with the Chief Finance Officer and there shall be a physical check covering all items in store at least once a year.
- 11.2.5 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Chief Finance Officer.
- 11.2.6 The designated Manager/Pharmaceutical Officer shall be responsible for a system approved by the Chief Finance Officer for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Chief Finance Officer any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI on Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

## **11.3 Goods supplied by NHS Supply Chain**

- 11.3.1 For goods supplied via NHS Supply Chain central warehouses, the Trust Chief Executive shall identify those authorised to requisition and accept those goods. Generally, goods will be ordered through the Materials Management system and will be ordered to regularly agreed stock levels. Any discrepancies to order should be reviewed and resolved with NHS Supply Chain.

## **12. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS**

## **12.1 Disposals and Condemnations Procedures**

- 12.1.1 The Chief Finance Officer is responsible for preparing detailed procedures for the disposal of assets including condemnations and transfers, and to ensure that these are notified to all Trust Departments.
- 12.1.2 The authorisation of a disposal has been delegated by the Chief Finance Officer to Operational Finance Director
- 12.1.3 It is important for managers to consider the potential financial implications of disposing of an inventory asset and therefore any replacement costs should be considered when deciding to dispose of such assets.
- 12.1.4 Consideration to disposal arrangements should be carried out at the procurement stage for a replacement asset and costs of disposal should be considered as part of the initial procurement decision as per the Procurement Policy.
- 12.1.5 If the asset to be disposed of has previously been subject to a lease agreement, the condemning officer must ensure that the Trust has title to the item in question.
- 12.1.6 If, following a business decision in accordance with Trust SFI's, an item is identified as being surplus to the Trust's requirements, it should be disposed of in the most economical manner – maximising proceeds to the Trust whilst complying with the relevant legislation and guidance.
- 12.1.7 The normal means of disposal of surplus equipment will be through the Trust's appointed equipment auctioneers (as advised by Procurement department). This will be undertaken as appropriate by the relevant team.
- 12.1.8 No surplus fixed or inventory assets should be given to staff, members of the public or any third party without the express permission of the Operational Finance Director.
- 12.1.9 In the case of obsolete, or otherwise unusable, assets the Trust may approve the gift of the item to a registered charity including those working overseas e.g. obsolete medical equipment. This is subject to confirmation that appropriate decontamination procedures can be carried out at negligible costs or where these costs will be refunded by the charity. Packaging and transport would be the responsibility of the charity.
- 12.1.10 When considering the disposal of medical equipment, the Trust's Medical Equipment and Maintenance department (MEAM) will advise on the safety, condition and suitability for the disposal of an asset. Reference can also be made to The Medical Device Management Policy which complies with all relevant guidance.
- 12.1.11 When considering the disposal of IT equipment, confirmation that it has reached the end of its useful life is to be sought from IM&T. For any device containing data storage, for example hard drive, IM&T will arrange for its removal and appropriate disposal.
- 12.1.12 When it is decided to dispose of a Trust asset, a Trust official with the appropriate delegated authority will notify the Operational Finance Director. The Operational Finance Director will establish the carrying amount of the asset and determine the financial impact of the disposal, taking professional advice where necessary. (see 10.2.4)
- 12.1.13 All unserviceable articles shall be disposed of in line with the Transfer and Disposals of Assets Policy.

- 12.1.14 A Trust official with delegated authority for disposal of the asset shall satisfy themselves as to whether or not there is evidence of negligence in use and shall report any such evidence to the Operational Finance Director who will take the appropriate action.

## **12.2 Losses and Special Payments**

### **12.2.1 Procedures**

- 12.2.1.1 The Chief Finance Officer must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments.
- 12.2.1.2 Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Trust Chief Executive and the Chief Finance Officer or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Chief Finance Officer and/or Trust Chief Executive.
- 12.2.1.3 Where a criminal offence is suspected, the Chief Finance Officer must immediately inform the police if theft or arson is involved. In cases of fraud or corruption, or of anomalies which may indicate fraud or corruption, the Chief Finance Officer must inform the Trust's LCFS in accordance with the NHS Standard Contract clauses.
- 12.2.1.4 The Chief Finance Officer must notify NHS Counter Fraud Authority, via the LCFS. The Chief Finance Officer should also notify the Board, Audit Committee and External Audit as/when appropriate to do so.
- 12.2.1.5 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if below £100k, the Chief Finance Officer must promptly notify:
- (a) the Board,
  - (b) the External Auditor.
- 12.2.1.6 Within limits delegated to it by the Department of Health and in accordance with the Scheme of Delegation, the Board shall approve the writing-off of losses.
- 12.2.1.7 The Chief Finance Officer shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.
- 12.2.1.8 For any loss, the Chief Finance Officer should consider whether any insurance claim can be made.
- 12.2.1.9 The Chief Finance Officer shall maintain a Losses and Special Payments Register in which write-off action is recorded.
- 12.2.1.10 No special payments exceeding delegated limits shall be made without the prior approval of the Department of Health, NHSE and H.M. Treasury.
- 12.2.1.11 All losses and special payments arising in the previous period must be reported to the Audit Committee at every meeting.

## **13. PATIENTS' PROPERTY**

- 13.1 The Trust has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead, on arrival.
- 13.2 The Trust Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission by:
- notices and information booklets; (notices are subject to sensitivity guidance)
  - hospital admission documentation and property records
  - the oral advice of administrative and nursing staff responsible for admissions,
- that the Trust will not accept responsibility or liability for patients' property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.
- 13.3 The Chief Finance Officer must provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.
- 13.4 Where Department of Health instructions require the opening of separate accounts for patients' monies, these shall be opened and operated under arrangements agreed by the Chief Finance Officer.
- 13.5 In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, Small Payments, Act 1965), the production of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.
- 13.6 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.
- 13.7 Where patients' property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

## **14. FUNDS HELD ON TRUST**

### **14.1 Corporate Trustee**

- 14.1.1 The Trust is responsible, as a corporate Trustee, for the management of funds it holds on Trust and shall comply with Charities Commission latest guidance and best practice.

14.1.2 The discharge of the Trust's corporate Trustee responsibilities are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.

14.1.3 The Chief Finance Officer shall ensure that each Trust fund which the Trust is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

## **14.2 Accountability to Charity Commission and Secretary of State for Health**

14.2.1 The Trustee responsibilities must be discharged separately, and full recognition given to the Trust's dual accountabilities to the Charity Commission for charitable funds held on Trust and to the Secretary of State for all exchequer funds held on Trust.

14.2.2 The Scheme of Reserved Decisions and Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Board of Directors members and Trust Officers must take account of that guidance before taking action.

## **14.3 Applicability of Standing Financial Instructions to funds held on Trust**

14.3.1 In so far as it is possible to do so, most of the sections of these Standing Financial Instructions will apply to the management of funds held on Trust.

14.3.2 The over-riding principle is that the integrity of each of the Trust and the Charity must be severally maintained and statutory and regulatory obligations met. Materiality relating to the Charity must be assessed separately from Exchequer activities and funds.

## **15. ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT**

15.1 The Trust Chief Executive shall ensure that all staff are made aware of the Trust policy on acceptance of gifts and other benefits in kind by staff (The Trust's 'Standards of Business Conduct and Hospitality Policy'). This policy follows the guidance contained in the Department of Health circular HSG (93) 5 'Standards of Business Conduct for NHS Staff' and is also deemed to be an integral part of these Standing Financial Instructions and the MFT Standing Orders (Annex 7, MFT Constitution - October 2017).

15.2 Staff are also reminded that the offering, promising, giving, requesting, receiving or agreeing to receive gifts, hospitality and other benefits in kind, under certain circumstances, may also constitute offences under the Bribery Act 2010. (Further advice and guidance can be sought from the LCFS).

15.3 Staff and Officers are also required to comply with the Trust's instructions regarding the declaration of interests' processes.

## **16. RETENTION OF RECORDS**

- 16.1 The Trust Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with Department of Health guidelines.
- 16.2 The records held in archives shall be capable of retrieval by authorised persons.

## **17. INSURANCE**

### **17.1 Insurance: Risk Pooling Schemes administered by NHS Resolution (formerly NHSLA)**

- 17.1.1 The Board shall decide if the Trust will insure through the risk pooling schemes administered by NHS Resolution (formerly the NHS Litigation Authority) or self-insure for some or all of the risks covered by the risk pooling schemes. If the Board decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually.

### **17.2 Insurance arrangements with commercial insurers**

- 17.2.1 The Chief Finance Officer shall ensure that appropriate insurance arrangements exist in accordance with the risk management programme, including risks around cyber insurance. This may include entering arrangements with commercial insurers. Any such arrangements will be subject annual review.

### **17.3 Arrangements to be followed by the Board in agreeing Insurance cover**

- 17.3.1 Where the Board decides to use the risk pooling schemes administered by NHS Resolution, or to enter into insurance arrangements with commercial insurers, the Chief Finance Officer shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Chief Finance Officer shall ensure that documented procedures cover these arrangements.
- 17.3.2 Where the Board decides not to use the risk pooling schemes administered by NHS Resolution for one or other of the risks covered by the schemes, the Chief Finance Officer shall ensure that the Board is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Chief Finance Officer will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.
- 17.3.3 All the risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'deductible'). The Chief Finance Officer should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

## **18. TENDERING AND CONTRACTING PROCEDURE**

- 18.1 The Scheme of Reserved Decisions and Scheme of Delegation and the Trust's Procurement of Goods and Services policy, specify the procurement arrangements that should be applied along with provisions for instances where the invitation of competitive offers or the prescribed number of competitive offers is not appropriate.

## **19. CONSULTANCY**

- 19.1 The Trust shall comply with any guidance from NHSE regarding the utilisation of consultancy support including any approvals processes and reporting requirements applicable.
- 19.2 Any planned use of consultancy requires the approval of the Board for appointments in excess of £150,000 (thresholds include irrecoverable VAT and other costs e.g. expenses). The approval of the Trust Chief Executive is required for expenditure up to £150,000 and approval of the Chief Finance Officer for expenditure up to £50,000. These values also apply where the threshold is reached due to a contract extension or variation.

## **20. INFORMATION TECHNOLOGY**

- 20.1 The Chief Financial Officer, who is responsible for the accuracy and security of the computerised financial data of the Trust, shall:
- a) devise and implement any necessary procedures to ensure adequate and reasonable protection of the Trust's data, programs and computer hardware for which they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection and Computer Misuse Acts
  - b) ensure that adequate and reasonable controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system
  - c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment
  - d) ensure that adequate controls exist to maintain the security, privacy, accuracy and completeness of financial data sent via transmission networks
  - e) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as are considered necessary are being carried out.
- 20.2 The Chief Financial Officer shall satisfy themselves that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation.
- 20.3 The Chief Financial Officer shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.
- 20.4 Where another health organisation or any other agency provides a computer service for financial applications, the Senior Information Risk Owner shall periodically seek assurances that adequate controls are in operation.
- 20.5 Where computer systems have an impact on corporate financial systems the Senior Information Risk Owner shall satisfy him/herself that:
- a) systems acquisition, development and maintenance are in line with Trust policies

- b) data produced for use with financial systems is adequate, accurate, complete and timely, and that an audit trail exists
- c) Trust's Finance Officers have access to such data; and
- d) such computer audit reviews carried out as necessary.

## **21. RESEARCH & INNOVATION**

### **21.1 Principles**

- 21.1.1 The principles surrounding Research and Innovation (R & I) contained in these Standing Financial Instructions are of direct relevance to all those who host, conduct, fund or participate in research within the Trust.
- 21.1.2 These SFIs should be read in conjunction with the R&I Standard Operating Procedures (SOPs) and Policies which are available on the R&I Trust intranet web pages.
- 21.1.3 Financial probity and compliance with the law and rules laid down by H M Treasury for the use of public funds are applicable to R & I activities being undertaken within the Trust.
- 21.1.4 There are two types of R & I activity as follows:
  - i. "Commercial R & I" – where R & I is primarily conducted for commercial purposes and funded by an external company, for example a drug trial prior to licensing.
  - ii. "Non-Commercial R & I" – where R & I is funded by a charitable organisation, a Research Council, the Department of Health or other government agencies.

### **21.2 Use of funding gained through Research and Innovation**

- 21.2.1 Any funding which is received through R & I activity is covered by the Trust's SFIs as is the case for all other funding sources within the Trust. This includes all rules associated with issues such as hospitality.
- 21.2.2 It is not possible to carry forward surplus funds following the completion of a research project into the next financial year under NHS accounting rules.
- 21.2.3 Researchers do not have the authority to use the funding for purposes other than that specifically authorised. The use of any surpluses which occur must comply with the contractual terms of the research grant / contract.
- 21.2.4 In some cases, if the research activity is not fully delivered, under the contractual obligations an element of the funding will need to be returned to the external funding body and will not be retained by the Trust.
- 21.2.5 Where it is appropriate that the Trust retains any surpluses, the use of these must be approved through the normal budget holder structure within the area concerned.

- 21.2.6 Most R & I funding streams are non-recurrent. Permanent commitments such as the appointment of staff to research positions on permanent contracts should only be made if there is an agreed income stream to cover the on-going commitment once the funding source has ceased.
- 21.2.7 Payments to staff for research activities must be in line with Trust payroll procedures and no arrangements to avoid taxation liabilities should be entered into.
- 21.2.8 Any income which is gained from NHS activities must be paid into and managed as part of normal Trust exchequer accounts. Funds must not be held within special accounts, (external bank accounts), Charitable funds or within any other charitable trust funds.
- 21.2.9 Before approval, any potential applications for research need to be fully assessed from a financial perspective and approved in line with normal Trust budgetary management arrangements. In particular any deficits identified in the study need to be agreed by the management team in that area and accounted for accordingly.
- 21.2.10 A nominated member of the research team undertaking the research activity, supported by finance managers is responsible for ensuring that there is on-going monitoring of the recovery of income awarded under any approved grant / contract and should any income not be forthcoming, appropriation action taken.
- 21.2.11 A nominated member of the research team is responsible for controlling and monitoring spend, ensuring that it is contained within the approved funding allocation and that the spend represents value for money, liaising with the management team for their area and with the appropriate finance manager.

## DOCUMENT CONTROL PAGE

<b>Title</b>	<b>Title:</b> Scheme of Reserved Decisions and Scheme of Delegation <b>Version:</b> 6 <b>Reference Number:</b>
<b>Supersedes</b>	<b>Supersedes:</b> Scheme of Reserved Decisions and Scheme of Delegation Version 5 – September 2024 <b>Significant Changes:</b> The updated SORD covers delegations in responsibilities to Board Committees, Clinical Groups and individuals and is aligned with the new Accounting Framework. <b>Additions:</b> n/a
<b>Originator or modifier</b>	<b>Originated By:</b> Marcus Thorman <b>Designation:</b> Interim Chief Finance Officer <b>Modified by:</b> Marcus Thorman, Ann Bracegirdle, Rachel McIlwraith, Nick Gomm <b>Designation:</b> Interim Chief Finance Officer, Interim Deputy Chief Finance Officer, Operational Director of Finance, Director of Corporate Business & Trust Board Secretary
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# **SCHEME OF RESERVED DECISIONS AND SCHEME OF DELEGATION**

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# SCHEME OF RESERVED DECISIONS AND SCHEME OF DELEGATION

## Introduction

This Schedule of Reserved Decisions and Scheme of Delegation sets out the roles and decision levels by which the Board of Directors operates. Many of the areas shown can be linked to specific paragraphs in the Standing Orders, Standing Financial Instructions or Procurement Regulations and these should also be consulted as required.

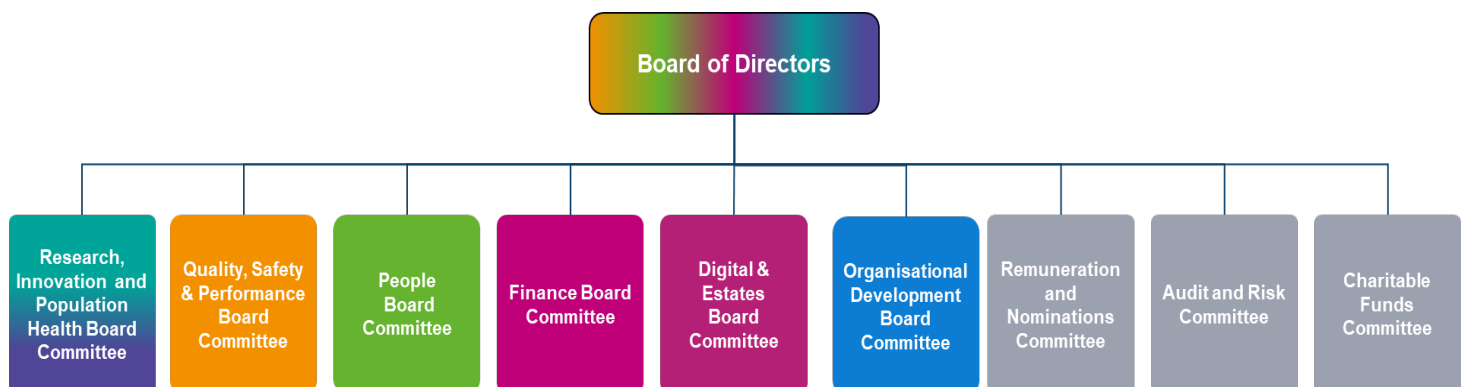
The Trust's standing orders for the Board of Directors and the Council of Governors are contained within Annexes 5 and 6 of the Trust's Constitution which can be found [here](#).

All the powers of the Trust are exercisable by the Board of Directors. The Constitution provides for any of those powers to be delegated to a committee of Directors or to a Group Executive Director. The committees of the Board of Directors are as follows:

- Quality, Safety and Performance Board Committee
- People Board Committee
- Finance Board Committee
- Digital and Estates Board Committee
- Research, Innovation and Population Health Board Committee
- Charitable Funds Committee
- Audit and Risk Committee
- Remuneration and Nominations Committee
- Organisational Development Board Committee

The membership of the Audit and Risk Committee and Remuneration and Nominations Committee is made up of solely Non-Executive Directors.

The Organisational Development Board Committee is a time-limited Committee established by the Board to oversee the programme of work to implement a new operating model for the Trust.



The Board has also constituted the Trust Leadership Team Committee as the primary executive decision-making committee of the Trust. With a membership consisting of Executive Directors and the Chief Executives of the Trust's Clinical Groups, the Trust Leadership Team Committee is responsible for all executive functions of the Trust, with the Trust Chief Executive ultimately accountable to the Board of Directors for implementing its decisions in the running of the Trust's business. Assurance regarding delivery of the executive functions is provided by Executive Directors to the Board Committees.

The Board of Directors has resolved that certain powers and decisions may only be exercised by the Board of Directors in formal session. These powers and decisions are set out in this Scheme of Decisions and Scheme of Delegation and have effect as if incorporated into the Standing Orders.

A general description of the roles of the Board of Directors, the Chairman, the Trust Chief Executive Officer and Executive Directors, is included below followed by a series of tables which describe:

1. Matters reserved to the Board of Directors
2. Responsibilities delegated to the committees of the Board of Directors
3. Responsibilities of individual officers
4. Accountabilities of the Trust's Clinical Groups
5. The Trust's Financial Scheme of Delegation
6. The Capital and PFI scheme of delegation
7. The scheme of decision making in the event of a national or local emergency

### **General conditions**

All powers are vested in the Board of Directors and remain to be exercised by the Board unless specifically delegated within a scheme of delegation authorised by the Board.

- The ultimate responsibility for all decisions taken under delegated powers remains with the Board of Directors
- Decisions made under delegated powers must comply with statutory and legal provisions, with Trust policy and regulations and must not incur expenditure that is not provided for, in the Trust's Business Plan (revenue or capital budget).
- No Committee may exercise powers greater than those available to the Board of Directors or greater than those specifically delegated by the Board.
- It is the responsibility of each Chairman (or acting Chairman) of each Committee, operating within delegated powers, to ensure that:
  - Business is conducted in accordance with formal agenda reports.
  - Minutes are compiled in respect of all business considered at meetings and that those minutes are comprehensive and clear and adequately reflect the considerations and decisions made.
  - Minutes of meetings including reference to decisions taken, should be submitted to the Board of Directors on a regular and timely basis.

### **Role of the Board of Directors**

The Trust sets the strategic direction of the organisation having regard to NHSE Oversight Framework and overall NHS policy, sets objectives and the plans to meet them and oversees their delivery. It aims to ensure high standards of corporate governance and personal behaviour in the conduct of business with high standards of financial stewardship

and value for money and achieves this through officers led by the Trust Chief Executive and a team of Executive Directors who will advise and appraise. The Board of Directors functions as a unitary Board.

### **Role of the Chairman**

The Chairman acts as the main link in communication between the Trust Chief Executive and the Board of Directors; to act on behalf of the Board between meetings where necessary (and to report on such actions where appropriate); to advise and guide the Trust Chief Executive; to maintain close contact with Governors and other NHS Chairmen; and to act as the main spokesperson for the Board. The Chairman also has a responsibility for authorising, on behalf of the Trust, urgent actions in respect of appropriate matters. In the event of the absence of the Chairman, the Deputy Chairman will deputise over the whole range of the Chairman's responsibilities

### **Role of the Chief Executive Officer**

The Chief Executive Officer is directly accountable to the Board of Directors in relation to the performance of all of the Trust's functions. Whilst Executive Directors have a crucial role in the development of policy, the Trust Chief Executive is ultimately responsible for advice to the Board and for ensuring that the Board's policies and decisions are implemented. The only exception to this is when advice is given by other officers in their professional capacity.

### **Role of the Executive Directors**

The Trust's Executive Directors are responsible to the Trust Chief Executive for the scope of work delegated to them and for assisting her/him in the formulation of policy and advice to the Board.

### **Role of the Emergency Accountable Officer**

Responsible to the Trust Chief Executive in the event of a designated national or local emergency the Emergency Accountable Officer shall have additional delegated authority over resources including workforce, finances and estates and facilities for the duration of the emergency. The Chief Delivery Officer is the Emergency Accountable Officer.

## 1. Matters reserved for the Board of Directors

Matters	Board decision	Reference
Establishment of Board Committees	Approval of terms of reference	SO 5.3
Constitution / Standing Financial Instructions/Scheme of Delegation	Approval Suspension/ waiver/ variation/ amendment of standing orders	SFI 1.2.1(c)(d) SFI 1.2.2
Appointment of Senior Independent Director	Approval	SO 3.5
Appointment/removal of Trust Chief Executive	Approval by Non-Executive Directors	SO 3.7
Appointment/removal of Trust Board Secretary	Approval	SO 4.3
Trust strategy	Approval	
Strategies for specific areas of business	Approval	
Annual Plan	Approval	SFI 3
Annual report and annual accounts	Approval	SFI 3
Annual reports for specific areas of business	Approval	
Ratification of any urgent decisions taken by Chair or Trust Chief Executive	Ratification	SO 5.2.2
Use of Trust seal	Ratification	Constitution 13.4
Risk Management	Approval of Risk Management Framework and Strategy	
Changes to accounting policies of the Trust	Approve	SFI 2.2.1.4

<b>Matters</b>	<b>Board decision</b>	<b>Reference</b>
Management of land and buildings	Approval of policy in respect of acquisitions, sale, exchange or reservation and apportionment of any proceeds	
Management of medical equipment	Approves overall policy	
Commercialisation of Trust's intellectual property	Approves overall policy	
Service developments and business cases	Approval where exceeding delegated limits	SFI 10.1.1
Banking arrangements	Approval	SFI 4
Insurance arrangements	Approval	SFI 17
Oversight of complaints	Noting of quarterly complaints reports	

## 2. Responsibilities delegated to the Board Committees

Committee	Responsibilities
<b>Trust Leadership Team Committee</b>	<p>Lead MFT in accordance with the trust's values and behaviours and in line with the NHS England's Well-Led Framework.</p> <p>Ensure a Trust Operating Model is in place that is understood and adopted across the organisation, and which is suitable for the Trust's size and complexity.</p> <p>Delivery of the Trust's strategic objectives.</p> <p>Develop an annual plan and budget that contributes to delivery of the strategic objectives, is within the Trust's financial parameters, and is in line with national planning guidance.</p> <p>Lead MFT to deliver high quality, clinically effective and safe services which provide a positive patient experience.</p> <p>Ensure MFT complies with all statutory obligations and regulations, external quality standards, and is prepared for any external reviews or inspections.</p> <p>Implement quality governance systems, policies and processes across the Trust and monitor compliance with them.</p> <p>Develop the Trust's approach to improvement and creating a culture of continuous improvement across the Trust.</p> <p>Oversee preparation of the annual Quality Account.</p> <p>Oversee the Trust risk strategy and framework to ensure risks are identified, analysed, evaluated and mitigated across Clinical Groups and corporate functions.</p> <p>Oversee the Trust's compliance with policies.</p> <p>Prioritise use of the Trust resources to deliver the Trust's strategic objectives.</p>

Committee	Responsibilities
	<p>Monitor performance against operational and financial standards and targets.</p> <p>Maintain financial and operational control through effective systems and processes.</p> <p>Develop and successfully deliver an annual workforce plan for the Trust.</p> <p>Create an environment where people employed within the Trust can flourish and develop.</p> <p>Ensure that equality, diversity and inclusion principles are embedded within all aspects of the Trust's business.</p> <p>Oversee delivery of the Trust's strategic estates plan.</p> <p>Uphold the Trust's brand and identity through effective internal and external communications.</p> <p>Develop and maintain relationships with stakeholders and strategic partners.</p>
<b>Audit and Risk Committee</b>	<p>Review the Trust's Annual Report and Annual Accounts to consider their compliance, objectivity, integrity and accuracy, and approve them if delegated to do so by the Board.</p> <p>Review changes to accounting policies, practices, assessments, and judgements</p> <p>Oversee, and assess the effectiveness of, risk management systems within the Trust.</p> <p>Oversee, and assess the effectiveness of, assurance systems within the Trust.</p> <p>Review systems of internal control including financial accounting and reporting systems.</p> <p>Monitor the adequacy of policies and procedures within the Trust.</p> <p>Monitor delivery of the Trust's Counter Fraud service.</p> <p>Monitor delivery of the Trusts internal and external audit functions.</p>

Committee	Responsibilities
	<p>Approve the Internal and External Audit annual plans.</p> <p>Approve the Counter Fraud Service's annual plan.</p> <p>Work with the Council of Governors to support their role in appointing or removing the external auditor.</p> <p>Review, on behalf of the Board, the operation of, and proposed changes to, the constitution, the standing financial instructions, and the scheme of delegation.</p> <p>Review and approve the Trust's Standards of Business Conduct policy and monitor compliance with it.</p> <p>Hold private meetings with representatives from the Internal Auditors, External Auditors, and Counter Fraud Service as required.</p>
<b>Remuneration and Nominations Committee</b>	<p>Receive the annual performance summaries for the Trust Chief Executive and the Trust Executive Directors and consider whether there should be any recovery of pay from them due to under-performance.</p> <p>Approve the framework or broad policy for the remuneration of the Trust Chief Executive, the Trust Executive Directors and other staff paid on non-standard pay scales, and monitor the comparative remuneration of senior staff covered by the NHS Agenda for Change framework.</p> <p>Approve specific salaries for staff on non-standard pay scales noting the requirement to seek national/ministerial agreement for salaries over specified levels.</p> <p>Determine the framework or broad policy for the application or removal of national or local incentive payments e.g. Clinical Excellence Awards.</p> <p>Advise on, and oversee, contractual arrangements for senior staff including a scrutiny of termination payments, taking account of relevant national guidance and legal advice.</p>

Committee	Responsibilities
	<p>Understand the equality impacts of the decisions the Committee makes and pay due regard to the diversity of Committee members and consider the impact of any gaps in representation on decision making.</p> <p>Review, on an annual basis, the structure, size, diversity and composition (including the skills, knowledge and experience) required of the Board of Directors and make recommendations to the Board with regard to any changes.</p> <p>Consider and agree proposals for succession planning for the Trust Chief Executive and other Executive Directors, taking into account the challenges and opportunities facing the Trust and the skills and expertise needed at the current time and in the future.</p> <p>Nominate for appointment, candidates to fill posts within the Committee's remit, as and when they arise.</p> <p>Nominate a candidate, for approval by the Council of Governors, to fill the position of Trust Chief Executive.</p> <p>Consider any matter relating to the continuation in office of any Executive Director at any time including the suspension or termination of service of an individual as an employee of the Trust.</p> <p>Approve the Trust's Fit and Proper Person's Policy and receive assurance reports on behalf of the Board of Directors in relation to compliance with the requirements.</p>
<b>Charitable Funds Committee</b>	<p>Apply all charitable funds in accordance with charity law, including but not limited to the Charities Act 2011, as amended by the Charities Act 2022, the NHS Charities Acts 1960 and 1993 (or any statutory re-enactment or modification of them ) to ensure that decisions on the use and/ or investment of such funds is restricted by the objectives and powers defined in the Declaration of the Trust governing the funds or in any special trust included within them.</p> <p>Ensure that the Group policies and procedures for charitable funds investments are followed.</p>

Committee	Responsibilities
	<p>Oversee and monitor the functions performed by the Chief Finance Officer as defined in Standing Financial Instructions.</p> <p>Approve the Charity strategy and monitor progress in delivery.</p> <p>Approve all charitable fund expenditure in excess of £100,000. Expenditure above £50,000 is reviewed annually (Policy in situ for the administration of grant applications below this value).</p> <p>Ensure the MFT Charity adheres to the Charity Commission / Fundraising Regulator Code of Conduct.</p> <p>Make decisions involving the sound investment of charitable funds consistent with prudent investment and ensuring compliance with the Trustee Act 2000; the Charities Act 2011, as amended by the Charities Act 2022; the Charities (Protection and Social Investment) Act 2016; the Terms of the Funds' Governing documents.</p> <p>Approve the Charitable Funds' investment strategy and any changes to it.</p>
<b>Quality Safety And Performance Board Committee</b>	<p>Seek assurance on all areas of Trust business relevant to the Committee's scope, including:</p> <ul style="list-style-type: none"> <li>▪ Patient safety</li> <li>▪ Quality of services</li> <li>▪ Operational performance (Trust-wide and individual Clinical Groups)</li> <li>▪ Clinical Effectiveness</li> <li>▪ Learning from deaths</li> <li>▪ Pharmacy / Medicines optimisation</li> <li>▪ Ethics</li> <li>▪ Claims (clinical) and inquests</li> <li>▪ Inquests</li> <li>▪ Patient experience and complaints</li> <li>▪ Patient involvement and co-collaboration</li> <li>▪ Infection prevention and control</li> <li>▪ Safeguarding</li> <li>▪ Maternity Services</li> <li>▪ End of life care</li> </ul>

Committee	Responsibilities
	<ul style="list-style-type: none"> <li>▪ Mental health services</li> <li>▪ Mortuary service provision</li> <li>▪ Emergency Preparedness, Resilience, and Response</li> <li>▪ Trafford Elective Hub</li> <li>▪ Compliance with relevant regulatory requirements</li> <li>▪ Single service development and implementation</li> <li>▪ Specialised services, genomics and precision medicine</li> <li>▪ Service change/redesign</li> <li>▪ Clinical Audit</li> <li>▪ Strategic and Corporate risks relevant to the scope of the Committee</li> </ul>
<b>People Board Committee</b>	<p>Seek assurance on all areas of Trust business relevant to the Committee's scope, including:</p> <ul style="list-style-type: none"> <li>▪ Medical workforce (revalidation &amp; professional matters)</li> <li>▪ Medical training and education</li> <li>▪ NMHAP staffing, revalidation, education, training and professional development</li> <li>▪ Medical appraisal and revalidation</li> <li>▪ Freedom to speak up</li> <li>▪ Employee relations, recruitment, retention and attendance management</li> <li>▪ Culture</li> <li>▪ Workforce planning and transformation</li> <li>▪ OD, talent and staff experience</li> <li>▪ Employee health and wellbeing</li> <li>▪ Equality, diversity &amp; inclusion</li> <li>▪ Workforce training and education</li> <li>▪ Employment matters and tribunals</li> <li>▪ Apprenticeships</li> <li>▪ Strategic and Corporate risks relevant to the scope of the Committee</li> </ul>
<b>Finance Board Committee</b>	<p>Seek assurance on all areas of Trust business relevant to the Committee's scope, including:</p> <ul style="list-style-type: none"> <li>▪ Finance – revenue</li> <li>▪ Finance – capital</li> <li>▪ Financial recovery</li> <li>▪ Income generation</li> <li>▪ Procurement</li> </ul>

Committee	Responsibilities
	<ul style="list-style-type: none"> <li>▪ Contracting</li> <li>▪ Commercial</li> <li>▪ Business cases</li> <li>▪ Value for Patients programme</li> <li>▪ Commissioning</li> <li>▪ Strategic and Corporate risks relevant to the scope of the Committee</li> </ul>
<b>Digital and Estates Board Committee</b>	<p>Seek assurance on all areas of Trust business relevant to the Committee's scope, including:</p> <ul style="list-style-type: none"> <li>▪ Hive EPR</li> <li>▪ Digital strategy/investment</li> <li>▪ Informatics</li> <li>▪ Data quality</li> <li>▪ Cyber security</li> <li>▪ Operational digital support</li> <li>▪ Information Governance</li> <li>▪ Business intelligence</li> <li>▪ Estates and facilities</li> <li>▪ Wythenshawe Masterplan</li> <li>▪ NMGH redevelopment</li> <li>▪ Significant Capital Programmes</li> <li>▪ Private Finance Initiatives</li> <li>▪ Strategic Partnerships related to Committee business</li> <li>▪ Health and safety</li> <li>▪ Strategic and Corporate risks relevant to the scope of the Committee</li> </ul>
<b>Research, Innovation and Population Health Board Committee</b>	<p>Seek assurance on all areas of Trust business relevant to the Committee's scope, including:</p> <ul style="list-style-type: none"> <li>▪ Research programmes</li> <li>▪ Trust research capacity and growth</li> <li>▪ Research and Innovation partnerships and hosted organisations</li> <li>▪ Health Innovation Manchester</li> <li>▪ Accessibility to research programmes</li> <li>▪ Health inequalities with research and innovation</li> <li>▪ Workforce involvement in research</li> <li>▪ Patient/public engagement within research and innovation</li> </ul>

Committee	Responsibilities
	<ul style="list-style-type: none"> <li>▪ Manchester Rare Conditions Centre</li> <li>▪ Health inequalities</li> <li>▪ Climate change</li> <li>▪ Integrated working with external service providers</li> <li>▪ Local Care Organisations</li> <li>▪ Primary Care partnership working</li> <li>▪ Health prevention programmes and partnerships</li> <li>▪ Screening programmes</li> <li>▪ Long Term Condition management</li> <li>▪ MFT as an 'anchor' institution</li> <li>▪ Population health programmes (local and regional)</li> <li>▪ Strategic and Corporate risks relevant to the scope of the Committee</li> </ul>
<b>Organisational Development Board Committee</b>	<p>Monitor the delivery of the organisational development programme of work, scrutinise performance against the key deliverables, and review actions and mitigation plans, including timescales.</p> <p>Monitor risks to delivery of the programme and agree appropriate mitigating actions.</p> <p>Approve any changes to the strategic objectives of the programme.</p> <p>Escalate matters to the Board of Directors for decisions as required.</p>

### 3. Responsibilities of individual officers

Officer	Responsibilities	Reference
<b>Trust Chief Executive</b>	Implementing the decisions of the Board in the running of the Trust's business	SO 3.11.1
	Accounting Officer – ensuring the discharge of obligations under all relevant financial directions and guidance produced by NHS England or any other relevant body.	SO 3.11.3
<b>Deputy Chief Executive</b>	Freedom to Speak Up Guardian	
<b>Chief Finance Officer</b>	Provision of financial advice to the Trust and Directors and for the supervision of financial control and accounting systems	SO 3.12
	<p>Ensure discharge of obligations under all relevant financial requirements, conditions and notices issued by any regulators or other relevant body (along with the Trust Chief Executive)</p> <p>Authority to direct Clinical Group Chief Executives on financial matters</p> <p>Professional lead for Directors of Finance</p>	SO 3.12.2
<b>Chief Nursing Officer</b>	Executive lead for safeguarding children, adults at risk and Prevent	
	Maternity Board safety Champion	

Officer	Responsibilities	Reference
	<p>Director of Infection Prevention and Control</p> <p>Authority to direct Clinical Group Chief Executives on clinical matters</p> <p>Professional Lead for Directors of Nursing/AHPs</p>	
<b>Joint Chief Medical Officers</b>	<p>Caldicott Guardian</p> <p>Responsible Officer</p> <p>Human Tissue Authority</p> <p>Authority to direct Clinical Group Chief Executives on clinical matters</p> <p>Joint Professional Lead for Medical Directors</p>	
<b>Chief People Officer</b>	<p>Health and safety responsible officer (including RIDDOR)</p> <p>Professional lead for Directors of Workforce &amp; OD</p>	
<b>Chief Digital and Information Officer</b>	<p>Senior Information Risk Officer</p> <p>Chief Information Security Officer</p>	
<b>Chief Delivery Officer</b>	<p>Decision maker on matters relating to the distribution of resources between Clinical Groups</p> <p>Professional lead for Directors of Performance and Operations</p>	
<b>Chief Strategy Officer</b>	<p>Professional Lead for Directors of Strategy</p>	



#### 4. Accountabilities of Clinical Groups

Area	Accountabilities
<b>Leadership</b>	<p>Leading the Clinical Group according to the Trust's values and behaviours and in line with the Well-Led Framework.</p> <p>Co-producing (alongside the members of TLT) a strategic delivery plan for the Clinical Group that is aligned to the MFT vision and strategic direction set by the Board.</p> <p>Co-producing (alongside the members of TLT) and delivering an annual business plan and budget that will deliver the strategic objectives and is within the Trust's financial parameters.</p> <p>Uphold the Trust brand(s) and identity(s) through effective internal and external communications in line with the communications strategy.</p>
<b>High quality, safe care with excellent outcomes</b>	<p>Performance in line with Trust quality standards, covering clinical effectiveness, safety and patient experience.</p> <p>Compliance with external quality and clinical safety standards and ensuring readiness for external reviews.</p> <p>Compliance with all relevant statutory and regulatory obligations and regulations as determined by the TLT.</p> <p>Ensuring the Clinical Group acts at all times within the Trust's Quality Governance systems, policies and processes.</p> <p>Ensuring that all staff within the Clinical Group act with due regard to the accountabilities of the Trust as a whole and to individuals who hold personal statutory accountabilities.</p> <p>Delivery of performance in line with Trust operational and financial standards, the annual plan and/ or agreed priorities within the year.</p>

Area	Accountabilities
	Developing and delivering successful engagement with patients and families.
<b>Best use of resources</b>	<p>Delivery of agreed annual plans in line with Trust frameworks and national planning guidance.</p> <p>Maintenance of financial and operational control within the Clinical Group, through effective processes and systems.</p>
<b>People</b>	<p>Creating an environment where people employed within the Clinical Group can flourish and develop.</p> <p>Developing and successfully delivering an annual workforce and engagement plan for the Clinical Group.</p>
<b>Research and innovation</b>	Creating an environment where research and innovation are encouraged and can flourish.
<b>Working with partners</b>	<p>Leading the successful delivery of Clinical Group contributions to Trust-wide improvement initiatives.</p> <p>Playing an active role in the successful delivery of Trust-wide improvement initiatives and programmes.</p> <p>Maintaining a culture of and focus on continuous improvement in line with the Trust's approach to Improvement.</p> <p>Owning relationships with designated stakeholders and strategic partners on behalf of the Trust, where relevant.</p> <p>Representing the Trust and, where beneficial, taking a leadership role in external systems that are relevant to the Clinical Group.</p>

## 5. Financial scheme of delegation

Activity	Board of Directors	Trust Chief Executive	Chief Finance Officer	Executive Director / Clinical Group Chief Executive	Other officers		Reference
Ordering goods and services			Up to £5m	Up to £1m	Budget holder/ Department head	Up to £5,000	Procurement of goods and services policy
					Directorate / CSU manager	Up to £25,000	
					Clinical Group SLT members	Up to £250,000	
					Corporate Directors	Up to £500,000	
					Director of Pharmacy	Pharmaceutical products and medical gases under agreed contracts – up to £500,000  Orders out with agreed contracts – up to £50,000	
Approvals and limits	In excess of £5m		£1m - £5m	£1m			Procurement of goods and services policy

<b>Activity</b>	<b>Board of Directors</b>	<b>Trust Chief Executive</b>	<b>Chief Finance Officer</b>	<b>Executive Director / Clinical Group Chief Executive</b>	<b>Other officers</b>	<b>Reference</b>
Waiving of competitive tendering	In excess of £500,000		Up to £500,000			Procurement of goods and services policy
Appointment of management consultants	In excess of £150,000	Appointments between £50,000 and £150,000	Appointments up to £50,000			
Management of other significant assets		Authorise purchase or submit to Board on purchase or sale of capital assets		Clinical Group Chief Executives responsible for assets within their delegated control. Report to Chief Executive Officer on items with a value in excess of £1m.		
Contracts for provision of services	<p>Receives annual overview of contract agreements/baseline and consistency with Annual Plan.</p> <p>Receives updates on contractual negotiations and exception reporting on material contract matters (either greater than 10% or material in nature)</p>		Contracts with a value in excess of £10m over the life of the contract (excluding any optional extension periods)		Contracts Director – up to £10m	

## 6. Capital & PFI Scheme of delegation

1. Estates Capital & PFI			
Value of Variation	Quote/Tender	Adjudicated By	Approved By
Up to £500,000	PFI: Project Co Valuation & Q/S advice Non PFI: Valuation & Q/S advice	Estates Officer	Director of Estates & Facilities – Development
£500,001 - £1m	PFI: Project Co Valuation & Q/S advice Non PFI: Valuation & Q/S advice	Director of Estates & Facilities – Development	Director Estates & Facilities
£1,000,001 - £5m	PFI: Project Co Valuation & Q/S advice Non PFI: Valuation & Q/S advice	Director Estates & Facilities	Chief Finance Officer and Chief Delivery Officer
Over £5m	PFI: Project Co Valuation & Q/S advice Non PFI: Valuation & Q/S advice	Director Estates & Facilities	Board of Directors

2. Variations which Affect Services and Result in Changes to Tariff/Unitary Payments			
Value of Variation	Quotation	Adjudicated By	Approved By
Up to £25,000	Variation Confirmation	Service Adviser	Associate Directors Estates & Facilities ORC, WTWA, NMGH
£25,001 – £250,000	Variation Confirmation	Director of Estates & Facilities ORC, WTWA, NMGH	Director Estates & Facilities
£250,001 - £1m	Variation Confirmation	Director Estates & Facilities	Chief Finance Officer and Chief Delivery Officer
Over £1m	Variation Confirmation	Director Estates & Facilities	Board of Directors

3. Review, Approval and Certification of Unitary Payment Invoices (within Contract Terms)	
By:	Director of Estates & Facilities

4. IM&T		
Value of Order	Approved By	Quote/Tender
Up to £250,000	Chief Digital and Information Officer	£10,000 to £49,999.99 incl. VAT the following is required: Minimum of 3 Formal Quotations – these being issued by and returned to the Procurement Team (or nominated officers in Informatics or Estates as appropriate) utilising the Trust Quotation Form and appropriate NHS Terms and Conditions
£250,001 - £5m	Chief Finance Officer	
Over £5m	Board of Directors	Above £50,000 - Minimum of 3 Formal Tenders issued and received in accordance with Trust Policy

5. Equipment		
Value of Order	Approved By	Quote/Tender
Up to £250,000	Director of Clinical Governance	£10,000 to £49,999.99 incl. VAT the following is required: Minimum of 3 Formal Quotations – these being issued by and returned to the Procurement Team (or nominated officers in Informatics or Estates as appropriate) utilising the Trust Quotation Form and appropriate NHS Terms and Conditions
£250,001 - £5m	Chief Finance Officer	
Over £5m	Board of Directors	Above £50,000 - Minimum of 3 Formal Tenders issued and received in accordance with Trust Policy

## 7. Process in the event of a national or local emergency

Scheme of Decision Making in Event of National/Local Emergency - Oversight by EAO			
Value of Variation	Quote/Tender	Adjudicated by	Approved by
Up to £500,000	PFI: Project Co Valuation & Q/S advice Non PFI: Valuation & Q/S	Senior Capital Programme Manager	Director of Estates & Facilities - Development
£500,001 - £1m	PFI: Project Co Valuation & Q/S advice Non PFI: Valuation & Q/S	Director of Estates & Facilities - Development	Director Estates & Facilities
£1,000,001 - £5m	PFI: Project Co Valuation & Q/S advice Non PFI: Valuation & Q/S	Director Estates & Facilities	CFO and CDO
Over £5m	PFI: Project Co Valuation & Q/S advice Non PFI: Valuation & Q/S	Director Estates & Facilities	Board of Directors

2.Variations which Affect Services and Result in Changes to Tariff/Unitary Payments			
Value of Variation	Quotation	Adjudicated by	Approved by
Up to £25,000	Variation Confirmation	Service Adviser	Deputy Directors of Estates & Facilities ORC, WTTWA, NMGH
£25,001 - £250,000	Variation Confirmation	Director of Estates & Facilities ORC, WTTWA, NMGH	Director Estates & Facilities
£250,001 - £1m	Variation Confirmation	Director Estates & Facilities	CFO and CDO
Over £1m	Variation Confirmation	Director Estates & Facilities	Board of Directors

3. Review, Approval and Certification of Unitary Payment Invoices (Within Contract Terms)	
By:	Director Estates & Facilities

## Board of Directors (Public)

### Monday 11<sup>th</sup> November 2024

<b>Paper title:</b>	Delivering Change Together: Manchester University NHS Foundation Trust Research and Innovation Annual Report 2023/24	<b>Agenda Item 14.1</b>
<b>Presented by:</b>	Professor Bernard Clarke, Interim Joint Chief Medical Officer	
<b>Prepared by:</b>	Iain McLean, Managing Director, R&I Adam Shepphard, R&I Communications Manager	
<b>Meetings where content has been discussed previously</b>	N/A	
<b>Purpose of the paper</b> Please check <b><u>one</u></b> box only:	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> For support <input type="checkbox"/> For discussion	

#### Executive summary / key messages for the meeting to consider

The MFT Research & Innovation (R&I) Annual Report 2023/24 collates updates, stories and metrics from across MFT's Hospitals and Local Care Organisations, and our hosted R&I infrastructure, to demonstrate our impact on driving positive change in health and care for all and delivering world-class research and innovation that improves peoples' lives.

The report runs from 01 April 2023 to 31 March 2024 and is published following submission and feedback from the National Institute for Health and Care Research (NIHR) to the Annual Reports from all our hosted NIHR infrastructure.

Following ratification of this Report, a fully designed version will be produced for wider publication and dissemination across MFT and MFT R&I channels.

#### Recommendation(s)

The Public Board of Directors is asked to:

- Approved this report

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

- ☐ **Yes** (please set out in your report what action has been taken to address this)
- ☒ **No**

## Relationship to the strategic objectives

The work contained with this report contributes to the delivery of the following strategic objectives (see key below)

LHL objective 1	<input type="checkbox"/>	LHL objective 2	<input type="checkbox"/>
HQSC objective 1	<input type="checkbox"/>	HQSC objective 2	<input type="checkbox"/>
HQSC objective 3	<input type="checkbox"/>	PEW objective 1	<input type="checkbox"/>
PEW objective 2	<input type="checkbox"/>	VfP objective 1	<input type="checkbox"/>
VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input checked="" type="checkbox"/>
R&I objective 2	<input checked="" type="checkbox"/>	Good Governance	<input type="checkbox"/>

### Links to Trust Risks

The work contained with this report links to the following strategic, corporate or operational risks:

### Care Quality Commission domains

Please check **all** that apply

☒ Safe  
☒ Effective  
☒ Responsive

☒ Caring  
☒ Well-Led

### Compliance & regulatory implications

The following compliance and regulatory implications have been identified as a result of the work outlined in this report:

- N/A

## Main report

See Annual Report as Appendix 1

## Strategic objectives (Key)

Work with partners to help people live <b>longer, healthier lives</b>	<b>LHL objective 1</b>	Work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.
	<b>LHL objective 2</b>	Improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so people are cared for in the most appropriate place
Provide <b>high quality, safe care</b> with excellent outcomes and experience	<b>HQSC objective 1</b>	Provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience and outcomes wherever they are seen.
	<b>HQSC objective 2</b>	Strengthen our specialised services and support the adoption of genomics and precision medicine
	<b>HQSC objective 3</b>	Continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.
Be the place where <b>people enjoy working</b> , learning and building a career	<b>PEW objective 1</b>	Make sure that all our colleagues feel valued and supported by listening well and responding to their feedback. We will improve staff experience by embracing diversity and fairness, helping everyone to reach their potential
	<b>PEW objective 2</b>	Offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here
Ensure <b>value for our patients</b> and communities by making best use of our resources	<b>VfP objective 1</b>	Achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.
	<b>VfP – objective 2</b>	Deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships
Deliver world-class <b>research &amp; innovation</b> that improves people's lives	<b>R&amp;I – objective 1</b>	Strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part
	<b>R&amp;I – objective 2</b>	Apply research & innovation, including digital technology and artificial intelligence, to improve people's health and the services we provide
<b>Good governance</b>	<b>GG</b>	Deliver a safe, legally compliant and well-run organisation

**Delivering Change Together**  
**Manchester University NHS Foundation Trust**  
**Research and Innovation**  
Annual Report 2023-2024

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- Our next five years: Driving positive change in health and care for all

# Foreword

I am delighted to present our Research and Innovation (R&I) at Manchester University NHS Foundation Trust (MFT) Annual Report for 2023-2024.

This period, from 01 April 2023 to 31 March 2024, covers my first year as Chief Executive at MFT, and it has been fascinating to see up close the scope and breadth of R&I taking place across our hospitals, our hosted National Institute for Health and Care Research (NIHR) infrastructure, and very excitingly, out in our communities, ensuring more people than ever can now access and participate in cutting-edge research and innovation.

As we look towards a new future for the NHS and for healthcare, earlier this year we launched our new organisational five-year strategy for MFT, *Where Excellence Meets Compassion*. The strategy refreshes our mission of working together to improve the health and quality of life of our diverse communities and sets out five strategic aims for the organisation. One of those aims is to 'Deliver world-class research and innovation that improves people's lives'. The outstanding work you will read about in this report is what gave us the confidence and belief to enshrine that aim into our strategy.

The significance of R&I as a core part of the work we do at MFT is something in which we take great pride. Our researchers and innovators, as well as our vital partnerships with local universities, NHS and other public organisations, commercial companies, the voluntary sector, and others, give us the strongest base on which to build. We have the opportunity and ambition to do even more, and we will grow and develop our R&I over the next five years to make ever greater improvements to people's lives.

**Mark Cubbon**  
**Trust Chief Executive**

# Introduction

**Thanks to the hard work and devotion of all colleagues involved in setting-up, supporting, and delivering Research and Innovation (R&I) at MFT, 2023-24 was again, another fantastic year.**

Across MFT, the importance and value of research and innovation in improving the lives of our diverse service users, local communities, and the wider healthcare landscape, is clearly recognised.

We have worked together, both across MFT, and with our NHS, academic, and commercial partners to ensure that everything we do is both high quality and efficient, and endeavour to provide the best possible environment for our world-leading research and innovation to flourish.

In the summer of 2024, we launched our new five-year Research and Innovation Strategy, aligned to the new overarching MFT Strategy; Where Excellence Meets Compassion. Our new Strategy will ensure everything we do is based in understanding the needs of our service users, our communities and our NHS services.

The reason we are confident to commit to, and take this bold strategy forward is because of the outstanding achievements of our dedicated and exceptional staff over the last five years. We have seen some astounding achievements, from the vital role colleagues played during the COVID-19 pandemic to our early career researchers in obtaining fellowships and prizes. In the last 12 months we have seen the enormous impact of our research and innovation, including the culmination of 10 years of research resulting in life-saving treatment for children, and new studies in the early detection of liver and breast cancer.

We have a fantastic track record of research delivery and aim to give as many people as possible the opportunity to influence, design, and take part in clinical studies and evaluations. Our research participants are regularly the first-in-the-UK, and often the first-in-the-world, to trial new treatments, products, and procedures.

## **MFT clinical research study portfolio 2023/2024**

- 19,614 participants recruited to research studies
- 1,119 clinical studies were active during the whole or some of this period, with 253 new studies started in 2023/2024
- 491 Principal Investigators led research across MFT
- 1,394 colleagues were trained in Good Clinical Practice (required training which equips staff to conduct trials safely and correctly)

We have continued to excel at both a local and national level, as first for both overall and commercial study recruitment in Greater Manchester, as the eighth highest recruiter for all NHS acute trusts nationally, and the second highest recruiter to commercial studies for all acute trusts nationally.

This ensures that our drive to make MFT the best place to work in research and innovation is not just a platitude, but something tangible based on results, feedback and the positive impact we are making every day. To continue in our journey towards this goal, we must inspire and invest in our diverse, ambitious and talented R&I community.

From the rarest of conditions, to those that can affect all of us and our loved ones every day, our vision is to drive positive change in health and care for all. Thank you to our more than 600 dedicated R&I staff, everyone across MFT, and our local and national partners, for your outstanding commitment in supporting us to achieve this.

**Professor Rick Body**  
**Group Director of**  
**Research and Innovation**

**Professor Iain McLean**  
**Managing Director for**  
**Research and Innovation**

## At the cutting-edge of Research and Innovation

### Research and innovation to drive positive change in health and care for all

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

Throughout 2023-2024, 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 priorities for life sciences, ensuring patients from around the world are benefitting from MFT's world-leading expertise.

Through external investment into our clinical trials, innovation projects, and R&I infrastructure we have been able to stimulate major economic growth and prosperity for our region, and play a significant role nationally and internationally in shaping the strategic future of R&I.

R&I is conducted across MFT hospitals and local care organisations, covering general care and hospital specialisms, including emergency care, respiratory disease, cancer, cardiology care, musculoskeletal disorders, genomics, women's health and pregnancy, children's health, eye, and dental health.

This work is supported by more than 600 staff, including our integrated Research Office, Clinical and Non-Clinical Research Delivery Teams, and Innovation Team, along with our colleagues from MFT-hosted organisations – one of the largest and diverse National Institute for Health and Care Research (NIHR) portfolios in the country – comprised of:

- NIHR Applied Research Collaboration Greater Manchester (ARC-GM)
- NIHR Manchester Biomedical Research Centre (Manchester BRC)
- NIHR Manchester Clinical Research Facility (Manchester CRF)
- NIHR Clinical Research Network Greater Manchester (CRN GM) \*
- NIHR HealthTech Research Centre in Emergency and Acute Care (HRC) \*\*

We also host Health Innovation Manchester (HInM), Greater Manchester's academic health science and innovation system, which includes the Manchester Academic Health Science Centre (MAHSC). ARC-GM is hosted within HInM.

More details on our hosted NIHR infrastructure can be found from page 18 in our Summary reports from NIHR and other MFT-hosted infrastructure section.

Working with our hosted infrastructure and partners across Greater Manchester, including The University of Manchester (UoM) and the Greater Manchester Integrated Care Partnership, we are proud to be part of, and continue to strengthen and grow, the 'One Manchester' vision.

\*until 30 September 2024

\*\* awarded in November 2023 for 1 April 2024 contract start

## A sustainable future for R&I

Sustainability is a core foundation of R&I and crucial to all aspects of our future, and the R&I Sustainability Team has committed to delivering low and high impact actions against the nine key sustainability objectives identified in the MFT Green Plan and the Green NHS framework.

All Green Impact projects, Carbon Literacy for Healthcare pledges, and other workstreams that embed those objectives and are led by R&I Sustainability Advocates to achieve maximum impact and ensure coordinated delivery. Since our R&I Sustainability Team was brought together in 2022, and with the valuable support and active engagement of our R&I colleagues, we have successfully managed to save over 290 tons of CO2 equivalent

Our R&I Consumables project has been tremendously successful, saving 45,000 unused and unwanted items from clinical trials kits. These have either been redistributed amongst R&I and other MFT departments or donated to clinical education teams and the Hilditch group for further redistribution outside the UK.

We have achieved more than £33,000 in savings by reclaiming, reusing, and redistributing office furniture and other office supplies, increasing our carbon handprint – the positive impact we make to reducing our waste, minimising our reliance on supply chain and transport of goods, and raising awareness through networking and staff education and training.

This supports R&I's commitment to promoting our sustainability objective and the MFT Green Plan, as well as enhancing MFT's green credentials, and will continue as a new Green Impact Project from April 2024.

We place great emphasis on staff education and training, and in 2023/24 delivered four Carbon Literacy for Healthcare (CLP) training sessions and received more than 60 individual and team pledges and commitments from R&I colleagues to drive new ideas and projects forward. We have brought CLP training inhouse and it is now available on the MFT e-Learning Hub.

# Clinical Research Delivery

## Delivering cutting-edge research across our hospitals and services

### North Manchester General Hospital (NMGH)

Colleagues from the recently opened NIHR Manchester CRF at NMGH recruited and randomised their first patients to a phase 2 clinical trial evaluating the efficacy and safety of a drug in the treatment of moderate to severe chronic obstructive pulmonary disease (COPD).

The NIHR Manchester CRF at NMGH is part of a new long-term commitment to support experimental medicine research at the hospital as a result of the continued CRF funding which has enabled it to provide more opportunities for people of all ages and backgrounds across Greater Manchester to take part in research.

### Manchester Royal Eye Hospital (MREH)

Barbara Johnson, from Stockport, was the [first person in the world enrolled onto a research study delivered at Manchester Royal Eye Hospital that could help some of the millions of people worldwide living with glaucoma](#) – a leading cause of irreversible blindness.

According to the Royal College of Ophthalmologists more than 700,000 people in the UK have glaucoma, which is caused by high pressure inside the eye.

The 'Multicenter Glaucoma Study Investigating Standalone Canaloplasty' (MAGIC) study is evaluating a surgical treatment called canaloplasty which aims to expand the eye's natural drainage channels to improve the flow of fluid from inside the eye and lower the eye pressure. Canaloplasty treatment may be able to reduce or stop eye drops, result in better eye pressure, require fewer hospital follow ups, and reduce the likelihood of sight loss.

### Manchester Royal Infirmary (MRI)

NIHR Manchester CRF at MRI [recruited the first patient to a new device study which aims to improve dialysis treatment by preventing side effects](#) for kidney disease patients. The only UK site to deliver the Phase 1 trial, the investigation will assess the effectiveness of 'H-Guard' – a new priming solution which could be used during the set-up of the dialysis machines for patients routinely undergoing dialysis.

Kidneys usually filter and remove waste products from the blood. Haemodialysis, the most common type of dialysis, replaces some kidney functions for people with kidney failure, by using a machine to filter and clean blood. During dialysis, blood passes along a tube and into an external machine that filters it before it is passed back into the arm along another tube.

### Royal Manchester Children's Hospital (RMCH)

[Pioneering research at RMCH has shown dramatic results for treating children with high-risk leukaemia](#) (a type of blood cancer), who previously had no hope of recovery after all other treatment options had failed.

The success of the innovative treatment is down to the help of newborn babies, as the cord blood cells taken from the placenta (afterbirth), along with a series of white blood cell transfusions, provides the most effective treatment ever trialled.

Sarah was just four years old when she was first diagnosed with acute myeloid leukaemia (AML), a rare type of childhood leukaemia which is diagnosed in approximately 100 children and young adults in the UK each year.

After all other treatments failed, including chemotherapy and a bone marrow transplant, Sarah from Cornwall travelled to RMCH to receive the innovative treatment through the GRANS clinical trial. Now over one year in remission, the team at RMCH and her family are hopeful that this novel treatment will have cured the leukaemia.

Sarah was one of ten children in the two-year study, to receive a cord blood stem cell transplant alongside a series of white blood cell transfusions (known as granulocytes) with the aim of boosting the cancer fighting abilities of the new cord blood.

### **Saint Mary's Managed Clinical Service**

More than 1,100 pregnant women at Saint Mary's Managed Clinical Service at NMGH took part in a [rapid beside test to protect newborns from life-threatening illnesses which can be passed onto babies during birth.](#)

Group B Streptococcus (GBS), a type of bacteria, is the most common cause of life-threatening infection in newborn babies in the UK. Approximately one in four pregnant women in the UK carry GBS, often without realising it, and there is a 50 per cent chance that the baby will be exposed to GBS during birth.

The current UK strategy for testing for GBS is 'risk factor-based screening' which offers antibiotics to women during labour. Sixty-five per cent of UK newborn babies who develop early onset GBS infection have mothers who had no risk factor.

The GBS3 study, funded by the NIHR, is the first trial of its kind in the world and the results will help to determine whether routine testing should be introduced in the UK.

### **Wythenshawe, Trafford, Withington, and Altrincham Hospitals (WTWA)**

A pioneering cancer research project launched in memory of Girls Aloud singer Sarah Harding, recruited its first participants at The Nightingale Centre at Wythenshawe Hospital.

[The BCAN-RAY \(Breast Cancer Risk Assessment in Young Women\)](#) has been set up following Sarah's dying wish to find new ways to spot the signs of the disease earlier and stop it cutting lives like hers short.

BCAN-RAY is one of the first research studies in the world to identify new ways to predict the risk of younger women getting breast cancer. Researchers hope their findings will enable all women to have a risk assessment for breast cancer when they reach the age of 30. Those women identified at increased risk will have access to early screening and opportunities for prevention, to reduce the chances of them developing and potentially dying from the disease.

## A Hive of research and innovation

Work continues with Hive, MFT's Electronic Patient Record system, to ensure we identify patients who would be eligible for our open research studies. In critical care, we have piloted an automatic notification to the research team when patients become eligible for a particular trial. This was necessary because entry to the trial is time sensitive, so quick notice improves the chances of recruitment in the timeframe rather than the patient missing the research opportunity. Dissemination of the pilot to our research teams has helped other teams identify specific trials where use of automatic notifications might benefit recruitment strategies. R&I colleagues have also developed reporting tools which can be adapted to meet eligibility criteria for their specific trials. Training in its use has been rolled out to staff, to ensure more eligible patients are identified and contacted by the research team.

Research participants are also making the most of the patient portal, MyMFT, with a high percentage of them signed up to receive their study documentation and results. R&I colleagues are currently working on the framework required to approach potential participants through MyMFT for appropriate research studies.

## Manchester Clinical Academic Centre for nurses, midwives, and allied health professionals (MCAC)

The MCAC was established in April 2022 and continues to develop a supportive and collaborative environment that enables its members to pursue their academic aspirations.

Key functions of the MCAC include:

- 1) Communication: Promoting research opportunities and highlighting the work of clinical academics widely.
- 2) Connections: Supporting collaboration and partnerships to promote research and clinical academic careers.
- 3) Personalised advice and funding information: Meeting clinical academics one-to-one to provide support.
- 4) Advocacy: Helping clinical academics to overcome barriers to undertaking research.

MCAC led on MFT's Clinical Academic Roles Implementation Network (CARIN survey), a bi-annual, nationally coordinated survey of research capacity amongst healthcare professionals (HCPs). Results indicated that during 2023:

- 17 HCPs undertook a research internship, 14 undertook funded pre-doctoral fellowships and a total of 21 HCPs were enrolled on doctoral programmes, including 13 nurses, 5 AHPs and 3 pharmacists.
- These fellowships attracted a total of £319,216 to MFT from a variety of funders.
  - In addition, MFT HCPs were involved in attracting £256,665 in research funding with an HCP as either the Chief or Principal investigator.
  - A total of £446,132 in research funding with an HCP as a co-applicant.
- MFT HCPs were named authors in a total of 163 research articles.

Following the appointment of a new Director and two Deputy Directors in September 2022, a new strategy (2024-2028) is currently in development which aims to progress HCPs along the full clinical academic career trajectory:

- 1) Exposure: Increasing exposure to research for all HCPs
- 2) Engagement: Building research engagement through placements and internships
- 3) Education: Growing the number of clinicians on funded research Masters or PhDs
- 4) Embedding: Ensuring more senior clinical academics are in established posts involving dedicated research time.
- 5) Empowering and equipping: Enabling research activity by equipping clinicians with the training and resources they need.

## There is no R&I without EDI

Equality, Diversity, and Inclusion (EDI) are essential to ensuring that R&I provides the answers for all our patients and communities. For MFT to be the best place to work in research and innovation, it is essential that we build a team with a variety of backgrounds, skills, and perspectives, where everyone is welcome.

The more inclusive we are, the better our work will be. We are committed to delivering services and supporting a workforce which exemplifies best practice regarding Equality, Diversity, Human Rights (EDHR) and Inclusion, and to recognising and challenging all forms of prejudice, including being an organisation which opposes racism.

The R&I EDHR Group links in with MFT EDI initiatives and provides regular updates to R&I and research active staff, along with holding regular workshops and events.

## A world-class environment for healthcare innovation

As we continue to build a world-class environment for healthcare innovation at MFT in our mission to be the NHS Trust partner of choice for industry collaboration, we are ensuring the key R&I principles of sustainability and reducing health inequalities are driving our activity.

We have developed a **joint working partnership with the Association of British HealthTech Industries (ABHI)** to drive forward our collaborative working relationship as part of our strategy to optimise our offer for industry partners.

We have also created a collaborative **"Innovation Exchange"** with partners at Oxford University Hospitals and Chelsea and Westminster Hospital NHS Foundation Trust. Membership has now grown to include other NHS Trusts and is being used to co-design objectives and as a vehicle for engaging with policy makers.

We received a further five years of funding from Manchester City Council to support the **Greater Manchester Enterprise Zone**, which comprises two sites at Manchester Science Park and CityLabs campus. We also visited Montreal at the invitation of the Quebec Government Office in London to build closer links between Manchester and Quebec, with MFT's innovation offer, including access to Europe's largest clinical academic campus, at the heart of the discussions.

We have capitalised on the success of our **Clinical Data Science Unit (CDSU)** by expanding the team, deepening our relationship with Health Data Research UK, and embedding patient and public transparency through the new established Data Trust Committee. Following ethical approval by the Health Research Authority (HRA), we have created a streamlined overarching research database meaning that data-driven projects can move swiftly to initiation, whilst still maintaining robust governance.

Since the Health Foundation award in 2021, the **Innovation Hub** has made substantial progress in its mission to build culture, capability, and engagement around innovation adoption in MFT— aligning individual elements of our innovation infrastructure to provide enhanced value through their combined strength. This has included creating a framework for consistent innovation implementation across the Trust.

As we grow into next year the links with the Innovation Hub will strengthen the MFT-hosted NIHR HRC in Emergency and Acute Care's ability to support adoption and implementation of new technologies.

# Public and Patient Involvement and Engagement (PPIE) – Vocal

In May 2023, [Vocal launched their five year strategy](#) accompanied by their evaluation strategy, supporting their work, including major collaborations with the NIHR Manchester BRC and NIHR Manchester CRF, which has brought positive change to a wide range of research studies.

## Driving excellence

Vocal's training offer reached nearly 200 colleagues, with feedback showing an increase in confidence to carry out PPIE, and researchers seeing the value of PPIE. Data showed that public partners feel informed about research, more confident of their skills and positive about being recruited to research studies as a result of their activities with Vocal.

## Everyone Matters

Vocal published their approach to understanding which people get involved in health research, indicating that we work with people from different ethnicities, religions, ages and working status.

The evaluation data demonstrates that public and patient partners working with us feel valued, important and included.

The Black Asian and Minority Ethnic Research Advisory Group (BRAG), facilitated by Vocal, won [Community Initiative of the Year](#) at the National Black, Asian and Minority Ethnic Health and Care Awards and continue to influence race equity in health research, across Greater Manchester (GM) and nationally.

## Working Together

Vocal has worked closely with partners, including the James Lind Alliance, to facilitate Gorton Health Matters, a first of its kind community-led priority setting partnership which decided the Top Ten research priorities for local people. These priorities are now being used to engage local authorities, health and social care providers, and university and NHS based researchers.

They also co-lead the [GM Research Engagement Network](#), with NIHR ARC-GM and the Caribbean and African Health Network.

## Innovating

Working with a team of lived experience partners, Vocal developed a novel way of working to assess and decide on grant applications addressing antimicrobial resistance.

They also co-created a dynamic training resource for healthcare professionals; 'Liver Talks' with people at increased risk of liver disease, the British Liver Trust and clinicians to help improve essential conversations about liver health.

Their Young Person's Advisory Group, Voice Up, and youth group Mahdlo co-designed recruitment materials and for the NIHR BioResource. These resources are now being used in GM schools and through parent engagement.

## Bringing research closer to our communities

**We are determined to give as many people as possible the opportunity to take part in our world-leading research. One of the best ways to achieve this is to take clinical studies into our communities.**

From the purpose-built GM Research Van to lung-health checks taking place in supermarket and football ground car parks across the region, we have pioneered an approach of bringing our services to where our communities are.

The [Genes and Health Study](#) is trying to understand why people of Bangladeshi and Pakistani heritage have some of the highest rates of heart disease, diabetes and poor health in the UK. It is one of the world's largest community-based genetics studies and will analyse the genes and health of 100,000 people in East London, Bradford and Greater Manchester.

In June 2023 Nazir Afzal OBE, Chancellor of The University of Manchester, became the 1,000th person in Greater Manchester to take part in the study. Nazir, whose parents moved to England from Pakistan, has encouraged others to get involved after he took part in the study.

Participation is simple and involves providing a small saliva sample and filling in a form with some basic information about your health.

Working in collaboration with the NIHR Clinical Research Network Greater Manchester, the multilingual NIHR and MFT team visited lots of local community locations, including mosques, festivals and shopping centres, to provide participation opportunities and make the study as accessible as possible.

Nazir said: "It's a real honour to be the thousandth person to give my saliva in order for the material to be used to try and identify whether or not there are genetic reasons for my health and ultimately, for the health of others from our communities. We, as a culture, devote our lives to service to others. And this is what it's about.

***"This is not about me. This is about hoping that the material that they collect and my health records, will help the next generation and future generations not have to suffer as we've done."***

## R&I in the Media

Through our R&I communications activity we inspire participation, collaboration, investment, and pride in MFT's cutting-edge research and innovation. We humanise research and innovation through emotive, person-centred storytelling that showcases and celebrates MFT's national and international reputation for life-changing and life-saving research and innovation.

The team provides the communications function for all R&I activity across MFT and for the NIHR Manchester BRC, NIHR Manchester CRF and NIHR HRC in Emergency and Acute Care.

MFT R&I stories regularly feature in local, regional, national, and international media; shining a spotlight on the people who deliver and take part in our research and celebrating the successes of our R&I colleagues, teams and participants.

### National and regional media coverage

**News on BCAN-RAY study, running from The Nightingale Centre at Wythenshawe Hospital has featured in national and region broadcast, print and online media throughout 2023.**

In June 2023, study lead Dr Sacha Howell featured live on [ITV Granada Reports](#) alongside the first participant, Catherine Craven-Howe.

In August 2023, BBC Morning Live filmed at The Nightingale Centre, part of MFT, for a seven-minute film led by Girls Aloud bandmate Kimberley Walsh. You can watch this film on the [BBC website here](#).

In September 2023, the study was featured on Good Morning Britain and ITV Granada Reports. This included headline news mentions every hour, [a short news package](#) featuring an interview clip from Dr Sacha Howell and a study participant, and a [10-minute interview with Nicola Roberts \(Girls Aloud bandmate\) and Dr Hilary](#) (GP who regularly features on the show) to discuss the study. Further coverage includes: [ITV News](#), [Daily Mail](#), [Manchester Evening News](#), [The Independent](#), [The Mirror](#), [Evening Standard](#) and more.

**The GRANS trial at RMCH, which is providing new hope for children with rare, high-risk leukaemia thanks to world-first research in Manchester, featured in national and regional media in June 2023.**

Professor Rob Wynn discussed the study live on [BBC North West Tonight](#) and BBC Radio Manchester. It also featured on [BBC News Online](#), [Daily Express](#), [Manchester Evening News](#) and more.

Find the latest Research and Innovation news [here](#).

## MFT Charity

Now in our third year of a new approach to dedicated fundraising projects, **investment from the MFT Charity has enabled R&I to establish new research projects, structures and careers to benefit our staff, patients, and communities.**

### Enhancing ophthalmology research at MFT

Charitable funds at MFT have provided state-of-the-art ophthalmic imaging equipment to enhance our research capabilities at Manchester Royal Eye Hospital (MREH).

This includes:

- Optos California: a wide-angle camera to see the back of the eye (capturing up to 200 degrees of the retina)
- Humphrey Visual field – to check a patients' visual field and detecting blind spots within the eye to aid assessments
- OCT Triton – technology to allow visualisation into the deepest layers of the eye
- Heidelberg upgrade – an upgrade of the existing piece of multimodal equipment

This equipment has been purchased to support the opening of the Manchester Eye Research Centre within MREH, which includes four dedicated rooms (two clinical and two diagnostic) to undertake ophthalmology research.

### Developing future researchers

R&I was able to offer six pump-priming fellowships thanks to a significant donation from the Houghton Dunn Charitable Trust, which has been a great support of MFT through its Charity. The 2023 fellowships ringfenced funding for research into rare conditions, conditions affecting children and young people and for the first time, research conducted by nurses, midwives or allied health professionals (NMAHPs).

These six-month awards provided a fantastic opportunity for early career researchers to develop their skills, knowledge and passion for their research area, with the support of our expert and experienced supervisors across MFT. It provides a vital stepping-stone for developing highly motivated future leaders of clinical research and innovation in Manchester and beyond.

*Professor Rick Body, Group Director of Research and Innovation at MFT said: "The Houghton Dunn Fellowships offer outstanding opportunities for our most promising individuals, setting them up for fulfilling careers in which their research will continually improve our services and the lives of our patients. It's fantastic to see how the fellows have embraced this opportunity."*

Dr Tom Wright, Clinical Genetics Specialty Registrar at Saint Mary's Hospital is one of the 2023 Houghton Dunn Fellows, mentored by Dr Shruti Garg, Consultant in Child and Adolescent Psychiatry at Royal Manchester Children's Hospital.

*Dr Wright said: "I am very grateful to have been part of the Houghton Dunn Fellowship scheme. The training, education and work undertaken provided me with the experience that was key to my success in securing a NIHR Manchester Biomedical Research Centre Clinical PhD Fellowship that started in October 2023."*

## Case Study: Manchester research leads to NHS roll out of life-saving treatment for babies with rare disease

Babies and toddlers with a rare and fatal genetic condition can now receive life-saving treatment on the NHS for the first time thanks to world-first clinical research studies carried out at NIHR Manchester CRF at RMCH in collaboration with the Manchester Centre for Genomic Medicine at Saint Mary's Hospital.

Lysosomal acid lipase deficiency, also known as Wolman disease, is a rapidly progressing and life-threatening rare genetic condition that causes multi-organ damage and a build-up of fat in cells in the liver, heart, blood vessels, and digestive system. Without treatment, infants with Wolman disease normally do not live to see their first birthday.

An enzyme replacement therapy, sebelipase alfa (Kanuma®), is the first treatment available on the NHS for Wolman disease. The follows more than a decade of trailblazing research and innovation at RMCH, with a multi-disciplinary team providing the best treatment, care and clinical studies for babies born with the condition.

The NIHR Manchester CRF at RMCH delivered world-first clinical trials for the treatment, which began in May 2011. The facility undertook phase 1 and phase 2 studies which involved several different specialist teams working collaboratively, over a number of years.

To date, the team in Manchester have delivered life-saving treatment to the most children globally.

This includes Hashir Nawaz, eight-years-old, from Sheffield, South Yorkshire, who was diagnosed with Wolman disease aged three months. Hashir started treatment with sebelipase alfa in January 2016, first as part of a clinical trial at the NIHR Manchester CRF at RMCH, and then via a compassionate access scheme (access to the medicine outside of a clinical trial). Hashir receives the treatment once every two weeks.

Professor Simon Jones, Consultant in Paediatric Inherited Metabolic Disease at the Manchester Centre for Genomic Medicine at Saint Mary's Hospital and Clinical Director of NIHR Manchester CRF at RMCH led the delivery of the research and treatment at MFT, working closely as a multi-disciplinary team across RMCH and SMH.

He said: **"I am thrilled to see that this lifesaving drug will now be available on the NHS as a specialist service for the benefit of more children and families with this rare genetic condition. More than a decade on since our world-first clinical trials, I am incredibly proud of what our research and clinical teams here in Manchester have delivered collaboratively, which has contributed to this successful outcome."**

This story really demonstrates how early phase research is turned into a treatment reality for our patients at MFT and beyond, which will save the lives of many children in years to come and provide hope for many families. News of this announcement featuring Professor Simon Jones and MFT patients has featured in a number of national and regional media outlets, including; [The Independent](#), [The Telegraph](#), [The Express](#), [ITV News](#) and the [Manchester Evening News](#).

## Hosted Infrastructure

The National Institute for Health and Care Research (NIHR) is funded by the Department of Health and Social Care and focuses on early translational research, clinical research and applied health and social care research. Since that time, it has transformed research in and for the NHS and helped to shape the health and social care research landscape more broadly. It funds, enables and delivers world-leading health and social care research that improves people's health and wellbeing and promotes economic growth.

MFT's varied hosted infrastructure enables closer working with partner NHS trusts and academic institutions, providing greater opportunities to involve more people from across Greater Manchester (GM), and beyond, in research and innovation. It allows closer working with wider areas of the GM and the North West infrastructure to ensure we are tackling the grand research and innovation challenges for our local communities and national priorities, and positions GM as an international powerhouse for research and innovation.

Hosted NIHR infrastructure and partner NHS and university organisations are brought together by the Manchester NIHR R&I Oversight Board, a level of cooperation unmatched in any other region of the nation. Project grant applications and infrastructure hosting tenders are all managed through open competitions ensuring funding is allocated on merit and performance.

Summary annual reports from the NIHR infrastructures hosted by MFT on behalf of GM follow.

### Growing our NIHR infrastructure

In November 2023 it was announced a new NIHR Research Delivery Network (RDN) would support the successful delivery of health and social care research in England. Under the new changes, 12 NIHR Regional Research Delivery Networks (RRDNs) have been established across England from 1 October 2024.

MFT was selected as the host for the NIHR North West Regional Research Delivery Network (NW RRDN) bringing together the Greater Manchester and North West Coast Local Clinical Research Networks (CRNs) to form a single service covering the whole region. This presents an enormous opportunity as it will become the nation's biggest research network serving more than seven million people.

It was also announced in November 2023 that from 1 April 2024, MFT would host the NIHR HealthTech Research Centre (HRC) in Emergency and Acute Care. Led by Professor Tim Felton, Honorary Consultant in Intensive Care and Respiratory Medicine, the HRC will support the development of innovative technology solutions for better diagnosis, treatment, and care for people across our region, transforming urgent and emergency care.

Following a successful bid in the summer of 2023, the award of £3m from the NIHR builds on the success of our own MFT Diagnostics and Technology Accelerator (DiTA) and ensures that state-of-the-art technologies are assisting our clinicians to diagnose diseases earlier and ensure appropriate treatments are provided sooner to our patients from GM and beyond.

# NIHR Applied Research Collaboration Greater Manchester (ARC-GM)

## Highlights for 2023/2024

### **1. Working with the Greater Manchester Integrated Care Partnership (GM ICP) to address GM's research priorities**

Our mature relationship with the GM ICP, developed through our evaluation of GM devolution, has continued to strengthen. We have regular meetings between senior teams of both organisations which strengthen our enduring and trusted relationship.

### **2. Supporting policy and decision making within the GM health and care system through Rapid Evidence Syntheses (RES)**

We have extended our RES service from primarily supporting innovation adoption decisions within HInM, and the MFT Innovation Hub, to a wider focus on policy-level questions in public health and social care to support decision making by the GM ICP, the Office for Health Improvement and Disparities and the Department of Health and Social Care. We have also developed a [RES website](#) for RES requests from the health and care system, and to disseminate completed RES.

### **3. Addressing health inequalities for those with greatest need**

We continue to work with the Northern ARCs and the [Northern Health Science Alliance \(NHSA\)](#) as part of [Health Equity North](#), a virtual research institute focused on place-based solutions to health inequalities.

Our long-standing programme of work around regional health inequalities has stimulated The University of Manchester to invest approximately £2m to create the cross-university [Healthier Futures research platform](#), led by Professor Dame Nicky Cullum. The platform aims to mobilise the University's academic assets and stimulate new, interdisciplinary research that addresses and reduces health inequalities.

### **4. Supporting academic career development in the GM Health and Care Workforce**

Through our Research Internships and Pre-doctoral Fellowships, we invest in people to support and develop research skills, and initiatives within the Greater Manchester health and care workforce. Our [report](#) on the impact of our academic career development programmes highlights the benefits of these programmes for those who take part.

### **5. NHS England Research Engagement Network (REN) Programme**

In collaboration with other GM NIHR Infrastructure, NIHR ARC-GM led a further successful bid on behalf of NHS GM to the [REN fund](#), with the aim of overcoming some of the barriers to creating sustainable networks for engagement with diverse communities.

# NIHR Manchester Biomedical Research Centre (BRC)

**The NIHR Manchester BRC continues to drive health improvements and lasting change for all through creative, inclusive and proactive research across Greater Manchester, Lancashire and South Cumbria.**

## **Key updates:**

In February 2024, we announced the [appointment of Professor Anne Barton](#) as the new Director of Manchester BRC following the departure of Professor Ian Bruce, who had led the BRC since 2017. Prof Barton, Honorary Consultant Rheumatologist at MFT, took up this new role on 1 April 2024.

Our inaugural [International Scientific Advisory Board](#) meeting took place in February 2024 and commended our focus on addressing health inequalities faced by our wider population.

Our work to tackle health inequity continued as MFT-based researchers improved the accuracy of [breast cancer genetic testing](#) for people from Ashkenazi Jewish backgrounds.

Working across our expanded [NHS partnership](#), we enabled residents to access cutting-edge treatments and provided capacity building opportunities for more clinicians to become research active, having launched our new Clinical Research Investment Scheme and welcomed our latest cohort of PhD students.

Our ability to deliver innovations with real-world impacts across health and care systems progressed and we formed 201 strategic industry partnerships and collaborated with 109 small and medium enterprises (SMEs).

We leveraged more than £68m in external income, with BRC researchers playing a central role in national initiatives to improve care across a range of health conditions including:

- Announcement of the UK Rare Disease Research Platform with [Manchester BRC Rare Conditions researchers](#) leading 3 of the 11 specialist nodes and receiving around £4 million investment.
- £10 million funding to undertake early and experimental medicine research as part of the '[Mental Health Mission](#)' through our Mental Health Theme.

There were 111 Manchester BRC-supported research projects with 588 linked publications. Highlights also included receiving international recognition with a research team based at Saint Mary's Hospital [awarded the prestigious American Association for Cancer Research Team Science Award](#) for their pioneering work on Lynch-syndrome associated endometrial cancer.

We developed a joint BRC and CRF [EDI Strategy](#), focusing on our workforce and student population and appointed an EDI Lead, Dr Fozia Ahmed, Consultant Cardiologist at MFT, to lead this work.

Our research would not be possible without our public participants. Thank you to the 21,970 people recruited to projects this year and the 405 public partners who have worked with us, through [Vocal](#).

Find Manchester BRC's latest news [here](#).

# NIHR Manchester Clinical Research Facility (CRF)

As the largest and most comprehensive NIHR CRF in the UK, [Manchester CRF](#) (MCRF) has four facilities across MFT; MRI, NMGH, RMCH and Wythenshawe Hospital, as well as at The Christie and Salford Royal Hospital, delivering cutting edge research across a range of clinical areas.

## Key achievements

**Portfolio participants recruited for 23/24: 3017**

**Portfolio project count for 23/24: 869**

As a result of studies carried out MCRF at RMCH in 2011, babies with the rare and fatal genetic condition Wolman disease, can now receive life-saving treatment on the NHS. The enzyme replacement therapy, sebelipase alfa, was the first treatment for Wolman disease available on the NHS (NICE approval, November 2023).

MCRF at The Christie was selected as lead UK site for an early phase trial of Elranatamab – a new immunotherapy for Multiple Myeloma, a type of blood cancer incurable in most patients (European Medicines Agency approval December 2023; currently under NICE review).

In addition, we:

- Enhanced local infrastructure at MCRF at Wythenshawe and Salford Royal to accommodate inpatient stays for more complex studies.
- Remained at the forefront of trials for Cystic Fibrosis (CF), with MCRF at Wythenshawe the lead site for a new CF inhaled genetic therapy.
- Delivered a new complex device study in renal dialysis which upskilled our nursing team through device and dialysis training at MCRF at MRI.
- MCRF at NMGH undertook their first Phase 2 trial for COPD.
- MCRF at Salford Royal opened their first gene therapy study for Gaucher's Disease, developing new governance and workforce structures to support this.

We received capital [funding from NIHR](#) for specialist equipment to bring the most advanced treatments and technologies to patients.

Professors Parker and Padidela (Medical and Deputy MCRF Director respectively) were named [MAHSC Honorary Clinical Chairs](#) for 2023. We appointed deputy Medical Directors at 4 sites and expanded roles to support links with Industry.

We progressed our training strategy, supporting career development for our workforce. To drive delivery of our joint BRC and CRF [EDI Strategy](#), we appointed Consultant Cardiologist Dr Fozia Ahmed as EDI Lead, and two deputies.

Find Manchester CRF's latest news [here](#).

## UK Clinical Research Facility Network (UKCRFN)

The period covered by this report was the first year in the Network's NIHR funding period from April 2023 to February 2029 and we are delighted to report that this year has been a highly successful one for the Network.

We have continued to build upon the solid platform of previous years, enabling us to continue successfully supporting CRFs across the UK and Ireland and drive forward initiatives that improve the patient experience efficiently and effectively. A strong, experienced, team of staff have been recruited during this first year, enabling the Network to be highly active in supporting the NIHR community.

We continue to provide unparalleled expertise in CRF Operations, supporting the NIHR and devolved nations to build a world-class Experimental Medicine (EM) ecosystem across the NHS to improve patient care and promote economic growth.

Our relationships with industry continues to grow and, in particular with AstraZeneca, have strengthened. A successful pilot was run with AstraZeneca to involve senior nurse involvement in study protocol design and development. This initiative could be beneficial to both Industry and Charity partners and the Network is keen to expand this offering. Similarly, we are looking to develop a Key Opinion Leader pilot, to identify Clinical Principal Investigators to work in the design and subsequent delivery of clinical trials.

Marketing materials, both online and physical have been developed and have proved important in the presentation of the Network to Industry and Charity Partners. The reach of the UKCRFN is wide-ranging, with relationships developed with 54 CRFs across the UK and Ireland. We continue to reach out to new CRFs both NIHR and non-NIHR funded offering UKCRFN support.

Skills and Workforce Development remains an important part of the Networks efforts. We implemented a Workforce and Learning Needs survey to gather data on CRF staff numbers, the type of roles and the number of staff in those roles, the pay grades of staff and whether the staff were full-time or part-time. The survey also investigated the learning needs of those staff. Areas of workforce development were identified and the availability of educational sources for those needs were assessed. The data collected will inform trial capacity development.

The Network led the NIHR Nursing and Midwifery Office/Royal College of Nursing Prince of Wales Cadet Research Pilot discussions to inform future work placements. This has resulted in research placements piloted across three CRFs (Glasgow, Birmingham, and Cardiff) with input into their national workbook/training materials. These are part of a blended programme to encourage young people from membership organisations to enter the NHS and nursing profession

The Network has made significant progress in Patient and Public Involvement and Engagement (PPIE), and is committed to embedding Equality, Diversity, and Inclusion (EDI) across the whole Network and its activities. This has been instrumental in starting to build

research inclusion capacity and activity and strengthening the EDI culture across the whole of the Network.

# NIHR Clinical Research Network Greater Manchester (CRN GM)

2023-2024 marked a successful final year of Clinical Research Network (CRN) Greater Manchester following a decade of support for research delivery across Greater Manchester, East Cheshire and East Lancashire.

In our final year, CRN Greater Manchester supported the recruitment of 65,120 participants across 1,023 studies. The studies were carried out across all 31 health and care specialty areas and in a range of secondary care and out-of-hospital settings in social care and the community.

Highlights included:

- Winning an award at the 2024 Northern Power Women Awards in recognition of making research more inclusive. The team took home the award for Inclusive Innovation which recognised nominations which were pursuing game-changing innovation that led to accelerating equality.
- A total of 12,664 participants took part in research in primary care in 2023-2024, which represented 20 per cent of the total recruitment in the region. This was the highest year for recruitment in primary care in CRN Greater Manchester since the organisation launched in 2014. A total of 184 practices recruited to studies, with 103 of these new to research.
- CRN Greater Manchester co-hosted the first ever Great North Research Conference for the Life Sciences and MedTech industries in November 2023. The two-day conference attracted over 450 delegates and 95 per cent rated their experience as good or excellent. The event marketed the north as a world-class destination for commercial research, emphasising the north's research strengths and disease burden and brought together partners from across the UK.

You can read more highlights in the [CRN Greater Manchester 2023/24 Strategic Impact Report](#).

In line with all 15 of NIHR's Local CRNs, in October 2024 CRN Greater Manchester transitioned to become the NIHR North West Regional Research Delivery Network (RRDN) through a merger with the CRN North West Coast.

# Health Innovation Manchester

Health Innovation Manchester (HInM) is dedicated to transforming healthcare in Greater Manchester (GM) by working with system partners to discover, develop, and deploy innovative solutions. Its mission is to address significant healthcare challenges and reduce inequalities by harnessing the collective power of health, care, industry, and academia.

HInM combines the functions of the Health Innovation Network (HIN), the NIHR / NHS England designated Academic Health Science Centre (AHSC), and NIHR ARC-GM.

## Digital Transformation

In 2023-2024, we spearheaded the GM Integrated Care System (ICS) [Digital Transformation Strategy](#). This initiative coordinated investments and managed digital transformation projects across HInM, NHS GM, and local health and care providers. Key projects include the GM Care Record, the GM Secure Data Environment (SDE), and the Digital First Primary Care programme, all designed to enhance healthcare services through better use of technology and data. [Read more.](#)

## Innovation Development and Deployment

We played an essential role in advancing national health and care priorities through several initiatives, such as improving lipid management, addressing health inequalities in paediatric asthma and cardiovascular disease (CVD), promoting patient safety, and supporting polypharmacy management. The organisation also facilitates the adoption of MedTech products approved by the National Institute for Health and Care Excellence (NICE).

Our [Patient Safety Collaborative \(PSC\)](#) focuses on integrating proven healthcare innovations into local services. The PSC aims to enhance clinical practice and patient outcomes, with projects targeting areas like mental health, system safety, maternity and neonatal care, and medicine safety.

## Collaboration with Industry Partners

We actively engaged with industry partners ranging from small and medium-sized enterprises (SMEs) to global healthcare companies. By offering support and guidance, HInM accelerates the development and deployment of new products and services, especially those that solve pressing healthcare challenges in GM. A key initiative is the [GM Health Innovation Accelerator](#), which seeks to improve the diagnosis and treatment of diseases for the city region's 2.8 million people, focusing on early diagnosis and personalised care.

## Research and Academic Partnerships

We collaborated closely with GM's universities and research institutions. These partnerships secured major funding for research and innovation, maximise GM's research and academic capacity and capability, and ensured a steady flow of new ideas and breakthroughs that fuel HInM's innovation pipeline.

## Manchester Academic Health Science Centre (MAHSC)

HInM is also supported by the Manchester Academic Health Science Centre (MAHSC), which connects research and teaching from GM's universities with the region's health and care system.

## Our next five years: driving positive change in health and care for all

**The future of research and innovation is a future that will improve the lives of our diverse service users, local communities and beyond.**

Led by our new 2024-2029 Research and Innovation Strategy, we will meet needs of our service users, communities, staff, the NHS and our partners. The strategy is a living document, and the delivery plans we develop to set out our detailed programme of work, will adapt to meet those needs as they evolve and change.

Over the next five years we will continue to put our service users, communities and colleagues at the centre of everything we do. We will focus on our values and principles, including equality, diversity, and inclusion; environmental sustainability; and the importance of earning trust. We will always ask how we can be more efficient, more pragmatic, and more proportionate, while constantly maintaining high-quality delivery.

**We will support all teams across MFT to take their research and innovation to the next level.**



**Manchester University**  
NHS Foundation Trust

## Escalation and Assurance Report Charitable Funds committee

**Report to:** Board of Directors

**Report from:** Trust Chairman

**Date of meeting(s):** 24<sup>th</sup> September 2024

### Key escalation and discussion points from the meeting

#### Alert

The 'Working Names' of the charity need to be changed in order to reflect MFT's current arrangements. This needs to be done via a Board-approved resolution which is then submitted to the Charity Commission. THE CFC supported the working name changes The Board is therefore asked to approve the following:

#### *Current Registered Working Names to be removed*

Royal Manchester Children's Hospital Fund at CMFT Charity  
Saint Mary's Fund at CMFT Charity  
Manchester Royal Infirmary Fund at CMFT Charity  
Manchester Royal Eye Hospital Fund at CMFT Charity  
University Dental Hospital of Manchester Fund at CMFT Charity  
Trafford Hospitals Fund at MFT Charity

#### *Working Names to be added*

Manchester Foundation Trust Charity  
North Manchester General Hospital Charity  
Manchester Royal Infirmary Charity  
Wythenshawe Hospital Charity  
Royal Manchester Children's Hospital Charity Manchester  
Royal Eye Hospital Charity  
Saint Mary's Hospital Charity Manchester  
University Dental Hospital Charity  
Withington Community Hospital Charity  
Trafford General Hospital  
Altrincham Hospital Charity

The Charity's 'Main Name' will remain as Manchester University NHS Foundation Trust Charity.

The CFC is receiving a report regarding options for the future of the charity at their meeting on the 26th November. Once a future direction for the charity has been a full review of the charity's governing document will be undertaken.

#### Decisions taken:

The Committee:

- Agreed to progress discussions regarding the establishment of a Medicinema.

- Approved expenditure on a Charity fundraising ball in collaboration with the F92 charity.
- Approved the use of charity funds for the National Breast Imaging Academy being delivered in partnership with the Prevent Breast Cancer Charity.
- Approved applications of over £50,000 for equipment of the Wythenshawe Cystic Fibrosis Fund and a Communications and Engagement manager post in the Research and Innovation team.
- Ratified Chair's actions for a Lime Arts Participatory Arts/Music for Patients programme at WTWA and for equipment to support the Robotic Bronchoscopy Platform.
- Approved an operational plan to increase fundraising income.

**Report approved by:** Trust Chairman

## **Agenda**

### **CHARITABLE FUNDS COMMITTEE**

**Tuesday 24<sup>th</sup> September 2024 at 2:00pm – 4:00pm**

**MAIN BOARDROOM, COBBETT HOUSE**

#### **AGENDA**

- |     |   |            |                       |
|-----|---|------------|-----------------------|
| 1.  | Apologies for Absence   |            |                       |
| 2.  | Declarations of Interest  |            |                       |
| 3.  | Minutes of the Charitable Funds Committee held on 13 <sup>th</sup> March 2024 and the Extraordinary Charitable Funds Committee on 5 <sup>th</sup> August 2024 | (enclosed) | <b>All</b>            |
| 4.  | Matters Arising (if not covered under the main agenda heading):   |            |                       |
| 5.  | To receive the Charities Fundraising Report   | (enclosed) | <b>Tanya Hamid</b>    |
| 6.  | To receive Charitable Funds Finance Report  | (enclosed) | <b>Marcus Thorman</b> |
| 7.  | To receive and approve the Charity Interim Fundraising Strategy   | (enclosed) | <b>Tanya Hamid</b>    |
| 8.  | To receive a report on the NIBA Project   | (enclosed) | <b>Tanya Hamid</b>    |
| 9.  | To receive updates / proposals for Charitable Funding Support   |            |                       |
| 9.1 | To receive and approve over £50k expenditure bids   | (enclosed) | <b>Tanya Hamid</b>    |

9.2 To receive a proposal for charitable funding support for a RMCH research project (enclosed) **Adam Hebden**

10. To review the Charitable Funds Committee work programme (enclosed) **Kathy Cowell**

11. Date and Time of Next Meeting

The next meeting will be held on Tuesday 26<sup>th</sup> November 2024  
at 2:00pm



**Manchester University**  
NHS Foundation Trust

## Escalation and Assurance Report Audit and Risk Committee

**Report to:** Board of Directors

**Report from:** Nic Gower, Non-Executive Director and Chair of Audit and Risk Committee

**Date of meeting:** 11<sup>th</sup> September 2024

### Key escalation and discussion points from the meeting

#### Advise:

The Committee received an update report on the new governance arrangements being implemented to underpin the Trust's new operating model and reviewed the new Risk Management Framework and Strategy (RMFS) which had been approved by the Board at their September meeting. Updates on the implementation of the RMFS will be received at the next two Committee meetings.

#### Assure:

The Committee received three internal audit reports which have been finalised since the last Audit Committee meeting. Action plans are in place to address any areas for development with updates being provided to Board committees as required:

- Data Quality: RTT Validation and Data Governance
- Research and Innovation Governance
- Sickness Absence Management

The Committee also received an update on the completion of management actions from previous reports.

The Committee received an update on the work of the External Auditor including confirmation that the Charitable Funds Accounts for 2023/24 were due to be signed off shortly.

The Committee received an update on the work of the Local Counter Fraud Specialist (LCFS). A report from the LCFS benchmarking MFT against 10 other NHS organisations was also presented and discussed.

The Committee reviewed the tenders waived and the losses/ special payments for the period 1<sup>st</sup> Jun 2024 to 31<sup>st</sup> July 2024.

**Report approved by:** Nic Gower, Non-Executive Director and Chair of Audit and Risk Committee

## Agenda

**AUDIT COMMITTEE**  
**Wednesday 11<sup>th</sup> September 2024**  
**10.00am – 12:00pm**  
**Main Boardroom, Cobbett House**  
**Oxford Road Campus**  
**A G E N D A**

1.	Apologies for Absence.		
2.	Declarations of Interest.		
3.	To receive and approve the Minutes of the Audit Committee meeting held on 18 <sup>th</sup> and 25 <sup>th</sup> June 2024.	<i>(enclosed)</i>	All
4.	Matters Arising.		
5.	Internal Audit:		
	5.1 To receive the Internal Audit Progress Report.	<i>(enclosed)</i>	Andrew Bostock/ Harriet Fisher (KPMG)
	5.2 Overview of the management action deferrals that had been superseded or risk accepted.	<i>(enclosed)</i>	Andrew Bostock/ Harriet Fisher (KPMG) Marcus Thorman
6.	External Audit:		
	6.1 External Audit Progress Report.	<i>(enclosed)</i>	Karen Murray (Mazars)
7.	Local Counter Fraud Specialist:		
	7.1 Local Counter Fraud Specialist progress report.	<i>(enclosed)</i>	Suki Pooni (Grant Thornton)
	7.2 Local Counter Fraud benchmarking key findings including fraud risk areas/volume of cases and reporting origin details.	<i>(enclosed)</i>	Suki Pooni (Grant Thornton)
8.	Trust-wide contractor review including update on specific contractor discussed at the June Committee meeting.	<i>(verbal)</i>	Marcus Thorman
9.	Governance and assurance developments including Risk Management Framework and Strategy	<i>(enclosed)</i>	Julia Bridgewater/ Nick Gomm

10. Items for Noting and/or Information:			
	10.1 Tenders Waived for the period 1 <sup>st</sup> June 2024 to 31 <sup>st</sup> July 2024 and; <ul style="list-style-type: none"> <li>Overview of the Atamis system including functionality to develop Contractor Register.</li> <li>Approval process for tenders waived that are higher than BOD approved forecasted costs.</li> </ul>	(enclosed)	Simon Walsh  Marcus Thorman/ Simon Walsh
	10.2 Losses and Special Payments for 1 <sup>st</sup> June 2024 to 31 <sup>st</sup> July 2024 and; <ul style="list-style-type: none"> <li>Benchmarking comparison findings re; drug losses</li> <li>Rigor applied when writing-off debts and policy review outcome.</li> </ul>	(enclosed)	Rachel McIlwraith
11.	Committee Terms of Reference	(enclosed)	Nick Gomm
12.	Audit Committee work programme.	(enclosed)	Nic Gower
13.	Reports from MFT Board Sub-Committees for Assurance: <p>13.1 Group Risk Oversight Committee held on 17<sup>th</sup> June and 2<sup>nd</sup> September 2024.</p> <p>13.2 Workforce Scrutiny Committee held on 26<sup>th</sup> June and 28<sup>th</sup> August 2024.</p> <p>13.3 Quality and Performance Scrutiny Committee held on 26<sup>th</sup> June and 28<sup>th</sup> August 2024.</p> <p>13.4 Finance and Digital Scrutiny Committee held on 25<sup>th</sup> June and 27<sup>th</sup> August 2024.</p> <p>13.5 Charitable Funds Committee held on 5<sup>th</sup> August 2024.</p>		
14.	Date and Time of Next Meeting: <p>The next meeting will be held on <b>Wednesday 6<sup>th</sup> November 2024</b> at <b>10:00am</b>.</p>		

## Board of Directors (Public) Monday 11<sup>th</sup> November 2024

<b>Paper title:</b>	MFT Board of Directors' Register of Interests	<b>Agenda Item 15.3</b>
<b>Presented by:</b>	Director of Corporate Business / Trust Board Secretary	
<b>Prepared by:</b>	Director of Corporate Business / Trust Board Secretary	
<b>Meetings where content has been discussed previously</b>		
<b>Purpose of the paper</b> Please check <u>one</u> box only:		<input type="checkbox"/> For approval <input type="checkbox"/> For support <input checked="" type="checkbox"/> For discussion

<b>Executive summary / key messages for the meeting to consider (300 words max)</b>
The MFT 'Constitution' and 'Standing Orders for the Practice & Procedure of the Board of Directors' requires the Board of Directors to provide a Register of Interests.

<b>Recommendation(s)</b>
The Board of Directors is asked to note the MFT Board of Directors' Register of Interests (April 2024)

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<input type="checkbox"/> <b>Yes</b> (please set out in your report what action has been taken to address this) <input checked="" type="checkbox"/> <b>No</b>
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<b>Relationship to the strategic objectives</b>			
The work contained with this report contributes to the delivery of the following strategic objectives (see key below)			
LHL objective 1	<input type="checkbox"/>	LHL objective 2	<input type="checkbox"/>
HQSC objective 1	<input type="checkbox"/>	HQSC objective 2	<input type="checkbox"/>
HQSC objective 3	<input type="checkbox"/>	PEW objective 1	<input type="checkbox"/>
PEW objective 2	<input type="checkbox"/>	VfP objective 1	<input type="checkbox"/>

VfP objective 2	<input type="checkbox"/>	R&I objective 1	<input type="checkbox"/>
R&I objective 2	<input type="checkbox"/>	Good Governance	<input checked="" type="checkbox"/>
<b>Links to Trust Risks</b>	The work contained with this report links to the following strategic, corporate or operational risks: •		
<b>Care Quality Commission domains</b> Please check <u>all</u> that apply	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Responsive	<input type="checkbox"/> Caring <input checked="" type="checkbox"/> Well-Led	
<b>Compliance &amp; regulatory implications</b>	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: •		

**Main report (2000 words maximum - please use appendixes for all further information)**

**Introduction**

In line with the MFT constitution and standing orders, the Board of Directors is required to hold a Register of Interests and review it every 6 months.

The register must include details of all directorships and other relevant and material interests which have been declared by both Executive and Non-Executive members.

The Register is available to the public on MFT's website.

**Recommendation**

The Board is asked to note the MFT Board of Directors' Register of Interests (Appendix 1).

## Strategic objectives (Key)

Work with partners to help people live <b>longer, healthier lives</b>	<b>LHL objective 1</b>	Work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.
	<b>LHL objective 2</b>	Improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so people are cared for in the most appropriate place
Provide <b>high quality, safe care</b> with excellent outcomes and experience	<b>HQSC objective 1</b>	Provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience and outcomes wherever they are seen.
	<b>HQSC objective 2</b>	Strengthen our specialised services and support the adoption of genomics and precision medicine
	<b>HQSC objective 3</b>	Continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.
Be the place where <b>people enjoy working</b> , learning and building a career	<b>PEW objective 1</b>	Make sure that all our colleagues feel valued and supported by listening well and responding to their feedback. We will improve staff experience by embracing diversity and fairness, helping everyone to reach their potential
	<b>PEW objective 2</b>	Offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here
Ensure <b>value for our patients</b> and communities by making best use of our resources	<b>VfP objective 1</b>	Achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.
	<b>VfP – objective 2</b>	Deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships
Deliver world-class <b>research &amp; innovation</b> that improves people's lives	<b>R&amp;I – objective 1</b>	Strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part
	<b>R&amp;I – objective 2</b>	Apply research & innovation, including digital technology and artificial intelligence, to improve people's health and the services we provide
<b>Good governance</b>	<b>GG</b>	Deliver a safe, legally compliant and well run organisation

**MANCHESTER UNIVERSITY NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS**

**REGISTER OF  
DIRECTORS' INTERESTS**

**(November 2024)**



# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

### REGISTER OF INTERESTS – October 2024

NAME	POSITION	INTERESTS DECLARED
Kathy Cowell OBE DL	Chairman	<ul style="list-style-type: none"> <li>Chairman of the Trust's Charity</li> <li>Member of the General Assembly, The University of Manchester</li> <li>Member Manchester Academic Health Science Centre</li> <li>Vice Chair Cheshire Young Carers</li> <li>Mentor on the Aspirant Chairs Programme (NHSI)</li> <li>Member of the QVA's mentoring panel (Cheshire)</li> <li>Deputy Lieutenant for Cheshire</li> <li>Chairman of the Hammond School (Chester)</li> <li>People Ambassador for Active Cheshire</li> <li>Member of Manchester Health &amp; Wellbeing Board</li> <li>Member of Integrated Care Partnership Board</li> </ul>
Trevor Rees	Deputy Chairman / Group Non-Executive Director	<ul style="list-style-type: none"> <li>Treasurer/Trustee (Manchester Literary and Philosophical Society)</li> <li>Independent Co-opted member (Audit Committee at University of Manchester (not a Board Member)</li> <li>Chair of the Audit Committee of GB Taekwondo</li> </ul>
Nic Gower	Group Non-Executive Director	<ul style="list-style-type: none"> <li>No interests to declare</li> </ul>
Angela Adimora	Group Non-Executive Director	<ul style="list-style-type: none"> <li>Governor, Salford University</li> <li>Senior Director of HR Operations, UK &amp; Europe for GXO</li> <li>"Non-Executive People Committee Member of the Information Commissioners Office - ICO"</li> </ul>

NAME	POSITION	INTERESTS DECLARED
Professor Luke Georghiou	Group Non-Executive Director	<ul style="list-style-type: none"> <li>Deputy President and Deputy Vice-Chancellor, University of Manchester</li> <li>Non-Executive Director of Manchester Science Partnerships Ltd</li> <li>Non-Executive Director, Manchester Innovation Factory</li> <li>Non-Executive Director, Northern Gritstone Investment Company</li> <li>Chair of Board of University of Manchester Worldwide Limited</li> </ul>
Chris McLoughlin OBE	Group Non-Executive Director /  Senior Independent Director (SID)	<ul style="list-style-type: none"> <li>Executive Director of People and Neighbourhoods Stockport MBC</li> <li>Director of Children's Services, Stockport MBC</li> <li>Member of Association of Director of Children's Services Ltd</li> <li>Chair of Greater Manchester Start Well &amp; School Readiness Board</li> <li>Member of the Greater Manchester Safeguarding Alliance</li> <li>Member of Greater Manchester Integrated Care Partnership</li> <li>Member of the ICB children and young people system leadership group</li> </ul>
Damian Riley	Group Non-Executive Director	<ul style="list-style-type: none"> <li>No interests to declare</li> </ul>
Mark Gifford	Group Non-Executive Director	<ul style="list-style-type: none"> <li>Director (non-renumerated) Diocese of Westminster Academy Trust</li> <li>CEO First Choice Homes Oldham</li> </ul>

NAME	POSITION	INTERESTS DECLARED
Samantha Liscio	Group Non-Executive Director	<ul style="list-style-type: none"> <li>• No interests to declare</li> </ul>
Mathew Bonam	Group Non-Executive Director	<ul style="list-style-type: none"> <li>• Employed by AstraZeneca Pharmaceutical R&amp;D</li> </ul>

## BOARD OF DIRECTORS

### REGISTER OF INTERESTS – October 2024

NAME	POSITION	INTERESTS DECLARED
Mark Cubbon	Trust Chief Executive	<ul style="list-style-type: none"> <li>• Board Member, Health Innovation Manchester</li> <li>• Shelford Group CEO Group member</li> <li>• Director of Oxford Road Corridor</li> <li>• NHS Employers Policy Board member</li> <li>• Co-Chair of the National Organ Utilisation Sub-Group for Trust Engagement.</li> <li>• Chair of the LGBTQIA+ Network NHS Confederation</li> </ul>
Darren Banks	Chief Strategy Officer	<ul style="list-style-type: none"> <li>• Spouse – Chief Finance Officer, Wrightington, Wigan &amp; Leigh NHS FT</li> <li>• Board Member, The Corridor, Manchester</li> </ul>
Norma French	Chief People Officer	<ul style="list-style-type: none"> <li>• No interests to declare</li> </ul>
Julia Bridgewater	Deputy Trust Chief Executive	<ul style="list-style-type: none"> <li>• Foundation Director of Multi Academy, All Saints Catholic Collegiate</li> </ul>
Bernard Clarke	Joint Chief Medical Officer	<ul style="list-style-type: none"> <li>• Clinical lead for the NHS England Rehabilitation after Critical Care Programme</li> <li>• GM partnership Joint Medical Executive Lead for Acute Medicine</li> </ul>
Marcus Thorman	Chief Finance Officer	<ul style="list-style-type: none"> <li>• Board of NHS SBS</li> </ul>
Toli Onon	Joint Chief Medical Officer	<ul style="list-style-type: none"> <li>• No interests to declare</li> </ul>

NAME	POSITION	INTERESTS DECLARED
Kimberley Salmon-Jamieson	Chief Nursing Officer	<ul style="list-style-type: none"> <li>• Dormant company / not trading (KSJ Consultancy Ltd)</li> <li>• Visiting Professor at Manchester Metropolitan University</li> <li>• Youth Lead at the Advisory Council</li> </ul>
Vanessa Gardener	Chief Delivery Officer	<ul style="list-style-type: none"> <li>• No interests to declare</li> </ul>
David Walliker	Chief Digital and Information Officer	<ul style="list-style-type: none"> <li>• Governor, Ysgol Penmorfa Prestayn</li> <li>• Honorary Chair, Manchester University</li> </ul>